

# Emerging evaluation findings from the ABS national evaluation

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## **1. Introduction**

Objective two of the A Better Start (ABS) national evaluation<sup>1</sup> is:

To identify the factors that contribute to improving diet and nutrition, social and emotional skills and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS partnerships.

As part of evidence activity for Objective 2, the ABS national evaluation are undertaking a number of waves of fieldwork with the primary purpose of supporting the ABS national evaluation team to identify areas of future interest<sup>2</sup>. However, this fieldwork also provides early indication of evidence about ABS practice. This includes examples of what is working well, the challenges and difficulties ABS partnerships and / or individual projects are experiencing, and steps they are taking to respond to challenges.

This document is written for ABS partnerships and The National Lottery Community Fund in recognition that there is likely interest from both audiences to see emerging findings from the first wave of fieldwork (that took place in February and March, 2022). The content of this document is drawn from a report produced by NatCen for the ABS National Evaluation Team.

The remainder of this document provides:

- an introduction to the ABS programme and national evaluation
- background to the findings presented in this document
- findings from the first wave of data collection
- final comments.

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<sup>1</sup> For further details about the ABS national evaluation, please see the [ABS National Evaluation Phase 2 Protocol](#).

<sup>2</sup> The ABS National Evaluation Team will both be addressing gaps in evidence and exploring further themes and issues raised in Wave 1 in future waves of evaluation activity for Objective 2.

## **2. The ABS Programme**

[ABS](#) is a National Lottery Community Fund (The Fund) 10-year, £215 million programme, supporting families to improve the **diet and nutrition, language and communication skills, socio-emotional development and life chances of babies and very young children**. ABS is **place-based** and aims to create approaches, relationships and services that better support people and communities to thrive. A key element of ABS is to bring about **systems change**; that is to change, for the better, the way that local health, public services and the voluntary and community sector work together with parents and communities to improve outcomes for children.

ABS is a **test and learn** programme that refines programme delivery as it progresses, drawing upon both national and local evidence and the experiences of programme staff. The Fund invests in test and learn programmes because of the recognised benefits, particularly in complex environments, where delivery can be supported by being agile and responsive.

Since 2015 ABS has been rolled out in five areas (Blackpool, Bradford, Lambeth, Nottingham and Southend-on Sea), with often longstanding concentrations of poverty and deprivation. ABS includes more than 120 interventions and, to-date, has reached more than 45,500 pregnant women, parents, babies, and young children.

ABS is supported by a £3.9 million national evaluation, commissioned by The Fund in 2021, aiming to: 1) provide evidence to support ABS partnership to improve delivery outcomes throughout the lifetime of the programme; 2) work with local evaluation teams to avoid duplication of evidence and enable collation of evidence from local evaluations; and 3) enable The Fund to confidently present evidence to inform policy and practices initiatives addressing early childhood development. The ABS national evaluation team are a consortium led by NatCen and include RSM UK, Research in Practice, National Children's Bureau and The University of Sussex.

## **3. Background to the evaluation findings**

Qualitative research was undertaken to investigate implementation of ABS at both partnership and national levels. This included conducting in-depth interviews with respondents working within ABS partnerships ('ABS respondents') and respondents from The Fund. When speaking to respondents, the national evaluation team focused on the specific project(s) or service(s) that ABS respondents were involved in, rather than discussing ABS 'as a whole'. Taken together, this evidence supports identification of internal and external factors that may affect the ABS contribution to intended outcomes.

#### 4. Description of ABS partnerships' local areas

To support with understanding the contexts within which ABS is delivered, ABS respondents' description of their towns or areas are presented (it should be noted that respondents described their towns and areas in general, rather than focusing upon specific ABS wards). An in-depth understanding of each local ABS area is also key to explore how ABS has been adapted to each local context. This also enables better understanding of the differences and similarities in what worked well and less well across partnership areas. ABS respondents described the strengths and challenges of their local areas, with a particular focus on families and children.

**Blackpool** is described as 'the most deprived town' in the country, referencing that Blackpool is the most deprived local authority according to the index of multiple deprivation<sup>3</sup>. ABS respondents stated that there are poor outcomes for children at reception all the way through to GCSE level. They also expressed that transience poses an issue for the area as people moved in, out and around the borough frequently, making it difficult to sustain community networks and services. This transience was driven by the large amount of poor quality housing within the area, as families relocated to better quality accommodation. ABS respondents believe that dealing with the housing quality would reduce transience and lead to long-term better outcomes for families.

**Bradford** is a large area with vast income disparities, incorporating two very deprived areas in the inner city and has one of the wealthiest towns in England (not in an ABS ward) within its district. ABS respondents stated that it had a mixture of inner city as well as rural areas. Respondents highlighted that the area is diverse and includes Irish, Afro-Caribbean and Pakistani communities. ABS respondents outlined that the area did not receive adequate funding. Moreover, they pointed out that the government's 'Levelling-Up' agenda was not being implemented in their area. One view was that this was because it was a 'Labour' town.

**Lambeth** is a densely populated, inner London area with a high population of Black, Asian and multi-ethnic families. The area has high levels of deprivation with pockets of wealth throughout ABS wards. ABS respondents reported that employment levels varied within the area. Generally, the quality of services in the area was good but services were under a lot of pressure due to the volume of need. Additionally, respondents expressed that families often faced multiple challenges, including concerns around financial stability, threats of violence or fears of gangs, housing issues, lack of clean air and lack of play space for children.

**Nottingham** has a diverse community in terms of race and ethnicity. ABS respondents described different ethnic communities, including Black Caribbean and South Asian, as being concentrated in different areas of the inner-city. The two outer ABS wards are described as predominantly white working-class. Poverty and deprivation are seen

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<sup>3</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/835115/loD2019\\_Statistical\\_Release.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/loD2019_Statistical_Release.pdf)

as high, with many deprived areas falling within the city boundaries. ABS respondents also reported poor outcomes for children, particularly noting low levels of school readiness.

**Southend-on-Sea** is described as a diverse area in terms of population density and deprivation/affluence across different wards. ABS respondents stated that the area had a high number of voluntary organisations offering support and advice services that were easily accessible. ABS respondents expressed concern about inflation and financial pressures for families, leading to additional families needing support. These issues are not specific to Southend. However, because of the geographical diversity of the area, ABS respondents in this partnership were particularly keen to ensure that all families across the different wards, including those who had not previously needed help, had access to information and support.

## 5. Wave 1 evaluation findings

This section of the document provides evaluation findings relating to:

- the diet and nutrition outcome
- the communication and language outcome
- the social and emotional development outcome
- systems change
- risk and Covid-19
- place-based working.

### 5.1 Findings relating to the diet and nutrition outcome

The national evaluation team spoke to nine ABS respondents about the diet and nutrition outcome. These respondents included senior members of staff within their organisations as well as practitioners and delivery leads. Services included: a local council, a local mental health charity, midwifery teams and maternity wards, a Clinical Commissioning Group, pregnancy and baby support programmes, as well as research and academic collaborators. These services often covered more than one outcome area; there was significant overlap with the Social and emotional development outcome.

Across partnerships, ABS respondents involved in the diet and nutrition outcome explained that their services primarily focused on two aspects: **pre-natal diet and lifestyle choices for expectant mothers** and **improving breastfeeding rates**. ABS respondents spoke about a variety of specific aims around these two aspects. For example, one partnership stated that they aim to reduce smoking, alcohol consumption, and substance abuse during pregnancy. Another partnership uses nutritionists to support expectant mothers with their food choices, with the aim of ensuring babies are born at a healthy weight. While approaches differ between partnerships, all note that the purpose of these interventions was preventative,

intended to reduce negative health impacts on infants and improve their development.

### **Effective messaging**

Another key aim of partnerships in relation to this outcome is effective messaging which includes:

- **Getting key messages out to families.** Examples included messaging around appropriate portion sizes, or how to buy ingredients at affordable prices and cook with them.
- **Ensuring professional bodies were consistent in their messaging.** This was important so that families would receive the same advice across different services rather than hearing contradictory or confusing messages from different professionals. A respondent described how within their area, this was achieved through training professionals working in ABS partnership organisations.
- **Countering harmful or inaccurate messages,** including those that could be an established part of families' beliefs, value and practices.

Whilst recognising that effective messaging is essential, one ABS respondent noted that their partnership was also working to ensure that families had the skills to engage with the messaging. They described how communicating messages to families is not enough to create change on its own: families also needed to be supported to put messages into action. For example, teaching parents essential food preparation skills for a healthy diet is key, in addition to messaging on how to eat a healthy diet. This enables families to 'practise what is preached' and supported them to act on the messaging. Another ABS respondent noted how, within their partnership, parents are reciting key messages on portion size back to practitioners.

### **Improving accessibility**

ABS respondents recognised that improving accessibility of services was working particularly well in relation to the diet and nutrition outcome. However, from the data, it is not always clear whether access had already improved, and/or whether there was greater awareness that services needed to be accessible. Partnerships had improved access in numerous ways, and most approaches involved more direct contact between practitioners and families:

- One partnership established an infant feeding helpline to enable parents to access advice via telephone. This partnership also uses local public spaces (i.e. the library) to host drop-in sessions with practitioners. This has created more opportunities for direct contact with practitioners in a form that is easy and convenient for families.
- Another partnership uses breastfeeding peer supporters to create closer links between practitioners and parents. This was provided on a one-to-one basis, enabling practitioners to offer tailored support.
- One ABS respondent noted that they deliver services in different languages used by their communities, enabling greater involvement in ABS services.
- In one partnership, practitioners of a particular diet and nutrition project reach out to families directly about the support they offer. This is believed to have

been effective due to practitioners being able to better describe what they do, how it will help, and answer any queries or concerns.

### **Challenges relating to reaching some parents**

Although improving access to services had worked well in some contexts (see above), there is also a view that there were challenges in reaching some parents. One ABS respondent working for a diet and nutrition project geared towards breastfeeding mothers, noted that they found it challenging to reach the following groups:

- **Formula feeders.** This group can feel alienated by the ‘breast is best’ messaging, and so engaging with them to support on bottle feeding is difficult. The Fund reported that one partnership had created a specific volunteer service to improve messaging to this group.
- **Teenage mothers.** There is a perception by this ABS respondent that this demographic did not typically seek out services, and therefore did not engage with this project. The respondents stated that it usually required someone (such as a health visitor or family member) to enrol teenage mothers on to the project.

There is also a perceived **challenge in reaching fathers**. Even though fathers want to access services and support around diet and nutrition, the primarily female environments can be intimidating to fathers. Tailored services for father are necessary to successfully reach and engage them.

### **Poverty and deprivation as a barrier to achieving the diet and nutrition outcome**

Poverty and deprivation emerged as a barrier to achieving the diet and nutrition outcome. Respondents from both ABS partnerships and The Fund emphasised that families within ABS partnerships are living in some of the most deprived wards within the UK. Therefore, they face challenges in terms of their economic and financial ability to make ‘healthy choices’ in relation to food. One ABS respondent described a ‘hierarchy of need’, where healthy and nutritious food competes against other costs and bills. A representative from The Fund reported that, within one partnership, a social enterprise has been established to address this. This social enterprise gave people access to low-cost food and promoted the uptake of Healthy Start vouchers.

## **5.2 Findings related to the communication and language outcome**

The ABS national evaluation team spoke to 11 ABS respondents about the communication and language outcome. These respondents included senior members of staff within their organisations as well as practitioners and delivery leads. Services included: a local council, a local charity, a commissioner, midwifery teams, support workers, language and literacy programme managers, as well as research and academic collaborators. These services often covered more than one outcome area. In particular, there is significant overlap with the social and emotional development outcome.

ABS respondents were concerned about the impact of social isolation upon child development. One respondent emphasised that improving communication and language skills was particularly important for children from low socio-economic backgrounds. Children within families who experienced deprivation could be more isolated due to a lack of economic resources to pay for social activities, which could have negative social consequences for children.

ABS respondents were involved in three different types of services with regards to the communication and language outcome. These include:

- I. **Systems change projects<sup>4</sup>.** These projects involve ABS language and communication teams who worked with other providers to improve communication and language services in the area. For example, one partnership works closely with the local NHS trust to develop a clear referral route to commissioned speech and language services for children.
- II. **Specialist and universal services for families.** Services working directly with families can be universal or tailored to be need-specific. For example, one partnership delivers a specific project to support children with an autism spectrum condition and their language development.
- III. **Community engagement.** These projects focus more broadly on community engagement, often employing local volunteers or engagement officers. Projects are delivered in local settings, such as community centres, food banks, and local schools. For example, one partnership held reading promotion events in a local supermarket car park. They have also recruited volunteers to distribute books locally.

ABS respondents spoke about two key aims for this outcome area: preventing poor communication and language development and improvement of services and delivery. These are discussed in more detail below.

### **Preventing poor communication and language development**

ABS respondents spoke about preventing poor communication and language as a key focus of this outcome area. There is a particular concern about the impact that unidentified communication and language issues can have on children as they grow older. ABS respondents therefore believe that it is **important for communication and language needs to be identified early on in a child's life**. With this approach in mind, respondents and their projects aim to support children to be 'school-ready' in their communication and language. They recognise that if communication skills are not strong before this point, children are likely to have difficulty engaging in school. ABS respondents suggested that this lack of engagement in school could, in turn, lead to children developing developmental difficulties later on. To prevent this, it is suggested that parents should be supported to provide children with a language-rich environment at home in the years leading up to starting school.

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<sup>4</sup> A definition, and further exploration, of systems change is included on page 14.

### Improvements to services and delivery

ABS respondents also discussed service improvement as a key aim. This includes **improving identification of children** with less developed language and communication skills, while also **reducing the high demand on statutory speech and language services** by enriching children's environments. ABS respondents explained that both improving identification and enriching children's environments at home will help tailor speech and language services to families who need them most. Such improvements will mean that minor issues could be addressed effectively at an earlier stage and prevent those children from needing specialist support. In turn, this frees up capacity of specialist services to focus on children who most need tailored support.

ABS respondents highlighted that feedback from parents on communication and language services is, in the main, positive. **Services mostly had good uptake and engagement.** There is strong feedback about sessions working well and meeting the needs of parents and children. Some ABS respondents reported that parents see noticeable improvements in their children's communication skills and volume of vocabulary. For example, one ABS respondent discussed data from a Pragmatic Feasibility Evaluation for the [Talking Together Programme](#)<sup>5</sup> that found an increase in vocabulary in children who received the intervention. As a result of these positive findings, the respondent reported that NHS England are considering rolling out the service more widely.

Some ABS respondents believe that nurseries do not always provide an environment that supports children's communication and language development to be school ready. One ABS respondent suggested that, while local nurseries provide nurturing environments, there is not the required focus upon providing a developmental environment which, in turn, means that some children start school without some of the expected basics in relation to speech, language and communication. According to this respondent, their ABS partnership therefore aims to provide children with the communication and language skills they might not have gained during nursery. Through additional training for practitioners in teaching parents how best to communicate with their child, parents are better able to create a rich language environment for their children. ABS practitioners are also working with colleges as the main provider of nursery training to provide additional skills training for practitioners relating to developing children's language and communication skills through nursery provision.

ABS respondents discussed what works well when working towards improving services and delivery:

There is some early indication that **improvements to some services helped reduce overall demand** on other services. One ABS respondent reported that a project within

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<sup>5</sup> Talking Together is a home-based early intervention programme supporting the development of two-year-olds identified at risk of language delay. More information can be found at: <https://www.nuffieldfoundation.org/project/talking-together-language-support-at-home-for-parents-of-2-year-olds>



their partnership is successfully helping to reduce demand on speech and language services.

Building **positive relationships with partners** is key to making service improvements. Outside providers of language and communication services are open, willing and enthusiastic to support services to improve outcomes for children. In addition to the above, partners are perceived as keen for projects to be locally developed.

Key elements to improve services and delivery include both a **flexible and tailored approach to meet families' needs** and **peer-to-peer support** to help multiply the impact of services.

ABS respondents also raised concerns and challenges relating to service delivery:

Some ABS respondents reflected that they still need to **develop stronger relationships and engage more** with providers and commissioners, giving specific examples where this is the case. ABS respondents suggest that more support from partners within services would help areas create more joined-up services and 'pull it all together'. Respondents from one partnership explained that they struggled to work with external organisations as they worked in a 'ring-fenced' way.

ABS respondents also raised issues regarding **pressure on services and staffing**. For example, some partnerships have had to run projects at fifty per cent staffing levels, due to Covid-19 related staff absence, which had taken its toll on service delivery. ABS respondents highlighted how capacity issues could negatively affect buy-in for projects as lack of staff could mean less enthusiasm for delivery of new projects where more staff capacity was needed. This was particularly important for tailored and need-specific projects reliant on dedicated staff with specific skills.

One ABS respondent suggested that **some ABS staff were spending too much of their time supporting elements of the ABS programme that sat outside the specific remit of their service**. This includes helping parents to complete forms to access services and supporting with, for example, monitoring and evaluation activity. As a result, staff have less time to spend actively working with parents and children.

One ABS respondent also discussed that within one partnership, staff members and volunteers are at times **deviating from planned processes and project plans**. Parents and peer supporters substitute time intended for structured activities with free play. This has a consequential knock-on effect on meeting communication and language outcomes for children, making it more difficult for staff to evaluate services and stick to project timescales.

### 5.3 Findings related to the social and emotional development outcome

The ABS national evaluation team spoke to seven ABS respondents about the social and emotional outcome. These respondents included senior members of staff as well as frontline staff and delivery leads. Services included: a local council, a local charity, midwifery teams, a commissioner, a language programme manager, as well as

research collaborators. These services often covered more than one outcome area, particularly the other two child-level outcomes.

ABS respondents work within a wide range of services:

- **Family hubs and support teams<sup>6</sup>.** Family hubs offer a more holistic type of support compared to children centres (below), as they focus on both children and families. Activities include: domestic abuse support services (for both men and women), mental health support (via family officers) and family group conferencing<sup>7</sup>. The family hubs workforce includes teachers, Early Years specialist, social workers, and midwives.
- **Children centres.** Children centres are similar to family hubs but are primarily focused on children, rather than families. Some are attached to schools and to Early Years providers, which was considered beneficial in terms of accessibility.
- **Perinatal parenting programmes and midwifery services.** These services are focused on parents and the mother-child relationship. This includes specialised services aiming to reduce inequalities within communities. The support offered within these services is considered to include addressing the additional emotional support needs of women who are, for example, asylum seekers, refugees or have mental health needs.

ABS respondents perceive social and emotional development to be a ‘**building block**’ for other child-level outcomes, without which gaps in social inequalities would not be reduced. For example, communication and language is understood as dependent on social and emotional development.

ABS respondents discussed how improving social and emotional development for children involves **supporting parents and other family members**. While this is a key aspect of ABS across all outcome areas, respondents specifically discussed this in the context of this outcome area. Children’s social and emotional development is understood to be dependent on parents’ wellbeing, both before and after birth. There is a focus on perinatal care (pregnancy and 1 year after birth), parental mental and physical health, building a positive home environment and supporting families who are affected by domestic abuse. The rationale is that through supporting the whole family, children ultimately benefit. ABS respondents also noted the way that ABS was supporting parents to develop the practical and emotional skills needed to raise children, for example through services for parental mental health, parenting toddlers and the home learning environment.

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<sup>6</sup> Interviews suggested that there was an overlap between ABS services and the family hub model.

<sup>7</sup> This approach was previously aimed at children who were being supported by Social Care, but, in one partnership, the model is now being used with focus on early help and prevention.

## Factors supporting the social and emotional development outcome

ABS respondents identified numerous factors that supported the social and emotional development outcome:

ABS respondents recognise that **building early and strong relationships with families** works particularly well when addressing the social and emotional development outcome. One respondent discussed caseload midwifery<sup>8</sup> as one way to build a consistent and sustained relationship with a family and as a gateway through which to provide other services (via signposting). Within this ABS partnership, caseload midwifery is offered at children's centres, and midwives are more able to manage their own time and spend additional time with parents if needed. This allows more personalised support. These strong, early relationships with families are seen as leading to several additional benefits:

i) **More sustained engagement from families.** One ABS respondent suggested that positively engaging with parents during pregnancy provides a good starting point for families to access other support services in the future. For example, using a community base, such as a children's centre, for an ABS midwifery service helps build sustained relationships with parents. This in turn increases parents' engagement and involvement in other ABS services during pregnancy and after birth. The respondent noted that this service and style of delivery is specific to ABS, stating that caseload midwifery usually runs from hospitals, rather than within community settings or children's centres.

ii) **Staff more responsive to families' needs.** According to ABS respondents, getting to know families and building stronger relationships with them is particularly helpful for offering tailored support and advice. Drop-in sessions for ABS services located in children's centres or family hubs are seen as increasing the accessibility of these services for families. This means that staff are more able to be available when families needed support.

iii) **Increased parent involvement.** One ABS respondent discussed how parents co-produced a broad delivery plan, along with The Family Support Team, including focusing upon what social and emotional development meant for their own children. This plan includes specialist interventions, such as video interactive guidance, and access to other parenting programmes, such as HENRY or the EPEC (Empowering Parents, Empowering Communities)<sup>9</sup> parenting programme. The same respondent also spoke about the value of Community Connectors<sup>10</sup>, a peer support service for local parents, offering a link between families in the community and the family hubs. As

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<sup>8</sup> Caseload midwifery is a service through which care is provided by a named midwife and small team throughout pregnancy, labour, birth and during the postnatal period.

<sup>9</sup> EPEC is a course that helps parents learn practical communication skills for everyday life to help bring up confident, happy and co-operative children. The course is led by parents for parents. There is also the opportunity for parents who have completed the course to run future courses. <https://blackpoolbetterstart.org.uk/children-under4/epec/>

<sup>10</sup> Community Connectors is a peer support service for local parents. Community Connectors provide information to parents about services, activities and events at local children's centres or family hubs. They also answer questions from parents and provide feedback about what local parents need support with. <https://blackpoolbetterstart.org.uk/community-connectors/>

both projects included a peer support element, parents are not only able to benefit themselves but able to help other parents. In doing so, parents build networks that reinforce the positive impact of ABS services.

As noted previously, social and emotional development is understood as a ‘building block’ for other outcome areas. This meant that **partnership working is considered vital** to enable valuable referrals within and between services addressing other outcomes. ABS respondents noted that partners and professionals within their area are increasingly referring families to their services. ABS partners had a comprehensive understanding of what social and emotional development services were on offer and how these were being delivered. Therefore, partnership working through ABS is particularly effective, not only for expanding the number of referrals, but also for ensuring families are referred to the right services to receive the support they needed.

Those involved in service delivery spoke about how **support from the core ABS team** within their partnership was particularly helpful. ABS respondents reported that the core ABS team had expert knowledge of the local context and area, enabling a more comprehensive and nuanced understanding of the support needs of local families, offering helpful advice and evidence. ABS respondents described how core ABS staff assisted staff training and consultation. Several ABS respondents involved in service delivery also spoke about the positive relationships they have developed with the core ABS team. Having shared aims and goals between services and the core ABS team is particularly valued.

### **Challenges to addressing the social and emotional development outcome**

ABS respondents discussed a range of challenges when trying to address the social and emotional development outcome:

**Poverty and deprivation** are understood as **barriers** to achieving the social and emotional development outcome. Living in poverty, particularly when entrenched across generations, can impact upon the way parents are able to care for, and support, their children. For example, lack of access to quality housing and services is considered a key reason that parents were less likely to have the opportunity to access the appropriate services or provisions, relative to other parents who do not face similar housing-related challenges.

Working with families who experience **abuse and neglect** can make implementing services and achieving outcomes more difficult. These family dynamics are thought to be highly prevalent in ABS wards and, in many cases, intergenerational. The often intergenerational nature of dysfunctional and / or abusive family dynamics means that respondents see some behaviours as more difficult to change, and potentially limiting the impact of ABS. For example, ABS respondents spoke about how parents that they work with typically have low levels of self-esteem and confidence. They also discussed how tackling this requires a concerted approach that focuses not only on practical skills but also on shifting ideas and opinions.

ABS respondents highlighted **workforce and capacity** as one of the key challenges for maintaining services relating to social and emotional development. Recruitment and

retention of staff has been difficult for some services. This has left them with reduced capacity and unable to consistently offer the high-quality services they strive to achieve. Similarly, capacity issues meant that staff often had high workloads and therefore do not have the time or mental space to be reflective about their work. Learning and implementing new ways of working, such as exploring parent-child relationships and interactions, becomes challenging without this time for reflection.

**Challenges with capacity and staffing levels across the wider Early Years and health sectors** are seen as having a wider impact on all other parts of the Early Years system, as all staff capacity is described as stretched. Respondents explained that social and emotional development work was frequently de-prioritised in order to focus on critical need. Reduced staffing levels has left some services with limited time and resources to be able to identify families who may have needed additional support relating to social and emotional development, particularly in relation to early help. This in turn means that services are less able to incorporate a preventative approach to assisting children and families. One ABS respondent spoke about this when referring to working with partners, such as schools, health visitors and nursery provision. They suggested that capacity and staffing challenges faced by these partners restricts their ability to offer additional support at a very early stage. Services are therefore described, in certain instances, as offering an emergency rather than preventative response.

ABS respondents reported **challenges for evaluating social and emotional development outcomes**. One respondent noted that their partnership had originally intended to use routine outcomes data on parental mental health via the midwifery service. However, this did not give adequate data for perinatal mental health, as this data only showed whether the screening question around perinatal mental health had been asked, rather than recording individuals' answers. While this was an initial, unexpected challenge, the additional resources and capacity invested by ABS enabled this partnership to implement a new data collection system in their local area with the support of health visitors, GPs, and midwifery.

#### 5.4 Findings related to systems change

The ABS national evaluation team interviewed 15 ABS respondents about the systems change outcome. These respondents included senior members of staff as well as frontline staff and delivery leads. Services included: a local council, an ABS partnership board member, a local charity, support workers, midwifery teams, a commissioner, programme managers across the child-level outcomes, as well as research and academic collaborators. Systems change often formed part of services targeting the child-level outcomes, so there is significant overlap between it and the other outcomes.

Systems change is the fourth outcome for ABS. The Fund describes systems change as 'chang[ing], for the better, the way that local health, public services and the voluntary and community sector work together with parents to improve outcomes for children'. The Fund's recent (June 2022) ABS Theory of Change further elaborates upon the changes and outcomes they would expect to see as part of systems change in the context of ABS (see table below).

Outcomes	Impacts
<ul style="list-style-type: none"> <li>• Parental involvement in commissioning and service design embedded across sites.</li> <li>• Parental involvement and community led commissioning through participatory grant making.</li> <li>• Services better designed support to support families to enable babies and very young children to improve ECD and life chances.</li> <li>• System change resulting from improved multi-agency collaboration and learning, joined-up services and meeting local needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Parental involvement in commissioning and service design sustained beyond ABS investment and adopted in non-ABS sites.</li> <li>• Sustainable services that improve outcomes for babies and very young children.</li> <li>• Agencies, partnerships and wider community co-deliver joined up, early intervention, needs-based and demand-led systems and services.</li> <li>• Shift in culture and spending to early intervention to improve life chances of children.</li> </ul>

ABS respondents largely echoed the understanding of systems change as outlined above. In particular, they described the aims of systems change as an improved understanding of, and increased focus on, prevention. However, ABS respondents did not elaborate on what ‘prevention really means’. In line with the understanding of systems change from the representative from The Fund, ABS respondents also spoke about creating and employing data and evidence to inform service delivery as another goal for systems change. There was a view amongst ABS respondents that ABS was aiming to create systems change beyond the local ABS areas through sharing and creating evidence. Interestingly, ABS respondents did not mention partnership working explicitly when discussing their understanding of systems change.

ABS respondents emphasised the importance of understanding systems change as a **whole system approach**. Although implicit in The Fund’s description, ABS respondents discussed ‘whole systems’ thinking as a key dimension of successful systems change. For these respondents, systems change meant looking at problems and challenges through the whole system, rather than just focussing on a single issue at hand. This involves recognising connections between the individual and their environment and how they affect each other. The environment could refer to family, neighbourhood, community, society, workplace, or even political system.

There was a view among ABS respondents that systems change should also aim to **reduce existing inequalities**, such as wealth and health gaps, to improve outcomes. For example, one ABS respondent suggested that successful systems change should ensure that families have a decent standard of living as well as health and education. This is not explicitly addressed in The Fund’s documents.

### Achieving systems change

For ABS respondents, achieving systems change was fundamentally about a change to ways of working rather than creating new services or greater financial investment.

This is in line with The Fund’s understanding of how to achieve systems change. Five key changes to ways of working according to both The Fund and ABS respondents are presented in the table below:

Shared perceptions between The Fund and ABS Respondents relating to changes to ways of working	Additional reflections from ABS respondents
1. A shift of resources towards prevention.	A focus on prevention is viewed as a key aim.
2. Upskilling the workforce and sharing learning.	Workforce development is key to create a shared language and consistent approach across services. An example is a shared ‘trauma-informed’ practice. Key to upskilling the workforce was a training programme for staff and awareness-raising.
3. Integration across sectors.	A common concern of a fragmented services landscape with both siloed working and overlapping responsibilities across organisation. A fragmented system can lead to doubling up of work and a waste of financial resources as a result. It could also result in families receiving different advice and information from services such as health visitors, Early Help services, GP and A&E. Systems change should therefore aim to make processes more cohesive and to join up different services.
4. Parent and community led-services; and 5. Putting the family at the centre of services.	Parent and community involvement are a key element of approach to systems change. Involving parents at different levels allows partnerships to tailor service commissioning and provision to families’ needs and will result in change to the system’s landscape.

ABS respondents also explicitly discussed three additional changes to ways of working that were not discussed by representatives from The Fund in interviews conducted for this part of the evaluation. These are:

**i. A shared vision and shared action.** A shared vision is crucial to enable joint working and bring the system together by allowing different organisations to work together towards a common goal rather, than working towards solutions in silos. However, ABS respondents did not always elaborate on what they believed that shared vision to be.

**ii. Place-based approach.** A place-based approach is needed and any changes must fit locally, rather than following a national agenda. This could include, for example, keeping decision-making bodies such as community safety partnership boards local in order to be able to implement changes to the system locally. This fits with the wider ABS approach and respondents discussed it here specifically in the context of systems change.

**iii. Ensuring sustainability.** Respondents expressed that it was important for systems change to have lasting impact within their local areas, and for

collaborative and systematic working to continue. Respondents did not elaborate how this could be achieved.

### **What does and does not work well to achieve systems change**

ABS respondents described a wide range of experiences related to systems change. The same elements were often highlighted by one group of respondents as a strength or success, while others spoke about the same element as a challenge. These elements, are presented below:

- I. **A shift in culture and spending towards prevention and a shared vision.** ABS respondents reported different experiences in trying to shift culture and spending. In one area, a respondent spoke about a successful systems-wide culture shift towards trauma-informed practice. As a result of ABS, key stakeholders have gained a deeper understanding of trauma and how this might affect and impact families. This partnership is now actively taking the impact of trauma into account in their planning and service delivery. Some ABS respondents thought that services in their area, especially Clinical Commissioning Groups (CCGs) and those identified as working within a ‘medical model’, continued to work reactively rather than preventatively. Reasons suggested for this included the following:
  - Due to the ongoing Covid-19 crisis, planning and funding had to focus on immediate concerns which left little space to plan for the longer-term.
  - People want to leave a legacy and see the impact of their work. Consequently, people are less likely to invest in preventative work if they are only staying in their positions for a short amount of time because the impact of preventative measures would likely not be seen for many years.
  - While people share the same vision for ABS, action does not always follow suit because stakeholders do not always invest in the necessary resources.
- II. **Effective partnership working.** ABS respondents who spoke positively about their partnership expressed how strong relationships are fundamental. Strong relationships were described as open, transparent and focused on collaborative working. Strong relationships enable partnerships to address challenges successfully, identify solutions, share learning, and hold each other accountable. This was seen as a real strength of an ABS partnership. However, ABS respondents across all five partnerships raised the following challenges related to partnership working:
  - **Resource pressures**, including time, made partnership working more difficult in practice. One respondent described how partnership meetings could be particularly challenging due to the lack of enough time to discuss all relevant issues. This was because of both the limited availability of senior stakeholders (as demand on their time can be high) and the large number of attendees from different projects. There was also a sense that meetings were particularly important to establish a shared vision and focus on the bigger picture. However, this also meant that there was less time to discuss practical matters. Similarly, there was a view that other issues are often perceived as more urgent compared



to systems change. For example, concerns regarding physical health needs frequently overruled other considerations within one partnership.

- Some ABS respondents described partner agencies **not being as engaged** as they would like them to be due to partner agencies facing internal issues and competing priorities including recruiting staff and high staff turnover. This made it more difficult to create strong relationships as new staff needed to be brought up to speed and relationships needed to be built anew. There was, however, an alternative view that staff changes could also be positive as new people could bring new energy and drive to the partnership.
- **Financial challenges** related to a continued need for their council to cut expenditure meant that the Council was mainly focused on reducing spend.
- ABS respondents spoke about other services, particularly within the health sector, that struggle with **high caseloads** or **not meeting their own internal requirements**. This means there is less, or no, capacity to engage with ABS.
- The **restructuring of NHS primary care** (away from Clinical Care Commissions to Integrated Care Boards) was mentioned as a specific challenge to engagement. This is because their time and energy was taken up by the restructure. At the same time, there is a view that the restructure could also present an opportunity for ABS input.
- Some ABS respondents highlighted that some services **do not necessarily see Early Years as their priority** and this can make engagement more difficult. For example, it was reported that one NHS trust was more focused on care and support for the 'frail elderly'.
- One ABS respondent described how the **approach to decision-making power** sitting with the partnership as a whole can create challenges for the ABS grant holder. This is due to them leading on grant management as the accountable organisation and holding the funds and resources. The grant holder can, at times, perceive their reputation to be at stake. This, in turn, can create tension between partners and the accountable body.
- A final challenge related to the importance of **shifting mindsets** and **creating a shared vision** among the partnership. There was a view that organisations often found this challenging and preferred to keep decisions and meetings internal because people were more used to this way of working, perceiving it as easier and more efficient. One ABS respondent also believed that the ABS way of partnership working is more fulfilling and worth pushing past their comfort zone.

- III. **A commitment to science and evidence-based support and services.** ABS respondents who discussed evidence-based working offered mixed views on its success. One view is that projects built on a strong evidence base are better able to show their impact because the partnership has clearly defined outcomes and targets that are easily measurable. They also have a mechanism to measure outcomes of their programme through, for example, established measures and pre-post surveys. This is seen as a demonstration of a commitment to evidence-based working. There was another view from a different partnership that, while there was much greater awareness that decisions about services should be based on evidence, this was not always the case in practice. For example, instead of considering whether a service is cost-effective, commissioning

decisions were instead based on overall cost. There was also a suggestion that anecdotal evidence or emotional testimony could trump ‘scientific’ evidence in decision-making. ABS respondents also discussed data sharing as part of evidence-based working. There was excitement about the potential of improved data sharing. However, data sharing is viewed as a challenge in practice due to the many regulations in place to protect sensitive and person-identifying data. Accessing or sharing NHS and health data has been particularly difficult.

## 5.5 Findings related to risks and Covid-19

The ABS national evaluation team understand risks as the external events or conditions that could undermine ABS assumptions, inputs, activities, and mechanisms, and expect that these risks would dilute or prevent the achievement of intended ABS outcomes. Both representatives from The Fund and ABS partnerships identified Covid-19 as a significant risk to intended ABS outcomes. Representatives from The Fund stated that Covid-19 had added pressure to the system of delivery, and many resources were redirected as a result of this. Moreover, they expressed that people were struggling from burnout within the system. At the same time, The Fund’s representatives expressed that many wanted to change back to a full delivery of services, but that this was hindered by the impact of Covid-19 on the workforce’s health and wellbeing. Representatives from The Fund also stated that the pandemic has made it harder to measure change and provide evidence for it. ABS respondents identified Covid-19 as the most significant risk to the ABS programme for the following reasons:

- I. Covid-19 has impacted on families and led to an increase in the level of need in their areas. In combination with austerity, Covid-19 has caused a significant increase in the number of working poor and intensified demand for food banks among families. Respondents attributed a perceived lack of prioritisation of children’s services as contributing to the increase in family support needs. In addition, respondents observed that the increased pressures placed on service delivery has made it more difficult for staff to build relationships with families. This was particularly true for transient populations.
- II. Covid-19 caused disruption to delivery since March 2020. One reason for this was that other services, such as adult social care, have been prioritised over Early Years provision. This shift in priorities was focussed on addressing concerns around discharging people from hospitals into care homes and further spreading Covid-19. For some partnerships, disruption had continued even after lockdowns ended. ABS respondents stated that some services had stopped completely and had not been restarted since the pandemic. Examples included breastfeeding support programmes and a specialist midwifery service. This has directly affected parents who lost access to additional support and tailored care. Other services have also come under increased pressure due to staff absences. Taken together, there are fewer groups and available services, which increased families’ isolation.

- III. Staffing issues in general were outlined as a major challenge posed by the pandemic. ABS respondents stated that the workforce pressures of Covid-19 resulted in staff moving out of health services, seeking early retirement or facing redeployment to more acute services. This caused an increase in vacancies which had a negative impact on the delivery of ABS services. Additionally, ABS respondents highlighted high levels of staff absences and sickness. High levels of physical and mental burnout amongst staff were associated with the following of Covid-19 Government guidelines, including isolating from others and wearing PPE whilst delivering services. Increased levels of sickness were caused by higher levels of Covid-19 in circulation, with more staff being likely to catch the virus.
- IV. Some ABS respondents noted that the pandemic had both positive and negative impacts on outcomes as Covid-19 provided an opportunity for partnerships to reassess and reflect on how services were delivered. With increased pressures on resources, partnerships had to become more efficient and think about new ways of delivering services. At the same time, ABS respondents also highlighted the negative impact upon achieving outcomes for communication and language, holding up progress towards children being school-ready. Another key concern is that Covid-19 had caused a disruption to evaluation, as it became harder to measure outcomes pre-and-post intervention.

## 5.6 Findings related to place-based working

Wave 1 of the evidence activity for evaluation Objective 2 included a thematic understanding of place-based approaches in ABS.

Interviews undertaken with representatives from ABS partnerships and The Fund revealed that there was significant overlap between The Fund's and partnerships' understanding of place-based approaches. The Fund shared the sense that successful programmes require a greater understanding of the local population and addressing their specific needs. This should be achieved through evidence-based working and learning across programmes. However, it is also important to note that some ABS respondents were not aware of the terminology of place-based approaches.

ABS respondents primarily understood place-based working as an approach that is focused on **tailoring services to the specific needs of different families and communities**, rather than, for example, being concerned with the local infrastructure or geography. Their descriptions of place-based approaches therefore focused on the following:

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. To exemplify this point, the example was provided of HENRY Healthy Families<sup>11</sup> which,

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<sup>11</sup> HENRY provides a wide range of support for families including workshops, programmes, resources and online help. It is underpinned by the HENRY approach to supporting behaviour

although primarily a child obesity-reduction programme, looks at the whole family by catering to the mental health of parents, the socio-emotional development of children and positive behaviour management / relationships within families. ABS respondents also expressed that it was beneficial to understand and appreciate who families are, as well as different aspects of their lives and issues that may be affecting them. For instance, one respondent mentioned a recent influx of refugees into their infant feeding service and the value of understanding individual circumstances for delivering support.

Ensuring services are **tailored to local communities** is key. In interviews, the term 'local community' was used either to refer to different ethnic communities, or specific geographical areas and wards. An example of this was one area with a large Pakistani community. An ABS respondent described a past intervention in the area that had focussed on 'very young'<sup>12</sup> mothers. However, most mothers in this particular community were in their mid-twenties and this service was therefore not offering the most helpful or suitable support for the community. Linked to the above point, ABS respondents mentioned that there is a need to change and tailor services that were not working for specific communities, for example based on culture, ethnicity or language.

ABS respondents expressed that an important element to aid understanding of place-based approaches is to **acknowledge differences between wards within one area**. For example, Nottingham's wards are different from each other in terms of demographics, transience and need.

### **Benefits of place-based working**

ABS respondents identified benefits that have been achieved through place-based working. These include the following:

- I. The approach to delivering services as part of ABS was very different compared to approaches in the past. The focus upon place-based working has resulted in a **shift in mindset** and a **move away from a one-size-fits-all approach**.
- II. By putting services in place according to the needs of the specific area, **time and other resources have been saved** while benefiting the community.
- III. Some areas with high levels of poverty or housing issues reported that these issues could lead to statutory/health services taking on additional work or becoming overburdened. One respondent spoke about midwives jobs being '60 percent social worker, 40 percent midwife', with midwives spending additional time making referrals or dealing with housing issues. Taking a place-based approach, alongside the additional resource that ABS offers, meant additional **ABS services can be put in place to support these other services** in specific

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change, which helps parents gain the confidence, knowledge and skills they need to help the whole family adopt a healthier, happier lifestyle and to give their children a great start in life. More information can be found at: <https://www.henry.org.uk/>

<sup>12</sup> The ABS national evaluation team's understanding is that this respondent was referring to teenage mothers, although this was not explicitly mentioned.

areas. For example, a service called ‘My Village’ (a Social Prescriber<sup>13</sup>) was recently put in place to ease the workload of midwives in one partnership where high deprivation meant they were doing more ‘social work’ than midwifery. The social prescriber service then takes on some of this additional work and referrals, allowing midwives to better utilise their time.

- IV. **Place-based working creates trust.** Respondents from The Fund echoed this view from partnerships. Family Mentor<sup>14</sup> teams were offered as an example which has successfully created trust and enjoy a lot of respect from people in the community.
- V. **Place-based approaches improve access to services for communities.** Place-based approaches enable staff to feel more connected to, and better understand, what support is needed in different geographical areas across the partnership. For example, one partnership provides family hubs in three different areas so that families in all areas of the partnership are able to access support. Local drop-in sessions and activities provide families with easy access to services without needing a referral. One ABS respondent stated that it was useful to involve maternity services and health visitors into engagements with the community so that there can be a broader understanding across different services of what families need. As a result of increased focus on place-based working, ABS providers have been taking different community languages into account within service delivery. One way of doing this was translating resources into different languages, especially for areas with a higher population who do not have English as their first language. Another approach was offering or signposting to English lessons to enable people to access ABS services more easily and gain independence.

A representative from The Fund highlighted additional elements of what has worked well for place-based approaches at the different partnerships. Examples include the **introduction of micro-granting** in partnerships, demonstrating that investments are being made according to specific needs. **Introducing parks and open spaces and making improvements to early years spaces** acted as visible signalling to the community about the importance of early childhood.

### **Factors that support place-based working**

ABS respondents identified how **partnership working** and **representative parent champions** that supported implementing place-based working are within their areas:

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<sup>13</sup> Social prescribing describes a model that enables health professionals to refer patients to additional support in the community to improve their health and wellbeing.

<sup>14</sup> Family Mentors are local people in paid posts who are recruited and trained by staff at the Nottingham-based ABS partnership, Small Steps Big Changes (SSBC), for their ability to build trusting relationships with families and communicate the best available information and advice to parents. This includes home visiting and weekly group sessions in community settings.

Partnership working is seen as important to, and a key success of, **implementing place-based working**. ABS respondents spoke about partnerships at every level - town / city level, community and ward level - and including key voluntary sector and statutory services. ABS respondents stressed that it is important to make sure that these different partnerships, both ABS and non-ABS, link together so that local needs are addressed and funded from a higher level. Also, ABS respondents expressed the need to include community members, parents, families and children in these partnerships so that citizen voice is not ignored.

Place-based approaches are important for **ensuring community representation**. Parent champions are a key part of this representation and important figures for the communities. ABS respondents also highlighted that some wards were primarily populated by Black, Asian or multi-ethnic families and this requires that parent champions are chosen in a way that is representative of local populations. ABS respondents expressed that, at times, there was a need to have challenging conversations to ensure support and representation. These conversations increased during and after 2020/2021 as the Black Lives Matter movement became more widely discussed.

### **Challenges to place-based working**

ABS respondents presented factors that posed challenges to elements of place-based approaches:

ABS respondents expressed that communities and families are dynamic, and continue to change, resulting in **shifting of community needs**. This necessitates an active process of understanding what the community might need and being flexible to meet those needs. ABS respondents thought that this poses a challenge as consistency and good relationships must be maintained in an ever-changing space. This is particularly important for one area which respondents described as having a transient community. In this case, the respondent was aware that the make-up and demographics of the community was constantly changing.

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. This was explained as an issue related to resource and of working in complex partnerships or systems.

Generally, ABS sites were reported as having high levels of need, poverty and deprivation which could lead to service provision becoming outweighed by need. ABS respondents noted their **inability to change other social issues, particularly housing**, including the delay in improving the quality of housing in areas where housing was a significant issue. ABS respondents believe that ABS services would have a greater impact if other challenges, such as housing, were addressed. For example, one respondent explained that better quality housing could lead to more stable, less transient, communities who are able to engage with, and receive, sustained support.

A representative from The Fund also stated that **pressures on budgets** continued to pose a challenge for place-based working. They expressed that there was still a perception that ABS partnerships had additional funds, when in fact investment was very carefully budgeted for.

### **Ward-level working**

ABS partnerships consist of up to seven wards in a specific Local Authority (LA), rather than covering the entire LA. The ABS national evaluation team therefore explored the challenges and opportunities of ‘ward-level’ working. There were a range of responses highlighting the ways that working within specific wards worked well and less well. Some responses overlap with views about place-based working more generally. This section therefore only highlights points that relate specifically to ‘ward-level’ working.

Representatives from The Fund saw ‘ward-level’ working as primarily positive. However, limitations of access and flexibility were acknowledged. Representatives from The Fund also recognise that communities do not view themselves in terms of their wards.

There were some overlaps as well as differences in how ward-level working was viewed by representative from The Fund and ABS partnerships:

- In terms of what worked well, representatives from The Fund stated the importance of ensuring ABS services were not initially spread too thin. Representatives from The Fund recognises that it was **helpful to have a distinctive geographical patch** so that comparing and contrasting within other areas of a town or borough was possible. Moreover, representatives from The Fund stated that, in practice, **a lot of people from outside the wards attended and used services** and there was an element of flexibility. Interestingly, this was in contrast to what ABS respondents stated.
- There is awareness from The Fund’s representatives of **certain limitations to ward-level working**, and delivering on a ward level has caused some issues with delivery in terms of who had access the service. This was in line with views from ABS respondents. Furthermore, ward-level working was viewed as something temporary and that had been used to test which services were impactful. Representatives from The Fund mentioned that there were discussions taking place about how flexible partnerships could be in the last three years of the programme in terms of delivering services outside of ABS wards to better support sustainability and legacy aims.

### **Factors supporting ward-working**

When discussing the successes and benefits of ‘ward-based’ working, ABS respondents highlighted **working with, and responding to, local areas and needs and professional and joint working**. Further detail is provided below:

**Getting to know an area and gaining trust** is helpful to 'ward level' work so that delivery partners can familiarise themselves with the area and the people, especially in particularly challenging areas or estates. This enabled ABS staff to gain the trust of people and deliver services effectively.

'Ward-level' working was an effective way to work with **existing community assets and infrastructure** in areas, rather than imposing something new. For example, council estates have more community infrastructure (such as community centres, libraries, police bases, pharmacies) in comparison to areas with mainly private accommodation. This makes it important to build on any existing assets in areas with private rented accommodation, including schools, football clubs and local parks. One partnership, for example began running a children's centre from a local school.

'Ward-level' working **encourages community engagement** as people feel more involved in the work happening in their area. It is also easier to ensure voices are heard due to manageable numbers of people involved at the ward level.

'Ward-level' working makes it easier to **focus on the main communities within wards**. For example, Bradford has some wards that had a strong Pakistani community while another ward had a deprived, predominantly white, British community. In this scenario, 'ward-level' working is more suitable to meeting varied needs.

'Ward-level' working helps **build positive relationships with elected members**, who are particularly interested in their own areas. This, in turn, increases professional and policy engagement.

### Challenges to 'ward level' working

ABS respondents highlighted some challenges to ward-level working:

It is possible that, even at the ward level, **services may not suit everyone** in the community. Minorities or smaller communities that are not as easy to identify may be hard to cater to even at ward level.

There is a concern about **inequalities across wards and partnership areas** as there may be people in nearby non-ABS wards who require support; it is hard for partnerships to exclude such people. While ABS respondents understand the rationale behind ward-level working, it is also perceived as not inclusive in these respects.

There are also **practical constraints with facilities** as wards may not have the right facilities, which can pose problems. For example, some wards are more disparate which can make travel to services difficult for families. Different ward facilities can mean that different services are offered depending upon what is available in the ward, leading to a lack of continuity across the partnership area.

Factors relating to **joint working between wards** were raised by ABS respondents. Wards had been competitive in earlier stages of ABS implementation, particularly when some events or services were only available in certain wards. However, working



online during COVID-19 allowed for reduction of these obstacles due to 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.

## **6. Final comments**

The emerging evidence presented in this document provides interesting and useful insight about ABS practice for both ABS partnerships and The Fund. The emerging evidence supports with building understanding of what is working well within ABS service delivery, alongside challenges faced to-date, to meet the programme's four outcome domains relating to diet and nutrition, communication and language, social and emotional development and systems change. The additional focus upon both risks relating to Covid-19 and the nature of place-based working in ABS provides valuable insights for both ABS partnerships and The Fund to manage key risks to the ABS programme and ensure place-based working supports the programme aims.