National Evaluation of A Better Start

2023 Annual Report 6th June 2022













Webinar content

- About the ABS National Evaluation
- Evaluation objectives, methods, findings to date, next steps, and Q&A
- Four evaluation objectives:
- To identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions
- 2. To identify the factors that contribute to improving diet and nutrition, social and emotional skills and language and communication skills through the suite of interventions, both targeted and universal, selected by ABS sites
- 3. To evidence, through collective journey mapping, the experiences of families from diverse backgrounds through ABS systems
- 4. To evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school children













About A Better Start

A Better Start (ABS) is a ten-year (2015-2025), £215 million programme set-up by The National Lottery Community Fund (The Fund). Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea are supporting families to give their babies and very young children the best possible start in life.

	Systems change		
Diet and nutrition	Communication and	Social and emotional	How can we make
3	language	development	services better?





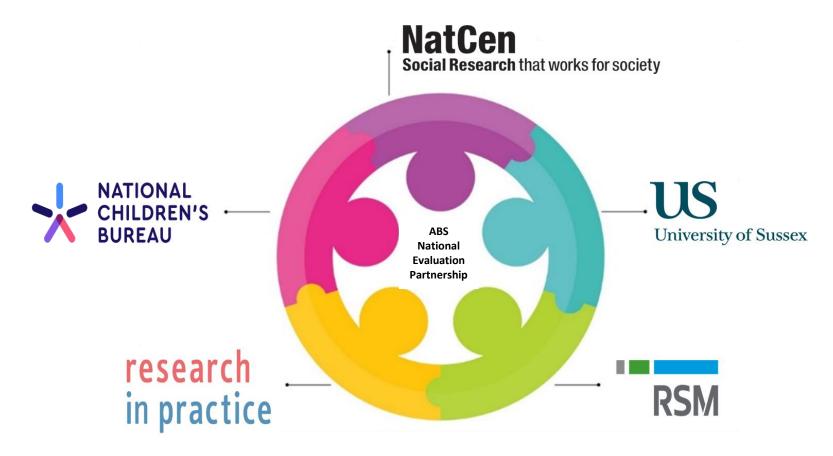








The ABS National Evaluation Team















The National Evaluation

The aims of the national evaluation are to:

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













The National Evaluation Objectives

Objective 1
Contribution made
by ABS to children's
life chances

Objective 2

Factors contributing to improving children's diet and nutrition, socioemotional skills, and language and sommunication skills

Objective 4

Contribution made by ABS to reducing costs to the public purse relating to school children Objective 3
Families'
experiences through
ABS systems













Mosaic of evidence and contribution analysis

Step

Set out the cause-effect issue to be addressed.

Phase 1 ABS evaluation activities helped finalise the evaluation aims and objectives.

Step 2

Develop the postulated theory of change and the risks to it

 During Phase 1, we reviewed existing formulations of ABS theory at project- and partnership-levels and produced an updated national-level ABS ToC.

Step 3

Gather the existing evidence on the postulated theory of change

 During Phase 2, we will gather evidence to explore the likelihood that the expected results, assumptions and risks within the national-level ABS ToC will be realised.

Step 4

Assemble and assess the contribution story, and challenges to it

Gather evidence to assess and review the ABS ToC and set out the ABS contribution story. This 'evidence mosaic' will be used to
validate, invalidate or revise the key elements within the ToC to draw conclusions about overall ABS contribution to change.

Step 5

Seek out additional evidence on the implementation of the intervention

Further research will target areas of the ABS ToCs where additional evidence is needed.

Step 6

Revise and strengthen the contribution story

· Gathering further evidence under Step 5 will be used to increase the credibility of the contribution story













Mosaic of evidence and contribution analysis

Assumptions – external events & conditions that enable the achievement of ABS outcomes Resources, services, local workforces & local birth rates are stable enough for ABS to be implemented There is sustained engagement & commitment from services, workforce, ABS partners & community members ABS partners, workforce, volunteers & parents have the capacity to deliver and/or be involved in ABS Families have sufficient exposure to ABS services over enough time to make a difference to child outcomes Activities Mechanisms **Outcomes** Inputs Funding Adaptive design Child development Delivering services Existing local Local adaptation Information & Children whose families Babies and children Children growing up in Continuous, evidence-based services outreach aged 0-4 whose families accessed ABS services ABS areas have improved resources & improvement (test & learn) Providing are accessing ABS have improved outcomes outcomes related diet & Fidelity assets resources services have improved related diet & nutrition, nutrition, communication & Scale up & replication Learning & Improving outdoor diet & nutrition, communication & language development, support spaces communication & language development. social & emotional ABS partners Inclusion, engagement & Training & language development. social & emotional development Evidence empowerment development Inclusivity & minimising harm social & emotional development later in life Research. development Effective outreach & evaluation & engagement learning Systems change Reducing barriers Empowering families & ABS approaches are ABS influences the sector ABS services represent Beneficiaries communities an increase in: embedded and sustained and ABS approaches are Babies & children adopted beyond ABS LAs, co-production with across ABS LAs, resulting (0-4 years) Collaborative working, families resulting in more: in more: Pregnant people effective governance & joined-up working co-production co-production Parents & carers capacity between services joined-up working joined-up working Community The Fund, partnerships & prevention-focused between services prevention-focused and members local partners, including and demand-led prevention-focused and demand-led services Workforce parents services for families demand-led services

Quantitative evidence from our national evaluation

Qualitative evidence from our national evaluation

Synthesised evidence from local evaluations

Risks – external events & conditions that could dilute or prevent the achievement of ABS outcomes

Covid-19 pandemic

Changes to national & local policy and funding environments (e.g. austerity, closure of children's centres)









Delivered by





National Evaluation of A Better Start: Objective 1

Contribution of ABS to the life chances of children











Aim of Objective 1

To identify the contribution made by the ABS programme to the life chances of children who have received ABS interventions

What is the average causal impact of taking part in ABS interventions, on key outcomes for children under 4 and their families, in each partnership?













Objective 1 methods

Methodology for Objective 1:

We will use a quasi-experimental approach to assess the contribution that ABS makes to child and parent/carer outcomes.

- Individual level weighting
- Whole ward analysis
- Alternative approaches









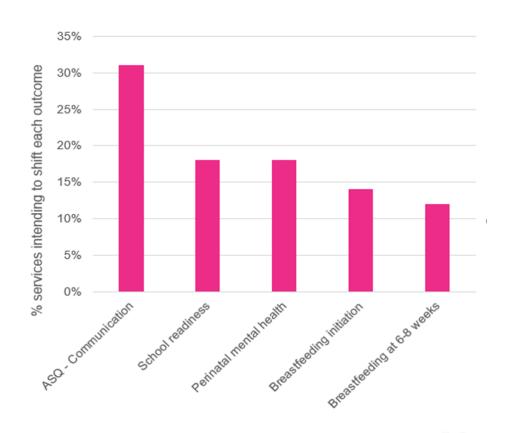




Findings to date: Activity mapping

Activity mapping

The top 5 highest priority outcomes across all partnerships looking exclusively at ABS services active in 2021/22











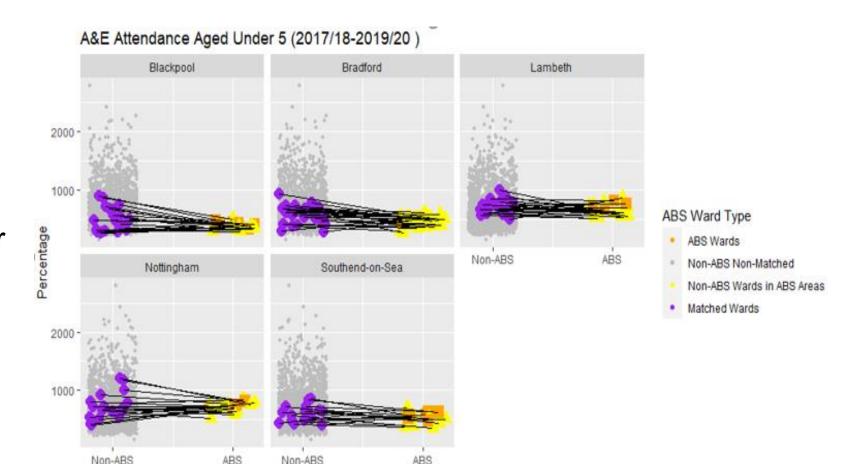




Findings to date: Area level matching

Area level matching

We used a wide range of area-level covariates to carry out the matching. For example, consider A&E attendance, we found very good matches.



ABS Ward

The more horizontal the line, the more closely the comparison area resembles the ABS area in terms of this covariate.









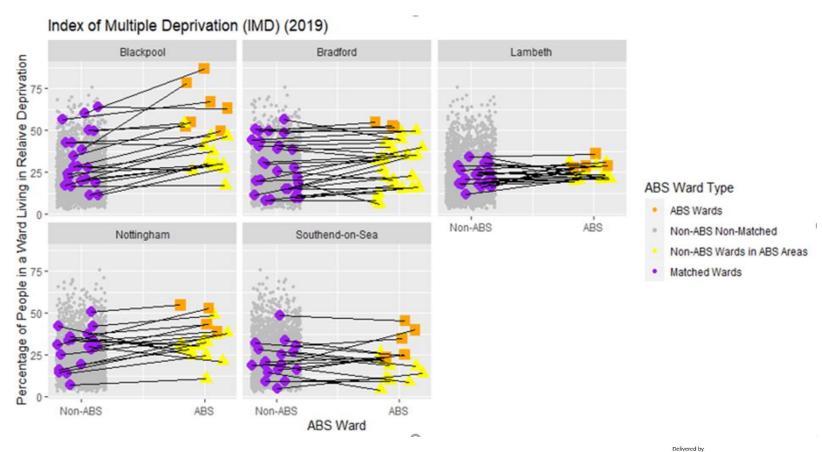




Findings to date: Area level matching

Area level matching

For Index of Multiple Deprivation, matching did not work as well across sites.



The more horizontal the line, the more closely the comparison area resembles the ABS area in terms of this covariate.













Obtaining opt-in consents

Opt-in consents

We are seeking opt-in consent from ABS beneficiaries in Nottingham, Southend-on-Sea, Bradford and Blackpool to be included in the quasi-experimental evaluation.

- The information collected through sites on these individuals will be sent off to NHS-D and DfE that hold relevant outcomes data.
- Successfully created consent processes.

Mitigation in case of insufficient consents

- Rate of consents is low in 2 of the 4 sites.
- We have considered a number of alternatives.













Next Steps

The next steps for Objective 1 are to:

- 1. Prepare applications to request relevant outcomes data from Department of Education and NHS-Digital.
- 2. Finalise data sharing agreements with each ABS partnership, these form the basis of data transfer between the sites and NatCen.
- 3. Confirm the structure of the beneficiary and service-use data we will receive from the sites.













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National Evaluation of A Better Start: Objective 2

Factors that contribute to improving children's diet and nutrition, social and emotional skills and language and communication skills











Aims and methods of Objective 2

The aim of Objective 2

To find out more about **how** the ABS partnerships are trying to change children and families' lives for the better. Focus on four key outcome areas:

	Systems change		
Diet and nutrition	Communication and	Social and emotional	How can we make
and 3	language	development	services better?

Number of interviews 2022 for Objective 2:

- 56 interviews with professionals across the 5 partnerships
- 13 interviews in non-ABS areas and 4 interviews with The Fund













Similarities across key child-level outcome

What worked well across the three key-child level outcomes

- Engaging families
- Connecting parents/carers through peer-to-peer support
- Adapting services to improve accessibility

What worked less well/challenges across the three key-child level outcomes

- Poverty and deprivation
 - Low quality housing
 - Nutrition and cost of living crisis
- Supporting families to make changes
 - Shifting generational mindsets
 - Practical challenges













Child-level outcome: Diet and Nutrition

Key aims

- Improving diet and lifestyle choices for parents/carers
- Improving breastfeeding rates
- Improving children's oral hygiene and reducing childhood obesity
- Ensuring families do not go hungry (due to cost of living)

What worked less well/challenges

- Complex eligibility criteria leading to low levels of referrals
- Working with less engaged groups such as formula feeders













Child-level Outcome: Communication and language

Key aims

Preventing poor communication and language and improving children's skills

What worked well

- Working closely with early years settings and practitioners
- Increased focus on communication and language needs, since COVID-19

What worked less well/challenges

- High demand for specialist support means long waiting times and limited access
- Identifying communication and language difficulties for children living in families who speak English is an additional language
- Supporting families to accept and understand children's additional needs













Child-level outcome: Social and emotional development

Key aims

 Supporting parents/carers and helping families to build strong relationships and resilience

What worked well

Sharing learning from ABS practice in non-ABS areas

Mixed views and experiences

- Delivering consistent and accurate referral processes
- Reaching a range of families
- Stigma attached to accessing support for social and emotional development

What worked less well/challenges

Evaluating social and emotional outcomes













Systems change

Key aims

- Focus on prevention rather than acute services
- Collaborative working to make services and processes more cohesive
- Sustainability to ensure ABS has a lasting impact

What worked well

- Collaborative working, including sharing information and knowledge, partnerships between services, and peer-to-peer projects
- Upskilling the workforce including training on trauma-informed approaches, father inclusive practice, and data collection and evaluation

Mixed views/experiences

Data collection and data management

What worked less well/challenges

- Other areas prioritised over early years services
- Staffing and resourcing pressure













Mechanisms

Test and learn

- Trying approaches on a smaller scale
- Refining and improving services, based on data and evidence
- Ongoing monitoring and evaluation of projects

Sharing learning

 Sharing learning with ABS and non-ABS professionals from within LAs and more widely

Inclusion

 Engaging different communities and families, including fathers; families from ethnic minority backgrounds; refugee and asylum seeker families; and families where English is not a first language.

Co-production

- Co-production within service design and governance
- Peer-to-peer support projects













Next Steps

Next steps for Objective 2 include

- Biannual waves of data collection with ABS Partnerships
- Annual wave of data collection with non-ABS sites and The Fund
- Area of thematic focus for 2023 is parental engagement
- Annual programme activity mapping
- First local evidence synthesis to be produced in 2023













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National Evaluation of A Better Start: Objective 3

The experience of families from diverse backgrounds through ABS systems











Aim of Objective 3

To evidence, through collective journey mapping, the experience of families from diverse backgrounds through ABS systems.













Understanding the experiences of families from diverse backgrounds

- 25 families
 - 5 in each ABS partnership area
- Variety of family characteristics and experiences with ABS:
- Different levels of involvement with local ABS provision
 - High, medium or low (as appropriate for the area)
- Child ages and family/household structures
 - 12 families with a child aged 0-12 months; 13 with a child aged 24-36 months
 - Family size ranged from 1-7 children
 - Lone parent; dual parents; multi-generational households
- Varied ethnicity and home languages













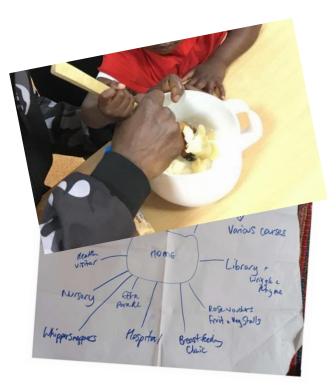
Journeys through and beyond ABS in family lives over time

Long-term evaluation activity

- Over four years, we will talk to each family twice a year:
 - A face-to-face visit to the family, to talk in depth
 - A catch-up (telephone or online) conversation six months later

Family-friendly approach

- Anyone in the family can take part
 - Mothers, fathers, grandparents and children
 - Families take photos and make a map to show what's important in their lives
- If they choose not to continue with participating in the evaluation, new families are invited to join the study in their place.















Complex lives and challenging circumstances

- Economic and/or housing insecurity
 - 12 families (with diverse family structures and circumstances)
- Social isolation including lack of informal &/or extended family support
 - 12 families (including 3 parents who are care experienced)
- Special Educational Needs (SEND), disability, and/or health needs
 - 7 families where index child and/or sibling has SEND
 - 3 families where parent/carer lives with chronic illness or disability
 - 10 families with reported parent/carer mental health needs
- Language barriers and migration status
 - 4 families with refugee or (ongoing/recently resolved) insecure visa status
 - 4 families discuss language barriers











An adaptive, inclusive, and empowering approach

- Provision that supports parents/carers' aspirations – as parents and for their children and for themselves
 - Enabling family practices that support development across outcome domains
 - Strengthening informal networks
 - Providing structure and routine
- Free, flexible and scaffolded activities
 - Affordable for families living with financial pressures
 - Providing opportunities that fit with children's interests
 - Inclusive and accepting for families of children with SEND

Not having much money as a family, we couldn't have given him that great of a summer holidays. ... 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?



The interactive story times, we go to them quite a lot because he loves being outside. ... They pick a book and then they base all the outdoor activities on that book. ...But he never sits and listens to the story!













Supporting families across child outcome domains

Diet and Nutrition

- Support for breastfeeding
- Enabling healthy eating in contexts of food poverty
- Communication and Language Development
 - Access to activities and resources (e.g., books)
 - Enabling routine family practices (e.g., reading, joint play)
 - Supporting identification and intervention when concerns arise

Social and Emotional Development

- Enriched joint activities build confidence for parents/carers and children
 - especially significant after Covid pandemic
- Targeted and tailored support for families dealing with complex challenges
 - e.g., domestic violence, social work involvement, maternal mental health

Joining-up of services

- Access to specialist referrals and support
- Support around involvement with statutory safeguarding

Importance of fit with family priorities

- 'Instructional' approaches sometimes valued less
- Avoiding deficit-constructions of parents/families













Volunteering, Skill Development, and Community Participation

Diverse opportunities

- Champion, Ambassador and Befriending roles in the local community
- Funding for parents/carers to develop activities

Perceived benefits for parents and carers

- Increasing confidence and supporting aspirations for personal development
- Accessing new opportunities for training and career development
- Involvement in shaping local community services
- Pride in local area countering stigma and negative perceptions

We start to go out when the Covid is finish 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 and your happy, you can do voluntary [work] or you can have experience and then have a better job in the future". ...

I try to find a way to improve my English because I know it's [going to be] the time when my child's going to go to the school and I can work, but the thing is with [ABS], I can practise and know people as well.

(Parent Champion)

I tell people we live in the [neighbourhood] and people like snigger and laugh, but actually for what? (laughs) Whatever. The funding we have received for our area has been absolutely life changing to our family













Barriers and Challenges

If I would know about these things, like ABS, how they are and what's happening in them, I would like to go.

- Awareness of local offer
 - A need for better advertising and accessibility of local ABS information?
 - Affects timing of engagement (disrupted by Covid for some families)
 - Some had not accessed antenatal or infant provision
- Barriers to awareness and engagement for families living with complex intersecting challenges
 - Continuity of support (including one-to-one relationships) appears beneficial
 - Enhanced/tailored support may be necessary:
 - to understand the barriers that some families perceive; and
 - to determine how best to support their engagement with the ABS local offer
- Perceived relevance and inclusivity for children with SEND
- Accessibility for families with sibling groups
 - Involvement of older children
 - Siblings with SEND













Next Steps

- Wave 1 interim telephone catch-up interviews
 - 24/25 interviews complete
 - Key changes since last interview
 - Current situation, concerns and priorities
 - Current involvement with ABS
- Wave 2 family interviews: summer of 2023
 - Mapping and photography again
 - Exploring change and continuity since last interview
 - Family circumstances (e.g., living and working arrangements)
 - Children's wellbeing and development across outcome domains
 - Family lives and practices
 - Nature of ABS involvement
 - Additional focus on second parent/carer (e.g., father) perspectives















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Natcen Social Research that works for society









National Evaluation of A Better Start: Objective 4

Mapping programme spend to outcomes













Aim of Objective 4

To evidence the contribution the ABS programme has made to reducing costs to the public purse relating to primary school aged children

To do this we need to understand:

- Costs associated with delivering ABS;
- Outputs delivered;
- Change in child and parent level outcomes (Objective 1);
- Change in public sector activities (if ABS programme causes change in above outcomes); and,
- Change in public sector spend.

Overview of Cost Consequence Analysis (CCA) Approach

Identify and describe costs of the ABS programme

WP 4.1: Calculating costs

WP 4.2: Calculating shortterm effects

Identify and describe shorter-term effects or outputs

Identify and
describe
associated
outcomes from
ABS programme
and individual
partnerships

WP 4.3: Calculating benefits WP 4.4: Calculating impact on public sector activity and spend

Identify and describe how the change in ABS outcomes impact public sector activity and spend

Assess costeffectiveness, at a programme level, by domain, and where possible, by project or types of activities

WP 4.5: Assessing cost-effectiveness





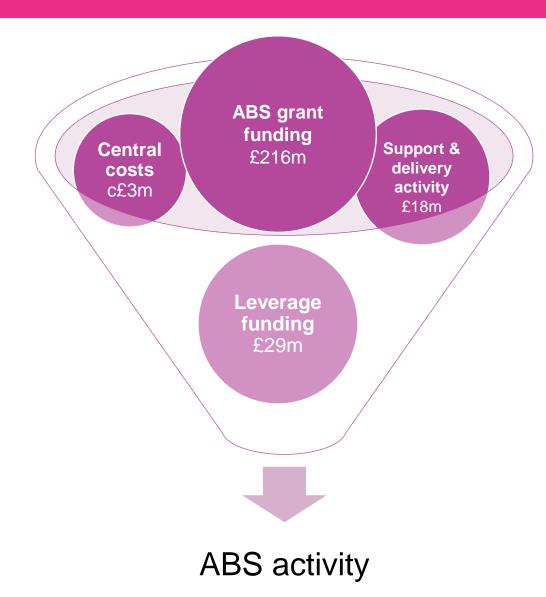








ABS Programme Expenditure



Total spend to 31st March 2022: £169m

ABS grant spend by partnerships: £131m

Blackpool: £25m

Bradford: £32m

Lambeth: £30m

Nottingham: £25m

Southend: £20m

Central programme costs: £2m

Support and delivery activity: £14m

 Leverage funding secured by partnerships: £22m



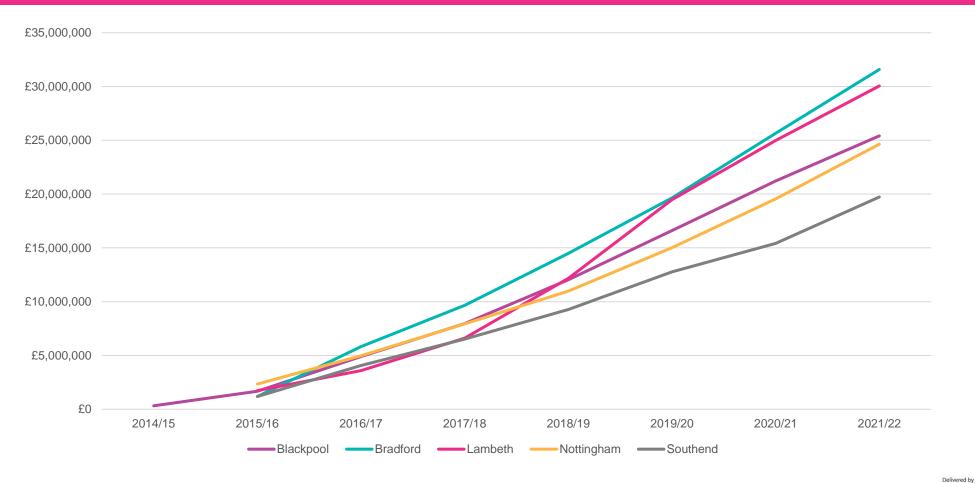




NatCen



Total ABS grant spend per partnership to 31st March 2022















Mapping spend to outcomes

Mapped spend: Each partnership was asked to map their project spend to outcomes based on the outcome measure(s) that each project was trying to change.

Unmapped spend: Any remaining 'unmapped' spend was then split by outcome on a pro rata basis.



Bubble size is illustrative only





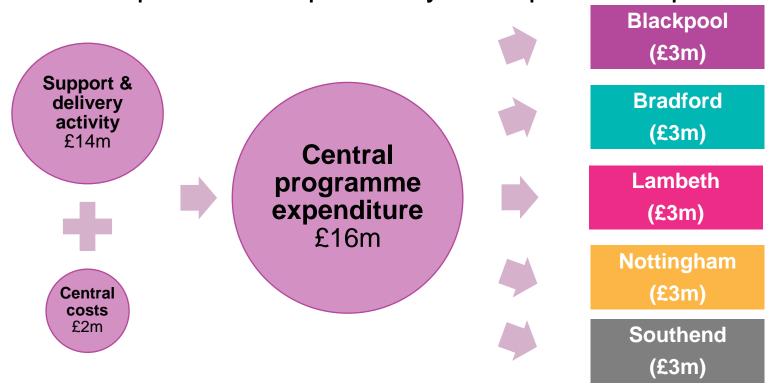




Mapping spend to outcomes

Central programme expenditure (£16m):

- £2m Central programme costs and £14m Support and delivery activity
- Has been split evenly across the 5 partnerships, with £3,260,616 added to the total expenditure reported by each partnership









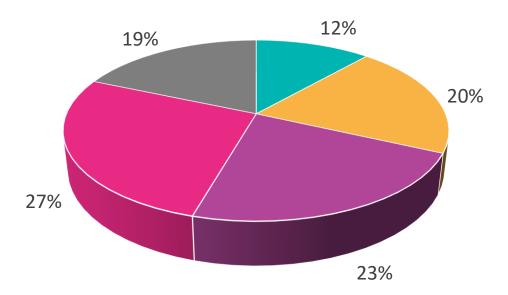






Programme level spend by core domain

Spend by core domain



- Diet and nutrition
- Social and emotional development
- Speech, language, and communication
- Systems change
- Other outcomes

- Systems change represented the largest allocation (27.0%).
- A substantial proportion of spend was allocated to other outcomes (18.5%)





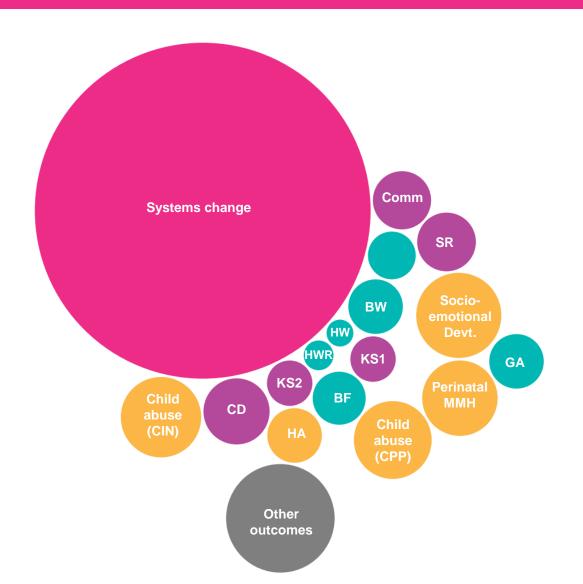








Total partnership spend per outcome: Blackpool



	£	%
Systems change	26,843,257	63.0
Other outcomes	2,762,318	6.5
Social emotional development	1,687,639	4.0
Child abuse and neglect (0-4, CIN)	1,505,247	3.5
Child abuse and neglect (0-4, CPP)	1,405,713	3.3
Perinatal maternal mental health	1,319,246	3.1
CD: Child development at age 2 - 21/2	1,007,912	2.4
SR: School Readiness	793,430	1.9
Comm: Communication	778,024	1.8
BW: Birth weight	680,893	1.6
GA: Gestational age at birth	680,893	1.6
HA: Hospital admissions due injuries (0-4)	680,007	1.6
BF: Breastfeeding (6-8 w)	642,111	1.5
SS: Smoking status at delivery	519,125	1.2
KS1: Key Stage 1 attainment	468,571	1.1
KS2: Key Stage 2 attainment	468,571	1.1
HWR: Healthy weight (reception)	197,157	0.5
HW: Healthy weight (end of KS2)	156,243	0.4
Total	42,596,357	100.0













Total partnership spend per outcome: Bradford



	£	%
Perinatal maternal mental health	10,941,398	28.7
Communication	8,284,816	21.7
Socio-emotional development	2,936,099	7.7
Systems change	2,881,977	7.6
Breastfeeding (6-8 w)	2,565,992	6.7
Other outcomes	2,375,970	6.2
School Readiness	2,166,957	5.7
Healthy weight (reception)	2,044,632	5.4
CPP: Child abuse & neglect (0-4 y, CPP)	1,145,720	3.0
CIN: Child abuse & neglect (0-4 y, CIN)	1,145,718	3.0
SS: Smoking status at delivery	362,351	0.9
BW: Birth weight	362,351	0.9
GA: Gestational age at birth	362,351	0.9
CD: Child development at age 2 - 21/2	358,801	0.9
HA: Hospital admissions due to injuries (0-4)	219,150	0.6
Key Stage 1 attainment	0	0.0
Key Stage 2 attainment	0	0.0
Healthy weight (end of KS2)	0	0.0
Total	38,154,284	100.0



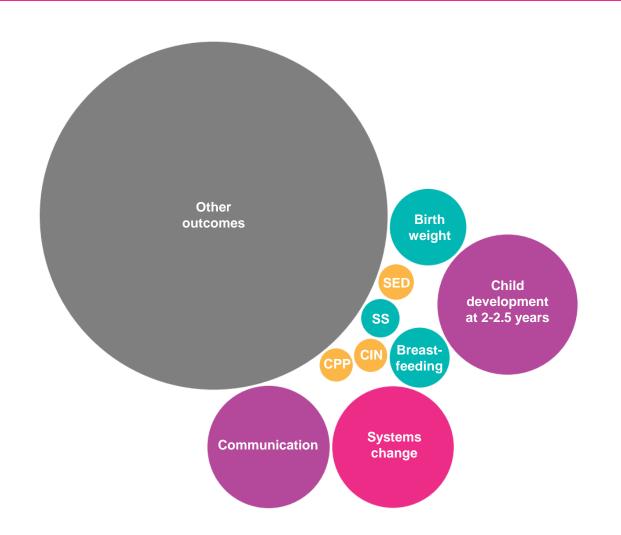








Total partnership spend per outcome: Lambeth



	£	%
Other outcomes	23,124,575	65.9
Child development at age 2 - 21/2	3,714,008	10.6
Communication	2,818,573	8.0
Systems change	2,785,563	7.9
Birth weight	1,090,404	3.1
Breastfeeding (6-8 w)	662,038	1.9
SS: Smoking status at delivery	266,517	8.0
SED: Socio-emotional development	223,571	0.6
CIN: Child abuse and neglect (0-4, CIN)	196,618	0.6
CPP: Child abuse and neglect (0-4, CPP)	196,618	0.6
Perinatal maternal mental health	0	0.0
Gestational age at birth	0	0.0
School Readiness	0	0.0
Key Stage 1 attainment	0	0.0
Key Stage 2 attainment	0	0.0
Healthy weight (reception)	0	0.0
Healthy weight (end of KS2)	0	0.0
Hospital admissions due to injuries (0-4)	0	0.0
Total	35,078,484	100.0





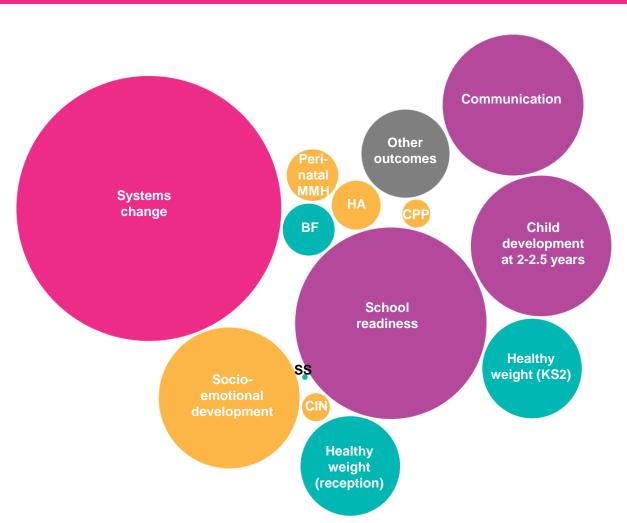








Total partnership spend per outcome: Nottingham



	£	%
Systems change	10,083,304	34.8
School Readiness	5,246,267	18.1
Communication	2,830,099	9.8
Social emotional development	2,830,099	9.8
Child development at age 2 - 21/2	2,818,576	9.7
Healthy weight (reception)	1,403,886	4.8
Healthy weight (end of KS2)	1,403,886	4.8
Other outcomes	1,095,120	3.8
BF: Breastfeeding (6-8 w)	372,557	1.3
Perinatal maternal mental health	366,786	1.3
Emergency hospital admissions due to injuries (0-4)	329,040	1.1
CIN: Child abuse and neglect (0-4, CIN)	103,361	0.4
CPP: Child abuse and neglect (0-4, CPP)	103,361	0.4
SS: Smoking status at delivery	3,329	0.0
Birth weight	0	0.0
Gestational age at birth	0	0.0
Key Stage 1 attainment	0	0.0
Key Stage 2 attainment	0	0.0
Total	28,989,670	100.0





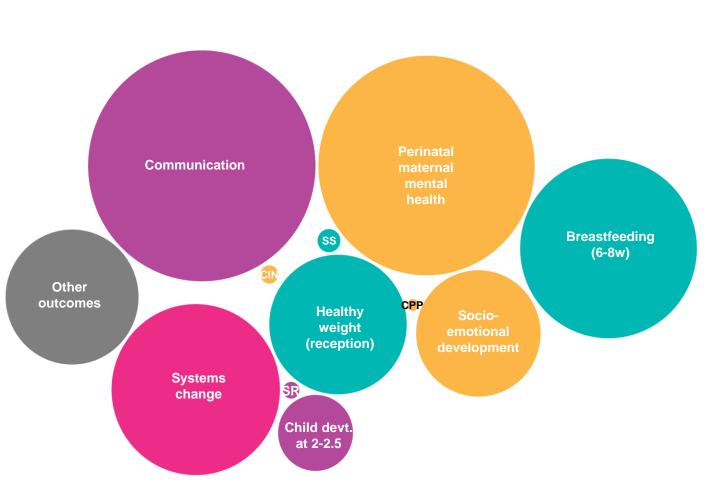








Total partnership spend per outcome: Southend



	£	%
Communication	5,888,322	23.9
Perinatal maternal mental health	5,322,590	21.6
Breastfeeding (6-8 w)	3,547,879	14.4
Systems change	3,218,745	13.1
Healthy weight (reception)	2,135,763	8.7
Other outcomes	1,998,003	8.1
Social emotional development	1,747,731	7.1
Child development at age 2 - 21/2	620,501	2.5
SS: Smoking status at delivery	53,643	0.2
CIN: Child abuse and neglect (0-4, CIN)	32,186	0.1
SR: School Readiness	26,821	0.1
CPP: Child abuse and neglect (0-4, CPP)	13,411	0.1
Birth weight	£0	0.0
Gestational age at birth	£0	0.0
Key Stage 1 attainment	£0	0.0
Key Stage 2 attainment	£0	0.0
Healthy weight (end of KS2)	£0	0.0
Emergency hospital admissions due to injuries (0-4)	£0	0.0
Total	24,605,593	100.0













Next Steps

- WP 4.1: Calculating costs updated annually for the remainder of the evaluation period
- WP 4.2: Calculating short-term effects June 2023 (and updated annually thereafter)
- WP 4.3: Calculating benefits based on the evidence collected through Objectives 1 and 2
- WP 4.4: Calculating impact of ABS on public sector activity and spend relating to primary school aged children - Supplement gaps in review of existing economic studies with a series of interviews with practitioners (2023, with follow up interviews 2024 if required)
- WP 4.5: Assessing cost-effectiveness Outputs informed by WP 4.1-4.4 (2025)

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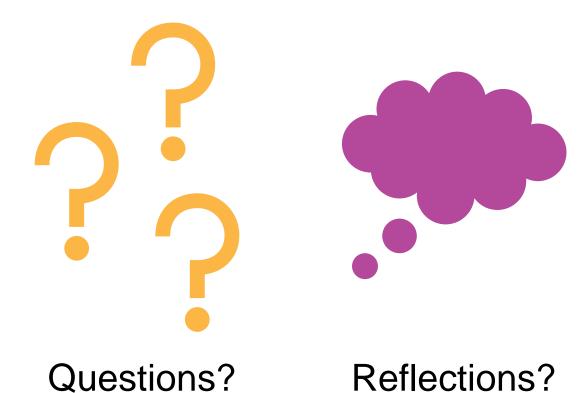








Further discussion















Further Reading and Information

- ABS National Evaluation landing page: https://natcen.ac.uk/ABS-national-evaluation
- 2023 Annual Report: https://natcen.ac.uk/publications/first-annual-report-national-evaluation-better-start
- Thematic report on place-based approaches: https://natcen.ac.uk/publications/place-based-approaches-thematic-focus-abs-national-evaluation-2022
- 2023 Annual Blog: https://natcen.ac.uk/better-start-national-evaluation-launching-first-annual-report-and-thematic-report

Thank you for joining











