

Moving Towards Tapestries of Care and Connection

Insights from the second annual report of the A Better Start evaluation



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1. Introduction

This briefing draws together key messages for practitioners and parents/carers from two sources of the national evaluation of **A Better Start (ABS)**: the second **Annual Report** (2024) and second **themed report**. 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 which are enabling ABS partnerships to support early childhood development and improve the life chances for babies and toddlers.

Who is this briefing for?

This briefing is aimed at practitioners, parents, carers, and community volunteers working in ABS partnerships as well as others who would like to learn from the ABS programme to develop their practice. This broad, multi-professional audience might include:

- > healthcare professionals and health visitors
- > early years staff
- > universal community services including housing, family support and specialist provision for disabled children
- > speech and language practitioners
- > diet and nutrition practitioners
- > food bank staff
- > breastfeeding support practitioners
- > peer support practitioners
- > library and educational staff.

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.

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

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 participate 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 RSM.

In this briefing we draw on evidence from two elements of the mixed methods evaluation, summarised in the 2024 year's Annual Report. These are:

- > **Interviews with 42 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 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.

Further evidence is drawn from the [second themed report](#), which focuses on parental engagement. The 2024 Annual Report contains information on what has been valuable about ABS projects and what challenges are faced by families and practitioners across the ABS partnership. 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 both these reports summarised in this briefing so that practitioners can apply them to their work in various settings.

Key findings

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

- > Tapestries of care and connection
- > Utilising new approaches
- > Empowering parents and carers through holistic support
- > Tailoring services and activities
- > Facilitating social networks and community

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

Throughout the resource, reflective questions support practitioners' considerations of how to apply the learning in practice.

2. Tapestries of care and connection



'Tapestries of care and connection' refers to how ABS works with families to build and support both formal and informal support networks in their everyday lives. The geographer Sarah Marie Hall coined the metaphor of a 'tapestry of care' in her book *Everyday Lives in Austerity* (2019), writing about how people weave together different forms of support in their lives. Using this metaphor helps to understand how the core ABS outcome of **systems change** works for families. So, a parent might get involved in individual and/or group activities which enable them to build positive social networks, alongside formal support accessed through specialist assessment and provision where needed. This section highlights how ABS services can be seen to build local interconnected services and relationships that provide families with 'a tapestry of care and connection'.

Integrated working: ABS practitioners described building positive relationships as core to supporting families holistically. Respondents shared common themes about the value of **joined-up working** to ensure families receive the right support at the right time.

Support where and when it's needed: For diet and nutrition outcomes, one respondent described progress an infant feeding service had made towards establishing a greater presence in maternity wards, enabling parents/carers to access support at the earliest opportunity, as well as offering infant feeding support in local family hubs.

‘Communication is everybody’s business’: Speech and language specialists discussed the importance of equipping all practitioners working with children with the skills, knowledge and basic tools to identify and address communication and language needs and of offering training to colleagues in the wider health and education workforce, carers, and other adults who work with children under five. Interviews with parents/carers highlight the importance of supporting multi-lingual families with children learning their home languages as well as English.

Improved screening processes were highlighted by ABS respondents as a key success. The WellComm screening tool is designed to assess communication, and language needs and provides a traffic light system to identify children who require more targeted support. Using this tool led to an increase in referrals to specialist services for infants under one year. This was noted as a success, as communication difficulties are often missed in children of that age.

Services delivering universal communication and language interventions targeting children of all abilities were also reported as successful due to their impact in providing early support to all children, which reduced referrals for specialist clinical support.

Upskilling workforce and building capacity: There was an emphasis on providing child-development-specific training to a broad range of ABS staff and other local colleagues. This included training on:

- > **Infant feeding.** Regular training for professionals on infant feeding and making links with hospital staff. Respondents delivered bespoke training to Family Hubs workers. Other sessions included a webinar series in partnership with a local paediatric allergy specialist around infant feeding, allergies and infant feeding study days.
- > **Social and emotional development.** ABS workers described training on infant mental health, attachment, brain development and bonding, delivered to professionals including social workers, health visitors, midwives, CAMHS practitioners, peer-to-peer support services, and domestic abuse charity workers. As a result, the wider workforce could provide support to families without requiring further specialist support.
- > **Early language needs.** One ABS respondent shared plans for a communication and language service to deliver training to Family Hub teams and children’s services practitioners to build capacity in the wider workforce to identify language needs and signpost families to correct services.

Joined-up working: Respondents discussed working collaboratively with colleagues across the local system. This included being involved in triage panels, in which professionals from various services, backgrounds, and specialties came together to create support plans for a family. For example:

‘We sit down together, and referrals come in where parents are requesting support, and where professionals are unsure who is the best service to support. It comes in, we look at that referral, we all talk about it together, and we think about ensuring that the family gets the right service at the right time, at the right place for them.’

(Delivery partner)

Others described working jointly with social workers, health workers, health visitors, and key workers at children's services to ensure families' needs were addressed.

Positive relationships allowed services to **coordinate care and provide more holistic** responses to families' needs. One ABS respondent described perinatal mental health services working with professionals from various services, backgrounds, and specialisms to discuss families' needs and formulate a support plan. In the context of diet and nutrition projects, practitioners positively spoke about working with public health teams to build pathways of support and training for parents/carers.

When discussing system change, **working in partnership with local authorities and statutory services** to facilitate integration between ABS and non-ABS services was highlighted. Examples included ABS representatives sitting on external partnership boards with service leads in children's social care and early help to support the design and delivery of services. In one partnership, the council, specialist midwives, and the health visiting team participated in upscaling a breastfeeding support service.

Challenges in tapestries of care and connection:

Stigma around needing support was an issue that impacted referrals to some services. A respondent working in diet and nutrition described other professionals' discomfort and avoidance of initiating conversations with parents about their child being overweight.

'If you're saying [...] "I think your child's growing a little too fast. Can we refer you for some specialist advice and support?" I think parents feel that there's some sort of blame and comeback on them, that they've not done a good job.'

Respondents mentioned the importance of being mindful of language when talking to parents and in any promotional material.



Reflective questions

- > How do speech and language specialists in your local area skill up the wider workforce for early identification of needs? Has your service explored the use of the [WellComm](#) tool? What do practitioners in your area know about early language learning for multi-lingual children?
- > How does support for families in your area function as a 'tapestry of care and connection' – for example, helping parents with their priorities and linking different opportunities for (formal and/or) informal support? Reflect on how this approach might enable better relationships and communication with parents.

3. Utilising new approaches



The ABS programme has been designed to respond to the needs of each local community. Approaches to adapting and developing to meet these needs have included:

Test and learn: Described as **experimental learning in service delivery**, respondents spoke about how ABS gives services the **flexibility** to review, change and **try different approaches**. This enables services and partnerships to reflect on what had worked well and the lessons learned, and identify improvements through **feedback from parents/carers and staff**.

One respondent described reviewing feedback and extracting ten key recommendations. This resulted in offering support in various settings, including community hubs and families' homes, and making more information about the service accessible online.

Respondents described regular meetings where staff reviewed services and made changes as needed. This partnership also implemented a 'lessons learned' document, which services submitted quarterly, outlining changes, how these had worked, and what they would change going forward.

Shared learning: Many respondents described **sharing learning** from ABS with professionals **within their local areas and more widely**. The annual report highlighted various examples, including one respondent who described plans for an ABS staff member to be seconded into the local authority to facilitate the development of speech and language outcomes achieved within the ABS partnership. Another strategic level respondent described plans to host a policy roundtable with local decision-makers, leaders, and system influencers as part of the programme's final year.

- > **Shared learning between ABS partnerships:** Opportunities for staff to attend annual ABS conferences were valued. One person highlighted how they learned about the successful Blackpool Better Start Parks and Open Spaces programme. This led to the development of the parks programme in Bradford. Both programmes aimed to improve children's health and development by encouraging outdoor physical activity.
- > **Opportunities for shared learning nationally:** Services described writing blogs and attending local or national events and conferences to present their work. For example, the director of one partnership's research group presented to trustees and the executive board to raise awareness of ABS within the organisation.

Co-production: ‘...Ultimately, it’s having something that’s designed by someone that’s going to use it is the ultimate goal’ (ABS community partner). Co-production was identified as ABS’s core strength and a **key difference in ABS governance structures compared to what respondents had experienced previously**. The annual report outlined various stages in systems development to which co-production might contribute, including using insights from parents to shape services, identifying barriers to service use, and encouraging parents to use opportunities in their local area. The themed report shared useful findings about how parents/carers can be involved in co-production across governance, service design, and delivery, for example:

- > In one partnership, parent representatives from different wards sat on the ABS Partnership Board. One ABS programme director established a strategic co-production group of people with lived experiences to inform the integrated care board (ICB) in their partnership area to ensure cross-learning between the ICB and ABS.

Parents/carers views informed **the development of services**. Services highlighted requesting parents’/carers’ views on projects, through formal consultation or informal feedback via surveys, free answer evaluations, and informal conversations, for example:

- > In one diet and nutrition service, feedback highlighted opportunities to increase access to new groups of women in the community. Recipes from West African and Caribbean communities were incorporated to increase representation and engagement with these communities.
- > Feedback on language and word choice from parents in one ABS ward was used to help design recruitment leaflets.

Co-production in service delivery through informal and formal volunteering supported high parental engagement in many ABS services, for example:

- > Peer parent run sessions and activities were experienced as more relatable and non-judgemental. ‘It goes well because they’re not talking from a book. They’re not child experts, but they’re experts at being a parent...’ (delivery partner)

The themed report, focused on parental engagement, anticipates that ABS approaches to co-production and parental engagement will leave a positive legacy in the Early Years sector.

Challenges in utilising new approaches:

Respondents noted that the test and learn approach was becoming **less prominent over time** as the end of ABS funding nears.

Sustaining meaningful engagement over time. Co-production was described as a long process that requires community members to become confident and establish mutual trust and respect between parents and partners. Therefore, transparency about the time required is important when co-production is less feasible.

Significant time commitment was recognised in some forms of parental engagement, particularly those involving parents in co-design, delivery, and governance. This can have financial implications for parents/carers as roles may not always be remunerated. Some ABS projects sought to ensure approaches to co-production were as light touch as possible to achieve sustainable engagement and reduce the overburdening of volunteers.

Ensuring that parents involved in co-design and delivery were representative of the diversity of the local community. Groups with which services were less successful engaging included those from ethnic, religious, and language minority backgrounds, fathers, the LGBTQ+ community, and families having their second or third child. Inclusive communication and engagement strategies are a baseline requirement.

Recognising that not all parents want to be involved in shaping services, which should be respected. Services should have low demand and inclusive ways of hearing from people who don’t want to be actively involved in co-production processes.



Reflective questions:

- > What arrangements exist to test and learn in practice and decide which changes to adopt, adapt, or withdraw?
- > How will you create a time and space for reflections and shared learning with colleagues?
- > Reflect on how the experiences of parents/carers are currently integrated into your practice, service or organisation. Can you identify other areas where co-production might support improvements?

4. Empowering parents and carers through holistic support



Linking to the idea of a ‘tapestry of care and connection,’ comprehensive support allowed parents/carers to feel empowered, leading to positive changes in family practices that supported child development. A variety of approaches were evidenced across the ABS partnership areas; examples include:

- > **Diet and nutrition:** Services focused on helping parents understand the importance of healthy lifestyles and ways to implement them. The evaluation highlights resources such as [HENRY](#) and the [Healthy Living Platform](#) as opportunities for educating parents on food groups and portion sizes.
- > **Language and communication:** One service aimed to close the ‘word gap’ for children from socio-economically deprived areas experiencing more significant language delays. This involved working directly with children and equipping parents with the skills to create language-rich home learning environments. This included **embedding book schemes into families’ routines**. This programme provides free books per month to help support literacy skills and bonding. One parent shared, ‘...Yeah, one odd time [the tablet’s] out. And then s/ he’s more into books now. [...] S/he’s reading more, especially on a night...’
- > **Social and emotional development:** Practitioners in another area discussed the positive influence of learning and development activities on social and emotional development and parent-child relationships, enabling parents/carers and children to understand their emotions better and recognise the reasons behind children’s feelings and behaviour.

Parent champions and peer support roles were highlighted as a strength of the ABS programme, including by parents who had engaged in these opportunities. All five partnerships described opportunities for parents/carers to **gain skills and work experience** by becoming volunteers, representatives, or paid/unpaid staff members. Respondents praised the positive impact of these roles. Examples include:

- > An ABS respondent describing how a peer support worker engaged with families who had been referred to the Speech, Language and Communication (SLC) Triage Panel by making initial contact, keeping them informed and supporting them in engaging with other services.
- > One parent with a history of postnatal mental health problems described how she was able to access a referral to local mental health services through a chain of support initiated by an ABS parent champion.

‘...one of the ladies who works at [ABS service], a lead parent champion volunteer thing, she mentioned that they do perinatal mental health, there’s like a route. And I basically at that time knew that I was struggling with mental health but hadn’t really said it out loud. And I basically pulled her to one side and said I do really need your help. And she said, well there’s a lady that we can get you in touch with called [name], who’s an NHS approved mental health visitor, who she now comes to the house once a month, and she got me in touch with [local mental health service].’

Parents were typically **provided with training** if they supported in delivering a service. Training covered topics including mental health awareness and information specific to the role a parent was taking, such as training for parents in relation to speech and language, parenting, and engaging dads. Parent champions’ role was noted as valuable due to its positive impact in engaging parents/carers. Some services also offered **ongoing opportunities for professional development and further training**. A volunteer service provided these opportunities through a 12-week programme that involved employability training and gaining transferable skills.

Across the constellation of services offered by ABS, families consistently discussed the importance of **non-judgemental and non-directive relationship-based support** in partnership with parents, centring relationships and helping families move forward on their terms.

One parent described this:

‘...they’re just really supportive people, the staff and like they make you feel like not, you’re not judged [...] you’re encouraged and supported. [They do] not patronise you. They understand it’s about the parents and the child and, listen to your views and help you out. I think more services need to do that. [...] Yeah, like some places, they make parents feel like they’re stupid. But parents are like the heart of the family. They keep children, you know, look after the children, make them happy, give them a sense of wellbeing and so, you know, they should be supported.’

Parents/carers indicated their preference for this kind of responsive, flexible, and relational support over more standardised instructional elements of ABS provision. They emphasised that acknowledging parents’/carers’ skills and expertise enhances family resources and parenting capacity rather than resolving presumed deficits.



Reflective questions:

- > How do you support and empower parents?
- > What opportunities exist for parents to gain skills and work experience in your practice?
- > To what extent can you tailor services and activities to support a family's needs? Reflect on examples where you have done this. What were the strengths and challenges of this approach?

5. Tailoring services and activities



Tailoring activities better to suit the needs or interests of families and children was evident across all ABS services. It occurred in multiple ways with the intention of making parents/carers feel welcomed, valued, and able to participate in services.

Ways in which inclusion was promoted in communication and engagement strategies included:

- > Using interpreters at screening sessions, holding group work sessions for people with a common language, and using community languages in outreach and delivery to ensure **that services were culturally attuned and reflected** the diverse ethnicities of local areas. Language is an important barrier for some families, and services should be tailored to enable participation.
- > Using strategies to **engage with families from minoritised backgrounds in terms of ethnicity and religion** such as a volunteer facilitating a drop-in group for Muslim mothers.
- > Getting a professional to **speak directly to those who might not feel that ABS services were 'for them'** or were considered less likely to engage, such as fathers and LGBTQ+ families.

Holistic support for families in relation to diet and nutrition outcomes was provided. In addition to providing evidence-based support around breastfeeding, one service supported parents/carers with lifestyle changes, such as returning to work and breastfeeding in public places. Additional support included helping parents manage healthy eating on a low budget. Food vouchers and schemes played a very important role for families, as did support tailored to the family's environment – for example, advising how to make nutritious meals with using only a kettle for families in temporary accommodation.

Accessibility:

To engage with diverse families, flexibility in service delivery was important. In all five ABS partnership areas, **parents valued flexibility, variety, and easy accessibility of ABS provision, alongside other specialist community services.** Ways in which services were adapted included:

- > Offering sessions at various locations and running different types of sessions. In one ABS partnership, a parent champion service held meetings in three locations: online, in the town centre, and out within the ABS community. As a result, this service found participation increased for dads and anxious parents who preferred to attend online meetings.
- > Using at-home visits, multiple ABS services delivering language and communication development switched to offering at-home visits for parents and families who could not visit the clinics.
- > Translating materials, using one-to-one interpreters and translated group sessions to reduce accessibility barriers.

Being **inclusive for children with additional needs** was also clearly important and positively acknowledged by families. For example, one parent shared:

‘...There’s never a minute where I’ve been to A Better Start thing and thought, well this isn’t accessible to any of us or this isn’t, you know, it’s always [my child] is treated like every other child, I’m treated like every other parent...’

Financial sensitivity and the cost-of-living crisis:

Both practitioners and parents highlighted the impact of the cost-of-living crisis on engagement and the ability of services to meet families’ needs. Out of 25 families interviewed (spanning all five ABS areas), 13 described housing and/or financial insecurity. It was evident that ABS services can play a significant role in supporting families. For example:

- > **Providing access to affordable, healthy food:** Many diet and nutrition services **expanded their reach** to ensure families could access services. This included one service running community pantries expanding their provision geographically in response to the cost-of-living crisis. Many of the parents involved in the evaluation are living with significant financial pressures, and it is important for professionals to recognise that parents may understand healthy eating principles but struggle to afford the food they would like to provide for their children.
- > **Helping families to secure welfare entitlements:** Several parents/carers gave examples of ABS staff helping to secure entitlements such as PIPs (Personal Independence Payments). Several families also received food vouchers directly from ABS, and ABS connected families to relevant local support.
- > **Providing access to affordable child and family activities** was highlighted as a success across the five ABS areas, helping families access activities they otherwise could not afford. Parents/carers valued additional indoor events and activities that ABS put on during the winter to ensure families were warm and had access to food.

Challenges in tailoring services and activities:

Geographic limitations: As in the first annual report, challenges were raised regarding accessibility. One father from a refugee background spoke about being unable to attend ABS activities due to a lack of affordable transport. The report also highlighted the experience of one family who lived **outside the ABS boundary**, initially introduced to ABS via outreach services that extend beyond the programme boundary, they were later unable to access universal ABS services with their child.

Timing: Some parents, particularly those who worked or had school-aged children, commented that the **timing of services** was a challenge to engagement, with one mother asking:

‘...I don’t understand, what is this obsession with Monday, Tuesday, Wednesday? I mean people live on a Thursday and Friday as well.’

Involving dads: The evaluation identified that fathers rarely access activities. Fathers interviewed said that lack of time is often a barrier to engagement. One spoke about recognising the value of ABS for his family, but did not perceive the local offer as directly relevant to him. Another shared similar sentiments about his capacity and need to engage but also advocated making **services that are open to everyone**.

‘Maybe if things aren’t branded as like, oh this is a father’s thing, it then might feel less ... for men as, rather than going, oh well this is just somewhere you can go, you know, families are welcome, and it doesn’t matter who you are...’

One service used home visits to help men navigate early fatherhood. A respondent in another area shared running a successful father’s perinatal mental health group. This approach was developed after identifying fathers’ struggles with being the ‘strong’ parent in their families. To improve engagement with fathers, another partnership appointed a dedicated dads’ peer support worker, allowing fathers to connect over shared experiences of fatherhood.

Families from minoritised groups: Challenges were identified engaging with underrepresented parents from minoritised groups in terms of ethnic, religious, language, minority background, the LGBTQ+ community, and parents having their second and third child.

Language barriers: Practitioners reported barriers to participation for families who don’t speak English as a first language. Adaptations were implemented, such as having interpreters at screening sessions and holding workgroup sessions for people with a common language. However, these challenges remained for some services. Services should ensure that materials such as infographics and event advertisements are translated into community languages.

Families living in difficult circumstances: Multiple ABS services shared examples of adaptations such as creating drop-in sessions for families at an asylum seeker hotel; hosting closed sessions for vulnerable groups; and running sessions in a homeless family shelter for asylum seekers and people fleeing from domestic violence. Sessions such as these were not advertised on social media and relied on a volunteer parent champion to connect with attendees.

Additional barriers, including low confidence and limited local knowledge, were evident for a small number of families, so support needs remained unmet.

Constraints on access to ABS support: In one area, a mother talked about attending cost-of-living sessions that focused on families on Universal Credit, which she felt excluded families such as hers, who have no recourse to public funds:

‘They give the advice but to the people who have already the benefits. [...] and at this moment it’s very difficult. Yeah, because you know the food become more expensive and everything.’

She explained that whilst food voucher schemes were run by a local charity and distributed by ABS children’s centres, she could not receive them as she did not meet the eligibility criteria.

In relation to diet and nutrition, parents/carers discussed tensions and challenges concerning children’s feeding practices more than in other outcome areas. Discussions highlighted challenges, including time pressure, organisation, and financial costs. As a result, providing support for affordable healthy foods (through food banks, vouchers and so on) was highly valued.



Reflective questions:

- > How would you describe the cultural diversity of the communities you support? How might this impact the support/services you deliver to families? Reflect on how you can ensure they are reflective of cultural differences.
- > How do you ensure that the unique needs of families, including those who face additional barriers, such as those who have English as an additional language, are recognised and addressed? Reflect on how the service can adapt support strategies to be inclusive and effective.
- > Think about a family you are working with – how do you understand their needs? What gaps do you need to explore further with them? How do your priorities fit with their priorities?

6. Facilitating social networks and community



Parents and carers valued ABS for facilitating social networks and a sense of community, which are core features of a local tapestry of care and connection. Examples included:

- > **The use of non-judgmental language:** an important way to establish trust and connection between families and ABS staff. In the context of communication and language, one infant mental health practitioner emphasised employing a gentle and non-judgmental approach when conversing with parents/carers about their babies' behaviours. This involved asking parents how they are experiencing or dealing with behaviour. Another partnership described the benefits of strong relationships with health visitors, reinforcing messages about speech and language and encouraging/reminding families to attend activities.
- > **Facilitating friendships between parents:** One parent described how ABS is an important safe space for her, describing it as **somewhere to go for comfort and reassurance** and to socialise with other parents in a space that is warm and nurturing:

'I just sort of see it as like a second home really, somewhere where you can just go and be comfortable and just meet loads of new people and people who are similar to you, in similar situations. And you know when you feel like the whole world is against you and that you're the only person in a certain situation, you go and actually you're not, it's nice...'

- > **Peer support roles** were highlighted as important in establishing trusted relationships. In the context of communication and language projects, respondents spoke about the positive impact of peer support colleagues, allowing parents to stay informed and supporting them to engage with other services.

Maintaining the engagement of families unlikely to access other formal support. The second annual report presented, as examples, the experience of two families where mothers described feeling that they would struggle to meet their child's needs without additional support. Both shared personal challenges in parenting activities around feeding, sleeping, joint play, and reading to the child. Both spoke about support from health visiting and other services but described ABS as offering something unique: a combination of targeted support and access to supportive and non-judgmental spaces.

Families managing complex and intersecting challenges shared how establishing a **consistent and dependable relationship with a key professional** was essential to their involvement with ABS, allowing them to receive targeted support and supporting them to participate in group activities. It was also identified that these families valued **continuity in relationships**. This was illustrated in a mother's description of the strength of her bond with her ABS peer support worker, 'because she's always been there'.

Families not dealing with significant crises or complex situations also shared the importance of sustained relationships with ABS provision/groups and individual workers. One mother explained, 'A Better Start are there if we ever want to message them.' Another parent shared that she continued regular contact with her child's ABS speech and language worker despite the child moving onto specialist provision.

Network building:

Many parents involved in ABS partnerships valued the experience due to the **community support** available to them through their participation in ABS provision. The themed report defined community as 'place' and 'people'. Working within a community setting, while fostering a sense of community among parents was emphasised as characteristic of successful parental engagement.

Examples included:

- > Group sessions in which parents/carers had opportunities to connect and improve the visibility of services within communities were seen as successful.
- > Food clubs that ran community events for families new to the area and a pantry service that encouraged service users to share recipe ideas and participate in communal food preparation sessions.

Network building underlines the positive impact of fostering relationships and community, and several families described **improved social networks** due to ABS involvement. Parents/carers benefited by reducing social isolation and enhancing confidence, mental health, and wellbeing. One parent shared:

'I think with all the volunteering and just the support worker from A Better Start, other people, [other service], people that I've met are supporting me, it's helped my confidence, yeah, it's helped me like, I don't know, I just feel more motivated, you know?'

In another area, a mother with a migration background explained how her involvement in volunteering with ABS enabled her to feel connected to her wider community and practise her English:

‘Because in the church, yeah, it’s good, I can see people who speak [home language...but they didn’t give me the place where I can speak English. So now in [ABS partnership area] I have that, it’s like I have to speak English, so that’s good.’

Another parent described the value of building social networks as part of achieving a tapestry of care and connection.

‘I’ve got lots of friends now, like which I didn’t really have before, because I’d just become a mum and I didn’t really have any friends, and like now I have so many mum friends that I can’t keep up with them all.’

In addition, a mother spoke about her ability to build a network in her community through her involvement with ABS. With ABS’s support, she established her own **skills course for women** in her area.

Challenges in facilitating social networks and community:

Although parents valued relationships with key staff or professionals, some expressed concerns about **what happens when a trusted worker leaves their role or is no longer available**. Engaging families with group activities to broaden their networks beyond the individual worker’s support helped alleviate the impact of staffing changes.



Reflective questions:

- > How do you build and maintain positive relationships with the families you support? How do you and your service actively manage relationship transitions with families?
- > What strategies might you use to actively foster relationships and build a sense of community within your services, ensuring parents/carers feel connected and supported by their peers and the wider community?
- > Reflect on how fostering community and network opportunities for parents/carers could benefit families in your area.

7. Next steps for the ABS national evaluation

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

For more information about the evaluation and methods used, refer to the [evaluation protocol](#) available for download.



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