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Local evidence syntheses 2 and 3: implementation and impact

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Contents

Executive summary	3
About this report	3
Findings	3
1 Introduction.....	5
2 About A Better Start.....	6
2.1 The national evaluation.....	6
3 Local evidence synthesis methodology.....	7
3.1 Research questions	8
3.2 Search strategy and screening	9
3.3 Data extraction.....	11
3.4 Evidence mapping	12
3.5 Assessing quality of evidence.....	13
3.6 Synthesis	13
4 Findings	14
4.1 Implementation	14
Adaptive design	15
Engagement and inclusivity	19
Co-production, collaborative working and effective governance.....	22
Distinctiveness of ABS.....	25
Sustainability of ABS	26
4.2 Impact	28
Child-level outcomes	29
Systems change outcomes.....	37
Unintended / unexpected outcomes.....	49
Alternative explanations and data limitations	49
5 Discussion and conclusion.....	50
6 Reference table	54
Appendix 1: ABS Theory of Change	66
Appendix 2: Screening tool.....	67
Appendix 3: Implementation data extraction tool	68
Appendix 4: Impact data extraction tool.....	72

Executive summary

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

The Fund commissioned The National Centre for Social Research (NatCen) and partners from the National Children's Bureau (NCB), Research in Practice, Fortia Insight (formerly RSM) and the University of Sussex to carry out the national evaluation of ABS. As part of the national evaluation, three local evidence syntheses were conducted, each focussing on collating evaluation evidence produced locally by the ABS partnerships and their local evaluation partners. This evidence was reviewed to draw out insights that relate to the implementation and impact of ABS, in line with the Theory of Change (ToC). The ToC can be found in Appendix 1.

About this report

The local evidence syntheses ensured that evidence produced through local evaluation work in the ABS partnerships was included in the national evaluation. The [first local evidence synthesis](#) (NatCen, 2024) focussed on implementation of ABS. It included evidence that was produced before the end of 2023.

This report includes findings from the second and third local evidence syntheses that were conducted as part of the national evaluation of ABS. By combining the reviews, we were able to identify updated evidence on the implementation of ABS to build upon the findings presented in the 2024 report, while also identifying evidence of impact. In relation to impact, we focussed on evidence of progress towards child and systems change outcomes as they were described in the ToC. We reviewed evidence produced by ABS sites published after the end of 2023 (the call for evidence for the first local evidence synthesis) up until Summer 2025.

Findings

The findings presented in this report provide meaningful learning about how to support families with young children using place-based approaches. The report demonstrates the relationship between the mechanisms described within the ABS ToC and their influence on specific child outcomes and systems change.

The local evidence reviewed for this report indicated that **place-based approaches helped families with young children to access early years support**. Across the five partnerships, long-term funding, co-production with parents, and flexible ways of delivering services helped more families take part. Families and practitioners valued these features of ABS, especially during the COVID-19 period and the later cost-of-living pressures.

Services adapted well to local needs and maintained core programme aims. Partnerships extended eligibility, used hybrid delivery, and tailored cultural content to improve access. Collaborative ways of working and governance arrangements that included parents helped build trust and offered more continuous support. However, not all areas applied these practices consistently, and shortages in the workforce remained a barrier.

Evidence of impact on outcomes was promising, although uneven. Many evaluations lacked comparison groups, long-term follow up, or full demographic coverage. These gaps limit the extent to which outcomes can be attributed to the programme. Despite this, the evidence suggests that support for parents contributed to short-term improvements. Evidence of child-level outcomes was particularly strong in relation to communication and language. The local evidence syntheses also found **evidence of intermediate outcomes**. These included increased knowledge, confidence and skills for parents which enhanced home learning environments and supported child development, and practitioners reported that training and audit activities had strengthened their ability to be more consistent and evidence-informed in their practice.

The locally produced evaluation evidence shows that **ABS contributed to some elements of positive local systems change**. Shared referral systems, integrated measurement tools, co-produced models, and feedback loops supported more coherent and responsive support for families. Parents' involvement in services, through peer-led delivery models and co-production, helped build trust between services and communities. Early intervention activity was also reported to have improved through ABS. While these findings are positive, the syntheses found that these ways of working were not always fully embedded in services or wider local systems and the extent to which they will be sustained beyond the ABS funding period is not clear.

Overall, locally produced evaluation evidence strongly indicates that **ABS's core mechanisms, particularly adaptive design, inclusive engagement, and co-production, featured in the delivery of the programme**. Evidence of outcomes, both child-level and systems change, was more mixed, particularly in relation to longer-term impact and sustainability. For early years practitioners, commissioners and policymakers, the findings highlight the value of investment in long-term, relational support that reflects the needs, culture and circumstances of local families.

1 Introduction

A Better Start (ABS) was a ten-year (2015-2025), £215 million programme set up by the National Lottery Community Fund (The Fund), the largest community funder in the UK. There were five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea, which aimed to support families to give their babies and young children the best possible start in life. The Fund commissioned The National Centre for Social Research (NatCen) and partners from the National Children's Bureau (NCB), Research in Practice, Fortia Insight (formerly RSM) and the University of Sussex to carry out the national evaluation of ABS from 2021-2026.

As part of the national evaluation, three local evidence syntheses were conducted, each focusing on collating pre-existing ABS evidence produced by the ABS partnerships and their local evaluation partners. The [first review](#)¹ (NatCen, 2024) took place in 2023, and focused on evidence related to the implementation of ABS published before the end of 2023. This review explored the delivery of ABS in the context of key mechanisms identified in the overarching ABS Theory of Change (ToC) ([Appendix 1](#)). By mechanisms, we mean the underlying factors that may have affected the programme's ability to contribute to intended outcomes. These mechanisms include adaptive design; engagement and inclusivity; and collaborative working and co-production.

This report presents findings from the second and third reviews, which were combined and ran simultaneously in 2025. By combining the reviews, we were able to identify updated evidence on the implementation of ABS to build upon the previous review, while also identifying evidence of impact, specifically evidence of progress towards child and systems change outcomes. This report presents our synthesised findings on implementation and impact from the review of evidence produced locally by ABS partnerships published after the end of 2023 (the call for evidence for the previous review).

The final local evidence syntheses took place towards the end of the national evaluation, in mid-2025, around the period when ABS funding was ending. This timing allowed us to include several monitoring, evaluation and learning reports published as the five ABS partnerships (sometimes referred to as 'sites') were transitioning away from ABS funding. However, this also means some partnerships and/or evaluation partners may still have been generating final evaluation and learning reports, which were not in scope for these syntheses.

This report begins by providing an overview of the ABS programme and the national evaluation (Chapter 2) and goes on to present the methodology used for the local evidence syntheses (Chapter 3). Chapter 4 presents our

¹ https://natcen.ac.uk/sites/default/files/2024-05/ABS%20Local%20evidence%20synthesis1_final_for%20publication.pdf

synthesised findings across both implementation (Section 4.1) and impact (Section 4.2). Finally, Chapter 5 presents our discussion and conclusion.

2 About A Better Start

ABS was a ten-year (2015-2025), £215 million programme set up by The Fund. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend were created to support families to give their babies and young children the best possible start in life. These partnerships worked in specific wards within their area, known as 'ABS wards'. The five partnerships were:

- A Better Start Southend (ABSS)
- Better Start Bradford
- Blackpool Better Start
- Lambeth Early Action Partnership (LEAP)
- Small Steps Big Changes (SSBC) (Nottingham)

Working with local parents, ABS partnerships developed and tested ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication. Scientific evidence and research underpinned the programme's work.

ABS also took a place-based approach and worked to enable systems change. It aimed 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. The Fund set up ABS as one of five major programmes to test and learn from new approaches to designing services that aim to make people's lives healthier and happier. Learning and evidence from ABS will enable The Fund to inform local and national policy and practice initiatives addressing early childhood development.

2.1 The national evaluation

The Fund commissioned NatCen and partners from the National Children's Bureau (NCB), Research in Practice, Fortia Insight (formerly known as RSM), and the University of Sussex to carry out the national evaluation of ABS (from April 2021 to March 2026). The national evaluation had four aims.

- Draw upon the evaluation objectives and provide evidence for the national evaluation's audiences: local and national policy makers, academics, funders, civil society, ABS partnerships, practitioners, parents and communities.
- 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 findings from the local evidence syntheses have formed part of the wider evidence gathering and analysis methods for the national evaluation. There are four objectives for the overarching evaluation:

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

To address these four objectives, the evaluation included a range of qualitative and quantitative evaluation activities, to build a 'mosaic of evidence' to help tell the story of the impact of ABS. Findings from across these objectives, alongside the local evidence reviews, will be synthesised, drawing on principles of contribution analysis², to provide conclusions as to if, how, and why ABS contributed to the intended outcomes, which were:

- Child outcomes: communication and language; diet and nutrition; and social and emotional development
- Systems change outcomes: joined-up working; parental engagement; adaptive and evidence-informed services; early intervention; adoption of ABS approach beyond ABS areas

The approach to the national evaluation can be found in the evaluation [protocol](#).

3 Local evidence synthesis methodology

Our methodological approach to the second and third local evidence syntheses draws on the principles of systematic review with narrative synthesis³, similar to the previous review. Narrative synthesis is an approach to systematically reviewing and synthesising findings from multiple studies using primarily words and text rather than statistics. Through this approach we aimed to 'tell the story' of the evidence, summarising and explaining findings in a structured and transparent way. We piloted each step in the review on a small number of

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

³https://www.researchgate.net/publication/233866356_Guidance_on_the_conduct_of_narrative_synthesis_in_systematic_reviews_A_product_from_the_ESRC_Methods_Programme

documents before conducting the full review, revising the approach where necessary. The research questions, which guided the implementation and impact reviews respectively, are found below.

3.1 Research questions

To review and synthesise **implementation evidence**, we focused on the following broad implementation questions:

1. How faithful has the ABS programme been to the original design (as outlined in the ToC)?
 - 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?
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?
4. How important was co-production with parents/carers in engaging a diversity of families with ABS?
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?
6. How different is ABS to other models of delivering early years services and programmes?
7. Is there evidence related to the sustainability and legacy of ABS activities and outcomes beyond ABS funding?

To review and synthesise **impact evidence**, we focused on the following broad questions related to the outcome areas:

8. Is there evidence that accessing ABS services has contributed to improvements in/prevented worsening child-level outcomes (communication and language development; diet and nutrition; social and emotional development)?:
 - Is there clear evidence that these outcomes have come about as a result of ABS (attribution or contribution)? If so, what evidence?
 - Are there any external influencing factors / alternative explanations (e.g., non-ABS activities)? If so, please explain.
9. Is there evidence that ABS has contributed to systems change (joined-up working; parental engagement; adaptive and evidence-informed services; early intervention; adoption of ABS approach beyond ABS areas)?:
 - Is there clear evidence that these outcomes have come about as a result of ABS (attribution or contribution)? If so, what evidence?

- Are there any external influencing factors / alternative explanations (e.g., non-ABS activities)? If so, please explain.
10. Were there any unintended / unexpected outcomes or consequences of the ABS programme not captured in child-level or systems change outcomes?

3.2 Search strategy and screening

The initial process of identifying documents for potential inclusion in this review involved searching and downloading documents from [The Fund's Evidence Library](#). We downloaded all publicly available documentation from the Evidence Library from late 2023 onwards, focusing on documentation that had not been included in the first review on implementation (NatCen, 2024). Additionally, we manually checked ABS partnerships' websites for further evidence that had not been published within the Evidence Library. Finally, we also obtained some documents from stakeholders interviewed during the final round of data collection for Objective 2 (which explored factors that contribute to outcomes) of the national evaluation, who sent documentation to enhance claims they had made during interviews. This search process resulted in **137 documents** identified for potential inclusion in the review. These documents were all included in our screening processes.

We revised and extended the screening tool (Appendix 2) we developed during the first review on implementation evidence (NatCen, 2024). This tool included fields such as document date, site, methodologies used, evaluation period, stakeholder groups, relevant outcome domains, evaluation design and methods, evidence sources, sample details, whether self- or independently evaluated, and findings grouped by evidence type. The tool also captured inclusion and exclusion criteria:

- Inclusion criteria:
 - Evaluation reports containing evidence concerning the implementation of local ABS projects / services including those directly funded by ABS and those previously existing but adapted because of ABS.
 - Evaluation reports containing evidence around the impact / outcomes of local ABS projects / services including those directly funded by ABS and those previously existing but adapted because of ABS.
 - Learning contract outputs that meet the above criteria.
 - Evaluation reports on any ABS cross-site or national initiatives or events.
 - End of project reports of local ABS projects that contain implementation, outcome, and/or impact evaluation evidence and where no other evaluation evidence is available for that project.
- Exclusion criteria:

- Evidence used to inform the development of ABS projects / services, that is not explicitly about the delivery/outcomes of ABS projects / services themselves.
- Theoretical papers (unless they include ABS case studies).
- Non-evaluation documentation / reports / data produced by ABS partnerships or The Fund.
- Raw data.

For the initial screening process, we reviewed titles, executive summaries, and tables of contents, where available, using the screening tool to assess initial suitability for inclusion. Documents which met any of the inclusion criteria were therefore marked 'include', and documents which met the exclusion criteria were marked 'exclude'. Where any uncertainty remained, we conducted deeper screenings of the full text and excluded any materials that did not meet one of our inclusion criteria. This screening process resulted in 116 documents.

We then conducted a final reduction of documents, which involved removing reports with duplicate information / evidence and other documents such as opinion pieces and infographics, where the evaluation evidence mentioned was not clearly referenced or available for us to verify. These reductions resulted in the removal of 29 further documents.

The final set of documents included **87 documents** eligible for inclusion in the review, with 14 having only implementation-related evidence, 12 containing only impact-related evidence, and the remainder having evidence relevant for both implementation and impact. The PRISMA⁴ diagram below visually maps the screening process, showing how studies are identified, screened, and selected for inclusion, detailing the number of records at each stage and reasons for exclusion.

⁴ Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA); <https://www.prisma-statement.org/prisma-2020-flow-diagram>

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

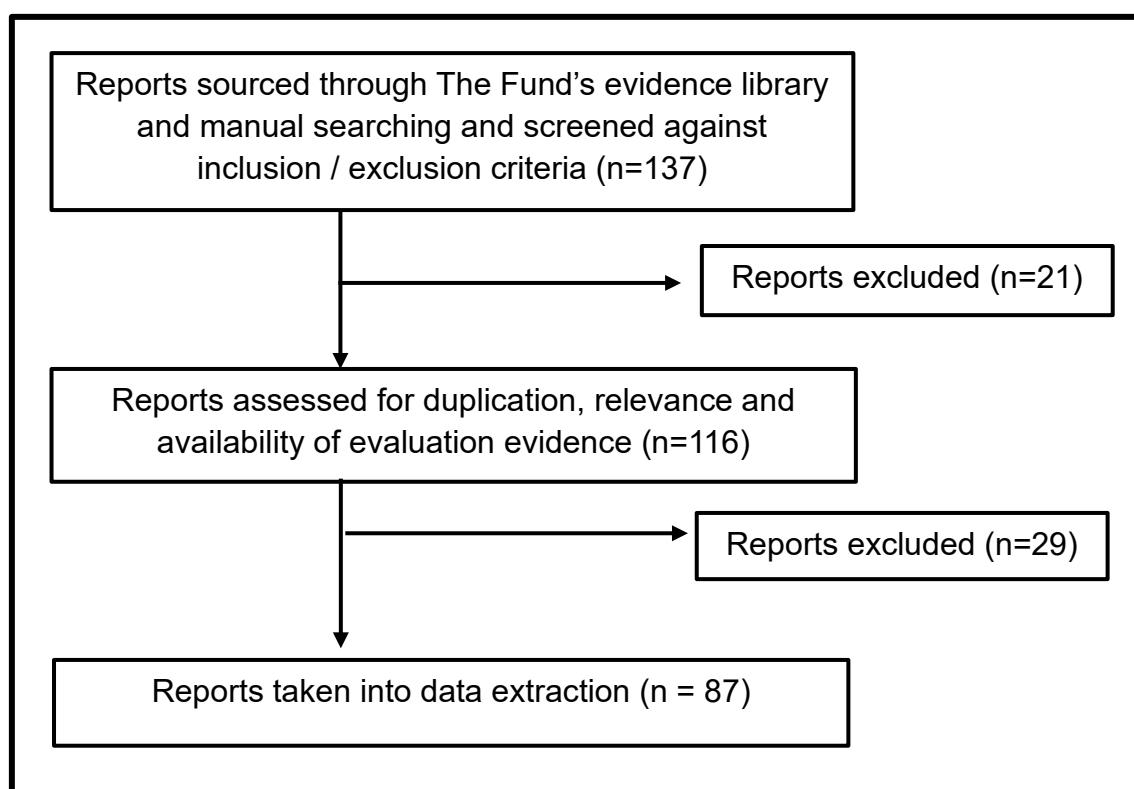


Table 1: Final included reports by ABS partnership site

ABS partnership	Number of included reports
Blackpool	5
Bradford	21
Southend	11
Nottingham	30
Lambeth	20

3.3 Data extraction

Data extraction is the process of systematically identifying, collecting and organising key information and findings from documents included in a review using a standardised data extraction tool.⁵ For this review, we updated the implementation evidence extraction tool which was used during the first implementation evidence review. The main updates were the addition of a field focused on sustainability post-ABS funding and the removal of 'systems

⁵ https://library-guides.imperial.ac.uk/systematic-review/data_extraction#:~:text=Once%20you%20have%20screened%20the,should%20adhere%20to%20established%20guidelines

change' and 'perceived impact' fields (as these would be covered in the impact extraction). Examples of the implementation data extraction fields included: fidelity (to the planned delivery), adaptation and variation, enablers and barriers to delivery, contextual factors, community engagement, co-production, ABS governance, sustainability, and distinctiveness. The implementation extraction tool can be found in [Appendix 3](#). The implementation tool also gathered general document information (ABS site, date, type of study etc.).

For the impact data extraction, we developed new tools which were designed to align with the overarching contribution analysis approach for the national evaluation. This involved developing bespoke tools for each of the outcome areas, which aligned with the unique contribution claims developed for each outcome. The contribution claims are short, focused narratives of how we hypothesise ABS may contribute to specific outcomes. They represent chains of cause and effect, which we evidence at each step to identify if and how impact is brought about by a programme. For ABS, the claims allow us to test whether, how and why ABS contributed to child-level and systems change outcomes.

By taking this approach for this local evidence review, we are able to incorporate these findings into the ABS national evaluation's overarching contribution analysis, contributing to the 'mosaic of evidence' that will be used to tell the story of the impact of ABS. While the impact data extraction tools were unique to each child-level and systems change outcome area, each was structured in similar ways and contained fields such as: inputs and activities, causal pathways, evidence of outcomes, dependencies, alternative explanations and unintended consequences. The impact extraction tools can be found in [Appendix 4](#), which includes general fields included across all outcomes (Table A4.1) and the specific criteria included for each outcome area (Tables A4.2 and A4.3).

Before commencing data extraction, the research team piloted the data extraction templates with a small number of documents to ensure they were fit-for-purpose and collecting appropriate data. One change was made following that pilot stage, which was the addition of a field focused on enablers / barriers internal to ABS delivery (to complement the 'context' field which covered external enablers / barriers) within the implementation tool.

3.4 Evidence mapping

During the screening process, reports selected for inclusion were mapped to key categories to enable organisation of the evidence related to implementation and impact evidence. Mapping categories included outcome domains in the Theory of Change, types of evidence available related to child outcomes and systems outcomes, and level of evidence demonstrated, including inputs, mechanisms, and outcomes.

3.5 Assessing quality of evidence

As part of the data extraction process, researchers recorded the methodology used for each report. This involved commenting on type of study (e.g., evaluation [impact and/or implementation and process evaluation], case study, learning report), type of evidence collected (qualitative, quantitative, mixed), representativeness (e.g., who was included in data collection), and reach (e.g., sample size). Researchers also made note of any concerns about the quality of the evidence, general limitations, and the conclusions drawn. This was also carried over and captured in the impact extraction tool.

In the impact extraction tool, researchers assigned a red/amber/green rating to each document based on the criteria gathered in the 'methodology' column. This was our assessment of the quality of the evidence, and therefore our confidence in the findings presented, particularly where claims of impact were made. These ratings were based on: details on the quantity and type of data sources found supporting the evaluation; methods used; coverage; and transparency on methodological approach. For example, reports which used robust evaluation approaches, such as experiments, and/or with high data coverage across a high proportion of participants were generally rated 'green'. Reports with more mixed evidence were rated 'amber' while reports which had unclear methodological approaches and/or very small sample sizes were rated 'red'. This was considered when synthesising and summarising evidence for reporting purposes. While documents rated 'red' were not excluded from the review, evidence extracted from these studies was treated with caution and findings are only mentioned in this report with caveats around data limitations.

3.6 Synthesis

As ABS has been developed and implemented differently across partnerships and has also been evaluated by different local evaluation teams, the approach to producing local evidence varied significantly. Given this heterogeneity, we drew on a meta-narrative approach to conduct the local evidence syntheses (Greenhalgh et al., 2005; Greenhalgh & Wong, 2013). This approach enabled a comprehensive and transparent overview of a wide range of evidence relating to varying approaches to the implementation and impact of ABS-funded projects and local initiatives. This review identified opportunities for shared learning across different approaches to both ABS implementation and ABS evaluation.

The meta-narrative synthesis focused on:

- Understanding what had worked well and less well, and why, in implementation, bringing evidence-based insights to the review questions.
- Highlighting the breadth of approaches, similarities, and differences in evidencing ABS implementation.
- Showcasing examples of best practice – specific programmes or interventions that had worked well in a specific local area or across multiple

ABS partnerships, and characterising what appeared to have led to or had potential to lead to successful impact.

- Identifying evidence of impact related to specific child-level and systems change outcome areas identified in the ToC and illustrated in contribution claims.

4 Findings

This chapter presents findings on both implementation (section 4.1) and impact (section 4.2). The section on implementation highlights how this review has built upon the findings of the previous review, focusing on adaptive design; engagement and inclusivity; co-production, collaborative working and governance; and the enablers and barriers to ABS implementation. The impact findings provide a synthesis of the evidence across each of the child-level and systems change outcomes included in the national evaluation. For each outcome area, findings are reported based on activities which aimed to contribute to the outcome, evidence of mechanisms within delivery that contribute towards outcomes which have emerged from the data, and finally, evidence of outcomes and data limitations. This chapter concludes by highlighting unintended/unexpected outcomes, as well as alternative explanations and data limitations which presented in the review.

4.1 Implementation

This section summarises local evidence on ABS implementation related to: adaptive design, engagement and inclusion, and collaborative working and effective governance. These mechanisms set out common principles and ways of working as a framework for ABS delivery. They also represent common assumptions or pre-conditions (what needs to be in place for desired change to happen) and influencing factors (enablers and barriers) which affect the realisation of outcomes.

This review broadly supports the findings from the previous implementation review and expands on two areas that were less developed in the previous synthesis: distinctiveness and sustainability. Evidence suggests ABS remained distinctive compared to other early years services, through its long-term investment, family-centred ethos, and commitment to co-production. Sustainability post-ABS funding was evident for some services, but unclear and/or unconfirmed for many. While some interventions secured continuation through funding, embedding into statutory services or legacy vehicles, others faced uncertainty due to funding gaps and workforce challenges.

Adaptive design

Adaptive design refers to the ability for ABS partnerships to adjust their programme delivery in response to changing stakeholder needs and contextual requirements. Adaptive design involves:

- fidelity: a measure of how (if at all) programmes were implemented as planned;
- local adaptation: adjusting programme delivery to local needs, and test-and-learn; and
- evidence-informed approaches: programme adaptation tactics based on testing and iterating delivery according to real-time response.

Adaptive design principles remained a core principle of ABS design and delivery and while some services were delivered in line, or closely in line, with intended designs, others adapted, enabling services to respond flexibly to evolving community needs while maintaining alignment with the ABS ToC. Across ABS partnerships, teams modified service models, content and delivery to improve accessibility and sustain engagement, often in direct response to parent and practitioner feedback and/or wider contextual pressures, such as the 'cost-of-living crisis' that began in late 2021 in the UK and the COVID-19 pandemic.

Adaptive design related to test-and-learn and evidence-informed approaches is discussed in detail in the impact section (4.2), as these were considered key mechanisms for systems change outcomes.

Fidelity

Fidelity, or the extent to which programmes were delivered as planned, is important to understand if, how, and why programmes changed and with what effects. Fidelity was not consistently reported across the ABS partnerships. Explicit references to 'fidelity' were also limited. There were, however, several reports which suggested adherence, or close adherence, to intended service designs, core principles and/or logic models [54; 255; 256; 258; 431; 435; 458; 459; 461; 463; 464; 468; 469; 473].

Several reports suggested delivery broadly aligned with planning frameworks. A Better Start Southend (ABSS) reported that they generally maintained alignment with their core principles of co-production, early intervention, and systems change [54]. Similarly, in Bradford, the Talking Together programme reportedly was delivered in accordance with its logic model [431; 473]. System-level initiatives, including LEAP's Shared Measurement System and data integration frameworks promoted fidelity by standardising measurement, enabling continuous monitoring, and supporting evidence-informed adjustments without compromising core components of delivery [256; 258].

Across ABS partnerships, many services met or closely approached delivery targets, with some exceeding expectations. Training-based interventions like

Natural Thinkers (Lambeth) and Infant Mental Health Awareness (Bradford) were delivered at scale and embedded into practice within early years settings and professional development frameworks [255; 459]. In Bradford, group-based programmes, including Incredible Years, perinatal interventions, and Forest School, achieved high completion rates [458; 463; 468], while Doula support and the HAPPY programme improved performance over time and surpassed revised targets [464; 469]. Continuity of Care models consistently met antenatal and postnatal continuity targets [461].

While these services adhered closely to their original design, others were not fully delivered as intended. Several reports highlighted areas where implementation diverged from plans due to operational challenges, contextual pressures, and/or strategic adaptations [49; 55; 56; 60; 112; 113; 114; 130; 149; 246; 247; 249; 252; 261; 329; 430; 432; 433; 434; 435; 457; 464; 465; 467; 468; 469; 471].

In line with the findings from the previous review, challenges in recruiting and retaining participants often prevented services from meeting original delivery expectations, leading to lower-than-anticipated uptake [249; 259; 430; 435; 467]. Similarly, workforce capacity issues, such as staff shortages, high turnover, and limited time for training, also impacted fidelity. These issues could disrupt continuity and reduce the ability to maintain quality, especially in models that relied on trained staff or volunteers. For example, volunteer-led and early years setting-based programmes struggled when staff left, as new recruits required time and resources for training, which was not always available [247; 250; 251]. High turnover meant that skills gained through ABS-funded training were frequently lost, undermining efforts to embed new practices. Administrative demands, such as complex data collection requirements, also slowed implementation and diverted staff time away from direct delivery, making it harder to achieve planned scale and fidelity [256; 258; 259].

Local adaptations

Adaptations took many forms. They were often made with the aim of improving engagement rather than making fundamental changes to core components of services or interventions. Some programme adaptations were made to consider the needs of local communities and regions. This was important to enable ABS services to meet the diverse needs of different communities within ABS partnership areas.

Other adaptations were made in response to larger socioeconomic and health contexts, including the COVID-19 pandemic and 'cost-of-living crisis'. Examples of local adaptations included services expanding eligibility criteria, adjusting referral pathways, and making practical changes to the frequency, timing and location of services [55; 114; 145; 262; 434; 435; 457; 468; 469]. The evidence from this review builds on the findings from the previous review with new detailed examples and updated contextual considerations.

ABS partnerships adapted services in line with emerging needs and direct feedback from families and practitioners. In response to demand, ABS partnerships adapted the frequency, timing, and duration of activities. For example, Southend's Sparkles Sensory Story Time added weekday, evening, and weekend sessions [55], and Lambeth increased frequencies for parent-infant psychotherapy, Chattertime, and breastfeeding peer support [262]. Also in Southend, YourFamily extended operating hours to six days per week, including evenings and weekends, to improve accessibility for working parents. Further, Southend's Perinatal Mental Health (PMH) service adopted a "Think Family" model to include fathers more explicitly. Southend's Food On Our Doorstep (FOOD) Club introduced wraparound support, budgeting, cooking skills, and community events, to reduce stigma and increase engagement [55]. Southend's Little Steps replaced the Family Nurse Partnership to maintain support for young parents more cost effectively [55], and several services offered home visits and flexible support options to address practical and emotional needs [51].

Partnerships also broadened eligibility to reach families who would benefit from support beyond original recruitment criteria [249; 260; 463]. For example, Lambeth's Community Activity and Nutrition (CAN) programme lowered BMI thresholds and included non-English speaking women following community consultation feedback [249], while Bradford's Baby Steps became a universal offer to reflect wider need [463]. Some services adjusted eligibility criteria to reflect cultural needs [249], ensuring inclusion without compromising core components of delivery. These shifts align with the programme's emphasis on adapting models, content, and delivery to reduce barriers, improve accessibility, and sustain engagement.

Partnerships implemented practical strategies to widen access and reduce barriers to engagement. These included introducing self-referral routes and expanding geographic reach beyond original ward boundaries [434]. In Nottingham and Southend, ward restrictions were removed for some activities to respond more flexibly to beneficiaries [60; 130]. Similarly, Lambeth's LEAP relaxed geographic restrictions during the pandemic to improve accessibility [252] and Bradford expanded the ABS catchment area to increase access [434]. Services also developed materials translated into community languages, inclusive imagery, and father-focused initiatives such as Think Dads and Nurturing Fatherhood [146]. Flexible scheduling and culturally sensitive delivery were highlighted as enablers [124], and events were adjusted when attendance exceeded registrations to include and support all participants [149].

As reported in the previous implementation local evidence synthesis (NatCen, 2024), the COVID-19 pandemic was the most significant external contextual factor contributing to adaptations in implementation of ABS services (mentioned in 30 reports). Findings from this review align with the previous review, as several reports referenced adapting services to virtual and/or hybrid delivery

models in order to maintain some continuity and accessibility for participants during COVID restrictions [49; 53; 55; 56; 59; 60; 130; 145; 249; 262; 430; 431; 432; 433; 435; 457; 458; 463; 467; 469; 471]. While some activities transitioned well to online formats, others were required to pause, cancel and/or reduce the number or frequency of sessions [56; 246; 247; 249; 251; 430; 432; 433; 435; 458; 460; 463; 466; 468; 471]. This was typically due to the nature of the intervention (e.g., requiring in-person support) and/or availability of staff, as many service providers were redeployed into the NHS. In Southend, some services maintained in-person delivery when providing crucial support, such as domestic violence interventions [59; 60].

Building upon the findings from the previous review, some partnerships adapted and/or diversified their offering to meet pandemic-related needs [60; 130; 251; 252; 469]. For example, Nottingham distributed play packs, supported food/baby banks, helped families access government schemes and created a COVID-19 Ideas Fund to pilot new community-led solutions [130]. Some services expanded eligibility criteria and/or relaxed geographical restrictions to increase accessibility and reach more families in need [60; 130; 252; 469]. Similarly, in Lambeth, some services increased the frequency of their provision during the pandemic, recognising the needs of local families. This included breastfeeding support, Chattertime sessions, and parent-infant psychotherapy [262].

As COVID-19 restrictions lifted, some services maintained the adaptations made during the pandemic, mainly as a way to improve or maintain their reach and engagement. For example, in Bradford, English for Speakers of Other Languages (ESOL) for Pregnancy continued to be delivered online and the HAPPY parenting and healthy lifestyle programme continued to be offered universally [435; 469]. Other services reverted to their pre-pandemic designs, particularly where take-up of virtual/hybrid support reduced once face-to-face support resumed [249; 430].

The 'cost-of-living crisis' further prompted adaptations focused on immediate needs. In Nottingham, services responded to the cost-of-living crisis by supporting food and baby banks, helping families access schemes such as Healthy Start vouchers, and providing practical resources such as play packs, household essentials, and wellbeing packs to ease financial pressures [130]. In Southend, FOOD Club introduced budgeting and cooking skills training alongside community events to reduce stigma and enhance engagement [55]. These responses echo the programme's broader pattern of adapting delivery to sustain engagement and accessibility under changing socioeconomic conditions.

Engagement and inclusivity

ABS partnerships employed a range of strategies to promote engagement and inclusivity. These strategies included driving sustainable community engagement in services and embedding deliberate inclusive approaches to expand accessibility, awareness, and relevance of services to beneficiaries. As highlighted in the section on Adaptive Design, increasing engagement and inclusivity was a key motivation for local adaptations across the ABS sites. In this section, we focus on 'what has worked well' and has enabled implementation and 'what has worked less well' or barriers related to delivering services with strategies of engagement and inclusivity.

Reports in this review continued to emphasise strategies for removing barriers to participation, the role of trusted relationships, and the importance of culturally inclusive practices. These findings build on the previous review by highlighting the importance of outreach to raise awareness of services and of peer-led and/or co-produced approaches to initiate and sustain engagement. This section provides new examples of inclusion and co-production.

Participant and community engagement

What works well / Enablers

Accessible delivery models, which employed methods for overcoming practical and socioeconomic barriers, continued to contribute to sustained engagement with ABS services. Flexible delivery formats, such as online, phone, and hybrid options, alongside evening and weekend scheduling gave families more choice and helped maintain continuity of support access [53; 55; 56; 59; 60; 114; 124; 147; 249; 458; 463; 469; 471; 472]. Drop-in sessions in local, safe spaces and universal offers reduced stigma and encouraged participation [114; 130; 251; 469]. Practical support, including transport assistance and creche provision, removed some contextual barriers [458; 463]. WhatsApp reminders and follow-ups helped sustain engagement between sessions [124; 147]. Programmes that considered the scheduling of sessions to avoid clashes with other local events supported accessible participation [147]. The "here for as long as you need us" approach, used by the parent-infant support programme Healthy Little Minds (HLM) in Nottingham, was flexible and relationship-centred, reassuring families that support was available without judgement, particularly for sensitive topic areas [123].

Evidence suggests services that created safe, non-judgemental spaces and built strong relationships between families and staff over time were key for sustained engagement [47; 53; 55; 56; 114; 115; 123; 245]. Southend leveraged a person-centred approach, where staff invested time in building trust through non-judgmental, empathetic interactions [55]. Similarly, Nottingham reflected that passionate staff and strong communication fostered a sense of community among volunteers and beneficiaries [124]. Families particularly

valued staff with lived experience, who “know what it’s like”. They were able to build rapport and trust with families, making them feel welcomed, listened to, and not judged [49; 55; 56; 115; 146; 329; 330]. Trust fostered via relationship-building was particularly useful for sensitive activities, including domestic abuse, finances, and intergenerational mental health.

Peer-led approaches and co-designed services were effective at fostering relatability and trust [49; 55; 56; 112; 124; 146; 329]. They were contingent on community members and local champions, volunteers, and representatives in supporting a peer-led model. In Blackpool, the Community Connector team, local advocates who help families access benefits and support, spoke with local families about their needs and barriers to accessing activities, and the “Money Saving Connector” role was created to engage residents about financial management in a peer-to-peer approach [329]. Further examples are discussed in the section on Co-production, collaborative working and effective governance where we present the evidence for co-designed and peer-led services.

Effective outreach was also identified as an enabler of engagement. Campaigns achieved strong engagement through social media, community events, and inclusive messaging, particularly among younger parents and expectant families [119; 125; 131; 147; 149; 248]. WhatsApp groups sustained engagement beyond sessions, creating informal peer networks that encouraged families to maintain connections [124; 147]. Lambeth and Bradford helped facilitate relationships through bespoke communication, including reaching out and following up with participants about workshop sessions [262; 472]. Branding and tailored language improved awareness and trust, ensuring that messaging resonated with local communities and represented the diversity of service users [112; 125; 146; 248].

What works less well / Barriers

ABS partnerships also continued to face challenges engaging participants and making services accessible. Digital exclusion was a recurring challenge, with families lacking devices or reliable internet access, and online platforms often unable to accommodate interpreters [53; 59; 60; 262; 458]. Scheduling conflicts also hindered participation, particularly when sessions overlapped with Ramadan, Eid, and/or school holidays [112; 124; 131]. Lambeth reported that having numerous service options and unclear information sometimes made it difficult for families to navigate support, with a risk of “overwhelming families with too many options” [248]. Bradford noted challenges in sustaining participant engagement, often linked to mental health circumstances and persisting cost of living challenges. Mental health issues, such as stress and anxiety, reduced families’ capacity to participate consistently, while financial strain and food insecurity created practical barriers that made programme involvement less of a priority [472].

Some families perceived services as “not for them,” especially fathers and LGBTQ+ parents, while others struggled to navigate overwhelming or unclear information about available support [49; 132; 248]. Trust in statutory services was another barrier, with some parents expressing reluctance to engage due to negative perceptions of formal providers [114]. Capacity constraints compounded these issues, as limited staff time, volunteer turnover, and inconsistent referral flows made proactive outreach and follow-up difficult [247; 248; 250; 433].

Strict eligibility criteria, while at times essential to ensuring activities reached their designated service user base, also limited the reach and impact of certain services, with potential to exclude families who may also have benefited [249; 467; 469]. On a broader level, there were also limits to capturing the awareness of end service users like parents and children. For some activities, social media and website engagement was variable, highlighting the need for better integration into platforms that parents already use [119; 125; 131].

Inclusive approaches

What works well / Enablers

Evidence suggests ABS partnerships were committed to promoting inclusivity and accessibility by incorporating linguistic, cultural and religious considerations into service design and delivery [46; 49; 112; 124; 136; 146; 149; 245; 435; 457]. Translation, interpreters, and bilingual staff improved access and made participants more comfortable [112; 124; 136; 435; 457]. Additional strategies used across ABS partnerships included translating materials into languages such as Arabic, Romanian, and Urdu, and matching volunteers with parents based on shared language and heritage [149; 245].

ABS partnerships collaborated with local cultural organisations and used parent-led consultations to shape services and resources. This helped to ensure that ABS services were relevant and inclusive [112; 146; 149; 245]. Nottingham co-produced resources like the *‘Pregnancy and Parenting During Ramadan’* guide, which addressed cultural needs and strengthened trust with Muslim families while educating professionals about cultural practices [112]. Nottingham leveraged partnerships with existing charities and cultural organisations, like Sisters of Noor, to consult non-English speaking families and shape healthcare resources [112]. Nottingham’s WhoseShoes event partnered with the NHS and local healthcare bodies to engage communities historically underserved by traditional healthcare services [149].

Other ABS partnerships also incorporated inclusive approaches to promote engagement, for example Southend made efforts to integrate African and Muslim communities in service design, though engagement with Asian and mixed-heritage families remained limited [49; 56]. Lambeth’s CoCreate partnerships funded local organisations to co-design activities with

underrepresented parents, boosting confidence and ownership [252]. Lambeth's use of representative imagery and creation of designated space for Caribbean mothers, and Bradford's engagement of Urdu and Punjabi-speaking staff further enhanced accessibility for diverse communities [245; 435; 457].

Co-production and peer-led approaches, again, were highlighted as important for engaging families from diverse backgrounds across ABS partnerships. These were used to ensure that services were relevant and inclusive. There were examples where this involved shifting traditional feedback and consultation methods to stronger participatory methods, including family workshops facilitating asset-based community development, relationship-building with community connectors and mentors, and engaging additional communities through local charities to inform service delivery [49; 54; 55; 112; 124; 146; 252; 329]. These strategies helped build trust, reduce stigma, and make services feel relevant to families' lived experiences.

What works less well / Barriers

While there are many examples of local services and engagement strategies adapting to cultural needs, challenges promoting inclusivity persisted. Interpreter and translation services were not consistently available, and online delivery models often made interpreter use impractical [46; 49; 458; 467]. Under-representation persisted among certain groups, including particular ethnic groups, fathers, and LGBTQ+ parents/carers who experienced gendered barriers in parenting spaces [49; 55; 56; 248; 473]. Mistrust of services and stigma, particularly around mental health, further hindered uptake among Black and minority ethnic families [55; 248; 254].

Representation gaps in workforce and marketing materials reduced relatability for some families, leading to perceptions that services were "not for us" [49; 248]. Cultural and religious considerations affected attendance, with Ramadan and other observances limiting participation when scheduling was not adapted [112; 124]. Calendar clashes further reduced attendance when timetables did not flex to local needs [124]. These findings highlight missed opportunities where cultural adaptation was addressed in design but not fully embedded in practice.

Co-production, collaborative working and effective governance

Co-production, collaborative working, and effective governance were additional key mechanisms in the design and delivery of many ABS activities.

- **Co-production** refers to service development that integrates direct input and collaboration from parents into its design process.
- **Collaborative working** involved partnerships with practitioners, community organisations, and other sectors (such as public health) to deliver services.

- **Effective governance** refers to the strategic and operational structures that were in place that help provide oversight and management of service delivery for ABS and in the context of local systems.

These mechanisms were considered key in providing continuity of support and engaging a diversity of families. Also discussed below, evidence on governance structures expanded on the previous review, further evidencing how ABS partnerships embedded parents in decision-making, highlighting important developments in ABS approaches.

Similar to the section on Engagement and Inclusivity, each sub-section below is structured to focus on ‘what has worked well’ and ‘what has worked less well’ to present the enablers and barriers to implementation of co-production, collaborative working, and effective governance. Further detail on joined-up working and direct engagement with parents across all facets of service development and delivery are also explored in further detail in the Impact section (4.2).

Co-production

What works well / Enablers

Co-production remained a central principle across ABS partnerships, shaping both strategic governance and frontline delivery. Activities were consistently co-designed with families, carers, practitioners, and partners, ensuring services reflected community needs [49; 112; 115; 118; 122; 130; 146]. Peer-led approaches, including Parent Champions and Family Mentors, fostered trust and relatability, embedding lived experience into decision making and service design. Nottingham’s Family Mentor model combined paid peer support with training opportunities, creating social value and employment for local residents [112; 115; 130]. Similarly, Southend’s breastfeeding support service trained mothers as peer supporters, strengthening cultural relevance and community engagement [56].

Consultations and targeted engagement, such as Nottingham’s father consultation and Think Dads activity, alongside a WhoseShoes engagement event and Southend’s FOOD Club adaptations, demonstrated responsiveness to diverse needs [55; 118; 121; 146; 149]. Parent-facilitated groups and co-designed sessions created safe spaces for practitioners and families, improving morale and service quality [55; 114; 145; 434].

What works less well / Barriers

While the evidence found several examples of success, co-production was not consistently embedded across all activities. Some initiatives only partially applied co-production principles, and there were concerns about parent roles lacking clear decision-making influence in certain contexts [49; 127]. Capacity constraints and workforce pressures limited the depth and frequency of consultations [122; 247].

Collaborative working

What works well / Enablers

Partnership working across statutory, voluntary and community sectors continued to strengthen continuity and resilience of ABS activities. Joined-up approaches with schools, nurseries and family centres improved referral pathways and maintained service coherence [49; 56; 59; 136; 142]. Practical mechanisms, including hot desking for ABS teams sitting with local project teams, shared measurement/data platforms and co-location of services, supported integrated working [136; 142; 248; 252; 256; 258].

Dedicated roles such as Infant Feeding Lead Advisor and Perinatal Project Administrators/Coordinators acted as referral mechanisms, ensuring families were connected to appropriate services [56; 435; 457; 463; 466]. Relational practice underpinned much of this success. Families valued welcoming, flexible and non-judgemental services supported by longer appointments, continuity of care and peer support models that reduced isolation and built confidence [47; 53; 55; 56; 114; 115; 123; 245; 461].

What works less well / Barriers

Fragmentation and siloed working persisted in some areas, creating disjointed pathways of care and limiting integration across interventions. Meetings between services sometimes gave the impression of collaboration without translating into cohesive joined-up delivery [46]. Digital exclusion during the pandemic further limited engagement in co-production activities, particularly for families lacking devices or reliable internet access [55; 59; 126; 262; 430; 431; 432; 458].

Governance

What works well / Enablers

Governance mechanisms within ABS partnerships were effective when they prioritised community integration, co-production and/or collaboration, and inclusive leadership. The creation of representative community roles, such as Parent Champions, engaged parents and community members with lived experience and community connections and embedded these roles into decision-making and service delivery. Community-based commissioning and budgeting approaches passed decision-making power to local communities [122; 130; 331]. Nottingham's Small Steps Big Changes (SSBC) partnership board allocated 40% voting rights to parents and assigned responsibilities and representation to Parent Champions [118]. Blackpool's Participatory Budgeting initiative engaged beneficiaries in decision-making, informing the selection and funding of 1,090 activities from 2015-2025 [331]. Boards that combined professional expertise with parent representation created strong foundations for collaborative leadership [54; 55; 118; 130].

Inclusive mechanisms, such as pre-meeting briefings, flexible scheduling and childcare/creche provision, supported meaningful participation in governance procedures [118; 122; 245; 458]. Shared measurement systems and integrated data platforms reinforced accountability and continuous improvement, ensuring alignment with best practice and responsiveness to emerging needs [254; 256; 258]. These structures illustrate how governance can move beyond compliance to actively model the values of partnership and co-production that underpin the ABS vision.

What works less well / Barriers

Complex governance and data processes and underlying slow-moving IT systems sometimes hindered agility and responsiveness, specifically for Lambeth's Data Integration Platform [256; 258]. Issues included multi-agency data sharing constraints (e.g., GDPR/legal bases), lack of common identifiers, and technical difficulties in linking large datasets [256; 258]. Additional barriers in Lambeth included delays in data sharing agreements, gaps in monitoring referrals and signposting, and the use of external platforms, which limited visibility of service pathways [258]. Governance within SSBC's Community-Based Commissioning was hindered at times due to resource-intensive requirements such as service design, compliance, and data monitoring, which could be challenging for small voluntary and community organisations [122]. Sustaining parent and community involvement in commissioning decision-making also required significant staff and volunteer capacity. Evidence suggested maintaining and/or replicating the level of engagement without sufficient resources would be difficult [122].

Distinctiveness of ABS

We explored the distinctiveness of ABS to understand how ABS compares to other early years services and programmes. Exploring it through this review enabled us to understand what makes ABS distinct from other Early Years services and how that uniqueness may have contributed to experiences of ABS implementation and outcomes. Data on distinctiveness of ABS was extracted from 15 reports, and these are referenced in this section.

Findings suggest that ABS differed from other models through:

- a focus on prevention and earlier intervention, with services reaching families and enabling earlier support and, in some cases, better continuity of care [130; 252; 257; 461];
- flexible and inclusive delivery models allowing for better accessibility and improving trust and uptake amongst targeted groups [61; 130; 249; 254; 326];
- adaptive design and resilience of services, particularly under challenging circumstances such as the COVID-19 pandemic and 'cost-of-living crisis', demonstrating sustained delivery under strain [54; 122; 130; 145].

In addition to the above points, this review highlights other ways in which ABS is distinctive from other early years services and programmes. Evidence highlighted ABS' strong family-centred ethos and commitment to co-production [61; 130; 252; 326]. Parents consistently reported feeling welcomed and supported, with trust built through non-judgemental staff and time for relationships, an approach which was seen as distinctive compared to the delivery of other services [61; 130]. Mechanisms such as Parent Champions and Ambassadors, parent volunteers who use their lived experience to support other families and shape local services, ensured families were active partners in service design and governance, moving beyond tokenistic engagement [61; 130; 252; 326].

ABS also filled critical gaps in provision, particularly for under-twos and infant mental health [61; 130; 252; 326]. Programmes such as *Little Minds Matter* addressed these gaps, and interventions often ran for longer durations and at higher frequency than comparable initiatives, for example, monthly book gifting sustained over four years [61; 130]. This extended engagement provided continuity and depth of support that mainstream services were seen as rarely offering.

Finally, ABS' long-term, large-scale investment underpins these distinctive features. ABS programmes were funded for ten years, providing stability and time for systemic change, unlike typical shorter-term programmes of support [61; 130; 252; 326]. This enabled place-based, targeted approaches focused on the most deprived wards, combining universal services with intensive support for families with greater needs [61; 130; 326].

Sustainability of ABS

The local evidence synthesis review explored the sustainability of ABS. That is: evidence of intentions for the ongoing delivery of programmes or ABS ways of working after the ABS funding period. Evidence on sustainability of ABS activities, tools, and approaches indicated a mixed outlook, with some interventions securing continuity while others faced uncertainty as ABS funding ended.

Evidence related to sustainability was extracted from 47 documents. Of these, 23 documents indicated either confirmed or planned pathways for sustainability, with nine of these reports also highlighting challenges with sustainability, while the remaining 24 documents did not include sufficient detail to be included in the narrative here. For example, these documents implied sustainability post-ABS funding but did not state how this would happen and/or if any action had been taken to secure future delivery or integration into existing services.

As the ABS funding period approached its end, some activities had secured new funding sources through partner organisations, local councils, the NHS, and other opportunities [112; 124; 126; 130]. Nottingham reported continuation

of several services, including the Family Mentor service via the Health Inequalities and Innovation Fund and the Feed Your Way breastfeeding campaign through adoption into public health services [112; 124; 126; 130]. Home Talk, an early speech and language intervention, confirmed transition funding until March 2026 to bridge commissioning gaps [129]. Voluntary and community organisations also leveraged ABS capacity-building to secure grants, such as Curious Tots obtaining £140,000 for expansion [122; 145].

In Southend, sustainability was supported through the creation of City Family CIC as a 'legacy vehicle', continuing and expanding the work of ABSS to broader age groups and localities [54; 61]. Roles such as the Public Health Midwife and Infant Feeding Lead Advisor have been embedded into statutory services, and breastfeeding groups are expected to continue [54]. Other programmes in Southend, such as Little Steps, FOOD Club, Storysacks, Chaos and Calm, and SAVS Engagement, are expected to continue in some form, with delivery partners exploring integration opportunities, grants, and community-based funding to sustain them [61].

Similarly, in Blackpool the Enhanced Health Visiting Pathway, redesigned to include eight mandatory visits from pregnancy to age 3.5 years and integrate health and education reviews, demonstrates how services can be absorbed into routine practice. Programmes like Baby Steps and Behavioural Activation for postnatal depression are now standard offers rather than temporary pilots [326].

Partnerships developed during ABS delivery were also useful in carrying on ABS approaches and interventions. For example, while LEAP's involvement with Oral Health activities is ending, its partner, King's College Hospital, will continue funding and delivering the service and model, demonstrating the sustainability of the intervention [246]. Similarly, Lambeth reportedly was considering transferring and scaling the Natural Thinkers service with support from the National Children's Bureau; however, it is unclear if this is progressing [255].

Evidence also suggests that ABS learning and tools are being embedded into future practice. Nottingham hosted fatherhood resources on the Centre for Innovation in Fatherhood platform [121; 124], while Southend adapted learning from Families Growing Together to inform new services such as Forest Schools and community breastfeeding groups [54]. In Lambeth, Sharing Raising Early Achievement in Literacy (REAL) with Parents (SRP), a weekly communication and language development programme for parents/carers and their young children, is being sustained through training external trainers and early years professionals, now implemented with Lambeth Children's Centres and Lewisham Local Authority [259]. Further, LEAP's Shared Measurement System [258] and WellComm screening tool [260] are being maintained to strengthen data integration and early identification of needs.

Even with these positive steps, evidence suggests there are still barriers to longer-term sustainability. Funding gaps remain for certain interventions, such as Cooking for a Better Start in Bradford, which has no confirmed funding beyond ABS despite strong demand [430]. High staff turnover also threatened programmes that depend on trained practitioners, such as early years communication and language initiatives, because when staff leave, the skills gained through ABS-funded training are lost and services struggle to maintain quality [247; 250]. Some services lacked permanent facilities or equipment, which makes it hard to grow, for example, Healthy Living Platform relies on borrowed spaces and resources rather than owning its own, limiting its ability to expand [251]. Finally, weaknesses in evaluation data, such as missing ethnicity information and limited follow-up, had made it harder for commissioners to see whether services reached diverse families or delivered lasting impact, potentially reducing confidence in continued investment [55; 56; 120].

4.2 Impact

This section summarises our synthesis of impact-focused evidence across the three child outcome areas⁶ and five systems change outcome areas⁷ included in the national evaluation. For each of the outcome areas, we have synthesised and reported findings by themes or pathways of support which have emerged from the data. This highlights the relationship between ABS implementation and outcomes.

The evidence base making up the impact synthesis includes 65 documents, ranging from rigorous to more descriptive sources. This includes:

- A feasibility randomised controlled trial (RCT), which includes intervention and control groups, implementation monitoring, and qualitative interviews [473];
- Comprehensive mixed-methods evaluations using validated tools (Ages and Stages Questionnaire (ASQ), Early Years Foundation Stage (EYFS), British Picture Vocabulary Scale (BPVS), Strengths and Difficulties Questionnaire (SDQ)) and statistical analyses alongside qualitative data [143; 144; 431];
- Several additional mixed-methods evaluation reports combining monitoring data, questionnaires, and/or qualitative data to assess implementation and short-term or perceived outcomes [121; 133; 140; 146; 147; 255; 432; 433; 435; 458; 459; 463; 468; 469; 471];
- Theory-based evaluations linking findings back to a ToC [250; 251; 257];
- Other sources included learning reports/journeys [55; 124; 136; 142; 247; 248; 249; 259; 260], strategy documents and dashboards [326; 327; 331], and one participatory workshop [149].

⁶ Communication and language; diet and nutrition; social and emotional development

⁷ Joined-up working; parental engagement; adaptive and evidence-informed services; early intervention; adoption beyond ABS areas

Child-level outcomes

Communication and language

Communication and language development was a core outcome area for ABS, as strong early communication and language skills are foundational for later learning, social development, and wellbeing. Within the national evaluation, this outcome area focused on whether ABS helped improve children's communication and language development, and/or whether ABS services prevented delays or poorer outcomes.

ABS services aimed to advance communication and language outcomes for children through:

- (1) Support to enable parents/carers to create language-rich home environments [124; 130; 133; 143; 147; 247; 248; 259; 431; 473];
- (2) Evidence-based training and tools for early years practitioners [250; 255; 260; 471];
- (3) Specialist and/or tailored support for children with identified language and communication needs [55; 124; 136; 142].

Some evidence across these themes suggested behaviour change in both home and early years settings leading to language rich environments for children. Additional evidence confirms increases in the identification of potential delays or challenges and suggests earlier referral and potential intervention for those children. However, direct, longer-term child-level outcomes are less consistently evidenced across ABS partnerships and activities.

1. Support and resources for parent / carers that promote language-rich home environments

To support improvements to communication and language outcomes, many ABS services focused on providing support and resources to parents/carers to create language-rich home environments [124; 130; 133; 143; 147; 247; 248; 259; 431; 473]. These services aimed to improve parent / carer knowledge and skills and confidence in relation to communication and literacy, in order to support their child's development at home. ABS support in this area included home visits, assessments, community group sessions, and the provision of resources such as books, activity packs, and crafting ideas [124; 133; 143; 247; 248; 259; 431; 473].

A consistent theme emerged around strengthening parents' confidence and knowledge in supporting their child's language development [124; 130; 147; 247; 248; 259]. Programmes that combined home visits or structured group sessions with practical demonstrations and resources were particularly effective in enabling parents to adopt strategies in everyday routines and increasing the frequency of language-rich interactions [124; 247; 248; 259; 431; 473]. For example, in Lambeth, parents involved in Making it REAL and Supporting

Babies Next Steps (SBNS) separately reported feeling more confident using activities such as talking, singing, reading and storytelling, and began naming objects during daily routines to boost vocabulary [247; 248]. Nottingham's Learning to Love Books encouraged families to adopt storytelling and songs at home through library-based sessions and story boxes [124]. Similarly, community-based sessions like Talking Tots and Babies helped parents understand the importance of talking to their child and gave them new ideas for play and interaction [124].

Resource-based interventions also supported these changes in behaviours [124; 133; 143]. For example, the Dolly Parton Imagination Library (DPIL) provided families with books. Evidence from a mixed-methods evaluation comparing groups of DPIL participants and non-participants suggests longer participation in DPIL was associated with more frequent reading and improved parent-child interactions during reading sessions [133; 143]. This highlights the importance of equipping parents with practical tools and confidence to embed language-promoting activities within the home context.

Support and resources to encourage reading were linked to perceived benefits for children, such as increased vocabulary, improved confidence in speaking, and greater enjoyment of books and rhymes [124; 147]. However, much of this evidence was parents' perceptions rather than data on long-term developmental impact on communication and language [124; 143].

Some evidence of outcomes was from more robust evaluation designs, such as feasibility randomised-controlled trials (RCTs) and mixed-methods evaluations with comparator groups [143; 250; 431; 473]. For example, Talking Together in Bradford provided screening and interventions for language development in contexts of home learning. Strong evidence came from a feasibility RCT, which indicated that children in the intervention group made more progress in language and communication than the control group, as measured by Oxford Communicative Development Inventory (CDI) and WellComm assessments [473]. Findings indicated the programme showed promise for improving early language development and parent-child interaction in disadvantaged communities and was recommended for a full-scale trial with adaptations (e.g., reducing attrition, clarifying consent, streamlining assessments) [473]. Similarly, in Lambeth an evaluation of Making It REAL found statistically significant improvements in Home Learning Environment scores for older children (ages 3–5), suggesting that structured parental engagement can translate into measurable improvements [250]. While this evidence is promising, it is limited to a small number of activities across the ABS partnerships.

2. Training for practitioners and promotion of language-rich early years environments

Evidence from programmes focused on professional development for early years practitioners highlights the importance of training and ongoing support in

creating language-rich environments and improving early identification of language and communication needs [250; 255; 260; 471]. Initiatives such as the I CAN Early Talk training in Bradford and the Evelina Award in Lambeth demonstrated that structured, evidence-based training can enhance practitioner confidence and competence [260; 471]. Practitioners reported that training improved their understanding of early language development and equipped them with practical tools, such as the WellComm screening toolkit, to identify children requiring additional support. Satisfaction surveys consistently indicated that training was perceived as useful and relevant, although some datasets were limited by low response rates [471].

Beyond knowledge gains, these programmes appeared to contribute to systemic changes within early years settings [250; 260]. The Evelina Award combined training with an audit and accreditation process, incentivising settings to embed communication-friendly practices [260]. This approach not only improved practitioner confidence but also increased the frequency and accuracy of developmental screening. WellComm assessments, which used the WellComm speech and language screening tool that assesses developmental milestones in terms of speech and language, communication, grammar, memory, and inference, led to a rise in referrals to speech and language therapy services. This suggests that training translated into tangible improvements in identification and referral pathways [260].

While these mechanisms appear effective in strengthening early years provision and environments, evidence of child-level outcomes remains limited. Some programmes reported moderate improvements in WellComm scores, particularly among children with higher needs, and anecdotal accounts suggest that enriched environments and timely referrals may prevent language delays from worsening [250; 260]. However, most reports focused on practitioner outcomes and process indicators rather than child outcomes [250; 260; 471].

3. Improved identification and tailored and/or specialist support for children with identified needs

Targeted and specialist support programmes focused on intensive, personalised interventions for children with identified communication and language needs [55; 124; 136; 142]. Approaches like Home Talk and SPLATT in Nottingham delivered home-based sessions that coached parents on evidence-based strategies and facilitated referrals to speech and language therapy (SLT) [136; 142]. These services were well-received, with parents reporting improved confidence in their ability to use the home environment to support development and perceived gains in children's communication skills [136].

Other initiatives, such as Communication Hubs, combine small-group language-focused activities with at-home resources, aiming to reduce the need for specialist referrals [124]. Peer support models in Southend provide emotional

and practical assistance for families awaiting autism diagnoses, which aimed to foster trust and reduce isolation amongst parents/carers [55]. These mechanisms appeared to strengthen early identification and family engagement.

Focused support for children with identified needs, and their parents/carers, was linked with perceived improvements in communication and language abilities [55; 124; 136; 142]. However, this evidence was mostly self-reported, lacked clear methodological detail, and/or lacked longitudinal data and/or comparison groups. Focused support for children with identified needs, and their parents/carers, was linked with perceived improvements in communication and language abilities [55; 124; 136; 142]. Across these studies, evidence is predominantly self-reported and often lacks comparison groups or longitudinal follow-up; one multi-strand report included a small pre-post parent-completed CDI analysis (n=30) but still offered limited causal inference and has a small sample size [124].

While not directly linked to improved communication and language outcomes, Nottingham's Home Talk intervention was seen as important in highlighting the need for early intervention speech and language therapy services. "Prior to there being an Early Intervention Service these children will have met referral criteria for Specialist SLT thus the Home Talk team have been able to offer a service to help reduce the number of children waiting for specialist health care services" [136]. This suggests the programme may have helped to prevent communication and language difficulties amongst some children from worsening.

Diet and nutrition

Diet and nutrition was a key outcome area for ABS, as healthy early feeding and eating patterns are fundamental to children's physical development and long-term health. Within the national evaluation, this outcome area focused on whether ABS helped improve children's diet and nutrition, and/or prevented poor nutritional outcomes, with a focus on breastfeeding, child weight, and oral health.

ABS partnerships aimed to improve diet and nutrition outcomes for children and infants through:

- (1) Facilitating community activities, outreach and support for families [49; 56; 113; 120; 130; 139; 143; 249; 430; 469];
- (2) Increasing access to affordable healthy food [49; 55; 251].

Evidence suggests these pathways helped parents gain knowledge, confidence, and practical skills for healthy feeding and eating practices, with some indications of behaviour change in family routines. However, direct evidence of sustained child-level outcomes was limited [49; 56; 120; 249; 430; 469].

1. Facilitating community activities, outreach and support for families

In an effort to enhance children's diet and nutrition outcomes, ABS facilitated interactive community activities, outreach and support for families focused on enhancing healthy feeding and eating practices. Activities included group sessions and workshops, community outreach events, one-to-one home visits and follow-up sessions and communications following initial support [49; 56; 113; 120; 130; 139; 143; 249; 430; 469].

Through these activities, evidence suggests parents/carers gained knowledge, confidence, and practical skills (e.g., breastfeeding, cooking), often focused on critical feeding stages, such as infant feeding and the introduction of solids [49; 56; 113; 249]. For example, participant surveys for Southend's one-to-one breastfeeding service found near-universal gains in knowledge and confidence, while group-based approaches like Bump to Breast were perceived to increase motivation to breastfeed as well as reduce isolation through peer networks [56]. Similar patterns emerged in support for weaning. Through pre/post surveys, participants from Lambeth's CAN 'Starting Solids' workshops reported increased confidence in recognising readiness for solids, amounts to introduce, and balancing solids alongside milk intake [249].

Beyond feeding milestones, programmes also targeted everyday eating habits and home food environments [120; 143; 430]. For example, evidence from Nottingham's Healthy Lifestyles Pathway Service (HLPS), which aimed to address childhood obesity through individual coaching and group resources, reported increased parental confidence in supporting healthy lifestyles [120]. Similarly, evidence from Bradford's Cooking for a Better Start linked hands-on cooking skills to changes in parental confidence in food preparation as well as family routines and diet [430]. Finally, evidence indicated Cook and Play, a group cooking session for parents/carers and children run by Family Mentors in Nottingham, contributed to improved cooking skills, confidence and socialisation amongst parents/carers [143].

While these programmes appear to have contributed to parental/carer behaviour change around diet and nutrition and healthy eating, there is relatively limited evidence linking to specific child-level outcomes [49; 56; 120; 430]. Where child outcomes were mentioned, they were often anecdotal, based on staff observations, or drawn from small samples, limiting the strength and generalisability of the findings [120; 430]. Examples where child-level outcomes had been reported include Bradford's Cooking for a Better Start, where survey findings showed a higher proportion of children consuming five or more portions of fruit and vegetables daily and drinking water more frequently post-intervention [430]. Similarly, the Healthy Lifestyles Pathway Service (HLPS) in Nottingham reported improvements in portion control, increased fruit and vegetable intake and reduction of sugary snacks [120]. However, we did not find

evidence linking activities to specific diet and nutrition indicators, such as increased breastfeeding rates or reductions in child obesity rates.

2. Helping families access affordable and/or healthy food

ABS partnerships also aimed to expand access to affordable and healthy food for families, which was particularly important due to the cost-of-living crisis [49; 55; 251]. Activities and schemes such as subsidised grocery access, food pantries, and cooking classes, were expected to enable parents to access healthy food and therefore implement healthier feeding practices at home [55; 251]. Many of these interventions were implemented in response to the cost-of-living crisis and represent the ability of ABS services to adapt to emerging contextual challenges, as discussed in section 4.1. However, evidence of this pathway was limited to three reports [49; 55; 251].

In Lambeth, the Healthy Living Platform (HLP) implemented programmes to provide families with subsidised food. HLP applied for funding from LEAP's CoCreate Fund to set up pantries in local Children's Centres. The pantries provided healthy food and were subsidised by Household Support Funds and what families could afford to pay. The relatively low cost of the pantry (£5 for 20 items) meant that families could frequently access high-quality healthy food that was affordable to them [251]. Participants commented on the impact the pantry had on their family's finances, as they spent less on their weekly shopping. Qualitative evidence from interviews with participants also suggested the programme contributed to healthier eating, as the healthier food provided led them to cook healthier recipes [251].

Similarly, Southend's Family Action's FOOD Club aimed to provide good quality food for families at a low cost. Families paid £1 a year to join and could purchase a bag of food every week for £3.50. The programme aimed to be an alternative to a traditional food bank, by making families feel part of a community initiative rather than stigmatised for needing support [55]. While evidence suggests families were able to access healthy food weekly through the programme, an unintended outcome of the programme was enabling families to use the money they would have spent on food on other things such as heating and housing [55].

These findings show that affordability initiatives improved access to healthy food and supported positive changes in family routines, however the evidence was limited to participants' interviews and does not explicitly mention improvements to child outcomes [55; 251]. It could be assumed that as these programmes provided families with access to healthy food, at no or a reduced cost, they would contribute to improved child outcomes around diet and nutrition. However, evidence linking these specific activities to such outcomes has not explicitly materialised through the review [49; 55; 251].

Social and emotional development

Social and emotional development was a core outcome area for ABS, as early attachment, confidence, and the ability to regulate emotions underpin children's wellbeing and later learning. Within the national evaluation, this outcome area focused on whether ABS supported improvements in children's social and emotional development, and/or helped prevent emerging social or emotional difficulties.

ABS activities aimed to improve social and emotional development outcomes for children by:

- (1) Creating enriched environments for social interaction [114; 139; 143; 250; 460; 468];
- (2) Providing direct support to parents/carers and families, focused on early intervention [123; 248; 254; 432; 433; 435; 458; 463].

Evidence indicates these approaches strengthened opportunities for child socialisation, improved parental confidence and resilience, and supported parent–child bonding. However, robust evidence of long-term child-level outcomes remains limited, with most findings based on small samples, qualitative feedback, or short-term measures [114; 130; 139; 143; 250; 458; 468].

1. Enriched environments for social interaction

ABS partnerships delivered a range of programmes which aimed to provide opportunities for children to engage in play and social interaction beyond the home environment [114; 139; 143; 250; 460; 468]. Evidence suggests community group activities, such as play groups, were successful in promoting socialisation amongst children and providing opportunities for parents to connect with others [114; 143; 139]. For example, Room to Play in Nottingham offered accessible spaces for children to interact with peers and adults, which reportedly, through surveys and interviews, fostered social skills and confidence, while simultaneously enabling parents to meet others with children of similar ages [114]. Baby Massage groups in Nottingham helped to increase parent-child bonding, with 22 out of 25 participating parents reporting via a survey that the programme strengthened their bond with their baby [143].

Outdoor initiatives such as Forest Schools Play (Bradford), Better Place (Bradford), New Shoots (Nottingham), and Natural Thinkers (Lambeth) extended these benefits by providing children with opportunities to socialise in natural settings, connecting with peers and with nature [139; 250; 460; 468]. For example, the New Shoots programme provided creative activities, singing, and outdoor exploration for children and parents in a child-centred outdoor space. Parents and staff reported, through interviews and focus groups, that these sessions promoted socialisation and confidence amongst participating children, and provided social opportunities for parents with a “community feel” [139].

Through some of these programmes, parents and caregivers reported improved knowledge, skills, and confidence in supporting their child's social and emotional development [114; 139; 143]. Room to Play participants, for example, noted gaining ideas for activities to do at home to promote development, and 67% reported increased understanding of what their child enjoyed [114]. Across several programmes (Room to Play, Baby Massage, and New Shoots), parents reported improvements to their own confidence and wellbeing, as well as reduced isolation and loneliness, often linked to participation in group activities [114; 139; 143].

Documents indicated some of these programmes contributed towards outcomes related to social and emotional development, though evidence was limited [250; 468]. Observational data and parent surveys and interviews from Forest Schools Play highlighted improvements in children's confidence, cooperation, independence, and social skills following participation in the programme [468]. Additionally, Natural Thinkers reported measurable gains in wellbeing and involvement using Leuven scales, a 5-point scale used to identify changes in children's emotional wellbeing and involvement in tasks [250]. While other documents indicated perceived benefits for children, such as improved confidence, socialisation, and wellbeing, these were mainly based on parent or practitioner feedback. Evidence relied on small samples, qualitative interviews, or satisfaction surveys without control groups or longitudinal follow-up [114; 130; 139; 143; 250; 458; 460; 468].

2. Direct support for parents/carers focused on early intervention

ABS partnerships delivered a range of programmes aimed at providing direct support to parents and carers to strengthen resilience, reduce stress, and improve family relationships [123; 248; 254; 432; 433; 435; 458; 463]. Evidence suggests that home visits, specialist support, and group-based interventions were effective in improving parental wellbeing and confidence, which services expected to cascade into better parent-child bonds and home environments [123; 433; 458].

For example, Bradford's Home Start Better Start offered emotional and mental health support through home visits. Parents reported significant improvements in their wellbeing, and as a result, benefits for their children's wellbeing [433]. Similarly, Bradford's Incredible Years programme focused on parenting skills and bonding, with 95% of participants reporting that their bond with their child had improved or greatly improved [458]. Nottingham's Healthy Little Minds programme provided targeted mental health support for parents, and evaluation findings indicated significant reductions in parental anxiety and depression [123].

Parents who participated in these programmes reported increased confidence, improved emotional health, and stronger relationships with their children [123; 248; 254; 433; 458]. These improvements were often linked to participation in

structured sessions and ongoing support, which helped parents feel less isolated and more capable of managing challenges [123; 433; 458].

Some programmes reported measurable outcomes for children, though evidence was limited [130; 458]. Bradford's Incredible Years used the Ages and Stages Questionnaire: Social-Emotional, Second Edition (ASQ:SE-2) and found that a higher proportion of children were in the 'no concern' category for social and emotional development post-intervention than at the start of the intervention [458]. Nottingham's SSBC evaluation reported a 5.8% rise in Good Level of Development (GLD) scores, including social and emotional development, within the SSBC catchment area, which was higher than the rest of the city and nationally [130]. While these findings are promising, evidence of direct child-level impact remains moderate and concentrated in a small number of studies included in this review.

Systems change outcomes

Joined-up working (partnerships and upskilling)

Joined-up working was an important element of systems change for ABS, as coordinated and collaborative services enable families to receive more coherent and holistic support. Within the national evaluation, this outcome area focused on whether ABS strengthened integration between local services and created more connected pathways of support for families.

ABS aimed to embed sustained joined-up working through two main pathways:

- (1) Strengthening connections between local services, organisations, practitioners, and community groups [49; 55; 56; 61; 113; 122; 146; 249; 251; 254; 327; 331; 515];
- (2) Upskilling strategic and frontline staff [121; 123; 140; 259; 260; 327; 331].

Evidence shows that ABS partnerships implemented shared frameworks, improved referral pathways, and joint planning to create integrated systems [49; 61; 251; 254; 327; 331; 515]. Workforce development initiatives, such as training and audit systems, supported consistent practice and strengthened collaboration [121; 123; 140; 259; 260; 327; 331]. While these efforts improved coordination and practitioner confidence, evidence of long-term sustainability beyond ABS funding remains limited [49; 54; 327; 331], though at the time of this review, it may be too early to say.

1. Opportunities for collaborative working across services

ABS partnerships implemented a range of activities and strategies to strengthen collaboration between local services, aiming to create integrated systems that better support families with children aged 0–4. These included shared frameworks, improved referral pathways, joint planning, and collaborations with

local organisations [49; 61; 251; 254; 327; 331; 515]. These approaches aimed to enable greater awareness of the range of support offered through services, strengthen partnerships, improve working strategies, allow for better integration and ultimately provide more holistic support to families [49; 61; 251; 254; 331; 515].

In Lambeth, communication and language services were better linked to each other through signposting and stronger referral pathways, leading to increased referral rates and practitioner confidence in identifying children with speech, language, and communication needs [260]. LEAP also used signposting within the Healthy Living Platform (HLP), whereby 31% of respondents to a parent/carer survey reported accessing support or advice from another organisation through HLP [251]. Strategic partnerships, including the Parent and Infant Relationship Service (PAIRS) collaboration with Child and Adolescent Mental Health Services (CAMHS) and Baby Steps also in Lambeth, ensured holistic assessments and improved referral pathways [254]. Integrated delivery models were evident in Blackpool's Family Hub Triage Panel, which combined health visiting, midwifery, and early help services to coordinate timely support for families, assisting 410 individuals through shared referrals [331; 515].

Shared measurement systems, collaborative planning and co-design were also strategies used to strengthen integrated working [122; 256; 515]. Lambeth implemented a shared measurement system based on service-level theories of change, enabling common outcome frameworks and informing integrated delivery [256; 515]. Bradford's Better Place project demonstrated co-design approaches, bringing together urban planners, health professionals, and parents to create a community park [515]. Southend's City Family Partnerships strengthened collaboration between statutory and voluntary services, supporting integrated planning and governance [515]. Similarly, Nottingham's 'Kitten's Cave' workshops convened voluntary sector partners and parents to collectively plan new projects under the Ideas Fund [122].

Several ABS partnerships reported ongoing collaboration outside of the ABS programme as a systems change-level outcome of ABS. In Southend, partnerships between City Family and local organisations continued after ABS funding ended, supporting integrated planning and delivery [61]. Blackpool's triage model demonstrated operational sustainability, with multi-agency panels embedded into routine practice to provide timely, coordinated support [327; 331]. While these findings indicate progress toward integrated systems and more responsive services, evidence of longer-term sustainability would need to be studied further, post ABS-funding.

2. Upskilling of staff / service workers

ABS partnerships also utilised workforce development as a driver of joined-up working and integrated practice. Training aimed to create a shared

understanding of early childhood development and improve practitioners' skills. This laid the groundwork for better and more integrated support systems for families [121; 123; 140; 259; 260; 327; 331].

Workforce development focused on structured training and rolling-out competency frameworks, with sustainability built in through cascade models and audit systems [260; 327; 331]. Blackpool adopted a 'train-the-trainer' approach to spread trauma-informed concepts from the Brain Architecture programme and other evidence-based interventions across services, enabling practitioners to cascade learning and embed reflective practice [327; 331]. In Lambeth, the Evelina Speech and Language Therapy (SaLT) audit-and-award framework established clear standards for communication-friendly environments and integrated the WellComm screening tool to standardise referral pathways. This was paired with bespoke coaching to ensure consistent speech, language and communication support across early years settings [260]. These approaches illustrate how competency frameworks and structured training were leveraged to strengthen joined-up working and embed consistent practice across local systems.

These initiatives translated into operational change that improved joined-up working. Across programmes, practitioners reported greater confidence in identifying needs and making referrals, supported by clearer pathways and shared standards [121; 260; 331]. Lambeth's SaLT programme reported increased referrals for speech and language needs [260]. In Blackpool, practitioners highlighted that father-inclusive and trauma-informed training improved coordination and reduced escalation to intensive interventions [327; 331]. New roles, such as Pregnancy Mentors, were embedded within existing structures, enabling closer collaboration between health, early years, and voluntary sectors [140]. While these developments indicate progress toward integrated systems, most evidence remains descriptive or short-term, and further evidence is needed to assess whether these approaches have been sustained beyond ABS funding.

Parental engagement

Parental engagement was central to ABS, as families are more likely to benefit from early years services when they feel informed, included, and able to participate meaningfully. Within the national evaluation, this outcome area examined whether ABS strengthened parents' engagement with services and increased opportunities for parents to shape, access, and participate in support.

ABS activities made a concerted effort to work closely with parents by:

- (1) Providing support tailored towards their needs [62; 114; 121; 139; 144; 147; 149; 249; 259; 326; 431; 432; 457; 465];

- (2) Embedding co-production and peer-led approaches in service design and delivery [49; 56; 114; 115; 118; 128; 130; 139; 143; 146; 251; 326; 329; 460; 515].

Evidence indicates that flexible, personalised services and peer-led models (e.g., Parent Champions, Family Mentors) improved trust and accessibility. Co-production approaches helped shape services and campaigns, making them more relevant to families. However, explicit evidence of sustained engagement and systemic embedding of co-production principles beyond ABS is limited.

1. Support for parents/carers is tailored to their needs

ABS partnerships implemented a range of targeted and tailored approaches and activities to strengthen parental engagement and remove barriers to accessing support. Evidence suggests flexibility in the length, format, and location of ABS activities helped remove barriers and created a more continuous pathway of care [259; 326; 431; 432; 457; 465]. In Bradford, Talking Together adapted its delivery by offering extra sessions for families needing additional support and introducing flexible formats (e.g., in-person and virtual) [431]. Similarly, the Doulas Project and Midwife Continuity of Care (MCC) programme tailored support around the preferred frequency, duration, and location of appointments for women, offering a package of personalised care [432; 465]. Breastfeeding interventions were offered via home visits, telephone support, and multilingual options, improving accessibility and trust [457]. In Lambeth, catch-up sessions were provided for parents who were unable to attend all sessions of Sharing REAL with Parents (SRP) [259]. Finally, in Blackpool, health visiting pathways were extended, from prenatal training and support through to birth, antenatal stages, and early years support, reducing referral needs, supporting continuity of care and enhancing relationships and trust with professionals [326].

Across ABS partnerships, support was also targeted at specific groups to improve accessibility and strengthen parental engagement [62; 121; 139; 144; 147; 149; 249]. Nottingham's father-inclusive workstream included initiatives such as Think Dads training and practical resources for fathers, alongside a separate bereavement support offer delivered by Zephyrs, which provided therapeutic woodworking sessions for fathers following child loss [121; 139]. Recliner chairs were also provided in maternity wards to enable partners to stay overnight, supporting involvement at and after birth [121]. Nottingham also targeted 'hard-to-reach' families experiencing higher isolation by locating physical play areas in central community spaces in Nottingham North, one of the UK's most deprived areas [114]. Southend introduced creche services to enable parents to attend sessions, fostering inclusion by removing childcare barriers and creating opportunities for parents to participate fully in ABS activities and connect with others [62]. Additional adaptations included multilingual communication formats, culturally sensitive nutrition services, and

offering financial assistance to marginalised families to reduce barriers to participation [147; 149; 249].

This review found mixed evidence of outcomes of services being more tailored. Some interventions demonstrated clear links between tailored approaches and improvements to engagement. For example, Southend reported higher engagement linked to creche provision [62], and Blackpool reported increased parental engagement during antenatal and postnatal periods as a result of tailored services [326]. Other findings suggest continuity of care has contributed to referrals and engagement with other services, for example the Midwife MCC and the Doula project enhanced women's exposure to other services by encouraging disclosure of health concerns, which enabled timely referrals [432; 465]. Overall, however, explicit evidence linking engagement approaches and numeric increases in engagement was limited and sustained early years engagement is not possible to assess with the evidence available.

There is some evidence from ABS partnerships which indicated tailored approaches have become part of ongoing practice [121; 326]. In Nottingham, father-inclusive strategies, such as Think Dads training, governance changes embedding father-inclusive expectations, and practical resources like the Dad's Pack, are being integrated into local systems [121]. Similarly, Blackpool's Enhanced Health Visiting Pathway, which provides extended support from antenatal through postnatal stages and incorporates interventions like Baby Steps and Behavioural Activation, has been embedded into standard maternity and health visiting offers [326]. These examples indicate that tailored engagement mechanisms are shaping service design beyond the initial programme period. However, the evidence is largely descriptive, and further evaluation is needed to understand the extent and sustainability of these changes post-ABS funding.

2. Opportunities for parents to be involved in co-production and peer-led activities

Co-production and peer-led approaches were employed across ABS partnerships to allow parents to contribute their lived experience to the design and delivery of ABS services. Peer-led activities were widely used to build trust and improve accessibility, often using trained community volunteers. Across several ABS partnerships, initiatives such as parent champions, digital champions, and family mentor services provided informal support and encouraged participation in governance and delivery [49; 56; 114; 115; 118; 128; 130; 139; 143; 146; 251; 326; 329; 515].

In Lambeth, peer-to-peer support networks (e.g., Healthy Living Platform activities and volunteering) helped parents feel more connected and reduce isolation [251]. In Blackpool, Community Connectors facilitated trust-based relationships between parents/carers and services to improve access to Healthy Start [329], and programmes like Baby Steps built social networks among

expectant parents [326]. Southend trained mothers as breastfeeding peer supporters, combining professional and peer input to improve confidence and knowledge [56]. Nottingham's Family Mentor service fostered trust and satisfaction through home visits and similarities in lived experiences with local communities [114; 115]. Targeted peer projects, such as Nottingham's Black, Asian, and Minority Ethnic (BAME) Dads Project, addressed cultural barriers and discrimination, creating safe spaces for fathers [139].

Co-production approaches further enhanced inclusivity by adapting services to community needs. Bradford's Better Place project involved parents in redesigning parks and playgroups, promoting a sense of ownership and stronger community relationships. Activities in redesigned parks supported confidence-building in children and encouraged play between adults and children [460]. Nottingham co-produced culturally sensitive resources, such as the 'Pregnancy and Parenting During Ramadan' guide [130; 146]. Parent champions in Southend worked with families who might be isolated or who might need support building local networks, including newly arrived migrant families to reduce isolation and improve local connections [49]. Nottingham's Family Mentor service, co-designed with parents and delivered through local voluntary organisations, provided tailored home-learning support and showed evidence of improved developmental outcomes, suggesting services were better aligned to family needs [146].

Evidence indicates that co-production and peer-led approaches have contributed to stronger parental engagement for some activities, though evidence of improved engagement varies. Examples include Bradford's co-produced parks, which showed clear engagement outcomes supported by qualitative interviews and observational audits [460], and Southend's bump-to-breast campaign, which achieved widespread adoption across 113 community venues [56]. Qualitative findings indicated Nottingham's Family Mentor service led to perceived improvements in engagement through referrals and signposting, creating a continuum of care [130]. Other initiatives in Nottingham, such as digital champions and peer support networks, encouraged participation and volunteering, but evidence was largely anecdotal and lacked measurable engagement data [114; 118; 128].

There was some minimal evidence that co-production principles were being embedded into service design and delivery longer-term. Evidence relating to parents being involved in governance is presented earlier in the report, in the chapter on implementation. In Nottingham, evidence indicated Parent Champions are contributing to initiatives such as Family Hubs [118]. Similarly, father-inclusive practices, such as the recliner chairs, have been embedded into health services [121]. Overall, while these examples show principles being carried forward, further evaluation is needed to confirm system-wide embedding of co-production beyond ABS.

Adaptive and evidence-informed services

Adaptive and evidence-informed practice was a key feature of ABS, as responsive, data-driven services are better able to meet families' needs and sustain improvement over time. Within the national evaluation, this outcome area focused on whether ABS supported the development of adaptive approaches, including the use of data, feedback, and test-and-learn processes.

ABS has integrated principles of adaptive and evidence-informed practice through:

- (1) Using and/or collecting data from services and families to better understand what is working / not working [113; 122; 130; 140; 247; 249; 256; 259; 329; 330];
- (2) Using test-and-learn approaches and pilots for continuous learning and improvement [113; 122; 130; 140; 247; 330].

Evidence shows that ABS partnerships used integrated data platforms, feedback loops, and pilot evaluations to adapt services and improve responsiveness. Test-and-learn mechanisms enabled innovation and informed commissioning decisions. However, most evidence focused on engagement rather than long-term outcomes, and sustainability of adaptive practices beyond ABS remains unclear [113; 122; 130; 140; 247; 249; 256; 259; 329; 330].

1. Using and/or collecting data from services and families

ABS partnerships implemented a range of strategies to collect and use data from services and families, alongside existing data, aiming to create adaptive services that better meet family needs [249; 256; 259; 329]. These strategies included integrated data platforms, routine monitoring, and structured feedback loops, aiming to ensure services were responsive to family needs and evidence-led. In Lambeth, LEAP's Data Integration Platform pooled 25 administrative and service datasets, enabling individual-level linkage and more accurate monitoring of child outcomes. This infrastructure supported cross-service learning and informed decisions about future commissioning, by identifying which services were reaching priority populations and where gaps existed, and by generating evidence on effectiveness and integration across services [256]. Workforce development also benefited from data-driven change. Lambeth's Evelina SaLT audit and award piloted a Department for Education screening tool; however, based on practitioner feedback and monitoring data, adopted WellComm, which improved identification of speech and language needs and increased referral consistency [260].

Further examples from Lambeth demonstrated that feedback loops with parents/carers were also an important tool for gathering information [249; 259]. LEAP's Sharing REAL with Parents service used feedback and demographic data to refine delivery. Changes included introducing SBNS in response to parent demand and adjusting recruitment strategies to preferred communication

methods. These adaptations improved engagement and demonstrated how iterative learning can be used for continuous quality improvement within service design [259]. Similarly, LEAP's CAN programme adapted eligibility criteria, translated materials, and introduced culturally relevant recipes based on user feedback, ensuring services were accessible and tailored to diverse family needs [249].

Data insights also shaped adaptations beyond Lambeth. In Blackpool, research into barriers to uptake of the Healthy Start scheme led to the creation of a Money Saving Connector role. Money Saving Connectors provided trusted financial advice and improved families' ability to access the Healthy Start scheme, and therefore nutritious food [329].

Evidence suggests these mechanisms strengthened service responsiveness and alignment with family needs, highlighting links between monitoring and adaptation, enhanced practitioner confidence, and improved engagement [249; 256; 259; 329]. Additionally, ABS partnerships have shared learning through reports, audits, and network meetings, potentially informing wider practice and commissioning [249; 256; 259; 329]. However, most of the evidence focused on engagement and identification of needs rather than longer-term outcomes surrounding the sustainability of adaptive and evidence-informed approaches.

2. Test-and-learn approaches

ABS partnerships utilised test-and-learn principles to test new approaches and refine service delivery, using pilot evaluations, feedback loops, and monitoring data to inform decisions [113; 122; 130; 140; 247; 330]. Making it REAL was piloted in one children's centre in Lambeth, then expanded to additional settings following positive feedback. Resources were adapted, by LEAP in collaboration with the National Children's Bureau, for children under three, incorporating new materials on language development and milestones, which were integrated into practitioner training [247]. In Nottingham, the Pregnancy Mentor Apprenticeship project tested a new workforce model to address maternity care gaps. The project tested whether 'higher-dose' support could improve engagement among underserved groups, generating insights on workload and delivery mechanisms to inform future apprenticeship pathways and workforce structures [140].

Some initiatives were designed to build on existing evidence. For example, Nottingham piloted a Breastfeeding Incentives Voucher programme, to improve breastfeeding rates [113; 139]. This programme built on emerging (non-ABS funded) evidence⁸, based around the use of financial incentives to encourage breastfeeding. The pilot used a test-and-learn approach, and feedback highlighted that vouchers might be more effective if frontloaded earlier in the baby's life when breastfeeding is most difficult. The report does not indicate whether these recommendations were adopted [113; 139]. Similarly, in

⁸ <https://pubmed.ncbi.nlm.nih.gov/29228160/>

Blackpool, learning from the (non-ABS funded) Starting Well pilot informed the design of a new oral health strategy, including the provision of dedicated dental appointment slots and an Oral Health Coordinator role. While monitoring systems were still maturing, these changes signal a pathway from pilot learning to strategic decision-making [330].

Finally, Nottingham took a unique approach to test-and-learn, setting up the Ideas Fund [122; 130; 145]. The Ideas Fund allowed community organisations to apply for funding to pilot innovative projects, applying test-and-learn approaches to identify potential interventions to scale. The independent mixed-methods evaluation of the Ideas Fund found that it had strengthened community engagement, encouraged organisations to adopt more reflective service design approaches, and helped some projects secure continuation funding, supporting sustainability [145].

Evidence suggests progress towards system change outcomes, as test-and-learn mechanisms enabled services to adapt delivery models, scale successful practices, and tailor support to family needs [113; 122; 130; 140; 247; 330]. In certain cases, sustainability of these outcomes is evident, for example the Pregnancy Mentor Apprenticeship project, which has led to permanent posts, and projects funded under the Ideas Fund which have gone on to secure additional funding [130; 140]. However, it was not always clear across this review if feedback from test-and-learn processes had been taken on board, or if projects would continue post-ABS funding.

Shifting to preventative services and early intervention

Focusing on prevention and early intervention was a key feature of the ABS approach, as identifying needs early and responding promptly can improve long-term outcomes and reduce pressure on services. Within the national evaluation, this outcome area examined whether ABS promoted preventative ways of working and strengthened early identification and support across local systems.

ABS aimed to embed prevention and early intervention principles into service design and delivery through awareness raising and upskilling, collaborative working, and targeted support to shift planning toward early identification and proactive care [123; 129; 146; 257; 260; 261; 326; 327; 330; 459]. Evidence suggests that training, screening tools, and flexible interventions improved early identification and parental confidence [123; 257; 260; 261; 456]. Some programmes reported measurable improvements in wellbeing and bonding, but broader systems-level change and sustained adoption of preventative approaches remain uncertain [123; 330; 459].

ABS partnerships promoted shared understanding of preventative care across service providers and with parents/carers through upskilling and awareness campaigns [257; 330; 459]. In Blackpool, oral health initiatives combined

communications campaigns, peer support, and Community Connector outreach to align stakeholders and families around the importance of early dental care [330]. Similarly, Bradford's Little Minds Matter project delivered 'Infant Mental Health' training and reflective practice sessions, fostering consistent messaging on the importance of preventative mental health care across service providers [459]. Lambeth's Enhanced Casework service also provided training for the early years workforce to help identify domestic abuse and refer victims and survivors to support [257].

Some services combined training with specific tools [260; 261]. In Lambeth, the Evelina SaLT audit and award programme introduced the WellComm screening tool and bespoke training and coaching, standardising approaches to early identification of speech and language needs and reinforcing the value of early intervention [260]. The programme linked screening to referral processes, ensuring children identified with speech and language concerns were referred on to appropriate services. Similarly, Lambeth's Maternity Vulnerability Assessment Tool (MatVAT), which was accompanied by training, supported midwives in early identification of at-risk cases in antenatal care. Lambeth piloted the MatVAT vulnerability assessment tool with midwives, refining the framework through feedback loops and interviews to ensure practical application in preventative antenatal care [261].

Programmes, such as Nottingham's Healthy Little Minds aimed to deliver prevention-focused support flexibly, through consultation with parents/carers [123]. The programme delivered flexible, evidence-based support during pregnancy and early childhood to strengthen parent-infant relationships and prevent mental health issues. By combining interventions like infant massage, video interaction guidance, and parent-infant psychotherapy with quick, flexible access to support and personalised plans, the programme embedded early intervention principles and aimed to reduce perinatal depression while improving bonding [123].

Evidence on how these mechanisms translated into outcomes for practitioners and families was found across a few studies, though with varying levels of data quality. Findings from a mixed-methods evaluation of Nottingham's Healthy Little Minds programme found that the flexible early intervention programme reduced perinatal and postnatal depression (these were reported together as an average 21.4% decrease in depression overall) and improved bonding (though no comparator group was used) [123]. The accompanying cost benefit analysis concluded the programme also delivered a strong economic return (£9.84 for every £1 spent) [123]. In Blackpool, evidence indicates a decrease (11.3%) in dental decay amongst 5-year-olds between 2015 and 2021. While it could be assumed this improvement is linked to ABS-related oral services, the data is Blackpool wide and not linked robustly to any specific ABS activities [330]. Other anecdotal evidence indicated programmes contributed to improved

practitioner knowledge and confidence, as well as clearer referral pathways, though evidence lacks quality [257; 260; 261; 459].

While overall, this evidence suggests ABS partnerships have been able to embed prevention and early intervention into the design and delivery of some of their services, broader systems level change remains unclear. There is limited evidence indicating if/how some of these interventions will be taken forward, and no specific evidence indicating how broader prevention and early intervention was or will be embedded into services post-ABS funding [123; 257; 260; 261; 327; 330; 459].

Adoption of ABS approach beyond ABS local authorities

The adoption of ABS approaches beyond funded areas was important for ABS's legacy, as wider take-up of learning, tools, and models can extend the programme's impact. Within the national evaluation, this outcome area focused on whether ABS approaches, resources, and ways of working have been shared, adopted, or adapted outside ABS wards.

ABS partnerships aimed to cascade ABS design and delivery principles beyond ABS wards through:

- (1) Creating opportunities for development and capacity-building among providers and parents [246; 247; 249; 254; 259; 260; 327; 331];
- (2) Disseminating learning to influence practice, policy, and commissioning outside ABS wards [128; 130; 249].

Evidence shows that ABS partnerships delivered training, reflective supervision, and shared resources to extend ABS approaches. Dissemination through events, toolkits, and policy engagement created conditions for replication, with some examples of adoption beyond ABS areas. However, explicit evidence of sustained uptake and systemic integration outside ABS localities is limited.

1. Capacity building and workforce development

ABS partnerships sought to share ABS approaches beyond their original service areas by providing training and capacity building to parents/carers and relevant service providers. Workforce training, reflective supervision, and collaborative practice were central mechanisms for disseminating ABS learning and enabling adoption more broadly [246; 247; 249; 254; 259; 260; 327; 331]. In Lambeth, oral health training sessions improved practitioner confidence and standardised advice, with positive feedback from attendees [246]. This training was complemented by resources and protocols that reduced the burden on settings, supporting replication across services [246]. Similarly, Bradford's Little Minds Matter programme extended infant mental health awareness through practitioner training and consultation offers, enabling referrals and practice improvements beyond ABS wards [434]. Nottingham's Think Dads initiative broadened father-inclusive practice by upskilling diverse workforce groups,

working both within and outside of ABS wards, embedding inclusive approaches into local service delivery [121].

Reflective supervision and coaching also played a critical role. Lambeth's PAIRS service provided specialist input and reflective practice to early years professionals, strengthening referral quality and capacity for relational support across the borough [254]. Bradford's neighbourhood workforce model combined training with ongoing coaching for local voluntary organisations, creating a network of practitioners who promoted ABS messages and connected families to services beyond ABS areas [472].

These capacity-building efforts were often linked to broader adoption of services. For example, Lambeth's PAIRS and Making it REAL programmes scaled from LEAP postcodes to borough-wide offers under Start for Life funding [247; 254], while Nottingham's Home Talk speech and language intervention expanded city-wide, informed by ABS learning [130]. However, there is limited evidence on the sustainability of these expanded programmes. Across ABS partnerships, there is limited evidence of broader expansion of ABS approaches beyond targeted areas post ABS-funding [49; 128; 130]. To assess this, longer-term evidence would need to be gathered post ABS-funding, including evidence from non-ABS areas.

2. Dissemination of learning beyond ABS areas

ABS partnerships promoted adoption beyond ABS areas by actively disseminating learning through events, publications, toolkits, and policy engagement [128; 130; 249]. In Nottingham, annual knowledge-exchange events, parliamentary briefings, and sector conferences positioned ABS learning within national conversations on early years and family support [128; 130]. Monthly newsletters were sent to thousands of subscribers, while toolkits and online platforms, such as the Feed Your Way website and Father Inclusivity Hub, provided practical resources for replication in other localities [130]. Some dissemination efforts contributed to tangible adoption outcomes beyond ABS, including the integration of Feed Your Way into the Integrated Care Systems (ICS) Infant Feeding Strategy [130]. Plans were also underway for Feed Your Way to be replicated elsewhere, with Tower Hamlets local authority taking the campaign learning to launch its own localised campaign [130].

Lambeth leveraged similar approaches, as materials developed for CAN's "sister service" Pregnancy Information on Nutrition and Exercise (PINE) were adopted by Guy's & St Thomas' NHS Trust for ongoing use via its website [249]. LEAP were repeatedly invited to present on the CAN service model by public health organisations, indicating interest in learning more about the service (however the service ended in 2024 as no further funding was secured) [249].

While dissemination alone does not guarantee adoption, these examples show how sustained visibility and resource sharing created conditions for learning to spread beyond ABS areas [128; 130; 249]. Some activities, such as Nottingham's evidence-informed contributions to national guidance and select committee hearings, suggested ABS dissemination had a potential role in shaping policy and commissioning decisions [128; 130]. As with the previous pathway for this outcome, there is limited explicit evidence on sustained adoption of ABS approaches beyond ABS areas.

Unintended / unexpected outcomes

Unintended consequences that were reported in the evidence were largely positive, with several spillover benefits beyond original goals. Many programmes strengthened family wellbeing and social connection, reducing parental isolation and improving mental health through peer-led and community-based models [49; 55; 62; 251; 472]. Language and nutrition initiatives often enhanced practitioner-parent relationships in some contexts and boosted parental confidence [251; 255; 259; 471]. Some interventions contributed to broader developmental gains, such as improvements in children's physical activity, creativity, and emotional wellbeing. These outcomes were not initially targeted but observed through qualitative feedback [255; 468]. Finally, some programmes opened up opportunities for volunteering that built skills and opened routes into paid work [251] and others provided financial support which enabled families to redirect savings to essentials such as heating and housing [55].

Alternative explanations and data limitations

Evaluating outcomes across ABS interventions is complex and requires consideration of alternative explanations for outcomes and limitations of the evidence available.

Within each site, there are multiple overlapping factors which can influence outcomes. A key factor was the presence of other services and initiatives operating in the same communities which were focused on similar outcomes [129; 259; 260; 261; 326; 327; 331]. Families often engaged with several programmes simultaneously, meaning improvements in language, nutrition, or social-emotional skills may result from combined efforts rather than one specific intervention being assessed [129; 259; 326; 327; 331]. Similarly, parental outcomes, such as improved skills, knowledge and confidence also may have been down to other, non-ABS, initiatives parents/carers participated in [259; 326].

Pre-existing behaviour, knowledge, and/or attitudes, such as parents already motivated to breastfeed or practitioners with prior training or knowledge from outside of ABS, could also explain positive changes and contributions without

direct causal links to the programme [113; 259; 260; 261]. Finally, systems-change related outcomes, such as joined-up working and early intervention, also could be attributed to other factors, such as parents independently seeking out continuity of care, and other non-ABS services leading the focus on collaborative working and/or early intervention [260; 261].

Methodological limitations further complicate attribution of outcomes to ABS services and thus the full extent that ABS contributed to outcomes. These limitations, in many ways, are reflective of challenges in evaluating the impact of complex programmes where beneficiaries may be interacting with a variety of aligned and overlapping interventions aimed at improving similar outcomes. Of the evidence reviewed for this report, many evaluations lacked control or comparison groups, making it difficult to rule out external influences [257; 469]. Issues such as data linkage errors, small or unrepresentative sample sizes, missing demographic information, and reliance on descriptive or narrative syntheses without validated tools further constrain confidence in findings [143; 327; 329; 430; 431]. Varied implementation evidence, including inconsistent reporting on fidelity, short evaluation timeframes, and absence of long-term follow-up limits our ability to confidently attribute outcomes to ABS interventions [143; 147; 263; 267; 327; 463]. Taken together, these factors underscore the need for caution in interpreting findings and highlight the importance of stronger comparative and longitudinal designs, clearer reporting on fidelity, and improved shared measurement and linkage infrastructures in future work.

5 Discussion and conclusion

The locally produced evaluation evidence reviewed as part of these evidence syntheses has provided meaningful learning about how to support families with young children using place-based approaches. Across the five ABS partnerships, ABS demonstrated that long-term investment, co-production with parents, and flexible delivery models can improve access to early years services and strengthen engagement among diverse communities. These principles were consistently valued by families and practitioners, particularly in the context of the COVID-19 pandemic and the 'cost-of-living crisis'.

Findings from the implementation review suggest that ABS partnerships were able to adapt services to local needs while maintaining core programme principles. Adaptations, such as extending eligibility, introducing hybrid delivery, and tailoring cultural content, increased accessibility for families and helped sustain engagement with services. Joined-up working and governance structures that promoted parental engagement also supported increased trust with services and enhanced continuity of care. These mechanisms, however, were not always applied consistently, and workforce capacity was a persistent challenge.

Locally produced evidence of impact on outcomes was promising but uneven. Data limitations across the evidence included in the review limit our ability to identify and attribute evidence of outcomes to ABS, however the evidence does suggest that ABS programmes may have contributed to outcomes. This reflects the reality that the outcomes that ABS aimed to influence are complex and that the ABS programme was operating within complex systems where families often engaged with aligned and overlapping ABS and non-ABS services. Many evaluations lacked comparison groups or longitudinal follow up; several relied on descriptive evidence or satisfaction surveys; and there are gaps in demographic coverage and fidelity reporting. These limitations restrict confidence in causality and sustained impact, particularly for child-level outcomes, outside of the communication and language examples included here. Similarly, as most of the reports were published within the ABS delivery period, or as funding was ending, it was often difficult to assess whether systems-change outcomes in particular would be embedded and sustained longer-term in the early years sector.

For child-level outcomes, the strongest evidence was found for communication and language development as robust evaluations, such as the Talking Together feasibility RCT and evaluation of Making it REAL, demonstrated measurable improvements in language development and home learning environments. Other interventions showed perceived improvements in vocabulary and confidence but were often based on self-reported data and lacked longitudinal follow-up. For diet and nutrition, evidence suggests ABS activities improved parents' knowledge, confidence, and practical skills for healthy feeding. Some reports noted changes in family routines and anecdotal improvements in children's eating habits, though these findings were based on small samples and short-term surveys rather than validated measures. Similarly, for social and emotional development, evidence indicated ABS programmes created enriched play environments and tailored parental support, which parents perceived as improving bonding and resilience, reducing parental stress, and improving family relations. Most of these findings were qualitative and/or based on parent surveys, which limits the extent to which observed outcomes can be generalised and/or confidently attributed to ABS.

Across the evidence of child-level outcomes, common outcomes emerged as potential intermediaries to longer-term outcomes, even when direct child-level impact was less clearly evidenced. These included:

- increased parental skills, confidence, and knowledge in supporting child development, particularly in the home environment; and
- strengthened practitioner capacity through training and audit systems, creating more consistent and evidence-informed practice.

This review found clear examples of ABS achieving positive systems change, though progress and sustainability varied. Joined-up working improved through shared frameworks, integrated referrals, and workforce training that boosted

practitioner confidence. Tailored support and co-production, including peer-led models like Parent Champions and Family Mentors, enhanced parental engagement, though wider embedding remains limited. Co-production was a central principle of ABS and shaped both strategic governance and frontline delivery. Adaptive, evidence-informed practices, such as data platforms, feedback loops, and test-and-learn pilots, helped refine service delivery and inform commissioning. ABS partnerships also promoted early intervention via screening tools, training, and flexible support, but systemic adoption post-ABS is unclear. Overall, while there is clear evidence that systems change within the ABS partnership areas occurred within and through ABS, there is limited evidence that these changes have been sustained or embedded longer-term.

Across the evidence, a consistent set of influencing factors, both enabling conditions and barriers, shaped how ABS partnerships implemented services and realised outcomes. The mechanisms outlined in the implementation section (adaptive design; engagement and inclusion; co-production, collaborative working and governance) operated as pre-conditions that helped or hindered fidelity to intended designs, the ability to adapt responsively, and the extent to which services led to positive outcomes for families. Key barriers and enablers are listed below.

Key enablers:

- Flexible, adaptive delivery (extended eligibility, varied timing/format, hybrid options and location changes) sustained reach and participation, often guided by feedback loops with parents and practitioners.
- Relational, inclusive practices which were non-judgemental and included culturally sensitive approaches (e.g., translation/bilingual staffing, and representative imagery), built trust, enabled access, and reduced barriers.
- Peer-led and co-produced models (Parent Champions, Family Mentors, breastfeeding peer supporters) strengthened relatability, trust and continuity.
- Joined-up infrastructure (collaborative working, shared measurement systems, clearer referrals) improved pathways and coherence.
- Use of data and test-and-learn approaches underpinned design processes and refinements (e.g., screening tool choice, service content), aligning offers to the needs of local families and service providers.

Key barriers:

- Workforce shortages and turnover limited fidelity, continuity, and the ability for services to form trusting relationships with participants.
- Capacity constraints and administrative burdens, amongst both staff and parents/carers, limited outreach and co-production.
- Digital exclusion and scheduling clashes (e.g., religious observance, school holidays) continued to constrain engagement.
- Governance barriers included multi-agency data-sharing constraints and slow IT, plus resource-intensive commissioning processes that reduced agility and strained smaller organisations.

- Persistent inclusion gaps meant some groups (fathers, LGBTQ+ parents/carers, specific ethnic communities) remained under-represented or perceived services as “not for us,” signalling remaining barriers in service design and communication.

In conclusion, this local evidence synthesis found strong evidence supporting the mechanisms described in the ABS ToC, particularly related to adaptive design, engagement and inclusivity, and co-production and collaborative working. Evidence of outcomes was more mixed, particularly when considering the long-term sustainability and/or extent to which changes were embedded. For early years practitioners, service commissioners, and policy makers, this highlights the value of investing in relational work with families that offers long-term, tailored support that is sensitive to local needs.

The findings from this review will be incorporated into the contribution analysis for the national evaluation, forming part of the ‘mosaic of evidence’. The findings from the national evaluation will be published in Spring 2026.

6 Reference table

Table 2: Reference table of documents included in the local evidence syntheses

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
46	Southend	ABSS Summative Evaluation	2024	Participatory Action Research component of A Better Start Southend (ABSS) summative evaluation.	Implementation
49	Southend	Southend's Best Start: What has been the impact of the ABSS programme?	2023	Phase 2 final report for the summative evaluation of A Better Start Southend (ABSS) programme.	Both
51	Southend	Spotlight on ABSS services: Responding to the Cost-of-Living Crisis. A report for UNICEF	2023	Evaluative report examining A Better Start (ABS) services in Southend in relation to child-level outcomes, drawing on literature as supporting evidence	Implementation
53	Southend	An Eco-System of Support for Families: Learning from the Formative Evaluation of A Better Start Southend	No date	Formative evaluation of A Better Start Southend (ABSS)	Implementation
54	Southend	A Better Start Southend Stories of Impact Now, Next and Beyond: The Legacy of ABSS	No date	Summative evaluation assessing legacy outcomes of the A Better Start Southend (ABSS)	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
55	Southend	A Better Start Southend Stories of Impact Parental Resilience: Supporting Mental Health, Building Peer Networks and Empowering Parents	No date	Summative evaluation assessing parental resilience outcomes of A Better Start Southend (ABSS) programme.	Both
56	Southend	A Better Start Southend Stories of Impact: Supporting Infant Feeding in Southend	No date	Summative evaluation assessing infant feeding outcomes of the A Better Start Southend (ABSS) programme	Both
59	Southend	A Better Start Southend Stories of Impact: The Impact of COVID-19 on ABSS Services and Families	No date	Summative evaluation assessing the impact of COVID-19 on the A Better Start Southend (ABSS) programme	Implementation
60	Southend	Organisational Challenges and Community Resilience During COVID-19	No date	Evidence related to programme adaptations due to COVID-19	Implementation
61	Southend	Southend's Best Start: What has been the impact of the ABSS programme?	No date	Phase 3 final report for the summative evaluation of A Better Start Southend (ABSS) programme	Impact
62	Southend	Evaluation of the ABSS / City Family CIC Creche Service	2025	Evaluation of the A Better Start Southend (ABSS) and City Family Community Interest Company (CIC) Creche Service	Impact
112	Nottingham	Improving Access to Early Childhood Services for Families from Diverse Backgrounds	2024	Insight report for Small Steps Big Changes (SSBC) with focus on systems change	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
113	Nottingham	Breastfeeding Voucher Scheme Evaluation	2024	External evaluation on breastfeeding rates in Small Steps Big Changes (SSBC)	Both
114	Nottingham	All Roads Lead to Bulwell: An Evaluation of Room to Play	2024	Evaluation of Room to Play service	Both
115	Nottingham	The Social Value of the Small Steps Big Changes Family Mentor Service	2024	Insights from a Survey of Small Steps Big Changes (SSBC) Family Mentors	Both
118	Nottingham	Insights from Small Steps Big Changes: Coproduction	2024	Insight report for Small Steps Big Changes with focus on coproduction	Both
119	Nottingham	Small Steps Big Changes – Feed Your Way	2024	Endpoint Evaluation. Phase 2.	Both
120	Nottingham	Healthy Lifestyles Pathway Service: Outcomes, process and economic evaluation	2024	Evaluation of the Healthy Lifestyles Pathway (HLP) service.	Both
121	Nottingham	Insights from Small Steps Big Changes: Father Inclusive Practice	2024	Insight report for Small Steps Big Changes with focus on father inclusive practice	Both
122	Nottingham	Insights from Small Steps Big Changes: Community Based Commissioning	2024	Insight report for Small Steps Big Changes with focus on Community Based Commissioning	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
123	Nottingham	'Here for as long as you need us' An Evaluation of the Healthy Little Minds Parent and Infant Programme	2025	Summative evaluation of Healthy Little Minds (HLM) parent and infant programme	Both
124	Nottingham	Insights from Small Steps Big Changes: Improving Early Years Speech, Language and Communication	2025	Insight report for Small Steps Big Changes with focus on speech, language and communication	Both
126	Nottingham	Evaluation of the Feed Your Way Campaign – workforce focused	2025	External evaluation of the Small Steps Big Changes Feed Your Way campaign	Both
127	Nottingham	Small Steps Big Changes: Coproduction Evaluation and Legacy Planning	2023	Evaluation and legacy planning Report	Both
128	Nottingham	A Better Start – Communities of Practice	2024	Summary report from the Workforce and Community Communities of Practice parental engagement session	Both
129	Nottingham	Home Talk and Early Intervention Speech and Language Team Offer	2025	Home Talk summary report	Both
130	Nottingham	Small Steps Big Changes Final Report	2025	Final report on Small Steps Big Changes programme	Both
131	Nottingham	SSBC Breastfeeding Campaign Launch Evaluation	No date	External launch evaluation report, in presentation format.	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
132	Nottingham	Early Speech, Language and Communication in Nottingham in 2024	2024	National Literacy Trust consultation with Parents for Small Steps Big Changes	Both
133	Nottingham	Evaluating the impact of book gifting on the reading behaviours of parents and young children	No date	Evaluation Report	Both
136	Nottingham	Home Talk	2024	Project Learning Report for Home Talk	Both
137	Nottingham	Interim Evaluation Report Healthy Little Minds	2024	Interim evaluation report for Healthy Little Minds, Small Steps Big Changes	Both
139	Nottingham	Evaluation of Small Steps Big Changes: Annual Report 2023	No date	External report prepared for Small Steps Big Changes	Impact
140	Nottingham	Pregnancy Mentor Apprentice Project Final Evaluation Report – November 2024	2024	Evaluation Report on the Pregnancy Mentor Apprentice Project for Small Steps Big Changes	Both
142	Nottingham	Sing, Play, Listen and Talk Together (SPLATT)	2024	Project learning report for Sing, Play, Listen and Talk Together (SPLATT), Small Steps Big Changes	Both
143	Nottingham	Evaluation of the Small Steps Big Changes Ideas Fund	2023	External report prepared for Small Steps Big Changes	Impact
145	Nottingham	Evaluation of the Small Steps Big Changes Ideas Fund Final Report	2024	Summative evaluation focusing on Small Steps Big Changes Ideas Fund	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
146	Nottingham	Insights from Small Steps Big Changes: Improving Access to Early Childhood Services for Families from Diverse Backgrounds	2024	Insight report for Small Steps Big Changes with focus on access to early childhood services for families from diverse backgrounds	Both
147	Nottingham	Talking Tots and Babies	2023 & 2024	Programme Evaluation Report for delivery cycles 1 and 2	Both
148	Nottingham	Engagement of Literacy Champions in Nottingham What explains their engagement?	2025	Qualitative report focusing on engagement of Literacy Champions volunteers in Small Steps Big Changes	Both
149	Nottingham	Missing Voices: The maternity experiences of Black, Asian and minority ethnic people in Nottingham	2024	Post-event report for workshop to discuss maternity experiences of local communities (BAME-identifying)	Both
244	Lambeth	Building successful partnerships	No date	Implementation guide for organisations, drawing on learning from the LEAP Community Engagement team	Implementation
245	Lambeth	Community engagement in a diverse inner-city area	No date	Learning report for Lambeth Early Action Partnership focusing on community engagement	Implementation
246	Lambeth	LEAP's oral health promotion service	2024	Learning report for Lambeth Early Action Partnership oral health service	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
247	Lambeth	Making it REAL (2016 – 2023)	2024	Learning report for Making it REAL services in Lambeth Early Action Partnership	Both
248	Lambeth	Annual Learning Report 2022/2023	2024	Learning report for Lambeth Early Action Partnership focusing on engaging families and the local community	Both
249	Lambeth	LEAP's Community Activity and Nutrition service – learning journey	No date	Learning report for Lambeth Early Action Partnership focusing on the Community Activity and Nutrition (CAN) service	Both
250	Lambeth	Improving support for communication and language development in early years settings: An evaluation of three workforce development services	2024	Process and impact evaluation of three workforce services within Lambeth Early Action Partnership	Implementation
251	Lambeth	Building community capacity through a healthy food programme: An evaluation of LEAP into Healthy Living	2024	Evaluation report on the healthy food programme within Lambeth Early Action Partnership	Both
252	Lambeth	10 years on: An Evaluation of Lambeth Early Action Partnership	2024	External evaluation report on early childhood development in Lambeth, Lambeth Early Action Partnership	Implementation

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
253	Lambeth	Impact of Lambeth Early Action Partnership on Parents: Combined Service Analysis	2024	External evaluation report on outcomes on parental mental wellbeing and knowledge in Lambeth, Lambeth Early Action Partnership	Both
254	Lambeth	Evaluation of the LEAP Parent and Infant Relationship Service (PAIRS)	2024	External evaluation report on Parent Infant Relationship Service (PAIRS)	Both
255	Lambeth	Natural Thinkers process and outcome evaluation: final report	2024	Evaluation report for Natural Thinkers, Lambeth Early Action Partnership	Both
256	Lambeth	Data Integration Platform – Learning Journey	No date	Learning report for Lambeth Early Action Partnership data integration platform	Both
257	Lambeth	How early intervention improves outcomes for families experiencing domestic abuse during pregnancy and early childhood: An evaluation of LEAPs advanced casework service	2025	Process and impact evaluation of LEAP's Enhanced Casework (EC) service, a domestic abuse early intervention service	Both
258	Lambeth	Shared Measurement System – Learning Journey	2025	Learning report for LEAP's shared measurement system which underpinned monitoring, evaluation and learning	Implementation

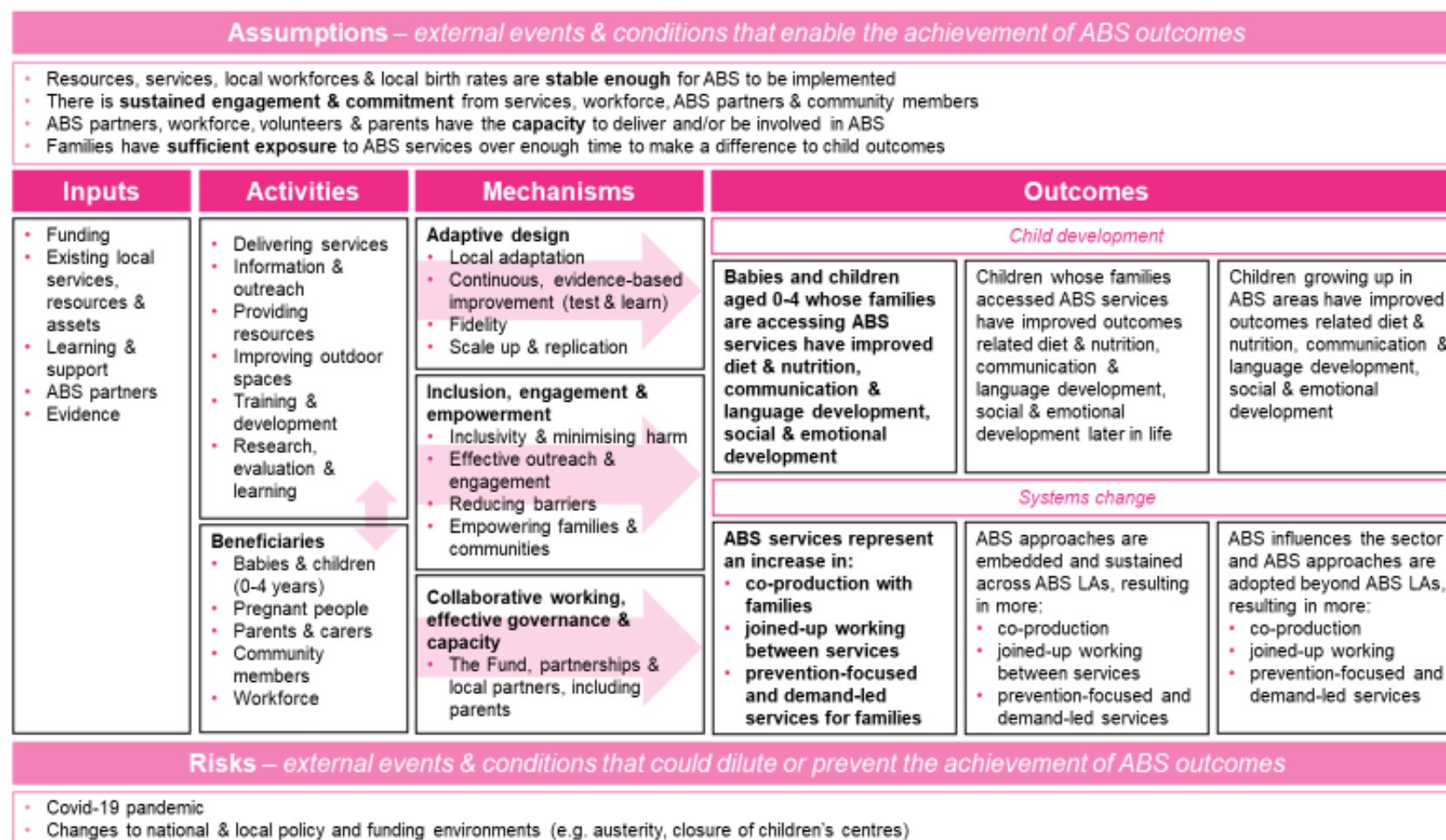
Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
259	Lambeth	Sharing REAL with Parents and Supporting Babies' Next Steps (2016-2023)	2024	Learning report for LEAP's Sharing Raising Early Achievement in Literacy (REAL) service	Both
260	Lambeth	Upskilling an early education workforce and supporting pre-school children	No date	Learning report for LEAP's Evelina audit and award service	Both
261	Lambeth	An Evaluation of the Maternity Vulnerability Assessment Tool (MatVAT)	No date	Learning report for LEAP's Maternity Vulnerability Assessment tool	Both
262	Lambeth	Covid-19: insights from the Lambeth Early Action Partnership (LEAP)	2022	Insights report for Lambeth Early Action Partnership focusing on the needs of families during the COVID-19 pandemic	Both
263	Lambeth	How a collective impact initiative contributed to outcomes of young children in Lambeth	2024	Evaluation report: Programme-wide analysis of Lambeth Early Action Partnership using linked population datasets	Both
326	Blackpool	Better Start: Building Systems for Early Childhood Development	2024	Strategy overview document for systems at Blackpool Better Start	Both
327	Blackpool	Annual Dashboard Report Year 9, 2023-24	2024	Dashboard report with case studies for Blackpool Better Start	Both
329	Blackpool	Sharing our Learning: Blackpool increases uptake of Healthy Start Scheme from 63% to 72%	2023	Learning infographic focused on Healthy Start Scheme	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
330	Blackpool	Sharing our Learning: The Blackpool Better Start Partnership's Oral Health Improvement Plan is committed to addressing the oral health inequalities in Blackpool and improving the oral health of our youngest children and their families	2023	Learning infographic focused on the Oral Health Improvement Plan	Both
331	Blackpool	Dashboard Report Year 10 2024/25	2025	Dashboard report with case studies for Blackpool Better Start	Both
430	Bradford	Cooking for a Better Start: Final Report	2023	Evaluation report for Cooking for a Better Start, Better Start Bradford programme	Both
431	Bradford	Talking Together: Final Report	2024	Evaluation report for Talking Together, Better Start Bradford programme	Both
432	Bradford	Bradford Doulas: Final Report	2024	Evaluation report for Bradford Doulas, Better Start Bradford programme	Both
433	Bradford	Home-Start Better Start: Final Report	2024	Evaluation report for Home Start, Better Start Bradford programme	Both
434	Bradford	Findings from the Qualitative Evaluation of Little Minds Matter	2024	Evaluation report for Little Minds Matter on the extent to which the service has been embedded within the early years system	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
435	Bradford	ESOL for Pregnant and ESOL for Infants: Final Report	2024	Evaluation report for ESOL for Pregnancy project, Better Start Bradford Innovation Hub	Both
457	Bradford	Breastfeeding Support: Final Report	2023	Evaluation report for Breastfeeding Support project, Better Start Bradford Innovation Hub	Both
458	Bradford	Incredible Years: Final Report	2023	Evaluation report for Incredible Years project, Better Start Bradford Innovation Hub	Both
459	Bradford	Findings of the Implementation Evaluation of Little Minds Matter	2023	Evaluation report for Little Minds Matter project, Better Start Bradford Innovation Hub	Both
460	Bradford	Better Place: End of Contract Report August 2024	2024	Evaluation report for Better Place project, Better Start Bradford Innovation Hub	Both
461	Bradford	The key components of a successful model of midwifery-led continuity of carer, without continuity at birth: findings from a qualitative implementation evaluation	2020	Research journal article focusing on findings from midwifery-led continuity of care model	Both
463	Bradford	Baby Steps: Final report	2024	Evaluation report for Baby Steps, Better Start Bradford Innovation Hub	Both

Reference Number	Site	Report name	Year	Brief description of the type of report	Impact / Implementation / Both
464	Bradford	Bradford Doulas: End of Contract Report	2022	Evaluation report for Bradford Doulas, Better Start Bradford Innovation Hub	Implementation
465	Bradford	Midwife-led continuity of carer Phase 3, End of Contract Report	2023	Implementation report for Midwife-led Continuity of Carer programme	Both
466	Bradford	ESOL for Pregnancy End of Contract Report	2022	End of contract report for ESOL for pregnancy programme	Implementation
467	Bradford	Family Action Perinatal Support Service Final Report	2023	Evaluation report for Family Action Perinatal Support Service (FAPSS)	Implementation
468	Bradford	Forest Schools Play Final Report	2023	Evaluation report for Forest Schools Play programme	Both
469	Bradford	HAPPY: Final End of contract Report	2022	Evaluation report for HAPPY project, Better Start Bradford Innovation Hub	Implementation
471	Bradford	I CAN: Closure of Contract Report	2023	Evaluation report on ICAN Early Talk project	Both
472	Bradford	Neighbourhoods Project Qualitative Evaluation Report	2022	Qualitative report focusing on the Neighbourhoods project, Better Start Bradford Innovation Hub	Both
473	Bradford	Outcomes of Talking Together - Evaluation and Results (oTTER)	No date	External Evaluation of oTTER Talking Together project	Both

Appendix 1: ABS Theory of Change



Appendix 2: Screening tool

Table A2.1: Screening tool for against inclusion/exclusion criteria

Screening Stage	Screening Fields	Outcome if met (Include/Exclude)
Title, executive summary, and table of contents screening	Q1: Does the document constitute an evaluation report 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?	Include
	Q2: Does the document constitute an evaluation report containing evidence around the impact of local 'ABS' projects / services / programmes / initiatives, including those directly funded by ABS and those previously existing but adapted because of ABS?	Include
	Q3: Does the document constitute an evaluation report containing evidence around the outcomes of local 'ABS' projects / services / programmes / initiatives, including those directly funded by ABS and those previously existing but adapted because of ABS?	Include
	Q4: Does the report constitute a learning contract output that answers yes to any of the previous criteria?	Include
	Q5: Does the document constitute an evaluation report on any ABS cross-site or national initiatives or events?	Include
	Q6: Does the document constitute an end of project report of local ABS projects that contain implementation, outcome, and/or impact evaluation evidence and where no other evaluation evidence is available for that project?	Include
	Q7: Does the document include evidence used to inform the development of ABS projects/initiatives that is not explicitly about the ABS programme itself?	Exclude
	Q8: Does the document constitute a theoretical paper (unless they include ABS case studies)?	Exclude
	Q9: Does the document constitute a non-evaluation documentation / report / data produced by ABS sites or The Fund?	Exclude
	Q10: Does the document only contain raw data?	Exclude
	Q11: Does the document only contain opinion pieces that are not substantiated by evidence?	Exclude
	Q12: Is the document just an infographic?	Exclude
Full-text and manual screening	Does this report contain duplicate information covered in other reports?	Exclude

Appendix 3: Implementation data extraction tool

Broad category	Category	Further guidance
Document Info	ID	Document ID from full text screening
	Site	Site document is focused on
	File name	File name
	Authors	Author(s) as they appear in document
	Date	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.
	Methodology	Type of study (e.g., evaluation (impact and/or IPE), case study, learning report) Type of evidence collected (qualitative, quantitative, mixed) Representativeness (e.g., who was included in data collection) Reach (e.g., sample size)
	Implementation Extracted by	Initials of person completing the implementation data extraction
	Impact (if applicable) Extracted by	Initials of person completing the impact data extraction
Context	Project/Programme description	Brief description of the project(s) or programme(s) that the paper refers to.
	ABS Outcome: Diet and Nutrition	Indication of if evidence is relevant to this outcome Y/N

Broad category	Category	Further guidance
	ABS Outcome: Communication and Language	Indication of if evidence is relevant to this outcome Y/N
	ABS Outcome: Socio-emotional Development	Indication of if evidence is relevant to this outcome Y/N
	ABS Outcome: Systems change	Indication of if evidence is relevant to this outcome, including: joined-up working; parental engagement/co-production; adaptive and evidence informed services; shift to preventative; ABS approach beyond ABS areas Y/N + which outcome
Data Extraction	Fidelity, adaptation and variation	How faithful has the Project/Programme been to the original design or ToC (if stated)? To what extent have ABS and individual services been delivered as intended? - Changes to service design / delivery? - Variability in delivery? - Delivery paused / delayed? Where there has been adaptation and variation, what has changed? Why and in which ways? (Mechanisms, inputs and activities)
	Enablers / barriers to delivery	What internal factors (intrinsic to ABS programme itself) enabled or hindered implementation success and project- and site-level?
	Contextual Factors	What contextual factors (external to the intrinsic ABS programme itself) enabled or hindered implementation success at project- and site-level?

Broad category	Category	Further guidance
	Community Engagement	How well did ABS partnerships sustain engagement from community members? What helped and what made it difficult?
	Co-production	How important was co-production with parents/carers at project- and site-level? How important was co-production in engaging a diversity of families with ABS?
	ABS governance	How effective were the different governance mechanisms within the five ABS partnerships? Did any governance mechanism make a difference? If so, how / why?
	Sustainability	Is there evidence related to the sustainability and legacy of ABS activities and outcomes beyond ABS funding?
	Distinctiveness	How different is ABS to other models of delivering early years services and programmes?
	Gaps in evidence	What are the remaining gaps in evidence on the implementation of ABS, identified by paper authors?
	Other relevant key findings	Brief summary of other key evidence relevant to ABS implementation if not extracted elsewhere
	Conclusions /Recommendations	What conclusions and recommendations do the authors make?
	Limitations	Limitations identified by the author
Discussion	Limitations	Limitations identified by data extractor
	Extractor's Comments	Additional comments
	Next steps	Include or exclude?

Broad category	Category	Further guidance
		Final judgement on whether doc should be included/excluded from synthesis
		Extract impact evidence? Y/N Y + which outcomes = use impact data extraction template

Appendix 4: Impact data extraction tool

Table A4.1: Data fields assessed for all outcome areas (including child-level and systems-level outcomes)

Category	Further guidance
Document ID	Document ID from full text screening.
Site	Site document is focused on.
Project/Programme description	Brief description of the project(s) or programme(s) that the paper refers to.
Inputs and activities	Brief description of activity/activities relevant to either of the pathways (P1 and/or P2).
Causal pathways	Detail of evidence supporting how activity follows causal pathway. These are the mechanisms leading on from inputs/activities hypothesised to contribute towards outcome area (P1 and P2).
Outcome	Detail of evidence supporting how activity supports / does not support outcome realisation.
Pre-conditions and assumptions	Detail of necessary assumptions, pre-conditions and/or resources that need to hold true in order for outcome to be realised.
Influencing factors	Detail of contextual conditions, both internal and external to ABS, that either enabled or acted as barriers to the achievement of observed outcomes.
Alternative explanations	Detail of other factors, theories, and contexts outside of ABS which could have contributed to observed outcomes.
Unintended consequences	Detail of unexpected outcomes, positive or negative, of activity or programme not a part of original design and goals.
Evidence quality	Red/amber/green rating of quality evidence based on number and type of sources supporting evidence, qualitative vs quantitative data, robustness and reach of evidence (e.g., sample size), representativeness (e.g., who was contacted for data collection), and connections made to ABS.

Table A4.2: Causal pathways for each child-level outcome

Child-level outcomes					
Specific outcome area	Inputs and activities		Causal pathways		Outcomes
	P1	P2	P1	P2	
Communication and Language	Awareness raising amongst parents/carers about how they can support child communication and language development in the home environment.	Developing relationships with and providing evidence-based training to early years providers.	Improved parent/carer knowledge, skills, and confidence with literacy and how they can engage with and support child development → P1a: The creation of language-rich home environments OR → P1b: Improved parental ability to identify additional needs and obtain referrals to appropriate specialist support. Children aided in accessing tailored specialist support.	→ P2a: The creation of more language-rich early years service environments → P2b: Improved provider ability to identify additional needs and obtain referrals to appropriate specialist services. Children aided in accessing tailored specialist support.	Children whose families accessed ABS services have improved communication and language development/ ABS services prevented poor communication and language skills in children whose families engaged with their services.
Diet and nutrition	Facilitating interactive community activities and	Providing holistic support for families, particularly where feeding issues are	→ P1a: Parents/carers improving knowledge of diet and nutrition as well as practical skills	→ P2a: Early identification of feeding issues and referrals to specialist services, working together across services to	Children whose families are accessing ABS services

	outreach for families, targeted at parents/carers who have an influence over children's diet.	present or for those who may not have sufficient resources, through working together across services.	through activities and through informal network formation OR → P1b: Families accessing affordable and healthy food ALL to enable parents/carers to make positive nutrition and diet choices and establish and maintain healthy feeding practices.	provide pathways of support, and/or improved diet and nutrition directly OR → P1b.	have improved diet and nutrition / ABS services are preventing negative health impacts of poor nutrition on infants whose families engage with their services.
Social and emotional development	Providing opportunities for enriched play environments and activities for families.	Providing direct and tailored support to parents/carers/families focused on early intervention.	→ P1a: Opportunities for children to interact with other children and adults outside home environment, children learn to socialise and develop friendships, develop social skills OR → P1b: Volunteering/community participation for parents, parents improve social and community	→ P2a: Improved knowledge, skills, confidence amongst parents/carers in relation to child social and emotional development OR → P2b: Earlier identification and referrals to tailored specialist support for families with complex needs through ABS support or through parents' identification via improved knowledge, skills, confidence in relation to child social and	Children whose families are accessing ABS services have improved social and emotional development / ABS services prevented poor social and emotional skills in

			connections and formal and informal support networks leading to improved parental resilience and wellbeing/reduction of stress and improved bonds and resilience among families.	emotional development ALL to improve parental resilience and wellbeing, reduce stress and improved bonds and resilience among families.	children whose families engaged with their services.
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Table A4.3: Causal pathways for each systems-level outcome

Systems-level outcomes					
Specific outcome area	Inputs and activities		Causal pathways		Outcomes
	P1	P2	P1	P2	
Joined-up working	Collaborative working opportunities across local services.	Upskilling of multidisciplinary, strategic and frontline staff (across ABS and non-ABS services).	Enabling a greater awareness of the range of support offered by different services, strengthening partnerships between ABS-funded and existing local services through information sharing and developing joint solutions, implementing working	The promotion of a shared vision, culture, and understanding of the ABS approach, strengthening partnerships between ABS-funded and existing local services through information sharing and developing joint solutions, implementing working strategies and	Through ABS, there has been an increase in sustained joined-up working between services, allowing for

			strategies and solutions to enhance service provision, and better integration in planning and delivery, leading to more holistic approaches to supporting families.	solutions to enhance service provision, and better integration in planning and delivery, leading to more holistic approaches to supporting families.	services that better meet the needs of children aged 0-4 and their families.
Parental engagement	Taking a holistic approach to support, which has been targeted at and tailored to parents/carers needs.	Providing opportunities for parents/carers to be involved in service design and delivery through co-production and peer-led activities.	Addressed barriers to engagement and accessibility, enabling more parents/carers to participate in activities leading to → P1a: Greater continuums of care for parents/carers and families, greater exposure to ABS services and methods, better experiences for parents/carers and families, and increase in trust in services from parents/carers OR → P1b: Development of peer-to-peer networks, positive experiences shared in networks, increase in trust	→ P2a: Parents/carers adding value to services through knowledge sharing, more inclusive and accessible delivery techniques, and increase in trust in services from parents/carers OR → P2b: Development of peer-to-peer networks, positive experiences shared in networks, increase in trust in services from parents/carers.	Through ABS, parents become increasingly engaged with early years services, this leads to longer-term outcomes, including principles of co-production and peer-led services being embedded into the design and

			in services from parents/carers.		delivery of early years services, and early years services becoming more demand-led.
Adaptive and evidence-informed services	Collecting data from services and families.	'Test and learn' approach.	→ P1a: Collecting data through (i) administrative/assessment data to better understand child outcomes, and (ii) using parent and/or staff feedback to better understand what is working/not working, better understanding the needs of families and how services are working for them, adapting services to make them more accessible and relevant for families AND → P1b: Adapting services in P1a supports sharing learning between ABS	→ P2a: Monitoring and evaluating 'test and learn' services/approaches, refining and improving services and approaches scaling-up of successful approaches, adapting services to make them more accessible and relevant for families AND → P2b: Adapting services in P2a supports sharing learning between ABS partnerships and more widely and informing decision-making for future service decisions.	Through ABS, services become more adaptive and informed by evidence, meaning families' needs are better met by ABS services. More adaptive and evidence informed services also contributes to the sustainability

			partnerships and more widely and informing decision-making for future service decisions.		and legacy of ABS and its services.
Shifting to preventative services and early intervention	Promoting the upskilling of both early years practitioners and services providers, as well as parents/carers, on the importance of preventative care and early identification and intervention	Collaborative working between services and co-production with parents/carers	Creating a shared understanding between services and/or with parents/carers on the importance of preventative care, provision of targeted and timely support to overcome barriers to families accessing and sustaining involvement with preventative services, the generation of evidence of impact, where services have been monitored and evaluated or involved in a 'test and learn' approach, improving common understanding of the importance of prevention and early years interventions, a shift in cultures within health and	Joint engagement in creating/adapting/promoting evidence-based and co-produced preventative approaches, provision of targeted and timely support to overcome barriers to families accessing and sustaining involvement with preventative services, the generation of evidence of impact, where services have been monitored and evaluated or involved in a 'test and learn' approach, improving common understanding of the importance of prevention and early years interventions, a shift in cultures within health and family support services, to focus on importance of	Through ABS, planning and decision-making around services becomes more focused on prevention and early identification and intervention, and this focus may lead to a reduced demand on statutory services and reduced overall spending on

			family support services, to focus on importance of prevention in early years and child development.	prevention in early years and child development.	statutory services, particularly later in children's lives.
Adoption of ABS approach beyond ABS local authorities	Opportunities for development/capacity building for services providers and parents/carers, both within and outside of ABS areas.	Dissemination of learning from ABS services, through monitoring and evaluation and test and learn, to the wider early years sector.	Upskilling of staff and parents/carers, who go on to apply this learning outside of ABS areas through: (i) parents led initiatives that extend beyond ABS wards, and (ii) establishing / supporting networks of early years service providers, leading to a greater commitment amongst providers and parents/carers to the ABS approach to service design and delivery.	→ P2a: Greater public outreach and engagement of decision/policymakers with the work ABS has accomplished, stakeholders who are more motivated and informed by learnings to make evidence-based decision, greater commitment amongst providers and parents/carers to the ABS approach to service design and delivery OR → P2b: Establishing/supporting networks of early years services, commitment to ABS approach to service design and delivery.	ABS service design and delivery principles are adopted outside of ABS wards/areas, and these principles are sustained for future early years service design and delivery.