



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

## Phase 3 Final Report for the Summative Evaluation

January 2025

THE POWER OF BEING UNDERSTOOD  
AUDIT | TAX | CONSULTING



# EXECUTIVE SUMMARY

The 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 the third and final phase of the evaluation. It draws comparisons with findings from Phases 1 and 2. The Phase 3 findings are based on the following research activities undertaken between March and September 2024:

- Analysis of the financial and monitoring information held by ABSS.
- 10 interviews with representatives across Southend: ABSS delivery partners (4), programme management and delivery staff (3), community leaders (2) and one children and families' local governance stakeholder.
- Interviews with ABSS service managers, staff and volunteers (11 representatives across 3 focus groups and 3 interviews).
- Short interviews (5) and a survey (72 responses) with parents and carers who took part in ABSS activities or events. A survey of local parents and carers who had not taken part in the ABSS programme (13 responses).

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

The ABSS programme is a 10-year, £36.7 million programme funded by The National Lottery Community Fund (TNLCF). Since 2015 it has provided free services to over 7,559 unique primary beneficiaries. ABSS services are primarily aimed at people living in the most deprived wards in Southend-on-Sea: Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury. The majority (76%) of primary beneficiaries lived in the top 30% of the most deprived areas in these wards.

The vast majority of respondents to the parent survey said the programme was delivering useful support for people in Southend (95%), and that children in Southend will have a better quality of life because of the ABSS programme (91%). Similar results were identified in Phase 1 and Phase 2.

## Working in partnerships and strengthening the network between services

Interview findings suggested that the ABSS Programme had a faster and greater impact on families by partnering with existing local organisations to deliver ABSS services. In doing so, the programme used local experience and service staff with networks across the early years sector and within the community. The ABSS programme built on these networks, creating a more integrated offer for families in Southend. This was identified as a strength in all phases of the evaluation.

The ABSS programme also created more opportunities for interaction between service managers, staff and volunteers in the sector through events, trainings and services in the Family Centres. Having a centralised source of information for events and services helped staff within the sector to signpost and refer their service users onto other ABSS services when needed. As a result, it was felt that there was a more holistic offer for

families in Southend, and local families were more knowledgeable about services available to them.

High staff turnover in leadership positions was said to have created some challenges in the development of networks and partnership working within the ABSS programme and across the wider system. This was particularly the case for staff within the ABSS programme management team as well as the Southend City Council. However, this was not impactful enough to have undone the relationship-building and ethos of collaboration that had been developed.

### **The impact on the parenting experience**

There was some evidence that the programme had a positive impact on parents who accessed ABSS services. The survey results indicated that after participating in ABSS services, parents had improved parenting knowledge, confidence, and access to support. Statistically significant positive increases in ability, confidence and knowledge were found across all three child development areas: social and emotional development; communication and language development; and diet and nutrition. These are similar to the findings in Phases 1 and 2.

The interviews and focus groups supported these positive findings. Improvements in attendees' confidence was strongly expressed. ABSS services were also said to have created new opportunities for parents to meet and connect. This fostered new, supportive relationships between parents that may extend beyond the ABSS programme period.

Since taking part in the programme, survey respondents said they were **better able to access support** to:

- **be healthy** (86% of respondents, compared to 57% before ABSS).
- **eat well** (80%, compared to 62%)
- help their children **learn to talk** (88%, compared to 60%)
- help their children **interact with other adults** and with other children (94% after ABSS, compared to 55% before)
- **Understand their feelings and behaviours** (91% after ABSS, compared to 53%)



In surveys of parents who accessed ABSS services, parents reported they had



**increased confidence** in their ability to:

- **read with their children** (97%, compared to 75% before taking part)
- take care of their own **mental health and wellbeing** (85%)

Parents reported their **knowledge increased** after participation in the programme, including:

- **activities to help their children's communication and language development** (82% knew 'a lot' or 'quite a bit' about the benefits, compared to 38% before taking part)
- Help their children **understand their feelings and behaviours** (78% compared to 50% before taking part)
- **keeping their families healthy and active** (92%, compared to 67% prior to taking part in ABSS)



## Inclusivity and equity of access to services

There was some qualitative and quantitative evidence to suggest that services within the ABSS programme were inclusive and actively encouraged people from different backgrounds to get involved. The proportion of 'white' ABSS participants was lower when compared to the total Southend population. This suggests that the programme has succeed in attracting a more diverse mix of participants. Approaches to be more inclusive included producing promotional materials in different languages, using multi-lingual community representatives and informal consultation with people from different communities.

However, some interviewees felt that despite being open to parents from all backgrounds, barriers remained for some groups. This included parents with English as an Additional Language (EAL). Elsewhere, interviewees commented that there was limited uptake from communities that have a more self-sufficient culture. The Chinese and the Orthodox Jewish communities were highlighted by interviewees as examples of this.

Interviewees were aware that the ABSS programme was designed to target the six most deprived wards in Southend in order to maximise benefit. However, many stakeholders noted challenges resulting from this design, including:

- Making it more difficult for service managers and delivery partners to promote services, since they were unsure if the parents they were talking to would be eligible.
- It left small pockets of high deprivation in certain areas such as St. Luke's and Leigh.
- It created a sense of unfairness amongst some ineligible parents who lived just beyond the ABSS border.

It is important to note that several ABSS services are now available to people living in non-ABSS wards across Southend-on-Sea. These include:

- Families Growing Together
- Specialist Health Visitors for Perinatal Mental Health
- Little Steps
- YourFamily
- City Family Explorers
- Talking Transitions
- Let's Talk
- Early Years IDVA
- Peer Support Workers for Social Communication Needs
- Antenatal Programme

Early Years IDVA service and Talking Transitions are now available to people living in non-ABSS wards across Southend-on-Sea.

### **Establishing co-production as standard practice in Southend**

Findings from all three phases of the research highlighted the positive impact that service user involvement in the design, delivery and governance has had on the ABSS programme and the wider system. The Parent Champion scheme, managed by the Southend Association of Voluntary Services (SAVS), was used to ensure parents' voices were heard, parents were involved in the co-design of ABSS services and could influence programme governance.

Following its success within the ABSS programme, co-production has become normal practice for many family-orientated services in Southend.

### **The legacy of the ABSS Programme**

Interviewees noted a range of different elements, which are expected to last beyond the end of the ABSS programme. This included capacity building within the Southend children and family system, including staff training, experience gained and a strengthened network. Better connected services, more experienced staff and the dissemination of training is expected to benefit service users for years to come.

Other interviewees felt that the legacy of the ABSS programme was the long-term impacts on families themselves. This included better life outcomes for ABSS children, and more connected and confident parents. More generally, a minority of interviewees said that the ABSS programme had "put Early Years on the map" in Southend with the policy landscape increasingly focused on prevention.

City Family CIC is the organisational legacy of the ABSS programme. It is expected to champion similar virtues, disseminate knowledge and financially support family services.

The extent to which City Family CIC can achieve this largely depends on an ability to secure funding. This was a concern for interviewees considering the sectors tight financial climate.

### The activities that are being sustained beyond ABSS funding

While it is important to recognise that services under the ABSS programme were not expected to be sustained indefinitely, some will continue beyond the end of the programme in 2025. At the time of writing, City Family CIC plans to continue YourFamily, City Family Explorers and Talking Transitions. However, these plans may change or services may look very different. There have also been arrangements for other ABSS services to continue in some form beyond March 2025, namely:

- Little Steps
- 3-4 Month Contact (as 3-5 Month Contact)
- Public Health Midwife
- Infant Feeding Supervisor Lead
- FOOD Club
- 1 to 1 Breastfeeding
- Chaos and Calm
- Bump to Breast (Group Breastfeeding)
- Antenatal Programme
- SAVS Engagement
- Southend Supports Breastfeeding
- Storysacks

So, while the ABSS programme is not being sustained in its current form, some delivery partners will continue to operate some ABSS services in the future.

For other services, the future remains uncertain. At the time of writing many services are still in the process of applying for external funding. Some service managers felt that the ambiguity around the future of some ABSS services had impacted their ability to signpost and inform parents.

There has been a push for service managers to reconsider the operational models of their services to achieve long-term financial sustainability post-ABSS funding. Converting to social enterprise and charging prices at non-profit levels have been discussed. However, interviewees raised concerns about whether this would create a barrier for the most deprived households. These plans have not yet been finalised.

### Recommendations from Phase 3

- 1. Continued facilitation of the networks and partnerships established during the ABSS programme.** A consistent theme identified during the research was that service providers and stakeholders were facing considerable uncertainty about the future of their services and projects. This included how partnerships would be maintained in the future. Whilst progress has been made towards reducing the uncertainty felt by services (at the time of writing), there remains a need to ensure that the networks, relationships and partnerships developed during the ABSS programme are maintained. This may help to further mitigate the uncertainties faced by services and sustain linkages between services in the future.
- 2. Sustain Parent Champions' involvement and contribution to early years and families' services across Southend.** Parent Champions have had an impactful and defining role in the ABSS programme, and many Parent Champions would like to continue their involvement in the design and delivery of services. Discussions



should be held to understand interest and form a plan to sustain the Parent Champions initiative beyond the programme. SAVS and City Family CIC should lead these discussions with Parent Champions to identify:

- a) Where input from Parent Champions will be most beneficial.
- b) How Parent Champions from closing ABSS services could be re-assigned.
- c) How the Parent Champion leadership structure can become more self-sufficient (e.g. train the trainer).

**3. Provide training and opportunities for ABSS service managers to develop new skills.** With the end of ABSS funding approaching, steps have already been taken to support services to become more independent and sustainable. The ABSS programme has already provided webinars on funding advice and operational guidance on cost reduction policies. Additional support that the ABSS programme should consider providing services to help them become sustainable include:

- a) Training service managers on how to apply for and access additional funding and grants.<sup>1</sup>
- b) Information on how services can transition into social enterprises, what the process involves and supporting services to consider what aspects of their service could potentially be monetised.

**4. Future analysis of long-term ABSS outcomes.** Many of the long-term impacts of the ABSS programme will not be fully realised for several years. Members of the ABSS partnership may want to consider commissioning future research to measure the long-term outcomes of the programme by tracking ABSS beneficiaries through their school years and into adulthood. This will add to the evidence base on the impact of early intervention on child development in Southend.

**5. Develop a research Hub that captures all of the ABSS programme learnings and research.** The ABSS programme has been operating for 10 years and has gathered an extensive volume of research and learning during that period. With the end of the ABSS programme approaching, useful learnings and research should be moved to a webpage that will remain active and monitored. The City Family websites 'Research' page may be a suitable candidate for this. This will enable ongoing access to:

- a) Resources, information and tools used by ABSS services that parents/carers can continue to access and use with their children.
- b) Research and evidence gathered about the ABSS programme that can be used to inform future funding opportunities.

---

<sup>1</sup> Some of this support has already been provided as part of a webinar series delivered by the ABSS Programme.



# CONTENTS

1	INTRODUCTION & BACKGROUND.....	10
2	THE ABSS PROGRAMME (31 MAR 2024).....	18
3	EFFECTIVENESS.....	25
4	IMPACT .....	37
5	EQUITY.....	69
6	OTHER EFFECTS .....	76
7	LEGACY AND SUSTAINABILITY .....	77
8	CONCLUSIONS AND RECOMMENDATIONS .....	83
9	ANNEX A: ABSS THEORY OF CHANGE.....	93
10	ANNEX B: EVALUATION LOGIC MODEL AND RESEARCH QUESTIONS .....	96
11	ANNEX C: PROFILE OF SURVEY RESPONDENTS .....	99
12	ANNEX D: REFERENCES .....	105



## ACKNOWLEDGEMENTS

This evaluation was commissioned by the Early Years Alliance (EYA). The evaluation team, RSM UK Consulting LLP (RSM) and the University of Essex (UoE), greatly appreciate and acknowledge the valuable contributions and engagement from stakeholders, delivery partners and parents. This included taking part in interviews, focus groups and surveys, as well as sharing information about the evaluation and links to the online surveys, to help make sure the consultation reached as many people as possible. We would like to acknowledge the extensive work of Vanessa Baxter as a former researcher on this this evaluation. We also appreciate the assistance of Gary Stroud at Southend-on-Sea City Council and Mikki Barrett at ABSS for providing the beneficiary and output data for this evaluation.

# 1 INTRODUCTION & BACKGROUND

## 1.1 Introduction

Early Years Alliance (EYA) have commissioned RSM UK Consulting LLP (RSM) and the 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 1.3.1, was discussed and agreed with EYA in 2021. This **Phase 3** report summarises the findings from research activities in 2024 and draws comparisons with the findings identified in Phases 1 and 2.

## 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 England 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 expectant parents and families with babies and children under 4 years old. As part of the original ABSS funding agreement, ABSS services are primarily for people living in one of the six ABSS wards (Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury). However, people living in the non-ABSS wards in Southend-on-Sea are now able to access several ABSS services. These services include:

- Families Growing Together
- Specialist Health Visitors for Perinatal Mental Health
- Little Steps
- YourFamily
- City Family Explorers
- Talking Transitions
- Let's Talk
- Early Years IDVA
- Peer Support Workers for Social Communication Needs
- Antenatal Programme

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 in pregnancy and for babies and young children (under 4 years old), including breastfeeding, physical activity, 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.

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

### 1.3 Overview of this summative evaluation

Over three separate phases of work, 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: Evaluation logic model and research questions.

#### 1.3.1 Methodology

This report is the main output from Phase 3 of the ABSS Summative Evaluation. The Phase 3 methodology was broadly similar to the approach used in Phases 1 and 2. However, some changes were made based on learnings from Phases 1 and 2. Phase 3 research activities included:

- Desk based review of programme funding and monitoring information.
- 10 interviews with representatives across Southend: ABSS delivery partners (4), programme management and delivery staff (3), community leaders (2) and one children and families' local governance stakeholder.
- 2 focus groups with 6 ABSS service managers and staff. This was a change from Phases 1 and 2, which included semi-structured interviews with ABSS service managers. Holding focus groups with service managers in Phase 3 allowed the evaluation team to:
  - Explore any changes since Phase 2.
  - Focus on the topics of legacy and sustainability.
  - Free up evaluation resource to undertake interviews with ABSS staff members.
- 4 interviews with 5 ABSS staff and volunteers. These replaced the ABSS Staff and Volunteer survey, which was discontinued in Phase 3 due to the low number of survey response in Phases 1 and 2. The interviews allowed the evaluation team to explore the impact, barriers, enablers, inclusion and the legacy of the programme with ABSS staff and volunteers.
- 2 interviews and 1 focus group with 5 parents who had taken part in ABSS services. These explored the impact of the ABSS service, their perceptions of the legacy of the ABSS programme, and how the benefits of the programme could be sustained.

---

<sup>2</sup> This includes health professionals, social workers, local government, education providers and the community and voluntary sector.

- A survey of 72 parents and carers who took part in ABSS activities or events (parent survey).
- A survey of 13 local parents and carers who had not taken part in the ABSS programme (community survey).

**Please note:** The response to the parent and community surveys was lower than anticipated. Figure 1.1 details the activities undertaken by the evaluation team to promote the surveys and encourage completion. See Section 1.3.2. Limitations for more detail. Therefore, the 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).

Figure 1.1 details the activities undertaken by the evaluation team to promote the surveys and encourage completion.

The parent survey included questions about the respondents' experiences before and since taking part in the programme. In Phase 1, 94 survey responses were received from parents and carers and 113 responses to the community survey. In Phase 2, there were 131 responses to the parent survey and 65 responses to the community survey. Where appropriate we have made comparisons between the interview and survey findings from Phases 1 to 3, to identify any common trends or changes over time.

Comparisons have been made in the parent survey between the before and after questions using paired T-tests to assess the extent to which any change observed was statistically significant rather than due to sampling uncertainty.<sup>3</sup>

Due to the low number of responses to the Phase 3 community survey (13) no meaningful results could be drawn from the quantitative survey questions. It would be difficult to draw any comparisons between the Phase 3 parent and community surveys using Chi-Squared tests. However, the evaluation team analysed the text responses from the community surveys.

The evaluation team undertook several activities to promote the surveys and encourage completion (see Figure 1.1).

---

<sup>3</sup> Uncertainty at the 95% confidence level, i.e. with statistical significance attributed if the p-values were less than 0.05.

**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>Printed Flyers</b>	300 flyers (150 each of the parent and community survey) showing the link to the survey and the QR code were sent directly to ABSS to distribute to attendees of the Festival of Conversations.  400 flyers (200 each of the parent and community survey) were brought to the Hamlet Court Road in Harmony event. These were distributed to attendees. Any remaining flyers were given to ABSS service managers and distributed to local businesses.
<b>Sharing links and QR codes</b>	We shared survey links and QR codes with: <ul style="list-style-type: none"> <li>• The ABSS communications and marketing team, to include in the ABSS newsletter, ABSS event webpages and social media posts.</li> <li>• All ABSS service managers and a selection of stakeholders, who were asked to promote the survey through their existing communication channels (mailing lists and social media) and to distribute the survey links to ABSS participants and other parents from the ABSS wards.</li> <li>• Southend Family Centres.</li> <li>• Over 50 local community, statutory services and voluntary sector groups, including (but not limited to) the Southend Association of Voluntary Services (SAVS), Livewell Southend and the Southend Early Years Teams to support with the distribution of the survey.</li> <li>• Over 60 early years providers, nurseries and primary schools in Southend, asking them to share them with parents and carers.</li> </ul>
<b>ABSS events</b>	RSM staff attended the <b>Hamlet Court Road in Harmony Festival</b> alongside ABSS staff and service managers. The event was used as an opportunity to: hand out printed flyers with links to the parent and community surveys; complete the survey with parents; and conduct interviews. Remaining flyers were given to ABSS services.  The research team attended meetings with ABSS on how the survey promotion could be linked in with the <b>ABSS Festival of Conversations</b> in June. The survey was included alongside ABSS communications promoting the festival. 300 flyers were sent to ABSS in advance of the festival. Team members from the University of Essex, ABSS staff and ABSS service managers distributed the flyers during the festival. Parents were verbally encouraged to complete the survey during the festival.
<b>Promotion with Southend City Council (SCC)</b>	Liaising with the SCC to promote the community survey links through the Council's social media, communication channels and networks, including the Disability Forum, Faith and Belief network and the Southend Business Partnership.

### 1.3.1.1 Baseline analysis

The baseline analysis was initially intended to serve as a pre- and post- evaluation of the developmental, health and wellbeing outcomes of children who engaged with ABSS. Due to the limited data available across time points a comprehensive baseline analysis has not

been conducted. In its place, the evaluation takes a wider perspective of the impact of ABSS on Southend's children, families and communities drawing on a range of data collated through various research activities across the lifespan of the evaluation. As such, this baseline analysis aims to answer the following lines of enquiry:

1. What has been the impact of the ABSS programme on the development, health and wellbeing of children eligible for its services?
2. What has been the impact of the ABSS programme on the health and wellbeing of parents eligible for its services?
3. What has been the impact of the ABSS programme on the broader community?
4. Has there been any variability or change in this over time?

A mixed-methods approach has been taken to develop a body of evidence which is enriched and enhanced by complementary data types. This involved 'triangulation' or bringing together different qualitative and quantitative components and interpreting them collectively (Creswell, Plano Clark, et al., 2003). This was premised on secondary data analysis and no additional data collection took place. It included:

- Qualitative interview and focus group transcript data from Phases 1 to 3 of the evaluation
- Quantitative survey data from the parent surveys in Phases 1 to 3
- Quantitative output data on achievement of annual targets from core ABSS projects from three time points (2021-2022, 2022-2023 and 2023-2024).

The approach to analysis for each of these is described in turn.

### **Interview and focus group data**

Anonymised transcripts for all participant responses to a specified sub-set of the probes which were relevant to the four strands of enquiry from all three phases were analysed in NVivo. A thematic analysis was undertaken of all data which involved a process of familiarisation, initial coding and theming, identified through codes (Braun and Clarke, 2021). Each set of transcripts were examined individually and then collectively. Codes were developed inductively based on emergent concepts in the data (for example, 'a change in parental confidence'); the approach to coding was consistent across time periods, with a disaggregated analysis conducted once all codes and themes had been identified. To examine whether the data indicated any differences over time, a tabulation of code frequency in each transcript was produced.

### **Survey data**

Thirteen closed questions and one open free-text question from the parent surveys, were identified as relevant to this analysis. The responses to these questions, across each year, were extracted for the baseline analysis.

These focused on parent perceptions of the overall impact of the ABSS programme, in relation to the usefulness of ABSS services and activities, access to desired support across developmental areas and the influence of the ABSS programme on people in Southend.

Descriptive statistics were produced pertaining to frequency and proportion of response options (Yes/No, or agreement levels) to each question. Free-text responses were analysed using content analysis. Comparisons across the time series were performed via visually

inspecting histograms, though these remain descriptive and not inferential thus caution should be applied in their interpretation.

### Triangulation

We triangulated the data to provide a richer perspective to our four strands of enquiry, and to enhance validity of the findings by cross-checking themes and patterns within the data. To guide the triangulation, we asked the following questions which formed the basis of a matrix for reporting purposes:

- Do multiple sets of data indicate a positive, negative or neutral impact on the development, health and wellbeing of Southend’s children, and what is the extent of the evidence for this impact?
- Do multiple sets of data indicate a positive, negative or neutral impact on the health and wellbeing of parents, and what is the extent of the evidence for this impact?
- Do multiple sets of data indicate a positive, negative or neutral impact on the broader community and what is the extent of the evidence for this impact?
- Do multiple sets of data indicate variance or maintenance in findings over time with respect to any of the above, and what is the extent of the evidence for this?

Five major themes were identified from across the dataset. These are outlined, with illustrative quotations, against their relevant research questions in Chapters 3, 4 and 5. A tabulated summary of references made to each theme, across all Phases, is provided in Figure 1.2.

**Figure 1.2: Frequency of references to theme per phase of data collection**

Theme	Phase 1	Phase 2	Phase 3
1. Uniqueness of the ABSS programme	16	22	6
2. Greater and easier access to services for all	6	6	7
3. Direct impacts on parents and carers	33	12	29
4. The knock-on-effect of ABSS	11	15	12
5. Inequalities within and beyond ABSS	5	3	3

## 1.3.2 Limitations

### 1.3.2.1 Output data

Output data was sourced from ABSS, which outlined individual output targets and progress for nine ABSS services, across three time points (2021-2022, 2022-2023, 2023-2024). The data was analysed descriptively.

The services included in this analysis were:

- 1-2-1 Breastfeeding
- Group Breastfeeding
- 3-4 Month Health Visitor Contact
- Families Growing Together
- Family Nurse Partnership
- Perinatal Mental Health



- Family Support Workers for Social and Communication Need (now called Peer Support Workers for Social and Communication Needs)
- Volunteer Home Visiting Service
- Let's Talk

Output targets were stated counts reflective of a range of variables, such as 'number of mothers', 'sessions delivered' or 'number of initial visits'. These are referred to collectively as 'output targets'.

An analysis of ABSS output data was undertaken as part of the wider baseline analysis. Due to data limitations the findings of this analysis presented an incomplete picture. The targets that each project was measured against were created at the beginning of the ABSS programme. This was at a time when there was less understanding about how the programme would operate and how it would be delivered. The ABSS programme has gone through significant change since these targets were developed. The result is that the output data analysis does not represent the full extent of the progress that has been made by each service. It has therefore not been included in this report.

### **1.3.2.2 Survey response rates**

Despite the extensive efforts undertaken by the evaluation team and with the support from colleagues with the University of Essex and ABSS to promote the surveys and encourage their completion, the response rate was lower than expected. Whilst we have not been able to identify a definitive reason for this it is possibly due to survey fatigue, as this was the third round of surveys in three years. This means that all of the survey findings presented within this report are indicative and should not be generalised to represent the whole population.

Due to the low number of responses to the community survey in Phase 3 some of the analysis that was undertaken on the community survey in Phases 1 and 2 has not been used in this report.

### **1.3.2.3 Engagement with parents and carers**

In addition to the parent survey, the evaluation team conducted a mix of interviews and focus groups with a total of 5 parents. Collectively they had experience of all the ABSS workstreams. However, this was lower than our target of engaging 8 parents in qualitative data collection in Phase 3. We also offered parents the opportunity to take part in joint interviews with both parents in attendance. These proved challenging to schedule despite the evaluation team offering flexible interview times (i.e. outside of traditional working hours).

## **1.4 Report structure**

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

- The ABSS Programme (as of 31 Mar 2024)
- Effectiveness
- Impact
- Equity
- Other effects
- Legacy and Sustainability
- Conclusions and recommendations

- Annex A: ABSS Theory of Change
- Annex B: Evaluation logic model and research questions
- Annex C: Profile of survey respondents.

## 2 THE ABSS PROGRAMME (31 MAR 2024)

### 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. These 5 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; Southend Association of Voluntary Services (SAVS); Southend City Council (SCC); Southend University Hospital NHS Foundation Trust; Southend Clinical Commissioning Group (replaced in 2022 with the Mid and South Essex Integrated Care Board); the University of Essex (UoE); and YMCA.

### 2.2 ABSS income and expenditure (1 Apr 2015 to 31 Mar 2024)

The resources used to deliver the ABSS programme include:

- £36.7 million ABS funding from TNLCF<sup>4</sup>;
- Leverage funding from local partners.

ABSS received £28.9 million of ABS funding (revenue expenditure) from TNLCF from 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2024 (see Figure 2.1). This represents 78.6% of the 10-year ABS funded amount. In addition to the ABS funding provided by TNLCF, ABSS also secured £1.6 million in leveraged income from ABSS delivery partners between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2024. The total ABSS expenditure across this period was lower than expected. This was mainly because of the ABSS programme taking longer than expected to start implementation and then subsequent delays in mobilisation due to the COVID-19 pandemic, with some activities paused or moved online.

---

<sup>4</sup> This was reduced from an original funding allocation of £40 million due to delays in the programme's implementation.

**Figure 2.1: ABSS expenditure (cumulative to 31 Mar 2023)**

Area of spend	Ten Year Budget (1 April 2015 to 31 March 2025)		Actual spend (1 April 2015 to 31 March 2024)		Actual as a % of Ten-Year budget (%)
	(£)	(%)	(£)	(%)	
Social and emotional	8,588,113	23%	<b>6,709,778</b>	<b>23%</b>	<b>80%</b>
Communication and language	4,258,438	12%	<b>3,558,247</b>	<b>12%</b>	<b>81%</b>
Diet and nutrition	4,093,997	11%	<b>3,397,523</b>	<b>12%</b>	<b>82%</b>
Community resilience	3,372,195	9%	<b>2,369,328</b>	<b>8%</b>	<b>79%</b>
Systems change	3,193,455	9%	<b>2,588,786</b>	<b>9%</b>	<b>82%</b>
Creche services	953,782	4%	<b>639,218</b>	<b>2%</b>	<b>100%</b>
Sustainability and legacy plan	1,429,023	4%	<b>624,385</b>	<b>2%</b>	<b>60%</b>
Design, commissioning & governance	8,036,944	22%	<b>6,900,089</b>	<b>23%</b>	<b>77%</b>
Programme, comms & marketing	288,845	1%	<b>284,182</b>	<b>1%</b>	<b>93%</b>
Programme evaluation	124,113	>1%	<b>124,815</b>	<b>&gt;1%</b>	<b>89%</b>
Management costs	1,867,591	5%	<b>1,710,591</b>	<b>6%</b>	<b>85%</b>
Revenue expenditure	36,206,496	99%	<b>28,907,942</b>	<b>98%</b>	<b>80%</b>
Capital expenditure	534,341	1%	<b>534,341</b>	<b>2%</b>	<b>100%</b>
<b>Total</b>	<b>36,740,837</b>	<b>100%</b>	<b>29,442,283</b>	<b>100%</b>	<b>80%</b>

Source: ABSS Management Accounts, Q4 2023/24

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

Discrepancy is due to extenuating circumstances internal to the ABSS programme.

Figure 2.1 also shows that the project expenditure was not evenly distributed between the programme workstreams. The Social and Emotional workstream accounts for nearly double the expenditure of the Communication and Language and the Diet and Nutrition workstreams (23% of actual spend until 31 March 2024 compared to 12%).

## 2.3 ABSS services

Figure 2.2 lists the ABSS activities and services delivered under the ABSS programme across each of the five workstreams. It includes those that were active on 26<sup>th</sup> July 2024 and those that were no longer in operation at that time (marked \*).

**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>• Antenatal Programme</li> <li>• City Family Explorers</li> <li>• EPEC (Baby and US, and Being a Parent)</li> <li>• Families Growing Together</li> <li>• Family Nurse Partnership*</li> <li>• Little Steps</li> </ul>	<ul style="list-style-type: none"> <li>• Peer Support Workers for Social Communication Needs</li> <li>• Preparation for Parenthood*</li> <li>• Specialist Health Visitors for Perinatal Mental Health</li> <li>• Volunteer Home Visiting Service</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>• Chat as we Grow</li> <li>• Fathers Reading Every Day (FRED)*</li> <li>• Follow Up Sessions</li> <li>• Let's Talk</li> <li>• Little Listeners*</li> </ul>	<ul style="list-style-type: none"> <li>• Project Home and Early Years Setting*</li> <li>• Sparkles 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> </ul>	<ul style="list-style-type: none"> <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>• Early Years IDVA</li> <li>• Engagement (co-production work)</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement Fund COVID-19</li> <li>• Engagement Fund (Parent Champions)</li> <li>• StorySacks</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> </ul>	<ul style="list-style-type: none"> <li>• Southend Early Autism Support (SEAS)*</li> </ul>

Source: ABSS Project Programme Summary provided by ABSS on 26/07/24

Note: \* indicates a service which has closed

## 2.4 Profile of ABSS Beneficiaries (1 April 2023 – 31 March 2024)

The primary beneficiaries of the ABSS programme are children aged under 4 years old and pregnant women living in ABSS wards<sup>5</sup>. The ABSS programme activity dashboards show that the programme supported a total of 7,559 unique primary beneficiaries since it began on

<sup>5</sup> Trans and non-binary people who are pregnant and who live in an ABSS ward are also included in this.

1<sup>st</sup> April 2015 until the end of the last full reporting period on 31<sup>st</sup> July 2024<sup>6</sup>. To obtain a better understanding of the people accessing ABSS support, RSM analysed the profile of the programme beneficiaries over the previous financial year, from the 1<sup>st</sup> April 2023 until the 31<sup>st</sup> March 2024). This follows a similar approach to that used in Phases 1 and 2 of the evaluation to allow for comparison.

ABSS supported a total of 2,288 unique primary beneficiaries from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024<sup>7</sup>. This was an increase from the 2,139 unique primary beneficiaries reported in the previous year (1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023). Over 1,000 of the unique primary beneficiaries supported between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024 were new to the programme during this period. This is equivalent to 13.8% of all unique primary beneficiaries.

Figure 2.3 to Figure 2.5 show the profile of the primary beneficiaries by ethnicity, ward and level of deprivation. Figures 2.6 and 2.7 show the relationship between the ABSS participant and the primary beneficiary (i.e. whether the ABSS participant is a parent or carer) and the age of the ABSS participant. Please note that some of the figures do not sum to 2,288. This may be due to inconsistent reporting across ABSS services.

Figure 2.3 shows the **ethnicity of the ABSS primary beneficiaries** from the 1<sup>st</sup> of April 2023 to the 31<sup>st</sup> of March 2024. The majority of primary beneficiaries were 'White' (61%, compared to 87% of the total population living in Southend). Although it is still the largest ethnic group, the proportion of 'White' primary beneficiaries has continued to fall across Phases 1 to 3 of the evaluation (Phase 1: 73%, Phase 2: 66%, Phase 3: 61%). While there was no information on the ethnicity of almost a fifth (19%) of primary beneficiaries, this figure has remained relatively consistent since Phase 2. This indicates an increase in the proportion of primary beneficiaries from other ethnicities compared to the previous year, namely, 'Asian or Asian British' (7%); 'Black or Black British' (6%); and 'Any Other Ethnic Group' (2%). This suggests the ABSS programme was disproportionately effective at encouraging participation from minoritised ethnic groups.

**Figure 2.3: Ethnicity of ABSS primary beneficiaries (1 April 2023 – 31 March 2024)**

Ethnicity	n	%	% of Southend Pop.
White	1,389	61%	87%
Mixed/ Dual Background	132	6%	3%
Asian or Asian British	163	7%	5%
Black or Black British	130	6%	3%
Any Other Ethnic Group	34	2%	1%
Information Not Yet Obtained	440	19%	-
<b>Total</b>	<b>2,288</b>	<b>101%</b>	

Sources: ABSS Programme Activity Dashboard and Target Report, Charts 7a and 7b.

Note: "%" total does not sum to 100% due to rounding.

The profile of the primary beneficiaries also varies by ward (Figure 2.4). As was found in Phase 2, the largest number of participants came from Victoria (24%), followed by Kursaal at 22%. The proportion of participants coming from these wards has increased from Phases 1

<sup>6</sup> Based on data from the ABSS Project Reports, last accessed: 10<sup>th</sup> September 2024.

<sup>7</sup> Based on data from the ABSS Project Reports, last accessed: 10<sup>th</sup> September 2024.

to 3. The proportion of participants from Shoeburyness, Westborough and West Shoebury has declined. This may, in part, be due to a number of factors, including:

- Victoria and Kursaal are closer to the centre of Southend, making activities more accessible for people living in these wards.
- There has been a significant increase in the number of new postcodes created in Victoria, with the renovation of old office blocks into residential buildings. Despite the number of live births decreasing in Victoria, the population of children aged 0-4 increased by 9% between 2011-2021. This indicated an increase in migration into Victoria ward.
- There has been a declining birth rate in other Southend wards, with the population of 0–4-year-olds in Shoeburyness falling by 20% from 2011 – 21. Across the same time period, the population of 0–4-year-olds fell by 21% in West Shoebury and 14% in Westborough.<sup>8</sup>

It should be noted that while the proportions of participants coming from Shoeburyness, Westborough and West Shoebury have decreased, the overall number of primary beneficiaries has increased year on year in all wards, with the exception of Westborough from Phase 2 to 3 and West Shoebury from Phase 1 to 2.

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

Ward	Phase 1		Phase 2		Phase 3	
	n	%	n	%	n	%
<b>Victoria</b>	372	19%	468	22%	<b>562</b>	<b>24%</b>
<b>Kursaal</b>	402	20%	442	20%	<b>502</b>	<b>22%</b>
<b>Shoeburyness</b>	354	18%	361	17%	<b>369</b>	<b>16%</b>
<b>Milton</b>	284	14%	301	14%	<b>337</b>	<b>15%</b>
<b>Westborough</b>	304	15%	320	15%	<b>279</b>	<b>12%</b>
<b>West Shoebury</b>	267	13%	255	12%	<b>263</b>	<b>11%</b>
<b>Total</b>	<b>1,983</b>	<b>100%</b>	<b>2,147</b>	<b>100%</b>	<b>2,312</b>	<b>100%</b>

Source: ABSS Programme Activity Dashboard and Target Report, Chart 9 (Phases 1 and 2). Data for Phase 3 provided by the Operational Performance and Intelligence Team at Southend City Council

As expected, the majority of primary beneficiaries (79%) lived in the top 30% of the most deprived areas (Figure 2.5). This is expected given the focus of ABS funding on deprived areas and exceeds the ABSS target of 72% of primary beneficiaries living in the top 30% most deprived areas. This is an increase of 3% compared to Phase 2 and 6% (73%) compared to Phase 1.

<sup>8</sup> How the population changed in Southend-on-Sea: Census 2021. [Southend-on-Sea population change, Census 2021 – ONS](#)



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

Ward	Phase 1		Phase 2		Phase 3	
	n	%	n	%	n	%
<b>Living in top 30% most deprived areas</b>	1,446	73%	1,624	76%	<b>1,824</b>	<b>79%</b>
<b>Not living in top 30% most deprived areas</b>	537	27%	526	24%	<b>488</b>	<b>21%</b>
<b>Total</b>	<b>1,983</b>	<b>100%</b>	<b>2,150</b>	<b>100%</b>	<b>2,312</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 3 (Phase 2 data). Data for Phase 3 provided by the Operational Performance and Intelligence Team at Southend City Council

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

As shown in Figure 2.6, the majority of participants were the primary beneficiaries' mothers (81%), followed by fathers (17%) and others (2% e.g. childminders, carers, grandparents or other family members). These figures represent a small decline in the proportion of mothers and a corresponding increase in the proportion of fathers during the evaluation period (from 14% in Phase 1). Whilst it is not surprising that mothers are the largest demographic, as mothers in the UK remain the predominate primary carer for children under the age of 4, it does suggest an increase in the engagement of fathers during the three phases of the evaluation.<sup>9</sup> However, the extent that this increased engagement was driven by efforts by ABSS to involve more fathers is unknown. There are also several ABSS services that specifically target mothers, including Group Breastfeeding and 1-2-1 Breastfeeding.

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

	Phase 1		Phase 2		Phase 3	
	n	%	n	%	n	%
<b>Mother</b>	1,532	83%	1,749	82%	<b>1,818</b>	<b>81%</b>
<b>Father</b>	263	14%	311	15%	<b>371</b>	<b>17%</b>
<b>Other</b>	41	2%	20	3%	<b>49</b>	<b>2%</b>
<b>Total</b>	<b>1,836</b>	<b>100%</b>	<b>2,130</b>	<b>100%</b>	<b>2,130</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 8 (Phase 2 data). Data for Phase 3 provided by the Operational Performance and Intelligence Team at Southend City Council

Similar to Phases 1 and 2, the majority of ABSS participants were aged 30-39 (51%), accounting for just over half of all participants (Figure 2.7). The next largest category was 22–29-year-olds (29%) and followed by those aged 40+ (16%). As with previous phases, there were comparatively few young parents/carers (4% were aged 18-21 and 0.4% were aged 17 and under).

<sup>9</sup> 21.9% of women with dependent children aged 0 to 2 years old are economically inactive and looking after the family home (21.3% for those with children aged 3 to 4), versus 1.7% of men with dependent children aged 0 to 2 years old who are looking after the family home (1.8% for those with children aged 3 to 4). Office for National Statistics. *Families and the Labour Market, England*. 2021. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/familiesandthelabourmarketenglandfsandapsdatasets>.

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

	Phase 1		Phase 2		Phase 3	
	n	%	n	%	n	%
<b>≤17</b>	13	<1%	14	<1%	<b>8</b>	<1%
<b>18-21</b>	98	5%	80	3%	<b>82</b>	<b>4%</b>
<b>22-29</b>	538	30%	635	31%	<b>652</b>	<b>29%</b>
<b>30-39</b>	930	52%	1,054	51%	<b>1,128</b>	<b>51%</b>
<b>40+</b>	211	12%	283	14%	<b>353</b>	<b>16%</b>
<b>Total</b>	<b>1,790</b>	<b>100%</b>	<b>2,066</b>	<b>100%</b>	<b>2,223</b>	<b>100%</b>

Source: ABSS Project Activity Dashboards, Chart 9 (Phase 2 data). Data for Phase 3 provided by the Operational Performance and Intelligence Team at Southend City Council.

Note: Figure does not sum to 100% due to rounding.

## 3 EFFECTIVENESS

### 3.1 Introduction

This chapter focuses on the factors that influenced 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 3 of the evaluation. Where possible, these findings are compared against previous phases of the 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 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?**

In the third and final phase of the ABSS summative evaluation, interviewees were asked to share their experience on what made the difference between successful and unsuccessful interventions. The measures of success included the uptake of services (how many people attended) as well as the perceived quality and impact of services. Generally, the enablers identified were consistent with the findings from Phases 1 and 2 of the evaluation. However, there were some nuanced differences in how enablers affect service success between different evaluation phases.

In one-to-one and clinical interventions, one of the most important enablers was the ability to build personal relationships with service users. This helped generate a level of trust with key target groups such as young mothers, who are often sceptical of social care and hesitant to accept external help. To develop this trust, face-to-face interaction and consistency were felt to be key to ensuring services were effective.

*"Building therapeutic relationships [is an enabler], particularly when you're working with young people because they don't trust people" (Service manager focus group participant)*

*"It's about the regularity of our input with them, to develop that relationship" (Service manager focus group participant)*



Some service managers felt that the design of the ABSS programme had supported the enabling factors of strong relationships and trust. This was done by funding established local partners to deliver new ABSS services, rather than creating new organisations or delivering in-house. This meant that the programme was able to build on a strong, pre-existing base level of trusted relationships through established organisations, such as Safe Steps, Southend Association of Voluntary Services (SAVS), Trust Links and the YMCA, amongst others. Using local delivery partners also allowed the ABSS programme to build on their experience of delivering services for children and families in Southend.

*"The biggest one for me would be utilising local community assets and organisations to deliver the services. All the organisations in this room are the best at what they do in Southend, so by using them you're getting the best service, and you've also got the trusted*

*relationships with the families that you're trying to reach.” (Service manager focus group participant)*

Interviewees strongly emphasised the enabling effect that marketing had in reaching the target audiences and maximising uptake. The use of social media, through establishing service groups and promotional posts on Facebook, helped to easily disseminate information to service users, which improved awareness and accessibility of sessions and one-off events. Social media also helped to increase the offer of ABSS services, since the establishment of Facebook groups enabled service users to connect and develop positive relationships with one another.

*“The great thing with social media is that you can get a lot of information out to a lot of people. I mean we do a new 12-page newsletter now and at the click of a switch we send that to about 14,000 people.” (Stakeholder interviewee)*

Whilst these enablers were referenced the most in interviews and focus groups, many other factors were also identified as enabling improved uptake or quality of services. These included:

- The availability of creche services.
- Increased connections within the ABSS “umbrella” network, which improved quality, and signposting between services which in turn increased uptake.
- Responsiveness to service user feedback to update services.

On a more general, programme wide scale, the ten-year funding period was also viewed as an enabling factor. The sustained funding period introduced an element of longevity and financial security which most service managers were not used to before the ABSS programme began. They felt this led to better quality services because they have had time to learn and adapt their offer to the needs of the people they serve.

*“The fact that it's 10 years, that's been the game changer really, because so many previously commissioned programmes ... have been 2-3 years max. As you just get going, you learn things, but then it's all changed because somebody moves the funding. I think it's the longevity of the programme that's been very influential.” (Service manager focus group participant)*



We also explored barriers that made it more difficult for ABSS services to succeed. The barriers identified by service managers and stakeholders were wide ranging. There was no consensus on what the largest barriers to success were. Overall, many of these barriers were associated with the earlier years of the ABSS programme. Their impact was felt to have reduced as the programme developed.

One barrier that was said to have caused delays in delivery was the process for accessing funding. Interviewees from the ABSS programme management team acknowledged that, in the early years of the programme, the conditions and the processes for receiving funding were too complex for some applicants and potential grantees. While these measures were part of standard due diligence to minimise risk regarding the misuse of funds, it made it more difficult to access funding, particularly for smaller organisations. This was felt to have: a) delayed the implementation of some ABSS services; and b) discouraged some organisations from seeking ABSS funding at all.

*“We tied things up in an enormous amount of red tape that meant that they were put off or couldn't meet criteria, even if they were doing exactly what we were hoping to be able to support. Our processes weren't matching their needs, so we missed out on opportunities for*

*several years. It's since been rectified; we've learnt from it. But it did prevent us getting money as quickly as we could have done out to those organisations. They could have been in year three or four but are in year one or two, or not at all because they were put off"*  
(Stakeholder interviewee)

ABSS has responded to feedback from those initial years by simplifying the application process for smaller 'test and learn' projects. It was also suggested that upskilling and guiding applicants from small organisations to better understand and prepare for conditional funding would prevent this barrier from occurring in the future. At the time of writing, the ABSS programme, alongside SAVS, have delivered several webinars to support the upskilling of delivery partners. The programme's PMO have also held conversations with individual delivery partners to identify specific upskilling and training needs intended to support these organisations with legacy and sustainability planning.<sup>10</sup>

As identified in Phase 2, a minority of interviewees felt that changes in ABSS leadership in the early years of the programme created a barrier. It was said that this restricted knowledge building which negatively impacted the effectiveness of programme management in the early years. Staff turnover within the programme management team was also linked by interviewees to less secure, "stop-start" funding arrangements for those projects that had their funding renewed year-on-year. This, in turn, reduced service managers' ability to plan ahead.

*"The first few years were rocky. They had several changes of leadership, so the programme didn't really get started properly until... year three or year four. And that has definitely limited its success."* (Stakeholder interviewee)

*"I think the lack of consistent commissioning funding [was a challenge]. There was quite a lot of stop-starting and not knowing whether you've got the funding. ... it was one year funding, and then it nearly shut. We had to renegotiate ... That kind of lack of funding consistency and link to huge staff turnovers. ... [You] have to re-educate each person that comes along of what you do and how you do it and how it works."* (Stakeholder interviewee)

Aside from funding conditions and staff turnover, a minority of interviewees also suggested that a lack of space/facilities to host the ABSS service was sometimes a barrier to successful delivery. Many ABSS services are delivered from a partner organisations' private property, be that a room or the entire building. Whilst this usually did not present any issues, it meant some services were vulnerable to losing that space if the room or building was no longer available. On occasion, this meant that ABSS services had to relocate, which sometimes reduced the accessibility for service users if the new location was further away.

*"We hire out rooms in children's centres and a few other locations. This particular children's centre was unable to give us the room anymore, so we had to find a different location in [that ward] to support that cohort of parents, because travelling [or] the cost of public transport can be a barrier, particularly if parents don't drive. Don't expect a parent to come all the way from Southend ... We try and we look at the waiting lists, we look at where people are living, but we can't promise they can necessarily have an appointment in their desired location."*  
(Staff/Volunteer interviewee)

*"We rely on the flexibility and support of partners in order to deliver our service. We are hosted kindly by the Family Centres who are really flexible and supportive. But if we weren't*

---

<sup>10</sup> Source: ABSS Programme management staff.

*there [at a Family Centre] then there would be a challenge to find other venues which are as supportive.” (Stakeholder interviewee)*

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

As was reported in Phases 1 and 2 of this evaluation, interviewees and survey respondents felt that the ABSS programme’s focus on the six most deprived wards within Southend (the ABSS wards) had limited uptake. It was generally understood why the programme was designed this way – to provide free services to people living in areas where the overall level of deprivation was highest. However, many service managers, parents and stakeholders felt that this eligibility criteria made it more challenging to signpost and make referrals into the programme, because other community groups were not usually organised by ward boundaries. Therefore, it was not always immediately obvious who would and would not be able to access ABSS services. This was felt to have reduced the total population of target service users and limited the ability of services to operate at maximum capacity. It is important to note that people living in other parts of Southend-on-Sea are now able to use several ABSS services<sup>11</sup>.

*“[The programme] is also hampered by the fact that it’s funnelled into six wards, so you cannot go and embrace the full community or a community leader without the little clause about ‘well, actually it’s only for your congregation that live in this area that’s allowed’. How do they go and promote that and select that?” (Stakeholder interviewee)*

A minority of interviewees felt that this aspect of the programme design failed to address the needs of children in other wards of Southend with high levels of deprivation and need. The northern wards of St. Luke’s and St Laurence were referenced as two areas where the need for family and child services had grown.

*“10 years is a very long time, and of course during that time other areas have been identified that could have benefited more [from ABSS] ... there’s one ward that screams out in particular, St. Luke’s. You don’t even need to spend any time delivering a service, you just need to drive around, and you can see that there’s a level of deprivation there. They really could have done with some additional help.” (Stakeholder interviewee)*

Figure 3.1 below illustrate findings on the various barriers to participation in the ABSS programme identified by respondents to the parent survey. The most common response at 29%, was not living in an ABSS ward and, therefore, not being eligible to participate in the programme or specific services. Although this has consistently been the most common response across all three Phases, it is interesting to note that this represents a decline of 50 percentage points, compared to 79% of respondents to the Phase 2 survey and a decline of 24 percentage points compared to 53% of respondents to the Phase 1 survey. Whilst this barrier was linked to the conditions of funding and design of the programme, it does indicate that respondents to the survey were aware or know those who were aware of the programme, but were unable to take part due to their location. This result may also reflect the increased availability of some ABSS services across the whole of Southend.

The next common answer was ‘timing did not suit’ (17% of respondents). While this was similar to the Phase 1 findings (16%), it represents a decrease of 11% compared to 28% of respondents to the Phase 2 survey. Differences were noted between some other Phase 3, Phase 2 and Phase 1 responses:

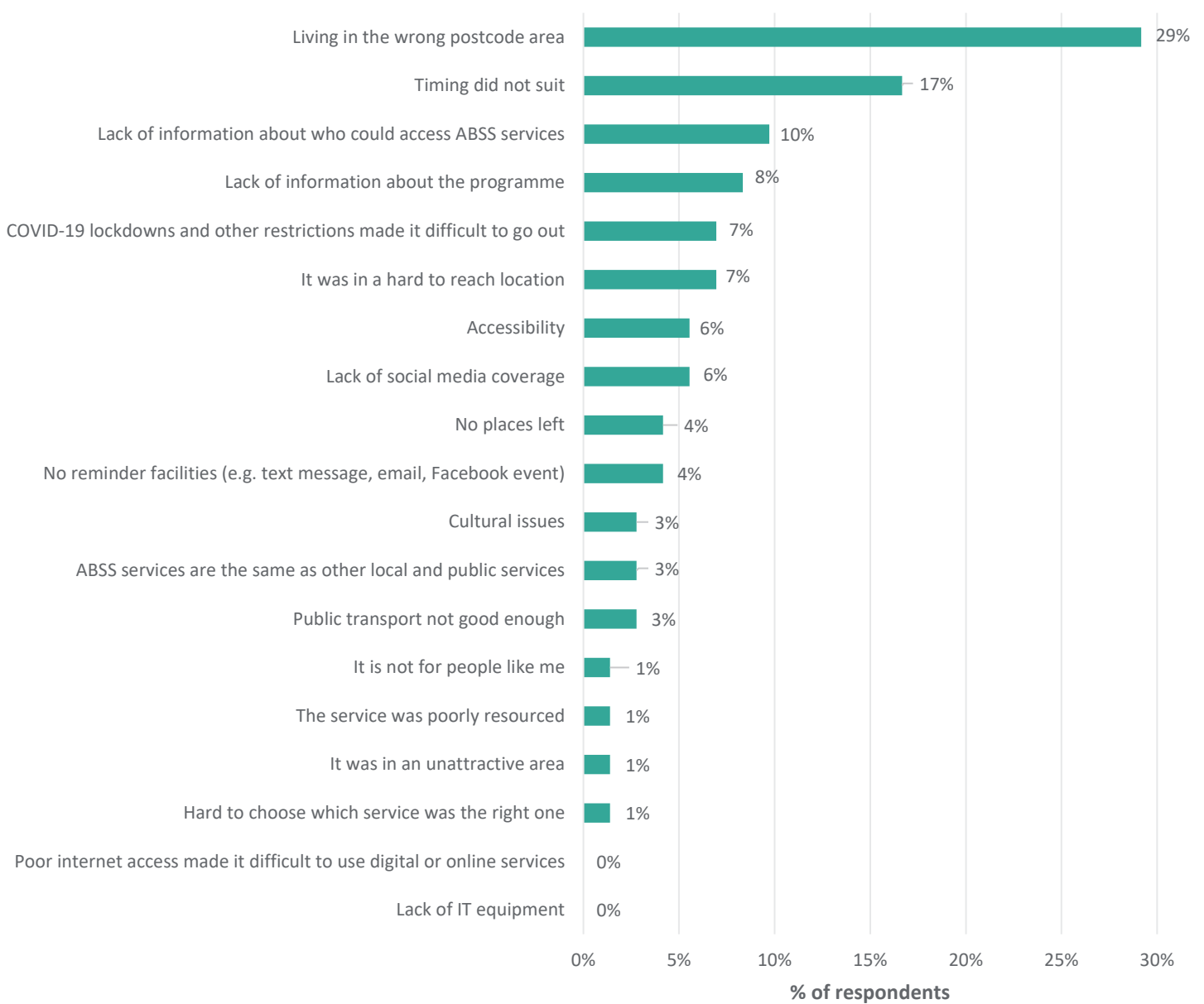
---

<sup>11</sup> For example, the Early Years IDVA service, commissioned through Safe Steps.

- Lack of information about who could access ABSS services (10% of respondents in Phase 3, compared to 26% in Phase 2 and 21% in Phase 1).
- Lack of information about the programme (8% in Phase 3, compared to 15% in Phase 2 and 21% in Phase 1).
- Covid-19 lockdowns and other restrictions made it difficult to go out, which was unsurprisingly lower in Phase 3 given the timing of research activities (7%, compared to 26% in Phase 2 and 25% in Phase 1).

Therefore, in addition to the barriers noted earlier, the findings from the parent survey suggest that a lack of information about the programme, including eligibility, continued to be a barrier to uptake throughout the evaluation period.

**Figure 3.1: Barriers to participation**



Sources: RSM Phase 3 survey of parent beneficiaries Q.28 (Base: 72).



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

A minority of interviewees mentioned that socioeconomic barriers existed within the community which reduced the uptake of ABSS services. Poverty was seen as a root cause of non-attendance at ABSS services that were not primarily aimed at alleviating the immediate negative impacts of poverty, such as the FOOD Club. There were two reasons for this. Firstly, parents living in poverty were less able to afford public transport to commute to services. Secondly, parents living in poverty were more focussed on the immediate and urgent needs that poverty entails, and therefore did not have the capacity to attend ABSS services. As identified in Phase 1 and Phase 2, the cost-of-living crisis exacerbated these issues.

*“Understandably, there’s a hierarchy of need. A parent [in poverty] is more worried about their housing and putting food on the table than their child’s speech and language.”  
(Staff/Volunteer interviewee)*

*“There’s a massive difference in wealth in a very short [distance]/ small space. [For example] Delaware Rd has this block of flats and lots of social housing, mattresses strewn outside because they haven’t got the ability to clear that waste themselves. And literally in the road next door, you’ve got £2 million houses. So, what that means is that when we’re doing certain offerings, it’s not always easy to get to the target audience... We want those Delaware Rd beneficiaries to come to a pregnancy yoga session, for example, but in reality, the affluent people in the road next door are more likely to have the time and space to go to a yoga session and will prioritise that above the person who’s probably got to work up until their pregnancy and can’t afford childcare” (Staff/Volunteer interviewee)*

A minority of interviewees also identified certain cultural expectations or perceptions that sometimes acted as a barrier to uptake. Examples include:

- Stigma around breastfeeding, particularly in public.
- Participation of fathers in family/ early years services.

*“People are so private about it [breastfeeding], and that’s absolutely fine... but if women do need that help and can face those boundaries themselves, we don’t discriminate. There’s stigma for women to breastfeed” (Staff/Volunteer interviewee)*

*“It’s very, very difficult to get the fathers to connect” (Stakeholder interviewee)*

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

Similar to Phases 1 and 2, the COVID-19 pandemic was deemed to be one of the largest external factors that has shaped the effectiveness of the ABSS programme overall, since many services had to temporarily stop, or adapt through online delivery. Whilst it was felt that ABSS services generally responded appropriately to the pandemic, issues around digital exclusion existed (i.e. less digitally competent parents used services less, financial challenges and affording digital devices / internet connections, and the transition to virtual sessions discouraged some parents from participating).

The cost-of-living crisis was also identified as a key external factor influencing the effectiveness of the ABSS programme. As mentioned previously, interviewees felt that living in poverty was a key barrier to uptake in many services due to the time, monetary and attention costs that poverty entails. This issue became more acute and prevalent in Southend, particularly during 2022-2023, as high inflation on necessities such as housing, food and energy reduced disposable income and caused parents to focus on immediate

basic needs. One interviewee also noted that this made it more difficult to find volunteers, which impacted the delivery capacity of certain services.

*“I think most recent and pertinent [external factor was the] cost of living. We’re already dealing with the most vulnerable families and children, the cost of living just added extra pressure on them. Navigating through that to try and support people... getting people to appointments because they can’t afford the bus fare, you know. People can’t afford the basic human needs.” (Stakeholder interviewee)*

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

The co-production and Parent Champion approaches used by the programme were described as very successful, innovative features by all interviewees who commented on this topic area in Phase 3 (see Theme 1 below). This is similar to findings in Phases 1 and 2. Before the ABSS programme, co-production was not a common feature of family and child services in Southend, and a minority of interviewees felt that previously there had not been enough community engagement on the design of services in Southend.

Parent Champions were trained and managed by SAVS. They can participate in governance meetings, suggest changes to current services, suggest new services, support staff recruitment, and represent the ABSS programme. This helped to make services more relevant to service user needs, generated a sense of transparency and togetherness between services and the community, and upskilled parents in the community.

*“When it comes to the governance meetings, there has to be a minimum of two Parent Champions present. It’s always everybody in the room. We’re not ignored. Our voices are heard... I feel like I have been involved in some very important decision making.” (Parent interviewee)*

The ABSS programme’s success in including service users in service design is demonstrated by the adoption of such practices at a system level within Southend. While the Parent Champions approach is not always the chosen model, the ABSS programme’s use of co-production has spurred other public organisations and charities to ensure co-production is embedded when designing and delivering projects of community interest.

*“Before ABSS, did we ever practise co-production? Did we understand it, and did we apply it? No. It’s the greatest thing that’s become embedded now. Other programmes and partnership boards I go to, they talk about lived experience. We’re able to highlight the parent champions as a key example of how you can embrace the community and the very people that we’re trying to do the things for. Co-production is now embedded in the Council. It’s embedded across our sector... A Better Start has been a real flagship for that I must admit.” (Stakeholder interviewee)*

However, interviewees recognised the limits of co-production where many aspects of service design and delivery are unchangeable and require technical knowledge and experience, for example, in clinical health interventions. This meant that careful consideration needed to be made about where co-production could be applied and how parent champions could add value. The ability of Parent Champions to influence ABSS services was also seen to be naturally dwindling as the programme reaches its final year.

*“Some of the projects are very clinical, so some things aren’t up for discussion.” (Service manager focus group participant)*

*“I think the project is doing some amazing things, but I don’t feel like I could, as a Parent Champion, be like ‘I’ve got an idea for project’ and write up a business case and secure funding. That’s what I mean by limited parameters. The projects are set, the timeline is set.”*

*We're obviously now having a bit of a ground rush with the final year of the project. And so, there's only so much that can happen." (Parent interviewee)*

Furthermore, one Parent Champion that was interviewed felt that occasionally, they were attending governance meetings which did not require their input. That said, they felt that their inclusion in the meeting was to ensure transparency and maintain the opportunity for service users to give input.

*"There were a few meetings where it was a bit like, do I really need to be here? In that case, having a Parent Champion there did feel like a tick box procedure. So, you're there to make sure that everything stays on course and keeping people transparent." (Parent interviewee)*

Another aspect of the ABSS programme's approach that was considered promising practice by some interviewees was the test and learn cycle. This allowed greater flexibility in terms of the projects funded, as long as their core objectives and activities fell within the guidelines issued by EYA and TNLCF. This resulted in the ABSS programme funding a broad range of innovative and creative services to address the needs of families and foster healthy child development, such as Work Skills, Southend Supports Breastfeeding and Umbilical Chords. However, complexities in the application and funding processes during the early years of the programme, discussed in response to Research Question 1, may have restricted the fluidity of test and learn funding, potentially limiting the number of innovative services that received ABSS funding.

*"We can fund smaller organisations or smaller pieces of work around the less than 25 thousand, 20 thousand, to test and learn what that looks like. I think that's quite innovative. And that's done on a very short-term basis to actually test the water. This might be key for them to then grow what they do in early years. I think that in itself is very good. And I think just our test and learn approach, we can have a standard project, and they can test and learn new ways of working and we can accommodate that and support them with that." (Stakeholder interviewee)*

*"We are a test and learn programme. I think that's almost given us permission, if you like, to relook at those things that aren't working and come up with new ways of being able to tackle them" (Stakeholder interviewee)*

### **3.2.1.1 Theme 1: Uniqueness of the ABSS programme**

The triangulation of evidence through the baseline analysis identified five major themes from across the dataset. The first theme "*Uniqueness of the ABSS programme*" was evident throughout the data. Staff made many observations about the programme's success in leveraging and being guided by the voices of parents – and how this was unique to the ABSS programme.

*"If ABSS wasn't there, I'm not sure what other opportunities are out there. So, I think it just gives them a voice." (ABSS manager/coordinator from Phase 1)*

*"There's been a huge impact, at every opportunity, ABSS will involve parents. There's always a demand that we will need experience and co-production from a parent and their point of view. We want them to bring their ideas to the forefront" (Service manager interviewee, Phase 1)*

Whilst largely discussed in a favourable way, some participants did identify that within specific project or services, co-production was not as strong, and this could be an area for future improvement. Furthermore, they said that achieving true co-production was

challenging when: *“the bottom line is that ABSS hold the chequebook”* (Service manager interviewee, Phase 2).

*“We don’t have a lot of co-production really. I think there’s a lot going on within [A] Better Start, but for us as a service, we don’t have a lot to do with some of the other services”*  
(Service manager interviewee, Phase 2).

There were a range of other aspects considered to be unique to the ways in which the ABSS programme was implemented. This included the speed and scale of the delivery of ABSS services, which – even if intention and desire was there without it - would have taken considerable time and effort to get going in usual circumstances. Furthermore, participants considered that because of the ABSS programme, stakeholders were generally more aware of the role of some of the social support available to parents. An example was given of potential new posts within the Council for working with parents of young families to overcome barriers to work. The ease at which friendly, community events could be run was also noted as something that the ABSS programme uniquely brought. This included having a local space to run sessions, complemented by the availability of tea, coffee, biscuits and squash for the children, as well as things like having Christmas parties and providing information on local activities, resources and events. These aspects of the ABSS programme appear to offer knowledge and opportunities beyond what might usually be available through typical health and social care services.

This theme seemed to be consistent across Phases 1 and 2 but was considerably less prominent in Phase 3. This is surprising given the timing of data collection for Phase 3 is most relevant to the end of the programme where legacy planning has largely taken precedence. Additionally, consideration of the uniqueness of the ABSS programme may be especially relevant.

### 3.2.2 Community level

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

A minority of interviewees felt that using the experience and knowledge of local organisations helped the ABSS programme to be effective at a community level. Most of the ABSS delivery partners were local organisations with an established track record of service delivery in the Southend community. This fostered a strong knowledge of the specific needs of the community, as well as local systems and processes, which had a positive effect on the ability of the ABSS programme to address those needs. This finding has been consistent over time, having previously been identified in Phase 2 of the evaluation.

*“Southend is a small area... across services people have been here for a long time, so they know the service, they can speak with an authority in the geographical areas, they know the population, etcetera. I think that is a definite benefit if you’re looking at mapping what might be required”* (Stakeholder interviewee)

### 3.2.3 System level

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

Many interviewees felt that the ABSS programme was more likely to be successful because the Southend City Council was part of the partnership and supported the programme from

the very beginning. The continued support and strong link between the ABSS programme management staff and key ambassadors at the Council was felt to have increased the acceptance and legitimacy of the ABSS programme across the wider system.

*“I think having the Council onboard, the Council was part of the initial bid, has certainly been helpful” (Stakeholder interviewee)*

However, it was felt by a minority of interviewees that the high staff turnover in leadership positions in Southend City Council created uncertainty for the ABSS programme. While this was not felt to have had a dramatic impact on the effectiveness of the programme, it was said to have been part of a wider external issue regarding change in leadership and policy in the wider system, particularly for health.

*“We have had change after change after change in the last 6 to 7 years. Southend City Council has probably had four Chief Executives in that time and completely new leadership in terms of Executive Directors in the Health Service. We have gone through two restructures in two years, set off by the new Health and Care Bill, so a significant change. There’s been a complete change in the way things are done and managed in our leadership. We’ve had multiple Chief Executives of health services. It’s been an unstable system. If you had a stable system, you would be working in a much more cohesive, sustainable way, right? For any service like ABSS, it needs that stability” (Stakeholder interviewee)*

A minority of interviewees felt that mounting capacity issues and excess demand for the National Health Service (NHS) services was an external factor that increased the effectiveness of the ABSS programme. It was said that unmet demand and waiting lists for NHS services caused higher uptake of the health-focussed or clinical ABSS services, such as:

- Family Nurse Partnership
- Perinatal Mental Health
- Volunteer Home Visiting Service
- Public Health Midwife.

*“Huge queues and waiting lists meant that families would be more likely to come to us for those needs rather than wait on the NHS. If there wasn’t a waiting list, then our services might not have been as well used.” (Stakeholder interviewee)*

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

ABSS services linked with other services in the six wards in a number of ways. This included:

- Personal connections between staff at different services.
- Shared learning, sometimes including training sessions.
- Delivering services in the same location, e.g. Southend Family Centres.
- Signposting and/or referrals of service users from one intervention to another (e.g. visits and referrals from beneficiaries at local food banks to Let’s Talk).
- The coordination of events, such as Hamlet Court Road in Harmony Festival.
- Within organisations, where delivery partners who manage both ABSS-funded services and non-ABSS funded services (e.g., EPUT, SAVS and Trust Links) inherently connect these services internally.

The vast majority of interviewees who were able to comment on this topic felt that the ABSS programme helped to strengthen links between family and child services in the ABSS wards.



This was because the ABSS programme became a central hub for information and a mutual connection between different interventions. As a result, collaboration increased between different services, which helped provide more holistic support for families and children.

*“You don’t just have a programme team trying to do all this, you have actually public health, you have YMCA... you have all these things, and we can all bring something different because we’ll have different relationships with different communities.” (Stakeholder interviewee)*

*“Since we’ve been working with ABSS there’s been a lot more partnership working with, say Trust Links or even you know partners that are within the same buildings as we are. Staff will be signposted and take part in training that’s organised by one of the partners. I think it’s helpful to have that kind of brokering. ABSS have been kind of an umbrella.” (Stakeholder interviewee)*

Some interviewees expressed concern about the extent to which services will be able to keep up that level of collaboration when the ABSS programme ends in 2025. This is discussed further in Section 7: Legacy and sustainability

A minority of interviewees suggested that to better link with schools and more effectively help child readiness, ABSS services could have been available to a wider age range, 0–5-year-olds. Currently, the 0-4 age range for ABSS services means that when children turn four years old, they are no longer eligible for services, but have not started school yet. For example, a child with a birthday in September will have to wait 11 months from their 4<sup>th</sup> birthday to start school, and in that time they will no longer have access to ABSS services. This gap means many ABSS children are not benefitting from continuation of services in the crucial months before they start school. This may impact their readiness for learning and progress in statutory education. This may in turn restrict the long-term impact of the ABSS programme on social, emotional, communication and language development. This was a new finding in Phase 3.

*“I think we got feedback recently that everyone’s in agreement that the parameters of the Fund, so nought to four, might not necessarily be the best approach. It probably should have been nought to five so that it took all children up to when they are transitioning into a school setting.” (Stakeholder interviewee)*

### 3.3 Summary

The interview and focus group participants identified the following key enablers for successful ABSS services:

- Using local knowledge, experience and community networks by funding established and local organisations to deliver ABSS services.
- Building personal relationships with service users.
- Social media marketing, particularly through Facebook.
- The 10-year programme period, which increased stability and gave projects time to learn and adapt.
- The availability of creche services.
- Increased connections between services.
- Responsiveness to service user feedback.

On the other hand, barriers existed which have limited the success of some ABSS services, including:

- Complexities in the application and funding processes at the beginning of the programme. This was particularly an issue for smaller organisations who were less experienced in funding applications and had fewer resources to devote to the process.
- Staff turnover in leadership positions within the ABSS programme and wider system.
- The reliance on other organisations' premises to accommodate ABSS services around their own projects and agendas, which left some services vulnerable to relocation.

Regarding barriers to uptake more specifically, it was once again identified that the programme's focus on the six ABSS wards reduced the total number of families who could take part. This was identified strongly in the Phase 3 interviews, focus groups and parent survey. Lack of information about the programme, challenges in finding time and affording services due to living in poverty, and reluctance to participate due to cultural perceptions or stigma were also identified as barriers to uptake.

Many external factors have shaped the effectiveness of the ABSS programme. The COVID-19 pandemic and the cost-of-living crisis were the most common factors cited. Within the Southend system, the support from the Council was acknowledged as being particularly important in enabling wider acceptance of the programme. Although the changing leadership and health policy created instability that made it harder for the ABSS programme and its delivery partners to navigate the system.

In terms of innovation and promising practice, qualitative evidence suggests that the programme's approach to service user engagement through co-production and Parent Champions was particularly successful. This practice inspired increased adoption of co-production across the system. The test and learn approach was also seen to be an innovative and flexible method, supporting the development of novel and creative family services.

Finally, ABSS services linked with other services in the ABSS ward through a range of ways. Overall, interviewees felt that the ABSS programme increased connectivity across services, especially through signposting and referrals. This is consistent with findings in Phase 1 and 2.



## 4 IMPACT

### 4.1 Introduction

This chapter presents the findings on the impact that the ABSS programme has had on:

- ABSS delivery partners (programme level)
- ABSS participants and the wider community (community level)
- Other providers of children and family services in Southend, including health professionals, social workers, local government and education providers (systems level).

The impact of the ABSS programme is evidenced using a combination of findings from interviews with stakeholders, staff, volunteers and parents, focus groups with ABSS service managers, and a survey of parents who have participated in ABSS services. Where possible, findings from Phase 3 are compared against previous phases of the evaluation.

### 4.2 Key findings

#### 4.2.1 Programme level

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

As reported in Phase 1 and Phase 2 of the evaluation, a minority of interviewees felt that the planning processes of the ABSS programme had become more responsive to the needs of the community over time. They said that planning became more flexible as parents increasingly participated in co-production. This also meant that mechanisms for collecting, discussing and incorporating feedback into services grew as a key part of the planning process, leading to tangible changes in design and delivery.

*"[ABSS services] have worked in partnership. They have included other people. They've got feedback from those parents, and those families consistently. So, what they've been able to do is to adapt and change things when they're not hitting the mark." (Stakeholder interviewee)*

*"From when I first joined back in 2016, we had two different types of sessions. We now have at least 8 or 10. We've evolved based on need and demand... We've had to adapt. We're continually changing. We look at what we have done, we evaluate as a team and then if we need to change it, adapt, extend, expand." (Staff/volunteer interviewee)*

In addition to this, a minority of interviewees in Phase 3 felt that the planning processes within the ABSS programme have been strengthened through the development of close networks and partnerships across the family and early years space in Southend. As the ABSS programme has progressed, the relationships between delivery partners, key stakeholders and programme management have strengthened. This has led to more collaboration in planning processes.

*"The planning of moving to Family City as an example, there were several system wide workshops where they brought people together... to really think strategically. That's done well. They run a very efficient ship in terms of their boards, their papers, you know, all of that from a corporate perspective. I think they have, as anything evolves. Over 10-year period planning things will change." (Stakeholder interviewee)*

However, one challenge to the planning processes developing was the high turnover of leadership positions within the ABSS programme management. A minority of interviewees highlighted how this meant that the direction of the ABSS programme shifted frequently as new leadership came in and made executive decisions. As a result, it was felt that planning processes were not as developed as they could have been by the end of the programme. The systemic events of the COVID-19 pandemic and the subsequent cost-of-living crisis introduced more instability, which further inhibited planning processes from evolving.

*“Speaking quite candidly in the fact that it’s 10 years, it’s time limited. Obviously with the fact it has got an end day, you have staff attrition, you have quite high turnover. I think that has probably hindered the planning process. We’ve had, 3 directors in the last three years, four years or something like that. With each director comes a different view, a different plan, different opinions, and I think different ways of working. When you have added complexities like COVID and the cost-of-living crisis, which kind of hinders what some of what you want to do, all of this just makes for the planning process to get quite muddled.” (Stakeholder interviewee)*

There was no evidence to ascertain how responsive the ABSS programme has been to emerging findings from the process evaluation.

## 4.2.2 Community level

**Research question 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?**

The baseline analysis carefully examined a range of data sources which have been analysed descriptively to produce novel insights in relation to our four strands of enquiry. These are addressed in turn below, and a summary of the findings for each is provided.

Figure 4.1 outlines the matrix developed to indicate the degree of evidence for impact (limited, indicative, substantial) and the direction of this (positive, negative, neutral for strands 1-3, variability or maintenance for strand 4) from each part of the analysis.

**Figure 4.1: Triangulation of baseline findings**

Strand of enquiry	Interviews	Survey	Output data
1. Children’s health, wellbeing and development	Limited, neutral	Indicative positive impact	Indicative positive impact
2. Parent’s health, wellbeing and development	Substantial positive impact	Substantial positive impact	Indicative positive impact
3. Broader community	Substantial positive impact	Indicative positive impact	Limited, neutral
4. Differences over time	Indicative variability	Indicative maintenance	Substantial variability

### 4.2.2.1 Impact on the development, health and wellbeing of eligible children

The direct impact of the ABSS programme on children has been the hardest area to critically analyse in this evaluation. This is due to a multitude of reasons, the main ones being that many children accessing the services are still very young and effects may not be seen for some time. Much of the data collection activities which were undertaken by ABSS are also

centred on outputs rather than outcomes. Nonetheless, there is some evidence of the ABSS programme creating a positive impact on children's development, health and wellbeing. Parents felt that they had been able to get the support needed for their child and that because of the ABSS programme, children in Southend would have a better quality of life. Supporting this finding, in interviews, staff identified many aspects where they felt children really benefitted (for example, speech and language). In future years, it may be useful to explore in more detail, the health, wellbeing and developmental outcomes for children who had taken part in ABSS services and compare these to those out of area.

#### **4.2.2.2 Impact on the health and wellbeing of eligible parents**

The evaluation indicates that one of the most positive aspects of the ABSS programme has been its impact on the health and wellbeing of participating parents. This is verified across our data sets. In interviews, staff often spoke about the various ways in which ABSS had supported parents directly (through them accessing services) and indirectly (through nurturing connectedness and inspiring professional development). This was echoed in surveys, which also revealed that parents generally considered ABSS services useful. Many programme output targets were related to the number of parents who engaged in sessions, and so the positive impact on parents is also partially reflected through the good evidence that the services were reaching the parents they sought to engage.

#### **4.2.2.3 Impact on the broader community**

The effects of the ABSS programme on the broader community are mostly highlighted through the interviews, which emphasised the 'knock-on effects' of ABSS which spilled into the community. This was further corroborated by parents, who indicated through the surveys that ABSS was having a positive impact on the connectedness between parents, and between parents and the wider community. While the output data does not directly address this, the findings that many services exceeded their targets indicates that a considerably larger number of families were reached through these services than anticipated, which may relate to these positive impacts on the community. It is important to note that the qualitative data surfaced some concerns around the inequalities in the community's access to health and care services inherent in the structure and commissioning of the ABSS programme which raises critical questions about the approach (i.e. designing services for people living in six specific wards, discussed in detail in relation to Research Question 2).

#### **4.2.2.4 Variability or change in impact over time**

It has been difficult to ascertain whether there have been substantial changes in the effectiveness of the ABSS programme over time, though the interviews and output data suggest possible variability. It is important to comment on the timing of these services and the multiple waves of COVID-19 which impacted Southend and the UK considerably between 2020 and 2022, and where many ABSS services had to be substantially modified, paused, or terminated. With the data to hand, it is challenging to disentangle the inevitable effects of COVID-19. The interview data also supports that COVID-19 induced many changes in the programme. Furthermore, as previously commented on, each phase of the data collection with ABSS service managers and coordinators will likely reflect the timings of various strategic priorities. For example, in Phase 1, we see greatest discussion on the direct impact of the ABSS programme on children and families, and relatively less on the 'Knock-on effect' – which makes sense, temporally.

This evaluation has strengths in its mixed methods approach and triangulation, enabling questions to be explored through varied lenses. The triangulation exercise has identified overall trends in relation to the research questions. It is however limited by the descriptive quantitative analysis of output data. This means an examination of inference cannot be undertaken and relationships not scrutinised indicating caution with this analysis and its conclusions.

#### 4.2.2.5 Summary

The above analysis indicates that the ABSS programme had many positive effects on the children and families able to access its services. It has also contributed to greater community resilience in the forms of strengthening connections between parents and across the region, as well as empowering and upskilling them. There has been potential for extended societal benefits such as reduction in stigmas and an increase in friendly spaces. The ABSS programme has provided an opportunity to accelerate, innovate and implement services much faster and at scale, compared with usual service redesign opportunities.

A major limitation of the ABSS programme appears to be the divides it has created across the region, perpetuating the 'post-code lottery' issue reflective of the state of play in many regions across the UK. This has created frustration for both staff and families. Secondly, there are risks that some inequities have been reproduced pertaining to gender roles (with limited access to services for fathers) and those who are culturally or ethnically diverse. These are areas for improvement.

#### 4.2.2.6 Theme 2: Greater and easier access to services for all

The second major theme, demonstrated through the accounts of service managers, staff and volunteers, was the impact of the ABSS programme in supporting families to access a variety of services earlier and more easily than they typically would. They also noted it helped families to move between services, including transition to later-stage services such as schools.

*"I think what is pretty huge, having worked in the [A] Better Start wards, is that we're able to offer early intervention. A lot of the children, for example... maybe get picked up from the health visitor health checks, which are anytime between the age 2 and 2 ½. We've been able to access children prior to that, for example, with the 23-month check that we offer" (Service manager focus group participant, Phase 3)*

Also associated with this was the benefit of early identification and intervention on downstream clinical services. The early work that could be achieved through ABSS services may ease the demands on waiting lists and pressures facing clinical teams. Speech and language therapy programmes in particular were highlighted in this regard. For example, as one participant commented:

*"The work being done in early years is raising the profile of speech and language for early years children within that sector – this is making a huge amount of difference to the little ones. They identify the children earlier and they're intervening – we're doing the same, identifying earlier and trying to intervene as early as possible. Obviously, we then impact on who's ending up in the clinical service later on." (Service manager interviewee, Phase 1)*

No noteworthy difference was observed when examining the frequency, breadth and depth of concepts related to this theme over time (see Figure 1.2). This indicates that it was a consistent perception amongst staff and managers throughout the evaluation period.

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

The majority of interviewees who could speak on the subject, said that the programme increased parents' confidence. This increased confidence was normally felt to be in relation to looking after their child, but some interviewees also said that service users were more confident in themselves generally because of their involvement in the ABSS programme.

*"When I had my little girl, we were at the end of COVID lockdown. I had just decided to become a stay-at-home Mum, and I quit my job. I had no confidence. I had no self-esteem. I was really struggling with postnatal anxiety; depression and I felt very isolated. I think becoming a parent champion helped me to come out of my shell, helped me to build my confidence." (Parent Champion)*

Furthermore, some parents were more confident about their employability and career prospects. This was particularly from taking part in specialist services such as Work Skills, or undertaking the role of Parent Champion, which included training and responsibility as a community representative, but also through accessing clinical services such as the Family Nurse Partnership. As a result, many parents felt more capable of actively participating in the community, taking on leadership roles, and returning to the workforce.

*"I've had clients come from the most traumatic backgrounds that go on to have amazing careers. There's been a teacher, two midwives, a social worker... the biggest thing I see is their confidence grow, and they become really empowered to be the parent which they want to be." (Staff/Volunteer interviewee)*

*"I was sitting in a board meeting today and the three Parent Champions were getting involved in the conversation and sharing their experience. I think it's empowering, and they can then help support their own community." (Stakeholder interviewee)*

Increased confidence about looking after their child was often mentioned in relation to breastfeeding. This was widely regarded as a successful aspect of the diet and nutrition workstream. A minority of interviewees felt that the breastfeeding services had supported parents to be more confident as a parent to try breastfeeding, even if they struggled with it at first. It also helped parents to be more confident in breastfeeding in public. This was a key aim of the Southend Supports Breastfeeding initiative.

*"I've got a 10-year-old daughter. Breastfeeding support back then was non-existent. It's so refreshing to have something that is so open and so non taboo. It is just accepted. I know now that I've got the confidence to go out and feed in public if I needed to. Obviously having a nearly-two-year-old, I don't always need to. But even when my daughter was a lot younger, this group gave me the confidence to feel that it was OK to breastfeed in public." (Parent Champion)*

Some interviewees also felt strongly that the ABSS programme had enabled parents to build relationships, become part of a community and feel less isolated. By producing and marketing reputable services that were free, more parents were engaging in group-based family services within Southend. This led to more opportunities to build friendships with staff, volunteers and other parents. Through these friendships, parents were able to share and relate, making their parenting experience less isolated. While it was not always intended as the core objective of most services, relationship building between parents was a reoccurring theme during the interviews and focus groups. This is an indirect impact of the ABSS



programme which, for many parents, will extend into the future beyond their involvement with the ABSS programme.

*“Each individual has been able to build some strong relationships and networks and build their confidence, and that helps with parenting. And that’s ultimately what we’re here to do - to provide parents with the confidence to.... deliver better parenting.” (Stakeholder interviewee)*

*“If you take a simple play and stay session from the outside, it might look like it’s all about parents and children having a space outside the house just for the kids to have play. But there’s so much more to it. It means that that parent and child are socialising with new people. It means that if they’re going through an issue, they will hopefully build trust up enough, either in other parents or the service provider to talk about what those issues are and to gain support and information on how to deal with it. It normalises that they’re not the only person going through this, which builds confidence.” (Stakeholder interviewee)*

One interviewee noted that this impact specifically benefitted less affluent parents more, and that the ABSS programme was improving access to services for people from more deprived areas. They felt poorer families were normally less able to afford paid services, and therefore had fewer opportunities to build relationships than a parent who could afford to pay for a range of family support services or activities. By making services free, the ABSS programme has made services and relationship-building opportunities more accessible to poorer families.

*“What A Better Start has been able to do is really support those parents with the ability to build great networks, lose that sense of isolation and become part of something, particularly in areas that are deprived and are less affluent. If you think about some areas where a mum could pay for an NCT class, she can afford to go and pay for that and build those relationships. [A lot of] Mums can’t have any of that unless there is something that’s free on offer out there. So, they are not going to be able to access those services and build those peer support groups that those in affluent areas can do. A Better Start has been absolutely vital in doing that for the demographics that we work with.” (Stakeholder interviewee)*

These findings on the impact on the parenting experience in Phase 3 were very similar to the findings in Phases 1 and 2.

#### **4.2.2.7 Theme 3: Direct impacts on parents and carers**

The third major theme emerging from discussions with ABSS service managers, staff and volunteers was the impact of the COVID-19 pandemic on **children’s development of social and attention skills**. They felt that the ABSS programme was especially impactful on the development of babies born during the COVID-19 lockdown period. Staff observed “an immediate post-effect of referrals into services” following COVID-19, which was thought to be associated with the dynamic between parenting styles and skills combined with the need to stay inside the home. This meant that children’s developmental trajectories were more heavily dependent on the parental and home environment than the typically very diverse developmental opportunities for a child in usual circumstances (such as interacting with other infants and adults, attending playgroups, experiences of childcare and so on).

*“A lot of the children's attention and listening skills are quite poor. I don't know whether that's necessarily because of COVID, as opposed to the parenting, or because they were at home all the time - it was probably because they were at home and the parenting played a bigger part.” (Service manager interviewee, Phase 2)*



As discussed above, staff and volunteers also spoke at length about the impact that they believed the ABSS programme had on parents in Southend, in several ways. Primarily, **a positive influence on parents' skills** was prominent – including those directly related to parenting, but also transferable and extended skills supporting their own professional and career development, aligned with the ABSS Work Skills project. Correspondingly, **parental confidence** was also seen to increase, as was their **empowerment** which had the potential for downstream effects, through engaging with the ABSS programme. These were spoken about by several participants across all three time periods.

*“It's just had a remarkable effect in so many different ways and ... everyone is on their own individual journey. You know, we've had Parent Champions that have been with us for a few months while they're finishing their maternity leave. We've got some that used [that time] as a confidence-building exercise, some that have used it as skills to get into work. There's all of this variation of benefits that they've had out of it.” (Service manager interviewee, Phase 2)*

*“Kind of knowing that you're in a safe space, which you can always return to knowing other safe spaces in Southend and just you know, having that improved self-esteem and confidence - thinking that actually, I know I can do this alone.” (Service manager focus group participant, Phase 3)*

*“For those who have accessed [ABSS services], it will have made an impact on how those people feel they can give an opinion, have it listened to and be part of service development, and I think that's really important in parent's gaining confidence for themselves, be a voice and do good things to others.” (Service manager interviewee, Phase 1)*

Figure 1.2 on page 15, which sets out the frequency of themes in each evaluation phase, indicates considerable fluctuation in the relevance of this theme across phases. Whilst it was a predominant theme in all time periods, Phase 2 saw a drop in the volume of discussion about the direct impacts of the ABSS programme on children, parents and families. This may be reflective of the variable impact of COVID-19 on services throughout the period, as discussed earlier. This hints that whilst there may have been positive impacts where services were accessed, there were limitations to directly impacting children's development and their and their families' health and wellbeing in this period.

**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?**

This section presents findings from each of the main ABSS workstreams, including community resilience. It uses evidence from the parent survey, interviews and focus groups.



#### 4.2.2.8 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.** This broadly matches the findings from Phase 1 and Phase 2. The increase in respondents who were better able to access support after participating in the programme, compared to before, was **statistically significant.**

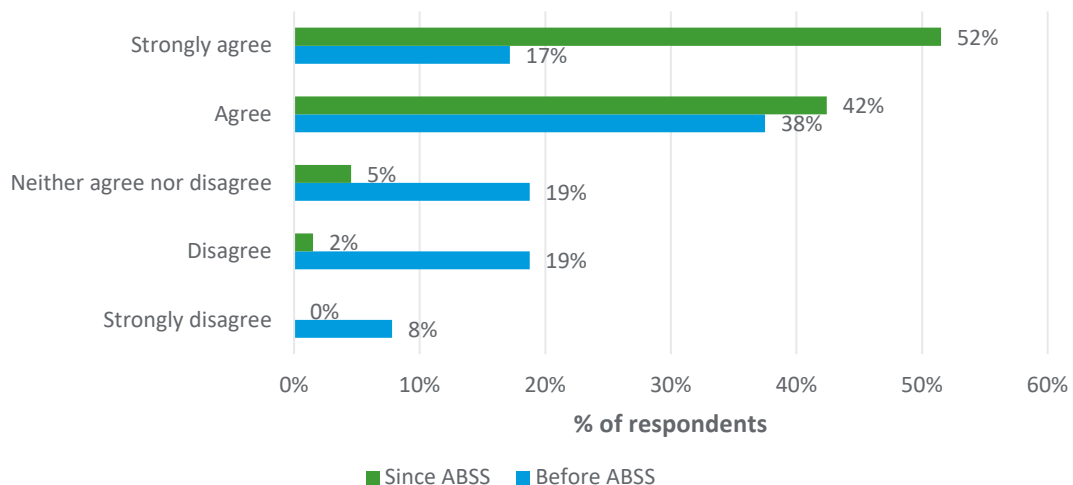
The differences in responses to the before and since questions on the parent survey may reflect the impact of the ABSS programme, if all other factors remain the same and nothing else had an impact on the parents and carers (i.e., the only difference was that they had taken part in the ABSS programme). This means it is not possible to say with certainty that all of the difference was due to the ABSS programme.

As shown in Figure 4.2 below, the vast majority of respondents (94%) to the parent survey ‘agreed’ or ‘strongly agreed’ that they were able to access the support needed to interact with other adults and to help their children interact with other children since taking part in the ABSS programme. This increased by 39 percentage points compared to 55% before taking part in the ABSS programme. The differences in results from before to after participating in the ABSS programme were **statistically significant** (at 5% significance level).<sup>12</sup>



*“We see their [Parent Champions] children enjoy the community space downstairs or the opportunity to socialise with other children.” (Staff interviewee)*

**Figure 4.2: Ability to access support to interact with other children and adults**



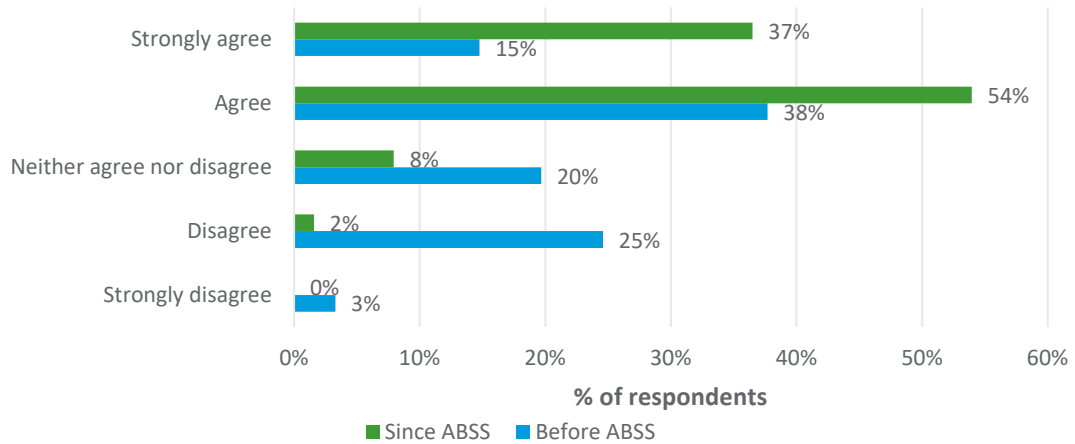
Sources: RSM Phase 3 survey of parent beneficiaries Q.15.3 (Base: 64) and Q.16.3 (Base: 66).  
Note: “Before ABSS” and “Since ABSS” totals do not sum to 100% due to rounding.

Similarly, 91% of respondents agreed or strongly agreed that they were able to access support that they needed to help their children understand their feelings and behaviours

<sup>12</sup> Statistical significance indicates that the results are not explainable by chance alone.

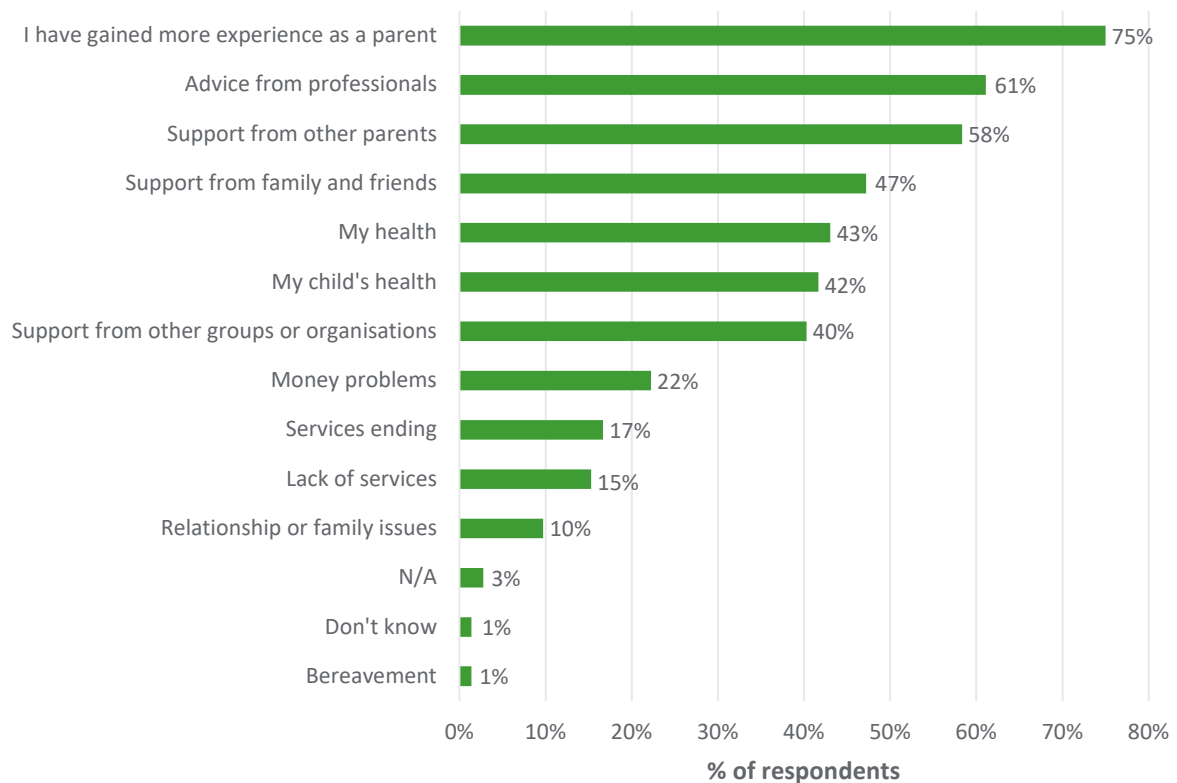
since taking part in the ABSS programme, compared to 53% before (shown in Figure 4.3). This difference was **statistically significant**.

**Figure 4.3: Ability to access support to help child understand feelings and behaviours**



Sources: RSM Phase 3 survey of parent beneficiaries Q.15.4 (Base: 61) and Q.16.4 (Base: 63).  
 Note: "Since ABSS" and "Before ABSS" totals do not sum to 100% due to rounding.

**Figure 4.4: Other factors that influence access to support**



Sources: RSM Phase 3 survey of parent beneficiaries Q.18 (Base: 72).  
 Note: Total does not sum to 100% because respondents could give multiple responses.

Parent respondents identified a range of other factors that influenced their and their children’s access to support (see Figure 4.4). Similar to what was reported in Phases 1 and 2, more than half of respondents to the parent survey mentioned gaining more experience as a parent (75%) and advice from professionals (61%), as well as support from other parents, with a larger share of respondents (58%) reported in Phase 3 than in Phase 2 (43%). Similarly, a minority of respondents to the parent survey did not identify any other factors that influenced their or their children’s access to support. However, a smaller proportion of respondents identified support from family and friends and bereavement in Phase 3 (47% and 1% respectively) than in Phase 2 (58% and 5% respectively).

### Knowledge

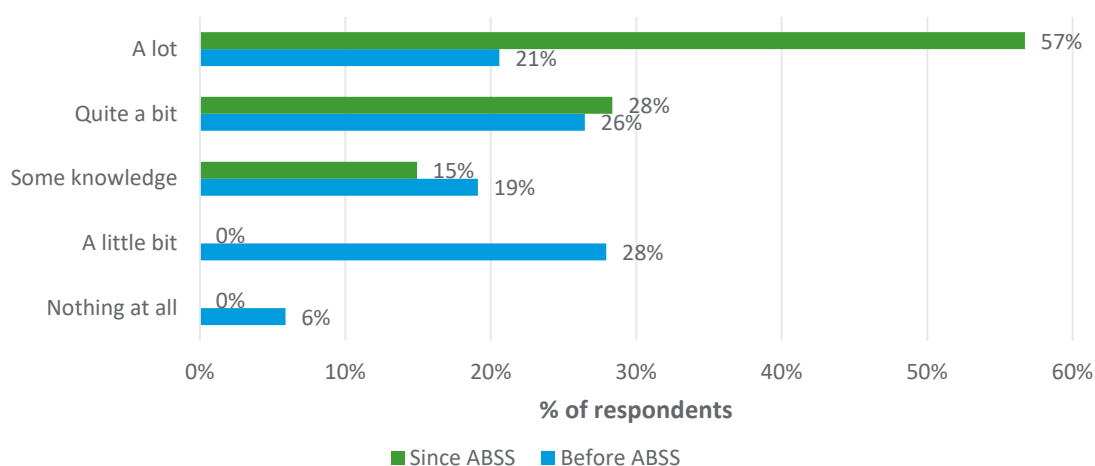
Respondents who had taken part in the ABSS programme were more likely to have said that they had ‘a lot’ or ‘quite a bit’ of knowledge about helping their children’s social and emotional development since taking part in the ABSS programme.

*“Knowledge is probably the biggest one. Knowledge for the parent and to understand their child a little bit more knowledge for the parent to be able to support their child's development.” (Stakeholder interviewee)*



As shown in Figure 4.5 below, there was an increase of 38 percentage points in respondents to the parent survey who believed that they had ‘a lot’ or ‘quite a bit’ of knowledge about helping children interact with other children and adults (from 47% before to 85% since taking part in the ABSS programme). This increase was larger in size than the increase in Phase 1 (32%), but smaller than the increase in Phase 2 (50%). This change was **not statistically significant** in Phase 2 or 3.<sup>13</sup> It was statistically significant in Phase 1.

**Figure 4.5: Knowledge about helping children interact with other children and adults**

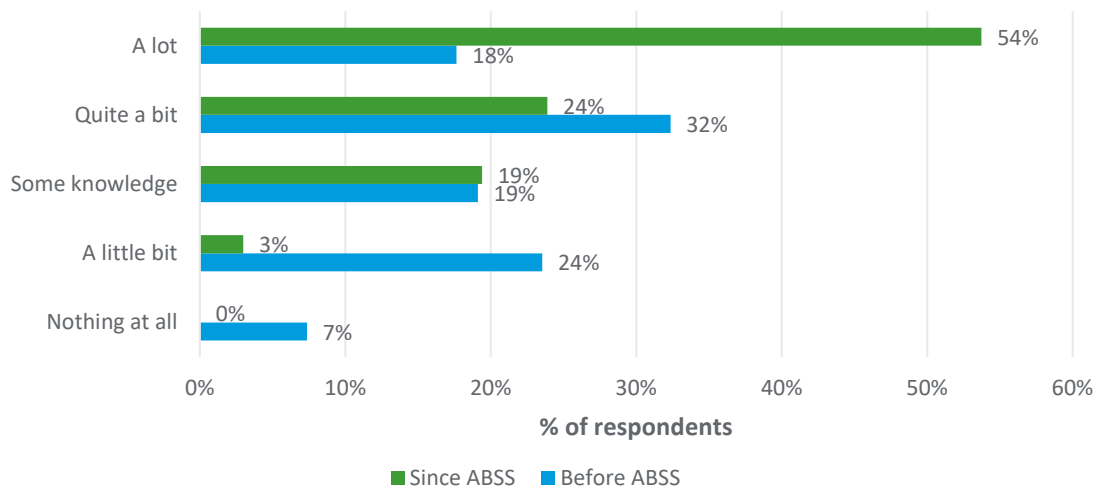


Sources: RSM Phase 3 survey of parent beneficiaries Q.19.5 (Base: 68) and Q.20. (Base: 67).  
 Note: “Since ABSS” total does not sum to 100% due to rounding.

<sup>13</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.

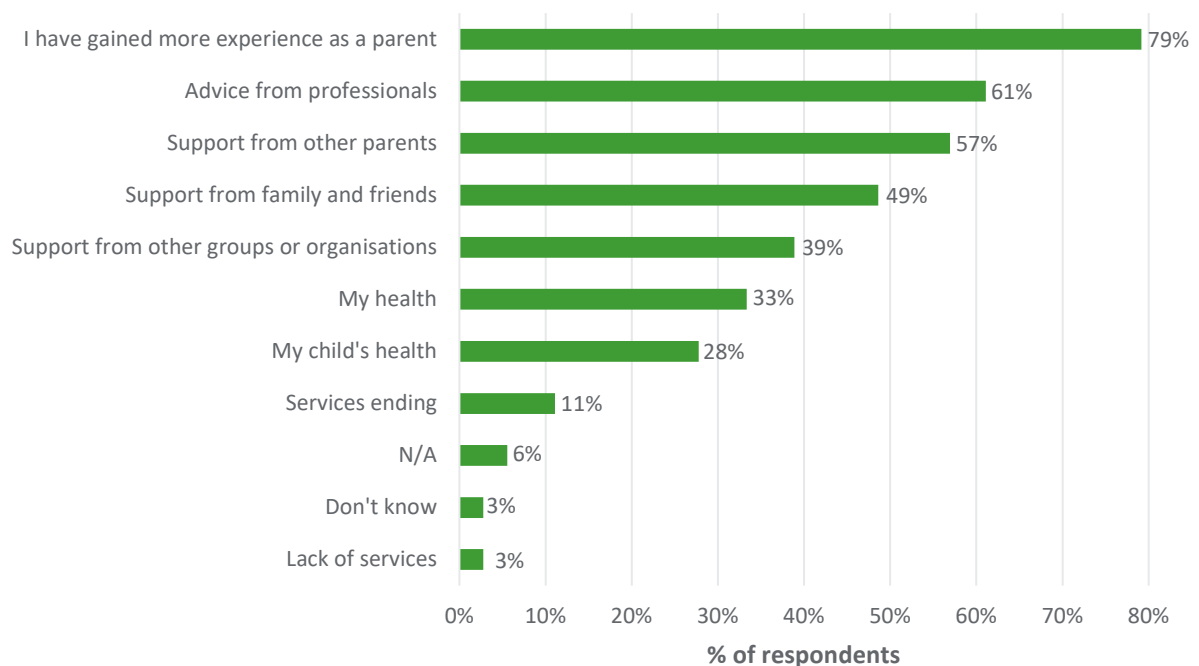
Figure 4.6 presents findings on respondents' knowledge about helping their children understand their own feelings and behaviours. The majority of respondents to the parent survey said they had 'a lot' or 'quite a lot' of knowledge since taking part in the ABSS programme (78%). Similar to what had been reported in Phase 1 and Phase 2, there was an increase of 28 percentage points since taking part in the programme (50%). These changes were **statistically significant**.

**Figure 4.6: Knowledge about helping children understand own feelings and behaviours**



Sources: RSM Phase 3 survey of parent beneficiaries Q.19.6 (Base: 68) and Q.20.6 (Base: 67).

**Figure 4.7: Other factors that influence knowledge about child development**



Sources: RSM Phase 3 survey of parent beneficiaries Q.21 (Base: 72).

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

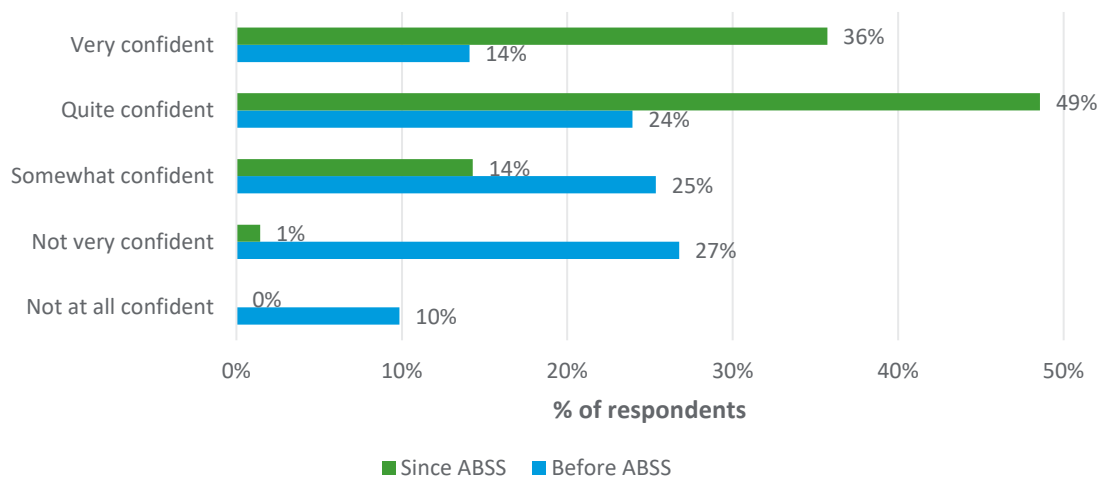
Parent respondents identified a range of other factors that influenced their and their children’s access to support as shown in Figure 4.7. Similar to Phase 1 findings, more than half of respondents to the parent survey mentioned gaining more experience as a parent (79%) and advice from professionals (61%), as well as support from other parents with a larger share of respondents (57%) reported in Phase 3 than in Phase 2 (45%). A minority of respondents to the parent survey did not identify any other factors that had affected their and their children’s access to support, as in Phase 1. However, a smaller share of respondents reported support from family and friend, my child’s health, lack of services as a barrier in Phase 2 (49%, 29%, and 3% respectively) than in Phase 2 (58%, 34%, and 7% respectively).

## Confidence



As presented in Figure 4.8, 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. 38% said they were ‘very confident’ or ‘quite confident’ before taking part, whilst 85% were ‘very confident’ or ‘quite confident’ since taking part in the ABSS programme. Linked to this, there was a remarkable decrease in the respondents who were ‘somewhat confident’ or ‘not very confident’ about taking care of their mental health and wellbeing, from 52% before to 15% since taking part in the ABSS programme. As in Phases 1 and 2, this difference was **statistically significant**.

**Figure 4.8: Confidence in taking care of mental health and wellbeing**



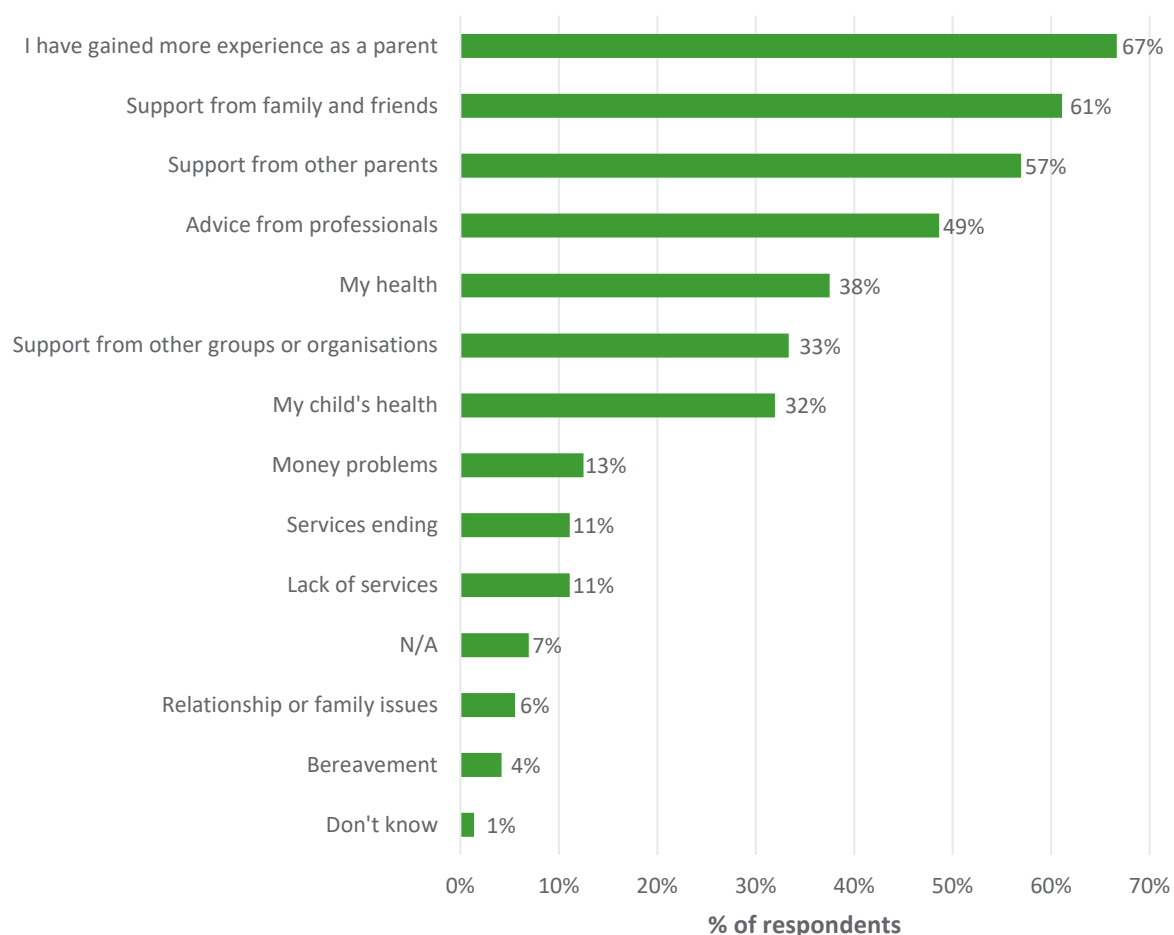
Sources: RSM Phase 3 survey of parent beneficiaries Q.22.3 (Base: 71) and Q.23.3 (Base: 70).  
 Note: “Since ABSS” and “Non-ABSS” totals do not sum to 100% due to rounding.

Figure 4.9 shows other factors that respondents to the parent survey said influenced their confidence. Similar to the findings in Phases 1 and 2, the top three other factors were gaining more experience as a parent (67%), support from family and friends (61%), and support from other parents (57%). A minority of respondents (7%) to the parent survey did not identify any other factors that had influenced their and their children’s access to support. However, a smaller share of respondents



reported support from other groups (33%) and their own children's health (32%) as factors in Phase 3 than in both Phase 1 (40% and 39% respectively) and Phase 2 (36% and 35% respectively).

**Figure 4.9: Other factors that influence parents' confidence**



Sources: RSM Phase 3 survey of parent beneficiaries Q.24 (Base: 72).

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

#### 4.2.2.9 Communication and language development

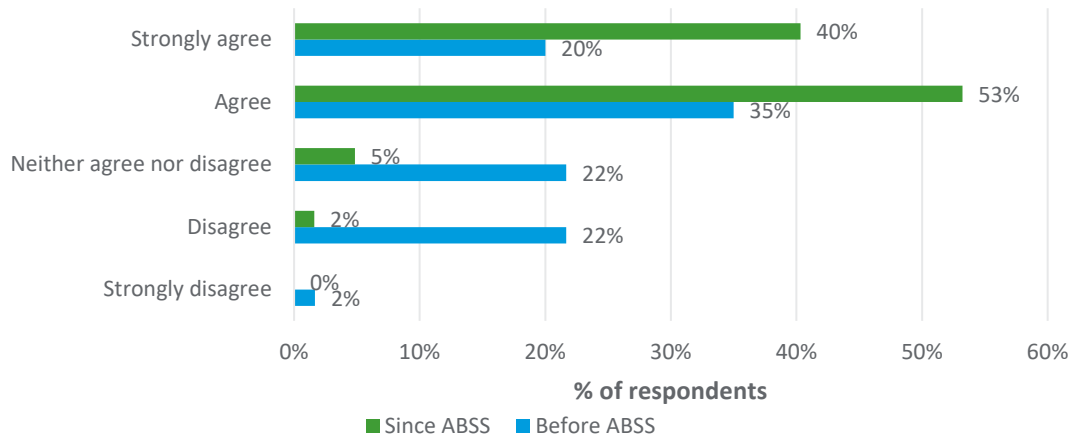
##### Access to support

Parents who took part in the ABSS programme were more likely to have agreed to positive statements about communication and language development since taking part in the programme, compared to before. These findings were similar to Phases 1 and 2. However, it is important to note that this difference cannot be fully attributed to the ABSS programme, as selection bias and external factors may be influencing survey results.



Figure 4.10 below shows findings on respondents' ability to access support to help children express themselves. Since participating in the ABSS programme, the vast majority of respondents (93%) 'strongly agreed' or 'agree' that they were able to access the support needed, compared to 55% before taking part. This was a 38 percentage point increase, but the difference in responses was **not statistically significant**.<sup>14</sup>

**Figure 4.10: Ability to access support to help children express themselves**



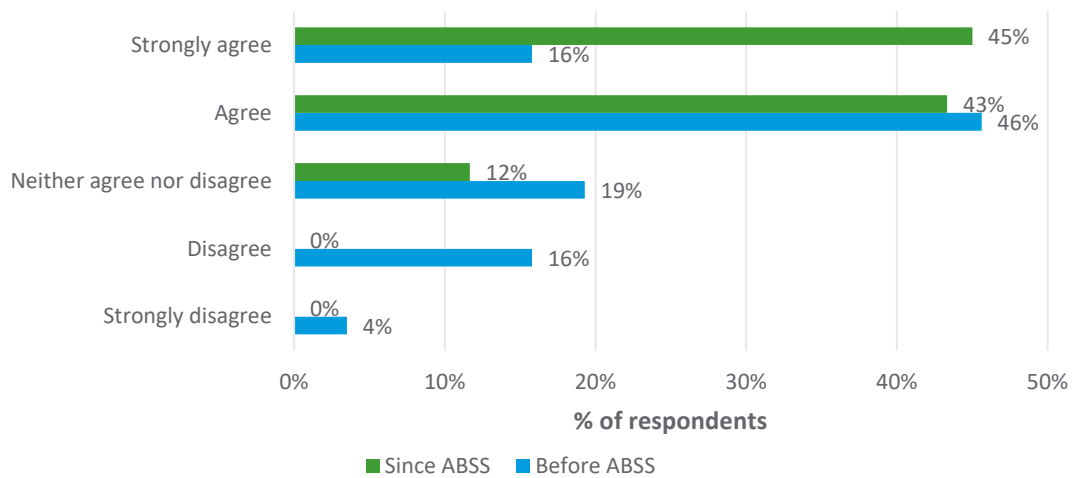
Sources: RSM Phase 3 survey of parent beneficiaries Q.15.5 (Base: 60) and Q.16.5 (Base: 62).  
Note: "Before ABSS" total does not sum to 100% due to rounding.

Figure 4.11 below shows that there was an increase in the proportion of respondents who 'agreed' or 'strongly agreed' that they were able to access support to help children learn to talk (from 60% before to 88% since taking part in the ABSS programme). This difference was **statistically significant**, demonstrating that respondents were better able to access support to help their children express themselves since taking part in the programme

<sup>14</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.



**Figure 4.11: Ability to access support to help children learn to talk**



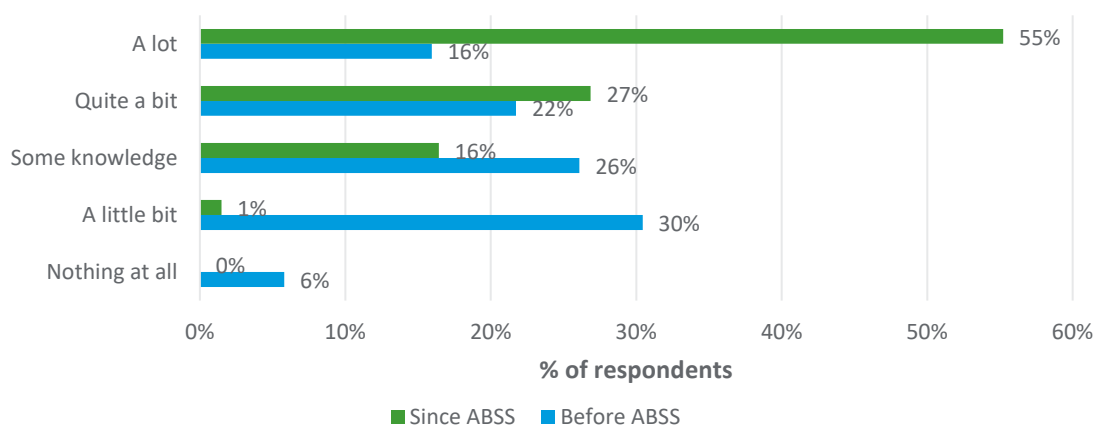
Sources: RSM Phase 3 survey of parent beneficiaries Q.15.6 (Base: 57) and Q.16.6 (Base: 60).  
 Note: “Before ABSS“ total does not sum to 100% due to rounding.

### Knowledge

The survey findings indicated that parents’ knowledge about activities to help their children’s communication and language development had improved since taking part in the ABSS programme. As shown in Figure 4.12, the majority of respondents to the parent survey (82%) said that they had ‘a lot’ or ‘quite a lot’ of knowledge about activities they could do help their children express themselves. This was an increase of 44 percentage points (compared to 38% before taking part). This was the same as the increase reported in Phase 2. As with Phase 2, this difference was **statistically significant** and may reflect the pure impact of the ABSS programme where all other factors remained the same over time.

Other factors that respondents said influenced their knowledge about their children’s development are presented in Figure 4.7.

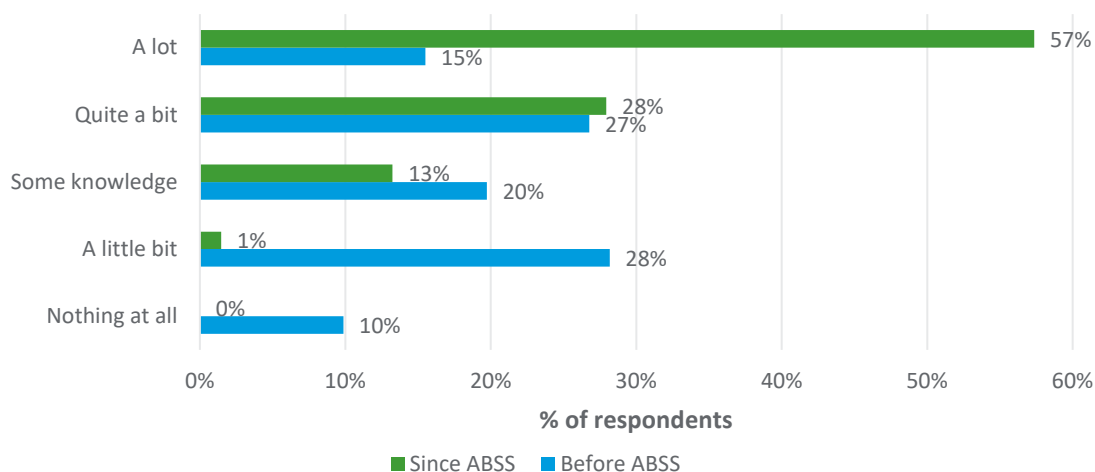
**Figure 4.12: Knowledge about activities to help children express themselves**



Sources: RSM Phase 3 survey of parent beneficiaries Q.19.7 (Base: 69) and Q.20.7 (Base: 67).

Figure 4.13 presents the responses to the question about knowledge of activities that parents could do to help their children learn to talk. 85% of respondents to the parent survey said that they had ‘a lot’ or ‘quite a bit’ of knowledge about it, compared to 42% before taking part in the ABSS programme. Linked to this, there was a noticeable decrease in the respondents who had ‘some knowledge’ or ‘a little bit’ knowledge about activities to help children learn to talk, from 48% before to 14% since taking part in the ABSS programme. However, these differences were **not statistically significant**.<sup>15</sup>

**Figure 4.13: Knowledge about activities to help children learn to talk**



Sources: RSM Phase 3 survey of parent beneficiaries Q.19.8 (Base: 71) and Q.20.8 (Base: 68).  
 Note: “Before ABSS” total does not sum to 100% due to rounding.

### Confidence

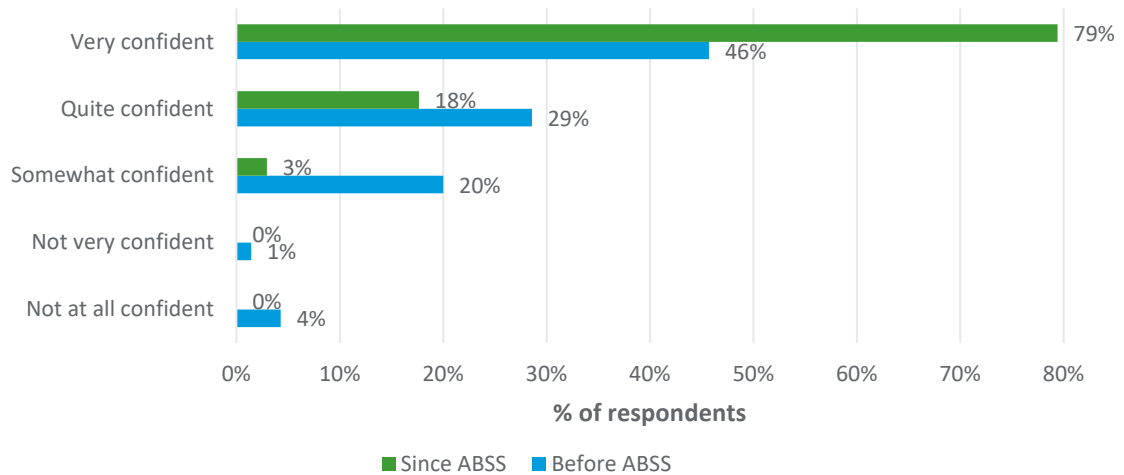
The survey findings indicated that parents’ confidence about reading with their children had improved since taking part in the ABSS programme (see Figure 4.14). This difference was **statistically significant**. This suggests that respondents have become more confident in reading with their children since taking part in the programme. Similar to Phases 1 and, 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 said that they were ‘very confident’).



Since taking part in the ABSS programme, the proportion of respondents to the parent survey who were ‘very confident’ about reading with their children increased to 79%. There was a noticeable decrease in the proportion of respondents to the parent survey who were ‘somewhat confident’ or ‘not very confident’ since taking part in the ABSS programme (from 21% before to 3% since taking part in the ABSS programme).

<sup>15</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.

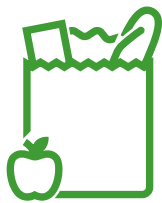
**Figure 4.14: Confidence about reading with children**



Sources: RSM Phase 3 survey of parent beneficiaries Q.22.2 (Base: 70) and Q.23.2 (Base: 68).

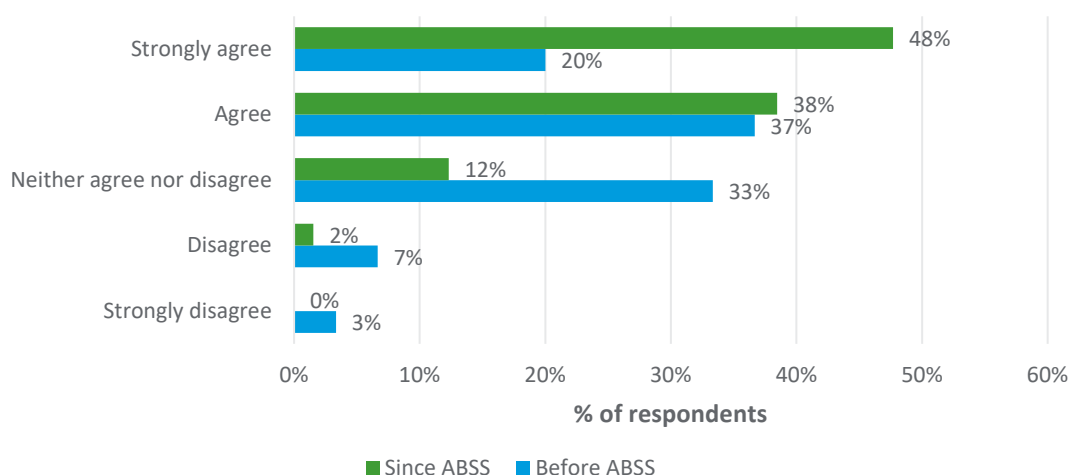
#### 4.2.2.10 Diet and nutrition

##### Access to support



Respondents reported better access to support on diet and nutrition since taking part in the ABSS programme. This finding was to Phases 1 and 2 and was **statistically significant**. As shown in Figure 4.15, 86% of respondents ‘strongly agreed’ or ‘agreed’ that they were able to access the support they needed to be healthy since taking part in the ABSS programme. This was an increase of 29 percentage points compared to 57% before taking part.

**Figure 4.15: Ability to access support to be healthy**

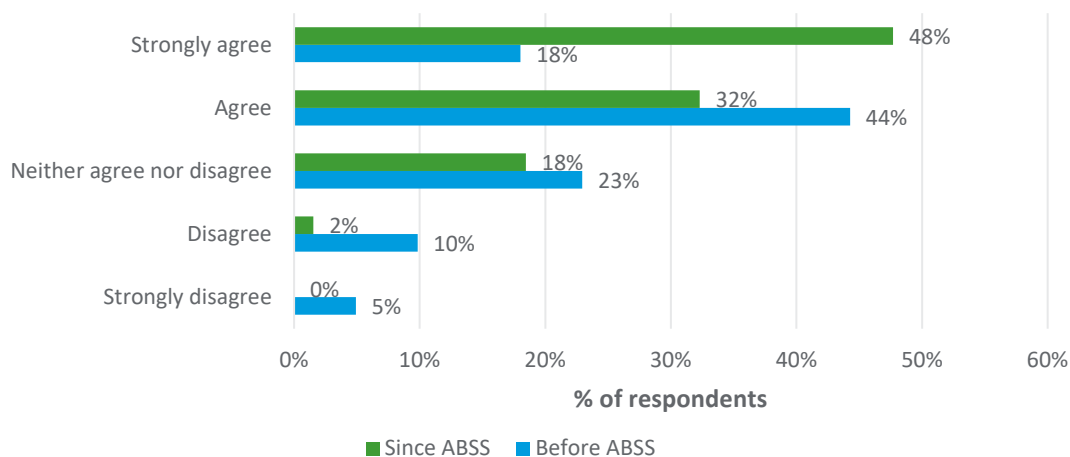


Sources: RSM Phase 3 survey of parent beneficiaries Q.15.1 (Base: 60) and Q.16.1 (Base: 65).

Figure 4.16 shows that 80% of respondents ‘strongly agreed’ or ‘agreed’ that they were able to access the support they needed to eat well since taking part in the ABSS programme.

This was an 18 percentage point increase compared to 62% before taking part. This difference was **statistically significant**.

**Figure 4.16: Ability to access support to eat well**



Sources: RSM Phase 3 survey of parent beneficiaries Q.15.2 (Base: 61) and Q.16.2 (Base: 65).

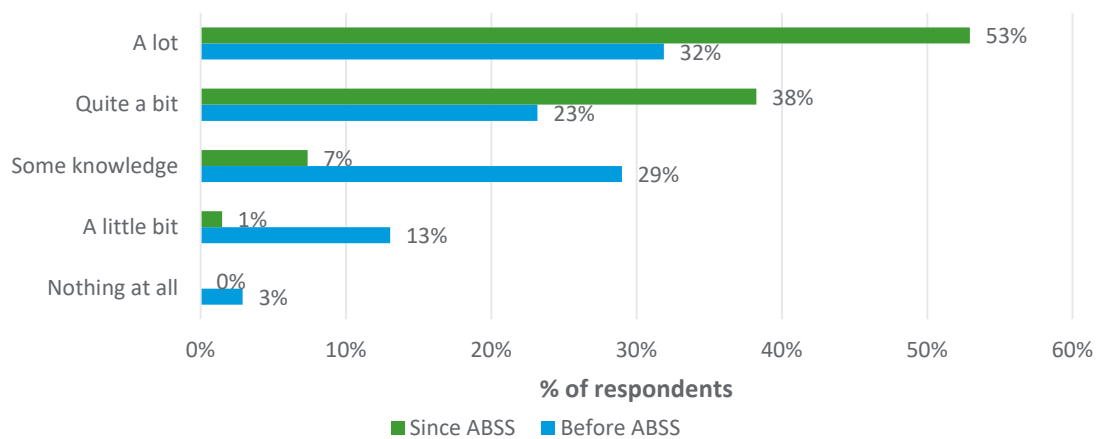
### Knowledge

Similar to Phases 1 and 2, survey findings indicated that parents' knowledge about diet and nutrition had improved since taking part in the ABSS programme. Other factors that influenced respondents' knowledge about their children's development are presented in Figure 4.7.

As shown in Figure 4.17 below, a larger share of respondents to the parent survey indicated that they had a relatively high level of knowledge about healthy behaviours during pregnancy before taking part in the ABSS programme (55% of respondents answered 'a lot' or 'quite a bit'). This increased by 36 percentage points to 91% of respondents since taking part in the programme. Specifically, a larger share of respondents (53%) said they had 'a lot' of knowledge about this in Phase 3 (compared to 45% of respondents to the parent survey in Phase 1 and 55% in Phase 2). However, the increase in knowledge reported by Phase 3 survey respondents from before to after taking part in the ABSS programme was **not statistically significant**.<sup>16</sup>

<sup>16</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.

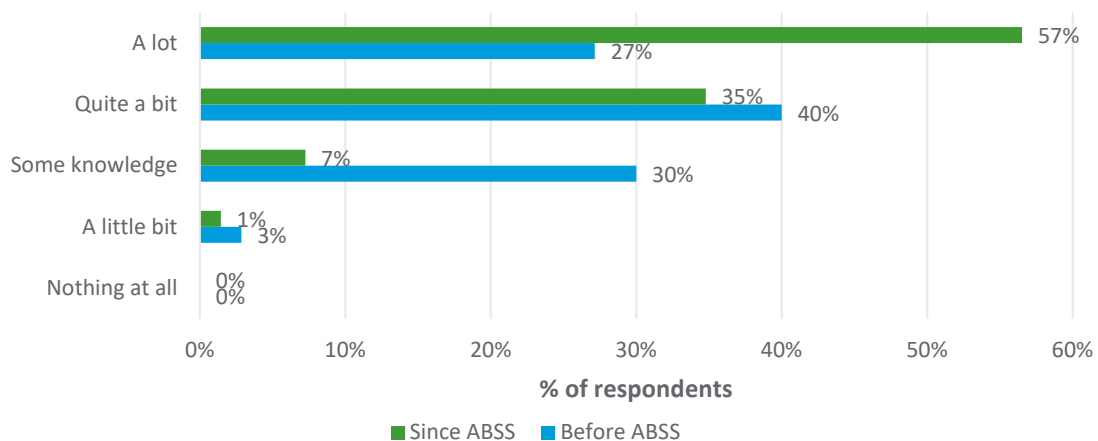
**Figure 4.17: Knowledge about healthy behaviours during pregnancy**



Sources: RSM Phase 3 survey of parent beneficiaries Q.19.1 (Base: 69) and Q.20.1 (Base: 68).  
Note: "Since ABSS" total does not sum to 100% due to rounding.

Figure 4.18 presents survey findings in relation to keeping families healthy and active. The vast majority of respondents (92%) to the parent survey reported that they knew 'a lot' or 'quite a bit' about this since taking part in the ABSS programme. This was an increase of 25 percentage points from 67% before taking part in the ABSS programme. This difference was **statistically significant**.

**Figure 4.18: Knowledge about keeping families healthy and active**

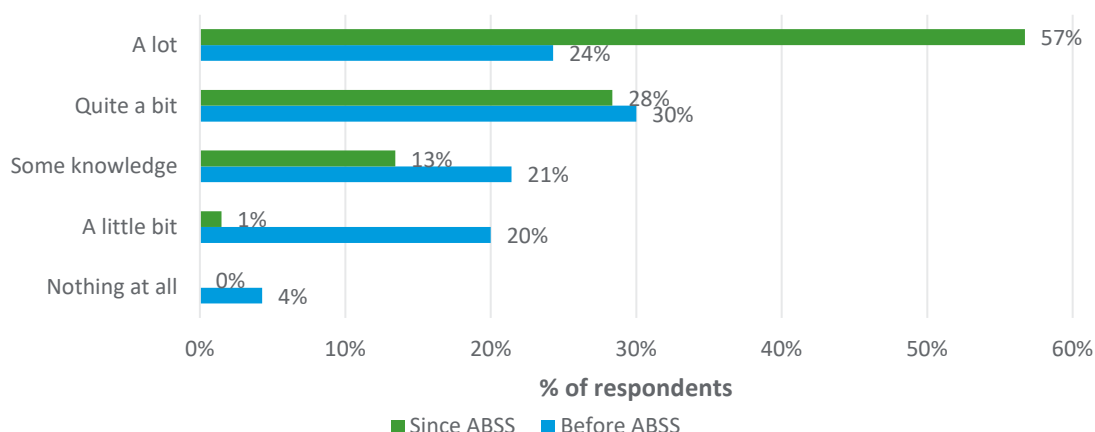


Sources: RSM Phase 3 survey of parent beneficiaries Q.19.3 (Base: 70) and Q.20.3 (Base: 69).

As shown in Figure 4.19, 85% of respondents said that they knew 'a lot' or 'quite a bit' about healthy eating for children under 4 years old since taking part in the ABSS programme. This increased by 31 percentage points compared to 54% before taking part. This was a smaller increase than that reported in Phase 2, but a larger increase than that reported in Phase 1. However, this difference was **not statistically significant**.<sup>17</sup>

<sup>17</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.

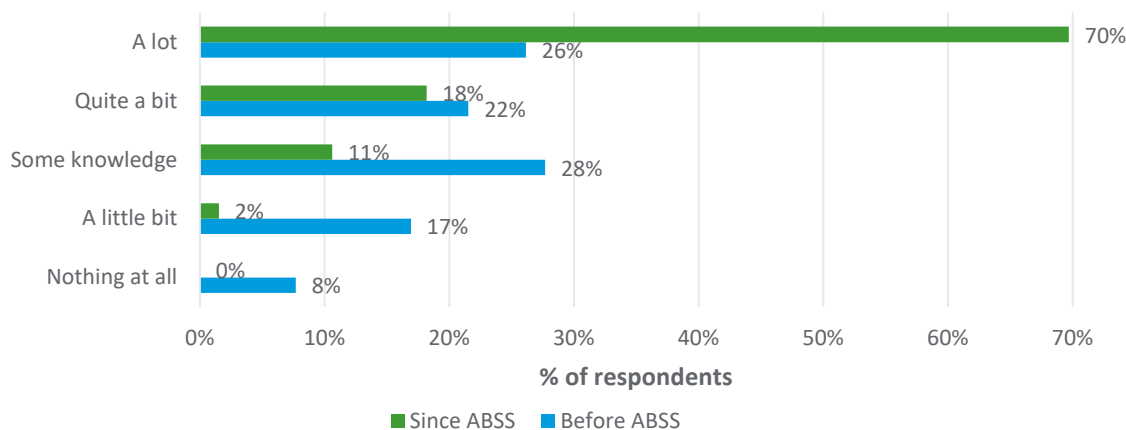
**Figure 4.19: Knowledge about healthy eating for children under 4 years old**



Sources: RSM Phase 3 survey of parent beneficiaries Q.19.4 (Base: 67) and Q.20.4 (Base: 70).  
 Note: “Before ABSS” and “Since ABSS” total do not sum to 100% due to rounding.

Figure 4.20 below shows that ABSS participants gained knowledge about the benefits of breastfeeding. 88% of respondents said that they knew ‘a lot’ or ‘quite a bit’ about the benefits of breastfeeding since taking part in the ABSS programme. This was an increase of 40 percentage points, from 48% before taking part. This was higher than the increase reported in Phases 1 and 2. However, this difference was **not statistically significant**.<sup>18</sup>

**Figure 4.20: Knowledge about the benefits of breastfeeding**



Sources: RSM Phase 3 survey of parent beneficiaries Q.19.2 (Base: 65) and Q.20.2 (Base: 66).  
 Note: “Before ABSS” and “Since ABSS” total do not sum to 100% due to rounding.

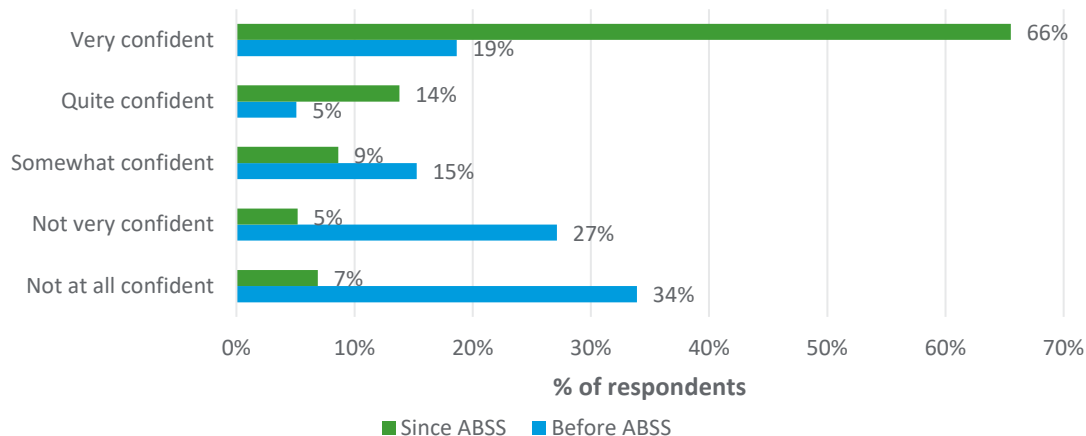
### Confidence

Figure 4.21 presents the findings in relation to respondents’ confidence about breastfeeding. Before taking part in the ABSS programme, less than a quarter of respondents were ‘very confident’ or ‘quite confident’ about breastfeeding (24%), compared to 80% since taking part. The same finding was identified in both Phase 1 and Phase 2. There was also a remarkable

<sup>18</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.

decrease in the proportion of respondents who felt 'not very confident' or 'not at all confident' from 61% before to 11% since taking part in the programme. However, the increase in confidence was **not statistically significant**.<sup>19</sup>

**Figure 4.21: Confidence about breastfeeding**



Sources: RSM Phase 3 survey of parent beneficiaries Q.22.1 (Base: 59) and Q.23.1 (Base: 58).  
 Note: "Since ABSS" total does not sum to 100% due to rounding.

**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?**

Findings from both qualitative and quantitative fieldwork show that the ABSS programme has had a positive impact on community resilience for the target population. There were a range of ways in which this occurred. However, it is important to note that the survey respondents were self-selected. This means that the sample upon which the survey results are generated may not be representative of all parents who took part in the ABSS programme. Therefore, these results should be considered as indicative.

One of the most significant ways in which the ABSS programme increased community resilience was by helping to foster new parent connections in the community. The vast majority of survey respondents felt that the programme was connecting parents to each other (86%) and their communities (91%). Although not always the primary objective, ABSS services offered a free space for parents to meet and relate to other parents who were going through similar challenges. This enabled relationships to develop which reduced isolation and expanded the networks of support within the community, building resilience in the process. This finding was consistent with the findings of Phases 1 and 2 of the evaluation. However, more emphasis was placed on the importance of social connections in previous phases because of the heightened prevalence of social isolation that came from the COVID-19 pandemic.

*"We've seen really deep friendships blossom by becoming a member of the FOOD Club... It's very much about reducing social isolation and building community capacity as well."  
 (Stakeholder interviewee)*

<sup>19</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.



*“Even just making connections with other parents... they're beginning to form those relationships, which does build up that support network, and does reduce that isolation.”  
(Service manager focus group participant)*

As discussed in relation to Research Question 4, some interviewees felt that parents were able to feedback on and influence ABSS services through the Parent Champions. Co-production has been a core feature of the ABSS programme, which was driven by the Engagement Team at ABSS. This offered a channel by which parents could genuinely shape the services they were taking part in. This has fostered a sense of ownership in some parents, which has encouraged engagement in service design and increased involvement in community affairs.

*“The engagement team in particular are really good at getting you involved in a way that you feel comfortable with, like asking you if there's anything that you want to say or if you want them to say anything on your behalf. They support you to attend the meetings... the engagement team are really crucial in making sure that our voices are heard. Across the board, everyone's respectful and values the parent experience. The decisions can't be made without the Parent Champions. The meeting can go ahead, but decisions can't be made. That goes to show just how important [Parent Champions are].” (Parent Champion interviewee)*

*“The community engagement and work has been quite high profile. There's been quite a lot of opportunities for local people to get involved in different initiatives... to give their opinions on how the service should be delivered, what activities could be included and suggestions for improvement. And I think that's the case for all of the ABSS funded services”  
(Stakeholder interviewee)*

However, there were limits to community involvement, since some services were more fixed in their structure with less opportunity to respond to service user feedback. This included clinical services, and services which were coming to an end when the ABSS funding ceases in 2025.

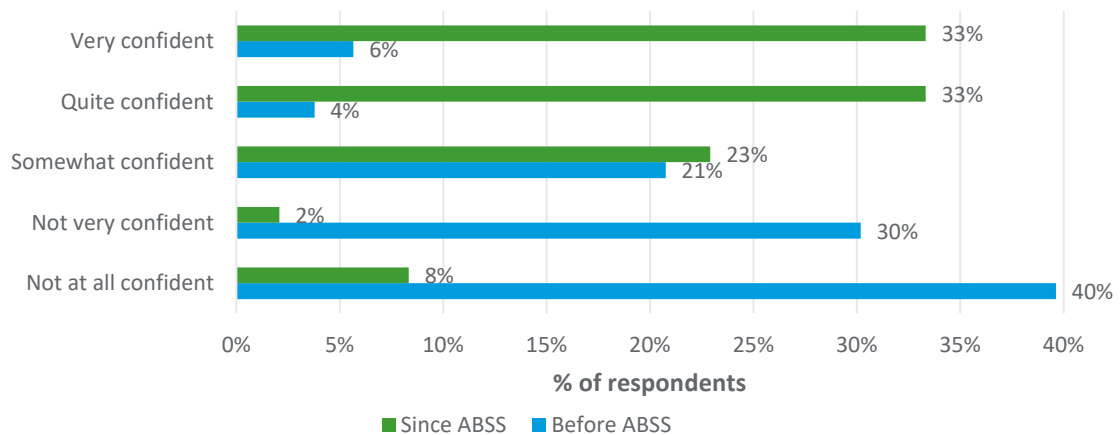
The survey findings suggested that those who took part in the ABSS programme became more confident in designing or delivering local services. Figure 4.22 shows that the majority of respondents (89%) reported at least some confidence in their ability to influence service design or delivery since taking part in the programme, compared to less than one third (31%) before taking part. However, this finding was **not statistically significant**.<sup>20</sup>

*“An example I could give is the new project Southend Supports Breastfeeding. Two Parent Champions that are part of the project, have helped design the logo, the website, and the colours.... I think it is quite widespread and I would like to think that the parents feel supported.” (Service manager focus group participant)*

---

<sup>20</sup> Statistical significance indicates that the results are not explainable by chance alone. A non-statistically significant result indicates that the difference could be explained by chance rather than any intervention or outside influence.

**Figure 4.22: Involvement in designing or delivering local services**



Sources: RSM Phase 3 survey of parent beneficiaries Q.22.4 (Base: 53) and Q.23.4 (Base: 58).  
 Note: “Before ABSS” and “Since ABSS” totals do not sum to 100% due to rounding.

The ABSS programme also increased community resilience by upskilling parents. As discussed previously in relation to the impact on parents, this occurred in two key ways:

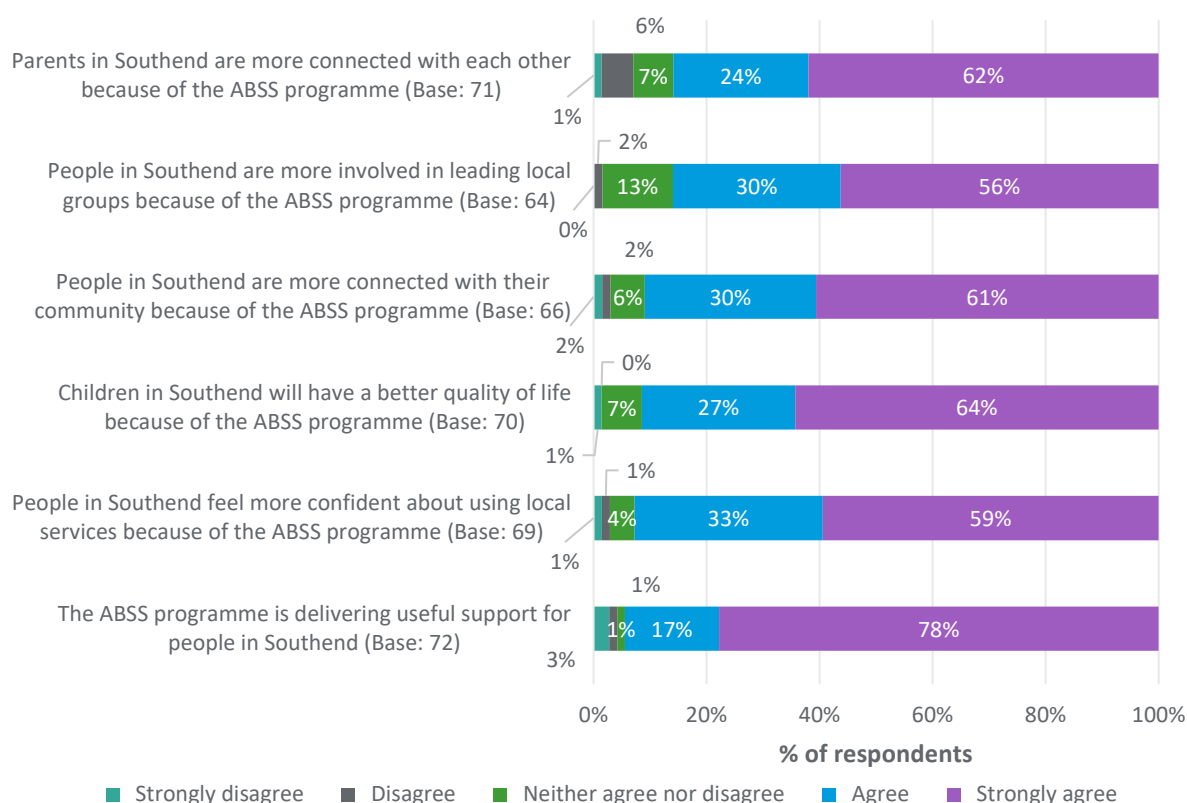
- The practical support offered through the Work Skills service
- The experience gained by being a Parent Champion and other volunteering pathways.

Through these two channels, the ABSS programme has helped parents to build skills and experience, which have improved their career prospects and made them more capable as community leaders.

*“The Work Skills project that I’ve signposted to, I know a few clients have been able to actually utilise that to get part time work.” (Service manager focus group participant)*

*“Some of the Parent Champions have been able to upskill and get certain certifications and qualifications in breastfeeding support. If Bump to Breast ended after A Better Start, they will still be within the community doing some of that support. It’s definitely made an impact in terms of having a wider network of support. They may not be paid people, but they are out in the community, and they have the knowledge.” (Stakeholder interviewee)*

**Figure 4.23: Influence on people in Southend (parent survey)**



Sources: RSM Phase 3 survey of parent beneficiaries Q.26.

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

Figure 4.23 presents the participant responses to a range of statements about the impact of the ABSS programme on people in Southend. In each case, the sample size is over 60 respondents. For all statements, at least 86% of respondents ‘strongly agreed’ or ‘agreed’ that the ABSS programme had a positive impact in these areas. This includes 95% of respondents who felt the ABSS programme was delivering useful support for people in Southend (including 78% who ‘strongly agree’) and 92% who said that people in Southend felt more confident about using local services because of the ABSS programme (including 59% who ‘strongly agreed’).

While we are unable to claim that this is representative of all ABSS parent beneficiaries, it does show that survey respondents felt that the ABSS programme was having a strong positive impact in Southend. The vast majority of respondents felt that the programme increased people’s confidence to use other local services (92%) and improving the quality of children’s life in Southend (91%). Similar results were found in Phases 1 and 2.

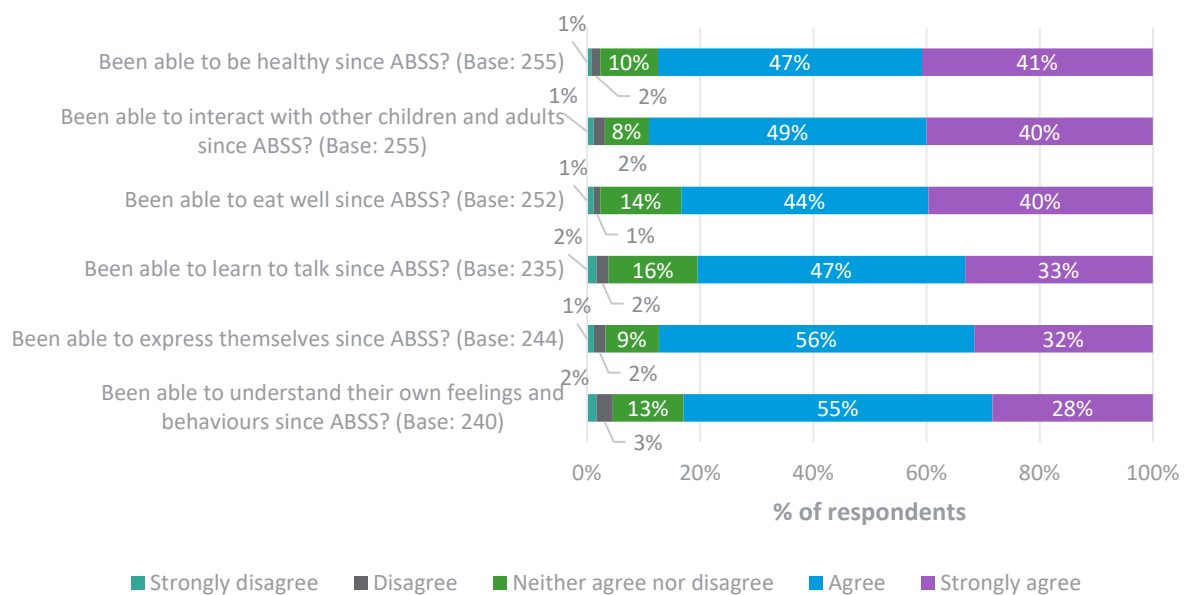
*“I think as a community of different women we help and very knowledgeable women who work there regularly with a lot of understanding of resources in the community, they really do give out that resources.” (Staff/Volunteer interviewee)*

#### 4.2.2.11 Summary of survey findings across ABSS workstreams and evaluation phases

Across all time points, most parents indicated that they **found ABSS activities or events useful** (93%, 98% and 95% of respondents indicating so, respectively over Phases 1, 2 and 3). Few qualitative responses were collected through the open-text follow-up question to this which asked, *why was this?*

The seven responses that were collected related to reasons where parents had indicated they had not found them useful and included comments relating to: the depth and detail of advice given, the unsuitability of activities for some children (for example, autistic children) and parents not understanding the role/purpose of some sessions.

**Figure 4.24: Overall survey responses regarding support for children**



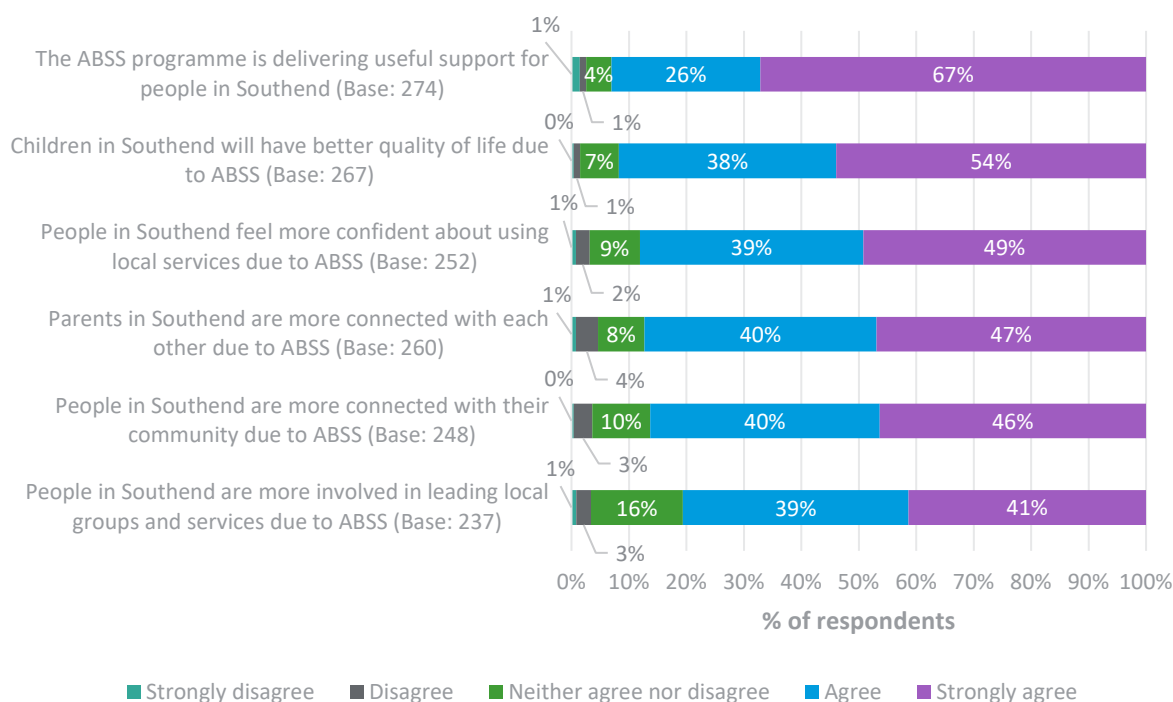
Source: Phase 1, 2 and 3 Parent and Carer and Community Surveys

Parents mostly **felt they and their children had been able to get the support they needed**, and this was maintained over time. Figure 4.24 above indicates the overall agreement across the phases.

Similarly, parents overall agreed that the ABSS programme had a **positive influence on families and the community in Southend**. Consistently over time, the most strongly agreed upon statement was *'The ABSS programme is delivering useful support for people in Southend'*. Figure 4.25 below indicates the overall agreement across the phases.

Upon examining differences over time, results were largely consistent across time periods. There was a noticeable shift in Phase 3, where in response to both questions, more parents were 'strongly agreeing' rather than 'agreeing', hinting at a greater positive impact over time.

**Figure 4.25: Overall survey response regarding impact on community**



Source: Phase 1, 2 and 3 Parent and Carer and Community Survey

### 4.2.3 System level

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

A minority of interviewees mentioned how the wider community benefitted indirectly from the ABSS programme through the spread of knowledge by word of mouth. Parents who were interviewed said that service users often share the knowledge they have gained with other parents in their network, and often feel more able to support other parents in the community because of their involvement in the programme.

While this benefit was not exclusive to breastfeeding services, it was commonly referenced as a key area in the diet and nutrition workstream. There were examples of the parents participating in Bump to Breast spreading the knowledge they gained and supporting other parents to successfully breastfeed their child. Furthermore, Southend Supports Breastfeeding was helping to normalise breastfeeding in public spaces, which will also benefit breastfeeding mothers who have not taken part in the programme.

*“It’s not just for the mother, it’s for the mother to then help other mothers. I’ve heard various members of Bump to Breast say that they’ve passed this knowledge on to their friends... I’ve heard a lot of other women say ‘I’ve helped my friend’, ‘they’ve asked me this’, ‘I’ve told someone this’, and even if it’s just how to position the baby and how to latch properly with different feeding positions. It’s just spreading the knowledge.” (Parent Champion interviewee)*

#### 4.2.3.1 Theme 4: The knock-on-effect of the ABSS programme

Participants spoke at length about some of the impacts the ABSS programme had on the wider community. Primarily this related to: **connectedness** between parents and families, the **sharing of knowledge and opportunities**, and addressing **societal fears** and

prejudices. This also linked to the wider aims of the programme, relating to **community resilience**.

Enhancing connectedness was heavily reflected on by delivery staff. They described anecdotes of where parents had met through an ABSS service and developed strong friendships, provided support to one another's families, and the positive impact the opportunities the ABSS programme provided for parents socialise. This appeared to be even more valuable for families with children with disabilities.

*"If you've got a child with disabilities and none of your friends have got a child with disabilities, you don't see anyone else in the same situation as you, which is vitally important for parents." (Service manager interviewee, Phase 2)*

The impact of this connectedness between parents was also perceived to have extended benefits across the whole family, and especially in circumstances where connectedness may otherwise be reduced.

*"We have had feedback about the relationships that parents have made with each other, they have changed their mental wellbeing and in fact have positive impacts on their families. Particularly those who for one reason or another have been quite isolated from their own families. And it's been a way to build a network, a friend or family, who supports each other very much." (Service manager interviewee, Phase 2)*

Other participants discussed the exchange of knowledge and/or new opportunities that parents had embarked on, between and amongst peers they had met through their involvement with the ABSS programme. This included the domino effect of parents having attended one class/group then feeling confident to attend another one, the development of a new parent-led community project looking after local parks, how parents "spread the learning" within and across different groups and even how a group of volunteers had gone on to pursue formal healthcare training. Many spoke about how reassurance and knowledge was offered parent-to-parent, based on their own experiences of the ABSS programme.

*"I think linking with other families has helped people to kind of get an idea of their children's developments, and also, they'll be like: 'Oh, did you ask the health visitor about that?' or, 'Did you go to the speech and language?' and people report back saying 'Oh, it's really good experience with speech and language!' " (Service manager interviewee, Phase 2)*

*"Also, I think as a community of different women, we help and are very knowledgeable women who work there regularly, with a lot of understanding of the resources in the community" (Service manager focus group participant, Phase 3)*

Some participant reflections illustrated how ABSS activities impacted upon broader societal issues among the families who took part in them. This included reducing stigma around mental health, as well as opening up spaces for parents, and staff, to learn and talk about racism and anti-racism.

This theme was apparent across all three phases, further signalling its pertinence to the outcomes of the ABSS programme (see Figure 1.2).

**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?**

Research questions 14, 15 and 16 are all related to wider systems change of family and children's services. In Phase 3 of the evaluation, only a minority of interviewees were able to comment on the value to service providers. Generally, ABSS service managers felt that one of the key ways that value was created by the programme was through building a stronger network between ABSS service providers and other services in Southend, as discussed in the findings on Research Question 7. Improved coordination to meet community needs (within the ABSS network and with other services), was said to have strengthened referral pathways and signposting. More sharing of information and best practice was said to have improved the quality and coverage of family and early years services in Southend. This was similar to the findings in Phase 2.

*"The value that's added is more than the sum of the parts, because we're able to work together." (Service manager focus group participant)*

No direct harms from the ABSS programme on services were identified in Phase 3 of the evaluation. This was also the case in Phase 2 of the evaluation. However, during Phase 3 a minority of interviewees raised concerns about drawing near the end of the ten-year ABS funding period and the changes that would likely bring to the wider family services landscape in Southend. This also introduces uncertainty and inconsistency of service provision for families who may be unsure of what is available and for how long. A lack of consistency was felt to be a long running theme in family services more generally, leading to services having difficulties in fostering consistent relationships with the communities they serve.

*"In the long term, if it's not continued, then maybe that generational trust isn't built up... because there is no consistency. There is no support. It's taken away." (Staff/Volunteer interviewee)*

At a system-wide level, the ABSS programme has helped to increase the attention given to co-production in service design and delivery. A minority of interviewees spoke about the various ways in which the success of the Parent Champion initiative has compelled other organisations within Southend to embed co-production and community engagement in their planning processes. This includes Southend City Council. While the form that co-production takes differs across the system, it is centred around the idea that service users and the community should be listened to in order for services to meet needs more effectively. Co-production is discussed in more detail in response to Research Question 4.

Furthermore, a minority of interviewees felt that there had been an increase in partnership working across the wider system in Southend as a result of the ABSS programme. This has improved collaboration and the effectiveness of services, as the more joined-up approach has improved the offer for families in the community.

*"I think children services previously always spoke about integrated services and where you're integrated. But I think the reality came that actually you're not integrated at all. But now we see integrated working... we see this ability where there's much more sharing and openness on a strategic level." (Stakeholder interviewee)*

*"It's really hit home about partnership working and collaboration and enabling organisations that are specialists in the fields to partner with each other for the betterment of their audience" (stakeholder interviewee)*



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

Similarly to Phase 1 and Phase 2, most interviewees did not comment on the cost benefits of the ABSS programme. Therefore, no strong themes emerged.

It was noted by a minority of interviewees that the benefits of the programme extended beyond the primary beneficiaries (pregnant women and children under the age of four years old, living in an ABSS ward) by enabling other family members (e.g. fathers and siblings), to gain and retain valuable skills from experienced professionals. However, they indicated that it is challenging to quantify these cost benefits.

*“The direct beneficiaries are the children under four and pregnant mothers, but the dads and other siblings would also benefit if the parent goes back to work. Now people are also starting to understand how important working within the early years of children is and how much money it saves later on, so it [ABSS programme] benefits much wider than that 7,000 people [unique primary beneficiaries]. We have not necessarily dug down and collected data that we have essentially could have done, that will truly show the value of what that investment has provided.” (Stakeholder interviewee)*

*“Without the funding from ABSS, it would be really difficult for us to run the service. They said 80 to 100 families per week would then no longer receive the benefit of the FOOD Clubs for example, so otherwise it's quite difficult to quantify. There are other food services in Southend who do an amazing job like the food banks, but I don't think to my knowledge there are any food pantries or FOOD Clubs working closely with families who often have children under this age.” (Stakeholder interviewee)*

A minority of interviewees expected that the preventative actions of the ABSS programme would reduce the need for more intensive support or treatment later on. This was particularly the case for the communication and language workstream, as well as social and emotional development, since these are common areas where children can fall behind in their primary school years. By preventing child development challenges from arising, the ABSS programme has helped to avoid costs for statutory and/or clinical services in the future. However, the magnitude of costs avoided is unknown.

*“Early intervention is key. If you invest now, then it's going to save you costs and intervention later on.” (Stakeholder interviewee)*

*“Investment in early years is the best investment in terms of outcomes for families.”  
(Stakeholder interviewee)*

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

There were mixed views about the extent to which the ABSS programme has met its stated objectives in terms of beneficial systems change. Some interviewees acknowledged that the ABSS approach of partnership working, co-production, and strong working relationships had driven system change in Southend. System change associated with co-production was also identified in Phase 1, while strong working relationships were more prevalent in Phase 2.

One notable achievement pointed out by a minority of interviewees was the establishment of co-production as a standard practice. Initially, co-production was seen as an unfamiliar concept, but it has become integral to service design and delivery in Southend as a result of the ABSS programme's example. By prioritising collaboration and putting the lived experiences of families at the forefront, ABSS has fostered a shift toward more inclusive and

responsive service development. This has contributed to a change in how services are designed and implemented, with feedback from service users becoming a core component of decision-making. Some interviewees described this as a key system change that has grown and evolved over time.

*“I think one of the biggest [benefits] for me is the system change. When I came into A Better Start, the word co-production was just starting to come to fruition. It was a bit of an alien term. They didn't know how to go about it. One big thing that ABSS has done through co-production work is really set it as a must have if you are building a service or you're interacting with people. It needs to be collaborative. Their feedback needs to be at the forefront because they have lived experience, they live and breathe it. That's one that I've definitely seen, a transition and growth in changing the system.” (Stakeholder interviewee)*

*“I feel as though because we've had a bit of a system change and a system shift, I think people are better able to see that. And I think building those partnerships, it shows that actually we're a collaboration. When you see Southend City Council and they've got an initiative, generally there's lots of other organisations that are associated with that. Just today one of us was asked to go to a Southend partnership meeting” (Stakeholder interviewee)*

However, others expressed concerns about the programme's capacity to fully achieve its vision of system change. While there was recognition of some progress in collaboration and partnership-building, a minority of interviewees noted that the scale and complexity of the system made it difficult to sustain comprehensive communication and ensure the spread of lessons learnt. Additionally, staff turnover and the broader context of austerity and reductions in the budgets of local authority and children's centres were seen as substantial barriers to achieving meaningful, long-term system change.

Given these factors, some stakeholders and programme management staff felt that the ABSS programme had not achieved the level of systems change that was originally intended back in 2015.

*“We've not really been brought together as a system to really learn from each other and see what's going on as the whole system particularly, I don't feel. I think in the early years [of the ABSS programme] there was more communication because there was a programme board and ways to access the information more centrally. But as it's got bigger and mushroomed into different things, there's been quite a lot of turnover of staff, things obviously changed.” (Stakeholder interviewee)*

*“I don't know that the hailed system transformation stuff that was originally envisaged has particularly happened. It obviously hasn't helped as it's coincided with 10 or 14 years of austerity, significant reductions in local authority and children's centre budgets So I suppose in a way the A Better Start programme kind of offset the worst... But I think what was envisaged 10 years ago in terms of significantly transforming the system, change the system forever by having really brilliant family centred outcomes and well-being and community resilience and all this sort of stuff. I don't know that that's quite been achieved.” (Stakeholder interviewee)*

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

The Phase 3 findings on the extent to which the children's workforce has changed as a result of the ABSS programme suggest that similar to Phase 1 and Phase 2, there were benefits in terms of changes in work practices. This included increased collaboration,

partnership working, and co-production, as noted above. However, unlike the qualitative findings in earlier Phases, interviewees in Phase 3 highlighted some negative impacts on the children's workforce as the programme approaches the end of the ABS funded period.

One such challenge was staff recruitment and retention. Some interviewees felt that the fixed-term funding period, led to fixed-term employment contracts, which made it difficult to sustain a stable workforce because people wanted more job security. They also mentioned the anxiety experienced by some staff on short-term contracts, when faced with uncertainty about their future employment. They said this environment made it challenging to replace staff when they leave.

*“Capacity is a big problem with recruitment, sustaining staff, especially in ABSS and even more so at the time that we are in now. Retaining [the] people that we have on contracts with short term, they have only got a certain amount of time left. So, there's a risk there that if someone was to leave the project it would be very difficult for them to recruit back into that position before the end of March. And the challenge with that as well is that... there is not a lot of [other] funding available. Permanent positions are not there... They're going to have to wait and apply for funding. And it is just a circle.” (Service manager focus group participant)*

*“I think people are reluctant to take short term contracts now because you don't know where you are going to be from one minute to the next.” (Service manager focus group participant)*  
*“On all of our mental health, there's a massive impact. When you're looking at what jobs you're going to do going forward, for me it's a step back and means me dropping my wage [considerably]. So obviously that has a knock-on effect on my work life balance. Knowing that there are no [equivalent roles] within a 25-mile radius of here is quite hard, because that means I've got to go into London to get a job or crossover to the [another sector]. (Staff/Volunteer interviewee)*

### 4.3 Summary

Analysis of both qualitative and quantitative evidence sources suggest that participation in the ABSS programme was associated with positive impacts on parents and children. The vast majority of respondents to the ABSS Phase 3 parent survey felt that the programme was delivering useful support for people in Southend (95%) and was improving the quality of life for children who participated in it (91%).

The survey results show dramatic increases in parents' self-reported knowledge, ability and confidence after taking part in one or more ABSS service. Comparing parent responses before and after participation in the ABSS programme gives the following results:

- Access to support – Average agreement with positive statements about access to support was 32% higher after taking part in the ABSS programme (57% to 89%)
- Knowledge – Average knowledge about children's social and emotional development, language and communication development, and diet and nutrition was 36% higher for after participation (50% to 86%)
- Confidence – Average confidence about parenting increased by 41% (46% to 87%).

The increase between before and after responses were statistically significant in the following areas:

#### Social and emotional development

- Ability to access support to interact with other children and adults.
- Ability to access support to help child understand feelings and behaviours.

- Knowledge about helping children understand own feelings and behaviours.
- Confidence in taking care of mental health and wellbeing.

### **Communication and language development**

- Ability to access support to help children learn to talk.
- Knowledge about activities to help children express themselves.
- Confidence about reading with children.

### **Diet and nutrition**

- Ability to access support to be healthy.
- Ability to access support to eat well.
- Knowledge about keeping families healthy and active.

The positive impact on confidence, in particular was also strongly supported by qualitative findings across all three Phases of the evaluation.

The interviews and focus groups with stakeholders, delivery staff and parents identified rich qualitative evidence. Some interviewees felt that the impact of the ABSS programme was further enhanced by parent networks in the community, which spread parenting knowledge, information about ABSS services and other support through word of mouth. What is more, parent networks in the community were said to have grown and developed as a result of the ABSS programme providing free events for parents to meet and develop healthy relationships.

The Parent Champion initiative was a standout feature of the ABSS programme. As well as helping to increase service user engagement in design and delivery, it increased the flexibility of planning processes to accommodate the needs of the community (through co-production) and it helped to share knowledge gained from ABSS services such as Bump to Breast. It also improved the capabilities of those Parent Champions to take on leadership positions in the community and develop new skills. The co-production aspect of the ABSS programme was also felt to have generated wider systems change, since it has become standard practice for public sector and third sector organisations in Southend.

Another common theme that emerged in the qualitative evidence was the positive impact that the ABSS programme has on integrated working across early years and family services in Southend. The ABSS programme has strengthened the network between services through signposting, referrals, sharing of best practice and personal connections. This was felt to have improved the quality of provision and its ability to meet the needs of families in Southend. This aligns with the findings of Phase 1 and Phase 2.

Additionally, a minority of interviewees and focus group participants felt that the ABSS programme would reduce the need for statutory and clinical services later on. However, there was no strong evidence to demonstrate this longer term impact.

Overall, findings on the impact of the ABSS programme across the different workstreams and at a programme, community and system level were generally consistent across Phases 1 to 3 of the evaluation. This strengthens the reliability of the findings.

## 5 EQUITY

### 5.1 Introduction

This chapter of the report focuses on how inclusive the ABSS programme was and the barriers to reaching specific groups at a programme, community and systems level. It is based on findings from the interviews, focus groups and surveys undertaken during Phase 3. It also draws comparison with findings from Phases 1 and 2 of the evaluation, where possible.

### 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 (minoritised ethnic groups, most deprived households)?**

Most interview and focus group participants felt that the ABSS programme made efforts to reach out to disadvantaged and/or vulnerable groups. However, barriers existed to reaching certain groups.

One of the most commonly identified barriers to engaging with some minoritised ethnic or religious groups were language barriers. Southend has a diverse population where many people speak English as an Additional Language (EAL). This presents a practical barrier to promoting services and building relationships within communities where English is not people's first language. However, various attempts have been made to reduce this barrier. Other languages have been used in promotional materials, and multi-lingual representatives have been used to communicate effectively with target groups. Furthermore, the Welcome to the UK service was felt to have helped to reduce language barriers to reaching minoritised or vulnerable groups.

*“We had quite a high influx of Romanians that come in, so we did use translators to do the programme... it felt quite difficult to do the full programme, but they definitely did get a good amount of support, and I've had good feedback from certainly one of the ones that I looked after. We have had a few non-English speaking clients where we've needed translators.”*  
(Staff/Volunteer interviewee)

*“I have deliberately tried to recruit staff and volunteers who speak various community languages... we don't offer every single language because we just don't have that capacity, so we know there are some groups which we aren't necessarily reaching or are not accessing support in the same way.”* (Service manager focus group participant)

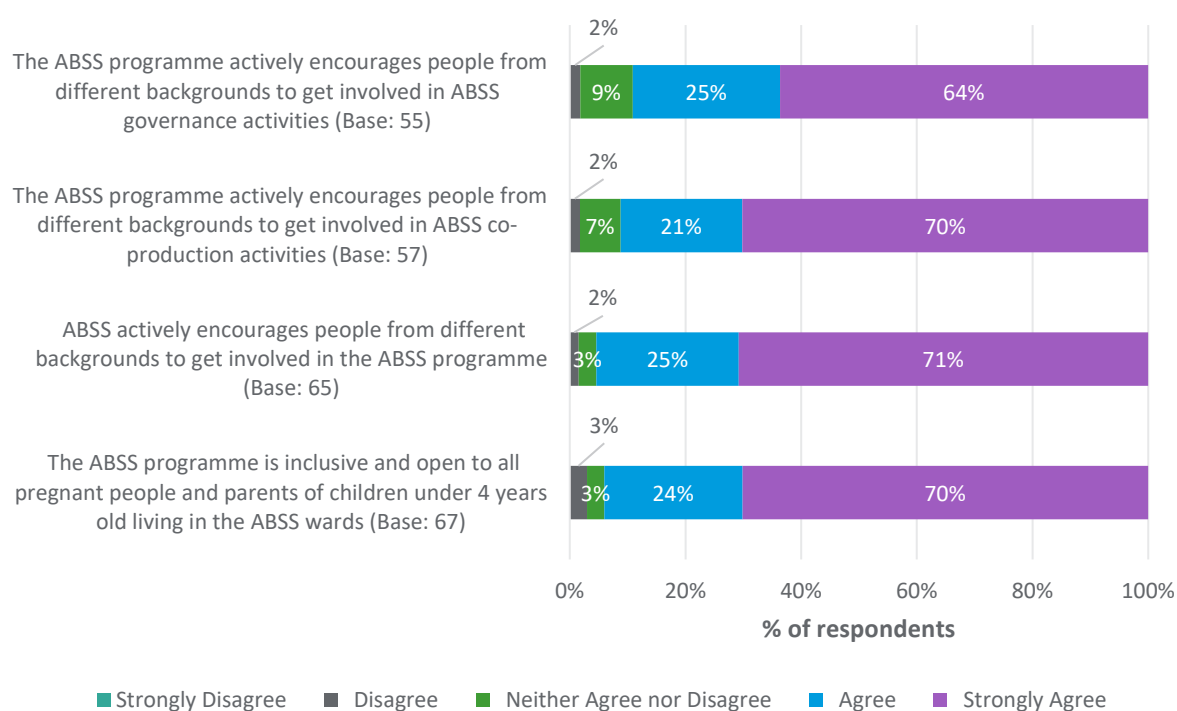
*“We have certain projects that are more tailored, so we have Welcome to the UK, which is supporting our populations that have English as a second language. They do really good engagement work in terms of getting services in to talk about what they do.”* (Stakeholder interviewee)

Qualitative evidence also highlighted the difficulties in reaching: young mothers, who felt vulnerable and often distrustful of external support; working families, who had less time to engage with ABSS services; and English-speaking ethnic minority communities, who were less represented by Parent Champions and ABSS services staff.



Survey respondents were asked how inclusive they felt the ABSS programme was through a range of statements. As shown in Figure 5.1, there was general agreement that it was. The vast majority of respondents felt the ABSS programme: actively encouraged people from different backgrounds to get involved in it (96%); was open to all parents/carers (94%); actively encouraged people from different backgrounds to get involved in ABSS co-production activities (91%). These responses were slightly more positive in the Phase 3 than Phases 1 and 2. However, the survey results are not directly comparable. This is because the Phase 3 results only reflected the views of ABSS participants, while survey findings in Phase 1 and 2 reflected the views of participating and non-participating parents, service delivery staff and volunteers.

**Figure 5.1: Inclusion**

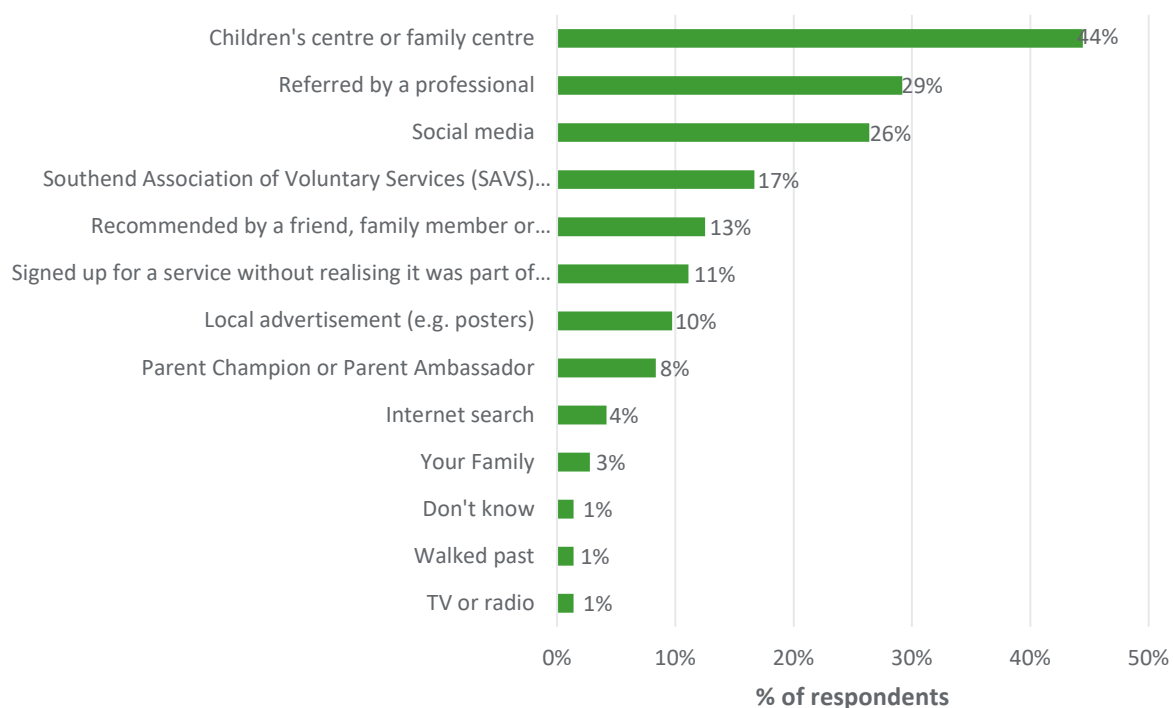


Sources: RSM Phase 3 survey of parent beneficiaries Q.32.

Note: "ABSS actively encourages people from different backgrounds to get involved" total does not sum to 100% due to rounding.

Figure 5.2 shows that nearly half of the respondents to the parent survey (44%) heard about the ABSS programme through the children's centre or family centre. This was a similar result to Phase 1 and Phase 2. However, different from Phase 1 and Phase 2, this was followed by more than a quarter of respondents who were referred by a professional (29%), heard about the programme through social media (26%), or Southend Association of Voluntary Services (SAVS) ABSS Engagement Team (17%). This suggested that people who were not already using children and family services, or were less active across social media, could be missed by ABSS advertising efforts (and by extension, were less likely to complete the parent survey, despite efforts to publicise it).

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



Sources: RSM Phase 3 survey of parent beneficiaries Q.2 (Base: 72).

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

### 5.2.1.1 Theme 5: Inequalities within and beyond the ABSS programme

Across all three phases of the evaluation, staff frequently referred to concerns about the **divide in access to services** resulting from the programme's focus on the six ABSS wards. Whilst this was integral to the programme's purpose – offering free services to people living in the most deprived areas of Southend – it also produced **new forms of inequality**. For example, individual families living outside ABSS ward boundaries who were just as, or even more, in need of the type of services that ABSS could provide as families living within ABSS wards, but who could not access those services.

This created a prominent “*animosity*” for service providers and “*disgust*” among some families, which was not alleviated even with the knowledge of the context of the ABSS programme. The excerpts below highlight this. It is important to note that people living in other parts of Southend-on-Sea are now able to use several ABSS services<sup>21</sup>.

*“I think people find it difficult that ABSS is for 6 wards only, then some of our partners are less likely to talk about it [to families] because it's by postcode - if you don't know their postcode, don't mention it because they might not be in that area.” (Service manager interviewee, Phase 1).*

*“Certainly, from the health visitor's point of view, there's a considerable amount of irritation that they don't have access. Half of them don't have access to A Better Start. And then there's the ones that do. So, they don't like that very much.” (Service manager interviewee, Phase 2).*

<sup>21</sup> For example, the Early Years IDVA service, commissioned through Safe Steps.



*"I think it's very post code lottery and I really struggle with that... because one vulnerable teenage girl to another, I don't care what area they're living in" (Service manager focus group participant, Phase 3)*

Another issue that was spoken about was the challenges in **effectively supporting a diverse set of parents** through the ABSS programme, with different backgrounds and preferences. This referred to the lack of staff who were, **fathers**. *"Sometimes it really helps if something is just for dads. We need to organise things that dads wanted to do, maybe even [have] male part-time volunteers - that would make a really big difference."*; the inclusion and engagement with **people of colour** *"the individuals who tend to represent the parent champions in a more vocal way do tend to be the White parent champions"*; and opportunities for engagement of families with the ABSS programme **beyond a group format**: *"I'm not going to keep flogging a dead horse if women don't want to meet up!"*. Participants identified that further solutions were needed to address this if the ABSS programme were to realise its aspirations of being an inclusive and open to all.

This theme, although present across all time periods, was not as heavily discussed as the other four, as indicated in Figure 1.2.

## 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 interviewees indicated that ABSS beneficiaries were primarily White British mothers. This is similar to findings in Phase 2 and was supported by analysis of ABSS beneficiary data (see 2.4 Profile of ABSS Beneficiaries (1 April 2023 – 31 March 2024)). However, this analysis showed that while White British women were the largest beneficiary group, the proportion of 'White' primary beneficiaries was disproportionately low when compared to the total Southend population (61%, compared to 87%). It also showed that the proportion of 'White' primary beneficiaries had fallen steadily across Phases 1 to 3 of the evaluation. This indicates that the programme has become increasingly effective at encouraging participation from minoritised ethnic groups (namely, 'Asian or Asian British' (7%) and 'Black or Black British' (6%)). While these results should be treated with caution, given the high proportion of beneficiaries for whom no ethnicity data has been obtained (19%), they were supported by qualitative data.

Some interviewees reported that families from minoritised ethnic groups, other nationalities and young mothers were also benefiting from ABSS services. This included European and African families who had moved to Southend as well as teenagers from the traveller community.

*"We do get a fair mix, but I would still say the majority of our clients are White British on the whole, and more mums than dads. Around like teenage parents, some are less likely to have a baby young, others are more likely... we have had some [teenage] travellers."*  
(Staff/Volunteer interviewee)

*"We are seeing lots of different ethnicities and nationalities coming through and they have really tried to reach out to them. They have had some success, but it's a really challenging."*  
(Stakeholder interviewee)

*“The more central Southend tends to be White British. But certainly, a lot of the families that come to our site, particularly at Westcliff and I know that attendees in these breastfeeding groups, a lot of them are European or African, so it appears that there is a wider demographic that accesses these services, which is good.” (Stakeholder interviewee)*

The majority of survey respondents and interviewees felt that ABSS services were inclusive by design. Despite this, a minority of interviewees pointed out that it had been challenging to reach out to certain communities. This was thought to be due to a culture of self-reliance, reducing the willingness of individuals to seek help from external or formal sources outside their own family or community. Interviewees noted challenges in engaging the Jewish Orthodox community in Westcliff. The community was described as well established, and therefore easy to approach. However, religious rules and support networks were likely to stop parents from engaging with the ABSS services, preferring to get support from within their own community instead.

*“There are certain communities that are suspicious of outsiders. So, the Chinese community is a good example. Went to the Orthodox Jewish community, but because the Orthodox Jewish community in particular is so visible and has grown a lot in Southend, they do not necessarily want help.” (Stakeholder interviewee)*

*“If you are going to talk about communities that we have not reached or find difficult to connect to you, you just have said the Jewish and the Chinese community right at the top.” (Stakeholder interviewee)*

*“Jewish people because of their religion will not join with that.” (Stakeholder interviewee)*

Similar to Phase 1 and Phase 2, it remained challenging to involve fathers in ABSS services and activities. Although the proportion of ABSS participants who were fathers has increased over time (from 14% in Phase 1 to 17% in Phase 3). A minority of interviewees highlighted efforts to include fathers through tailored activities and invites. However, it was noted that fathers tended not to participate, especially in services that have been traditionally associated with mothers, like breastfeeding activities.

*“We have also moved the programme over to the dad where the dad has got custody of the child and work with the dad, and we do try to include the dads in all of our work. There is lots of facilitators that are for dads. When we have run baby massage groups, we have always invited the dads. Some struggle to want to be included and we do encourage that.” (Staff/Volunteer interviewee)*

*“It is very, very difficult to get the fathers to connect. So, they have realised that one thing that they have got to create a call spot, something called the dads to attend, because dads do not tend to go along to a breastfeeding meeting or things of that nature.” (Stakeholder interviewee)*

A minority of interviewees acknowledged that they were not able to identify whether any groups were excluded from the ABSS programme due to a lack of information. This highlighted a gap in the identification and tracking of excluded or underrepresented groups within the ABSS programme through programme data.

*“It [excluded group] has not come up in sort of any the reports and kind of the sessions when we do speak about the reports to be fair. From their point of view, we have not picked up on sort of client group.” (Service manager focus group participant)*

*“I would not specify by group to be totally honest with you. I have not noticed a trend of any one particular family or group not getting involved. I would have to see data for that.”  
(Staff/Volunteer interviewee)*

### 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 services reaching specific groups (Section 5.2.1) or which groups were benefiting most from the ABSS programme (Section 5.2.2), the evaluation explored which groups were represented in the co-production and governance of the ABSS programme. The majority of the interviewees reported that parent champions were actively involved in co-production and governance, with a minimum of two parent champions required in governance meetings to ensure that voices from parents were heard. A minority of interviewees however indicated that the Parent Champions were perceived as being predominantly ‘White’ despite efforts made to broaden the demographic representation. ABSS programme staff have indicated that there is a diverse mix of ethnicities across the Parent Champions. However, interviewees were unable to comment on what factors underpinned this underrepresentation.

*“It’s a partnership approach with co-production with parents. Co-production is now embedded in the Council. It’s embedded across our sector. People understand it, people do it where it’s appropriate” (Stakeholder interviewee)*

*“When it comes to the governance meetings and stuff, there has to be a minimum of two parent champions present. It’s always everybody in the room. We’re not ignored. Our voices are heard.” (Parent interviewee)*

*“Parent Champions are predominantly white, but they are definitely trying to get a wider demographic spread.” (Stakeholder interviewee)*

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

Of the interviewees who were able to comment, the majority felt that the ABSS programme was helping to close inequities in access to services. This was for two key reasons. Firstly, the ABSS programme provided funding that enabled services to be delivered free of charge for users. This meant that cost was removed as a barrier for low-income families, who were therefore more likely to attend services. Secondly, the ABSS programme encouraged and funded delivery partners to adopt specific measures to increase accessibility for typically underrepresented groups in service uptake (including minoritised ethnic groups, people with EAL, working families, young mothers, and dads). These measures include:

- Creating promotional materials in multiple languages
- Using translators during services
- Connecting to specific EAL groups through a multilingual service representative
- Dad specific services
- Flexible timings of some services to suit working families.

Flexible timings, multi-language promotional materials, multilingual service representative and translators were not always feasible for every service across the board. However, the existence of such measures does show that inequities in access to services were at least partly addressed.

*"I think the programme has worked really hard to reach those harder to reach groups... They've had some success, but it's really challenging." (Stakeholder interviewee)*

*"They're quite accessible in their inclusivity, people are aware of them. We've tried to be inclusive by operating the clubs at different times as well. So we try and be as inclusive as we can in terms of welcoming working families." (Stakeholder interviewee)*

The ABSS programme's engagement team also increased awareness of what services are available by making contact and developing relationships in different communities. This was felt to have increased equity in access to services.

*"[Maximising uptake is about] Going into their spaces, not just us relying on parent champions, but the engagement team to make sure we're in those communities" (Stakeholder interviewee)*

### 5.3 Summary

Survey respondents felt that the programme was inclusive (94%) and actively encouraged people from different backgrounds to get involved in it (96%). However, notable barriers existed for ABSS services reaching out to disadvantaged and/or vulnerable groups.

One of the largest barriers was the disconnect between service communication, which was primarily in English, and people who did not speak English as their first language. Many services adopted measures to reduce this barrier, including creating promotional materials in other languages and multi-lingual representatives. The ABSS programme further addressed this barrier by establishing Welcome to the UK as a delivery partner. Despite these responses, the language barrier has not been fully overcome yet.

Qualitative findings also highlighted barriers for reaching the English-speaking minoritised groups (most notably the Chinese and Orthodox Jewish populations in Southend), young mothers, working families, and fathers.

These barriers persisted throughout all phases of the evaluation. The qualitative findings demonstrate that ABSS programme management, service managers, staff and volunteers were aware of these barriers and adopted measures to address them.

ABSS participants were primarily White British mothers. However, the proportion of 'White' ABSS participants was disproportionately low when compared to the total Southend population (61%, compared to 87%). It has also decreased since Phase 1 of the evaluation. This suggests the programme has become more effective at encouraging participation from minoritised ethnic groups (namely, 'Asian or Asian British' (7%) and 'Black or Black British' (6%)). While these data should be treated with caution, given the high proportion of beneficiaries for whom no ethnicity data was obtained (19%), they were supported by qualitative data. Interviewees reported that families from minoritised ethnic groups, other nationalities and young mothers were benefiting from ABSS services. This included European and African families who had moved to Southend as well as teenagers from the traveller community.

Despite the diversity of its target users, the Parent Champions and governance representatives were perceived by interviewees as being predominantly White. It was recognised that more solutions could have been implemented to help encourage minoritised ethnic groups in Southend to take part in co-production.

## 6 OTHER EFFECTS

### 6.1 Introduction

The interviews and focus groups with stakeholders, service managers, ABSS staff and volunteers and parents tried to identify any unintended effects resulting from the ABSS programme. Similar to Phases 1 and 2, few research participants were able to identify any unintended effects of the programme.

#### 6.1.1 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?**

No unintended results were identified at the programme level during the Phase 3 research.

#### 6.1.2 Community level

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

Some interviewees felt that the sense of belonging the ABSS programme promoted had encouraged the creation of communities and groups within local communities in Southend. The examples provided by the interviewees included:

1. Parent community groups coming together in Milton to redevelop the local parks. Using skills they had developed as parent champions, the parents worked with the local council to invest in and maintain the new park facilities.

*“It was spoken about one day in the Milton ward and how that just becomes something greater than the programme. Because those parents had that common goal that they wanted their children to have a place to play” (Stakeholder interviewee)*

2. Parents getting together and holding events that brought other community groups across Southend together. These were used to raise awareness about the support available for issues facing the community (cost-of living) and to hold charity events (toy and clothing drives).

#### 6.1.3 System level

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

No unintended effects were identified at the systems level during the Phase 3. This is perhaps not surprising given the scale of the programme’s ambitions in relation to systems change.

### 6.2 Summary

Given the breadth of the ABSS programme’s objectives, few of the interviewees were able to identify any unintended effects resulting from the programme. The unintended effects that were identified included the positive impacts at the community level, such as the independent establishment of new community groups within Southend.



## 7 LEGACY AND SUSTAINABILITY

### 7.1 Introduction

This chapter is unique to Phase 3 of the evaluation. It discusses what the programme is leaving behind as ABS funding comes to an end in March 2025, how the long-term impact of the ABSS programme can be sustained, and what barriers currently exist to achieving a long-lasting legacy.

#### 7.1.1 Legacy of the ABSS programme

The legacy of the ABSS programme was felt, by some interviewees, to be the long-term capacity building in the family and early years sector. The ABSS programme and its delivery partners gave many staff, volunteers, service managers and Parent Champions the opportunity to learn through training, gain tangible experience and develop in both a personal and professional sense. So, whilst the ABSS programme will end, the skills that were developed will remain. This also applies to parent who took part in ABSS services, who learnt new skills or grew in confidence.

*“The learning opportunities will have a lasting impact as well. I must have done like 15 or 20 of these six session breastfeeding training courses. We’ve had several people moving to midwifery training. We’ve had people go into further breastfeeding training projects. We’ve had mums come through, train up for work, do UNICEF training and you know that’s absolutely lovely to see. That will stay and have impact, because those people have got skills and confidence and connections in the community that didn’t necessarily have before.”*  
(Service manager focus group participant)

Social and professional connections developed through the programme, were also said to have strengthened cross-service networks and collaborative working practices across the children and families’ system which will remain beyond the funded period. Although the extent to which relationships will be maintained as service providers change is unknown.

*“It’s been a really good boost to local organisations, local charities, voluntary sector. The reliable funding has meant that people can stay in-post for a certain number of years, which then means that people can get those skills and experience get those local links built up. The voluntary sector organisations now have a stable, knowledgeable, skilled workforce.”*  
(Service manager focus group participant)

*“[ABSS has] set the foundations for organisations within Southend to work collaboratively”*  
(Stakeholder interviewee)

A minority of interviewees felt that the ABSS programme had increased the profile of early years intervention locally and its potential to improve life outcomes.

*“There’s always been a sense that children are born when they start school almost, at [age] 5. That’s all you ever heard about really, services from [age] 5 and up. ABSS has put the early years on the map, certainly in Southend, about how important those first four years are.”* (Service manager focus group participant)

*“The legacy will be that we have really embedded and raised awareness about the importance of those first three years in a child’s life, and that early intervention is a major part of what needs to happen in the system.”* (Stakeholder interviewee)

Alongside these acknowledgements, some interviewees felt that establishment of City Family Community Interest Company (CIC) created an organisational legacy as an extension of the ABSS programme. The CIC was designed to financially support family services and become a hub of experience and knowledge within the Southend family and early years system. At the time of writing, City Family CIC plans to continue YourFamily, City Family Explorers and Talking Transitions. However, these plans may change or services may look very different.

However, the success of City Family depends on it being able to secure long term funding. This was felt to be more difficult than ever given the budget pressures currently faced by the Southend City Council, and other potential funders.

*“City Family are set up now and they are funded by us as a partner, but in theory you could say that they are our legacy, but they will be in the exact same position as any other partner of ours. They will need to apply for funding.” (Service manager focus group participant)*

*“The City Family CIC is all about being a centre of excellence where they were going to trade some of their experience and knowledge of what they’ve learned and whether they’ll be able to do that, I don’t know. Without funding, that’s really difficult.” (Stakeholder interviewee)*

Challenges regarding the funding landscape, and how delivery partners are adapting to the situation, is discussed further in Section 7.1.2 Sustainability.

The increased prevalence of breastfeeding and the normalisation of public breastfeeding in Southend stood out as a specific cultural impact of the ABSS programme that would form a tangible part of its legacy for some interviewees.

*“The legacy will be the huge jump in breastfeeding within the Southend community, the statistics of women breastfeeding for longer in the community” (Parent Champion interviewee)*

For other interviewees, the key aspect of the programme’s legacy was the long-lasting impact of ABSS services on children themselves. Improvements in: social and emotional development; language and communication development; and diet and nutrition were all expected to contribute to improved life outcomes. However, one interviewee recognised the well-established difficulty in evidencing the causal impact of early years interventions on the life outcomes of participating children, which makes this core legacy aspect less visible.

*“For individual children, the legacy will be that boost they had in early years. Particularly for my children it is the language and the socialising. My son is the top of his class for language and that comes from the face-to-face meetings we had with ABSS.” (Parent Champion interviewee)*

*“The legacy will be the very children that have been through the programme as they grow up and they hit milestones” (Stakeholder interviewee)*

## 7.1.2 Sustainability of services and activities

At the time of writing the sustainability of ABSS services and activities was a live and ongoing discussion within the family and early years system in Southend. Some ambiguity remained around which projects and activities would continue, how delivery partners would adapt, and where families would be supported in the near future. Therefore, we acknowledge that the situation may have changed since we spoke to interviewees in May and June 2024.



At the time of writing, there are arrangements in place for several ABSS services to continue in some form beyond March 2025, in addition to those taken forward as part of City Family CIC. These are:

- Little Steps
- 3-4 Month Contact (as 3-5 Month Contact)
- Public Health Midwife
- Infant Feeding Supervisor Lead
- FOOD Club
- 1 to 1 Breastfeeding
- Chaos and Calm
- Bump to Breast (Group Breastfeeding)
- Antenatal Programme
- SAVS Engagement
- Southend Supports Breastfeeding
- Storysacks

This list could grow depending on the outcome of ongoing discussions in Southend about the future of specific ABSS services.

Elsewhere, a minority of interviewees reported on the work being done to gently transition towards the end of the ABSS programme so that as many services could be sustained as possible. Providing operational guidance to smaller delivery partners has been a key part of these sustainability efforts. For example, there has been practical guidance on reducing costs through increased reliance on volunteer work and a reduction in consultation from specialists. One interviewee mentioned that an event would be taking place with ABSS delivery partners to disseminate guidance on operating independently. As a result, it was felt that smaller delivery partners would be better equipped to sustainably provide their services within Southend.

*“The charities and the smaller groups... they may not have access to specialists. They can't afford to go out and get somebody to come in and consult with them... We can support our partners through the process so that by the time we step away, they are better equipped to be able to understand and deliver on some of those things.” (Stakeholder interviewee)*

Training of staff and volunteers using ABSS funding has also been one strategy to sustain service provision in Southend. This was done by some delivery partners who felt that the upskilling of staff and volunteers would enable a more capable workforce who can use their expertise to continue delivering in children and family services.

*“There's lots of work going on, looking at training opportunities, volunteering opportunities and what resources we can leave behind.” (Service manager focus group participant)*

*“Ten of our staff are getting trained in Forest Schools with the qualification. We're hoping that they can deliver that for our schools too.” (Stakeholder interviewee)*

A minority of services are considering alternative income models. This includes transitioning to social enterprises, which ABSS programme management has suggested as an option to consider. This entails introducing new revenue streams to sustain services independently. Interviewees who could speak on this topic were aware of the inherent concern regarding charging a price for services, since this would negatively impact the target population. Consequently, no ABSS services are considering a standard pricing model, and service managers are carefully considering what can be monetised, and how. Examples include only charging a price for families who are more affluent, selling training to other services, and selling merchandise.

*“We're looking at how we can sell our offer, basically. So, whether there's families from richer areas that can access projects and would pay to come, which would then subsidise or offset the costs for families from poorer backgrounds.” (Stakeholder interviewee)*

*“There's a focus on social enterprise, because what our delivery partners are realising in this current climate where there is a lack of funding. Particularly for the voluntary sector, they are thinking more strategically about how they can get a mixed economy of income if they're going to continue their service provision.” (Stakeholder interviewee)*

There is no evidence to ascertain how willing service users would be to pay for specific ABSS services. Consequently, it is unknown how the transition to different revenue generating models would impact uptake. For this reason, Trust Links has expanded its operations to include the wider Southend area in order to engage with more affluent families to test and identify the willingness to pay.

The focus groups with service managers revealed that there was a lot of uncertainty regarding the future of ABSS-funded services. This was hindering the ability to plan ahead and therefore sustain the impact of services. The responsibility for designing a service's plan for the future resides with the service manager, but it was felt that any future was highly dependent on having access to funding. This has left a lot of services in a state of limbo, even as they enter their final weeks of being an ABSS service. Consequently, services are unable to reassure parents that their provision will continue to operate.

Furthermore, the uncertainty was felt to be impacting the levels of signposting across ABSS services. Service managers spoke not only of uncertainty regarding their own services, but they also mentioned that they are unaware of the position and plans of other ABSS services. This has made staff more reluctant to signpost families onto other ABSS services, because they may be ending.

*“We're all finishing at different times between now and March... I wouldn't be able to tell you any other partners, what stage they're at... we have more confidence in referring to partners outside of the programme.” (Service manager focus group participant)*

*“What is out there, what can we still be signposting to confidently, and what projects have that question mark behind it? There hasn't been that sort of information... I don't know at this stage. Between now and February things are going to start changing.” (Stakeholder interviewee)*

More generally, a minority of interviewees highlighted that the ABSS programme was designed to last ten years, and while there have been plans to support services to be sustained beyond this period, it was not a core expectation of the programme. In this sense, the closing or scaling back of a number of services is the inevitable and intentional outcome of the programme, and its funding, coming to an end.

*“I think we just go back to where we were before, won't we.” (Service manager focus group participant)*

*“If we don't have funding to continue what we're doing, we won't be able to offer that early intervention service.” (Staff/Volunteer interviewee)*

*“With the passion that I've seen from those [staff and volunteers] that are remaining, they're going to do their best to do a good job, but they won't be able to do what ABSS does because it will make a mockery of the funding that they got in the first place.” (Stakeholder interviewee)*

## 7.2 Summary

While the legacy of the ABSS programme is yet to be determined, interviews and focus groups with delivery partners, volunteers and Parent Champions identified a range of lasting impacts:

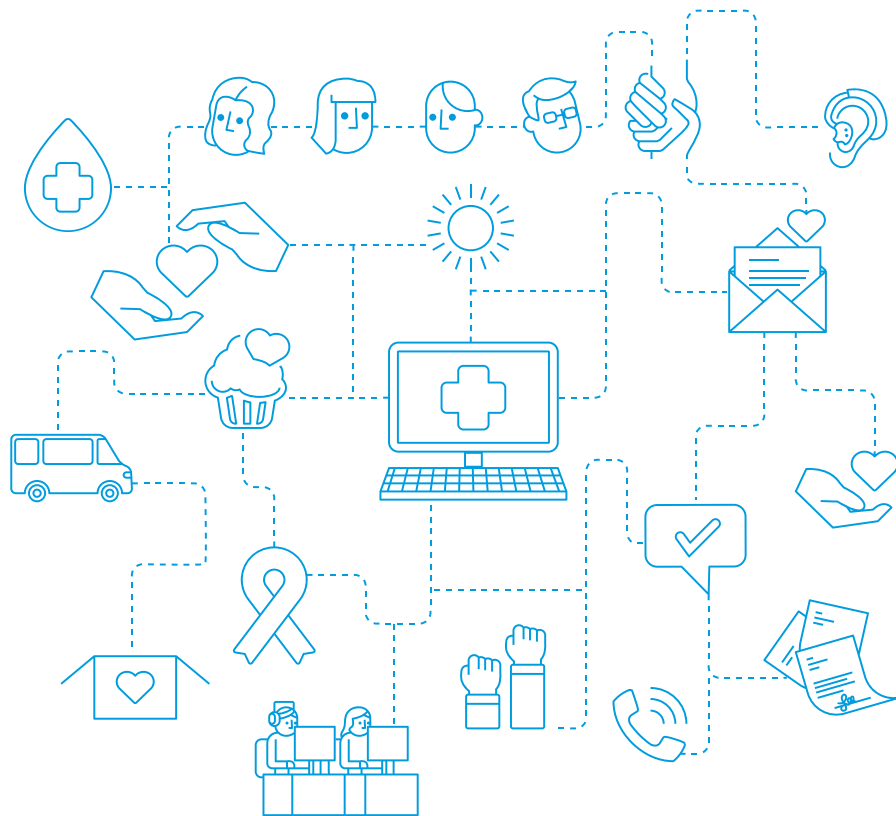
- Capacity building within Southend's the children and family system
- More capable, confident and better-connected parents
- Strengthened networks and more collaborative working between delivery partners, the wider sector, and the communities they serve
- Improved child development outcomes for participating children, which is expected to lead to improved life outcomes
- Increased local awareness of the importance of early intervention
- Increased prevalence and normalisation of breastfeeding in Southend.

The legacy of the ABSS programme is being taken forward by the City Family CIC, which was designed to financially support family services and become a hub of experience and knowledge. Currently, it is onboarding three ABSS projects (YourFamily, City Family Explorers and Talking Transitions).

However, the extent to which the legacy of the ABSS can be sustained through City Family CIC will be largely dependent on the availability of funding opportunities. As is also the case for ABSS delivery partners, who are at risk of becoming financially insecure once their ABSS funding stops. Interviewees who could comment on this subject felt that this was a particularly challenging time to be coming out of the ABSS programme, since there were limited funding opportunities from the Southend City Council and other funders. This was reported as the largest barrier to sustaining the impact of the ABSS programme and the services it funded.

As a result of the challenging financial climate, ambiguity remains around the future of many services. Some of the service managers interviewed said this had impacted their ability to update service users and signpost them to other sources of support.

The challenging financial climate has also led to delivery partners considering alternative business models, such as becoming social enterprises and/or charging customers at a non-profit level. However, this was not considered feasible for all services, and there were concerns about creating barriers for the most deprived households.



## 8 CONCLUSIONS AND RECOMMENDATIONS

### 8.1 Conclusions

#### 8.1.1 Summary

The evaluation set out to answer the research questions presented in Annex B, Figure 10.3. These research questions explored the effectiveness, impact equity and unintended effects of the ABSS programme at the Programme, Community and System level.

Findings from Phase 3 of the evaluation are presented below. These show that the programme was generally associated with positive and beneficial experiences for those who took part in it. Participants reported improved access to support, better knowledge and increased parental confidence, confirming findings from Phases 1 and 2. This was reflected in interviewees' perceptions of the legacy of the programme. However, some interviewees raised concerns about financial uncertainty and continuation of service provision as the programme reaches an end.

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

#### 8.1.2 Effectiveness

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

Some interviewees felt that one of the most significant enablers for successful delivery was the ability to build community-based, personal relationships with service users. This helped generate trust with key target groups, such as young mothers, who were often reluctant to engage with external support and social care services. The ABSS programme's use of existing local providers as delivery partners allowed ABSS services to build upon and develop a pre-existing base of trusted relationships and track record of delivery. Interviewees also emphasised the positive effect of ABSS's marketing in reaching target audiences, through flyers, posters and social media.

Barriers that limited the success of the ABSS programme included its focus on specific wards, which was said to have made it more challenging to signpost or refer people into the programme because partners felt the need to check eligibility first. It is important to note that people living in other parts of Southend-on-Sea are now able to use a small number of ABSS services<sup>22</sup>. Multiple changes in the ABSS leadership structure were also identified as slowing the momentum of the programme.

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

Parents identified several barriers to the uptake of services. These included the timing of service delivery not suiting them and a lack of information about the programme itself, including eligibility requirements. This contradicts the interview findings against Research

---

<sup>22</sup> For example, the Early Years IDVA service, commissioned through Safe Steps.

Question 1 above, that the programme was marketed well. This suggests that not all of the information is reaching its intended audience.

A minority of interviews noted cultural barriers that reduced uptake, including continued stigma around breastfeeding and the participation of fathers. These were also identified in Phases 1 and 2.

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

The two main external factors that shaped effectiveness at a programme level were the COVID-19 pandemic and the cost-of-living crisis. The COVID-19 pandemic was said to be the most influential external factor during the evaluation period, given its large scale and wide-ranging impacts on public health, social interactions, child development and the economy. Similar findings emerged in Phases 1 and 2. Whilst some ABSS services were able to adapt and continue provision within public health guidelines, this highlighted issues around digital exclusion. The cost-of-living crisis was more prevalent in Phase 3. Increasing costs and rising poverty were said to have limited uptake to services, because the issues that the programme aims to address had become a lower priority for those families who were facing more urgent issues (e.g. affording basic necessities like food and heating).

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

The test and learn approach used at the beginning of the programme was felt by some interviewees to be promising. It allowed the programme a degree of flexibility to fund more creative or innovative service solutions.

Co-production and the use of Parent Champions were felt to have been very successful features of the ABSS programme by the majority of interviewees. This is consistent with findings from Phases 1 and 2. The successful use of co-production by the ABSS programme has led to other local organisations adopting co-production or improving their use of co-production. Co-production of services has become more prevalent in Southend as a result. It should be noted, however, that a minority of interviewees felt that some of what organisations were calling 'co-production' was not truly empowering service users and influencing design choices. This was reflected in the baseline analysis.

Interviewees noted a range of benefits arising from the Parent Champions model. These included making ABSS services more relevant to service users' needs, generating a sense of connection, upskilling parents and empowering them to take on other leadership roles within their communities.

Linked to the above, the use of community events organised by the ABSS programme were broadly felt to have been effective. The events were used as opportunities to bring families and delivery teams together, share information about ABSS and other community services, as well as advertise opportunities offered by the programme (including volunteering).

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

As mentioned above, using local organisations as delivery partners helped the programme to be effective at the community level. Their established presence within the community and their knowledge of the needs of specific target groups has helped the programme to better respond to those needs and engage with those groups. This was consistent with findings in Phase 2.

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

The majority of interviewees felt that the involvement of Southend City Council in the ABSS partnership contributed to programme effectiveness. Strong links between the programme and the Council were felt to have increased the legitimacy and acceptance of the programme within Southend. However, a minority of interviewees noted that high levels of staff turnover within the Council had, at times, created a sense of uncertainty for the programme.

Demands and pressures on other services in Southend (such as NHS services) were thought to have prompted higher levels of uptake among ABSS clinical services, for example the Family Nurse Partnership and Perinatal Mental Health.

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

The vast majority of interviewees felt that the ABSS programme had strengthened links between family and child services in ABSS wards. The programme acted as a central hub for information sharing and connections between different services. Concerns were raised by some interviewees about the practicality of maintaining this level of collaboration after the programme ends.

A minority of interviewees felt that the ABSS services should have been made available to some 5-year-olds, so that there was no gap between accessing ABSS provision and them starting school.

### **8.1.3 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)?***

A minority of interviewees reported that as the programme matured, its planning processes had strengthened and become more responsive to the needs of the community. This is consistent with findings in Phases 1 and 2.

## ***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?***

The limited data available across time points meant it was not possible to conduct a comprehensive baseline analysis. In Phase 3 the evaluation took a wider perspective of the impact of ABSS on Southend's children, families and communities. This drew on a range of data collated from research activities in Phases 1 to 3.

There is some evidence to suggest that the programme is creating a positive impact on children's development, health and wellbeing, and that parents felt they had access to the support they needed. One of the most positive aspects of the programme has been the impact on the health and wellbeing of parent participants. Parents reported feeling better connected, more confident and knowledgeable.

Interviewees further emphasised the 'knock-on' impact of these benefits in the wider community, with the benefits of the programme reaching a wider audience than those directly attending the services. Analysis of evidence from across all three phases of the evaluation highlighted the effectiveness of the ABSS programme in identifying needs at an



early stage and signposting or referring parents to services earlier than they otherwise would have been.

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

There is evidence that the ABSS programme positively impacted the parenting experience of those who attended ABSS services. The vast majority of interviewees felt that the programme had increased the confidence of parents. There was also evidence that parents gained a greater sense of empowerment after participating in ABSS services. Of particular note was the confidence felt in relation to breastfeeding (a similar finding to Phase 2) having the confidence to try it and become confident breastfeeding in public.

Skill development and employability is another area where there was evidence of positive impact. Some parents had learned new skills through volunteering and participation in specific ABSS services (e.g. Work Skills, Parent Champions etc). This had a positive impact on their professional and career development.

Additionally, as noted above, the programme helped parents build relationships, become less isolated and feel a greater sense of belonging. This was a particular benefit for less affluent parents who were felt to have fewer alternative opportunities available to them.

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

- Help their child interact with other children and adults (93% of parent respondents, compared to 55% before ABSS).
- Support their child understand feelings and behaviours (91% of parent respondents, compared to 53% before ABSS).
- Support their children to learn to talk (88% of parent respondents, compared to 60% before ABSS).
- Be healthy (86% of parent respondents, compared to 57% before ABSS).
- Eat well (80% of parent respondents, compared to 62% before ABSS).

There was also evidence that since taking part in the programme, respondents had **improved knowledge** about how to:

- Support their child understand feelings and behaviours (78% of parent respondents, compared to 50% before ABSS).
- Help their children express themselves (82% of parent respondents, compared to 38% before ABSS).
- Healthy behaviours during pregnancy (91% of parent respondents, compared to 55% before ABSS).
- Keeping families healthy and active (92% of parent respondents, compared to 67% before ABSS).

Respondents were also **more confident** about:

- taking care of their own mental health and wellbeing (85% compared to 38%).
- read with their children (97%, compared to 75%).

Respondents identified a range of other factors that influenced these areas, in addition to the ABSS programme. These included gaining more experience as a parent, advice from professionals (particularly in terms of access to services and knowledge), support from other parents and support from family and friends (particularly important for confidence). These findings were broadly similar to those in Phase 2 of the evaluation. Phase 2.

Further exploration of the health, wellbeing and developmental outcomes in future years is needed to comprehensively establish whether the ABSS programme achieved its intended outcomes.

### ***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?***

Survey findings indicate that parents felt the ABSS programme was having a positive influence on the people of Southend. The majority of respondents felt that:

- parents in Southend were better connected within their communities (86% of parent respondents who agree or strongly agree, versus 14% who don't agree or disagree, disagree or strongly disagree)
- parents were more involved in leading local groups (80% of parent respondents who agree or strongly agree, versus 20%)
- children in Southend had a better quality of life (91% of parent respondents who agree or strongly agree, versus 9%)
- the programme was delivering useful support for the people of Southend. (95% of parent respondents who agree or strongly agree, versus 5%)

These findings are consistent with the findings in Phases 1 and 2. However, the low number of respondents to the community survey in Phase 3 meant that this is based on the parent survey only. The extent to which the programme continued to be perceived as having a positive impact on the wider community, by those who did not attend ABSS services, cannot be determined.

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

A minority of interviewees were able to discuss the benefits for the wider community. Interviewed parents felt that they were able use the knowledge they had acquired from the ABSS programme to support other parents in the wider community. There was evidence of a domino effect, where parents attended an ABSS service, gained the confidence and skills to share that knowledge with other parents. The most common examples of this were ABSS participants:

- Spreading knowledge about and supporting other parents with breastfeeding.
- Starting other community-led groups.

Some participants also felt that the programme had made a positive contribution towards tackling societal stigmas. This included normalising breastfeeding as well as having conversations about mental health and racism in the community.

#### ***14. What is the value of results to service providers?***

As with previous phases of the evaluation, only a minority of interviewees in Phase 3 were able to comment on the value of results to service providers. Service managers felt that the programme had built a stronger network between ABSS delivery partners and other service providers in Southend. This resulted in strengthened referral pathways, signposting and the sharing of best practice. This is similar to the finding identified in Phases 1 and 2.

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

No direct harms to services were identified. However, there were concerns from a minority of interviewees about changes in the wider family services landscape in Southend as the ABSS programme comes to an end. This was said to have introduced uncertainty around signposting and referrals between services, as providers were unsure about what provision would continue to be available and for how long.

#### ***16. What system-wide impacts are observed?***

There is evidence that the programme helped to increase the use of co-production in service design and delivery in Southend. The successful use of co-production by ABSS raised expectations locally and provided an example of good practice for others to follow. Other organisations in Southend, including the City Council, have since adopted co-production as common practice. This finding is consistent with Phases 1 and 2.

Finally, the earlier intervention through ABSS services was felt to have eased pressures and demands on other clinical services in Southend (e.g. Speech and Language therapy).

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

Most interviewees were not able to comment on the cost benefits of the programme. However, a minority of interviewees felt that some costs to the education system were likely to be avoided in future because needs were being identified and addressed at an earlier stage through the ABSS programme. This was especially relevant to the language and communication and social and emotional workstreams.

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

Findings on the extent to which the ABSS programme met its objectives for beneficial systems change were mixed. Some interviewees felt the programme had driven positive systems change in Southend in terms of increased partnership working, use of co-production and more collaborative working relationships. Similar findings were identified in Phases 1 and 2.

Other interviewees expressed concerns that the programme had not fully delivered on its vision for systems change. In particular, the scale and complexity of the early years system in Southend was said to have made it more challenging to share lessons learned across the whole system. There were also questions about the extent to which benefits, in terms of relationships and collaboration, would be sustained (i.e. beyond the ABSS funded period).

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

Previous phases of the evaluation have identified positive impacts on the children's workforce, such as training and development and sharing of good practice etc. In Phase 3 some interviewees raised concerns about uncertainty and anxiety within the workforce with ABS funding coming to an end. This has also contributed to challenges in recruiting and retaining staff the closer the programme gets to the end.

#### **8.1.4 Equity**

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

Phase 3 findings were similar to those identified in Phases 1 and 2. There is evidence that the ABSS programme was inclusive by design (89% of parent respondents agreed the programme was inclusive). However, a key theme emerging from the analysis was the challenge of supporting parents from diverse backgrounds and preferences and a lack of targeted projects for specific demographics (i.e. fathers).

Language barriers were also raised as one of the biggest challenges to reaching some minoritised groups, particularly people who speak English as an Additional Language. However, efforts have been made by the ABSS programme and ABSS management to reduce this barrier. For instance, languages (other than English) commonly spoken in Southend have been used in promotional materials.

Challenges in reaching certain groups were also compounded by cultural norms. Some interviewees commented that some minoritised groups were less likely to seek help or information from external services, preferring to seek support within their own communities.

### ***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)?***

Most ABSS participants were White British mothers. Although the proportion of 'White' participants was lower than the proportion of 'White' people in Southend as a whole (61%, compared to 87%), it has decreased since Phase 1. This suggests the programme has become more effective at encouraging participation from minoritised ethnic groups (namely, 'Asian or Asian British' (7%) and 'Black or Black British' (6%)). While the data should be treated with caution, due to the high proportion of participants for whom no ethnicity data was obtained (19%), they were supported by qualitative data. Interviewees reported that families from minoritised ethnic groups, other nationalities and young mothers were benefiting from ABSS services. This included European and African families who had moved to Southend as well as teenagers from the traveller community.

Challenges remained in reaching parents in specific minoritised groups (most notably the Chinese and Orthodox Jewish populations in Southend), young mothers, working families, and fathers.

**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)?**

The majority of interviewees reported that the Parent Champions were actively involved in co-production and governance. While no groups were actively excluded, a minority of interviewees commented that Parent Champions were predominantly white. This was despite efforts to broaden the demographic representation of this group. Interviewees were not sure what discouraged certain groups from taking part in co-production or governance activities or how to solve this issue.

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

Findings on the extent the ABSS programme was able to reduce inequalities in access to services were generally positive. The majority of interviewees reported that the programme supported low-income families to attend services, by providing them free of charge. The ABSS programme also encouraged and funded partners to adopt measures to boost accessibility for typically underrepresented groups. These measures included the development of promotional material in multiple languages, using translators in service delivery and organising specific services for underrepresented groups (e.g. fathers).

### **8.1.5 Other effects**

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

No unintended results were identified at the programme level during Phase 3.

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

Some interviewees reported the establishment of new community groups, independent of the ABSS programme. This was an unexpected, but positive effect of the ABSS programme. Interviewees described how some ABSS participants set up their own community groups using the skills and networks they had developed through the programme.

A recurring theme across all three phases of the evaluation was the sense of unfairness caused by the programme's focus on the six ABSS wards. While it was acknowledged that the programme's purpose was to provide free services to people living in the most deprived areas of Southend, an unintended consequence was that it introduced new forms of inequality. For example, a family that lived outside ABSS ward boundaries could not access ABSS services, even if their need for them was greater than another family who lived in an ABSS ward. It is important to note that people living in other parts of Southend-on-Sea are now able to use a small number of ABSS services<sup>23</sup>.

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

No unintended results were identified at the programme level during Phase 3.

---

<sup>23</sup> For example, the Early Years IDVA service, commissioned through Safe Steps.

## 8.1.6 Legacy and sustainability

### *Legacy of ABSS*

The majority of interviewees were able to comment on the legacy of the ABSS programme. Some of them felt that the main legacy of the programme was the long-term capacity building in the early years sector. They reported better trained and more experienced service managers, staff, volunteers and parents. A minority of interviewees felt that the programme had increased the focus on early years intervention in Southend. Another key aspect of the programme's legacy was the impact on participants. Interviewees felt that the children would experience improved, long-term outcomes, while the increased prevalence of breastfeeding stood out as a tangible part of the programme's legacy.

The establishment of the CIC was felt by some to represent the organisational legacy of the ABSS programme, but ultimately this depended on the CIC securing the funding necessary to continue supporting current ABSS services and activities in the long-term.

### *Sustainability*

Discussions about the sustainability of programme activities were ongoing at the time of writing. A minority of interviewees were involved in the work to transition to the end of the ABSS programme. This included disseminating advice to delivery partners on how to continue provision after the ABSS programme ends. Interviewees said that some services were considering alternative income models, for example becoming a social enterprise. This came with additional considerations on what services could charge a fee, given they operated in areas with high levels of socio-economic deprivation.

Some interviewees discussed uncertainty regarding the future, particularly around future service plans, signposting to other services, funding opportunities and the future of the Parent Champions initiative.

## 8.2 Recommendations

Five recommendations have emerged from Phase 3 of the evaluation. These include recommendations relevant to the wider system level (recommendations 1 – 3) and recommendations about activities ABSS can take forward before the end of the programme in 2025 (recommendations 4 – 5). These are:

### **1. Continued facilitation of the networks and partnerships established during the ABSS programme.**

A consistent theme identified during the research was that service providers and stakeholders were facing considerable uncertainty about the future of their services and projects. This included how partnerships would be maintained in the future.

Whilst progress has been made towards reducing the uncertainty felt by services (at the time of writing), there remains a need to ensure that the networks, relationships and partnerships developed over the duration of the ABSS programme are maintained. This may help to further mitigate the uncertainties faced by services and ensure linkages between services continue in the future.



## **2. Future analysis of long-term ABSS outcomes.**

Many of the long-term impacts of the ABSS programme will not be fully realised for several years. Members of the ABSS partnership may want to consider commissioning future research to measure the long-term outcomes of the programme by tracking ABSS beneficiaries through their school years and into adulthood. This will add to the evidence base on the impact of early intervention on child development in Southend.

## **3. Sustain parent champions' involvement and contribution to early years and families' services across Southend.**

Parent champions have had an impactful and defining role in the ABSS programme. Many Parent Champions would like to continue their involvement in the design and delivery of services. Discussions should be held to gauge interest and form a plan to sustain the Parent Champions initiative post-ABSS. SAVS and City Family CIC should lead these discussions with Parent Champions themselves to identify:

- a) Where input from Parent Champions will be most beneficial.
- b) How Parent Champions from closing ABSS services could be re-assigned.
- c) How the Parent Champion leadership structure can become more self-sufficient (e.g. train the trainer).

## **4. Provide training and opportunities for ABSS service managers to develop new skills.**

With the end of ABSS funding approaching, steps have already been taken by the ABSS programme to support services become independent and sustainable. The ABSS programme has already provided operational guidance on cost reduction policies. These include an increased reliance on volunteers and reduced spend on specialist consultations. Additional support that the ABSS programme should consider providing services to help them become sustainable include:

- a) Training service managers on how to apply for and access additional funding and grants.
- b) Information on how services can transition into social enterprises, what that process involves and supporting services to consider what aspects of their service could be monetised.

## **5. Develop a Research Hub that captures all of the ABSS programme learnings and research.**

The ABSS programme has been operating for 10 years and has gathered an extensive volume of research and learning during that period. With the end of the ABSS programme approaching, useful learnings and research should be moved to a webpage that will remain active and monitored. The City Family websites 'Research' page may be a suitable candidate for this. This will enable ongoing access to:

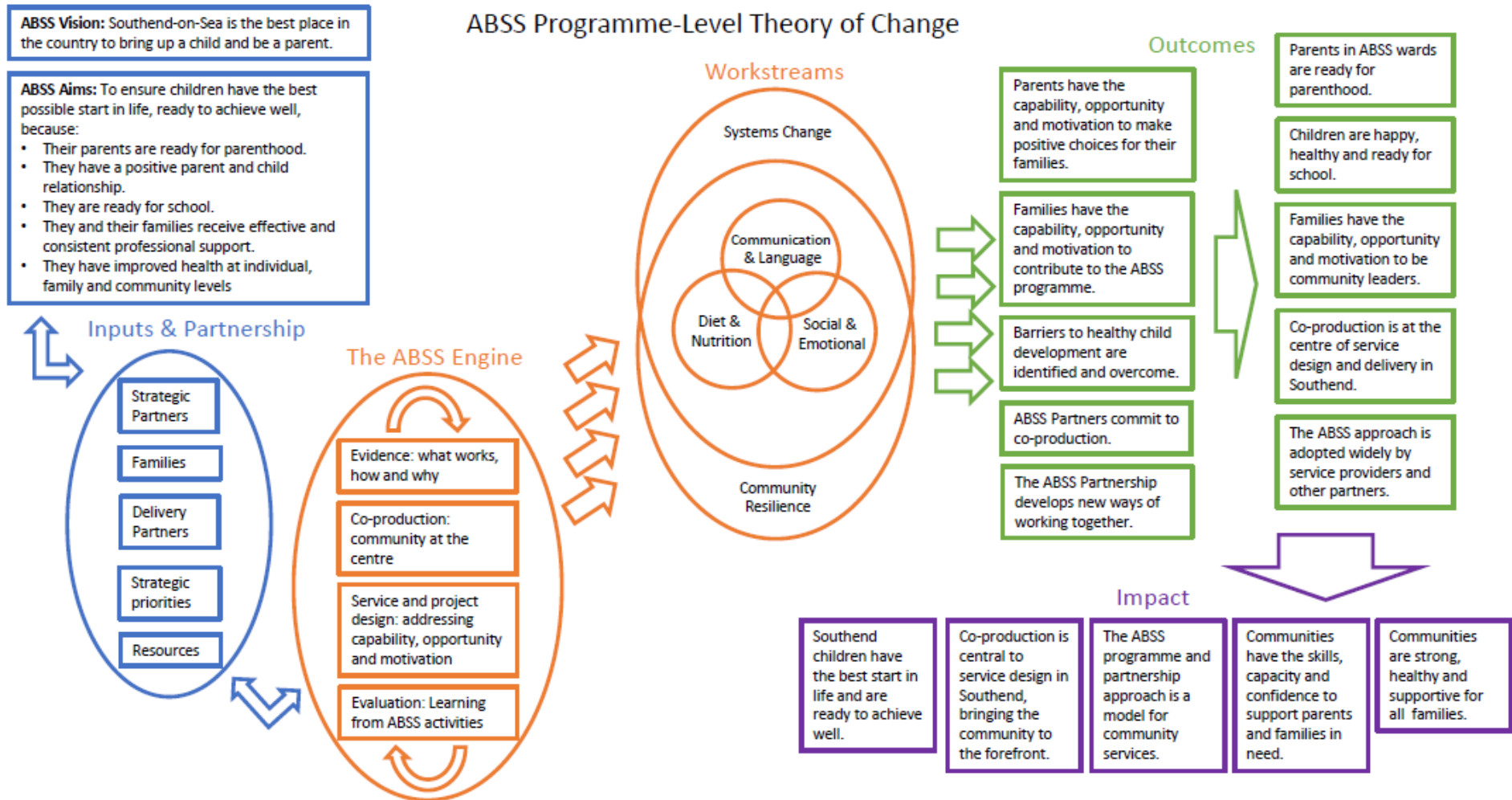
- a) Resources, information and tools used by ABSS services that parents/carers can continue to access and use with their children.
- b) Research and evidence gathered about the ABSS programme that can be used to inform future funding opportunities.



## 9 ANNEX A: ABSS THEORY OF CHANGE

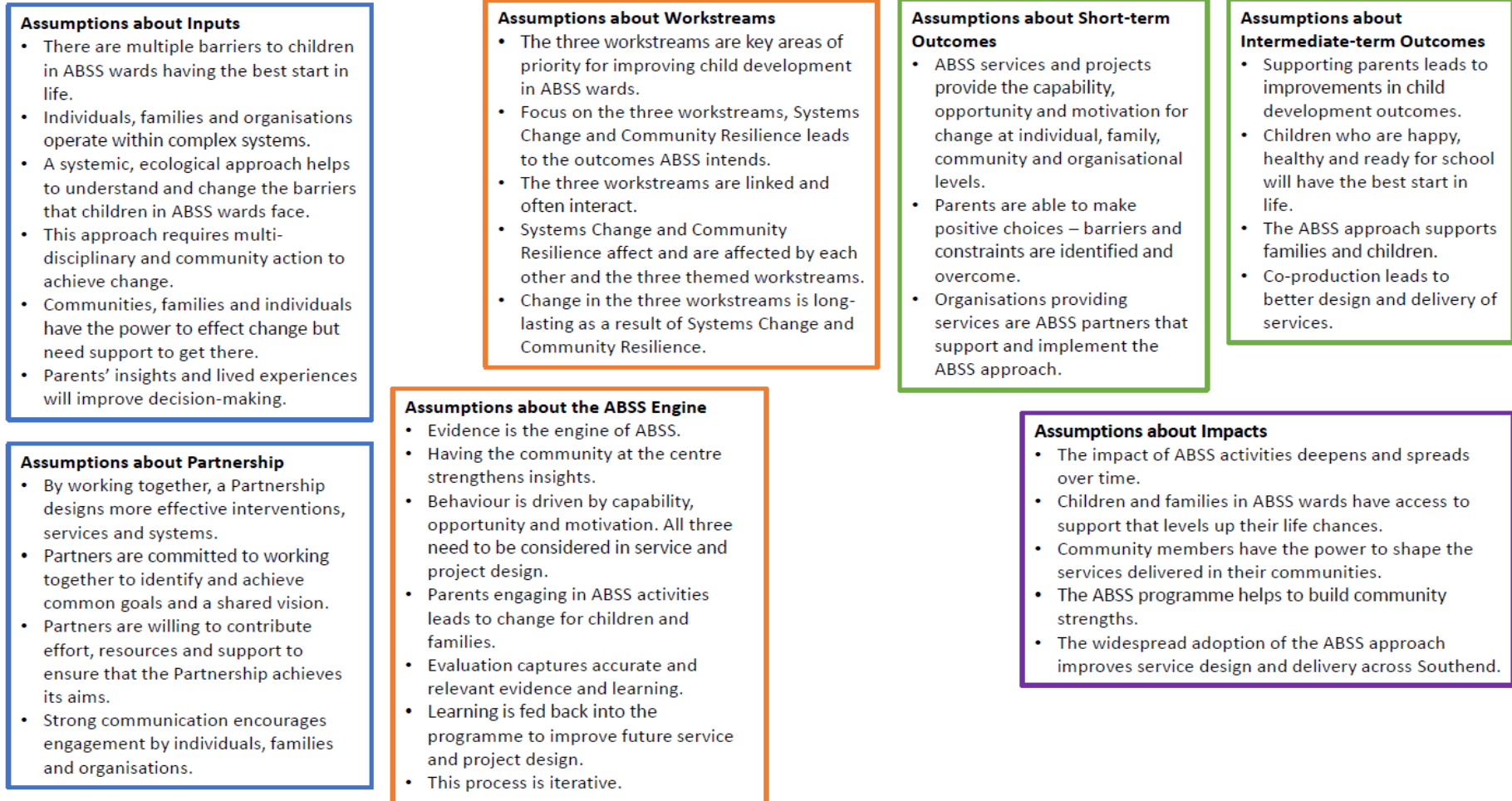
A Theory of Change (ToC) describes the 'pathway to change' experienced by participants. The ABSS ToC (Figure 9.1 overleaf) describes the ABSS vision and aims and how the programme will use its inputs, partnerships and the 'ABSS Engine' to achieve positive change across the five workstreams (social and emotional development; communication and language; diet and nutrition, community resilience; and systems change). The ABSS ToC is underpinned by the assumptions in Figure 9.2 on the following page.

Figure 9.1: ABSS Theory of Change



Source: ABSS

**Figure 9.2: Assumptions Underpinning ABSS Theory of Change**



Source: ABSS

# 10 ANNEX B: EVALUATION LOGIC MODEL AND RESEARCH QUESTIONS

## 10.1 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 10.1.

**Figure 10.1: 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 10.2 overleaf. It sets out the context for the programme, its objectives, aims, inputs, activities, outputs, outcomes and impacts.

## 10.2 Research questions

Over the three-year evaluation period, this evaluation aims to answer the research questions set out in Figure 10.3 overleaf to understand the difference the ABSS programme is making at a programme, community and system level. The Evaluation Team has 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 10.2: 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 and others, 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 and others)</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 <ul style="list-style-type: none"> <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> </ul> </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 10.3: 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 multiple disadvantaged or specific vulnerable groups (minoritised ethnic groups, 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>

# 11 ANNEX C: PROFILE OF SURVEY RESPONDENTS

## 11.1 Parent beneficiary survey

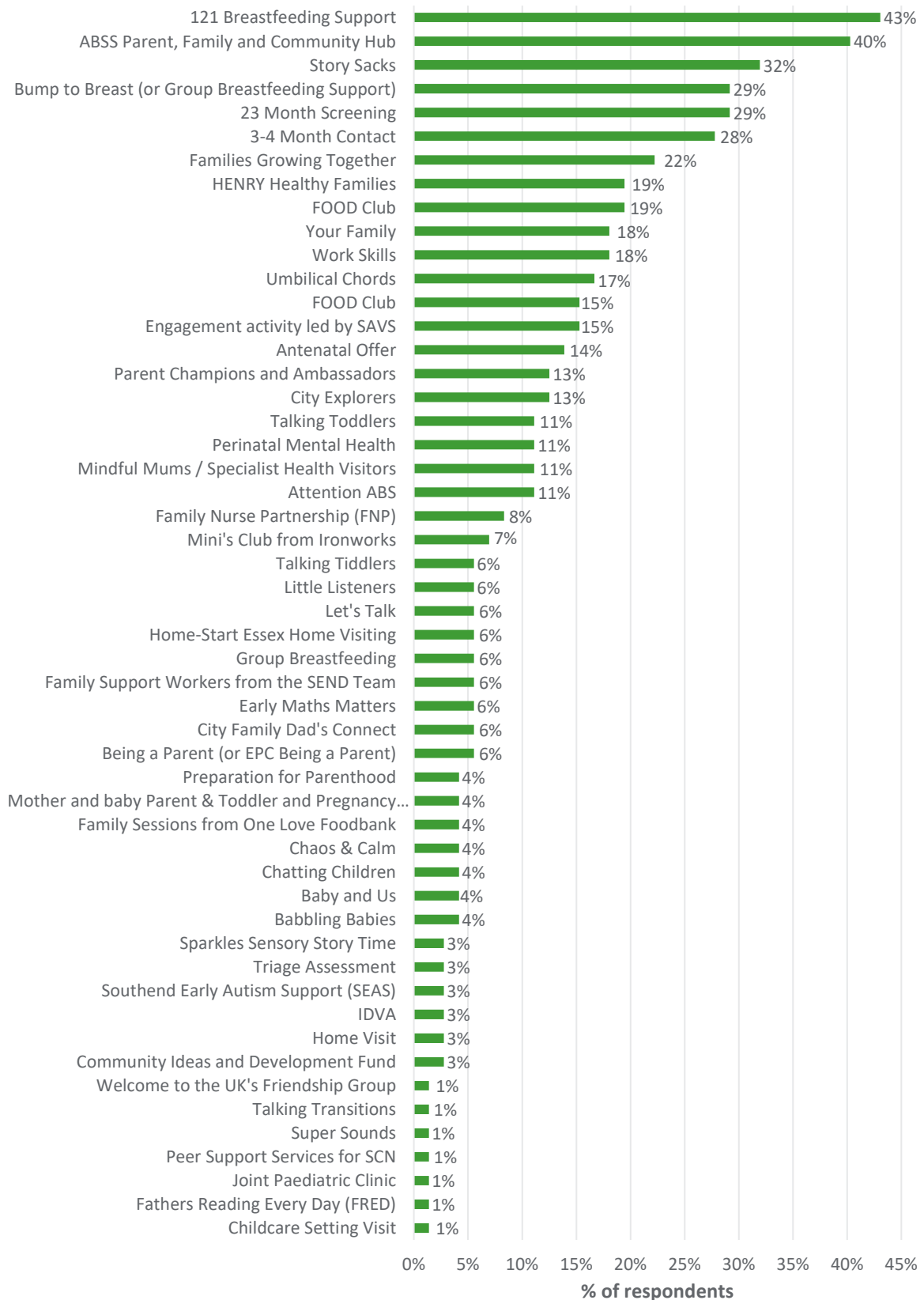
This section describes the profile of respondents to the ABSS parent beneficiary survey in Phase 3 of the evaluation. A total of 72 responses were received from parents and carers who had taken part in ABSS activities or event. 72 responses out of a total population of 204 unique primary beneficiaries during the survey period, from 10 July to 12 August 2024, gives a response rate of 35%. 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 ( $\pm 9\%$  at the 95% confidence level)<sup>24</sup>. **This means that the survey findings are indicative and should not be generalised to represent the whole population.** Figure 11.1 shows that respondents took part in a wide range of ABSS services, with many taking part in more than one service. The 121 Breastfeeding Support and ABSS Parent, Family and Community Hub were the most common services, attended by 43% and 40% of respondents respectively.

---

<sup>24</sup> Smart Survey. Margin for Error Calculator. [Margin Of Error Calculator - SmartSurvey](#)



**Figure 11.1: Parent survey respondents by ABSS service attended**



Sources: RSM Phase 3 survey of parent beneficiaries Q.3 (Base: 72).

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

Figure 11.2 shows that respondents took part in activities under each of the five workstream. Among those five workstreams, Diet and nutrition and Community resilience were most frequently engaged with, attended by 49 and 54 respondents respectively. Some respondents attended more than one activity under the same workstream. The Systems change was the least frequently engaged workstream (attended by 6 respondents). This was expected given the nature of these services (i.e. how services are run). It included three ABSS services, Early Maths Matters, Joint Paediatric Clinic, and Southend Early Autism Support (SEAS).

**Figure 11.2: Parent survey respondents by ABSS workstream**

	Total respondents	
	n	%
<b>Social and emotional development</b>	46	24%
<b>Communication and language development</b>	34	18%
<b>Diet and nutrition</b>	49	26%
<b>Community resilience</b>	54	29%
<b>Systems change</b>	6	3%

Sources: RSM Phase 3 survey of parent beneficiaries Q.3 (Base: 72).

Note: The total does not sum up to the number of responses received from the parent survey because this question is a multiple-response question.

Figure 11.3 shows parent survey respondents by gender. As in Phase 1 and Phase 2, the vast majority of respondents were female (93%). This suggests that they are overrepresented compared to the profile of ABSS participants. 81% of all ABSS participants were mothers as shown in Figure 2.6.

**Figure 11.3: Parent survey respondents by gender**

	Total respondents	
	n	%
<b>Female</b>	67	93%
<b>Male</b>	5	7%
<b>Total</b>	<b>72</b>	<b>100%</b>

Sources: RSM Phase 3 survey of parent beneficiaries Q.34.

The age of ABSS parent respondents is shown in Figure 11.4. The majority of respondents were aged between 30 and 39 (58%). The age distribution of respondents was similar to participant data, with slightly smaller proportions of participants from the ≤17 and 18-21 age brackets. Please refer to Figure 2.7 for the age profile of participants.

**Figure 11.4: Parent survey respondents by age**

	Total respondents	
	n	%
≤17	0	0%
18-21	1	1%
22-29	17	24%
30-39	42	58%
40+	12	17%
<b>Total</b>	<b>72</b>	<b>100%</b>

Sources: RSM Phase 3 survey of parent beneficiaries Q.35.

A binary breakdown of ethnicity of parent survey respondents is given in Figure 11.5. 76% of respondents were white, which means that they were overrepresented as they constituted 61% of ABSS participants, as shown in Figure 2.3.

**Figure 11.5: Parent survey respondents by ethnicity**

	Total respondents	
	n	%
White (British or Irish)	55	76%
All other ethnic groups	16	22%
Prefer not to say	1	1%
<b>Total</b>	<b>72</b>	<b>100%</b>

Source: RSM Phase 3 survey of parent beneficiaries Q.36.

Note: Total does not sum to 100% due to rounding.

Figure 11.6 shows that more than half of parent survey respondents were from Central Southend (54%), which is an underrepresentation of the number of ABSS participants from those wards (73%), as shown in Figure 2.4. A smaller share of respondents (11%) were from non-ABSS wards in Phase 3, compared to 19% of respondents in Phase 2 and 17% in Phase 1.

**Figure 11.6: Parent survey respondents by ward**

	Total respondents	
	n	%
Central Southend (Kursaal, Milton, Victoria & Westborough)	39	54%
East Southend (Shoeburyness & West Shoebury)	25	35%
Non-ABSS Wards (Belfairs, Blenheim Park, Eastwood Park, Foulness and The Wakerings, Leigh, St. Luke's)	8	11%
<b>Total</b>	<b>72</b>	<b>100%</b>

Sources: RSM Phase 3 survey of parent beneficiaries Q.37.

The age of the participating child is shown in Figure 11.7. This was spread across all eligible age groups, with children under one year old being the largest category.

**Figure 11.7: Parent survey respondents by age of children when they first took part in ABSS activity**

Total respondents		
	n	%
Not yet born	15	15%
0	35	35%
1	15	15%
2	21	21%
3	13	13%
<b>Total</b>	<b>99</b>	<b>100%</b>

Sources: RSM Phase 3 survey of parent beneficiaries Q.11.

Note: Total does not sum to 100% due to rounding.

Figure 11.8 shows the number of children that parent survey respondents had. Most respondents had one or two children (79%).

**Figure 11.8: Parent survey respondents by number of children**


Total respondents		
	n	%
1	32	46%
2	23	33%
3	9	13%
4	2	3%
6	4	6%
<b>Total</b>	<b>70</b>	<b>100%</b>

Sources: RSM Phase 3 survey of parent beneficiaries Q.39.

Note: Total does not sum to 100% due to rounding.

## 11.2 Community survey

The Phase 3 ABSS community survey received 13 responses from parents and carers who had not taken part in the ABSS programme. This is far lower than the number of responses received in Phases 1 (113) and 2 (62). The estimated population for this survey was 2,102. This is based on ONS 2021 Census population estimates for the number of potential primary beneficiaries in ABSS wards (4,390). According to the ABSS programme activity dashboard 2,288 unique primary beneficiaries took part in the ABSS programme from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024. This leaves 2,102 non-beneficiaries (4,390 – 2,288 = 2,102). This gives a response rate of 1%, which is very low, despite the efforts of the evaluation team to increase response rates.



The findings from the Phase 3 community survey have not been presented in this report because the number of responses was too low to determine anything meaningful from the data.

## 12 ANNEX D: REFERENCES

Braun, V. and Clarke, V. (2021) *Thematic Analysis: A Practical Guide*. 1st edn. Sage.  
Available at: <https://us.sagepub.com/en-us/nam/thematic-analysis/book248481> (Accessed: 21 October 2022).

Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advanced Mixed Methods Research Designs. In A. Tashakkori, & C. Teddlie (Eds.), *Handbook of Mixed Methods in Social and Behavioural Research* (pp. 209-240). Thousand Oaks, CA: Sage.

Office for National Statistics. *Families and the Labour Market, England*. 2021.  
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/familiesandthelabourmarketenglandlfsandapsdatasets>



## rsmuk.com

The UK group of companies and LLPs trading as RSM is a member of the RSM network. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm each of which practises in its own right. The RSM network is not itself a separate legal entity of any description in any jurisdiction. The RSM network is administered by RSM International Limited, a company registered in England and Wales (company number 4040598) whose registered office is at 50 Cannon Street, London EC4N 6JJ. The brand and trademark RSM and other intellectual property rights used by members of the network are owned by RSM International Association, an association governed by article 60 et seq of the Civil Code of Switzerland whose seat is in Zug.

RSM UK Corporate Finance LLP, RSM UK Legal LLP, RSM UK Restructuring Advisory LLP, RSM UK Risk Assurance Services LLP, RSM UK Tax and Advisory Services LLP, RSM UK Audit LLP, RSM UK Consulting LLP and RSM UK Creditor Solutions LLP are limited liability partnerships registered in England and Wales, with registered numbers OC325347, OC402439, OC325349, OC389499, OC325348, OC325350, OC397475 and OC390886 respectively. RSM UK Employer Services Limited, RSM UK Tax and Accounting Limited and RSM UK Management Limited are registered in England and Wales with numbers 6463594, 6677561 and 3077999 respectively. RSM Northern Ireland (UK) Limited is registered in Northern Ireland at Number One Lanyon Quay, Belfast, BT1 3LG with number NI642821. All other limited companies and limited liability partnerships are registered at 6th Floor, 25 Farringdon Street, London, EC4A 4AB. The UK group of companies and LLPs trading as RSM is a member of the RSM network. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practises in its own right. The RSM network is not itself a separate legal entity in any jurisdiction. RSM UK Legal LLP is © 2022 RSM UK Group LLP, all rights reserved