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Local evidence synthesis 1: implementation

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1 Executive summary

A Better Start (ABS) is the ten-year (2015-2025), £215 million programme set-up by the National Lottery Community Fund (The Fund). There are five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea, who aim to support families to give their babies and very young children the best possible start in life. ABS is place-based, meaning specific elements of delivery will vary according to the need of the local community. ABS aims to enable long term system change with a focus on prevention of problems that can start in early life.

The Fund have commissioned NatCen and partners from the National Children's Bureau (NCB), Research in Practice, RSM and the University of Sussex to carry out the national evaluation of ABS. As part of the national evaluation, three local evidence syntheses will be conducted, each focussing on collating pre-existing ABS evidence produced locally by the ABS partnerships and their local evaluation partners. This evidence is reviewed with the aim of drawing out insights that relate to the implementation and outcomes of ABS, in line with the Theory of Change (ToC). The ToC can be found in Appendix 1.

About this report

This is the first of three evidence syntheses that will be published as part of the national evaluation of ABS. The local evidence syntheses ensure that evidence produced through local evaluation work in the ABS partnerships is included in the national evaluation. It presents an opportunity to explore evidence of ABS delivery in depth and identify both synergies and contradictions with the national evidence. Findings in this report are regarding implementation of ABS, as in how ABS is delivered in line with the ToC domains (inputs, activities, mechanisms, and outcomes). Key audiences for the ABS national evaluation are ABS partnerships, Early Years practitioners, parents and carers, and local and national policy makers and commissioners of Early Years services.

The report includes evaluation evidence from ABS implementation reports which were available at the end of 2023. There will be two more local evidence syntheses as part of the national evaluation which will be published in 2026 alongside the final report.

Findings

Evidence included within the local reports suggests that ABS is implemented in line with the mechanisms detailed in the ToC.

Reports suggested **that aspects which make ABS distinctive** of other Early Years services are:

- The focus on prevention-based support;
- The level of attention given to ensuring accessibility; and
- The resilience of services adapting their programmes and continuing delivery during the Covid-19 pandemic.

While the term '**systems change**' was seldom used in reports, these aspects as well as findings relating to collaborative working and governance align with the systems change outcome on the ABS ToC.

There were numerous accounts of ABS services having an **adaptive design** by shifting to meet local need in order to increase engagement. There was no evidence of services targeting outcomes not captured in the ToC. Fidelity to the original service design did however range throughout services, with sessions not taking place as frequently as planned and particular assessments not being delivered as intended.

All five partnerships placed a strong focus on **inclusion, engagement and empowerment**. This included services being logistically practical, appointments being conveniently timed and located, affordable (free), inclusive of all families, and culturally relevant and inclusive of diversity. Actively removing barriers to these being achieved was felt to be integral to engagement.

Collaborative working and effective governance were seen across sites, with partnerships being common practice, particularly with the NHS, other Early Years services and charities. This enabled upskilling of staff and a more joined-up understanding of family contexts. All partnerships had elements of co-production. This was viewed as significant in being able to engage a diversity of families across the community, for instance those from different ethnic and linguistic backgrounds. There were difficulties in some areas, such as low levels of engagement, or limited diversity in those who did engage, but on the whole co-production was seen as key to help engagement with services.

The relationship between the **implementation of ABS and child-level outcomes** was explored at a high level for this first local evidence synthesis. Reports often made a link between engagement with services and outcomes, and outline how services were implemented to support engagement. This included making adaptations when barriers to engagement were identified. Relationships between implementation and specific child-level outcomes were not captured for this report, but will be explored in the future syntheses.

Key risks to the implementation of ABS included the Covid-19 pandemic. Multiple difficulties were experienced, including the move of service delivery online and significant staff shortages. Despite this, ABS services were viewed as being adaptable in terms of their ability to continue delivery, particularly when contrasted with other Early Years services.

2 Introduction

This is the first of three evidence syntheses that will be published as part of the national evaluation of ABS. The purpose of this report is to inform readers about the evidence synthesis methods, key findings regarding the implementation of ABS in line with the ToC domains (inputs, activities, mechanisms, and outcomes), and plans for the next two local evidence syntheses.

The national evaluation of A Better Start (ABS) includes three local evidence syntheses. This is the first, focussing on implementation, and the second and third will be produced alongside the final report of the national evaluation in 2026. They will cover the topics of implementation and impact.

The local evidence synthesis work collates ABS evidence, produced locally by the ABS partnerships and their local evaluation partners. By synthesising existing evidence, we are able to gain insights to test and refine the ABS Theory of Change (ToC) while avoiding duplication of work, and therefore minimising the evaluation burden on services. The ToC can be found in Appendix 1.

We issued a call for all locally produced evaluation evidence to the five ABS partnerships in September 2023. A total of 158 reports were submitted in response. We asked the ABS partnerships to submit any of their evaluation evidence that had been produced since August 2021, including unpublished internal evidence and reports published externally. It was understood that we would undertake a systematic selection process to choose which of the reports would be taken forward for data extraction.¹ All were taken forward and screened in line with our screening tool ([Appendix 2](#)), first by looking at executive summaries, and then 88 documents were taken into full text screening. A total of 59 locally produced reports were included in the review. The included reports were read through and data extracted in line with a data extraction template ([Appendix 4](#)), which included fields relevant to the synthesis research questions.

This first local evidence synthesis on implementation explores evidence on the implementation approaches expressed in the mechanisms and assumptions described in the ABS theory of change. It identifies similarities in how ABS is delivered across the different areas and distinctions and explores the potential relationship between implementation and outcomes.

¹ While the research questions for this local evidence synthesis and the available budget made it essential to prioritise a proportionately small number of the evidence submitted by ABS partnerships, the volume received is positive. We will re-screen the evidence for the further local evidence syntheses, and, in turn, evidence that was excluded for this synthesis will be included in later ones.

3 About A Better Start

A Better Start (ABS) is the ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund (The Fund), the largest community funder in the UK. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, ABS partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication. The work of the programme is grounded in scientific evidence and research.

ABS is also place-based and working to enable systems change. It aims to improve the ways that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. ABS is one of five major programmes set up by The Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier. Learning and evidence from ABS enables The Fund to inform local and national policy and practice initiatives addressing early childhood development.

3.1 The national evaluation

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

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

The local evidence synthesis is part of the wider evidence gathering and analysis methods for the national evaluation, as detailed in the [evaluation protocol](#).

4 Local evidence synthesis methodology

We developed a protocol, detailing the methodology for this local evidence synthesis. This was reviewed and signed off by The Fund. The methodological approach to this evidence review and synthesis draws on the principles of systematic review with narrative synthesis.² Each step in the review was piloted on a small number of documents before conducting the full review, revising the protocol where necessary.

4.1 Research questions

For this first review and synthesis of implementation evidence we will focus on the following broad implementation questions:

1. How faithful has the ABS programme been to the original design (as outlined in the ToC)? (from Phase 2 protocol)
 - To what extent have ABS and individual services been delivered as intended?
 - Where there has been adaptation and variation, what has changed? Why and in which ways? (Mechanisms, inputs and activities)
2. What contextual factors (external to the intrinsic ABS programme itself) enabled or hindered implementation success at project- and site-level?
3. How well did ABS partnerships sustain engagement from community members? What helped and what made it difficult? (Assumptions) (from Phase 2 protocol)
4. How important was putting Parents in the Lead³ in engaging a diversity of families with ABS? (Mechanisms) (from Phase 2 protocol)
5. How effective were the different governance mechanisms within the five ABS partnerships (to achieve which goals)? Did any governance mechanism make a difference? If so, how / why? (Mechanisms) (from Phase 2 protocol)
6. Is there evidence that ABS has contributed to local systems change?
 - What encouraged/discouraged this? (Systems change) (from Phase 2 protocol)
 - In what way, if any, has that contributed to the sustained achievement of ABS outcomes, during and beyond ABS?

² <https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/fhm/dhr/chir/NSsynthesisguidanceVersion1-April2006.pdf>

³ This was in line with The Fund's People in the Lead approach to participation and co-production in their organisational strategy when the protocol was developed. Their [recently launched strategy](#) (2023) does not use this wording and now is framed as 'it starts with community'.

7. How different is ABS to other models of delivering Early Years services and programmes? (Systems change) (from Phase 2 protocol)
8. What are the parallels and differences in the local evaluation evidence and that gathered by the national evaluation so far?
9. What are the remaining gaps in evidence on the implementation of ABS?
10. What are the implications for further evaluation data collection locally and nationally?
11. What changes, if any, do the synthesis findings suggest for the ABS ToC?

4.2 Search strategy

We issued a call for evidence to the five ABS partnerships in September 2023, seeking all evaluation evidence that had been produced locally since 2021. This included internally written evaluation reports and reports written by the partnerships' local evaluation partners. These partners were external evaluators appointed by the ABS partnerships to produce formative and summative evaluations. We downloaded all publicly available reports on the partnerships' websites as part of this search.

Insight Reports published by NCB through the ABS Learning Contract were also collected through this initial evidence gathering. The ABS Learning Contract is a programme of shared learning and development support for ABS, across and beyond the five partnership areas.

While the research questions for this local evidence synthesis were about implementation, we asked that the ABS partnerships submit all evaluation evidence. As such, we expected a large number of documents to be excluded during screening for this local evidence synthesis. Taking a broad approach to our search strategy has allowed us to build our library of locally produced ABS evaluation evidence and it is likely that evidence excluded in this synthesis will be relevant in the following two local evidence syntheses.

The searching phase resulted in 158 pieces of evidence for screening.

4.3 Screening

Following our development of the screening tool (Appendix 2), we piloted this on five documents, then reviewed and refined it. Where executive summaries existed, we screened these first and, if needed, the full text was screened to assess eligibility for inclusion in the review. Inclusion and exclusion criteria are detailed in Appendix 3.

4.4 Prioritisation

Although locally produced documents were catalogued during Phase 1, we were not able to estimate the volume of available evidence at the outset of the review.

We planned to include up to 50 papers in each review. However, due to the high volume and quality of evidence submitted by ABS partnerships, data was extracted from 59 locally produced reports. Reports varied in length and detail which enabled us to include the most relevant documents to answer the research questions for this local evidence synthesis within the budget available.

Reports were prioritised based on their relevance to the research questions on implementation for this local evidence synthesis. All reports that were shared with us in the call for evidence have been retained and will be reviewed again for their relevance to future local evidence syntheses.

The PRISMA⁴ diagram below only includes the locally produced evaluation reports.

⁴ <http://www.prisma-statement.org/>

Figure 1. PRISMA diagram showing stages of screening leading to final sample of reports included in the local evidence synthesis.

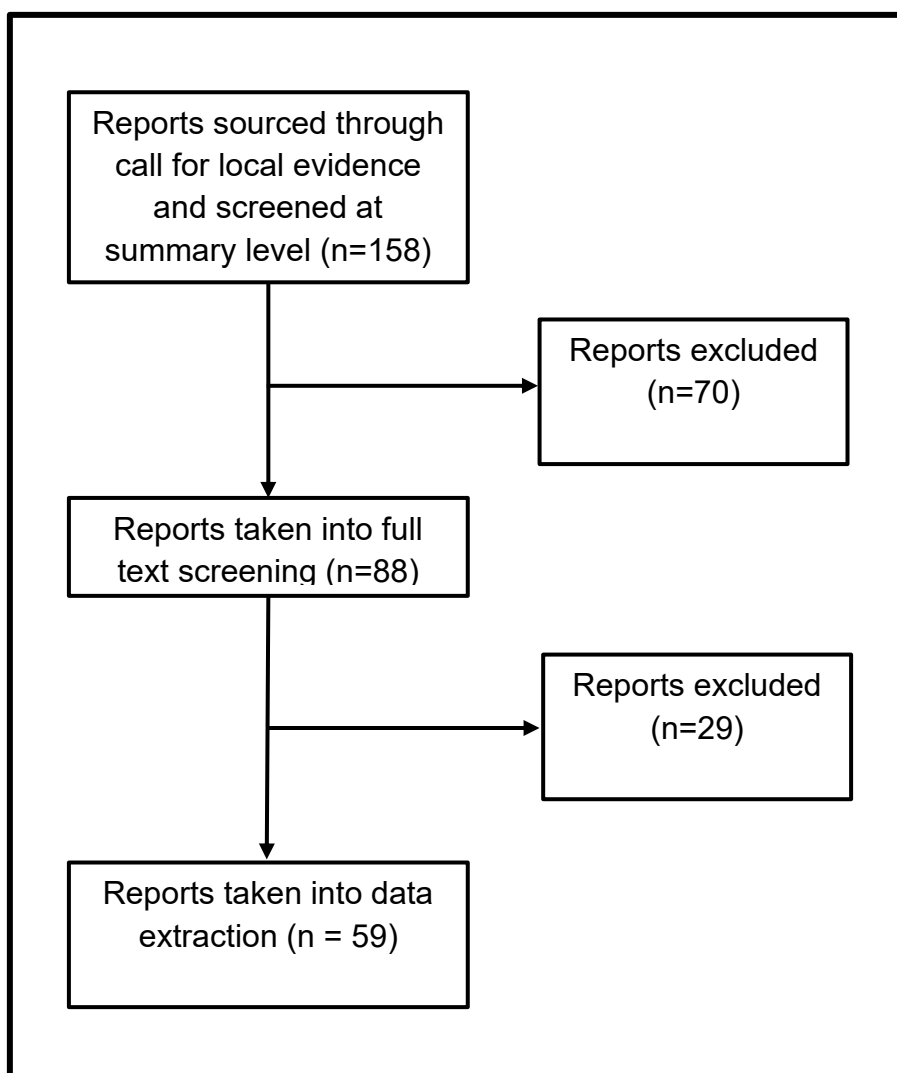


Table 2. Included reports by ABS partnership⁵

ABS partnership	Number of included reports
Blackpool	3
Bradford	19
Southend-on-Sea	19
Nottingham	9
Lambeth	9

⁵ Please note that the difference in reports included across the partnership areas should not be seen as a reflection of more or less evaluation activity within those areas, but rather the reports that best met the criteria for this particular local evidence synthesis. We are continuing to update our library of locally produced evaluation evidence.

4.5 Data extraction

The template for extracting implementation evidence from selected reports, developed and piloted during Phase 1, was revised and updated to include data extraction fields relevant to this local evidence synthesis. Examples of the data extraction fields include: date, project description, the ABS outcomes e.g., diet and nutrition, fidelity, community engagement, perceived impact, consistency of evidence, gaps in evidence, and limitations. See Appendix 4 for a full list of the data extraction fields.

4.6 Assessing strength of evidence

As part of the data extraction process, researchers made note of whether there were concerns about the quality of the evidence, general limitations, and the conclusions drawn. This was taken into account when summarising the evidence for reporting purposes.

A formal assessment of quality will be more appropriate for the impact data that will be selected for use in the 2026 local evidence synthesis on impact.

4.7 Evidence mapping

During the screening process, reports selected for inclusion were mapped to key categories to enable us to organise the evidence collected and identify any evidence gaps. Mapping categories were outcome domains in the ToC, activity/intervention types, mechanism categories, context and location, and beneficiary group.

To inform the national evaluation contribution analysis (CA), evidence was tagged according to which contribution claim it was relevant to, if any, as part of the data extraction process.

4.8 Synthesis

Approaches to the implementation of ABS differ between and within sites and projects, as well the approaches of different evaluation leads; this is reflected in the production and content of local implementation evaluation evidence. Given this heterogeneity, the analysis and synthesis of findings brings together

qualitative and quantitative evidence and draws on a meta-narrative approach (Greenhalgh et al.2005⁶ 7; Greenhalgh and Wong, 2013⁸).

This approach enabled us to produce a comprehensive and transparent overview of a wide range of types of evidence, relating to varying approaches to implementation of ABS funded projects and local initiatives. Within this, opportunities for shared learning relating to different approaches to both ABS implementation and ABS evaluation have been highlighted. Common themes across the ABS partnerships are identified, as is place-based evidence.

5 Findings

Findings from this local evidence synthesis on implementation illuminate how ABS services are delivered. The data from this synthesis shows, in a granular way, where there are similarities and as well as differences. This is encouraged by the programme-level ToC, particularly through the mechanisms which set out common principles and ways of working as a framework for tailoring and adapting services to meet local needs.

The relationship between implementation and outcomes for families is discussed in a general sense, but causal links with the specific child-level outcomes on the ABS theory of change have not been made. This will be a focus of the following local evidence syntheses that will be published alongside the final report in 2026. We do, however, highlight how approaches of delivering ABS services are used to generate systems change in the Early Years sector.

5.1 Distinctiveness of ABS

The authors of the reports included in this synthesis suggest evidence on whether and how ABS differs from other models of delivering Early Years services. Where they compared ABS to other Early Years services, themes included were:

- The focus on prevention-based support;
- The level of attention given to ensuring accessibility; and
- The resilience of services adapting their programmes and continuing delivery during the Covid-19 pandemic.

Within Lambeth, Southend and Nottingham, ABS was considered distinctive due to the importance placed on prevention-based support. Two reports from Lambeth and Nottingham [43; 34] highlighted preventative work which was

⁶ Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O, Peacock R. Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review. *Soc Sci Med.* 2005 Jul;61(2):417-30.

⁷ Wong, G., Greenhalgh, T., Westhorpe, G., Buckingham, J., Pawson, R. RAMESES publication standards: meta-narrative reviews. *BMC Medicine.* 2013 11, Article number:20.

⁸ www.ramesesproject.org/media/Meta_narrative_reviews_training_materials.pdf

steering ABS services in comparison to statutory services, whilst Southend [3] showed a potential shift towards prevention in the workforce.

There were nine reports from ABS partnerships highlighting how the emphasis on increasing accessibility separated it from other services [1; 3; 7; 8; 30; 39; 69; 72; 78]. Reports from Bradford and Nottingham noted the use of interpreters and the delivery of programmes in different languages to make them more accessible to the community [39; 69; 72; 78].

The length, timing and location of sessions were seen to be adapted to fit user preference. Reports from Southend and Bradford provided information on services where families could choose their appointment location [3; 52], whilst another from Southend explained how participants could choose the time and length of sessions to suit them [8]. Lastly, a report from Bradford demonstrated cases in which childcare was offered to support parents [72]. These findings were not widely replicated across the ABS programme.

A significant factor evoked in reports as having separated ABS from other services was its ability to continue delivery throughout Covid-19, adapting to challenging contexts. These findings, which include both the benefits and challenges that came with the shift to online delivery, are discussed below in [Adaptations to sustain delivery through the Covid-19 pandemic](#).

5.2 Adaptive design

A core mechanism of ABS, as outlined in the ToC, is adaptive design. Adaptive design is defined in the ToC as involving:

- Local adaptation;
- Continuous, evidence-based improvement (test and learn);
- Fidelity; and
- Scale-up and replication.

Evidence from this local synthesis can help us understand how this is applied in practice, particularly in terms of how and why ABS partners adapt services and the relationship between those adaptations and fidelity to service design.

Some reports included reflections on evidence-based improvement (test and learn), highlighting both ways in which monitoring and evaluation processes have enabled adaptive design as well as challenges. Monitoring systems have enabled partnerships to use data to inform improvements to referral processes in Bradford and training in Southend, therefore increasing the quality of services [30; 67]. The evidence is, however, inconsistent, as one report from Lambeth suggests weaknesses in the ability of monitoring tools to accurately measure outputs [50].

Local adaptation and fidelity

Given the scale and complexity of ABS, the ToC is high-level, including a range of activity types and outcomes, and encouraging the tailoring of services to meet local needs through the mechanism of test and learn. The reports provided no evidence of services targeting outcomes that fell outside the remit of the child development and systems change outcomes described in the ToC. The activities and mechanisms described in the evidence here reviewed were in line with the ABS theory of change. Where local adaptations were made to local services, this was largely aimed at increasing engagement.

Fidelity is the extent to which ABS and individual services have been delivered as intended and any variation from this. It is discussed in this section in terms of services being delivered in line with the shared activities, mechanisms and outcomes in the ABS theory of change and the individual services being offered through the delivery partnerships. The latter, therefore, is specific to that project or intervention within the broader ABS programme. While the evidence broadly suggests alignment with the ABS theory of change, the extent to which individual services were implemented as intended was not consistently reported across the ABS partnerships. Reports from Bradford tended to include information related to fidelity more consistently than in other ABS partnerships. As a result, Bradford is more represented in the findings on fidelity than the other four ABS partnerships.

Across the partnerships, 14 reports have evidence that programmes were not delivered as intended.

- Scheduled sessions were cancelled or did not take place as frequently as intended in a number of services [58; 59; 60; 62; 67; 68; 70; 71; 75; 80];
- Named midwife continuity of care models were not fully achieved [74];
- Gifts to support school-based play sessions were not provided as intended [75]; and
- In one service language assessments were not delivered to the majority of children pre-24 months as intended [76].

One programme in Bradford stated that its services were delivered to ineligible participants. The Breastfeeding Support programme [59] was delivered to women who lived outside of ABS wards as staff felt unable, on moral grounds, to decline them support, particularly in the face of Covid-19.

Evidence from six reports suggested that low levels of beneficiary recruitment and engagement resulted in low programme fidelity [57; 58; 62; 67; 70; 75]. Bradford reported that its Baby Club service [57] was cancelled due to poor attendance, whilst four of its other services were cancelled due to low participant engagement [58; 62; 67; 75]. The partnership's Home Start programme [70], on the other hand, saw a cancellation of some of its services due to too small a pool of volunteers and staff. Various partnerships showed

examples of adaptations which aimed to improve levels of participation. Reports included examples of extending eligibility criteria for participation, extending the length of a study, and altering referral systems due to recruitment and referral related issues [54; 64; 67]. Specific instances in Blackpool's Health Visitor Behavioural Activation programme [54] and Bradford's HAPPY programme [67] show an extension in the eligibility criteria for participation, with the former extending its infant age criterion and the latter dropping its BMI eligibility criteria to become a universal offer to women. Further examples of adaptations aimed at increasing engagement were noted in the reports, such as the distribution of publicity materials [80], although there is little information on the success of this initiative.

Nottingham's Story and Rhyme Time [33] adopted a flexible approach to its structure and delivery, yet this resulted in changes to activities which did not align with its original intended outcomes for this particular service. Furthermore, its Stay One Step Ahead programme [39] reported having variable fidelity, perhaps due to the heterogeneity and complexity of the intervention compared to other child safety programmes. The provision of home safety advice to parents was found to be generally consistent within the Health Visiting Team, however health visitors used materials differently and there was variation in monthly safety messages between ABS and the non-ABS control group staff.

Adaptations to sustain delivery through the Covid-19 pandemic

The most significant external contextual factor that challenged the implementation of ABS was Covid-19. Fifteen [2; 3; 33; 34; 36; 37; 41; 46; 54; 55; 57; 59; 61; 69; 72] of the reviewed documents report that programmes transitioned to digital or telephone delivery, seventeen [33; 34; 35; 36; 38; 39; 55; 57; 59; 61; 64; 66; 67; 69; 71; 72] refer to delays and temporary pauses in delivery, and two [55; 59] temporarily stopped taking new referrals. The ABS partnerships reported challenges with staff confidence and their ability to deliver services online [33, 41], low levels of digital literacy amongst staff and participants [55], and technical issues such as unreliable internet connections and disruptive background noises during online sessions [33, 34, 41]. The issue of data protection equally became a concern, with Blackpool [55] reporting that service delays and inconsistencies in the use of digital technologies were attributed to having to follow data protection policies.

Several challenges arose in terms of building and sustaining online relationships that had been previously built with families face-to-face. These included safeguarding, where it became difficult to rely on the same cues as during a face-to-face session to ascertain if a child needed further support [55], and impaired trust between families and services, thought to be because of a lack of in-person contact [54]. A report from Southend highlighted the difficulty of engaging with children online, and the same was echoed by Nottingham in

relation to parents [41]. Digital fatigue was a challenge mentioned in reports from across the ABS partnerships, particularly as the pandemic progressed. [3; 33; 34; 41].

Reports also described new opportunities and benefits to delivery that were observed during the pandemic. Despite posing challenges to many aspects of ABS implementation, the effects of the transition to remote delivery as a result of Covid-19 was found to improve relationships between staff and families in some services. Examples of this included being able to communicate virtually with families which increased flexibility, in turn contributing to stronger relationships [55; 59]. Moreover, some families found that extra efforts made by staff to ensure they had the technical resources needed at home to attend sessions improved trust [41]. Indeed, five reports from both Southend and Nottingham mentioned how the continuation of services was appreciated by parents especially when other services ceased delivery during this time. This was a key feature that report authors suggested made ABS distinctive from other services [2; 3; 17; 33; 34].

As seen across the entirety of the Early Years system, staffing and resources became a significant issue. Seven documents [1; 27; 30; 37; 38; 74; 75] referred to staff shortages as inhibiting the delivery of individual ABS services. This led to sessions being rushed and staff being unable to cover all required content [27], staff being unable to attend training due to having to cover for absences [37], and programme sessions being cancelled [38; 75]. In terms of resources, certain services were shut as staffing pressures increased [35], meaning that post-intervention exit pathways became limited [55]. Staff who remained faced higher workloads and reduced time capacities [1; 27; 32; 39; 74], meaning that, in some cases, staff didn't have the capacity to focus on ABS programmes and initiatives at the expense of their existing workloads [32].

The importance of staff to the implementation of ABS was clear. However, staffing was often discussed in reports in the context of being understaffed and the subsequent implications of this. Positively, the arrival of new staff bought a fresh impetus to the ABS programme, where new team members revised programme training, introduced supervision, and refocused efforts on service design and identifying new opportunities for ABS provision [50].

Adaptations were implemented to complement the transition to digital delivery during the Covid-19 pandemic and address contextual consequences of this transition, however evidence in this synthesis suggests that these changes were not consistent across ABS areas. Some ABS partnerships reported implementing workforce training on digital delivery skills [33; 41], or alternatively implementing beneficiary training to address concerns regarding digital exclusion [2]. Specifically, staff in Southend and Nottingham made efforts to signpost or provide families with resources necessary to access services at home [2; 41]. In a few sites the transition to online delivery resulted in an

extension of programme scope, and, resultingly, of staff responsibilities [2; 41; 55]. The Blackpool partnership displayed examples of broad changes to its services by providing families with emergency food packages, introducing a new programme of wellbeing phone calls, and providing families with information that would usually be the responsibility of other services that were no longer accessible during the pandemic [55].

5.3 Inclusion and engagement

Across the five partnerships, local evaluation evidence placed a strong emphasis on the relationship between services being inclusive and accessible and participant engagement. Accessibility was understood as:

- Inclusive of all families;
- Culturally relevant and actively inclusive of diversity; and
- Logistically practical.

Logistically practical services are those that allow families to integrate ABS into their family in balance with their other commitments. These services are conveniently timed and located (and/or accessible online), affordable (or free), and can also have additional offers to appeal to families' needs, such as a creche so that childcare is provided while parents attend a service.

Accessibility was a significant factor attributed to the ABS partnerships' ability to sustain engagement. Evidence of this was included in 29 reports across all ABS areas. Accessibility sustained engagement through many different means such as flexibility in the delivery of services, digital technologies, provision of a creche, and language adaptations.

One report highlighted persistent accessibility issues due to the timing and location of sessions, which in turn negatively impacted engagement [3]. Whilst many services were able to deliver flexibly, other barriers were more challenging to overcome. One report discussed the cost of public transport as a hindrance to engagement [3].

Strategies to increase engagement with services were often rooted in identifying barriers to engagement and adapting services to remove those barriers. Of the barriers described in the evidence, a more challenging one to overcome is the underrepresentation within services of fathers and ethnic minority groups. In Southend [3], underrepresentation amongst service staff and volunteers was cited as a persisted barrier to engagement despite efforts to make services more inclusive.

Approaches that enhance engagement

Approaches to enhance engagement with ABS involved adding elements to services, while delivering the core model as intended, and/or adapting services more fundamentally to remove barriers to engagement. Many of the adaptations discussed in [local adaptation and fidelity](#) were implemented with the aim of removing barriers to engagement in order to encourage participation with services.

Removing practical barriers

Southend had four reports which suggested that flexibility in location, length or timings of sessions increased accessibility for participants, this being integral to sustaining engagement [3; 8; 30]. One of its reports [3] suggested that timing flexibility was essential when facilitating engagement with hard-to-reach participants, such as fathers. Another report further highlighted flexibility in the length and timings of sessions, where shortened 'drop-in' sessions allowed parents to access services more easily [30].

In Nottingham, one report suggested that parents preferred home visits to online and telephone contact, and that this flexibility in location helped to sustain levels of engagement [33]. Similarly, Bradford had two reports which reflected increasing accessibility due to changes in location, where services offered home visits to suit the needs of programme participants [78; 67]. One Southend report explained that home visits did not always increase the acceptance rate for their programme [5], suggesting that flexibility in service delivery may not always affect the level of engagement.

Reports highlighted the availability of a creche, one touched on a lack of childcare preventing parents from engaging in the service without their children [26; 30]. Reports from Southend included evidence of services providing a creche service to increase accessibility for parents who did not have alternative childcare.

Several reports specifically noted the benefits of digital transitions, with Nottingham, Southend and Bradford reporting that the convenience of online delivery sustained participant engagement [2; 33; 59]. Nottingham included a notable example of parents who preferred this delivery of the service due to not needing to travel with children, therefore making attendance to sessions easier to balance alongside parental responsibilities [33].

Furthermore, digital convenience was observed to increase attendance amongst fathers, as well as out of ward attendees who had not previously engaged in ABS. Reports also attributed these increases in engagement to the higher reach of online services [33; 36; 41].

Language adaptations

Two reports from Bradford discussed language adaptations as an enabler for sustaining engagement by increasing accessibility for communities who did not speak English as their first language [68; 72]. It is notable that many different reports across the partnerships talked about language adaptations within services, not always in relation to enhancing community engagement, however.

One of these reports [72] suggested that providing interpreters and translators was essential to ensuring accessibility and sustaining engagement from communities who did not speak English, despite these communities only making up a small portion of service participants. However, there was limited evidence provided on the extent to which this sustained engagement over time.

Skilful delivery staff and trusted relationships

In Lambeth, reports highlighted the experience and specialism of NHS staff working within ABS service and their ability to sustain engagement through positive participant experiences [47], in turn allowing for the development to trusting relationships between client and practitioner. More specifically, Lambeth reported that this allowed for the provision of personalised advice which was beneficial to participants.

Alternatively, one report from Bradford [72] observed that training provided to the ABS workforce by Barnardo's Incredible Years teams served to increase staff specialism and enabled the productive delivery of sessions. The report attributed this in turn to improved engagement with the service.

5.4 Collaborative working, effective governance and capacity

The mechanism of collaborative working, effective governance and capacity applies to all stakeholders involved in ABS including The Fund, partnerships and local partners, and parents. Across the ABS partnerships, specific structures and working practices were described in reports as embodying this mechanism of ABS delivery. These include collaborations between services and co-production with parents. Evidence seen in the reports for what is working well and also challenges are discussed in this section.

Collaborative working and effective governance practices

Partnerships were the most common practice for collaborative working and effective governance within ABS sites, and were highlighted within 36 reports [3; 4; 8; 16; 24; 25; 30; 35; 37; 38; 40; 42; 43; 45; 47; 49; 52; 54; 57; 58; 61; 62; 64; 66; 67; 68; 70; 71; 74; 75; 76; 78].

Across all ABS sites, the most common partnership was with the NHS and this was most significant for Bradford. Partnerships between ABS and early years services and charities were also common [24; 25; 35; 37; 38; 40; 42; 49; 62; 66; 75; 78], and in many cases there were multiple partnerships per site [8; 30; 62;

66; 75; 78]. Southend, for instance, provided evidence of partnerships with local charities Home Start Essex and Southend YMCA [24; 25].

Upskilling, coproduction and monitoring were other mechanisms of collaborative working and effective governance which affected the implementation of services. Evidence of this in reports was uneven across the ABS partnerships. Southend gave a unique example of the Early Years Independent Domestic Violence Advisor (EYIDVA) monitoring tool which assists in improvement of training services through monitoring evidence [30].

Notably, reports refer to co-production as involvement of parents in service design, development, and governance [3; 10; 40; 48], resulting in increasing representation, accessibility, and relevance to beneficiaries. This model is discussed in more detail in a further section on co-production with parents.

What works well with ABS collaborative working, effective governance and capacity

Evidence reviewed suggests that partnerships were particularly successful as a collaborative working and governance practice. Referral and recruitment processes for ABS services were enhanced by increased access to potential participants [3; 35; 57; 67; 60; 64; 70; 74; 75; 78], therefore allowing higher uptake of the programmes.

Additionally, partnerships worked well due to complementary staff specialisms involved with partnerships. Two reports from Southend, for instance, gave evidence that partnerships were beneficial to higher quality implementation of ABS services due to specialism within NHS breastfeeding services [4;16]. Governance practices of upskilling and monitoring worked well for similar reasons and were attributed to enhancing the quality of service design and implementation [3; 30; 37; 38; 39; 50; 54; 67].

What works less well/ is challenging about ABS collaborative working, governance and capacity

Staff capacity is seen in reports as a challenge of ABS delivery. Issues of limited capacity have been identified as hindering ABS implementation [48; 58; 60; 64; 75]. Examples from Bradford suggested that lack of staff capacity resulted in uneven implementation [58; 60; 64; 75], and organisational issues halted projects [80]. There were large organisational issues which stemmed from structural changes to children's centres in Bradford which had a substantial impact on the implementation of HENRY [68].

Other examples of challenges across sites included separate funding streams and disagreements between partners, leaving concerns around equity of care and reducing the effectiveness of joined up working [42; 60].

Co-production with parents

Co-production with parents was key in engaging a diversity of families across ABS services. This local evidence synthesis found evidence of co-production initiatives with families in Southend [1; 3; 10], Nottingham [33; 34; 35; 36; 37; 39; 40], Lambeth [43; 48] and Bradford [69; 78]. There are varying amounts of evidence on how co-production activities affected implementation across reports. We are aware from other elements of the national evaluation that all partnerships include elements of co-production in their ABS delivery, however it did not feature in reports from all partnership areas.

Approaches for co-production with parents

There were many different approaches and models of co-production across ABS services. Where discussed in reports, the focus tends to be on the importance of co-production within a variety of stages of service implementation including the design, development, and delivery of programmes.

Broadly, co-production was understood as important across sites [3; 10; 33; 34; 35; 36; 37; 39; 40] and many sites understood co-production to increase the opportunities for service users to take on leadership positions [10; 40; 48]. For example, Nottingham reports include evidence of parent champion groups such as the Parent Obsession Group [36; 37] and the BAME Dads Project [40]. One of these reports suggested that parent champions also had opportunities to participate in governance activities. [10].

The involvement of parents within various elements and levels of ABS delivery was attributed to a range of benefits, such as enhanced parenting skills, improved self-esteem, and transferrable employability skills. Reports also attributed parents' involvement with benefits to services' governance, strategy and quality of delivery. Six reports in Southend and Nottingham suggested that parents in co-production roles contributed positively to service design, development, and delivery [10; 33; 34; 35; 39]. Three reports from Nottingham Small Steps Big Changes (SSBC) highlight the role of family mentors, a group made up of local parents and grandparents, who supported service delivery [33; 34; 35; 39]. Service development was shaped by SSBC family mentors through a steering group which put lived experiences at the centre of the Love Bump smoking cessation during pregnancy campaign [35].

What works well with co-production with parents

Engaging parents from different ethnic and linguistic backgrounds was vital to understanding and implementing changes which reflected the needs of ABS beneficiaries. Two reports from Lambeth suggested that efforts to engage families from diverse backgrounds were successful [44;46] and resulted in demand-led services which contributed towards lasting impacts of service

provision. Bradford also gave two examples of diverse lead groups [70; 72] which allowed language adaptations and introduction of creche space [72].

Demand-led services were discussed as a feature of co-production with parents in reports from three ABS partnerships where adaptations enabled increased engagement, accessibility, and relevance within the implementation of programmes [48; 69; 78]. Examples from Lambeth and Bradford suggested that gathering input from volunteers and local people allowed successful implementation of the programme for beneficiaries, and more specifically non-English speakers [48; 69]. Specifically, parents gave suggestions such as flexible appointments and personalised content which made services more relevant and accessible to beneficiaries [78]. However, it must be noted that demand-led service provision was not always consistent throughout the programme [80].

Multiple reports suggested that flexibility in service design was key to co-production [70; 72] otherwise a lack of engagement would result. In some cases, this was managed where parent leads engaged in training and delivery at a time which suited them, this being the case for peer breastfeeding supporters in Bradford [58].

What is challenging about co-production with parents

Although many reports are written to celebrate the success of co-production initiatives with parents, reports from Lambeth, Nottingham and Southend also discuss challenges and barriers to meaningful co-production. Some reports describe attempts to be superficial [3], or that parental engagement was limited in its influence [10].

Co-production with parents was challenging for three key reasons:

- Low levels of engagement;
- Limited diversity within ABS services; and
- Limited volunteering opportunities within them.

Evidence from reports suggested that difficulty engaging different groups in co-production had resulted in imbalances in participation within ABS services. Numerous reports noted gender imbalances within ABS services [3; 40; 42; 44; 46], where programme participation figures ranged from 89% and 87% of mothers [42; 44] to 6% and 7% of fathers in two reports. Although one report from Nottingham highlighted attempts to specifically include fathers, the success of this can be understood as limited [40]. Similarly, Southend noted that non-English speakers were under-represented within co-production and governance [4].

Engaging parents in volunteering initiatives such as parent champions was considered also challenging due to attendance and the lack of diverse representation. One report from Lambeth described how attempts to engage

parents and parent champions were unsuccessful beyond the initial service design workshop [43]. Evidence from other reports in Southend [4] and Lambeth [50] suggested diversity was an overarching issue within volunteering opportunities, the latter which was said to put an unrealistic expectation on parent champions to represent ethnic group needs and issues.

5.5 Relationships between implementation and outcomes

Outcome evidence will be synthesised in a 2026 local evidence synthesis, but here, we can describe the perceived relationship between implementation elements highlighted in previous sections in the report on outcomes.

The relationship between implementation and child-level outcomes

The two local evidence syntheses on implementation and impact that will be produced in 2026 will explore the causal links between implementation and specific child-level outcomes in relation with the contribution analysis. This report explores the relationship between implementation of services and outcomes in a general sense.

The strongest link between implementation and outcomes that was found in this local evidence synthesis is the link with engagement. Much of the implementation strategies and approaches discussed in this report have been put in place because of a perceived benefit with being able to reach and engage more people through ABS services and sustain that engagement [3; 5; 8; 26; 30; 33; 36 41; 47; 59; 67; 70; 72; 78]. This can be observed in the communication and outreach practices of staff that are perceived to foster positive relationships between ABS practitioners and service users [47].

When adaptations were made to services, they were often put in place with the aim of removing identified barriers to engagement and to be accommodating of families' direct needs and competing priorities [26; 30; 39; 68; 69; 72; 78]. The principal theory driving this is that engagement with services that is sustained over time is a requisite of services users being able to benefit from them. There were examples of adaptations being made to manualised interventions delivered through ABS, which led to delivery bearing less resemblance to the original design [39; 68]. While it appears these adaptations have supported engagement with ABS, there is always a risk that they may also undermine the original desired outcomes of the intervention.

5.6 Systems change

Whilst the reports seldom use the words 'system change', the working definition of systems change for ABS is seen in the implementation evidence and

described in other sections of this report; “to change, for the better, the way that local health, public services and the voluntary and community sector work together with parents and communities to improve outcomes for children”. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life.

As discussed in the section on [Distinctiveness](#), there were consistent references to ABS services being prevention-based and how this separated them from other services. This was cemented by the focus from ABS services on improving long-term health outcomes, rather than achieving a shorter-term ‘fix’ which reports associated with statutory services [43; 44]. Approaches were described as proactive, meaning that services were not reacting to risk but rather trying to prevent it from occurring.

Evidence of joined-up working between services was described in the [Governance](#) section. The most common partnership for ABS services to hold was with the NHS. This brought with it a variety of benefits, such as increased communication of a family’s background [42; 45], enabling services to hold a more systemic view of presenting issues. In addition, being able to link in with NHS services which had specialist knowledge was felt to strengthen ABS implementation. There were, however, challenges with joined-up working reported, such as disagreement around service delivery, which in one area hindered implementation [42].

In terms of co-production with families, as discussed in the section on [co-production](#), it did feature across services and was utilised in a variety of ways. This included in service design and programme governance. It was widely viewed as successful, although some held the viewpoint that parental engagement was limited in its influence. On the whole, co-production was seen as important and often instrumental in ensuring that a range of families from different backgrounds could engage in the ABS programmes. Increased efforts to engage underrepresented groups, such as fathers, will be key in ensuring that a whole family approach to co-production is embedded within systems going forwards.

6 Discussion

The evidence in the reports included in the local evidence synthesis is broadly supportive of the ABS ToC.

There was significant local evaluation evidence from across the five partnerships to suggest that ABS services are have embraced the principles of **adaptive design** by modifying operational components of interventions to meet local need. These types of adaptations were often encouraged and were perceived by providers as ways of making services better able to meet the

needs of the community they were embedded in. Most frequently, it was reported that adaptations were made to increase or sustain engagement, not just in terms of numbers but diversity of engagement. It is important to note that levels of fidelity to the original service design varied for some services such as changes to planned session frequency or assessments not being delivered as intended. Whilst such changes were often described as being part of an effort to increase engagement, there is some risk that they may adversely impact the realisation of intended outcomes based in the original intervention design. However, there was no reported evidence of services adapting to target outcomes not included in the ABS ToC.

The local evidence suggests a strong focus on **inclusion, engagement and empowerment** in the implementation process. There is some evidence of cross-agency partnership working and co-production to address barriers to marginalised and excluded ethnic minority communities and fathers being able to engage in services, although this was variable across partnerships. Approaches to achieving this ranged from making access to support logistically practical, appointments being flexibly and conveniently timed and located, ensuring support was affordable (free), and inclusive of all families.

Collaborative working and effective governance were seen across sites, with cross-agency partnership working becoming increasingly more common practice. This was most frequently reported as ABS services collaborating with the NHS, followed by other Early Years services and charities. Reports provided evidence on how this joint working approach enabled the upskilling of staff and a more joined-up and shared understanding of family contexts. In terms of collaborative working with communities, all partnerships had elements of co-production built into their implementation processes. This was viewed as a significant mechanism for driving change in relation to the increasing engagement across the diversity of ethnic and linguistic backgrounds of families in the communities served. The evidence suggests however that challenges persist in some partnership areas in terms of low levels of engagement or limited diversity amongst those engaged. The overall message from the evidence in the included reports was that co-production is a key contributory factor to successful implementation.

The evidence found in the local reports also highlights challenges with ABS delivery. The challenges are relevant to the assumptions described in the ToC⁹; they are:

- Resources, services, local workforces & local birth rates are **stable enough** for ABS to be implemented;
- There is **sustained engagement & commitment** from services, workforce, ABS partners and community members;

⁹ Assumptions are defined in the ABS ToC as 'external events and conditions that enable the achievement of ABS outcomes'.

- ABS partners, workforce, volunteers and parents have the **capacity** to deliver and/or be involved in ABS; and
- Families have **sufficient exposure** to ABS services over enough time to make a difference to child outcomes.

The Covid-19 pandemic presented a significant challenge for the successful delivery of ABS. As a result of the pandemic context, service users experienced needs that were new and emergent, and existing needs were often amplified. The ABS workforce experienced capacity challenges creating a level of instability in service provision and had to quickly adapt. These adaptations sometimes brought fundamental changes to provision, such as offering community food services, while other adaptations involved moving services online so that delivery could continue through lockdowns and other social distance measures. Some of the included reports noted that ABS services were perceived as more resilient than other Early Years services during the pandemic, and demonstrated a greater ability to effectively adapt to changing contexts and needs and continue delivery.

Active and sustained engagement with all stakeholders, including service users, is seen as an essential element for effective ABS delivery in both the ToC assumptions and mechanisms. This importance is reflected in the evidence reviewed for this local evidence synthesis. The mechanisms of **adaptive design** and **collaborative working, effective governance and capacity** have been embodied by ABS partnerships and in turn have enhanced the mechanisms of **inclusion, engagement and empowerment** of services to effectively reach a wide range of parents and enable their sustained engagement with ABS.

Evidence of systems change was observed in the ways of working across the ABS partnerships. Working systemically with a focus on prevention and long-term impact was considered as a distinct contribution of ABS in comparison to delivery of other Early Years services.

As the national evaluation progresses, the mosaic of evidence from across the objectives will allow us to test the assumptions and mechanisms for change for the intended outcomes for children, families, and systems change in the ABS ToC. These insights from the local evidence syntheses, being particularly detailed about the similarities and differences of ABS across the five partnerships, allow us to develop the contribution claims and subsequent contribution story with confidence that they reflect ABS delivery.

6.1 Next steps

There are two more local evidence syntheses to be produced in 2026 alongside the final report for the national evaluation. The themes for the next two evidence syntheses are listed below.

- **Local evidence synthesis #2: implementation** – focus on evidence related to services transitioning away from ABS grant funding and its relationship to outcomes, particularly the sustainability of systems change.
- **Local evidence synthesis #3: impact** – this review will cover the claims about outcomes and impact that ABS partners make about ABS services and the types of evidence used to substantiate those claims.

In the short term, findings from this local evidence synthesis will be used to inform the ongoing contribution analysis and topic guide development for the further waves of qualitative fieldwork and the ongoing contribution analysis.

7 Reference table

Table 3: Reference table of documents included in this local evidence synthesis

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
1	Southend	Raising Southend: A Festival of Conversations 2022 Evaluation Report: Summary	Evaluation report for a specific site/service with multiple ABS outcomes.	Summary evaluation report about the Raising Southend: A Festival of Conversations initiative in 12-26 October 2022. Describes what it was, who organised it and its purpose. Sets out evaluation findings on how well the festival engaged people, costs, extent to which it met its aims, challenges, recommendations. Has focus on multiple outcomes and considers engagement.
2	Southend	Meta thematic analysis of findings from formative evaluation reports	Meta thematic analysis with multiple ABS outcomes.	Findings from a 'meta thematic analysis' of findings from interviews with ABSS beneficiaries. It aims to describe similarity/differences across beneficiary responses and between different workstreams according to ABSS achievements, implementation, effectiveness, quality and experience, and long-term change. Has focus on multiple outcomes.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
3	Southend	Southend's Best Start: What has been the Impact of the ABS Programme? Phase 1 Final Report for the Summative Evaluation	Impact report with multiple ABS outcomes.	Phase 1 final report of RSM summative evaluation of ABSS. Title is 'What has been the impact of the programme'? - a scan of the exec sum indicates that the report is not just 'impact only', but also explores other aspects incl. how and why there have been impacts, take-up of ABSS, who was reached. Has focus on multiple outcomes.
4	Southend	One-to-one breastfeeding (121 BF), Highlight Report Five	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is an initial report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Four and One (1st of January 2022 to 31st of June 2022). Includes findings related to reach and impact. Focuses on diet and nutrition outcomes.
5	Southend	'Bump to breast' Group Breastfeeding Support Formative Evaluation, Highlight Report Five	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is an initial report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Four and One (1st of January 2022 to 31st of June 2022). Includes findings related to reach and impact. Focusing on diet and nutrition outcomes.
7	Southend	HENRY Healthy Families Formative Evaluation, Highlight Report Five	Evaluation report for a specific	This document is an initial report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
			site/service, with a singular ABS outcome.	Quarters Four and One (1st of January 2022 to 30th of June 2022). Includes findings related to reach and impact. Focuses on diet and nutrition outcomes.
8	Southend	"'Let's Talk' Formative Evaluation, Highlight Report Five	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is a highlight report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Four and One (1st of January 2022 to 31st of June 2022). Includes findings related to reach and impact. Focuses on language and communication outcomes.
10	Southend	SAVS Engagement Service Formative Evaluation (Q4 & Q1), Highlight Report Five	Evaluation report for a specific service/project	This document is a report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarter Four and One (January – July 2022). The service under evaluation is the SAVS Engagement Service. Includes findings related to reach and impact. Has no focus on specific outcomes, instead considers engagement.
15	Southend	3 – 4 Month Health Visitor Contact Formative Evaluation (Q2 & Q3,	Evaluation report for a specific site/service,	This report covers the findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarter Two and Three (July – December 2022). It consists of the evaluation of 3 – 4 Month Health Visitor Contact. The

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
		2022), Highlight Report Three	with a singular ABS outcome.	report focuses on changes from the earlier evaluation report which covered Quarter Four and One (January – June 2022). Focuses on diet and nutrition outcomes.
16	Southend	One-to-one breastfeeding (121 BF), Highlight Report Six	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is an initial report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Two and Three (1st of July 2022 to 31st of December 2022). Focuses on diet and nutrition outcomes.
17	Southend	'Bump to breast' Group Breastfeeding Support Formative Evaluation, Highlight Report Six	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is an initial report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Two and Three (1st of July 2022 to 31st of December 2022). Focuses on diet and nutrition outcomes.
19	Southend	Family Nurse Partnership Formative Evaluation (Q2 & Q3 2022), Highlight Report	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is a report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Q2 and Q3 (July – December 2022). The service under evaluation is the Family Nurse Partnership.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
				Focuses on social and emotional development outcomes.
23	Southend	Story Sacks Formative Evaluation (Q2 & Q3, 2022), Highlight Report Four	Evaluation report for a specific site/service, with a singular ABS outcome.	This document is fourth report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Two and Three (1st of July 2022 to 31st December 2022). A snapshot view of service impact on beneficiaries' lives is presented from analysis of Southend Borough Council's data dashboard, ABS partner self-evaluation data and in-depth interviews with the beneficiaries. Focusing on language and communication outcomes.
24	Southend	Umbilical Chords Formative Evaluation (Q2 & Q3, 2022), Highlight Report Three	Evaluation report for a specific site/service, with multiple ABS outcomes.	This document is the third report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarter Two and Three (July – December 2022) on Umbilical Chords. This report focuses on presenting changes from the second evaluation report which covered Quarter Four and One (January – June 2022). A brief overview of service impact on beneficiaries' lives is presented from analysis of Southend-on-Sea City Council's data dashboard, ABS partner survey findings and in-depth interviews with the beneficiaries.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
25	Southend	Volunteer Home Visiting Formative Evaluation (Q2 & Q3, 2022), Highlight Report Six	Evaluation report for a specific site/service	This document is the sixth report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarter Two and Three (July – December 2022). The service under evaluation is Volunteer Home Visiting (VHV). Has no focus on specific outcomes.
26	Southend	Work Skills Formative Evaluation (Q2 & Q3, 2022), Highlight Report Six	Evaluation report for a specific site/service	This document is a report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarter Two and Three (July – December 2022). The service under evaluation is Work Skills. Has no focus on specific outcomes.
27	Southend	3 – 4 Month Health Visitor Contact Formative Evaluation (Q4 & Q1, 2023), Highlight Report Four	Evaluation report for a specific site/service, with a singular ABS outcome.	This report covers the findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarter Four and One (January – June, 2023) of 3 – 4 Month Health Visitor Contact project. Focuses on diet and nutrition outcomes.
30	Southend	'EYIDVA' Early Years Independent Domestic Violence Advisor Project Formative Evaluation (Q4	Evaluation report for a specific site/service,	This document is an introductory report on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Four and One (1st of

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
		& Q1, 2023), Highlight Report Two	with a singular ABS outcome.	January 2023 to 30th of June 2023). Focuses on social and emotional development outcomes.
32	Southend	Talking Transitions Formative Evaluation (Q4 & Q1, 2023), Highlight Report Two	Evaluation report for a specific site/service, with a singular ABS outcome.	This document reports on findings from the formative evaluation undertaken by the research and evaluation team at the University of Essex, covering Quarters Four (1st of January 2023 to 31st of March 2023) and One (1st of April 2023 to 30th of June 2023). Focuses on communication and language outcomes.
33	Nottingham	Evaluation of Small Steps Big Changes Annual Report 2022	Evaluation report for a specific site/service for multiple ABS outcomes.	Findings from evaluation of the Family Mentor Service, Story and Rhyme Time and Family Mentor group activities delivered online. Focuses on multiple ABS outcomes.
34	Nottingham	Experiences of SSBC families in having a Family Mentor	Evaluation report for a specific site/service.	Research to understand experiences of families in Nottingham who received support from a family mentor. Qualitative research with families that had a child under 4 and had direct contact with SSBC family mentors. There is no specific focus on ABS outcomes.
35	Nottingham	Love Bump End of Project Template	Monitoring report for a specific	A structured template which says it is completed for projects that have come to an end. Includes description of the project, its components, recruitment

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
			site/service, with a singular ABS outcome.	approach, impact, enablers and barriers and key learning. Focus on diet and nutrition outcome.
36	Nottingham	Oral Health Promotion Support End of Project Template (oral health campaigns and community engagement)	Monitoring report for a specific site/service, with a singular ABS outcome.	A structured template which says it is completed for projects that have come to an end. Includes description of the project, its components, recruitment approach, impact, enablers and barriers and key learning. This report focuses on the diet and nutrition outcome.
37	Nottingham	Oral Health Promotion Support End of Project Template (workforce training)	Monitoring report for a specific site/service, with a singular ABS outcome.	A structured template which says it is completed for projects that have come to an end. Includes description of the project, its components, recruitment approach, impact, enablers and barriers and key learning. This report focuses on the diet and nutrition outcome.
38	Nottingham	Oral Health Promotion Support End of Project Template (supervised tooth brushing programme).	Monitoring report for a specific site/service, with a singular ABS outcome.	A structured template which says it is completed for projects that have come to an end. Includes description of the project, its components, recruitment approach, impact, enablers and barriers and key learning. This report focuses on the diet and nutrition outcome.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
39	Nottingham	Evaluation of the 'Stay One Step Ahead' home safety programme, Final Report	Evaluation report for a specific site/service with multiple ABS outcomes.	Includes an intervention description and findings from qualitative interviews and a quantitative controlled before-and-after approach. The findings relate to: intervention effectiveness, fidelity, parental perspectives, practitioner perspectives, cost effectiveness, training evaluation and a conclusions section including recommendations. Focuses on multiple ABS outcomes.
40	Nottingham	Evaluation of Small Steps Big Changes: Annual Report 2023	Evaluation report for a specific site/service with multiple ABS outcomes.	Report containing evaluations of the Breastfeeding Incentive Scheme, New Fathers' Information Pack and Ideas Fund. Each evaluation includes a literature review and qualitative research findings about participant experiences with the intervention. Focuses on multiple ABS outcomes.
41	Nottingham	Learning from the transition to digital and virtual delivery during the Covid 19 pandemic	Monitoring report for a specific site/service.	SSBC report on key learning from services that transitioned to virtual delivery during COVID. Includes findings from 5 service case studies. The results cover how services transitioned to remote delivery, the benefits and downsides of remote delivery, and a summary of key learning.
42	Lambeth	LEAP local evaluation evidence review:	Monitoring report for a	A review of the current available evidence for LEAP's ToC. Evidence aims to refine evaluation methods,

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
		Summary of data and evidence available for Domains 6-8 of LEAP Theory of Change	specific site/service.	develop summative evaluation methodology, and ensure that the methods for data collection and analysis within the summative evaluation build on and strengthen the current data being collected by LEAP. Includes a summary of engagement data on LEAP services, user feedback, and outcome measurement. Has no specific focus on ABS outcomes.
43	Lambeth	The LEAP Parent and Infant Relationship Service (PAIRS): Intervention-level process evaluation	Evaluation report for a specific site/service, with a singular ABS outcome.	This report sets out the findings of an independent process evaluation of the Parent and Infant Relationship Service (PAIRS), one of many programmes being implemented as part of LEAP.
44	Lambeth	Max Roach Case Study	Project case study for a specific site/service.	Case study report on the Max Roach Children's Centre activities, written at the end of the partnership between Max Roach and LEAP - to capture successes, challenges and learning. No specific focus on ABS outcomes.
45	Lambeth	Early identification of at-risk children: service improvement study using immunisation status	Journal article for a specific site/service.	Journal article exploring the idea that 'missed immunisations' could be used as a proxy indicator in identifying children at risk of worse outcomes. The pilot study was funded by the Lambeth Early Action

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
				Partnership (LEAP) and took place within LEAP wards. No specific focus on ABS outcomes.
46	Lambeth	Annual Learning report 2021/22	Monitoring report for a specific site/service with multiple ABS outcomes.	This report is LEAP's first programme-level evaluation output. It presents results about overall reach and learning taken from LEAPs internal Shared Measurement System. Focus on multiple ABS outcomes.
47	Lambeth	The LEAP Community Activity and Nutrition (CAN) Programme Intervention-level Process Evaluation	Evaluation report for a specific site/service, with a singular ABS outcome.	Evaluation of the LEAP Community Activity and Nutrition (CAN) programme. This report sets out the findings of an independent process evaluation of CAN, to identify enablers, challenges and learning. Focus on diet and nutrition outcome.
48	Lambeth	LEAP Intervention-level process evaluation: cross-cutting issues report	Evaluation report for a specific site/service	Highlighting the cross-cutting issues identified during the independent process evaluation of three LEAP programmes: Community Activity and Nutrition, Parent and Infant Relationships Service and Parent Champions. No specific focus on ABS outcomes.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
49	Lambeth	LEAP local evaluation: formative evaluation report	Evaluation report for a specific site/service with multiple ABS outcomes.	This report provides evidence on 'how' LEAP has worked to realise its vision and the pathways that LEAP has created to generate positive change for children, their families and systems of support in Lambeth. Focus on multiple ABS outcomes.
50	Lambeth	LEAP Parent Champions Programmes: Intervention-level process evaluation	Evaluation report for a specific site/service with multiple ABS outcomes.	This report sets out the findings of an independent process evaluation of Parent Champions. It uses qualitative interviews, focus groups and secondary data analysis. Focus on multiple ABS outcomes.
52	Blackpool	Health Visitor Adverse Childhood Experience (ACE) Enquiry - Survey Report	Survey report for a specific site/service	Reports on telephone feedback surveys conducted by the research and evaluation team at CECD to determine the acceptability and use of routine enquiry into Adverse Childhood Experiences (ACEs) conducted by health visitors with caregivers during their initial antenatal home visit. No specific focus on ABS outcomes.
54	Blackpool	Barriers and facilitators for Health Visitors as therapeutic practitioners:	Evaluation report for a	Pilot study of the enhanced Health Visiting model piloted in Blackpool, which included Health Visitors piloting a Behavioural Activation programme for

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
		Health Visitor perspectives of implementing a Behavioural Activation programme for mums experiencing postnatal depression	specific site/service	mothers with moderate postnatal depression. This study assesses the feasibility and acceptability of training Health Visitors to deliver an adapted version of an evidence-based online Behavioural Activation programme. No specific focus on ABS outcomes.
55	Blackpool	Changing Practice Study: From Response to Recovery to a sustained approach to delivery. The impact and learning from Covid-19 for frontline delivery of services in the Blackpool Better Start Programme	Study report for a specific site/service	Study examining the transition of BBS frontline services to Covid-19. Includes interviews with BBS frontline staff. No specific focus on ABS outcomes.
57	Bradford	Better Start Imagine (BSI) End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of BSI, its performance and findings from the implementation evaluation for the project's contract period between 01.10.2019 - 31.12.2021. Focus on language and communication outcome.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
58	Bradford	End of contract report - Bradford Doulas	End of contract review for a specific site/service	The document provides an overview of the Bradford Doulas project performance and findings from the implementation evaluation including an interpretation of these findings by the BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB. No specific focus on ABS outcomes.
59	Bradford	Breastfeeding Support End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the Breastfeeding Support project and its performance. The report provides a summary of data collected by the project between 1st November 2018 and 30th June 2021. Emerging findings from the qualitative evaluation which began in August 2021 are also described. The qualitative evaluation is expected to conclude in March 2022. This document focuses on diet and nutrition outcomes.
60	Bradford	Continuity of Carer - End of Contract Report	End of contract review for a specific site/service	This document provides an overview of the Continuity of Carer project's performance and findings from the implementation evaluation. No specific focus on ABS outcomes.

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
61	Bradford	Cooking for a Better Start End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the Cooking for a Better Start project, its performance and findings from the implementation evaluation for the project's contract period. This document focuses on diet and nutrition outcomes.
62	Bradford	End of contract report - ESOL for pregnancy	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the ESOL for Pregnancy project, its performance and findings from the implementation evaluation for the project's contract period. This document focuses on language and communication outcomes.
64	Bradford	Family Action Perinatal Peer Support End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the Family Action Perinatal Support Project, its performance and findings from the implementation evaluation for the project's second contract period. This document focuses on social and emotional development outcomes.
66	Bradford	Forest School Play Project - End of Contract Report	End of contract review for a specific site/service with	The document provides an overview of the Forest schools, its performance and findings from the implementation evaluation for the project's second

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
			multiple ABS outcomes.	contract period. This report focuses on multiple ABS outcomes.
67	Bradford	HAPPY End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the HAPPY project, its performance and findings from the implementation evaluation for the project's contract period. Focus on diet and nutrition outcome.
68	Bradford	End of Contract Report - HENRY	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the HENRY project's performance and findings from the implementation and 'before and after' evaluations including an interpretation of these findings. Focuses on diet and nutrition outcomes.
69	Bradford	End of Contract Report - HENRY	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of the HENRY project, its performance and findings from the implementation evaluation for the project's second contract period. Findings from a 'before and after' evaluation of both the first and second contract periods are also detailed. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by

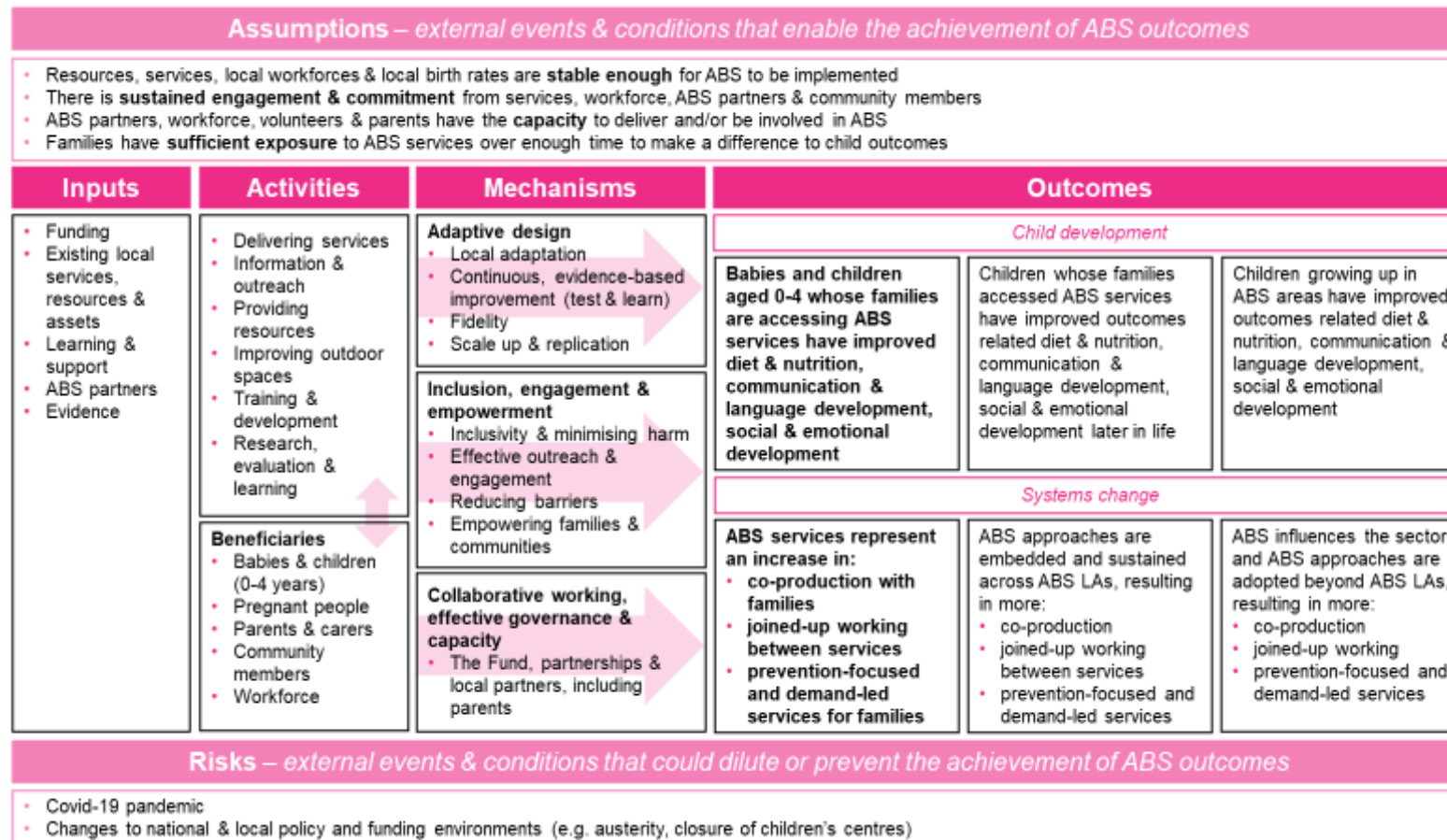
Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
				key stakeholders from the Better Start Bradford. Focuses on diet and nutrition outcomes.
70	Bradford	End of contract Report – Home-Start	End of contract review for a specific site/service, with a singular ABS outcome	This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Home-Start project team. The document provides an overview of Home-Start’s project performance and findings from the implementation evaluation including an interpretation of these findings by the BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from Better Start Bradford. Focuses on social and emotional development outcomes.
71	Bradford	I CAN End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of I CAN, its performance and findings from the implementation evaluation for the project’s first contract period. Focuses on language and communication outcomes.
72	Bradford	Incredible Years - Toddler End of Contract Report	End of contract review for a specific site/service,	This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Barnardo's Incredible Years teams. The document provides an overview of the Incredible

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
			with a singular ABS outcome	Years - Toddler project, its performance and findings from the implementation evaluation. Findings from a 'before and after' evaluation of are also detailed. The report provides a summary of data collected by the project between 1st September 2018 and 30th June 2021. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from Better Start Bradford. Focuses on social and emotional development outcomes.
74	Bradford	Personalised Midwifery Project Phase 2 - Continuity of Carer End of Contract Report	End of contract review for a specific site/service, with a singular ABS outcome	The document provides an overview of Phase 2 of the Personalised Midwifery Project's performance and findings from the implementation evaluation. Focuses on social and emotional development outcomes.
75	Bradford	End of contact report - Pre-schoolers in the Playground	End of contract review for a specific site/service, with a singular ABS outcome	This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Pre-schoolers in the Playground project teams. The document provides an overview of the project performance and findings from the implementation evaluation including an interpretation of these findings by the BSBIH. The design of this evaluation is described in more detail in the

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
				Evaluation Plan Summary, which was approved by key stakeholders from Better Start Bradford. This report focuses on diet and nutrition outcomes.
76	Bradford	Talking Together - Final Report	Evaluation report for a specific site/service, with a singular ABS outcome	This is a report of the implementation evaluation provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and project team, to aid BSB in decision-making regarding recommissioning. The document provides a brief overview of the project's performance and findings from the implementation evaluation including an interpretation of these findings by the BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from Better Start Bradford. Focusing on language and communication outcomes.
78	Bradford	Research Report: Outcomes of Talking Together Evaluation and Results (oTTER): A randomised controlled feasibility trial	Randomised Control Trial Findings for specific site/ service with a singular ABS outcome	A feasibility study to determine the feasibility of doing an RCT of the Talking Together programme (BSB). A secondary aim of the project was to understand factors in referral, uptake and attrition figures associated with Talking Together, which may inform the future provision of the service. The third aim of the project was to use the quantitative and qualitative data together to make an assessment of whether the Talking Together intervention shows evidence of

Reference Number	Site	Report Name	Document Type	Brief description of the type of report and evidence which supported this
				promise. Focusing on language and communication outcomes.
80	Bradford	Welcome to the World	End of contract review for a specific site/service, with a singular ABS outcome	The following report has been produced by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford (BSB) and the project team, to aid BSB in decision-making regarding re-commissioning; BSBIH provide an update to the end of contract implementation evaluation dated 26 February 2018, with an overview of the project's performance and findings from the implementation evaluation including an interpretation of these findings. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from Better Start Bradford. This report focuses on social and emotional development outcomes.

Appendix 1: ABS Theory of Change



Appendix 2: Screening tool

Table 4: Screening tool for selecting reports against inclusion criteria

Screening Stage	Screening / Mapping Fields	Outcome if met (Y/N)
Title screening	Report explores ABS services for child-level outcomes	Y
Document and Content Screening	Report explores	
Executive summary screening	Evaluation report contains evidence concerning (and produced by local sites) the implementation of local 'ABS' projects including those directly funded by ABS and those previously existing but adapted because of ABS	Y
	Evaluation report contains information on any ABS cross-site or national initiatives or events	Y
	Evaluation report contains learning contract outputs that meet the above criteria	Y
	Report contains only impact evidence	N
	Evidence report is not generated through ABS but used to inform the development of ABS projects	N
	Theory Papers	N
	Non-evaluation documentation / reports / data produced by ABS sites or the Fund	N
	Reports which give only raw data evidence	N
Full text screening	Evaluation report contains evidence concerning (and produced by local sites) the implementation of local 'ABS' projects including those directly funded by ABS and those previously existing but adapted because of ABS	Y
	Evaluation reports on any ABS cross-site or national initiatives or events	Y
	Evaluation report contains learning contract outputs that meet the above criteria	Y
	Report contains impact evidence	N
	Evidence is not generated through ABS but used to inform the development of ABS projects	N
	Theory Papers	N
	Non-evaluation documentation / reports / data produced by ABS sites or the Fund	N
	Reports which give only raw data evidence	N

Appendix 3: Inclusion and exclusion criteria

Table 1. Inclusion and exclusion criteria

Inclusion	Exclusion
Evaluation reports containing evidence concerning the implementation of local 'ABS' projects/services/programmes/initiatives including those directly funded by ABS and those previously existing but adapted because of ABS.	Evidence used to inform the development of ABS projects/initiatives that is not explicitly about the ABS programme itself.
Learning contract outputs that meet the above criteria.	Theoretical papers (unless they include ABS case studies).
Evaluation reports on any ABS cross-site or national initiatives or events.	Non-evaluation documentation/reports/data produced by ABS sites or The Fund; this includes progress and end of project reports for projects where other evaluation report material is available*.
End of project reports of local ABS projects that contain implementation evaluation evidence and where no other evaluation evidence is available for that project.	Raw data.
The focus for this review of implementation evidence is process evaluation, however we understand that process and impact evaluation is often merged, so all evaluation designs and methods will be included where implementation evidence exists and can be extracted.	

Appendix 4: Data extraction tool

Table 5: Data extraction tool

Broad category	Category	Further guidance
Document Info	ID	Paste record ID from full text screening
	File name	Paste file name
	Authors	Author(s) as they appear in document
	Date	Paste date
	Document Title	Publication title as it appears in document. Take from screening record.
	Document Type	Document type as it appears in document. Take from screening record.
	Extracted by	Initials of person completing the data extraction
Context	Project/Programme description	Briefly describe the project(s) or programme(s) that the paper refers to.
	ABS Outcome: Diet and Nutrition	Indicate if evidence is relevant to this outcome Y/N
	ABS Outcome: Communication and Language	Indicate if evidence is relevant to this outcome Y/N
	ABS Outcome: Socio-emotional Development	Indicate if evidence is relevant to this outcome Y/N
Data Extraction	Fidelity	To what extent have ABS and individual services been delivered as intended?

Broad category	Category	Further guidance
	Adaptation and Variation	How faithful has the Project/Programme been to the original design or ToC (if stated)?
		Where there has been adaptation and variation, what has changed? Why and in which ways? (Mechanisms, inputs and activities)
	Community Engagement	How well did ABS partnerships sustain engagement from community members? What helped and what made it difficult? (Assumptions) (from Phase 2 protocol)
	Parents in the Lead	How important was putting Parents/People in the Lead in engaging a diversity of families with ABS? (Mechanisms) (from Phase 2 protocol)
	Systems Change	Is there evidence that ABS has contributed to local systems change? (in a way that contributes to achievement of ABS outcomes and sustained change?) What encouraged/discouraged this?
	Distinctiveness	How different is ABS to other models of delivering Early Years services and programmes? (Systems change) (from Phase 2 protocol)
	Context	What contextual factors (external to the intrinsic ABS programme itself) enabled and hindered implementation success at project- and site-level?
Perceived Impact	Do families attribute changes in their behaviour and in their children's diet and nutrition, communication and language and social and emotional development to ABS? (Child-level & parental-level outcomes) (from Phase 2 protocol)	

Broad category	Category	Further guidance
	Consistency of evidence	What are the parallels and differences in the local evaluation evidence and that gathered by the national evaluation so far?
	Gaps in Evidence	What are the remaining gaps in evidence on the implementation of ABS, identified by paper authors?
	Implications for local evaluation	What are the implications for further evaluation data collection locally?
	Other relevant key findings	If the report contains key evidence relevant to ABS implementation not already extracted please insert a brief summary here
	Conclusions /Recommendations	What conclusions and recommendations do the authors make?
	Limitations by author	Please insert limitations identified by the author
Discussion	Limitations by extractor	Please insert limitations identified by you, the data extractor
	CA Claims	Insert contribution claim number that the evidence in the paper seems relevant to (or n/a if none) and any comments
	Extractor's Comments	Insert comments

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