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Emerging findings from the ABS national evaluation

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1. Introduction

This paper presents emerging findings from objective 2¹ of the A Better Start² (ABS) national evaluation³. It identifies the factors that contribute to improving diet and nutrition, social and emotional skills and language and language and communication and language skills through the suite of interventions, both targeted and selected by ABS partnerships. These emerging findings stem from waves of fieldwork undertaken

¹ An outline of the four national evaluation objectives is presented in Appendix 1.

² Details of the ABS programme are found in Appendix 1

³ Details of the ABS national evaluation are found in Appendix 1.

by the ABS national evaluation. The emerging findings relate to four outcome areas of the ABS programme: i) improving children's diet and nutrition; ii.) supporting children to develop social and emotional skills; iii) helping children develop their language and communication skills; and iv.) bring about systems change; that is to change, for the better, the way that local health public services and the voluntary and community sector work together with parents to improve outcomes for children.

2. Emerging findings relating to the diet and nutrition outcome

Across ABS partnerships, services often focus upon two aspects relating to diet and nutrition: **pre-natal diet** and **lifestyle choices** for expectant mothers and improving breastfeeding rates. For example, one partnership stated that they aim to reduce smoking, alcohol consumption and substance abuse during pregnancy. Another partnership uses nutritionists to support expectant mothers with their food choices, with the aim of ensuring babies are born at a healthy weight. While approaches differ between partnerships, all note that the purpose of these interventions is preventative, intended to reduce negative health impacts on infants and improve their development.

Additional aims of diet and nutrition services include a focus on **oral health** as this is viewed as being relatively high impact alongside being 'cheap and simple to run'. **Obesity** is a focus for another partnership as there is evidence that the local area has a higher than average proportion of adult obesity, with children statistically more likely to become obese due to parental obesity.

Effective messaging is another key aim which includes: getting key messages out to families; ensuring professional bodies are consistent in their messaging; countering harmful or inaccurate messages, including those that could be established as part of families' beliefs, values and practices; and ensuring that families have the skills to engage with messaging (in recognition that communicating messages to families is not enough to create change - families also have to be supported to enact messaging).

Factors supporting the diet and nutrition outcome

Improving accessibility of services is working particularly well. ABS partnerships have improved access in the following ways:

- **Establishing an infant feeding helpline** to enable parents to access advice via telephone.
- **Using local public spaces** (e.g. the library) to host drop-in sessions with practitioners, thus creating more opportunities for direct contact with practitioners in an easy and convenient form for families.
- **Using breastfeeding peer supporters** to create closer links between practitioners and parents on a one-to-one basis, enabling practitioners to offer tailored support.
- **Delivering services in different languages** used by their communities, enabling greater involvement in ABS services.

Services within the diet and nutrition domain frequently **partner with other services** to create a more holistic and joined-up way of working. Services in this domain also address the crossover into the social and emotional domain, addressing the social aspects of mealtimes and eating as a family.

Breastfeeding feeding projects in one partnership are noted as a particular success

by representatives from The National Lottery Community Fund (The Fund). These rates have reached a statistically significant rate due to, it is suggested, the face-to-face delivery of its one-to-one breastfeeding support. Having parents champions as breastfeeding supporters has also contributed to local normalisation of breastfeeding. A representative from this partnership also described how they had to work within a context of very low breastfeeding rates and counter local 'anti-breastfeeding' attitudes. ABS public health messaging is also recognised as playing a part in the increased breastfeeding rates.

Challenges to achieving the diet and nutrition outcome

There have been challenges in **reaching some parents** including formula feeders. This group can feel alienated by the 'breast is best' messaging, so engaging with them to support with bottle feeding is difficult. One partnership has created a specific volunteer service to improve messaging to this group. There is also a perceived challenge in reaching fathers. Fathers want to access services and support around diet and nutrition but the primarily female environments can be intimidating to fathers. Tailored services for fathers are necessary to successfully reach and engage them.

Poverty and deprivation are barriers to achieving the diet and nutrition outcome. Families within ABS partnerships are living in some of the most deprived wards within the UK. Therefore, they face challenges in terms of their financial ability to make 'healthy choices' in relation to food. There can be a 'hierarchy of needs', where healthy and nutritious food competes against other costs and bills. Within one partnership, a social enterprise has been established to give people access to low cost food and promoting the uptake of Healthy Start vouchers.

The **cost of living crisis** is noted as a particular challenge to the diet and nutrition outcome. A representative from The Fund described how families are struggling to find low-cost healthy food due to rising prices, and that some families are reverting back to less healthy food.

Capacity has been a common challenge for this outcome area. Examples include how distribution of oral health packs in one partnership was limited for a time due to health visiting capacity. Variations in parent volunteer capacity has been a challenge, making it difficult to run projects due to uncertainty about having volunteers to run sessions. This, in turn, could have an impact on the sustainability of projects where reliance on parent volunteers is key.

Obtaining data for oral health hygiene projects has been a challenge for partnerships. A representative from The Fund described how dentistry data has been difficult to obtain and that data is not consistently recorded for all age groups. They note that ABS partnerships have tried to overcome this by collecting their own data, but that COVID-19 has disrupted this. One partnership appointed a lead dentist to support getting data collection back on track.

3. Emerging findings relating to the communication and language outcome

ABS respondents and representatives from The Fund outlined three key aims and priorities of the communication and language outcome:

1. Creating environments enabling children to develop their communication and language skills.

2. Improving children's communication and language.
3. Enabling appropriate referrals for children who need more specialist support.

As part of these aims, the following are key:

- **Preventing poor communication and language development.** There is particular concern about the impact of unidentified communication and language issues upon children as they grow older. It is therefore important for communication and language needs to be identified early in a child's life. With this approach in mind, ABS services aim to support children to be 'school ready'. This is in recognition that, if communication skills are not strong before children start school, children are likely to have difficulty engaging in school. To prevent this, parents should be supported to provide children with a language-rich environment in the early years leading up to starting school.
- **Improvements to services and delivery.** This includes improving identification of children with less developed communication and language skills, while also reducing the high demand on statutory speech and language services by enriching children's environments. These two steps will help tailor speech and language services to families who need them most. Such improvements will mean that minor issues could be addressed effectively at an earlier stage and prevent those children from needing specialist support.

Two environments that enable children to develop their communication and language skills are viewed as particularly important:

1. **The home setting.** Parents and home environments play a vital part in children's development. Parents' language skills and their ability to communicate with their children is sometimes poorer than those delivering services expect to see. Parents do not always understand the important role they play in their children's communication and language development. Parents are also unsure of how they can best shape and positively influence their child's communication skills. ABS services work with parents to raise their awareness and understanding around the parent role and help them support their children. In conversations with parents about the home environment, there is focus upon using what families already have, rather than having to buy additional resources.
2. **Early years setting.** Offering training and support to nurseries and early years settings is viewed as one way to improve children's communication and language skills. ABS partnerships are working with early years settings to facilitate development of the resources and skills they need to make the right speech and language referrals. ABS practitioners are also working with colleges, as the main provider of nursery training, to provide additional skills training for practitioners relating to developing children's communication and language skills through nursery provision. For example, support children with speech and language needs by coaching early years practitioners to make adaptations to the child's environment to support their learning in areas where they are struggling or by using small group interventions with children.

Improving communication and language skills is viewed as particularly important for children from low socio-economic backgrounds. Children in families who experience deprivation can be more isolated due to a lack of economic resources to pay for social

activities. This, in turn, can have negative consequences for children.

Factors supporting the communication and language outcome

There are a range of factors that have worked well to support this outcome, as illustrated by the below examples:

- **Differing tailored support and training to early years.** This is seen as a positive way to support the workforce and their development. Early years settings are becoming better at identifying children at risk of speech and language delays because of a WellComm screening toolkit which ABS staff train early years setting staff to use. This improvement is indicated through increased referrals. Being able to offer a free training service makes this easier to engage settings.
- **Building trust with setting / recipients of support.** ABS staff have built relationships virtually and settings particularly valued having support during COVID-19 (expressed through feedback to staff within ABS settings).
- **Increased engagement of families.** All respondents reported that programmes related to communication and language had increased in popularity since pre-pandemic, especially programmes aimed at the youngest children (aged 0 - 12 months).
- **Impact on the nature of referrals related to speech and language.** The support offered in terms of visits to children's centres, training in early years settings and their programmes with parents means that some children who may have previously been referred for specialist speech and language therapy are now experiencing a different kind of 'communication environment' either at home or within a setting.
- **Increase in universal demand for communication and language drop-in sessions for babies.** Since COVID-19 and the return to face-to-face engagement, families who had previously been isolated have been seeking greater levels of interaction for themselves and their children.
- **COVID-19 'shining a light' on the importance of speech and the communication and language outcome.**

Challenges relating to service delivery to meet the communication and language outcome

Emerging evidence has highlighted challenges to meeting the communication and language outcome. These challenges include the following:

- **Pressures on services and staffing.** Some partnerships have had to run projects at 50 per cent staffing levels due to COVID-19 related staff absence which has taken its toll on service delivery. Capacity issues can also negatively affect buy-in for projects as lack of staff can mean less enthusiasm for delivery of new projects where more staff capacity is needed. This has been particularly important for tailored and need-specific project reliant on dedicated staff with specific skills. It has been challenging to establish programmes in some early years settings because staff are overworked and struggle to find the time for even basic new programmes suggested by communication and language professionals.
- **Workload and pressure on 'the system' in terms of accessing specialist support.** Although there is success in terms of identifying children with

particular difficulties, there is a lack of capacity within the system to address these difficulties. As a result, children have to wait a long time for services.

- **Data management.** When a service needs to interact with partners or organisations using different data management systems (some of which are paper-based), these systems ‘do not always speak to each other’. This can have a significant impact in terms of the administration time required to carry out the triage process, complete referrals, and manage the risk of either double-counting referrals or some falling through the gap.
- **Support with evaluation activities.** While ABS staff appear enthusiastic about the prospect of having evidence demonstrating the impact of their service, challenges with staffing capacity mean there is less time for project staff to carry out or provide support with evaluation activities. This support is sometimes seen as a ‘nice to have’ when direct delivery work needs to take priority.
- **Concerns about cost and future viability of some services.** Reflections included: the value for money of some of the ABS interventions offered as part of the communication and language domain; how sustainable these may be in the longer-term; and whether or not they will fit within what is likely to be a commissioning environment based on high levels of need.

4. Emerging findings relating to the social and emotional outcome

Social and emotional development is perceived to be the ‘**building block**’ for other child-level outcomes, without which social inequalities will not be reduced. For example, communication and language is understood as dependent on social and emotional development. Improving social and emotional development for children involves supporting parents and other family members. While this is a key element of ABS across all outcome areas, respondents specifically discussed this in the context of this outcome domain. Children’s social and emotional development is understood to be dependent on parents’ wellbeing both before and after birth. There is a focus on: perinatal care (pregnancy and one year after birth); parental mental and physical health; building a positive home environment; and supporting families affected by domestic abuse. ‘Helping the parent to help the child’ also includes empowering parents with new skills and providing support for parents to access financial resources to help counter money-related stress. The rationale is that through supporting the whole family, children ultimately benefit.

Support is also provided to children with special education needs and disabilities (SEND) and their families through a range of opportunities for parents to volunteer or support other families who have children with SEND. ABS helps to provide a network of support for the SEND community and to remove stigma some parents can feel when discussing raising a child with additional support needs.

To tackle isolation and use of community areas, ABS services provide training to parents to support them to gain access to the workplace and also offer opportunities to socialise with other families. Several volunteer programmes are aimed at supporting those parents who may have been out of the workplace for some time regain access to the workplace. Through its range of activities, ABS can fulfil the role of a wider social network, especially for parents experiencing loneliness or who are at risk of social isolation.

Factors supporting the social and emotional development outcome

The below examples illustrate some of the factors that support ABS partnerships in their work to achieve the social and emotional development outcome:

- **Building early and strong relationships with families.** Caseload midwifery⁴ is one way to build a consistent and sustained relationship with a family, alongside being a gateway through which to provide access to other services via signposting. One ABS partnership offers caseload midwifery at a children's centre, and midwives are more able to manage their own time and spend additional time with parents if needed. This allows more personalised support. Early and strong relationships with families are seen as leading to several benefits including: i) ensuring more sustained engagement from families and a good starting point for families to access other support services in the future; ii) staff becoming more responsive to families' needs; and iii) increased parental involvement.
- As social and emotional development is understood as a building block for other ABS outcome areas, **partnership working is considered vital to enable valuable referrals within and between services addressing other outcome domains.** This not only expands the number of referrals but also ensures families are referred to the right services to receive the support they need.
- **Community engagement.** The role of family mentors is attributed to increasing attendance at services in the social and emotional development domain as they are present in the community and news about services can be spread by word of mouth.
- **Sharing examples of good practice with the wider area.** The work of one ABS partnership relating to their perinatal mental health offer is seen as 'leading the conversation' around what works well in the perinatal mental health field. Learning from the programme has been implemented in other parts of the local area to try and ensure that the offer district-wide is as 'close as possible' to what is being delivered within ABS wards.
- **Encouraging families to feel entitled to support** in managing their emotional responses to stress and managing the social and emotional dynamic within their family. This is highlighted as both a challenge that ABS staff are grappling with and as something highlighted by ABS respondents as working well. The ABS focus on destigmatising the narrative around the need for social and emotional support continues to be one of the successes across multiple ABS partnership areas. Parents are empowered to feel the support they are being offered responds to a legitimate support need which can change over time in response to life circumstances.

Challenges to addressing the social and emotional development outcome

There are three key challenges to addressing the social and emotional development outcome presented below:

1. **Living in poverty**, particularly when entrenched across generations, can impact

⁴ Caseload midwifery is a service through which care is provided by a named midwife and small team throughout pregnancy, labour and during the postnatal period.

upon how parents are able to care for, and support, their children. For example, lack of access to quality housing and services is considered a key reason that parents are less likely to have the opportunity to access appropriate services or provisions. There is also a recognised impact upon parenting when adults in families are dealing with multiple stresses, especially those relating to financial difficulties including the rising cost of living.

2. **Working with families who experience abuse and neglect** can make implementing services and achieving outcomes more difficult. These family dynamics are thought to be highly prevalent in ABS wards and, in many cases, intergenerational. This intergenerational nature of dysfunctional and / or abusive family dynamics means that some behaviours are more difficult to change, and potentially limited the impact of ABS. Closely linked to this is the role of ABS in helping to shift generational mindsets of how parenting 'should be'. It is acknowledged that it can be very difficult for someone who has themselves experienced challenging parenting as a child to both develop effective communication skills with their young children and develop emotional awareness of how their parenting affects their children. Shifting generational mindsets therefore forms a challenging context in which ABS family workers are operating.
3. **Workforce and capacity** are key challenges for maintaining services relating to social and emotional development. Recruitment and retention of staff has been difficult for some services. This has left them with reduced capacity and unable to consistently offer the high-quality services they strive to provide. Similarly, capacity issues mean that staff often have high workloads and therefore do not always have the time or mental space to be reflective about their work. Learning and implementing new ways of working, such as exploring parent-child relationships and interactions, becomes challenging without this time for reflection.

5. Emerging findings relating to systems change

While evaluation respondents from ABS partnerships largely echo the ABS programme outcome relating to systems change⁵, they also described the aims of systems change as an **improved understanding of, and increased focus on, prevention**. There is a view amongst ABS respondents that ABS is aiming to create systems change beyond the local ABS areas through sharing and creating evidence. ABS respondents also emphasised the importance of understanding systems change as a whole systems approach. Although implicit in The Fund's description of systems change, ABS respondents discussed 'whole systems' thinking as a key dimension of successful systems change, rather than just focusing on a single issue at hand. This involves recognising connections between the individual and their environment and how they affect each other. The environment could refer to family, neighbourhood, community, society, workplace, or even political system.

⁵ That is: to bring about systems change; that is to change, for the better, the way that local health public services and the voluntary and community sector work together with parents to improve outcomes for children.

Achieving systems change

For ABS respondents, achieving systems change is fundamentally about a change to ways of working, rather than creating new services or increased financial investment. This is in line with The Fund’s understanding of how to achieve systems change. Key changes to ways of working are presented in the table below:

Shared perceptions between The Fund and ABS respondents relating to changes to ways of working	Additional reflections from ABS respondents
1. A shift towards prevention.	A focus on prevention is viewed as a key aim.
2. Upskilling the workforce and sharing learning.	Workforce development is key to create a shared language and consistent approach across services. For example, sharing trauma-informed practice. Key to upskilling the workforce is a staff training programme and awareness-raising.
3. Integration across sectors.	A common concern is a fragmented services landscape with both siloed working and overlapping responsibilities across organisations. A fragmented system can lead to doubling up of work and wasted resources. It can also result in families receiving different advice and information from services such as health visitors, Early Help services, GP and A&E. Systems change can therefore aim to make processes more cohesive and join up services.
4. Parent and community-led services; and 5. Putting the family at the centre of services.	Parent and community involvement are a key element of approaches to systems change. Involving parents at different levels allows partnerships to tailor service commissioning and provision to families’ needs and will result in change to the system’s landscape.

In addition to the above, ABS respondents also suggested three additional elements that should be present to achieve systems change:

1. **Test and learn.** The ability to create projects in different areas of the local authority or in different parts of the country is key to achieving systems change. The test and learn approach, and a focus on evidence-based working, are viewed as important ways to use learning from the existing practice to inform future policy and delivery.
2. **Joint commissioning and delivery based on clear priorities.** A shift in thinking is not sufficient without the infrastructure in place to implement that planning. In terms of thinking or planning, the need for joint commissioning and delivery is also emphasised to bring about effective systems change.
3. **Partnership working.** The ABS model of partnership working can help to

demonstrate how services working together can be ‘greater than the sum of their parts’.

What does, and does not, work well to achieve system change.

ABS respondents described a wide range of experiences relating to systems change. The same elements were highlighted by some respondents as a strength or success, while other respondents identified the same element as a challenge. These elements are presented below:

- **A shift in culture and spending towards prevention and a shared vision.** ABS respondents report different experiences in trying to shift culture and spending. In one partnership there has been what is perceived as a successful systems-wide culture shift towards trauma-informed practice. As a result of ABS, key stakeholders have gained a deeper understanding of trauma and how it this may affect families. This partnership is now actively taking the impact of trauma into account in their planning and service delivery.
- **Strong relationships within partnership working.** These are described as open, transparent and focused on collaborative working. Strong relationships: enable partnerships to address challenges successfully; identify solutions; share learning; and hold each other accountable. This is seen as a real strength of an ABS partnership. However, there are also some challenges relating to: changing mindsets and creating a shared vision amongst partnerships; resource pressures; financial challenges; some partner agencies not being as engaged as others would like them to be; the restrictions of NHS Primary Care; the approach to decision-making, power and the ABS grant holder leading on grant management; and both commitment to, and challenges with, data collection and evidence-based working.

Other factors that support systems change, and are working well in ABS partnerships, include:

- Highlighting the importance of **commissioning and policy environments including a focus upon children under the age of five.**
- **Sharing knowledge** between people to both co-ordinate an approach between, and across; different services and cascading training to other teams or organisations.
- A **prevention-led** approach focusing upon the earliest days of a child’s life, rather than responding to issues when children start school.

COVID-19 continues to be a challenge to achieving systems change. Staffing issues can mean it is difficult to achieve the workload in intended timescales. Partnerships experience difficulties recruiting to fill vacant positions and staff experience fatigue and increased pressure, particularly those working in the health sector.

6. Final comments and further information

As the evaluation continues, these emerging findings will be further explored in a range of outputs produced by the national evaluation team. These outputs will include reports, blogs, webinars and podcasts. Detailed information about the ABS national evaluation can be found in the [ABS national evaluation study protocol](#) and an update of progress to-date can be found in the first annual [podcast](#) (October 2022)

Appendix 1: The A Better Start programme and national evaluation

A Better Start (ABS) is a ten year (2015 - 2025) £215 million programme set up by The National Lottery Fund Community Fund (The Fund), the largest funder of community activity in the UK. 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. The four outcome areas of the ABS programme are:

1. Improving children's diet and nutrition.
2. Supporting children to develop social and emotional skills.
3. Helping children develop their language and communication skills.
4. Bring about 'systems change'; that is to change, for the better, the way the local health public services and the voluntary and community sector work together with parents to improve outcomes for children.

The 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. ABS is place-based. 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.

The programme is grounded in scientific evidence and research. Evidence and learning from ABS enables The Fund to inform local and national policy initiatives addressing early childhood development.

The national evaluation of ABS, running from April 2021 to March 2026, is being undertaken by The ABS national evaluation team led by NatCen Social Research with their partners: University of Sussex; Research in Practice; National Children's Bureau; and RSM. The ABS national evaluation team are working with ABS grant funded partnerships to achieve the following four evaluation aims:

1. To draw upon the evaluation objectives and provide evidence for primary audiences (ABS partnerships) and secondary audiences (commissioners - including local and national government - and local and national audiences).
2. To provide evidence to support ABS partnerships to improve delivery outcomes throughout the lifetime of the programme.
3. To enable the Fund to confidently present evidence to inform policy and practice initiatives addressing early childhood development.
4. To work with local ABS evaluation teams to avoid duplication of evidence and enable collation of evidence from local evaluations.

There are four evaluation objectives: i) to identify the contribution made by ABS to the life chances of children; ii) to identify the factors that contribute to improving children's diet and nutrition, social and emotional skills and language and communication skills; iii) to evidence the experiences of families through ABS systems and iv) to evidence the contribution made by ABS to reducing costs to the public purse relating to primary school aged children.