

Scaffolding support and prioritising family voices for child development

Learning from the third annual report for the evaluation of A Better Start



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Contents

Introduction	3
Who is this briefing for?	3
Key findings	3
About A Better Start.....	4
About A Better Start's evaluation	4
1. Engaging with families	5
Including family members' voices.....	5
Co-production.....	6
Increasing channels for engagement.....	7
Challenges in engaging with families.....	7
2. Involving families to support outcomes for children.....	8
Parental mental health and well-being.....	9
Embedding into family life and home routines	10
3. Inclusive and scaffolded support.....	11
Inclusive support	12
Consistent and reliable contact.....	12
Engaging with communities	12
Accessible and welcoming activities.....	13
Responding to financial uncertainty	13
Challenges in inclusive and scaffolded support	14
4. Peer and community connection	15
Peer learning and support.....	15
Facilitating peer relationships.....	16
The role of community.....	16
Challenges in peer and community connection	17
5. Integrated and multidisciplinary working	18
Joined-up working	18
Upskilling staff across child outcomes.....	19
Evidence and shared learning as good practice.....	19
Challenges in integrated and multidisciplinary working.....	20
6. Next for the ABS national evaluation	21

Introduction

This briefing draws together key messages for early years practitioners and parents/carers from the **third annual report** for 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). ABS is designed to support families in giving babies and very young children (0–4 years) the best possible start in life. The focus of this briefing is to share learning from the evaluation on ways of working with families, 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 early years practitioners, parents, carers, and community volunteers who want 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.

Key findings

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

- > Engaging with families
- > Involving families to support outcomes for children
- > Inclusive and scaffolded support
- > Peer and community connection
- > Integrated and multidisciplinary working

The final section looks at the **next steps for the ABS national evaluation**.



Throughout the resource, reflective questions are provided to support practitioners in considering how to apply the learning in practice.

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 focus for 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' in how local health services and the voluntary and community sectors 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 developed its 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. An essential aspect of the programme has been working with people in the local area to ensure 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 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**. The evaluation investigates if and how ABS has contributed to improving children's life chances, focusing on diet, nutrition, social and emotional skills, and language and communication skills. Researchers explore the experiences of families and parents who participated in the programme and assess whether there is evidence that ABS has reduced costs to the public purse relating to primary school-aged children. Evaluating ABS at 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 Fortia Insight, formerly RSM.

In this briefing, we draw on evidence from two elements of the mixed methods evaluation, summarised in the [2025 Annual Report](#). These are:

- > **Interviews with 38 workers** from within and outside of ABS partnerships to identify factors contributing to improving children's diet and nutrition, social and emotional skills and language and communication skills.
- > **Interviews and collective journey mapping twice a year with 25 families**, five from each of the ABS partnership areas, shedding light on families' experiences through ABS and exploring the possible impacts of ABS in their lives over the years of the programme and beyond.

The [2025 Annual Report](#) contains 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 this briefing, so that practitioners can apply them to their work in various settings.

1. Engaging with families



‘Spending that time with a family [...], really understanding them and connecting with their story, taking our time to do that. It shouldn’t feel like a luxury and a privilege to have the time to do that.’

(ABS Service Manager)

A key aspect of the ABS programme has been ensuring the programme reflects the wants and needs of families. Building positive relationships with families, exploring ways to involve them and working collaboratively has been crucial to achieving this goal. This section emphasises how ABS services have kept families at the heart of the programme and services.

Including family members’ voices

Interviews with workers demonstrated understanding that designing services guided by parent voice is key to systemic change.

‘If [services are] not working for the people they’re designed for, then are you listening to the people that are using [them]?... are you listening to people that you’re aiming them at? If you are, then you’ve got an opportunity to change the system to work better’

(ABS service manager)

ABS respondents emphasised the importance of listening to families' needs to improve services and identify what support was required from the perspectives of children, parents, and carers through detailed assessments using the methods such as:

- > Satisfaction surveys.
- > Parent forums.
- > Pre and post evaluation at the beginning and the end of a programme through a qualitative questionnaire.

Co-production

'The individual journeys that the parents go through are all very different, but all hugely valuable to them. That varies from someone that's maybe never been in employment ending up finding a job to a mum that was so anxious she didn't want to leave her house, and now she's leading a governance meeting.'
(Delivery Partner)

The evaluation highlighted the widely shared experience among ABS respondents of the value of collaborative work with parents, including their involvement in decision-making and transparency about how their input would be used. Practitioners experienced co-production enhancing service offerings, fostering a sense of ownership within communities, and supporting personal growth for parents and carers involved.

Collaborating with parents throughout an entire project lifecycle was seen as essential, and harmonised parental experience with professional expertise. Respondents provided the following examples of parent/carers involvement:

- > **Involvement in service delivery:** Parent involvement in supporting drop-in playgroups, referring other parents to services as part of a volunteering role, parents running breastfeeding support groups, conducting home visits, assisting with a staffing telephone hotline, or helping in triage processes.
- > **Parent/carers mentoring projects:** As a result of these mentoring projects, parents offered support and guidance to other local families and participated in workshops and courses alongside them to bolster parental confidence.
- > **ABS governance:** participation in steering groups, such as the ABS partnership board, and sitting on interview panels.
- > **Ongoing development of ABS services:** engaging parents in the creation of promotional materials, ensuring that the services accurately reflect the experiences of the local area and the utilisation of those services. One example involved a parent's participation in creating simple, accessible leaflets with images and minimal text to ensure that individuals with varying literacy skills were not excluded.
- > **Creating and delivering projects:** Parents were empowered to create and deliver their own projects, such as reading groups or book-sharing libraries, to help improve language and communication outcomes in their community. Some ran their own classes.

Increasing channels for engagement

Alongside co-production as a means of engagement, the evaluation highlighted that, across the partnerships, ABS services employed various strategies to engage with parents:

- > **Social media:** To raise families' awareness of available support.
- > **Flexible services:** Offering a range of options, including different timings and locations to suit parents' schedules.
- > **Demand-based support:** Providing services were in areas such as local high streets and / or where parents were already engaging with other services. In more remote regions with limited transport links, the approach included providing transport to ABS activities.
- > **Minimising burden:** Some services offered a crèche, enabling parents to attend without concern for childcare. Others provided food and drinks and invited various providers to the same events, so parents could access different resources at the same venue.

Families involved in the evaluation emphasised the importance of **practical support for participation** in ABS as a key to engagement. For instance, one mother shared:

'There's always an excuse, you know to not go. So, when ABS started...there was always a group that were available for me, they were like, "OK we've got this going on, do you want to come?" And I'm like, "Oh how am I going to go?" And they're like, "We'll provide you with taxi, and there's other mums ... you already know from the group are going". I'm like "Who?", and they'd be like "So and so", and so I'm like, "I'm coming then".'

Challenges in engaging with families

- > **Involving families in the co-development of programmes and the allocation of significant sums of money** presents challenges. Practitioners emphasised the importance of establishing relationships between families and commissioners when initiating co-production, to foster trust and gather their opinions on how funds should be allocated.
- > **Extensive requirements which come with successful co-production**, such as staff time, the need to be flexible and funding for co-production to be implemented to a high standard or on a large scale. Appropriate time, commitment, and coordination are essential.
- > **Navigating feedback** in co-production where opposing views exist between parents and professionals. For example, during discussions about a peer support group, staff emphasised the need to have professionals present to address potential safeguarding concerns, whereas parents preferred these groups to be entirely coordinated by parents. Staff took time to explain their reasoning behind the decision so that parents could understand that there may be situations where concerns are raised for a child, requiring specific experience and qualifications.



Reflective questions

- > Consider the application of co-production in the ABS programmes. Have your services embraced similar methods? What elements of co-production could be further improved based on the insights shared?
- > Which strategies have you discovered to be most effective in promoting meaningful family engagement?

2. Involving families to support outcomes for children



‘We understand that parents are their child’s most important teacher [...] Our long-term goal is to give those skills and knowledge to that parent to continue supporting their child within their home’
(Programme Manager)

Effective support for families is vital in improving child development and outcomes. At ABS sites, this was carried out in the following ways:

> Improving family knowledge and confidence

Partnership with parents and carers emphasises empowering families and is a key feature of ABS provision highlighted in the report.

Respondents in diet and nutrition discussed the importance of focusing on **objectives designed to improve mothers’ willingness and confidence** to continue to breastfeed, highlighted by one service manager sharing:

‘In terms of breastfeeding, to increase breastfeeding, not necessarily breastfeeding initiation rates [...] those rates already look great, [...]. More looking at the breastfeeding rates at six-to-eight weeks, and then at four months [...] for families to feel confident and comfortable to be practising extended breastfeeding, if that’s what’s right for them and their child.’

Another service highlighted that the **promotion of a healthy lifestyle** also led other family members to make improvements in their diet, sharing:

‘Often parents will report healthier lifestyles themselves, and often you’ll see things like maternal weight loss as well, as a side outcome from the two that are ours, which are that the child has a healthier diet and that they’re more physically active.’
(Service Manager)

Sharing health information and ideas was emphasised by parents and carers when discussing how ABS has influenced their understanding of nutrition and cooking skills. It is vital that community access to healthy food is supported to facilitate the application of new knowledge and skills.

In terms of communication and language outcomes, services adopted similar approaches. By emphasising the parent-child relationship and integrating communication and development into daily life, services aimed to empower parents to support their children’s communication through activities such as reading, singing and conversations with their children.

Several partnerships regarded improving parental confidence in literacy as a success, both in direct relation to children’s literacy and as a collateral benefit for the adults caring for them. This was accomplished by equipping parents with the confidence, knowledge, and skills to engage their children with books from an early age.

One example involved organising library visits to help parents access local support and encourage those who may have been hesitant due to their own lower levels of literacy.

Parental mental health and well-being

Respondents discussed the significance of **enhancing parents’ own well-being and confidence** in achieving positive social and emotional development outcomes for their children. Parents’ ability to manage their own emotions is crucial for their capacity to support their children. Staff reported being trained in mental health and being enabled to offer more support where needed.

‘The intention is to increase parental confidence, increase their knowledge and give them some resilience, so that if they’re in that situation again they’ve got something to pull out the bag and say, ‘Well, I’ve done it before, so I’m going to do it again’.
(Service Manager)

Families described their involvement with ABS as instrumental in enhancing their own mental health and well-being. They credited the programme with not only providing developmental opportunities for their children but also helping them understand local systems better and foster a sense of community connectedness.

‘So, it’s like I say about ABS, they have literally helped me in every stage of my life with my children. Not just my kids but they’ve supported me mentally, emotionally, with knowledge as well.’
(A Parent)

Several reported feeling more prepared to handle challenging situations as a result of their involvement with ABS, due to the targeted and universal support they received.

‘It’s been different... it looks different, that’s the only thing I can say is it looks different. Like I’ve still struggled with post-natal... mental health, not depression, like anxiety and mental health sort of stuff. But like it looks different this time because I have support in place already... I already have support, I’m not trying to seek it while struggling, I already have the support.’
(A Parent)

Embedding into family life and home routines

Enhancing a child’s early language environment can offer considerable benefits for communication and language development. Several families shared positive feedback on customised, home-based approaches.

‘She came here [ABS speech and language worker] [...] she was supposed to only be here with me for six weeks, she was here for nearly twelve weeks, continuously coming in, spending one to one time with my [child], you know playing toys with [them], blocks and letting [them] be [them]self. And even the speech therapist would not do that, you know, I was on the waiting list for two years. I spoke to other parents from schools, from community centres and stuff like that. [...] When I spoke to the parents, they said “Well, what’s going to happen is they are going to see you, it’s like an hour or two session, they’re going to speak to you and that’s about it, and then you go away with information and leaflets” ... how ... what ... how does that help my [child], you know? You know, you help me with information but I’m clueless, you’ve only given me two-hour session which has gone over my head. And I’m going to sit down and do that time. Whereas those, they came in, ABS, she came in, she sat down, you know, with blocks and toys, and she showed me, you know rather than telling me, that this is what needs to be done....’
(A Parent)

Providing support which **translates into activities to take place in the family home** was echoed as a positive approach by a respondent working in communication and language. Embedding the work into families’ lives and routines so that it can continue after the service input ends. Multi-lingual families valued the family-focused support provided, which enabled them to maintain their home languages alongside English language development.



Reflective questions

- > What does ‘parental/family confidence’ mean in the context in which you work, and how might it affect outcomes for children?
- > Reflect on the significance of parental mental health and well-being for child development and consider ways to support this in practice.

3. Inclusive and scaffolded support



‘... It was good to feel encouraged to teach [child] my first language.’
(A Parent)

The **annual report** emphasised that the ABS provision had been ‘scaffolded’ through targeted and timely support over time. Vygotsky’s (1978) metaphor of ‘scaffolding’ is used to highlight how diverse forms of encouragement and support underpin the development of new skills and capabilities. Families described a variety of barriers to access that had been overcome with active outreach and support from ABS staff. Examples included the one-to-one support of family mentors or outreach workers and practical help, such as providing transport to activities. Common features are that support is pro-active and adaptive to families’ dynamic circumstances and enable involvement with both ABS and with wider networks of support. A significant example is in relation to the critical role of ABS provision in response to family poverty. This includes examples of ABS workers helping families to secure welfare entitlements, as well as ABS provision of affordable healthy food schemes, and examples of direct resourcing such as the gift of an air fryer to a family in need. Considered as a whole, such features of ABS provision can be understood as scaffolding for families, linking them to wider networks of support and addressing needs that extend beyond the remit and capacity of ABS provision.

For example, one parent's description of ABS 'people communication' – direct relational engagement rather than informational signposting – is framed as active scaffolding.

'You know what, everybody can give you a leaflet or give you website, and this is what happens nowadays. You go to the doctors ... go now, and this is the thing, they'll give you a website and say find out from there. Go the pharmacy and the pharmacist will do this. This is what they all do... But ABS is something else... They give you people communication'.
(A Parent)

Inclusive support

Across child-level outcomes, staff discussed progress in achieving a **more representative mix of families** by offering inclusive services that cater to different groups.

Examples included:

- > Working with volunteers fluent in a range of languages.
- > Providing support for families in foster care arrangements, such as support to deliver maternal expressed breast milk to looked after children.
- > Support that includes the whole family instead of solely concentrating on the mother and ABS-aged child.
- > Involving fathers by delivering classes from 7pm to 9 pm, on Saturday mornings or online. Services supported events such as visits to a local climbing gym and comedy nights focused on men's mental health.
- > A communication and language service advises parents or carers with autism to look at their baby's body language and gestures as they can have difficulty recognising facial cues.

Consistent and reliable contact

This was a core feature of effective scaffolding. Parents shared their appreciation of continuity of relationships with the same workers. For some families, this meant they had the same ABS family mentor for several years in relation to different children. Changes in staffing were not necessarily experienced as disruptive providing there was continuity in support. Well-established relationships were seen to help if circumstances changed or became more precarious; one parent champion reflected in interviews how her active involvement had 'helped me a lot, a lot' during a difficult period in her own life.

Engaging with communities

Partnerships have made intentional steps to be inclusive of families within their local areas. One example is the offer of peer-led programmes, seen to be key to reducing social stigma and to encouraging sustainability once grant funding ends.

Considerable thought and effort contributed to events that were inclusive of diverse local populations. This is achieved through accurate representation of service users at events and by hosting celebrations of diverse cultures, families, and heritages.

Ways in which diet and nutrition services aimed to support communities were highlighted by a parent champion who shared the value of these activities for refugee families living in temporary accommodation with no cooking facilities.

Accessible and welcoming activities

Parents and carers discussed ABS engagement being scaffolded by fun inclusive activities and by supportive and active encouragement from professionals and volunteers. One mother reflected how a 'fun day' helped her to stay engaged with ABS when her motivation to attend activities with her child was low:

'... they had a bouncy castle, they had face painting. They had music, and [child] loves things like that, so s/he was happy, they had food. So, s/he was happy. So, I'll go to things like that.'
(A Parent)

As noted above on engagement, numerous services focused on **improving accessibility** as a strategy to engage parents. For diet and nutrition services, methods of improving the accessibility of information included:

- > **Signposting and referrals** by adding links to the council website making it easier for families to access information about further services.
- > **Multi-channel support** as a way of ensuring parents get support in a way which suits them. This included providing support in post-natal wards, workshops, drop-in services, home-visits and telephone services.

Communication and language services aimed to provide appropriate support for children with delayed speech and language. To achieve this, ABS funding enabled them to expand their service reach to the outskirts of the ABS cities.

Responding to financial uncertainty

As in previous reports, the ongoing challenges linked to entrenched community poverty and deprivation, well beyond being described by the phrase 'cost-of-living crisis', were highlighted in interviews with workers and families. Ways in which ABS services have offered support include:

- > **Access to affordable healthy food:** This continued to be a crucial support, provided through schemes that offered families access to subsidised fruit and vegetables or facilitated their use of food banks. One parent shared that they sometimes had to rely on the provision regularly:

'Through [ABS] ... I have a couple of times used the food bank. Kind of like I've been ... referred through them to get a food bag ... a box, and they've referred me to this one that [the local authority] do, I don't know what it's called. So, that has been very helpful...'
(A Parent)

- > **Provision of free resources:** This included the availability of free ABS resources, such as children's books and activities to do at home.

Challenges in inclusive and scaffolded support

While ABS services aimed to support families, a local voluntary sector food club struggled to provide adequate quality and variety of food due to increasing costs and a decline in donations. Service leads should consider the resources needed to offer families this kind of support.

Some services noted difficulties in providing support to cater to families with different family structures, such as single parents who were unable to participate due to childcare responsibilities, those with school-age children who were unable to attend sessions unless they coincided with school hours, and parents who were pregnant. Further challenges for outcome areas included:

- > One breastfeeding service was withdrawn due to low uptake. One perceived reason being that some local community cultures viewed support in breastfeeding from outside the family as inappropriate.

It is essential to consult services with a wide range of groups to ensure they meet their needs and reflect them appropriately.



Reflective questions

- > What have you done previously to adapt your services for various cultural, linguistic, or social needs, and can you identify further ways to enhance this in your current practice?
- > What barriers might prevent families from engaging with your service? What strategies can you adopt to ensure your services are accessible to families?

4. Peer and community connection



‘[...] So, there is community, we do have communities, we’ve always had community, but we’ve never had events going like that. So, I’ve seen communities that [in the past] they’ve been quiet.’
(A Parent)

As highlighted in the [2025 annual report](#), community and peer connections were valuable aspects of ABS.

Peer learning and support

In social and emotional development services, using a **peer support approach** with parents as co-facilitators helped to undermine **social stigma**. **Reducing power dynamics** through peer support was seen to bridge the power relationships between parents and professionals. Parents were more receptive to messages from others with lived experiences of similar challenges.

In one parenting service where parents co-delivered sessions, their knowledge of the attending families allowed them to tailor the sessions more effectively. The offer of peer-led programmes was also viewed as supporting sustainability after the grant funding ends.

Facilitating peer relationships

Families involved in the ABS programme reflected on how the programme facilitated **social and community support** and gave them the chance to learn from their peers. Opportunities when this occurred for diet and nutrition outcomes included:

- > An annual event that included free activities and food to help families learn about diet and nutrition while expanding their social networks.
- > Support groups in community settings, such as family cooking classes and food ambassador courses.

These events fostered beneficial discussions:

‘We ran a lot of events and there’d always be a food element – food being the connecting thing that holds you there a little bit longer whilst you’re waiting, you’re having a conversation with someone else and comparing notes with your kids’ eating habits or whatever it is. We do a lot around creating spaces and moments where food facilitates a lot more other than just quelling your hunger.’
(Programme Manager)

Respondents describe opportunities for families to connect with one another, thereby reducing isolation and enhancing well-being. One example was the community gardens initiated in one ABS locality, which enable residents to grow and harvest vegetables while also providing a space for them to connect with each other and nature. Parents emphasised that they valued such opportunities to support their children’s social and emotional development through provisions that enhance peer relationships and reduce feelings of isolation.

Despite the involvement of ABS service in the lives of several of the families interviewed having ended, they spoke positively about their child’s socialisation in peer relationships and its ongoing value.

Establishing social support networks to sustain after ABS funding ended was a key priority. Staff facilitated this by organising group sessions in various locations, allowing parents to reconnect independently.

The role of community

Throughout the evaluation, families highlighted how services connected them with their community and the benefits this had.

One parent emphasises the passion of ABS staff for families and the local community, and this was echoed by a mother in a different area, highlighting a strength of ABS:

‘I mean I know there’s obviously the family centres, but it’s not the same. Like the family centres is not the same, it’s a council run thing, you know, you don’t get to have a cup of tea when you arrive [...] you know, it’s not the same, you know, you’re just a person accessing a service. [...] I have recently, you know gone back and been like, oh I’ll try the family centre baby group and see if it’s any different to before. But it’s not, it’s just the same, you’re just the service user, you’re not like a regular mum attending a regular group, and you’re not recognised in that way either.’
(A Parent)

There is much to learn from ABS’s inclusive approach and adapting to core council-run services.

Challenges in peer and community connection

It is essential to ensure that funding and support for any volunteer or parent champion schemes is sustainable. It was highlighted that due to the ending of funding for the ABS programme, additional considerations need to be made regarding how to support them after the funding ends.



Reflective questions

- > Why do you think peer learning can effectively support child development and be well received? What ideas can you draw from this, and how can you apply them in your own service and practice?
- > What do you believe are the benefits of assisting families in feeling part of a community, and what practical ways can you and your service help parents foster a sense of community?

5. Integrated and multidisciplinary working



‘I think we all understand the pros of multi-agency working [...] people have realised that... join-up just improves outcomes in the long-term all round for families.’
(Delivery Partner)

This section highlights how services were viewed as integrated and how they collaborated more closely to support families.

Joined-up working

Respondents reflected on effective integration of services and activities to ensure smooth transitions in and out of services.

Across social and emotional development outcomes, staff spoke about **drawing** together the range of available **staff expertise**, they had a multidisciplinary team of practitioners with a range of backgrounds and specialisms, including psychologists, social workers, and specialist midwives. This enabled them to assess who would be best suited to provide support and offer a bespoke service to families based on their needs.

Transitions into services were aided by health visitors identifying families needing support with the parent-infant relationship. Another successful aspect of partnership working was developing structures for continued care through improving the referral process and signposting families to appropriate care that met their needs. ABS also collaborated closely with public health services to improve support pathways for children who age out of their services.

The integrated, multidisciplinary approach of ABS facilitated smooth transitions to specialist services. ABS workers knew who they could contact and had opportunities to be introduced to those in non-ABS organisations through attending partnership boards.

These approaches enabled ‘seamless’ referrals, and for services with triage panels, this allows coordination of joint visits between multiple services where appropriate.

Upskilling staff across child outcomes

‘I think it’s that joint learning thing that’s amazing and I think because we know each other really well, it may well be that I would say to another project manager, can you come in and talk to my team about that?’
(Service Manager)

Various services provided **upskilling** opportunities for staff. Examples included:

- > webinars
- > workshops and sessions
- > training and support.

These training sessions also covered specific child-level outcomes, including diet and nutrition, communication and language, and social and emotional development.

Positive working relationships with other organisations facilitated the organisation of informal training opportunities.

For communication and language outcomes, the benefits of integrated working were twofold: Family Hubs staff received training in Early Talk strategies, thereby being upskilled, which also enhanced the capacity of speech and language specialists to deliver targeted work that required their expertise.

In a different service, ABS staff assisted nursery staff by hosting five to six weekly sessions to help them support parents whose children had communication and language difficulties, demonstrating strategies to use with parents.

Evidence and shared learning as good practice

‘...rather than an isolated programme or a project and then say, right, here you are, here is the evidence, now see how it can work for you.’
(Strategic Partner)

Shared learning was highlighted as a form of partnership working and as a benefit for achieving positive outcomes. This involved sharing insights from collaborative work with other ABS services, partner/carer mentor projects, and external organisations such as the NHS and the city council.

The National Children's Bureau (NCB) has worked with all five ABS partnerships to develop a number of [insight reports](#) to help amplify the learnings from the programme.

Challenges in integrated and multidisciplinary working

'So it's not that people don't want to do it or didn't want to do it. I think just some things are either too big to flex or just take so long for that process to happen.'
(Strategic Partner)

The [third annual report](#) of the national evaluation emphasises the following factors for successful partnership working:

- > **Trust, time, learning, and buy-in** are essential to adopting new policies and procedures, such as referral processes and alignment of work practices.
- > **Regular communication, effective navigation** of all partners' agendas, priorities, and regular attendance of partners at meetings and other events.
- > **Flexible internal processes and governance** in order to successfully change ways of working, even if it's only a buy-in to the principles of systems change.



Reflective questions

- > How does your service currently support children, young people, and families during their transition out of services (e.g., ageing out of care, moving between teams or agencies)? What additional steps could be taken to make these transitions smoother and more supportive for families?
- > How is learning and evidence currently shared between your service and other organisations? What opportunities do you see to enhance the sharing of knowledge, insights, or data across organisations?

Next steps for the ABS national evaluation

The ABS national evaluation is ongoing and runs alongside the ABS programme until the end of this year. 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. For more information about the evaluation and methods used, refer to the [evaluation protocol](#) available for download.



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