The second annual report for the national evaluation of A Better Start

M McKaskill, N Phillips,, C Bessant, K Wadsworth, Janet Boddy, G Hampden-Thompson,, A Lacey, B Young, H O'Reilly, M Hoffman, T Geraghty, S Bowyer,

Publication date
15-05-2024

ABS National Evaluation Second Annual Report

Prepared for: The National Lottery Community Fund
By: The National Centre for Social Research, RSM, University of Sussex, National Children's Bureau, Research in Practice
Publication Date: 15th May 2024

Delivered by

Contents

Glossary

ABS partnership: Throughout the report, those involved in ABS delivery are referred to as 'ABS partnership(s)'. ABS delivery is led by a director in a local area and delivered through a network of partnering organisations. We occasionally use the term 'site' to refer to the ABS partnerships and areas.

ABS partnership area: We refer to a geographical location of where ABS is delivered as a partnership area. ABS is delivered in five areas in England. They are: Bradford, Blackpool, Southend-on-Sea, Lambeth, and Nottingham. Within these areas, ABS activity is delivered within particular wards rather than across the whole area. We occasionally use the term 'site' to refer to the ABS partnerships and areas.

Contribution analysis: An evaluation methodology that relies upon a clearly-articulated Theory of Change (ToC) to identify and analyse chains of cause-effect events and facilitate claims about the extent to which a programme has contributed to observed changes in outcomes (HM Treasury, 2020).

Mosaic of evidence: We refer to the body of evidence being generated by the national evaluation as the 'mosaic of evidence'. Through the four evaluation objectives, we are gathering different types of data to evaluate the elements of the ABS theory of change. That evidence is being synthesised by way of the contribution analysis to enable a wholistic evaluation of the impact of ABS.

Pseudonymised data: Data is pseudonymised when identifying information is removed from the datasets to ensure that no specific individuals can be identified without additional information. All datasets for Objective 1 are pseudonymised.

Theory of Change: Theory of Change (ToC) is a way of interlinking activities or inputs of a programme to a chain of outcomes, and then using this model to guide an evaluation (Rogers et al., 2000). It shows how change happens in the short-, medium-, and long-term to achieve the intended impact of an intervention or series of interventions. A ToC also describes the conditions that need to be present for a programme to achieve its intended impact, processes triggered by a programme, and risks to achieving impact.

Quasi-experimental design: A quasi-experimental design evaluates the impact of an intervention without using randomisation to establish a comparison group. We are using quasi-experimental methods in Objective 1 of to develop a comparison group that will help us to infer what an ABS area's beneficiaries' outcomes would have been if the area had not been funded. Our approach uses both area-level and individual-level information to develop this group.

1 Executive Summary

A Better Start (ABS) is the ten-year (2015-2025), £215 million programme set-up by The National Lottery Community Fund (The Fund), the largest community funder in the UK. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea are supporting families to give their babies and very young children the best possible start in life. Working with local parents, ABS partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication. The work of the programme is grounded in scientific evidence and research. ABS is also place-based and working to enable systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. ABS is one of five major programmes set up by The Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier. Learning and evidence from ABS enables The Fund to inform local and national policy and practice initiatives addressing early childhood development.

The Fund have commissioned NatCen and partners from the National Children's Bureau (NCB), Research in Practice, RSM and the University of Sussex, to carry out the national evaluation of ABS. The aims of the national evaluation are to:

- **Draw upon the evaluation objectives** (see below) and provide evidence for primary audiences (ABS grant holders and partnerships) and secondary audiences (commissioners – including local and national government – and local and national audiences).
- **Provide evidence to support ABS grant holders** to improve delivery outcomes throughout the lifetime of the project.
- **Enable The Fund to confidently present evidence** to inform policy and practice initiatives addressing early childhood development.
- **Work with local ABS evaluation teams** to avoid duplication of evidence and enable collation of evidence from local ABS evaluations.

There are four evaluation Objectives:

- **Objective 1**: To identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions.
- **Objective 2**: To identify the factors that contribute to improving diet and nutrition, social and emotional skills and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS partnerships.
- **Objective 3**: To evidence, through collective journey mapping, the experiences of families from diverse backgrounds through ABS systems.
- **Objective 4**: To evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school aged children.

To address these four objectives, the evaluation includes a range of qualitative and quantitative evaluation activities, to build a mosaic of evidence to help tell the story of the impact of ABS.

1.1 About the second annual report

This is the second of four annual reports that will be published as part of the national evaluation of ABS. As the national evaluation will run alongside the programme until 2025, findings in this report are interim and evidence of the impact of ABS will build as the evaluation progresses. Analysis will continue after the ABS programme comes to an end and the final evaluation report will be published in 2026.

The purpose of this report is to inform audiences of the national evaluation, evaluation activity delivered in 2023, findings to date, and next steps.

Alongside this annual report, we have published:

- **The second annual podcast**[1] which is a discussion with the ABS Objective leads about challenges they have encountered through delivering the national evaluation and how they have overcome them.
- **A themed report on parental engagement**[2] presenting findings from Objective 2 relating to how parental engagement is understood in ABS, what works well and challenges faced in enabling parental engagement, and the influence that parental engagement has on provision. Parental engagement covers parents actively participating in ABS services through to co-production.
- **The first of three local evidence synthesises**[3] provides a narrative synthesis of evidence of ABS implementation generated through local evaluation activity within each of the ABS partnerships.

1.2 Findings to date

The annual report presents emerging findings across the four objectives. Each evaluation objective is working towards a different time scale, which is reflected in this report. While we await the findings from the QED (Objective 1) and the cost-consequence analysis (Objective 4), we are seeing a rich picture emerge about the experiences of families who participate in ABS services, how services are implemented, and the ways in which the delivery partnerships conceptualise their allocation of funds to specific ABS outcomes.

Key messages from the interim findings presented in this report are listed below.

- **Emerging findings from the national evaluation suggest that ABS is largely delivered in line with the theory of change.** There are positive findings of services supporting families in a range of ways, from alleviating financial pressures of raising

[1] https://natcen.ac.uk/ABS-national-evaluation
[2] https://natcen.ac.uk/publications/parental-engagement-thematic-focus-abs-national-evaluation-2023
[3] https://natcen.ac.uk/publications/first-local-evidence-synthesis-national-evaluation-better-start

children to enhancing their knowledge and confidence of child development. Services exist as part of a network of care which families are part of can turn to for support.

- **Findings presented in this report also illuminate challenges in ABS delivery.** Many of these challenges are rooted in complex contexts which can amplify families' support needs which negatively impact on services capacity to fully meet them. Examples include the Covid-19 pandemic, which is having lasting impacts, and the current cost of living crisis. ABS services are attentive to families' needs and barriers to engagement with services and adapt delivery where doing so could increase the accessibility and relevance of provision.
- **While there are similarities in how ABS partnerships deliver services across the five areas, there are also key differences.** This can be expected given the place-based approach to providing demand-led services that is foundational to ABS. The findings of spend to outcomes in the different areas particularly illuminate this.
- **For ABS, system change can be understood as establishing a tapestry of care and connectedness spanning ABS and other services as well as informal networks for families in ABS communities**. A key benefit of this, which is recognised in the findings, is the ability to identify opportunities for early intervention and prevention services that reduce the risk of children and families requiring intervention later in a child's life.

1.3 Progressing the national evaluation

This annual report marks the half-way point of the national evaluation with 2024 being the penultimate year of data collection for the evaluation. We are finalising our analytical approaches for the quasi-experimental design (QED) being carried out through Objective 1 and the model that will be used for the Cost Consequence model is being developed. We are continuing our qualitative fieldwork with practitioners and stakeholders and with families, Objectives 2 and 3.

Detailed next steps are provided for each evaluation objectives that show how the objectives work collaboratively to build a mosaic of evidence for ABS. The final results will be published in 2026 with the contribution analysis providing a narrative on the effects of ABS on outcomes and how and why those changes came about.

2 Introduction

This is the second of four annual reports of the A Better Start (ABS) national evaluation commissioned by the National Lottery Community Fund ('The Fund'). It presents progress against the evaluation's four key Objectives and outlines next steps for the evaluation.

The purpose of this report is to inform audiences of the national evaluation and evaluation activity delivered in 2023, findings to date, and next steps.

As noted in the evaluation aims, the ABS national evaluation's primary audiences are ABS partnerships and secondary audiences are local and national commissioners and other local and national audiences. This report supports audiences as follows:

- **For ABS partnerships,** this content can help inform the ongoing delivery of the programme.
- **For practitioners, service commissioners, and policy makers** in the Early Years sector, this report provides information about the outcomes of ABS programmes and how the ways of working across ABS influence them.
- **For parents and carers**, this report demonstrates the difference that ABS programmes make to the lives of families with young people, and how their voice and input is impacting the delivery of the programme and reaching into other parts of the Early Years sector.
- **For those with an interest in the mechanics of large-scale, complex evaluation work**, this report illuminates the evaluation methods used, challenges encountered in data collection and ways of mitigating challenges.

As the national evaluation will run alongside the programme until 2025, findings in this report are interim and evidence of the impact of ABS will build as the evaluation progresses. Analysis will continue after the ABS programme comes to an end and the final report will be published in 2026.

The report is structured under each of the national evaluation's four Objectives, with additional chapters providing an overall introduction to the programme and evaluation, the approach to contribution analysis and mosaic of evidence, an overarching summary, and next steps.

- **Chapters three and four** provide a summary of the ABS programme and the national evaluation design. This includes the Theory of Change (ToC) that articulates the core components and principles that underpin ABS delivery and provide a framework for the national evaluation.
- **Chapter five** describes the national evaluation methodology highlighting how we bringing together rich and varied forms of evidence to understand the impact of ABS.
- **Chapter six** presents the draft contribution claims for the contribution analysis and mosaic of evidence.
- **Chapter seven** covers Objective 1: the contribution of ABS to the life chances of children. This chapter summarises progress made on finalising the analytical approaches for this Objective.

- **Chapter eight** covers Objective 2: factors that contribute to improving child-level outcomes. This Objective explores, in depth, how ABS is implemented within the five ABS partnerships to improve child-level outcomes and enable systems change. Findings from two waves of in-depth interviews that were carried out in 2023 are presented in this chapter with connections made with findings from the previous annual report of 2022 fieldwork.
- **Chapter nine** covers Objective 3: experiences of families through ABS systems. This Objective explores families' experiences of their interactions and engagement with ABS, and the difference that ABS services make to their lives. Findings presented in this chapter are from in-depth qualitative fieldwork with families across the five ABS partnerships areas.
- **Chapter ten** covers Objective 4: contribution made by ABS to reducing costs to the public purse relating to primary school-aged children. The main cost-consequence analysis will take place in 2024 alongside Objective 1's quasi-experimental design (QED). Findings to date include how ABS funding has been allocated and spent across the partnerships and programme outcomes.
- Finally, **Chapter eleven** provides a synthesis of findings to date, particularly as they relate to the contribution claims from which the mosaic of evidence is being built

Throughout 2023 the evaluation focused on the theme of 'parental engagement' which was explored in depth in Objective 2 evaluation activity; an additional report has been published on this theme. Findings in the parental engagement report[4] include how partnerships understand place-based working, what is working well, and challenges in parental engagement.

Considerations for reading this report

This report should be read in the context of being the second of four annual reports. Findings should be treated as interim and overall conclusions for the four evaluation Objectives and the impact of ABS are not yet being drawn. These will develop over the course of the evaluation as we will be more assertive with claims in time.

We refer to the team members collating and analysing data for this report as 'we' throughout: researchers and analysts from NatCen, University of Sussex, and RSM. Findings in this report include both presentations of data and our interpretation of them.

Whilst reading the report, it is important to remember that the qualitative data collected reflect a relatively small number of interviews with stakeholders across the five ABS partnerships (see methods sections for Objectives 2 and 3 for full details). Throughout the interviews we explored respondents' experiences, thoughts, and perceptions and how these are influencing their behaviour and outlooks.

3 About the A Better Start programme

[4] Parental engagement: the thematic focus for the ABS national evaluation 2023 | National Centre for Social Research (natcen.ac.uk)

A Better Start (ABS) is the ten-year (2015-2025), £215 million programme set-up by The National Lottery Community Fund (The Fund), the largest community funder in the UK. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea are supporting families to give their babies and very young children the best possible start in life. Working with local parents, ABS partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication. The work of the programme is grounded in scientific evidence and research. ABS is also place-based and working to enable systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. ABS is one of five major programmes set up by The Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier. Learning and evidence from ABS enables The Fund to inform local and national policy and practice initiatives addressing early childhood development.

4 About the national evaluation

The Fund have commissioned NatCen and partners from the National Children's Bureau (NCB), Research in Practice, RSM and the University of Sussex, to carry out the national evaluation of ABS.

Phase one of the national evaluation was a scoping phase carried out from April – November 2021. A summary of key activities from phase one can be found in the first annual report and the evaluation protocol.[5] This chapter summarises phase two of the national evaluation of which this is the second annual report of emerging findings.

4.1 Aims and Objectives

The aims of the national evaluation are to:

- **Draw upon the evaluation Objectives** (see below) and provide evidence for primary audiences (ABS grant holders and partnerships) and secondary audiences (commissioners – including local and national government – and local and national audiences).
- **Provide evidence to support ABS grant holders to improve** delivery outcomes throughout the lifetime of the project.
- **Enable The Fund to confidently present evidence** to inform policy and practice initiatives addressing early childhood development.
- **Work with local ABS evaluation teams** to avoid duplication of evidence and enable collation of evidence from local ABS evaluations.

The evaluation is working to address four Objectives:

[5] https://natcen.ac.uk/ABS-national-evaluation

- **Objective 1**: To identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions.
- **Objective 2**: To identify the factors that contribute to improving diet and nutrition, social and emotional skills and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS partnerships.
- **Objective 3**: To evidence, through collective journey mapping, the experiences of families from diverse backgrounds through ABS systems.
- **Objective 4**: To evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school aged children.

To address these four Objectives, the evaluation includes a range of research activities, to build a mosaic of evidence to help tell the story of the impact of ABS. We will synthesise findings from across this mosaic of evidence, drawing on principles of contribution analysis, to provide conclusions as to if, how, and why ABS contributed to the intended change set out in the ToC (Figure 1).

4.2 Theory of Change

Figure 1 shows the ToC developed by the national evaluation team for ABS that underpins the national evaluation. The ABS ToC was developed by synthesising information from the most recent national-level and partnership-level ToC and draws on scoping activities conducted in May – August 2021 in Phase one of the national evaluation.

The research activities carried out through the four evaluation Objectives are generating robust evidence for each ToC component and the relationships between components, feeding into the overall contribution analysis. The research methods and findings described in this report follow the structure of the ToC and it is referred to throughout.

Figure 1. A Better Start Theory of Change

Assumptions – *external events & conditions that enable the achievement of ABS outcomes*

- Resources, services, local workforces & local birth rates are **stable enough** for ABS to be implemented
- There is **sustained engagement & commitment** from services, workforce, ABS partners & community members
- ABS partners, workforce, volunteers & parents have the **capacity** to deliver and/or be involved in ABS
- Families have **sufficient exposure** to ABS services over enough time to make a difference to child outcomes

Inputs	Activities	Mechanisms	Outcomes		
• Funding • Existing local services, resources & assets • Learning & support • ABS partners • Evidence	• Delivering services • Information & outreach • Providing resources • Improving outdoor spaces • Training & development • Research, evaluation & learning **Beneficiaries** • Babies & children (0-4 years) • Pregnant people • Parents & carers • Community members • Workforce	**Adaptive design** • Local adaptation • Continuous, evidence-based improvement (test & learn) • Fidelity • Scale up & replication **Inclusion, engagement & empowerment** • Inclusivity & minimising harm • Effective outreach & engagement • Reducing barriers • Empowering families & communities **Collaborative working, effective governance & capacity** • The Fund, partnerships & local partners, including parents	*Child development*		
			Babies and children aged 0-4 whose families are accessing ABS services have improved diet & nutrition, communication & language development, social & emotional development	Children whose families accessed ABS services have improved outcomes related to diet & nutrition, communication & language development, social & emotional development later in life	Children growing up in ABS areas have improved outcomes related to diet & nutrition, communication & language development, social & emotional development
			Systems change		
			ABS services represent an increase in: • **co-production with families** • **joined-up working between services** • **prevention-focused and demand-led services for families**	ABS approaches are embedded and sustained across ABS LAs, resulting in more: • co-production • joined-up working between services • prevention-focused and demand-led services	ABS influences the sector and ABS approaches are adopted beyond ABS LAs, resulting in more: • co-production • joined-up working • prevention-focused and demand-led services

Risks – *external events & conditions that could dilute or prevent the achievement of ABS outcomes*

- Covid-19 pandemic
- Changes to national & local policy and funding environments (e.g. austerity, closure of children's centres)

Parent panel

NCB facilitates a Parent Panel on behalf of the ABS Strategic Evaluation Consortium partners. The panel includes a commitment to co-production and embedding service user voices throughout ABS work. The panel aims to:

- inform and advise the evaluation team from design through to dissemination of findings
- ensure the evaluation reflects the experiences of the diverse range of parents/carers across ABS partnerships and
- provide feedback on outputs, ensuring they are meaningful to parents/carers as well as to practitioners/policy makers and researchers.

Each ABS partnership has been allocated five Parent Panel places and to date 20 parents have been recruited. There has been some natural turnover in the panel members, with some leaving for a variety of reasons and new parents coming onboard.

After each panel meeting, the evaluation team has provided feedback to the parents on how their input has been used to shape evaluation activities. Feedback from Panel members has been very positive, with members enjoying hearing about ABS work in different parts of country:

> I have thoroughly enjoyed attending the ABS parent panels. I have found them informative and interesting. I enjoy finding out what other areas are doing and hearing their successes and failures and what they've learned from them. **Parent panel member**

Others mentioned appreciating that their opinions and views were valued by the evaluation team:

> [I feel parents' voices are heard] to a high extent because they come back to us with results and show that they have taken our feedback into account. **Parent panel member**

Over the next year, the Parent Panel will continue to support the evaluation team in their next phase of work. NCB will continue to review the panel membership, with our aim to ensure representation across all partnerships that is reflective of the diverse local ABS populations.

Practitioner panel

Research in Practice convenes the Practitioner Panel for the ABS national evaluation. The purpose of the Practitioner Panel is to:

- To act as a critical friend and sounding board for the ABS national evaluation.
- To help us ensure that the evaluation and its outputs are as useful as possible to those involved in the work.
- To ensure that the evaluation reflects the current practice context.
- The panel meets virtually three times per year where they:
- Provide scrutiny, feedback, advice and constructive challenge to the ABS National Evaluation team so that the work and outputs are informed by local practice knowledge.
- Share insights/perspectives about new and emerging practice issues in the five ABS partnerships.
- Act as a sounding board and a critical friend to sense-check and contextualise findings as they emerge.
- Contribute to dissemination and product development. For example reviewing evaluation outputs, submitting case studies or supplementary insights to help other local areas benefit from their learning.

This year Research in Practice worked in collaboration with the practitioner panel to produce an illustrated briefing report[6] of the findings presented in the first ABS annual report for practitioners. Another briefing report will be produced for the findings presented in this annual report. This work helps enhance the impact of learning from the ABS evaluation on Early Years practice.

Advisory Group

The ABS Evaluation Advisory Group has been established to advise the ABS National Evaluation Team on the evaluation design and delivery. Members of the Advisory Group: supported the ABS National Evaluation Team to develop its approach to Phase two of the national evaluation; advise the ABS national evaluation team on the design of the evaluation to ensure that it has a rigorous and informed methodology; act as a 'critical friend' to the national evaluation that supports and, where appropriate, challenges its design and delivery; and provide check and challenge to the national evaluation team to support with ensuring that the national evaluation aims and Objectives are met.

Members have been invited to participate in the ABS Advisory Group because they have expert knowledge in complex evaluation approaches or specific knowledge and expertise in key areas relevant to the evaluation, such as systems change, family lives, engagement of parents and communities, early childhood development, early support and intervention, diet and nutrition, and/or Early Years outcomes and measures.

[6] https://natcen.ac.uk/publications/national-evaluation-better-start

5 Methodology

In this section we provide an overview of the methods being used in the ABS national evaluation and types of evidence generated through each Objective. More detailed methodologies of the work presented in this annual report are described within each Objective's individual chapters. For full technical detail of the methodology, refer to the evaluation protocol.

Objective 1: To identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions.

We assume that the Common Outcomes Framework (COF) indicators[7], agreed with ABS partnerships in 2018, articulate how ABS can improve life chances and are a core part of the ABS ToC and partnership management. To estimate the contribution of ABS requires gathering evidence of relevance to the counterfactual: 'If ABS had not been funded in this area, what would ABS beneficiary outcomes have been?'

To answer the counterfactual requires evidence about people who have not received ABS interventions. Phase one activity has revealed that no primary data collection at scale is feasible, either for ABS partnerships or non-ABS area and we are therefore using administrative data to form the counterfactual to carry out the impact analysis.

Objective 2: To identify the factors that contribute to improving diet and nutrition, social and emotional skills and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS partnerships.

Addressing this Objective requires us to investigate implementation of ABS at the national level. We are generating evidence of what has happened and why, and identifying internal and external factors that may have affected ABS' contribution to intended outcomes. This is done through in-depth fieldwork in each ABS partnership with respondents involved in ABS delivery as well as those not involved with ABS.

Objective 3: To evidence, through collective journey mapping, the experiences of families from diverse backgrounds through ABS systems.

Addressing Objective 3 requires us to gather qualitative evidence about lived experiences over time, examining how ABS activities and interventions can become embedded and sustained in family lives and practices. Our analysis will build a contextually situated understanding of families' diverse experiences of ABS in relation to the four core outcome domains for the programme. This

[7] https://www.tnlcommunityfund.org.uk/media/insights/documents/COF-External-Report-2017-v3-1.pdf?mtime=20211126121811&focal=none

includes addressing what ABS systems change means for the lives of children and families, in terms of:

- What systems change means for professional support and involvement in family lives, and how that is experienced by families over time; and
- Understanding families' contribution to systems change associated with their involvement with ABS, and the implications of that contribution for families themselves, and for local systems.

Evaluation activity for Objective 3 also provides evidence that addresses Objectives 1 and 2: illuminating how and why ABS contributes to family lives. It is identifying enablers of engagement and impact, as well as barriers to their engagement with ABS.

Objective 4: To evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school aged children.

Objective 4 reflects that ABS' focus on prevention, early intervention and systems change has the potential to create public benefit by avoiding costs at a later point in children's lives. To address this Objective, we will evidence the extent to which the ABS outcomes evidenced in response to Objective 1 have contributed to reduced public sector costs relating to primary school aged children (5-11 year olds) and to assess the value for money of this public benefit in relation to the cost of the intervention (i.e. the cost of delivering ABS).

5.1 Contribution analysis and mosaic of evidence

To address the four national evaluation Objectives and draw conclusions about the extent to which ABS contributes to intended outcomes and to the life chances of children who have received ABS interventions, our evaluation design draws on the principles of contribution analysis (Mayne, 2019). Though the four evaluation Objectives, we are building a mosaic of evidence from which we can construct the contribution narrative and draw conclusions about the impact of ABS.

ABS is a diverse, systems based and contextually sensitive programme that promotes an innovative and holistic approach to improving children's life chances. The programme is complex, involving a wide range of agencies working together with communities in different ways to deliver outcomes at individual, family, community and organisational levels. The dynamic nature of ABS demands an evaluation approach that enables us to evidence how and why ABS has contributed to intended change or not, and that accommodates multiple contributory or causal factors. Contribution analysis provides a useful method for this. It is based on a generative approach to causality, where the goal is to describe the causal mechanism (how observed change came about). It also considers the intervention (here ABS) as occurring as part of a causal

package involving ABS and other contributory factors (Mayne, 2012). For this evaluation our approach to contribution is adapted from the classic 6 steps (Mayne, 2011) which can be found in Appendix 1 and the evaluation protocol.

In complex programmes like ABS, there are a myriad of pathways of change to the intended outcomes. Undertaking a rigorous contribution analysis therefore requires us to make decisions about where to focus efforts so that the analysis is as comprehensive as possible, while also being robust and manageable. To achieve this, in 2023, the evaluation team developed 'contribution claims' which provide a causal narrative to some of the most important causal pathways on the ABS theory of change. They are:

- Child-level outcome: communication and language
- Child-level outcome: diet and nutrition
- Child-level outcome: social and emotional development
- Systems change: joined-up working (partnerships)
- Systems change: joined-up working (upskilling)
- Systems change: increased parental engagement
- Systems change: demand-led services
- Systems change: shift in resources
- Systems change: adoption of ABS approach beyond ABS local authorities

Developing the contribution claims reflects a substantial development in the contribution analysis and will continue to be refined in line with evidence gathered over the next two years. They provide a framework for interpreting evidence across the four evaluation Objectives and a foundation from which to build the mosaic of evidence and contribution narrative.

6 Draft contribution claims

The draft contribution claims presented in this chapter were developed collaboratively in 2023 by evaluation partners based on the existing ABS ToC and evidence presented in the first Annual Report. They will guide ongoing data ongoing and analysis across the evaluation with the aim of finding conclusive evidence (either confirmatory or dis-confirmatory) for the ABS ToC.

This convergence of evidence will be used to iteratively build a credible contribution narrative. Through the contribution narrative we will seek to provide a robust account of the link between programme implementation processes, intended and unintended intermediary and later stage outcomes, independent contextual features, and the development of causal mechanisms that can explain how and why outcomes have (or have not) been achieved.

For each contribution claim, we will seek evidence to support or challenge:

- The chain of results and assumptions underpinning it are plausible and supported by stakeholders (Plausibility)
- The ToC (the “final” version) is verified by evidence (Verified ToC)
- Other contributory factors have been accounted for (i.e. contextual factors are considered).

As with the theory of change, in the claims outcomes, causal pathways and assumptions are written as if they have already been achieved. At this stage, however, the draft claims should not be considered as confirmatory evidence of impact. These claims represent a first iteration of the contribution story that we will continue to expand and refine as our understanding of the impact of ABS becomes more complete. Importantly, the findings from Objective 1’s QED are required for the full contribution analysis.

In each evaluation objective chapter in this report, we present an initial discussion of how evidence from the national evaluation may support and challenges the contribution claims; this analysis is ongoing. Mixed evidence, weaknesses or gaps in evidence against the claims will inform the focus for future evaluation data collection rounds.

Child-level outcome: communication and language

(ToC outcome) Children whose families are accessing ABS services have improved communication and language development/ ABS services are preventing poor communication and language skills in children whose families engage with their service.

(Causal pathway) ABS-funded projects achieved this through: developing relationships with, and providing evidence-based training to, early years provider staff which led to: the creation of more language-rich early years environments, which enabled children to develop their communication and language skills; awareness raising amongst parents about how they can support children in the home environment which led to behaviour change amongst parents, enabling children to develop their communication and language skills; and better identification of communication and language needs and referral to appropriate specialist services.

(Pre-conditions and assumptions) Early years managers buy-in to the ABS approach; training is appropriate for, and accessible to, early years staff who engage with it fully and are open to adapting their practice; families and children have sufficient exposure to, and are included in, service initiatives and are open to diagnosis to benefit; specialist services have capacity or can adapt to meet the increased demand.

Child-level outcome: diet and nutrition

(ToC outcome) Children whose families are accessing ABS services have improved diet and nutrition / ABS services are preventing negative health impacts of poor nutrition on infants whose families engage with their services.

(Causal pathway) ABS-funded projects achieved this through working together across services to ensure that messaging on pregnant mother and child nutrition was consistent and countered harmful messaging; messaging outreach was effectively targeted at parents and other family members or adults who may have influenced children's diet and nutrition, empowering them to make positive choices which led to improved diet and nutrition for intended beneficiaries.

(Pre-conditions and assumptions) Families have sufficient exposure to ABS messaging and consider it relevant to them (e.g. formula feeders), families have sufficient financial resources or access to other appropriate resources to implement positive choices about child nutrition.

Child-level outcome: social and emotional development

(ToC outcome) Children whose families are accessing ABS services have improved social and emotional development / build strong relationships and resilience

(Causal pathway) ABS funded projects achieve this through the development of streamlined and effective referral routes for families to access the support they need. This has helped families to build strong relationships and resilience which reduces parental stress and anxiety. This can prevent potential detrimental impacts of this on and improving children’s social and emotional development.

(Pre-conditions and assumptions) Referring agencies understand and implement referral criteria for ABS services; services are effective and able to meet different levels of need including complex needs; families do not feel stigmatised by accessing services and have sufficient access and exposure to ABS services.

Systems change: joined up working (upskilling)

(ToC outcome) ABS services have increased joined-up working between services which helps create new ways of working that allow for services to better meet the needs of children aged 0-4 and their families.

(Causal pathway) Successful implementation of the ABS approach demanded the upskilling of multidisciplinary, strategic and frontline staff. ABS provided the funding to train programme delivery staff for both pre-existing and ABS-specific programmes. Training offered to staff was connected to wider ABS strategies and priorities across different partnerships. This led to upskilling the workforce in a way that created a shared vision, culture and understanding of the ABS approach. Higher levels of staff skills and knowledge led to the implementation

of working strategies to enhance service provision and child development outcome realisation.

(Pre-conditions and assumptions) For this to occur there must be sufficient personnel to develop and deliver training, staff receiving training must engage with the training and achieve intended learning outcomes. There must be collective buy-in to the shared vision for working culture so that staff enrol on training and implement the learning in their work.

Systems change: joined-up working (partnerships)

(ToC outcome) ABS services have increased joined-up working between services which helps create new ways of working that allow for services that better meet the needs of children aged 0-4 and their families.

(Causal pathway) This is achieved through collaborative working activities that facilitate strong relationships and improved information sharing pathways between local services. These activities have directly led to the creation and strengthening of partnerships between ABS-funded activities and existing local service delivery, which has resulted in better integration in planning and delivery, leading to more holistic approaches to supporting ABS families.

(Pre-conditions and assumptions) For this to occur there must be collaborative working opportunities, shared understanding of the value of preventative approaches and collective buy-in to the shared vision for working culture.

Systems change: increased parental engagement

(ToC outcome) The design of interventions funded through ABS has led to better parental engagement with services and parental behaviour change which will positively impact child outcomes both directly and indirectly.

(Causal pathway) The emphasis of ABS programmes on co-production has led to more inclusive delivery techniques that help increase trust in services from recipient parents, leading to their better engagement with services. These positive experiences encourage peer-to-peer support which encourages more families to engage with services and will ultimately benefit them and improve outcomes for their children.

(Pre-conditions and assumptions) For this to occur, it is assumed that families are consistently supported by the same delivery staff member (as far as possible); that delivery staff have capacity and competency to consistently deliver an inclusive approach; parents themselves have the capability and opportunity to participate in services and social networks to recommend services to eligible peers.

Systems change: demand-led services

(ToC outcome) Early years services are more demand-led.

(Causal pathway) Service providers engage in co-design with parents and adapt to fit the pressures and circumstances faced by recipient families, which reduces barriers to engagement leading to better access and inclusion and families feel like their priorities and needs are well considered and accommodated.

(Pre-conditions and assumptions) Adaptations are appropriate and proportionate to the issues faced by recipient families at the local level. Greater engagement with ABS services from parents/carers leads to improved outcomes for the child.

Systems change: shift in resources

(ToC outcome) ABS has resulted in a shift in investment from acute services towards prevention-focused services for children aged 0-4 and their families (leading to improved chance of improved outcomes for children and families)

(Causal pathway) ABS partnerships achieve this by developing strong relationships between ABS and existing local delivery and planning partners (including parent/community representatives). This facilitates joint working towards creating, adapting and promoting evidence-based and co-produced preventative approaches, and the generation of impact evidence. This contributes to a common understanding and acknowledgement of the importance of early years and child development. This shared understanding directly influences decision making about future local early years service planning, resulting in a shift in ABS local authority spending and resource reallocation from acute to preventative services.

(Pre-conditions and assumptions) Evidence of positive impact of ABS preventative approaches is good quality, compelling and effectively disseminated, and partnerships are able to leverage buy-in from local authority senior management. There is sustained engagement and commitment from services, ABS partnerships and community members.

Systems change: adoption of ABS approach beyond ABS local authorities

(ToC outcome) ABS approaches of co-production, joined-up working and increased prevention-focused and demand-led services are adopted beyond ABS local authorities.

(Causal pathway) ABS achieves this through influencing key players in the early years' sector in non-ABS local authorities through test and learn, i.e. the dissemination and promotion of research and evaluation learning about the projects funded by ABS to non-ABS local authorities, national government and other stakeholders. These stakeholders are then motivated and informed by that learning to make evidence-based decisions to support and allocate resources to implementing ABS approaches in non-ABS early years settings through replication and adaptation to meet local or national needs.

Early years sector staff in ABS who have benefitted from upskilling will apply their skills in non-ABS local authorities they work in and influence the adoption of ABS approaches.

(Pre-conditions and assumptions) Research and evaluation undertaken by ABS-funded projects is of high-quality and relevance to non-ABS local authorities, evidence generated includes sufficient detail (e.g. on design and costs) to enable scrutiny and replication, non-ABS local authorities have the opportunity and willingness to engage with ABS evidence and learning, and are open to new ways of working.

7 Evaluating impact on child-level outcomes (Objective 1)

7.1 Aims of the Objective

Objective 1 uses a quasi-experimental design to identify the contribution made by ABS to the life chances of children who have received ABS interventions. The more specific evaluation question is:

> What is the average causal impact of taking part in ABS interventions, on key outcomes for children under four and their families, in each partnership?

7.2 Progress made in 2023

There was no analysis conducted for Objective 1 in 2023. The focus for this year was assessing available data to determine the approach that would be used to answer the evaluation question. This section describes the progress during 2023 in obtaining consent and choosing between the options available for analysis.

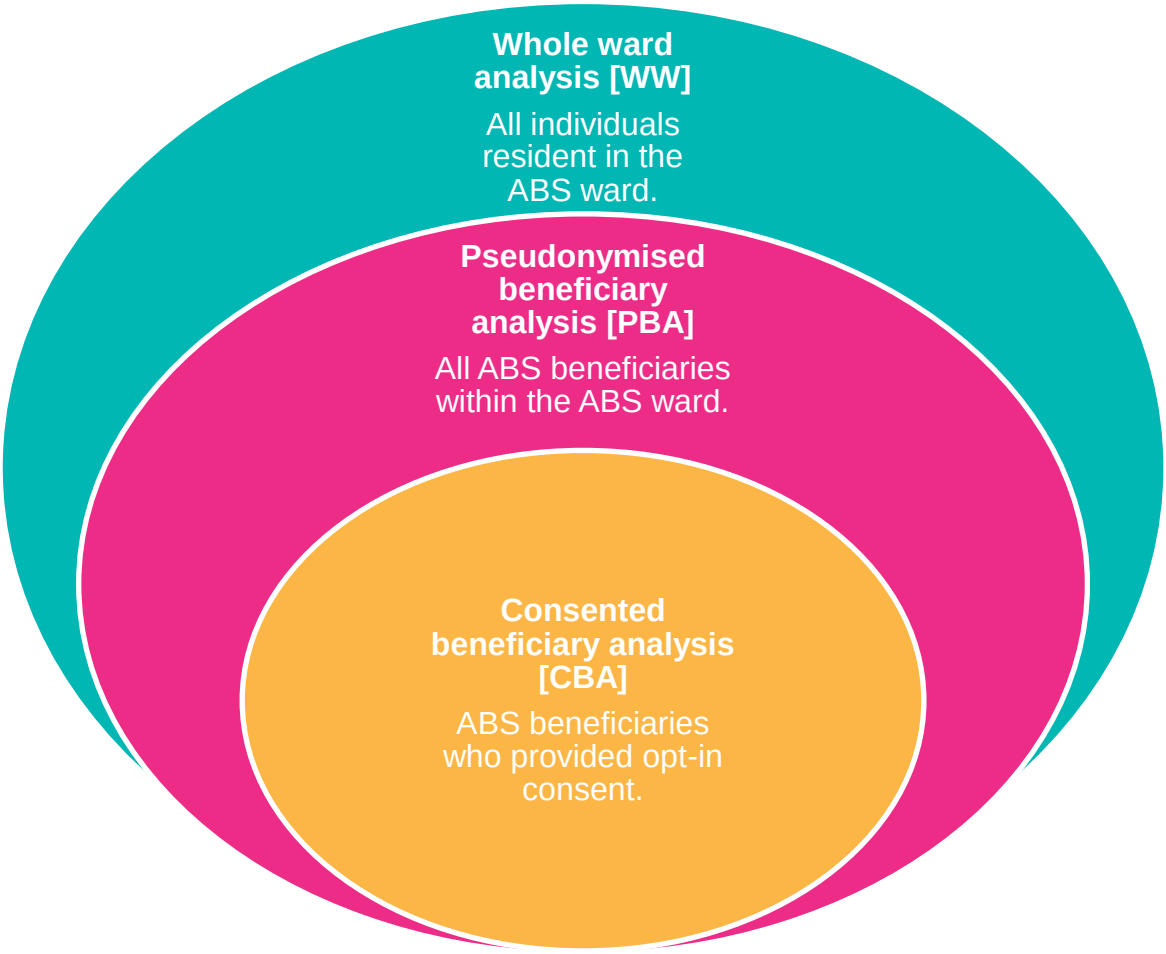
The opt-in consent process in four of the five partnership areas ran between June 2022 and August 2023.[8] The consent process was run to collect identifying information on beneficiaries that would be linked to publicly available health data through NHS England. The end of the consent process allowed us to evaluate the options available for analysis as it was confirmed what the final sample size available for linking would be (the final sample size may be lower if linking is not possible for any beneficiaries). As consent numbers were high enough to detect meaningful effects in two out of four partnership areas (see

[8] Lambeth did not run an opt-in consent process as their data systems allowed for pseudonymised data to be collected on all beneficiaries that allowed for this data to be collected and used, including for the partnership's own evaluation work.

Table 1 for numbers of consents obtained by partnership area), we considered adaptations to the planned analysis[9] that would more precisely estimate the effects of ABS on the life chances of young children.

Figure 2 shows how the different approaches include different groups of individuals in the analysis. All the individuals will have been exposed to ABS interventions to some extent; however, the degree of exposure to ABS will vary across the levels: consented and pseudonymised ABS beneficiaries will have directly participated in the programmes, whereas residents of the ABS wards who are not beneficiaries may not have directly participated in the ABS programmes, but may have benefited from systems-level change.

Figure 2. Groups of individuals considered in different analytical approaches



The analysis datasets used across all three approaches would be pseudonymised. This means that although consented beneficiaries have provided opt-in consent to link their personal identifiers to their records in NHS England data, this identifying information will be removed from data before sharing it with NatCen.

[9] Details on the analysis approaches are included in the end of this section: Planned methods to assess causal impact.

The numbers of ABS beneficiaries included the three approaches vary, as shown in Figure 2. If a sample is too small, then estimates would be too imprecise, so it would be challenging to determine whether ABS improves outcomes, has no effect, or makes outcomes worse. The decision on whether to conduct consented beneficiary analysis for each outcome and site will be made based on available sample sizes (detailed in section 7.3 on next steps).

Option 1: Whole ward analysis as default approach where data is available

Given the low numbers of consenting beneficiaries in at least two out of four partnership areas, we have decided to conduct whole ward analysis as the default for all partnership areas and outcomes (where the data is available). This approach would estimate the impact of ABS on outcomes of individuals (in the relevant population group for the outcome) resident within ABS electoral wards, compared to their outcomes had ABS not been active in their area. All individuals in the relevant population group would be included for this analysis if data was available on them. For example, we estimated that around 600 babies would be eligible for ABS in Blackpool in June 2023; however, consent was provided for only 55 children.

Option 2: Partnership areas sharing pseudonymised data on all beneficiaries if possible

We have also been asking partnerships whether they are able to provide pseudonymised covariate and outcomes data for all beneficiaries if they have provided a small number of consents. If partnerships were able to do this, then the impact of ABS could be estimated for all beneficiaries in ABS wards without any identifiable data being shared with NatCen. NHS England would only be asked for (also pseudonymised) comparison area data. This was the approach that Lambeth originally chose and they did not implement a consent process for sharing identifiable information. The approach has now additionally been considered for Blackpool and Southend, as too few consents are available, and also Nottingham for a subset of outcomes that are not available through NHS England.

We have considered the analysis approaches described above to manage different constraints and still make the best use of the data available. Whole ward analysis will be included as the default option, so that impacts will be estimated for the population of individuals eligible for ABS services for all outcomes. Where additional analysis is possible using linked beneficiary data for consented individuals and/or using pseudonymised data on all beneficiaries, it will be possible to estimate impacts on the outcomes of confirmed ABS beneficiaries. The final decision on the analysis approaches to be used for each outcome and in each partnership will be made once we have the final sample sizes after outcome linking.

Using data from the opt-in consent process in partnership areas

Four of the five ABS partnership areas carried out an opt-in consent process. The final numbers of consented beneficiaries in the beneficiary data from the four partnership areas are presented in Table 1.

Table 1. Consented beneficiary data

	Parents/carers	Children
Blackpool	58	55
Bradford	511	439
Nottingham	305	301
Southend	89	139

The identifying information of consented beneficiaries (name, date of birth, NHS number) will be linked to outcome data in NHS England datasets for analysis. Final analysis sample sizes may be lower than the numbers above for the following reasons:

- It may not be possible to obtain records for beneficiaries in outcome datasets either because they do not have any records in these datasets or because it is not possible to find a match for the identifying information (for example, due to missing information such as NHS numbers).
- Children of all ages are included in one group in the consented beneficiary numbers, which groups newborn children and children aged four together. Outcomes are measured at specific ages of children, however. For instance, the breastfeeding outcome is measured for babies aged six to eight weeks, which would therefore only be available for any consented children who were born in or after June 2022. Likewise, in Blackpool, only some of the 55 children who provided consent would be aged at least two and a half years and have had their socio-emotional development assessed through the Ages and Stages Questionnaire.
- The ages of consented children may be too young or too old at the time of outcome measurement. Our data request to NHS England only covers outcomes measured from June 2022 to March 2024, and therefore children may have been too old or too young in this period for some of their outcomes to be measured. For instance, even though consent may have been collected for a child aged four years old in June 2022, their outcomes may only have been measured when they were aged three years old, before the period covered by the consent process.

Partnerships have also shared service use data with NatCen. This data summarises information on the services used by the consenting beneficiaries,

such as which services were used and when. This will be used to contextualise the analysis of consented beneficiary data.

Data requests and availability

We submitted the Data Access and Request Service (DARS) application to request NHS England data on health outcomes in October 2023. The application process is ongoing, and once the application is approved, we will be able to share the consented beneficiary lists with NHS England for linking. The time period for the data request consists of health outcome data from June 2022 to March 2024 (or the latest available data at that date).

We also submitted an application to request data from the National Pupil Database (NPD) on education and related outcomes in December 2023 to the Department of Education (DfE). This includes outcomes such as school readiness, key stage 1 and 2 attainment, and children in need due to abuse or neglect. No beneficiary-linked analysis is planned to be conducted for outcomes requested from the DfE, as either the population of interest for these outcomes is too old to be included in the consented beneficiary lists, or because the NPD data is not released in time for us to request data covering the period that beneficiaries provided consent for linkage. Therefore, the data from DfE will only be analysed using whole-ward analysis across all partnership areas.

in addition, the option of using pseudonymised data on all ABS beneficiaries has been considered for analysis in two partnership areas: Blackpool and Nottingham:

- In Nottingham, the data on breastfeeding, communication skills, socio-emotional development and child development are not available through NHS England, so we are exploring the option of carrying out this analysis using pseudonymised data on all beneficiaries instead.
- For Blackpool, this discussion was motivated by the low available sample sizes for consented beneficiary numbers in Blackpool, which means analysis of data of consented beneficiaries would only provide imprecise estimation of causal impact.

This option was not explored for Southend as the data was not available. It was also not considered for Bradford as sample sizes from the recruitment of consented beneficiaries are already sufficiently large to expect analysis to be well-powered to detect at least a ‘medium’-sized impact[10].

The updated list of outcomes and data sources are described in Table 2 below. Note that ‘healthy weight at reception’, which was named in the statistical

[10] Note that the final sample sizes for analysis of each outcome will only be known after data is made available for analysis. Therefore, there is a small probability that in the case where sample sizes for any outcome are too low to estimate a ‘medium’ effect size (MDES = 0.5), consented beneficiary analysis will not be conducted and only whole ward analysis will be conducted for that outcome in Bradford.

analysis plan, is not available through NHS England for all partnership areas, and therefore this outcome will not be included in analyses.

Table 2. Outcomes to be assessed through the quasi-experimental impact analysis

Indicator	Data source
Perinatal maternal mental health – depression and anxiety	NHS England
Smoking in pregnancy - smoking status at delivery	NHS England
Birth weight	NHS England
Gestational age at birth	NHS England
Breastfeeding at 6-8 weeks	NHS England (with the exception of Nottingham where pseudonymised data on outcomes of all ABS beneficiaries is being considered as a possibility)
School readiness	Department for Education / NPD
Communication skills (Ages and Stages Questionnaire; ASQ)	NHS England (with the exception of Nottingham where pseudonymised data on outcomes of all ABS beneficiaries is being considered as a possibility)
Social emotional development (ASQ)	
Child development (ASQ)	
Child abuse and neglect - Children aged 0-4 who are Children in Need (CIN) due to abuse or neglect	Department for Education / NPD
Child abuse and neglect - Children aged 0-4 on Child Protection Plan (CPP)	Department for Education / NPD
A&E attendances or emergency hospital admissions of children 0-4	NHS England
Key Stage 1 attainment	Department for Education / NPD

Indicator	Data source
Key Stage 2 attainment	Department for Education / NPD

Planned methods to assess causal impact

Given the sample sizes available for analysis of consented beneficiary data, we have considered a range of methods to assess causal impact, weighing up the suitability of the proposed methods given the available data and sample sizes, as well as the hypothesised mechanisms for impact. The low numbers of consenting beneficiaries in some partnership areas reduces the statistical power of the proposed impact analysis, leading to imprecise estimation of the effects of ABS on outcomes of interest.

The alternative methods considered involved exploration of potential additional sources of data that may allow for larger sample sizes and therefore more precisely estimated effects. The following options for methods vary based on data availability, sample sizes, and timing of outcome measurement:

- **Whole ward analysis [WW]**: This analysis will be conducted on the sub-sample of individuals who would have been eligible for ABS services, for whom the relevant outcomes would therefore have been measured. . It is the main approach to be used to assess impact for education outcomes, which are observed at older ages in childhood and therefore the evaluation timeframe is too short to allow for impacts to have manifested by the time of outcome measurement.
- **Consented beneficiary analysis [CBA]**: This approach involves assessing the impact on outcomes of beneficiaries that gave their consent for their data to be linked to NHS England records, as compared to individuals resident in matched non-ABS wards.
- **Pseudonymised analysis [PA]**: This approach involves assessing impact on outcomes of all beneficiaries in the site compared to a comparison group of individuals resident in matched non-ABS wards. It relies on partnerships being able to share data on outcomes and characteristics for all beneficiaries within the site with NatCen.

At the point of writing, whole ward analysis will be carried out as standard across all partnership areas and outcomes where data is available to do so. Upcoming work would involve making decisions on the analysis approaches to be used for each outcome for all other partnership areas..

7.3 Next steps

Finalisation of analysis approaches

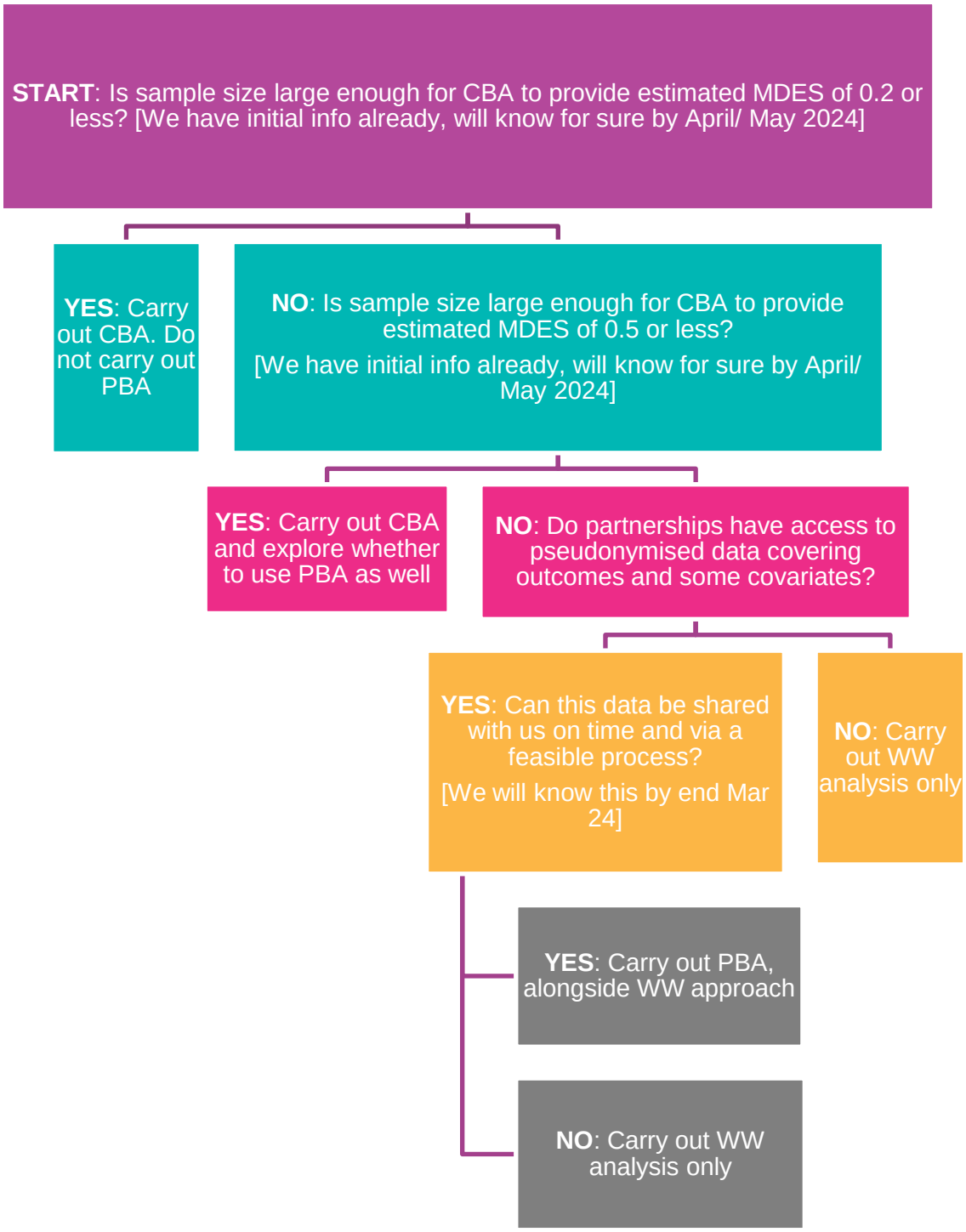
We propose selecting the appropriate analysis approach for outcomes based on sample size and data availability considerations. We would not carry out impact analysis for any method that is not sufficiently statistically powered. The numbers of consenting beneficiaries would be the maximum available sample sizes for each partnership area, but as described above, the analysis samples may differ in practice after linking with outcomes data. The decisions on the final analysis approaches to be used for partnership areas and outcomes would therefore need to be made based on the estimated statistical power given the final sample sizes, as well as the data availability for the outcome considered.

We will make decisions on the adequacy of statistical power for the final sample sizes based on minimum detectable effect size (MDES) thresholds initially established by Cohen[11] that are widely cited and commonly used in the literature. An effect size is an estimate of the magnitude of the impact of a policy or programme on outcome of interest. The minimum detectable effect size is the smallest estimate of the effect size that the analysis has sufficient sample size (or statistical power) to detect with good probability. That is, an MDES of 0.2 is considered a 'small' effect, an MDES of 0.5 is considered 'medium'-sized, and an MDES of 0.8 considered 'large'. Therefore, if the analysis sample is too low for sufficient statistical power in a partnership area for a given outcome (that is, to detect at least a medium sized effect), we would only do whole ward analysis for that outcome as would be meaningful.

The flowchart in Figure 3 outlines the proposed decision-making process to finalise the analysis approaches.

[11] Cohen, J. (1988) Statistical Power Analysis for the Behavioral Sciences, 2nd ed. New York: Lawrence Erlbaum.

Figure 3. Flowchart for proposed decision-making to finalise analysis approaches



Data preparation and analysis

We anticipate that the data on outcomes from NHS England, DfE, and pseudonymised data from partnership areas will be made available to us by April-May 2024. At this point, we expect to have finalised analysis approaches for each outcome and partnership area, and plan to start cleaning and preparing the data for analysis.

The analysis will involve two main steps:

- **Develop a comparison group of individual parents/carers and children for each partnership area**. This is done by using propensity scores to weight the data using inverse probability of treatment weights (IPTW), with the weighting covariates incorporated in the impact regressions for a 'doubly-robust' approach. A comparison group weighted by the IPTW should share a similar distribution of individual and household-level characteristics to the ABS group, and therefore be comparable.
- **Estimate the average causal effect of ABS based on the difference in outcomes between the ABS group and weighted non-ABS comparison group.** These average effects will be estimated separately for each partnership area and outcome of interest. This will involve conducting a regression analysis incorporating the weighting covariates and additionally weighting the analysis using the inverse propensity score weights.

Contribution analysis

As mentioned in Chapter 6, the results from Objective 1 will provide key evidence for the contribution analysis. Box 1, below, presents Objective 1's role in the mosaic of evidence and how the findings from the other objectives will be used to contextualise and interpret the results.

Box 1. Contribution analysis and mosaic of evidence: Objective 1

This QED is taking place in the context of a broader evaluation, which includes a variety of complementary elements structured within an overall theory-based evaluation approach. The findings from the QED strand should be interpreted alongside other evidence generated across this overall evaluation; our findings are not intended to stand in isolation. The approach to synthesising evidence from across the entire national evaluation is addressed through the contribution analysis approach. Here we provide some illustrative examples of how other evidence will be necessary for the proper interpretation of the QED findings.

While the final analysis approaches for the QED being delivered through Objective 1 are still being determined, we do know that we will be using several statistical approaches to accommodate the variety that exists in the data sources that we are drawing on. Employing these different methods will bring an ability to triangulate results within this Objective and with others to provide a nuanced and highly contextualised account of the contribution of ABS on child-level outcomes.

Consider first the whole ward analysis and suppose we find no differences in outcomes between ABS and non-ABS wards. Viewed in isolation, this evidence could be consistent both with ABS having no effect whatsoever, or with ABS having a positive impact for beneficiaries that has been diluted at the whole ward level. To help us explain this finding, it will be valuable to draw on information about ABS service use that we are gathering from partnerships.. For example, if we have evidence that ABS had widespread reach throughout the wards, then a finding of no impact at the whole ward level may be more likely to indicate that the programme was ineffective in influencing this particular outcome.

Now suppose that we do find a meaningful difference in outcomes between ABS wards and non-ABS wards. In the absence of complementary evidence, we would not be able to infer whether this finding simply reflects strong impacts for ABS beneficiaries, or whether ABS has contributed to changes at the whole ward level for both its direct participants and non-beneficiaries too. Service use and other qualitative information would also be important in unpacking this result. For example, if we found that ABS investment in one partnership area had focused on public health campaigns with widespread reach, or investment in systems change, this might support the narrative that ABS had effects that extended across the entire ward. Alternatively, we might find evidence that ABS had concentrated efforts on targeted interventions with supporting evidence of strong impacts for participants – this would be consistent with the explanation that ABS led to strong impacts that focused on a particular target group.

8 Factors that contribute to improving children's diet and nutrition, social and emotional skills, and language and communication skills (Objective 2)

8.1 Aims of the Objective

The aim of Objective 2 of the national evaluation is:

To identify the factors that contribute to improving diet and nutrition, social and emotional skills, and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS partnerships.

In other words, we aim to find out more about how the ABS partnerships are working towards positive changes in children and families' lives, and what helps and hinders ABS partnerships' ability to achieve this.

8.2 Methods used

For this Objective, we have used qualitative methods to investigate how ABS works at both partnership and national levels. This has included conducting in-depth interviews with:

- Respondents working within ABS partnerships ('ABS respondents').
- Respondents working in organisations which do not receive ABS funding but operate within the Early Years sector ('non-ABS respondents').
- Respondents working at The Fund ('representatives from The Fund').

In-depth interviews took place across two waves of data collection in 2023:

- Wave 1: June and July with ABS respondents.
- Wave 2: November and December with ABS and non-ABS respondents.

Across the two waves of fieldwork, we held interviews with 39 ABS respondents and three non-ABS respondents including The Fund[12]. Interviews were conducted by NatCen researchers via Microsoft Teams and lasted around 60 minutes. Topic guides were developed to ensure consistent topic coverage across respondents. Separate topic guides were drafted for the different

[12] Low numbers of non-ABS respondents were a result of a low response rate to interview invitations, despite multiple contact attempts. For the final report, which will include all fieldwork waves, the insights from non-ABS respondents will be bolstered by other waves which had a greater response rate

respondents depending on their level of ABS involvement, and whether the interview was a first, or follow-up, interview. Qualitative data was managed and thematically analysed (charted) using NatCen's Framework approach[13]. More information on methods is available in the evaluation protocol. We spoke to ABS and non-ABS respondents about similar topics. These are outlined in Table 3 below.

Table 3. Topics for ABS and non-ABS interviews

ABS respondents	Non-ABS respondents
Their involvement in their local ABS partnership	Their involvement in the Early Years sector
Key successes and challenges for ABS in their area	Key successes and challenges in the Early Years sector in their area
What has worked well and less well in achieving key child-level outcomes	What has worked well and less well in achieving key child-level outcomes in their area
What has worked well and less well in achieving systems change	What has worked well and less well in achieving systems change (if relevant)
Their understanding of parental engagement strategies and what has worked well and less well when applying them (annual theme)	Their understanding of parental engagement strategies and what has worked well and less well when applying them (annual theme)

When speaking to ABS respondents, we chose to focus our interviews on the specific project(s) or service(s) that they were involved in rather than discuss ABS as a whole. This allowed us to explore their experiences of ABS in depth and understand better what ABS looks like in practice. This enabled respondents to speak from a place of knowledge and expertise and provide us with nuance and detail rather than general, broad statements.

Table 4. Sample of ABS respondents by interview type

Interview type	Number of interviews
First interview	27
Follow-up interview	12
Total	39

[13] Ritchie J., Lewis J., Nicholls C., Ormston, R. (2014). Qualitative research practice: A guide for social science students and researchers. London: Sage

Table 5. Sample of ABS respondents by partnership

ABS partnership	Number of interviews
Blackpool	8
Bradford[14]	5
Lambeth	10
Nottingham	8
Southend	8
Total	39

8.3 Findings to date

The following sub-sections summarise findings related to the three child-level outcome areas across the two waves of fieldwork for Objective 2 in 2023. Common themes and findings from across the outcome areas are presented together, while those that are unique to each outcome are highlighted separately. These sections are structured to include respondents' discussions on:

- The key aim(s) for the outcome.
- What has worked well, covering ways of working and outcomes for children and families.
- Areas where respondents have had mixed views or experiences within and across waves.
- What has worked less well.

Findings relating to systems change and mechanisms are also presented following a similar structure to child-level outcomes.

Similarities across child-level outcomes

Respondents' accounts of the three child-level outcomes shared some common themes, which are outlined below.

Aims and priorities of child level outcomes

Early intervention. As with previous waves of data collection, services were oriented towards early intervention and prevention, aiming to alleviate the need for interventions down the line.

- For **diet and nutrition** services, this involved aiming to reduce the prevalence of digestive disorders, by encouraging positive infant feeding practices; and dental treatment by promoting lower-sugar diets.

[14] The lower number of ABS respondents in Bradford was a result of a low response rate to interview invitations. This contrasts previous waves of fieldwork where Bradford respondents represented a larger proportion of the total interviews. We will aim to oversample Bradford respondents in the next waves of fieldwork.

- **Communication and language** services were working towards early screening and identification of communication needs.
- Whilst respondents in **social and emotional development** services did not explicitly cite early intervention as an aim, it was evident that this was a core component, as services offered attachment support to parents even before birth.

Improving parental knowledge. Respondents identified gaps in parents' knowledge relating to the key child level outcomes which could be further developed.

- The focus of **diet and nutrition** services was to help parents understand the importance of healthy lifestyles and ways to implement them, e.g. by educating them on topics such as food groups and portion sizes.
- Improving the home learning environment was a focus for some **communication and language** services. This involved equipping parents with strategies and resources they could use to promote communication at home. Resources included books, activity packs and online resources.
- The outcome area of **social and emotional development** was not well understood by parents, and the stigma associated with it prevented parents from acknowledging areas of concern. These services aimed to help parents understand the importance of early attachments and the impact this has on children's overall development.

What worked well

Positive relationships with ABS core team. Delivery partner staff described positive relationships they had with the ABS core teams within their partnerships. In particular, they highlighted the approachable and friendly nature of staff and their willingness to provide support.

> [The ABS contract manager was] always just very available if needed, and approachable, easy to discuss some of the goals and aims and what's going well, what's not going so well. **Delivery partner**

Joined up working. Respondents working in services across child level outcomes reported joint delivery was successful in ensuring families received the right support at the right time. This took two forms:

- Working collaboratively through triage panels, where professionals from various services, backgrounds, and specialisms came together to discuss a support plan for the family.

> We sit down together, and referrals come in where parents are requesting support, and where professionals are unsure who is the best service to support. It comes in, we look at that referral, we all talk about it together, and we think about ensuring that the family gets the right service at the right time, at the right place for them. **Delivery partner**

- Coordinating care with non-ABS services by working jointly and attending other team's meetings. For example, one respondent discussed joint working with social workers, health visitors, and key workers at children's services to ensure families immediate needs were being addressed first and 'holding cases open' to provide support later where necessary.

What worked less well / challenges

Cost of living. Both ABS and non-ABS respondents cited the enduring impact of the **cost-of-living crisis** as a barrier to parents engaging with services, as difficulties meeting their families' basic needs impacted capacity and appetite for support. For example, an ABS respondent who oversees a number of diet and nutrition services observed a decline in the uptake of a programme supporting pregnant women, which had previously seen high engagement. The respondent speculated that parents/carers may find it more difficult to commit to programmes run over a number of weeks as they require a greater time commitment, which families cannot always afford when experiencing financial hardship. This sentiment was echoed by another respondent working in a communication and language service:

> They're worrying about where the next plate of food is coming from or they're being made homeless at the end of the week or something, they're not really thinking 'I must remember to turn up to speech and language today'. **Delivery partner**

Stigma around needing support. Respondents associated some parents' reluctance to engage with services with the social stigma of the issue they were presenting with or the act of accessing support itself. Social and emotional development services highlighted fear of judgement around their own and their children's mental health as a huge barrier to parents engaging and working with practitioners. Similarly, a respondent who runs parenting courses described the negative association some parents had with attending these courses and the perception that they were a 'bad parent'. There was also evidence of stigma impacting referrals into services; a respondent working in diet and nutrition described a lack of referrals into the service by other professionals due to avoiding difficult conversations with parents about their child being overweight. In all of these services, respondents mentioned the importance of being mindful of the language they use when talking to parents and in any promotional material.

> If you're saying […] 'I think your child's growing a little too fast. Can we refer you for some specialist advice and support?' I think parents feel that there's some sort of blame and comeback on them, that they've not done a good job. **Delivery partner**

Diet and nutrition

Aims and priorities of diet and nutrition outcome

The aims and priorities identified by ABS respondents were similar to those reported in previous waves of fieldwork.

Healthy eating and starting solids. Childhood obesity was established as a key focus for diet and nutrition services in previous waves. However, during 2023 fieldwork, participants discussed more **achievable, behaviour-based aims**, such as healthy eating and starting on solid foods. A representative from The Fund explained that this shift was about working towards shorter-term targets where behaviour change could be more easily measured, with the understanding that these would impact obesity rates in the longer term.

Breastfeeding support services continued to work towards increasing the initiation rate and sustaining breastfeeding. As reported in previous waves, **introduction to solid foods** also remained a focus for diet and nutrition services. This work included helping parents understand when to introduce solid food, the type of food and how much to serve to ensure a healthy balanced diet.

E**nsuring holistic support for families.**, This involved prioritising identifying families' needs and working with families towards positive change. This involved working alongside other agencies and services where necessary. For example, one respondent said that in addition to providing evidence-based support around breastfeeding, their service also supported parents/carers with the lifestyle changes associated with parenthood, such as returning to work and breastfeeding in public spaces. Another respondent whose work involved supporting parents to manage healthy eating on a budget, described tailoring support to the family's environment. For example, advising on how to make nutritious meals with just a kettle for families in temporary accommodation, and locating cheaper supermarkets that were available via bus routes from their area.

A secondary focus of services that respondents discussed was **facilitating social and community support**, as many service users did not have other social support systems that they could rely on around nutrition or breastfeeding. Examples of this included a food club which ran community events for families who were new to the area, and a pantry service which encouraged service users to share recipe ideas and take part in communal food preparation sessions. A respondent listed secondary aims of their group sessions as boosting mental health, combating social exclusion, and encouraging community cohesion.

What worked well

Benefits of early intervention. One ABS respondent, for example, described recent progress that an infant feeding service had made towards **early intervention**, through establishing a greater presence on maternity wards. This allowed them to connect with parents/carers at a time when support is most needed, as opposed to being restricted to family hubs, where they were reaching parents/carers later in the postnatal period.

Pathway of support through ABS services. ABS respondents from multiple partnerships described work to deliver a **pathway of support** and training for parents/carers as their child gets older; from infant feeding, to introducing solids, to provision of healthy foods. In one partnership, the whole pathway of support was provided by one service, and in the other, the pathway was facilitated by strong links with public health teams.

> We talk more now about pathways than we've ever done before. So that has been something that I think A Better Start has been able to influence is really getting to grips with those pathways. *Service manager*

Geographical expansion of ABS services. An ABS respondent revealed that diet and nutrition services in their partnership had **expanded their reach** since their last interview in a previous wave of fieldwork. This included one service which runs community pantries expanding their provision geographically in response to the cost-of-living crisis. Another launched a breastfeeding support group in a health-visiting centre where families were already going to for their new born visits, in response to low-uptake from families in one part of the local authority area.

What worked less well / challenges

Problems with staffing capacity in ABS services. Respondents working in diet and nutrition services also highlighted the impact of **low staff capacity** on the numbers of families they could work with. In one service, this caused long waiting lists. Delivery staff had addressed this by prioritising those presenting with greater needs and grouping parents who spoke the same language together for group sessions so they could be led by a facilitator who spoke that language, rather than sourcing a translator for multiple sessions. Staffing challenges were compounded by the fact that some practitioner roles required a unique set of skills, so recruitment was difficult and any new staff would need extensive training.

Barriers in catering to all families. An ABS respondent described a food pantry service having **difficulties catering to all families** they served. The pantry is reliant on surplus donations from the food industry so did not always cater for all tastes or dietary preferences. For example, a lot of the food donated

was not halal. Delivery staff had listened to the feedback and taken measures to ensure a variety of food was available on a regular basis[15].

Communication and language

Aims and priorities of communication and language outcome

The aims and priorities for this outcome area were in line with previous waves of fieldwork.

ABS respondents discussed the importance of **equipping all practitioners working with children with the tools to identify communication and language needs** and use basic strategies to promote language development. This involved training the health and education workforce, carers, and other adults who work with children under five.

> Communication is everybody's business […] we raise that for everybody and then we're lifting the outcomes for all, not just those children for whom we think there's a specific need or message. *Delivery partner*

Providing appropriate targeted support and identifying language delays was another aim of language and communication services**.** One service aimed to close the 'word gap' for children from socio-economically deprived areas who display greater language delays. This involved working directly with children up to two years old through targeted intervention and also equipping parents with the skills to create language-rich home learning environments. One respondent also mentioned specific resources for children with English as a second language, such as educational videos of native speakers of different languages on different topics.

What worked well

Improved screening processes were highlighted by ABS respondents as a key success of their ABS work. A number of respondents across the partnerships reported implementing the WellComm screening tool, which is designed to specifically assess communication (as opposed to the ASQ screening tool which measures development more broadly). WellComm uses a traffic light system that makes it easier to identify children who require targeted support. This had led to an increase in referrals for under one year-olds which was seen as a success as communication difficulties are often missed in children of that age. The tool also allowed practitioners to see changes over time (e.g. from red to amber) which help them to monitor the impact of interventions.

[15] It is unclear how this was done and if this had improved service user satisfaction.

Services delivering universal interventions targeting children of all abilities also reported successful outcomes. One respondent reported that the impact of providing early support to all children was that the number of referrals for clinical specialist support reduced overall, with fewer children being referred 'just in case'.

Peer support roles. An ABS respondent described the positive impact of having a **peer support role dedicated to supporting communication and language**. The peer support worker engaged families who had been referred to the Speech, Language and Communication (SLC) Triage Panel [16] by making initial contact, keeping them informed about next steps and supporting them to engage with other services in the meantime. Engaging families on this level helped the panel to make better informed decisions about which interventions to offer families, as they had 'family intelligence' about the family's unique situation and needs. In another partnership, an ABS respondent described strong relationships with health visiting serving a similar function; health visitors reinforced messages about speech and language and reminded families to attend interventions.

What worked less well / challenges

The impact of Covid-19 continued to present challenges for communication and language services. Long waiting lists for one communication and language programme have persisted and limited staff capacity has meant staff have been unable to fully meet the needs of families. This has resulted in an increase in older children being discharged from the service as they are not contracted to work with children over three. One solution staff had implemented was monitoring both the referral date and date of birth of children to ensure families were offered a space before they became ineligible.

Covid-19-related challenges for Early Years settings were highlighted by another respondent from a speech and language therapy service. Loss of staff meant settings had to spend a lot of time and money training new staff, and some lacked enough trained staff to evaluate all children with the WellComm screening tool, which is crucial for identifying communication delays. These challenges resulted in the speech and language therapy team working with many fewer early years settings than were participating at the start of the service.

Social and emotional development

Aims and priorities of social and emotional development outcome

[16] The Speech Language and Communication Triage Panel meets every two weeks to discuss new referrals and the next steps for children that are coming to the end of communication and language interventions.

Improving parents/carers and professional's knowledge of social and emotional wellbeing was a focus of social and emotional development services, as there was a general consensus from respondents that children's emotional needs were not well understood. Aims included ensuring that children are growing up in a home environment that encourages positive social and emotional development and that they develop strong parent-child relationships.

> I don't think many parents recognise the importance of it, the importance of those early attachments with your baby and your child and how much that impacts on that child as they're growing up. *Service manager*

Emotion recognition and parent-child relationship development. One ABS respondent detailed how enabling both parents/carers and children to understand their own emotions and acknowledge the reasons behind children's feelings and behaviour can positively impact social and emotional development and parent-child relationships. Services aimed to equip parents and carers with the skills and confidence to effectively manage children's emotions themselves and reduce the risk of requiring specialist intervention later. In addition to educating parents and early years professionals, some services focused on supporting the mental health and social and emotional development of parents and carers directly.

> [The service's focus] is looking at the social and emotional development of the parents for them to both be in a place that they can deal with the challenges of parenting, and also model the techniques for their children. *Delivery partner*

Development progression and outcomes. ABS respondents from multiple partnerships also mentioned working towards children meeting key developmental milestones or age-appropriate outcomes. These included developing confidence, social skills, mental wellbeing and school readiness.

What worked well

Developing ABS service offers to families was described by multiple ABS respondents, which often involved staff receiving training in different interventions and areas of practice. For example, one ABS respondent from an infant mental health service reported that having psychologists complete training allowed their service offer to now include cognitive analytical therapy, Theraplay, a family therapy clinic, and baby massage.

Use of non-judgemental language. One commonality between services was the use of carefully considered language when interacting with parents/carers. For a parenting support service, this took the form of delivering activities in a matter-of-fact way without relying on abstract academic concepts and using language that did not blame parents/carers which made them feel more secure and at ease. One infant mental health practitioner employed a gentle and non-

judgemental approach when conversing with parents/carers about babies' behaviour, asking parents how they are experiencing or dealing with the behaviour, rather than telling them that they are doing something wrong.

What worked less well / challenges

Issues creating and/or sustaining parent/carer engagement was described by respondents in multiple partnerships with social and emotional development services. For example, one ABS respondent highlighted how a lack of referrals stemmed from ABS having many different pathways for social and emotional support and parents being unaware of ABS services in their area. Their service created a reflective case discussion space for health visitors in the area to become more familiar with the service and referral process, however it did not result in increased referrals.

> The traditional thing is, you've got your GP, you've got your health visitor, you know where social care is, but I think it's very complex and tricky to navigate the healthcare system anyway to understand fully what parents might be able to access. *Service manager*

Issues related to a lack of staff within services and in Early Years settings was discussed by multiple ABS respondents. One service that delivers outdoor activities for nurseries sometimes had difficulties getting nurseries to release staff to take part. The respondent attributed this to nurseries being more time and capacity pressured due to children having more needs than before the Covid-19 lockdown. This is particularly in terms of their communication and physical development, which often requires a higher ratio of staff than normal. The service is responding by adjusting the format of the programme so that it is split across days rather than a block of three days.

> They're so short-staffed and are dealing with so many things that this is perceived as the easy thing to drop. It's like, 'Oh, we won't go out today because we haven't got enough staff, so we'll stay in and do this,' and it just gets eroded over time. *Delivery staff*

Complexity of recruitment processes. Another ABS service faced challenges recruiting high-level staff particularly because of complex requirements throughout the recruitment process, such as the requirement to have a consultant from the British Psychological Society attend hiring interviews for a consultant clinical psychologist role.

Lack of a permanent building, office, or space to work out of was mentioned by two ABS services in different partnerships. Examples such as long travel times to attend service activities and sessions and difficulty maintaining connections and relationships with service colleagues and external contacts. Both services detailed how networking and connecting with other organisations, such as family hubs and children’s centres who provided the

services with temporary spaces to work, helped alleviate these challenges to some degree.

Systems change

Understandings of systems change

ABS respondents were generally familiar with the term ‘systems change’. While some ABS delivery staff who were more removed from strategic oversight said they were not familiar, they were able to give examples of the different elements of systems change within their work. Understandings of systems change fell into three categories:

- Creating a more efficient system through **ensuring services are integrated and working together** towards common goals. This involved reframing work that services do with families to take the wider system into consideration. All parties had responsibility for this, from delivery staff to commissioners.
- Establishing **a lasting impact and creating long-term change**. This is in line with previous waves, where ABS respondents also saw preventative care being at the centre of systems change.
- **Meeting the needs of families**. Respondents said this could be achieved by understanding the barriers families face and adapting accordingly.

What worked well

ABS respondents cited **partnership working** as a key area of success, as was seen in previous waves of interviews. There were successes at both the governance level and at service level.

Working together towards the same specific goals. ABS respondents working in strategic governance roles reported working in partnership to agree and work towards the same aims. For example, a strategic partner described a school-readiness strategic working group with representatives from across all Early Years services, who were working together to identify gaps in provision and working towards shared goals. Delivery staff reported that clear communication channels between ABS core staff and delivery staff enabled strategic decision making to be communicated downstream.

Working in partnership with local authorities and statutory services to facilitate integration between ABS and non-ABS services. Examples included ABS representatives sitting on external partnership boards with services leads in children's social care and early help, where they fed into design and delivery of services. ABS respondents also gave examples of working with statutory services on ABS projects. Working within the local system was particularly key for sustainability, for instance, in one partnership, the council, specialist midwives and the health visiting team were involved in the restructuring and

upscaling of a breastfeeding support service. Conversely, one ABS respondent felt that statutory services saw ABS services as transient, which was a barrier to engaging with them. A non-ABS respondent working in an ABS local authority shared a similar sentiment that there had been a lot of change in the ABS services available over time, which made it more difficult to work jointly with them.

Leadership of ABS core teams was another aspect of partnership working that ABS respondents thought worked well. ABS respondents described an intentional lack of top-down management from the core team which allowed services to explore and innovate, leading to positive changes being made. ABS respondents felt that they were trusted as professionals with experience in their field to take initiative and use the funding flexibly in the ways they thought were best. They saw this as very different to other governance structures they had worked under.

> The freedom of having the funding to use it in the way that we think is best and being supported by A Better Start to do that, means that we can make our offer work for who we want it to work for. I think when your funding is statutory, it's stretched so far that it doesn't give you any flexibility to be able to do anything other than core business. *Strategic partner*

ABS respondents described positive and close working relationships between different ABS services, as well as ABS and statutory services at delivery level.

Aspects of funding were effective. ABS respondents suggested that one reason for this was that **services are not in competition with each other.** ABS respondents suggested this was due to the consistency of funding which reduced the need to continually compete with other services for limited funding.

These positive relationships allow services to **coordinate care and provide a more holistic offer**. ABS respondents reported working with ABS and non-ABS services to support families holistically, as families often have acute or complex needs that require multidisciplinary support or need to be referred to more specialist support. For example, an ABS respondent gave the example of a perinatal mental health service working with professionals from various services, backgrounds, and specialisms to discuss families' needs and formulate a plan for support.

Tailoring services and activities was another area of success**.** ABS respondents described efforts to tailor activities to better suit the needs or interests of families and children. This was evident across ABS services and took many forms, from surveying parents about the kinds of cultural foods they eat to inform advice given to families, to establishing a treatment plan with parents about the kinds of infant bonding therapies they would benefit from.

Mixed views and experiences

Sustainability and legacy were key aspects of systems change that ABS respondents discussed in interviews in 2023, as services began to plan for the end of ABS funding. ABS respondents had mixed views on the longevity of their services.

ABS respondents who were optimistic about sustainability discussed several ways that they were working towards this:

- **Strong and consistent leadership.** ABS respondents described the importance of ensuring key leadership figures are supporting services, including the local council and political leaders.
- **Working with statutory services and partners**. ABS respondents reported plans for services to be maintained by different providers after the end of ABS funding or through different funding streams. For many services, discussions between partners were already taking place.
- **Evidence on the need of services**. Some ABS respondents felt the demonstrable impact of their service and data collected on outcomes was key to securing funding. For example, one ABS respondent mentioned that their partnership was putting together a 'commissioning pack' that partners could use to evidence the impact of services.

However, ABS respondents working in some services saw sustainability as a challenge. Three main reasons were given:

- **Outcome area not being seen as a priority for funding**. Some child level outcomes were thought to be more fundamental to the early years sector. For example, one ABS respondent noted that the link between social and emotional development and child outcomes is less well understood and less likely to be prioritised in funding decisions. They suggested that other areas such as physical health and communication and language were prioritised as they directly feed into employability and school attainment, despite a wide body of literature demonstrating the importance of social emotional competence on later outcomes.
- **Strict funding criteria from other funders**. One ABS respondent felt that services who could not provide concrete impact data would be less likely to be recommissioned. In some services where it was difficult to present data on impacts, case studies were used to illustrate the impact services had had on families' lives, but these were not considered as persuasive as impact data.
- **Expensive services less likely to be recommissioned**. Despite collecting compelling evidence on the impact of their services for individual families, some felt the cost of activities in relation to number of families reached was a greater consideration in funding decisions. For example, one respondent felt a one-to-one breastfeeding intervention would be less likely to be recommissioned due to being less cost effective in comparison to other NHS projects. However, a view shared by another ABS respondent was that

> although their service was expensive, it would be successful in preventing future medical intervention so would be economical in the longer term.

Other respondents discussed sustainability in terms of the long-lasting effects of upskilling parents and the workforce. For example, one respondent said they hoped to reach as many families as they can now, as parents will continue the activities with their next child and share information with friends and family. A strategic partner was similarly optimistic that even after the funding and project ends, the organisations who took part and relationships they built will still exist and ways of working will be maintained within existing services.

> The relationships have been built, and the model has been showcased and has been live […] so I can't see that it will then, all of a sudden, no longer be used [...]. It's a way of working. It's a way of interacting with the people you're delivering the service to. *Community partner*

What worked less well

One area of concern ABS respondents reported was **staffing issues**.

Capacity issues amongst statutory services were reported by respondents, making it harder to engage and partner with them. Early years settings, health visitors, midwives and hospital staff were viewed as highly stretched and difficult to engage. There was a keen desire amongst delivery staff to be working with statutory services as it is beneficial for joined-up decision making as well as delivery staff's professional development, but this was not always possible.

Staffing shortages for ABS services. One ABS respondent working for a diet and nutrition service reported difficulties recruiting infant feeding practitioners into their service, as there was a limited pool of candidates who were trained in this discipline. It was also a challenge retaining staff with ABS funding coming to an end as the future of commissioned services was unknown. Recruiting new staff also posed issues, as some roles required extensive training which would be unproductive if funding was not secured, and temporary contracts were not attractive to job seekers.

Changes in the staffing of the ABS core team raised concerns among some delivery partners within a specific partnership. New programme managers in this partnership questioned why delivery partners hadn't strictly followed the contracted delivery plan, even though the service had operated in a similar manner for several years under the previous programme manager. For instance, one delivery partner faced criticism for allowing families to attend sessions over a longer period than the intended six weeks, despite previous agreement that this allowed the service to be more accommodating and accessible.

Challenges coordinating large numbers of services and partners with different priorities were also described by ABS respondents. One partnership

had experienced difficulties finding ways to co-ordinate partners (e.g. the council, early years settings, medical services, charities, councillors etc.) to work towards the same Objectives. Some of these stakeholders had been working in leadership for a long time and were resistant to change and innovation. One ABS respondent had the view that the challenges of matching up different work cultures had improved in recent years, and this was a result of increased trust between partners and allowing each other to do “what they’re good at”.

Mechanisms

This chapter outlines the mechanisms that ABS respondents described which contribute to reaching ABS outcomes. Mechanisms are defined as the guiding principles determining how the programme is implemented. As with previous waves of fieldwork, we asked ABS respondents about the following themes related to ABS mechanisms: adaptive design, test and learn, scale up and replication, and capacity (including upskilling the workforce). We also asked ABS respondents about inclusion and co-production, however these are covered separately, in the thematic report on the annual theme of parental engagement.

Adaptive design

Adaptive design relates to service design and delivery as informed by evidence. ABS respondents identified two key themes related to this:

Importance of data and evidence. Respondents discussed the value of evidence and data for learning. For example, one ABS respondent reported that their ABS partnership had set up research programmes to provide an evidence base using data collected by different services. They help to present data so that it is accessible and can be used as a ‘springboard to improvement’. This rich data can be presented back to service leads in order for them to adapt and change for a better service. One example of this is a pilot programme which is delivering targeted interventions and using evidence of positive outcomes to develop the wider healthcare offer for families in the community.

A representative from The Fund also described evaluation work that multiple partnerships had conducted around the impact of Covid-19 on their communities and services, to explore whether ABS had been a protective factor for families, and to understand the extent to which children's improvement in the outcome areas had been impacted.

Using data to understand needs of families. All delivery staff we spoke to described a process of continuous monitoring, typically to feed into local evaluation work. However, respondents also used data to review engagement with services and adapt to better meet families’ needs. Multiple respondents described quarterly review meetings where they would discuss trends and make

decisions about service delivery and design. One example was a breastfeeding support service opening a new location in an area as data revealed that the service was not reaching families there. Some respondents also made reference to monitoring their adherence to theories of change.[17]

> We're not afraid to say, 'That's not worked, let's try this.' We want things to work, and I like the PSDA model around that. Plan, do... Study it. What actions do we need to change? It's okay to drop something if it's not working. *Delivery partner*

Test and learn

ABS respondents discussed how test and learn had been implemented within their partnerships.

Experiential learning in service delivery. ABS respondents described how the ABS approach affords services **flexibility to try different approaches** in their delivery. One ABS respondent said there was a push towards "experiential learning" which involved constantly reviewing and changing elements of service delivery. This was facilitated by trust from the ABS core team and the long-term nature of the funding. This meant services and partnerships could take the time to reflect on what had worked well and less well.

Feedback from parents/carers and staff was seen as an important way to understand where improvements could be made. Parent feedback forms were often used to collect feedback about specific projects or interventions. One respondent described analysing feedback and extracting ten key recommendations which they then tried to implement. These included offering support in a wider variety of settings (e.g. in a community hub or at home), and making more information about the service available online. Staff feedback was also pivotal for test and learn. ABS respondents described frequent team meetings where staff would review their service offer and make changes where appropriate. This partnership implemented a formal 'lessons learned' document which services had to submit quarterly, outlining what they tried, how it worked and what they would change going forward.

Despite a number of ABS respondents outlining different ways they were implementing test and learn, some felt that this mechanism had become **less prominent over time**. They saw test and learn as a key activity at the start of the programme, when services required a lot of shaping, but this was needed less as the end of ABS funding nears, as there is now a greater focus on sustainability.

> There's a little bit of tweaking every now and then in the content, but I think what we actually offer is fairly stable now. I think we've got to the

[17] A visual illustration of how a service's activities are expected to lead to desired outcomes.

point where we've finished testing and learning in a way. We know what works, what doesn't work. *Delivery partner*

Scale up and replication

As part of scale up and replication, several ABS respondents reported **sharing learning** from ABS with non-ABS professionals, **within their local authorities and more widely.**

Using ABS learning within the wider local authority. ABS respondents reported opportunities to share learning from ABS within local contexts. For example, one ABS respondent described plans for an ABS staff member to do a secondment in the local authority to facilitate the roll-out of speech and language outcomes that have been achieved within the ABS partnership. A strategic partner described plans for their partnership to host a policy roundtable with local decision-makers, leaders, and influencers within local systems, as part of their programme of events in the final year of the programme.

S**hared learning between ABS partnerships**. This included delivery staff attending annual ABS conferences and presenting their services' successes and learning. One ABS respondent also described how learning about the success of the parks programme in Blackpool had contributed to the development of a parks programme in Bradford. A representative from The Fund stated that, through their global view of the programme, they were able to connect staff across partnerships where they would benefit from sharing learning or discussing approaches to particular challenges.

Opportunities for shared learning nationally. This took the form of writing blogs and attending national events and conferences to present the work of their services to other industry professionals. One ABS respondent discussed utilising their ABS host organisation to share best practice and learning from ABS nationally. This was seen as something that had become more relevant recently. For example, the director of one partnership's research contingent had presented to the board of trustees and executive board of the host organisation which raised the profile of ABS within the organisation. Another example was leaders from the wider host organisation visiting the partnership area to learn about services and what they could do to replicate it elsewhere.

A number of projects and services were in the **process of being scaled up**, because of contract changes, securing additional funding or as a condition of being recommissioned. Although these changes were still in the early stages, respondents identified some challenges associated with scaling up. These included establishing eligibility criteria; where services were previously universal, delivery in a larger geographic area may require services to be more selective. Another respondent described challenges around beginning to accept referrals from outside ABS wards as they were only contracted to deliver one element of their service provision, meaning they were not able to provide a

pathway of support as they would with families in ABS areas. We would like to explore these challenges more fully in future waves of fieldwork.

Capacity

ABS respondents suggested that the focus on **upskilling the workforce and building capacity** was something that differentiated services run in ABS areas. Similar to previous waves, ABS respondents noted training that focused on wider ABS strategy such as trauma-informed training. However, within this wave, there was an increased emphasis on providing key child-level specific training to a broader range of ABS and non-ABS staff. This included training on:

- **Infant feeding.** Training within diet and nutrition included a regular training offer to professionals in infant feeding and making links with hospital staff to ensure they were able to access the training. They were also delivering bespoke training to Family Hubs workers. Other sessions included a webinar series in partnership with a local paediatric allergy specialist around infant feeding and allergies and infant feeding study days. One ABS respondent reflected that the increase in clinical content in these sessions appealed to professionals.
- **Social and emotional development.** ABS respondents working in this outcome area described training on infant mental health, attachment, brain development and bonding, delivered to professionals including social workers, health visitors, midwives, CAMHS practitioners, peer-to-peer support services, and domestic abuse charity workers. The aim of these sessions was to train the wider workforce to provide more light-touch support to families who may have less acute difficulties.
- **Early language needs.** An ABS respondent discussed communication and language services which planned to train Family Hubs teams and children's services practitioners to deliver a speech and language course. This would ensure the wider workforce is able to identify language needs and signpost families to the correct services.

The above examples demonstrate that upskilling the workforce remains a key feature of ABS services. One ABS respondent saw the training offer as increasingly important as the programme draws to an end. Management had developed a workforce development plan to ensure staff have transferable skills and knowledge that they could take back into the workforce post-ABS to continue the legacy of the programme.

8.4 Next steps

For the remaining research years of the evaluation, Objective 2 will continue to conduct two waves of data collection per year with ABS respondents and one wave of data collection per year with non-ABS respondents and representatives from The Fund.

Mapping of activities and interventions across all five partnership areas is carried out annually in June.

Contribution analysis

Objective 2 explores implementation of ABS and through that how and why outcomes are achieved (or not) as a result of ABS activities. Box 2 presents an early analysis of how findings from Objective 2 may confirm and challenge the ABS theory of change and in turn inform the review and development of the contribution claims.

Box 2. Contribution analysis and mosaic of evidence: Objective 2

The causal pathways, pre-conditions and assumptions across the contribution claims are being explored in Objective 2, through the examination of factors that influence ABS implementation, mechanisms of change and consequently the achievement of outcomes. Relevant factors observed include the perceived benefits of partnership working, effective communication and outreach, and inclusive practices that facilitate and encourage a wide range of families to take part in ABS. There is some alignment between the findings in Objective 2 and the experiences of families (Objective 3) that offers evidence in support of the contribution claims.

The contribution claims for child outcomes reflect aims to both improve outcomes and prevent negative outcomes through early intervention. While emerging findings from Objectives 2 and 3 suggest some evidence of perceived benefits of ABS for families in line with intended ABS outcomes, the results of the QED (Objective 1) and the cost-consequence analysis (Objective 4) are required for the full contribution analysis.

There is emerging evidence that appears to support the claims on systems change. Further evidence on this will be sought in the coming years of the evaluation as services begin to transition away from ABS funding. Evidence on the transition process will increase our understanding of which elements of the ABS approach are sustained in the Early Years sector, both due to effects ABS has had on how services are designed and delivered, and new practices delivery partnerships establish to cement the legacy of ABS.

Objective 2 also explores and identifies challenges to the implementation of the ABS model in line with the theory of change, including adaptations and changes to day-to-day delivery and external contextual factors which impact on engagement, capacity to deliver services, and outcomes. These include the lasting impact of the Covid-19 pandemic, the cost of living crisis, and transient workforce. We will use these findings to further develop the

9 Experiences of families through ABS systems (Objective 3)

9.1 Aims of the Objective

Objective 3 is designed to evidence, through collective journey mapping, the experience of families from diverse backgrounds through ABS systems. This component of the evaluation is building a contextually situated understanding of diverse family experiences with ABS, and the contribution of ABS to family lives, including barriers/facilitators of engagement and impact in relation to the four core outcome domains. This is achieved by establishing qualitative evidence about families' lived experiences over time, examining:

- how ABS activities and interventions concerned with child outcomes can become embedded and sustained in family lives and practices;
- the implications for families of ABS systems change; and
- families' contributions to systems change associated with involvement in ABS.

Full answers to the focused evaluation questions underpinning Objective 3 (see Appendix 2) will be established over time, as interviews with families are conducted at regular intervals over a four-year period. At this interim stage of the second annual report of the national evaluation, we present analysis based on three rounds of interviews.

9.2 Methods used

Sample

In total, **25 families have participated in Objective 3 interviews**, five from each of the ABS partnership areas, recruited at Wave 1. As noted in the first annual report of the national evaluation, the Objective 3 recruitment strategy was designed to generate a diverse sample, emblematic of a variety of family characteristics and patterns of engagement with ABS[18]. Key characteristics of the 25 families at the time of recruitment included:

- 12 families with a child aged zero to 12 months, and 13 with a child aged 24-36 months.
- Family size ranged from one to seven children.
- Four sole-parent, 18 two-parent, and three complex/multi-generational households.

[18] Gobo (2004) describes this as *social* rather than *statistical* representativeness, designed to capture complex experiences and relations between variables, especially within populations that are known to be diverse.

- 14 families where the main respondent identified as White British, and 11 families where the main respondent identified with one of a range of Black and Minoritised Ethnic Groups, including families of Black African, South Asian, and European origin;
- Across the sample, levels of involvement with ABS provision were described by partnerships as low (five families); medium (seven families) or high (13 families), although it should be noted that 'high involvement' was a diverse category, depending on the local context of provision and variations in patterns of use.

Within qualitative longitudinal studies, not every participant will be able to contribute to every round of data collection. Contact with participants may ebb and flow over time, but inclusive, respectful and relational approaches help sustain involvement. These patterns are evident within the Objective 3 research with families; to date, rates of sample retention are very high. Of the 25 families recruited to the evaluation at the beginning of Wave 1, 24[19] participated in Wave 1.2 interim data collection (Jan-March 2023)[20]. Wave 2 in-person data collection (Jun-Oct 2023) involved 24 families, including the family who did not participate in Wave 1.2. The family who did not take part in Wave 2 are still in contact and expect to re-join the study in future.

As in Wave 1, Wave 2 in-person interviews involved all members of the household who wished to take part. Five fathers participated in family interviews, and supplementary telephone interviews were carried out with three other resident fathers. Children were present for 18 interviews. Details of interviews with families, and of the analytic approach for Objective 3, are presented in Appendix 4.

9.3 Findings to date

Navigating change and challenging circumstances

As reported in the first annual report, Wave 1 interviews identified a high proportion of families in all five ABS partnership areas who were living in complex and difficult circumstances[21]. Unsurprisingly, follow-up interviews document that **many families continue to navigate significant challenges in their lives**; for several, new challenges have emerged over time.

Over the course of a longitudinal evaluation, it should be expected that family circumstances will change. Three families had or were expecting a **new baby**; seven children started **attending childcare** (nursery/childminder) or were

[19] Despite multiple attempts we were unable to make contact with one family during this data collection period. However, we were able to reestablish contact and interview this family during Wave 2 in-person visits.
[20] Primary respondents at W1.2: Mother = 22; Father = 1; Grandmother = 1
[21] This included significant housing and/or economic insecurity (12/25); social isolation due lack of informal and/or extended family support (12/25); past or ongoing parental mental health difficulties (16/25); language barriers associated with refugee and/or settled migrant status (4/25); child SEND (7/25), and parental neurodivergence or learning difficulty (2/25). For more detail, see ABS National Evaluation Annual Report 2023.

imminently about to start; and three children were **no longer eligible for ABS services** following their fourth birthday. There were also changes to household configurations for several families. One child had been placed in **temporary foster care** and one family moved into **multi-generational living arrangements.** Follow-up interviews also identified a marked increase in reported **relationship difficulties and parental relationship breakdowns.** By the time of Wave 2 in-person interviews, parents in four (formerly couple-household) families had separated, with the father leaving the family home in all cases; two other families described increased relationship difficulties and pressures. There was also an increase in the number of families reporting a **perception of rising crime and general decline** in their local areas, with six families reporting significant increased concerns about safety in their neighbourhoods.

Longitudinal analysis of interviews with families shows:

- the role that ABS provision can play in helping families through difficult times; and
- how family characteristics and circumstances shape the nature of their engagement with ABS provision over time.

These considerations are the focus of the first part of the analysis presented here, before we go on to discuss respondents' accounts in relation to the core ABS outcomes (diet and nutrition; language and communication, and socio and emotional development, as well as systems change).

Financial pressures and the cost of living

At the time of Wave 2 interviews, respondents in 13 families (spanning all five ABS areas) described housing or financial insecurity, and it was evident that ABS services were playing a significant role in **supporting struggling families with the cost of living**. Parents/carers in nine families described having to make significant cutbacks to family budgets to cope with rising energy and food bills. Compared to Wave 1, it was more common for parents/carers to express concerns about being able to afford essentials including rent, heating, and food. One mother talked about managing during 'skint weeks' (the week before benefits were paid) and another commented that "We don't buy clothes at all. Two weeks until the end of the month, we have nothing."

Several parents/carers gave examples of ABS staff **helping families to secure welfare entitlements** (such as PIP, Personal Independence Payments[22]). Some had received food vouchers directly from ABS and there were examples of ABS services connecting families to relevant local support. For example, when a family's microwave broke during the winter, ABS put them in touch with a local charity who provided a new one.

Cost of living was also a concern for families who were relatively more affluent within the sample, such as one family with two working parents who spoke about the tensions of prioritising in light of rising household bills. The mother

[22] Personal Independence Payments, a benefit for people living with a long-term illness or disability that interferes with everyday life, see https://www.gov.uk/pip

explained, ‘That has bitten a little bit harder, but we kind of, it was one of those things where it’s like […] are you prioritising your mental health or your wallet?’

Several parents/carers commented on **food poverty**, noting that increased demand for food banks limited what was available on a weekly basis, stretching family budgets even further. For example:

> When we go down there [foodbank], there’s nothing on the shelves. Like all we’re able to get at the moment is, like, you’re restricted now to how many items you can have, and it’s like bare minimum. So we literally go in there, and you stand in a queue for like two hours and all you leave with is like a tin of tomatoes, a couple of sachets of cat food, maybe a box of cereal, like a tin of potatoes and a tin of tuna, that’s all […] and it’s not worth my two hours of stressing with a baby, and you know what I have to, you know, it’s just not worth it.

Some families who were not in receipt of benefits, including those with no recourse to public funds, expressed concerns about **constraints on access to ABS support with cost-of-living pressures**. In one area, one mother talked about attending cost of living sessions that focused on families on Universal Credit, which she felt excluded families from migration backgrounds in the community:

> They give the advice but to the people who have already the benefits. […] and at this moment it’s very difficult. Yeah, because you know the food become more expensive and everything.

Relatedly, she explained that a fruit/vegetable voucher scheme, to support families on low incomes run by a local charity and distributed by ABS children’s centres, had new eligibility criteria that excluded families not in receipt of benefits. She went on to explain, ‘because I don’t ask for benefits, I can’t apply’. Other families who were in receipt of benefits also talked about restrictions on this scheme, including a stipulation that families must attend the children’s centre regularly. One mother, who regularly attended an ABS group, said this criterion meant her family was no longer eligible:

> So, I can still get them, but the children’s centres say you have to be attending the centre regularly, and like the [ABS activity] was in a community centre rather than a children’s centre, so […] actually the days that we’re available, they didn’t even have anything on.

The value of access to affordable activities

Across the five ABS areas, parents/carers highlighted the value of ABS provision in mitigating a challenging economic context by providing **access to free, enriched activities for children**. Over the past year, several said they had limited the number of paid activities they attended with children, due to rising household bills, and described budgeting strategies such as choosing cost-free activities (often through ABS) or reducing regular costs by utilising annual membership subscriptions. For example, one mother explained, ‘we mainly do free stuff unless […] like the zoo, I paid August, so we can go there as much as we want because we don’t have to pay now’. During Wave 1 interim

interviews (conducted during late winter/early spring in 2023) parents/carers described attending additional indoor events and activities that were put on by ABS during the winter to ensure families were warm and had access to food.

Unsurprisingly, the intersecting range of challenging circumstances reported by many families could pose barriers to parents/carers' **aspirations for child and family lives across all three child development outcome areas** – for example, in relation to the affordability of healthy eating and of ensuring developmentally enriching experiences for children, as a consequence of poverty and social isolation. Hall's (2019) research documented the ways in which uncertainty and precarity routinely feature in family lives during austerity, and the impact this has on parental stress, family functioning and wellbeing. In Wave 2 interviews, several mothers talked about the experience of uncertainty in strikingly similar terms: one commented that increased tension in her relationship between her and her partner was due to them 'juggling [competing priorities], and it's also the fact that I'm really burnt out'. Another described her life as 'like a rollercoaster at the moment'. In this context of dynamic pressures, families valued the **flexibility and consistency offered by ABS services** and a model of **continuous support** that families experience as very different from other early years' services.

Parents and carers consistently reflected **that attending regular activities with children helped to support parent-child relationships**, encouraging positive interactions in a stress-free environment. The significance of this support following a relationship breakdown was highlighted by a mother with three children, including a baby:

> M: We do extra activities at the children's centre, which is really good for mine and [baby's name] bond.
> R[23]: Because you can do something with [baby], and it makes it a bit easier? Less stressful, yeah?
> M: Absolutely. And it helps our bond as well I feel, because we're doing things together.
> R: Yeah. So, without it, do you think you would just be a bit more …?
> M: Literally us like in the house, house more.

Another mother, with a toddler and currently expecting her second baby, talked about the challenges of managing on a limited income, including needing to limit the number of cups of tea she has a day due to the affordability of milk. In addition to financial pressures, she also suffers from mental health difficulties associated with her own traumatic childhood. She described ABS provision as a sanctuary, **somewhere to go for comfort and reassurance**, and to socialise with other parents in a space that is warm and nurturing:

> I just sort of see it as like a second home really, somewhere where you can just go and be comfortable and just meet loads of new people and people who are similar to you, in similar situations. And you know when you feel like the whole world is against you and that you're the only person in a certain situation, you go and actually you're not, it's nice. You know like finding friends there. It's a nice place for me and my other mum

[23] R denotes 'Researcher'

> friends to sort of just get together and let the kids play without the pressure of going to each other's houses and stuff like that, you know?

Enabling families' engagement with ABS

The analysis highlights how ABS **enables engagement of different kinds in response to changing needs**, over the course of families' journeys with ABS. In this section we consider examples relating to three distinct aspects of engagement, which also highlight **the significance of a place-based approach**, whereby ABS provision is part of a network of local services and support:

- how families with relatively little involvement may begin to engage with community services over time;
- engagement of fathers in ABS provision; and
- how ABS involvement can facilitate engagement with other forms of support as needs emerge or are identified over time.

Overcoming barriers to engagement

The first annual report discussed a range of barriers to engagement with ABS, and Wave 2 analysis reinforces those findings. These include challenges in accessing mainstream activities for families with a child who has SEND, as well as questions about accessibility for older children (outside the ABS age range) which is partly constrained by the timing of activities. Tensions in relation to geographical boundaries were also noted in some areas, including distances to access provision in ABS areas with a wider **geographic spread** of services. One family from a refugee background who had previously regularly attended ABS provision for fathers and children had stopped attending. Speaking via an interpreter, the father explained that they had relied on their ABS outreach worker for transport; after the worker left, they no longer had the means to **travel to activities**:

> We just benefited from [support worker] who could take us to diff- … it was not only one place, he used to take us to different places, and while the children are playing, we as daddies will have another activity for us, like workshop or teaching us how to keep children safe. It was useful for us really. Yeah, the main reason for us to stop was it was quite far.

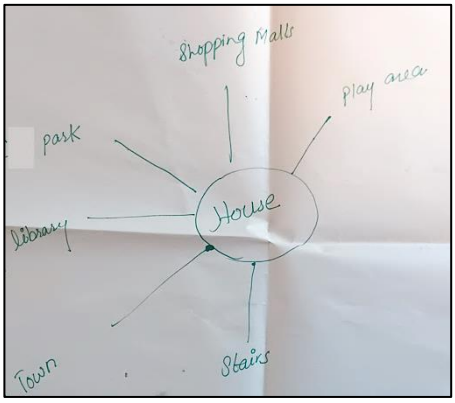
Some parents/carers also commented that the **timing of services** could pose a barrier, especially when children were attending childcare and/or parents/carers were at work. One mother commented:

> But then on the other hand, I feel really sad that I don't have that anymore. I just think it's a shame that as you go back to work and as you don't involve [yourself in ABS] so much. And also, I don't understand, what is this obsession with Monday, Tuesday, Wednesday? I mean people live on a Thursday and Friday as well.

Where services were difficult to access because of timing or location, some families found alternative options that were more convenient. However, at Wave

2, there was still some evidence that for a small number of families – and particularly those facing **additional barriers**, including low confidence and limited local knowledge – support needs remained unmet. One mother, living in a complex multi-generational household with two young children, said she had no contact with ABS provision – apart from books being sent monthly – and was unsure what else might be available to her or how to access it. While she had no major concerns about her children's wellbeing or development, she documented a range of areas of parenting and child development where she felt the need for support or advice, for example in relation to sleep, eating, toilet training and school readiness.

Figure 4. Map of family living outside ABS boundary[24]



One family in our sample lives **outside of the ABS boundary**; she was initially introduced to ABS (and invited to take part in the evaluation) via outreach services that extend beyond the programme boundary but realised that it was not possible for her to access ABS provision. As someone who had relatively recently moved to the UK, speaking very little English, with a young child and a partner who worked full-time, her everyday life at Wave 1 was clearly very isolated. By Wave 2, she had established some new friendships by taking her child to the park and local library; nonetheless, the sparsity of her map (Figure 4) highlights the limits of her family's local networks, in contrast to the experience of those engaged with ABS or other community services.

This contrast is emphasised by the experiences of the family described in Box 3 and Figure 5, whose **family readiness to engage and involvement with local services** had changed since Wave 1. At that time, they had limited informal support and described complex barriers to engagement with ABS and other local services. By Wave 2, they were actively involved with local community services and activities. The mother explained that this gradual shift was partly prompted by a chance new friendship with a local family, but she also discussed the value of information provided by the ABS outreach worker. Speaking via an interpreter, she said he messaged quite regularly via WhatsApp, but it took time before she felt ready to act on his suggestions:

> I started to go to find something […] Yes, I did, I did want to know what I have to do to make the life of my children better instead of sitting at home and wait for something which is not… So I went, and I managed to go to these two [places]. *[Researcher: And what was the first thing that you … when you decided to go out and find something, what was the first thing that you went to?]* Yes, actually, I went to the [baby group recommended by ABS].

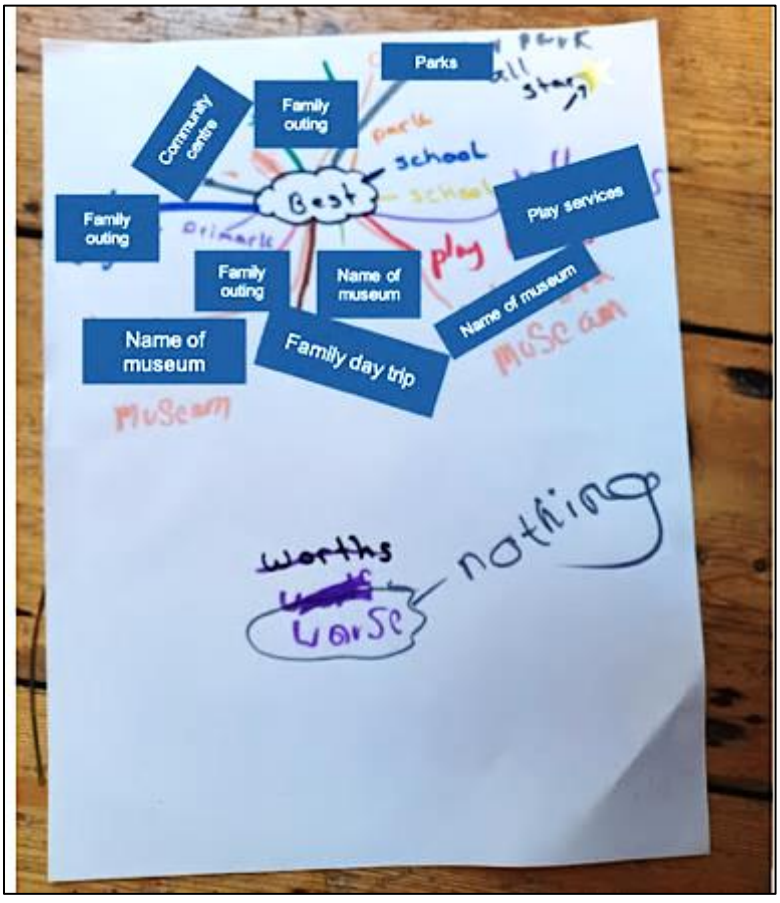
[24] Drawn by the researcher, according to the mother's instructions via an interpreter.

Box 3. Readiness to engage?

This family, who arrived in the UK as refugees in 2019, described themselves as isolated and lacking in support at Wave 1. They discussed complex barriers to engagement, including language, culture and physical and mental health issues. The family had contact with an ABS outreach worker (who had provided food parcels, signposting local services and shared invitations to ABS provision), but were not otherwise engaged in ABS or other local community support at that time.

By the time of the Wave 2 interview, they were engaging with local services and linked activities, some of which are documented in the children's map. They spoke of having made friends in the area and were actively involved with a specialist refugee service (shown as 'community centre' on the map). The mother described her enjoyment preparing and sharing food from their home country with other local families, and the whole family had recently returned home from a day trip to a nearby town with families from a wide variety of backgrounds. The children's map in Figure 5 shows as 'best' the activities they have enjoyed at school, with their parents, and with the specialist refugee service – while nothing is worse than a year ago.

Figure 5. Children's map at Wave 2[25]



Prochaska et al. (2013) warn that theories of change should not operate on the assumption that people are always ready to make changes in their lives (i.e. are at the 'action' stage of change), noting that people commonly go through pre-contemplative and contemplative stages during which they weigh up potential costs and benefits; they advocate providing a 'menu of choices' that keeps

[25] Families are invited to make a map that documents important people and places in their lives (positive or negative). In this case, the school-aged children took charge of map-making, and documented what has changed for better ('Best') or worse since the researcher's last visit (at Wave 1).

options open instead of making direct appeals to action. These principles are evident in the mother's account of the ABS outreach worker's approach: persisting in maintaining contact, despite the family's initial reluctance to engage, and providing information about local options to sustain the possibility of change. It is also striking that most of the activities/services the family were using had been recommended by the ABS worker but were run by other local providers. Arguably, this demonstrates **the value of a place-based and family-centred approach**: enabling their engagement within local service networks, rather than more narrowly focusing on involvement with ABS. The difference this made in the family's life is vividly evoked by the contrast depicted in the children's map, shown in Figure 4.

In the first annual report, it was noted that the **families in the sample with the least involvement with ABS were those who faced complex and intersecting barriers to engagement**. This was still evident at Wave 2, as illustrated by one family with two young children, the older of whom was recently diagnosed with SEND, formally confirming concerns discussed at the Wave 1 interviews. Both parents in this family spoke a lot in their interviews about the demands of managing everyday life with their child, including multiple appointments and referrals. They had received some specialist support from ABS at Wave 1, which had since ended – although their child now accesses other support following their diagnosis. At Wave 2, the only activities the mother was attending were support groups relating to her child's SEND, and she had no immediate plans to participate in ABS provision. For her, this was a practical choice, about what felt manageable alongside her family responsibilities, and did not reflect lack of knowledge or negative expectations of ABS provision. She explained:

> But they are there, like if I wanted to call them and ask them anything, they would, they're great, like that. And when obviously [older child] goes to nursery a bit more in September, I'm going to start taking [younger child] to some of their groups, because they do groups for just like babies in general.

Involving fathers

Overall, feedback from fathers mirrored findings from interviews with mothers about the value of **variety and flexibility in services**. Several fathers spoke about feeling unsure about their role, and welcomed advice and guidance, especially during their child's first year. For example, one father spoke of the feeling of responsibility associated with 'being a good dad, trying to teach her and trying to give her good principles and everything else, so … being a good dad.'

Most of the fathers we spoke to were aware of ABS support, and those who did access ABS provision said they felt included and welcome. However, among the eight fathers participating in interviews at Wave 2, **most did not regularly access activities** that specifically target fathers. Lack of time due to work commitments was the main barrier mentioned, along with questions about perceived relevance. Some working fathers also highlighted that, while they did

not see the need for support themselves, they recognised the value of ABS for their partner and child/ren. As one explained:

> I don't see it making a huge amount of impact from my point of view, because again I work Monday through to Friday every week. Obviously, there's been the odd occasion where I've gone with [partner] to another group, or a similar kind of group, which is lovely, because it's really nice to go and see how [child] interacts with other children and everything else. I think from [partner's] point of view, or a single parent, whether it be male or female or the parent that is with that child more frequently and has the availability to go to those groups more often, I think it's been invaluable. […] [My partner] doesn't have a huge close-knit group of friends, and the friends she does have don't have children. So, there's no interaction there. So as far as [partner] meeting people, it's been phenomenally good. […] That's a massive thing to take away from what A Better Start has done, because the majority of the people that she's met have been through it.

Another father, who also questioned his need and capacity to engage with activities as a working parent, commented that he would feel more comfortable accessing **services that are open to everyone**:

> Maybe if things aren't branded as like, oh this is a father's thing, it then might feel less … for men as, rather than going, oh well this is just somewhere you can go, you know, families are welcome, and it doesn't matter who you are, you can be the nan, the mum, the dad, granddad, whatever, the uncle, but you're welcome to come along. And, yeah, I think that that, being inclusive like that, is probably the better way to market that to people.

Another, whose family had the support of an ABS mentor, spoke of the value of tailored support, suggesting that **home visits** were a good way to help men navigate early fatherhood:

> So being a dad, you, well it's something new, you never, you never knew about it. I mean I can do so many things, I can fix houses, fix cars and everything else, but being a dad is a whole different new story. And you don't know how to handle it, most people I think get scared. I got scared at some point because I don't know how to do it, what to do, what, we have no idea. And if you don't have the information, then you don't know what to do. And you get scared and whatever. You get panicked and maybe scream at the kid or, I don't know, some other things. But actually, I am learning lots of things from her [family mentor] and asking her and she can tell you, it's a really good thing. It's always a learning and learning process.

Scaffolding new forms of engagement

Parents and carers consistently highlighted the value of **provision that is flexible and adaptable to families' changing needs over time**. One mother gave an account which exemplifies how her relationship with an ABS worker has scaffolded **new forms of engagement in the face of changing**

circumstances. Her family – with two children in the ABS target range – had received regular support from a home-based ABS service for several years but had previously made relatively little use of other ABS provision. One of her children has SEND, and at Wave 1 the mother spoke about her anxiety around bringing the child to group activities. Yet by the time of the Wave 2 interview, some months after the breakdown of the parental relationship, she explained that she had begun to attend activities with the support of her ABS worker. She highlighted the importance of this for her wellbeing at a difficult time in their lives:

> Yeah, so I can do a lot more with him now. So, we've been going to playgroups, where before I didn't feel like I could go to playgroups because, taking two babies out was like … I felt … because [name] is still our [ABS worker] and she's really, really good. So, on a Thursday, she got me to go to one of her sessions in the morning with both babies, just so she's there.

The importance of this kind of flexibility is further illustrated by the experience of a family who were working intensively with a referral-only ABS service concerned with risk of domestic violence (DV). Since Wave 1, the parental relationship had ended, and at Wave 2, the father was not involved with the family. The specialist DV worker was continuing to work with the family, but had adapted in response to the change in family circumstances and priorities, as the mother explained:

> Just all sorts really. It's like, it's like, you know things with [children], right, and understanding how, how to handle… and all things when I'm really stressed and stuff, she'll tell me how to handle it, instead of just shouting at the kids […] For example, she'll tell me how to handle things in a different way. […] Yeah, definitely noticed a difference, I have.

ABS staff also played a key role in **facilitating families' access to other, relevant local and specialist services**, which can be understood as a facet of **systems change** in families' experience. For example, a mother with a history of postnatal mental health problems described how she was able to seek help, and access a referral to local mental health services, through ABS:

> When I attended a workshop through ABS, one of the ladies who works at [ABS service], a lead parent champion volunteer thing, she mentioned that they do perinatal mental health, there's like a route. And I basically at that time knew that I was struggling with mental health but hadn't really said it out loud. And I basically pulled her to one side and said I do really need your help. And she said, well there's a lady that we can get you in touch with called [name], who's an NHS approved mental health visitor, who she now comes to the house once a month, and she got me in touch with [local mental health service].

As discussed further below (see Tapestries of Care and Connection), experiences such as these illuminate how ABS involvement can scaffold families' journeys through diverse local systems and services.

Responding to complex needs

Families in the Objective 3 sample are diverse – in structure, family characteristics and circumstances, and in their support needs. As noted above, longitudinal analysis shows that these facets of diversity are dynamic, with corresponding implications for families' support needs and engagement with ABS over time. The stresses of life with young children could clearly be significant, especially when exacerbated by other challenges, such as past parental trauma, poor mental health, children's SEND, and/or pressures on finances and from extended family. Such experiences raise important questions about **the role of ABS provision in supporting families through challenging and changeable periods in their lives**.

Thoburn et al. (2009, p.7) note that **a dependable professional relationship** is of central importance when working with complex families, especially when parents may have significant needs of their own. Our analysis to date echoes this conclusion; the experience of several families in the sample indicates that relationships with ABS staff could play a key role in **maintaining the engagement of families** who may be unlikely to access other formal support. This kind of engagement is likely to be particularly important during the pre-school years when children might otherwise have limited contact with (and hence, visibility to) other services. To illustrate this point, we focus here on two families where mothers described feeling that they would struggle to meet their child's needs without additional support. Both had chronic and complex health and support needs of their own, and both spoke in detail in their interviews about how challenging it was to manage parenting, including in areas linked to ABS outcome domains (such as feeding, sleep, joint play and reading to the child). Both reported some support from health visiting and other services but described ABS as offering something distinct: a combination of **targeted support** and access to **supportive and non-judgemental spaces**, which together addressed isolation and improved their confidence and understanding of their child.

The mother of a two-year-old, in receipt of PIP[26] in relation to her own complex needs, summed up her parenting experience by saying that 'I have a lot of good days, a lot of bad days […] And it can get in the way of parenting [my child]'. Since her child was born, she had received a range of support from ABS, including targeted family support and engagement with local activities and groups at her local children's centre, and she explained that this had addressed her isolation as a new parent:

> Because before I had [child], I didn't have no one, but now the children's centres, and having [child] has made me more independent. […] Yeah, and more able to get out and talk to people, make friends with, you know, other children as well.

Support from ABS had also helped her to secure PIP benefits and onward referral for specialist assessment for her child (whom she suspected had

[26] Personal Independence Payments, a benefit for people living with a long-term illness or disability that interferes with everyday life, see https://www.gov.uk/pip

undiagnosed SEND). She spoke of attending activities regularly because it was important for her child:

> I'm still going to the children's centres quite regularly, because at the moment, [child's] having problems with speech. So, it's important that [child] you know gets out and gets to go to the children's centres, you know and play with other children.

In the second family, the mother had also been trying to secure a formal diagnosis of SEND for her toddler. She met regularly with her ABS family support worker, and also contrasted her experience of struggling at home with the respite afforded by regular participation in ABS activities where:

> Every parent looks after, like, everyone else's kids as well as their own, you know, and we do it with all of them. And even, like, the workers there, they, you know, they look after your children as well, like, play with them and engage them with activities and stuff like that.

Asked for her key messages for this annual report, she underlined the significance of this combination of ABS provision in enabling her own **mental wellbeing**, as 'a place where I can just get my head back to where it should be. Instead of you know feeling depressed, down and wanting to kill myself and stuff like that really'. This mother is currently receiving regular one-to-one support from ABS. Her child is now attending nursery, and she commented on how well they were getting on there; she was looking forward to increasing their hours in childcare in the coming months[27]. For families who are managing significant, complex and intersecting challenges, ABS may have a particularly valuable role in helping parents/carers to manage before children start school or nursery. For both mothers discussed here, establishing **a consistent and dependable relationship with a key professional** was essential to their involvement with ABS, engaging them with targeted parenting support and scaffolding their participation in group activities.

The value of **continuity in relationships** between ABS staff and parents/carers was consistently highlighted, especially for those families living with the most complex and challenging situations. One mother who had recently experienced a relationship breakdown highlighted the strength of the bond she felt with her ABS family mentor, 'because she's been there'. Particularly striking is the experience of a mother whose child was living in short-term foster care at Wave 2. While not reported here in detail because of the risk of identifiability, the sustained contact she had with her ABS worker was clearly highly valued during a very difficult and uncertain time:

> I've seen [ABS worker] two or three times since this has happened [child placement]. I went out for a coffee with her yesterday, and she said what sort of planned support do you want? I said from my side, I want you back involved, so I've got someone … someone there.

Even when families were not dealing with significant crises or complex situations of this kind, the importance of sustained relationships – with ABS

27 The child in the first family was also due to start nursery this year.

provision/groups as well as with individual workers – was highlighted. As one explained 'Yeah, I just check with them [ABS service] sometimes that things are OK'. In the same area, another mother, pregnant with her second child, commented:

> I've actually reached out to one of the ladies at [ABS provision] and just asked a few questions, and she helped, and she said, we'll be here no matter what, and we'll help you all the way, and when the new baby's here, we'll help you with that new baby if you need it, […] we're here. And because I'm already now in the system, it's easier to reach that.

Flexibility, variety and accessibility

In all five ABS partnership areas, **the flexibility, variety and easy accessibility of ABS provision, alongside other specialist and community services**, was consistently valued by parents and carers. As indicated in the examples discussed above, the diversity of provision made it possible for ABS to respond to the changing needs and circumstances of individual families over time. Flexible variety also afforded **choice and control for parents and carers**, so they could engage with ABS according to their understanding of their child needs and preferences, and their aspirations for themselves and their families. In line with Wave 1 findings (discussed in the first annual report), several commented that there was – in the words of one mother – 'loads going on' in their local area. As well as activities for children, parents/carers particularly valued support for their own mental health and wellbeing, and opportunities to develop work and life skills. And, as at Wave 1, families of children with SEND emphasised the importance of ABS provision being **inclusive for children with additional needs**. For example:

> Oh yeah, we always feel included. There's never a minute where I've been to A Better Start thing and thought, well this isn't accessible to any of us or this isn't, you know, it's always [my child] is treated like every other child, I'm treated like every other parent. They always cater to [my child] where needed, you know, so they're always very appreciative how s/he is and who s/he is!

Parents/carers often commented positively on the **accessibility and responsivity of ABS staff**, and in some cases, also drew a **contrast with other services.** One mother described giving feedback to a specialist service (not part of ABS), where the family had spent a year waiting for an assessment for her child:

> I made a few suggestions, like why are they not sending out a newsletter every month with signposts to websites or books? Why are they not ringing round families every three months and saying, we haven't forgotten you, you know we're here, we just haven't got a spot for you yet.

The suggestions she lists here echo other families' accounts of positive experiences with ABS. For example, one mother simply said, 'A Better Start are there if we ever want to message them'. Another said that regular contact with

her child's ABS speech and language worker had continued even after the child had moved onto specialist provision, and they still saw the worker at ABS activities:

> She's a huge part of our lives. […] She asked me at the end of our sessions, like please still send me videos of [child] and stuff like that […] They had a really, really good relationship. […] Yeah, when we go to play, to the [ABS activity] now, he runs in straight away, grabs [her] hand.

Some families also highlighted **ABS responsiveness to feedback**. At Wave 1, a mother had talked about attending a parenting course that she found really helpful; by Wave 2, following parental feedback, her local ABS were developing a new 'stay and play' session based on the principles of the parenting course, as she explained:

> I don't know, I think what they're trying to do is make the case for getting the funding for it, because they said when we were doing feedback like in the final session [of the parenting course], they were saying you know "What would you like to see? Would you like, you know, a continuation of this?" or like, it, you know "It helps us to make the case for funding". And I think most of us put down it would be nice to have like a follow-up or check-in session. So, I suppose this is the answer to that really, a stay and play, yeah.

Instances where parents/carers felt there was **less flexibility and responsiveness** were viewed more negatively. One mother expressed concern that ABS was becoming less flexible as it was 'winding down', noting that 'something that would be in each area once a month, then going to one location once a month, you're sort of like, oh things are being reduced'. This family had largely stopped using ABS services, and the mother commented that communications from ABS were often short notice, and her own commitments meant she needed more warning and flexibility in order to engage:

> I do get text messages from them, and I do have them. I do follow them on Facebook, so if there is something it comes up. But in general, and it sounds awful, we've stopped using a lot of the services because they're either on days we can't make or we found with some things, by the time I get e-mailed it or texted it, sorry, it's like two days before and it's like, that's too, it's too late, I can't attend with two days' notice.

In the same area, another mother also expressed her **fears about 'the uncertainty of where [ABS] is going'**, and observed:

> It's a shame that it's not just going to be the same because I'm one of these people where I hate change and I get scared about change. And I think when the services have been as good as they have been, to then change and we don't know what the change is going to look like, that makes it hard and it worries me a little bit, because we haven't got this kind of reassurance of like, "OK so ABS is ending but [name of provision] is coming in place and you're going to be able to access this service, this service, this service".

Tapestries of care and connection

In line with findings in the first annual report, Wave 2 analysis consistently identified evidence that **ABS provision enabled parents/carers to provide children with opportunities and experiences that families prioritised (and enjoyed) but might otherwise struggle to provide**, for diverse reasons. As documented above, this approach could help mitigate complex disadvantage, through support directly delivered by ABS (individually and/or in group activities) as well as through facilitated access to specialist assessment and provision where needed. These findings bring distinctive meaning to the ABS principle of working in **partnership with parents:** ABS support is consistently characterised by respondents as enabling of families' own aspirations and priorities for children[28]. Hall's (2019) metaphor of 'tapestries of care' is relevant here, as a potential conceptualisation of the core ABS outcomes domain of **systems change**: she describes how networks of interconnected services and relationships form within local communities, and contrasts these with models of top-down support delivered at a national or institutional level.

Across the constellation of services offered by ABS, and irrespective of perceived support needs, families talked consistently about the importance of **non-judgemental, and non-directive relational support** that works in partnership with parents, acknowledging parents' expertise and values. For example, one mother talked about how she felt ABS recognised and valued the role of the parent in the family:

> And they're just really supportive people, the staff and like they make you feel like not, you're not judged […] you're encouraged and supported. [They do] not patronise you. They understand it's about the parents and the child and, listen to your views and help you out. I think more services need to do that. […] Yeah, like some places, they make parents feel like they're stupid. But parents are like the heart of the family. They keep children, you know, look after the children, make them happy, give them a sense of wellbeing and so, you know, they should be supported.

The approach that this mother describes – **centring relationships and helping families to move forward on their own terms** – was contrasted by some respondents with their experiences of other forms of support, including health visiting. In line with the first annual report, several also indicated that they preferred responsive, flexible, and relational support to more standardised instructional elements of ABS provision. Many emphasised the need to acknowledge their skills and expertise, enhancing family resources and parenting capacity rather than resolving presumed deficit. For example, a mother described her initial reluctance to engage with family mentoring programme because she was worried about being told what to do, but noted that her experience over the 18 months since the birth of her first child has been very positive:

[28] Approaches to support that are focused on *enabling* parents/carers' aspirations can be seen to contrast with *corrective,* or deficit-focused approaches; the latter have been widely criticised in the literature for neglecting the impact of poverty and structural inequalities on child and family lives. For example, see Dermott, E. (2012) 'Poverty' versus 'Parenting': an Emergent Dichotomy, *Studies in the Maternal*, 4(2); Dermott, E., & Pomati, M. (2016). 'Good' parenting practices: how important are poverty, education and time pressure? *Sociology*, 50(1), 125-142; Tyler, I. (2020) *Stigma. The Machinery of Inequality*. London: Bloomsbury.

> When I first heard about family mentors, what my first thought was, before learning about it, it was family mentor, I don't need that. I know how to handle my family. I wanted a child, I will know how to raise him, you know. But it's not about that. […] And it's not like that at all. You can learn lots of things if you want to, but you do it if you want to. So, it's something that gives you the idea that you will get help without judgement or without the necessity to do it as they say, you know. […] She will say this is the general [advice], but for you it's maybe another way. Or she will ask me about the stuff that I'm interested in, and … she will say the appropriate things to that, you know.

Where parents disagreed with advice given – for example, if it did not align with their values or parenting approach or did not fit with their family priorities and practices – it tended to be disregarded. Discussing sleeping, a different mother living in the same area explained:

> Maybe just, in [mentor's] mind I should wait until [baby] cries before I pick him, but I don't really do that, first because I don't want to be wide awake and I don't want [baby] to be wide awake, because I know that that could take one, two hours to go back to sleep. So, if I see [baby], [s/he's] moving, then [s/he's] standing up looking for me, I just put [them] close to me and I give [them] breast, and that's it in two minutes [s/he's] back to sleep.[…] I just tell her, "No [mentor name], I don't really do that, you know" […] and that's it, I don't. I told her, yeah.

When parents had highly valued relationships with key staff or professionals, there were some concerns expressed about **what happens when a trusted worker leaves their role or is no longer available**. Engaging families with group activities to broaden their networks beyond the individual worker's support was evidently helpful in this regard, and there was also evidence of trust in professionals extending across services. For example, one mother, who had been reliant on support from two ABS workers during Wave 1, explained that she was now working with other services that better fit her family's changing needs; she described the staff there as the 'new [names of her two key ABS contacts at Wave 1]':

> People-wise, so, I now am connected with all the other parent champions, in all the group chats and stuff like that, whereas support people wise, it's more the crèche team workers. Because obviously they're supporting me massively with [child] and [their] development and [their] growth […] Whenever I'm struggling with anything with [child], they're who I go to.

This **networked relational approach to service provision** was described as having multi-faceted benefits for children and parents/carers. The role of ABS in facilitating specialist referral for children in case of developmental concerns has been noted already. The experience of one mother illustrates how networks within the local community enable her to recognise and then act on concerns about her child, through **flexible access to expertise**:

> The only thing that worries me is [child's] speech at first when my health visitor first pointed it out. […] I didn't really notice it, so I wasn't aware of it, I wasn't aware of how many words [they] should be saying until it got pointed out by the health visitor. And then when I did speak to the speech and language therapist, because she was doing [ABS group activity] […] then that was with the speech and language therapist [at an ABS children's centre]. *[She goes on to explain that she did not return to that group, because the timing was inconvenient].*
>
> It wasn't hard to get to, it was just too early for me and too early for [child] at the time. So, I had to stop going. […] And then I went to [ABS provision at a different children's centre] because they have speech and language therapists that come and visit. So, when they came and visit, that's when I spoke to them about it and they made a referral, yeah.

In line with findings at Wave 1, several families described **improved social networks** for parents/carers and children as a consequence of involvement with ABS. This benefited parents/carers in terms of reducing social isolation and enhancing confidence, mental health and wellbeing, and also created distinctive opportunities for learning and career development. For example:

> I think with all the volunteering and just the support worker from A Better Start, other people, [other service], people that I've met are supporting me, it's helped my confidence, yeah, it's helped me like, I don't know, I just feel more motivated, you know?

In another area, a mother with a history of migration explained how her **involvement in volunteering** with ABS had enabled her to feel connected to the wider community, and to practise and learn English:

> Because in the church, yeah, it's good, I can see people who speak [home language], la la la, but they didn't give me the place where I can speak English. So now in [ABS partnership area] I have that, it's like I have to speak English, so that's good.

The distinctiveness of ABS

Parents with older children born prior to ABS, or those with knowledge of services in non-ABS areas commented that **ABS fills an important gap in early years provision**. One mother contrasted her experience of post-natal depression due to isolation after the birth of her older children (born before ABS services started in her area) with support from ABS through a variety of complex challenges faced by her family in recent years. Other parents compared their families' experiences with friends in non-ABS areas. For example:

> [Without ABS] I think we'd have just been like, you know, drifting around, like what the hell's going on, to be quite honest! […] I mean no judgement here at all, but like one of my friends [in another area] was just like, "oh I got my kid into nursery as soon as possible because there isn't really anything".

Her words were echoed by a mother in another area who commented:

> I always praise them [ABS] because without that group, you'd have nothing. […] The kids couldn't go nowhere, you – where are you going to take them to go and socialise with another child, other than a park, do you know what I mean?

Building networks and opportunities

Parent/carers emphasised the value for families of **building social networks** – as part of that local tapestry of care and connection. One mother commented that 'Talking to other parents has made me go, ah right, OK, at least I'm not alone!'. In another area, a care-experienced mother with very limited support from extended family made a similar observation:

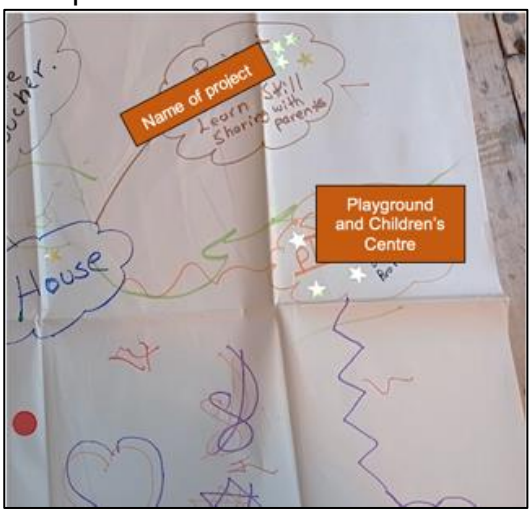
> I've got lots of friends now, like which I didn't really have before, because I'd just become a mum and I didn't really have any friends, and like now I have so many mum friends that I can't keep up with them all.

Their observations align with Hall's (2019) research on family lives in contexts of austerity: friendships are crucial for families' social networks and personal wellbeing. In this light, the **facilitation of friendships** between parents and children can be recognised as a facet of change in local communities, and a core benefit of ABS.

Network building was also linked to key facets of **systems change**, arising from partnership with parents. In line with the metaphor of tapestries of care and connection, interviews with parents/carers indicate that systemic change in ABS areas entails strengthening local communities – professional and informal networks – in partnership with families. These affordances of involvement with ABS were highly valued by families who spoke about this theme. This was summed up by one mother, who commented:

> It gives me more confidence and it gives me like a sense of like I'm doing something in my community for the future of people […] to improve our future in our communities, for parents and, to have a voice and, children and families do things together.

Figure 6. Extract from a family map: skill sharing with parents



In another area, a mother – who had learned English and built networks in her community through her involvement with ABS – was being supported by ABS at Wave 2 to establish her own **skills courses for women** in the area. She highlighted this new development on her map (Figure 5), with multiple gold stars to signify the importance of this for her, and explained:

> We have this meeting about parents, perfect parents, [and] we want to do the same but with the women. […] And we say empower woman […] Yeah, because I realise when we having this meeting, there is ladies who speak fluent English, they're born here, but they don't like feel like they can do things, they feel like they have different problems, you know, different situation, and I was thinking myself, why we don't do like these courses and maybe they want to. They can bring their children because we have this space in there for the children, and they can see if they like, because we're going to do nails, we're going to do cooking… *[explanation continues].*

Enabling family practices that support child development

The discussion above has focused on parents and carers' experiences and journeys through ABS provision. Underpinning Objective 3 is a concern with understanding the mechanisms by which families' involvement with ABS provision contributes to core outcome domains – local systems change (discussed above) and, for children, diet and nutrition, language and communication, and social and emotional skills. Parents and carers consistently commented that **ABS involvement had improved their confidence and knowledge of child development**, and this led to positive change in family practices. For example, one commented on the value of having feedback from ABS staff on her child's developmental progress, to be reassured that 'you're not seeing things so rosy that you're missing things as well'. Another observed that guidance on child development and milestones was especially helpful given the proliferation of information on the internet:

> A lot could be different [without ABS], because I'd be there on the internet, trying to find out you know when to do, when should my child be weaning, when should they be talking, sitting up.

A mother of three spoke about feeling empowered by an ABS course to focus on what she can realistically do for her children, without feeling the need to be perfect:

> [ABS worker] was saying to me like, “What you think is a perfect mum and perfect dad?” And I said, maybe the person who give up time to the children, is it? [So I try to make] a special time just for them. So, we try to do like this with [name of child], for example, one day I just go with [second child] to the park alone and we play. Most of the time we do with [the other two children] or altogether, but sometime we do just one day for us […] And, they explain me that oh that’s good, but different mums give different opinions, so what the person say […] the perfect parent is not perfect, [it’s] the best you give for your children.

Diet and Nutrition

Across areas, parents/carers discussed more **tensions and challenges in relation to children’s feeding practices** than in other outcome domains. These included discussions that highlight power dynamics (between parent/carer and child), social and cultural expectations, and pressures of time, organisation and financial costs. In considering the impact of ABS in relation to family practices that support children’s diet and nutrition, it is important to keep in mind the wider context of economic hardship and financial precarity discussed above. In this context, **support with affordable healthy food** (though food banks, vouchers and so on) was highly valued – but several also noted increasing pressure on these resources, as discussed above.

Figure 7. A family’s photo of their fridge

Overall, families that had used **courses** such as those run by HENRY[29] had found them to be informative. One Bradford family took a picture of their fridge, to show the Eatwell portion plate as well as the Better Start Bradford fridge magnet (Figure 7), and the mother commented that she used it in conversation with her children: ‘Even the kids. While they’re eating, I say to them, look at what it says there’.

Overall, parents/carers appeared to prefer **creative and participatory activities** to more instructional courses – examples highlighted include the Healthy Living Platform in Lambeth[30] and shared meal activities across areas. One mother commented that shared meal activities, with parents/carers and children eating together, had helped her child to become more open to a wider variety of food:

[29] See: https://www.henry.org.uk/about
[30] See https://healthylivingplatform.org/

> We do like cooking session and they have to do the gnocchi, the pizza […] with the children. So, they're very like very nice, very nice. [R: So, do you think that helped with him eating?] To like everything, yeah.

O'Connell et al.'s (2019) research on families and food poverty is helpful for understanding families' apparent preferences for less instructional support. They note **the importance of recognising the intersection of relational, financial and time resources for families** – for example, understanding how financial and time poverty limit parents' capacity to let children experiment with food, or the implications of negotiated food practices and expectations within families, beyond the mother-child dyad. This was evident in our sample, as for one mother of two, whose older child has special educational needs (SEND), including specific issues that make feeding very difficult. Also living on a low income, she received £17 per month in Healthy Start money, and commented that 'I feel like that helps because every time I use it, I get loads of fruit and veg. But weekly or it's every fortnight that I get an Iceland shop online, and I try and get like offers and stuff, and I just try and order as much healthy food as I can.' Her interviews detail the time, effort and thoughtfulness that she invests in trying to feed her children healthily in a very challenging context, and she emphasised that lack of knowledge or nutritional understanding was not the critical barrier:

> I'm not like saying that it's amazing, but I make things from scratch as well. I do get some ready meals, you know, and frozen veg and stuff like that, but I try and make a lot of meals from scratch and stuff. And [youngest child] will eat anything and she's really good, but [older child] […] only eats certain things. But I have spoke to the doctor, you know I spoke to school, and they said like it's normal for her because [of her condition] […] I just worry you know I wish she would eat more, like she doesn't eat any fruit, she doesn't many vegetables. She won't even try them. But [youngest child] will eat anything you give her.

Those who had accessed **tailored support with feeding difficulties** said they found this helpful. In one family, support was provided because of concerns (on the part of the family and the health visitor) about their two-year-old child's restricted eating and lack of weight gain. As well as advice on feeding strategies from their health visitor, they had a visit from a HENRY worker who 'brought lots of information […] some books and sticker charts. Which [child] likes, the books. We read, at some mealtimes we'll read with [child] and that seems to help'. The mother explained that she can see this worker when she wants to at an ABS drop-in clinic but joked that she had been 'banned' by the health visitor who did not want them to weigh the child too frequently. The child was gaining weight, and both parents gave examples of changed practices in relation to food and feeding and spoke of their growing confidence that the child was eating better and gaining weight. As discussed above, this family's experience highlights **the value of a systemic network of support** with the health visitor's involvement scaffolded by home-based and drop-in support from ABS.

Communication and Language Development

At Wave 2, findings in relation to communication and language development were consistent with those reported at Wave 1 in the first annual report: across

all five areas, **families consistently valued support for children's language and communication**; courses and group activities were well-received and described as helpful and enjoyable; and parents/carers gave examples of ways in which these experiences became absorbed into regular child and family practices. For example, one bilingual mother explained that attending an ABS group had helped her child's English, 'because we've had to sing a song when it's the end of the session, and they help a lot because he now sings songs what we learned there, yeah'.

Book schemes were well-liked, and embedded into families' routine practices in ways that are known to scaffold children's early literacy development[31]. In a family with three children, the parents had expressed concern at Wave 1 that their youngest child was spending too much time on a computer tablet. At the time of the Wave 2 interview, the mother observed that the tablet was now usually kept hidden, and she gave a detailed account[32] of her child's enthusiasm for books:

> Yeah, one odd time [the tablet's] out. And then s/he's more into books now. […] S/he's reading more, especially on a night, s/he wants, but it's the same book […] It's called The Cave at the moment. And I'm like, I'm sick of this! *[R: And you have to read it every night, do you?!]* Yeah! And then, oh or Hungry Caterpillar. Yeah, and then today I'm sure s/he's brought I'm Going On A Bear Hunt, s/he were bringing that down this morning. *[R: So are they books that you had already?]* Yeah, and s/he gets one in post [from ABS], doesn't s/he? So I'm thinking now of putting a basket of books down here, because most of them are upstairs.

As discussed above (and in the first annual report) several families had accessed more **targeted speech and language support** through ABS provision, including through group activities, in home visits, and onward referral to specialist assessment and provision; again, this was highly valued.

Finally, in considering speech and language support across ABS partnership areas, it is worth noting that **a significant proportion of families in the Objective 3 sample are multilingual**; ten families in the sample, spanning four of the five ABS areas, speak at least one language other than English at home. Multi-lingualism was not highlighted as a significant cause for concern, but it does have implications for supporting speech and language development in early childhood[20], prompting questions about the need to ensure ABS staff expertise in this area. At Wave 2, one mother (whose baby was now approximately 18 months of age and was being brought up with three languages including English) spoke of her confidence that her child was learning all of their home languages. She commented that 'it doesn't matter what language you speak […] if s/he listens, s/he will understand you'. She had also discussed the child's language development with an ABS worker:

[31] For example, see Merchant, G. (2008) Early reading development. In J. Marsh and E. Hallet (eds) *Desirable Literacies : Approaches to Language and Literacy in the Early Years*. London: Sage.
[32] Edited here for length and confidentiality.

> S/he's not speaking yet, just baby talk. […] But I think s/he's going, you know, a good direction, and … actually I did speak with [ABS worker], when she was here last month, and she said [if] until s/he's two s/he doesn't start to speak, then we will ask for some support.

A recent policy review by Fibla et al. (2022) highlights diversity in the experience of multi-lingual children, arguing for the importance of ensuring support for all of a child's languages, taking individual family contexts into account as well as the wider socio-cultural environment. These recommendations can be seen to align with the flexible and responsive place-based approach of ABS, but also highlight the need for expertise in multi-lingualism to support the diversity of speech and language development in ABS communities.

Social and emotional skills

Wave 2 analyses are once again consistent with findings reported at Wave 1, showing **the value of affordable and enriching opportunities for children's play and socialisation**. That detail is not repeated here; instead we focus on examples that highlight distinctive benefits for families across a range of circumstances. As noted above, **many parents/carers discussed the benefits of ABS for their own wellbeing:** in terms of their own confidence, mental health and socio-emotional wellbeing. This was seen as key to enabling children's social and emotional wellbeing[33]. These benefits operated in different ways across a diverse sample. For example, one family from a migration background commented that involvement with ABS and other local community services had helped them to understand and adapt their parenting to UK cultural norms, including expectations for levels of supervision of children. Elsewhere, another mother commented that feeling more confident as a parent brought benefits for her relationship with her child:

> M: We spend so much more time at home now, and that's partly because my ability to manage [child] is a bit better. […] No, I mean we'd go out at least once every day, but it doesn't … yeah, it doesn't have to be all day.
> R: No, because last year I think it was?
> M: As much as possible! *(both laugh)*

In another area, a mother made similar positive comments about the Incredible Years programme delivered by ABS, commenting that 'it was good, because I use some of them techniques at home with [child] […]. Like the staying calm, not giving in all the time. I use the time out as well techniques with him'.

As these examples show, there is evidence that **parenting and family practices are shifting over time by participation in ABS provision**. While there are commonalities in experience across areas and between participants within areas, it is also evident that the flexible and responsive qualities of

[33] This finding aligns with a significant international body of research in child development. For example see Albanese, A.M., Russo, G.R. and Palmer, P.A. (2019) The role of parental self-efficacy in parent and child well-being: A systematic review of associated outcomes. *Child: Care, Health and Development,* 45, 3, 333-363.

support, discussed earlier in this report, are key to understanding the contribution of ABS provision to child outcome domains. One size does not fit all, but beyond that, it is evident that **constellations of involvement and support interact in ways that support and empower parents and families**. This is illustrated by the experiences summarised in Box 2, where the mother described the impact on her parenting and family practices of her involvement with ABS.

Box 4. 'Stronger, wiser, kinder'

In a two-parent family with a two-year-old and a primary school-aged stepchild, this mother had a history of poor mental health, including postnatal depression, linked to childhood trauma. At Waves 1 and 2 she was actively involved in a range of ABS provision, including groups, individualised support, and voluntary roles. She was overwhelmingly positive about the difference ABS had made for her, especially as someone who otherwise had very limited informal support or advice nearby.

At Wave 2, she spoke in detail about the difference that ABS involvement had made to her understanding of her child's needs, and so to her parenting. She explained that the ABS crèche team had helped her understand tantrums as a developmental stage, when 'at first, I took it really personal and I was like, what have I done wrong to you […] I've given you everything, I've done everything, I've met all your emotional needs, you've never had a reason to cry, like I've always attended to you the minute you sobbed, like why?' She then did the Circle of Security[34] course, which helped her understand the difference between being a 'mean parent' and a 'weak parent', and so how to 'emotionally handle it' when her child is upset:

> Being weak makes you vulnerable and it makes you a pushover and your child has no stability, they have no safety, they have no protection. […] Where being mean isn't being mean, it's called being stronger, wiser and kinder. And like, "I'm telling you to go to bed because you need to go to bed […] Not because I'm being mean, but because I'm being stronger". […]
>
> And I was definitely weak. Whereas [child] was getting away with everything and it was like s/he controlled me, not in a horrible way but s/he did, like I would just stop everything I was doing because [child] needed me, like [child] needed something. Like no one else could tend to it, only me, and I was creating a problem, whereas now I've had to […] with other people, friends and family and like, introduce them to this, what we're doing, so that we're all on the same page. And it's actually, so separation anxiety is actually their reaction to our actions. […] My anxieties were stopping [child], so s/he was always just here. And then s/he was just like this mess in the middle because s/he didn't know where s/he stood on the circle. Whereas now, like when s/he's crying for me here, it's because s/he's been out, s/he's been in the room exploring, doing [their] thing, but s/he just quickly needs a cuddle for reassurance, then s/he'll go out again […] And it's just changed everything.

[34] See: https://www.circleofsecurityinternational.com/

9.4 Next steps

The next phase of work for Objective 3, Wave 2 interim telephone interviews with parents/carers, began in January 2024. The next stage of in-person data collection will take place in the summer of 2024, approximately 12 months after Wave 2 in-person interviews. For a more detailed overview of plans for this work, please refer to the National Evaluation Protocol.

Contribution analysis

Box 5, below, presents how emerging findings from Objective 3 will inform our assessment of the contribution claims. The links between Objectives 2 and 3 findings are becoming stronger and clearer clarity with multiple waves of data collection completed, this is discussed below in relation to the contribution analysis.

Box 5. Contribution analysis and mosaic of evidence: Objective 3

This box considers connections between findings to date from Objectives 2 and 3, which suggest support for the ABS contribution claims. These findings are early and further evidence is required for the full contribution analysis. While Objective 2 provides evidence of strategies and approaches to implementing ABS, Objective 3 shines light on families' experiences with and response to those approaches over time, and corresponding implications for their engagement with services and family practices.

This linked insight is particularly relevant to the contribution claims of 'systems change: 'increased parental engagement' and 'demand led services.' The causal pathways in both of these outcomes depend on parents being active agents and participants in ABS services for the dual benefit of improved quality and accessibility of services, and improved outcomes for children and families. Findings from Objective 3 suggest that parents recognise and appreciate the ABS systemic, place-based and flexible approach for engaging with the needs of diverse families and enabling them to realise their aspirations for their children's wellbeing and development, even when living with significant challenges.

These combined findings are also relevant to the contribution claims for child-level outcomes particularly where causal pathways include de-stigmatising engagement with services, relational ways of working, effective and inclusive engagement, and enhanced home learning environments. Parents receptiveness to the strategies that services use to achieve engagement and effective delivery is a critical part of these causal pathways and the achievement of desired outcomes.

The research design for Objective 3 does not include formal assessment of child development, but family interviews clearly document the ways in which engagement with ABS activities support parenting and family practices in ways that are known to be beneficial for child development, in relation to the core ABS outcome domains. These findings will contribute towards our interpretation of the observed effect of ABS on outcomes measured through Objective 1.

10 Contribution made by ABS to reducing costs to the public purse relating to primary school aged children (Objective 4)

10.1 Aims of the Objective

The aim of Objective 4 is to evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school aged children. To do this we need to understand:

- The costs associated with delivering the programme.
- What outputs have been delivered (e.g. beneficiaries reached).
- Any change in child and parent level outcomes as a result of their involvement in ABS activities (Objective 1).
- What public sector activities will change if the ABS programme causes a change in the above outcomes.
- Any change in public sector spend as a result of that change in public sector activity.

10.2 Methods used

In 2023 Objective 4 focused on:

- Identifying and describing the costs of the ABS programme;
- Developing a costing model to estimate potential cost savings; and
- Preliminary analysis of cost per primary beneficiary and reach.

In 2022 we worked with the five ABS partnerships to agree a consistent approach to reporting their leverage funding[35] and mapping spend data to selected ABS Common Outcome Framework measures, as far as possible. In 2023 we continued to work with each partnership to update their mapped spend to 31st March 2023 .

We have completed our review of existing research from cohort studies (Raynor, 2008; Connelly and Platt, 2014; Buck and McFall, 2011) to establish the conceptual links (or 'causal chains') between the short-term outcomes observed within the timeframe of the evaluation, such as changes in parental

[35] Funding or non-monetary (in-kind) commitments from partners to support the delivery of the ABS programme in their area (e.g., non-ABS grants, funding and donations or provision of services or facilities to ABS services and/or beneficiaries on a free or reduced fee basis).

and Early Years outcomes, and the longer term outcomes that these are thought to influence, specifically the outcomes for children during their primary school years. This work has been reviewed by the academic partners at the University of Sussex, who have sense-checked the assumptions being made, fed into our approach for reducing double-counting where individual causal chains overlap, and filled some of the gaps identified in the evidence base. We have used the conceptual links that we have found to develop a model, which describes how a percentage point difference in a given ABS outcome (measured through Objective 1), is likely to impact public sector spending on primary school aged children. The model compares this difference with an estimate of the counterfactual (that is, how the outcome would be impacted without an ABS intervention).

We have analysed output data from each of the partnerships, collated and validated by The Fund, for the period 1st April 2015 to 31st March 2023. It is important to note that data submissions for the period 1st April 2015 to 31st March 2018 predate the agreement of a consistent template and definitions. Therefore, due to a lack of agreement on definitions, reporting structure, and validation, beneficiary numbers reported for this period may be less accurate, with a high likelihood of double counting due to uncertainty about which beneficiaries attended more than one project. Therefore, data should be treated with caution for this period.

After 1st April 2018 data has been submitted using a consistent template and agreed definitions. However, there are gaps in some annual outcome data (e.g. EYFS data). The partnerships are in discussion about how best to address these gaps.

While we considered conducting an analysis of uptake by service, the heightened risk of double-counting unique primary beneficiaries (UPBs) across years and different services, meant this analysis couldn't be relied on and therefore not included in the report.

Figures of data provided by the delivery partnerships are subject to change in future annual reports as the data are routinely re-checked. As such, the final reported figures at the end of the national evaluation may be different to those provided in this report.

10.3 Findings to date

Inputs

ABS funding commitments

The Fund has committed a total of £216.3m in grant funding to the five partnerships to deliver the ABS programme (from 1st April 2012 to 31st March

2025), with a further £17.7m grant funding allocated for 'support and delivery activity' (e.g., the learning and development contract and national evaluation activity). Central programme costs, incurred by The Fund directly, for the management, administration and oversight of the programme are estimated to be £3.4m for the duration of the programme.[36]

In addition to ABS grant funding the five partnerships have also secured an estimated £29m in leverage funding or non-monetary (in-kind) commitments from partners (from 1st April 2014 to 31st March 2025) to support ABS activities.[37]

Central management expenditure

The Fund spent **£2.6m on central programme costs** (on average, roughly £240,000 per year) relating to the ABS programme between 1st April 2012 and 31st March 2023. This includes time and expenses for the staff responsible for the management and oversight of the programme at The Fund. This is equivalent to around 2% of ABS grant spend during this time.

The Fund has spent **£14.9m on support and delivery costs** (on average, roughly £1.4m per year) to 31st March 2023, including development grants, contracts for communication campaigns, evaluation, and learning. This is around 9% of ABS grant spend during this time. It equates to 83% of the £17.7m budget for capacity building and development support. Over half of this spend (£7.8m) occurred during the set-up / mobilisation period (pre-1st April 2015).[38]

This 'central management expenditure' (or central programme costs and support and delivery costs) is outside of the partnerships' control and some of it occurred before the programme began. Therefore, in the analysis presented later in this report we have apportioned it evenly across the partnerships assuming equal distribution across the programme period to date (1st April 2015 to 31st March 2023).

Spend by partnership

At 31st March 2023 the five partnerships had spent a combined **£156.9m**

or 73% of their £216.3m 10-year ABS grant (i.e. in the first 8 years of the programme). Analysis indicates considerable variation by partnership.

[36] These costs include pre-programme spend associated with design, assessment and set up (i.e. from 2012/13). They are based on actual spend to 31st March 2023 and spend forecast or committed to 31st March 2026.
[37] Note: Leverage figures for Southend primarily relate to partner time associated with ABS governance activities. While these are expected to continue for the remainder of the programme period, forecast figures for leverage have not been provided by the partnership.
[38] This includes £5.5m of development grants paid to the initial 15 partnership areas to develop their ABS proposals.

Each year in May, budgets from each of the five partnerships are revised and reviewed by The Fund. Following this review, full unspent grant award is allocated against budget headings for the upcoming years, up to 31st March 2025. The annual revision of budget and review by the Funding Managers at The Fund, ensures that the allocation of grant funding is within the scope of the ABS programme.

Partnerships divide grant spend into:

- **Portfolio management costs**, which include all costs and expenses incurred in the conduct, management and administration of the portfolio of ABS services, e.g.., staff salaries, recruitment, training, and travel expenses).
- **Revenue projects**, which include all commissioned services delivered as part of the ABS programme, (i.e.., breastfeeding support programmes, community-based nutrition projects, and doorstep libraries).
- **Capital projects**, which include all capital expenditure or money spent to create or maintain infrastructure used for delivering ABS services such as hubs or community centres.

Analysis of spend to 31st March 2023 shows that the **majority of grant spend was on revenue projects**, which account for **£108.7m or 69%** of total grant spend. Portfolio management costs account for £40.2m or 26% of total grant spend to 31st March 2023, while capital projects account for just £7.9m or 5% of total grant spend. This is broadly in line with the overall 10-year budgets for the partnerships. However, there is considerable variation in the distribution of spend across these areas at partnership level (as shown below). This is due to the differing spend profile of each partnership. The variation in portfolio management costs across the partnerships results from individual decisions of the partnerships in relation to sourcing staff to deliver services. For instance, some partnerships commissioned out services, while others delivered services with their own programme staff. This led to differences as some wages for programme staff were then included in commissioned services (revenue project spend) rather than calculated under portfolio management costs.

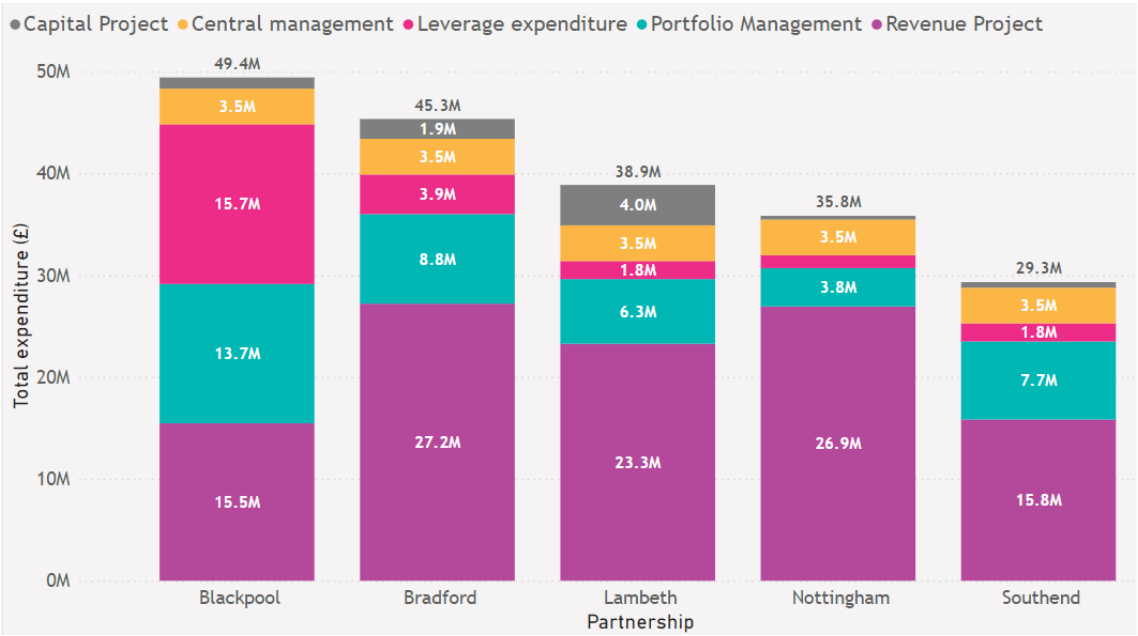
In addition to ABS grant funding the five partnerships also secured **leverage funding**, or non-monetary commitments from partners to support the delivery of the ABS programme, totalling to **£24.4m** between 1st April 2015 and 31st March 2023. While the leverage forecasts originally submitted by partnerships were projected as matching ABS grant funding in full, the actual leverage spend to 31st March 2023 was significantly lower, at less than one-fifth, when compared with the ABS grant spend to the same date. As Figure 8 shows, leverage funding as a proportion of grant spend varies by partnership, ranging from 4% of total ABS grant spend for Nottingham, 5% for Lambeth, 7% for Southend and 10% for Bradford to 52% for Blackpool depending on the level of additional funding and non-monetary commitments secured by each partnership. An

annual breakdown for each partnership is presented in the Technical Appendices.

Total programme spend to 31st March 2023

Total programme expenditure to 31st March 2023 is **£198.8m**. Figure 8 gives an overview of expenditure across all five partnerships. Blackpool had the highest total expenditure (£49.4m), despite its total ABS grant expenditure being one of the lowest (£30.2m). The reason for this is a much higher leverage expenditure compared to other partnerships (£15.7m). In contrast, Southend had the lowest total expenditure to date (£29.3m).

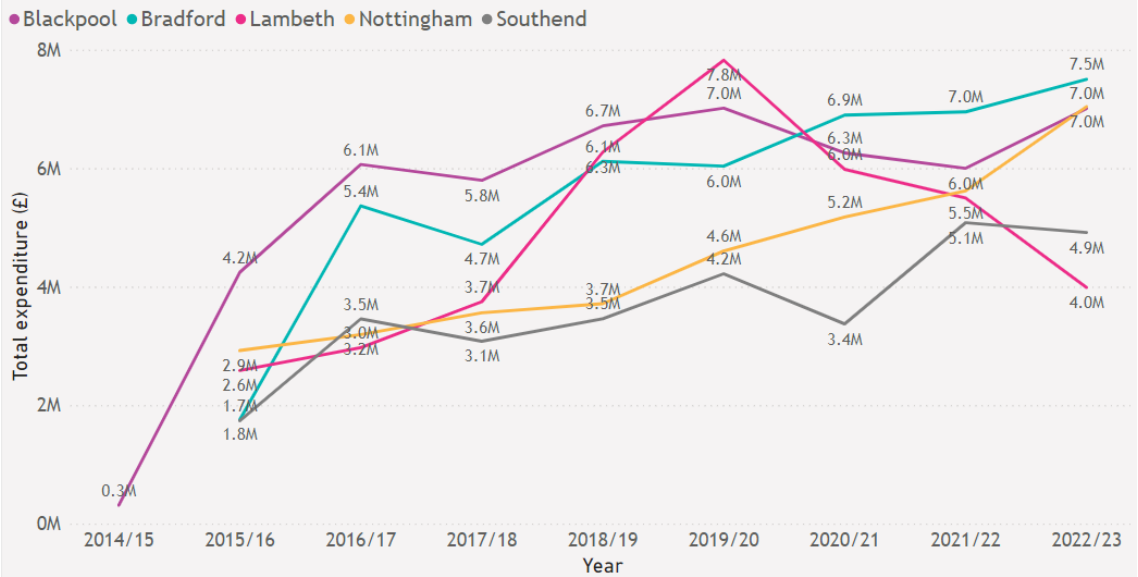
Figure 8. ABS programme expenditure by partnership and type



Source: ABS grant claims returns, leverage tables and central expenditure data provided by The Fund.

Expenditure over time is shown in Figure 9. Overall, spending has increased, particularly since the test and learn cycle (1st April 2015-31st March 2018), as the programme has become more established within each partnership. Total annual spend to date peaked at £30.5 m in 2022/23. This was predominately driven by Bradford (£7.5m), Blackpool (£7.0m) and Nottingham (£7.0m). While an upward trend is generally observed across the entire time period, Lambeth's total annual spend actually peaked in 2019/20, as capital expenditure was completed by then, and has fallen by 49% since. The initial drop coincides with the beginning of the COVID-19 pandemic.

Figure 9. ABS programme expenditure over time



Source: ABS grant claims returns, leverage tables and central expenditure data provided by The Fund.
Note: During the outcome mapping exercise Blackpool provided revised expenditure data per annum, including a breakdown of spend for 2014/15. As agreed with The Fund, this revised data has been used instead of the annual claim returns for Blackpool, which The Fund had previously shared with the evaluation team.

Mapping spend to outcome area at partnership level

During 2023 we continued to work with the five partnerships to update their spend to outcome mapping as far as possible. In addition to the outcome measures on which the National Evaluation is focusing, the partnerships mapped their project spend under a category of 'Other outcomes'. These included some of the ABS Common Outcome Framework measures not selected for the National Evaluation, as well as partnership specific outcomes related to children and maternal health and well-being. The bubble diagrams below provide an overview of how each partnership mapped its grant spending to each of the ABS and other outcome measures. Any remaining unmapped spend for each partnership has been allocated to the outcomes proportionally to their original mapped spending on a pro-rata basis. This includes project or leverage spend, portfolio management spend, central programme spend and support and delivery spend. A breakdown of this spend by project for each partnership is included in Technical Appendices.

The largest proportion of **Blackpool's** project spend was allocated to achieving 'System change' (61%). At least some of the spend from 25 different projects was mapped to this outcome (See Figure 10).

The largest proportions of **Bradford's** project spend were allocated to 'Perinatal maternal mental health – depression and anxiety' (29%) and 'Communication' (22%) (see Figure 11).

Lambeth allocated most of their project spend to 'Other outcomes' (70%). This included social capital (10% of total allocated spend), breastfeeding initiation (3%), and pre-term birth (2%). The remaining £12.7m of the total project spend

allocated to ‘Other outcomes’ was allocated to six different parent or child level outcomes, including ‘Improved parental mental health and wellbeing’, ‘Secure attachment to a trusted caregiver’, ‘Improved maternal physical health and nutrition’, ‘More families have strong support networks’, ‘Children have a BMI that's neither high or low’ and ‘More survivors of domestic abuse are accessing appropriate specialist support’ (see Technical Appendices). The second largest proportion of spend was allocated to ‘Child development at age 2 – 21/2 (ASQ)’ (9%) (see Figure 12).

The largest proportions of **Nottingham’s** project spend was allocated to achieving ‘System change’ (33%) and ‘School Readiness’ (18%) (see Figure 13.).

The largest proportions of **Southend’s** project spend were allocated to ‘Perinatal maternal mental health – depression and anxiety’ (23%) and ‘Communication (ASQ)’ (22%). Substantial proportions of spend were also allocated to ‘Systems change’ (15%) and ‘Breastfeeding 6-8 weeks’ (14%) (see Figure 14.).

Note in the figures below, abbreviations are: HW = Healthy weight, GA = Gestation age at birth, BW = Birth weight.

Figure 10. Blackpool spend by outcome (£)

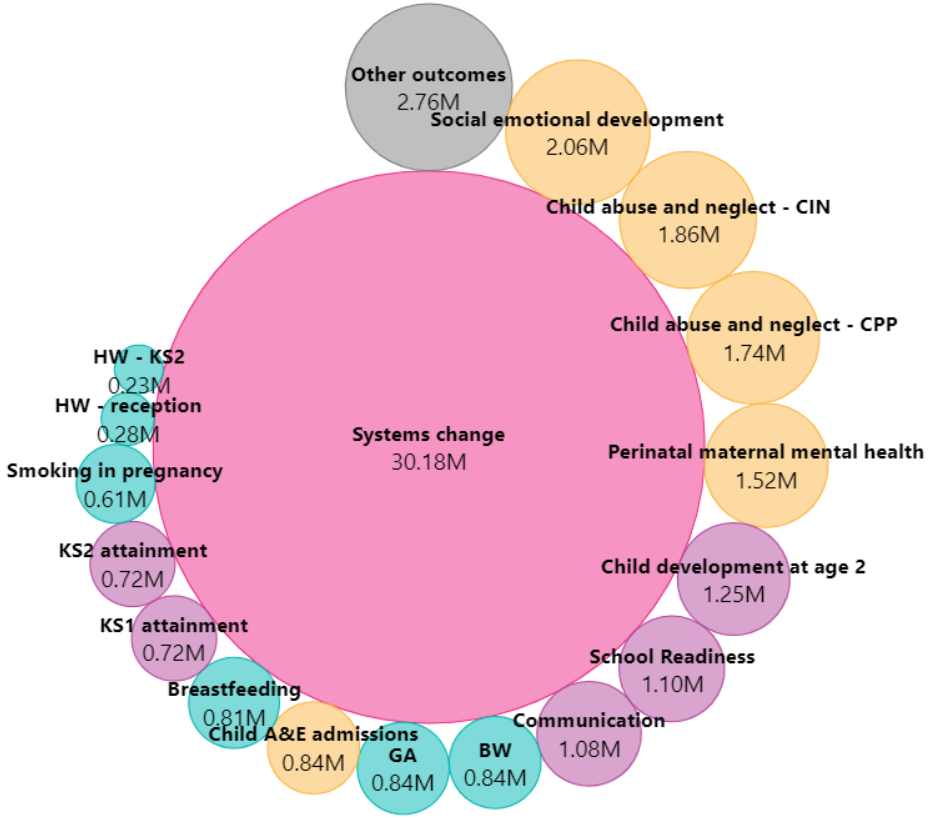


Figure 11. Bradford spend by outcome (£)

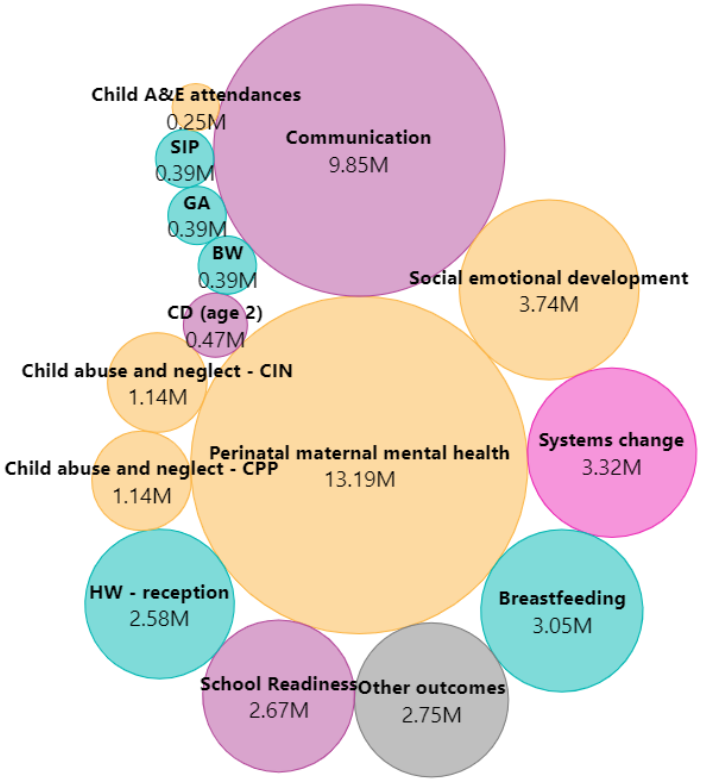
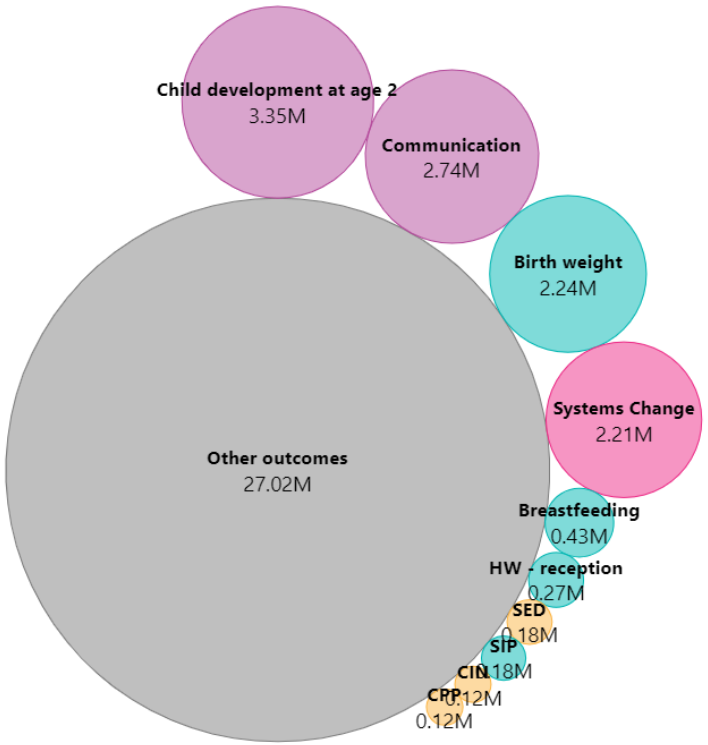
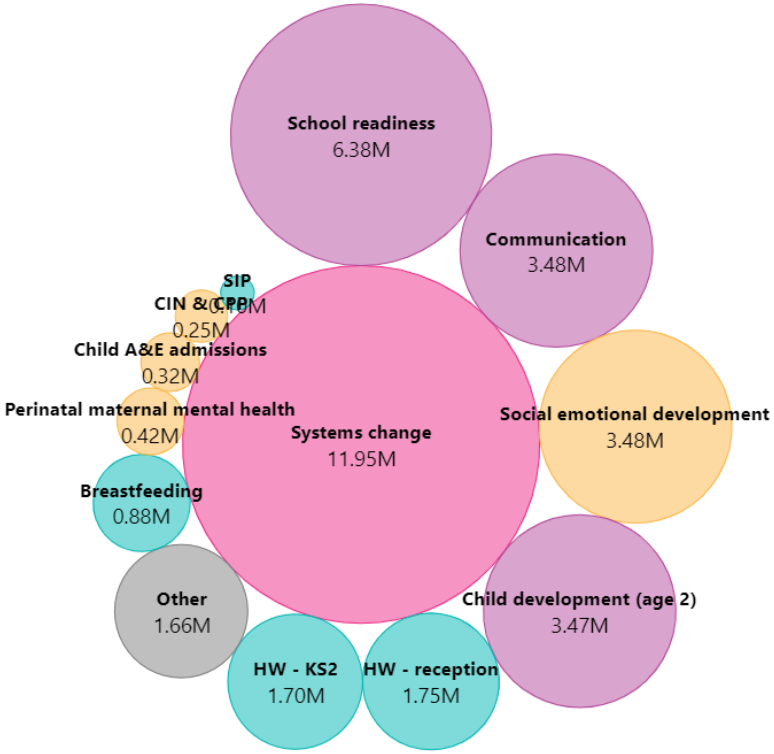


Figure 12. Lambeth spend by outcome (£)



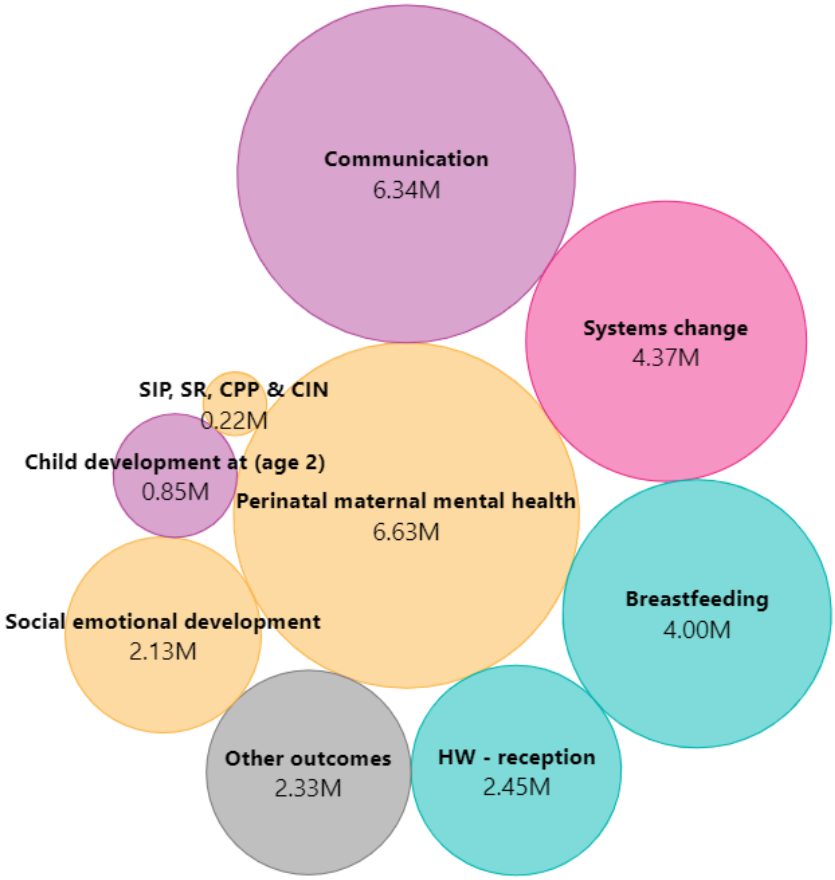
Note: SED = Social emotional development, SIP = Smoking in pregnancy, CIN = Children in Need (Child abuse and neglect), CPP = Child Protection Plan (Child abuse and neglect).

Figure 13. Nottingham spend by outcome (£)



Note: SIP = Smoking in pregnancy, CIN = Children in Need (Child abuse and neglect), CPP = Child Protection Plan (Child abuse and neglect, HW = Healthy weight.

Figure 14. Southend spend by outcome (£)



Note: SIP = Smoking in pregnancy, SR = School readiness CIN = Children in Need (Child abuse and neglect), CPP = Child Protection Plan (Child abuse and neglect, HW = Healthy weight

Beneficiaries

Participation in the ABS programme

Monitoring data on unique primary beneficiary (UPB) numbers reported by the partnerships is shown here. It is worth noting some limitations in interpreting the findings.

- **Firstly, partnerships collect data from different sources**. Locally commissioned services may have different data collection processes compared to centrally commissioned services, meaning differences in the number of UPBs across services and partnerships may not be entirely attributed to uptake.
- **Secondly, the degree of resource requirement, engagement, quality, and experience differ across services.** For example, some ABS funded services offer intensive, bespoke support to a small number of families with acute needs, whereas other ABS funded services offer less resource intensive, universal provision to the entire eligible population. This nuance

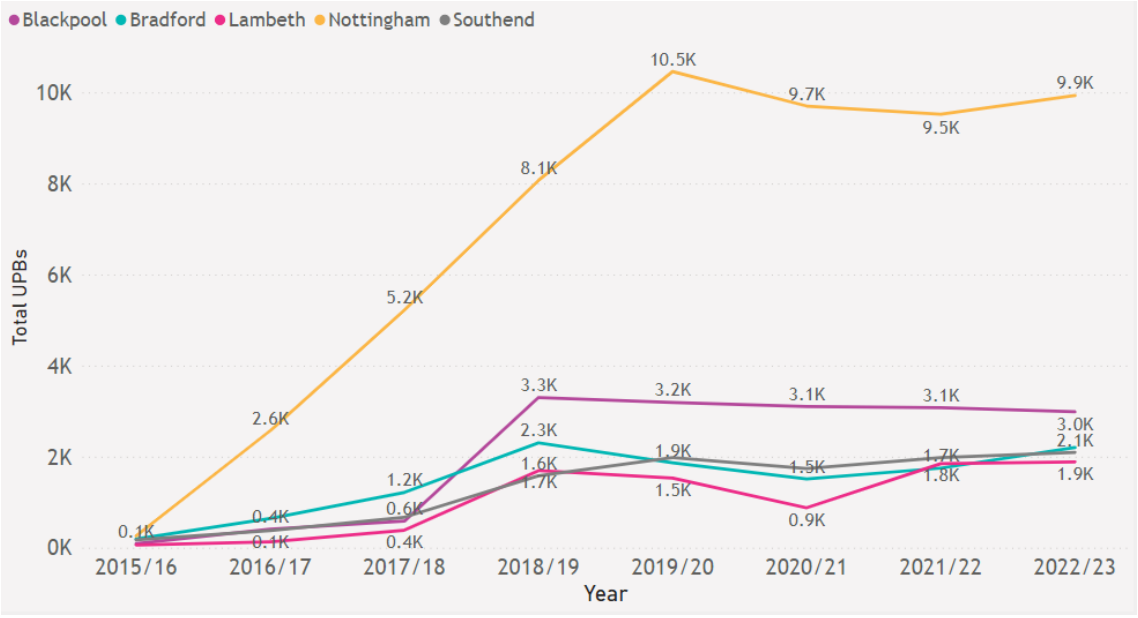
will be lost in the partnership-level UPB data analysis, where any participant from any ABS service is counted as one UPB.

- **Thirdly, any beneficiaries who accessed more than one service within the same year will only be counted once, whereas beneficiaries who accessed support in more than one year will be counted once in each year they accessed support, regardless of how many services they used.** This means that the cost per beneficiary analysis presented below should be used to inform the overall picture of implementation rather than for assessing the performance of the ABS programme or individual partnerships.

As Figure 15 shows, ABS services were delivered to a smaller number of UPBs as partnerships went through the Test and Learn from 1st April 2015 to 31st March 2018. Then uptake increased considerably between 1st April 2018 and 31st March 2019 and has remained relatively stable thereafter. The ABS programme supported up to **19,200 UPBs per year** between 1st April 2015 and 31st March 2023. The majority of UPBs were children between the ages of 0-3 (90%); the other 10% were pregnant people. Over half of all UPBs were from Nottingham (54%), which reached a substantial proportion of its relatively large eligible population with some of its ABS funded services offering universal provision.

Figure 15 also shows the impact of COVID-19 on uptake. A small drop in UPBs was observed in 2020/21, when the first lockdowns occurred. While noticeable, this was not a major decline for most partnerships. This indicates that partnerships were able to adapt to public health guidance and continue service delivery during this time.

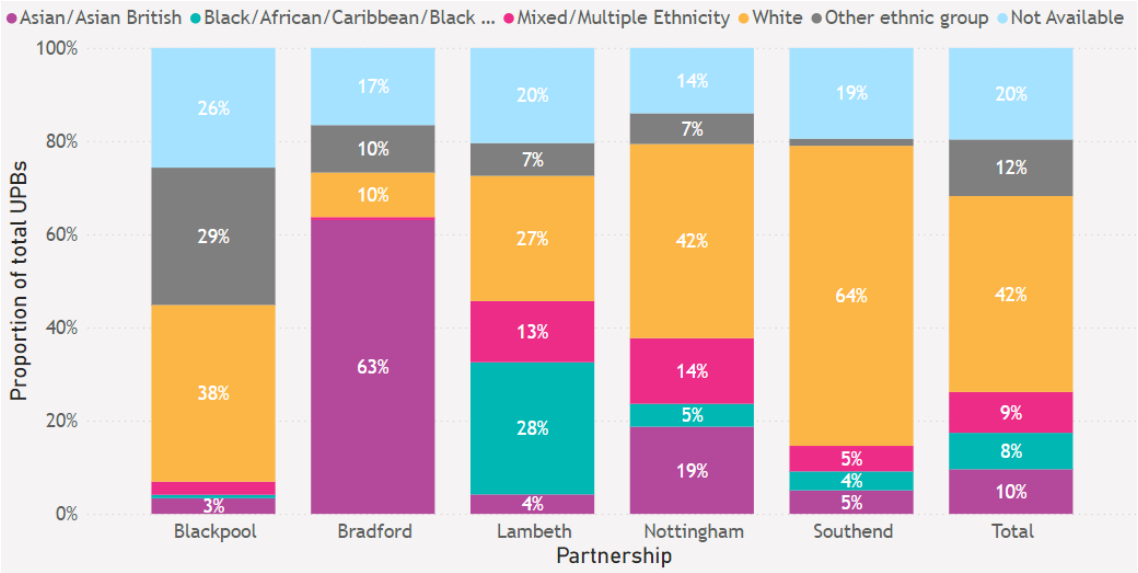
Figure 15. Total unique primary beneficiaries of the ABS programme by year and partnership



Source: ABS programme monitoring data

The high-level ethnic profile of UPBs was varied across the different partnerships between 1st April 2022 and 31st March 2023. As shown in Figure 16, 42% of UPBs were White, 10% Asian/Asian British, 8% Black/African/Caribbean/Black British, 9% Mixed/Multiple Ethnicity, and 12% were from other ethnic groups. Data was not available for the remaining 20%. The partnerships with the largest concentrations of a single ethnicity were Bradford, where 63% of UPBs were Asian/Asian British, and Southend, where 64% of UPBs were White. When looking at the ethnicity profiles of pregnant UPBs compared to 0-3 year olds, there was little difference.

Figure 16. Ethnicity distributions of UPBs within each partnership in 2022/23

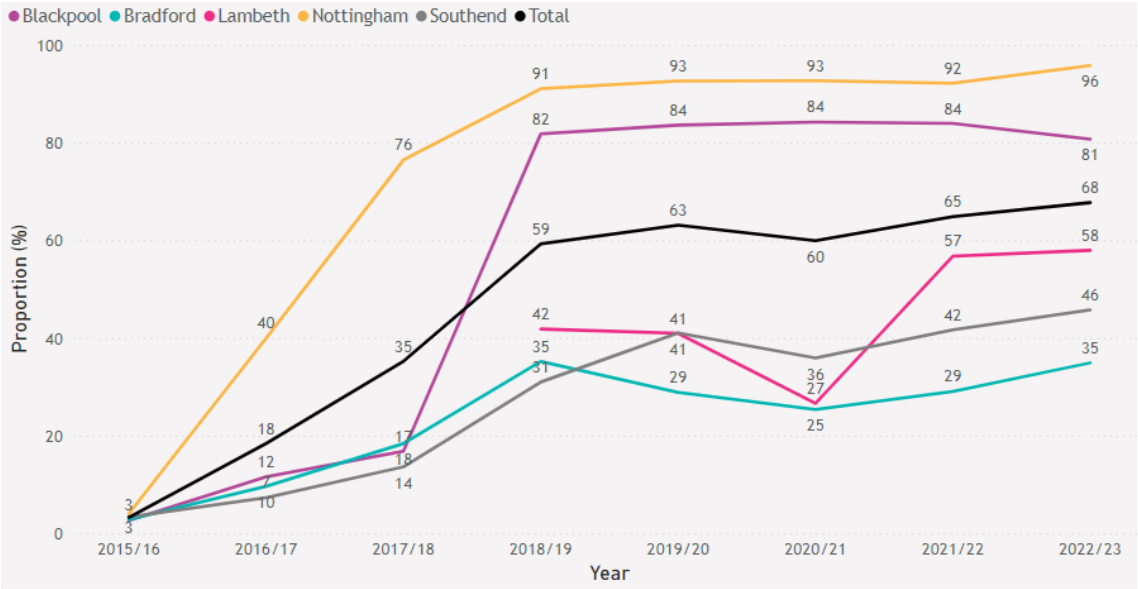


Source: ABS programme monitoring data.

Reach

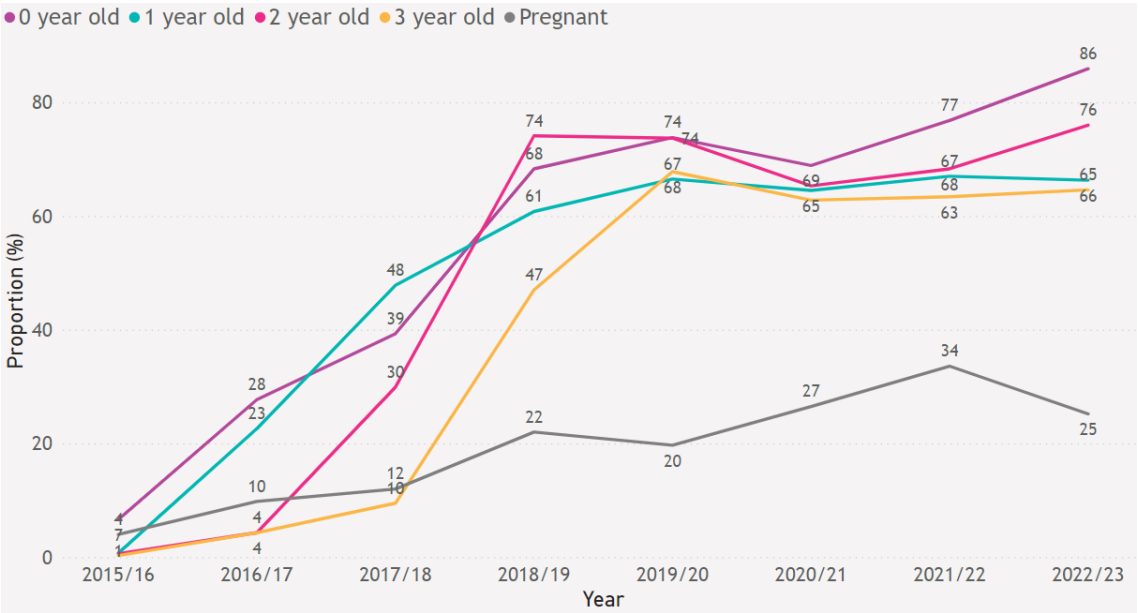
The reach of all partnerships increased over time (see Figure 17). This increase was particularly concentrated in the fourth year of the programme, following the initial Test and Learn cycle. From 1st April 2018 to 31st March 2023, **63%** of the eligible populations (pregnant women and 0-3 year olds in ABS wards) were reached on average by the ABS programme. This ranges from an average of 31% in Bradford to 93% in Nottingham. However, the data also shows that reach differs substantially across user type (see Figure 18).

Figure 17. Total proportion of eligible population reached by partnership and year



Source: ABS programme monitoring data

Figure 18. Total proportion of eligible population reached, by user type and year



Source: ABS programme monitoring data

The programme reached higher proportions of eligible children than eligible pregnant populations (see Figure 19), for all partnerships except Lambeth. On average from 1st April 2018 to 31st March 2023, **a quarter** of the eligible pregnant population was reached, compared to **68%** of eligible 0–3-year-olds. However, this varied by partnership. Unlike the other four partnerships,

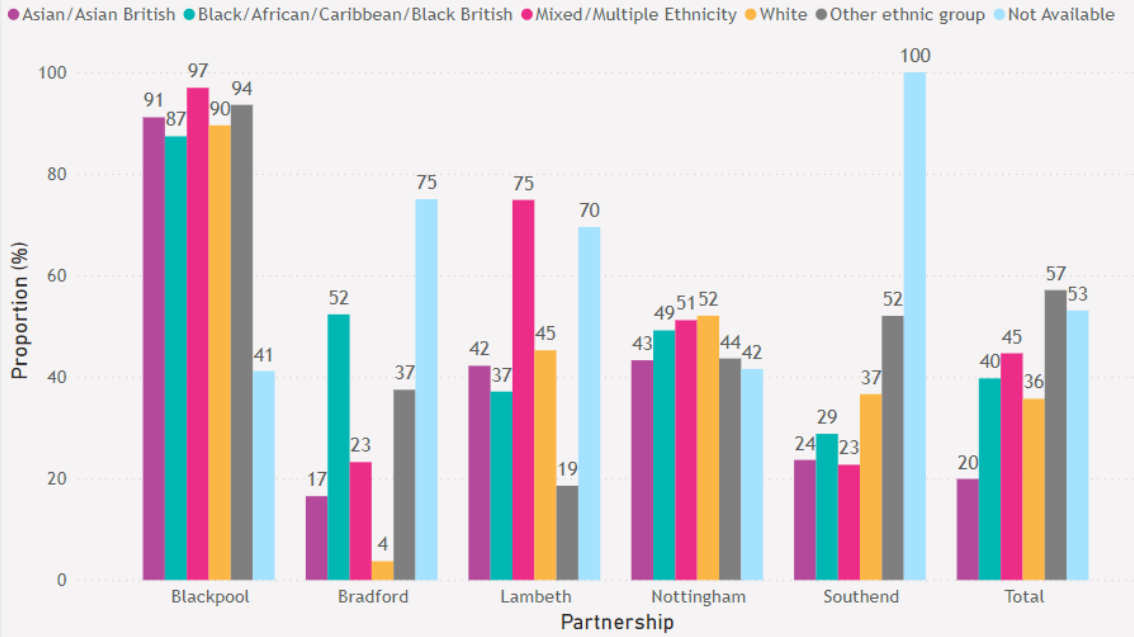
Lambeth reached a higher proportion of their eligible pregnant population compared to eligible 0–3-year-old children.

Figure 19. Percentage of eligible population reached, by user type and partnership (from 1st April 2018 to 31st March 2023)

Source: ABS programme monitoring data

Figure 20 shows the reach of the ABS programme within different ethnic groups for each partnership. Ethnicity data for UPBs was limited with a substantial portion listed as ‘Not available’. On average, the programme’s reach ranged from 20% for Asian / Asian British to 57% for other ethnic groups. The data shows that Blackpool had a relatively high reach across all ethnic groups. Nottingham reached smaller proportions of its eligible population when compared to Blackpool but had a consistent reach across all ethnic categories. Bradford, Lambeth, and Southend had more varied reach across ethnic categories.

Figure 20. Proportion of eligible population reached by ethnicity and partnership (from 1st April 2018 to 31st March 2023)

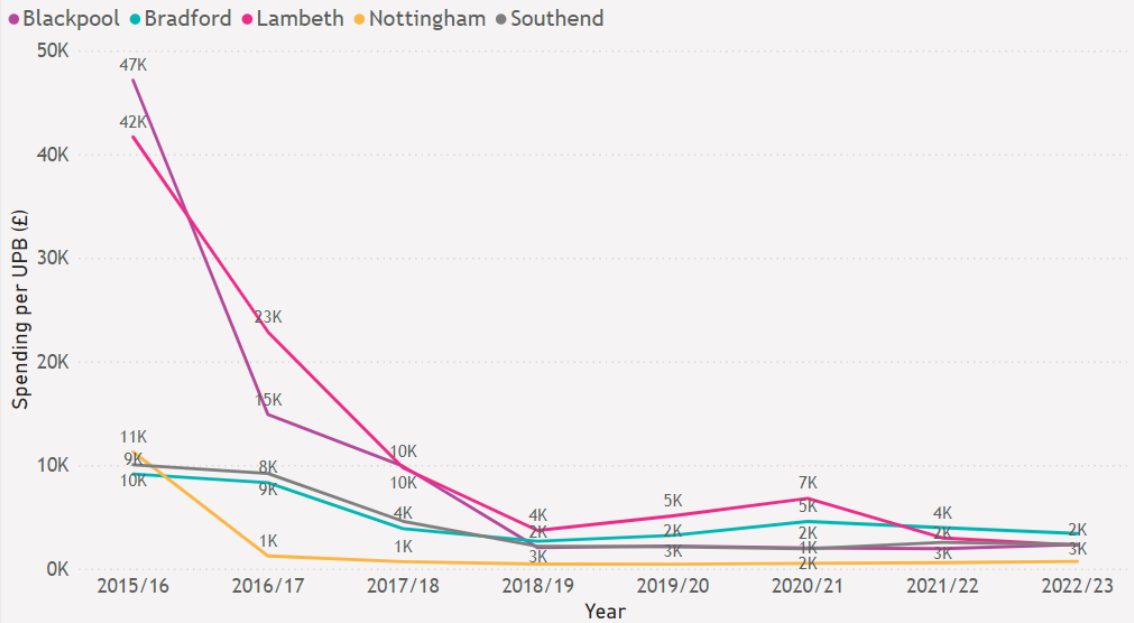


Source: ABS programme monitoring data. Total UPBs within this time range was; 14,851 for Blackpool, 12,850 for Bradford, 6,908 for Lambeth, 15,362 for Nottingham, and 9,379 for Southend.

Cost per beneficiary

There had been much variation in average expenditure per UPB over time (see Figure 21). In the first three years of the programme, during the set-up and Test and Learn cycle, average cost per UPB was relatively high. This was particularly the case for Blackpool, where there was substantial spending on portfolio management, and Lambeth, where spending on capital projects exceeded that of other partnerships during this time. However, as the programme developed and became more established, participant numbers increased. Consequently, average spending per UPB dropped considerably. From 1st April 2019 onwards, average spend per UPB has been relatively stable, ranging from £440 to £7,000 per UPB per year for each partnership.

Figure 21. Spending per unique primary beneficiary, by partnership and year



Source: ABS programme monitoring data

10.4 Next steps

Next steps in this section relate to the immediate next steps for Objective 4 that will be delivered in 2024. The next steps which are dependent on the results from Objective 1 are described in Chapter 10.

WP 4.1: Calculating costs

We will build on the analysis of costs above updating the figures annually for the remainder of the evaluation period based on annual spend data shared by The Fund (in June each year).

WP 4.2: Calculating short-term effects

In this chapter, data has been presented to demonstrate the reach of the ABS programme by partnership area, ethnicity, beneficiary age and proportion of eligible population. This analysis will be updated annually for the remainder of the evaluation period based on programme monitoring data shared by The Fund (in June each year). This will become particularly important as the programme approaches its final years, where a holistic analysis of uptake across all partnerships will be important in understanding the reach of the programme as a whole throughout the programme period.

WP 4.4: Calculating impact of ABS on public sector activity and spend relating to primary school aged children

Our review of existing economic studies and draft Cost Consequence Analysis model describing how a unit change in ABS outcomes is likely to impact public sector activity and spend on primary school aged children has been reviewed by academic partners at the University of Sussex. This model is currently being refined and strengthened with the additional evidence sources and guidance provided by our academic partners. The next step will be to fill any remaining conceptual gaps with a series of interviews with practitioners (in Spring/ Summer 2024) to explore how a change in outcome will impact public sector activity in terms of time and resources.

Contribution analysis

Objective 4's role in the contribution analysis is discussed below in Box 6. Like Objective 1, results for Objective 4 will be presented later in the evaluation. The model that will be used for the cost-consequence analysis is being developed with careful alignment to the theory of change and contribution claims. In the analysis of annual spend to outcome there is some evidence that supports the contribution claim on systems change as discussed below.

Box 6. Contribution analysis and mosaic of evidence: Objective 4

The evidence on how spend is allocated to specific outcomes, both child-level and systems change, is building. It will provide contextual information to support the interpretation of results from the QED and will shed light on the resource implications of the approaches to ABS implementation and their perceived benefits as evidenced through Objectives 2 and 3.

While the results of Objective 4 are relevant to all of the contribution claims, they will play a particularly important role in evaluating 'systems change: shift in resources' and 'systems change: demand led services'.

The causal pathway for 'systems change: shift in resources' requires a common understanding and acknowledgment of the importance of Early Years leading to an increase in resource allocation to early and/or preventative intervention which will in turn reduce the need for acute intervention later in life.

The results of Objective 4 provide quantitative evidence that can be linked with the qualitative findings from Objectives 2 and 3. For example, the extent to which ABS delivery partners and stakeholders (including parents) feel able to influence spending decisions on a systems level within their local areas is explored through Objective 2 and families' experience of and perceptions of the shift to early/preventative intervention initiatives is found in Objective 3. Agency in decision making and the extent to which services reflect demand is found in both 2 and 3.

11 Synthesis of findings and next steps

This second annual report marks the halfway point of phase two of the ABS national evaluation. While we await the findings from the QED (Objective 1) and the cost-consequence analysis (Objective 4), we are seeing a rich picture emerge from the qualitative findings about the experiences of families who participate in ABS services and how services are implemented, and the ways in which the delivery partnerships conceptualise their allocation of funds to specific ABS outcomes. The key messages from this annual report are listed below.

Evidence is emerging from the national evaluation which suggests that **ABS services are broadly delivered in line with the mechanisms described in the ToC**. These approaches to delivery of Early Years services are seen to be valued by both providers and families. While this report presents ways that ABS is working well and able to deliver services in line with the mechanisms described in the ToC, findings also highlight challenges of delivering ABS from perspectives of delivery partners and families, particularly around barriers to engagement and participation**. The impact of the Covid-19 pandemic and the current cost of living crisis is affecting families, often amplifying their support needs, and services' capacity to fully meet these demands.** Challenging contexts can impact services and families' ability to engage with services. Practitioners and families involved in ABS delivery have cited programmes' ability to adapt as being key to managing challenges with delivery and engagement**.**

Many of the findings presented in this report reinforce those that were presented in the first annual report and go further in illustrating the complexity and dynamism of ABS services, family life for those who take part in ABS services, and the interplay between the two. Wrapping around these experiences are the findings which illuminate the evolution of a long term funded programme and how it responds to changes in the delivery context and emerging needs. This is observed in both the qualitative findings and in quantitative findings from Objective 4 where analysis shows the **variation in how delivery partnerships have allocated spend to outcomes** over the funding period.

Findings from Objectives 2 and 3 are particularly complementary at this stage of the national evaluation. The analysis from the **fieldwork with families (Objective 3) has identified numerous examples which show how ABS provision can alleviate risk of disadvantage and support families through difficult times.** Through Objective 2, **ABS practitioners have shared insights into how families' challenging circumstances impact their engagement with ABS and steps they've taken to adapt and tailor services**, making them both more accessible and demand-led.

ABS provision plays a multi-faceted role in helping to mitigate financial pressures associated with raising children – through access to free activities for children and families, enabling healthy eating through affordable food schemes, and supporting parents/carers in ensuring their welfare rights (e.g., accessing benefit entitlements) and navigating emergency hardship. Given that the risks of poverty and inequality for child development are well established in epidemiological research, as seen in Pickett, et al.'s (2022) research. It can be assumed that poverty mitigation will benefit child development, as well as being highly valued by families who face significant struggles.

The analysis presented in **this report also demonstrates the value of continuity of relationships and of working in partnership with parents/carers as well as other services (ABS and non-ABS)**. It shows how the mechanisms of the ABS approach can help to scaffold families' engagement with a constellation of flexible and responsive support of different kinds. This, however, is not always easy for services to maintain as relationships can be disrupted by staff turnover and capacity challenges which are evident in the findings.

Acknowledging that it's not possible to speak to everyone involved in ABS and that our insight, therefore, will always be limited, seeing links between Objectives increases our confidence in the findings that are emerging from the national evaluation.

ABS system change can be understood as establishing a tapestry of care and connectedness spanning ABS and other services as well as informal networks for families in ABS communities. A key benefit of this that is recognised in the findings is the identification of opportunities for early intervention and prevention services which reduce the risk of children and families requiring intervention later in a child's life. This insight is relevant to the cost consequence analysis. In the short term, families are accessing more services – and potentially more specialist services which can be costly – than they would be if needs had not been identified. The cost avoidance, however, could come later in life if the long term impact of that early intervention prevents negative outcomes when the child is older.

There is optimism about the sustainability of ABS, but delivery partners have also identified risks to sustainability. These include recognition that priority outcomes can change overtime, funders will have different criteria, and services that are perceived as more expensive can be less likely to be recommissioned. With the ABS funding period coming to a close, the focus of the national evaluation will be shifting towards exploring the legacy of ABS and sustainability of systems change on the Early Years sector.

11.1 Next steps

Phase two of the national evaluation will continue for another two years, with the final report being published in the spring of 2026. Data collection from partnership areas will continue until early spring 2025.

Services are transitioning away from ABS grant funding with different timescales across the delivery partnerships with some closing in 2024. We will be working closely with the parent and practitioner panels and partnership area directors to anticipate and mitigate risks that this may have on data collection and capacity to engage with evaluation activities.

The next phases of the evaluation will provide opportunities for us to explore approaches of de-implementation and ways in which large-scale long term funded programmes close to enable a positive legacy. As part of this, the evaluation will explore which aspects of ABS are planned to continue. While it was always known that ABS funding was going to come to an end, there is understandable anxiety related to job security and anticipating the potential absence of services that families have found beneficial. We will seek input from the parent and practitioner panels on the topic guides that will be used in upcoming waves of fieldwork to ensure that we are exploring these topics sensitively.

For Objective 1, we will have the final sample of individual consented beneficiary data in Spring 2024, and we will then assess the data to determine the most appropriate analytical approaches to explore outcomes with this data alongside the whole ward analysis of outcomes. Decisions made about which approaches to use for the individual level analysis will be rooted in making the most of the individual level data, while being pragmatic and as rigorous as is feasible.

Calculating the benefits of ABS in Objective 4 analysis will be completed in 2025. It depends on the results from the individual and whole ward data being carried out in Objective 1 on positive outcomes achieved and negative outcomes avoided for children and families, and qualitative evidence of systems change outcomes from Objective 2.

Cost-effectiveness will also be assessed in 2025 based on the individual and ward level data from the Objective 1. This analysis will be used to produce outputs that can be of use to The Fund, the ABS partnerships and other local commissioners and stakeholders, particularly as the partnerships progress their sustainability plans (e.g., cost-consequence summary tables, unit cost benchmarks and, where possible, breakeven analysis).

Contribution analysis and mosaic of evidence

The establishment of priority contribution claims from the theory of change has marked a substantial step forward in developing the mosaic of evidence. This annual report highlights elements within the causal pathways for which

evidence is emerging to support them and where evidence to support is weaker or challenges the plausibility of the claims. In using the contribution claims to take stock and consolidate what we know about ABS and where there are gaps still to explore, we can prioritise topics to explore in upcoming waves of qualitative fieldwork.

We are within Step four of the Six Steps of Contribution Analysis. Evidence has been assembled against contribution claims which have been prioritised for the contribution story. While there are many findings in support of the causal pathways, there is also evidence of persisting challenges that are affecting implementation of services as intended and so potentially the contribution to intended outcomes. Some of these challenges are due to strong contextual forces, such as the lasting impact of the Covid-19 pandemic and the cost of living crisis. Others, such as engaging particular groups of participants who might benefit most from ABS services, are being grappled with by delivery partners through test and learn cycles.

Drawing on the other wider mosaic of evidence will be essential to interpret findings on child-level outcomes from Objective 1. One reason for this is because for several outcomes in the Common Outcomes Framework, changes in either direction could be consistent with ABS having a positive impact. For example, suppose we find that ABS leads to a reduction in the likelihood of children aged 0-4 being classified as Children in Need (CiN) This could indicate that ABS has successfully helped reduce the chance that children grow up in challenging environments. Conversely, an increase in this indicator could *also* plausibly reflect a positive impact of ABS – potentially through improved detection of vulnerable children or better inter-professional working in ABS areas. Other qualitative evidence (for example, from interviews with stakeholders involved in ABS programming) may help us interpret results for indicators like this one appropriately. An illustrative example of how other sources of evidence may be drawn on to help disentangle the meaning of changes in the proportion of children classified as CIN is shown below in Table 6.

Table 6. Illustrative example of mosaic of evidence to interpret outcomes

Competing hypotheses	What would the QED show if this were true?	What other evidence would be consistent with this hypothesis? (Examples)
ABS leads to improved prevention of abuse/neglect, without improving detection of CIN.	A lower % of children aged 0-4 recorded as CIN among ABS families compared to a non-ABS comparison group.	**Service use data:** High exposure to ABS activities among beneficiaries. **Local evidence synthesis:** points to evidence of effective ABS services. **Qualitative evidence from ABS partnerships, local service providers:** provides evidence of effective ABS-funded services supporting families to prevent risk factors associated with abuse and neglect; does not provide evidence of improved detection of CIN. **Qualitative evidence from ABS families:** provides evidence of effective ABS-funded services.
ABS leads to improved detection of CIN, without affecting prevention	A higher % of children aged 0-4 recorded as CIN among ABS families compared to a non-ABS comparison group.	**Service use data:** Might reveal an emphasis among ABS partnership areas on investing in system-wide improvements, alongside specific targeted services. **Local evidence synthesis:** points to evidence of improved systems change. **Qualitative evidence from ABS partnerships, local service providers:** provides evidence of better inter-professional working aimed at improving detection of vulnerable children; does not provide evidence of improved prevention. **Qualitative evidence from ABS families:** provides evidence of more joined-up services in their local area, better referral mechanisms, more effective support from across existing systems.
ABS has unintended negative impacts on the risk of	A higher % of children aged 0-4 are recorded as CIN among ABS families compared	**Service use data:** May show evidence of low uptake of ABS services. **Local evidence synthesis:** points to evidence of poorly designed ABS services, mismanagement, implementation failures or limited engagement within communities.

Table 6. Illustrative example of mosaic of evidence to interpret outcomes

children becoming CIN.	to a non-ABS comparison group.	**Qualitative evidence from ABS partnerships, local service providers:** may provide evidence of poorly run or poorly designed services. May provide evidence that the presence of ABS funding has crowded out other sources of funding or local government spending that might otherwise have taken place in ABS areas. **Qualitative evidence from ABS families:** may provide evidence of misunderstanding about the presence or purpose of ABS support in the local area; evidence of a breakdown in trust between communities and the services available to them; families may report feeling stigmatised by the offer of support.

Related publications

There are additional publications alongside the ABS national evaluation that have been produced alongside this annual report. They are:

- **The second annual podcast**[39] which is a discussion with the ABS Objective leads about challenges they have encountered through delivering the national evaluation and how they have overcome them.
- **A themed report on parental engagement**[40] presenting findings from Objective 2 relating to how parental engagement is understood in ABS, what works well and challenges faced in enabling parental engagement, and the influence that parental engagement has on provision. Parental engagement covers parents actively participating in ABS services through to co-production.
- **The first of three local evidence synthesises**[41] provides a narrative synthesis of evidence of ABS implementation generated through local evaluation activity within each of the ABS partnerships.
- Upcoming is **a briefing aimed at practitioners** which will provide a concise summary and reflective questions to support Early Years practitioners to consider how the findings presented in this report could be applied to practice.

[39] https://natcen.ac.uk/ABS-national-evaluation

[40] https://natcen.ac.uk/publications/parental-engagement-thematic-focus-abs-national-evaluation-2023

[41] https://natcen.ac.uk/publications/first-local-evidence-synthesis-national-evaluation-better-start

12 References

Buck, N., McFall, S. (2011) Understanding Society: design overview. Longitudinal and Life Course Studies, [S.l.], Volume 3, Issue 1, pp. 5 -17

Connelly, R., Platt, L. (2014) Cohort Profile: UK Millennium Cohort Study (MCS), International Journal of Epidemiology, Volume 43, Issue 6, pp.1719 –1725.

Fibla, L., Kosie, J.E., Kircher, R., Lew-Williams, C. and Byers-Heinlein, K., 2022. Bilingual language development in infancy: What can we do to support bilingual families?. *Policy Insights from the Behavioral and Brain Sciences*, *9*(1), pp.35-43.

Hall, S. M. (2019) *Everyday Life in Austerity : Family, Friends and Intimate Relations,* Cham: Springer International.

HM Treasury (2020) Magenta Book Annex A: Analytical methods for use within an evaluation London: HM Treasury.

Mayne, J. (2011) 'Contribution Analysis: Addressing Cause and Effect' in K. Forss, M. Marra and R. Schwartz (eds.) Evaluating the Complex, Piscataway: Transaction Publishers

Mayne, J. (2012) Making causal claims. ILAC Brief.

Mayne, J. (2019) 'Revisiting Contribution Analysis' Canadian Journal of Program Evaluation, 34(2), pp. 171-191.

O'Connell R, Owen C, Padley M, Simon A, Brannen J. (2019) Which Types of Family are at Risk of Food Poverty in the UK? A Relative Deprivation Approach. *Social Policy and Society*,18(1),1-18.

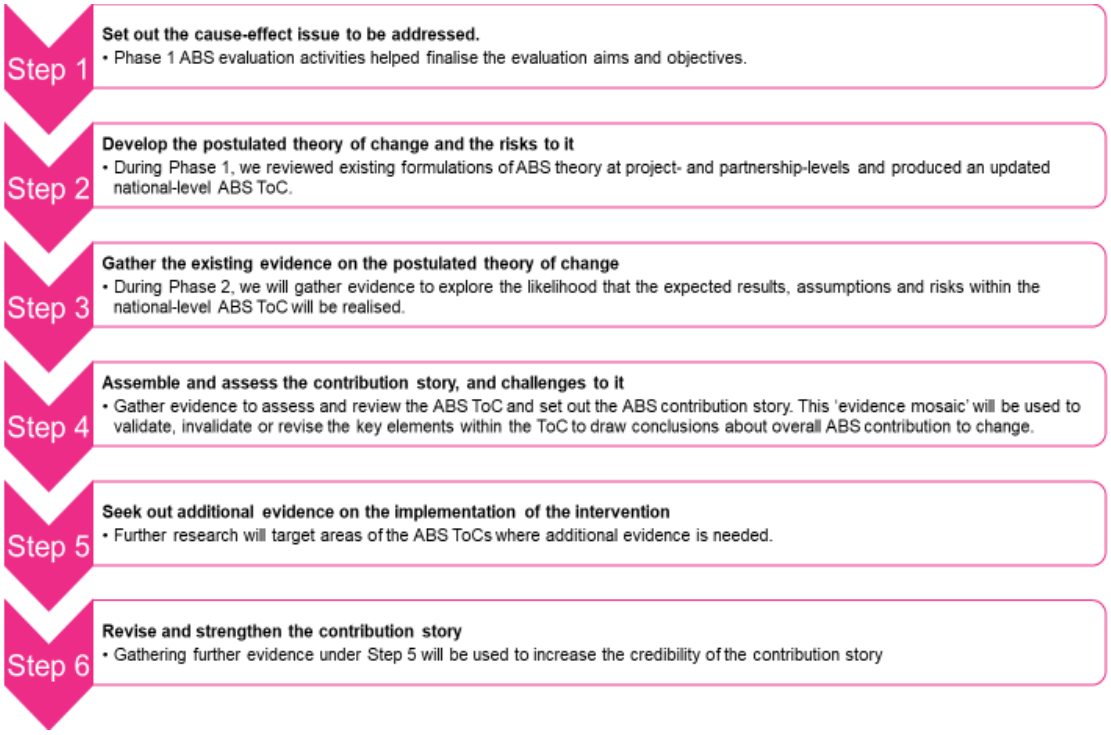
Pickett, K.E., Vafai, Y., Mathai, M., Small, N. (2022) The social determinants of child health and inequalities in child health, *Paediatrics and Child Health*, 32, 3, 88-94.

Prochaska, Norcross, & Diclemente (2013) Applying the stages of change. *Psychotherapy in Australia*, 19, 2, 10-15.

Rogers, P., Petrosino, A., Hacsi, T. and Huebner, T. (2000) 'Program Theory Evaluation: Practice, Promise and Problems' in P. Rogers, A. Petrosino, T. Hacsi and T. Huebner (eds) *Program Theory Evaluation: Challenges and Opportunities* San Francisco, CA: Jossey-Bass: 5-13.

Thoburn, J. and the Making Research Count Consortium (2009) Effective interventions for complex families where there are concerns about, or evidence of, a child suffering significant harm. *Safeguarding: Briefing 1*. London: C4EO. Accessed 26 March 2024: https://lx.iriss.org.uk/sites/default/files/resources/Effective%20interventions%20for%20complex.pdf

Appendix 1: Six steps of Contribution Analysis



Appendix 2: Objective 3 technical detail

Objective 3 detailed evaluation questions

The focused evaluation questions underpinning Objective 3 are as follows:

1. What is the nature of families' engagement with ABS, and how is this situated within the wider context of lives over time?
2. What do families understand as the key motivators and facilitators for, and benefits from, participating in ABS provision and activities, including in relation to the four core outcome domains?
3. What are the barriers, challenges, and limitations of ABS from families' perspectives?
4. How does experience of ABS services directly or indirectly shape family members' individual and collective practices in relation to the four outcome domains?
    a. To what extent, and in what ways, are families' regular, everyday and habitual practices shaped by involvement with ABS over time?
    b. To what extent are practices maintained or developed over time, and what is associated with development, maintenance or attenuation of practices relating to the four outcome domains?
5. What are the implications for families of ABS work on systems change, including:
    a. Experiences of formal/informal support and professional involvement in family lives, to illuminate the difference that ABS systems change has made to their experiences of services and/or professional involvement in family lives?
    b. Experiences of parent/carer or family members' involvement in ABS work on systems change, and understandings of the implications of this involvement for (a) family lives and (b) for local systems?
6. Which factors correspond to variation between families in experiences and pathways through ABS, including:
    a. The extent and timing of engagement with ABS and the nature of services that are/are not used?
    b. The implications for children of variations in involvement in ABS, particularly with regard to outcome domains concerned with child development?

Full answers to these questions will be established over time, as interviews with families will be conducted at regular intervals over a four-year period.

Objective 3 interview methodology

Families are interviewed twice a year over a four-year period[42]: four rounds of annual in-person data collection with each family/household, complemented by three rounds of interim telephone interviews with the primary caregiver, conducted approximately six months after the in-person interview. As was the case during Wave 1, Wave 2 in-person interviews involved all members of the household who wished to take part[43]. In one family the grandmother was the primary respondent, and in all other families the mother was the primary respondent; in two families a maternal aunt also participated. Five fathers participated in the family interviews, and supplementary telephone interviews were carried out with three resident fathers who were unable to take part in the home-based interview[44]. Children were present for 18 interviews.

Objective 3 analytical approach

Analysis of family interviews is conducted via a staged approach, as follows: within the family dataset, to identify key and recurrent themes and narratives within timepoints and over time, and to consider how individual family experiences relate to the broader context of the ABS partnership area and activities and local area; across families within an ABS partnership area, to identify common themes and points of difference (e.g., in relation to barriers or facilitators or systems change), taking account of the broader context of the ABS partnership area and activities and local area; across partnership areas to build a national picture in relation to themes and characteristics of interest, taking into account local variations in ABS activities and wider contextual factors. Within this annual report, we provide an overview of initial findings across areas. Given the underpinning aim of Objective 3 – to understand families' journeys with ABS over time – the presentation of findings is focused particularly on understanding experiences over time, beginning with families' experiences of working with ABS before turning to focus on the four core outcome domains. To avoid repetition (where themes arise across different research questions), findings are organised thematically, and discussed in relation to key relevant components of the ABS Theory of Change.

[42] In accordance with the Objective 3 research ethics approvals, where family interviews identify significant cause for concern about parent/carer or child welfare, the research team utilise an agreed protocol to activate/signpost to further support or service involvement, with the parent/carer's knowledge and agreement wherever possible. We note this here because the protocol was used with one of the families discussed in the pages that follow, not identified to protect their anonymity.

[43] All interviews were digitally audio-recorded and transcribed; transcription conventions are as follows:

- R=researcher; M=mother; F=father; C1=Child 1 (descending birth order); I=interpreter, etc.
- […] indicates edit in the transcript (e.g., for confidentiality).
- - at the end or beginning of a line indicates overlapping talk, for example:
  M: So I said –
  F: You did, you told them.
  M: - that I thought…

[44] To enable fathers' participation, we offered a separate phone interview for resident fathers who wanted to take part. We did not seek interviews with non-resident fathers because of potential ethics tensions for several families (including in relation to domestic violence, maternal concerns about paternal involvement, and contexts of recent separation).

Appendix 3: Objective 4 technical appendix

ABS grant spend by partnership

Blackpool[45]

Blackpool spent £30.2m (or 67%) of its total ABS grant allocation by 31st March 2023. The partnership has spent all of its original 10-year budget for capital projects and almost two-thirds of its revenue project budget (64%). Blackpool reported the highest proportion of grant spend devoted to portfolio management costs (45% of spend to 31st March 2023). This is due to having a considerable number of seconded or co-funded posts within the organisations that form part of the partnership, as well as posts designed to support systems change across the partnership, to ensure sustainability of all activity.

Table 7. Blackpool grant allocation by 31st March 2023

Type of Expenditure	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Portfolio Management	£284,821	£955,718	£1,359,034	£1,556,306	£1,978,920	£2,113,821	£1,912,130	£1,643,404	£1,874,938	**£13,679,093**
Revenue Project	£25,938	£402,279	£1,647,393	£1,503,965	£1,733,278	£2,383,228	£2,267,351	£2,554,455	£2,944,346	**£15,462,233**
Capital Project	£0	£0	£225,183	£0	£368,107	£62,077	£438,319	£0	£0	**£1,093,686**
Annual Total	**£310,759**	**£1,357,997**	**£3,231,610**	**£3,060,272**	**£4,080,305**	**£4,559,126**	**£4,617,800**	**£4,197,859**	**£4,819,284**	**£30,235,012**

[45] During the outcome mapping exercise Blackpool provided revised expenditure data per annum, including a breakdown of spend for 2014/15. As agreed with The Fund, this revised data has been used instead of the annual claim returns for Blackpool, which The Fund had previously shared with the evaluation team.

Bradford

Bradford spent £38.0m (or 77%) of its total ABS grant allocation by 31st March 2023. This was largely driven by the £8.8m portfolio management costs which were equivalent to 109% of their original 10-year budget for portfolio management costs. A revised 10-year budget, shared with the evaluation team in May 2023, indicated a reallocation of revenue project funding to cover portfolio management costs for the remaining three years of the programme.

Table 8. Bradford grant allocation by 31st March 2023

Type of Expenditure	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Portfolio Management	£934,172	£882,874	£1,140,252	£1,137,474	£1,153,325	£1,167,007	£1,137,906	£1,239,538	**£8,792,549**
Revenue Project	£0	£3,646,295	£2,702,013	£3,697,795	£3,982,254	£4,288,739	£4,225,362	£4,668,124	**£27,210,583**
Capital Project	£242,576	£107,682	£7,609	£0	£10,231	£550,481	£561,835	£466,741	**£1,947,155**
Annual total	**£1,176,748**	**£4,636,851**	**£3,849,874**	**£4,835,269**	**£5,145,810**	**£6,006,228**	**£5,925,104**	**£6,374,403**	**£37,950,287**

Lambeth

Lambeth spent £33.6m (or 84%) of its total ABS grant allocation by 31st March 2023. The profile of Lambeth's spend across the three categories of expenditure is broadly in line with its 10-year budget.

Table 9. Lambeth grant allocation by 31st March 2023

Type of Expenditure	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Portfolio Management	£906,782	£518,983	£638,381	£767,550	£1,012,637	£1,150,901	£1,205,951	£147,214	£6,348,398
Revenue Project	£579,985	£991,106	£2,112,173	£3,812,203	£4,685,927	£3,878,560	£3,817,804	£3,397,510	£23,275,267

Type of Expenditure	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Capital Project	£249,536	£350,436	£260,736	£984,258	£1,609,888	£474,101	£40,110	£0	£3,969,066
Annual total	**£1,736,303**	**£1,860,524**	**£3,011,290**	**£5,564,010**	**£7,308,453**	**£5,503,562**	**£5,063,864**	**£3,544,724**	**£33,592,730**

Nottingham

Nottingham spent £31.1m (or 69%) of its total ABS grant allocation by 31st March 2023. This included 100% of its 10-year capital project budget, 83% of its 10-year budget for portfolio management costs and 68% of its 10-year revenue project budget.

Table 10. Nottingham grant allocation by 31st March 2023

Type of Expenditure	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Portfolio Management	£403,152	£449,135	£476,541	£412,744	£493,275	£482,437	£471,859	£571,299	**£3,760,443**
Revenue Project	£1,570,588	£2,201,060	£2,462,639	£2,635,597	£3,538,229	£4,054,035	£4,618,634	£5,859,535	**£26,940,317**
Capital Project	£363,759	-£17,126	£17,210	£0	£0	£0	£0	£0	**£363,844**
Annual Total	**£2,337,499**	**£2,633,070**	**£2,956,390**	**£3,048,341**	**£4,031,504**	**£4,536,472**	**£5,090,493**	**£6,430,834**	**£31,064,603**

Southend

Southend spent £24.0m (or 65%) of its total ABS grant allocation by 31st March 2023. It has devoted a larger proportion of its total spend to date to portfolio management costs (32% of spend to date, compared to 28% of its 10-year budget devoted to these costs). At the

same time, it has devoted a smaller proportion of its total spend to revenue projects (66% of spend to date, compared to 71% of its 10-year budget devoted to revenue project).[46]

Table 11. Southend grant allocation by 31st March 2023

Type of expenditure	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Portfolio Management	£893,994	£1,816,753	£716,043	£664,548	£1,095,747	£797,577	£858,525	£815,149	**£7,658,336**
Revenue Project	£199,599	£1,064,655	£1,280,677	£2,090,477	£2,381,851	£1,876,642	£3,450,514	£3,493,316	**£15,837,732**
Capital Project	£86,191	£0	£456,277	£0	£14,065	-£22,192	£8,127	£0	**£542,468**
Annual Total	**£1,179,784**	**£2,881,408**	**£2,452,997**	**£2,755,025**	**£3,491,663**	**£2,652,027**	**£4,317,167**	**£4,308,465**	**£24,038,537**

Leverage secured to 31st March 2023

In addition to ABS grant funding the five partnerships have secured leverage funding and non-monetary commitments from partners to support the delivery of the ABS programme in their area (e.g., non-ABS grants, funding and donations or provision of services or facilities to ABS beneficiaries or services on a free or reduced fee basis). Together the ABS partnerships secured £24,4m in leverage between 1s April 2015 and 31st March 2023. This is equivalent to 16% of ABS grant spend to 31st March 2023. This is substantially lower than the leverage forecasts submitted by partnerships as part of their original applications, which indicated that leverage funding would almost equal the value of ABS grant funding. However, The Fund has confirmed that it is aware that many of the partnerships' proposed leverage funding plans have not materialised, and leverage funding has become less of a focus from The Fund's perspective.

[46] As there is a discrepancy between the 10-year budget reported for Southend's revenue project spend in the data received from the partnership, we have calculated the figure by taking both the portfolio management budget and capital project budget from the overall 10-year budget.

Among the five partnerships, Blackpool secured the largest amount of leverage funding (£15.7m leverage funding or 52% of their total grant spend to 31st March 2023). Bradford's leverage funding of £3.9m, accounts for 10% of their ABS grant spend to 31st March 2023. This is in line with Bradford's original application. The leverage funding secured by Southend, Lambeth and Nottingham account for 7%, 5% and 4% of their total ABS grant spend to 31st March 2023 respectively. These are all substantially lower than proposed in their original applications.

Table 12. Leverage funding secured to 31st March 2023

Partnership	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Total
Blackpool	£2,447,000	£2,392,000	£2,301,000	£2,187,909	£2,018,857	£1,216,943	£1,367,693	£1,744,962	**£15,676,364**
Bradford	£141,102	£287,005	£430,717	£834,847	£452,986	£466,251	£592,347	£684,422	**£3,889,676**
Lambeth	£409,498	£670,502	£300,076	£258,347	£78,439	£53,000	£0	£0	**£1,769,862**
Nottingham	£147,026	£118,362	£170,008	£219,810	£132,539	£214,156	£92,760	£169,060	**£1,263,722**
Southend	£118,000	£134,607	£192,143	£257,350	£289,593	£294,894	£328,318	£165,547	**£1,780,451**
Total	**£3,262,626**	**£3,602,476**	**£3,393,943**	**£3,758,263**	**£2,972,413**	**£2,245,244**	**£2,381,119**	**£2,763,991**	**£24,380,075**

Mapping spend to outcome area at partnership level

The following ABS COF measures were selected to align with the outcomes being measured through Objectives 1 and 2 of the evaluation: Perinatal maternal mental health – depression and anxiety; Smoking in pregnancy - smoking status at delivery; Birth weight; Gestational age at birth; Breastfeeding 6-8 weeks; School Readiness; Key Stage 1 attainment; Key Stage 2 attainment; Healthy weight – reception; Healthy weight - end of Key Stage 2; Communication (ASQ); Social emotional development (ASQ); Child development at age 2 - 21/2 (ASQ); Child abuse and neglect - Children aged 0-4 CIN due to abuse or neglect; Child abuse and neglect - Children aged 0-4 on Child Protection Plan; A&E attendances and any emergency hospital admissions due to unintentional and deliberate injuries of children 0-4; and Systems change.

'Other outcomes' included: Smoking in pregnancy – smoking status at booking; Smoking in pregnancy – cigarettes smoked per day; Alcohol use in pregnancy – weekly alcohol units; Other substance use in pregnancy; Low birth weight; Pre-term birth; Breastfeeding initiation; Children free from oral decay at age 5; Child abuse and neglect - Children under 5 Looked after; Hospital admissions due to unintentional and deliberate injuries of children 0-4; Social capital; Improved parental mental health and wellbeing; Secure attachment to a trusted caregiver; Improved maternal physical health and nutrition; More families have strong support networks; Children have a BMI that's neither high or low; and More survivors of domestic abuse are accessing appropriate specialist support.

Blackpool

The largest proportion of Blackpool's project spend was allocated to achieving 'System change' (61%). At least some of the spend from 26 different projects was mapped to this outcome. The projects contributing the largest amount of spend towards this outcome for Blackpool were 'Family HUB Funding' (all of the project's £14.3m spend was allocated to Systems change), followed by 'CAP Community Connector Team' (all of the project's £1.1m spend). Other projects that allocated large amounts to this outcome included 'Early Years Volunteering and Representative Voice' (all of the project's £0.8m spend), 'Capital Parks Development' (£0.5m or 50% of the total spend on this project) and 'Workforce Development' (all £0.4m of the total spend on this project).

Bradford

The largest proportion of Bradford's project spend was allocated to 'Perinatal maternal mental health – depression and anxiety' (29%). In particular, spend from nine projects was mapped to this outcome. The project contributing the largest amount of spend to this outcome was 'SLA Family Action Perinatal Support', with £2.8m or 100% of the total spend on this project. The projects 'SLA Baby Steps' (£1.3m, 100%) and 'SLA Little Minds Matter' (£1.0m, 50%) also allocated a large amount of their spend toward this outcome.

The second largest proportion of Bradford's project spend was allocated to the outcome, 'Communication (ASQ)' (22%). Seven projects contributed to this outcome. The project contributing most spend to this outcome was 'SLA Talking Together' with an allocated spend of £3.1m (or 100% of the total spend on this project). The projects 'SLA Incredible Years Parenting Programme' (£0.7, 50%) and 'SLA BSB Imagine' (£0.4m, 50%) also allocated a considerable amount of spend towards the outcome 'Communication (ASQ)'.

Lambeth

Lambeth allocated most of their project spend to 'Other outcomes' (70%). These included:

- 'Social capital', which accounted for £2.3m or 14% of the total project spend allocated to 'Other outcomes'.

As well as ABS COF measures such as:

- 'Breastfeeding initiation,' which accounted for £0.6 or 4% of the total project spend allocated to 'Other outcomes'.
- 'Pre-term birth' which accounted for £0.5m or 3% of the total project spend allocated to 'Other outcomes'.
- 'Hospital admissions due to unintentional and deliberate injuries of children 0-4', which accounted for £71,000 or 0.5% of the total project spend allocated to 'Other outcomes'.

The remaining £12.7m or 79% of the total project spend allocated to 'Other outcomes' was allocated to six different parent or child level outcomes, including 'Improved parental mental health and wellbeing', 'Secure attachment to a trusted caregiver', 'Improved maternal physical health and nutrition', 'More families have strong support networks', 'Children have a BMI that's neither high or low' and 'More survivors of domestic abuse are accessing appropriate specialist support'. However, in many cases the totals were combined so it was not possible to disaggregate spend across these remaining 'Other outcomes'.

At least some of the spend from seven different projects was mapped to 'Social capital'. The projects contributing the most to this outcome were 'Community Engagement', 'Parent Champions' and 'Incredible Edible LEAP' contributing £0.8m, £0.6m and £0.6m respectively (or 50%, 50% and 65% of total spend for each project respectively).

The second largest proportion of Lambeth's project spend was allocated to the outcome, 'Child development at age 2 - 21/2 (ASQ)' (9%). Five projects contributed spend towards this outcome. The project contributing the most towards this outcome was 'Making It REAL/ Sharing REAL with Parents' with an allocated spend of £0.9m (100% of the total spend on this project), followed by 'Overcrowded Housing' (all £0.5m of this project's spend was allocated to this outcome).

Nottingham

The largest proportion of Nottingham's project spend was allocated to achieving 'Systems change' (33%). In particular,14 projects allocated spend to this outcome. The projects contributing the largest amounts to this outcome were 'Specialist Delivery and Supervision Team' with an allocated spend of £4.8m (or 100% of the total spend on this project), followed by 'Programme Evaluation & Learning' (£1.1m, 98%). Other projects that allocated a large amount of spend towards this outcome included 'Community Voice, Community Connections' (£0.6m, 100%) and 'Programme Communications & Marketing' (£0.5m, 92%).

The second largest proportion of Nottingham's project spend was allocated to 'School Readiness' (18%). Among the 13 projects that contributed to this outcome, the 'Family Mentoring' project contributed the most (£3.2m or 25% of the total spend on this project). Other projects that allocated a large amount of their spend towards 'School Readiness' included 'Book Gifting' (£0.6m, 100%) and the 'Innovation Fund' (£0.5m, 91%).

Southend

The largest proportion of Southend's project spend was allocated to 'Perinatal maternal mental health – depression and anxiety' (23%). In particular,16 projects mapped their spend towards this outcome. The project contributing the largest amount to 'Perinatal maternal mental health – depression and anxiety ' was 'Family Nurse Partnership' with an allocated spend of £1.2m (56% of the total spend on this project). The projects 'Perinatal Mental Health' (£0.5m, 100%) and 'Your Family' (£0.2m, 26%) were also substantial contributors to this outcome.

A substantial proportion of Southend's project spend was also allocated to 'Communication (ASQ)' (22%). Among the 16 projects that contributed to this outcome, the project 'Let's talk' contributed the largest amount (£2.0m, or 87% of the total spend on this project). The project 'Fathers Reading Every Day' allocated £0.1m, or 57% of its total spend, and 'Your Family' contributed £82,684 (11%).

A considerable proportion of Southend's project spend was also allocated to 'Systems change' (15%). 27 projects contributed to this outcome. The project contributing the most was 'Co-production champion' with an allocated spend of £0.4m or 75% of the total spend on this project. The projects 'Let's talk' (£0.2m, 10%), 'Engagement' (£0.3m, 44%) and 'Work skills' (£0.3m, 55%) also allocated a large amount of their spend toward this outcome.

The outcome 'Breastfeeding 6-8 weeks' was allocated 14% of the total project spend in Southend. Among the 11 projects that mapped their spend to this outcome, the project 'Family nurse partnership' contributed the most spend (£0.7m, 34% of the total spend on this project), followed by '121 Breastfeeding' (£0.4m, 67%).


Delivered by
COMMUNITY FUND
National Centre for Social Research
NATIONAL CHILDREN'S BUREAU
RSM
research in practice
UNIVERSITY OF SUSSEX