

## SOUTHEND'S BEST START: WHAT HAS BEEN THE IMPACT OF THE ABSS PROGRAMME?

### Phase 1 Final Report for the Summative Evaluation

24 August 2022

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# EXECUTIVE SUMMARY

## About this evaluation

Early Years Alliance (EYA) asked RSM UK Consulting LLP (RSM) and University of Essex (UoE), to measure the impact of the A Better Start Southend (ABSS) programme. This Report summarises the findings from Phase 1. It is based on:

- A review of finance and monitoring information held by ABSS
- Interviews with 12 ABSS partners, programme delivery staff, non-ABSS service providers and community leaders in Southend
- Interviews with 18 ABSS service managers and staff
- A survey of 33 ABSS service delivery staff and volunteers
- A survey of 94 parents and carers who took part in ABSS activities or events
- 5 focus groups with 19 parents and carers who took part in ABSS
- A survey of 113 local parents and carers who had not taken part in the ABSS programme.

**Survey responses were lower than expected. This means that the survey findings presented in this report are indicative and cannot be generalised to represent the whole population.**

## About the ABSS programme

ABSS is a 10-year, £36 million programme funded by The National Lottery Community Fund (TNLCF). Since 2015 the ABSS programme has provided free services to over **5,000 pregnant people and families** with babies and children under 4 years old. As part of the original ABSS funding agreement, ABSS services are primarily available to people living in ABSS wards - Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury. Almost all respondents to the parent survey said they **enjoyed the ABSS activities they took part in and found them useful.**

**98%** of respondents

**enjoyed** the ABSS activities they took part in.



**97%**

**found them useful**

## Strength of a community-based approach

Some interviewees felt that the community-based approach was a strength of the ABSS programme, because it **made use of local knowledge, supported better communication with different communities and made it easier for people to take part in ABSS activities.** A minority of interviewees also felt that the way that the ABSS programme **tailored its approach to its users** was innovative, in how it:

- **worked with participants** using group sessions, peer support, one-to-one support, home visits or a combination of these
- **reached out to new participants**, for example, through public events like the Festival of Conversations, working with community groups and advertising in local businesses.

The majority of interviewees said that the programme had introduced some promising practices, including **sharing lessons learned** with other organisations in Southend, and **community involvement** in service design (co-production) and how it is run (governance). Most respondents to the staff survey said that the importance of collaboration and co-production was understood by everyone involved in the ABSS programme (76%). However, a minority of interviewees felt that, at times, co-production had been relatively superficial.

## Representation from local communities

A minority of interviewees said that the parent champions and governance boards were **representative of the local community**, and included fathers, families from Black, Asian and minority ethnic (BAME) backgrounds, a good age range and people with disabilities. However, a separate minority of interviewees disagreed and felt that governance activities were not diverse, commenting that they often saw **the same people attending which often discouraged others from taking part**. Groups that were noted as being **underrepresented in co-production and governance were fathers and people who do not speak English**.

## Associated with a more positive parenting experience

There was some evidence that the ABSS programme was associated with a more positive parenting experience for those who have taken part in it. While respondents identified other factors that had influenced these changes, the findings provide some support that the ABSS programme was having an impact on participants.

Since taking part in the programme, survey respondents said they were

**better able to access support** to:

- **be healthy** (84% of respondents, compared to 54% before ABSS and 64% of respondents who had not taken part in the programme)
- **eat well** (82%, compared to 58% and 63%)

and help their children:

- **interact with others** (82%, compared to 56% and 57%)
- **express themselves** (77%, compared to 53% and 58%)
- **understand their feelings and behaviours** (72%, compared to 47% and 52%).



There was also evidence that since taking part in the programme respondents

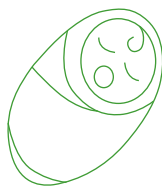
**knew more** about:



- the **benefits of breastfeeding** (89%, compared to 52% and 75%)
- activities they could do to help their **children learn to talk** (78%, compared to 41% and 60%) and
- **express themselves** (74%, compared to 31% and 53%)

Respondents also reported **increased confidence** in their ability to:

- **breastfeed** (78%, compared to 30% and 51%)
- **get involved in designing or delivering services** for people in Southend (50%, compared to 13% and 26%).



Other factors that had influenced these changes:

- gaining more experience as a parent
- advice from professionals
- support from family and friends.



## Less of an impact on the wider community

Findings on the impact that the ABSS programme had on people's sense of connection were mixed. Almost a third of respondents said the programme made them feel **more connected to other parents** (32%). However, the majority of respondents reported little or no impact on how connected they felt to the wider community (62%) or their neighbourhood (49%).

Respondents to the parent survey were generally more positive about the impact that the ABSS programme has had on children and families in Southend and their involvement in local services when compared to the community survey. This was supported by the findings from the interviews and staff survey.

The majority of interviewees said that the ABSS programme had been successful in **developing community resilience**. Respondents to the staff survey said it:

- **improved the confidence of the parents involved** in ABSS services (94%)
- helped parents **support their children's growth and development** (94%)
- gave people in ABSS wards **more opportunities to connect** with each other (91%)
- **improved the outcomes of children and babies** involved (90%)
- supported people in ABSS wards to **work together to address local issues** (74%)



It is important to note that fewer respondents were able to answer that last question.

However, a minority of interviewees felt that while there were benefits for those involved in the ABSS programme, its **reach was not broad enough to have impacted the wider community**. These interviewees said that the programme had limited to no lasting impact on community resilience and that other programmes had contributed towards community resilience. Therefore, they could not attribute all of the changes to the programme.

### **Whilst no group was intentionally excluded, the programme struggled to reach some specific groups**

While survey respondents were generally positive about how inclusive the ABSS programme was, respondents to the parent survey were more likely to have said that ABSS actively **encouraged the involvement of people from different backgrounds** (90% of respondents, compared to 75% of respondents to the community survey). The majority of interviewees and some focus group participants also agreed that the ABSS programme was inclusive by design. However, when asked which groups, if any, were benefiting most from the ABSS programme the majority of interviewees said it was predominantly white females.

When asked about what groups, if any, were not actively participating in the ABSS programme, some interviewees said that it was **difficult to get fathers involved** in some, but not all, ABSS services. This was also reflected in responses from the focus group participants. A minority of interviewees said that the ABSS programme had **struggled to engage ethnic minorities**, particularly Chinese and Jewish communities, due to difficulties in accessing and understanding people in those communities as well as existing support networks within those communities. Other groups the programme had struggled to engage were **people with disabilities** and **young mothers**.

### **Issues effecting take up of ABSS services**

Survey findings identified a number of **issues that influenced take up** of ABSS support that were likely to impact some groups more than others, including:

- Lack of awareness or information about the programme and who could access it
- When, where and how ABSS services were being delivered.

Most respondents to the parent survey found out about the ABSS programme through the **children's or family centres** (56%) or were **referred by a professional** (37%). This was supported by a comparison of survey findings on where respondents who participated in the ABSS programme go to for support and advice about their children's development when compared to respondents who had not taken part in the programme. This suggested that **people who were not already using these other services could be missed**.

Some interviewees also identified challenges in reaching specific groups, including communication difficulties for **parents who did not speak English** and **cultural issues**,

particularly the preference amongst some communities for formula milk rather than breastfeeding. The **COVID-19** pandemic created an additional barrier in reaching groups that were already underrepresented across the ABSS programme, particularly the BAME community, because it meant that many local businesses and venues that could have been used to advertise ABSS services were closed. Finally, interviewees said that the **timing of ABSS service delivery** often created a barrier to fathers getting involved in sessions and activities that were held during the week. The same would be true for many working parents and carers.

### Working with other children's and families' services in Southend

The majority of interviewees felt that the programme had established **good links with other local services**, particularly in the health sector and speech and language services, that benefited from direct referrals. Some interviewees said that the programme had done a good job of networking with other services in Southend, through networking events, regular meetings, and updates. However, some interviewees felt that creating linkages with other services had been challenging. A minority of interviewees commented that, at least in the beginning, there was limited understanding of what the ABSS programme had to offer and how it could work with non-ABSS services.

**80%** of respondents to the parent and community surveys said there was **more community involvement in the design of local services** because they were following the **ABSS approach**.



Some interviewees also commented on the impact that the ABSS programme has had on other services. This included **stronger working relationships, improved referral pathways and adoption of the co-production approach** by other organisations and local government, albeit to a lesser extent than the ABSS programme.

It is notable, however, that a large proportion of respondents were unable to answer these questions, indicating that **the programme's impact on other services was not widely known or understood**.

A minority of interviewees also said that the ABSS programme had **contributed to a greater focus on service sustainability, legacy and future programme design at a systems level**. Sustainability was seen as an important part of the programme. The more **integrated ways of working and the increased connection between services** were seen as something that should be continued. The focus on sustainability and legacy was something that these interviewees had observed being included in the design of other programmes because of the ABSS programme.

Some benefits to the children's workforce were identified in terms of **encouraging a culture of learning and development** as well as a **shift towards early intervention and prevention**. Although it was not clear to what extent the latter was being driven by the ABSS programme rather than the national policy agenda. There was no evidence to suggest there was any change in the makeup of the children's workforce.

A minority of stakeholder interviewees felt that **austerity measures had restricted local service providers' ability to deliver early interventions**, because they did not have enough resources to focus on prevention as well as treatment. Additionally, austerity was seen as causing the voluntary sector to deliver more target focused products, to remain viable in the face of constrained commissioning from local authorities. This was said to have

increased the sense of competition between service providers and limited the use of a more joined up approach.

Findings on the programme's influence on inequalities in access to children's and families' services in Southend were mixed.

A minority of interviewees said that the ABSS programme was **providing accessible services** directly to those from deprived areas who would normally not have access to these services.

They also said that the delivery of ABSS services in

community hubs and family centres had **encouraged ABSS participants to access other non-ABSS services** in these venues. However, a minority of interviewees felt that the ABSS programme had **done very little to reduce inequalities in access to services**. This was supported by a minority of focus group participants, who said that although the ABSS programme had a positive impact on them, they often found it quite **difficult or confusing to go on to access further services** offered by either ABSS or non-ABSS providers.

A minority of interviewees also felt that the ABSS programme had created **some separation between ABSS and non-ABSS wards** and that limited engagement with ethnic minority families had created further division and **increased inequality in access to services**.

### Learning lessons

Respondents to the staff survey said that the programme had adapted, and **improvements had been made**. This was supported by some interviewees who said that both the

programme and individual ABSS services had changed in response to lessons learned from the testing of different delivery approaches and the feedback collected. A minority of focus group participants also reported improvements in the range of activities on offer and the role parents were given in helping to shape the programme.

### Recommendations from Phase 1

1. **Raise awareness about what the programme offers** by creating accessible guides or maps to services that can be easily understood by families. One way to do that would be for ABSS to carry out a systems mapping exercise.
2. **Address the gaps and inconsistencies in service level monitoring information** to make sure that there are reliable measures to identify where there has been change that could be credited to specific ABSS activities or services and help to track that change over time. ABSS has already committed to actioning this recommendation.
3. **Use a more innovative and multi-pronged approach to community outreach and recruitment**. ABSS should use a mixture of parent champions, community connectors, public events, community and voluntary groups and statutory services to help attract a more diverse group of participants.



**38%** of respondents to the staff survey said that the ABSS programme had

**reduced inequalities in access to services**



**16%** said it **neither reduced or increased inequalities**

**16%** said it **increased inequalities in access to services**.



It is important to note that a relatively high proportion of survey respondents (31%) answered 'don't know'.

Totals do not sum to 100% due to rounding.

**Changes** were made in response to:

- insights from on-going **monitoring** of the programme (85% of respondents to the staff survey)
- **lessons learned during implementation** (73%)
- **emerging issues**, such as COVID-19 (89%).





# 1 INTRODUCTION & BACKGROUND

## 1.1 Introduction

Early Years Alliance (EYA) has asked RSM UK Consulting LLP (RSM) and University of Essex (UoE), to conduct an independent Summative Evaluation of the A Better Start Southend (ABSS) programme.



The purpose of the Summative Evaluation is to measure the impact of the ABSS programme to date. The evaluation approach, summarised in Section 1.4.3, was discussed and agreed with EYA in 2021. This Phase 1 Report summarises the findings from our research activities in 2021 and 2022. Phase 2 will take place in 2023. Phase 3 will take place in 2024/2025.

## 1.2 Background to the ABSS programme

ABSS is part of a 10-year programme funded by The National Lottery Community Fund (TNLCF). Southend-on-Sea is one of five sites across the country aiming to transform services for very young children living in deprived areas.

The ABSS partnership includes EYA, Southend-on-Sea City Council (SCC), and a range of other partners providing health, education and other community services in Southend. EYA coordinates the activities of ABSS. The ABSS programme was awarded £36 million funding from TNLCF for the period 2015 to 2025. Since it started in 2015 ABSS has been providing free services to pregnant people and families with babies and children under 4 years old. As part of the original ABSS funding agreement, ABSS services are primarily available to people living in one of the six ABSS wards (Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury).

The programme aims to improve the lives of children in Southend by improving:

- **Social and emotional development** - including how children interact with others and understand their own emotions and behaviours, how parents' bond with their children, and parents' mental health and wellbeing
- **Communication and language development** - including children learning to talk and express themselves
- **Diet and nutrition** - being healthy and eating well for pregnant people and young children (under 4 years old), including breastfeeding, physical activity and stopping smoking and stopping drinking alcohol during pregnancy
- **Community resilience** - giving people in ABSS wards the opportunity to connect with each other and supporting them to work together to address local issues.

It also aims to influence **systems change** - shaping how local providers of children's and families' services<sup>1</sup> work and interact with each other and the communities they serve. The ABSS programme is described in more detail in Section 2 of this report. The ABSS Theory of Change is detailed in Annex A.

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<sup>1</sup> This includes health professionals, social workers, local government and education providers.

## 1.3 Overview of this summative evaluation

Over the next three years, this evaluation aims to understand the difference the ABSS programme is making at a programme, community and system level:

- **Programme level** - change experienced by the organisations involved in delivering the ABSS programme (ABSS delivery partners).
- **Community level** - change experienced by people who have taken part in ABSS services as well as the wider population living in the six ABSS wards: Kursaal; Milton; Shoeburyness; Victoria; Westborough; and West Shoebury.
- **System level** - change experienced by other providers of children's and families' services in Southend, including health professionals, social workers, local government, and education providers.

The evaluation logic model and research questions are detailed in Annex B.

### 1.3.1 Methodology

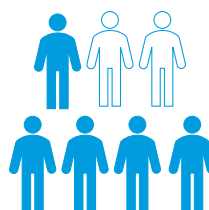
This report is the main output from Phase 1 of the evaluation. It has been informed by:

- Analysis of the financial and monitoring information held by ABSS
- 10 interviews with 12 representatives: 5 ABSS partners, 2 programme delivery staff; 3 community leaders; and 2 other children's and families' service providers
- 15 interviews with 18 ABSS service managers and staff
- A survey of 33 ABSS service delivery staff and volunteers (staff survey)
- A survey of 94 parents and carers who had taken part in ABSS activities or events (parent survey)
- 5 focus groups with 19 parents and carers who had taken part in ABSS
- A survey of 113 local parents and carers who had not taken part in the programme (community survey).

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population (see Annex C: Profile of survey respondents).**

The frequency of the interviewee, focus group and survey responses is described in this report using the following scale:

- 'All' = 100%
- 'Vast majority' = 75% - 99%
- 'Majority' = 51%- 74%
- 'Some' = 25% - 50%
- 'Minority' = 1% - 24%
- 'None' = 0%



The survey of parents and carers who have taken part in ABSS activities or events (the parent survey) included questions about the respondent's experience before and since taking part in the programme. Comparisons have been made between the before and after questions using paired T-tests to assess the extent to which any change observed was statistically significant (at the 95% confidence level, i.e. with statistical significance attributed if the p-values were less than 0.05) rather than due to sampling uncertainty.

Comparisons between the parent survey and the survey of parents and carers who have not taken part in the ABSS programme (the community survey) have been made using Chi-Squared tests (with a P-Value of less than 0.05 indicating a statistically significant difference). Chi-Squared tests are commonly used to test independence between two variables. In this they tested whether respondents answered the same questions on the parent and community surveys in a similar manner.

The Evaluation Team undertook a number of activities to promote the surveys and encourage completion (see Figure 1.1).

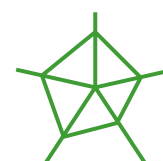
**Figure 1.1: Survey promotion activities**

Activity	
<b>Incentives</b>	A prize draw giving respondents to the parent and community surveys the chance to win <b>one of ten £50 gift vouchers</b>
<b>Sharing survey links and QR codes with:</b>	<ul style="list-style-type: none"> <li>• The <b>ABSS communications and marketing team</b> for inclusion in the ABSS Newsletter, ABSS events webpages and social media posts</li> <li>• <b>ABSS project managers</b> and working with them to encourage completion by service staff, volunteers and participants</li> <li>• All <b>ABSS service managers</b> and asking them to use their existing networks and communication channels (including direct mailing lists and social media) to distribute survey links to delivery staff and volunteers, ABSS participants and other parents and carers within the ABSS wards</li> <li>• Online platforms, <b>Livewell Southend</b> and <b>Mumsnet</b></li> <li>• <b>Southend family centres</b></li> <li>• Other organisations within the <b>ABSS partnership</b> and asking them to use their existing networks (e.g. Southend Learning Network) and communication channels to distribute survey links to ABSS participants and other parents and carers within the ABSS wards</li> <li>• <b>Over 50 local community and voluntary sector groups</b>, including the Southend Association of Voluntary Services (SAVS), to distribute using their existing communication channels and social media</li> <li>• <b>Over 60 early years providers, nurseries and primary schools</b> in Southend to ask them to share the community survey links with their parents and carers</li> </ul>
<b>Paper versions of the parent survey</b>	100 paper versions of the parent survey questionnaire were posted to <b>three ABSS services</b> who thought their participants would prefer to complete a paper copy of the survey. No paper copies of the survey were returned.
<b>Printed flyers</b>	<p>300 flyers showing the parent survey link and QR code were sent to <b>seven ABSS service managers</b> who requested them to distribute to their participants.</p> <p>150 flyers containing the community survey link and QR code were posted to <b>other local community and voluntary sector organisations</b>, including SAVS, to distribute to their service users at in person events.</p> <p>400 flyers with the community survey link and QR code were sent to <b>early years providers, nurseries and primary schools</b> in Southend who requested printed copies to share with their parents and carers.</p> <p>Flyers containing the community survey link and QR code were mailed to <b>12,500 homes</b> in ABSS wards.</p>
<b>Stay and play sessions</b>	RSM staff attended <b>four stay and play sessions</b> in family centres in ABSS wards to promote the community survey in person.
<b>Advertising on High Street</b>	RSM staff handed out printed flyers on <b>Southend High Street</b> with the link and QR code for the community survey.
<b>Working with Southend City Council (SCC)</b>	Working with SCC to promote the community survey links through the <b>Council's social media, communication channels and networks</b> (e.g. Disability forum, Faith and Belief network and Southend Business Partnership).

## Participatory Action Research

The absence of suitable baseline data described in Section 4.2.2, and guidance from UoE about conducting face-to-face research during the COVID-19 pandemic, has led to delays in the Participatory Action Research (PAR)<sup>2</sup> being led by UoE as part of the Summative Evaluation. Besides standard qualitative research techniques, such as exploratory and semi-structured interviews, the following participatory methods could be used:

- **Service mapping:** an interactive and deliberative method used to represent spatial knowledge of local communities. Participants engage in an analytical process by creating a visual representation of their environment in relation to a social issue.
- **Photovoice:** an image-based method involving a “process by which people can identify, represent and enhance their community” (Wang & Burris, 1997)<sup>3</sup> through photos that capture their surroundings/ experiences and challenges. This leads to a discussion of the images and identification of what they show.
- **Spider-grams:** to explore as a group what they think “counts” as “health enabling resources” in (or near) their community, and a discussion about how it is distributed (Kapilashrami & Marsden, 2018).<sup>4</sup>



The PAR will involve three groups of around six to eight ABSS service delivery staff to identify key barriers in reaching disadvantaged groups and gaps in equity of access to ABSS services. The PAR is being undertaken in overlapping phases to review and develop the approach as the work progresses. Staff working for the ABSS services within the three ABSS workstreams - social and emotional development; communication and language development; and diet and nutrition - are being invited to take part in the PAR. There will be one participatory research group for each workstream.

**PAR preparatory phase:** A preparatory phase is helping the researchers understand more about the aims and delivery of each ABSS service and some of the main barriers/ gaps in achieving equity in access to ABSS services. UoE researchers are using an introductory meeting with service managers to explain the approach, seek their reflections on provision and integration of services and obtain their support in the recruitment of participants amongst their staff.

**PAR knowledge generation phase:** This will involve three to four meetings of participants within each workstream over the course of nine to twelve months:

1. An initial orientation meeting with participants to set the agenda, explain the research and potential PAR methods, with a group discussion about these to agree on which best suits the group. The group will also agree on the frequency and timings of future meetings. The orientation meeting will start with developing resource maps.
2. A follow up meeting (probably in 2 months) to bring back data (in the form of images etc.), and use these to facilitate discussion on emerging themes.
3. One or two further meetings along similar lines within a 3-to-6-month timeframe.

The first PAR meeting was held with the diet and nutrition group on 5<sup>th</sup> April 2022. The findings from the PAR will be included in the Phase 2 and Phase 3 reports.

<sup>2</sup> PAR is often used in inequalities research. It involves a collective and reflexive inquiry process that researchers and participants undertake to explore and analyse local knowledge.

<sup>3</sup> Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health education & behaviour*, 24(3), 369-387.

<sup>4</sup> Kapilashrami, A., & Marsden, S. (2018). Examining intersectional inequalities in access to health (enabling) resources in disadvantaged communities in Scotland: advancing the participatory paradigm. *International journal for equity in health*, 17(1), 1-14.

### 1.3.2 Limitations

It was not possible to conduct a baseline analysis of the current levels of achievement on key outcomes for this evaluation due to gaps and inconsistencies in service level monitoring information. This is described in Section 4.2.2.

Despite the activities undertaken by the Evaluation Team to promote the surveys and encourage completion (see Section 1.4.3), the response to the surveys was lower than expected (see Annex C: Profile of survey respondents). **This means that all survey findings presented in this report are indicative and should not be generalised to represent the whole population.**

## 1.4 Report structure

The rest of this report is set out under the following headings:

1. The ABSS programme (31 Mar 2022)
2. Effectiveness
3. Impact
4. Equity
5. Other effects
6. Conclusions and recommendations
7. Annex A: ABSS Theory of Change
8. Annex B: Evaluation logic model and research questions
9. Annex C: Profile of survey respondents



## 2 THE ABSS PROGRAMME (31 MAR 2022)

### 2.1 Background and context

ABSS is part of the 10 year, £215 million, A Better Start (ABS) programme funded by TNLCF. The ABS programme funds local partnerships in five areas across England to test new ways of making support and services for families stronger, so that children can have the best start in life. The five areas are Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea. The ABSS partnership includes EYA; Essex Partnership University NHS Foundation Trust (EPUT); Essex Police; Family Action; SAVS; SCC; Southend University Hospital NHS Foundation Trust; Southend Clinical Commissioning Group; UoE; and YMCA.

### 2.2 ABSS income and expenditure (1 Apr 2015 to 31 Mar 2022)

The resources used to deliver the ABSS programme include:

- £36.0 million ABS funding from TNLCF (reduced from £40 million due to delayed implementation)
- leveraged funding from local partners.

ABSS received £19.7 million of ABS funding from TNLCF from 1 April 2015 to 31 March 2022 (see Figure 2.1). This represented 54% of its ten-year ABS grant funded amount. In addition to ABS grant funding received from TNLCF the programme also secured £1.6 million in leveraged income from ABSS delivery partners between 1 April 2015 and 31 March 2022. Total ABSS expenditure during this period was lower than expected. This was due to the initial implementation period taking longer than anticipated and delays to mobilisation/ some activities being paused in response to the COVID-19 pandemic.

**Figure 2.1: ABSS expenditure (cumulative to 31 Mar 2022)**

Area of spend	Ten Year Budget (1 April 2015 to 31 March 2025)		Actual spend (1 April 2015 to 31 March 2022)		Actual as a % of Ten-Year budget (%)
	(£)	(%)	(£)	(%)	
Social and emotional	9,020,941	25%	3,884,301	20%	43%
Communication and language	4,337,258	12%	2,580,092	13%	59%
Diet and nutrition	4,585,389	12%	2,177,484	11%	47%
Community resilience	3,434,947	9%	1,706,187	9%	50%
Systems change	3,305,447	9%	1,431,390	7%	43%
Creche services	844,792	2%	445,992	2%	53%
Sustainability and legacy plan	1,135,868	3%	118,971	1%	10%
Design, commissioning & governance	7,330,133	20%	5,199,376	26%	71%
Programme, comms & marketing	253,178	1%	253,178	1%	100%
Programme evaluation	154,729	0%	123,729	1%	80%
Management costs	1,808,492	5%	1,266,904	6%	70%
Revenue expenditure	36,211,174	99%	19,187,604	97%	46%
Capital expenditure	534,341	1%	534,341	3%	100%
<b>Total</b>	<b>36,746,595</b>	<b>100%</b>	<b>19,721,945</b>	<b>100%</b>	<b>54%</b>

Source: ABSS Management Accounts, Q4 2021/22

Note: The total ten-year budget presented is higher than the £36.0m ABS grant allocation. Discrepancy is due to extenuating circumstances.

Figure 2.1 shows that project expenditure was not distributed evenly between the workstreams. The 'Social and emotional' workstream accounted for almost twice as much spend as the 'Diet and nutrition' workstream (20% of total expenditure to 31 March 2022, compared to 11%). The figures reported to TNLCF also include 'Sustainability and legacy plan' and 'Creche services'.

## 2.3 ABSS services

Figure 2.2 lists the ABSS activities and services delivered under the ABSS programme across each of the five workstreams.

**Figure 2.2: ABSS services (including closed and current activities)**

Workstream	ABSS service
<b>Social and emotional</b>	<ul style="list-style-type: none"> <li>• EPEC (Baby and Us, and Being a Parent)*</li> <li>• Families Growing Together</li> <li>• Family Nurse Partnership</li> <li>• Family Support Worker Social Communication Need</li> <li>• IDVA</li> <li>• Perinatal Mental Health</li> <li>• Preparation for Parenthood*</li> <li>• Volunteer Home Visiting Service</li> <li>• Your Family</li> </ul>
<b>Communication and language</b>	<ul style="list-style-type: none"> <li>• 23 Month Screening</li> <li>• Attention ABS</li> <li>• Babbling Babies</li> <li>• Chatting Children</li> <li>• Fathers Reading Every Day (FRED)*</li> <li>• Follow Up Sessions</li> <li>• Let's Talk</li> <li>• Little Listeners*</li> <li>• Project Home and Early Years Setting</li> <li>• Sensory Story Time</li> <li>• Super Sounds</li> <li>• Talking Transitions</li> <li>• Talking Tiddlers</li> <li>• Talking Toddlers</li> <li>• Talking Walk Ins</li> <li>• Wellcom Screening</li> </ul>
<b>Diet and nutrition</b>	<ul style="list-style-type: none"> <li>• 121 Breastfeeding</li> <li>• 3 - 4 Month Health Visitor Contact</li> <li>• FOOD Club</li> <li>• Group Breastfeeding</li> <li>• HENRY</li> <li>• Infant Feeding Supervisor Lead</li> <li>• Maternal Healthy Weight</li> <li>• Programme Delivery Service</li> <li>• Public Health Midwife</li> <li>• Southend Supports Breastfeeding</li> <li>• The Food and Growing Project</li> </ul>
<b>Community resilience</b>	<ul style="list-style-type: none"> <li>• ABSS Parent, Family and Community Hub/Parent Champion and Family Community Hub</li> <li>• Community, Ideas and Development (CID) Fund</li> <li>• Engagement (co-production work)</li> <li>• Engagement Fund COVID-19</li> <li>• Engagement Fund (parent champions)</li> <li>• Story Sacks</li> <li>• Umbilical Chords</li> <li>• Work skills</li> </ul>
<b>Systems change</b>	<ul style="list-style-type: none"> <li>• Joint Paediatric Clinic</li> <li>• Southend Early Autism Support (SEAS)*</li> </ul>

Source: ABSS Project Programme Summary provided by EYA on 24/03/21

Note: \* indicates a project which has closed

## 2.4 Profile of ABSS Beneficiaries (1 April 2021 – 31 March 2022)

The primary beneficiaries of the ABSS programme are pregnant people, babies and children under 4 years old. The ABSS Project Activity Dashboards show that the programme has supported a total of 5,162 unique primary beneficiaries since it began on 1 April 2015 until the end of the last full reporting period on 31 March 2022.<sup>5</sup> In order to get a better understanding of the types of people accessing ABSS support, RSM analysed the profile of these beneficiaries over the last financial year (from 1<sup>st</sup> April 2021 to 31 March 2022). A total of 1,983 unique primary beneficiaries were supported during this period (or 38% of unique primary beneficiaries to date). Figure 2.3 to Figure 2.5 show the profile of primary beneficiaries by ethnicity, ward and level of deprivation. Figure 2.6 and Figure 2.7 show the relationship of the ABSS participant to the primary beneficiary (i.e., if the ABSS participant is a parent or carer) and the age of parents/ carers participating in ABSS projects respectively.



In terms of ethnicity, the majority of primary beneficiaries are 'White' (73%) (Figure 2.3), compared to 88% of the total population living in ABSS wards.<sup>6</sup> However, information on ethnicity has not been collected from more than a tenth (11%) of beneficiaries. The remainders are from a: 'Mixed/Dual background' (5%); 'Asian or Asian British' (5%); 'Black or Black British' (4%); and 'Any Other Ethnic Group' (2%).

**Figure 2.3: Ethnicity of ABSS primary beneficiaries**

Ethnicity	n	%
White	1,443	73%
Mixed / Dual Background	107	5%
Asian or Asian British	100	5%
Black or Black British	73	4%
Any Other Ethnic Group	36	2%
Information Not Yet Obtained	224	11%
<b>Total</b>	<b>1,983</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 4

<sup>5</sup> Based on data accessed 19 May 2022

<sup>6</sup> Office for National Statistics (2011) Census 2011



The profile of primary beneficiaries also varies by ward (Figure 2.4). A fifth of participants come from Kursaal. This is likely to be due to the relatively higher percentage of children in low income families in Kursaal compared to the other wards (33%, compared to 31% in Victoria, 27% in Milton, 23% in Shoeburyness, 23% in West Shoebury, and 19% in Westborough in 2016).<sup>7</sup>

**Figure 2.4: ABSS primary beneficiaries by ward**

Ward	n	%
Kursaal	402	20%
Victoria	372	19%
Shoeburyness	354	18%
Westborough	304	15%
Milton	284	14%
West Shoebury	267	13%
<b>Total</b>	<b>1,983</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 2

Note: Totals do not sum to 100% due to rounding



As would be expected, given the focus of ABS funding on deprived areas, the majority (73%) of primary beneficiaries lived in the top 30% of the most deprived areas (Figure 2.5). This exceeds the ABSS target of 72% of primary beneficiaries living in the top 30% of the most deprived areas.

**Figure 2.5: ABSS primary beneficiaries living in most deprived areas**

Location	n	%
Living in top 30% most deprived areas	1,446	73%
Not living in top 30% most deprived areas	537	27%
<b>Total</b>	<b>1,983</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards

Note: Deprivation levels are from the 2019 Indices of Multiple Deprivation

<sup>7</sup> [SmartSouthend: Children in Low Income Families Ward](#)

As shown in Figure 2.6, the majority of participants were the primary beneficiaries' mothers (83%), followed by fathers (14%) and others (2%, e.g., childminders, carers, grandparents or other family members). This was unsurprising as mothers in the UK still predominately take the primary carer role for children under 4 years old. There were also a number of ABSS projects that specifically target mothers (e.g., Breastfeeding Group Support and 121 Breastfeeding Support). These 2 projects alone accounted for almost a fifth of the total number of mothers participating in ABSS projects from 1 April 2021 to 31 March 2022 (i.e., 357 out of 1,983).

**Figure 2.6: ABSS participants' relationship to primary beneficiary**

	n	%
<b>Mother</b>	1,532	83%
<b>Father</b>	263	14%
<b>Other</b>	41	2%
<b>Total</b>	<b>1,836</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 8

The majority of ABSS participants were aged 30 to 39 (52%), accounting for just over half of the participants (Figure 2.7); the next largest category was 22-29 year olds (30%). These were followed by: 40+ (12%), with relatively few young mothers (5% were 18-21 and 1% were 17 and under).

**Figure 2.7: Age of ABSS parent/carers participants**

	n	%
<b>≤17</b>	13	1%
<b>18-21</b>	98	5%
<b>22-29</b>	538	30%
<b>30-39</b>	930	52%
<b>40+</b>	211	12%
<b>Total</b>	<b>1,790</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 9

## 3 EFFECTIVENESS

### 3.1 Introduction

This section of the report focuses on the factors that influence the ABSS programme's effectiveness at a programme, community and systems level. It is based on findings from the interviews, focus groups and surveys undertaken during Phase 1.

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and should not be generalised to represent the whole population.**

### 3.2 Key findings

#### 3.2.1 Programme level

**Research question 1: What were the barriers and enablers (institutional, project design, community, structural) that made the difference between successful and unsuccessful projects/ interventions?**

Some of the interviewees were able to comment on what they thought made the difference between successful and unsuccessful early years projects and programmes. Having good **knowledge of the local area and the ability to communicate well with different communities** were both identified as important for successful projects and programmes.

*"One of the key enablers of a successful project is having that knowledge on the ground." (Service manager interviewee)*

*"It's about trust and confidence... Key individuals working with ABS have extensive experience of the local demography, and that's been very helpful. The desire and the passion to make a difference has really helped." (Stakeholder interviewee)*

Some interviewees felt that these were both strengths of the ABSS programme, along with:

- making it easy it is to take part in the programme, including accessing the physical locations where ABSS services were delivered, the timing of service delivery and how information was shared
- making sure that participants have the confidence to engage with the programme, by giving participants a clear understanding of the programme, promoting its aims to include a diverse range of participants, and building relationships to help overcome any previous mistrust towards public services.

The **main challenges were said to be a lack of awareness of the support available and cultural issues**, which discouraged certain groups from taking part. These comments about lack of awareness were a general point and not specifically about the ABSS programme, *"People don't know any better if we don't promote it" (Stakeholder interviewee).*



Findings about the wider community's awareness of the ABSS programme were mixed. The majority of respondents to the community survey were aware of ABSS:

- 47% of respondents had heard of ABSS and seen the logo
- 14% had seen the logo, but not heard of ABSS
- 10% had heard of ABSS, but not seen the logo
- 29% had never heard of ABSS or seen the logo.

Some interviewees said that ABSS had successfully used its resources to promote the programme and had generated a lot of awareness within the community about the programme's objectives and the services it offered.

*"Lots of awareness of ABSS because of good marketing and positive stories. When you talk about ABSS, people know about, know the impact that it can have, and know how they can get involved." (Stakeholder interviewee)*

*"We have a real presence out there - we have a strongly branded presence in many communities." (Service manager interviewee)*

However, some interviewees and the majority of focus group participants did not agree with this statement. They said that ABSS could have done **more to advertise the programme**. This was supported by just over half of the respondents to the staff survey who said that a lack of awareness of the ABSS programme was one of the things that stopped people from taking part in the programme (55% of respondents to the staff survey). Some focus group participants also noted that, based on conversations they had with their friends and families, the wider community was not very aware of the ABSS programme and that without direct referrals or other means of direct contact, it would have been unlikely that they would have heard of it themselves.

*"We constantly find that people don't know what A Better Start is or what it means" (Service manager interviewee)*

*"Not really, if you know where to look for things, you're able to access the courses and stuff. Maybe improvements could be made with getting the word out about courses." (Focus group participant)*

### **Research question 2: What are the barriers to uptake of services?**

The most common issues identified by respondents to the parent and community surveys were beyond the ABSS programme's control. These were living **outside of the ABSS wards** and, therefore, not being eligible for ABSS support and **COVID related restrictions**. The next most common answers were lack of information about the programme and who could access ABSS services. This was supported by the staff survey (55% of respondents to the staff survey said that awareness of the programme stopped people from taking part). It is interesting to note that while staff raised concerns about accessibility and access to the internet and IT equipment, this was less of an issue for respondents to the parent and community survey. However, this may be due to the profile of survey respondents. The timing of ABSS activities was a common issue across all the surveys. A minority of respondents to the community survey (24%), some respondents to the parent survey (27%) and the vast majority of respondents to the staff survey (97%) identified issues that stopped people from taking part in the ABSS programme. Figure 3.1 overleaf shows all of the issues identified by respondents to the parent and community surveys<sup>8</sup> and Figure 3.2, on the following page, shows the issues identified by ABSS service delivery staff and volunteers.

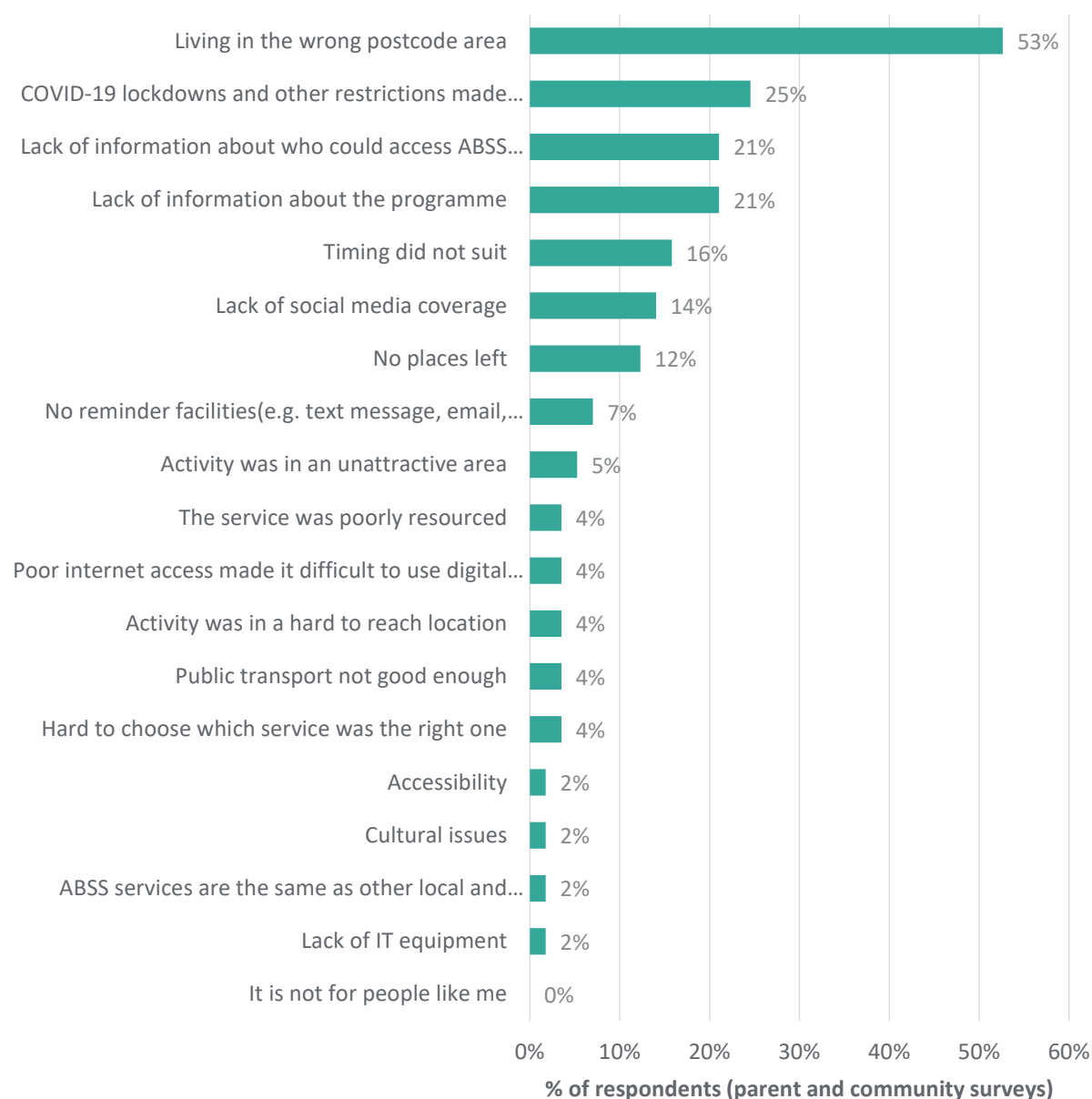


Where they were not able to take part in a particular service or activity, the majority of respondents to the parent survey (56%) and some of the respondents to the community survey (24%) were **given information on other services** that were available. It is important to note that quite a lot of respondents were unsure whether or not they had been given

<sup>8</sup> There was no statistically significant difference between the parent and community surveys.

information on other services (16% of respondents to the parent survey and 29% of respondents to the community survey answered 'don't know').

**Figure 3.1: Barriers to participation (parent and community survey)**



Sources: RSM survey of parent beneficiaries Q.30 and RSM survey of the wider community Q.17 (Base: 57).

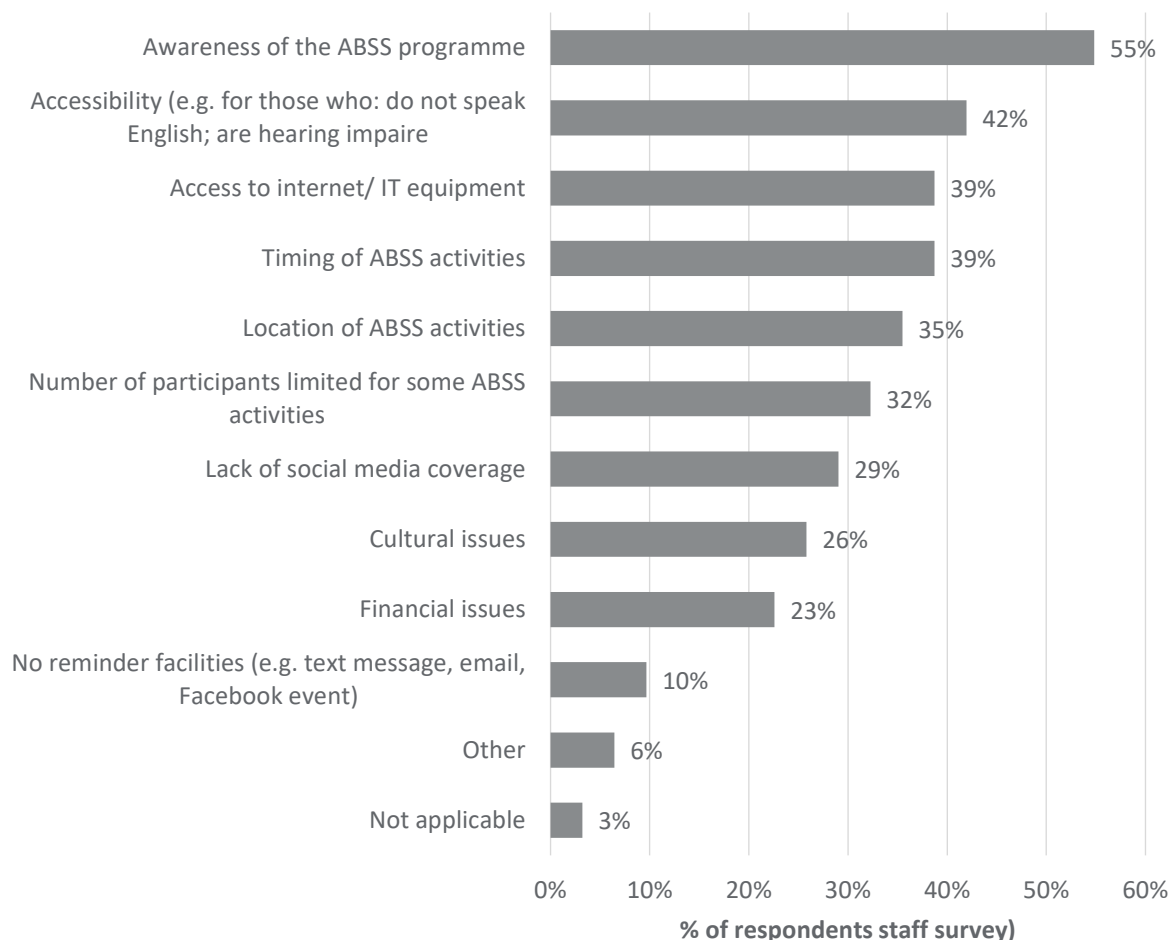
Note: Totals do not sum to 100% because respondents could give multiple responses.

Some interviewees felt that people from minority groups were less willing to get involved in the ABSS programme, preferring to seek support from **within their own communities**. Another cultural issue that was said to have influenced the success of the ABSS programme was the stigma that young mothers often face, which can make them feel less confident and therefore less likely to get involved in ABSS services or ask for help.

*“Often it’s language - lots out to help with communication, but because of cultural norms, there will be some people who just won’t come forward.” (Stakeholder interviewee)*

*“We tried to before, but there is reluctance for some vulnerable families to trust professionals. Education we work quite closely with - social care not so much. It’s hard for them to trust us and us to get engaged with them.” (Service manager interviewee)*

**Figure 3.2: Barriers to participation (staff survey)**



Source: RSM survey of ABSS service delivery staff and volunteer survey Q.9 (Base: 33).  
 Note: Totals do not sum to 100% because respondents could give multiple responses.

Some interviewees and focus group participants described the approaches that ABSS had used to overcome the challenges. These include:

- building trust and establishing good relationships with participants
- contacting faith groups to reach under-represented communities. It should be noted that this was a relatively new approach, and it is not yet clear how effective it has been.

*“The most important one is the families meet the practitioner before coming onto the taught programme - i.e., relationship established which helps give confidence.” (Stakeholder interviewee)*

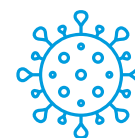
*“[We] have reached out to a faith community group who were very keen to be involved. [We] are trying to have informal conversations and learn about particular community faith groups - doing some outreach behind the scenes before working out where we want to go. I would be surprised if there was any negative response - I think groups appreciate the fact that we would go to them.” (Service manager interviewee)*

Only three respondents to the parent survey and two respondents to the community survey were aware of anything that the ABSS programme was doing to fix the issues that stopped people from taking part in the ABSS programme. This included organising leaflet drops in ABSS wards and accommodating people who lived outside of ABSS wards where possible.

The vast majority of respondents to the parent survey said they **enjoyed** the ABSS activities they took part in (98%) and **found them useful** (97%). Only 13% of respondents left any ABSS activities early. The reasons given included: baby came early (3 respondents); personal reasons (3); content not relevant (1); did not like delivery methods (1); change of mind (1); not allowed to bring a younger child (1); child did not take to breast feeding (1); new work commitments (1); and there was an event where each activity was run separately and child wanted to do crafts first so missed other activities (1).

### **Research question 3: What are the external factors (at local, regional national or international level) that shape effectiveness at a programme level?**

A majority of interviewees and a minority of focus group participants were able to comment on external factors that shaped effectiveness at the programme level. Almost all of these responses focused on negative factors rather than positive ones. It is not surprising, given the timing of these interviews in November 2021, that the most common factors identified were linked to the COVID-19 pandemic. Specifically, interviewees noted **that the pandemic negatively impacted participation rates**. When activities and services moved online in response to social distancing guidance and regulations, participants often complained of digital fatigue. This led to increased dropouts and fewer participants showing up to online sessions. Focus group participants agreed that service delivery was negatively impacted by COVID-19.



*“This got skewed during lockdown because at that point we were trying to maintain relationship with parents. Try to use these events as touchpoints. We provide support - e.g., parent’s struggling with various issues. We try to understand the situation and get the help that they need.” (Service manager interviewee)*

*“Going online was much harder than being in the same room, but it was the only way to deliver at that time. Following the second lockdown there was a general virtual meeting fatigue.” (Service manager interviewee)*

*“COVID [restrictions] had an impact, [they] limited replicating proper CPR (e.g., mouth to mouth). [It] was difficult to get the proper way to do it. Did get to touch mannequins for chest compression however.” (Focus group participant)*

Interviewees also noted that the pandemic **negatively affected recruitment**, particularly for ABSS services that did not use direct referral pathways. ABSS services were forced to find new ways of encouraging participation. This did have the advantage of encouraging more innovative recruitment methods, such as the greater use of parent champions and relationships with other organisations and community groups.

*“I think we fared better during covid because we had quite a strong network.” (Service manager interviewee)*

Another external factor, identified by a minority of interviewees was the cost of public transport within Southend, particularly for those with low or no incomes. It was said that this put some participants off travelling to services.

*“For families who live in Southend, it’s difficult to move around the borough, public transport is very expensive.” (Stakeholder interviewee)*

#### **Research question 4: What innovative/ promising practices and approaches have been adopted?**

The majority of interviewees commented on the approaches and practices that were introduced by the ABSS programme. A minority of focus group participants also commented on ABSS practices, although they were not specifically asked this question. Findings suggest that the programme has **introduced promising practices**, including sharing lessons learned from the programme across Southend and informing how other organisations design and oversee their services.

*“Service design, governance etc. going forward, about how that becomes sustainable. Some of the [ABSS] services have worked really well. My manager is already thinking about how do we embed these things [in our organisation] so that they’re sustainable in the long run.” (Service manager interviewee)*

Another ABSS practice that a minority of interviewees described as innovative was the way that the programme **tailored its approach to its users** - both in how it worked with participants as well as how it reached out to new participants. This included:



- public events such as the Festival of Conversations
- tailored and creative service delivery using group sessions, peer support, one-to-one support, and home visits
- using different approaches to engage different communities, such as working with community groups and advertising in local businesses
- developing innovative means of encouraging more fathers to take part in ABSS services as this was identified as a particular challenge for early years programmes.

*“The way the programme engages is interesting. [For example, the] Festival of Conversations. Rather than have a big conference, they went out and did small and different types of events all over the community. [That was] really very clever. Rather than only give one contact opportunity, they thought about it in a much more creative way.” (Stakeholder interviewee)*

*“What makes the difference in getting dads? We are trying to find out where dads are at. In a previous role... an individual went into pubs to talk about [our services] and formed a dad’s group, run by dads, on the back of it. [That] requires bravery. If dads feel that they have a voice, they then feel like ‘oh I could do that.’” (Service manager interviewee)*

A minority of interviewees also described the combination approach used by some ABSS services (e.g. breastfeeding services and speech and language supports) as promising because it involved using a mix of advice, specialists and supports.

*“Speech and language work has been “phenomenally successful” and is innovative. This is due to the combination of highly qualified S&L therapists, working with specialist teachers and other practitioners who are developing a range of community interventions (sessions, groups, stay and play) alongside a robust screening process.” (Stakeholder interviewee)*

*“What [our service] is doing is welcoming all families, understanding their journey, and asking what they need some help with, rather than identifying a problem.” (Service manager interviewee)*

However, a minority of interviewees felt that while the programme used co-production, at times that activity had been relatively superficial.



*“They use the word co-production, but if you really look at it, how much has been co-produced. How much is it token co-production. Doesn’t feel like there has been much.”*  
(Stakeholder interviewee)

### 3.2.2 Community level

#### **Research question 5: What are the external factors that shape effectiveness at a community level?**

Some interviewees commented specifically on the external factors that shaped effectiveness at a community level. The main points raised were about **ABSS’s focus on specific wards and the impact of previous parenting programmes on people’s perceptions** of such programmes generally.

The majority of interviewees commented that the programme was only available to people living in the six ABSS wards, even when the question did not relate to external factors. Although this is part of the programme’s design it is to some extent an external factor in that it is a condition of the ABS funding from TNLCF and outside of ABSS’s control. The issue frequently raised by interviewees was that this restricted the ABSS programme’s ability to reach as many people across the community as possible. Whilst the interviewees understood that the programme aimed to always cover specific wards, there was still some frustration that some individuals from very deprived areas were not able to access ABSS services. A minority of interviewees also argued that the focus on the six ABSS wards did not represent good value, because providing services to a relatively small target population limited the programme’s overall impact.



*“Southend is a small, compact city. I do think the effectiveness of the programme is limited by the offer being only in certain wards”* (Stakeholder interviewee)

*“Sometimes the challenges are things being limited to wards – sometimes a family can be in greater need outside the ward and not able to access the services and other families not needing the services so much are.”* (Service manager interviewee)

*“We are restricted to those wards. There is an element of frustration from delivery partners that they can’t always help a person, so they have to signpost them instead to someone else.”* (Service manager interviewee)

*“General feeling with every agency in Southend that they’ve been fed up with the ABSS programme, as they know not every client can access it, which has caused a bit of negativity.”* (Service manager interviewee)

*“It seemed to be children from the better off homes, they were the ones accessing what was going on, rather than the hard-to-reach people.”* (Stakeholder interviewee)

Another issue raised by a minority of interviewees was the **lack of co-ordination or consistency** across previous parenting programmes in Southend. Whilst not explicitly stated, it was implied that this may have influenced the community’s perception of the ABSS programme.

*“In Southend, every now and then a new parenting skills programme will be introduced, 6/7 delivered by different organisations and parents [are] just continually referred to programme after programme. Individually good, but bit of a “scatter gun approach”.”* (Stakeholder interviewee)

### 3.2.3 System level

#### **Research question 6: What are the external factors that shape effectiveness at a systems level?**

A minority of interviewees commented on external factors that had shaped programme effectiveness at the systems level. All of those who responded to this question were stakeholders rather than ABSS service managers. The limited number of responses means that no common findings were identified, but the individual responses are summarised below.

A minority of stakeholder interviewees commented on the **impact of austerity measures on local public and voluntary services**. They felt that austerity had limited the ability of other local services to deliver early interventions in children's and families' services, because they did not have enough resources to focus on prevention as well as treatment. Additionally, austerity was seen as causing the voluntary sector to deliver target focused products to remain viable, in the face of constrained commissioning from local authorities. This had limited their ability or willingness to take a more joined up, system wide approach, like the one proposed by the ABSS programme.

*"Particularly because of austerity, the statutory safeguarding services have seen an increase in demand and that makes it more and more difficult to do early intervention and that's across children's services, universal health services, schools." (Stakeholder interviewee)*

*"Local authorities haven't had the commissioning money. The knock-on effect of cuts and the impact that has had on the voluntary sector. It is a product they [voluntary sector] are selling to remain viable... When you have organisations trying to achieve targets is when you miss the opportunity of having an integrated service offering." (Stakeholder interviewee)*

Linked to this was the increased sense of competition. A minority of stakeholder interviewees said that other local family service providers viewed the ABSS programme as competing with them.

#### **Research question 7: How do the ABSS interventions link with other services delivered in the ABSS wards?**



Findings were mixed in relation to the ABSS programme's relationship with other services in the 6 ABSS wards. The majority of interviewees felt that the programme had **established good links with other local services**. Strong linkages were most frequently noted in health-related services and speech and language services that benefited from direct referrals. Some interviewees said that the programme had done a good job of networking with other services in Southend. They pointed to the fact that there were lots of other organisations, groups and services that wanted to be kept up to date with what the ABSS programme was doing. This was not limited to organisations and services from Southend.

*"Things have improved, I'm amazed at the connectivity and the networking. [The ABSS programme has] links with education, SEND, social services, voluntary sector. I think ABS has done well to pull all of these people together to understand what each individual body is there for. This is the sustainability. This needs to not be lost." (Stakeholder interviewee)*

*"Lots of groups want to engage with ABS, even if not in the area." (Stakeholder interviewee)*

*"Lots of really good partnerships. The partnerships we work closest with can have the biggest effect on the family, because they're getting support from a range of places." (Service manager interviewee)*

These linkages were achieved through various means. Networking events were said to be useful because they allowed service providers to meet face to face.

*“The connections, some of it has been specifically because of ABS. Things like the networking events and the Festival [of Conversations]. Those things wouldn’t have happened in the same way without Lottery funding.” (Service manager interviewee)*

*“I think networking events can be really good because you meet new partners.” (Service manager interviewee)*

Holding **regular meetings and providing updates** were also mentioned by a minority of interviewees as a way in which services were able to build linkages between one another and the ABSS programme.

*“We have regular meetings to discuss KPIs, and to discuss delivery issues and challenges, benefits and potential improvements. There are regular meetings with staff to identify needs. [We are] Always trying to find other resources to support.” (Stakeholder interviewee)*

*“The services that sit under ABSS, they do tend to work together. We have links with one another and there is a conscious effort to make sure that we are updated on what each other is at.” (Service manager interviewee)*

Some interviewees agreed that these linkages had led to **improved referral pathways** between external service providers and ABSS services.

*“A massive thing is the referral pathways because unless a parent knows about the services, they’re not going to engage . . . we work very much in partnership when we are thinking about the services and how we move forward” (Service manager interviewee)*

*“I think referrals are coming forward. [It was] Difficult at the start, but with the marketing activity to promote the service . . . , we asked the [team] . . . to see where they were getting their referrals from and there’s more referrals coming through from health, more referrals coming through from the childcare providers.” (Service manager interviewee)*

However, some interviewees felt that creating linkages with other services had been challenging. They felt there was **disagreement locally about how joined up services were** or needed to be and what, if anything, was being done to encourage greater linkages. A minority of service manager interviewees said that due to the nature of their service they did not need to be directly linked to any other ABSS services and were unsure what was going on in the rest of the programme.



*“At the moment still poles apart between [other external services] and the ABSS team. We would love to get involved with commissioners to evidence impact ABSS has had.” (Service manager interviewee)*

*“I don’t know how joined up the services are. The reason is it has been delivered as projects, and not as services developed as a whole. [A service] is involved in the whole system delivery. There might be instances where that is the case, but on the whole, I wouldn’t be able to answer.” (Stakeholder interviewee)*

Another challenge identified by a minority of interviewees was that there was often confusion around who or **what each service was responsible for** and the linkages or referrals between services were not always clear. This was felt to be partly due to a lack of engagement from other services.

*“This is a challenge. It’s such a web in terms of number of services we have and the other services in Southend. [We have] had feedback from delivery partners that they are unsure who to go to.” (Stakeholder interviewee)*

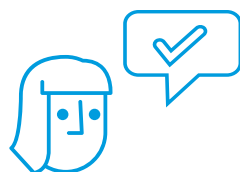
*“The partners said they had signposted before to other services, but there was no one there to greet them or no service on, which made it harder to get that family to engage in other services.” (Service manager interviewee)*

*“Some feedback [from the Evaluation Partner] was a lack of systematic engagement from Children’s social services and the lack of ownership at a practitioner level.” (Stakeholder interviewee)*

Finally a minority of interviewees commented that, at least in the beginning, **there was limited understanding of what the ABSS programme had to offer**, how ABSS services and non-ABSS services could work together for the benefit of local children and families and different expectations about how the ABSS programme was going to design and deliver its services, versus the expectations of non-ABSS services. This indicates that further explanation or a systems mapping exercise would have been helpful to describe the range of ABSS services, their aims and how they intended to interact with and complement each other as well as existing, non-ABSS services.

*“We did find ourselves getting frustrated with the co-production process. As a whole, the idea of ABSS is fantastic. We would like to get things up and running.” (Service manager interviewee)*

### 3.3 Summary



The vast majority of respondents to the parent survey said they enjoyed the ABSS activities they took part in (98%) and found them useful (97%).

Some interviewees felt that the community based approach was a strength of the ABSS programme, because it made use of local knowledge, supported better communication with different communities and made it easier for people to take part in ABSS activities. A minority of interviewees also felt that the way that the ABSS programme tailored its approach to its users was innovative, both in how it worked with participants (using group sessions, peer support, one-to-one support, home visits or a combination of these) as well as how it reached out to new participants (public events such as the Festival of Conversations, working with community groups and advertising in local businesses). The majority of interviewees said that the programme had introduced some promising practices, including: sharing lessons learned with other organisations across Southend; and, community involvement in service design (co-production) and governance.<sup>9</sup> Respondents to the staff survey said that the importance of collaboration and co-production was understood by everyone involved in the ABSS programme (76%). However, a minority of interviewees felt that, at times, co-production had been relatively superficial.

The main challenges faced by the programme were said to be a lack of awareness of the support available and cultural issues, which discouraged certain groups from taking part. The majority of interviewees and a minority of focus group participants also said that the COVID-19 pandemic and related restrictions had limited the number of people taking part in the programme, because it made it more difficult to recruit new participants and keep

<sup>9</sup> Governance is the decisions and actions of the people who run a service, programme or organisation.



## 4 IMPACT

### 4.1 Introduction

This section focuses on the impact that the ABSS programme has had on: ABSS delivery partners (programme level); ABSS participants and the wider community (community level); and, other providers of children's and families' services in Southend, including health professionals, social workers, local government and education providers (systems level). It is based on a review of the monitoring information held by ABSS as well as the findings from the interviews, focus groups and surveys undertaken during Phase 1.

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population.**

### 4.2 Key findings

#### 4.2.1 Programme level

**Research question 8: How have planning processes within the ABSS programmes strengthened/ evolved over time (and how responsive is it to emerging insights from process evaluation)?**



Findings on the **planning processes** within the ABSS programme and how these had changed over time were generally positive. However, it should be noted that some of the interviewees and the vast majority of focus group participants were unable to respond to this question. Therefore these findings were based on the responses to the staff survey and from interviewees who were most familiar with the programme.

The vast majority of respondents to the staff survey (76%) agreed or strongly agreed that the **importance of collaboration and co-production to the ABSS approach was clear** and understood by everyone involved in the ABSS programme. The vast majority (85%) also agreed or strongly agreed that the on-going monitoring of the ABSS programme had led to improvements in how it was designed, delivered, managed and monitored. The majority of respondents (73% of respondents to the staff survey) also agreed or strongly agreed that the programme had used lessons learned to improve design and delivery. They also agreed or strongly agreed that appropriate changes were made to the programme design and delivery in response to emerging issues such as COVID-19 (89%). This was supported by some interviewees, who said that the programme had changed in response to lessons learned from the testing of different delivery approaches and the feedback collected. Interviewees said this influenced how the programme as a whole operated and allowed certain ABSS services to look at and update their own planning processes.

*“They chose to focus on a smaller number [of projects] and took the time to do things well and put systems in place to measure impact.” (Stakeholder interviewee)*

*“I’d be disappointed if they didn’t. If you’re using the [co-production] approach that they [ABSS] do, you need to be listening and shaping what you do around what you’re learning. I think they have done it. They are comfortable in working in an evolving and fluid way, rather than being prescriptive. Happy to test things.” (Stakeholder interviewee)*

*“Absolutely there has been change and evolution... The strategic development around the family centres is offering us a real opportunity to shift the way we work.” (Stakeholder interviewee)*

It should be noted that some services (particularly those involved in diet and nutrition) were felt to be quite **prescriptive**, and therefore their planning processes had not changed since the start of the programme. A minority of interviewees also said that the programme did not always respond to suggested changes, particularly around wider communications management. Additionally it was felt that ABSS services had limited influence on changing planning approaches.

*“I’ve heard talk of change, but not actually seen change in the operations or how things work. Everybody’s full of words and possibly good intentions, but I haven’t seen anything.” (Stakeholder interviewee)*

*“They had a networking event - unfortunately the networking event was in a room with a whole lot of people - and because I work with health, I was not allowed to do that. There was no response when I said I was unable to attend, and no alternative / update sent.” (Service manager interviewee)*

Finally, interviewees acknowledged that in the early years, the programme was impacted by **high staff turnover** within the ABSS team. However, they felt that in recent years the programme had been able to build a more stable management structure than was previously in place.

*“[There is] More stability in the management of it [the ABSS programme]. There was a lot of turn-over and changing staff. Its better organised and [informed by] research now compared to before. It feels easier to navigate and it’s quite clear.” (Service manager interviewee)*

*“There has been a fair change-over of staff. However the team appear to have adjusted their processes and made positive changes from this.” (Service manager interviewee)*

A minority of focus group participants were able to comment on changes to the programme over time. They felt that the **programme had improved** since they were first involved, including the breadth of activities on offer and the role parents were given in helping to shape the programme.

*“Feel like they [ABSS services] have improved since I first went to the sessions 4 years ago.” (Focus group participant)*

*“The Parent Champions role has developed and matured over the life of the project.” (ABSS service delivery staff and volunteer survey respondent)*

Figure 4.1 overleaf shows the most common words used by interviewees to describe the change in the planning processes used by the ABSS programme over time.





The data that was available from ABSS for the 46 projects identified was as follows:

- 10 projects had outcomes and KPI data plus data from the ABSS Project Dashboard
- Four projects had outcomes and KPIs only (i.e. no data available on the Dashboard)
- Nine projects had data on the Dashboard only (i.e. not mapped to ABSS outcomes or KPIs)
- 19 projects had no outcome or KPI data and were not on the Dashboard (of which four projects were no longer running)
- Data was not relevant for four projects (i.e. engagement funds/the ABSS hub).

Inconsistencies in the data available for each of the different projects made it very difficult to draw down consistent programme-wide baseline measures. These inconsistencies were mostly due to data being derived mainly from monitoring data returns which were not designed to provide baseline data for evaluation. This is to say, it was intended that much of the baseline measurement was to be derived from routinely occurring data, and whilst this was a valid approach in theory, in practice it has led to inconsistent data quality.

There were data available on target numbers and numbers of people participating in ABSS projects, but the alignment of this data with the pre-specified KPIs was not consistent across the projects. Similarly, many of the baseline measures were qualitative and therefore difficult to aggregate into numerical baseline measurements. Additionally, most KPI data was historically only available from quarterly returns, rather than on an annual basis; aggregating quarterly return measures into annual return figures raises additional quality concerns about the data. This meant that the data available for 2020/21 and before could only be used as indicative data for comparison with data from 2021/22 onwards.

At the time of writing this report, ABSS was reviewing the recording of outcomes data that will help make it more comprehensive in the future. This included a mapping exercise to review the links between projects and programme outcomes.

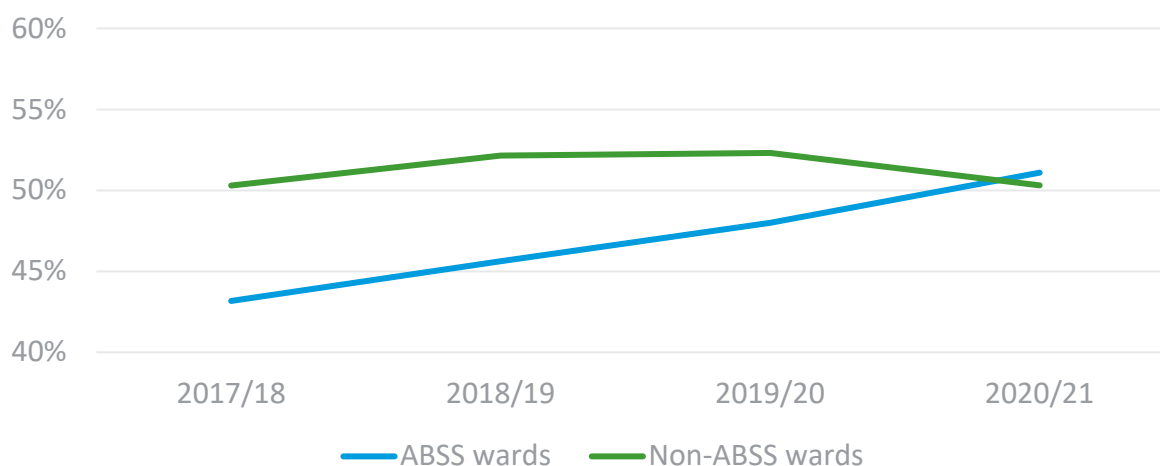


Working with the SCC ABSS data management team, the Evaluation Team has done a full audit of the data available for baseline measurement and assessed its suitability. This was conducted for two reasons. Firstly, to identify those points in the ABSS programme where there was suitably robust data available to support a minimal level of baseline measurement. Secondly, to work with the ABSS data management team to help identify best practice for ABSS data management for the remainder of the programme, to make sure that data management of current and future projects were of the required standard to enable routine evaluation. However, it was possible to obtain data for several (national) indicators, where the number of ABSS beneficiaries of related projects could be compared to the total number of people included in that indicator. An analysis was done for the following indicators:

- Breastfeeding Initiation (linking to the breastfeeding/infant feeding projects).
- Breastfeeding at 6-8 weeks (linking to the breastfeeding/infant feeding projects).
- National Child Measurement Programme (NCMP) - Prevalence of overweight children in the Reception year of school (linking to infant feeding/health visiting projects and Henry).
- Ages and Stages questionnaire (ASQ-3) that measures the proportion of children on track in various areas at age 2 to 2 1/2, including communication development (linking to the Communication & Language strand) and personal-social development (linking to a number of the Social & Emotional strand projects).
- Early Years Foundation Stage Profile (EYFSP) (linking into a wide range of projects within both the Social & Emotional and Communication & Language strands).

It should be noted that robust conclusions could not be drawn from this data due to the small number of ABSS beneficiaries. It was not possible to assess robustly that any changes observed were a result of the ABSS programme. However, as shown in Figure 4.2, the data for breastfeeding suggests a possible pattern where the gap between ABSS and non-ABSS wards was closing as the proportion of people in ABSS wards continuing to breastfeed increased (from 43% in 2017/18 to 51% in 2020/21).

**Figure 4.2: Proportion of infants totally or partially breastfed at 6-8 weeks**



Source: UoE analysis of monitoring data provided by the SCC data team

The small number of beneficiaries may be partly due to the COVID-19 pandemic and the impact that it and related restrictions and public health guidance have had on families attending services – or not attending services – hence data in future years may show an increased proportion of beneficiaries and a stronger relationship to the outcomes achieved. The data in future years will be analysed to identify whether more robust patterns emerge. The remainder of this section is therefore focused on the findings from the interviews, focus groups and surveys conducted as part of this evaluation.

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population.**

**Research question 10: To what extent has ABSS improved the experience of parenting among the target population?**

To get a better understanding of the impact that the ABSS programme has had on the parents and carers who have taken part in ABSS activities and services, and on their children, RSM conducted a range of research activities. While the findings of all research activities are included here as appropriate, the main sources for this section are the two surveys with parents and carers. The first survey was completed by parents and carers who had been involved in the ABSS programme and included questions about their experience before and after their involvement with the programme. The second survey was completed by people in Southend who had not been involved with the programme.

Figure 4.3 overleaf shows the most common words used by interviewees and focus group participants to describe the impact the ABSS programme had on the parenting experience.

Figure 4.3: Impact on the parenting experience



Source: RSM interviews and focus groups

There was evidence that the ABSS programme had positively influenced the parenting experience of those who have taken part in ABSS activities. The survey findings indicated that respondents who took part in ABSS activities tended to report **more positive experiences following their involvement in the programme** compared to before they took part. They were also more likely to have responded positively than those who had not taken part in the ABSS programme at all. This was supported by the majority of interviewees and focus group participants who felt that the ABSS programme had a positive impact on the parenting experience from pregnancy to their child's fourth birthday. This may reflect the impact of the ABSS programme to the extent that other factors were not changing over time.

The majority of interviewees and focus group participants said that the ABSS programme had led to **increased confidence** among ABSS participants. This increase in the participants confidence came in several forms, including increased confidence in:

- their abilities as parents
- the skills they needed to get back to work
- engaging with other organisations and services.

*"It's given me so much confidence, from my first born to my now third, I've developed a lot and am more confident in getting involved. I'm now an advocate - doing such an amazing job." (Focus group participant)*

*"The courses and interacting with staff has motivated me and given me confidence. Particularly in terms of getting back to work as I have been out of work for 11 years. Seeing other mothers on the programme being successful also gives me inspiration." (Focus group participant)*

*"We do measure parental confidence and competence and that's positive - usually see growth." (Service manager interviewee)*

Some interviewees also commented that this increase in confidence was particularly evident for the parental champions.

*“In terms of parent champions, because I have been involved for so long, I can see how those parent champions have developed and learned new skills, increased in confidence, are taking on projects outside of ABSS in their own communities.” (Stakeholder interviewee)*

*“I think certainly in terms of parent champions who have quite articulately how confident they feel having gone through that programme and having the responsibility for feeding back on things.” (Service manager interviewee)*

*“I’m pretty sure that the parent champions have all really gained confidence in their parenting skills and their experience as adults, giving them confidence to be who they are. Confidence is a big plus.” (Service manager interviewee)*

### **Research question 11: What are the tangible and intangible benefits for those engaging with ABSS services? / To what extent is the ABSS programme meeting its objectives in terms of: social and emotional development; communications and language development; and diet and nutrition?**

The remainder of this section presents findings against each of the main ABSS workstreams: social and emotional development; communication and language development; and diet and nutrition; as well as community resilience. Findings in on systems change are presented in Section 4.2.3 System level.

#### **4.2.2.1 Social and emotional development**

##### **Access to support**

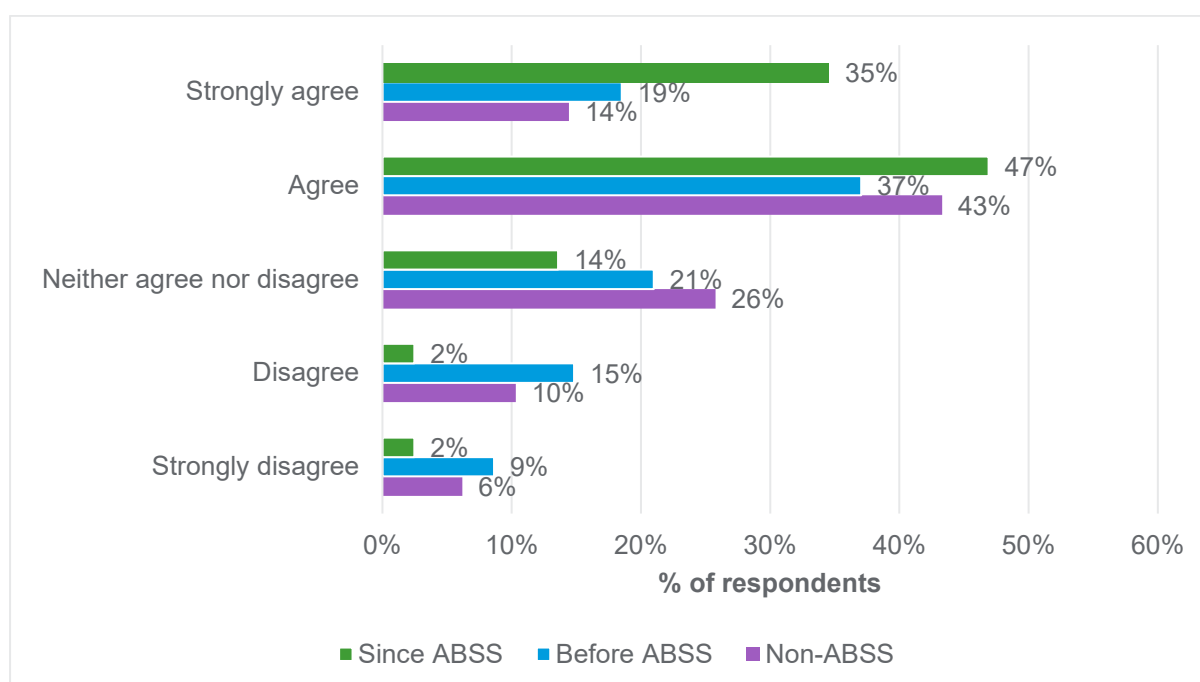
The survey findings indicated that **since taking part in the ABSS programme, respondents were better able to access support for their children’s social and emotional development.** The ABSS participant responses to the questions about their access to this support before taking part in the programme were similar to the community survey responses. Since taking part, respondents to the parent survey were more likely to have agreed or strongly agreed that they were able to access this support. These differences were **statistically significant.**

The differences in responses to the before and since questions on the parent survey may reflect the impact of the ABSS programme, as long as all other factors remain the same (e.g. the only difference was that they had taken part in the ABSS programme). This means it is not possible to say with certainty that all of the difference was due to the ABSS programme. Whilst in principle the differences in responses to the parent and community surveys may reflect the impact of the ABSS programme, it is possible that there may have been other differences between the two groups (see Annex A: Profile of survey respondents). It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.



The vast majority of respondents agreed or strongly agreed that they were able to access the support they needed to help their children **interact with others** since taking part in the ABSS programme (82% of respondents to the parent survey), compared to 56% before ABSS (an increase of 26%) and 57% of respondents who had not taken part in the ABSS programme (see Figure 4.4 overleaf).

**Figure 4.4: Ability to access support to interact with other children and adults**



Sources: RSM survey of parent beneficiaries Q.14.3 (Base: 81) and Q.15.3 (Base: 81) and RSM survey of the wider community Q.10.3 (Base: 97).

Note: “Before ABSS” and Non-ABSS” totals do not sum to 100% due to rounding.

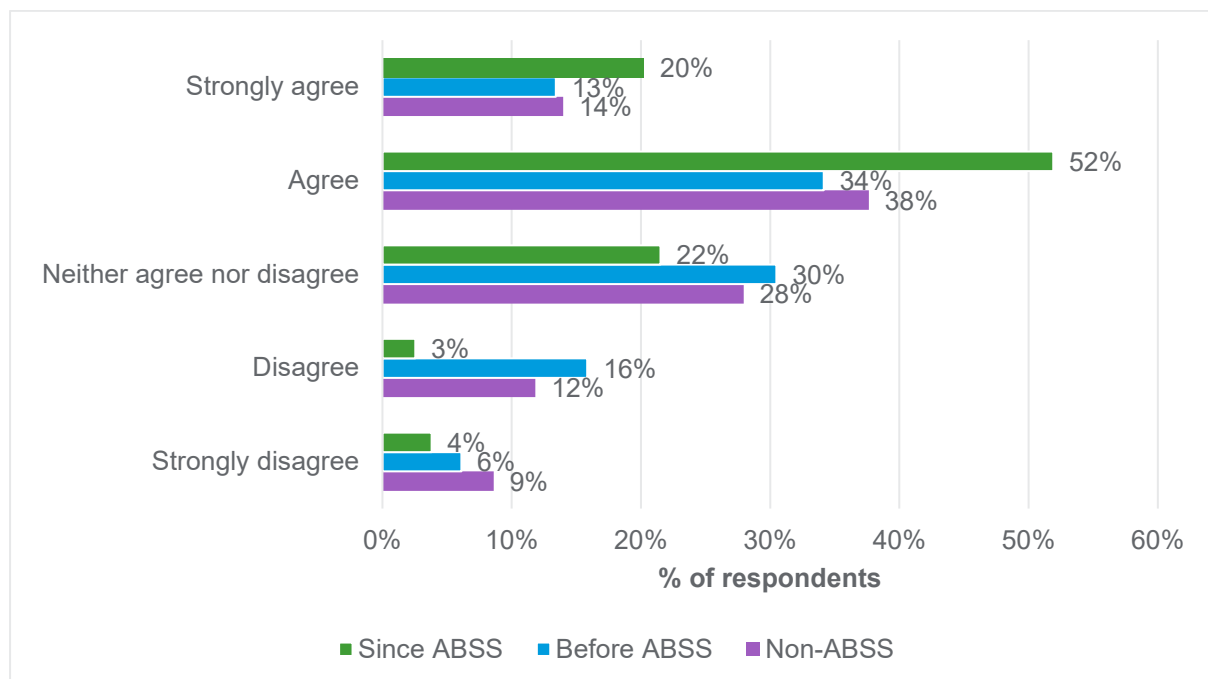
Similarly, 72% of respondents agreed or strongly agreed that they were able to access the support needed to help their children **understand their feelings and behaviours** since taking part in the ABSS programme, compared to just 47% before ABSS (an increase of 25%) and 52% of respondents who did not participate in ABSS (see Figure 4.5 overleaf).

Respondents who disagreed or strongly disagreed were asked what other support they and their children needed. Responses relating to social and emotional development included:

*“Support within a group in which children have very differing needs and levels of parental engagement can hinder rather than help. Advice can be aimed at a very basic level which isn’t always appropriate to everyone’s reasons for being there. I get advice, reassurance and signposting recommendations from my childminder whom I trust” (Parent survey respondent)*  
*“Going back to work.” (Parent survey respondent)*  
*“We need help with... social skills.” (Parent survey respondent)*  
*“Suspected autism wasn’t picked up until my son was in reception class. Even though he didn’t crawl until 14 months, walk until 20 months and wasn’t talking as would be expected at his age; so he had speech therapy. His teachers were surprised that my health visitors didn’t suspect autism.” (Parent survey respondent)*

Other factors that respondents to the parent survey said influenced the support that they and their children had access to included gaining more experience as a parent, advice from professionals and support from family and friends. Notably, 5% of respondents to the parent survey did not identify any other factors that had influenced their access to support (see Figure 4.6 overleaf).

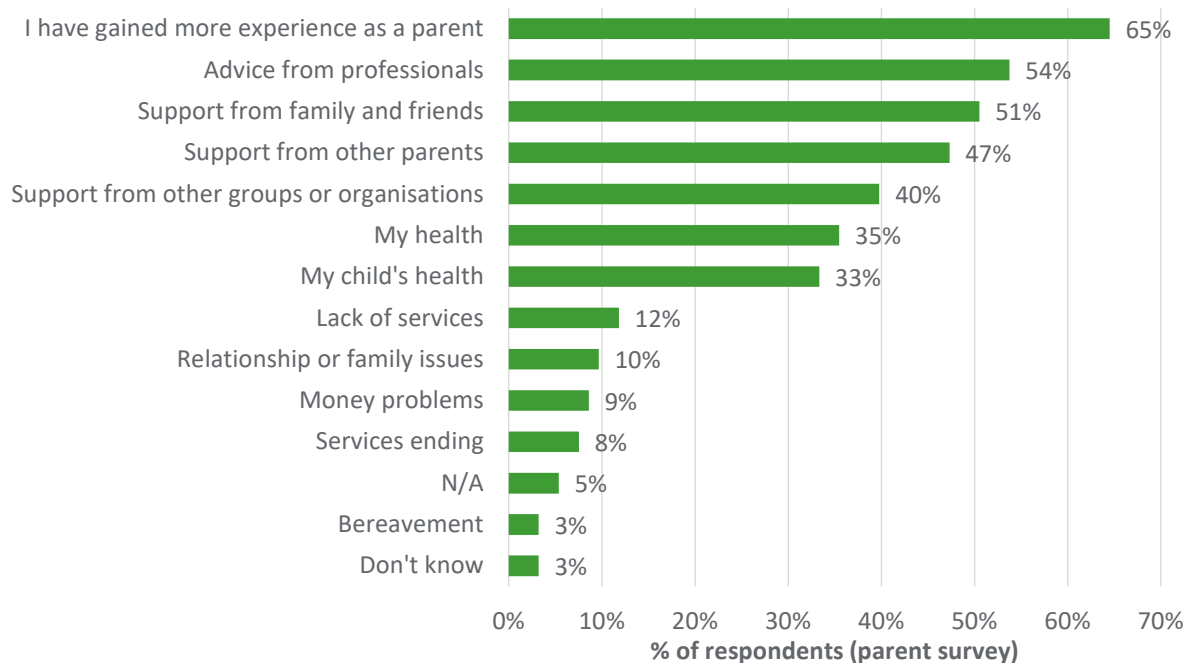
**Figure 4.5: Ability to access support to help child understand feelings and behaviours**



Sources: RSM survey of parent beneficiaries Q.14.4 (Base: 82) and Q.15.4 (Base: 79) and RSM survey of the wider community Q.10.4 (Base: 93).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

**Figure 4.6: Other factors that influence access to support**



Source: RSM survey of parent beneficiaries Q.17 (Base: 93).

Note: Totals do not sum to 100% because respondents could give multiple responses.

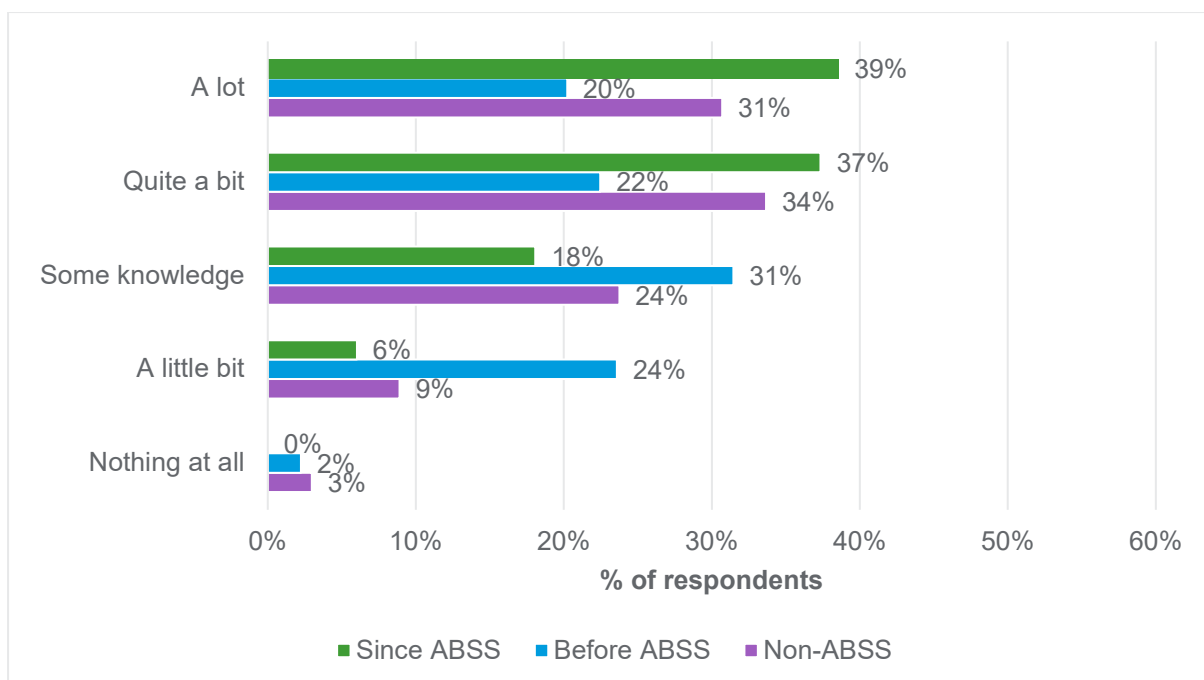
## Knowledge

Respondents who had taken part in the ABSS programme were **more likely to have said that they had ‘a lot’ or ‘quite a bit’ of knowledge about helping their children’s social and emotional development since taking part in the programme than before**. These differences were **statistically significant**, which indicated that taking part in the ABSS programme may have led to improvements in these participants’ knowledge about their children’s social and emotional development where other factors remained the same. Although it is not possible to say for certain that the change was due to the ABSS programme.



Although they were also more likely to have said that they had ‘a lot’ or ‘quite a bit’ of knowledge since taking part in the programme when compared to respondents to the community survey who had not taken part in the ABSS programme at all, this difference was **not statistically significant**. Therefore, **taking part in the ABSS programme did not appear to have resulted in respondents to the parent survey having more knowledge about their children’s social and emotional development than respondents to the community survey**. The measured difference may reflect a sampling variation rather than a true difference. However, it is interesting to note that respondents to the community survey were more likely to have said that they had ‘a lot’ or ‘quite a bit’ of knowledge when compared to the respondents to the parent survey before taking part in ABSS. This suggests that the respondents to the community survey may have felt less need for ABSS support as they already considered themselves quite knowledgeable.

**Figure 4.7: Knowledge about helping children interact with other children and adults**



Sources: RSM survey of parent beneficiaries Q.18.5 (Base: 89) and Q.19.5 (Base: 83) and RSM survey of the wider community Q.11.5 (Base: 101).

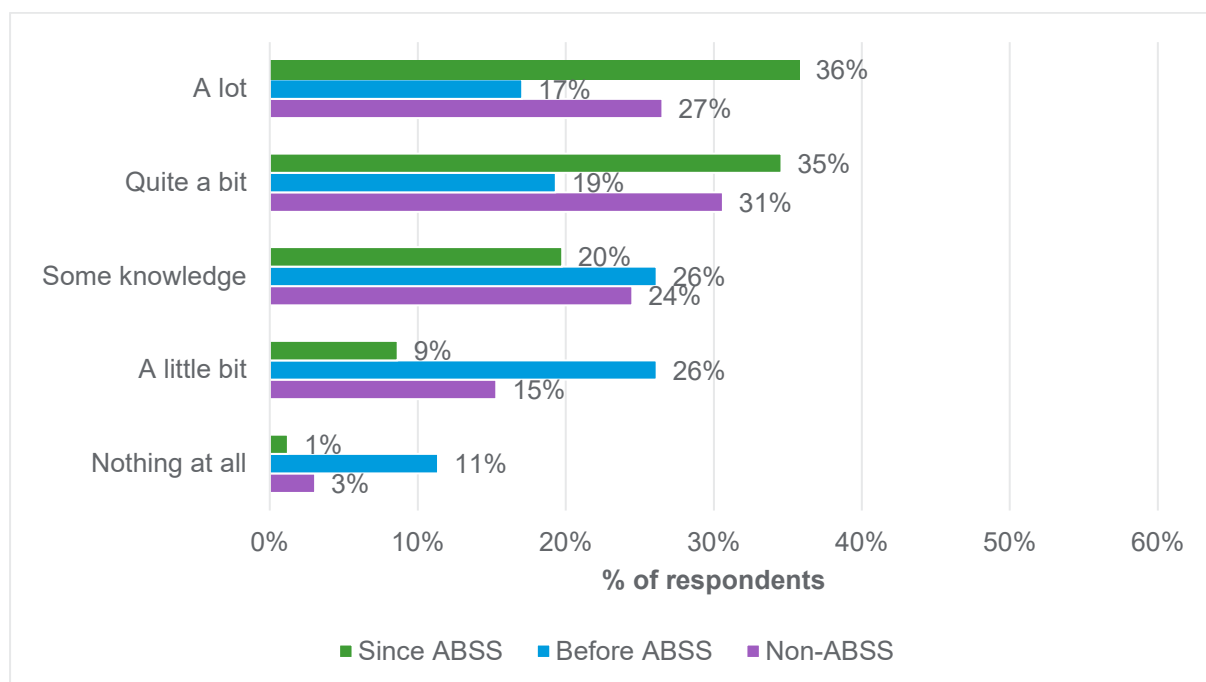
Note: “Before ABSS” and Non-ABSS” totals do not sum to 100% due to rounding

The vast majority of respondents to the parent survey (76%) said they had ‘a lot’ or ‘quite a bit’ of knowledge about helping their children to **interact with other children and adults** since taking part in the ABSS programme, compared to just 44% before ABSS (an increase

of 32%). **There was no statistically significant difference when compared to the community survey responses** (65% of respondents to the community survey answered ‘a lot’ or ‘quite a bit’). The measured difference may reflect a sampling variation rather than a true difference (see Figure 4.7 on the previous page).

The majority of respondents to the parent survey (71%) said that they had ‘a lot’ or ‘quite a bit’ of knowledge about helping their children to **understand their own feelings and behaviours** since taking part in the ABSS programme, compared to just 36% before ABSS (an increase of 35%) (see Figure 4.8). **There was no statistically significant difference when compared to the community survey responses** (53% of respondents to the community survey answered ‘a lot’ or ‘quite a bit’). The measured difference may reflect a sampling variation rather than a true difference.

**Figure 4.8: Knowledge about helping children understand own feelings and behaviours**



Sources: RSM survey of parent beneficiaries Q.18.6 (Base: 88) and Q.19.6 (Base: 81) and RSM survey of the wider community Q.11.6 (Base: 98).

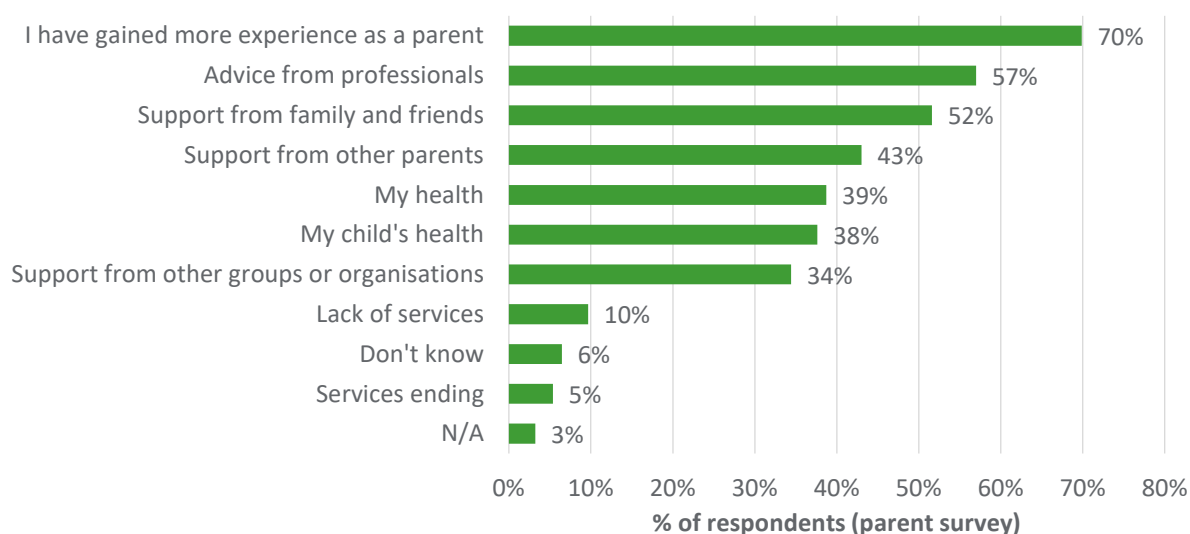
Note: “Before ABSS” and Non-ABSS” totals do not sum to 100% due to rounding

Other factors that respondents to the parent survey said influenced their knowledge about their children’s development included gaining more experience as a parent, advice from professionals and support from family and friends. Notably, 3% of respondents to the parent survey did not identify any other factors that had influenced their knowledge about their children’s development (see Figure 4.9 overleaf).





**Figure 4.9: Other factors that influence knowledge about child development**



Source: RSM survey of parent beneficiaries Q.20 (Base: 93).

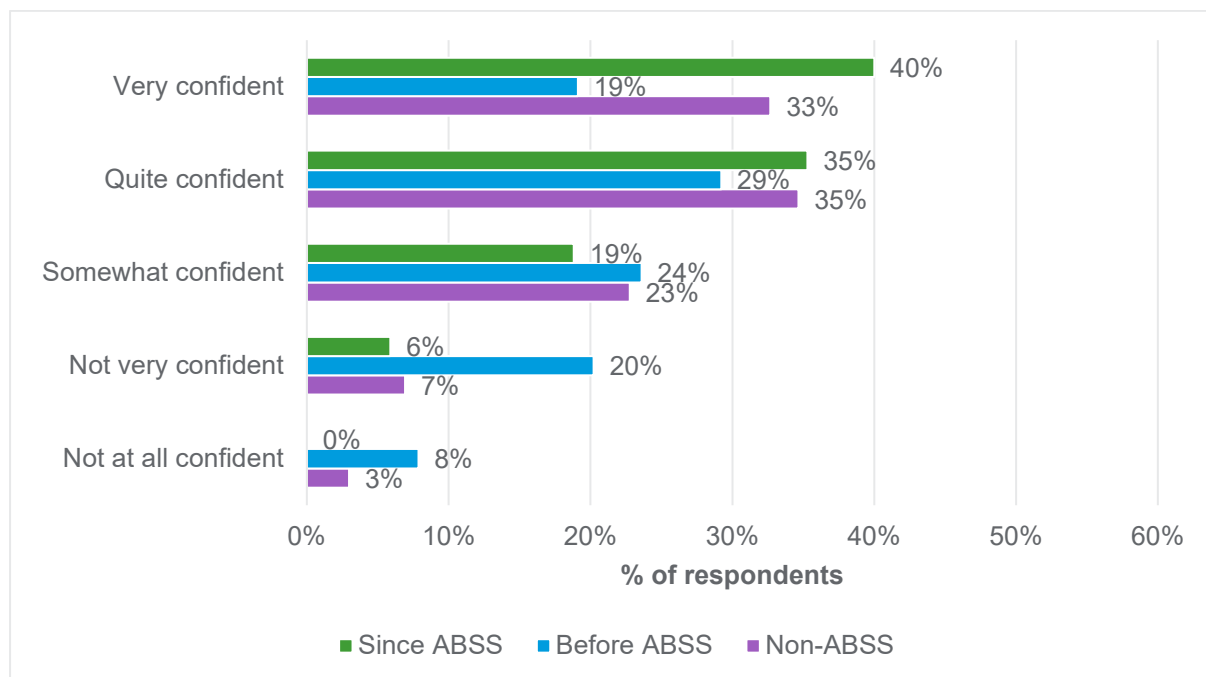
Note: Totals do not sum to 100% because respondents could give multiple responses.

### Confidence

Respondents to the parent survey reported an increase in confidence in their ability to **take care of their own mental health and wellbeing** since taking part in the ABSS programme (75% answered 'very confident' or 'quite confident'), compared to before ABSS (48% replied 'very confident' or 'quite confident', which is a 27% increase). This was a **statistically significant** difference, which may reflect the impact of the ABSS programme where other factors did not change over time, although it is not possible to say definitively that the difference was due to the ABSS programme (see Figure 4.10). **However, there was no statistically significant difference when compared to the respondents who had not taken part in the ABSS programme at all** (68% answered 'very confident' or 'quite confident'). The measured difference may reflect a sampling variation rather than a true difference.



**Figure 4.10: Confidence in taking care of mental health and wellbeing**

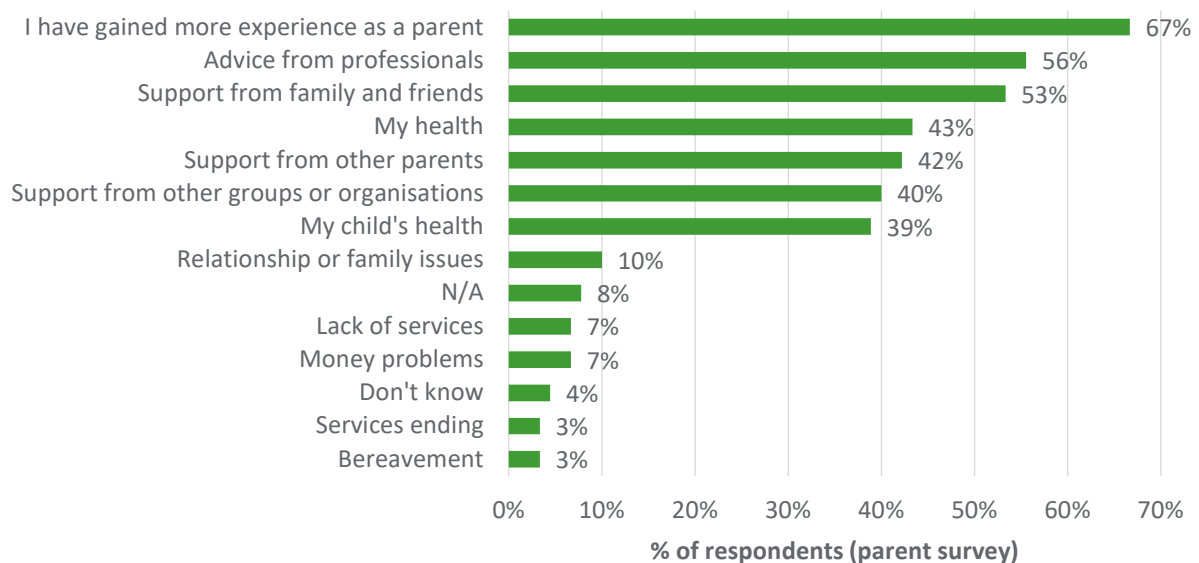


Sources: RSM survey of parent beneficiaries Q.21.3 (Base: 89) and Q.22.3 (Base: 85) and RSM survey of the wider community Q.12.3 (Base: 101).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

Other factors that respondents to the parent survey said influenced their confidence included gaining more experience as a parent, advice from professionals and support from family and friends. Notably, 8% of respondents to the parent survey did not identify any other factors that had influenced their confidence (see Figure 4.11).

**Figure 4.11: Other factors that influence parents' confidence**



Source: RSM survey of parent beneficiaries Q.23 (Base: 90).

Note: Totals do not sum to 100% because respondents could give multiple responses

## 4.2.2.2 Communication and language development

### Access support

Respondents to the parent survey were also **more likely to have agreed or strongly agreed that they were able to access the support needed to help their children's communication and language development** since taking part in the ABSS programme, compared to both before the programme and those who did not participate. These differences were **statistically significant**. This may reflect the impact of the ABSS programme to the extent that other factors were not changing over time, although it is not possible to say for certain whether the change was due to the ABSS programme. **There was also a statistically significant difference in the way that respondents to the parent survey answered the question about their access to support to help their children express themselves, when compared to respondents to the community survey.** It is not possible to say definitively if this difference was due to the ABSS programme, as other differences between groups could be at play.

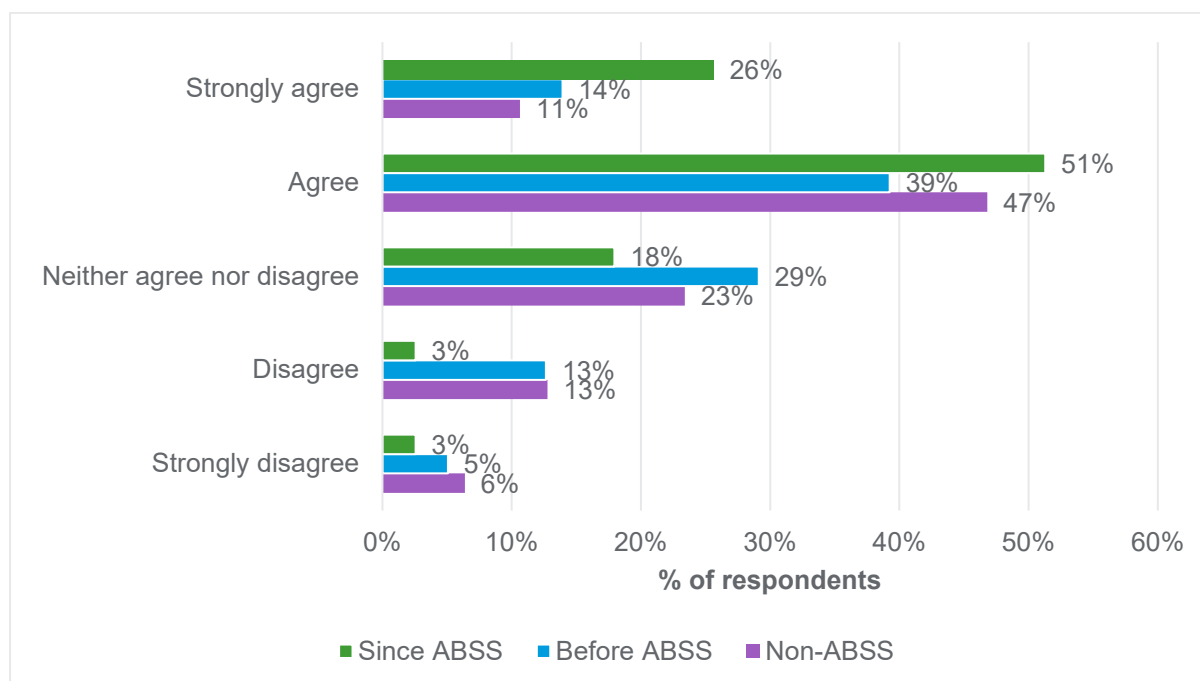
It should be noted, however, that **there was no statistically significant difference in the way that respondents to the parent and community surveys answered the question about their access to support to help their children learn to talk.** Therefore, any difference in the responses to that question between the parent and community surveys did not appear to have been caused by participation in the ABSS programme. The measured difference may reflect a sampling variation rather than a true difference. Other factors identified by respondents to the parent survey as having influenced the support that they and their children had access to are shown earlier in Figure 4.6.

The vast majority of respondents agreed or strongly agreed that they were able access the support they needed to help their children **express themselves** since taking part in the ABSS programme (77% of respondents to the parent survey), compared to 53% before ABSS and 58% of respondents who had not taken part in the ABSS programme (see Figure 4.12 overleaf).



The majority of respondents agreed or strongly agreed that they were able access the support they needed to help their children **learn to talk** since taking part in the ABSS programme. Although there was less difference in the responses to this question before and after taking part in the programme, it **was statistically significant** (70% of respondents to the parent survey agreed or strongly agreed, compared to 57% before ABSS) (see Figure 4.13 overleaf). This may reflect the impact of the ABSS programme to where other factors remained the same, but it is not possible to say definitively that the difference was due to the ABSS programme.

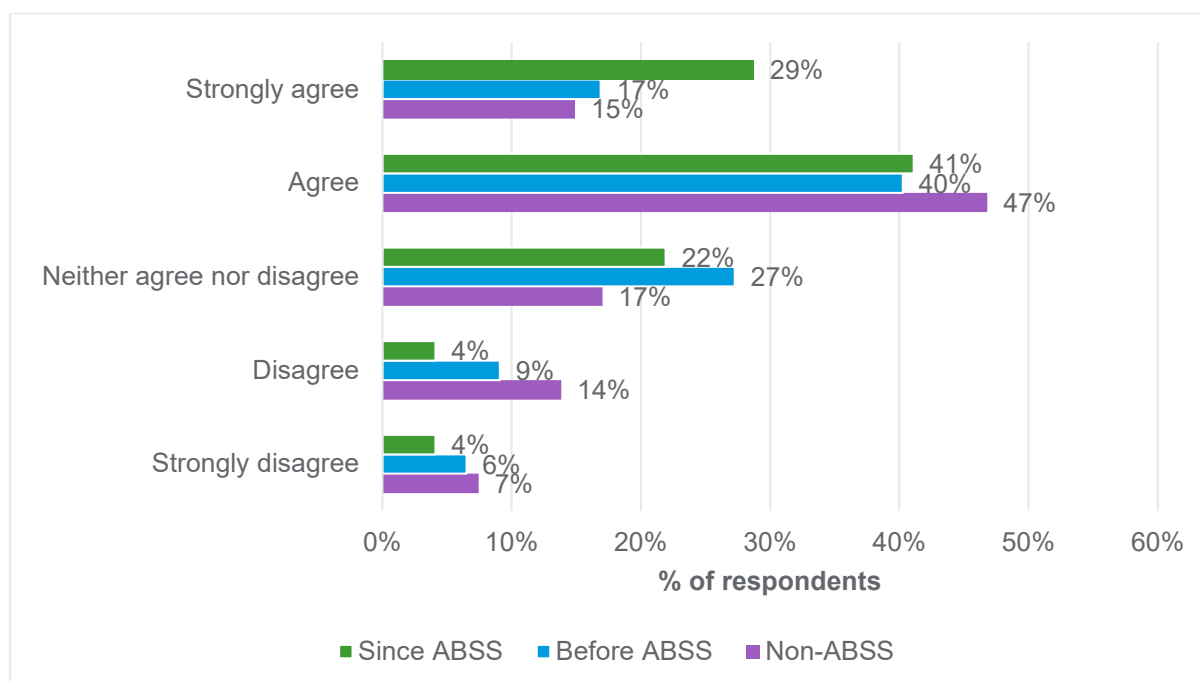
**Figure 4.12: Ability to access support to help children express themselves**



Sources: RSM survey of parent beneficiaries Q.14.5 (Base: 79) and Q.15.5 (Base: 78) and RSM survey of the wider community Q.10.5 (Base: 94).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

**Figure 4.13: Ability to access support to help children learn to talk**



Sources: RSM survey of parent beneficiaries Q.14.6 (Base: 77) and Q.15.6 (Base: 73) and RSM survey of the wider community Q.10.6 (Base: 94).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

**There was no statistically significant difference between the responses of those who had and had not taken part in the programme** (62% of respondents to the community survey agreed or strongly agreed). The measured difference may reflect a sampling variation rather than a true difference.

Respondents who disagreed or strongly disagreed were asked what other support they and their children needed. The only responses relating to communication and language development was, *“We need help with speech.”* (Parent survey respondent)

### Knowledge

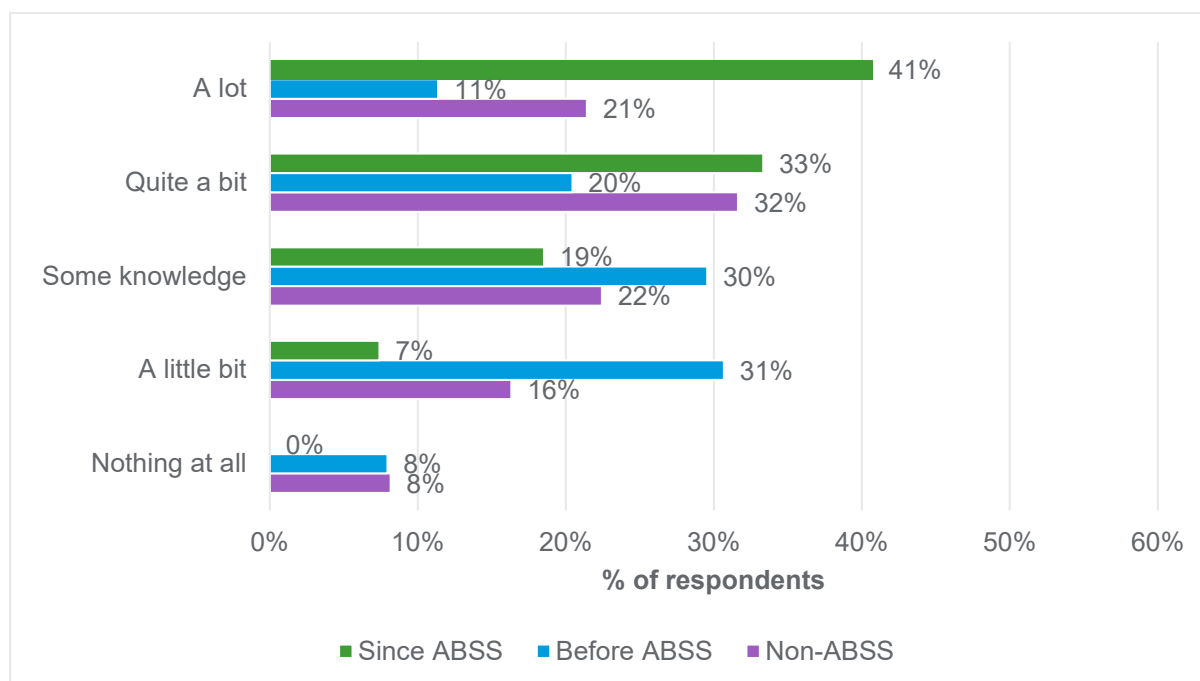
The survey findings indicated that **parents’ knowledge about their children’s communication and language development had improved** since taking part in the ABSS programme. Respondents to the parent survey reported lower levels of knowledge in this area before taking part in the programme than respondents to the community survey. Since taking part in the ABSS programme the proportion of respondents reporting ‘a lot’ or ‘quite a bit’ knowledge about their children’s communication and language development increased and was higher than that of the community survey. **There were statistically significant differences in the way that respondents to the parent survey answered these questions before and since taking part in the ABSS programme.** This may reflect the impact of the ABSS programme where other factors were not changing over time, although it is not possible to say for certain that the change was due to the ABSS programme. Other factors that respondents to the parent survey said influenced their knowledge about their children’s development are shown in Figure 4.9.

**There were also statistically significant differences in the way that respondents to the parent survey answered these questions when compared to the respondents to the community survey.** Whilst in principle this may reflect the impact of the ABSS programme, it is possible that there may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.

The majority of respondents to the parent survey (74%) said that, since taking part in the ABSS programme, they had ‘a lot’ or ‘quite a bit’ of knowledge about activities they could do to **help their children express themselves**, compared to just 31% before ABSS (an increase of 43%) and 53% of respondents who had not taken part in the ABSS programme (see Figure 4.14 overleaf).



**Figure 4.14: Knowledge about activities to help children express themselves**



Sources: RSM survey of parent beneficiaries Q.18.7 (Base: 88) and Q.19.7 (Base: 81) and RSM survey of the wider community Q.11.7 (Base: 98).

Note: “Before ABSS” and Non-ABSS” totals do not sum to 100% due to rounding

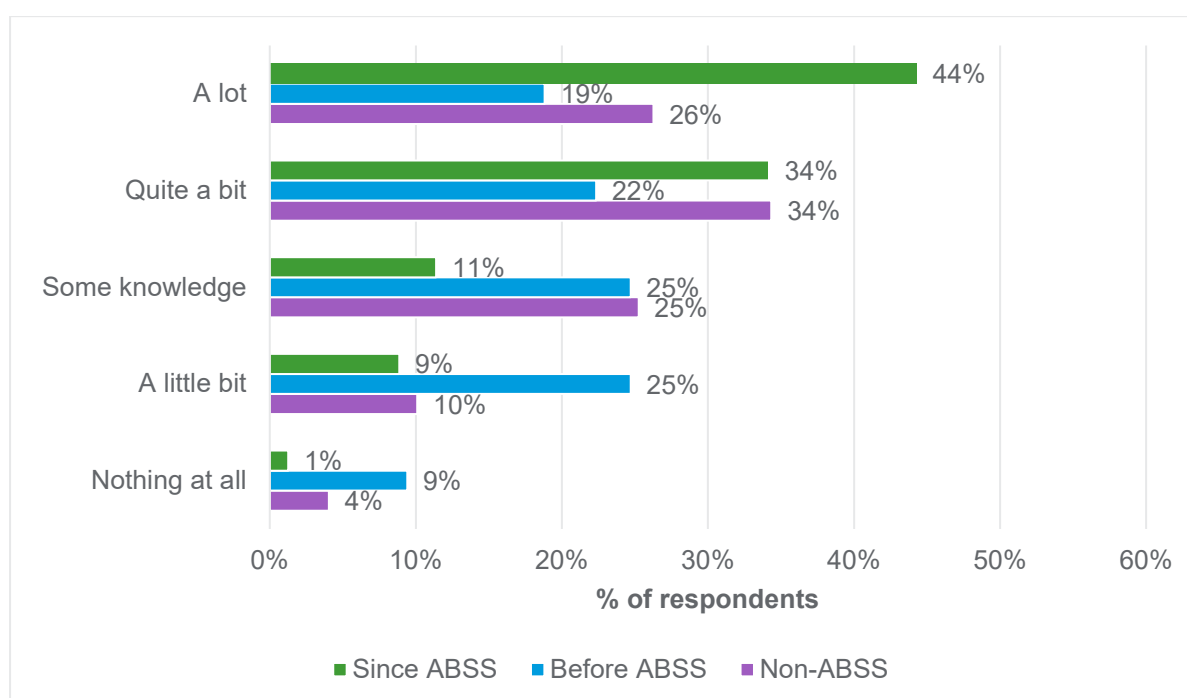
The vast majority of respondents to the parent survey (78%) also said they had ‘a lot’ or ‘quite a bit’ of knowledge about helping their children **learn to talk** since taking part in the ABSS programme, compared to just 41% before ABSS (an increase of 37%) and 60% of respondents to the community survey (see Figure 4.15 overleaf).

Some of the stakeholders interviewed commented on improvements in speech and language outcomes, as a result of the programme.

*“Speech and language has been a big thing. Southend has seen positive change in this area ever since ABSS started working on these streams.”*  
*(Stakeholder interviewee)*



**Figure 4.15: Knowledge about activities to help children learn to talk**



Sources: RSM survey of parent beneficiaries Q.18.8 (Base: 85) and Q.19.8 (Base: 79) and RSM survey of the wider community Q.11.8 (Base: 99).

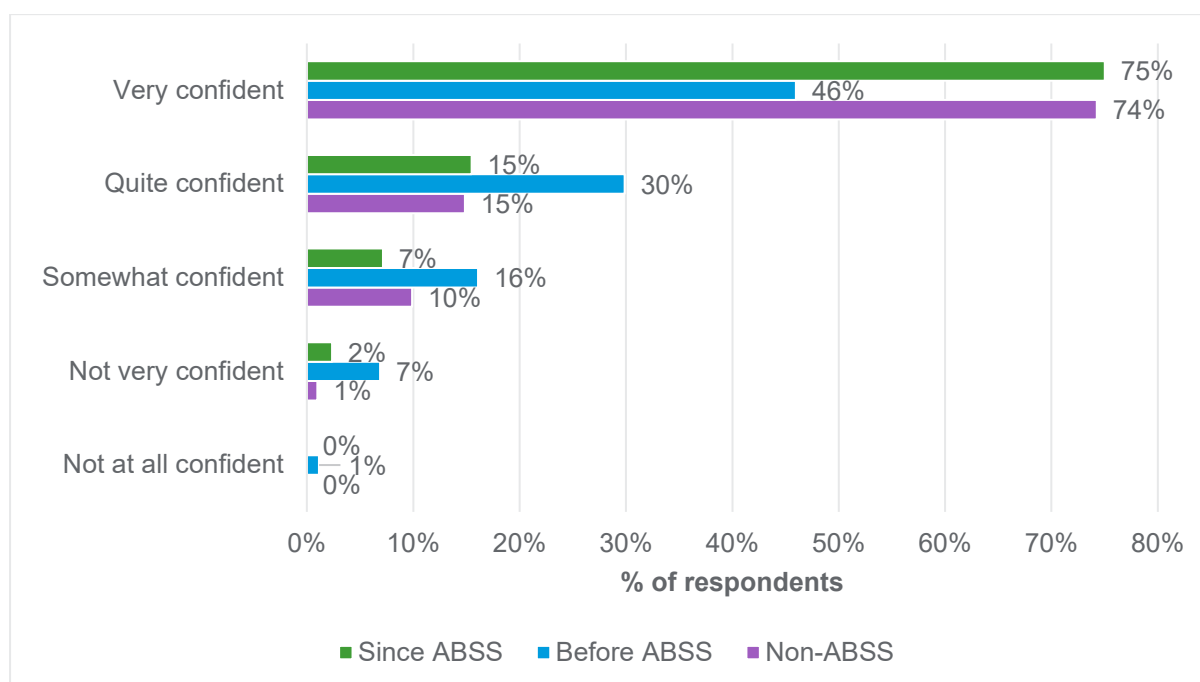
Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

### Confidence

The survey findings indicated that **parents' confidence about reading with their children had improved** since taking part in the ABSS programme. This difference was **statistically significant**, which suggests that it may reflect the impact of the ABSS programme to the extent that other factors were not changing over time, although it is not possible to say definitively that the difference was due to the ABSS programme. Responses to this question indicated that the respondents to the parent survey were relatively confident about this before taking part in the ABSS programme (46% of respondents answered, 'very confident'), but this was still much lower than the respondents to the community survey (74% answered 'very confident'). Since taking part in the ABSS programme the percentage of respondents who were 'very confident' about reading with their children increased by 29% to 75% of respondents (see Figure 4.16 overleaf). This is roughly in line with respondents to the community survey. **There was no statistically significant difference in how respondents to the parent and community surveys answered this question.** The measured difference may reflect a sampling variation rather than a true difference. Other factors that respondents to the parent survey said influenced their confidence are shown in Figure 4.11.



**Figure 4.16: Confidence about reading with children**



Sources: RSM survey of parent beneficiaries Q.21.2 (Base: 87) and Q.22.2 (Base: 84) and RSM survey of the wider community Q.12.2 (Base: 101).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

### 4.2.2.3 Diet and nutrition

#### Access to support

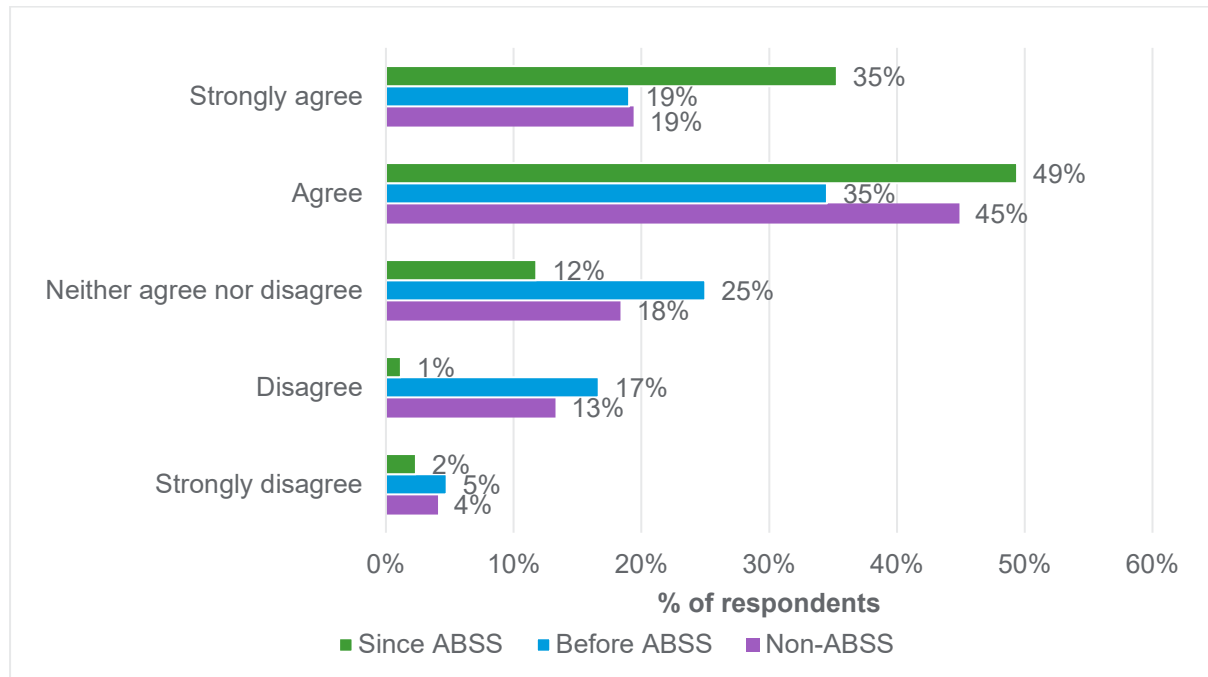
Since taking part in the ABSS programme, respondents were **better able to access support on diet and nutrition**. Before taking part in the programme respondents to the parent survey were less likely to have agreed or strongly agreed that they had access to diet and nutrition support than respondents to the community survey. Since taking part, respondents to the parent survey were more likely to have agreed or strongly agreed that they were able to access this support. **The differences in the responses to these questions between the before and after questions on the parent survey and between respondents who had taken part in the ABSS programme and the respondents to the community survey were all statistically significant.** The differences in responses to the before and since questions on the parent survey may reflect the impact of the ABSS programme as long as all other factors remained the same over time. Therefore, it is not possible to say with certainty that all of the difference was due to the ABSS programme. Other factors that respondents to the parent survey said influenced the support that they and their children had access to are shown in Figure 4.6. Whilst in principle the difference in response to the parent and community surveys may reflect the impact of the ABSS programme, it is possible that there may have been other differences between the two groups. Therefore, it is not possible to state with confidence that this difference was due to the ABSS programme.





The vast majority of respondents to the parent survey (84%) agreed or strongly agreed that since taking part in the ABSS programme, they were able to access the **support they needed to be healthy** (compared to 54% before taking part and 64% of respondents to the community survey). There was a noticeable decrease in the percentage of respondents to the parent survey who disagreed or strongly disagreed since taking part in the ABSS programme (from 22% before taking part to just 3% after taking part) (see Figure 4.17).

**Figure 4.17: Ability to access support to be healthy**



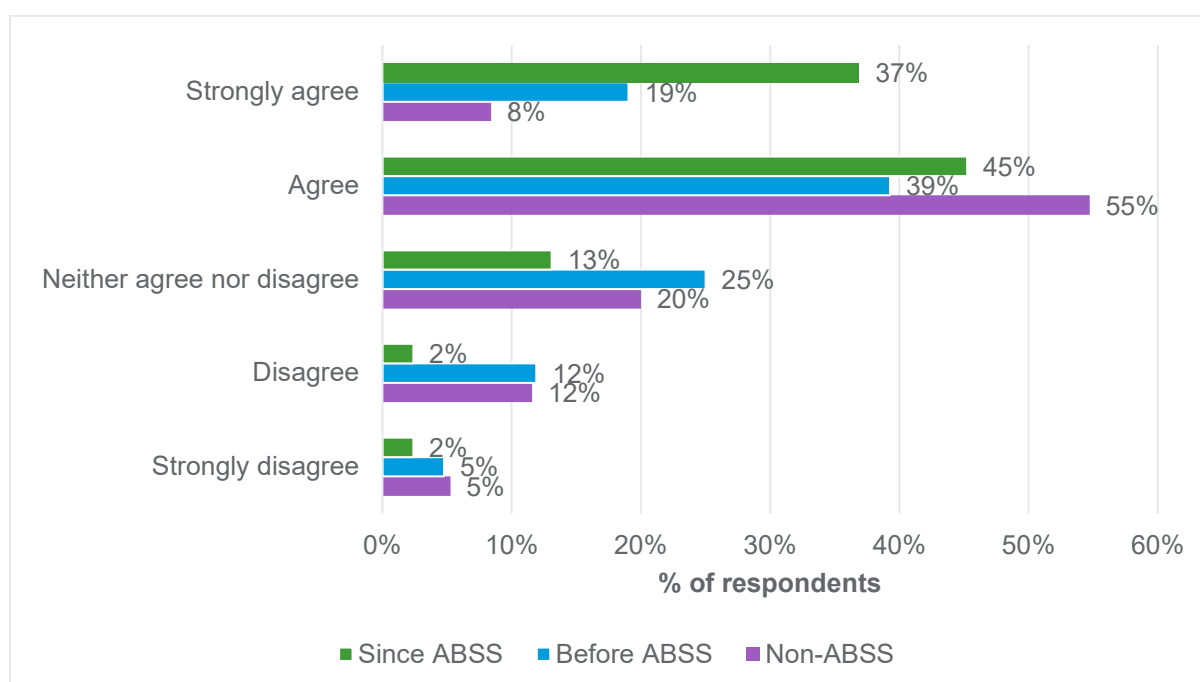
Sources: RSM survey of parent beneficiaries Q.14.1 (Base: 84) and Q.15.1 (Base: 85) and RSM survey of the wider community Q.10.1 (Base: 98).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

The vast majority of respondents to the parent survey (82%) also agreed or strongly agreed that since taking part in the ABSS programme they could access the **support they needed to eat well** (compared to 58% before taking part and 63% of respondents to the community survey). There was also a noticeable decrease in the percentage of respondents who disagreed or strongly disagreed with this statement (from 17% before taking part to just 4% after taking part, see Figure 4.18 overleaf).



**Figure 4.18: Ability to access support to eat well**



Sources: RSM survey of parent beneficiaries Q.14.2 (Base: 84) and Q.15.2 (Base: 85) and RSM survey of the wider community Q.10.2 (Base: 95).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

Respondents who disagreed or strongly disagreed were asked what other support they and their children needed. Responses relating to diet and nutrition included:

*"We need help with ... eating." (Parent survey respondent)*

*"I needed breastfeeding help but it was during lockdown so nothing was on." (Parent survey respondent)*

*"I believe it is mainly due to the virus and services being impacted. I was unable to have my daughter weighed for a long period of time, she had no regular check-ups and during my pregnancy my midwife was extremely busy and would take days to reply to my messages. I must admit my husband and I have had to navigate the process alone. Thankfully my daughter seems to meeting milestones and she is doing well." (Parent survey respondent)*

### Knowledge



The survey findings also indicated that **parents' knowledge about diet and nutrition had improved** since taking part in the ABSS programme.

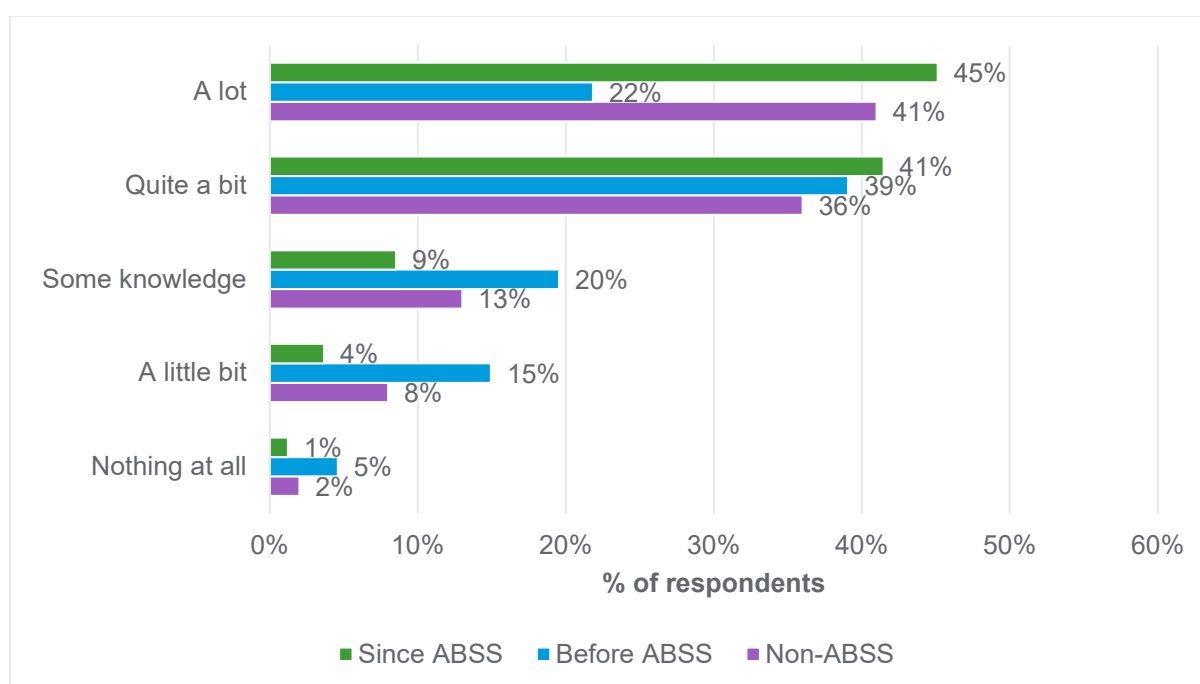
Respondents to the parent survey reported lower levels of knowledge in this area before taking part in the programme than respondents to the community survey. Since taking part in the ABSS programme the percentage of respondents reporting 'a lot' or 'quite a bit' knowledge about diet and nutrition increased and was comparable or higher than that of the community survey. **The differences in the responses to these questions between the before and after questions on the parent survey were statistically significant.** This may reflect the impact of the ABSS programme to the extent that other factors stayed the same, although it is not possible to say definitively that the difference was due to the ABSS programme. See Figure 4.9 for other factors that respondents to the parent survey said influenced their knowledge about their children's development.

Knowledge about the benefits of breastfeeding was the only area where there was a statistically significant difference between the responses to the community survey and the parent survey since taking part in the ABSS programme. It is not possible to say with confidence that this difference was due to the ABSS programme, as there may be other differences between the two groups.

The vast majority of respondents to the parent survey (86%) said they knew ‘a lot’ or ‘quite a bit’ about **healthy behaviours during pregnancy** since taking part in the ABSS programme (compared to 61% before ABSS) (see Figure 4.19). This difference was **statistically significant** which may reflect the impact of the ABSS programme to the extent that other factors stayed the same, although it is not possible to say definitively that the change was due to the ABSS programme. **There was no statistically significant difference in how respondents to the community survey answered this question** compared to parent survey responses since taking part in the ABSS programme (77% of respondents to the community survey answered ‘a lot’ or ‘quite a bit’). Therefore, this difference did not appear to have been caused by the ABSS programme and the measured difference may reflect a sampling variation rather than a true difference.



**Figure 4.19: Knowledge about healthy behaviours during pregnancy**



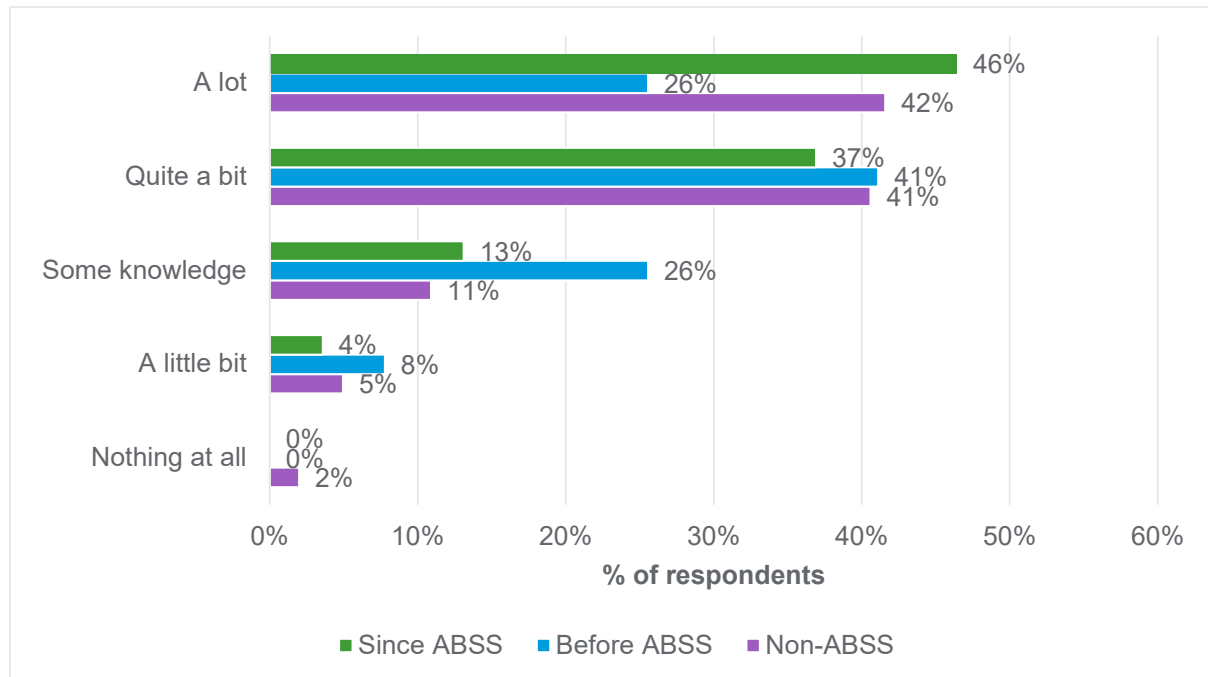
Sources: RSM survey of parent beneficiaries Q.18.1 (Base: 87) and Q.19.1 (Base: 82) and RSM survey of the wider community Q.11.1 (Base: 100).

Note: “Before ABSS” and Non-ABSS” totals do not sum to 100% due to rounding

The vast majority of respondents to the parent survey (83%) said they knew ‘a lot’ or ‘quite a bit’ about **keeping their family healthy and active** since taking part in the ABSS programme (compared to 67% before ABSS) (see Figure 4.20 overleaf). This difference was **statistically significant** which may reflect the impact of the ABSS programme to the extent that other factors were not changing over time, although it is not possible to say definitively that the difference was due to the ABSS programme. There was **no statistically significant difference in how respondents to the community survey answered this question** (83% of respondents to the community survey said they knew ‘a lot’ or ‘quite a bit’ about keeping

their family healthy and active). The measured difference may reflect a sampling variation rather than a true difference.

**Figure 4.20: Knowledge about keeping families healthy and active**



Sources: RSM survey of parent beneficiaries Q.18.3 (Base: 90) and Q.19.3 (Base: 84) and RSM survey of the wider community Q.11.3 (Base: 101).

Note: “Before ABSS” and Non-ABSS” totals do not sum to 100% due to rounding

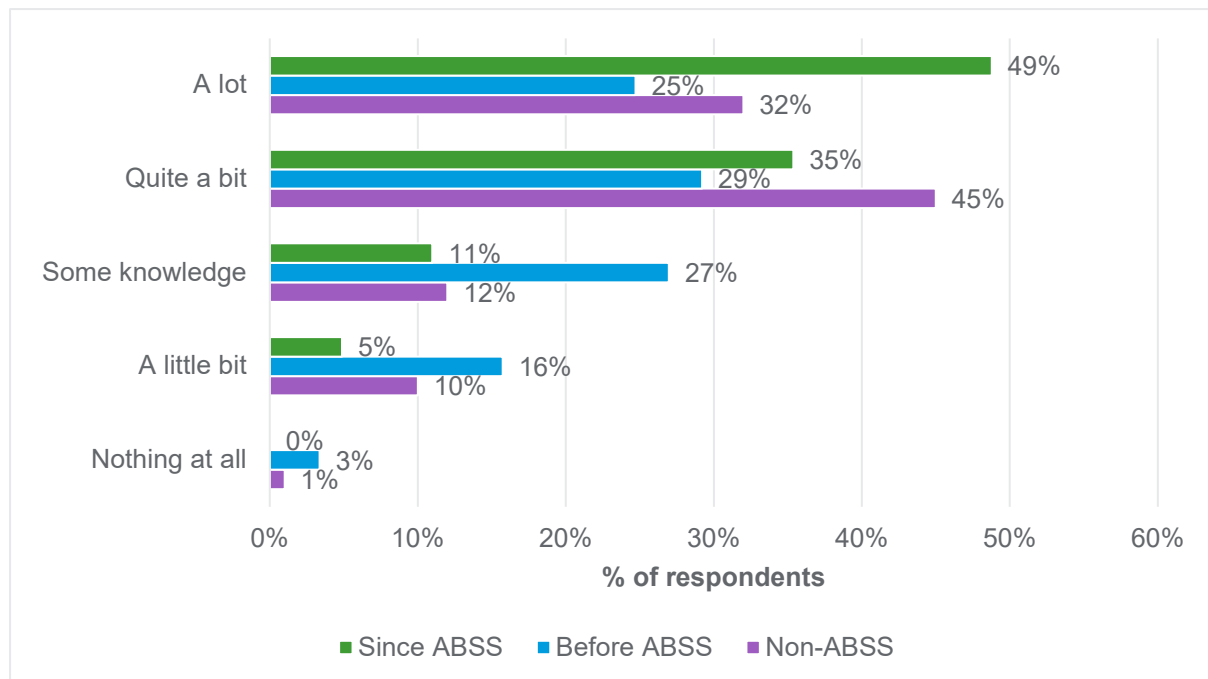
The vast majority of respondents to the parent survey (84%) said they knew ‘a lot’ or ‘quite a bit’ about **healthy eating for children under 4 years old** since taking part in the ABSS programme (compared to 54% before ABSS see Figure 4.21 overleaf). There was a **statistically significant** difference in these responses. This may reflect the impact of the ABSS programme to the extent that other factors were not changing over time, although it is not possible to say definitively that the difference was due to the ABSS programme. **There was no statistically significant difference in how respondents to the community survey answered this question** compared to parent survey responses since taking part in the ABSS programme (77% of respondents to the community survey answered ‘a lot’ or ‘quite a bit’). The measured difference may reflect a sampling variation rather than a true difference.



The vast majority of respondents to the parent survey (89%) said they knew ‘a lot’ or ‘quite a bit’ about **the benefits of breastfeeding** since taking part in the ABSS programme (compared to 52% before ABSS and 75% of respondents to the community survey) (see Figure 4.22 overleaf). **The differences in the responses to this question between the before and after questions on the parent survey and between respondents who had taken part in the ABSS programme and the respondents to community survey were all statistically significant.** The difference in response to the before and since questions on the parent survey may reflect the impact of the ABSS programme where other factors stayed the same over time, although it is not possible to say definitively that the difference was due to the ABSS programme. Whilst in principle the difference in response to the parent and community surveys may reflect the impact of the ABSS programme, it is possible that there

may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.

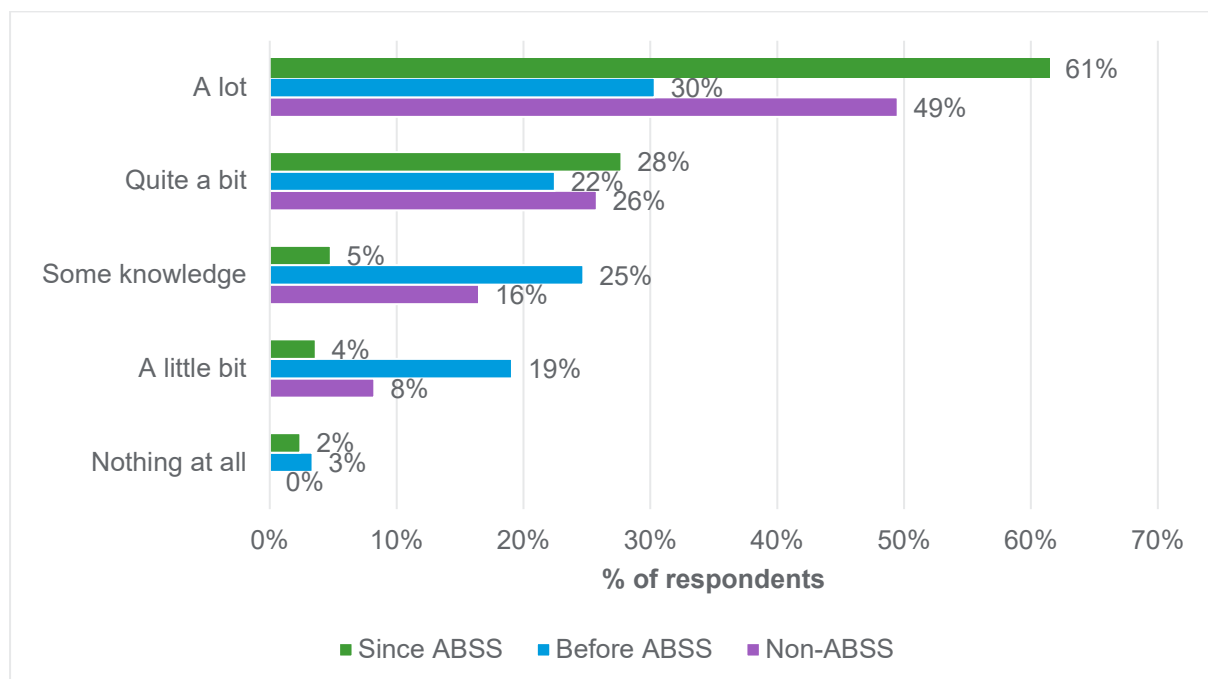
**Figure 4.21: Knowledge about healthy eating for children under 4 years**



Sources: RSM survey of parent beneficiaries Q.18.4 (Base: 89) and Q.19.4 (Base: 82) and RSM survey of the wider community Q.11.4 (Base: 100).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

**Figure 4.22: Knowledge about the benefits of breastfeeding**



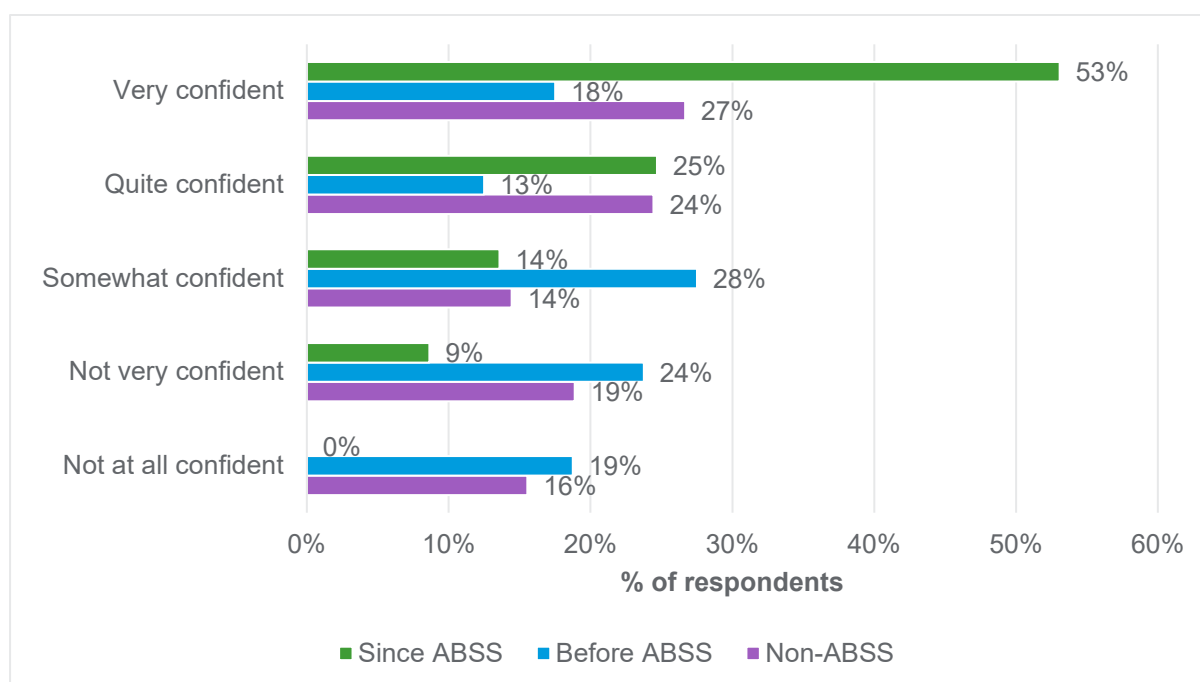
Sources: RSM survey of parent beneficiaries Q.18.2 (Base: 89) and Q.19.2 (Base: 83) and RSM survey of the wider community Q.11.2 (Base: 97).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

## Confidence

Before taking part in the ABSS programme less than a third of respondents to the parent survey were **quite confident or very confident about breastfeeding** (30%). This was lower than the community survey (51% of respondents to the community survey answered 'quite confident' or 'very confident'). Since taking part in the ABSS programme the vast majority of respondents to the parent survey were quite confident or very confident about breastfeeding (78%) and none were not at all confident (see Figure 4.23). **There was a statistically significant difference in how respondents to the parent survey answered this question since taking part in the ABSS programme when compared to before taking part and the responses to the community survey.** The difference in response to the before and since questions on the parent survey may reflect the impact of the ABSS programme where other factors were not changing over time, although it is not possible to say definitively that the difference was due to the ABSS programme. Other factors that respondents to the parent survey said influenced their confidence are shown in Figure 4.11. Whilst in principle the difference in response to the parent and community surveys may reflect the impact of the ABSS programme, it was possible that there may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.

**Figure 4.23: Confidence about breastfeeding**



Sources: RSM survey of parent beneficiaries Q.21.1 (Base: 80) and Q.22.1 (Base: 81) and RSM survey of the wider community Q.12.1 (Base: 90).

Note: "Before ABSS" and Non-ABSS" totals do not sum to 100% due to rounding

This was supported by an analysis of the breastfeeding statistics presented earlier (see Figure 4.2), as well as findings from the qualitative research. Some interviewees and a minority of focus group participants said that the ABSS breastfeeding services had had a positive impact on breastfeeding rates, particularly breastfeeding continuation rates. This was said to have been achieved through improved education about breastfeeding to reduce the stigma of breastfeeding within the wider community. Interviewees felt that this would not have been possible without the ABSS programme.

*“On a number of measures, on our outcomes framework, we can show that we are closing or have closed the gap for the most disadvantaged families. For example, breastfeeding initiation and continuation and a range of measures on the early years foundation stage profile where we can see the gap for the most disadvantage children has narrowed or disappeared.” (Stakeholder interviewee)*

*“Without the service they [participants] wouldn’t have continued to breastfeed. There is a lot of deprivation in the ward and a culture of not breastfeeding. If you can get them to 10 days you have done well. Women who use the service are very appreciative of the service.” (Service manager interviewee)*

*“People have treatment and support who wouldn’t have before. Reduced a lot of stigma.” (Service manager interviewee)*

#### 4.2.2.4 Community resilience

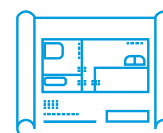
##### Community involvement

The majority of interviewees and focus group participants **felt positive about parents’ ability to influence the ABSS programme through co-production**. The parent champions were seen as a core strength of the ABSS programme, as was the opportunity for parents to voice their opinions and concerns. Additionally, they said that delivery partners and stakeholders were now talking about co-production as a design methodology to incorporate in future programme design.

*“The parent champions and the parents voice coming into the programme has been one of the key successes and drivers.” (Stakeholder interviewee)*

*“There’s certain things that my nurse goes through with me, and if I say I don’t feel like I need that then we don’t go for it” the programme works based on individual needs.” (Focus group participant)*

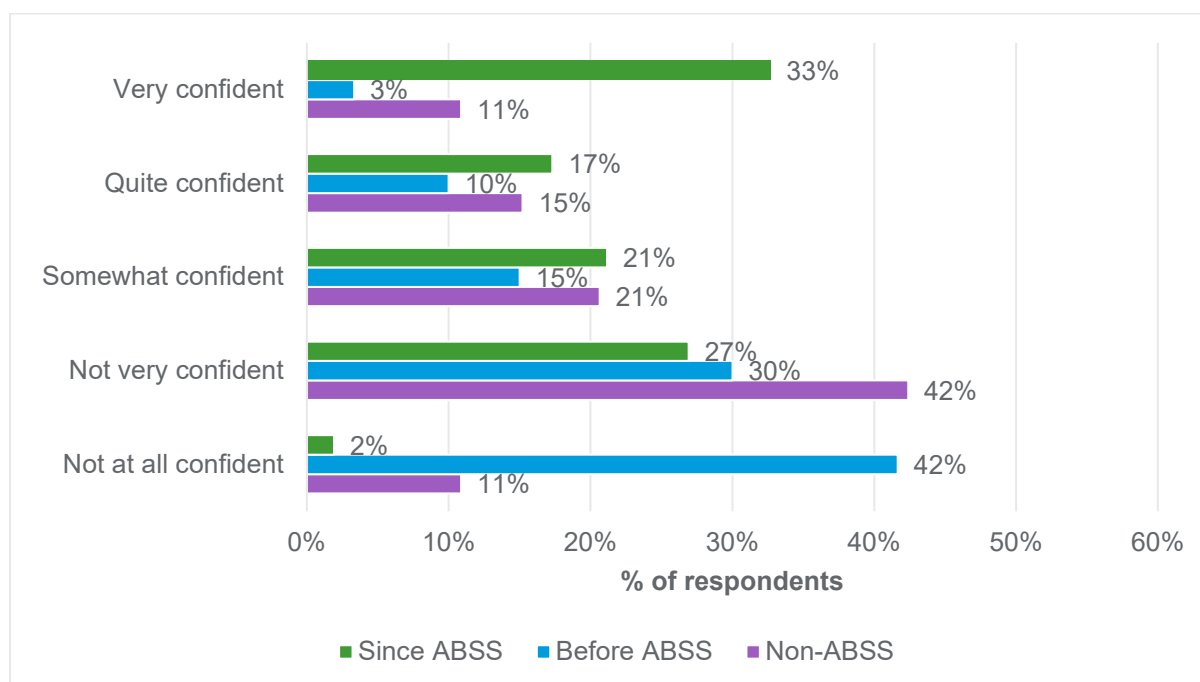
The majority of respondents to the parent survey were less confident about getting **involved in designing or delivering services** for people in Southend before taking part in the ABSS programme than respondents to the community survey (72% were not very confident or not at all confident before ABSS compared to 53% of community survey respondents). While this decreased a lot since taking part in the ABSS programme (to 29% of parent survey respondents), only half of respondents to the parent survey (50%) said they were quite confident or very confident about getting involved in designing or delivering services. This was higher than the community survey (26% of community survey respondents answered ‘quite confident’ or ‘very confident’) (see Figure 4.24 overleaf). **The differences in responses between the before and after questions on the parent survey were statistically significant**. This may reflect the impact of the ABSS programme where other factors were not changing over time, however, it is not possible to say definitively that the difference was due to the ABSS programme. Other factors that respondents to the parent survey said influenced their confidence are shown in Figure 4.11.



**The differences in responses between the parent survey and community survey were also statistically significant**. Whilst in principle this may reflect the impact of the ABSS programme, it is possible that there may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.

There was a notable drop in the number of respondents to the parent survey who were able to answer this question. The number of respondents to the community survey remained roughly the same.

**Figure 4.24: Involvement in designing or delivering local services**

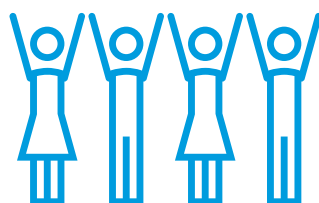


Sources: RSM survey of parent beneficiaries Q.21.4 (Base: 60) and Q.22.4 (Base: 52) and RSM survey of the wider community Q.12.4 (Base: 92).

**Research question 12: What impact has the ABSS programme had on community resilience for the target population? / To what extent has the ABSS programme improved community resilience for the target population?**

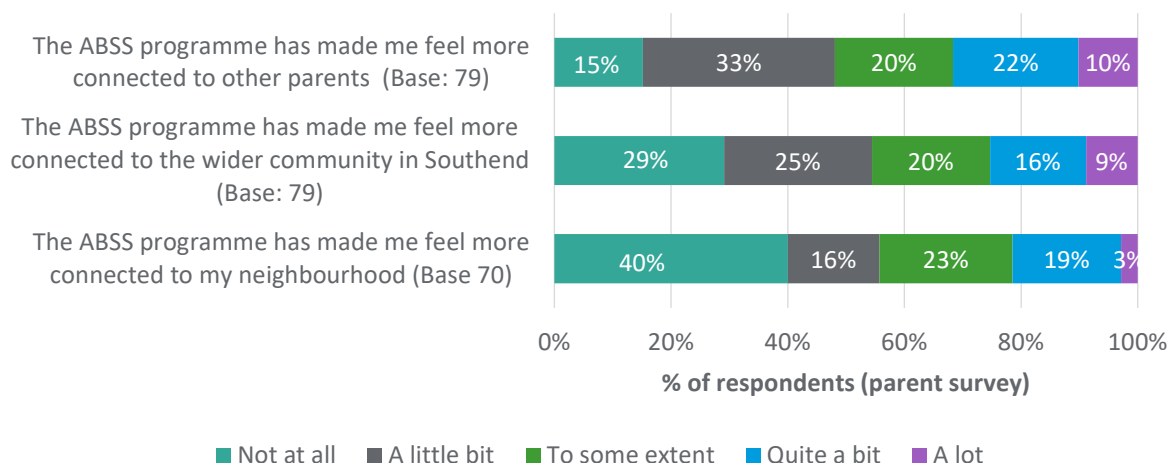
Respondents to the parent survey were asked how taking part in the ABSS programme had influenced their own sense of connection. The findings were mixed. Almost a third of respondents said the programme made them feel more connected with other parents (32%). However, the majority of respondents reported little or no impact on how connected they felt to the wider community (62%) or their neighbourhood (49%) (see Figure 4.25 overleaf).

Respondents to the parent surveys were generally more positive about the impact that the ABSS programme has had on children and families in Southend generally and their involvement in local services when compared to the wider population (see Figure 4.26 and Figure 4.27 overleaf). **In most cases the difference was statistically significant.** The only area where the difference in responses between the two surveys was **not statistically significant** was, ‘People in Southend are more involved in leading local groups because of the ABSS programme.’





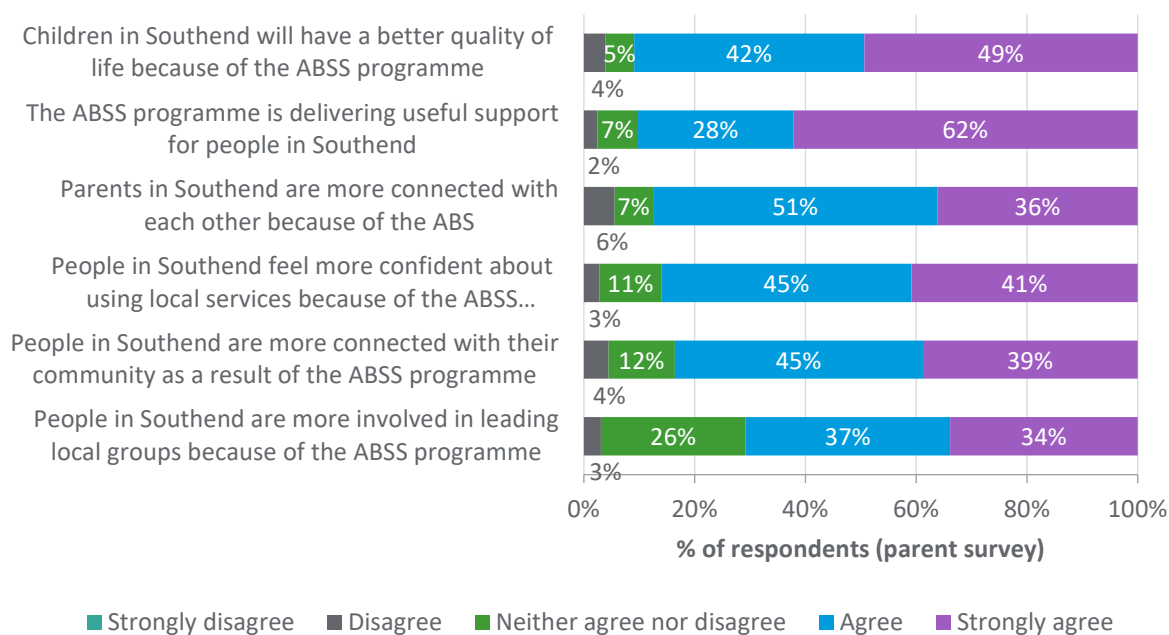
**Figure 4.25: Influence on sense of connection**



Source: RSM survey of parent beneficiaries Q.26.

Note: "...connected to the wider community ..." and "...connected with my neighbourhood..." totals do not sum to 100% due to rounding.

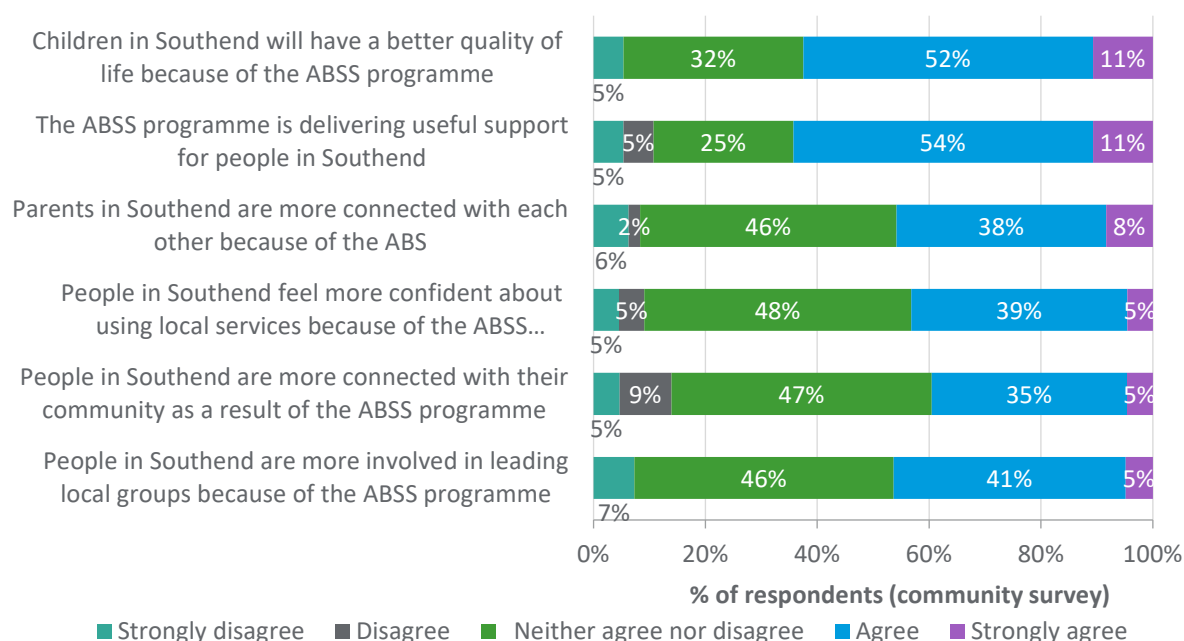
**Figure 4.26: Influence on people in Southend (parent survey)**



Source: RSM survey of parent beneficiaries Q.27 (Base: 88).

Note: "The ABSS Programme is delivering useful support for people in Southend" total does not sum to 100% due to rounding.

**Figure 4.27: Influence on people in Southend (community survey)**



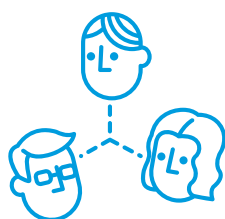
Source: RSM survey of the wider community Q.14 (Base: 75).

Note: “People in Southend are more involved in leading local groups because of the ABSS programme”, “People in Southend feel more confident about using local services because of the ABSS programme” and “People in Southend are more connected with their community as a result of the ABSS programme” totals do not sum to 100% due to rounding.

The vast majority of respondents to the staff survey agreed or strongly agreed that **the ABSS programme has had a positive impact on families who live in Southend** (see Figure 4.28 overleaf), with only a small minority of respondents disagreeing or strongly disagreeing.

Almost all respondents to the staff survey said the programme had **improved the confidence** of the parents involved in ABSS services (94% agreed or strongly agreed) and helped them to support their children’s growth and development (94%). They also said that the programme has given people in ABSS wards more opportunities to connect with each other (91%) and improved the outcomes of the children and babies involved (90%). The majority of respondents to the staff survey also said that the programme had supported people in ABSS wards to work together to address local issues (74%). It is important to note that fewer respondents were able to answer this last question.

The majority of interviewees and some focus group participants were able to comment on community resilience in terms of community connectiveness, take up of opportunities and wider community awareness. The majority of interviewees said that the ABSS programme had been successful in **developing community resilience**.



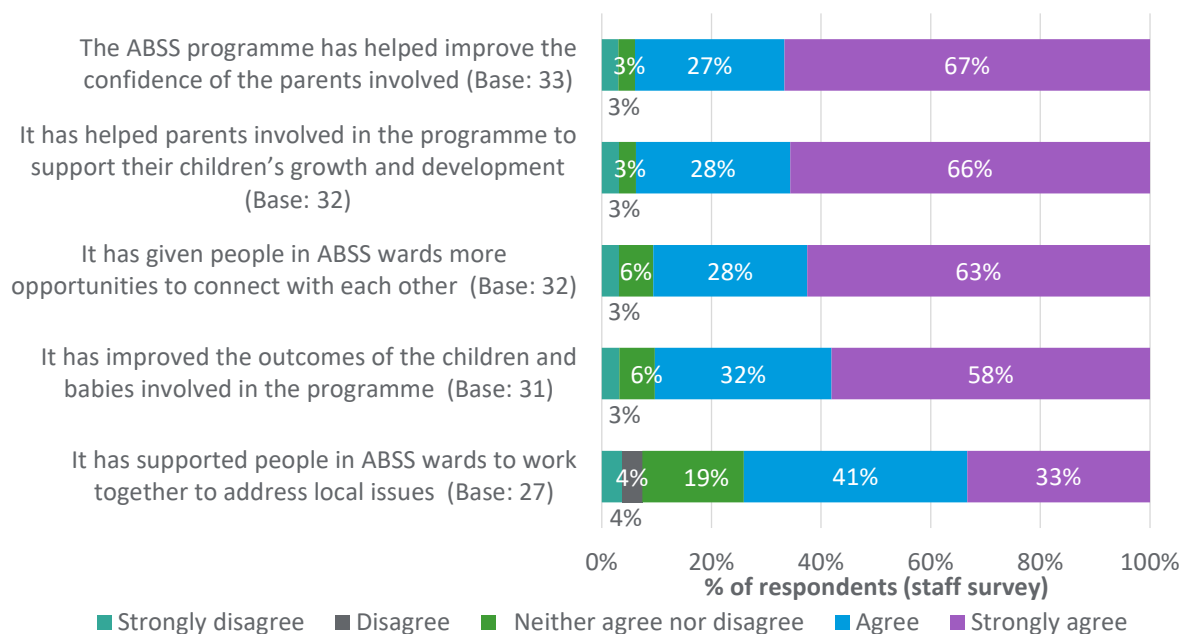
“That is the ultimate [aim] empowering communities and sustainability... it’s all about creating confidence and empowering and enabling communities.” (Stakeholder interviewee)

“I think this is something that ABS is very good at. The community funding, the engagement fund and things like that, and particularly the parent champions and parents’ forum which is open to any parent.” (Service manager interviewee)

Supporting greater community resilience was also felt, by a minority of interviewees, as a cost-effective mechanism to enable the community to identify and address its own issues.

*“There’s not enough money - ABSS families face challenges - the best way to support people to overcome challenges is to enable resilience and find solutions within the community. It’s much stronger and more cost effective.” (Stakeholder interviewee)*

**Figure 4.28: Influence on people in Southend**



Source: RSM survey of ABSS service delivery staff and volunteer survey Q.6.

Note: “...improved the outcomes of the children and babies involved in the programme” and “supported people in ABSS wards to work together to address local issues” totals do not sum to 100% due to rounding.

A minority of interviewees, mainly ABSS service managers, and the majority of focus group participants said that attending ABSS services had given **families and parents the opportunity to build close relationships with other parents**. Focus group participants said it was reassuring to know that there were other parents going through similar experiences to them and that they could support one another through those experiences.

*“Helps you realise that you’re not alone. Others are in the same position. Children take their time to speak. Relieves the pressure that you’re failing if they’re not speaking yet” (Focus group participant)*

*“Helping people to link up with others, normalising that baby behaviour that makes people stop breastfeeding and showing that other people are going through that as well. People feel heard and connected.” (Service manager interviewee)*

*“Having groups to go to creates a community amongst parents with children the same age. It feels like a collaborative activity.” (Service manager interviewee)*

Figure 4.29 overleaf shows the most common words used by interviewees and focus group participants to describe the impact the ABSS programme has had on community resilience.

Figure 4.29: Impact on community resilience



Source: RSM interviews and focus groups

A minority of interviewees, mainly ABSS service managers, also commented on the role that the ABSS Parent, Family and Community Hub and its creche support had played in supporting this activity and building a sense of community by allowing parents the space and time to engage with the programme, its services and each other.

*“The Hub is a focal point in bringing the community together.” (Service manager interviewee)*

*“There’s the community hub, which has become a great place for the parents to go to, to be able to get creche support, engage with others and feel like they’ve got a community.” (Service manager interviewee)*

*“Free creche hugely positive for parents to give them the time they need to focus on these things.” (Service manager interviewee)*

The service manager interviewees also pointed to an increase in the number of **parent groups within the local community** that were providing support to other parents. In many cases, they said, these groups were set up by previous ABSS parent champions who were using these groups to not only support other parents, but also as an avenue to refer new parents to ABSS services.

*“Increasingly getting self-referrals and friends of friends and relatives, who have been through the service and getting referrals from community groups.” (Service manager interviewee)*

*“I know a lot of conversations have spawned and people go and create their own groups.” (Service manager interviewee)*

A minority of interviewees and some focus group participants said that **parents had more knowledge** after their involvement with the ABSS programme, particularly in terms of the options and opportunities that were available for them to engage in the community, (e.g. through volunteering or employment opportunities). The interviewees noted that there had been an increase in ABSS participants taking up volunteering opportunities and then moving

into full time employment. They said that these opportunities would not have been available to participants without the ABSS programme, and that taking part in the programme had made participants much more aware of what opportunities were available to them.

*“These parents are very knowledgeable - you can tell that they’ve been supported well - gained knowledge about their children and the services on offer.” (Service manager interviewee)*

*“It’s not just support, it’s education. We’re offered opportunities to learn and to train and through that we’re gaining an education on science-based research on child development” (Focus group participant)*

*“Maybe environmental - people having a bit more awareness and pride within their own community and kind of putting that into their families and encouraging their families to get more involved in the community. Hopefully that can grow.” (Service manager interviewee)*

*“I’ve seen the benefits of A Better Start and the difference in the educational outcomes.” (Service manager interviewee)*

*“Certainly for the families we’ve support - they now have confidence to go and use the local library and take their children and then get involved in things in the family centres.” (Service manager interviewee)*

*“Programmes like this can change everything for someone who benefits from it - change what they accept in life, change the choices they make, and will change what they expect for their children in their life.” (Stakeholder interviewee)*

*“People have had a lot of opportunities that they wouldn’t have had otherwise.” (Service manager interviewee)*

*“Hopefully this will be a step forward as they have more courses.” (Focus group participant)*

A minority of interviewees also noted that increased parental confidence would positively influence their child’s development, as more confident parents led to increased confidence in their children.



*“There are impactful opportunities for those children that have benefited and future children from those parents who have been upskilled will also benefit.” (Stakeholder interviewee)*

*“Yes definitely. It’s building confidence.” (Focus group participant)*

*“Parents pass that confidence on and other parents begin to have a voice - so the community gains confidence and a voice as a whole.” (Stakeholder interviewee)*

However, a minority of interviewees felt that whilst there were benefits for those involved in the ABSS programme, the reach of the programme was not broad enough to have impacted the wider community. These interviewees said that the ABSS programme had limited to no lasting impact on community resilience and that other programmes had contributed towards community resilience. Therefore they could not attribute all of the changes to the programme.

*“I don’t know about solving local problems. There have been events that have brought the community together. Has it empowered the community to do anything differently, I don’t think so. The events that they did were good at the time, but what is the long-term impact of that?” (Stakeholder interviewee)*

*“Not convinced community resilience is as much as it could be if ABSS was borough wide. Increase in family resilience not wholly down to ABSS programme, and there is a very strong*

*universal provision in Southend across a whole range of different ages and stages.”*  
(Stakeholder interviewee)

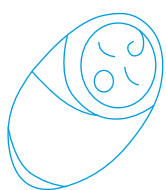
### 4.2.3 System level

#### **Research question 13: What are the tangible and intangible benefits for the wider community in Southend?**

Findings indicated that the ABSS programme has delivered tangible **benefits to the wider community**, including an improvement in targeted children’s services, a reduction in the stigma associated with accessing breastfeeding services and sharing information about other services through word of mouth. However these findings were taken from a minority of interviewees who were able to discuss the impacts of the ABSS programme on the wider community. Focus group participants were not able to comment on this issue.

The **improvement in targeted children’s services for under 4-year-olds in the ABSS wards** provided a framework that other services in the area could build upon in the long term. The approach used by the ABSS programme gave the community a better sense of the support that was available.

*“There’s good support. You can link people into [ABSS services] at various points that really weren’t there [before the ABSS programme].”* (Service manager interviewee)



A **reduction in the stigma associated with accessing breastfeeding services** at the community level, particularly in deprived wards, may be linked to the improvements in breastfeeding initiation and continuation rates discussed earlier in Section 4. One interviewee also commented that some ABSS participants were **sharing information about other local services and support** within the community through word of mouth.

*“If there is someone you have helped, they will go on to help others...They do audit the women who take up colostrum collection. Women are coming into the hospital [for colostrum collection] because of what they have heard from other [ABSS] participants.”* (Service manager interviewee)

However, a minority of interviewees felt that there has been **little impact on the most vulnerable groups**. This was due to the focus on specific wards and continued difficulties in reaching certain groups, discussed later in Section 5.

#### **Research question 14: What is the value of results to service providers?**

#### **Research question 15: What are the perceived benefits and/or harms to services from the ABSS programmes?**

#### **Research question 16: What system-wide impacts are observed?**

The findings from Research questions 14, 15, and 16 can be described together, as they all cover systems change and the impact of the ABSS programme on other service providers. Some interviewees commented on the **beneficial impact that the ABSS programme has had on other services**. The most frequent response was that it has had a positive impact on referral pathways by bringing different services and providers together.

*“Health visitors now know where to refer to. The voluntary sector knows where to refer to. All services know where to refer to. There have been a lot of campaigns, so everybody knows. As soon as anyone new to the area works with another agency, they are signposted to the appropriate service to give support.”* (Stakeholder interviewee)

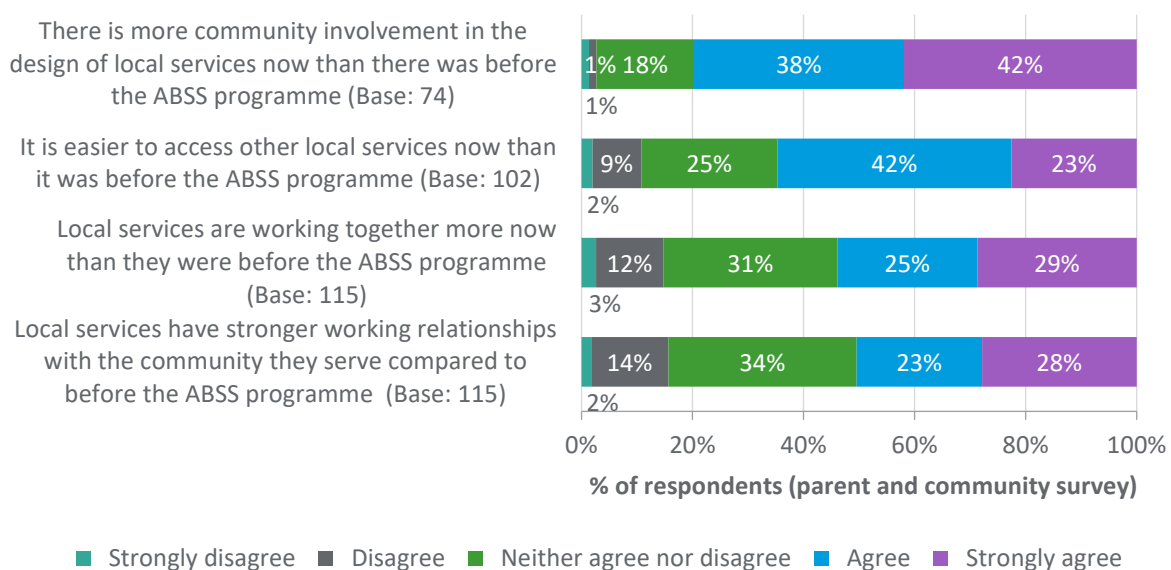
Additionally, interviewees said that the **co-production approach** used in the ABSS programme was now being used across other organisations and local government. However, a minority of interviewees said that the programme had only had a minor impact on other services because co-production, was not appropriate for their type of service or was difficult to implement in certain environments.



*“Many [services within the LA] buy into it and want to practice it, but it is very difficult to do so in their settings and others aren’t interested because they don’t want to change how they work. Co-production isn’t easy and isn’t for everyone - can be messy and not something that can always be controlled.” (Stakeholder interviewee)*

The parent and community surveys included several questions about the impact that the ABSS programme on service providers. These included ease of access to local services, and relationships between local services and with the local community. The findings were mixed and it is notable that a large proportion of respondents to both the parent and community survey were unable to answer these questions or answered ‘don’t know’, indicating that the programme’s impact on other services was not widely known or understood. Please note that for consistency with other charts, the ‘don’t know’ results have not been included in the charts. However, the vast majority of respondents to the parent and community surveys agreed or strongly agreed that there was more community involvement in the design of local services because more services were following the ABSS approach (80% of all respondents to both the parent and community survey, see Figure 4.30). There was no significant difference in response between the parent and community surveys.

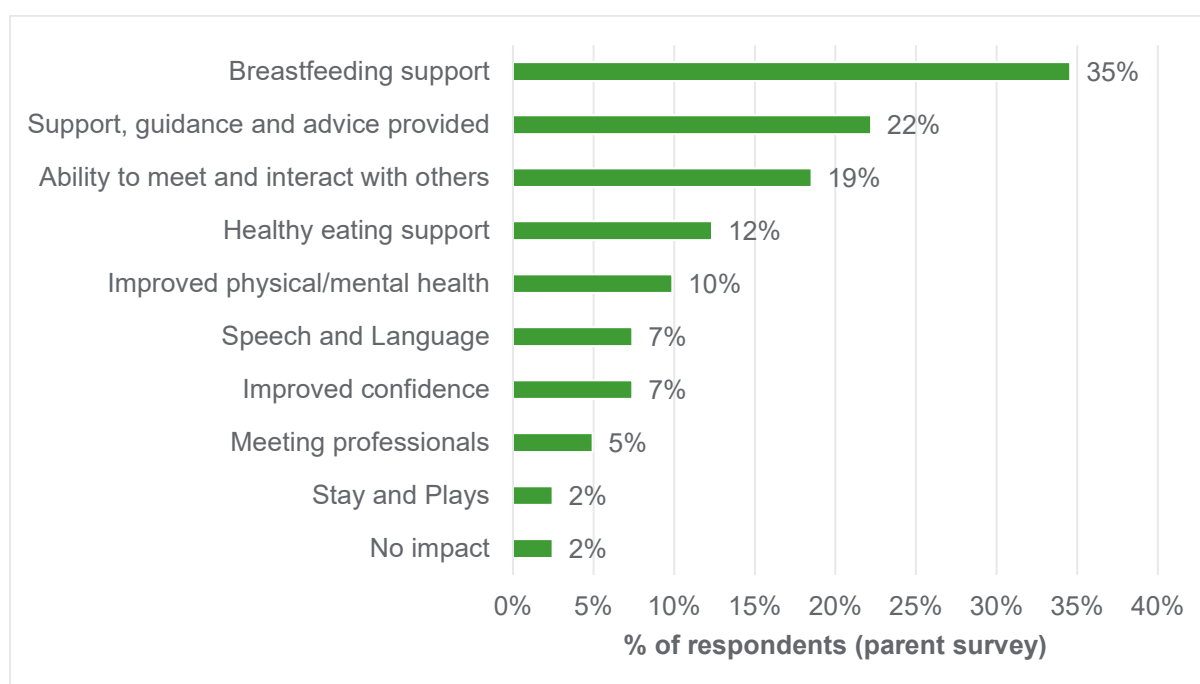
**Figure 4.30: Influence on other local services**



Sources: RSM survey of parent beneficiaries Q.28 and RSM survey of the wider community Q15.  
 Note: “it is easier to access other local services now..” and “local services have stronger working relationships” totals do not sum to 100% due to rounding.

The vast majority of respondents to the parent survey said that they found the ABSS **activities that they took part in useful** (97%). When asked which parts of the ABSS had the biggest impact on them and their children, including during pregnancy, the most common answer was breastfeeding support (35% of respondents), followed by support, guidance and advice generally (22%) and the ability to meet and interact with others (19%).

**Figure 4.31: What part of the ABSS programme had the biggest impact**



Source: RSM survey of parent beneficiaries Q.24 (Base: 86).

Note: Total does not sum to 100% because respondents could give multiple responses.



One respondent to the staff survey also said that the ABSS programme was, “Stimulating wider service developments.” (ABSS service delivery staff and volunteer survey respondent). Although they did not explain how. Another respondent pointed to the role of the programme in encouraging more co-production, “I feel the programme has encouraged co-production with professionals and feeling of support for parents... [through its] proactive approach to working together and being there, through covid, for parents.” (ABSS service delivery staff and volunteer survey respondent).

Interview findings about the value of the ABSS programme to other service providers were mixed findings. Some interviewees felt that it was valued by service providers. However, a minority of interviewees did not think that service providers valued the results of the programme.

A minority of interviewees said that ABSS was viewed as a high-quality delivery partner and was well regarded by stakeholders and delivery partners.

*“[The ABSS service] works so well because it is tailored to families, and we match our volunteers to families. [It] is a well-established programme, recognised across the country in delivering that support to families.” (Service manager interviewee)*

*“ABSS has a credible voice at the Health and Wellbeing Board and is listened to. They are held in high esteem because they articulate the “let’s bring the evidence to the fore” . . . They are perceived, in the very fragmented landscape, as being a high-quality delivery partner and worth being listened to.” (Stakeholder interviewee)*

A minority of interviewees also commented on the impact that ABSS had on how other programmes were designed and structured, such as in health and care partnerships.

*“This programme is widely recognised as being influential and influencing the way programmes are formed at the moment.” (Stakeholder interviewee)*



*“Particularly the emergence of the ICS [Integrated Care Systems] and the way health and care partnerships work locally has afforded us the opportunity to step in and share some of the learning of the programme. I think that’s profoundly positive.” (Stakeholder interviewee)*

*“I’ve been invited to many discussions about the parent champions and that model of engagement and how other agencies or local authorities can bring that into other departments. That in itself is a success. That they want to entertain or know anything about that [co-production]. It has had the impact of showing that systems can change.” (Stakeholder interviewee)*

A minority of interviewees said that the programme had helped to increase the **focus on prevention**, helping people address issues early and reduce the demand on other services.

*“I would like to think that prevention has been prioritised.” (Stakeholder interviewee)*

*“I can only speak for my programme really - we have the data that shows that there are fewer children requiring targeted / specialist support in the clinical service.” (Service manager interviewee)*

A minority of interviewees said the programme had led to **more joined up services**. This included more collaborative working practices and improved referral pathways between non-ABSS and ABSS services. This was said to have improved outcomes for the wider community as services had more awareness of the range of support that was available.



*“ABSS has worked really well as a connector across the system and pulling various organisations together to problem solve and also to see a potential issue in their area and explore that.” (Stakeholder interviewee)*

*“Sharing beneficiaries meaning referring onto other services. If we [the service] were to have someone outside of other wards, we wouldn’t do nothing, we would signpost them down other avenues that they need to get that support, rather than just ignore. We are in touch with people Southend wide.” (Service manager interviewee)*

However, a minority of interviewees **did not think that service providers valued** the ABSS programme. They felt that the difficulties the programme initially faced and the length of time it took to reach the implementation stage, created a lasting negative impression of the programme from the perspective of other services. They felt that this led other services to believe that ABSS was not good value for money and was in competition with other services, rather than complimenting them.

*“Some people’s impression in the early years was that [ABSS] was spending too much money on core costs, not delivering and not reaching families.” (Stakeholder interviewee)*

*“Some of the services we deliver, people think ABSS is in competition with family centres. That poses challenges for signposting and working together.” (Stakeholder interviewee)*

### Research question 17: What cost benefits have been derived from the ABSS programme and its interventions?

A minority of interviewees offered some evidence of the **influence that the ABSS programme was having on other services**. This included the view that the programme had led to a reduction in inappropriate referrals and a greater focus on prevention, which had in turn led to more efficient use of resources:

*“This programme has been successful at an individual level, for example, with S&L [speech and language] outcomes, but is also beneficial at a systems level. On S&L we have significantly reduced the number of inappropriate referrals going through to speech and language therapists which will no doubt have a significant cost benefit or cost consequence at some point in the future.” (Stakeholder interviewee)*

*“The targeted more intensive nature of the services - better identification, better referral, and more immediate response to give the young people the best start in life... These things are key and will continue to impact families and children. [It’s] easier and less costly to intervene now, than to let adverse childhood experiences etc. impact lots of outcomes into adulthood and require a larger array of input.” (Stakeholder interviewee)*

### Research question 18: To what extent is the ABSS programme meeting stated objectives in terms of beneficial systems change?

Figure 4.32 shows the most common words used by interviewees and focus group participants to describe the extent the ABSS programme influenced systems change.

**Figure 4.32: Influence on systems change**



Source: RSM interviews and focus groups

Findings in relation to systems change were mixed. Some interviewees agreed that the ABSS programme was meeting its stated objectives in terms of beneficial systems change, pointing to **stronger working relationships and a greater focus on sustainability** and co-production. However, a minority of interviewees felt that there had been no systems change.

No interviewees or focus group participants commented on changes in power sharing across the sector.

A minority of interviewees reported that professionals within the sector had **stronger working relationships** as a result of the ABSS programme. The common response was that these improved relationships had been achieved through improved networking opportunities provided by the programme.

*“[Members of our team] are also attending the network meetings and are making good relationships with the network projects and are now supporting their service” (Service manager interviewee)*

*“I’m amazed at the connectivity and the networking” (Stakeholder interviewee)*

*“Groups worked well together and formed WhatsApp groups, [they] chatted about lots of things [to do with the project]. Lot of networking occurring. Helping each other pull through difficult times. Practitioners learning from each other.” (Service manager interviewee)*

A minority of interviewees also said that the ABSS programme had contributed to a **greater focus on sustainability**, legacy and future programme design at a systems level. Sustainability was seen as an important part of the programme. It’s more integrated ways of working and the increased connection between services were seen as something that should be preserved into the future. The focus on sustainability and legacy was something that these interviewees had observed being included in the design of other programmes because of the ABSS programme.



*“What is different in Southend was that it was centred around intergenerational family growth - legacy and sustainability should be a core part of programme . . .” (Stakeholder interviewee)*

*“Speaking on the systems change agenda, as we move into the later stages, in addition to focusing on legacy and sustainability, to ensure something meaningful is left, we are really seeking to influence the way systems are developed and new work is designed and delivered.” (Stakeholder interviewee)*

These interviewees felt that **co-production and community involvement** in the design and delivery of services were central to the sustainability of the programme, giving the community the opportunity to directly engage in the design of services relevant to them. They also noted that, while this approach was now being adopted by other organisations it is not to the same extent as in the ABSS programme.

*“Community involvement is a key ingredient if you want to have sustained solutions and design something that works for the needs of the community.” (Stakeholder interviewee)*

*“When I listen to others in the wider system, I don’t think they’ve worked out the difference between co-production and true engagement. Whereas I think ABS gets it, recognising that there is still some way to go.” (Stakeholder interviewee)*

However, a minority of interviewees **did not feel that system change** was occurring. These interviewees said that from their perspective there was no clear indication that systems change was taking place, but the programme still has the opportunity to embed the learnings from the programme into meaningful systems change.

*“Can’t see any system change. The idea was that through Theory of Change they could change the way that they work to have better outcomes. Can’t see that.” (Stakeholder interviewee)*

### **Research question 19: To what extent has the children's workforce changed as a result of the ABSS interventions?**

The findings on the extent to which the children's workforce has changed as a result of the ABSS programme suggest that there were benefits in terms of **encouraging a culture of learning and development** as well as a shift towards early intervention and prevention. There was no evidence to suggest there was any change in the makeup of the children's workforce.

A minority of interviewees felt that the ABSS programme had positively influenced the workforce's approach to learning and development, with a greater focus on improving access to training opportunities and more specialist roles (with associated training).

*"It's opened opportunities. Health visitors moved across for Perinatal mental health, to work with 'Your Family', working with breastfeeding. Allowed people to develop and do more specialist roles - don't know if these roles or opportunities existed before." (Service manager interviewee)*

*"We've been able to access UNICEF breastfeeding training for me and my team. I'm sure that's been the same for people in other organisations, continuing to upskill and have that knowledge to use in the community." (Service manager interviewee)*

*"It became apparent after the first year of our project that not all the EY workforce was represented, so we ensured that as we prepared for the second year the invited participants included representatives from all the EY providers and workforce. Since joining the project all the EY workforce understand more about how each EY provider contributes to the project and how they can support each other in their areas. This year all EY providers are more involved." (Service manager interviewee)*



The majority of interviewees noted an **increased focus on prevention and early intervention**, but there was some disagreement about the extent to which this was being driven by the ABSS programme. Some interviewees felt that the ABSS funding had led to more preventative approaches and opportunities. A minority of interviewees were not sure how much of the impact was due to the ABSS programme, noting that there were similar initiatives taking place across the country.

*"The early intervention work already being carried out by our team has been supported through the extra resources provided by ABS. ABS has given opportunity for services to grow. Having access to funds increases opportunities." (Service manager interviewee)*

*"[Focus on prevention] yes - how much of that is down to ABSS I don't know. There is an overall shift across the country to intervene earlier, in both instances; age earlier and earlier when a problem arises in a family." (Stakeholder interviewee)*

A minority of interviewees felt that the children's workforce and how they operate has changed as a result of the ABSS programme, with a greater focus on incorporating co-production and community involvement in service design.

*"ABSS has helped us to focus on this and given guidance and advice. They come to train us in this stuff. They have changed our workforce. They have absolutely changed how we work." (Stakeholder interviewee)*

A separate minority of interviewees felt that there had been no change in the makeup of the workforce, with no improvement to how the children's workforce is structured as a result of the ABSS programme.

*“I don’t know it’s had a difference in the makeup of the workforce.” (Stakeholder interviewee)*

*“They have tried to work with ABS to ensure that the workforce has changed. A little bit has been done but not as much as there could have been... if they had had the period of time to build test and learn in, rather than programmes stopping and starting.” (Stakeholder interviewee)*

### 4.3 Summary

The existing baseline data available to ABSS was less consistent and complete than expected. This meant that project data could not be aggregated to the programme level and there was not enough data to map project outcomes and KPIs to the overall ABSS outcomes framework. However, the survey findings indicated that taking part in the ABSS programme was associated with better access to support to:

- help children interact with other children and adults (82% of respondents to the parent survey since taking part, compared to 56% before and 57% of respondents to the community survey)
- help their children understand their feelings and behaviours (72%, compared to 47% and 52%)
- help their children express themselves (77%, compared to 53% and 58%)
- be healthy (84%, compared to 54% and 64%)
- eat well (82%, compared to 58% and 63%).



There was also evidence that taking part in the programme was associated with improvement in respondents’ knowledge about activities they could do to help their children express themselves (74%, compared to 31% and 53%) and learn to talk (78%, compared to 41% and 60%), as well as the benefits of breastfeeding (89%, compared to 52% and 75%). Respondents also reported an increase in confidence in their ability to breastfeed (78%, compared to 30% and 51%) and get involved in designing or delivering services for people in Southend (50%, compared to 13% and 26%). Other factors that respondents said influenced these changes included gaining more experience as a parent, advice from professionals and support from family and friends.

Findings on the impact that the ABSS programme had on people’s sense of connection were mixed. Almost a third of respondents said the programme made them feel more connected to other parents (32%). However, the majority of respondents reported little or no impact on how connected they felt to the wider community (62%) or their neighbourhood (49%).

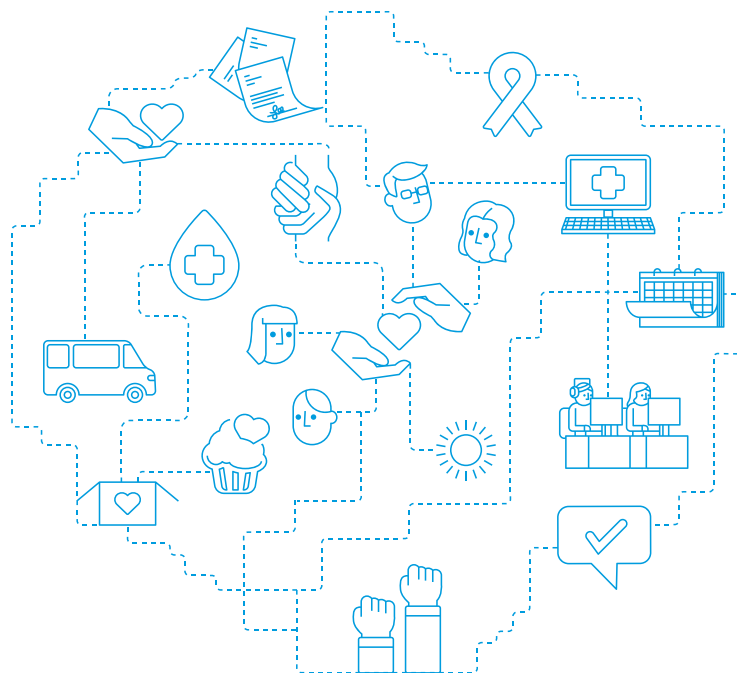
Respondents to the parent surveys were generally more positive about the impact that the ABSS programme has had on children and families in Southend and their involvement in local services when compared to the wider population. This was supported by the findings from the interviews and staff survey. The majority of interviewees said that the ABSS programme had been successful in developing community resilience. The vast majority of respondents to the staff survey said that the programme had: improved the confidence of the parents involved in ABSS services (94%); helped them to support their children’s growth and development (94%); given people in ABSS wards more opportunities to connect with each other (91%); and, improved the outcomes of the children and babies involved (90%). The majority of respondents to the staff survey also said that the programme had supported people in ABSS wards to work together to address local issues (74%). Although it is important to note that fewer respondents were able to answer that question.

However, a minority of interviewees felt that whilst there were benefits for those involved in the ABSS programme, the reach of the programme was not broad enough to have impacted the wider community. These interviewees said that the ABSS programme had limited to no lasting impact on community resilience and that other programmes had contributed towards community resilience. Therefore they could not attribute all of the changes to the programme.

Some interviewees also commented on the impact that the ABSS programme has had on other services. This included stronger working relationships, improved referral pathways and adoption of the co-production approach by other organisations and local government, albeit to a lesser extent than the ABSS programme. This was supported by the vast majority of respondents to the parent and community surveys, who said that there was more community involvement in the design of local services because they were following the ABSS approach (80% of all respondents to both the parent and community survey). It is notable that a large proportion of respondents were unable to answer these questions or answered 'don't know', indicating that the programme's impact on other services was not widely known or understood.

A minority of interviewees also said that the ABSS programme had contributed to a greater focus on sustainability, legacy and future programme design at a systems level. Sustainability was seen as an important part of the programme. The more integrated ways of working and the increased connection between services were seen as something that should be continued. The focus on sustainability and legacy was something that these interviewees had observed being included in the design of other programmes because of the ABSS programme.

Some benefits to the children's workforce were identified in terms of encouraging a culture of learning and development as well as a shift towards early intervention and prevention. Although it was not clear to what extent the latter was being driven by ABSS as opposed to the wider policy agenda. There was no evidence to suggest there was any change in the makeup of the children's workforce.



## 5 EQUITY

### 5.1 Introduction

This section of the report focuses on how inclusive the ABSS programme is and the barriers to reaching out to specific groups at a programme, community and systems level. It is based on findings from the interviews, focus groups and surveys undertaken during Phase 1.

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population.**

### 5.2 Key findings

#### 5.2.1 Programme level

**Research question 20: What are perceived barriers in reaching out to multiply disadvantaged or specific vulnerable groups (ethnic minorities, most deprived households)?**

Survey respondents were asked how inclusive they felt the ABSS programme was. Respondents to the parent, community and staff surveys were **generally positive about how inclusive the programme was** and whether or not it encouraged people from different backgrounds to get involved (see Figure 5.1 overleaf). Respondents to the parent survey were more likely to have agreed or strongly agreed that ABSS actively encouraged people from different backgrounds to get involved in the programme (90% of respondents to the parent survey agreed or strongly agreed, compared to 75% of respondents to the community survey). This difference was **statistically significant** which suggests that respondents who were not involved in the ABSS programme thought it was less inclusive than those who were involved in the programme. However, it is possible that there may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme. There were **no other statistically significant** differences in how respondents to the parent survey answered this question when compared to how respondents to the community survey responded. The measured difference may reflect a sampling variation rather than a true difference.

Findings on the barriers that stop people from taking part in the ABSS programme were covered in Section 3 (see Figure 3.1 and Figure 3.2). These Figures show that, while the main reasons given by respondents were outside the control of the ABSS programme (focus of ABSS wards and COVID-19 restrictions), there were number of issues that would influence who was able to take part in the programme. These included:

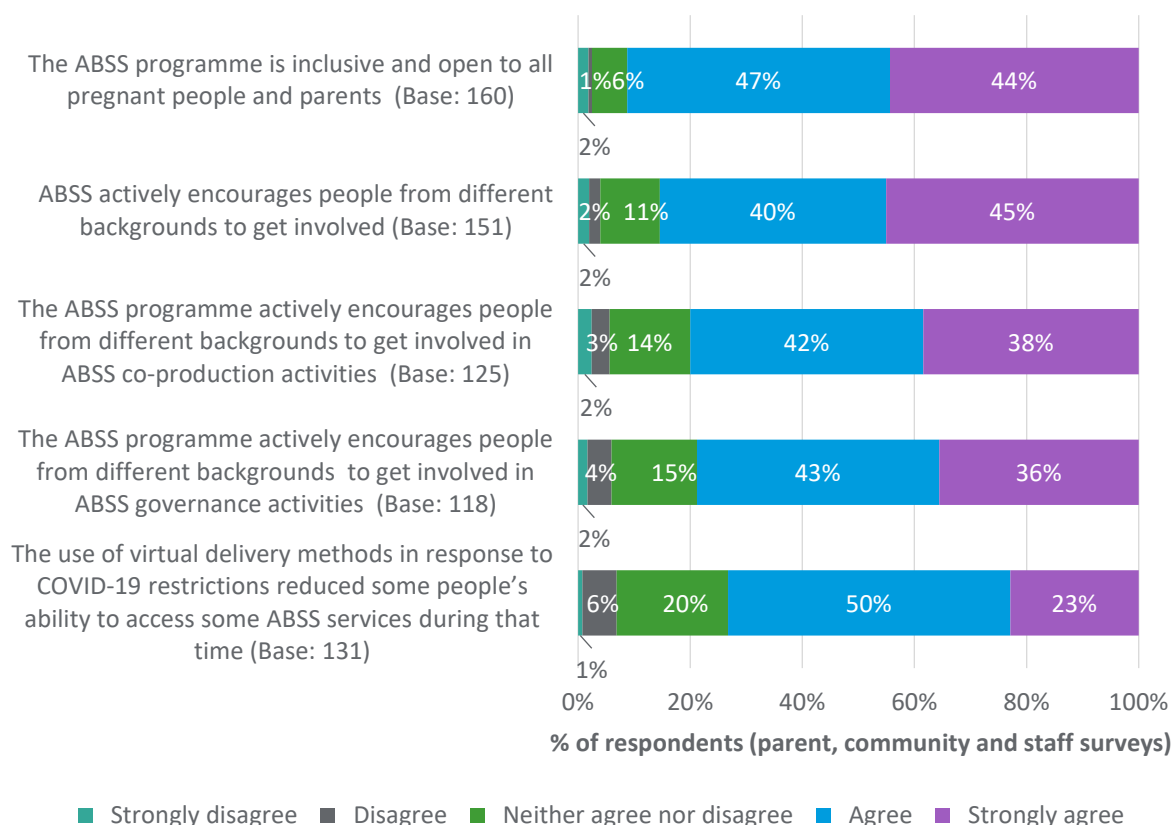
- Lack of awareness or information about the ABSS and who could access ABSS services<sup>10</sup>
- When, where and how ABSS services were being delivered.<sup>11</sup>



<sup>10</sup> 55% of respondents to the staff survey reported a lack of awareness about the ABSS programme. 29% of respondents to the staff survey and 14% of all respondents to the parent and community surveys said there was a lack of social media coverage. 21% of all respondents to the parent and community surveys said there was a lack of information about the ABSS programme. 21% of all respondents to the parent and community surveys said there was a lack of information about who could access ABSS services.

<sup>11</sup> 39% of respondents to the staff survey and 16% of all respondents to the parent and community surveys said that the timing of ABSS activities prevented some people from taking part. 35% of respondents to the staff survey

**Figure 5.1: Inclusion**



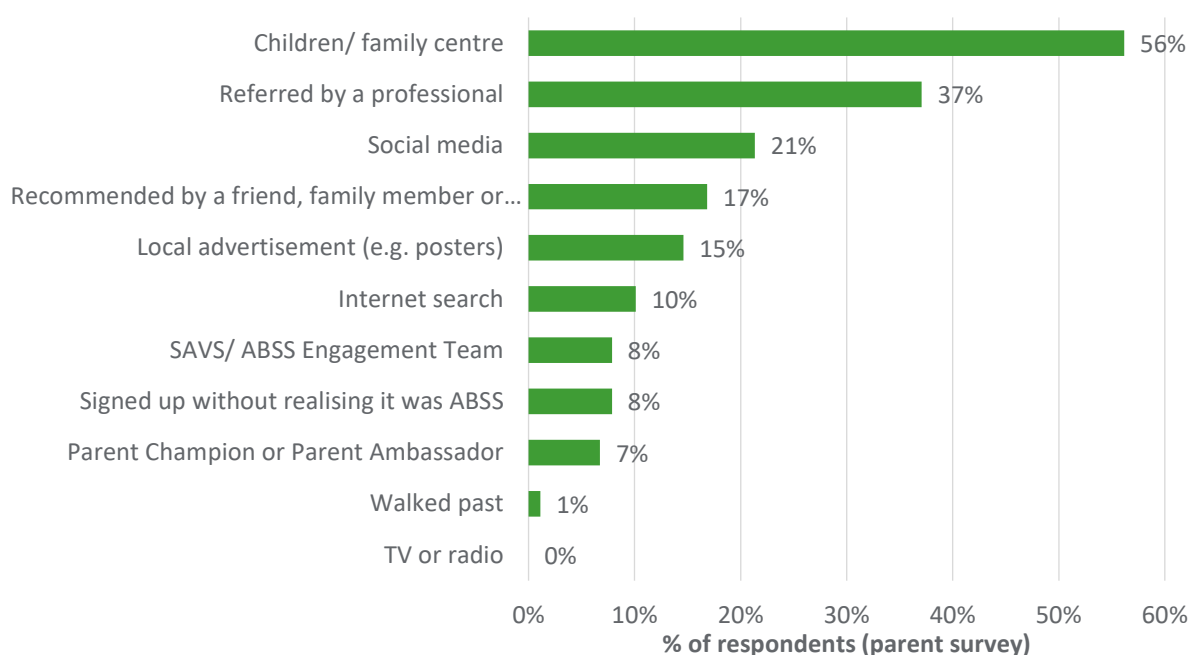
Sources: RSM survey of parent beneficiaries Q.34, RSM survey of the wider community Q.21 and RSM survey of ABSS service delivery staff and volunteer survey Q.7.

These issues may impact some groups more than others. For example, lack of awareness about the programme amongst groups that are currently underrepresented on the programme could limit their take up of ABSS services and prevent them from telling others within their community about it. At the same time greater awareness within other groups could lead to increased take up of ABSS services within these groups as participants share information about the programme within their community. Figure 5.2 overleaf shows that most respondents to the parent survey found out about the ABSS programme through the children's or family centres (56%) or were referred by a professional (37%). This suggested that people who were not already using these services could be missed. This was supported by a comparison of where respondents who participated in the ABSS programme go to for support and advice about their children's development when compared to respondents who had not taken part in the programme (see Figure 5.3, Figure 5.4 and Figure 5.5 overleaf).

said that location was an issue, 5% of all respondents to the parent and community surveys said the activity was in an unattractive area, 4% said it was in a hard to reach location and 4% said the public transport was not good enough. 42% of respondents to the staff survey and 2% of all respondents to the parent and community surveys said that accessibility was an issue. 26% of respondents to the staff survey and 2% of all respondents to the parent and community surveys said that cultural issues were a factor. 39% of respondents to the staff survey said that access to the internet or IT equipment was an issue, whereas only 4% of all respondents to the parent and community surveys said that poor internet access made it difficult to use digital or online services and only 2% reported a lack of IT equipment.



**Figure 5.2: How participants heard about the ABSS programme**



Source: RSM survey of parent beneficiaries Q.2 (Base: 89).

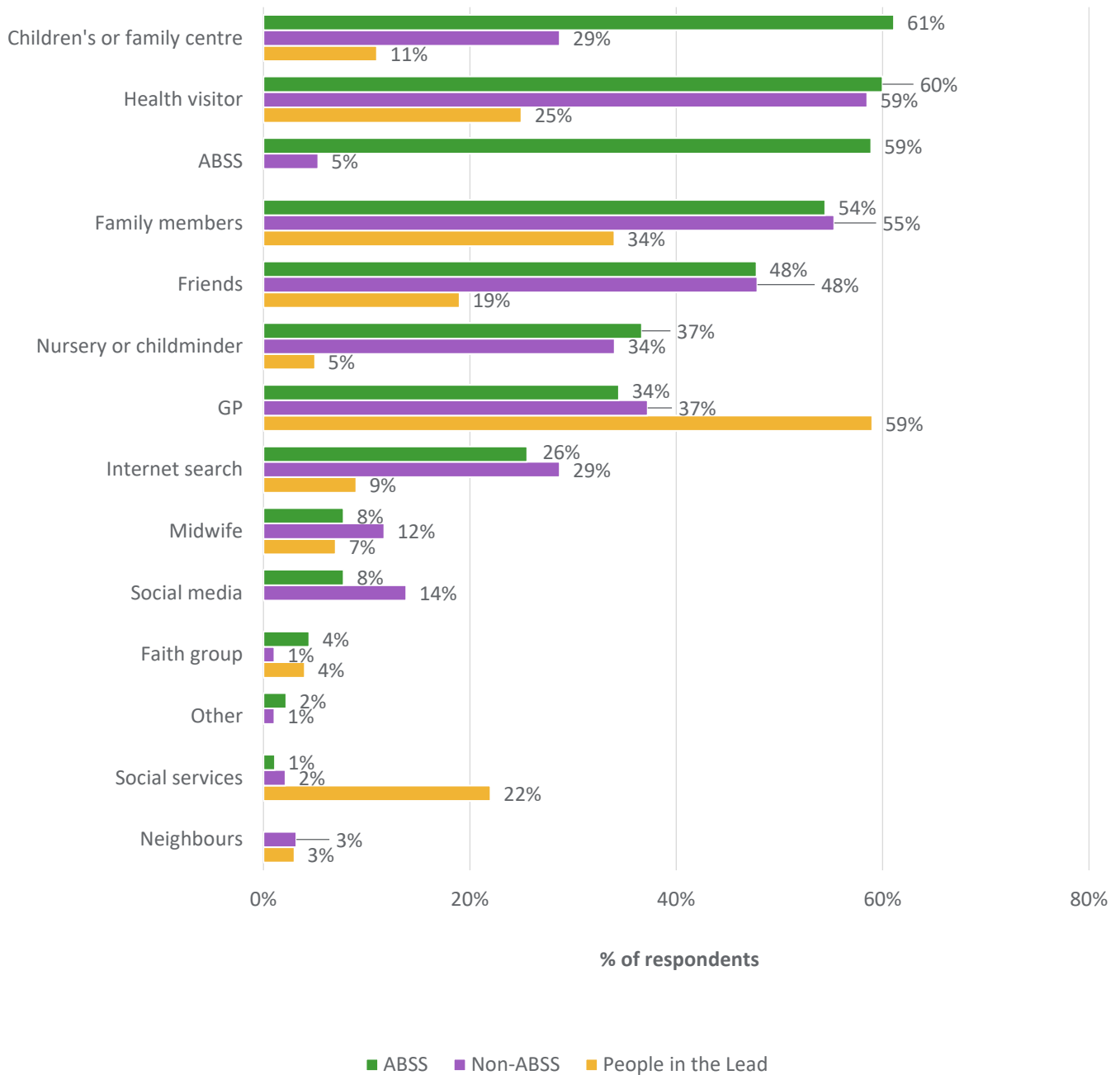
Note: Totals do not sum to 100% because respondents could give multiple responses.

When NatCen conducted its People in the Lead survey in Southend in 2018, the majority of respondents said that they would go to the GP for support and advice about their children's social and emotional development (59% of respondents, see Figure 5.3 overleaf). The next most popular source of support and advice was family members (34%). A comparison of the RSM parent and community survey responses showed a shift towards more community-based sources and also that respondents who took part in the ABSS programme were more likely to go to children's and family centres and ABSS for support when compared to the respondents to the community survey. The differences in these responses between the two RSM surveys were **statistically significant**.

When asked who or where they would go to for support and advice about their children's communication and language development (Figure 5.4 overleaf), the most popular answer from the NatCen (2018) People in the Lead survey respondents was specialist speech and language services (38% of respondents), followed by the GP (37%). A comparison of the RSM parent and community survey responses showed that respondents who took part in the ABSS programme were more likely to go to **ABSS or children's and family centres for support and advice** and less likely to go to their midwife when compared to the respondents to the community survey. The differences in these responses between the two surveys were **statistically significant**, which suggested that there was some difference in where ABSS participants and non-participants go to for support for their children's communication and language development. Whilst in principle this may reflect the impact of the ABSS programme, it is possible that there may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.



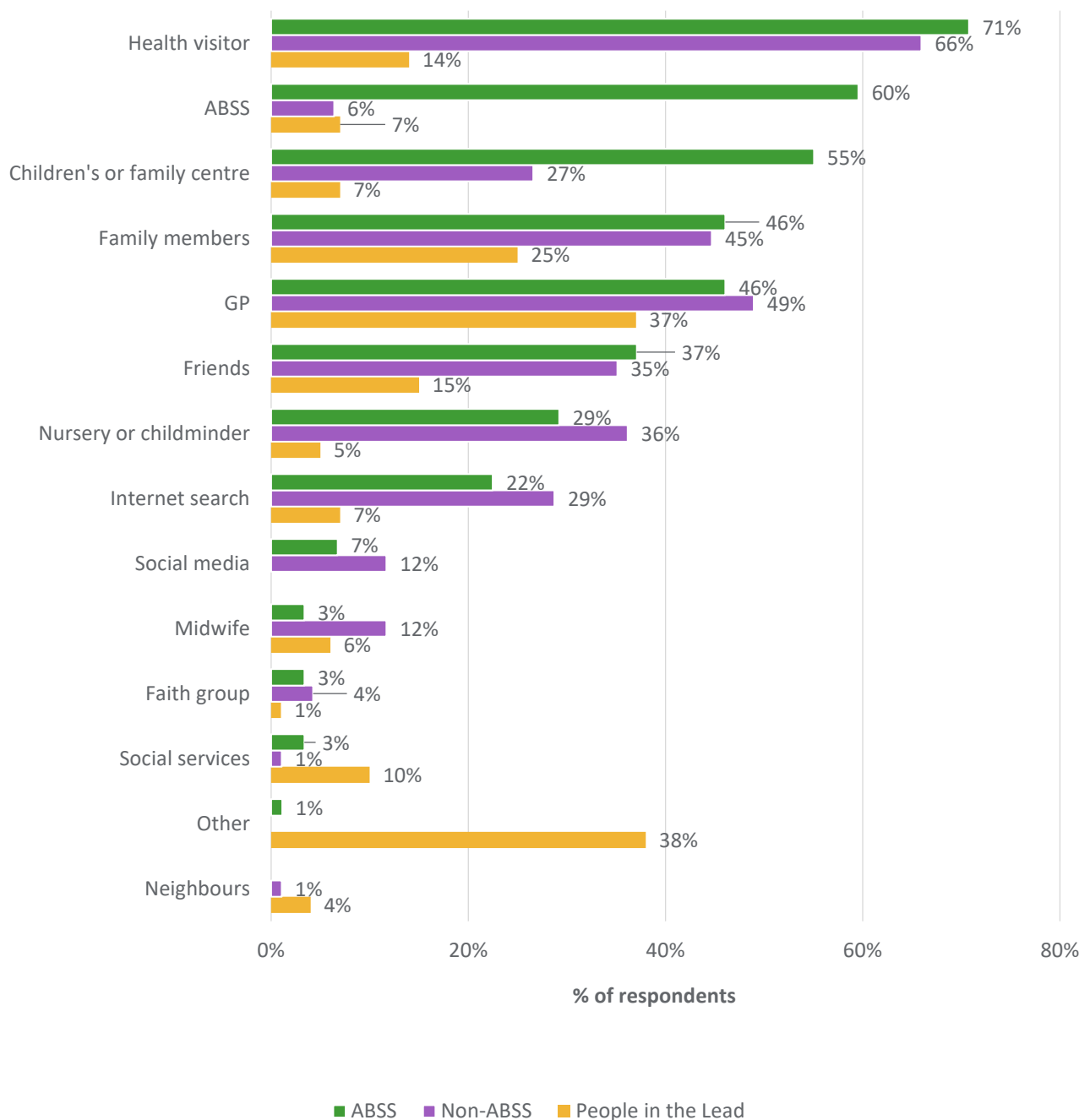
**Figure 5.3: Support and advice for social and emotional development**



Sources: RSM survey of parent beneficiaries Q.12 (Base: 90), RSM survey of the wider community Q.8 (Base: 94) and NatCen (2018) People in the Lead, Southend Community Survey, Table 63 (Base: 353).

Notes: Totals do not sum to 100% because respondents could give multiple responses. 'Other' responses to the RSM surveys included: books (e.g. *The Gentle Parenting Book* and *The Whole Brain Child*); pre-school; and school

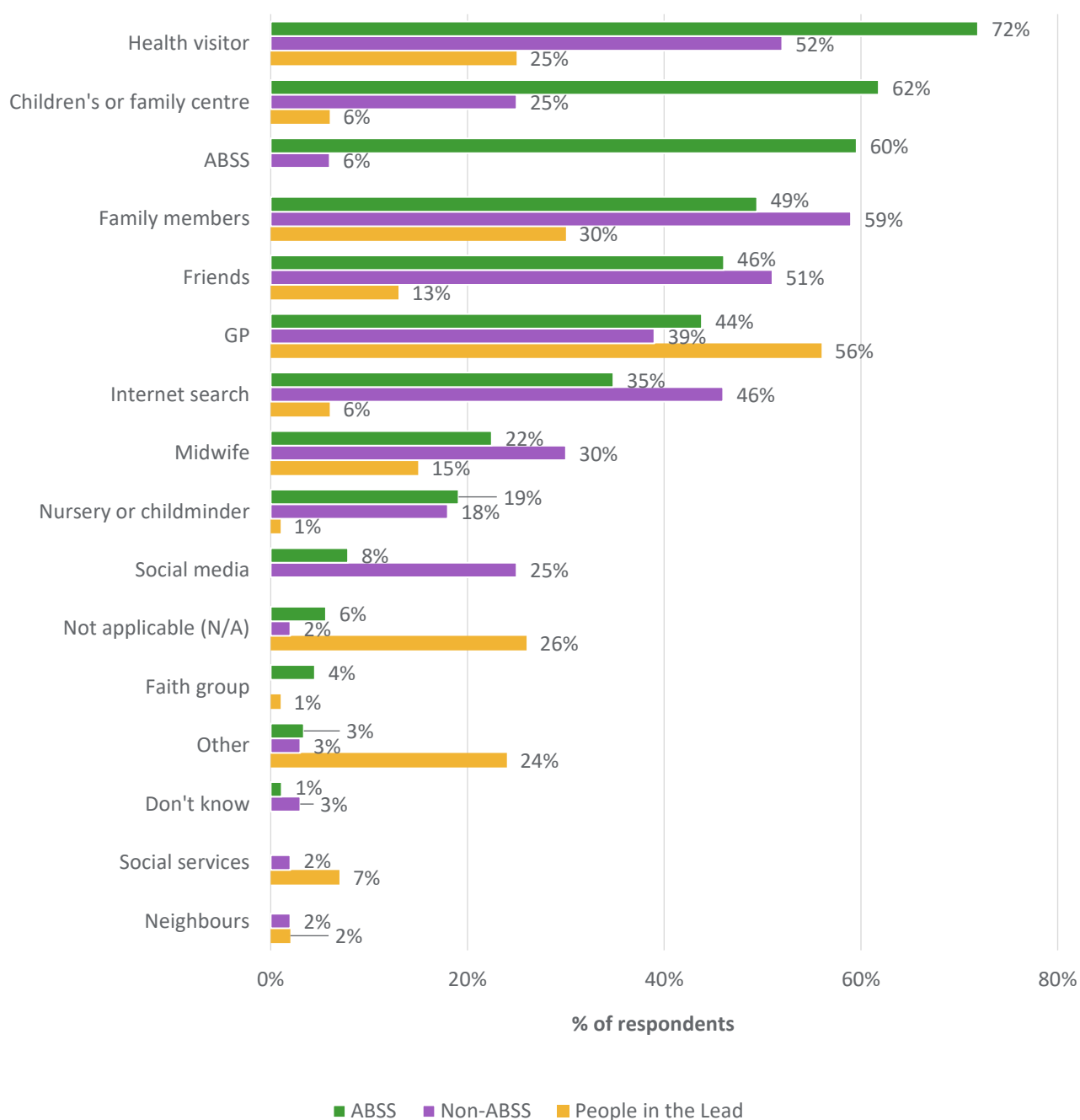
**Figure 5.4: Support and advice for communication and language development**



Sources: RSM survey of parent beneficiaries Q.13 (Base: 89), RSM survey of the wider community Q.9 (Base: 94) and NatCen (2018) People in the Lead, Southend Community Survey, Table 65 (Base: 353).

Notes: Totals do not sum to 100% because respondents could give multiple responses. 'Other' responses to the RSM surveys included: bi-lingual home; and school. 'Other' responses to the NatCen survey included specialist speech and language services.

**Figure 5.5: Support and advice for being healthy and eating well**



Sources: RSM survey of parent beneficiaries Q.11 (Base: 89), RSM survey of the wider community Q.7 (Base: 100) and NatCen (2018) People in the Lead, Southend Community Survey, Table 67 (Base: 353).

Notes: Totals do not sum to 100% because respondents could give multiple responses. 'Other' responses to the RSM surveys included: NHS website; change4Life; Start4life; Diet specific private workshop; Dietician; Online courses and books; and "I am a nutritional therapist". 'Other' responses to the NatCen survey included: antenatal group.

When asked who or where they would go to for support and advice about being healthy and eating well during pregnancy and for children under 4 (Figure 5.5 above), the most popular answer from the NatCen (2018) People in the Lead survey respondents was the GP (56% of respondents), followed by family members (30%). A comparison of the RSM parent and

community survey responses showed that respondents who took part in the ABSS programme were more likely to go to **health visitors, ABSS, children’s and family centres or faith groups** for support and less likely to use social media when compared to the respondents to the community survey. These differences in responses were **statistically significant**. Whilst in principle this may reflect the impact of the ABSS programme, it is possible that there may have been other differences between the two groups. It is not possible, therefore, to state with confidence that this difference was due to the ABSS programme.

Some interviewees also identified barriers in reaching out to specific groups. The most common barrier identified was **language barriers for parents who did not speak English**. This was because the materials that the ABSS services used, and the advertisement of the programme were generally written and in English. Therefore reaching parents who either did not speak any English or did not speak it as a first language had proved difficult.

*“Also a language barrier - often the parents don’t speak the language, so we have to sell the programme through the children which is a really difficult thing to do. You have to find key people in those communities that will be willing to encourage other people in the community to come along.” (Service manager interviewee)*

*“Parents who don’t speak English... at the beginning, it was a real barrier the EAL [English as an Additional Language] thing.” (Service manager interviewee)*

However, a minority of interviewees said that they had overcome language barriers by using the Local Authority’s translation services.



**Cultural issues were identified as another perceived barrier**, particularly the preference amongst some communities for formula rather than breastfeeding. This was considered to have prevented many people (mainly those from deprived, white backgrounds) from getting involved in the ABSS breastfeeding services. COVID-19 proved to be an additional barrier in reaching groups that were already underrepresented across the ABSS programme, particularly the BAME community, because the pandemic meant that local businesses and venues that would have previously been good advertisement spots could no longer be used.

*“We put posters up within BAME settings to attract those communities. Since that uptake from BAME backgrounds has skyrocketed, above average representation. Because of COVID it’s hard to build rapport with café owners and barbers to allow us to do that. It’s more difficult to communicate.” (Service manager interviewee)*

Finally, interviewees said that the timing of ABSS service delivery often created a barrier to fathers getting involved in sessions and activities that were held during the week. The same would be true for many working parents or carers.

## 5.2.2 Community level

**Research question 21: Which groups are benefitting most from the ABSS programme? Which groups are excluded and what factors underpin their exclusion from services (deprivation, ethnicity/race, gender, sexuality, digital access during the COVID-19 pandemic)?**

A minority of respondents to the parent, community and staff surveys gave examples of groups or types of people that they thought were being left out of the ABSS programme. These included:

*“Families with SEND because those families access SEND-specific activities like Little Heroes. LGBTQ+ families because there's a general lack of support/visibility for them locally. I personally feel like lots of the parents involved in coproduction are white, British, females, but know that's a problem deeper than ABSS.” (Parent survey respondent)*

*“BAME, ESOL [English for Speakers of Other Languages], complex SEND needs. No targeted advertising leading to less engagement.” (Community survey respondent)*

*“Families with English as a second language may face more barriers in accessing some programmes.” (Staff survey respondent)*



*“Those deemed as “better off” presumably because there is the impression that we can afford to seek private support or don't need it to the same extent of those less well-off. For emotional behaviour problems not linked to demographics (e.g. ASD/ADHD), this is clearly nonsense and is abandoning children until they become an issue at school.” (Community survey respondent)*

*“BAME groups and those not quite in the right postcode but who would really benefit - there are many areas of Southend who face high levels of deprivation that do not qualify. It is true to say also that affluence does not necessarily support you to have improved mental health or a breastfeeding experience for instance it can cause isolation due to the assumptions made about new parents.” (Community survey respondent)*

*“Anyone outside of the postcode lottery wards for this programme, anyone that doesn't ask for it because they don't know about it... etc. Has never been mentioned at a midwife or hospital appointment to me.” (Community survey respondent)*

*“I'm not aware any groups are being left out. Just those not in the current wards.” (Parent survey respondent)*

*“If someone doesn't have access to WI-FI getting onto the virtual platform is difficult.” (Parent survey respondent)*

*“Like myself I am terminally ill and like my daughter who's 14 and has mental health.” (Community survey respondent)*

The majority of interviewees and some focus group participants felt that the ABSS programme was **inclusive by design** and that no group was intentionally excluded. Some interviewees said there was good overall participation from the local communities that the programme was trying to reach. Similarly, some focus group participants agreed that the programme was designed to be inclusive of people from all backgrounds, with particularly good representation from the BAME community.

*“I’m not English... there has been no discrimination. Always equal. I hope it stays this way.”  
(Focus group participant.)*

*“Young mums, mums in 40s, some with 1 child, some 3 or 4. Majority of people I’ve met have been white, but there have also been some BAME parents and also some parents new to the UK. But mostly women.” (Stakeholder interviewee,)*

*“They [ABSS] do try to engage with their diverse community. A particular success would be engaging with the Afghan community, where different partners were brought in.”  
(Stakeholder interviewee)*

However, when asked which groups, if any, were benefiting most from the ABSS programme there was a clear trend – the majority of interviewees said it was **predominantly white females**.

*“The events that I’ve attended, the majority of families and staff that I’ve seen are predominantly female and predominantly white. Our volunteer base is predominantly female.” (Service manager interviewee)*

*“Minority ethnic groups not engaging as much, and when we look at data dashboards, the majority of families are white.” (Service manager interviewee)*

Some interviewees said that the level of deprivation experienced by their participants was often mixed, a minority of interviewees said that **ABSS participants were often from less deprived backgrounds** and that the parent champions were the group most likely to utilise the other ABSS services that were available for them, presumably because they were more familiar with the range of services on offer.

*“We do find that it’s the less deprived areas that you get more parents from - very much unintentionally.” (Service manager interviewee)*

*“When we first opened, the vast majority, 80%, of people who attended were parent champions. They could book in and we were only allowed a certain number of people and people had to be two metres apart. The ones that happened to come all the time were from white backgrounds.” (Service manager interviewee)*

When asked about what groups, if any, were not actively participating in the ABSS programme, some interviewees said that it was **difficult to get fathers involved** in some, but not all, ABSS services. This was also reflected by responses from the focus group participants.



*“You need a lead person within a fathers’ group, and fathers can be supporting other fathers in the area. It’s important to empower them to talk about the issues that are important to them. Trends in ABSS with low fathers, is expected.” (Stakeholder interviewee)*

*“Relying on wider evidence, it is thought that fathers living in deprived communities have no interest in the three core domains of ABS most of them.” (Stakeholder interviewee)*

*“Dads don’t tend to get the same type of support, so that’s really important. [The ABSS] Programme has made it easier for dads there should be more programmes for dads as well.”  
(Focus group participant)*

*“Male parents have felt included, comfortable and able to bring their children to [our ABSS] sessions... Children are able to engage with fathers and male parental figures in fun activities.” (ABSS service delivery staff and volunteer survey respondent).*

A minority of interviewees said that the ABSS programme had **struggled to engage ethnic minorities**, particularly Chinese and Jewish communities, due to difficulties in accessing and understanding the needs of those communities as well as existing support networks within those communities. Other groups the programme has struggled to engage were people with disabilities and young mothers, where there is an ongoing stigma associated with asking for support as a young mother. Although as one focus group participant stated, there are benefits to doing so:

*“There’s so much judgement when you’re a young mum. It’s nice to have that second person to go to.” (Focus group participant)*

### 5.2.3 System level

**Research question 22: Which groups are engaging in co-production and governance? Which groups are excluded and what factors underpin their exclusion (deprivation, ethnicity/race, gender, sexuality, disability status)?**



In addition to the issues identified in relation to reaching out to specific groups (Section 5.2.1) or which groups were benefiting most from the programme (Section 5.2.2), the evaluation explored which groups were represented in the **co-production** and **governance** of the ABSS programme and which groups were excluded. None of the focus group participants were able to comment on the groups who were engaging in co-production and governance. Findings from the interviews were mixed.

A minority of interviewees said that the **parent champions and governance boards were representative of the local community**, and included fathers, families from BAME backgrounds, a good age range and people with disabilities.

*“Yeah it is a diverse group of parents and partners.” (Stakeholder interviewee)*

*“The community consultation for [a specific ABSS service involved] anyone in the room. The parent champions do represent - there’s a few dads, quite a few families from BAME communities. There’s quite a good age range.” (Service manager interviewee)*

However, an opposing minority of interviewees disagreed and felt that the **ABSS governance activities were not diverse**, commenting that they often saw the same people attending and that often discouraged other people from taking part.

*“We definitely have parents involved in governance, but [it] seems to be the same 3 or 4 parents involved. It’s not everyone’s cup of tea to be involved. It’s not a diverse group.” (Stakeholder interviewee,)*

*“However, sometimes it can make it a bit cliquy. For parents who want to be involved and go on that journey, supporting parents and the wider community, that’s absolutely brilliant, but for some families with greater need, it can be quite excluding.” (Stakeholder interviewee)*

Groups that were noted as potentially being **underrepresented in co-production and governance were fathers and people who do not speak English**. A minority of interviewees contradicted what others said about the involvement of fathers in these activities, stating that, in their experience, fathers seemed less interested in getting involved in governance and co-production.



*“Similarly with fathers – when parents are involved in governance it is more [often] mothers. It has been a couple of years since a father attended a partnership board meeting.”*  
(Stakeholder interviewee)

### **Research question 23: To what extent does the ABSS programme close or amplify inequities in access to services?**

Findings on the influence that the programme has had on inequalities in access to children’s and families’ services in Southend were mixed. For example, 38% of respondents to the staff survey said that the ABSS programme had reduced inequalities in access to services; 16% said it neither reduced or increased inequalities; and 16% said that it increased inequalities in access to services. It is important to note that a relatively high proportion of survey respondents (31%) answered ‘don’t know’.<sup>12</sup> A minority of interviewees said that the ABSS programme was **providing accessible services directly to those from deprived areas** who would normally not have access to these services. They also said that the delivery of ABSS services in community hubs and family centres had **encouraged ABSS participants to access other non-ABSS services at these venues**.



*“I would say absolutely, partially because they’re so strongly connected with the family centres and any community hubs that we’ve got in Southend. Rather than setting up shop in a building, what ABSS [services] do is go out and base themselves in places where other services are delivered to support people who are accessing their services, to then access other services.”* (Stakeholder interviewee)

However, a minority of interviewees felt that the ABSS programme had done **very little to reduce inequalities in access to services**, commenting that they had personally seen very little impact in this regard. This was supported by a minority of focus group participants, who said that although the ABSS programme had a positive impact on them, they often found it quite difficult or confusing to go on to access further services offered by either ABSS or non-ABSS providers.

*“They had a few classes which seemed to be attended by young mums who attend classes anywhere and everywhere, so the hard-to-reach families [still] weren’t being reached.”*  
(Stakeholder interviewee)

*“I saw on a leaflet and wanted to be a parent ambassador, so I emailed, but the email bounced back so I didn’t know what to do so I left it. I genuinely want to get involved but I don’t know how.”* (Focus group participant)

A minority of interviewees felt that the ABSS programme had created **some separation between ABSS and non-ABSS wards** and that there had been a lack of engagement with ethnic minority families, creating further division and increasing inequality in access to services.

*“ABSS was about trailing things in the most deprived areas. That may have caused a little bit of animosity. People might know the context and still be annoyed with the programme. On the whole [ABSS] got the wards right. There are some areas where you think why is there not ABSS for them, but on the whole, it makes sense.”* (Service manager interviewee)

*“Only negative unintended consequence was the lack of engagement with ethnic minority families.”* (Stakeholder interviewee)

<sup>12</sup> Totals do not sum to 100% due to rounding.

### 5.3 Summary

While survey respondents were generally positive about how inclusive the ABSS programme was, respondents to the parent survey were more likely to have said that ABSS actively encouraged the involvement of people from different backgrounds (90% of respondents, compared to 75% of respondents to the community survey). The majority of interviewees and some focus group participants also agreed that the ABSS programme was inclusive by design. However, when asked which groups, if any, were benefiting most from the ABSS programme the majority of interviewees said it was predominantly white females.

When asked about what groups, if any, were not actively participating in the ABSS programme, some interviewees said that it was difficult to get fathers involved in some, but not all, ABSS services. This was also reflected in responses from the focus group



participants. A minority of interviewees said that the ABSS programme had struggled to engage ethnic minorities, particularly Chinese and Jewish communities, due to difficulties in accessing and understanding people in those communities as well as existing support networks within those communities. Other groups the programme had struggled to engage were people with disabilities and young mothers.

Survey findings identified a number of issues that influenced take up of ABSS support that were likely to impact some groups more than others, including:

- Lack of awareness or information about the programme and who could access it
- When, where and how ABSS services were being delivered.

Most respondents to the parent survey found out about the ABSS programme through the children's or family centres (56%) or were referred by a professional (37%). This was supported by a comparison of survey findings on where respondents who participated in the ABSS programme go to for support and advice about their children's development when compared to respondents who had not taken part in the programme. This suggested that people who were not already using these other services could be missed.

Some interviewees also identified challenges in reaching specific groups, including communication difficulties for parents who did not speak English and cultural issues, particularly the preference amongst some communities for formula milk rather than breastfeeding. The COVID-19 pandemic created an additional barrier in reaching groups that were already underrepresented across the ABSS programme, particularly the BAME community, because it meant that many local businesses and venues that could have been used to advertise ABSS services were closed. Finally, interviewees said that the timing of ABSS service delivery often created a barrier to fathers getting involved in sessions and activities that were held during the week. The same would be true for many working parents and carers.

A minority of interviewees said that the parent champions and governance boards were representative of the local community, and included fathers, families from Black, Asian and minority ethnic (BAME) backgrounds, a good age range and people with disabilities. However, a separate minority of interviewees disagreed and felt that governance activities were not diverse, commenting that they often saw the same people attending which often discouraged others from taking part. Groups that were noted as being underrepresented in co-production and governance were fathers and people who do not speak English.

## 6 OTHER EFFECTS

### 6.1 Introduction

The interviews, focus groups and staff survey tried to identify any unintended effects resulting from the ABSS programme. Due to the breadth of the programme's objectives few interviewees, focus group respondents or survey respondents were able to identify any unintended effects. Often the effects that were identified in response to these questions were evidence of community resilience or systems change. These have been covered in Section 4. This section presents the remaining findings on unintended effects at the programme, community and systems levels. It also presents the findings from the parent and community surveys about the neighbourhoods they live in and compares these results to the findings of the People in the Lead survey conducted by NatCen in 2018.<sup>13</sup>

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population.**

### 6.2 Key findings

#### 6.2.1 Programme level

**Research question 24: What unintended results (positive or negative) are ABSS activities producing for ABSS partners and project teams and how did these occur?**

One respondent to the staff survey said that one unintended effect of the ABSS programme was that the increased interaction with local families meant that service providers had a better understanding of the issues that local families face.

*“Engagement with families in a neutral manner (not health or education based, nor with anyone in an official position being involved) has meant that we have developed a better understanding of our families” (ABSS service delivery staff and volunteer survey respondent).*

#### 6.2.2 Community level

**Research question 25: What unintended effects can be observed in the community and how did these occur?**

A minority of respondents to the staff survey commented on the programmes contribution in terms of:

- *“bring[ing] parents together”* (ABSS service delivery staff and volunteer survey respondent) and
- creating *“a feeling of community”* (ABSS service delivery staff and volunteer survey respondent).



A minority of focus group participants also felt that the effects that the ABSS programme had on them as adults, such as improved confidence and resilience, led to improved confidence for their children as well.

<sup>13</sup> NatCen (2018) People in the Lead, Southend Community Survey

The parent and community surveys asked respondents about the neighbourhood they lived in (see Figure 6.1 overleaf). Findings on these questions were mixed and were generally less positive than the findings from NatCen's People in the Lead survey. This may be due to social desirability bias as the NatCen survey was conducted in person, whereas the RSM surveys were online. The vast majority of respondents to the parent and community survey were comfortable talking to their neighbours (75% of respondents agreed or strongly agreed, compared to 83% of respondents to NatCen's People in the Lead survey who chatted with neighbours at least once a week).<sup>14</sup> The majority of respondents were happy to live in their neighbourhood (71%, compared to 83% of respondents to NatCen's People in the Lead survey who were fairly satisfied or very satisfied with their neighbourhood)<sup>15</sup> and said that:

- people in their neighbourhood were willing to help each other (64%, there was no comparable question on NatCen's People in the Lead survey)
- the parks and playgrounds were safe (59%, compared to 88% of respondents to NatCen's People in the Lead survey)<sup>16</sup>
- it was a good place to bring up children (58%, compared to 71% of respondents to NatCen's People in the Lead survey)<sup>17</sup>
- people from different backgrounds got on well together (57%, compared to 79% of respondents to NatCen's People in the Lead survey)<sup>18</sup>

However, respondents were less certain about:

- Whether people were able to access support when they needed it (43% of respondents to the parent and community surveys neither agreed or disagreed, there was no comparable question on NatCen's People in the Lead survey)
- whether people in the neighbourhood worked together to solve local problems (37%, compared to 73% of respondents to NatCen's People in the Lead survey)<sup>19</sup>
- Whether they trusted the people in their neighbourhood (35%, compared to 73% of respondents to NatCen's People in the Lead survey)<sup>20</sup>
- Borrowing things and exchanging favours with neighbours (24%, there was no comparable question on NatCen's People in the Lead survey).



Some respondents were also worried about the amount of crime in their neighbourhood (39% of respondents to the parent and community surveys agreed or strongly agreed). This was lower than the 50% of respondents to NatCen's People in the Lead survey who said that they felt unsafe because of crime in their neighbourhood, but it should be noted that only a relatively small proportion of respondents to NatCen's People in the Lead survey<sup>21</sup> said that their neighbourhood felt unsafe at night (13%)<sup>22</sup> or during the day (8%).<sup>23</sup>

<sup>14</sup> NatCen (2018) People in the Lead, Southend Community Survey, Table 35: How often chats with neighbours

<sup>15</sup> As above, Table 15: How safe feels in neighbourhood during the day

<sup>16</sup> As above, Table 22: How safe local parks and playgrounds are for children under 4

<sup>17</sup> As above, Table 20: How rates neighbourhood for bringing up children

<sup>18</sup> As above, Table 18: This neighbourhood is a place where people from different backgrounds get on well together

<sup>19</sup> As above, Table 17: People in this neighbourhood pull together to improve the local area

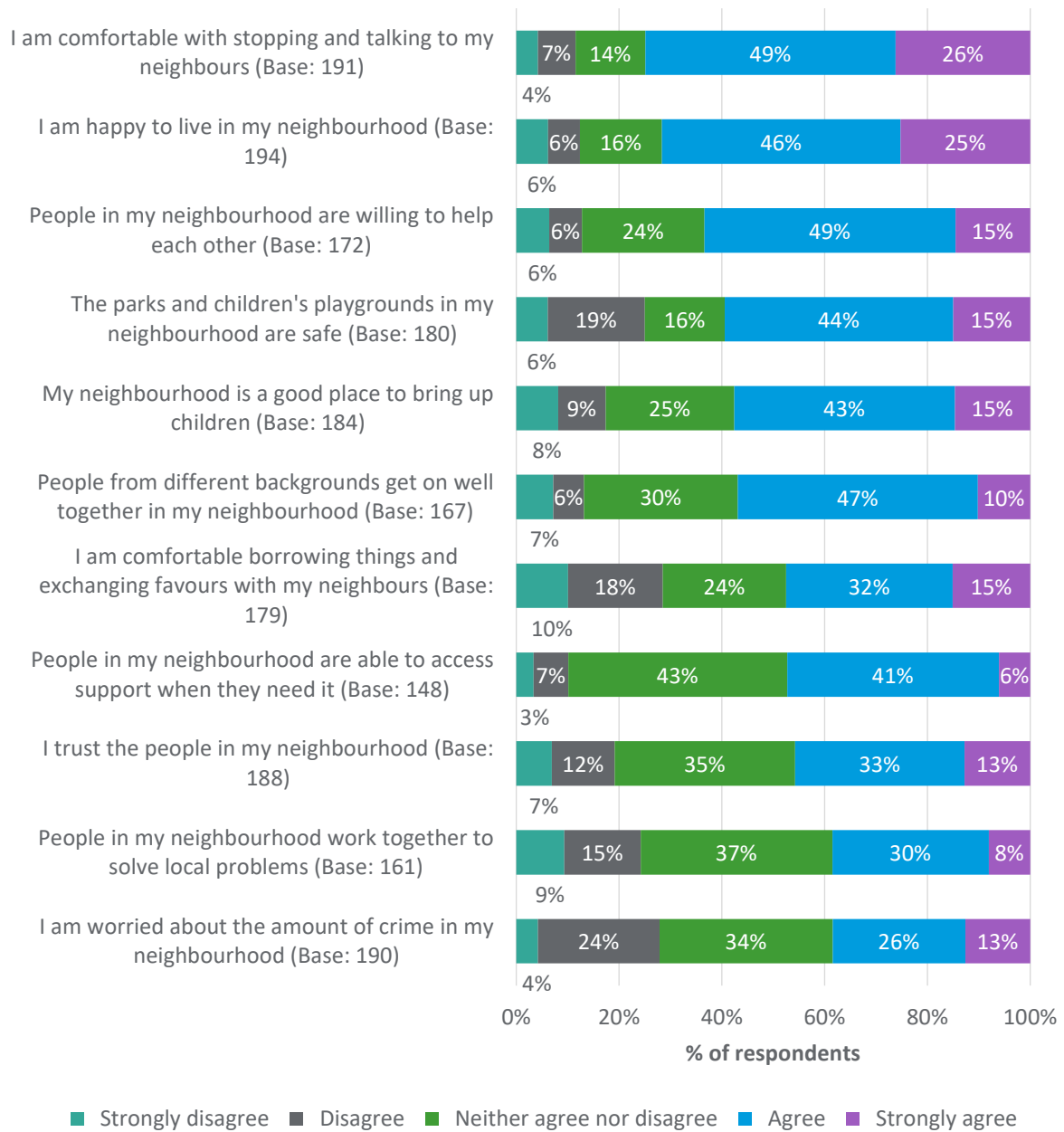
<sup>20</sup> As above, Table 36: Trust in neighbours

<sup>21</sup> As above, Table 16: Reasons feels unsafe in your neighbourhood

<sup>22</sup> As above, Table 14: How safe feels in neighbourhood at night

<sup>23</sup> As above, Table 14: How safe feels in neighbourhood at night

**Figure 6.1: Perceptions about their neighbourhood**



Sources: RSM survey of parent beneficiaries Q.25 and RSM survey of the wider community Q.13.  
 Note: "I am happy to live in my neighbourhood", "I am comfortable borrowing things and exchanging...", "People in my neighbourhood work together to solve local problems" and "I am worried about the amount of crime..." totals do not sum to 100% due to rounding.

### 6.2.3 System level

#### **Research question 26: What unintended effects can be observed at the systems level? and how did these occur?**

Positive unintended impacts were discussed by a minority of interviewees, including that there was now a **greater desire from local stakeholders to see and measure systems change and community resilience as well as the development of ‘community connectors’** who were able to spread the word about ABSS post lockdown.

*“The idea of community connectors has come out of it when it came to lockdown, getting information out was a really difficult thing to do, so they actually created a role called community connectors. ABS was doing this from the get-go with the parent champion network role. It’s finding vehicles to empower the community to spread the word.” (Service manager interviewee)*

### 6.3 Summary

Due to the breadth of the ABSS programme’s objectives few interviewees, focus group participants or survey respondents were able to identify any unintended effects of the programme. Those identified included: a better understanding of the issues that local families face; increased sense of connectedness for the parents; and a greater desire from local stakeholders to see and to measure systems change and community resilience.

Parent and community survey respondents had mixed opinions about the neighbourhoods they lived in. They were generally less positive than respondents to NatCen’s People in the Lead survey. The majority of respondents were happy to live in their neighbourhood (71%, compared to 83% of respondents to NatCen’s People in the Lead survey) and said it was a good place to bring up children (58%, compared to 71% of respondents to NatCen’s People in the Lead survey). However, respondents were less certain about whether people in their neighbourhood were able to access support when they needed it (43% of respondents to the parent and community surveys neither agreed or disagreed, there was no comparable question on NatCen’s People in the Lead survey) or whether they worked together to solve local problems (37%, compared to 73% of respondents to NatCen’s People in the Lead survey). Some respondents were also worried about the amount of crime in their neighbourhood (39% of respondents to the parent and community surveys). This was lower than the 50% of respondents to NatCen’s People in the Lead survey who said that they felt unsafe because of crime in their neighbourhood. It should be noted, however, that only a relatively small proportion of respondents to NatCen’s People in the Lead survey said that their neighbourhood felt unsafe at night (13%) or during the day (8%).



# 7 CONCLUSIONS AND RECOMMENDATIONS

## 7.1 Conclusions

### 7.1.1 Summary

The evaluation set out to answer the research questions presented in Annex B, Figure 9.3. Findings from Phase 1 of this evaluation are presented below.

These showed that, the programme was associated with **positive parenting experiences** for those who had taken part in ABSS services. This included better access to support, improved knowledge and increased confidence in many areas of early childhood development. There was also evidence of system-wide benefits, including **stronger working relationships, improved referral pathways** and **adoption of co-production approach** by other organisations. However, there has been **less impact on the wider community**.

**Please note: The response to the surveys was lower than expected. This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population.**

### 7.1.2 Effectiveness

#### **1. What were the barriers and enablers that made the difference between successful and unsuccessful projects/ interventions?**

Some interviewees identified the community based approach as a strength of the ABSS programme- making use of local knowledge, being able to communicate well with different communities and making it as easy as possible for people to take part in ABSS activities.

#### **2. What are the barriers to uptake of services?**

The main barriers to the take up of services were a lack of awareness of the support available and cultural issues.

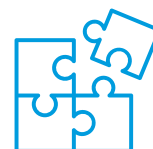
#### **3. What are the external factors that shape effectiveness at a programme level?**

The majority of interviewees and a minority of focus group participants said that the COVID-19 pandemic and related restrictions had limited the number of people taking part in the programme, because it made it more difficult to recruit new participants and keep existing participants interested when some ABSS services moved online.

#### **4. What innovative/ promising practices and approaches have been adopted?**

A minority of interviewees said that the way the ABSS programme tailored its approach to its users was innovative, both in how it worked with participants (using group sessions, peer support, one-to-one support, home visits or a combination of these) as well as how it reached out to new participants (public events such as the Festival of Conversations, working with community groups and advertising in local businesses). The majority of interviewees said that the programme had introduced some promising practices, including: sharing lessons learned with other organisations across Southend; and, community involvement in service design (co-production) and governance.

Respondents to the staff survey said that the importance of collaboration and co-production was understood by everyone involved in the ABSS programme (76%). However, a minority of interviewees felt that, at times, co-production had been relatively superficial.



## 5. What are the external factors that shape effectiveness at a community level?

The impact of the COVID-19 pandemic and related restrictions which impacted on the take up of ABSS services will also have influenced its effectiveness at a community level.

## 6. What are the external factors that shape effectiveness at a systems level?

A minority of stakeholder interviewees also felt that austerity measures had restricted local service providers' ability to deliver early interventions, because they did not have enough resources to focus on prevention as well as treatment. Additionally, austerity was seen as causing the voluntary sector to deliver more target focused products to remain viable, in the face of constrained commissioning from local authorities. This increased the sense of competition between service providers and limited their ability or willingness take a more joined up, system wide approach, like the one proposed by the ABSS programme.

## 7. How do the ABSS interventions link with other services delivered in the ABSS wards?

The majority of interviewees felt that the programme had established good links with other local services, particularly in the health sector and speech and language services that benefited from direct referrals. Some interviewees said that the programme had done a good job of networking with other services in Southend, through networking events, regular meetings and updates. However, some interviewees felt that creating linkages with other services had been challenging. A minority of interviewees commented that, at least in the beginning, there was limited understanding of what the ABSS programme had to offer and how it could work with non-ABSS services. **This indicates that further explanation or a systems mapping exercise would have been helpful to describe the range of ABSS services, their aims and how they intended to interact with and complement each other as well as existing, non-ABSS services.**



### 7.1.3 Impact

## 8. How have planning processes within the ABSS programmes strengthened/ evolved over time (and how responsive is it to emerging insights from process evaluation)?

Respondents to the staff survey said that the programme had adapted, and improvements had been made in response to insights from the on-going monitoring of the ABSS programme (85%); lessons learned during implementation (73%); and emerging issues such as COVID-19 (89%). This was supported by some interviewees, who said that the programme as a whole, as well as individual ABSS services, had changed in response to lessons learned from the testing of different delivery approaches and the feedback collected. A minority of focus group participants also reported improvements in the range of activities on offer and the role parents were given in helping to shape the programme.

## 9. Is the ABSS programme achieving its intended outcomes (% change) for the relevant time frame, as set out in the outcomes framework at a community level?

It was not possible to conduct a baseline analysis of current levels of key outcomes for this evaluation due to gaps and inconsistencies in service level monitoring information held by ABSS. However, there was some indication that the gap was closing between ABSS and non-ABSS wards in relation to the proportion of babies who were still breastfed at 6-8 weeks. **At the time of writing this report, ABSS is reviewing the recording of outcomes data to further enhance the completeness and reliability of data in the future. This included a mapping exercise to review the links between projects and programme outcomes.**



## **10. To what extent has ABSS improved the experience of parenting among the target population?**

There was evidence that participation in the ABSS programme was associated with improved parenting experiences. Respondents who took part in ABSS activities tended to report more positive experiences following their involvement in the programme compared to before they took part. They were also more likely to have responded positively than those who had not taken part in the ABSS programme at all. This was supported by the majority of interviewees and focus group participants who felt that the ABSS programme had a positive impact on participants' experience of parenting from pregnancy to their child's fourth birthday.

## **11. What are the tangible and intangible benefits for those engaging with ABSS services? To what extent is the ABSS programme meeting its objectives in terms of: social and emotional development; communications and language development; and diet and nutrition?**

The survey findings indicated that taking part in the ABSS programme was associated with improved access to support to:

- help their children interact with other children and adults (82% of respondents, compared to 56% before ABSS and 57% of respondents who had not taken part in the programme)
- help their children understand their feelings and behaviours (72%, compared to 47% and 52%)
- help their children express themselves (77%, compared to 53% and 58%)
- be healthy (84%, compared to 54% and 64%)
- eat well (82%, compared to 58% and 63%)



There was also evidence that, since taking part in the programme, respondents had improved knowledge about activities they could do to help their children express themselves (74%, compared to 31% and 53%) and learn to talk (78%, compared to 41% and 60%), as well as the benefits of breastfeeding (89%, compared to 52% and 75%). Respondents also reported an increase in confidence in their ability to breastfeed (78%, compared to 30% and 51%) and get involved in designing or delivering services for people in Southend (50%, compared to 13% and 26%). Other factors that respondents said influenced these changes included gaining more experience as a parent, advice from professionals and support from family and friends.

## **12. What impact has the ABSS programme had on community resilience for the target population? To what extent has the ABSS programme improved community resilience for the target population?**

Findings on the impact that the ABSS programme had on people's sense of connection were mixed. Almost a third of respondents said the programme made them feel more connected to other parents (32%). However, the majority of respondents reported little or no impact on how connected they felt to the wider community (62%) or their neighbourhood (49%).

Respondents to the parent surveys were generally more positive about the impact the ABSS programme had on Southend children and their families' involvement in local services when compared to the wider population. This was supported by the findings from the interviews and staff survey. The majority of interviewees said that the ABSS programme had been successful in developing community resilience. The vast majority of respondents to the staff said that the programme had improved the confidence of the parents involved in ABSS services (94% of respondents to the staff survey), helped them to support their children's

growth and development (94%), gave people in ABSS wards more opportunities to connect with each other (91%) and improved the outcomes of the children and babies involved (90%). The majority of respondents to the staff survey also said that the programme had supported people in ABSS wards to work together to address local issues (74%). Although it is important to note that fewer respondents were able to answer that question.

However, a minority of interviewees felt that whilst there were benefits for those involved in the ABSS programme, the reach of the programme was not broad enough to have impacted the wider community. These interviewees said that the ABSS programme had limited to no lasting impact on community resilience and that other programmes had contributed towards community resilience. Therefore, they could not attribute all of the changes to the programme.

### ***13. What are the tangible and intangible benefits for the wider community in Southend?***

A minority of interviewees were able to discuss the impact that the ABSS programme has had on the wider community, including a better sense of the support that was available and an improvement in targeted children's services for under 4-year-olds in the ABSS wards.

### ***14. What is the value of results to service providers? / 15. What are the perceived benefits and/or harms to services from the ABSS programmes? / 16. What system-wide impacts are observed?***



Some interviewees commented on the impact that the ABSS programme has had on children and families' services in Southend. This included stronger working relationships, improved referral pathways and adoption of the co-production approach by other organisations and local government, albeit to a lesser extent than the ABSS programme. This was supported by the vast majority of respondents to the parent and community surveys, who said that there was more community involvement in the design of local services because other services were following the ABSS approach (80% of all respondents to both the parent and community survey). It is notable that a large proportion of respondents to both the parent and community survey were unable to answer these questions or answered 'don't know', indicating that the programme's impact on other services was not widely known or understood.

A minority of interviewees also said that the ABSS programme had contributed to a greater focus on sustainability, legacy and future programme design at a systems level. Sustainability was seen as an important part of the programme. Its more integrated ways of working and the increased connection between services were seen as something that should be continued. The focus on sustainability and legacy was something that these interviewees had observed being included in the design of other programmes because of the ABSS programme.

### ***17. What cost benefits have been derived from the ABSS programme and its interventions?***

A minority of interviewees said that the programme had led to a reduction in inappropriate referrals and a greater focus on prevention, which had in turn led to more efficient use of resources.

### **18. To what extent is the ABSS programme meeting stated objectives in terms of beneficial systems change?**

Findings in relation to systems change were mixed. Some interviewees agreed that the ABSS programme was meeting its stated objectives in terms of beneficial systems change, pointing to stronger working relationships and a greater focus on sustainability and co-production. However, a minority of interviewees felt that there had been no systems change. No interviewees or focus group participants commented on changes in power sharing across the sector.

### **19. To what extent has the children's workforce changed as a result of the ABSS interventions?**

The findings on the extent to which the children's workforce has changed as a result of the ABSS programme suggest that there were some benefits in terms of encouraging a culture of learning and development as well as a shift towards early intervention and prevention. Although it was not clear to what extent the latter was being driven by ABSS as opposed to the wider policy agenda. There was no evidence to suggest there was any change in the makeup of the children's workforce.

## **7.1.4 Equity**

### **20. What are perceived barriers in reaching out to multiply disadvantaged or specific vulnerable groups (ethnic minorities, most deprived households)?**

The survey findings identified a number of issues that influenced take up of ABSS support that were likely to impact some groups more than others, including:

- Lack of awareness or information about the programme and who could access ABSS services
- When, where and how ABSS services were being delivered.

Most respondents to the parent survey found out about the ABSS programme through the children's or family centres (56%) or were referred by a professional (37%). This was supported by a comparison of where respondents who participated in the ABSS programme go to for support and advice about their children's development when compared to respondents who had not taken part in the programme. This suggested that people who were not already using these services could be missed.

Some interviewees also identified barriers in reaching out to specific groups, including language barriers for parents who did not speak English and cultural issues, particularly the preference amongst some communities for formula rather than breastfeeding. COVID-19 proved to be an additional barrier in reaching groups that were already underrepresented across the ABSS programme, particularly the BAME community, because the pandemic meant that local businesses and venues that would have previously been good advertisement spots could no longer be used. Finally, interviewees said that the timing of ABSS service delivery often created a barrier to fathers getting involved in sessions and activities that were held during the week. The same would be true for many working parents or carers.

Some interviewees said that the level of deprivation experienced by their participants was often mixed, a minority of interviewees said that ABSS participants were often from less deprived backgrounds and that the parent champions were the group most likely to utilise the other ABSS services



that were available for them, presumably because they were more familiar with the range of services on offer.

When asked about what groups, if any, were not actively participating in the ABSS programme, some interviewees said that it was difficult to get fathers involved in some, but not all, ABSS services. This was also reflected by responses from the focus group participants. A minority of interviewees said that the ABSS programme had struggled to engage ethnic minorities, particularly Chinese and Jewish communities, due to difficulties in accessing and understanding those communities as well as existing support networks within those communities. Other groups the programme has struggled to engage were people with disabilities and young mothers, where there is an ongoing stigma associated with asking for support as a young mother.

**21. Which groups are benefitting most from the ABSS programme? Which groups are excluded and what factors underpin their exclusion from services (deprivation, ethnicity/race, gender, sexuality, digital access during the COVID-19 pandemic)?**

While respondents to the parent, community and staff surveys were generally positive about how inclusive the ABSS programme was, respondents to the parent survey were more likely to have said that ABSS actively encouraged the involvement of people from different backgrounds (90% of respondents, compared to 75% of respondents to the community survey). This suggested that respondents who were not involved in the ABSS programme thought it was less inclusive than those who were involved in the programme.



The majority of interviewees and some focus group participants agreed that the ABSS programme was inclusive by design and that no group was intentionally excluded. Some interviewees said there was good overall participation from the local communities that the programme was trying to reach. Some focus group participants agreed that the programme was designed to be inclusive of people from all backgrounds, with particularly good representation from the BAME community. However, when asked which groups, if any, were benefitting most from the ABSS programme the majority of interviewees said it was predominantly white females.

**22. Which groups are engaging in co-production and governance? Which groups are excluded and what factors underpin their exclusion (deprivation, ethnicity/race, gender, sexuality, disability status)?**

A minority of interviewees said that the parent champions and governance boards were representative of the local community, and included fathers, families from BAME backgrounds, a good age range and people with disabilities. However, an opposing minority of interviewees disagreed and felt that the ABSS governance activities were not diverse, commenting that they often saw the same people attending and that often discouraged other people from taking part. Groups that were noted as potentially being underrepresented from co-production and governance were fathers and people who do not speak English. A minority of interviewees contradicted what others said about the involvement of fathers in these activities, stating that, in their experience, fathers seemed less interested in getting involved in governance and co-production.

### 23. To what extent does the ABSS programme close or amplify inequities in access to services?

Findings on the influence that the programme has had on inequalities in access to children's and families' services in Southend were mixed. 38% of respondents to the staff survey said that the ABSS programme had reduced inequalities in access to services; 16% said it neither reduced or increased inequalities; and 16% said that it increased inequalities in access to services. It is important to note that a relatively high proportion of survey respondents (31%) answered 'don't know'.<sup>24</sup> A minority of interviewees said that the ABSS programme was providing accessible services directly to those from deprived areas who would normally not have access to these services. They also said that the delivery of ABSS services in community hubs and family centres had encouraged ABSS participants to access other non-ABSS services at these sites. However, a minority of interviewees felt that the ABSS programme had done very little to reduce inequalities in access to services. This was supported by a minority of focus group participants, who said that although the ABSS programme had a positive impact on them, they often found it quite difficult or confusing to go on to access further services offered by either ABSS or non-ABSS providers.

A minority of interviewees also felt that the ABSS programme had created some separation between ABSS and non-ABSS wards and that there had been a lack of engagement with ethnic minority families, creating further division and increasing inequality in access to services.

#### 7.1.5 Other effects

### 24. What unintended results (positive or negative) are ABSS activities producing for ABSS partners and project teams and how did these occur?

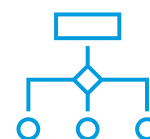
Due to the breadth of the ABSS programme's objectives few interviewees, focus group participants or survey respondents were able to identify any unintended effects of the programme. However, one respondent to the staff survey said that one unintended effect of the ABSS programme was that the increased interaction with local families meant that service providers had a better understanding of the issues that local families face.

### 25. What unintended effects can be observed in the community? and how did these occur?

A minority of respondents to the staff survey commented on the programme's contribution to participants' sense of connectedness, in terms of *bringing parents together* and creating a *feeling of community*. A minority of focus group participants felt that the effects that the ABSS programme had on them as adults, such as improved confidence and resilience, led to improved confidence for their children as well.

### 26. What unintended effects can be observed at the systems level? and how did these occur?

Unintended effects at the systems level were discussed by a minority of interviewees, including that there was now a greater desire from local stakeholders to see and to measure systems change and community resilience as well as the development of 'community connectors' who were able to spread word about ABSS post lockdown.



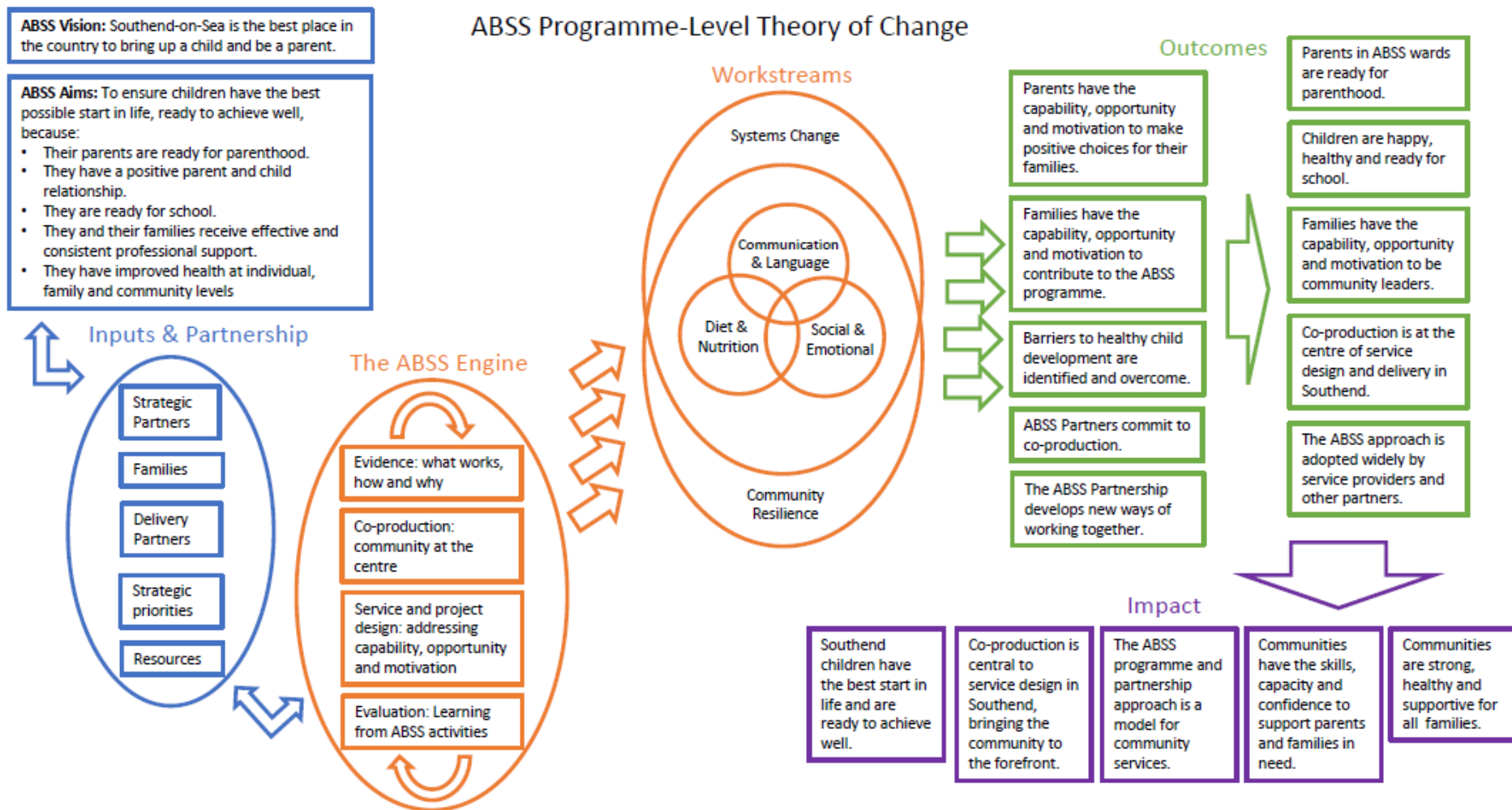
<sup>24</sup> Totals do not sum to 100% due to rounding.



## 8 ANNEX A: ABSS THEORY OF CHANGE

A Theory of Change (ToC) describes the 'pathway to change' experienced by participants. The ABSS ToC (Figure 8.1 overleaf) describes the ABSS vision and aims and how the programme will use its inputs, partnerships and the 'ABSS Engine' to achieve positive change across the five workstreams (social and emotional development; communication and language; diet and nutrition, community resilience; and systems change). The ABSS ToC is underpinned by the assumptions in Figure 8.2 on the following page.

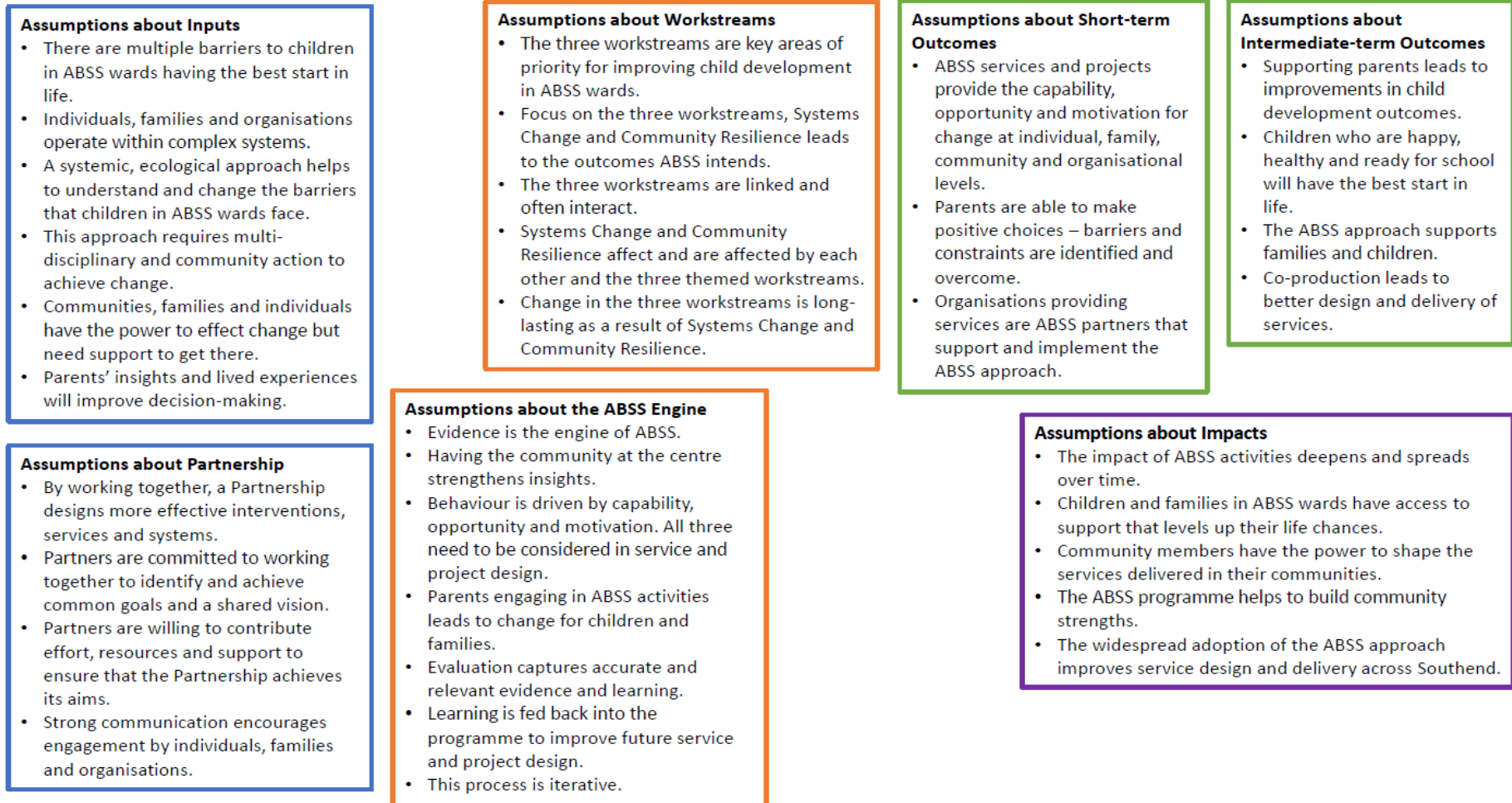
Figure 8.1: ABSS Theory of Change



Source: ABSS



**Figure 8.2: Assumptions Underpinning ABSS Theory of Change**



Source: ABSS

## 9 ANNEX B: EVALUATION LOGIC MODEL AND RESEARCH QUESTIONS

### 9.1 Logic Model

To understand the programme being evaluated, a standard approach is to develop a Logic Model, that sets out the logic behind the intervention and the ToC. The programme Logic Model together with the ToC, provides the framework that can then be used to judge the effectiveness and success of the intervention. A definition of key terms for the Logic Model and ToC are presented in Figure 9.1.

**Figure 9.1: Evaluation terms**

Term	Definition
<b>Inputs</b>	Resources needed to deliver the programme and its objectives (money, equipment, staff time)
<b>Activities</b>	What is delivered on behalf of the funder to the beneficiaries (ABSS services, activities and events)
<b>Outputs</b>	What participants (beneficiaries) receive from the resources or intervention (number of parents/ carers, babies and children taking part)
<b>Outcomes</b>	Long term results of activities and outputs achieved (improved child development outcomes and increased capability and confidence of participants)
<b>Impacts</b>	Wider economic and social outcomes (Southend children have the best start in life and are ready to achieve well)

*Source: Adapted by RSM, Magenta Book, HM Treasury, 2011*

The ABSS Logic Model, developed by the Evaluation Team, is shown in Figure 9.2 overleaf. It sets out the context for the programme, its objectives, aims, inputs, activities, outputs, outcomes and impacts.

### 9.2 Research questions

Over the next three years, this evaluation aims to answer the research questions set out in Figure 9.3 overleaf to understand the difference the ABSS programme is making at a programme, community and system level. The Evaluation Team has also grouped the research questions into four key areas of enquiry for this evaluation: effectiveness; impact; equity; and unintended effects. These are based on the 'lines of enquiry' from the evaluation service specification, with additional key evaluation questions developed by the Evaluation Team.

**Figure 9.2: ABSS Logic Model (developed by the Evaluation Team)**

Context	Objectives and aims	Inputs	Activities	Outputs	Outcomes	Impacts
<ul style="list-style-type: none"> <li>• <b>Need:</b> Evidence suggests that preventing and intervening early to address attachment and parenting issues will have an impact on the resilience and physical, mental and socio-economic outcomes of an individual in later life. (PHE (2016) Health matters: giving every child the best start in life).</li> <li>• <b>Rationale:</b> A Better Start builds on research, which shows that early childhood can set the foundation for future learning, behaviour and health.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Objectives:</b> promoting good early childhood development.</li> <li>• <b>Aims:</b> <ul style="list-style-type: none"> <li>• develop 'Social and emotional' skills, to help them build positive relationships and cope with difficult situations.</li> <li>• develop 'Communication and language' skills, to help them engage with the world around them.</li> <li>• improve their 'Diet and nutrition', to support healthy physical development and protect against illness in later life</li> <li>• building 'Community resilience' – the community's ability to address issues</li> <li>• enable 'Systems change' and improve the way organisations work together and with families to shift attitudes and spending towards preventing problems that start in early life</li> </ul> </li> <li>• <b>Target population:</b> Children under 4 living in an ABSS ward (or pregnant women, where the child is unborn)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Funding:</b> £36.0 million over 10 years</li> <li>• <b>Leveraged income:</b> £1.6 million to 31 March 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Services delivered under the ABSS focusing on: <ul style="list-style-type: none"> <li>• 'Social and emotional' development</li> <li>• 'Communication and language'</li> <li>• 'Diet and nutrition'</li> <li>• building 'Community resilience'</li> <li>• implementing 'Systems change'</li> </ul> </li> <li>• The ABSS Partnership operates on the principle that children will achieve well because: <ul style="list-style-type: none"> <li>• their parents are ready for parenthood</li> <li>• they have a positive parent / child relationship</li> <li>• they are ready for school</li> <li>• they and their families receive effective and consistent professional support</li> <li>• there is improved health at individual, family and community levels</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Total Number of Unique Primary Beneficiaries in Period (Children &lt;4 or pregnant women)</li> <li>• Primary beneficiaries by Age, Ward, Deprivation, Ethnicity</li> <li>• Count of Pregnant Participants</li> <li>• % of all actual beneficiaries living in top 30% most deprived areas</li> <li>• Count of Primary Beneficiaries by Month/Quarter of Earliest Involvement</li> <li>• Count of Parents/Carers Attending Events</li> <li>• Count of All Children in Household by Age at Earliest Event in Reporting Period and Attendance</li> <li>• Count of Project Beneficiaries Mapped by Neighbourhood</li> <li>• Monthly/yearly Update of New Primary Beneficiaries</li> <li>• Count of Unique Quarterly Beneficiaries</li> <li>• Participation in SAVS Engagement/Co-production Events</li> <li>• Count of Number of Projects Involvements</li> <li>• Current School Year of all Primary Beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>• parents have the capability, opportunity and motivation to make positive choices for their families</li> <li>• families have the capability, opportunity and motivation to contribute to the ABSS programme</li> <li>• barriers to healthy child development are identified and overcome</li> <li>• ABSS Partners commit to co-production</li> <li>• the ABSS Partnership develops new ways of working together</li> <li>• parents in ABSS wards are ready for parenthood</li> <li>• children are happy, healthy and ready for school</li> <li>• families have the capability, opportunity and motivation to be community leaders</li> <li>• co-production is at the centre of service design and delivery in Southend</li> <li>• the ABSS approach is adopted widely by service providers and other partners</li> </ul>	<ul style="list-style-type: none"> <li>• Southend children have the best start in life and are ready to achieve well</li> <li>– <b>Short-term (2020)</b> children in ABSS wards will have improved key developmental outcomes</li> <li>– <b>Medium-term (2022)</b> children in ABSS wards will have at least the same level of development as Southend children</li> <li>– <b>Long-term (2025)</b> children in ABSS wards will have at least met or exceeded the national averages for key developmental outcomes</li> <li>– co-production is central to service design in Southend, bringing the community to the forefront</li> <li>• the ABSS programme and partnership approach is a model for community services</li> <li>• communities have the skills, capacity and confidence to support parents and families in need</li> <li>• communities are strong, healthy and supportive for all</li> </ul>

**Figure 9.3: Evaluation research questions**

	Programme level	Community level	System level
Effectiveness	<ol style="list-style-type: none"> <li>1. What were the barriers and enablers (institutional, project design, community, structural) that made the difference between successful and unsuccessful projects/ interventions?</li> <li>2. What are the barriers to uptake of services?</li> <li>3. What are the external factors (at local, regional national or international level) that shape effectiveness at a programme level?</li> <li>4. What innovative/ promising practices and approaches have been adopted?</li> </ol>	<ol style="list-style-type: none"> <li>5. What are the external factors that shape effectiveness at a community level?</li> </ol>	<ol style="list-style-type: none"> <li>6. What are the external factors that shape effectiveness at a systems level?</li> <li>7. How do the ABSS interventions link with other services delivered in the ABSS wards?</li> </ol>
Impact	<ol style="list-style-type: none"> <li>8. How have planning processes within the ABSS programmes strengthened/ evolved over time (and how responsive is it to emerging insights from process evaluation)?</li> </ol>	<ol style="list-style-type: none"> <li>9. Is the ABSS programme achieving its intended outcomes for the relevant time frame, as set out in the outcomes framework at a community level?</li> <li>10. To what extent has ABSS improved the experience of parenting among the target population?</li> <li>11. What are the tangible and intangible benefits for those engaging with ABSS services? To what extent is the ABSS programme meeting its objectives in terms of: social and emotional development; communications and language development; and diet and nutrition?</li> <li>12. What impact has the ABSS programme had on community resilience for the target population? To what extent has the ABSS programme improved community resilience for the target population?</li> <li>13. What are the tangible and intangible benefits for the wider community in Southend?</li> </ol>	<ol style="list-style-type: none"> <li>14. What is the value of results to service providers?</li> <li>15. What are the perceived benefits and/or harms to services from the ABSS programmes?</li> <li>16. What system-wide impacts are observed?</li> <li>17. What cost benefits have been derived from the ABSS programme and its interventions?</li> <li>18. To what extent is the ABSS programme meeting stated objectives in terms of beneficial systems change?</li> <li>19. To what extent has the children’s workforce changed as a result of the ABSS interventions?</li> </ol>
Equity	<ol style="list-style-type: none"> <li>20. What are perceived barriers in reaching out to multiply disadvantaged or specific vulnerable groups (ethnic minorities, most deprived households)?</li> </ol>	<ol style="list-style-type: none"> <li>21. Which groups are benefitting most from the ABSS programme? Which groups are excluded and what factors underpin their exclusion from services (deprivation, ethnicity/race, gender, sexuality, digital access during the COVID-19 pandemic)?</li> </ol>	<ol style="list-style-type: none"> <li>22. Which groups are engaging in co-production and governance? Which groups are excluded and what factors underpin their exclusion (deprivation, ethnicity/race, gender, sexuality, disability status)?</li> <li>23. To what extent does the ABSS programme close or amplify inequities in access to services?</li> </ol>
Unintended effects	<ol style="list-style-type: none"> <li>24. What unintended results (positive or negative) are ABSS activities producing for ABSS partners and project teams and how did these occur?</li> </ol>	<ol style="list-style-type: none"> <li>25. What unintended effects can be observed in the community? and how did these occur?</li> </ol>	<ol style="list-style-type: none"> <li>26. What unintended effects can be observed at the systems level? and how did these occur?</li> </ol>

## 10 ANNEX C: PROFILE OF SURVEY RESPONDENTS

### 10.1 ABSS staff and volunteer survey

This section of the report describes the profile of the respondents to the survey of ABSS service delivery staff and volunteers. This survey received a total of 33 responses out of a total population of around 150 ABSS staff and volunteers. This represents a response rate of 22%, which is good for an external online survey administered by a third party. However, due to the relatively small number of ABSS staff and volunteers, the margin of error is relatively high ( $\pm 15\%$  at the 95% confidence level). **This means that the survey findings are indicative and should not be generalised to represent the whole population.**

The majority of respondents to this survey were members of staff (73%). The rest were volunteers (27%).

**Figure 10.1: Staff and volunteer survey respondents by role**

	Total respondents	
	n	%
Member of staff	24	73%
Volunteer	9	27%
<b>Total</b>	<b>33</b>	<b>100%</b>

Source: RSM survey of ABSS service delivery staff and volunteer survey Q.2.

There was a fairly even spread in terms of the length of time respondents had been involved with the programme from less than six months (15% of respondents) to four years or more (18%).

**Figure 10.2: Staff and volunteer survey respondents by length of involvement**

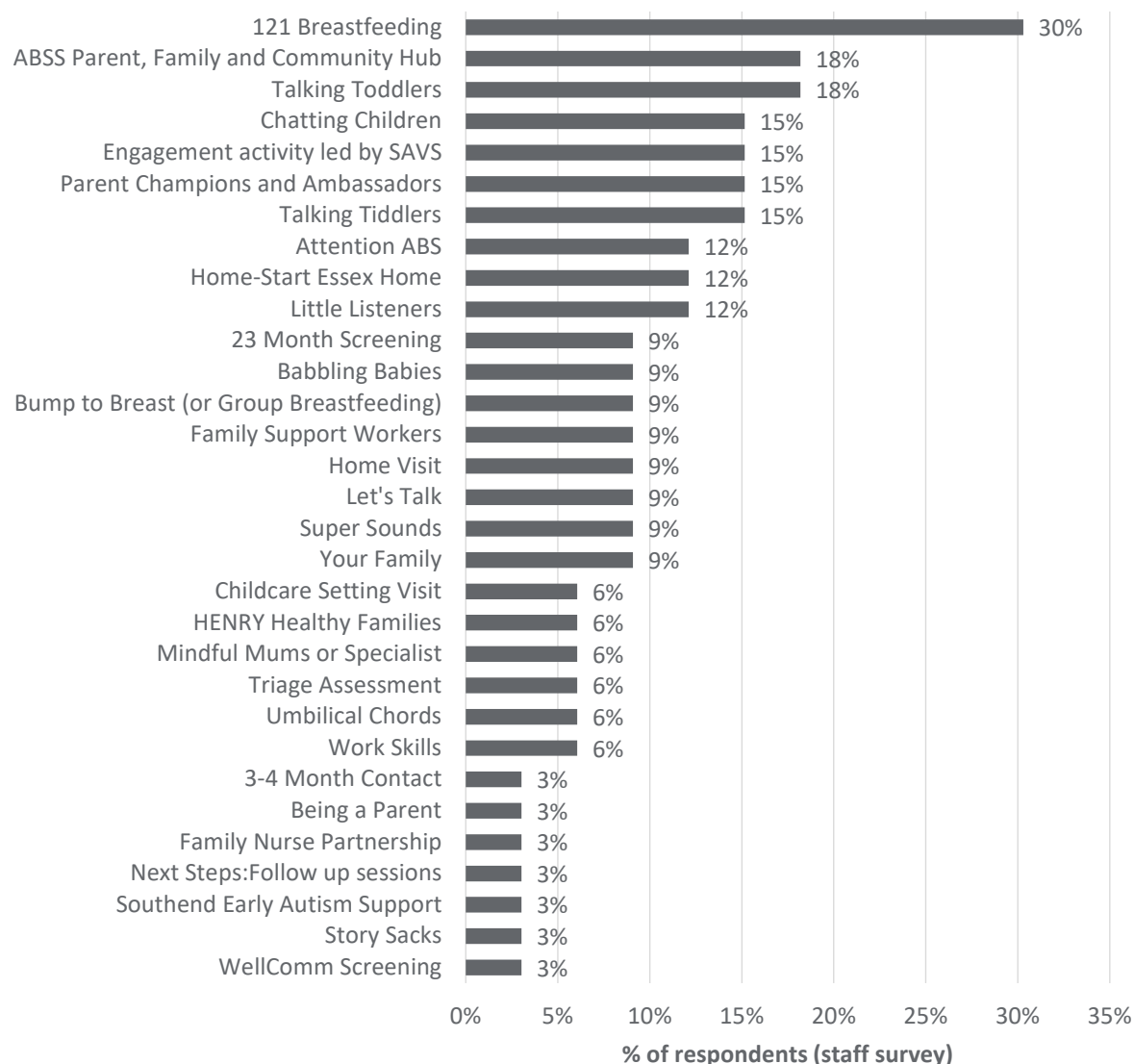
	Total respondents	
	n	%
Less than 6 months	5	15%
6-11 months	6	18%
12-23 months	4	12%
24-35 months	4	12%
36-47 months	8	24%
4 years or more	6	18%
<b>Total</b>	<b>33</b>	<b>100%</b>

Source: RSM survey of ABSS service delivery staff and volunteer survey Q.3 (Base 33).

Note: Totals do not sum to 100% because respondents could give multiple responses.

As shown in Figure 10.3 overleaf, survey respondents represented a broad mix of ABSS services. The most common were 121 Breastfeeding support (30% of respondents), the ABSS Parent, Family and Community Hub (18%) and Talking Toddlers (18%).

**Figure 10.3: Staff and volunteer survey respondents by ABSS service**



Source: RSM survey of ABSS service delivery staff and volunteer survey Q.4 (Base 33).

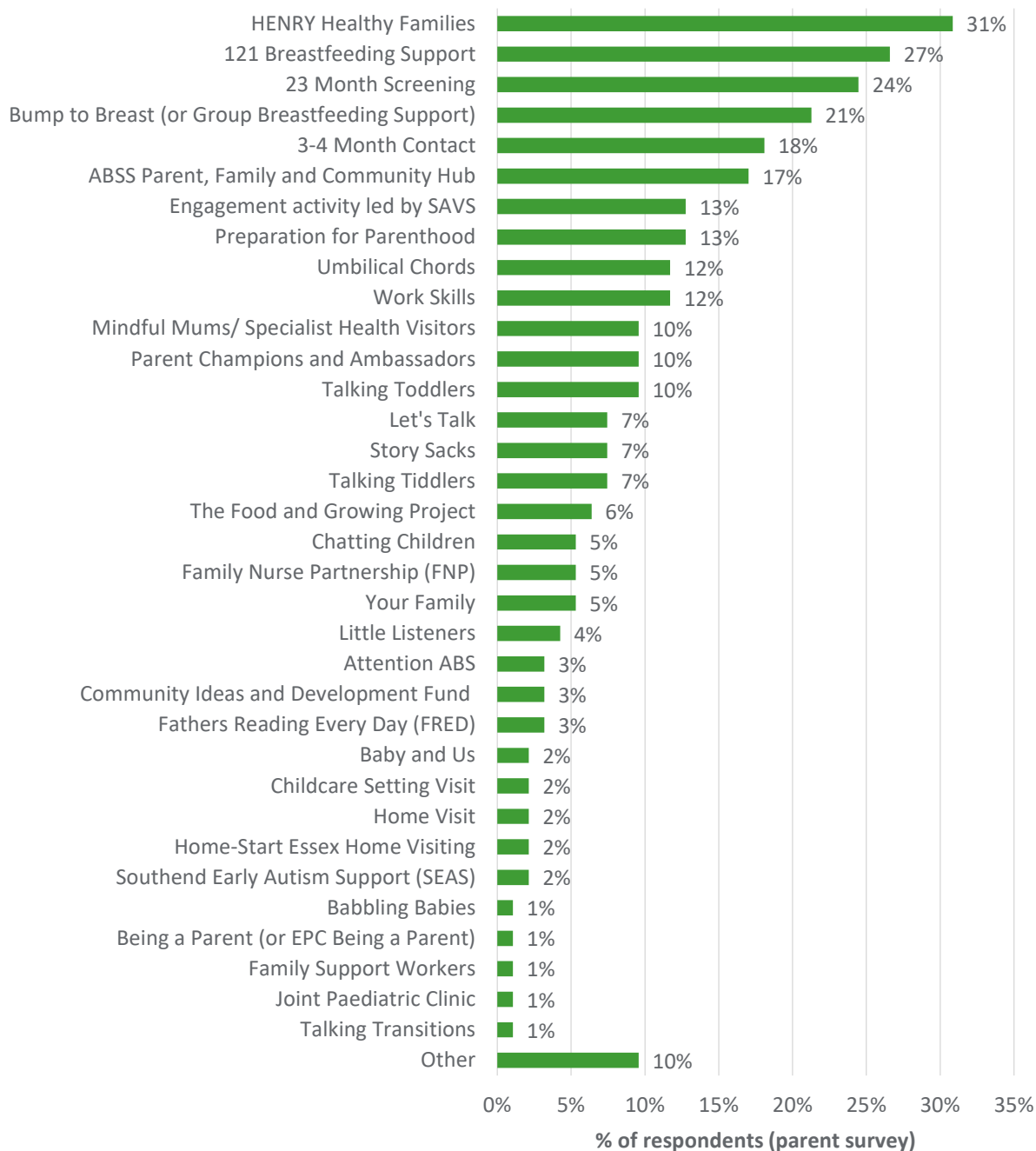
Notes: Totals do not sum to 100% because respondents could give multiple responses. No respondents were involved in the following ABSS services: Baby and Us; Community Ideas; Fathers Reading Every Day; Joint Paediatric Clinic; Preparation for Parenthood; Talking Transitions; or The Food and Growing project.

## 10.2 Parent beneficiary survey

This section describes the profile of respondents to the ABSS parent beneficiary survey and, where comparable data exists, the extent to which it differs from the profile of ABSS participants between 1 April 2021 and 31 March 2022 summarised in Section 2.4. A total of 94 responses were received from parents and carers who have taken part in ABSS activities or events. 94 responses out of a total population of almost 900 unique primary beneficiaries, from 1 October to 31 December 2021, gives a response rate of 10%. This is reasonable for an external online survey administered by a third party. However, due to the relatively small number of unique primary beneficiaries, the margin of error is relatively high ( $\pm 10\%$  at the 95% confidence level). **This means that the survey findings are indicative and should**

**not be generalised to represent the whole population.** Figure 10.4 shows that respondents took part in a wide range of ABSS services, with many taking part in more than one service. HENRY Healthy Families and 121 Breastfeeding Support were the most common services, attended by 31% and 27% of respondents respectively.

**Figure 10.4: Parent survey respondents by ABSS service attended**



Source: RSM survey of parent beneficiaries Q.3 (Base 94).

Note: Totals do not sum to 100% because respondents could give multiple responses. No respondents were involved in the following ABSS services: Next Steps; Super Sounds; Triage Assessment; or WellComm Screening. 'Other' responses included: Stay and play sessions; Antenatal classes; Families Growing Together; Family first aid; a picnic in the park; Trust Links

Figure 10.5 shows how the profile of respondents breaks down by ABSS workstream based on the ABSS services they took part in. The majority of respondents had taken part in at least one ABSS service within the diet and nutrition workstream (69% of respondents). Over a third of respondents had taken part in at least one service within the communication and language workstream (36%), community resilience workstream (37%) and social and emotional development workstream (36%). Only 3% of respondents were involved in ABSS services that fell into the systems change workstream.

**Figure 10.5: Parent survey respondents by ABSS workstream**

	Respondents who took part in workstream		Respondents who did not take part in workstream		Total respondents	
	n	%	n	%	n	%
<b>Social and emotional development</b>	34	36%	60	64%	<b>94</b>	<b>100%</b>
<b>Communication and language development</b>	36	38%	58	62%	<b>94</b>	<b>100%</b>
<b>Diet and nutrition</b>	65	69%	29	31%	<b>94</b>	<b>100%</b>
<b>Community resilience</b>	35	37%	59	63%	<b>94</b>	<b>100%</b>
<b>Systems change</b>	3	3%	91	97%	<b>94</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.3.

Figure 10.6 shows that the vast majority of respondents to the parent survey were female (96%), 2% were male and 2% preferred not to disclose their gender. This was a higher female to male ratio than the profile of ABSS participants described in Section 2.4, which showed that the majority of ABSS participants from 1 April 2021 to 31 March 2022 were the primary beneficiaries' mothers (83%), followed by fathers (14%) and others (2%, e.g. childminders, carers, grandparents or other family members).

**Figure 10.6: Parent survey respondents by gender**

	Total respondents	
	n	%
<b>Female</b>	79	96%
<b>Male</b>	2	2%
<b>Other</b>	0	0%
<b>Prefer not to say</b>	2	2%
<b>Total</b>	<b>83</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.36.

As Figure 10.7 overleaf shows, the majority (65%) of respondents to the parent survey were aged between 30 and 39 years old. This was also the largest age group for ABSS parent/carer participants, although the proportion of participants that fell into this group was smaller (52% of ABSS participants from 1 April 2021 to 31 March 2022). The second largest category of respondents to the parent survey and ABSS participants was the 22-29 age group, at 27% and 30% respectively. The third largest group was the 40+ category with 6% of respondents to the parent survey and 12% of ABSS participants. Just 1% of respondents to the parent survey were aged 18-21 years old, whilst 5% of ABSS participants were in this



group. No respondents to the parent survey were 17 years old or younger, however, 1% of ABSS parent/carer participants were in this category.

**Figure 10.7: Parent survey respondents by age**

	Total respondents	
	n	%
17 or under	0	0%
18-21	1	1%
22-29	22	27%
30-39	54	65%
40+	5	6%
Prefer not to say	1	1%
<b>Total</b>	<b>83</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.37.

Figure 10.8 shows that 76% of respondents to the parent survey identified as White (British or Irish). The remaining 24% included respondents who identified as Bangladeshi, Black African, Black British, Chinese, Indian, Other Ethnic Group, Other Mixed Background, Other White Background, White and Black African, White and Black Caribbean, White Eastern European, White Western European. This represents a more diverse group than the ABSS primary beneficiaries who took part in the programme from 1 April 2021 to 31 March 2022, where 82% identified as white, whilst 18% identified as Mixed / Dual Background; Asian or Asian British; Black or Black British; or Any Other Ethnic Group.

**Figure 10.8: Parent survey respondents by ethnicity**

	Total respondents	
	n	%
White (British or Irish)	62	76%
All other ethnic groups	20	24%
<b>Total</b>	<b>82</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.38.

As shown in Figure 10.9 overleaf, the majority of respondents to the parent survey (60%) lived in Central Southend (Kursaal, Milton, Victoria & Westborough), whilst 23% came from East Southend (Shoeburyness & West Shoebury) and the remaining 17% were from non-ABSS wards. This was similar to the profile of primary beneficiaries between 1 April 2021 and 31 March 2022, 68% of whom were from Central Southend, and 31% were from East Southend.<sup>25</sup>

<sup>25</sup> Totals do not sum to 100% due to rounding

**Figure 10.9: Parent survey respondents by ward**

	Total respondents	
	n	%
Central Southend (Kursaal, Milton, Victoria & Westborough)	49	60%
East Southend (Shoeburyness & West Shoebury)	19	23%
Non-ABSS Wards	14	17%
<b>Total</b>	<b>82</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.39.

Figure 10.10 shows that most respondents to the parent survey (59%) had a child below the age of one when they first took part in ABSS activity; 26% had a two-year-old child; 19% had a one-year-old child; and 13% had a three-year-old child. Just over a quarter of respondents (26%) were pregnant when they first engaged in ABSS activity.

**Figure 10.10: Parent survey respondents by age of children when they first took part in ABSS activity**

	Total respondents	
	n	%
Not born yet	24	26%
0	55	59%
1	18	19%
2	24	26%
3	12	13%
<b>Total</b>	<b>93</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.10.

Note: Totals do not sum to 100% because respondents could give multiple responses.

Respondents were also asked the age of their children now. The results, presented in Figure 10.11 overleaf, shows that 10% of respondents to the parent survey were pregnant while 36% said their youngest child was less than one year old; 17% said one year old; 12% said two years old; 10% said three years old and 16% said their youngest child was at least four years old.

**Figure 10.11: Parent survey respondents by age of youngest child**

	Total respondents	
	n	%
Not born yet	8	10%
0	30	36%
1	14	17%
2	10	12%
3	8	10%
4+	13	16%
<b>Total</b>	<b>83</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.40 and Q41.

Note: Totals do not sum to 100% because respondents could give multiple responses.

Figure 10.12 shows that 42% of respondents to the parent survey who had children had 2 children, whilst almost the same amount (41%) had one child. These were followed by 3 children (14%) and 4 children (3%). No respondents had more than 4 children.

**Figure 10.12: Parent survey respondents by number of children**

	Total respondents	
	n	%
1	33	41%
2	34	42%
3	11	14%
4	2	3%
<b>Total</b>	<b>80</b>	<b>100%</b>

Source: RSM survey of parent beneficiaries Q.41.

### 10.3 Community survey

This section describes the profile of respondents to the community survey and the extent to which it differs from the profile of respondents to the parent survey reported in Section 8.2. A total of 133 responses were received from parents and carers who have not taken part in the ABSS programme. The estimated population for this survey was 2,700. This was based on the ONS 2020 mid-year population estimates for the number of potential primary beneficiaries in ABSS wards (4,571). According to the ABSS Programme Activity Dashboard, almost 1,887 unique primary beneficiaries took part in the ABSS programme from 1 January to 31 December 2021. This leaves almost 2,700 non-beneficiaries (4,751 – 1,887 = 2,684, rounded to 2,700). 113 responses out of an estimated population of 2,700 results in a response rate of 4%, which is low, even for an external online survey administered by a third party to people who are not involved in the ABSS programme. Therefore, the resulting margin of error is relatively high ( $\pm 9\%$  at the 95% confidence level). **This means that the survey findings are indicative and should not be generalised to represent the whole population.**

As Figure 10.13 shows, the majority of respondents to the community survey were female (91%) and 9% were male. This is similar to the profile of respondents to the parent survey (96% were female, 2% were male and 2% preferred not to say).

**Figure 10.13: Community survey respondents by gender**

	Total respondents	
	n	%
<b>Female</b>	87	91%
<b>Male</b>	9	9%
<b>Other</b>	0	0%
<b>Prefer not to say</b>	0	0%
<b>Total</b>	<b>96</b>	<b>100%</b>

Source: RSM survey of the wider community Q.23.

Figure 10.14 shows that the majority of respondents to the community survey were aged between 30 and 39 years old (55%), whilst 27% were between 22 and 29 years old and the remaining 19% were 40 years old or more. This represents a larger proportion of respondents in the 40+ category, when compared to the parent survey (6% of respondents to the parent survey were 40 years old or over).

**Figure 10.14: Community survey respondents by age**

	Total respondents	
	n	%
<b>17 or under</b>	0	0%
<b>18-21</b>	0	0%
<b>22-29</b>	26	27%
<b>30-39</b>	53	55%
<b>40+</b>	18	19%
<b>Prefer not to say</b>	0	0%
<b>Total</b>	<b>97</b>	<b>100%</b>

Source: RSM survey of the wider community Q.24.

Note: Totals do not sum to 100% due to rounding.

Figure 10.15 overleaf shows that the majority of respondents to the community survey identified as White (British or Irish). This was similar to the respondents in the parent survey (71%, compared to 76% in the parent survey). The remaining 29% included respondents who identified as: Bangladeshi; Black African; Black British; Other Asian Background; Other Ethnic Group; Other Mixed Background; Other White Background; Pakistani; White and Asian; White and Black African; White Eastern European; and White Western European.

As shown in Figure 10.16 overleaf, the majority (51%) of community survey respondents lived in non-ABSS wards. However, unsurprisingly those living in non-ABSS wards were in the minority of respondents to the parent survey (17%). The next largest group lived in Central Southend (42% of respondents to the community survey, compared to 60% of respondents to the parent survey). The rest lived in East Southend (7% of respondents to the community survey, compared to 23% of respondents to the parent survey).

**Figure 10.15: Community survey respondents by ethnicity**

	Total respondents	
	n	%
White (British or Irish)	68	71%
All other ethnic groups	28	29%
<b>Total</b>	<b>96</b>	<b>100%</b>

Source: RSM survey of the wider community Q.25.

**Figure 10.16: Community survey respondents by ward**

	Total respondents	
	n	%
Central Southend (Kursaal, Milton, Victoria & Westborough)	39	42%
East Southend (Shoeburyness & West Shoebury)	6	7%
Non-ABSS Wards	47	51%
<b>Total</b>	<b>92</b>	<b>100%</b>

Source: RSM survey of the wider community Q.26.

As Figure 10.17 shows 18% of respondents to the community survey were pregnant; 17% said their youngest child was under the age of one; 13% of respondents said their youngest child was one year old; 20% respondents said their youngest was 2 years old; and for 8% their youngest was 3 years old. 24% of respondents reported their youngest child being over the age of 4 years old. This was in contrast to the parent survey where only 10% of respondents were pregnant; 36% said their youngest child was less than one year old; 17% said one year old; 12% said two years old; 10% said three years old and 16% said their youngest child was at least four years old.

**Figure 10.17: Community survey respondents by age of youngest child**

	Total respondents	
	n	%
Not born yet	19	18%
0	18	17%
1	13	13%
2	21	20%
3	8	8%
4+	25	24%
<b>Total</b>	<b>104</b>	<b>100%</b>

Source: RSM survey of the wider community Q.6.

As Figure 10.18 shows 36% of respondents to the community survey had one child, 44% had two children, 19% had three and 1% had four. These figures broadly reflect those from the parent survey where 41% of respondents had one child, 42% had two children, 14% had three children and 3% had four.

**Figure 10.18: Community survey respondents by number of children**

	Total respondents	
	n	%
1	37	36%
2	46	44%
3	20	19%
4	1	1%
<b>Total</b>	<b>104</b>	<b>100%</b>

Source: RSM survey of the wider community Q.5-6.

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made.

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