

# Working with families to support early childhood development

## Learning from the evaluation of A Better Start



**Prepared for:** The National Lottery Community Fund  
**By:** Luciann Blake and colleagues at Research in Practice  
**Illustrations:** Cassandra Harrison  
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# 1 Introduction

This briefing draws out key messages for practitioners and parents/carers from the first [Annual Report](#) (2023) from the national evaluation of **A Better Start (ABS)**. ABS is a ten year (2015 – 2025) £215 million programme set up by The National Lottery Community Fund (The Fund), the largest funder of community activity in the UK.

ABS is designed to support families to give their babies and very young children (0-4 years) the best possible start in life. The focus of this briefing is on ways of working with families which are enabling ABS partnerships to support early childhood development and improve the life chances for babies and toddlers.

## Who is this briefing for?

This briefing is aimed at practitioners and parent/carer volunteers who are working in ABS partnerships and others who would like to learn from the ABS programme to develop their practice. This broad, multi-professional audience might include:

- Healthcare professionals and health visitors.
- Early Years staff.
- Universal community services including housing, family support and specialist provision for disabled children.
- Speech and language practitioners.
- Diet and nutrition practitioners.
- Food bank staff.
- Breastfeeding support practitioners.
- Peer support practitioners.
- Library and educational staff.

Parents, carers and community members who are involved in coproduction, peer support and governance in their local area may also find the learning useful to apply in their roles.

## About A Better Start

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'. Systems change involves changing the way that local health services and the voluntary and community sector work together with parents to improve outcomes for children.

The five ABS partnerships are based in **Blackpool, Bradford, Lambeth, Nottingham** and **Southend-on-Sea**. Each partnership has developed their own ways of working to achieve the outcomes of the ABS programme. This means the projects are 'place-based' and can respond to the needs of their local community.

One important aspect of the programme has been working with people in the local area to make sure that the programme reflects what families want and need. Building positive relationships with different families in ABS wards has been a foundational part of the work, supported by positive messaging that helps families to access activities and resources that they see as central to their children's development.

## About A Better Start's evaluation

The ABS 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, and evaluation of ABS at both local and national levels is key to this learning. The ABS national evaluation is running from April 2021 to March 2026. The team is led by NatCen Social Research with their partners: University of Sussex; Research in Practice; National Children's Bureau; and RSM.

This briefing uses evidence from two parts of the evaluation, set out in the first Annual Report. These are:

- **Interviews with workers** from within and outside of ABS partnerships to identify the factors that contribute to improving children's diet and nutrition, social and emotional skills and language and communication skills. Participants included staff from The Fund.
- **Interviews with 25 families**, five from each of the ABS partnerships, that evidence the experiences of families through ABS system and explore with them over how ABS projects may be making a difference in their lives over the years of the programme.

The 2023 Annual Report contains useful information on what has been valuable about ABS projects and what challenges are faced by families and practitioners across the ABS partnerships. It is important to remember that this is an **interim report**, so later reports may suggest different approaches are needed. The views discussed here are those of a sample of ABS practitioners and families and do not represent the entirety of the ABS programme. However, there are lessons to be drawn from the Report and this Briefing that practitioners will be able to apply to their work in a variety of settings.

**In this briefing, the messages are grouped into five themes:**

- Messaging and communication
- Building relationships with families and communities
- Responding to local context
- Accessibility of services
- Professional Development

The last section looks at **What's next for the ABS national evaluation?**

There are reflective questions for practitioners throughout the resource to support consideration of how to apply the learning in practice.

## 2 Messaging and communication



Parents/carers taking part in the evaluation emphasised the value of ABS **provision that supports them to be the kind of families they want to be**, facilitating their aspirations for their parenting and for their children. There is a clear difference here between experiencing a service offer as something offered because your family is ‘vulnerable’ or your parenting is in deficit and a strengths-based approach that resonates with parents’ aspirations.

The way workers approach families is key to building support that is **strengths-based rather than deficit-focused**. This involves focusing on what is working well (while being alert to areas of uncertainty or concern), coming alongside families and encouraging them to build on their capabilities to achieve goals. Part of this involves thinking carefully about how offers of support are presented, **avoiding a sense of stigma and shame about needing help** or not being able to consistently provide developmental activities for children.

These parents’ experiences suggest the value of ABS’s **evidence-led and participative approach to developing services**. The responses underline the importance of positive and consistent ways of working with families to achieve the child-level outcomes outlined by ABS on:

- improving children’s diet and nutrition
- social and emotional skills development
- language and communication skills

In the context of diet and nutrition projects, practitioners spoke about the importance of getting key messages about diet to wider family members and parents unable to attend the activities themselves. This point may have wider relevance for workers in other roles, who may be able to work with participating adults to ensure that messages from their services are understood by others with significant roles in the child's life. Part of this will involve ensuring that workers are **consistent in their advice** and are able to **counter harmful or inaccurate beliefs**.

Some activities have been better received than others across the ABS partnerships. Specialist support for language and communication and children's book programmes were highly valued by families. Standardised courses on social and emotional development have been generally well received by parents/carers as well. Parents also spoke about how they value activities for children that match with their child's interests, for instance, story book reading, outdoor play and themed sessions.

Diet and nutrition programmes had more mixed results in the evaluation. Food parcels were seen as extremely helpful, however standardised courses on nutrition were not always well received. The evaluation team suggested this might be **because advice on diet may be seen as a personal challenge to parents and carers**, who may see diet and nutrition as a matter of personal preference. Several ABS workers reported that they found it difficult to encourage formula feeders to participate in programmes. There was concern that the 'breast is best' messaging can alienate formula feeders, contributing to reduced interest in feeding support or other ABS programmes down the line.

These examples bring into focus the issue of how workers can best communicate the value of professional expertise on children's development. Creating strong relationships built on trust and respect enables workers to help families make positive choices that are informed by the research evidence.

### Reflective questions

For practitioners:

- How have different communication and participation strategies worked in your service? Have you noticed differences in how parents and carers receive (e.g.) standardised courses and one-to-one support?
- Consider whether strong messaging around targeted outcomes – for instance, diet or breast feeding, may contribute to parents/carers' feelings of shame or worry around their parenting approaches. How could you work with parents to improve the messaging?
- When families are unable to follow advice completely, how can you support them to make positive choices for their family? How could you feed this experience back to improve future service provision?

For parents/carer volunteers:

- Think about what kind of advice and support has been most helpful to you. How do you share that knowledge with others in your community?

### 3 Building relationships with families and communities



Building relationships is core to the ABS programme. What ways of working have been identified as helping to strengthen the relationships between practitioners and people who use ABS services?

Working closely and with continuity with parents, carers and children is key. Strong relationships with families are seen as crucial for ABS practitioners helping families give their very young children the best start in life.

Interviews with practitioners for the evaluation highlighted some common themes across the strands of the programmes:

- **Regular contact with trusted practitioners is valued by families and supports child-level outcomes.** Families said that they valued time spent with the practitioners with whom they have built relationships. This was especially important for families who were socially isolated or vulnerable in other ways. As one ABS respondent noted, through continuity of contact families come to trust practitioners and are more open to taking on support and advice, leading to positive changes in family life.
- Practitioners sharing personal experiences with parents/carers can **build rapport**.



- **Meeting the immediate, practical needs of families** can help practitioners to make connections, one example being a worker bringing a food parcel to a family. Different families will face other barriers to engagement.
- **Avoiding language that feels like ‘preaching’** enables stronger and more trusting relationships to be formed between practitioners and families.
- Many ABS workers reported that **families can find it difficult to accept a diagnosis of additional needs for their child**. Parent/carers may worry about what this means for a child’s future and may be concerned they will be judged as having done something wrong as a parent. This is an important opportunity for workers to help families process what they have been told, to encourage them to follow treatment recommendations and to take part in any referral process that might lead to support for their child.

The value of strong relationships between workers and families was especially evident in work around **children’s social and emotional development**. ABS respondents described social and emotional learning services as helping families to build resilience and confidence. ABS respondents saw this as a means to **reduce stress and anxiety** for parents/carers, which might have otherwise been harmful to children’s development in this area.

### Reflective questions

Compare a time you were successful in building a strong relationship with a family with a time you found it challenging. What went differently? What might you do to strengthen rapport with families next time?

### Virtual working

While the Covid-19 pandemic was a significant challenge for ABS partnerships, several ABS respondents noted positive changes since the pandemic in the use of digital means to build relationships. While there were limitations associated with virtual working, some partnerships have decided to continue to use online platforms to suit different families’ needs. One respondent (in a parent volunteer role) described how using virtual platforms during and since the pandemic **broke down barriers and hierarchies** between parent champions and practitioners. The respondent suggested that this was because it is less possible to see the clothes people are wearing on Teams and that virtual meetings cannot have two ‘sides at a table’. Clearly, issues of digital poverty or digital exclusion are questions that require planning for working in this way with families.



Many parents involved in coproduction projects in ABS partnerships have valued the experience highly. They said that getting involved helped them feel they were 'giving back' to the community and gave them a sense of **local pride**. Ways that parents/carers and family members have been involved in ABS coproduction to date include:

- **Coproduction with service design**, for example through 'People in the Lead' sessions which give ABS workers the opportunity to ask a panel of parents for their opinions.
- **Coproduction in governance** ABS partnerships include parents/carers and community members on the partnership boards that oversee the work.
- **Peer-to-peer support**. Involving parents/carers in helping to connect families with ABS projects in their local area. Volunteers can speak to families in the community on a more equal footing and bring shared lived experiences to the outreach work.
- **Sustainability** Parents/carers and community members are involved in thinking about how to continue the impact of ABS after the funded programme ends in 2025. This has included upskilling parents to use and maintain knowledge beyond the funding period.

Coproduction activities across these domains have received positive feedback from practitioners and families. Staff from The Fund observed that coproduction has been a way for ABS partnerships to strengthen relationships with families in the post-pandemic period. One reason given for this is the **flexible and tailored approach** to implementing coproduction activities.

The evaluation found that coproduction has not always been highly valued by staff in some ABS services, though this has improved over time. One reason given was an assumption that parents/carers lack the relevant skills to participate. It is important to remember that parents'/carers' insight into their own needs and those of the community means that they are well placed to make useful contributions on what services are needed. Coproduction can also have benefits to the individuals involved in addition to being beneficial to services.

### Test and learn

'Test and learn' means that the ABS partnerships are using evidence drawn from their services to inform how they are delivered in the future. Across the partnerships there have been different approaches such as:

- Trying out new approaches on a small scale to start with.
- Refining and improving services based on data, evidence and learning.
- Ongoing monitoring and evaluation of projects.

The test and learn approach allows ABS partnerships to identify which programmes are beneficial. One ABS respondent described a project focusing on infant mental health. The project was expanded to cover the whole district, because it was having a positive impact for both families and health services, reducing escalation to specialist services.

Learning from projects also included ending services if they were unsuccessful. One ABS respondent gave the example of a project which supports women who have experienced, or are at risk of, repeated removals of children from their care. This project was discontinued following the pilot as evidence showed tension between fidelity to the programme delivered by a national provider and adaptation to local needs. Learning from this project was applied when introducing a similar service, focusing on domestic abuse.

Some respondents had concerns that approaches to collecting feedback from staff and families to inform 'test and learn' were often informal, rather than systematic. One ABS respondent said they welcomed the test and learn approach in principle, but questioned whether the cycle of test and learn is implemented frequently enough to maximise learning and impact. Strengthening and repeating the test and learn cycle can offer opportunities to refine services going forward.

The role of evidence and data in delivering and maintaining services is explored further on page 21.

### Reflective questions

Think about your role in your organisation. How has it changed since you started? What kinds of evidence or data have influenced changes to your work?

### Sharing learning and data

Workers in ABS partnerships share learning from their programmes with local colleagues in a variety of ways. Some practitioners such as health visitors and midwives work between ABS and non-ABS wards and have been able to use insights from their ABS training in different settings. A respondent from one ABS partnership described how learning has been applied across the city so that the provision can be 'as close as possible' to ABS delivery.

Working collaboratively with partner agencies allows ABS services to improve their joint offer for families. Ways of working collaboratively have included:

- **Knowledge sharing with families and practitioners:** One respondent described how their community services can act as 'hubs', signposting families to other services. Quarterly partnership meetings and provider events gave practitioners opportunities to share learning from their service with others in the network.
- **Partnering with other projects and services:** Several ABS respondents working in diet and nutrition noted that they had been working with social and emotional development services to build a shared approach to making the most of the social aspects of mealtimes.

- **Uncovering gaps in service provision:** One ABS respondent explained that in their partnership all stakeholders (such as children’s centres and health visiting) had cut potty training services. Collaborative working had shown this to be a gap and had led to services commissioning a joint service.
- **Peer-to-peer services:** Support can bridge gaps between services, and between services and families. Many respondents from ABS partnerships commented how peer-to-peer supporters were particularly effective in connecting families and services.

### Encouraging inclusion

An area for improvement identified across ABS partnerships is increasing inclusion of the diverse range of local families in ABS activities, including through volunteering and coproduction. Several partnerships reported that they were not managing to reach all families or family members in their area. Those absent tend to include fathers, families from ethnic or cultural minority backgrounds, refugees and asylum seekers, and families who do not speak English as a first language. Thinking about barriers to access is an important part of addressing this issue.

**Building working relationships with local community groups** can help to encourage a wider range of families to take part in ABS volunteering and activities. Key community organisations can help signpost activities and encourage uptake of services. Some respondents spoke about how this strategy has been used to reach out to families from ethnic and cultural minorities, as well as refugee or asylum-seeking families. Engaging volunteers can help with getting messages about support out to a wider range of families, as shown in the following example.

This family lives in a three-generation two-parent household, with two school-aged children and a young baby. The mother came to the UK as a teenager, but her insecure visa status has only recently been resolved. The family have very limited financial resources and welfare entitlements. The mother explained that opportunities to learn English had been minimal: ‘when I start to work here, I had to do cleaning job. So, you can’t talk with anybody, I just have to do my job and that’s it.’ Her involvement with ABS began with visits to a children’s centre, as she explained: ‘We start to go out when the COVID was finished and they say, ‘oh you can come to play again.’ So, we went there and then they speak about the parent champion. And I was curious about what happened and what they tell me is, ‘oh you can do courses, you can do something for you... You can do voluntary [work] or you can have experience and then have a better job in the future.’”

Since then, she has undertaken training through ABS, become a Parent Champion and regularly volunteers, including with a mentoring scheme for families who struggle to access services because of language barriers. She commented that the group activities provide a supportive way for people, including herself, to gain confidence in speaking English: 'you know there is a lot of people from different countries, so was like, mm, everybody was not talking, but now it's like everybody we're talking, we know each other'. She also reflected that, along with benefits for her in building social networks, her ABS involvement was enabling her future aspirations for herself and her child: 'I try to find a way to improve my English because I know it's the time when [child]'s going to grow and go to the school and I can work, but the thing is with [ABS], I can practise and know people as well'.

### Responding to the changing needs of local communities

ABS respondents in more than one partnership discussed having to **adapt their aims for the diet and nutrition outcome due to the impacts of the cost-of-living crisis**. One stated that their partnership's previous focus on childhood obesity was now more on trying to ensure that families do not go hungry. Another, in a different ABS partnership, described how the cost-of-living crisis was negatively impacting the aims of the diet and nutrition services, as health inequalities, such as access to healthy food, were widening.

The range of **food programmes** have been increasingly important to families. One mother described the vegetable parcels she received from a local scheme as 'lifesavers'. Other parents and carers mentioned the importance of cooking skills when it came to using the food parcels. Some families said they benefited from ABS-run cooking sessions which supported them to develop these skills.

Listening to the local community allows ABS services to **respond quickly to changing needs of families**. While the cost-of-living crisis remains a significant challenge in many households, being able to reallocate resources and support to meet these needs is a strength of the ABS programme that practitioners can draw upon.

## 5 Accessibility of services



One consistent message in the 2023 Annual Report is that ABS programmes have helped to provide families with valuable activities, resources and support for their children’s development that they would otherwise have struggled to access. This was especially appreciated by families when the activities worked for their schedules, were affordable, and when they fit with children’s preferences. This section looks at some of the enablers and barriers that shaped families’ involvement with ABS services.

### What helped families to benefit from ABS programmes?

#### **Affordability of services**

Many of the families interviewed during the evaluation said that they valued ABS programmes providing a range of free activities for children, parents and families. They saw these programmes as important for their children’s development. While this was especially important for families with limited financial resources, the feeling was shared by families with more resources.

‘We’ve been to like all the family fun days at the family centres. And again, those things that during the summer holidays, not having much money as a family, we couldn’t have given [our child] that great of a summer holidays. [...] So **to have all these free events meant that we could give him a really great summer holidays** and he didn’t know that we hadn’t paid, do you know what I mean? [...] Like literally I’ve got a little folder actually, up there on the windowsill! and it’s called ‘ABS Events that are on.’” Mother in ABS ward

### Flexibility

When activities were offered at flexible times, families were able to make better use of the support on offer. **Weekend, afternoon and evening sessions** allowed for parents and carers with specific schedules to access activities. The evaluation suggested that sessions being scheduled within working hours may be a barrier to **fathers getting involved**, and that **drop-in sessions** helped families to engage with ABS according to their own schedules.

### Outreach

Reaching out to families in a variety of ways encouraged participation in ABS activities. One practitioner reported that phone calls were more effective than letters in signing parents up to their nutrition service, perhaps because the practitioner could respond to questions or concerns the parent/carer might have directly on the phone. The final sign-up rate for this project was 35-40%, which was more effective than letter writing.

### Interim services

When families are referred to specialist services such as Speech and Language Therapy, there are often long wait times before being seen. A respondent from one ABS partnership described how they addressed this issue by developing activities for families and workers to use with children to start to make positive changes while they wait for specialist appointments.



# What were the barriers to taking part in ABS programmes?

## Language

Language barriers were described as challenging by both practitioners and families. Speech and language practitioners were concerned that they might not diagnose speech delays accurately if children were not speaking much English at home. The needs of families with limited literacy skills in their first language were an additional challenge for service providers.

Many ABS partnerships use translators and interpreters. Another approach has been to recruit staff and volunteers who speak languages that are used in the local area to help with reaching out to families. In one ABS area, a partnership is running a multilingual café where parent champions and befrienders can work as translators.

Working with community organisations that represent minority languages, religions and cultures can offer workers opportunities to develop ways of working with families in the local area.

## Reflective questions

How are translation and interpretation used in your role or your service? Are there any gaps that you think need to be addressed?

One of the mechanisms of ABS is to include and empower local community members. How could your service be adapted to make sure all kinds of families are reached?

What skills, capabilities and knowledge do your colleagues (both practitioners and volunteers) have to support multilingual and culturally responsive work with families?

## Intersecting barriers

For families in all ABS areas who face a range of interrelated challenges, engaging with ABS services (or other services available for families) can be particularly difficult. The evaluation emphasised that working with services can be particularly difficult for families where **complex needs coincide with limited confidence or knowledge of working with services**.

This example sets out the multiple difficulties faced by a family who arrived in the UK as asylum seekers:

‘This family came to the area where they live when they arrived in the UK as [asylum seekers] three years ago. At the time of our interviews, they were evidently very isolated. The parents do not speak English, although the older children do, and they emphasised that English-language learning was a key concern for them both... Yet their lack of awareness and engagement with potential support can be understood in relation to **multiple intersecting barriers**. One parent has a significant chronic health condition, and they said they became more isolated during the pandemic because of the implications for COVID risk. Living in insecure private rental accommodation, they were expecting to be moved, and this was a barrier to accessing [English] classes, because they had been told they might end up living in a different area. The mother explained that classes would need to be ‘in our vicinity because of kids going to school and a new baby, so it’s difficult to travel’.

The family had some contact with an ABS outreach worker but appeared to understand these visits as isolated contacts, and otherwise engaged very little with local provision, including services available in their home languages. They are members of a minoritised religion and ethnicity in their country of origin and described experiences of perceived discrimination or suspicion when meeting people in their local area. They gave examples linked to everyday life (e.g. meeting people while taking children to school) as well as in attempts to access benefits advice in a local community centre (which was not run by ABS) which the mother described as ‘not friendly’. The older child explained, ‘[staff] are not too good with us [...] when they hear we are [minoritised group].’

These circumstances and experiences have resulted in a sense of isolation from the community and mistrust of services for this family. While their negative experiences were not with ABS services, they have not taken advantage of available ABS support so far.

What might help a family in this position to access activities on offer to them? A multi-faceted approach might include:

- **Contact through a community group** from the same language, religious or ethnic minority as the family. Brokering this successfully requires nuanced understanding of cultural, religious or political tensions that may exist between people from the same country or origin.
- **Support with housing stability.**
- **One-to-one support** or **flexible activity options** to maximise opportunities to take part in ABS provision.

## Referrals

Several practitioners reported that referral processes for accessing ABS programmes were complicated and the eligibility criteria were not always clear. This meant that sometimes referrals were not made from other services.

ABS respondents in one partnership agreed that **complex eligibility criteria to access ABS diet and nutrition services had a negative impact on the number of referrals** from partner agencies. These respondents explained that their services relied on referrals from midwives and health visitors. However, those practitioners were often reluctant to refer families because it was too burdensome to work out whether a family was eligible for an ABS service, for instance due to complex digital record-keeping systems. If there were additional eligibility criteria, health practitioners often felt it was not the best use of very stretched capacity to establish eligibility and, consequently, did not refer.

Based on this finding, an area for development for both ABS and non-ABS services could be simplification of referral procedures.

### Reflective questions

In your service, how are referrals to other services managed?

Read through the referral process and documents as if you are reading them for the first time. What would you consider to be the easier and more challenging parts of the process?

## 6 Professional development



Illustrations by Cassandra Harrison

Improving workers' skills and knowledge has been an important element of the ABS partnerships 'systems change' objective. Different partnerships have focused on different themes for workforce learning and development. These have included:

**Trauma informed approaches:** ABS respondents spoke about a core training offer on trauma informed approaches across all staff levels, from strategic to frontline staff. Practitioners were encouraged to think about how parent/carers' adverse childhood experiences may impact on their current parenting capacities. This was intended to support a change in practitioners' approaches to parents/carers and to encourage more joined-up working with partner agencies.

**Father-inclusive practice:** One ABS respondent gave the example of their partnership developing a workforce strategy on how to involve fathers across activities. Some project-specific examples from other ABS wards include promoting services through local 'Dads' groups', working directly with a father-focused organisation and running services during non-working hours or online.

**Data collection and evaluation:** As part of local evaluation work, one partnership supported and trained ABS services in high quality data collection and understanding of evaluations. The local ABS evaluation team supported individual projects in improving their feedback forms and data collection processes.

**Child-level outcome specific training:** One ABS respondent described training which provided knowledge around key learnings from child-level outcomes on diet and nutrition, language and communication and social and emotional development. One example was outlining expected milestones for children to staff in Early Years settings.

While planning workforce development is a matter for leadership, it is up to workers to make the most of the options available to them. Across the different projects, there is a wealth of data and evidence to draw on and being open to new, evidence-informed approaches is key. Thinking about your own practice through continuous reflection can be a significant way to ensure your practice is up-to-date and supported by evidence.

### Reflective questions

In one ABS partnership, a practitioner noted that some Early Years practitioners were hesitant to use new approaches to child speech and language development, especially when they had worked in the sector for a long time.

- What factors might make practitioners feel reluctant to use new approaches?
- Thinking about your own work, what new approaches or organisational changes have you accepted or resisted?

What kind of support might you or your colleagues need to implement new approaches in your work?

### Evidence and data

Across the ABS partnerships, responding to data and evidence is associated with delivering high quality services for children and families. It is a key part of how ABS aims to make a difference in families' lives. Evidence is seen as important for workers in two ways:

- To understand the needs of communities and families in order to design services
- To understand which services are working for families, and which are not.

Both aspects can help services to adapt their offer according to the needs of local families.

The benefits of coproduction and the 'test and learn' cycle are outlined in the section **Responding to local context**. In the context of practice development, workers need to consider how they are producing and using evidence and data in their roles.

ABS respondents who discussed evidence-based working offered mixed views on its success. When discussing local evidence, **multiple ABS respondents across partnerships commented on the successful work of their local evaluation teams**. One ABS respondent reported that their local ABS evaluation team were **working with academic partners** to ensure they were creating high quality evidence. Another ABS respondent gave the example of a research project bringing their experience of collecting evidence, which has supported the ABS partnership in putting data collection processes in place. For instance, they have helped ABS services develop logic models, design evaluation processes, and capture both qualitative and quantitative data.

Several ABS respondents also reported **that services built on a strong evidence base are better able to show their impact**. This is often because their aims and outcomes are more clearly defined from the start, making it easier to measure. One ABS respondent commented that **demonstrating the impact of programmes also enabled decision making around sustainability of services and future commissioning**. This respondent commented that their local authority finance board uses evidence from the ABS partnership to demonstrate the financial sustainability and impact of services, allowing decision makers to see tangible financial benefits.

However, another ABS respondent suggested 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, the respondent wondered whether commissioning decisions were based on overall cost instead of considering long term cost-effectiveness.

An awareness of the role of data and evidence in your service and the part each practitioner has in contributing to it can inform excellent practice with families.

### Sharing learning

Making time for reflection in the working week can help practitioners to make sure they are learning from their own experiences and those of their colleagues, both professionals and volunteers. Taking opportunities to share insights from practice with others within a team or organisation can support professional development and enable excellent practice with families.

#### Reflective questions

- How do you make time for reflection?
- What opportunities are there for you to share your learning with colleagues and parent volunteers?

## 7 What's next for the ABS national evaluation?

The ABS national evaluation is ongoing and runs alongside the ABS programme until 2025. Analysis will then continue after the ABS programme comes to an end and the final report will be published in 2026. Findings are shared by the evaluation team, as they emerge. Learning and evidence from ABS enables The Fund to inform local and national policy and practice initiatives addressing early childhood development. **The next annual report is due to be published in early 2024 and will be accompanied by another Practitioner Briefing.**

For more information about the evaluation and methods used, refer to the evaluation protocol available to download from [NatCen's website](#).

