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A Better Start National Evaluation Themed Annual Report: Place- based Approaches

Prepared for: The National Lottery Community Fund
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Publication date: May 2023

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1 Introduction

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

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

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

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

A further description of the aims and objectives of the ABS national evaluation can be found in Appendix 1. Further details about the evaluation can be found in the study protocol, available on [NatCen's website](https://natcen.ac.uk/s/better-start-national-evaluation)¹.

¹ <https://natcen.ac.uk/s/better-start-national-evaluation>

This report focuses on the ‘Place-based approaches’ element, which was the annual theme of Objective 2 (Objective 2: to identify the factors that contribute to improving children’s diet and nutrition, social and emotional skills and language and communication skills) for the national evaluation of ABS in 2022. Place-based approaches were explored in detail across three waves of fieldwork using stakeholder interviews in 2022, of which findings are explored here. The following chapters cover methods used and findings in relation to: respondents understanding of place-based approaches; what worked well and less well in relation to place-based working and what worked well and less well in relation to ward-based working.

2 Methods

In this section, we provide a brief summary of the methods used to research Objective 2, and as part of this, the annual theme for 2022. For more detail on the methods including information on recruitment sampling and analysis, see the [2022 Annual Report](#).²

For Objective 2, we conducted in-depth interviews across three waves of data collection in 2022:

- Wave 1: February and March
- Wave 2: May and June
- Wave 3: Late September to early November

Interviews were conducted by a NatCen researcher via Microsoft Teams. Interviews lasted around 60 minutes. Topic guides were developed to ensure consistent topic coverage across respondents.

We spoke to three different groups of respondents across waves:

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

As part of these interviews, we explored the annual theme in depth with respondents, including:

- Their understanding of ‘place-based approaches’
- What works well and less well in applying them (if applicable)
- Their experiences of ward-level working (for ABS respondents only).

In total, we conducted 4 interviews with representatives from The Fund and 67 with ABS and non-ABS respondents. A detailed breakdown of the ABS and non-ABS samples are listed in Table 1 and Table 2.

² <https://natcen.ac.uk/publications/first-annual-report-national-evaluation-better-start>

Table 1 Sample of ABS respondents

ABS partnership	Number of interviews
Blackpool	11
Bradford	10
Lambeth	14
Nottingham	10
Southend	11

Table 2 Sample of non-ABS respondents

Proximity to ABS partnerships	Number of interviews
Working within ABS local authority	7
Working outside of ABS local authority	6

Interviews were audio-recorded with respondents' permission and transcribed verbatim. They were then analysed using the Framework approach (Ritchie et al. 2013³), allowing us to explore in depth the commonalities and differences across respondents.

3 Findings

This chapter presents our findings related to the annual theme across the three waves of fieldwork for Objective 2 in 2022. We start with a detailed description of the ABS partnership areas, before presenting findings related to place-based approaches and finally ward-level working.

3.1 Descriptions of ABS partnerships

ABS respondents across all three waves described the strengths and challenges of their local area, with a particular focus on families and children.

Blackpool was described as 'the most deprived town' in the country, referencing that Blackpool is the most deprived local authority (LA) according to the index of multiple deprivation. Deprivation was reported to be most concentrated in council estates and around the town centre. Transience was posed as a big issue in Blackpool, where families are moving around the borough frequently, making it difficult to sustain community networks and connections with services. A challenge for Blackpool has been cuts to funding

³ Ritchie, J., Lewis, J., McNaughton Nicholls, C., and Ormston, R. eds. (2014). *Qualitative Research Practice*. London, England: Sage.

due to austerity and the pandemic. One ABS respondent highlighted how the additional funding from ABS did not make up for this loss in funding.

Bradford was described by a respondent as having five localities (note that within Bradford there are three ABS wards) which all have their own profiles, with the inner-city wards having higher levels of deprivation and poverty. ABS respondents highlighted that the area is diverse and includes South Asian, Eastern European, Irish and Afro-Caribbean communities with a recent influx of those from Afghan and Ukrainian backgrounds. Challenges for Bradford include poor quality housing, lack of green space, food poverty and families with little to no English language skills. One ABS respondent noted how Bradford did not benefit from the 'Levelling Up' agenda. Despite these issues, multiple respondents from Bradford commented on the levels of community resilience, with a thriving grassroots and voluntary sector.

Southend-on-Sea has six diverse ABS wards, with pockets of poverty and some affluent areas within these wards. Respondents spoke of a range of challenges here including generational poverty, high numbers of Looked After children, cycles of domestic abuse, a high concentration of fast-food choices and low levels of physical activity. An overarching challenge for Southend-on-Sea is the cost-of-living crisis and being able to support families financially. Additionally, families do not always know what support is available and navigating these support systems is even more difficult for families with English as a second language. The ABS wards also experience significant transience, with families frequently moving in and out of different areas. This makes it difficult to support these families effectively. One ABS respondent also highlighted Southend-on-Sea's strong sense of community and people's sense of belonging as a key strength.

Lambeth was described as a deprived inner London area with a dense population of around 300,000 people and a high population of Black, Asian and multi-ethnic families. Challenges included services being under high pressure due to the volume of need, engaging families from refugee backgrounds, and families not knowing what services are on offer. Additionally, Lambeth is being increasingly gentrified, and respondents described that many people living in Lambeth cannot afford their local shops and amenities. A strength was that Lambeth has good public transport links making for easy and accessible travel from one part of the borough to another.

Nottingham has two outer city and two inner city ABS wards. The outer city ABS wards were described as white and working class, with key issues around substance abuse, domestic abuse, and high levels of unemployment. One of these two outer city ABS wards was noted as having the lowest levels of educational aspiration, interest, and access out of all four Nottingham ABS wards. The two inner city wards were contrasted as ethnically diverse and deprived, with high levels of mortality and unemployment. People often live in

these two inner city wards for a short period before moving for better job opportunities. One of these two inner city wards has a reputation for local gangs and families with basic to no English language skills.

3.2 Understanding of place-based approaches

ABS respondents described several key aspects that distinguish place-based approaches from other ways of working:

- **Understanding the community as a whole.** An ABS respondent stressed the importance of understanding the community and place as a whole with all its economic, social and demographic elements. Place-based working is therefore about recognising that children do not exist in isolation, but among this 'holistic community'. This ABS respondent supported intervening at a 'place level' rather than just at a 'child level'.
- **Understanding needs of whole family to tailor services.** Similarly, ABS respondents highlighted that it was important to think about the needs of the whole family rather than only focusing on the needs of either the child or the parents. For example, one service focusing primarily on reducing child obesity considered the whole family by supporting the mental health of parents, the socio-emotional development of children and positive behaviour management within families.
- **Understanding differences between places.** One ABS respondent noted that a key factor for place-based approaches was to understand meaningful differences between places, even if they are similar in other ways. For example, Nottingham's wards are different from each other in terms of demographics, transience, and support needs. Another ABS respondent highlighted how place-based approaches helped them move away from a one-size-fits-all approach.
- **Recognising the local community as an asset.** One respondent highlighted how the small grassroots organisations that exist within a place can 'pull the community together'. In particular, adults working within local organisations could act as positive role models for the community and have a positive influence for children.

ABS respondents had different levels of understanding of place-based approaches. Whereas one ABS respondent said that it is the 'new language' in primary care provision, other ABS respondents did not know what was meant by place-based:

"In my head I couldn't think what it [place-based approaches] meant when you said it, and it's only when you've given a bit more information that it makes sense." **Service delivery manager**

3.3 Using place-based approaches in services

Place-based approaches are being applied across partnerships and outcome areas. This includes at the set-up and design stage, and during delivery of services. ABS respondents spoke about multiple different ways in which they are adapting service delivery to fit their local community:

- **Incorporating different community food practices into diet and nutrition services.** This included changing foods and recipes used in diet and nutrition projects to account for cultural differences. For example, one ABS respondent highlighted how their nutrition service re-designed materials to include recipes familiar and relevant to the local East African and South American communities. One ABS respondent also highlighted an ABS service delivering a healthy eating parenting course for grandparents aimed at multi-generational families.
- **Being inclusive of different community languages.** Multiple ABS respondents from Lambeth discussed how their work had become more place-based through being inclusive of community languages. For example, a service in Lambeth runs a monthly multi-lingual coffee morning. At this coffee morning, parents who speak both a community language and English will tell other families what is on offer for ABS families. These coffee mornings also cover topics such as applying for school places.
- **Using physical spaces and venues that work for local families.** Multiple ABS respondents spoke about trying to reach families in places that they are already going to, such as libraries, beaches, and parks. This was contrasted to previous practice when professionals expected families to come to traditional service sites. One ABS respondent from Southend-on-Sea also discussed how they began to think about physical spaces as they were writing the ABS proposal. This ABS respondent shared how their partnership had considered the location of green spaces and how these could best be used as part of the delivery of ABS services.
- **Adapting services for transience.** One Blackpool ABS respondent spoke about how their service accounts for transience as it is a defining feature of Blackpool. To do this, this service uses 'locality working' where the practitioner will move around with the family instead of the family being allocated a new practitioner if they move. Additionally, this service consistently replicated their offer in each Blackpool locality. This means that wherever a person lives, they will be close to a family hub delivering services they received in a different family hub.
- **Supporting practitioner around local challenges.** Blackpool has a high number of Looked After children, meaning that nursery staff are

often contributing to their care plans. One Blackpool ABS respondent acknowledged that as a result nurseries' capacities may be more limited and they can struggle to support ABS services in identifying children for early help. This Blackpool ABS respondent accounts for this by supporting nursery partners through three early link workers. These link workers will support nursery staff with first assessments of children, provide extra resources and access to a budget if needed.

3.4 Facilitators and successes of place-based approaches

Respondents highlighted factors that facilitated place-based working. These included:

- **Employing local staff.** One ABS respondent highlighted that local staff, who may have been working in the same area for 10 plus years have 'local intelligence' about their communities. These local staff therefore have a first-hand understanding of the barriers people face, especially in accessing services.
- **Involving local people in conversations and decision-making.** Multiple ABS respondents reflected on how a place-based approach encouraged listening to those at the heart of the community, creating dialogue and a bottom-up approach. For example, one ABS respondent described how parent champions were 'a really good temperature gauge in learning how a community feels and what other parents may be thinking'.
- **Making sure that parent champions are representative of their communities.** Respondents highlighted that some wards were primarily populated by Black, Asian or multi-ethnic families. In these wards, it was important to respondents that parent champions are chosen in a way that was representative of the local populations.
- **Partnership working.** This was seen as important in implementing place-based working. ABS respondents spoke about partnerships at every level – LA, community and ward level – and this includes key voluntary sector and statutory services. ABS respondents stressed that it was important to make sure that these different partnerships link together so that local needs are addressed and services are funded appropriately.

Respondents also discussed how place-based working, facilitated by the factors above, led to some successful outcomes:

- **Place-based approaches create trust.** One ABS respondent highlighted how meeting the needs of the community through listening and tailoring services has created a sense of trust. This ABS respondent

highlighted that as a result of tailoring, families feel valued and listened to, leading them to come back to services. There is a sense among families that their feedback is actioned.

- **Representation of communities.** Multiple ABS respondents highlight how place-based working allowed for more community representation through parental engagement work, parent champions and volunteering positions.
- **Celebration of different cultures within a community.** Multiple ABS respondents spoke about how place-based approaches had allowed them to tap into existing local knowledge, and the cultures that make up communities in diverse areas. For example, some diet and nutrition services developed a wider view on what constitutes good health and eating by taking into account different food cultures and traditions. One partnership illustrated this through hosting cook-a-longs online where a parent would be invited to share and cook a dish from their heritage. The partnership would then send ingredients packs out to families so they could cook along, and the parent would talk about the origins of the dish and the history.

3.5 What worked less well in using a place-based approach

Respondents highlighted some barriers to place-based working. The consequences of these barriers are also discussed in turn:

- **Resource-intensiveness making it difficult to tailor approaches.** Multiple ABS respondents discussed the resource-intensive nature of place-based working. One ABS respondent discussed how tailoring and developing additional engagement approaches can be expensive and resource-intensive. For example, another ABS respondent from a different partnership added that they needed multiple parent panels for different wards. The ABS respondent explained that this was because parents are not necessarily familiar with the whole city, but mainly the local area in which they live.
- **Adapting standardised evidence-based programs to fit specific localities.** ABS respondents reported that it can be difficult to tailor evidence-based programs, which are often manualised and set. There is a tension between the need for evidence-based programmes to remain standardised across settings and adapting these programmes to fit local needs. For example, two respondents in two different ABS partnerships spoke about their partnerships decommissioning or adapting the same diet and nutrition service because it did not fit their localities. The ABS respondents explained that this service was rigid and difficult to adapt

due to it being 'evidence-based' and a 'licensed product'. To these ABS respondents, this meant that it was difficult to change the service substantially to suit local circumstances.

- **Unspoken 'rules' of an area leading to lack of participation by parents.** One ABS respondent discussed a barrier specific to their partnership where some parents and families did not want to enter geographical areas they do not live in. The respondent referred to this as 'boundary lines'. This ABS respondent described a ward in their partnership which is geographically structured into three sections. In this ward, people refuse to cross over from one section to another, and parents and families have issues using buildings outside of 'their' section. This means that if there is a meeting or play group in one section, it is difficult getting people from another section to cross these lines and attend. This ABS respondent shared how these unspoken 'rules' were further enforced by staff recruited from local families and communities. There was difficulty in trying to get some to work in a section that wasn't 'theirs'. When this ABS respondent tried to split three such staff members into three areas, they were 'territorial' and believed they should only work in the section where they lived.
- **Uncertainty over administrative boundaries.** Multiple ABS respondents stated that there was a lack of consistency across partnerships about what makes a 'place'. For example, a respondent reported that in their partnership there was no agreement about administrative areas and boundaries across health, police, and family and children's services.
- **Shifting community needs can pose issues for consistency of services and relationships.** ABS respondents highlighted that communities and families are dynamic and continue to change. This necessitates an active process of understanding what a community might need and being flexible to meet those needs over time. They felt that this poses a challenge as consistency and good relationships must be maintained in an ever-changing space. This was particularly important for one area which respondents described as having a transient community.
- **Inability to change underlying socio-economic issues.** Across all three waves, multiple ABS respondents noted that they faced socio-economic challenges they could not change such as poor housing, poverty, and deprivation. ABS respondents still made attempts to address these social issues. For example, one ABS respondent reported that their response to the prevalence of poor-quality housing in their local area, and particularly housing with a lack of outdoor space, has been to offer some services outdoors where possible. Another response from a

different partnership has been to work with local families to help ensure that they are accessing all the financial support they are entitled to.

- **Continued difficulties in engaging all groups despite efforts to tailor, adapt and change services.** ABS respondents across all partnerships reported that despite adapting services and promoting inclusion, 'certain groups' are still not accessing or participating in activities and services. One ABS respondent noted that despite this tailoring, they are still seeing the same types of parents. Whilst not explicitly stated, it seems from context these ABS respondents are primarily referring to ethnic minorities when talking about families who do not access services.

3.6 Ward-level working

ABS partnerships consist of up to seven wards in a specific LA, rather than covering the entire LA. There were a range of responses highlighting how working within specific wards worked well and less well. Some of these responses overlap with views about place-based working more generally. This section therefore only highlights points that relate specifically to 'ward-level' working. Ward-based delivery has changed over time and looks different across the five ABS areas. Ward boundaries have shifted in two of the five ABS areas and restrictions around which services can be delivered where have also changed since the ABS programme started.

3.7 Successes of ward-level working

ABS respondents reported many successful outcomes as a result of ward-level working:

- **Getting to know an area better.** Respondents noted that it was helpful to work at ward level so that delivery partners could familiarise themselves with the area and the people, especially in particularly challenging areas or estates. It also allowed them to build helpful community partnerships. One ABS respondent suggested ward-level working allows different partners including health visitors, mentors, midwives, and volunteers to get to know each other better as there are more opportunities to meet each other locally. They felt that this enabled ABS staff to gain the trust of the people and deliver services more effectively.
- **Improved understanding of and access to services on offer.** Ward-level working has supported ease of understanding and access to services, amongst both practitioners and residents. It allowed for what appears to be a 'word-of-mouth' way of reaching more of the community. For example, one ABS respondent explained how ward-level working

allowed for parents to create hubs of knowledge, resources; signposting to other services. In one partnership, one ABS respondent reported that as parents become more involved in many of the activities on offer, they are able to pass this knowledge on to others who are looking for support. This partnership has parents that are parent representatives, parent champions, food ambassadors, parent befrienders and volunteers.

- **Encouraging engagement.** Respondents expressed that ward-level working encouraged community engagement as people feel more involved in the work happening in their area. They also stated that it was easier to ensure voices are being heard due to the manageable number of people involved at the ward level.
- **Responsive to specific ward needs.** ABS respondents described that ward-level working made it easier to focus on the main communities within the wards. For example, Bradford has some wards that have a strong Pakistani community while another ward has a deprived, predominantly white, British community. In this context, ward-level working was more suitable to varied needs. Additionally, another ABS respondent shared that ward-level working has been valuable in identifying deprivation in specific wards and providing targeted support to those areas. This ABS respondent suggests ward-level working lends itself to test and learn; using a small, local area to find out what works well and what doesn't.
- **A tool for sustainability.** One ABS respondent also thought ward-level working would be a key tool in showing commissioners why services should receive funding post-ABS and be delivered to the whole area. This ABS respondent believed ward-level working has provided evaluation opportunities in seeing differences between ABS wards and non-ABS wards. This ABS respondent was hopeful that this would help prove services have made a difference and have been successful.

One ABS respondent indicated that they could not think of a better alternative to ward-based working if ABS was to happen again in the future. Other respondents expressed a concern that if ABS support were offered more widely (i.e., outside ward boundaries), this would mean a dilution of the levels of support available as funding would have to be distributed across more people and areas.

3.8 What worked less well and barriers to ward-level working

ABS respondents also highlighted some aspects of ward-level working that worked less well:

- **Ward-level working can be perceived as unequal.** Respondents from all ABS partnerships strongly expressed that it feels unequal to have to turn families away who do not live in ABS wards. While they understood the rationale behind ward-level working, ABS respondents also struggled with this. In particular, multiple ABS respondents across partnerships reported how it was difficult to turn away families on low incomes who just happened to live in a more affluent, non-ABS ward. These families may need similar support to those living in ABS wards, but do not have access to the same services. This was seen to be contradicting some of the preventative aims of the ABS programme.
- **Adapted versions of ward-level working.** As a result of ward-level working being perceived as unequal, some partnerships have extended their delivery beyond the original ABS wards. One ABS respondent explained how they had tried to work around the ward boundary issue by exploring with parents who have separated if one of the parents might be living within an ABS ward. Other ABS respondents highlighted various additional adaptations. Firstly, ABS respondents may offer a universal version of the service across the LA, but provide an enhanced offer only to ABS wards. Secondly, ABS respondents stated that services had offered places to non-ABS families when external circumstances created more demand such as during the COVID-19 pandemic. Lastly, ABS respondents may offer services to non-ABS families if spaces happen to be left over.
- **Joint working between wards.** In the first wave, ABS respondents discussed that wards had been competitive in earlier stages of ABS implementation, particularly when some events or services were only available in certain wards. However, they expressed that working online during COVID-19 allowed them to reduce these obstacles. Working online had allowed for greater sharing of information and a broader community for families, with all events and initiatives now open to everyone, without losing the passion of the local ward and voice.

4 Discussion and next steps

This report summarises our findings on the annual theme of place-based approaches from the three waves of data collection as part of Objective 2 in 2022.

ABS respondents reported several key aspects that distinguish place-based approaches from other ways of working. This included understanding the community and family as a whole; understanding meaningful differences between places; and recognising the local community as an asset. ABS respondents discussed multiple ways in which they used place-based

approaches in practice across partnerships and outcome areas. For instance, services were inclusive of community languages, adapted services for transience, and supported services depending on local need.

ABS respondents highlighted several aspects that facilitated place-based working. This involved employing local staff; including local people in decision-making; ensuring parent champions represented their communities; and partnership working between voluntary sector and statutory services. Respondents discussed how these factors led to successful outcomes, such as: creating trust between practitioners and families, representing communities effectively, and celebrating different cultures within a community.

ABS respondents noted that there were some barriers to place-based working. Place-based working was considered resource-intensive and costly, and community needs were dynamic and continued to change. Respondents reported that it was challenging to tailor standardised evidence-based programme to local needs. There was an inability to change longstanding socio-economic issues within local areas, such as poor-quality housing. In addition, there was uncertainty and a lack of consistency over administrative boundaries.

ABS partnerships consist of specific wards within a LA. There were a range of responses highlighting the ways that working within specific wards worked well and less well. Successes included: getting to know the area, better understanding of available services and activities within an area, encouraging community engagement, and being more responsive to ward-level needs. ABS respondents also noted that ward-level working could be a tool for longer-term sustainability of services. On the other hand, ABS respondents also highlighted some features of ward-level working that worked less well. In particular, respondents perceived ward-level working as unequal, which led to some partnerships extending their offer wider than their original wards.

The findings within this report are based on the first of four years of data collection, contributing to the national evaluation of ABS. This means that the findings are in progress and we will add to these in range and depth as the evaluation continues across the next three years.

Appendix 1: The A Better Start programme and national evaluation

A Better Start (ABS) is a ten year (2015 – 2025) £215 million programme set up by The National Lottery Fund Community Fund (The Fund), the largest funder of community activity in the UK. ABS is one of five major programmes set up by The Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier. The four outcome areas of the ABS programme are:

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

The five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea are supporting families to give their babies and very young children the best possible start in life. ABS is place-based. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life.

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

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

1. To draw upon the evaluation objectives and provide evidence for primary audiences (ABS partnerships) and secondary audiences (commissioners – including local and national government - and local and national audiences).
2. To provide evidence to support ABS partnerships to improve delivery outcomes throughout the lifetime of the programme.

3. To enable the Fund to confidently present evidence to inform policy and practice initiatives addressing early childhood development.
4. To work with local ABS evaluation teams to avoid duplication of evidence and enable collation of evidence from local evaluations.

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



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