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A Better Start National Evaluation Themed Annual Report: Parental Engagement

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Publication date: 15th May 2024

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1 Executive summary

This is the second themed report of the national evaluation of A Better Start (ABS). It presents findings about parental engagement which was a theme explored in depth as part of the ABS national evaluation in 2023. Findings include how parental engagement is understood within the ABS partnerships, and how it influences service delivery and outcomes. This report is published alongside the [second annual report](#)¹.

1.1 About A Better Start

A Better Start (ABS) is the ten-year (2015-2025), £215 million programme established by The National Lottery Community Fund (The Fund), the largest community funder in the UK. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend are supporting families to give their babies and 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.

¹ <https://natcen.ac.uk/publications/second-annual-report-national-evaluation-better-start>

- 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 website²](#).

1.2 About this themed report

This is the second themed report for the national evaluation of A Better Start (ABS). It outlines key findings related to parental engagement, the annual theme of Objective 2 for 2023. Objective 2 is designed to identify the factors that contribute to improving children's diet and nutrition, social and emotional skills, and language and communication skills. The intended audiences for this report are ABS partnerships and practitioners, parents and carers, and organisations with an interest in promoting parental engagement within early years or public health settings.

The report includes chapters on methods used and findings in relation to:

- Respondents' understanding and approaches to parental engagement;
- What worked well and less well in relation to parental engagement; and
- The anticipated legacy of parental engagement for Early Years services.

1.3 Key findings

Respondents viewed parental engagement as an essential element of the design and delivery of ABS services. They saw co-production as a practice involving parents and professionals equally and identified the following aims: using insights from parents to shape services; identifying barriers to service use, and encouraging parents to make the most of opportunities in their local area.

A wide range of strategies had been employed across partnerships to engage parents. These included:

- **Initial outreach and engagement** work to make parents and other organisations working with families aware of ABS services in their area;
- **Reducing logistical barriers** that prevented participation through consultation with parents;
- **Providing opportunities** for peer-to-peer support;
- **Adapting services and recruitment strategies** to improve accessibility; and

² <https://natcen.ac.uk/s/better-start-national-evaluation>

- **Upskilling parents** to become volunteers, representatives, or paid members of staff.

Respondents also gave a range of examples of ways that **parents were involved in co-production** across partnerships, including involvement in governance, and service design and delivery.

Respondents reported a number of successes in achieving parental engagement. These included:

- **tailoring language** and approach to be inclusive to the range of service users;
- **fostering a sense of community** by making group sessions relaxed and family-led; and
- **ensuring mutual benefit** through co-production by fostering parents' skills and professional development.

There were also several challenges in engaging parents. These included:

- **Sustaining meaningful engagement** and commitment from parents over time;
- **Ensuring parent champions were continually representative** of the local community; and
- **Engaging particular underrepresented groups**, including parents from ethnic, religious, and language minority backgrounds, fathers, the LGBTQ+ community, and parents having their second or third child.

The report reflects on the anticipated legacy of co-production within partnerships for the early years sector. **Respondents gave examples of co-production impacting the wider system**, including through events to share learning and ongoing dialogue with external organisations.

2 Introduction

This is the second themed report prepared for the National Lottery Community Fund ('The Fund') for the national evaluation of A Better Start (ABS). It outlines key findings related to the annual theme of Objective 2 for 2023, parental engagement, following the 2022 report on placed-based approaches. Parental engagement is a core element of ABS and this aligns with The Fund's wider co-production strategy. The report is intended for a broad audience, including ABS partnerships and practitioners, parents and carers, and organisations with an interest in promoting parental engagement within early years provision.

Parental engagement was explored in detail across two waves of fieldwork involving stakeholder interviews in 2023. The following chapters cover methods used and findings in relation to: respondents' understanding and approaches to parental engagement; what worked well and less well in relation to parental engagement, and the anticipated legacy of parental engagement in services.

We spoke to 39 people who are involved in ABS service delivery and three respondents who are not involved in ABS delivery, including people who work in the Early Years sectors in areas adjacent to ABS areas and The Fund. The views and experiences of the non-ABS respondent are largely aligned with the findings from the ABS respondent interviews.

While the generic term of parents/carers is used throughout this report, findings are showing that most of the people who access ABS services are mothers and that engaging fathers can be more challenging. This is discussed throughout the report and findings that are specifically about engaging fathers – what works well and challenges – are specified as such.

3 Methods

In this section, we provide a summary of the methods used to research Objective 2, and as part of this, the annual theme for 2023. For more detail on the methods including information on recruitment sampling and analysis, see the [second annual report](#)³.

For Objective 2, we conducted in-depth interviews across two waves of data collection in 2023:

- Wave 1: June and July
- Wave 2: November

³ <https://natcen.ac.uk/publications/second-annual-report-national-evaluation-better-start>

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 Early Years professional 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').

Table 1 below summarises the themes that were with respondents in Objective 2 interviews.

Table 1: Topic guide themes for 2023 Objective 2 interviews

ABS respondents	Non-ABS respondents
Their involvement in their local ABS partnership	Their involvement in the Early Years sector
Key successes and challenges for ABS in their area	Key successes and challenges in the Early Years sector in their area
What worked well and less well in achieving key child-level outcomes	What has worked well and less well in achieving key child-level outcomes in their area
What has worked well and less well in achieving systems change	What has worked well and less well in achieving systems change (if relevant)
Their understanding of parental engagement strategies and what has worked well and less well when applying them (annual theme)	Their understanding of parental engagement strategies and what has worked well and less well when applying them (annual theme)

When speaking to ABS respondents, we chose to focus our interviews on the specific project(s) or service(s) that they were involved in rather than discuss ABS as a whole. This allowed us to explore their experiences of ABS in depth and understand better what ABS looks like in practice. This enabled respondents to speak from a place of knowledge and expertise, and provide us with nuance and detail rather than general, broad statements.

In total, we conducted one interview with a representative from The Fund, 39 with ABS respondents, and two with non-ABS respondents. A detailed breakdown of the ABS-respondent sample by location is listed in Table 2.

Table 2: Sample of ABS respondents

ABS partnership	Number of interviews
Blackpool	8
Bradford ⁴	5
Lambeth	10
Nottingham	8
Southend	8

Interviews were audio-recorded with respondents' permission and transcribed verbatim. They were then analysed using the Framework approach (Ritchie et al. 2013⁵), allowing us to explore in depth the commonalities and differences across respondents.

4 Findings

In this chapter, we present findings of:

- Understandings of parental engagement
- Strategies of parental engagement
- What participants have said works well and what is challenging.

As is always the case with qualitative methods, findings cannot be generalised, but rather interpreted as a range of views and experiences that the service providers who took part in interviews have. There are instances where these views and experiences align with those of the families who have taken part in Objective 3 interviews, while some findings reveal different perspectives between these two groups. The approach that the ABS national evaluation is taking to developing a mosaic of evidence to understand the contribution of ABS on outcomes creates opportunities to learn from differing views and experiences in a robust and meaningful way.

It also is important to recognise that as ABS is a place-based programme, strategies that have been shown to work well in one area or service may be less successful elsewhere.

4.1 Understanding of parental engagement

Parental engagement was understood as being an essential element of the design and delivery of ABS services. Types of engagement ranged from participating in ABS services to parents and carers being involved in delivering

⁴ The lower number of ABS respondents in Bradford was a result of a low response rate to interview invitations. This contrasts previous waves of fieldwork where Bradford respondents represented a larger proportion of the total interviews. We will aim to oversample Bradford respondents in the next waves of fieldwork.

⁵ Ritchie, J., Lewis, J., McNaughton Nicholls, C., and Ormston, R. eds. (2014). *Qualitative Research Practice*. London, England: Sage.

services and co-production. Co-production is defined in the ABS theory of change as a mechanism. It involves parents and professionals equally in identifying needs, solutions and how these are developed, which:

- Empowers parents and community members to shape services delivered in their communities, driving service improvement and system change as equal partners.
- Supports better design, delivery and services.

In this section, we present findings about the different forms that parental engagement takes across ABS sites and how that influences ABS services.

Participants were all familiar with parental engagement and provided a range of examples sitting on a spectrum of **participating** in ABS services, **supporting delivery**, and **co-production and governance**.

4.2 The role of parental engagement in ABS

Within their understandings of parental engagement, participants described three key roles that parental engagement plays in ABS services. Those are:

- Using insights from parents to shape services;
- Identifying barriers to service; and
- Encouraging parents to make the most of opportunities in their local area.

Using insights from families to shape services

One facet of parental engagement was ensuring that families are involved at the start of service design and delivery as they are 'experts by experience'.

Working with people from the start of any new change or a review of existing commissioned service or support but involving them from the start and throughout and really working with them as equal partners to develop an improvement or a new service. **Strategic partner**

Parental engagement also means working with parents/carers to change attitudes and approaches to working with that group. One example relates to working to engage fathers in services, by understanding the roles they inhabit within their families and their importance within children's lives, wellbeing, and development. A practitioner had in one instance recognised this as fathers needing support to increase their confidence.

We had one dad who said [...] he thought he could do it [in reference to parenting], but no one had ever told him he could, and he really has the confidence now to be able to do it. **Delivery partner**

Identifying barriers to service use

Parental engagement was also seen as essential for understanding the key barriers to families engaging with services and being able to identify solutions. One ABS respondent felt there was sometimes a tendency to mistake poor attendance for parents/carers not wanting that service. They gave the example of parents/carers not using a service because the timing was wrong or they could not find childcare, rather than a lack of willingness or interest.

There's lots of practical things that I think sometimes people don't think about when they're setting up the service, and if they don't get very much engagement, they think it's due to the service. **Strategic partner**

Another ABS respondent emphasised the importance of consulting with people who have suffered adverse experiences as it ensures services are designed to support those people for whom there are barriers to access. They gave the example of people who have suffered with their mental and physical health, substance misuse, those with experience of social care and those who had had negative experiences of services.

I think there's a very specific role for people who have experienced the engagement with services that come from very serious adversities. Those sorts of experiences are hugely stigmatising experiences, but also experiences that we need to understand the whole journey that people went on, and what help they may have been able to get or not able to get, and what the obstacles were. **Strategic partner**

Encouraging parents to make the most of opportunities in their area

ABS respondents also mentioned the mutual benefits of parental engagement. In addition to gaining insights into how services can better meet the needs of the community, parental engagement was also seen as an opportunity for families to find community support or development opportunities.

We don't want them just to engage in our food clubs. Much as we like having them, we don't really want them there forever. What we want to do is people to grow confident to then take the next steps in their life journey, whatever they may be, and it might be engaging parents to join the club. But it might be engaging parents to become a volunteer so that's another stream is promoting volunteering opportunities. **Delivery partner**

Another example of encouraging parents to make the most of opportunities in their area is an ABS service that held weekly keeping-in-touch sessions and a festival every three months to showcase different ABS and non-ABS services to parents in the area. This festival engages new parents in ABS and non-ABS services and ensures that parents engaged in ABS services are aware of the

wide range of services on offer in the community, in ABS and beyond. This is echoed in the Objective 3 findings presented in the annual report, which highlight that families operate within a tapestry of care and connectedness that includes, but is not exclusive to, ABS services.

4.3 Strategies for parental engagement

Communication and engagement

A wide range of engagement strategies had been employed across partnerships. Participants were mindful about using gentle and inclusive messaging in their communication and outreach materials. This was considered particularly important for topics that could be stigmatised, such as mental health and parent-child relationships. Inclusive communication also takes into account language diversity within the communities where ABS is delivered. This diversity includes those who do not have English as a first language and those who may have poor literacy.

Initial engagement

Multiple ABS respondents and the non-ABS respondent discussed initial engagement work with service users as an important first step. This included door-knocking, introducing the service at events, and situating themselves within community-based services. ABS respondents provided a number of examples of this.

- A breastfeeding support service presented at antenatal classes at a university and events attended by maternity support workers, infant feeding staff and midwives.
- A team doing intensive outreach work with professionals for the first three-to-four months after their service had been commissioned to ensure other services, and the families they work with, knew what support they offered.
- Weekly engagement sessions at foodbanks to raise awareness of volunteering opportunities.
- Taster sessions in nurseries so that parents can understand what their service is about.
- Having a presence in family centres, GPs, and maternity wards. This included material presence such as posters and leaflets and ABS practitioners going to these places to speak to people about opportunities through ABS.

Where initial engagement takes place via referrals, the non-ABS respondent spoke about the importance of parents understanding why they are being referred and what service is on offer to them.

Reducing logistical barriers to participation

Several ABS respondents spoke about the barriers that prevented families from being able to engage with services and described ways that they had tried to address these. These findings are also reflected in the emerging findings from Objective 3 from the perspective of parents/carers.

Examples of solutions included reimbursing travel and food expenses, covering childcare costs, offering part-time and flexible work for volunteers, providing crèches at community events and paying for outdoor learning equipment for families who could not afford it. Findings from Objective 3 have included concerns from parents about the exclusion of older children from ABS services. An example provided by the non-ABS respondent is similar to those provided by the ABS respondents. Parent feedback about a group session (co-delivered with an ABS service) revealed that some families couldn't attend due to needing childcare for older siblings. In response, they introduced a session where they could bring their other children along.

Some services also made intentional choices to locate themselves where they were likely to reach the highest number of families. Examples included a new food club situating itself within an area that was less engaged with the service, and an infant feeding team having a presence in the local postnatal ward.

Findings from Objective 3 highlight the value of tailored relational support in ABS services. This support is often on a one-to-one basis and is viewed as particularly valuable by parents. Both parents and practitioners have reflected that one-to-one relational support has enhanced ongoing engagement with ABS.

Peer-level engagement

In line with previous findings, peer support/mentoring was seen as a very effective strategy for engaging parents/carers with services and sharing key messages in an accessible way from a place of mutual understanding.

[The peer support] approach is offering support and advice and messages at a peer level, and we find it's better received by families and taken on board at that level. They don't feel as threatened by that approach... It's proven to be working for us in terms of families taking on messages, working with us to co-produce. **Strategic partner**

Similarly, families who are assigned a peer support worker go through a matching process to ensure their peer support worker is a good fit, taking families' preferences into account, which helps facilitate a good relationship. They also try to match the demographics of mentors and families where possible, with mentors from a variety of backgrounds, ages, and experiences in the team.

The non-ABS respondent also provided an example of peer-level engagement in their service. A non-ABS perinatal mental health service has peer support

workers who offer a successful walking group. This helped parents who are struggling to connect with each other. The peer support workers who lead the walking group are in the community team and inpatient team and have young children themselves.

Inclusion of all families and parents/carers

In interviews, participants spoke about the ways that they used their communication and engagement strategies to demonstrate that their services were inclusive of all families and parents/carers. Ways in which inclusion was promoted in communication and engagement strategies included:

- **Demonstration that services were culturally relevant**, by reflecting the ethnic diversity of the local area in their offer and using community languages in outreach and delivery.
- **Speaking directly to those who didn't feel that ABS services were 'for them'** or were considered more difficult to engage, such as fathers and LGBTQ+ families.

Services used many strategies to **engage families from minoritised groups, in terms of ethnicity and religion**. These included events specifically targeted at certain groups, e.g. a volunteer facilitated a drop-in group for Muslim mothers.

It was reported by practitioners in Objective 2 interviews that families who don't speak English as a first language can experience language barriers that affect participation in ABS services. This finding is echoed in the Objective 3 data where families from diverse backgrounds share their experiences with ABS services. Adaptations such as having interpreters at screening sessions and holding group work sessions for people with a common language have been made to remove language barriers to participation. This has remained a challenge for some services. A respondent shared that they had tried to provide translators for the training provided to parents/carers, but this had not happened.⁶

Another example of a strategy to engage families from minoritised communities was related to a diet and nutrition service where early communication made clear that the service is inclusive of non-Western diets.

A number of ABS respondents reported that they found it difficult to engage **fathers**. Efforts to address this included offering groups specifically targeted towards fathers as feedback had shown that some fathers had found mixed groups uncomfortable. One ABS respondent noted that this was an interim measure as their ultimate goal was to make all services inclusive to fathers. Personalised support was another strategy; one partnership had recently appointed a dedicated dads' peer support worker who was a father himself. The

⁶ It is not clear why this was not possible.

respondent felt that the post was effective and buoyed by the fact that peer support worker was a father, and therefore able to connect well with service users over the shared experience of fatherhood.

There were also attempts to engage families with **different family structures**. For example, a diet and nutrition service had tailored their antenatal workshops to the local context by using more inclusive language around infant feeding (e.g. chestfeeding rather than breastfeeding) as there is a higher LGBTQ+ population in the area. Another service engaged with local LGBTQ+ groups and ask the same-sex couples that they have supported to spread the message that it is an inclusive service.

A non-ABS respondent did share their experience of running a successful fathers' perinatal mental health group. At the time of the interview, they were preparing to start delivering perinatal mental health assessments separately with fathers. They developed this approach having identified that a lot of dads struggle with feeling that they have to be the 'strong' parent in their families, and they are therefore more able to be open and show vulnerability without the mother present.

Social media and keeping in touch

Social media presence across multiple platforms were used by services to share infographics and use advertising to target content to specific areas. Having content that was easy to share on social media has also allowed services to easily publish information in relevant non-ABS forums.

Whilst social media was an effective strategy, one respondent discussed the importance of having alternative ways for parents to sign up to events, to accommodate those in the community who face digital barriers, such as digital poverty or digital illiteracy. This included having paper forms and registers in the community venues to ensure they have the same access. It should be noted they may also be language barriers at play if social media is predominantly (or exclusively) in English rather than translated into community languages.

Respondents felt that text and telephone reminders were important for prompting parents about upcoming sessions and contacting parents if they missed a session was important to sustaining engagement, particularly when this was via personalised communication. Findings from Objective 3 have highlighted that value that families place on the authentic, supportive relationships they have with ABS practitioners. Keeping in touch like this supports those relationships.

Some ABS services noted that despite engagement with these methods, **word of mouth and recommendations** were often the best way to increase engagement with a service.

Networking and partnership working

Networking and partnership working with statutory services and community organisations have been vital for engagement throughout the ABS programme. These strategies were utilised to establish initial engagement with parents and to engage with families that were more challenging to reach.

Partnerships and networking were considered to be **essential for initial recruitment** by some participants.

...the first three-to-four months we spent doing outreach with professionals every day, hundreds of professionals, going to team meetings, meeting new people, making those geographical links, reaching out to services, attending team meetings. We've attended hundreds of team meetings locally to give an overview of our service.

Service manager

Networking and partnership working was also identified as an important strategy **to reach families that services say they struggle to engage**. One infant mental health service delivered in partnership with the local authority worked closely with social work, which meant they were able to reach families with different family structures, e.g., fostering arrangements. Multiple ABS services – who partnered with charities, local community organisations, and volunteers to offer events and resources in languages other than English and to better connect with specific minority groups – saw higher recruitment due to reducing the language barrier and increased trust and representation. However, some ABS services noted that despite partnering and networking with local organisations, a lack of diversity and representation within ABS service staff still negatively affected parental engagement. This was due to inaccessibility through language barriers and also participants having less trust that services will be relevant to their needs if they don't feel they are represented.

Adapting services

In many cases, ABS services found that they were **struggling to engage with parents/carers** and that adaptations to service delivery were essential to increasing parental engagement, particularly with different types of families and family structures. These adaptations focused around reducing accessibility barriers and targeting parents, carers and families from under-represented communities

One way that services adapted to **reduce accessibility barriers** was by offering sessions at various locations and by running different kinds of sessions. In one ABS partnership, a parent champion service held meetings in three different locations: online, in the town centre, and out within the ABS

community. The service found participation increased for dads and anxious parents who found it easier to attend the online meetings.

Multiple ABS services focused on language and communication development switched to also offering at-home visits for parents and families who were unable to visit the clinics. Other adaptations that aimed to reduce accessibility barriers included offering the translation of materials, one-to-one interpreters or translated group sessions, in addition to the English sessions and resources. These strategies were said to decrease the language barriers that prevented some parents and carers from accessing the services.

Services also adapted their resources and programme offers to **target specific groups** of parents, carers, and families that they otherwise struggled to engage with the service. One particular ABS service focused on diet and nutrition started implementing a survey that gathered information about the culturally diverse food and cooking processes used by different families so that they could tailor their service and better connect with families from a variety of cultures. Another example of tailoring service content was holding a session on the physical experiences of pregnancy for fathers only.

Multiple ABS services also adapted their offerings and delivery to **target families living in difficult circumstances** in particular. These adaptations included creating drop-in sessions for families at an asylum seeker hotel and hosting closed sessions that were for vulnerable groups. Another ABS service began running sessions in a homeless family shelter for asylum seekers and people fleeing from domestic violence. These sessions were not advertised on social media and relied upon a volunteer parent champion from a similar background to connect with attendees.

Upskilling parents

As with previous waves, services' efforts to **upskill parent champions** continued to be praised by ABS respondents. ABS respondents from multiple partnerships described opportunities that were provided for parents/carers **to gain skills and work experience** by becoming volunteers, representatives, or paid/unpaid members of staff.

Parents were typically **provided with training** where they had a role in delivering a service. The training provided typically covered general topics including data protection, information security, mental health awareness, drug and alcohol awareness, and safeguarding, as well as information specific to the roles that parents would be taking on, such as customer service, general administration, and supporting and running community activities. One service provided specialised training for parents to cover specific areas related to their service delivery such as speech and language, parenting, and engaging dads.

ABS respondents also recalled a number of parents/carers involved in different projects using the experience and skills they gained to **progress to paid employment outside of ABS**. In one example, parents who sat on a service's board who did not have much formal education were given support to present at board meetings. This skills development and experience helped with their employment prospects and many have since gone on to secure paid employment. Another example is one ABS service, which, after receiving feedback from parents, now offers a food ambassador qualification which allows parents to obtain paid work working with ABS services and non-ABS services that have similar programmes.

Some services also offered **ongoing opportunities for professional development and further training**. For instance, a volunteer service provided opportunities for professional development through a 12-week programme, which involved employability training to develop confidence and gain transferable skills. At the end of the programme, volunteers have a guaranteed interview with the charity partner that runs the volunteer programme.

However, respondents also described **barriers to parents/carers enlisting in these programmes**. In one partnership, there was a complicated administrative process to become a volunteer, where prospective parent volunteers were required to show documentation and a reference which was difficult for some people. Consequently, the respondent believed this negatively impacted how representative the volunteer workforce was of the wider population.

Co-production

ABS respondents gave examples of co-production across services and at different stages of projects' delivery.

Understanding of co-production

Many ABS services saw co-production as vital and essential to how their service works.

Making sure that families are the centre of the work that is done or undertaken. **Delivery partner**

Parents delivering the course [...] we've got the parents attending the course, and the parents helping to organise the courses, so every level. It's the full-union effect. **Delivery partner**

However, some ABS services did have less focus on co-production, with some being unable to co-produce as much as other services due to the design of the service. An example of this is when a service offers manualised interventions with limited scope for adaptation resulting in fewer opportunities for elements to be designed. Another participant highlighted that parents do not get to decide

how the money is spent, and thus the final decisions on what can be offered based on the budget is not made by parents.

Some ABS respondents did not use the co-production terminology and appeared to have a **limited understanding** it. In practice, this is not necessarily a problem as actions and processes that participants described could be considered elements of co-production. However, having shared definitions can work to support service design and replication and also enable people from different organisations or sectors to identify similarities and distinctions in practice. This can support collaboration and working systemically.

Involvement in governance

Co-production was seen as a **key area where ABS governance was different to other governance structures** that ABS respondents had experienced. One ABS respondent felt that ABS's long-term vision made it possible for co-production to be integrating so deeply.

It's only on these big, long-term programmes, like this one [...] that we can really make community engagement a strong thread of the programme. **Service manager**

In one partnership, **parent representatives from different wards** sat on every **partnership board meeting**. They would meet with other families in their areas, learn about local issues and feed this back in the meetings to help resolve challenges. This was seen in the earlier example where feedback that parents/carers could not attend some parenting courses as they could not find childcare resulted in crèches set up to remove this barrier.

Another ABS respondent reported that the integrated care board (ICB) in one partnership area had recently set up a strategic co-production group made up predominantly of people with relevant lived experience. The programme director of the ABS partnership chairs the strategic co-production group so there had been cross learning between the ICB and ABS.

Co-production in ongoing development

Parents/carers were involved in shaping the development of services. A number of services had sought parents'/carers' views on projects they were delivering. Parents'/carers' views were most often sought through formal consultation or informal feedback via public opinion surveys, free answer evaluations, and informal conversations.

I think, ultimately, it's having something that's designed by someone that's going to use it is the ultimate goal. **Community partner**

Some services reported that feedback was quickly implemented into service development. For one diet and nutrition ABS service, feedback from service users highlighted an opportunity to increase reach new groups of women in the

community. Recipes from the West African and Caribbean community were incorporated into the service to increase representation and engagement with women from these groups. Feedback from parents in one ABS ward regarding language and word choice was directly used to design imagery and informative text in one ABS service's recruitment leaflets.

One ABS respondent described parental involvement in a campaign focussed on sustaining key messages around breastfeeding after the end of ABS funding. Involvement in this sustainability campaign allowed parents/carers gave their views on what they wanted the legacy of the project to be.

It is important to note that in many cases, **feedback was the only way that services sought to gather parents'/carers' views** to shape service development. Feedback can be a powerful way to involve parents in service development where other means of co-production are not possible. However, services should ensure that they have the resources available to reflect on feedback and consider what can be taken on board. It also important to reflect on who is providing feedback and whether there are any groups or people whose views aren't being heard. Some ABS services noted that feedback was not always used to inform and shape development. As highlighted by one ABS respondent, parents are not always involved in the design of ABS services at a local level and feedback is often fed up nationally without the feedback loop being closed with parents who provided it.

In addition to influencing service design, **parents/carers who were involved with ABS were also empowered to advocate for changes** they wanted to see in their local area. One ABS respondent said that parents/carers who used their service had successfully applied for funding from the partnership's scheme to buy new equipment for the parks and improving local gardens, with support from delivery staff.

Co-production involvement in service delivery

Informal and formal volunteering within service delivery allowed for high parental engagement in many ABS services. In some ABS services, parents were given training and resources to be able to deliver sessions to other parents themselves. Examples include a wellbeing session that used journaling and a Bollywood dance session. Sessions like these bring parents together and give them space to share their skills and knowledge with each other and can support systems change by strengthening parents' networks. While these bring benefits, there can also be potential risks involved and it is therefore essential that services are able to support parents to deliver services to a high standard, including training and ongoing supervision particularly in relation to safeguarding given the complex support needs that people can have.

One ABS respondent highlighted how having parents take part in the service delivery is going very well because the parents bring place-based and unique

knowledge that the health visitors may not be aware of. Having parents run sessions helps to make sessions and activities more relatable and non-judgemental as the constructive advice given to attending parents/carers is seen to be coming from a peer who is also a parent and lives in the same area.

It goes well because they're not talking from a book. They're not child experts, but they're experts at being a parent because they're current parents now, and they're [Partnership] parents. **Delivery partner**

In one ABS service focussing on social and emotional development, respecting parents'/carers' needs and working towards their self-stated goals are central to the delivery of the programme. When parents/carers first join, they are asked what is important to them and what they would like to work on the most. From there a goal is developed, and parents/carers are asked where they are in achieving that goal at the beginning and end of the intervention. During the intervention, the service checks in with parents to see if the intervention is helping parents/carers to reach their goals.

4.4 What is working well

Respondents described a number of successes in achieving parental engagement, which can be summarised in three key principles: inclusivity and access, community, and mutual benefit.

Inclusivity and access

Paramount to successful parental engagement is proactive inclusivity so that, from their first interaction with ABS, parents feel welcomed, valued, and practically able to take part in services.

Tailoring the language and approach used when interacting with parents to be relevant and inclusive was considered essential to encouraging parental engagement. This was especially when used to reduce the social stigma around infant mental health or the notion that only 'bad' parents take a parenting course.

Many ABS services found that enabling accessibility improved parental engagement. Strategies for reducing barriers to accessibility included reducing referral processes and relaxing eligibility requirements, providing childcare for in-person groups and sessions, and offering visits that are location and time flexible.

Community

Community was understood by respondents as 'place' and also 'people'. Working within community settings while also fostering a sense of community among parents was often emphasised by respondents when they reflected on

examples of parental engagement that worked particularly well. This was seen in approaches for outreach and the location of ABS services, to the experiences of parents within services.

For example, group sessions were considered by practitioners as successful in providing parents/carers with opportunities to connect with one another and improving visibility of services within communities. Group sessions were also seen to be a more casual and relaxed setting by parents. For one language and communication ABS service, offering group sessions that were more family-led, rather than individual professional-led appointments, made the sessions feel less confrontational and pressure-inducing for parents/carers.

So I think it's this idea that it's accessible. It's not feeling quite as scary. It's in the community and it's in your nursery setting or it's in a Children's Centre space. So it's not quite as confronting perhaps as a health appointment space might be. **Delivery partner**

Ensuring mutual benefit

When done well, parental engagement was seen to benefit both services (and in turn the outcomes the service aims to achieve) and parents in ways that are not currently captured on the ABS theory of change.

Parents and carers' active engagement was considered essential for the overall success of services in all five areas. It was said to **enhance recruitment and referrals and encourages retention** in services over time. This in turn was seen to support service implementation and hence to increase the impact of services for participants.

It was also recognised that skills developed through taking part in co-production activities were valuable outside of ABS services. Respondents discussed the positive impact of parental engagement on parents' personal and professional development. There were several examples of parents taking part in voluntary opportunities that progressed into paid employment within ABS services.

One ABS respondent shared the **ongoing benefits** of co-production, where co-production within a service allowed for participants to feel proud of helping with service design and/or shape service development, making it more likely that the participants will share the benefits of the service with their community. Co-production results in **relationship-building** between service providers and users and **greater transparency** about how the service operates. When parents know that their voices are heard and their feedback is acted upon, it builds trust between the parents/carers and the service.

4.5 What is working less well/ challenges

Several participants shared **that sustaining meaningful engagement over time** was a challenge for parental engagement. Co-production, in particular, is a long process and it takes time for community members to become confident and establish the mutual trust and respect between parents and partners. Transparency is important when co-production is less feasible:

I think the barriers tend to be around how quickly you need turnaround times, etc. If you need quick decisions, things to be done quite quickly, then coproduction can often be quite difficult, but I think that's around being open and honest and realistic with your communities, so that they understand if a decision's been made without as much involvement from them as they would like. **Representative from The Fund**

Parents' engagement often peaks when they are engaging with services that affect them and their children, which can be expected. A challenge for services then is **ensuring the parents involved in co-design and delivery are continuously representative** of the local community. Parents move on when their children get older, or they go on to get jobs, so services must be able to effectively replenish posts as this happens. For example, parents may want to move on to school-level issues when their children reach that age. It is important to continually recruit new people with recent lived experience.

We want people who've been involved in maternity in the last two or three years, so that they know what the recent system is, not had a baby 25 years ago and still trying to bring that knowledge into service.

Strategic Partner

Relatedly, **there are groups of parents that services are less successful at engaging** with services and co-production services than others. A consequence of this is that under-represented groups can remain under-represented both within services and in spaces for co-production. These include parents from ethnic, religious, and language minority backgrounds, fathers, the LGBTQ+ community, and those having their second or third child. This is where the inclusive communication and engagement strategies are so important in order to counter misconceptions about who services are for.

There can be a significant time commitment to some forms of parental engagement, particularly those that involve parents in co-design, delivery, and governance. This can have financial implications as well, particularly where roles aren't always remunerated. One participant said it was a challenge to continuously engage families to be a part of shaping services, especially in areas of high deprivation where families have a lot of struggles and competing priorities. Some ABS projects mentioned that they sought to ensure that approaches to co-production were as light touch as possible to achieve sustainable engagement and reduce the overburdening of volunteers.

Finally, respondents recognised that not **all parents want to be involved in shaping services**, having other interests and priorities. This should be respected. It is therefore important that services have low demand and inclusive ways of hearing from the people who don't want to be more actively involved in co-production processes.

4.6 Anticipated legacy of co-production

Co-production within partnerships was discussed in terms of the impact it had on the wider system. There is, therefore, an anticipation that parental engagement with ABS will leave a positive legacy on the Early Years sector.

In one partnership, an ABS respondent discussed that the integrated care board (ICB) was using learning from ABS parent representatives to develop its own co-production strategy. The ICB had recently held a coproduction week where they ran a series of events about how to coproduce effectively, drawing on case studies of different groups, including ABS.

[Learning from ABS] helped us really make a strong team to help develop and embed coproduction across the organisation and the system at a time when there's a lot of interest in it which is excellent and just gives us some dedicated resource really to be able to support with that and spread best practice. **Strategic partner**

The city's NHS Trust had reportedly also made a verbal commitment to have a more open and honest dialogue with families, which happened because of the learning from parent voices involved in ABS.

From The Fund's perspective, one aim of ABS is to embed parental engagement into the wider system to create a culture-change towards involving service users in decision making in a meaningful way. Other organisations are starting to utilise parents and they are increasingly sitting on other boards. This has been achieved through a mixture of upskilling and increasing parent's confidence, and willingness of other organisations to involve parents more.

It's really embedding that again within system change, so not just having that within A Better Start, but actually being able to clearly demonstrate the benefits of doing that to the wider system that they're working in, so that once A Better Start has come to an end, there's actually a culture of making sure that the service users are involved. To make sure it isn't just a tick-box exercise and, 'Oh, yes, we consulted', and that it is actually much more in depth than that, and coproduction where you can. **Representative from The Fund**

5 Discussion and next steps

As a key feature of A Better Start, parental engagement is embedded into most aspects of service delivery at different levels of intensity and to serve different functions. While respondents were able to share ample examples of parental engagement working well, findings also show that meaningful engagement with parents can remain challenging.

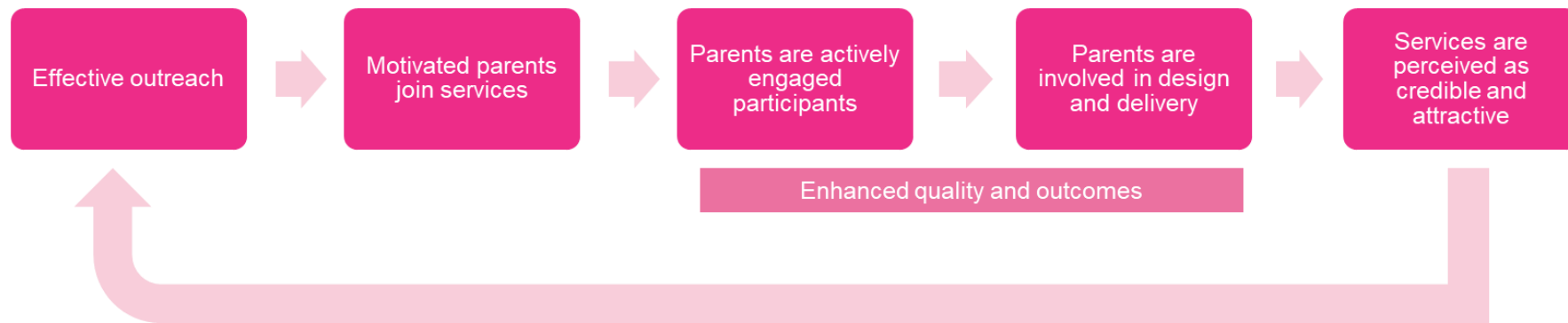
Challenges were particularly seen in relation to working with ethnic minoritised groups, fathers, and non-traditional family groups. The impact of poverty, exacerbated by the current cost of living crisis, also presents barriers to families being able to access services which delivery partners manage in different ways, using test and learn approaches. These challenges manifest themselves parents' ability to participate in services as a service user and also engage with co-production and delivery of services. Examples of where services were adapted, these adaptations were often made to enhance the inclusiveness and accessibility of ABS services to better enable engagement with services.

At its most universal level, parental engagement is seen in approaches to outreach to encourage parents to take part in services, and then their subsequent participation. By considering parental engagement in these processes, ABS services reach parents on emotional and practical levels, ensuring that the parents who attend services are there because they want to be, because they feel welcomed and valued, and because the service aligns with their lifestyle and family values. These factors support parents to be active participants in the service with agency over outcomes.

Co-production exists within services in a variety of ways. The most common is through enabling parents to set and monitor goals and through routine collection of feedback. These seemingly small methods of parental engagement are powerful ways to involve parents in shaping services even if the resources, infrastructure or appetite for more in-depth approaches to co-production, such as parents being involved in delivery and governance, are not there. Where services have been able to offer opportunities to co-design, deliver, and govern services, respondents highlighted the mutual benefit for services and the parents themselves noting positive outcomes for their personal and professional development that sit outside of the ABS theory of change. These benefits extend to systems change.

The benefits of meaningful parental engagement were discussed at length in interviews. The diagram in Figure 1 below shows the influence that parental engagement has on services.

Figure 1. Influence of parental engagement on services



It is anticipated that co-production of services with parents as part of ABS delivery will leave a positive legacy on the Early Years sector, enabling systems change.

The findings within this report are based on the second 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 community funder 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.

