

# **BIG001-112 ABS National Evaluation Phase 2 protocol**

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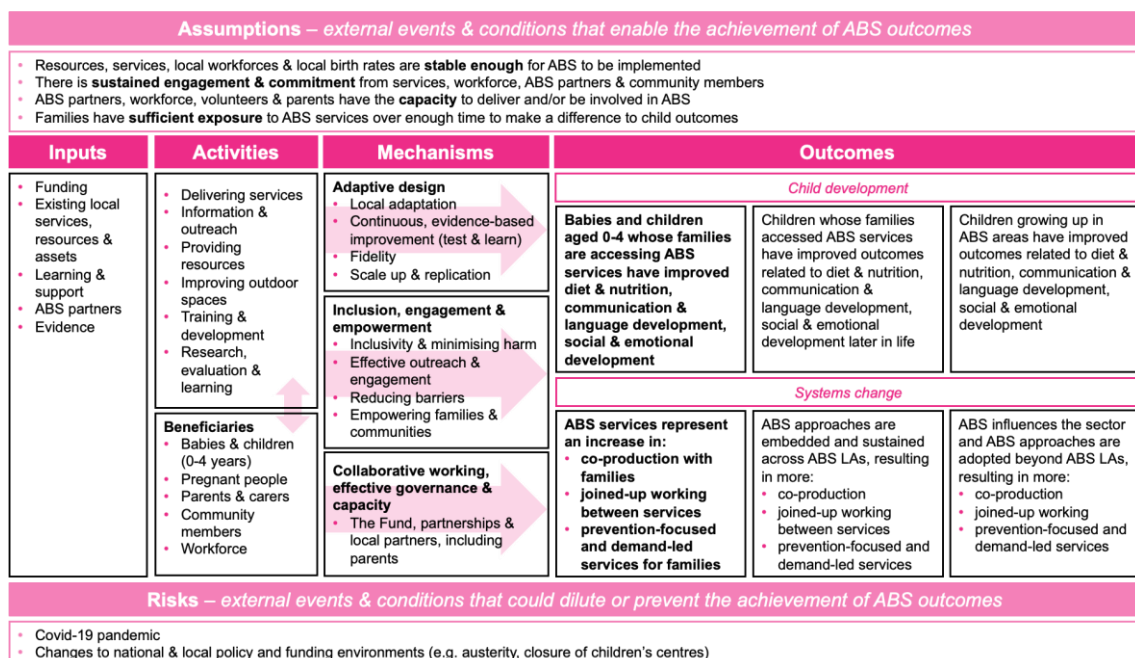
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# 1 Introduction

This protocol sets out the plans for the national evaluation of A Better Start (ABS), which will run from April 2021 to March 2026.

ABS is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund ('The Fund'), the largest funder of community activity in the UK. There are five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea, each aiming to support families to give their babies and very young children the best possible start in life. Working with local parents, the 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 ABS is intended to be grounded in scientific evidence and research. ABS is a place-based programme and aims to enable systems change, improving the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. Figure 1 shows the Theory of Change (ToC) for ABS that will underpin the national evaluation.

**Figure 1 Programme-level Theory of Change**



Each of the five ABS partnerships has commissioned local evaluation work. The Fund have commissioned NatCen and a consortium of 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. This protocol sets out the plans for the national evaluation, following an inception stage (phase one) from April – November 2021.

The aims of the national evaluation are to:

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

The evaluation will address four objectives:

1. **identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions**
2. **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 sites**
3. **evidence, through collective journey mapping, the experiences of families from diverse backgrounds through ABS systems**
4. **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 will include 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).

## 2 Learning from phase 1

### 2.1 Summary of phase 1 activities

#### Work packages

Work undertaken as part of phase one formed four discrete work packages (WPs), with some methods in common across the WPs. The table below summarises activity across three WPs, with the fourth WP being preparation for the submission of this protocol.

**Table 1 Phase 1 work package summary**

WP1. Situational analysis	WP2. Theory of Change	WP3. Evaluation mapping
<ul style="list-style-type: none"> <li>Initial interviews with sites and The Fund</li> <li>Desk review</li> <li>Workshops with sites</li> <li>Site summaries</li> </ul>	<ul style="list-style-type: none"> <li>Desk review</li> <li>Workshops with sites and The Fund</li> <li>Synthesis and analysis</li> </ul>	<ul style="list-style-type: none"> <li>Desk review</li> <li>Workshops with sites</li> <li>Mapping external data sources</li> <li>Conversations with local evaluators</li> </ul>

Phase one began in April-May 2021 with a document review of outputs from the first national evaluation and local evaluations and initial interviews with site directors and other key representatives from the core staff teams of each of the ABS partnerships. In June-July, a series of 30 workshops (six per site) followed, on the themes of: introduction to our evaluation, ToC, mapping of services and stakeholders, and each site's approach to data collection, research and evaluation. This work resulted in the production of a site summary for each partnership. In July and August, we carried out mapping work of the partnership- and programme-level ToCs, which, combined with the site workshops and a ToC workshop with The Fund, helped us to clarify, understand and synthesise the different existing ToCs, in order to establish a cohesive overarching conceptualisation of the theory behind ABS.

As part of establishing feasibility related to the collection of child-level outcome data, we also carried out a mapping of external data sources. This helped us to determine which data sources we will be able to interrogate as part of work under Objectives 1 and 4 in Phase two. And to minimise duplication with the work of local evaluation teams, we have met with each site's local evaluators to map our proposed fieldwork and priorities for the first year of Phase two against their planned work.

#### Consultation with sites and families about planned work with families

Under Objective 3, we plan to carry out qualitative work with ABS families across the partnerships. This will be led by the University of Sussex team who will employ a

creative approach to their interviews/encounters with families at multiple timepoints over course of the evaluation. The Sussex team consulted widely with families and parental engagement leads on the proposed methods and the best ways of engaging families to ensure a wide reach and to build trust.

## Governance

We have established ways of working with the ABS partnerships, The Fund and with each other as consortium partners through regular meetings and two sets of away-days in Phase one as a consortium. NatCen's Research Ethics Committee (REC) reviewed and approved Phase one fieldwork in June, 2021. Proposed work under Phase two will be submitted for review by NatCen's and the University of Sussex's RECs in November/December, 2021. Other work around the infrastructure of our evaluation has included a Data Protection Impact Assessment (DPIA), agreeing our safeguarding protocol, detailed discussions of the implication of informed consent related to data collection in Phase two, and regular monitoring and maintenance of our risk register.

## Panels

We have finalised recruitment to our parents and practitioner panels and advisory group/expert review panel and the first meeting of each of these panels has taken place. Terms of Reference and ways of working for each group have been agreed and each panel has been consulted on the overall design of the evaluation, with more detailed questions being asked of each group, according to their respective areas of expertise and experience.

## 3 Evaluation aims and objectives

### 3.1 Aims

The national evaluation of ABS will be both formative and summative. It will provide emerging evidence for The Fund and ABS partnerships to support continuous improvement throughout the remaining years of the programme. It will also provide final conclusions on the contribution that ABS has made to children's life chances, how that contribution has been achieved and how it has been experienced by a diverse range of families and the implications for the public purse. These final conclusions have the potential to inform future initiatives funded by The Fund and wider policy and practice decision-making relating to early childhood development and place-based partnerships.

The aims of the national evaluation are to:

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

### 3.2 Objectives

The evaluation will address four objectives. Below we explain our understanding of each of the evaluation objectives and the types of evidence the national evaluation will provide for each.

**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, agreed with sites in 2018, operationalise life chances and are a core part of the ABS ToC and site 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?' There are arguments that an evaluation of a programme of the scale of ABS would warrant outcomes evidence about a large number of beneficiaries. 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 sites or non-ABS areas. It is therefore our assessment that administrative data is necessary to address Objective 1.

**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 sites.**

Addressing this objective will require us to investigate implementation of ABS at the national level. We will need to provide evidence of what happened and why, and to identify internal and external factors that may have affected ABS' contribution to intended outcomes.

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

Addressing Objective 3 will require 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 need to build a contextually situated understanding of families' diverse experiences of ABS in relation to the four core outcome domains for the programme, 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*.

Research for Objective 3 also provides evidence that addresses Objectives 1 and 2: illuminating how and why ABS contributes to family lives and barriers and identifying enablers of engagement and impact.

When this evaluation was commissioned, Objective 3 was drafted to focus on the experiences of '**parents** from diverse backgrounds'. The ABS national evaluation consortium and The Fund agreed that this should be changed to families in order to recognise the centrality of babies' and children's experiences of ABS, as the ultimate intended beneficiaries, to recognise the family environment as a key context where the impact of ABS can be understood, and to include a wider diversity of families (e.g. kinship carers).

**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 the fact that ABS' focus on prevention, early intervention and systems change has the potential to create public benefit by avoiding costs later in children's lives. To address this objective, we will need to 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).

## 4 Evaluation design

### 4.1 Overview

In order to address the four evaluation objectives and draw conclusions about the extent to which ABS contributed 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).

Contribution analysis relies upon a clearly-articulated 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). As described in section 2 of this proposal, we have reviewed and synthesised existing formulations of ABS theory to produce a national-level ABS ToC. That ToC (as shown in Figure 1) articulates the key activities of the ABS programme, intended outcomes and the assumptions and mechanisms that underpin the programme. This will provide a framework for our national evaluation.

The ToC is the result of steps 1 and 2 of the six-step contribution analysis process set out in Figure 2 (adapted from Mayne, 2011). The national evaluation will work through steps 3 to 6 to collect and analyse a mosaic of qualitative and quantitative evidence to validate, revise or invalidate the different elements described in the ToC. The aim will be to provide a strong narrative as to if, how and why ABS contributed to change and to evidence the relative roles played by the ABS intervention and other external factors (the 'contribution story').

**Figure 2 The ABS contribution analysis steps**

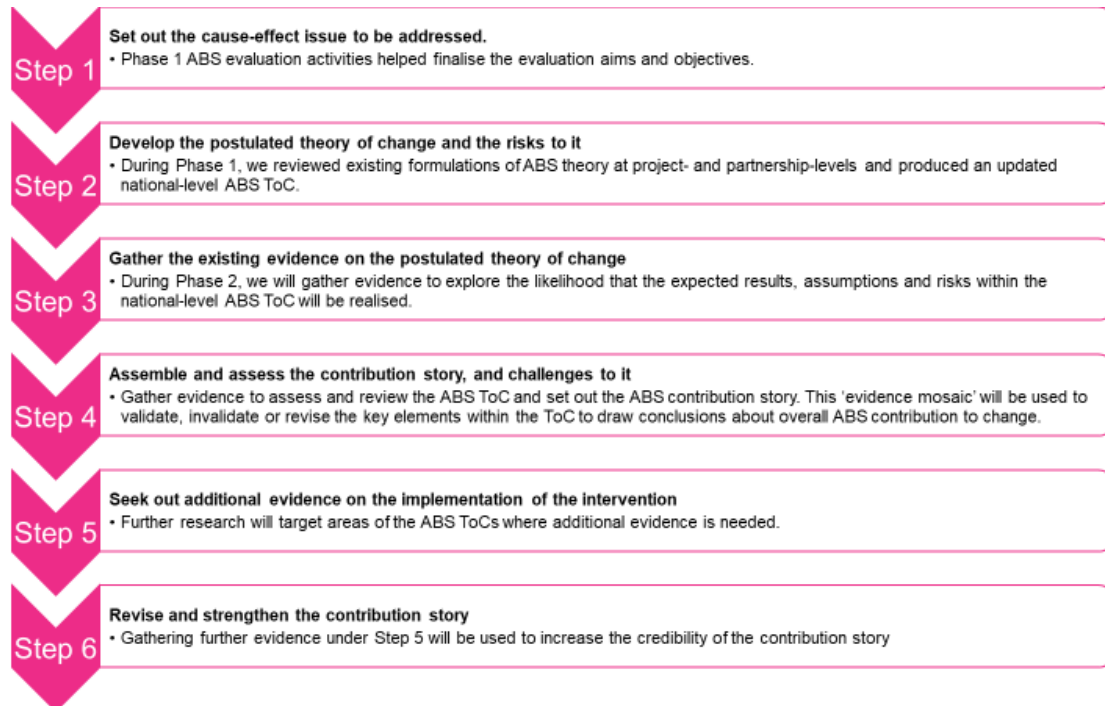
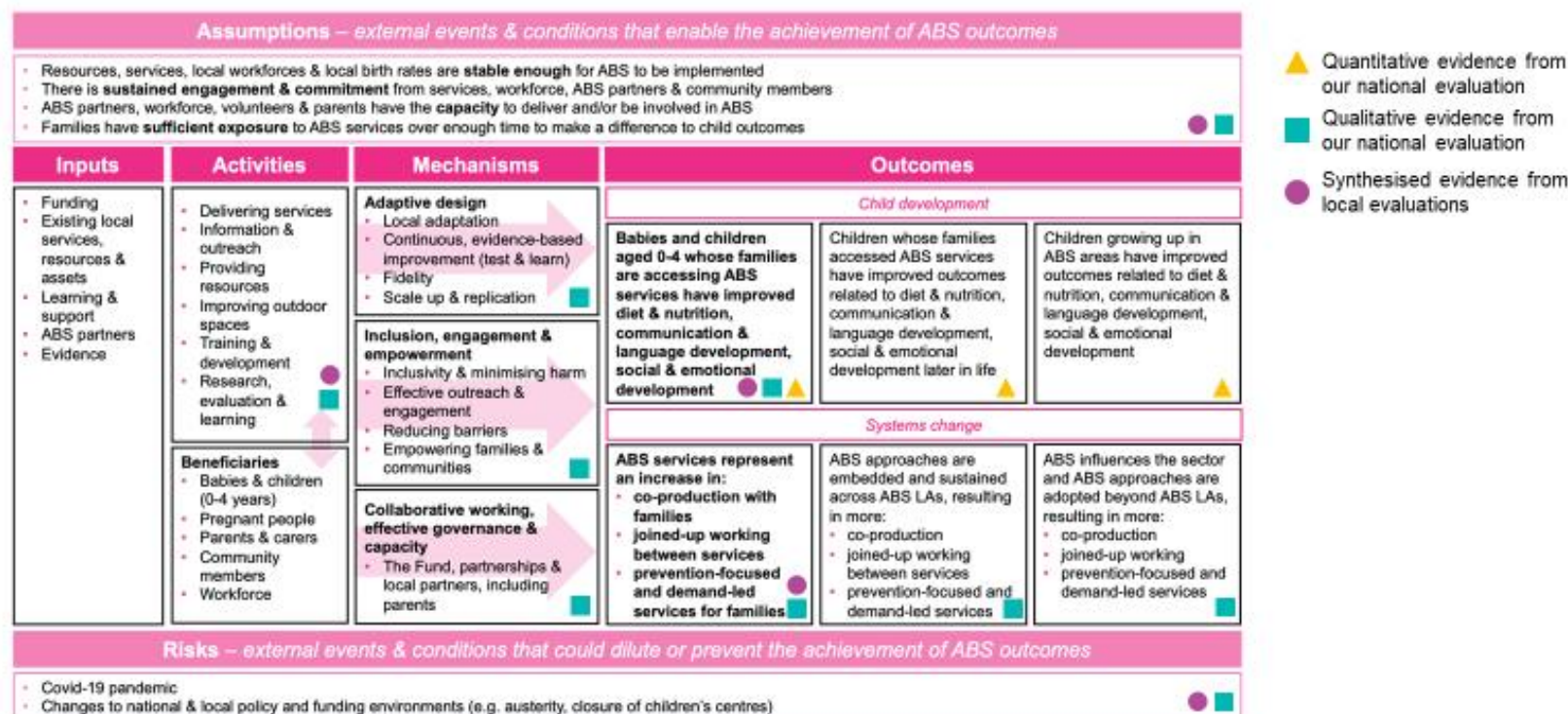
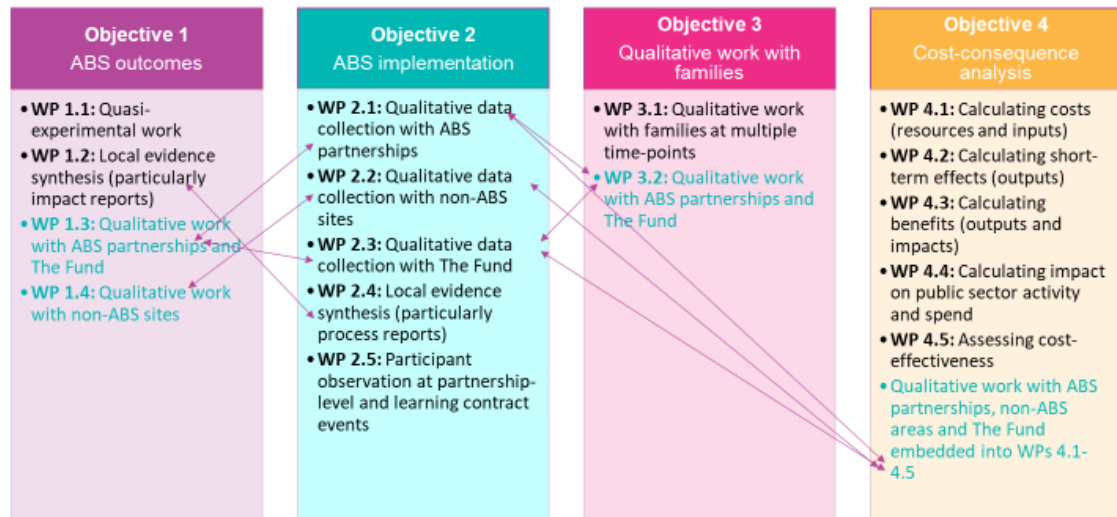


Figure 3 provides a high-level overview of the mosaic of evidence we will use to validate, revise or invalidate the ToC. Figure 4 then summarises the work packages that will form this mosaic evidence of evidence and indicates how they will address each of the four evaluation objectives (see section 3.2).

Figure 3 Our mosaic of evidence



**Figure 4 Evaluation objectives and work packages**



In the following sections of this protocol we describe the work packages under each objective. The cost consequence analysis work of Objective 4 will link with the outcome data collected under Objective 1 and the activity data collected under Objective 2. Qualitative work with ABS sites, non ABS-sites and The Fund which would address Objectives 1, 3 and 4 will sit under WPs 2.1-2.3 as 'parent' WPs. These interlinkages are shown in the arrows in Figure 4. Regular liaison between the objective leads will mean that Objective 2 WPs will act as data collection ground for any follow-up questions related to the other objectives which could potentially be addressed via interviews with ABS sites, non-ABS sites and with The Fund.

## 4.2 Objective 1: Evaluating ABS outcomes

### Overview

To address Objective 1, we will use two approaches: (1) a quasi-experimental analysis of administrative health and education data for children and families and (2) evidence syntheses of existing findings. These two approaches complement each other, benefiting from local evaluations for depth of analysis and using national administrative data to explore evidence of change at scale for a selected number of outcomes. The evidence syntheses will also address Objective 2.

## Quasi-experimental evaluation of child- and family-level outcomes (WP 1.1)<sup>1</sup>

We will use a quasi-experimental approach to assess the contribution that ABS makes to child and parent/carer outcomes. Quasi-experimental methods involve developing a comparison group that helps us to infer what an ABS site's beneficiaries' outcomes would have been, if the site had not been funded. Our approach will use both area-level and individual-level information to develop this group. The difference in outcomes between ABS and comparison groups will provide evidence on the impact of each site on outcomes.

The approach will focus on a subset of the 25 outcomes in the COF. This will help ensure that our data requests are proportionate, analyses have sufficient statistical power (each additional outcome means penalising analyses to take account of increased risk of chance findings), and theoretical interpretation is sufficiently rich. Key criteria to guide our choices include:

1. There is a gap in evidence that a complex programme can lead to improvement in the chosen outcome at the scale of ABS (note that prior evidence of *efficacy* – “can it work” – may still leave an evidence gap of *effectiveness* – does it work in a complex programme);
2. Outcomes are likely to be realised no later than a year after beneficiaries first contact services;
3. There is a plausible mechanism and prior published evidence that improvement on these short-term outcomes is likely to mediate improvements on longer-term outcomes;
4. Sites agree that the outcomes are relevant to interventions/programmes they provide; and
5. Outcomes support Objective 4.

We will finalise a framework to select these outcome measures, in consultation with members of the practitioner panel, to prioritise outcomes during the setup stages in Phase two. Examples likely to be included are: perinatal mental health, smoking at delivery, breastfeeding initiation and at 6 to 8 weeks, birth weight, and hospital admissions due to unintentional and deliberate injuries of children aged 0 to 4.

We will rely on administrative data from the following sources: (1) publicly available area-level data (e.g., from the UK Health Security Agency); (2) data about ABS sites and beneficiaries from The Fund (the quarterly and annual dashboard submissions it receives), local partnerships, projects, or local evaluators; (3) individual-level, pseudonymised, health and education data.

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<sup>1</sup> This will include health outcome data related to pregnancy.

Given the large number of ABS interventions and programmes and reliance on administrative data, the quasi-experiment strand contributes to the overall mosaic of evidence.

## **Local evidence synthesis (WP 1.2)**

We will conduct three rigorous evidence syntheses of local evaluations and findings from the ABS learning contract. These will provide both formative findings during the lifetime of ABS, and summative findings at the conclusion of the programme. Each synthesis will complement other evaluation activities by focussing on evidence concerning the implementation and outcomes of ABS at a local programme and intervention level. This will allow us to collate evidence that already exists on the impact of ABS activities that were prioritised by the local sites for evaluation. From scoping work in Phase one, we anticipate a variety of methodologies, including interviews, focus groups, pre-post evaluations, and a small number of randomised controlled trials and quasi-experimental designs. Given this heterogeneity, the evidence will be synthesised using a narrative approach, drawing on principles from systematic review methodology.

The local evidence synthesis will contribute to addressing Objectives 1 and 2. For Objective 1, it will provide evidence on outcomes of programmes and services. This will enable us to synthesise evidence that is more granular than the impact analysis we will carry out through the quasi-experimental strand (WP 1.1).

## **Data collection**

### **Quasi-experimental evaluation of child- and family-level outcomes (WP 1.1)**

ABS sites will collate information about beneficiaries who have provided opt-in consent to have their data processed for the evaluation via a process that will be established from 2022 onwards. ABS sites will create lists of consenting beneficiaries, including information about the services they have participated in and key details required for linking with health and education datasets.

We will prepare data requests for NHS Digital (NHS-D) and Department for Education (DfE). The process will include securely sending the NHS and DfE teams lists of consenting ABS beneficiaries who make up our intervention group as well as the matched non-ABS wards from which we will select our comparison group. They will create pseudonymised datasets for us covering ABS beneficiaries and non-beneficiaries. We will not link health and education datasets together.

We have also considered an alternative to using any NHS-D or DfE data, in the event that it is impossible to do so. In brief, the approach would rely on data processes established by sites to complete their quarterly and annual data returns to The Fund. These returns currently consist of a single aggregate summary for ABS wards and for

non-ABS wards within each ABS LA for each outcome. We would work with sites to expand this to ward-level data from sites (i.e., one value per ward and outcome). We would however consider this approach to be vastly inferior to our preferred approach using NHS-D and DfE data. Reasons include: small sample, which means the analysis is underpowered; there are a smaller number of areas to match on (only non-ABS wards in ABS LAs), so there is a very high risk that we would be unable to compare like-with-like; ABS ward data will include non-ABS beneficiaries, so there is a risk that any benefits of ABS that do not reach a threshold for whole-ward change will be attenuated; and additionally the burden and risks of data quality issues in compiling the data.

Our preferred approach to administrative data analysis is not a binary all-or-nothing and we would adapt rapidly as we learn more about feasibility and acceptability. There are key decision points throughout Phase two; for example, by mid-2022 we will know whether beneficiaries are consenting and whether we need change tack. Information on the data that is or will be available and its quality is published at various points through the year, which will inform the data we request. Even in the unlikely event that it is impossible to setup consent processes at all sites, we could still obtain pseudonymised individual data identified only by electoral ward from NHS-D and/or DfE, so that we can analyse ward-level impact. These analyses would provide a more granular level of analysis than is possible with the current aggregate summary site returns, for example allowing individual matches between people in ABS and non-ABS wards on characteristics such as age and ethnicity.

### **Local evidence synthesis (WP 1.2)**

Each year for the duration of the project, we will update our catalogue of documents for review, which includes and will continue to include all relevant documents: evaluation reviews and other programme documentation that can help us to interpret evaluations. This will be done by (1) visiting partnership and the national Fund websites, (2) searching for published work (e.g., journal articles) that refer to the programme on search engines such as Google Scholar and The Lens (which aggregates across multiple bibliographic databases); (3) contacting sites to check for omissions in our lists; and (4) regular (quarterly) liaison with local evaluation teams to have advance notification of any upcoming publications and/or any we may have missed. The process for the evidence synthesis under WP 1.2 will align with that under WP 2.4 (see Objective 2) but with a difference in focus on evidence related to impact (WP 1.2) or process (WP 2.4)

## **Analysis**

### **Quasi-experimental evaluation of child- and family-level outcomes (WP 1.1)**

Our first step is to use publicly available ward and LA-level data to select comparison areas. We will do this using a 'nearest-neighbour' matching approach which takes account of multiple measures simultaneously. We will qualitatively sense-check the

plausibility of the comparison areas chosen through the matching approach. We will then request individual-level data from the DfE and NHS-D from these areas, along with pseudonymised data from the consented ABS beneficiaries.

We will then seek to refine a comparison group within these non-ABS areas through a further matching or statistical weighting approach at the individual-level, using information such as demographic characteristics. Through this process, we will aim to develop a comparison group of people who are as similar as possible to ABS beneficiaries, except for their access to ABS services, so that any differences in outcomes can be related to ABS.

We will interpret the results alongside evidence from other strands of the evaluation, to explore to what extent our findings cohere with other evidence or present a puzzle that requires further investigation. We will also assess supplementary evidence related to the success of the matching and/or statistical weighting techniques used, to help understand the strength of our evidence and any caveats.

### **Local evidence synthesis (WP 1.2)**

We will develop a study protocol which details exactly how we will analyse documents, before any analysis is carried out. All the steps will be piloted on a small number of documents before conducting the full review, revising the protocol where necessary. Broadly, the following steps will be included:

1. **Define specific review questions.** The overarching review questions ask about outcomes (and, for Objective 2, implementation) of ABS. More specific review questions will be developed for each synthesis to provide focus. We will revisit key documents iteratively in defining review questions.
2. **Screen sources.** The specific review questions will constrain how sources are screened and what information to extract. We will screen the full text of each document in the catalogue to assess its relevance. Inclusion criteria will include whether the document describes evaluations of completed impact or implementation activity, and outcome domains included.
3. **Evidence prioritisation.** We can estimate how many reports are likely to be produced during the lifetime of ABS based on documents we catalogued during Phase one; however, this may be an underestimate. In the event of too large a volume of material to review rigorously, we will be work with The Fund to prioritise the review, revisiting step 1 above.
4. **Extract information.** As part of the design of the evaluation synthesis, we will revise and extend a template for extracting information from studies, developed and piloted during Phase one. This will include fields such as: document date,

site, methodologies used, date period evaluated, stakeholder groups, outcomes domains, and findings grouped by the type of evidence under review.

5. **Assess level of evidence.** Once evidence has been extracted, we will select, revise, and/or develop criteria for levels of evidence that are relevant to each methodology used and use this to assess the evidence. Criteria are likely to include details of sampling and how analyses were carried out (for example, how were alternative non-ABS explanations of change ruled out) – for each depending on the particular methodology. This will inform step 4 of the contribution analysis, when the credibility of the contribution story is assessed (e.g. Mayne, 2001, p. 14).
6. **Summarise evidence.** Each individual evaluation report's findings will be summarised in a convenient form suitable for final inclusion in our review report, e.g., with tables characterising study types, participant characteristics, and findings.
7. **Synthesis.** A narrative thematic analysis will be used to synthesise findings by research question and built around the ABS ToC.

Our synthesis will help us to understand what has worked well and less well and why. For example, we will include a focus on examples of best practice – specific programmes or interventions that have worked well in a specific local area or across multiple ABS sites and characterise what it is that appears to have led to successful impact. Learning contract outputs will also likely form part of our evidence synthesis, for example on the sustainability of ABS activities beyond the life of the funding, or parental engagement.

We will produce three syntheses of local evidence reviews during the course of the evaluation: one related to ABS implementation reports at the end of 2023 and two (one reviewing implementation and one reviewing impact) at the end of the evaluation.

**Table 2 Key risks and benefits for Objective 1**

Risks	Benefits
<b>Local evidence synthesis</b>	
<ul style="list-style-type: none"> <li>• Since there are many programmes and interventions at each site, local evaluators must necessarily select which to evaluate. This means there is a risk of bias. We can mitigate this to some extent by asking local evaluators how decisions were made and mapping out which site activities were and were not evaluated each year.</li> <li>• Local evaluations are not coordinated by The Fund or national evaluation, so there may be little overlap in the domains and intervention types evaluated across sites. This might mean that cross-site synthesis is challenging. Formative synthesis reports will be shared with sites during the lifetime of ABS, so will potentially encourage alignment of some local evaluation activities each year (for example, agreement on outcome measures for pre-post studies).</li> <li>• There is a minor risk that we exclude documents because they are neither published online nor sent to us by local sites in time for review. Our strategy for collating documents is broad, including both searches and email requests. We will also ensure that the review is mentioned in regular newsletters to sites, maximising the likelihood that key evaluations are not missed.</li> <li>• If the volume of reports means that we need to prioritise and exclude some from extraction, there is a risk that important findings are not reviewed. However, this is likely a low risk.</li> </ul>	<ul style="list-style-type: none"> <li>• ABS is complex and additionally there has been a trend towards increasing volumes of reports each year (potentially slowed by Covid-19); a synthesis will help draw out similarities and differences between sites to make it easier for operational staff to action findings.</li> <li>• Evidence synthesis will help us to avoid duplicating existing evaluation activities, including interpreting likely reasons for findings.</li> <li>• Our synthesis will provide formative feedback to local evaluators, which may help structure later evaluations during the lifetime of ABS.</li> </ul>
<b>Quasi-experimental evaluation of child-level outcomes</b>	
<ul style="list-style-type: none"> <li>• The analysis will incorporate sensitive health and education data; however, we have expertise in safely transferring, storing, and analysing such data, and the outcomes dataset will be pseudonymised.</li> <li>• Sites might update the participant consent process late into evaluation, reducing the number of participants who opt-in and limiting the opportunity to collect outcomes data for older children. This could mean the evaluation lacks enough participant data to</li> </ul>	<ul style="list-style-type: none"> <li>• The strength of the causal claim, compared to other approaches.</li> <li>• The approach will impose a much lower burden on sites than alternatives. They already collate information on beneficiaries that can be used for linking and they have information sheets and consent processes for their own research. We will be building on this work.</li> <li>• There will be a negligible burden on beneficiaries as the evaluation will not require primary quantitative data collection. The</li> </ul>

Risks	Benefits
<p>understand ABS impact. An important mitigation here will be establishing buy-in from site leads, e.g., by explaining what the evaluation will achieve.</p> <ul style="list-style-type: none"> <li>• We could be unable to capture complete beneficiary contact information. This would jeopardise the process of linking participants to their outcomes data or produce mismatches.</li> <li>• The beneficiary service use data might be insufficient to capture the richness of services that have been accessed.</li> <li>• The analysis approach could fail to produce a credible comparison group, for example, due to limitations in available data or the number of LAs and Wards that exist.</li> <li>• Delays to obtaining data from NHS-D or DfE may impact on work for Objective 4.</li> <li>• The quantitative findings may appear deceptively objective and be misinterpreted. We will mitigate this through careful interpretation interwoven with other strands of the evaluation.</li> </ul>	<p>primary burden will be understanding the aims of the evaluation and how we will protect their data, and making a decision about whether or not to consent.</p> <ul style="list-style-type: none"> <li>• Analysing individual beneficiary data, rather than aggregate data that includes non-beneficiaries, helps ensure the analyses are highly statistically powered, increasing chances of correctly uncovering a positive impact if this exists.</li> <li>• We will make separate data requests to NHSD and DfE, reducing risks related to disclosure and failures to obtain data.</li> <li>• There is a series of key decision points when we can decide whether the approach is feasible or if modifications are required. For instance, by mid-2022 we will know whether sites have been able to update their consent processes. Shortly thereafter, we will know rates of consent. Using administrative data is not all or nothing: we can revise the approach as we learn more about sites' progress supporting the evaluation and how acceptable the approach is to beneficiaries.</li> <li>• The quasi-experimental analysis supports Objective 4 on costs.</li> </ul>

## 4.3 Objective 2: Understanding ABS implementation

### Overview

Objective 2 seeks 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 sites. This objective does not explicitly refer to systems change. However, the way that the overall programme-level and partnership-level ToCs interpret their delivery would suggest that systems change would need to be implicitly understood as part of this objective. We have based our approach to addressing this objective on that understanding.

We interpret the different elements of this objective as providing evidence of not just which outcomes ABS has achieved but also how the partnerships have gone about achieving these outcomes. Our approach uses the ToC to explore further how factors external to the intrinsic ABS programme itself has affected delivery. We will be investigating the extent to which ABS delivery has stayed faithful to its original path as outlined in the ToC and the potential reasons behind any divergence or variation. We will also document the barriers and enablers to delivering the outcomes.

Our understanding of the ABS ToC has led to the following research questions:

1. How faithful has the ABS programme been to the original design? What has changed? Why and in which ways? (Mechanisms, inputs and activities)
2. How well did ABS partnerships sustain engagement from community members? What helped and what made it difficult? (Assumptions)
3. How effective were the different governance mechanisms within the five ABS partnerships? What made a difference? (Mechanisms)
4. How important was putting Parents in the Lead in engaging a diversity of families with ABS? (Mechanisms)
5. Do families attribute changes in their behavior and in their children's diet and nutrition, communication and language and social and emotional development to ABS? (Child-level & parental-level outcomes)
6. How different is ABS to other models of delivering early years services and programmes? (Systems change)
7. Is there evidence that ABS changed local (and other) systems? What encouraged/discouraged this? (Systems change)

This objective will include five work packages:

- WP 2.1: Qualitative data collection with ABS partnerships
- WP 2.2: Qualitative data collection with non-ABS sites
- WP 2.3: Qualitative data collection with The Fund

- WP 2.4: Review of local evaluation and learning contract outputs (particularly process reports)
- WP 2.5: Participant observation at partnership-level and learning contract events

## Data collection

### Quarterly interviews (WP 2.1, 2.2, 2.3)

We will carry out qualitative data collection (group interviews) in the first year of Phase two at quarterly intervals (February, May, August, November). We will review this frequency in October 2022 for data collection in 2023.

We would like to explore the extent to which learning from ABS is reaching out into areas which do not receive ABS funding. This will support our objective of assessing the impact of ABS on systems change by providing evidence of any change effected by ABS beyond the immediate reach of the programme. Before data collection begins early in 2022, we will build a participant list of non-ABS sites at which to carry out interviews at two time-points between 2022-2026. Interviewees will have different degrees of proximity to the ABS partnerships and will be drawn from early years providers and health and social care providers within a) ABS local authority areas but who are not funded by ABS; b) areas which are not within the ABS local authorities and c) the wider Early Years sector where the ABS footprint may have reached in terms of policy, commissioning or service delivery. We are proposing for this wider net that we invite interview participants from the family hubs network and particularly those who come under areas which could be considered as ABS 'matched comparators' in terms of the variables used under Objective 1.

Partnership-level interviews will be held with those who the sites think will be best-placed to respond. Topic guides will be based on the themes as outlined below.

**Figure 5 Objective 2 WPs topics of data collection**

ABS partnerships	Non-ABS sites
<ul style="list-style-type: none"> <li>Recent changes in service delivery either across the domains or related to cross-outcome delivery and what has driven any changes</li> <li>Update on developments in test and learn cycle</li> <li>Update on any events held, target audiences and feedback on these</li> <li>Parental engagement, especially diversity and uptake</li> <li>Update on local evaluation activity</li> <li>Any changes in the local environment and impact</li> <li>Partnership work and plans for beyond ABS</li> </ul>	<ul style="list-style-type: none"> <li>Awareness/knowledge of ABS</li> <li>Any joint working</li> <li>Attendance at/knowledge of any ABS events/outputs</li> <li>Early years outcomes in the non-ABS site</li> <li>Working with families</li> <li>Age range of interventions</li> <li>Funding</li> <li>Any learning applied from ABS or other programmes</li> </ul>
The Fund	Participant observation
<ul style="list-style-type: none"> <li>Update on any events held, target audiences and feedback on these</li> <li>Plans for sustainability and legacy</li> <li>Impact of changes in the wider EY eco-system</li> <li>Any issues to be aware of from partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Outcomes per/across domains where relevant</li> <li>Upcoming plans</li> <li>Successes and challenges</li> <li>Commonality and specificity across the partnerships</li> <li>Local evaluation outputs</li> </ul>

1

Each interview topic guide with ABS partnerships will include four banks of questions:

1. A set of questions common across the five partnerships
2. A set tailored to each site
3. Areas of exploration related to the annual thematic focus
4. The final set opened up as an opportunity to the other three objectives to investigate in more depth any areas of investigation resulting in their data analysis. WPs 2.1-2.3 therefore become 'parent' WPs for qualitative data collection from ABS sites, non-ABS sites and The Fund which would address Objectives 1, 3 and 4.

As part of the qualitative data collection under Objective 2, we will also carry out, in June each year, a mapping of programme activity across each ABS partnership. This will build on the mapping of activity we conducted in Phase one (June 2021).

### Areas for thematic focus

Our original proposal suggested having an annual thematic focus as part of our approach to Objective 2. The consortium has suggested the following possible themes: place-based approach and local approaches to partnership-building; parental engagement; test and learn; innovation; EEDI; wider-sector influence; sustainability and legacy.

Any thematic focus related to sustainability and legacy would be better-placed towards the end of the programme/evaluation. We would like to suggest that 2022 has a focus on the place-based approach. This will be designed in further detail before the launch

of qualitative data collection in February 2022 but will likely include a photographic/video element to capture the impact of capital spend on children's centres, green spaces, etc.

### **Evidence synthesis (WP 2.4)**

The process of evidence synthesis is described in more detail above (under local evidence synthesis, WP 1.2). To address Objective 2, we anticipate a focus on:

- Fidelity: the extent to which ABS and individual services were delivered as intended and/or as appropriate.
- Adaptation and variation: what changed and why
- Barriers and enablers to success at project- and site-level
- Timescales of implementation.

### **Participant observation (WP 2.5)**

In Phase one, members of the national evaluation team have attended a number of events held by and across the ABS partnerships. This has allowed us to deepen our understanding of partnership activity, challenges, areas in commons across the sites and local differences. In Phase two, we will make this a more explicit element of our data collection and would formalise the consent process to collecting data via participant observation. Researcher attendance at such events would not mean that we were evaluating the event itself. We would develop a bespoke informed consent process for each event type with a clear indication of how any information collected during the course of the event will be anonymised and used as part of the overall evaluation data. There is the potential for this method to add contextualisation and data to all the research questions under Objective 2 and some of the data shared at events in Phase one, for example addressed outcomes related to three child-level domains (Objective 1). We have also found many of the events useful vehicles by which to map areas of commonality and difference across the partnerships.

### **Analysis**

All qualitative interviews will be audio-recorded with the participant's consent and professionally transcribed. Qualitative data (interview transcripts and notes taken in participant-observation) will be managed and thematically analysed (charted) using NatCen's Framework approach, which links summaries to transcripts for cross-referencing. This approach will ensure high-quality, consistent and comprehensive thematic analysis within and across participant groups. We may also look to develop more detailed case studies about a particular approach in agreement with the partnerships, depending on the findings each quarter. Samples of our qualitative charts will be shared with The Fund as part of our approach to quality assurance. Our planned regular quarterly liaison with the objectives leads in Phase two will allow for the discussion of potential triangulation of data across the objectives.

Data will be analysed thematically both across the partnerships and within each individual site. Our thematic analysis will focus on responding to the research questions for Objective 2 which have been drawn from our understanding of the ToC. Each area of the ToC will also be categorised by sub-themes, for example, mechanisms could include ways of working such as governance approaches, parental engagement, the test and learn approach. We will also focus on barriers and enablers; successes and challenges; and the annual thematic focus. We will draw out areas of commonality and differences across the partnerships and ABS reach into non-ABS areas and the Early Years sector. At each reporting point, we will present analysis against each of the research questions (outlined above), drawn from the ToC. Our analysis of impact related to systems change will include producing a 'systems map' of ways in which ABS is affecting systems change and, drawing on the ToC, the conditions that need to be present (assumptions) to achieve this and barriers to possible impact (risks).

The evidence synthesis will follow the same process as in WP 1.2.

**Table 3 Key risks and benefits for Objective 2**

Risks	Benefits
<ul style="list-style-type: none"> <li>Quarterly qualitative data collection may a) prove burdensome to sites and b) not yield significant change at each quarter. The frequency of fieldwork will be reviewed in October 2022.</li> <li>Participant-observation may have an impact upon the dynamic at (especially internal-facing) events.</li> <li>There may be a limit to the evidence that is possible to document regarding wider-reach of systems change. This will be reflected in our mapping of potential routes to systems change.</li> <li>There is the potential for replication with local evaluators but we believe that processes already put in place in Phase one (regular meetings with local evaluation teams) will help to mitigate this.</li> </ul>	<ul style="list-style-type: none"> <li>The regularity of qualitative data collection, especially as ABS partnerships continue to work within the context of the Covid-19 pandemic will allow for the capture of detailed site- and sector-specific changes.</li> <li>Participant-observation at events will help to increase our depth of understanding and will provide context to the interviews.</li> <li>The inclusion of banks of questions related to objectives 1, 3 and 4 as part of the interviews under Objective 2 will allow for data triangulation across the national evaluation and will also provide context and nuance against quantitative data and ABS-partnership experiences of families.</li> </ul>

## 4.4 Objective 3: Understanding the qualitative experiences of families

### Overview

This work package addresses Objective 3, to evidence, through collective journey mapping, the experience of families from diverse backgrounds through ABS systems. This component of the evaluation will build 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 will be achieved by establishing qualitative evidence about 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.

Family-based multi-method data collection, combining interview with creative and participatory methods, will provide in-depth and holistic data through which to evidence experiences of ABS and evaluate the contribution of ABS systems and activities to improving children's lives and outcomes. The family-focused approach incorporating child-led data also has relevance for Objective 2: within a 'mosaic of evidence', longitudinal work with families will help to identify factors contributing to benefits for children in the core ABS outcome domains, therefore helping to build the 'contribution story'<sup>2</sup>. Objective 3 will address the inputs, mechanisms and assumptions under the ToC.

#### *Focused research questions underpinning Objective 3*

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

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<sup>2</sup> The qualitative longitudinal research (QLR) design can be understood in terms of Neale's (2016, p6) definition, as 'charting dynamic processes as they occur' by tracking the focus of enquiry (in our case, ABS families) over time. She goes on to write that in QLR, the longitudinal approach 'typically takes the form of small-scale, in-depth studies of individuals or small collectives, tracking them intensively over relatively modest time frames to generate rich, situated, biographical data' (op.cit., p9).

to their experiences of services and/or professional involvement in family lives<sup>3</sup>?

- 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?<sup>4</sup>

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?

## Data collection

### Sampling

The strategy will involve establishing a sample of 25 families at baseline. In each ABS site, we will recruit 5 families: at least 2 families of a child aged 0-12 months; at least 2 families of a child aged 24-36 months. The fifth family will be sampled from either age group. This strategy makes it possible to: (i) follow some families as their children are ageing out of the programme by the end of the study; and (ii) generate data on older pre-school children's experiences with ABS early in the evaluation, not just in the final years. Each ABS site will be asked to assist in creating a sampling frame. To ensure diversity *across* the sample, each site will be asked to identify 10 families, and to provide *anonymised* details of these families, summarised in relation to the criteria below. This information will be used to construct a potential sample of 25 families across the five sites, ensuring diversity<sup>5</sup>; the remainder of the identified pool will be used to replace families who do not consent to contact from the evaluation team. To minimise risk of burden for participants or disruption to local evaluations, we will ask sites not to select families already involved with local evaluations or national evaluation parent panels. Specific sampling criteria for each site are as follows:

- At least two families of children aged 0-12 months;

3 For example: perceived impact on (a) the timeliness, accessibility and relevance of support to family's perceived needs and priorities; and (b) parent/carer, child and family in relation to developmental outcome domains (diet and nutrition, language and communication, socio-emotional skills) or other significant outcomes or concerns for child, parent/carer and/or family life (e.g., financial security, parental mental health).

4 It is important for the research to evaluate (a) the potential benefits for families themselves that arise from involvement in systems change activities (e.g., linked to parental empowerment or skills development); and (b) the benefits for systems that arise from parental involvement and expertise (e.g., improved service design linked to better understanding of local needs, developments in approaches to interprofessional working).

5 For example, we might not recruit a family with a disabled parent in every site but will seek to ensure that the sample as a whole includes representation of disabled parents.

- At least two families of children aged 24-36 months;
- Families with (a) low (b) average and (c) high levels of engagement with ABS provision relative to average levels of service use within that site, who are not participating in local evaluations, parent panels or other highly demanding activities relating to service evaluation;
- Ensuring that the pool of potential participants:
  - represents the mix of service users within the ABS site, for example, including (a) representation of black and minoritized ethnicities; (b) variation in family/household structure (e.g. lone parents, couple families, kinship care); (c) fathers, (d) young parents and (e) families of children with identified or suspected SEND, and (f) other under-represented groups (e.g., disabled parents);
  - encompasses involvement with ABS services relating to all four core outcome domains.

### *Replacement sampling*

New families will be sampled (within the same area) to replace any families who withdraw from the research, are unreachable, or move out of the ABS area, such that the target sample size at each face-to-face wave of data collection will always be 25 families.<sup>6</sup> It will be possible to pick up families who may not have been involved in ABS at the initial baseline (enhancing the diversity of the sample) and makes it possible to supplement under-represented groups. The replacement sampling approach means that, over the study as a whole, the final sample of families will vary in the duration of their longitudinal involvement. Use of strategies to minimise attrition means that the majority of data will span four years; some longitudinal data may span a shorter period, and some families may participate only in one wave of data collection. The qualitative analytic approach (see below) can accommodate this variation in the duration of longitudinal involvement within the research.

### *Recruitment and consent process*

Consultative activity in Phase one addressed key considerations for engaging families in a long-term study; this work has informed the recruitment and consent process:

- a. Publicising the study via sites, using accessible materials (including key community languages).
- b. Asking sites to: (i) use internal data to identify a pool of potential participants (as above); and (ii) make contact with primary carers in five families, providing information and an initial explanation and seeking consent to share contact details with the national evaluation team.

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<sup>6</sup> Given that families will take part in research twice a year (once face-to-face and once by telephone), there is a risk that it would be unduly burdensome for sites if replacement sampling was attempted at each data collection wave, so it will be restricted to each wave of face-to-face data collection.

- c. Subsequently, a Sussex researcher from the national evaluation team will contact the carer to provide a full explanation of the research and seek consent to visit the family for the first face-to-face interview.
- d. Families will be interviewed at home if possible, with their agreement and at a time convenient to them. When the researcher visits, they will go through the explanation of the research and provide another copy of the written information sheet<sup>7</sup> before seeking written (or where more ethically appropriate, audio-recorded verbal) consent from all family members who will participate in data collection. This stage of the consent process will be followed at each wave of data collection.
- e. Interpreters used to seek consent and for data collection as appropriate.

### *Interviews with families*

Each family will be interviewed twice a year (seven data collection points over four years of research): an in-depth face-to-face interaction, combining parent/carers interview and creative/activity-based methods that can involve children and other family members; and six months later, a midpoint 'catch-up' telephone interview with the parent/carer, documenting key changes and emerging concerns. As detailed in Table 4, creative and activity-based methods will be treated as a 'toolbox', deployed adaptably in line with families' circumstances (including variations in their levels of involvement with ABS) and preferences and any relevant ethical sensitivities arising over the course of the research<sup>8</sup>.

<sup>7</sup> Rather than attempting to produce written information sheets in multiple community languages, we will produce video explainers on the website in key community languages to maximise accessibility for families.

<sup>8</sup> The design is also adaptable in the context of the evolving and uncertain Covid situation. For example, if face-to-face interviews are not appropriate, activity-based materials (e.g., cameras, mapping resources) can be sent to families in advance, and a remote interview carried out online.

**Table 4 Timing and focus of data collection waves**

Timing of data collection	Face-to-face Waves	Interim Waves
<ul style="list-style-type: none"> <li>• Wave 1 face-to-face interviews Q1 and Q2 of Project Year 2<sup>9</sup></li> <li>• <i>Wave 1 interim interviews six months later (Q3 and Q4 of PY2)</i></li> <li>• Wave 2 face-to-face interviews Q1 and Q2 of Project Year 3</li> <li>• <i>Wave 2 interim interviews six months later (Q3 and Q4 of PY3)</i></li> <li>• Wave 3 face-to-face interviews Q1 and Q2 of Project Year 4</li> <li>• <i>Wave 3 interim interviews six months later (Q3 and Q4 of PY4)</i></li> <li>• Wave 4 final face-to-face interviews Q1 and Q2 of Project Year 5<sup>10</sup>.</li> </ul>	<p><b>Parent/carers interview</b></p> <ul style="list-style-type: none"> <li>• Family and household structure, demographics, housing and economic circumstances</li> <li>• Formal and informal support networks</li> <li>• Parental perspectives on child wellbeing and development, including priorities, concerns and perceived support needs</li> <li>• History of involvement with ABS: initial, past and current involvement, future expectations/wishes</li> <li>• 24-hour recall, account of everyday routines</li> </ul> <p><b>Family activities:</b></p> <ul style="list-style-type: none"> <li>• Cognitive mapping: family document preferences and accessibility of places and people, covering parent and child likes and dislikes, and the implications for family practices. This shows support, engagement and experiences of ABS or other services; role of ABS in family practices and child activities.</li> <li>• 'Important things' interview using photography to identify child preferences (likes and dislikes) and important practices in their daily lives. Choices form basis for discussion, including role of ABS in shaping practices.</li> <li>• 'Walking' interview uses the map as a starting point and incorporates 'important things' participant photography, to explore the parent/carers and child's everyday practices within and beyond the home, in the local area.</li> </ul>	<p><b>Parent/carers interview</b></p> <p>Focused specifically on any indicators of change since the last encounter, with regard to:</p> <ul style="list-style-type: none"> <li>• Family structure, demographics, housing and economic circumstances</li> <li>• Formal and informal support networks</li> <li>• Concerns, support needs or new milestones in relation to child wellbeing and development, with particular attention to the three outcome domains</li> <li>• Involvement with ABS, as well as future expectations/wishes</li> <li>• Everyday routines, including key places and practices in the child and family's everyday lives (building on information from previous rounds of data collection)</li> <li>• Any other issues that the parent/carers wishes to discuss.</li> </ul>

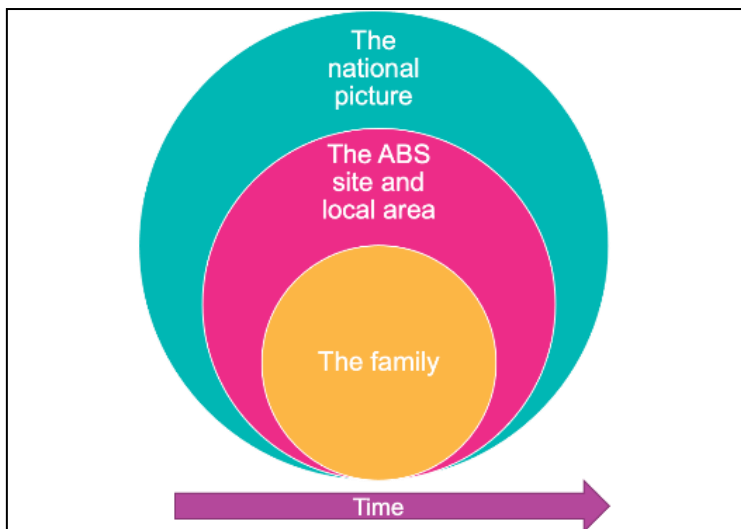
<sup>9</sup> First wave scheduled to allow time for (a) design sign off (b) ethics approval (c) recruitment of the postdoctoral dedicated researcher (d) publicity in ABS sites (e) sample identification and recruitment.

<sup>10</sup> Final wave scheduled to allow time for final analysis and reporting before the project end date.

## Analysis

Analysis of qualitative longitudinal research with families will directly address the research questions posed in the draft objectives through a nested analytic approach<sup>11</sup>. Analysis of each family's data, linking parent and child accounts as appropriate, will in turn be nested within analysis of the wider context of their ABS site (see Figure 6). This approach ensures that analysis of family data is situationally sensitive, taking account of the specifics of ABS work in the area. The family-focused analysis will be linked to the wider context of the ABS site and activities, and to other relevant features of the local area (e.g., geographical and demographic characteristics and other service frameworks), and wider national context (e.g., changes in welfare provision). Data will be analysed thematically in relation to the study objectives, but analysis will also be informed by narrative methodology (see Phoenix et al. 2021).

**Figure 6 A nested approach**



For each family, over time, the work will document:

- Key family characteristics and circumstances (e.g., family and household size and structure; languages spoken at home; socio-economic circumstances; housing; work and childcare arrangements);
- Family engagement with and experiences of ABS provision over time, documenting:
  - services/provision that has been considered, tried, used or discontinued;
  - perspectives on barriers, facilitators and experiences of participation;
  - experiences of involvement with provision or activities across the four outcome domains, as appropriate for the local area;

<sup>11</sup> For example, see Ragin and Becker (1992); Østergaard and Thomson (2020).

- Formal and informal support networks, including: the position of ABS within those networks; the nature and experience of any professional involvement; formal support/intervention that is not part of ABS but was signposted/facilitated by ABS and/or which is related to ABS work on systems change;
- Everyday routine practices for the family, to show what is involved in embedding and maintaining learning from ABS activities and interventions, and what makes that more or less likely, with a particular focus on:
  - understanding how ABS services/provision is situated in family practices over time (including how ABS fits into, and influences, families' everyday lives and regular household practices);
  - the role of ABS in family practices that have implications for any children under 4 within the household;
- Parent/carer's perspectives on child wellbeing and development, including priorities, concerns and perceived support needs.

All data will be held within NVIVO. Analytic summaries will be generated for each interview, organised thematically in relation to the study objectives, and incorporating visual data, key narratives and verbatim quotes from parents/carers and children, and cross-reference markers to transcripts or audio files. Interview summaries at each wave of data collection will be combined into longitudinal summaries for each family. Analysis will be conducted:

- Within the family dataset, to identify key and recurrent themes and narratives within time points and over time, and to consider how individual family experiences relate to the broader context of the ABS site and activities and local area;
- Across families within an ABS site, 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 site and activities and local area;
- Across sites 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.

For reporting purposes, we will also create anonymised examples to demonstrate family journeys through ABS systems. The capacity to include longitudinal analytic accounts, direct quotes from parents/carers and children, as well as visual data (photos and mapping) will enhance reporting and impact from the study.

## Risks and benefits

Table 5 summarises key risks and benefits associated with this component of work.

**Table 5 Key risks and benefits for Objective 3**

Key risks	Key benefits/mitigating factors
<ul style="list-style-type: none"> <li>• Sample too small or too homogeneous to capture range of ABS experiences</li> <li>• Attrition reduces sample size and diversity further over time</li> <li>• Attrition with replacement sampling reduces the capacity for longitudinal analysis.</li> <li>• Inappropriate burden for sites in facilitating research</li> <li>• Perceived demand on families acts as a barrier to participation or increases attrition</li> <li>• Failure to secure ethics approval</li> <li>• Covid situation necessitates adaptations to the design</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted and purposeful sampling ensures diversity, and <i>social</i> rather than <i>statistical</i> representativeness, enabling <i>analytic generalisation</i>.<sup>12</sup></li> <li>• Strategies with proven effectiveness to minimise risk of attrition: engaging family-friendly methods; thank you vouchers; keeping in touch (e.g., newsletters, birthday cards); multiple contact details per family.</li> <li>• Replacement sampling strategy maintains sample size and enables targeted supplementation if required to maintain representation of key groups of interest.</li> <li>• Analytic approach accommodates varying duration of longitudinal involvement (including one-off participation) without data loss.</li> <li>• Small sample and clear requirements keep the national evaluation manageable for sites whilst ensuring sample diversity against defined priorities.</li> <li>• In-depth longitudinal research design ensures meaningful understanding of ABS journeys in the context of family lives, addressing all four outcome domains.</li> <li>• Rich longitudinal dataset with holistic attention to family lives provides a flexible resource for meeting current and future emergent concerns for the national evaluation, The Fund and the sites.</li> <li>• Complements without replicating local evaluation.</li> <li>• A flexible family-centred approach combined with rigorous attention to ethics and ethical reflexivity ensures the research feels relevant, acceptable and enjoyable for families</li> <li>• Flexibility of approach enables contingency in a changing Covid context.</li> </ul>

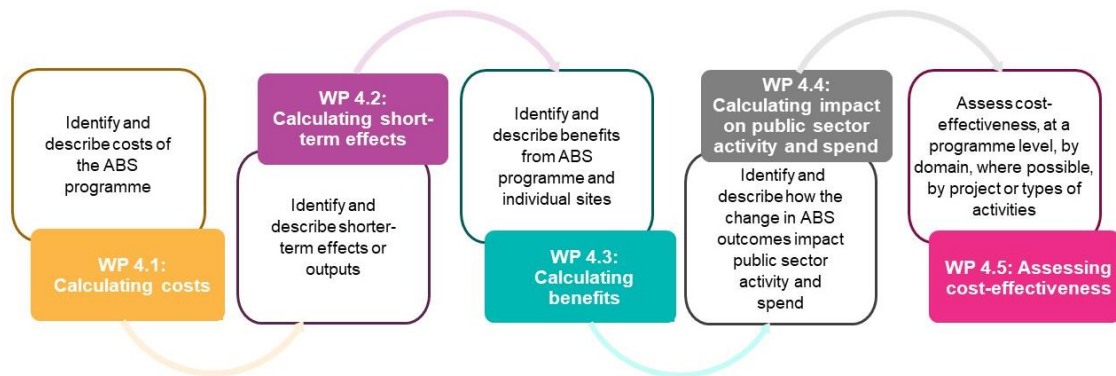
<sup>12</sup> Gobo (2004) explains that the aim of social representativeness is to capture complex experiences especially within populations that are known to be diverse, in order to 'observe extensively the relations

## 4.5 Objective 4: Understanding ABS costs and value for money

### Overview

We will use Cost-consequence Analysis (CCA) to assess the value for money of the ABS programme. This will include five sequential work packages as summarised in Figure 7. Objective 4 particularly addresses the inputs, assumptions, outcomes and impact parts of the ToC.

**Figure 7 Overview of approach to CCA**



### Data collection

The data sources we are proposing to use to inform our CCA are summarised by the work packages in Table 6. The following section describes how we will use this data to inform our analysis

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between variables, not only to assess (which is always a quite problematic task) the number of persons who feature one characteristic' (p423).

**Table 6 Data sources to inform CCA**

WP 4.1: Calculating costs	WP 4.2: Calculating short-term effects	WP 4.3: Calculating benefits	WP 4.4: Calculating impact on public sector activity & spend	WP 4.5: Assessing cost-effectiveness
<ul style="list-style-type: none"> <li>Annual summary of grant payments to date from The Fund</li> <li>Q4 grant claim returns to The Fund for each of the five sites collected for each year of the grant funded period<sup>13</sup></li> <li>Leverage funding tables for each of the five sites, updated annually</li> <li>Annual expenditure data relating to Central Programme delivery cost data, including pre-programme spend associated with design, assessment and set up</li> <li>2 virtual workshops with ABS sites</li> </ul>	<ul style="list-style-type: none"> <li>Annual data dashboards for each of the five sites</li> <li>Unit cost data sources</li> </ul>	<ul style="list-style-type: none"> <li>Change in ABS outcomes compared to the counterfactual position and comparator groups (work package 1)</li> <li>Cohort studies (to identify and evidence causal links between parental and early years outcomes and the outcomes for primary school aged children)</li> </ul>	<ul style="list-style-type: none"> <li>Change in outcomes for primary school aged children</li> <li>Change in systems level outcomes relating to primary school aged children (work package 2)</li> <li>Existing economic studies of the impact of early years interventions</li> <li>Unit cost data sources (see WP4.2)</li> <li>Interviews and case studies with practitioners (c.5 interviews per outcome)<sup>14</sup></li> </ul>	Analysis from WP4.1-4.4

## Analysis

### WP 4.1: Calculating costs (resources & inputs)

<sup>13</sup> Although the quarterly returns contain cumulative data we intend to collect this data annually (using each year's Q4 return) to allow us to disaggregate costs and distinguish between different time periods i.e. programme set up, the test and learn cycle and programme delivery phase and also consider changes in spend and activity due to external influences (e.g. COVID19).

<sup>14</sup> We will undertake telephone or video interviews with practitioners to explore how a change in outcome will impact public sector activity in terms of time and resources. We will use members of the practitioner

We will facilitate a virtual workshop with the sites during the setup stages in Phase two to agree a consistent approach to: reporting their leverage funding; and mapping spend data to outcomes, linked to the ABS ToC. This workshop and its outputs will be closely aligned to Objective 2: Understanding ABS implementation and Objective 1: Evaluating ABS outcomes. It will be used to enable us to identify and describe the actual programme and project costs associated with ABS at programme, site and ward level, where possible, in relation to the COF measures or core domains (Diet and Nutrition, Communication and Language, Social and Emotional development and Systems change). We will then facilitate a second virtual workshop to explain how the agreed approach will work in practice (e.g. data collection and analysis). We propose that this includes ABS grant funding, leveraged funding and central programme delivery costs as well as estimates of any additional investment in systems change (time and resources above that are covered within the ABS and leverage spend data) and the cost of any negative outcomes resulting from the programme, but excludes any activity that would have been funded otherwise. We propose calculating costs at:

- ABS programme level and for each site – top-down
- individual ABS project-level – bottom-up

As far as possible, we will conduct a reconciliation of the top-down and bottom-up cost data. We will also seek to review actual costs against budget at a programme level or partnership level to assess **economy**.

#### **WP 4.2: Calculating short-term effects (outputs)**

Our assessment of the **effectiveness** of ABS in terms of its contribution to achieving shorter-term effects/outputs, particularly around services delivered (activity) and beneficiaries reached (reach), will be based on the change in outputs evidenced in Objectives 1 and 2 compared to the counterfactual. Where the data supports quantitative analysis, we will use a bottom-up approach (change in activity as a result of ABS x an appropriate unit cost). We will use top-down approaches (e.g. asking local children and families' agencies directly 'how has ABS influenced service delivery and budgets') to enable qualitative identification and presentation of the categories where ABS has contributed to the benefits anticipated, even if additionality cannot be calculated. We will also undertake gap analysis to understand the scale and rationale for any differences between the top-down and bottom-up approaches.

Assessment of the effectiveness of programme and project activity will be presented within the context of the timing of this activity distinguishing between the 'test-and-learn'

cycle and programme delivery phase, which includes ongoing refinement and continuous improvement.<sup>15</sup>

#### **WP 4.3: Calculating benefits (outcomes and impacts)**

We will use the evidence of the benefits resulting from the ABS programme and individual projects collected through Objective 1, including:

- positive outcomes achieved - e.g. increase in school readiness and improvements in attainment at Key Stages 1 and 2
- negative outcomes avoided in the short and longer-term - e.g. reductions in childhood obesity or the proportion of children who are looked after

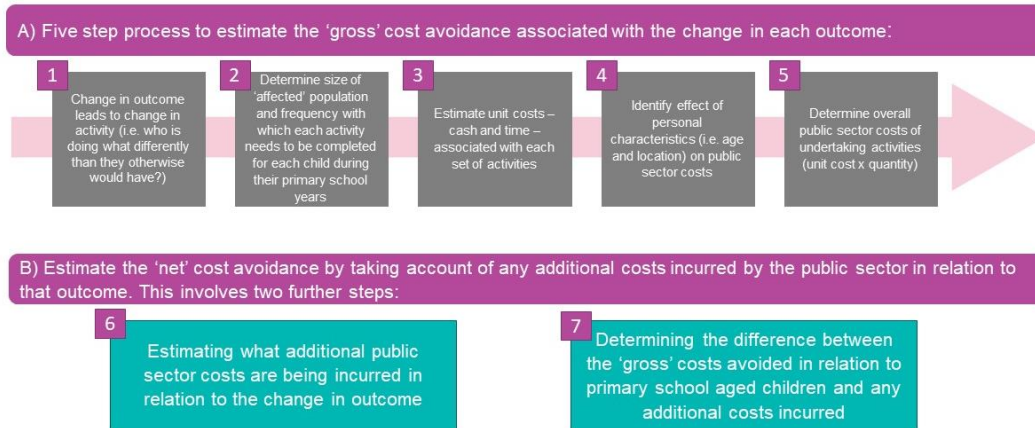
#### **WP 4.4: Calculating impact of ABS on public sector activity and spend (relating to primary school aged children)**

Estimation of the benefits to the public purse relating to primary school aged children (Objective 4) will be based on the findings of Objective 1 in relation to the change in a subset of the 25 outcomes in the COF compared to the counterfactual scenario and matched comparator groups. We will also use existing research from cohort studies, such as Born in Bradford, the Millennium Cohort Study and Understanding Society, to provide the conceptual links between observed changes in parental and early years outcomes and the correlated outcomes for children during their primary school years. We will use the **Standard Cost Model** (SCM) to frame our assessment of the benefits to the public purse resulting from ABS, adapting it to define the data needed to estimate the potential costs avoided in relation to primary school aged children. The SCM uses activity based costing to break down each outcome into its component activities so that the related public sector costs can be assessed in a consistent and simplified way. This will include consideration of anticipated benefits (i.e. those that can reasonably be expected to accrue beyond the ABS funded period).

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<sup>15</sup> Note: The 'test-and-learn' approach is used to find out what works and what does not. For the purposes of this evaluation it will be important to distinguish between the sites' test-and-learn period and any continuous improvement undertaken as part of the programme delivery cycle.

Figure 8 Standard Cost Model



## WP 4.5: Assessing cost-effectiveness

We will use the data sources and analysis from WP 4.1-4.4 of Objective 4 to produce outputs, which will be of use to The Fund, the sites and other local commissioners and stakeholders, particularly as the sites progress their sustainability plans (see Figure 9). Assessment of the cost-effectiveness of the ABS programme and individual projects will be presented within the context of the timing of programme activity distinguishing between the 'test-and-learn' cycle and programme delivery phase.

Figure 9 Outputs from work package 4

Cost consequence summary tables	Cost per unit estimates and ranges
We will develop a set of draft <b>cost-consequence summary tables</b> at a site and ABS programme-level. These summary tables will draw on the analysis throughout work package 4 to model the range of <b>costs</b> and <b>benefits</b> evidenced (quantified and descriptive) as well as <b>who received or incurred them</b> .	These will measure the <b>efficiency</b> of individual projects.
Benchmarks	Breakeven analysis
We will <b>benchmark the costs per unit</b> of individual ABS projects against projects with the same intended output and, where possible, with comparable data for existing studies from our literature review.	Where possible we will conduct <b>breakeven analysis</b> on selected key outputs and impacts.

## Risks and benefits<sup>16</sup>

Table 7 summarises the risks and benefits associated with our proposed approach.

<sup>16</sup> Interdependencies across the objectives means that each objective holds a risk of reliance on data from the other three objectives. However, this is particularly relevant for Objective which relies on outcome data from Objective 1.

**Table 7 Key risks and benefits for Objective 4**

Risks	Benefits
<p><b>Limitations in scope</b> – To keep within the scope of Objective 4 and make the best use of evaluation resources, our proposed approach focuses primarily on public sector cost savings relating to primary school aged children rather than quantifying the economic impact, economic productivity, social impact, quality of life or public sector cost savings related to parents, children under 5 years old or children and over 11 years old.</p>	<p><b>Holistic approach to benefits</b> – CCA will allow us to measure the full range of quantified and qualitative in-scope benefits resulting from the ABS programme.</p>
<p><b>Reliance on existing research may underestimate the impact on primary school aged children where no research currently exists</b> to evidence links between parental and early years outcomes and those of primary school aged children.</p>	<p><b>Tangible links</b> – the links between the ABS outcomes and public sector impacts relating to primary school aged children are better evidenced and more tangible than the links between ABS outcomes and longer term outcomes for children (e.g. into adulthood). This will support robust analysis.</p>
	<p><b>Effective use of resources</b> – use of secondary data to minimise burden on sites.</p>

## 5 Reporting and knowledge exchange

Reflecting the evaluation aims (see section 3.1 of this protocol), the reporting and dissemination activities that we have planned for the national evaluation of ABS aim to provide evidence for **primary audiences** (ABS grantholders and partnerships) and **secondary audiences** (local and national commissioners and other local and national audiences).

In particular, we are focused on providing evidence that will

- support ABS grantholders to improve delivery outcomes throughout the lifetime of the project
- enable The Fund to confidently present evidence to inform policy and practice

To do this, we will produce a final evaluation report addressing the four evaluation objectives, plus a range of interim outputs to support formative and topic-specific learning during the course of the evaluation.

### 5.1 Principles

All members of our consortium are committed to evaluation that produces valuable knowledge, and to ensuring that this knowledge is shared with those who can act on it.

Our **principles for dissemination** are:

- Recognising that evidence use is a social, dynamic process requiring facilitation and interaction, not just passive dissemination (Nutley et al 2007, 2009). We think of it as **knowledge exchange** rather than dissemination as knowledge flows in multiple directions.
- Facilitating **rapid feedback loops**. We want to ensure that local partners receive valuable information in a timely and frequent manner. We want them to be able to learn from the evaluation and act on our findings throughout the evaluation process, not receive post hoc conclusions after the end of the programme.
- **Collaboration and consultation with end users** of the evidence and insights to ensure they meet their needs and expectation. In practice this will mean:
  - establishing users' priorities and evidence needs before producing outputs
  - inviting intended audiences to provide feedback on our knowledge exchange strategy, including channels for communication, timings and format
  - inviting intended audiences, including the practitioner and parent panels to provide feedback on outputs. This will include asking panel members to review drafts prior to publication and seeking informal feedback to ensure we learn and improve throughout the lifetime of the project. We will ensure we recognise members' contributions in meaningful ways, including through co-authorship.

- **Ensuring outputs are accessible and inclusive.** We provide further explanation about this below.
- **Adding value and avoiding duplication** by building on existing channels and networks. This includes making use of existing ABS communication channels, consortium partners' networks in the sector and tying dissemination activity into key policy and practice moments – for instance the upcoming Care Review and discussions around Family Hubs.

### Ensuring accessibility and inclusivity

Our outputs will be tailored for the intended audience and available in a variety of formats – for example written reports, slide decks, videos, animations and podcasts.

We will work with sites to make use of their existing wisdom on the best modes and channels for communication with different audiences – for example the social media platforms used by local parents or the best timings for events with certain professional sectors. We will also work closely with our practitioner panel as 'knowledge mobilisers', working with them to define a 'Why, whose, what and how' approach to dissemination and knowledge exchange with professional audiences (Ward, 2017).

We will follow standard publication guidance (for example, gov.uk standards) to ensure that all written outputs meet accessibility requirements, including supporting the use of screen readers and other accessibility software. We will ensure that all outputs use plain English, and that those particularly targeted at parent/carers and community audiences use EasyRead.

We will work hard to ensure that our practitioner and parent panels are as accessible and inclusive as possible. Strategies for this include holding panel meetings no more than three times a year, meeting virtually where appropriate, ensuring that physical venues are accessible and recognising panel members' contribution and time financially (for example, offering accommodation, travel and childcare expenses for face-to-face meetings).

We will work with local partnerships and the panels to ensure that we are sharing messages in ways that reach and resonate with diverse groups and are using representative, diverse and positive imagery where this is relevant.

### Working with The Fund

All knowledge exchange activities will be agreed with The Fund. This will include liaising with The Fund throughout the evaluation to understand the learning needs of primary and secondary audiences and how the evaluation can best inform them. For each individual output, the process will include:

1. the consortium and The Fund agreeing a concept note detailing the output's audience and purpose, how it links to the objectives, its content and format and any specific requirements from The Fund

2. The Fund reviewing analysis plans
3. The Fund reviewing and signing off a final draft for publication

Further detail on this approach will be set out in the Quality Assurance Protocol for the evaluation.

## 5.2 Outputs

### Final evaluation report

Our final evaluation report will synthesise findings from across all of the Phase two work packages to:

- validate, revise or invalidate the different elements described in the national evaluation ABS ToC
- assess if, how and why ABS contributed to change
- report against the four evaluation objectives

The report will include an executive summary summarising the key findings and conclusions from the national evaluation. This will serve as a standalone summary. We will consult with the ABS sites around the best medium to convey the evaluation findings in a visual form, for example, a video or podcast.

### Interim outputs

We will work with The Fund to agree other outputs for primary and secondary audiences throughout the lifetime of the evaluation. We would envisage the following outputs in the first year of the Phase two:

- Annual podcast summarising findings in progress under all objectives (September 2022)
- Annual webinar summarising findings in progress under all objectives (January 2023)
- Annual themed focus report (place-based approaches) (January 2023)
- Blog related to the annual theme (January 2023)
- Annual report of national evaluation findings to be publicly available (January 2023)
- Reflections on evaluation approach (annually) to lead into a guide to be produced in 2026 on undertaking complex, national, theory-based evaluation

As part of our planning in Q3 of 2022 for 2023, we would review the best approach to outputs in 2023 and beyond. There will be three evidence syntheses produced during the evaluation, related to Objectives 1 and (WPs 1.2 and 2.4).

In the early years of the evaluation, we envisage making the most of existing channels for communication, particularly through the ABS programme of shared learning and development, facilitated by NCB. Towards the end of the contract, where we have more summative findings to share, we may move to regular programmes of national evaluation-specific outputs, for instance blogs or podcasts.

## 6 Evaluation timeline

### 6.1 Evaluation timeline

The timeline presented below is shown in more detail for the first year of Phase two, i.e. 2022 with higher-level timescales for 2023 and beyond. In the final quarter of 2002, we will review the data collection timing carried out in 2022 to consolidate plans for fieldwork in 2023. This will also depend on the fieldwork plans of local evaluators.

**Table 8 Timescale for 2022**

Month	Evaluation activity	Output	Panel <sup>17</sup>
November 2021	<ul style="list-style-type: none"><li>• Identification of non-ABS sites and stakeholders for data collection in 2022</li><li>• DPIA approved by The Fund</li><li>• Communicate plans to sites</li><li>• Begin consultation with sites, critical friends, and panels on outcome measures (e.g., the QED evaluation team will meet with the practitioner panel)</li><li>• Begin work with the 5 sites to update their processes for storing beneficiary list information and consent (2 out of 5 sites likely relatively straightforward, given available IT infrastructure)</li></ul>		
December 2021			
2022 <sup>18</sup>			
January	<ul style="list-style-type: none"><li>• Planning for Objective 2 wave 1 qualitative data collection</li><li>• Planning for Objective 3 wave 1</li><li>• Outcome measures confirmed</li><li>• Finalise info sheets, pilot with parent panel, and check wording with NHS Digital</li><li>• Quarterly meeting with objective leads</li></ul>		

<sup>17</sup> We will draw upon the advice of the expert review panel as and when needed throughout the evaluation.

<sup>18</sup> We will collate documents for local evidence synthesis throughout leading to first (of three) outputs in December 2023.

	<ul style="list-style-type: none"> <li>Quarterly meeting with local evaluators</li> </ul>		
February	<ul style="list-style-type: none"> <li><b>Objective 2 qualitative data collection wave 1</b></li> </ul>		
March	<ul style="list-style-type: none"> <li>Analysis and write-up of Objective 2 wave 1</li> <li>Beneficiaries consenting and consent recorded on site IT systems</li> <li><b>Objective 3 QLR wave 1 begins<sup>19</sup></b></li> <li>Objective 4: First workshop with the 5 sites to agree consistent approach to: reporting their leverage funding; and mapping spend data to outcomes, linked to the ABS ToC</li> </ul>		<ul style="list-style-type: none"> <li>Parents panel</li> <li>Practitioner panel</li> </ul>
April	<ul style="list-style-type: none"> <li>Report delivered for wave 1</li> <li>Planning for Objective 2 wave 2 qualitative data collection</li> <li>Quarterly meeting with objective leads</li> <li>Quarterly meeting with local evaluators</li> <li>Check numbers of beneficiaries consenting in each site – engaging risk mitigation where necessary</li> <li>Objective 4: Second workshop with the 5 sites to explain how the agreed approach will work in practice</li> </ul>		
May	<ul style="list-style-type: none"> <li><b>Objective 2 qualitative data collection wave 2</b></li> <li>Check numbers of beneficiaries consenting in each site – engaging risk mitigation where necessary</li> <li>Objective 4: Data collection - annual finance data for 2021/22</li> </ul>		
June	<ul style="list-style-type: none"> <li>Analysis and write-up of Objective 2 wave 2</li> <li>Annual mapping of service delivery/interventions</li> </ul>		

<sup>19</sup> Start time will depend on full consent being in place.

	<ul style="list-style-type: none"> <li>Check numbers of beneficiaries consenting in each site – engaging risk mitigation where necessary</li> </ul>		
July	<ul style="list-style-type: none"> <li>Report delivered for Objective 2 wave 2</li> <li>Planning for Objective 2 wave 3 qualitative data collection</li> <li>Quarterly meeting with objective leads</li> <li>Quarterly meeting with local evaluators</li> <li>Check numbers of beneficiaries consenting in each site – engaging risk mitigation where necessary</li> <li>Objective 4 Literature review of cohort studies</li> </ul>		<ul style="list-style-type: none"> <li>Parents panel</li> <li>Practitioner panel</li> </ul>
August	<b>Objective 2 qualitative data collection wave 3</b>		
September	<ul style="list-style-type: none"> <li>Analysis and write-up of Objective 2 wave 3</li> <li><b>Objective 3 QLR interim interviews</b></li> </ul>	Annual podcast summarising findings to date	
October	<ul style="list-style-type: none"> <li>Report delivered for Objective 2 wave 3</li> <li>Planning for Objective 2 wave 4 qualitative data collection</li> <li>Quarterly meeting with objective leads</li> <li>Quarterly meeting with local evaluators</li> <li>Planning for 2023</li> <li>Objective 4 interviews with practitioners to explore how a change in outcome will impact public sector activity in terms of time and resources.</li> <li>Objective 4 Literature review of economic studies</li> </ul>		<ul style="list-style-type: none"> <li>Advisory group</li> </ul>
November	<ul style="list-style-type: none"> <li><b>Objective 2 qualitative data collection wave 4</b></li> <li>Plans agreed for 2023</li> </ul>		<ul style="list-style-type: none"> <li>Parents panel</li> <li>Practitioner panel</li> </ul>
December	Drafting of Objective 2 wave 4 output and drafting of full annual outputs		

2023			
January		<ul style="list-style-type: none"> <li>Annual webinar summarising findings in progress under all objectives</li> <li>Annual themed focus report (place-based approaches)</li> <li>Blog related to the annual theme</li> <li>Annual report of national evaluation findings (external-facing)</li> <li>Reflections on evaluation approach (annually)</li> </ul>	

In October-November 2022, the evaluation team will review the timescales of analysis and reporting across the different objectives and the evaluation as a whole before deciding on the exact timescales for 2023 and the remainder of the evaluation. However, the likely timescale of outputs will be, as discussed above: an annual podcast each September and, in January each year, an annual webinar and public-facing report summarising the evaluation findings, a thematic-focussed report and blog, and reflections on the evaluation approach.

Analysis and reporting specifically related to Objectives 1 and 4 will rely upon on access to secondary data sources, as outlined in the table below.

**Table 9 Key dates for Objectives 1 and 4 from 2023 onwards**

Date	Key activity related to Objectives 1 and 4
March 2023	<ul style="list-style-type: none"> <li>One year of consents from beneficiaries</li> <li>Pilot data transfer processes from sites on test data</li> <li>Submit DARS request (possible one year in advance – planned data flow from March 2024)</li> </ul>
May 2023	Objective 4: Data collection - annual finance data for 2022/23
October 2023	Address potential revisions to DARS submission
December 2023	First local evidence synthesis produced (implementation)
November 2023	Submit request for pseudonymised EYFP and KS1 data to DfE NPD team (up to 2022–23 academic year)

March 2024	<ul style="list-style-type: none"> <li>• One year has passed since last beneficiary consented</li> <li>• (Potentially earlier, depending on NHS-D requirements.) Transfer beneficiary lists and service use data from sites to NatCen</li> <li>• (Potentially earlier, depending on NHS-D requirements.) Transfer beneficiary lists from NatCen to NHSD to complete request</li> <li>• Pseudonymised data flows from NHS-D to NatCen</li> </ul>
May 2024	Objective 4: Data collection - annual finance data for 2023/24 Data arrived from DfE – analysis begins Objective 4: update literature reviews to include newly published studies
January 2025	Near-final findings shared between Objective 1 and Objective 4 leads
May 2025	Full draft of findings related to Objective 1 Objective 4: Data collection - annual finance data for 2023/24
June 2025	Full draft of findings related to Objective 4
December 2025	Second and third local evidence syntheses produced (implementation and impact)

## 7 Project management and governance

### 7.1 Approach to project management

Delivery of a large, multi-stranded, multi-year evaluation of a complex and complicated programme like ABS is a substantial undertaking. Successful delivery of the evaluation will require robust project management to ensure that activities are delivered to time, budget and quality requirements and to ensure the national evaluation complements and adds value to the ABS investment.

Both NatCen and our partners have extensive experience of managing large, complex research and evaluation projects, and working with collaborators to ensure the team operates in an efficient, effective and integrated way. We will employ proven project and risk management approaches that we know are effective in ensuring quality, reliability and efficiency to ensure successful delivery of the evaluation. The key elements of our approach are:

- the development of strong collaborative relationships with The Fund, local grant holders and partnerships, local evaluators and stakeholders
- close working with the team delivering NCB's learning contract
- regular communication with The Fund including monthly contract reporting and contract management meetings
- a continued and strong focus on project aims and objectives
- effective tools for planning, timetabling and reviewing progress
- flexible and proactive resource planning, ensuring that we maintain a strong project team with effective leadership and adequate capacity
- clear roles and responsibilities assigned across the consortium and within NatCen and partner organisations
- robust approach to risk assessment and management.

All five consortium partners will have clear roles and responsibilities. We will work collaboratively with robust and transparent protocols to ensure the successful delivery of the evaluation. The roles of each organisation will be as follows:

- **NatCen** will be the lead partner and accountable to The Fund. NatCen will oversee the delivery of the evaluation and will lead on project management, the work to address Objectives 1 and 2, and reporting and dissemination.
- **NCB** will lead the parent panel and will provide strategic advice on dissemination to primary audiences.
- **Research in Practice** will lead the practitioner panel and will help to lead reporting and dissemination, particularly to secondary audiences.
- The **University of Sussex** will provide expertise on child development throughout the evaluation and will lead the work to address Objective 3.
- **RSM** will lead the work to address Objective 4.

## 7.2 Risk management

Successful delivery of the national evaluation of ABS will require a robust approach to risk assessment and management.

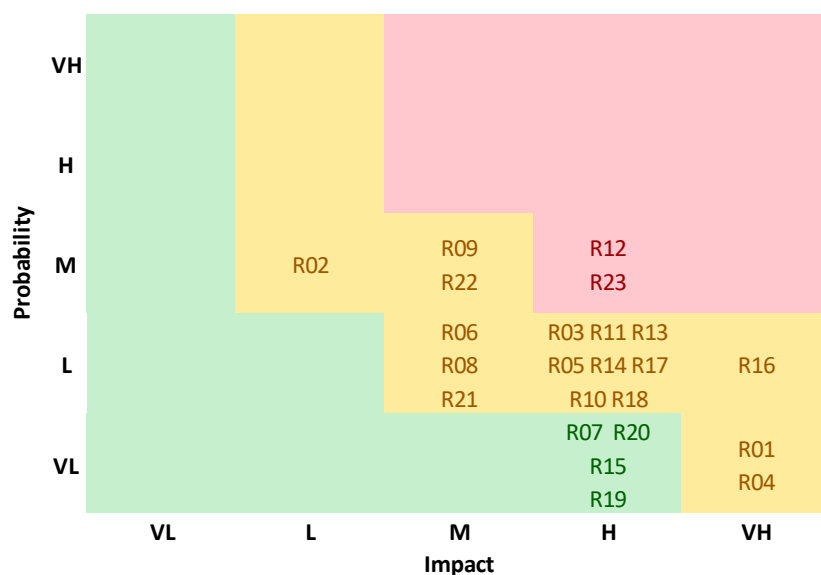
Each consortium partner will establish and regularly review and update an organisational-level risk register setting out key risks to delivery, rating their likelihood and potential impact, and identifying mitigation and contingency strategies.

These organisational-level risk registers will be reviewed monthly by the contract manager and feed into the evaluation-level risk register. This register will categorise risks into four categories:

- management, resourcing and relationships
- delivery risks
- quality risks
- data security risks

Each month, the contract manager will provide an updated evaluation-level risk register and risk profile matrix to The Fund. Providing this will ensure a joint understanding of risks and – where necessary – prompt discussion to agree updated contingency and mitigation strategies. The register will set out agreed mitigation and contingency plans for each key project risk and rate the likelihood and potential impact of each risk before and after mitigation. The risks will then be placed on a matrix showing likelihood and impact. This risk profile matrix will highlight those risks that are outside the consortium and The Fund's appetite for risk and to draw attention to those that need monitoring closely. Where risks are outside of the current appetite for risk, the contract manager and evaluation director will work with The Fund to agree further mitigation actions. Figure 10 shows an illustrative example of a risk matrix.

**Figure 10 Example risk profile**



## 7.3 Ethics

All partners in the ABS national evaluation consortium place ethics at the centre of their evaluation approach and have a shared commitment to ensuring that the evaluation is conducted to the highest ethical standards. Gayle Munro, Evaluation Director, will be responsible for ensuring that the design, data collection and analysis conducted for the evaluation meets best practice standards for research ethics. Professor Janet Boddy of the University of Sussex will provide expert guidance on ethical standards for conducting research with families and children. Janet is internationally recognised for her work on research ethics, having advised bodies including ESRC, Childwatch International, the European Research Council, ADCS and DfE.

Ethical scrutiny of this project will be provided by **NatCen's Research Ethics Committee** (REC), which involves senior NatCen staff and is consistent with the requirements of the ESRC and GSR Professional Guidance. The longitudinal qualitative research with families will also be approved by a University of Sussex Cross Schools REC. Applications to these committees will be signed off by The Fund before we submit them, in order to ensure that all parties have a shared understanding of the ethical issues at play and are happy with how they will be managed.

Our research will be conducted in line with the five principles outlined by the Government Social Research Profession:

- sound application and conduct of social research methods and appropriate dissemination and utilisation of the findings
- participation based on valid informed consent
- enabling participation
- avoidance of personal and social harm
- non-disclosure of identity and personal information

The quasi-experimental work using administrative data to address Objective 1 and the longitudinal qualitative research with families to address Objective 3 bring particular ethical considerations.

For Objective 1, our approach to using administrative data will follow the Five Safes framework (Desai, Ritchie, and Welpton, 2016):

**Safe people:** All analysts accessing sensitive data will be registered Accredited Researchers under the Digital Economy Act (2017) who have proven competence analysing data and producing outputs that protect individuals' confidentiality.

**Safe projects:** We will only be able to access data that is necessary to answer our research questions and will deliver clear public benefits, as will be determined ultimately by NHS-D and DfE.

**Safe data:** No identifiable information will be included in health or education datasets, e.g., pseudonymised IDs will be used rather than NHS or other IDs and there will be no names or addresses.

**Safe settings:** Although the data we receive will be pseudonymised, we will be required to analyse it in settings that satisfy physical and digital security requirements of the data providers, including no internet access, so that the data cannot be exported or new data imported to aid re-identification.

**Safe outputs:** All outputs will be checked to ensure that they are not disclosive, e.g., through combinations of rare individual characteristics.

The proposed design to address Objective 3 builds on an established body of in-depth research with families, including research by Boddy<sup>20</sup>. Based on this literature and consultation with sites and parents/carers in Phase one, we know that the following issues will be particularly relevant when planning ethical delivery of this work package:

- clarity of roles and language
- addressing concerns about professional involvement
- clarity around potential benefits
- families' dependent position as people that use ABS provision
- appropriately informed consent
- safeguarding and potential disclosures
- anonymity and confidentiality
- appropriate location and methods for data collection
- acknowledging families' contributions

## 7.4 Data security and GDPR

All consortium partners are fully compliant with the General Data Protection Regulations (GDPR) which came into force in 2018. For this national evaluation, The Fund will be the data controller and the consortium partners (and named subcontractors such as transcription agencies) will be data processors.

The ABS national evaluation consortium has been and will continue to work with The Fund to ensure that the project is carried out in line with GDPR. This has included completing a Data Protection Impact Assessment scrutinising what data will be processed and how, and whether this justified by the purposes of the evaluation.

NatCen's information security procedures are fully accredited to ISO 27001 (the international standard for information security) and subject to annual external audits of our procedures to maintain this accreditation, ensuring continued compliance. The

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<sup>20</sup> For example: Boddy et al (2021); Join-Lambert et al. (2020); Boddy and Wheeler (2020); Boddy et al (2016); Boddy, and Smith (2008).

consortium will follow NatCen's information security policies throughout the delivery of the evaluation to ensure that we act in accordance with the GDPR as data processors. In particular, we will:

- not process any personal data without documented agreement from The Fund
- implement the level of security appropriate for the data, including standards for storage and transfer
- ensure that all staff, subcontractors and freelancers working on the evaluation have signed confidentiality agreements
- notify The Fund of any subcontractors we intend to use before using them and only use subcontractors who can show that they follow the same information security requirements as the consortium partners
- co-operate with The Fund to facilitate any audits or inspections required
- assist The Fund fully with regard to data subjects' right to access their data
- notify The Fund of any personal data breaches without undue delay

We will publish a privacy notice for the national evaluation to inform participants of their data subject rights. The information and consent forms will be co-produced with sites to ensure they are clear and demonstrate our desire to be transparent and encourage fully informed consent. All participants – staff, parent/carers etc. – will be given assurance that no information which could be used to identify them will be made available without their agreement to anyone outside The Fund or the consortium partners.

We will set up data sharing agreements with the ABS partnerships before any data is transferred. These agreements will detail the data that the local partnerships will share with NatCen and consortium partners and the measures we will take to transfer and store data securely.

NatCen will agree a data retention period with The Fund. Once this period has expired, data will be securely deleted (with the explicit permission of The Fund) to DoD 7 standards, ensuring data cannot be reinstated.

## 7.5 Safeguarding

All partners in the ABS national evaluation consortium recognise the vital importance of appropriate safeguarding measures, particularly when carrying out research with families and children. All researchers carrying out qualitative research will have BPSS clearance and a standard or enhanced Disclosure and Barring Service (DBS) certificate. All researchers conducting research with children and families will have enhanced DBS certificates.

In liaison with The Fund, the consortium will agree a clear safeguarding protocol that:

- meets the highest standards across the partners' institutional safeguarding policies

- allows individual partner processes to be adhered to
- reflects what we have learnt about the ABS partnerships' safeguarding processes in the inception phase of the evaluation
- is in line with NatCen's disclosure policy

This protocol will set out the process to follow if any of the following four potential types of safeguarding concern that, while unlikely, could reasonably be expected to emerge during the course of the evaluation:

1. **We become aware of a potential safeguarding concern relating to the participant's private life:** It is possible, though unlikely, that we might hear about, or observe, a situation that raises concerns that the participant or someone else in their personal life is at risk of significant harm. For example, a participant might tell us that they are feeling suicidal, or we might observe aggressive or abusive behaviour by a participant towards their children.
2. **A participant discusses a potential safeguarding concern they encountered in their professional capacity:** It is possible, though unlikely, that participants might discuss potential safeguarding concerns that they have come across in their professional capacity. For example, a participant might describe a service user who is experiencing domestic abuse.
3. **We have a concern about service quality or poor care:** It is possible, though unlikely, that a participant might discuss issues within their own service (or another service) that raises concerns about service quality and care. For example, this could relate to policies and procedures within the service, or could relate to a specific manager.
4. **We believe a researcher is at risk of significant harm during or following a research encounter:** It is possible, but unlikely, that a researcher might find themselves at risk of significant harm during, or as a result of, a research encounter. For example, a participant might threaten a researcher or display aggressive and abusive behaviour.

All participants and researchers will be informed of our disclosure procedures before taking part, so that they are fully informed of why we might need to disclose a concern and to who. This will be particularly important if it is possible that we would disclose any confidential information to the safeguarding lead within the ABS sites.

## 8 Quality assurance

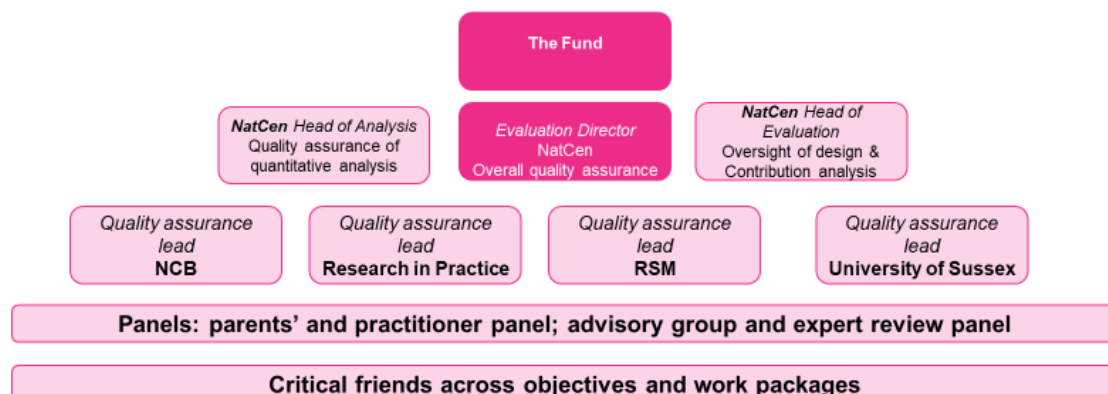
All partners in our consortium are committed to delivering an evaluation of the highest quality and this commitment underpins our design, data collection, analysis and reporting. The key features of our approach to quality assurance (QA) are:

- clear roles and responsibilities for quality assurance
- a framework for quality assuring evaluation activities agreed with The Fund
- a continual focus on ethical conduct throughout the research, supported by NatCen's ethical governance procedures
- a rigorous approach to quality assuring outputs

As part of Phase one, we agreed with The Fund a Quality Assurance (QA) Protocol and Framework. The Protocol outlines our approach to QA, covering roles and responsibilities, key principles and measures and analysis. The Framework provides more detail on the quality indicators against which each evaluation product (e.g. research tools, outputs, communications) and governance element will be measured against and processes for sign off. Example quality indicators include clarity of language, relevance to evaluation objectives and whether equality, equity, diversity and inclusion considerations have been addressed.

Our QA process will entail QA within the evaluation consortium, QA by The Fund and external review and/or advice from stakeholder groups. We explain each of these steps in more detail below.

**Figure 11 Quality assurance process**



## 8.1 QA within the evaluation consortium

As lead contractor, NatCen will hold ultimate responsibility for the quality of the evaluation and have led on agreeing the QA protocol and framework with The Fund. The Contract Manager and Evaluation Director will be responsible for cascading the protocol and framework across the consortium and ensuring compliance against the process throughout the evaluation. The evaluation director will sign off all outputs before they are shared with The Fund for final sign off.

Each organisation will have a designated lead for quality assurance:

- Frances Lyons will be responsible for QA at NCB
- Jenny Irwin will be responsible for QA at RSM
- Dr Susannah Bower will be responsible for QA at RiP
- Professor Janet Boddy will be responsible for QA at Sussex

While these leads will hold ultimate responsibility of the work delivered by their organisation, and are accountable to NatCen, we will also use a 'triangulated' approach to QA to facilitate shared learning and best practice within our consortium. This has involved designating at least one 'secondary partner' who will work closely as a 'critical friend' to the organisation leading a particular strand of work, offering advice, guidance and further quality assurance. Figure 12 shows the primary and secondary partners for each objective and for each of the expert panels (see section 8.2).

**Figure 12 Triangulated approach to QA**

Objective / panel	NatCen	NCB	RSM	RiP	Sussex
1 Exploring ABS outcomes					
2 Understanding ABS implementation					
3 Collective journey mapping of experiences of families from diverse backgrounds					
4 Reduction of costs related to primary school aged children					
Practitioner panel					
Parent panel					
Advisory group					

Key: Primary partner Secondary partner

NatCen's Directors of Evaluation and Analysis (Daniel Philipps and Isabel Taylor) will provide additional QA support, offering specific expertise in contribution analysis and quantitative analysis respectively. Cristian Niculescu-Marcu, Director in RSM's Economic Consultancy will provide QA support for the cost-consequence analysis and value for money aspects of the evaluation.

### QA by The Fund

The QA protocol sets out the process for QA and sign-off by The Fund. This includes signing off evaluation products (input, outputs, comms) and governance mechanisms (ethics, safeguarding, data management, Terms of Reference for the advisory group and management/governance meetings)

As covered in section 5.1 of this protocol, The Fund's QA of evaluation outputs will include signing off on concept notes, analysis plans and final draft outputs. They will also QA samples of data collection tools (e.g. example topic guides) and data analysis (e.g. populated analysis frameworks for qualitative data).

## 8.2 External review and guidance

Our evaluation will also benefit from the experience and expertise of: a parent panel, practitioner panel, advisory group and expert review panel. This reflects our commitment to collaborate and consult with end users of the evidence and insights to ensure the evaluation and our outputs meet their needs and expectations.

Each group will meet regularly throughout the course of the evaluation to inform the design of the evaluation, sense-check and feed back on findings in progress, and to provide targeted advice on particular questions as may arise, as appropriate for their roles and experience.

### Parent panel

Putting Parents in the Lead is a key priority for ABS and we want to ensure that this approach is replicated by foregrounding the voices of parents and other carers both through our governance structure (parent panel) and in our data collection (mainly through Objective 3).

The parent panel has been established following recruitment activities undertaken in Phase one<sup>21</sup>. Phase two of the project will focus on increasing membership, building capacity and providing input to evaluation activities.

**Recruitment:** Following recruitment of parents in Phase one, some ABS partnerships are currently under-represented on the parent panel, therefore recruitment will remain an open and ongoing process, with new panel members welcomed as and when

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<sup>21</sup> At the time of writing, there are 15 members representing five ABS partnerships. The first meeting took place in September 2021.

identified. NCB will continue to work proactively with parent engagement leads across the ABS partnerships to maximise engagement. We will continue to encourage membership of those parents who are generally underrepresented on parent/carer groups, therefore ensuring the panel reflects the diversity of the ABS communities, whilst recognising the demands on parents' time across the partnerships.

**Meetings:** Meetings are scheduled to take place two-three times a year during the course of the evaluation. These will likely be held online as the impact of the Covid-19 pandemic continues.

**Panel activities:** Specific evaluation activities will be agreed with the evaluation team in advance (to be discussed/identified at various regular consortium meetings). These activities may include:

- Commenting on evaluation focus, design, tools or approaches;
- Advising on recruitment activities to better reach parents and communities across ABS sites;
- Providing feedback on outputs, ensuring they are meaningful to parents/carers as well as to practitioners, policy-makers and researchers;
- Other activities identified as useful by the evaluation team.

Capacity building support will be developed to align with planned activities, and with any needs identified by the panel members themselves.

**Outputs:** Notes and action points from each meeting will be shared with panel members following meetings as a reminder of discussions, and feedback will be given by email between meetings to 'close the loop' on how parent input has been used to inform the evaluation work. Beyond this, there will be no specific panel outputs.

**Expenses:** Panel members will receive a £20 voucher for each meeting they attend, in recognition of their time. In addition, appropriate childcare will be funded or facilitated, and travel paid for, should either be required to enable full participation in forthcoming meetings.

## Practitioner panel

In Phase one we have successfully recruited (via site Directors) 33 participants to the panel from across the five sites. Twenty of these were able to join our first meeting in September 2021. This immediately yields real value in their interrogation of our outline presentation of objectives and methods for Phase two which we are responding to by convening a data sub-group to work with the evaluation team sense check and confirm variables and administrative data sources for Objective 1. The Panel also offered pathways to engage with families, fathers in particular for involvement in Objective 3.

Our aims for the practitioner panel in Phase two are:

- To convene the Panel three times a year, a total of c. 12 panels 2022-26.

- To ensure that the timing of the Panel meetings is coordinated with the work of the consortium to ensure maximum value for the panellists, the sites and the consortium. Ensuring feedback loops that enable a) the Panel to have sight of the methods, activities, analysis and outputs of the evaluation work in real time b) the Panel's comments, suggestions and reflections to be fed back into the work of the consortium promptly in order that we can consider and utilise and c) closure of that loop by being able to report back to the Panel how we have utilised their input.
- To push ourselves as a team to ensure that the language, methods and theory that shape and express the work of the evaluation can be shared with clarity for practitioners with a range of expertise in research. This is critical to engagement in the Panel and will be a good QA marker of our outputs.

### 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 will: support 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.

The first meeting of the group took place in September 2021.

### Expert review panel

The Expert Review Panel aims to ensure that there is external and impartial expert review, advice, and quality assurance on discrete aspects of the evaluation that include systems change, engagement of parents and communities, diet and nutrition, complex evaluation approaches, and early years outcomes and measures. Where appropriate, members of the expert review panel may be asked to support with other elements of the national evaluation including dissemination of evidence findings to evaluation audiences.

Members will be invited to become part of the Expert Evaluation Panel because they have expert knowledge in evaluation research methodologies and/or theoretical perspectives directly relevant to the national evaluation. Specific core needs include

experts with knowledge of early childhood development, complex evaluation approaches, and contribution analysis. All members of the advisory panel are part of the Expert Review panel and additional members will be added to the panel based on the needs of the national evaluation and in consultation with The Fund where appropriate. Members will not be employed by any national evaluation team consortium organisations or from organisations that are involved in ABS partnership delivery or involved in ABS local evaluations.

## 9 Working with local evaluators

Our overall aim in working with local partnerships and evaluators will be to ensure that our 'mosaic of evidence' makes best use of and add to existing evidence on ABS, complementing and extending local evaluation learning to provide a comprehensive picture of ABS' contributions over time and the factors shaping its effects.

Each of the five ABS partnerships has its own embedded research, evaluation and or data team. These teams differ in size and approach across the five sites. Each of the sites has also commissioned external local evaluation work. Again, this differs across sites, with the local partnerships working with a mixture of universities and consultancies and being at different stages of the commissioning process.

Over the next five years, local research and evaluation work will include a range of qualitative and quantitative methodologies and a mixture of formative and summative work. As detailed in section 4 of this protocol, we will be synthesising evidence from this local work to address Objectives 1 and 2. We have designed our evaluation so as not to replicate local activity – for instance not carrying out the intervention-level trials to understand the impact of particular services.

To ensure we are adding value and that knowledge continues to flow in multiple directions, we will also:

- share and ask for clear timelines for national and local evaluation activity
- communicate regularly with stakeholders to keep them informed of our progress and emerging findings
- have a single point of contact from the NatCen research team for each site, who will:
  - stay up to date on local programme and evaluation activity
  - carry out participant observation at local events (WP 2.5)
  - meet quarterly with local research, evaluation and data teams and external evaluators to discuss plans and ensure local and national evaluation activities continue to complement one another
- allow opportunities for local partnerships to comment on our analysis – for example the draft cost-consequence summary tables from our work to address Objective 4.

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