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A Better Start: Learnings From The Final Annual Report



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1. Introduction

This briefing highlights key messages for practitioners and parents/carers from the final report of the national evaluation of A Better Start (ABS), emphasising its key findings.

ABS was a ten-year (2015 – 2025) £215 million programme set up by The National Lottery Community Fund (The Fund). ABS was designed to support families in giving babies and very young children (0-4 years) the best possible start in life.

This briefing aims to share insights from the final report and compile the 'mosaic of evidence' that tells the story of how ABS has contributed to the lives of families with young children and the early years sector in the UK.

Who is this briefing for?

This briefing is aimed at early years practitioners, parents, carers, and community volunteers. The 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.

About A Better Start

ABS was 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 were:

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. Bringing 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 were based in Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea. Each partnership developed its own ways of working towards the outcomes of the ABS programme. In this way, the projects were 'place-based' designed to respond to the needs of local communities. 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 families in ABS wards has been a foundational part of the work, supported by positive messaging intended to help families access activities and resources to support their children's development.

The national evaluation

The national evaluation of ABS ran from April 2021 to March 2026. The evaluation was led by The National Centre for Social Research (NatCen) in partnership with University of Sussex; Research in Practice; National Children's Bureau; and Fortia Insight, formerly RSM.

The ABS programme was grounded in **evidence and research**.

The evaluation explored four objectives to understand 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. Qualitative researchers examined the experiences of families and parents who took part in the programme and conducted interviews with workers from within and outside ABS partnerships. In addition, the cost-benefit analysis assessed 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. At the heart of this approach was the use of a mosaic of evidence, combining different types and sources of data.

The final report presents outcomes for objectives 2 and 3. For more information about the final report and evaluation methodology, see the final report available for download.

Interim findings were presented in three preceding annual reports and two themed reports. Those can be found in **The Fund's evidence library** or on **NatCen's website**.

About this briefing

This briefing synthesises evidence from the final report. Messages are grouped into two sections:

- Child-level outcomes and key learnings for practice.
- System changes to support better practice environments.

The last section looks at the core messages and final reflections.

Throughout the resource, reflective questions support consideration of how to apply the learning in practice.

2. Child-level outcomes and key learnings for practice



Evidence on child-level outcomes came from a combination of qualitative sources.

Diet and nutrition

The ABS programme was intended to contribute to diet and nutrition outcomes such as breastfeeding, child weight, and oral health among infants and young children whose families engaged with the services. It aimed to achieve this through two main pathways:

1. Providing support and activities for parents and carers to enhance their knowledge, skills, and confidence.
2. Offering holistic, joined-up support across services to identify feeding issues early and facilitate access to appropriate advice and specialists.

What worked well

- Using a wide range of practical, interactive activities to involve families rather than solely delivering information.
  - For example, cooking sessions led to improved confidence and engagement with healthy feeding practices, as well as involving children in cooking sessions or modelling feeding techniques.
- Parent-focused activities aimed at enhancing knowledge, practical skills and confidence related to healthy feeding and nutrition.
  - Food projects focused on affordable, nutritious, and culturally relevant meals, weaning, and portion sizes. These activities were often delivered by family mentors, peer supporters, and group facilitators.
- Activities which are hands-on and can translate into families' daily routines.
  - This included sessions on readiness for solids, balancing milk with solids, and increasing variety in children's diets to promote healthier eating habits.
- Group-based activities and peer-led support, allowing parents to learn from others' experiences and reducing isolation.
  - Opportunities to share culturally specific food knowledge.
  - Food-based events and clubs serve as meaningful spaces for connection and for reducing stigma associated with accessing services.

> "I needed to be in a roomful of breastfeeding people to feel like you know, hang on, I am still breastfeeding, this is normal...I feel like I would have really struggled if I didn't have that team of people around me.' Parent/Carer

- Providing holistic and relational support to ensure continuity of support.
  - Examples of this were most evident in relation to breastfeeding, where partnerships between ABS services, health visitors, and maternity services enabled early engagement with families, consistent messaging, and smoother transitions. In some areas, breastfeeding support was embedded within existing healthcare settings, including postnatal wards and health visitor centres.
- Improving access to affordable and healthy food.
  - Utilising food clubs, pantries, vouchers, and referrals to charitable services.

Challenges to consider

- Structural constraints such as the affordability of healthy foods, fuel poverty, and housing limit families' abilities to implement or sustain changes.

Reflective questions

- How do you make sure the information you share with families is practical and applicable to daily life?
- Reflecting on your practice, how do you support families experiencing financial hardship? Are there charity or non-statutory organisations you currently work with? If so, what has worked well or been challenging in these collaborations?



Communication and language

Across this outcome, ABS aimed to improve through two main pathways, including:

1. Supporting and providing resources to parents and carers to enhance their knowledge, skills, and confidence to facilitate child communication and language development in the home environment.
2. Supporting practitioners by providing evidence-based training and tools, especially those in early years settings.

What worked well

- Using practical modelling ('show don't tell'), home and group-based support, along with resources and modelling, helped parents build language-rich routines.
  - For example, embedding book corners or baskets in the home, using songs and rhymes during daily activities, and managing screen time.
- The use of play-based approaches over formal instruction.
- Early identification of children's needs, using routine screening and check-ins, signposting and offering interim support where needed.

> 'Yeah, I mean it was fantastic [ABS home-based speech and language support]...But that fleeting interaction [between child and others] wasn't there at all before, [child] wouldn't even acknowledge that someone was in the room...Whereas now, [ABS worker's name] who did our speech and language therapy, [child] actually goes looking for [worker] as soon as we get to playgroup.' Parent/Carer

- Training programmes and equipping staff with training.
  - Early years practitioners received training on tools like WellComm screening assessment to identify children with speech, language, and communication needs early and how to establish referral pathways.
  - Some settings included coaching in interpreting screening data, new communication and language-specific roles, and the introduction of multi-agency triage panels for streamlining decision-making.

Challenges to consider

- Enhancing training to focus more on creating a language environment rather than just on identification and referrals.
- Concerns about potential overidentification of delay due to screening tools not being adjusted for multilingual development.

Reflective questions

- Reflect on a time when you supported a parent or carer in establishing or maintaining a routine to promote development at home. How did you approach those conversations? What benefits did you observe for the child, the parent, and the wider family?
- How might the bridge between universal early years staff and specialist speech and language practitioners be improved to enable swift identification and response to communication and language development issues?



Social and emotional development

The ABS programme aimed to contribute to the social and emotional development of children through two main pathways:

1. Providing enriched environments and activities that promote children's social interaction and emotional development, along with opportunities to strengthen parental networks, wellbeing, and resilience.
2. Offering tailored relationship-based support for parents and families, including early identification of needs and access to appropriate support and specialist services.

What worked well

- The delivery of safe, inclusive, and stimulating activities enables children to interact with others, explore new environments, and practise early social skills while building confidence.
  - This included group-based play sessions, outdoor and sensory activities.
- Parent/carer participation in these activities to improve parental wellbeing and resilience.

> 'The amount of learning I had is because of them [ABS services], you know [the] relaxation and the calm that I have now is because of them, every group has helped, not even one I would say … 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.' Parent/Carer

- Use of trusted, relationship-based support aimed at helping parents understand their child's cues, respond sensitively and manage moments of stress or challenge.
  - Activities included infant mental health/attachment programmes, targeted home visiting and group-based guidance.
- Early contact with families, at the start of pregnancy or in the early months, enables concerns to be recognised sooner and supports families in feeling more prepared to access additional support where needed.
  - Families of children with special education needs and disabilities (SEND) described how ABS support was able to initiate early referral processes and help families manage the long and complex journey typical of specialist provision.
- The use of peer roles to support parents' sense of agency (as a parent and more generally) and skill development. This allowed for reduced feelings of stigma and made families more receptive to engaging with ABS services.

> 'I think people can be worried about what that means for them or their family going forward if they do access that support. I think that peer-led model really goes some way to helping to reduce a lot of the anxieties that can be associated with that for some families.' ABS practitioner

Challenges to consider

- Consider and plan for transitions and 'step downs' of targeted family support – which might include the tailing off of home visits and / or introductions to group-based parent sessions.

Reflective questions

- How are peer advocates involved in designing and delivering your services with parents? How do you foster the social connections with families that enable peer involvement?
- How do you evaluate the support you offer in terms of promoting positive behaviours and enhancing parents' sense of agency?

3. Systems change to support better practice environments



Findings on system change across ABS were identified through findings in the final report. This section emphasises how services were able to adapt system change to support better practice environments and families.

Joined-up working

It was hypothesised that ABS would contribute to increasing and sustaining collaborative working between services to better support the needs of infants and children aged 0 to 4 and their families.

This was anticipated through two main pathways:

1. Creating opportunities for joint working across local services to strengthen relationships, enhance shared understanding, and improve coordination.
2. Upskilling multidisciplinary, strategic, and frontline staff across both ABS-funded and non-ABS services through shared learning, training, and joint working.

What worked well

- Implementation of collaborative decision-making processes aimed at reducing siloed working and improving continuity of care for families.
- The use of working groups, shared planning meetings, processes supported coordinated responses, joint solutions to local challenges, and increased awareness of each other's service offerings and gaps.
  - An example of this was collaboration between health visitors and schools, which enhanced the identification of speech and language needs and facilitated referrals to specialist support, with one practitioner sharing:

> 'We sit down together, and referrals come in where parents are requesting support… we all talk about it together, and we think about ensuring that the family gets the right service at the right time.' ABS practitioner

- Support from governance boards and strategic groups to unite statutory, voluntary, and community organisations in aligning priorities and sharing resources.
  - In one area, practitioners described triage panels that combined health visiting, midwifery, and early help services to coordinate prompt support for families.
- Utilising practical enablers such as co-location of services, shared measurement systems, and integrated referral pathways to strengthen collaborative working.
  - Some practitioners reported using data platforms that allow partner agencies to monitor outcomes and modify delivery based on the evidence.
- Upskilling multidisciplinary staff to achieve joined-up working.
  - Whilst the evidence for this was more limited, practitioners described workforce development initiatives such as structured training, cascade models, and competency frameworks designed to promote shared vision and consistent practice across services.
- Joined-up working that provides wraparound support, enabling families to access various types of assistance within a single setting.
  - Examples of these included combining stay-and-play sessions with oral health and infant feeding advice.
  - As a result of joining up early years offers, children received support from before birth through infancy and early childhood, with a practitioner describing the continuity as:

> 'Support that sticks with the family… so they're not having to change over from different services, but they've got one constant link.' ABS practitioner

- Consistent messaging across the workforce.

Challenges to consider

- Sustainability of maintaining joined-up initiatives when there is high staff turnover and recognising this may affect continuity and the lasting impact of workforce development initiatives.
- The report recognised that differences in how partnerships operated caused variation in access to and experiences of joined-up services for families.

Reflective questions

- How effectively does your service share information and insights with other agencies and professionals involved in a child's life, and what barriers prevent joined-up working?
- What would a joined-up service look like for children and their families you support, and what actions can be taken at both individual and organisational levels to support this?



Increasing parental engagement

ABS programmes were expected to contribute to parental engagement with early years services and to strengthen parents' roles within local early years systems.

These outcomes were expected to arise from the following two main pathways:

1. provision of holistic, tailored, and accessible support that reduced barriers to engagement and improved parents' experiences of services
2. the creation of opportunities for parents/carers to contribute to service design and delivery through co-production and peer-led approaches.

What worked well

- Addressing barriers to engagement by providing flexible, tailored, and inclusive delivery. Adaptations were described as feasible and helped sustain attendance over time among families facing multiple barriers, including financial constraints and time poverty.
  - Parents highlighted examples such as staff adapting services to meet individual needs, the use of home-based support, and varying session times.
  - Embedding SEND inclusive and culturally sensitive approaches.
  - Multiple modes of contact, including in-person, telephone and / or online support.
- Culturally and linguistically responsive delivery as a way to increase relevance and comfort for families who might otherwise disengage.
  - Parents shared examples of the use of translated or plain language materials and visual aids and involving staff or volunteers who spoke community languages.

- Relational, targeted support played an important role in sustaining parental engagement.
- Services which helped parents build peer networks that reduced social isolation and informal support systems, with one parent sharing:

> ‘ I’ve got a few friends, and I’ve said to all of them, like if you can go to the SEND group, you will meet other mums and you’ll…and they will share experiences with you, and it makes you…it teaches you things that you wouldn’t have known.’ Parent/Carer

- Creating opportunities for parents to contribute to services by sharing their knowledge and lived experience, and in some cases deliver services, making them feel more relatable and approachable for families.
  - Involving parents in co-production through influencing service design, shaping activities and contributing to culturally relevant resources. Whilst an unanticipated outcome, the report found that this was a way to help parents also feel a sense of ownership and belonging and in turn supporting a more authentic engagement, with one parent sharing:

> ‘And it [ABS volunteering role] just gave me a real sense of like a bit of pride that I’m not just being a stay-at-home mum doing nothing with myself. I’m still building my CV while not actively working, because I’m doing all this volunteering and work skill stuff.’ Parent/Carer

Challenges to consider

- Experiences of engagement varied for families; not all felt they consistently received tailored or scaffolded input, continuing to face barriers related to language, timing, location, or format. Challenges were particularly acute for families facing complex issues, exacerbated by factors such as housing insecurity.
- Co-production was highlighted as being uneven and its sustainability varied across ABS settings.

Reflective questions

- How do you go about gaining understanding of the barriers for parent engagement with services in your area?



Adaptive and evidence-informed services

The ABS programmes were expected to support early years services in becoming more adaptive and evidence-informed, enabling them to respond to families' needs and circumstances.

Outcomes were expected from two main pathways:

1. the collection and use of data and feedback from services from parents and practitioners
2. the use of test-and-learn approaches to train, refine and improve services and delivery models over time.

What worked well

- Collecting multiple types of data.
  - This included administrative/assessment data (e.g. immunisation, maternity/early years records), routine engagement/monitoring data and structured and informal parent and staff feedback.
  - Implementation of basic evaluation tools and processes such as logic models and monitoring templates leading to more consistent reflections and use of evidence.
- Using system-level and project-level data to tailor services and improve responsiveness.
  - Practitioners describe this as an understanding of who was being reached, what was working or not working, and where to adjust offers such as timing, content, and mode of delivery.

- Recognising that the process of being adaptive is continuous, reflecting that families' needs regularly change.
  - Especially during periods like the coronavirus COVID-19 pandemic and the 'cost-of-living crisis', with one practitioner sharing:

> 'It is about, again, that holistic view and that culture of being flexible and moving with the community, because the only constant thing really about systems or communities, is change.' ABS practitioner

- Using a test-and-learn approach to enable flexibility and innovation to pilot interventions before wider rollout.

Challenges to consider

- Practitioners and parents may have opposing views on how services should be delivered.

Reflective questions

- How are parents' voices gathered and responded to? How does this feed into business planning for your service?
- What are some examples of how your services have adapted based on parent feedback?

Shift to preventative services

ABS was expected to contribute towards a shift in planning, decision-making, and service delivery towards prevention, early identification, and early intervention within local early years.

These outcomes were anticipated through two main pathways:

1. upskilling early years practitioners, service providers, and parents to understand the importance of prevention and early intervention in early years, and
2. fostering collaborative working between services and co-production with parents and carers to design, adapt, and promote preventative approaches.

What worked well

- Workforce development and parent-facing activities designed to build skills and understanding around early identification and early intervention.
  - Examples included practitioner training on identifying development needs, parent-focused sessions raising awareness of early help, child development and preventative practices.
  - One ABS practitioner described training for the early years workforce on early identification of speech and language delay, which enhanced their understanding of the importance of early screening.
- Multi-agency collaboration, joint delivery and peer and parent-led involvement intended to strengthen early identification and embed preventive ways of working.

Challenges to consider

- How preventative services may reduce demand on statutory provision.
- Sustainability of prevention-focused services, which were withdrawn or not sustained largely due to financial constraints, with one ABS practitioner sharing:

> ‘Unfortunately, there’s no money for [intervention] to continue, so the fact that it saves money and improves things in the long term makes no difference…There’s no money for it, so that’s going to mean that there will be children who end up with worse outcomes and who will need intensive services in the future because that service has been taken away.’ ABS practitioner

Reflective questions

- How do you understand prevention in the context of your work, and what difference does it make in practice?
- In what ways does your role contribute to or enable prevention?

4. Core messages and final reflections

The final report concludes the evaluation of A Better Start (ABS). The evaluation showed that ABS made meaningful contributions to how early years services support families, as evidenced by the combined results. This final practitioner briefing highlights lessons that can support practitioners working with children and families.



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