



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

Phase 2 Final Report for the Summative Evaluation

October 2023

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING



EXECUTIVE SUMMARY

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. The purpose of the Summative Evaluation is to measure the impact of the ABSS programme to date. This Report summarises the findings from Phase 2 and draws comparisons with the research findings identified in Phase 1. The findings from Phase 2 are based on the following research activities between March and September 2023:

- Analysis of the financial and monitoring information held by ABSS.
- Interviews with representatives across Southend: ABSS partners (3), programme delivery staff (4), community leaders (2) and one children and families' service provider.
- Interviews with ABSS service managers and staff (15 representatives, 13 interviews).
- A survey of ABSS service delivery staff and volunteers (25 responses).
- A survey of parents and carers who took part in ABSS activities or events (131 responses).
- Short interviews with parents and carers who had taken part in ABSS to explore the impact of COVID-19 on their child (8 interviews).
- A survey of local parents and carers who had **not** taken part in the ABSS programme (65 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.

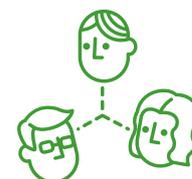
About the ABSS programme

ABSS is a 10-year, £36.7 million programme funded by The National Lottery Community Fund (TNLCF). Since 2015 the ABSS programme has provided free services to over **6,733 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. The majority of respondents to the parent survey said the programme was **delivering useful support for people in Southend and, children in Southend will have a better quality of life because of the ABSS programme**. Similar results were identified in Phase 1.

Strengthening of planning processes over time

Interviewees were positive about how the programme's planning processes had evolved over time to **address the changing needs of the community**. Interviewees felt that the programme had developed a **flexible approach**, able to adapt service provision and

94% of respondents felt that the programme was delivering **useful support**.



92% agreed that children will have a **better quality of life** because of the programme.

demonstrating a willingness to collect and act upon feedback from parents. This was also highlighted in Phase 1 findings. However some services, particularly those relating to health, diet and nutrition were more prescriptive in their service delivery. Overall, it was suggested that **co-design has become more entrenched** over time.

Some stakeholders also praised the programme's adaptability to changes in the local and national context, such as:

- The COVID-19 pandemic (including moving services online).
- Worsening perinatal mental health.
- Increased reporting of domestic violence.
- The cost-of-living crisis (including programme activities adapting to help families reduce household costs).

Associated with a more positive parenting experience

There was some evidence that the ABSS programme was associated with a more positive parenting experience for those who accessed services. In particular, improvements in the confidence of parents attending ABSS services was noted by some parent and service manager interviewees. This included an increase in confidence in their ability to look after their child (particularly for those attending breastfeeding services), parents' confidence in their ability to re-enter the workforce and parents who had become Parent Champions, had grown in their confidence in being an active and leading member of their community.

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

better able to access support to:

- **be healthy** (91% of respondents, compared to 67% before ABSS and 61% of respondents who had not taken part in the programme).
- **eat well** (87%, compared to 69% and 54%).

Survey respondents also indicated that since taking part in the programme they were better able to help their children:

- **learn to talk** (86%, compared to 62% and 79%).
- **express themselves** (91%, compared to 63% and 74%).
- **understand their feelings and behaviours** (87%, compared to 56%)



In surveys of parents who accessed ABSS services, parents reported they had **increased confidence** in their ability to:



- **breastfeed** (83%).
- take care of their own **mental health and wellbeing** (74%).
- their ability to help through **co-production** (80%).

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

- the **benefits of breastfeeding** (87% knew 'a lot' or 'quite a bit' about the benefits, compared to 78% of non-ABSS parents).
- **keeping their families healthy and active** (86% knew 'a lot' or 'quite a bit' about the benefits, representing an increase from 62% prior to taking part in ABSS).



Building relationships in the community

Findings on the impact which the ABSS programme had on community resilience were generally positive. A majority of survey respondents felt that the programme was contributing towards improved community integration. The majority (84%) of survey respondents reported that the ABSS programme had **connected parents to their communities**. The Community Connectors also felt better connected to their communities. Similarly, 88% of ABSS survey respondents felt that the programme was **effective in connecting parents to each other**. Stakeholder interviews reinforced the positive impact of the programme, giving the example of ABSS services that have worked with families newly arrived in the UK and trying to establish connections within Southend. Accessing ABSS services reduced initial feelings of isolation and helped them to build positive relationships in their local area.

Parent Champions provided the programme with an effective model for approaching community engagement, enabled a bottom-up approach to programme design and **gave parents a voice in decision making** on the ABSS programme. The majority (80%) of ABSS parents had at least some confidence in their **ability to help through co-production** since taking part in the programme, compared to a third before taking part. A minority of interviewees suggested that the introduction of the Community Connectors represented an **even more innovative approach that created better linkages** with the wider community.

These findings were supported by the interviews, which gave evidence on how ABSS services were helping people enter or return to the workforce (the Work Skills service for example). Additional benefits of connecting parents were mentioned, including **better sharing of advice** between parents, an increased **sense of being understood** and **practical support** such as ride-sharing and informal childcare.

The majority of interview respondents said that the ABSS programme had been successful in **improving community integration**. Survey respondents said the programme:

- **improved the confidence of the parents to use other local services** (89%) and,
- encouraged **leadership in local support groups** (84%).



Whilst the programme was inclusive by design, it struggled to reach some specific groups

When asked if the ABSS programme **actively encouraged people from different backgrounds to get involved**, 81% of survey respondents agreed or strongly agreed. Respondents to the parent survey were more likely to agree than respondents to the community survey (87% of respondents to the parent survey agreed/strongly agreed, compared to 53% of respondents to the community survey). Similar to Phase 1, both survey and interview respondents were **positive about the inclusivity of the programme overall**.

The majority of interviewees agreed that the ABSS programme **was inclusive by design**. However, when asked which groups benefited the most from the ABSS programme, interviewees reported it was **predominantly white females aged 20-35**. When discussing groups that were particularly difficult to engage in ABSS services, some interviewees commented on the **difficulty getting fathers involved**. Additionally, some interviewees said that the ABSS programme also **struggled to engage minoritised ethnic groups**, particularly the Chinese and Jewish communities. This was due to difficulties in

understanding their respective cultures, as well as the extent of existing support networks within those communities. **Young mothers** were also mentioned as another group which the programme struggled to engage.

Representation from local communities (including parents) in governance activities

Several interviewees suggested that the diversity of representatives involved in co-production and governance activities was **reflective of the overall demographic composition** within Southend. Specifically, the **composition of the group of Parent Champions was said to be particularly representative** of the diverse communities within Southend. A minority of interviewees suggested that a distinct effort was made to engage representatives from all communities in co-production and governance activities, resulting in **improved representation** from the African and Muslim communities. However, difficulties, also identified in Phase 1, in engaging members of the Bangladeshi, Chinese and Jewish communities persisted.



A minority of stakeholders felt that including parents in co-production and governance activities **increased the relevance and effectiveness of the programme**. However, a minority of the interviewees also suggested that it **would have been preferable for the governance of volunteers and Parent Champions to have been in-house within ABSS**, to allow for more autonomy.

Issues effecting uptake of ABSS services

Several barriers to the uptake of ABSS services were identified, these remained **broadly consistent** with those identified in Phase 1. Whilst the most common barrier to uptake cited by community survey respondents in Phase 2 (79%) was **not living in an ABSS ward** and therefore, not being eligible to participate in the programme or specific services, it should be noted that this was part of the intentional design of the test and learn programme.

PAR participants also identified **issues with engagement and awareness** of ABSS services generally. This was supported by 68% of staff and volunteers responses, where a lack of awareness about the ABSS programme as suggested as the main barrier to participation. It was noted that **ABSS was less effective in reaching particular communities** (e.g. the Chinese Community) through their communications and marketing materials. **Language barriers** were a particular concern as most promotional material was developed in English. Additionally, interviewees noted that relevant information was not always easily accessible on the **ABSS website**. However, staff were more likely to identify accessibility as an issue than parent survey respondents (48% compared to 8%).



“I think it only covering a small amount of Southend has been a barrier from the start because there are families that live next door to someone who's in ABSS and they're not.”
(Service manager interviewee).



Another barrier identified as limiting uptake of services was the **perception amongst some communities that ABSS services were not for them**. This was particularly true for fathers, however, some interviewees suggested that this also applied to LGBTQ+ families. Some

interviewees also suggested that the **COVID-19 pandemic** created challenges around digital exclusion which negatively impacted uptake of the programme. Interviewees referenced how the pandemic limited the accessibility of services as face-to-face delivery was temporarily halted and moved online, which some parents were unable to access due to a lack of technology. Interviewees also suggested that some parents were uncomfortable with an online or hybrid delivery model.

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

The majority of interviewees felt that developing **good links with other local services** was a key factor shaping the effectiveness of the programme. The majority of interviewees who discussed the linkages the ABSS programme had with other services, reported that integrated working and collaboration had increased since the programme began in 2015.

The benefits of increased integration and collaboration included:

- **improved continuity of care** for those availing of services.
- better quality of care and/ or support, with **increased understanding of the holistic needs of service users.**



In particular, the programme's linkages with Education, Public Health and Family Centres were referenced as being beneficial. Improved integration and collaborations made it easier for ABSS staff to **make direct referrals into or signpost service users to other services** within (but not limited to) these sectors and, other ABSS services. Additionally, a minority of service managers commented that once referrals were received by the ABSS programme, other services were more consistent in their follow-up process with those referrals.

72% of respondents to the parent and community surveys said there was **more community involvement in developing local groups because of the ABSS programme.**



Some interviewees also commented on the impact that the ABSS programme has had on other services. These impacts included **stronger working relationships, improved referral pathways and adoption of the co-production approach** by other organisations.

A minority of interviewees reported that the emphasis ABSS placed on

sustainability and legacy (as noted in Phase 1) had **spread across the wider children's services landscape**. Interviewees highlighted key elements of the ABSS approach such as **building strong working relationships, more integrated ways of working and the use of co-production** and indicated an intention to use them in **future service and policy design** beyond the lifespan of the ABSS programme.

However, in contrast to Phase 1, interviewees were mostly unable to comment on what impact the ABSS programme (and integrated ways of working) had on the children's workforce or those delivering services in Southend.

Recommendations from Phase 2

- 1. Revise the ABSS Communications and Marketing Strategy.** Revisions should set-out how the local knowledge of Community Connectors can be leveraged to enable the programme to reach communities which it has historically struggled to engage. It should include the use of promotional videos and Vlogs to promote services in languages other than English and increase accessibility for those with low levels of literacy. The strategy should ensure that information available on the ABSS website is up to date and consider promoting ABSS services in areas within Southend where non-ABSS parents frequently access advice and support.
- 2. Encourage whole families to participate in ABSS activities.** The programme to-date has struggled to engage fathers and particular minoritised ethnic groups. Organising more 'whole family' events and activities could help to make attending ABSS services and events less intimidating for underrepresented groups.
- 3. Undertake a system mapping exercise of the wider community support network,** given the clear impact of the programme in encouraging increased networking between Southend services. This would cover the extent of the support network across health, education and children's services and, the referral pathways between services.

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 2** Report summarises the findings from our research activities in 2023, draws comparisons with the previous research findings identified in Phase 1 and builds on them further. Phase 3 will take place in 2024/2025.

1.2 Background to the ABSS programme

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

The ABSS partnership includes EYA, Southend-on-Sea City Council (SCC), and a range of other partners providing health, education, and other community services in Southend. EYA coordinates the activities of ABSS. The ABSS programme was awarded £36 million funding from TNLCF for the period 2015 to 2025. Since it started in 2015 ABSS has been providing free services to pregnant women and other expectant parents and families with babies and children under 4 years old. As part of the original ABSS funding agreement, ABSS services are primarily available to people living in one of the six ABSS wards (Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury), with a small number of services accessible by the wider Southend-on-Sea community (e.g. the Early Years Independent Domestic Violence Advocate (IDVA) service, commissioned through Safer Steps).

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

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

ABSS also aims to influence **systems change** - shaping how local providers of children's and families' services¹ 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 This includes health professionals, social workers, local government, education providers and the community and voluntary sector.

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.

1.3.1 Methodology

This report is the main output from Phase 2 of the ABSS Summative Evaluation and follows a similar methodological approach to that used in Phase 1. The findings in this report have been informed by:

- Analysis of the financial and monitoring information held by ABSS.
- 10 interviews with representatives across Southend: 3 ABSS partners, 4 ABSS programme delivery staff; 2 community leaders in Southend; and 1 other children's and families' service provider in Southend.
- 13 interviews with 15 ABSS service managers and staff.
- A survey of ABSS service delivery staff and volunteers (staff survey), which achieved 25 responses.
- A survey of 131 parents and carers who had taken part in ABSS activities or events (parent survey).
- 8 short interviews with parents and carers who had taken part in ABSS to explore the impact of COVID-19 on their child.
- A survey of 65 local parents and carers who had not taken part in the ABSS programme (community survey).

Please note: The response to the surveys was lower than expected (reasons why the survey response rates were low are described in Section 1.3.2.2) This means that all survey findings presented in this report are indicative and cannot be fully generalised to represent the whole population (see Annex C: Profile of survey respondents).

Following a similar approach used in Phase 1, the survey of parents and carers who have taken part in ABSS activities or events (the parent survey) included questions about the respondent's experience before and since taking part in the programme. In Phase 1, 33 survey responses were received from ABSS staff and volunteers, 94 parents and carers who took part in ABSS events and 113 local parents and carers who did not take part in the ABSS programme. Comparisons have been made between the before and after questions using paired T-tests to assess the extent to which any change observed was statistically significant rather than due to sampling uncertainty².

² Uncertainty at the 95% confidence level, i.e. with statistical significance attributed if the p-values were less than 0.05.

Comparisons between the parent survey and the community survey (parents and carers who have not taken part in the ABSS programme) have been made using Chi-Squared tests³. Chi-Squared tests are commonly used to test independence between two variables. In this they tested whether respondents answered the same questions on the parent and community surveys in a similar manner.

Where appropriate we have made comparisons between the interview and survey findings from Phases 1 and 2, to identify any common trends or changes over time.

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

Figure 1.1: Survey promotion activities

Activity	
Incentives	A prize draw giving respondents to the parent and community surveys the chance to win one of ten £50 gift vouchers
Early engagement at the beginning of Phase 2	RSM engaged with key stakeholders within ABSS, particularly the ABSS project managers, at the beginning of Phase 2. This was intended to inform them about the evaluation aims and activities and work with them to encourage participants, staff, and volunteers to complete the surveys.
Sharing survey links and QR codes with:	<ul style="list-style-type: none"> • The ABSS communications and marketing team for inclusion in the ABSS Newsletter, ABSS events webpages, and social media posts. • All ABSS service managers and asking them to use their existing networks and communication channels (including direct mailing lists and social media) to distribute survey links to delivery staff and volunteers, ABSS participants, and other parents and carers within the ABSS wards. • Online platforms, including social media. • Southend Family Centres • Other organisations within the ABSS partnership and asking them to use their existing networks and communication channels to distribute survey links to ABSS participants and other parents and carers within the ABSS wards. • Over 40 local community and voluntary sector groups, including the Southend Association of Voluntary Services (SAVS), to distribute using their existing communication channels and social media. • Over 60 early years providers, nurseries, and primary schools in Southend to ask them to share the community survey links with their parents and carers.
Printed flyers	<p>340 flyers showing the parent survey link and QR code were sent to seven ABSS service managers who requested them to distribute to their participants.</p> <p>150 flyers containing the community survey link and QR code were posted to other local community and voluntary sector organisations, including SAVS, to distribute to their service users at in person events.</p> <p>130 flyers with the community survey link and QR code were sent to early years providers, nurseries and primary schools in Southend who requested printed copies to share with their parents and carers.</p>
ABSS events	RSM staff attended the Hamlet Court Road in Harmony Festival alongside ABSS staff and representatives, using the event as an opportunity to promote the community and staff surveys amongst parents in attendance.
Working with Southend City Council (SCC)	Working with SCC to promote the community survey links through the Council's social media, communication channels and networks (e.g., Disability forum, Faith and Belief network and Southend Business Partnership).

³ Chi-squared tests with a P-Value of less than 0.05 indicating a statistically significant difference.

Participatory Action Research

The Participatory Action Research (PAR) component of the evaluation progressed throughout Phase 2. PAR is a methodological approach often used in researching inequalities to understand lived experiences. It involves a collective and reflexive inquiry process that researchers and participants undertake to explore and analyse local knowledge (Kapilashrami & Marsden 2018). For the ABSS Summative Evaluation, alongside the research techniques described above, approaches including service mapping⁴, photovoice⁵, and spider-grams⁶ were used to generate providers' knowledge about the main barriers and gaps in equity of access to ABSS services/ interventions.



The PAR preparatory phase involved the researchers meeting with ABSS project managers from each of the three ABSS workstreams. These meetings developed our understanding of the programme, how different projects are delivered and how these collectively contribute to the outcomes for each of the workstreams, alongside key issues pertaining to barriers and challenges in delivering services. These workshops also aimed to achieve a shared understanding of the evaluation approach among project managers, identify potential participants, and obtain their support in the recruitment of participants amongst their staff.

The next stage of PAR activity, knowledge generation, involved establishing PAR groups for the three ABSS workstreams, each involving 3 to 5 practitioners from ABSS delivery partners. Four sets of workshops were organised with each group in 2022 and through 2023. The dates and number of research participants involved in these meetings are provided in Figure 1.2. These workshops aimed to identify key barriers in delivering services, reaching disadvantaged groups, and gaps in equity of access to ABSS services. Each workshop was organised as follows:

- An initial meeting, producing spider-grams and service mapping of an “ideal pathway of care” for their respective strand, followed by focus group discussion on the challenges and barriers in offering continuity of care. The meeting also involved objective setting for photovoice and training on how to undertake photovoice.
- Two subsequent meetings to discuss photographs.
- Final meeting to develop collective analysis and photovoice exhibit.

The dates and number of research participants involved in these meetings to date are provided in Figure 1.2.

⁴ A service map is a common method that helps to identify, map and visualise all of the existing advice, guidance, services and support that the public sector delivers in a defined local area.

⁵ The photovoice methodology gathers participant taken images and narratives to translate experiences in actionable knowledge.

⁶ A spider-gram organises and displays data, with the main subject or concept presented in the middle of the diagram with lines radiating out to sub-topics.

Figure 1.2: PAR meetings held to date (as of Sept 2023)

PAR Meeting	Workstream		
	Diet and Nutrition	Social and Emotional	Communication and Language
1	3 participants September 2022	3 participants February 2023	3 participants October 2022
2	3 participants January 2023	3 participants April 2023	4 participants February 2023
3	3 participants May 2023	3 participants June 2023	4 participants April 2023
4	To be scheduled 3 participants 19 th September 2023	To be scheduled 3 participants 19 th September 2023	4 participants June 2023

The main output of the PAR activity will be an exhibition to showcase the outcomes of the photovoice activity (details to be confirmed with participants). As the PAR activities are ongoing at the time of writing this report, it is only possible to present initial, emerging findings from the PAR activities only. Specifically, the findings relating to barriers and gaps in provision across ABSS services and wards aligned to three overarching themes:

1. service or system-based challenges.
2. social determinants.
3. gaps in provision.

These initial findings resonate with those identified through other research activities. For example: PAR participants identified difficulties with engagement and awareness of ABSS projects generally, as well as specific barriers related to location such as the disparity between postcodes (ABSS wards versus non-ABSS wards) and unavailability of public transport to access the services that do exist. The key themes emerging from the PAR activity have been included, where relevant, throughout the report.

1.3.2 Limitations

1.3.2.1 Baseline Analysis

The analysis of historical data to provide baseline measures for the ABSS programme proved problematic. This was primarily due to the lack of adequate monitoring data prior to the commencement of ABSS. The central problem is that where the data exists, it has been derived from monitoring data returns which were not designed to provide baseline data specifically for the Key Performance Indicators for the ABSS evaluation. Therefore, the data available for 2020/21 and preceding dates can only be used at best as indicative data for comparison with data from 2021/22 onwards. It should be noted that from this point onwards, ABSS can match a limited number of outcomes to Key Performance Indicators more directly, but it is challenging to perform any reliable analysis before this point. As part of the final report, we will endeavour to produce and map baseline measures for a limited number of ABSS interventions wherever availability of appropriate data makes this possible.

1.3.2.2 Survey response rates

Despite efforts undertaken by the Evaluation Team to promote the surveys and encourage completion (see Figure 1.1 above), the response was lower than desired (see Annex C: Profile of Survey Respondents). **This means that all survey findings presented in this report are indicative and should not be generalised to represent the whole population.** The Evaluation Team and ABSS agreed that a different approach to data collection with ABSS staff and volunteers in particular should be used Phase 3 of the evaluation.

1.4 Report structure

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

- The ABSS programme (31 Mar 2023)
- Effectiveness
- Impact
- Equity
- Other effects
- 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 2023)

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 five areas are Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea. The ABSS partnership includes EYA; Essex Partnership University NHS Foundation Trust (EPUT); Essex Police; Family Action; Southend Association of Voluntary Services (SAVS); Southend City Council (SCC); Southend University Hospital NHS Foundation Trust; Southend Clinical Commissioning Group; UoE; and YMCA.

2.2 ABSS income and expenditure (1 Apr 2015 to 31 Mar 2023)

The resources used to deliver the ABSS programme include:

- £36.74 million ABS funding from TNLCF⁷;
- Leverage funding from local partners.

ABSS received £23.4 million of ABS funding from TNLCF from 1st April 2015 to 31st March 2023 (see Figure 2.1). This represents 65% of the ten-year ABS grant funded amount. In addition to the grant funding received from TNLCF, ABSS also secured £1.6 million in leveraged income from ABSS delivery partners between 1st April 2015 and 31st March 2023. Total ABSS expenditure during this period was lower than expected. This was due to a variety of factors including the implementation period taking longer than anticipated and delays in mobilisation, with some activities paused or moved online in response to the COVID-19 pandemic.

⁷ 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 2023)		Actual as a % of Ten-Year budget (%)
	(£)	(%)	(£)	(%)	
Social and emotional	8,588,113	23%	5,132,287	21%	60%
Communication and language	4,258,438	12%	3,048,360	13%	72%
Diet and nutrition	4,093,997	11%	2,756,828	11%	67%
Community resilience	3,372,195	9%	2,081,980	9%	62%
Systems change	3,193,455	9%	1,888,375	8%	59%
Creche services	953,782	4%	565,800	2%	59%
Sustainability and legacy plan	1,429,023	4%	308,002	1%	22%
Design, commissioning & governance	8,036,944	22%	5,822,787	24%	72%
Programme, comms & marketing	288,845	1%	273,845	1%	95%
Programme evaluation	124,113	>1%	124,113	1%	100%
Management costs	1,867,591	5%	1,437,591	6%	77%
Revenue expenditure	36,206,496	99%	23,439,969	98%	46%
Capital expenditure	534,341	1%	534,341	2%	100%
Total	36,740,837	100%	23,974,310	100%	65%

Source: ABSS Management Accounts, Q4 2022/23

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 shows that project expenditure was not distributed evenly between the workstreams. The ‘Social and emotional’ workstream accounted for nearly double the ‘Diet and nutrition’ workstream spend (21% of total expenditure to 31 March 2023, compared to 11%). The figures reported to TNLCF also include ‘Sustainability and legacy plan’ and ‘Creche services’.

2.3 ABSS services

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

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

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

Source: ABSS Project Programme Summary provided by ABSS on 01/02/23

Note: * indicates a project which has closed

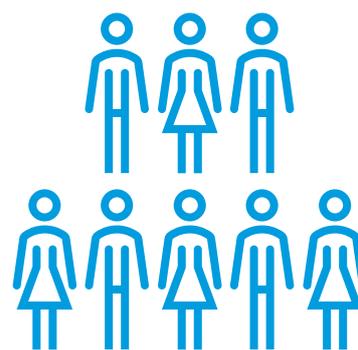
2.4 Profile of ABSS Beneficiaries (1 April 2021 – 31 July 2023)

The primary beneficiaries of the ABSS programme are children aged under 4 years old and pregnant women living in ABSS wards.⁸ The ABSS Project Activity Dashboards show that the programme has supported a total of 6,733 unique primary beneficiaries since it began on 1 April 2015 until the end of the last full reporting period on 31 July 2023.⁹ To obtain a better understanding of the types of people accessing ABSS support, RSM analysed the profile of

⁸ Trans or Non-Binary people who are pregnant and who live in an ABSS ward are also included in this definition as primary beneficiaries.

⁹ Based on data accessed 29/08/23

these beneficiaries over the previous financial year (from 1st April 2022 to 31 March 2023). A total of 2,139 unique primary beneficiaries were supported during this period (or 31.7% of unique primary beneficiaries to date). Of these unique primary beneficiaries, 1,219 were new to the programme over this period. Figure 2.3 to Figure 2.5 show the profile of primary beneficiaries by ethnicity, ward, and level of deprivation. Figure 2.6 and Figure 2.7 show the relationship of the ABSS participant to the primary beneficiary (i.e., if the ABSS participant is a parent or carer) and the age of parents/ carers participating in ABSS projects respectively. Please note that not all of the tables sum to 2,139.



In terms of ethnicity, the majority of primary beneficiaries were 'White' (66%) (Figure 2.3), compared to 87% of the total 'White' population living in ABSS wards.¹⁰ However, information on ethnicity was not collected for almost a fifth (19%) of beneficiaries. The remainder were from a: 'Mixed/Dual background' (6%); 'Asian or Asian British' (4%); 'Black or Black British' (4%); and 'Any Other Ethnic Group' (1%). Whilst these figures differ from those presented in the Phase 1 report for 1st April 2021 to 31 March 2022 (White 73%, Mixed/Dual 5%, Asian or Asian Black the same at 4%, Black or Black British the same at 4% and any other ethnic group 2%), the difference can largely be explained by the higher figure of Information Not Yet Obtained, which increased from 11% of beneficiaries to 19%.

Figure 2.3: Ethnicity of ABSS primary beneficiaries

Ethnicity	n	%	% of Southend Pop.
White	1,393	66%	87%
Mixed / Dual Background	123	6%	3%
Asian or Asian British	96	4%	5%
Black or Black British	87	4%	3%
Any Other Ethnic Group	33	1%	1%
Information Not Yet Obtained	407	19%	-
Total	2,139	100%	

Source: ABSS Project Activity Dashboards, Chart 4

The profile of primary beneficiaries also varies by ward (Figure 2.4). More participants came from Victoria (22%) and Kursaal (20%) than any other ward, potentially because these wards are closer to the centre of Southend. The distribution of ABSS beneficiaries by ward in 22-23 is broadly similar that in to 21-22, with a marginally higher percentage of beneficiaries coming from Kursaal and Victoria wards.

¹⁰ Office for National Statistics (2021) Census 2021

Figure 2.4: ABSS primary beneficiaries by ward

Ward	Phase 1		Phase 2	
	n	%	n	%
Victoria	372	19%	468	22%
Kursaal	402	20%	442	20%
Shoeburyness	354	18%	361	17%
Westborough	304	15%	320	15%
Milton	284	14%	301	14%
West Shoebury	267	13%	255	12%
Total	1,983	100%	2,147	100%

Source: ABSS Project Activity Dashboards, Chart 2

Given the focus of ABS funding on deprived areas, as would be expected the majority (76%) of primary beneficiaries lived in the top 30% of the most deprived areas (Figure 2.5). This exceeds the ABSS target of 72% of primary beneficiaries living in the top 30% of the most deprived areas. This is an increase of 3% versus the 73% of primary beneficiaries living in the most deprived wards in the previous year.

Figure 2.5: ABSS primary beneficiaries living in most deprived areas

Location	n	%
Living in top 30% most deprived areas	1,624	76%
Not living in top 30% most deprived areas	526	24%
Total	2,150	100%

Source: ABSS Project Activity Dashboards, Chart 3

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 (82%), followed by fathers (15%) and others (3%, e.g., childminders, carers, grandparents or other family members). There has been little change when compared to the previous year (83% mothers, 14% fathers and 2% others¹¹). This was not surprising as mothers in the UK still predominately take the primary carer role for children under 4 years old¹². There were also a number of ABSS projects that specifically targeted mothers (Group Breastfeeding Support and 121 Breastfeeding Support). These 2 projects alone accounted for 20% of the total number of mothers participating in ABSS projects from 1 April 2022 to 31 March 2023 (i.e., 357 out of 1,749).

¹¹ Totals do not sum to 100% due to rounding.

¹² 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/familiesandthelabourmarketenglandlfsandapsdatasets>.

Figure 2.6: ABSS participants' relationship to primary beneficiary

	n	%
Mother	1,749	82%
Father	311	15%
Other	70	3%
Total	2,130	100%

Source: ABSS Project Activity Dashboards, Chart 8

The majority of ABSS participants were aged 30 to 39 (51%), accounting for just over half of the participants (Figure 2.7); the next largest category was 22–29-year-olds (31%). These were followed by: 40+ (14%), with relatively few young mothers (3% were 18-21 and less than 1% were 17 and under). There is very little change in the age profile of parent/carer participants when compared to the previous year (1 April 2021 to 31 March 2022).

Figure 2.7: Age of ABSS parent/carer participants

	Phase 1		Phase 2	
	n	%	n	%
≤17	13	<1%	14	<1%
18-21	98	5%	80	3%
22-29	538	30%	635	31%
30-39	930	52%	1,054	51%
40+	211	12%	283	14%
Total	1,790	100%	2,066	100%

Source: ABSS Project Activity Dashboards, Chart 9

Note: table 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 and surveys undertaken during Phase 2 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?

Interviewees were asked about the factors which made the difference between successful and unsuccessful early years projects and programmes. Establishing a **strong relationship with delivery partners** was identified by some interviewees as a key enabler for success. Some interviewees suggested that ABSS had “*fantastic relationships*” with Southend City Council and the local health system, including public health organisations which helped to streamline the process of referring between services.

“ABSS is visible and well-represented within our Health and Wellbeing Boards, which are statutory boards across every local authority in 2023” (Stakeholder interviewee).



In particular, services were able to **utilise the existing linkages which their partners have within the local community** to increase awareness of their offering. Some interviewees reported that utilising the existing networks of partner organisations helped to signpost families to the right intervention at the right time, resulting in a positive impact on family well-being. A minority of interviewees reinforced the importance of partner organisations in increasing the awareness of ABSS services across the community, as opposed to other contemporary methods such as social media:

“Sometimes if you don't know something exists, you don't look for it at a low point in your life. You don't think you're going to find the answer to something advertised somewhere” (Service manager interviewee).

Utilising the existing linkages with and between partner organisations also reduced barriers to uptake of services. A minority of interviewees reported that having a service recommended by someone they already knew and trusted reduced apprehensiveness about attending services that were new to them. Additionally, a minority of interviewees suggested that having strong relationships with delivery partners may have enabled services to be more easily expanded. Some interviewees also commented on how services related to diet and nutrition used linkages with public health organisations such as the Essex Partnership University NHS Foundation Trust to diversify and expand their service offering.

However, some interviewees also identified barriers that resulted in some projects/ interventions being less successful.

Challenging working relationships amongst staff members was identified as a barrier to success by some interviewees and PAR participants. Interviewees stressed that programme effectiveness was built on personal relationships which were personality driven. Getting the

right mix of staff members was not always possible meaning that effectiveness both within and between services was hindered. A minority of interviewees also highlighted that when the programme's effectiveness relied upon personal relationships, there was a risk of services losing effectiveness when key staff members left their role.

Additionally, a minority of interviewees suggested that **staff turnover lead to a loss of knowledge** with a corresponding loss of effectiveness with each staff member who left their role. Success is inhibited as new staff members needed time and training to adjust to their new role. Furthermore, services and activities had temporarily reduced effectiveness and capacity. When staff members at a more senior level were replaced, the existing systems and processes were often reviewed, which also reduced capacity within teams.

Finally, some interviewees referenced that ABSS communication and marketing about the services offered by ABSS, were less effective in specific communities (e.g. the Jewish and Chinese communities). This indicated that the programme's effectiveness was inhibited by a **lack of understanding about the specific needs of some minority communities in Southend**. Some interviewees recognised that some steps had been taken to reach these communities, including:

- Transcribing documents for parents; and,
- Publishing leaflets in different languages.

However, a minority of interviewees recognised that the ABSS programme did not have the in-depth cultural knowledge that was needed to reach out to the Jewish and Chinese communities in

particular. It was acknowledged in some interviews that more could have been done to improve communication with these communities about ABSS services and what those services offered.

"There are other services where we just do not have the knowledge... of the cultural norms [for example] around breastfeeding. We do not do enough, but I don't think we know exactly why we don't do enough. But now we need to do better" (Stakeholder interviewee).

PAR Initial Findings

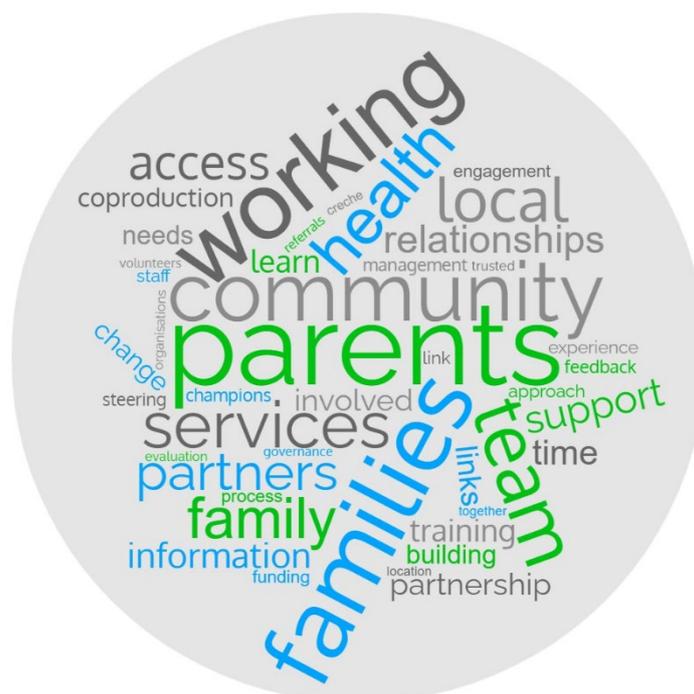
Service/ System Based Challenges: Staff

Shortage of staff across the sector was an overwhelming concern reported as a barrier to providing services (in particular, midwives and health visitors) by PAR participants in all workstream groups. A range of reasons were discussed in relation to this, including the impact of COVID-19.

"...some people left because of retirement, some people left because of other reasons... as staffing levels depleted, the workload went up for everybody else... then people leave because of the stress." (PAR participant)

Participants also highlighted issues with the accuracy of referrals into services. Inappropriate referrals consumed unnecessary staff time whereas in other situations children and families were slipping through the net because referrals had not been made and staff spent time chasing up.

Figure 3.1: Enablers to successful service delivery

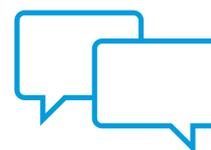


Source: RSM interviews and focus groups

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

Barriers to the uptake of services were identified through interviews with strategic stakeholders and service managers. Some interviewees reported that **communicating with some minority communities** in Southend as a challenge which could inhibit the uptake of services.

Language barriers were a particular concern. Some interviewees highlighted that information was not often produced in languages other than English meaning that some groups within Southend were unable to understand what ABSS services were being offered or how to access those services. Additionally, the programme was mostly delivered in English which created barriers in terms of keeping parents engaged with the service after the initial access point.



“People may not be able access the services they require because the information that's produced isn't in their home languages and they may not understand what is available” (Service manager interviewee).

A minority of interviewees suggested that the **promotional materials for ABSS** were not easily understood by those with English as an additional language or those with different cultural backgrounds. This was further impacted by some families from minoritised ethnic groups within Southend who were illiterate even in their home language. This made it difficult for ABSS promotional materials that were printed in languages other than English (e.g. leaflets) to have an impact. Despite these difficulties, it should be acknowledged that the ABSS programme developed promotional materials with language that is specifically focused on its target audiences.

To overcome this barrier, a minority of service manager interviewees said that they produced promotional videos for their service which were available in other languages, increasing the

accessibility for minority communities. It was suggested by service managers that these videos enabled services to convey key messages to minoritised ethnic groups in their home languages. It was hoped that these would result in an increased uptake amongst these groups.

A minority of interviewees reported that a key barrier which deterred access to services, particularly amongst those from different cultures, was the **availability of family groups and support networks in communities**. It was suggested that if close family/ friends are nearby then families often want to:

“Stay together and support their own family...they don’t let anyone in” (Service manager interviewee).

A minority of stakeholder and service manager interviewees reported that the **accessibility of the ABSS website** was a barrier which limited the uptake of services as it created challenges around communicating information to potential service users. It was suggested that it can be difficult to navigate the website and access the relevant information due to the layout. A minority of stakeholders commented that although there was a move to revise and revamp the website, there had been a lag in getting content from services published, resulting in out-of-date information for some services still on the website. A minority of interviewees suggested that the promotion of the programme was often sporadic and did not have the desired impact of encouraging more uptake of services across Southend. The recruitment of an events manager for the programme was recommended to actively promote services on a consistent basis and increase uptake.

“An events manager who could pop up sporadically every fortnight or every month would increase the uptake because they would be actively out there promoting everything rather than infrequently planned events through the projects” (Stakeholder interviewee).

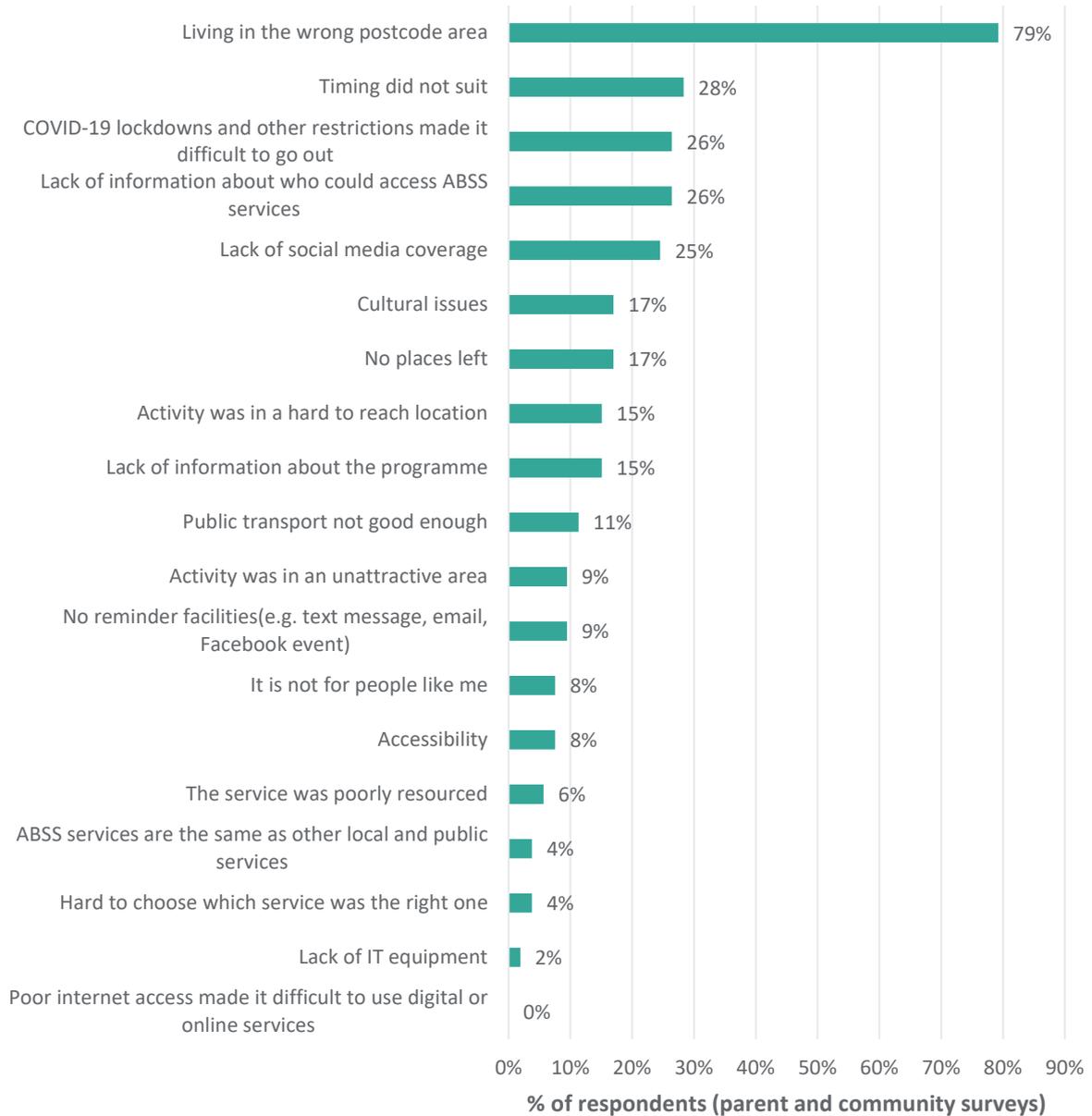
Another barrier identified as limiting uptake of services was the **perception amongst some communities that ABSS services were not for them** (i.e. they were not the target user group). Whilst the majority of interviewees who raised this challenge suggested that there was a perception amongst fathers that they could not or should not access services, some interviewees suggested that this applied to LGBTQ+ families as well. A minority of interviewees speculated that since the ABSS workforce was female dominated and services were most often attended by mothers or female grandparents, fathers felt uncomfortable attending services.

Figure 3.1 below illustrates findings on the various barriers to participation in the ABSS programme identified by respondents to the parent and the wider community surveys. The most common (and unsurprising) response at 79%, was not living in an ABSS ward and, therefore, not being eligible to participate in the programme or specific services (up by 26% 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 both surveys were aware or know those who were aware of the programme but were unable to take part due to their location. The next most common answer was ‘timing did not suit’. In Phase 1, 16% of survey respondents reported that the ‘timing did not suit’, representing an increase of 12%. Similarities were noted between some Phase 2 and Phase 1 responses, with similar percentages of responses for:

- COVID-19 lockdowns and social distancing restrictions made it difficult to go out, 26% in Phase 2 versus 25% in Phase 1.

- Lack of information about who could access ABSS services, 26% in Phase 2 versus 21% in Phase 1.

Figure 3.2: Barriers to participation (parent and community survey)



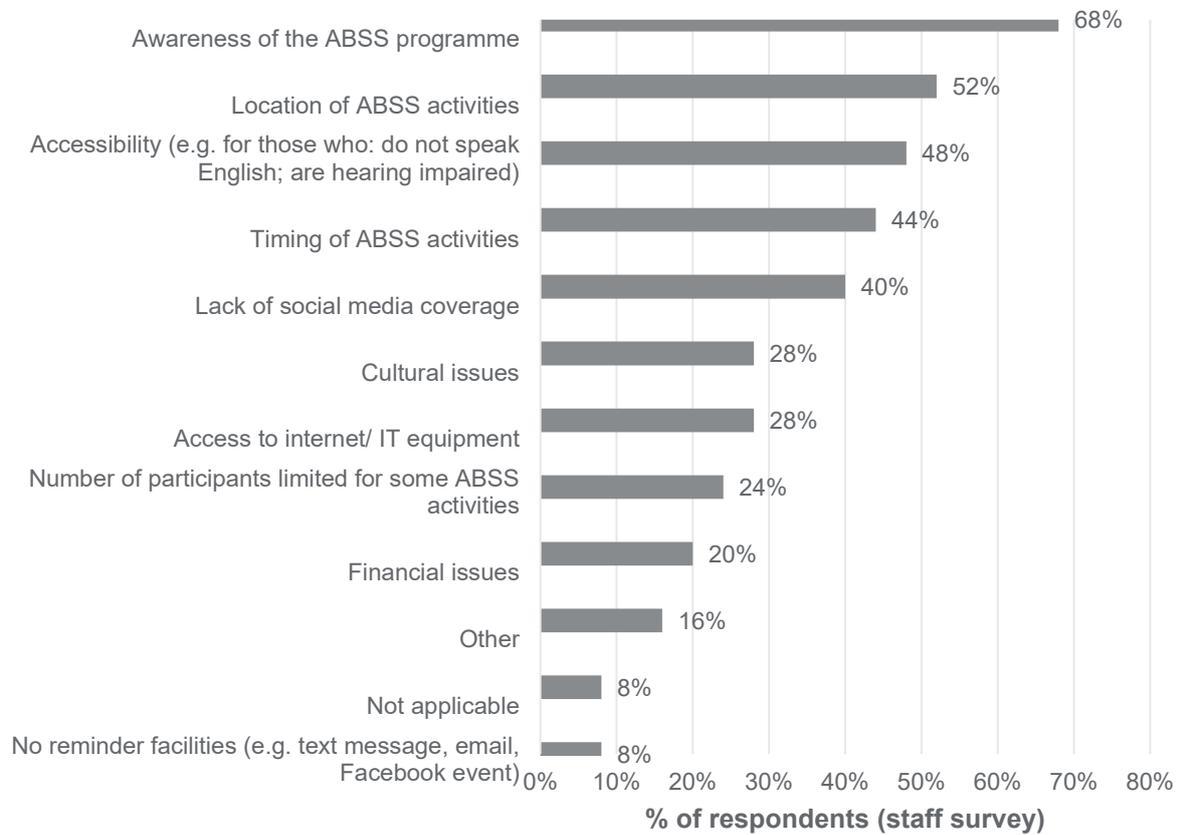
Source: RSM survey of parent beneficiaries Q.28 and RSM survey of the wider community Q.16 (Base: 53).

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

Figure 3.2 shows the ABSS delivery staff responses to barriers to participation. This shows that in contrast to the parent and community survey findings, most staff and volunteers (68%) reported a lack of awareness about the ABSS programme as the main barrier to participation. This finding was supported by PAR participants. Only 26% of parent and community respondents felt that there was a lack of information about who could access ABSS services and 25% felt that there was a lack of social media coverage. It is interesting to note that although 48% of the respondents to the staff survey identified accessibility as an

issue, roughly in line with what had been reported in Phase 1, only 8% of respondents to the parent and community survey felt that this was a barrier to participation (up from 2% in Phase 1).

Figure 3.3.3: Barriers to participation (staff survey)



Source: RSM survey of ABSS service delivery staff and volunteer survey Q.9 (Base: 33).

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

Figure 3.4: Barriers to service uptake



Source: RSM interviews and focus groups

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

It was recognised throughout the interviews that the test and learn approach, adopted by the programme and the security of having a budget behind that approach allowed ABSS to

PAR Initial Findings

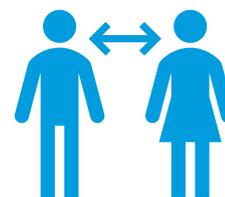
Service/ System Based Challenges: Engagement and awareness lack of awareness of available services was noted by PAR participants across groups as a barrier to take-up and engagement, despite efforts by the programme to inform and advertise projects.

Even when families did access services, sustained engagement remained a challenge and staff had to manage many 'no shows' where appointments or groups were arranged but children or families were unable to attend. Staff identified a range of factors that underpinned this including not least the parents with children with complex needs or other life events impacting parent's ability to attend activities.

"Sometimes parents, they may have other things going on in the background, whether it be housing, their own mental health or domestic issues, which are taking more of a priority...That would be a big preventative for a family accessing our services." (PAR participants)

determine what worked well and what did not, providing the opportunity for evidence-based decision making.

Some interviewees suggested that the ongoing impacts of the COVID-19 pandemic created **challenges around digital exclusion**, impacting the effectiveness of the programme. Interviewees referenced how the pandemic had led to hybrid delivery of some services. Some parents did not have the technology required to access services (including smartphones, tablets, laptops and the internet). Other parents were uncomfortable with the idea of virtual delivery and chose not to access services. As a result, the programme was unable to engage new parents in some instances, unless it was via particular services where formal referrals are the main mode of access.



However, some interviewees reported that despite challenges, the programme was responsive to the COVID-19 pandemic and subsequently adjusted the delivery of services effectively for the existing ABSS audience. Some interviewees highlighted that a virtual delivery model also had benefits, particularly for parents who could not afford travel to and from services. These interviewees recommended that a hybrid delivery model would optimise effectiveness.

A minority of interviewed stakeholders and service managers suggested that having both **volunteers and Parent Champions under the governance** of an external organisation negatively influenced the effectiveness of the programme. All interviewees who discussed this factor during the interviews suggested that it would have been preferable for the governance of volunteers and Parent Champions to have been in-house within ABSS.

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

When discussing the innovative or promising practices and approaches that have positively influenced the effectiveness of the ABSS programme, a recurring theme across the sample was about **Parent Champions and community engagement**. Both factors were referenced by a majority of interviewees when discussing innovative/ promising practices and approaches.

A minority of stakeholders suggested that traditionally there had been a lack of community engagement within Southend. The introduction of Parent Champions for the ABSS programme provided a model which represented how the community can be engaged more effectively. Stakeholders reported that the integration of parents through all



PAR Initial Findings

Service/ System Based Challenges: Information Technology and data sharing

PAR participants felt that the lack of a joined-up IT system that is accessible by all the professionals working with parents and children created a major barrier to accessing key information about families including services received before and history of check-ups. This was common across workstream groups but also linked to severe data protection issues.

Participants also reported some disparity between what staff in the NHS can access and those employed by the local authority, council, or school/nursery which disrupts information sharing.

“...we don't get that information anymore... we don't get to see it... we don't have access. It needs to be a joint system.” (PAR participant)

governance channels was particularly effective, evidenced by other sectors and organisations attempting to implement this model.

Another stakeholder highlighted that incorporating the views of Parent Champions into the programme allowed for a bottom-up approach to programme design which focused on children and families and so, increased its relevance and effectiveness. This stakeholder reinforced that within Southend, they perceived that this bottom-up approach was unique to ABSS.

“People have seen that there is value in understanding how Parent Champions influence ABSS and how we are relying on the community aspect, not the professional aspect [to design services]” (Stakeholder interviewee).

A minority of interviewees suggested that the introduction of Community Connectors represented an even more innovative approach (than Parent Champions) and one that may help to create better linkages with the community. One interviewee felt that ultimately the wider community was the target audience for ABSS services, not just parents as they all live within ABSS wards. However, a minority of interviewees queried how meaningful the engagement between ABSS and the community had been to date and suggested that further improvements could be made. These interviewees suggested that ABSS should ensure community feedback is taken onboard and is not viewed as tokenistic.

“I'm not sure how meaningful it is. I don't always think we get it right either. I will caveat that

sometimes, it's a little bit like we're paying lip service to it [community engagement] and it isn't done fully” (Stakeholder interviewee).

Additionally, a minority of interviewees reported that ABSS planning processes were often reactive rather than proactive. One stakeholder suggested that ABSS were not often at the forefront in terms of leading new ideas, instead taking inspiration from other services/ programmes/ organisations. It was suggested that this was due to a lack of capacity available to specifically focus on innovative approaches.

“We do firefight a little and we're quite reactionary and I think sometimes we aren't necessarily at the forefront of leading on things” (Stakeholder interviewee).

PAR participants highlighted the need for more joined-up information systems and data sharing between departments. However, a minority of interviewees reported that there had been promising improvements in data and information sharing which have increased the effectiveness of the programme. These improvements were achieved due to multiple agencies coming together to share the information they have on families. **Improved data**

and information sharing provides a more holistic view of the family and allowed professionals to understand which ABSS services the family accessed and why they accessed them. This helped to ensure engagements are as effective as possible as services had access to more information about the service users. This information included:

- The family are in debt.
- The family are at risk of homelessness.
- The speech and language service are working with the child.
- A social worker is working with one or more of the parents.

Comparison against Phase 1 findings:

When considered alongside the previous findings from Phase 1 of the evaluation, the barriers and enablers influencing the effectiveness and uptake of the programme remained broadly consistent. Throughout Phase 1, the COVID-19 pandemic was recognised as an external factor influencing effectiveness at a programme level. This was recognised in Phase 2, however, with a specific focus on the ongoing impact of the pandemic and issues around digital inclusion. When asked about innovative approaches in Phase 2, there was a greater focus on the role of Parent Champions and Community Connectors, compared to Phase 1. Phase 2 findings also discussed the allocation of ABSS funding, the need to have the right resources and people in place and, reactionary rather than proactive planning processes.

3.2.2 Community level

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



Some interviewees felt that the programme's success **at incorporating local knowledge and expertise into the programme design** through the commissioning of partners which were based in Southend, had a positive impact on the programme. Delivery partners had an intimate knowledge of the area and understanding of the community in Southend which helped to ensure that ABSS services were delivered in the most appropriate and impactful way for the local community. Interviewees reinforced the positive impact that local knowledge has on effectiveness.

“Other than the lead organisation there are now no national organisations or organisations registered outside of Southend that are delivering our project...all of the voluntary sector partners that we commission are registered or based in Southend. It's more positive and the outcomes and outputs are better on those programmes” (Stakeholder interviewee).

Comparison against Phase 1 findings:

Findings from Phase 1 of the programme had a greater focus on external factors influencing effectiveness such as embedded perceptions from past interactions with services and a lack of co-ordination or consistency across previous parenting programmes in Southend.

3.2.3 System level

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

Having a **culture of support** was considered a key factor in shaping effectiveness by a minority of interviewees. One stakeholder commented that there was a need to focus on solutions rather than problems and that a collective sense of responsibility across the whole

PAR Initial Findings

Gaps in provision: Specialist Care

PAR participants noted a need for earlier referrals of children with suspected developmental delays or special educational needs. ABSS staff felt that they could identify developmental delays early but must follow lengthy processes before referring to specialists. Furthermore, a continuation of specialist services or a step-down service when children reach the maximum age of a specialist service was identified as a substantial gap.

“We know from experience that these children have issues.... To get them into services is really difficult, to get them to be seen is really difficult.” (PAR participant)

system within Southend would help address issues more effectively. For example, community services, health services and education services should work in tandem to address issues. Stakeholders felt that more collective work needed to take place for a mutual culture of support to be achieved in Southend, stating that there was a greater need for services to focus on the wider system or culture within Southend rather than their own individual needs.

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

The majority of interviewees who discussed the linkages the ABSS programme had with other services, reported that **integrated working has increased since the inception of the programme**. Some interviewees reported that greater collaboration between services led to an improved continuity of care for those availing of services. Improved collaboration ultimately led to a better quality of care and/ or support, with increased understanding of the holistic needs of service users. In particular, the programmes linkages with education, public health and Family Centres were referenced as being beneficial.

“It does link in with health, it does it link in with education. That’s been one of the strengths really.

[ABSS] is a real asset for the whole city. And it’s only in the interests of education and health to be tapped into that to draw from that and to be informed of that...we have place-based knowledge of the wider footprint of Southend ...but the learning can go to anyone at all” (Stakeholder interviewee).

Of particular note were the **referrals made into other external Southend services**, including healthcare services. Improved integration and collaborations made it easier for ABSS staff to make direct referrals into or signpost service users to other services. This led to increased uptake amongst both other internal ABSS services and also relevant external services. Additionally, a minority of service managers commented that once referrals were received by the ABSS programme, other services were more consistent in their following-up process with those referrals.

“It can only be positive if more of us are talking together, collaborating and singing from the same hymn sheet and all know what's going on. I am able to share pathways, provide support for people and signpost people to other services and that's great. That works really well in our experience” (Service manager).

A minority of interviewees reported that there **were initial challenges in working with Family Centres**. It was reported that there was some resistance from Family Centres due to an overlap between their services and some ABSS services. However, one stakeholder noted that **working relationships with Family Centres have improved** over time as both share the common goal of prioritising support to families and aim to meet their needs.

Comparison against Phase 1 findings:

Findings relating to factors shaping effectiveness at a systems level varied between Phase 1 and Phase 2 of the evaluation. Phase 1 suggested that the impact of austerity measures on local public and voluntary services was a key factor shaping effectiveness. Whereas in Phase 2 interviewees discussed the need to have a system-wide culture of support in place. Good linkages with other services within Southend and improved referral pathways were noted across both Phases of the evaluation.

3.3 Summary

Throughout interviews, participants identified several key areas which contributed to the success of the programme. These included:

- Establishing **strong relationships with partners** which streamlined the process of referring between services and improved continuity of care for families.
- Utilising **existing linkages with ABSS partners** within the local community to increase awareness of the programme offering.
- Utilising the **existing linkages with and between partner organisations** also reduced barriers to uptake as families were less apprehensive about services when they had been recommended by people they know and trust.

However, barriers which impacted on the effectiveness of the programme were also identified:

- **Challenging working relationships** amongst staff members was identified as a barrier to success by some interviewees and PAR participants. Getting the right mix of staff members was not always possible meaning that effectiveness both within and between services was hindered.
- **Staff turnover** lead to a loss of institutional knowledge with a corresponding loss of effectiveness with each staff member who left their role.

In terms of barriers to the uptake of services, it was noted that ABSS communications and marketing were less effective in particular communities (e.g. the Jewish Community). Language barriers were also a concern as most promotional material was in English. Additionally, interviewees noted that relevant information was not always easily accessible on the ABSS website. However, whilst 48% of staff members who responded to the survey identified accessibility as an issue, only 8% of parents agreed. Another barrier identified as limiting uptake of services was the perception amongst some communities that ABSS services were not for them (e.g. fathers). By far the most common barrier to uptake cited by community survey respondents at 79%, was not living in an ABSS ward and, therefore, not being eligible to participate in the programme or specific services.

4 IMPACT

4.1 Introduction

This chapter focuses on the impact that the ABSS programme had on: ABSS delivery partners (programme level); ABSS participants and the wider community (community level); and other providers of children’s and families’ services in Southend, including health professionals, social workers, local government and education providers (systems level). It is based on the findings from the interviews and surveys undertaken during Phase 2, with initial findings from the PAR activity included where appropriate.

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.

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)?

Similarly to Phase 1, parents who were interviewed were unable to comment on this question. The qualitative findings, therefore, rely on stakeholder and service manager interviews.



A minority of interviewees were **positive about the way that the programme’s planning processes had evolved over time to address the current needs of the community** it serves. In particular, service managers felt that their ABSS services are regularly taking feedback from the parents they serve in order to tailor the service. Overall, this flexibility in planning approaches, created by a willingness to collect and act on feedback, has been a positive feature of the ABSS programme. This finding was also noted in Phase 1. Whilst co-production, and participant feedback more generally, has been an intentional part of the programme since its inception, this aspect has become more entrenched in some services over time.

“Initially we had a plan for the service to run on a six-week block premise where you would have six sessions with the family then sign them off and move on. Some families have quite an intense 3-week block of support and then they’ll drop out. So I think rather than having that fixed model that we started with, we’ve moved towards a more open model” (Service manager interviewee).

However, as identified in Phase 1, **some services were more prescriptive** in their planning and delivery, particularly those relating to health, diet or nutrition. Furthermore, one of the service managers interviewed stated that the ABSS programme had no impact on their service’s planning processes, because the organisation delivering that service was already a co-production service.

“I think because of the nature of our organisation, we already had a culture similar to what A Better Start is trying to achieve. I don’t think we were worlds apart at all.” (Service manager interviewee).

Interviewees gave a range of examples of how flexibility within the programme's planning processes has been used to respond to changes in the local and national context, such as the COVID-19 pandemic, perinatal mental health issues, domestic violence and the cost-of-living crisis. The COVID-19 pandemic became a huge obstacle which persisted for a long time. Stakeholders and service managers alike praised ABSS for its adaptability to the pandemic, as many services quickly began virtual sessions and more online support.

"I think ABSS and the partners did a really good job during COVID-19 and reacted very quickly... some of them very quickly reverted to a virtual offer because they had to, but they did it in good time. What is now become obvious is that people really want that offer. So there's been some really good learning from that." (Stakeholder interviewee).

ABSS services' response to worsening perinatal mental health and increased reporting of domestic violence during and after the pandemic has been another specific case whereby planning processes changed to suit the needs of the community. For example the Perinatal Mental Health service expanded its provision, and the programme introduced the Independent Domestic Violence Advisor (IDVA) service, which was made available across the Southend community, and not just the ABSS wards.

PAR Initial Findings

Social determinants and challenges: Cost of living

PAR participants described how the cost of living in general impacted families in Southend. A particular example highlighted was the relatively lower pay for the workforce in Southend compared with neighbouring regions like London and the Southeast of England. The impact that the cost-of-living crisis has had on nutrition security for children (and adults) was also noted.

"We're stuck at the end of the road in a way. To work in Southend, you'll get paid less...you don't get [the London weighting] down here ...that impacts." (PAR participant)

"I just think it's a good service and I'm glad my midwife referred us to it, because I was feeling alone and down." (Parent interviewee)

The flexibility of the programme to adapt service planning to the needs of the community has been further evidenced in the response to the cost-of-living crisis. A minority of service managers mentioned how the ABSS programme adapted its offer to help families reduce food costs, think of cheap activities to do, and share knowledge of different financial supports available such as tax-free childcare.

"We have had to adapt [our] offer due to the cost-of-living crisis... We introduced families to existing groups and agencies that provide financial help in relation to utility bills." (Service manager interviewee).

Comparison against Phase 1 findings:

Responses on the how ABSS planning process had strengthened/evolved over time were broadly similar across Phases 1 and 2, with responses including that the programme was responsive to changing needs, but that some services felt prescriptive. A particular change however was the discussion around how the programme had responded to the COVID-19 pandemic and the cost-of-living crisis.

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?

As outlined in Section 1.3.2.1 of this report, the analysis of historical data to provide baseline measures for the ABSS programme proved problematic. Phase 3 will involve the production and mapping of baseline measures for a limited number of ABSS interventions wherever the appropriate data is available.

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

RSM used qualitative primary research methods to obtain deeper insight into how the ABSS programme has improved the experience of parenting among the target population. Interviews were held with parents who were either actively participating in ABSS services or have participated in the past. To complement and triangulate findings from these discussions, interviews with service managers and key stakeholders were also held. Where possible, our analysis of the interviews distinguishes between differing consensuses of these three interviewee groups, in order to give more detailed insight. Altogether, the interviews have given us a wide range of perspectives, which have enabled us to identify key specific impacts of ABSS services on the experience of parenting among the target population.

There was evidence that the ABSS programme has positively influenced the parenting experience of those who attended ABSS services. This finding was consistent across Phases 1 and 2 of this evaluation. Given the nature of the programme, whereby each service has a unique offering to participants, some impacts were specific to particular services. However, some impacts were evidenced across many different services and are therefore generalisable to the programme as a whole.



Some parent interviewees said that the ABSS programme had increased the confidence of parents who have taken part in ABSS services. The increase in confidence came in three different forms. The first source of increased confidence was with regards to their own ability to look after their child. Having developed new skills and knowledge through attending services, some interviewees said that many parents experienced personal growth and began to find the challenge of parenthood less daunting. This was particularly the case for participants of the breastfeeding services (121 Breastfeeding and Group Breastfeeding). This was widely regarded as a successful aspect of the diet and nutrition workstream, helping parents become more confident in their own capabilities as a result of the support and knowledge provided by the services.

“Our breastfeeding rates within our more deprived wards are meeting or now surpassing some of our more affluent wards. I think that's just showing the impact the project is having.” (Stakeholder interviewee)

“ABSS has improved parents' level of confidence and understanding of breastfeeding” (Stakeholder interviewee)

“I don't think ABSS realised the difference in confidence that we could make, I think it was [originally] very targeted in terms of health. But the impact that it's had in terms of building confidence has been very good.” (Stakeholder interviewee)

The second way that the programme increased parent's confidence was in their ability to enter or return to the workforce. Service managers mentioned how taking maternity leave can lead to self-doubt about one's own capabilities. ABSS services have helped parents to manage these feelings by connecting with other parents and service staff. This, combined with practical support for careers through services such as Work Skills, has enabled parents to increase their confidence in finding or returning to work.

"Mothers are often the ones that take time out of work. You start to question yourself as to whether you're capable of doing these things still and it can be quite daunting to consider going back to work. So providing skills or sessions or interactions that build that confidence and the wants and the passion and drive to take that step and can be hugely beneficial, not just financially, but also for the for the mother's wellbeing" (Stakeholder interviewee).

Thirdly, interviewees said that parents who had become Parent Champions had grown in confidence when it came to being an active, or leading, member of their community. The responsibility of being a parent champion gave some parents increased confidence to discuss, share and represent their community. This was a similar finding to the Phase 1 report, which found that Parent Champions often went on to form their own support groups in the community, have the confidence to re-join the workforce or take-up other leadership positions.

"You can see the growth in the individual as a result of the programme. I see mothers, some single parent mothers, train to be a parent champion. You see the growth in that person. You see them grow in their confidence when it comes to talking and sharing information. It's like a story to me, watching five years growth. I'm so proud, I think they've done a splendid job." (Stakeholder interviewee)

"I can confidently speak about the parents we work with, particularly the Parent Champions. It's just had a remarkable effect in so many different ways. It sounds cliché, but everyone is on their own individual journey. We've had Parent Champions that have used it as a confidence building exercise, and some that have used it as skills to get into work" (Service manager interviewee)

The parents who were interviewed also spoke about the positive impact that their increased confidence had on their child.

"Me being well and happy, confident and supported is of direct benefit to my child because they have a happier, healthier, more confident and more comfortable parent." (Parent interviewee)

Comparison against Phase 1 findings:

Findings on the impact to the parenting experience were broadly similar between Phases 1 and 2. Both Phases found that the programme positively influenced the parenting experience, with parents who went through ABSS reporting improved knowledge and confidence.

Case study: Impact of COVID-19 on child development outcomes

Identifying the impacts of the COVID-19 pandemic and understanding how the ABSS programme mitigated and adapted to those challenges, were additional research objectives for Phase 2. While the virus itself was a health threat, the way that society reacted to it created wider issues. The emergence of lockdowns, quarantining, and social distancing created an **unfamiliar landscape for parents to navigate** during pregnancy and their children's early years. While this societal response to the pandemic was temporary, there have been **longer term impacts which appear to have persisted for children**. We asked parents, service managers and stakeholders about the impact that the pandemic has had on child development. Interviews with stakeholders and service managers indicated that the pandemic did have a negative impact on child development outcomes, namely speech and language development and behavioural issues. This finding was based on anecdotal rather than systematic or empirical evidence.

The majority of interviewees said that the COVID-19 pandemic had a negative impact on early child development outcomes. These issues were wide ranging, and there was a mix of opinion as to whether these setbacks were **short term, long term or permanent**. A minority of interviewees stated that we will not know the extent of the long-term impact until enough time has passed for the early years cohort to finish primary school or begin their GCSEs.

"Absolutely I think it's had a huge impact" (Service manager interviewee).

"With my daughter, we were doing a million and one little groups, like swimming and lots of other activities. But with my son he had to be home with mum and his big sister. I think it impacted [his development] dramatically" (Parent interviewee).

The vast majority of interviewees said that the impact of the pandemic on child development outcomes spanned children's **social and emotional**, as well as **communication and language development**. In terms of social and emotional development, interviewees said that

PAR Initial Findings

Gaps in provision: Reduction in or absence of specific support

PAR participants reported that there has been a general decline or stopping altogether of some services considered crucial before, but especially since, the COVID-19 pandemic. Specific examples given include gaps in:

- Antenatal support
- Childhood trauma
- Young mums' groups

Staff linked these gaps to funding decisions and staffing crises, though they also strategized about how existing services could be tweaked to fill some gaps. Staff felt it important to offer some further support to parents to address their own needs so that they are better equipped to support their children.

"We were thinking, do we need to do a separate group for young mums... but to facilitate that, we need more funding...we can't look at doing those services because those are the barrier." (PAR participants)

"...actually, for a lot of our families, [the parents] need to work on their childhood trauma." (PAR participants)

lockdowns, quarantining and social distancing had removed many of the opportunities children naturally have to socialise. This led to a range of setbacks, including:

- Less confidence with other children, adults and large groups.
- Poorer soft social skills when engaging with other children.
- Increased reliance on tablets, phones and TVs for entertainment.

“There’s a lot of socialising that happens that wasn’t happening. I know my son does not like big groups of people and it’s taking a while to get used to all that. He still does not like crowds and lots of noise because it is something he is not used to. We thought he’d be getting over because it’s been a little while since we’ve had any restrictions, but he is just taking a little bit longer.” (Parent interviewee).

In terms of communication and language development, interviewees also spoke about the **lack of opportunities for children to interact** with one another or speak to other adults such as childcare or pre-school staff. This led to **delays in speech development** and has prevented some children from learning about more nuanced forms of communication such as body language.

“It’s all to do with experience. If they’re not having first hand experiences, then the language doesn’t necessarily develop. They need those experiences and appropriate ways in order to hear the language to be able to map that language to that experience.” (Service manager interviewee).

However, it is worth noting that a minority of interviewees felt that the pandemic had little impact on certain children, particularly in terms of language and communication. This was predominately because some parents were able to support their child’s communication and language development without external support. Therefore, **the impact of the pandemic depended on the capacity of the family to make up for the gap in support.**

“We’ve had some families feel that because of the pandemic, they were able to spend a lot more time with their children. So their speech and language needs weren’t affected.” (Service manager interviewee).

The impact of COVID-19 on child development outcomes may have also indirectly occurred through the impact that the pandemic had on parents. Some interviewees spoke of an **increase in loneliness, worsening mental health, and reduced non-urgent health care services**. These factors were likely to have had indirect effects on child development, given the close relationship of the parent and child, particularly during this period of reduced external influence.

“We see issues around children’s confidence and there is a bit of parental anxiety there as well. It is not just the children’s attachment issues; it is parents’ anxiety as well.” (Stakeholder interviewee).

“We had a mum that turned up to a group with her second baby. She sat down and just burst into tears. It might be that they have delayed post-natal depression because of what they’ve been through with COVID.” (Service manager interviewee).

The ABSS programme had to react quickly to the pandemic. Some online services began. It was mentioned that although in-person sessions were taking place in between lockdowns, attendance rates dropped, as parents were hesitant to be a part of groups. Nevertheless, a minority of interviewees mentioned how the ABSS services helped parents during lockdown.

"I had my son. Six months in, we got COVID and then locked down, so he did not get to go to all the groups and have all of the interaction. It was beneficial to find ABSS because they had a few things run during lockdown that were online. And that was really nice" (Parent interviewee).

"ABSS and the partners did a really good job during COVID and reacted very quickly. Some of them very quickly reverted to a virtual offer because, you know, they had to, but they did it in good time" (Stakeholder interviewee).

Some interviewees also mentioned that the ABSS programme has helped to negating some of the longer running impacts of COVID-19 on parents and children. This includes issues regarding language and communication, mental health and domestic abuse.

"So although we are winding down, we do want to do a little bit of innovation because as we said, we have got two years left. We need to ensure that we have got the COVID babies really ready for school. And as far as I am concerned, we're duty bound to do that." (Stakeholder interviewee).

"Straight after the pandemic, communication and language, perinatal mental health and IDVA, which is our domestic abuse project, made changes. We'd identified what was happening. Communication and language changed some of the courses they had, perinatal mental health expanded their service, and we made changes to the IDVA contract. I think ABSS responded really well." (Stakeholder interviewee).

Figure 4.1: Impact of ABSS on parenting experience



Source: RSM interviews and focus groups

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: social and emotional development; communication and language development; and diet and nutrition; as well as community resilience. Both the parent and community surveys as well as the interviews were used to generate findings in this section.

4.2.2.1 Social and emotional development

Access to support

The survey findings indicated that **since taking part in the ABSS programme, respondents were better able to access support for their children's social and emotional development.** This broadly matches the findings from Phase 1. The Phase 2 survey indicates that fewer ABSS participants 'agreed' and more 'disagreed' that they were able to access support to interact with other children and adults before taking part in the programme compared to respondents to the community. Yet compared with the community survey responses, the ABSS participants gave similar responses to the question about being able to access support to help child understand feelings and behaviours before taking part in the programme. The increase in respondents who were better able to access support after participating in the programme, compared to before, was **statistically significant.** When comparing ABSS parent responses to non-ABSS community responses, results were **not statistically significant.**

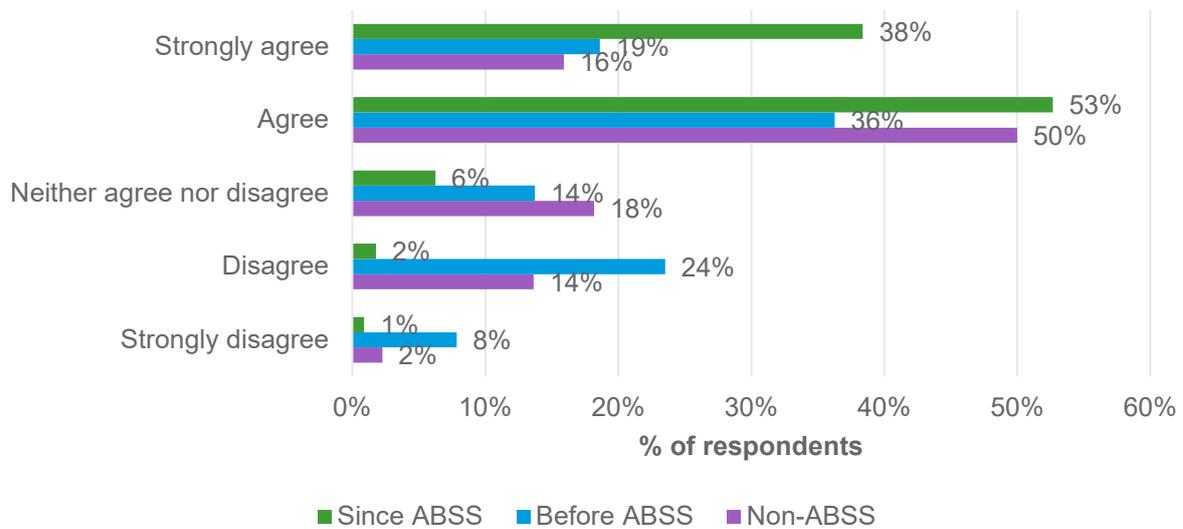
The differences in responses to the before and since questions on the parent survey may reflect the impact of the ABSS programme, as long as all other factors remain the same (i.e., the only difference was that they had taken part in the ABSS programme). This means it is not possible to say with certainty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

As shown in Figure 4.1 below, 91% of respondents 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 was increased by 36% compared to 55% before ABSS. **The differences in results from before participating in ABSS to after participating were statistically significant** (at 5% level).

Furthermore, Figure 4.1 shows that more ABSS parents felt more able to access support to interact with other children and adults compared to **non-ABSS parents in the wider community.** However, this difference is **not statistically significant.**

"It has been very good to encourage them into socialising, and to see what other kids do"
(Parent interviewee)

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



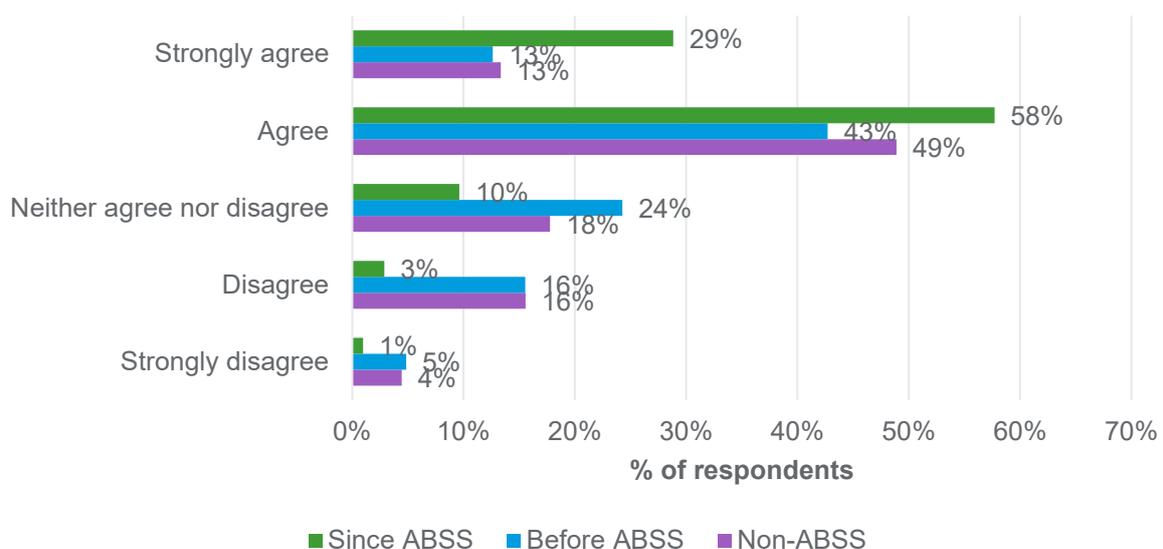
Sources: RSM survey of parent beneficiaries Q.15.3 (Base: 102) and Q.16.3 (Base: 112) and RSM survey of the wider community Q.10.3 (Base: 44).

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

Similarly, 87% 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 since taking part in the ABSS programme, compared to 56% before ABSS. **This difference is statistically significant.**

ABSS parents were also more likely to have agreed or strongly agreed with this statement than respondents who had not taken part in the ABSS programme (see Figure 4.2 below). **However, the difference in responses between ABSS and non-ABSS parents were not statistically significant.**

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

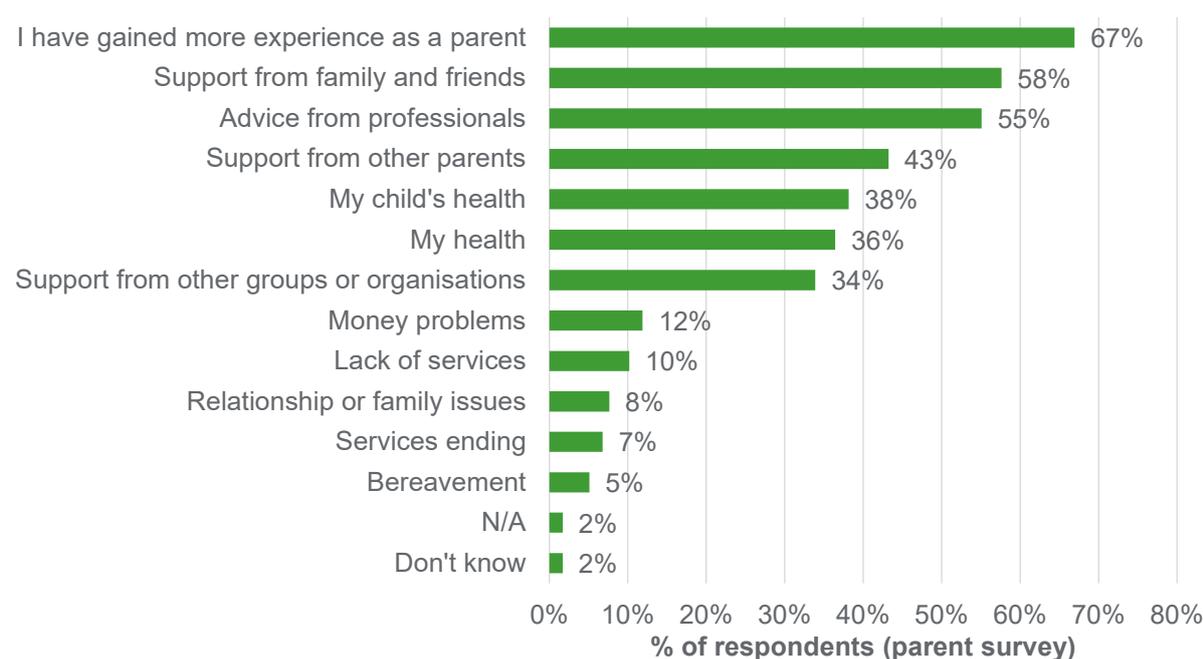


Sources: RSM survey of parent beneficiaries Q.15.4 (Base: 103) and Q.16.4 (Base: 104) and RSM survey of the wider community Q.10.4 (Base: 45).

Note: "Since ABSS" and "Before ABSS" totals do not sum to 100% due to rounding.

Parent respondents identified a range of other factors that influenced their and their children's access to support as shown in Figure 4.3 below. Similar to what was reported in Phase 1, more than half of respondents to the parent survey mentioned gaining more experience as a parent (67%), support from family and friends (58%), and advice from professionals (55%). Similarly, 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. However, a larger share of respondents (12%) identified money problems as a barrier in Phase 2 than in Phase 1 (9%).

Figure 4.4: Other factors that influence access to support



Sources: RSM survey of parent beneficiaries Q.18 (Base: 118).

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

Knowledge

Respondents who had taken part in the ABSS programme were **more likely to have said that they had 'a lot' or 'quite a bit' of knowledge about helping their children's social and emotional development since taking part in the programme than before.** Unlike the Phase 1 results, this change was **not statistically significant.**



Compared to respondents to the community survey who had not taken part in the ABSS programme at all, respondents to the parent survey were also more likely to have said that they had 'a lot' or 'quite a bit' of knowledge since taking part in the programme. **This difference was statistically significant.**

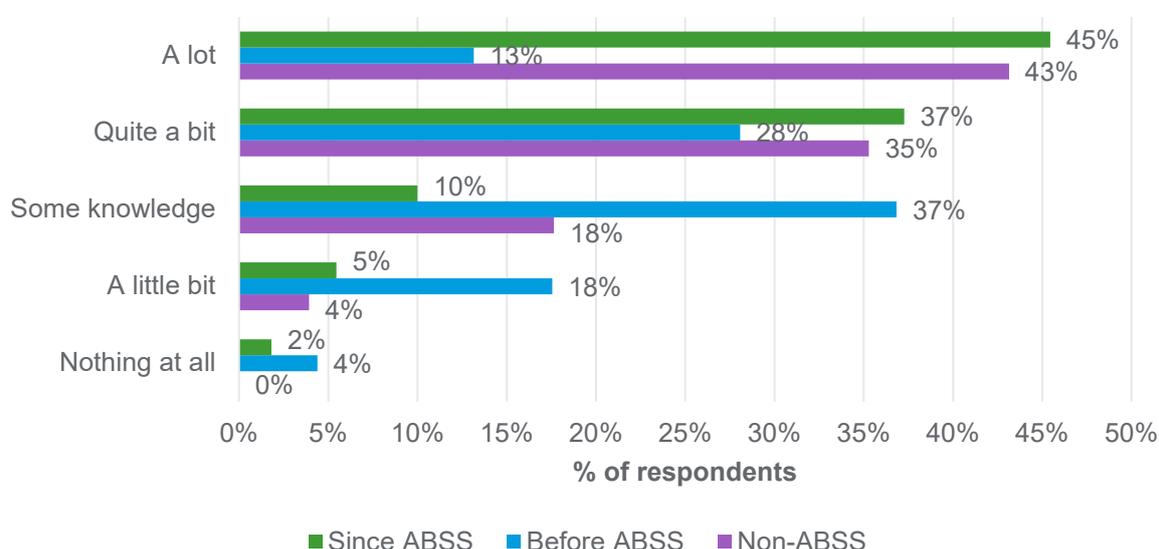
However, similar to Phase 1, it is interesting to note that it was more likely for respondents to the community survey to have said that they had 'a lot' or 'quite a bit' of knowledge than for respondents to the parent survey before ABSS. This indicates that the respondents to the community survey may have felt less need for ABSS support because they already

considered themselves relatively knowledgeable, potentially because their children were generally older (see profile of survey respondents by age of youngest child Figure 10.17).

As shown in Figure 4.4 below, there was an increase of 50 percentage points (from 41% before ABSS to 91% since taking part in the ABSS programme) 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. **While this increase was larger in size compared to the increase in Phase 1 (32%), it was not statistically significant.**

It is also important to note that according to the community survey, 78% of respondents who never received ABSS services said that they had ‘a lot’ or ‘quite a bit’ of knowledge about helping children interact with other children and adults. **The difference between the ABSS parent and non-ABSS community responses was statistically significant.**

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



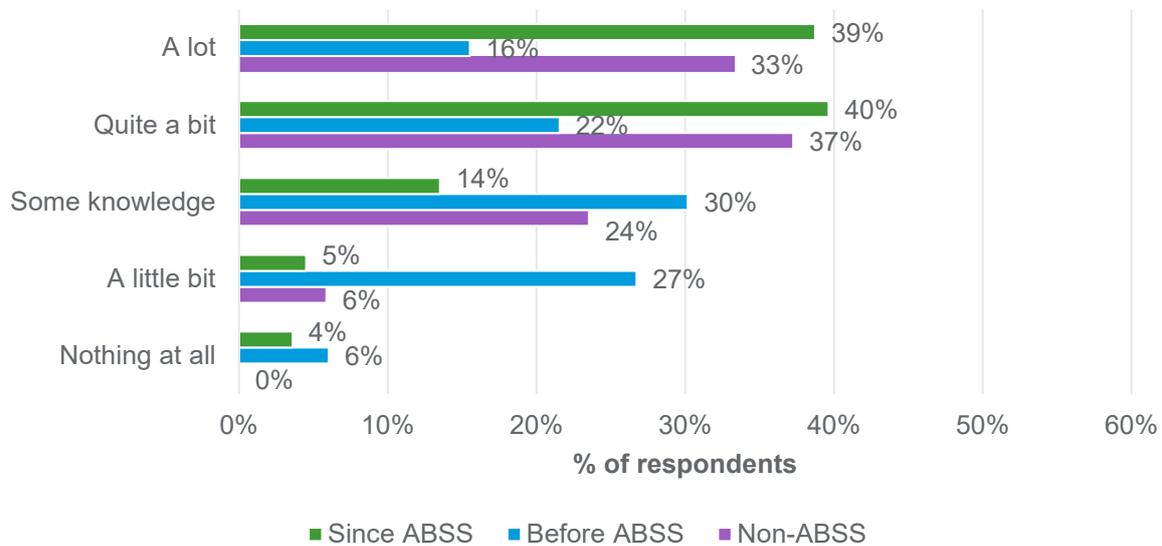
Sources: RSM survey of parent beneficiaries Q.19.5 (Base: 114) and Q.20.5 (Base: 110) and RSM survey of the wider community Q.11.5 (Base: 51).

Note: “Before ABSS“ total does not sum to 100% due to rounding.

Figure 4.5 presents the responses to the respondents’ knowledge about helping their children understand their own feelings and behaviours. The majority of respondents (79%) to the parent survey said that they had ‘a lot’ or ‘quite a lot’ of knowledge since taking part in the ABSS programme. Similar to what had been reported in Phase 1, there was an increase of 41 percentage points compared to before taking part in the programme (38%). **However, the results from before to after ABSS were not statistically significant.**

The difference between the parent survey responses and the community responses was statistically significant (70% of respondents to the community survey responded ‘a lot’ or ‘quite a bit’).

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

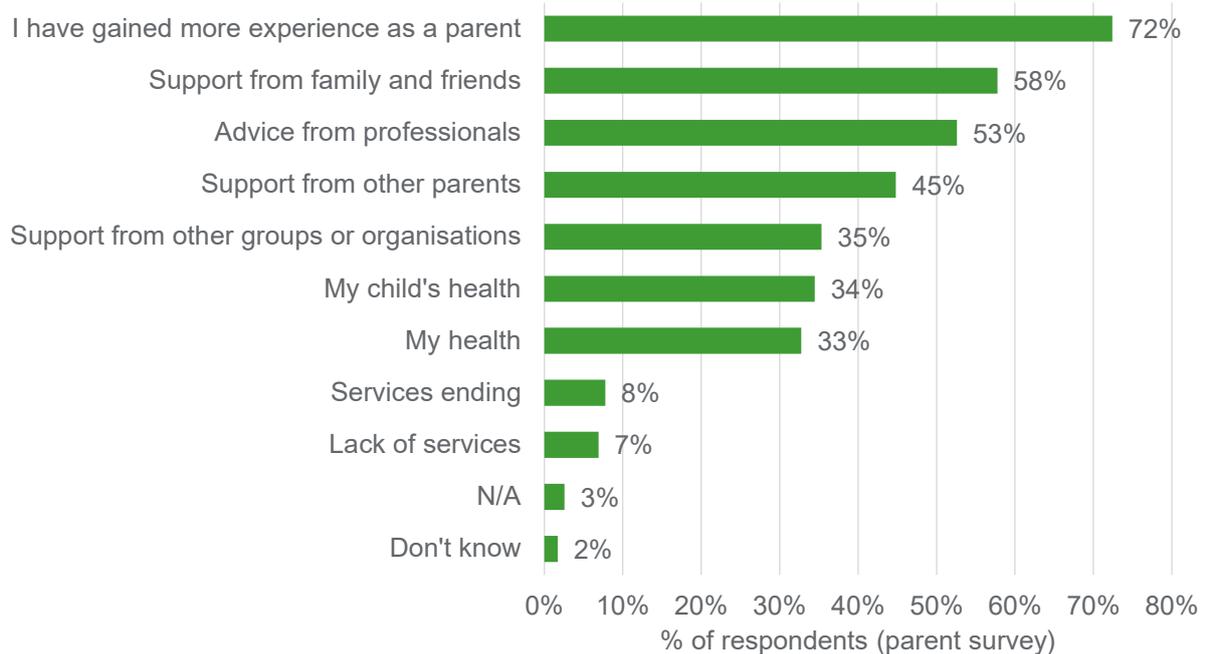


Sources: RSM survey of parent beneficiaries Q.19.6 (Base: 116) and Q.20.6 (Base: 111) and RSM survey of the wider community Q.11.6 (Base: 51).

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

Parent respondents identified a range of other factors that influenced their and their children's access to support as shown in Figure 4.6. Similar to Phase 1 findings, more than half of respondents to the parent survey mentioned gaining more experience as a parent (72%), support from family and friends (58%), and advice from professionals (53%). 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 (33%) reported their own health as a barrier in Phase 2 than in Phase 1 (39%).

Figure 4.7: Other factors that influence knowledge about child development



Sources: RSM survey of parent beneficiaries Q.21 (Base: 116).

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

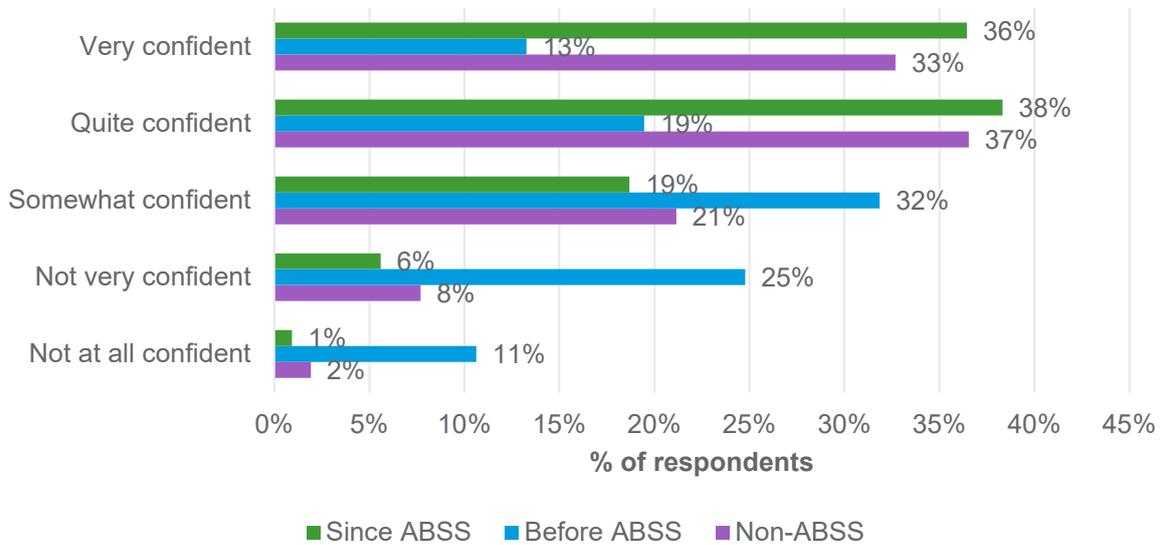
Confidence



As presented in Figure 4.7, 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**. 32% responded 'very confident' or 'quite confident' before ABSS, whilst 74% answered 'very confident' or 'quite confident' since. As in Phase 1, this difference was **statistically significant**.

However, there was a smaller difference between the ABSS participants since taking part in the programme and the responses to the community survey who had not taken part in the ABSS programme at all (see Figure 4.7). This suggests that **ABSS has helped participants increase their confidence of self-care to similar levels within the wider community**.

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

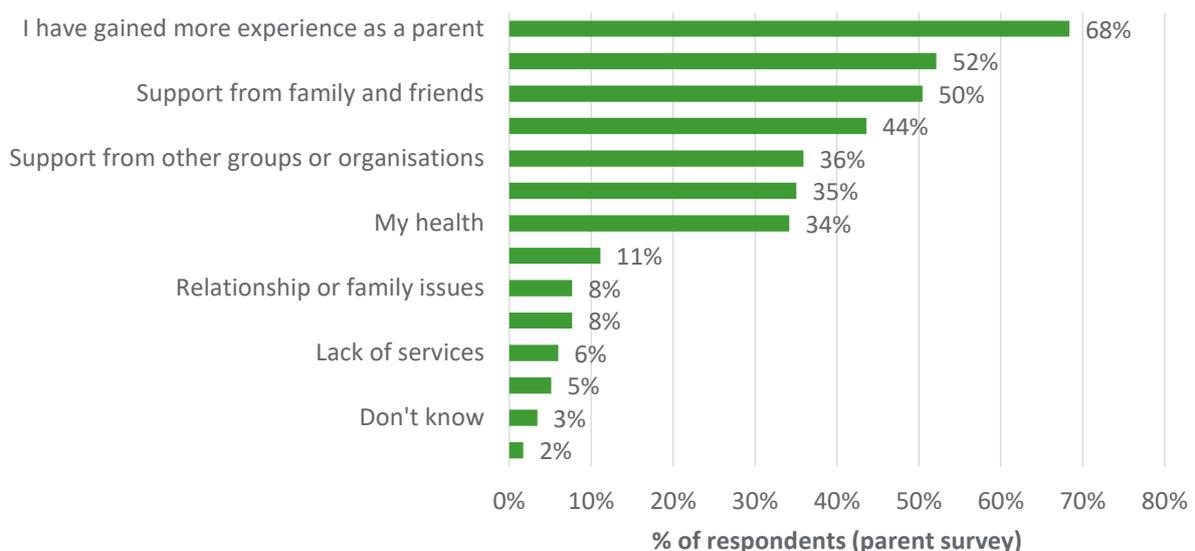


Sources: RSM survey of parent beneficiaries Q.22.3 (Base: 113) and Q.23.3 (Base: 107) and RSM survey of the wider community Q.12.3 (Base: 52).

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

Figure 4.8 shows other factors that respondents to the parent survey said influenced their confidence. As with the findings in Phase 1, the top three other factors were gaining more experience as a parent (68%), support from family and friends (52%), and advice from professionals (50%). Similarly, a minority of respondents (8%) to the parent survey did not identify any other factors that had affected their and their children's access to support. However, a smaller share of respondents (34%) reported their own health as a barrier in Phase 2 than in Phase 1 (43%).

Figure 4.9: Other factors that influence parents' confidence



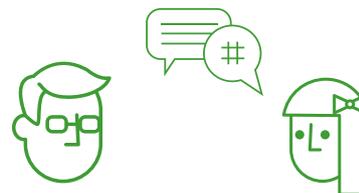
Sources: RSM survey of parent beneficiaries Q.24 (Base: 117).

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

4.2.2.2 Communication and language development

Access to support

ABSS parents were **more likely to have agreed to positive statements about communication and language development since taking part** in the ABSS programme, compared to before. These findings were **statistically significant**.



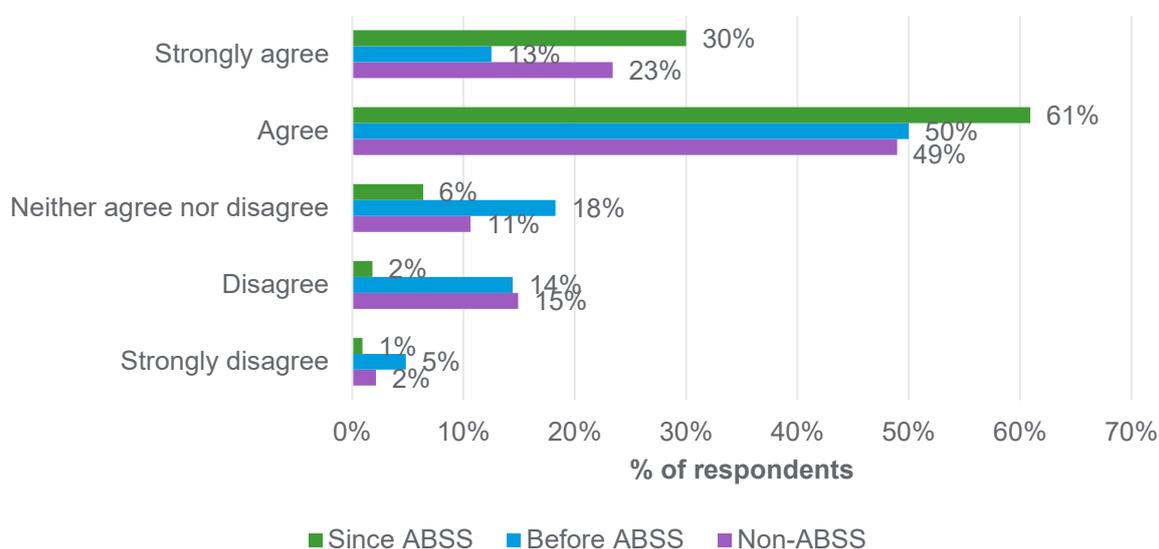
ABSS parents also **agreed more to positive statements about communication and language development compared to non-ABSS community respondents**. These findings were also **statistically significant**.

Both of these findings were similar to Phase 1. 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 4.9 below shows findings on respondents' ability to access support to **help children express themselves**. After participating, 91% of ABSS respondents 'strongly agreed' or 'agreed' that they were able to access the support needed, compared to 63% before ABSS. This was a 28 percentage point increase. **The difference between responses before and since ABSS occurred were statistically significant**.

ABSS parent respondents were more likely to agree or strongly agree with this statement than non-ABSS community respondents (19 percentage point difference). This was **statistically significant**.

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



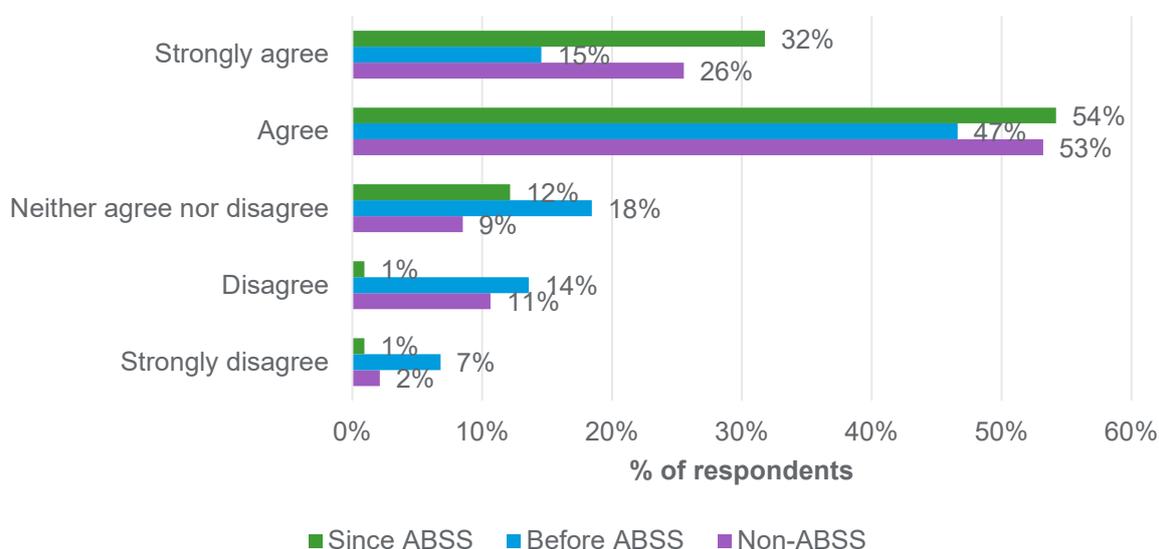
Sources: RSM survey of parent beneficiaries Q.15.5 (Base: 104) and Q.16.5 (Base: 110) and RSM survey of the wider community Q.10.5 (Base: 47).

Note: "Since ABSS" and "Before ABSS" totals do not sum to 100% due to rounding.

As shown in Figure 4.10, there was a 24 percentage point increase of ABSS parents who agreed (or strongly agreed) that they were able to **access support to help children learn to talk (62% before ABSS to 86% since ABSS)**. These differences were **statistically significant**.

The majority of respondents (86%) to the parent survey ‘strongly agreed’ or ‘agreed’ that they were able to access the support needed to help their children learn to talk since taking part in the ABSS programme. 79% of respondents to the community survey ‘strongly agreed’ or ‘agreed’ with this statement. **Although the difference was relatively small compared to other results, it was statistically significant.**

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



Sources: RSM survey of parent beneficiaries Q.15.6 (Base: 103) and Q.16.6 (Base: 107) and RSM survey of the wider community Q.10.6 (Base: 47).

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

“ABSS has been really successful in supporting little ones who have got an additional speech and language issue. They’ve been able to ensure that as they move from their setting into school they have the [ABSS support] and are able to make that transition into the clinical service as smooth as possible.” (Service manager interviewee).

Knowledge

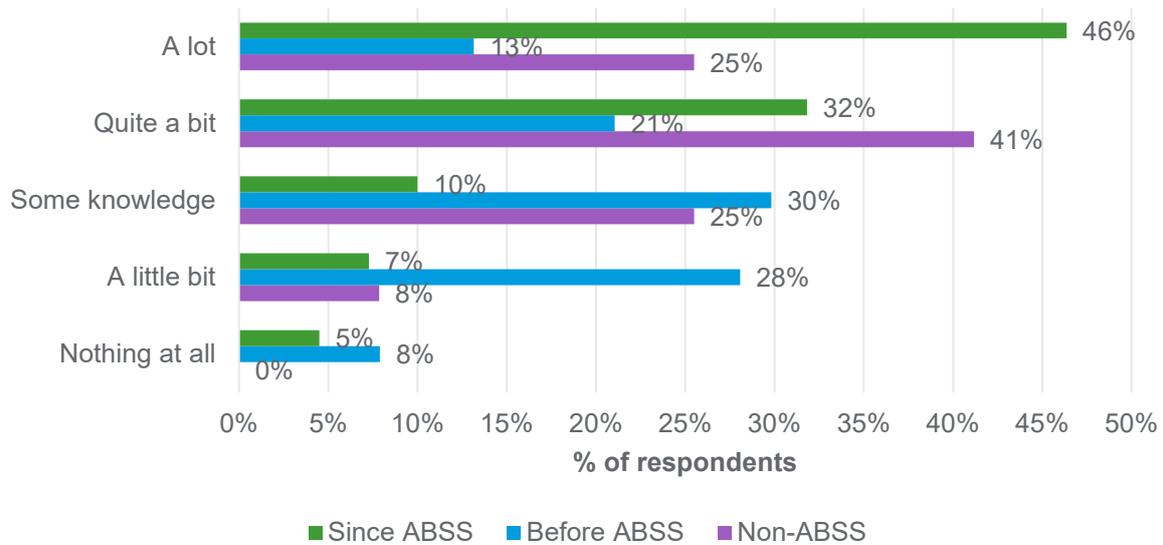
The survey findings indicated that **parents’ knowledge about activities to help with their children’s communication and language development had improved** since taking part in the ABSS programme. As shown in Figure 4.11, the majority of respondents to the parent survey (78%) said that they had ‘a lot’ or ‘quite a lot’ of knowledge about activities they could do to help their children express themselves. This was an increase of 44 percentage points compared to just 34% before ABSS, which was similar to the Phase 1 findings.

Before taking part, respondents to the parent survey reported lower levels of knowledge about child communication and language development compared to respondents to the community survey. Since taking part in the ABSS programme, the share of respondents to the parent survey reporting ‘a lot’ or ‘quite a bit’ of knowledge about their children’s communication and language development increased and was higher than that of the community survey. There were **statistically significant** differences in the way that respondents to the parent survey answered these questions before and since taking part in the ABSS programme. **What is more, when compared to the respondents to the community survey, there were statistically significant differences in the way that respondents to the parent survey answered questions about their knowledge about children’s communication and language.** Other factors that respondents to the parent

survey said influenced their knowledge about their children’s development are presented in Figure 4.6.

Figure 4.11 also shows mixed results when comparing ABSS parent responses to non-ABSS community responses. While a higher percentage of ABSS parents answered, ‘a lot since ABSS’, a higher percentage of non-ABSS community parents answered, ‘quite a bit’ and ‘some knowledge’. **These differences were statistically significant.**

Figure 4.12: Knowledge about activities to help children express themselves

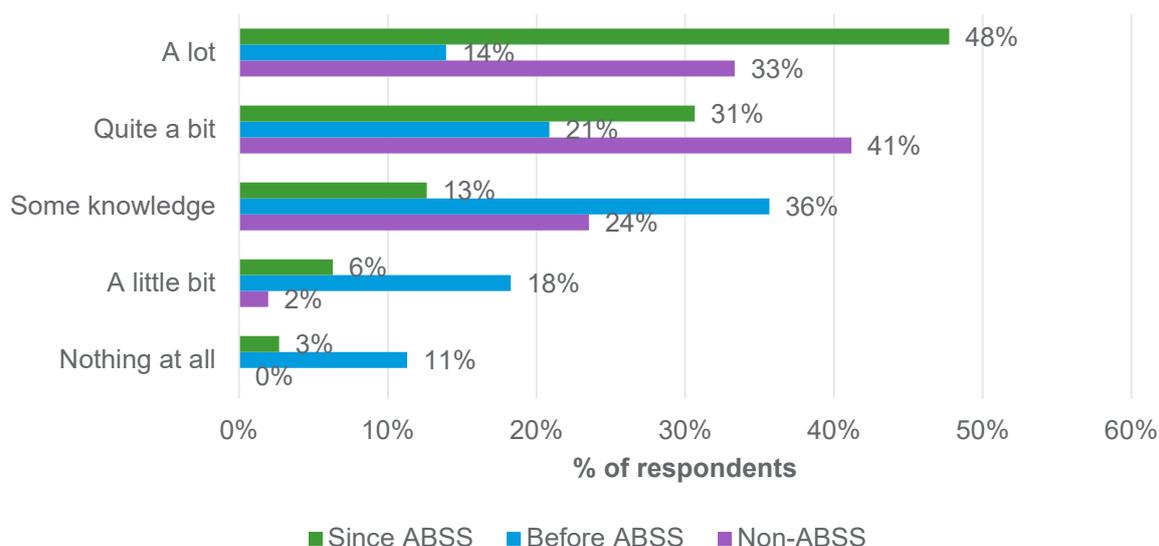


Sources: RSM survey of parent beneficiaries Q.19.7 (Base: 114) and Q.20.7 (Base: 110) and RSM survey of the wider community Q.11.7 (Base: 51).

Note: The “Before ABSS” total does not sum to 100% due to rounding.

Figure 4.12 presents the responses to the question about knowledge of activities that parents could do to help their children learn to talk. 79% of respondents to the parent survey said that they had ‘a lot’ or ‘quite a bit’ of knowledge about it, compared to just 35% before ABSS. It is interesting to note that, in contrast to Phase 1, responses to the Phase 2 community survey were not very different from the ‘since ABSS’ responses for this question (74% said ‘a lot’ or ‘quite a bit’). This indicates that the respondents to the community survey may have felt less need for ABSS support because they already considered themselves relatively knowledgeable.

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



Sources: RSM survey of parent beneficiaries Q.19.8 (Base: 115) and Q.20.8 (Base: 111) and RSM survey of the wider community Q.11.8 (Base: 51).

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

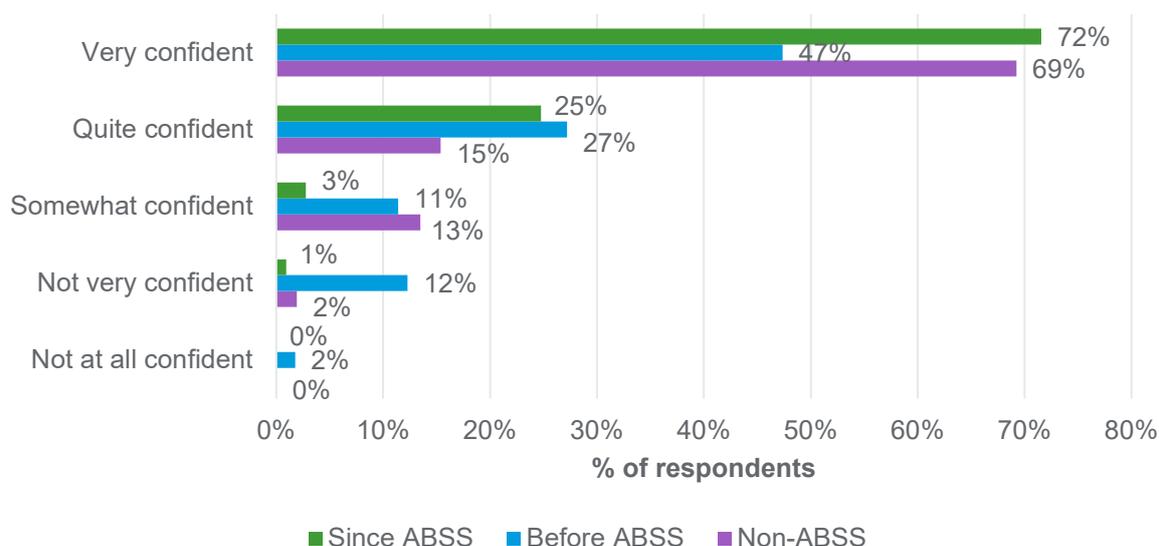
Confidence



The survey findings indicated that **parents' confidence about reading with their children had improved since taking part in the ABSS programme** (see Figure 4.13). **This difference was statistically significant.** Similar to Phase 1, responses to this question indicated that the respondents to the parent survey were relatively confident about this before taking part in the ABSS programme (47% of respondents said that they were 'very confident'). However, this was also much lower than the community survey with 69% of respondents saying 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 72%. This was roughly in line with respondents to the community survey, however the difference between the two groups was **statistically significant**. 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 23% before ABSS to only 4% since ABSS).

Figure 4.14: Confidence about reading with children



Sources: RSM survey of parent beneficiaries Q.22.2 (Base: 114) and Q.23.2 (Base: 109) and RSM survey of the wider community Q.12.2 (Base: 52).

Note: The totals do not sum to 100% due to rounding.

4.2.2.3 Diet and nutrition

Access to support

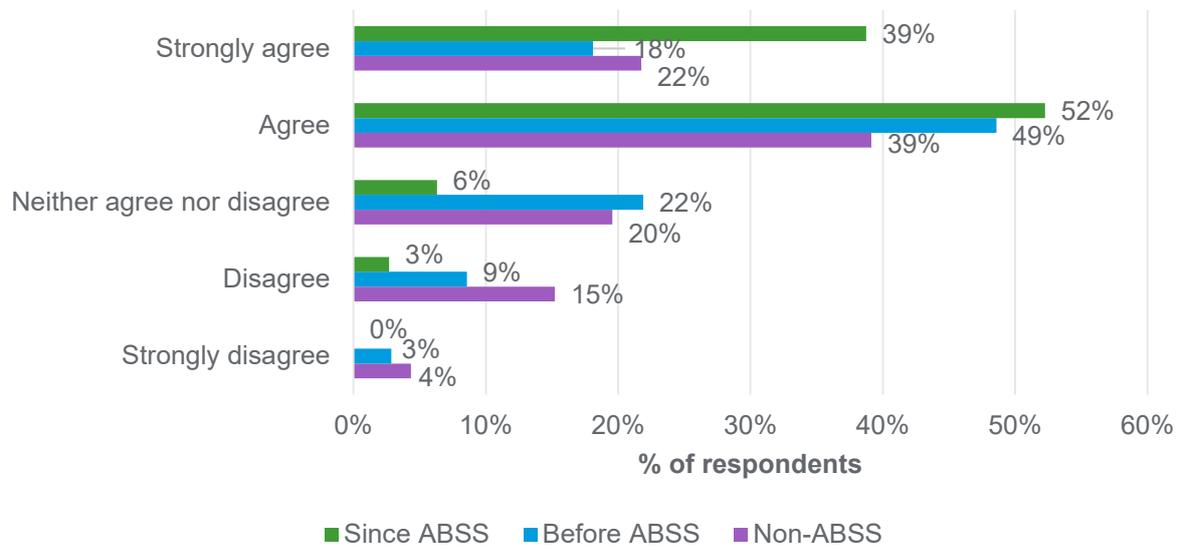
In a similar vein to Phase 1, **respondents were better able to access support on diet and nutrition since participating in ABSS. This finding was statistically significant.** As shown in Figure 4.14, the vast majority of ABSS respondents (91%) ‘strongly agreed’ or ‘agreed’ that they were able to access support needed to be healthy since taking part in the ABSS programme. This was an increase of 24 percentage points compared to 67% before ABSS.



Furthermore, ABSS respondents were **more likely to have ‘strongly agreed’ or ‘agreed’ that they were able to access this support compared to non-ABSS community respondents** (91% compared to 61%). This difference was **not statistically significant.**

However, what was different from Phase 1, was that ABSS respondents were slightly more likely to have ‘strongly agreed’ or ‘agreed’ that they had access to diet and nutrition support before taking part in the programme than respondents to the community survey.

Figure 4.15: Ability to access support to be healthy

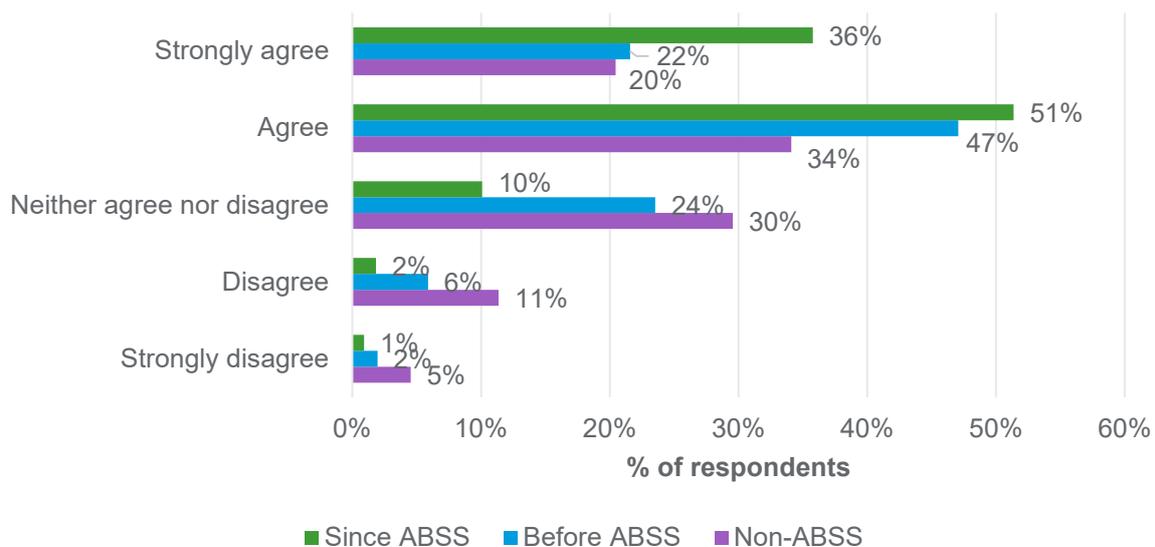


Sources: RSM survey of parent beneficiaries Q.15.1 (Base: 105) and Q.16.1 (Base: 111) and RSM survey of the wider community Q.10.1 (Base: 46).

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

Responses about access to support to eat well varied from Phase 1 to Phase 2. Phase 2 responses indicated that **more ABSS parents than non-ABSS parents were able to access support to eat well before taking part in the ABSS programme** (69% of respondents 'strongly agreed' or 'agreed' compared to 54%). Since taking part in the ABSS programme, the proportion increased by 18 percentage points to 87%. Differences between before and after ABSS participation, as well as ABSS participants compared to non-ABSS parents, were **statistically significant**.

Figure 4.16: Ability to access support to eat well



Sources: RSM survey of parent beneficiaries Q.15.2 (Base: 102) and Q.16.2 (Base: 109) and RSM survey of the wider community Q.10.2 (Base: 44).

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

Knowledge



Similar to Phase 1, the survey findings indicated that **parents' knowledge about diet and nutrition had improved since taking part in the ABSS programme**. Respondents to the parent survey reported less knowledge about diet and nutrition before taking part in the programme than respondents to the community survey. Since taking part in the ABSS programme, the share of parent survey respondents reporting 'a lot' or 'quite a bit' of knowledge increased and was higher than that of the community survey. **The results on respondents' knowledge about diet and nutrition before and after ABSS were statistically significant for three out of the four survey questions**. Other factors that respondents to the parent survey identified influenced their knowledge about their children's development are presented in Figure 4.6.

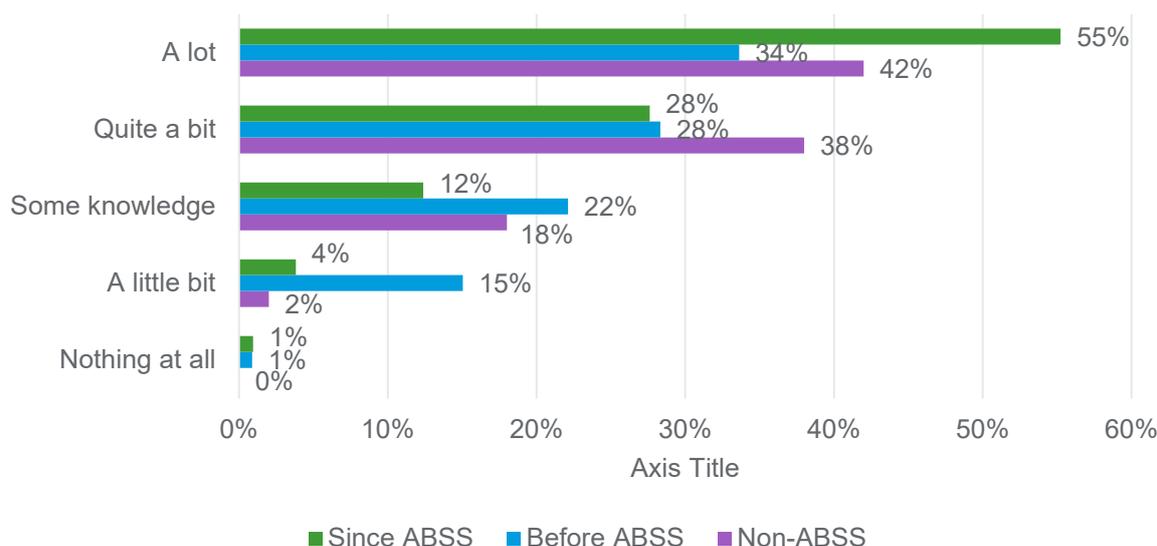
Respondents' knowledge about diet and nutrition was significantly different for two of the four survey questions when comparing ABSS participants (parent survey) and non-participants (community survey).

As shown in Figure 4.16 below, a large proportion of respondents to the parent survey thought that they had a relatively high level of knowledge about healthy behaviours during pregnancy before taking part in the ABSS programme (62% of respondents answered 'a lot' or 'quite a bit'). This increased by 21 percentage points to 83% since taking part in the programme. Specifically, a larger proportion of respondents to the parent survey (55%) said they had 'a lot' of knowledge about this in Phase 2 compared to 45% of respondents in Phase 1. **The increase in knowledge for ABSS parents in Phase 2 from before to after the programme was statistically significant.**

While the difference in responses from ABSS participants and non-ABSS participants was marginal (only 3% difference in those who answered 'a lot' or 'a quite bit') and **not statistically significant**, ABSS parents were more likely to answer 'a lot'. This suggests that the respondents to the community survey may have felt less need for ABSS support because they already considered themselves relatively knowledgeable in this area.

On the whole, these findings suggest that ABSS participants had lower levels of knowledge before the programme but are now at the same level as non-ABSS participants (community survey respondents).

Figure 4.17: Knowledge about healthy behaviours during pregnancy



Sources: RSM survey of parent beneficiaries Q.19.1 (Base: 113) and Q.20.1 (Base: 105) and RSM survey of the wider community Q.11.1 (Base: 50).

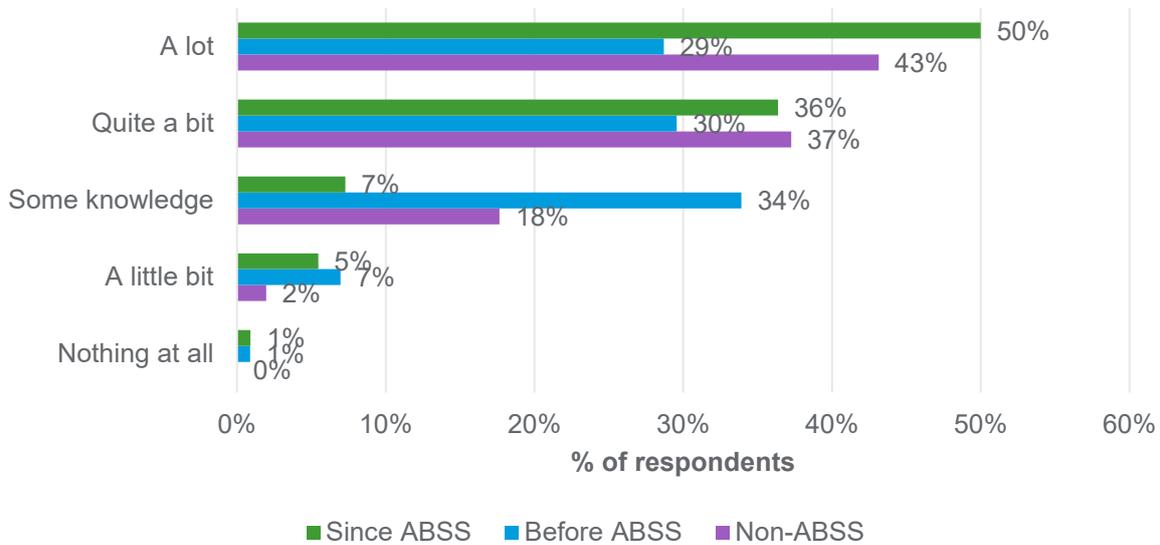
Note: The “Before ABSS” total does not sum to 100% due to rounding.

Figure 4.17 presents survey findings in relation to keeping families healthy and active. **86% of respondents to the parent survey said that they knew ‘a lot’ or ‘quite a bit’ about this since taking part in the ABSS programme.** This was an increase of 27 percentage points on the 59% before ABSS. Linked to this, there was a noticeable decrease in the respondents who reported ‘some knowledge’ about keeping their families healthy and active, from 34% before ABSS to 7% since taking part in the ABSS programme. These differences were **statistically significant**.

While there were also some differences in results between the ABSS and non-ABSS respondents, these differences were **not statistically significant**. Given this result, it seems that ABSS parents made noticeable improvements in their knowledge on this area, which was now level with the rest of the community.

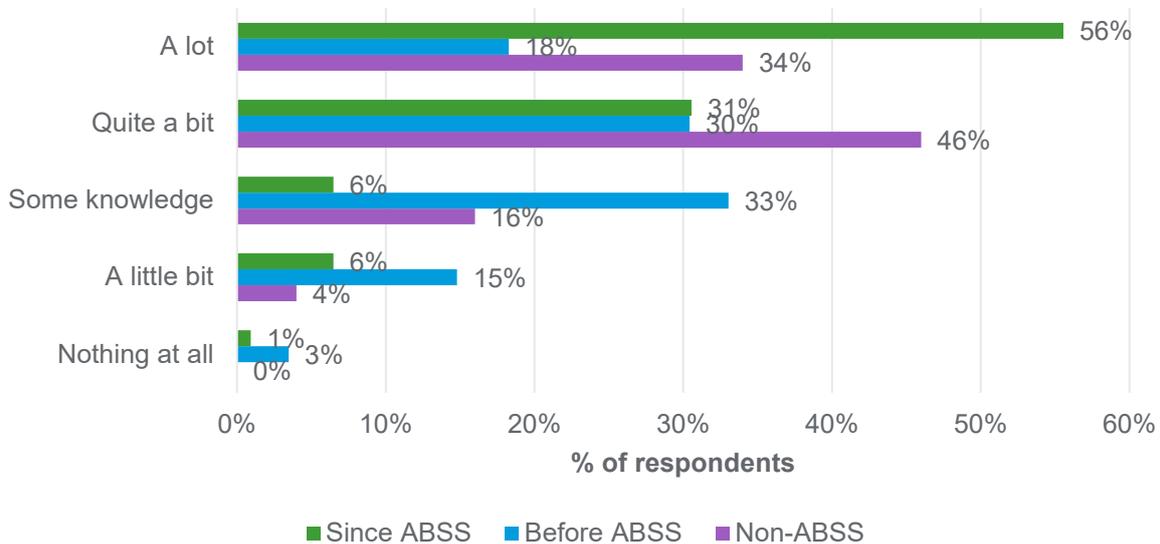
The vast majority of respondents to the parent survey (87%) said that they knew ‘a lot’ or ‘quite a bit’ about healthy eating for children under 4 years old since taking part in the ABSS programme. As Figure 4.18 shows, this increased by 39 percentage points compared to 48% of respondents before ABSS. This was a larger increase than that reported in Phase 1. Linked to this, there was a noticeable decrease in the respondents who had ‘some knowledge’ about healthy eating for children under 4 years old, from 33% before ABSS to 6% since taking part in the ABSS programme. However, these differences were **not statistically significant**. In contrast, the differences between the ABSS parents and non-ABSS parents were small but **statistically significant**, with 80% of respondents to the non-ABSS survey answering, ‘a lot’ or ‘quite a lot’.

Figure 4.18: Knowledge about keeping families healthy and active



Sources: RSM survey of parent beneficiaries Q.19.3 (Base: 115) and Q.20.3 (Base: 110) and RSM survey of the wider community Q.11.3 (Base: 51).
 Note: "Since ABSS" and "Before ABSS" totals do not sum to 100% due to rounding.

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



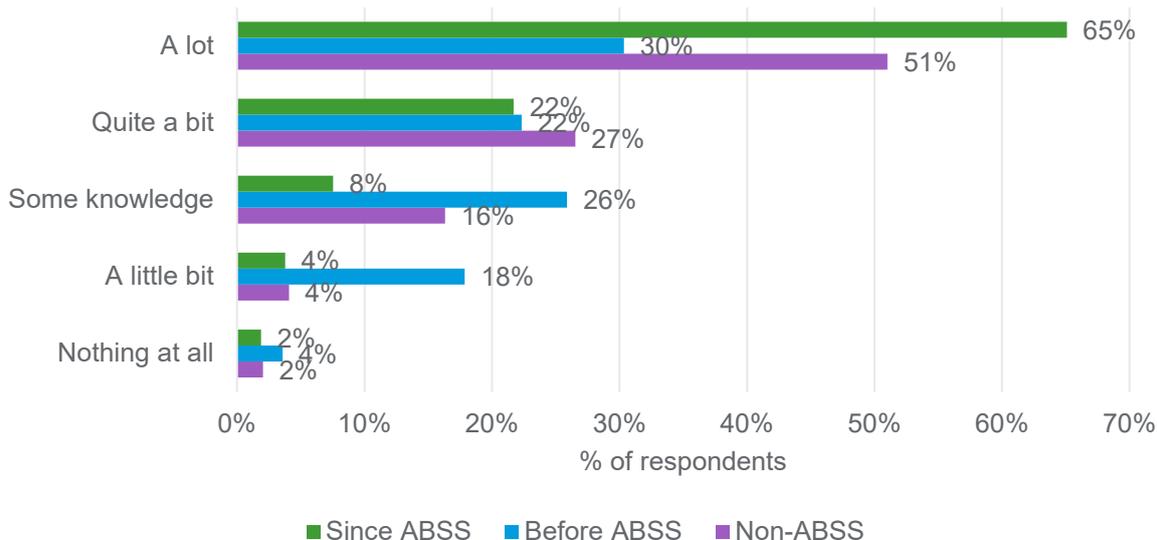
Sources: RSM survey of parent beneficiaries Q.19.4 (Base: 115) and Q.20.4 (Base: 108) and RSM survey of the wider community Q.11.4 (Base: 50).
 Note: "Before ABSS" total does not sum to 100% due to rounding.

Figure 4.19 below shows that **ABSS participants gained knowledge about the benefits of breastfeeding**. 87% of respondents to the parent survey said that they knew 'a lot' or 'quite a bit' about the benefits of breastfeeding since taking part in the ABSS programme. This increased by 35 percentage points, from 52% of respondents before ABSS, which was the same as the increase reported in Phase 1. This difference was **statistically significant**

and may reflect the pure impact of the ABSS programme where other factors remained the same over time.

Furthermore, **more ABSS participants reported having ‘a lot’ or ‘quite a lot’ of knowledge on the benefits of breastfeeding (87%) compared to non-ABSS respondents (78%).** The difference between the parent survey and the community survey was **statistically significant.**

Figure 4.20: Knowledge about the benefits of breastfeeding



Sources: RSM survey of parent beneficiaries Q.19.2 (Base: 112) and Q.20.2 (Base: 106) and RSM survey of the wider community Q.11.2 (Base: 49).

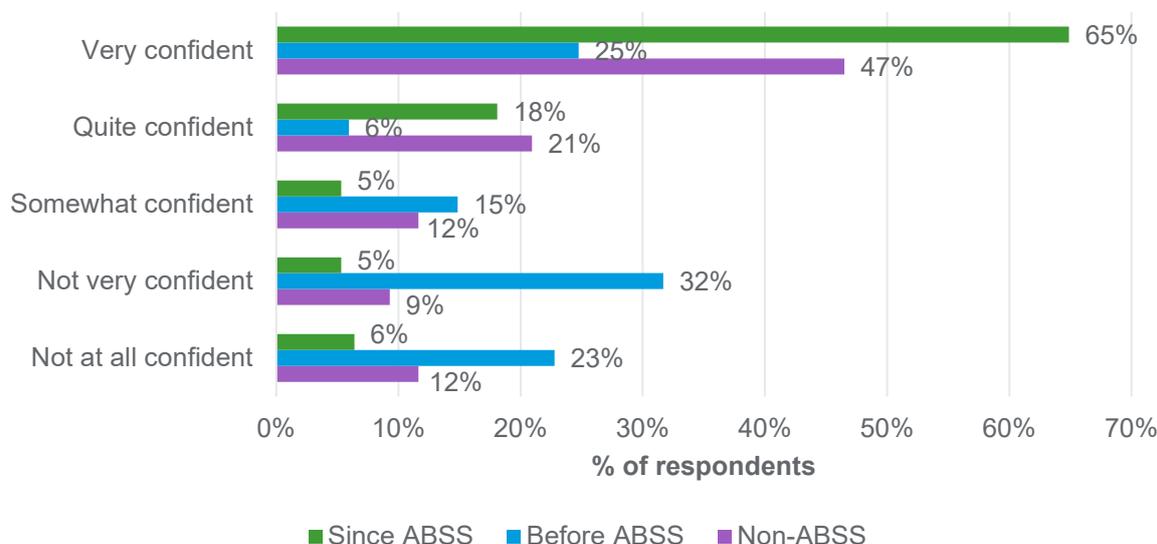
Note: The “Before ABSS” total does not sum to 100% due to rounding.

Confidence

Figure 4.20 presents the findings in relation to respondents’ confidence about breastfeeding. Before taking part in the ABSS programme, less than one third of respondents to the parent survey were quite confident or very confident about breastfeeding (31%), compared to 68% for the non-ABSS community. Since taking part in the ABSS programme the vast majority of respondents to the parent survey (83%) were quite confident or very confident about breastfeeding. The increase in confidence since taking part in ABSS was **statistically significant.** This suggests that **ABSS parents have become more confident in breastfeeding** compared to themselves before taking part in the programme as well as non-ABSS participants. The same finding was observed in Phase 1. There was also a noticeable decrease in the share of respondents feeling ‘not very confident’ or ‘not at all confident’ from 55% before ABSS to only 11% since taking part in the programme.

“I’ve learnt a lot. I know how to get the position right. My confidence is growing and I now feel comfortable to breastfeed in the public” (Parent interviewee)

Figure 4.21: Confidence about breastfeeding



Sources: RSM survey of parent beneficiaries Q.22.1 (Base: 101) and Q.23.1 (Base: 94) and RSM survey of the wider community Q.12.1 (Base: 43).

Note: The totals do not sum to 100% due to rounding.

4.2.2.4 Community resilience

Community involvement

Some interviewees (including parents themselves) felt that parents were **able to influence the ABSS programme through co-production**. This was a key part of ABSS service design and implementation. They felt that the parent champion scheme gave parents a voice in decision making on the ABSS programme.

“There’s informal feedback which is taken into consideration gathered through Parent Champions.” (Service manager interviewee).

“We’ve got Parent Champions who speak other languages other than English as well. It has been key in generating relationships with the diverse communities in Southend. I think that is one of the positives of ABSS, because everything is test and learn, there’s room to grow and the projects can take on feedback and evaluation.” (Service manager interviewee).

The survey findings suggested that **those who participated in ABSS became more confident in designing or delivering local services**.

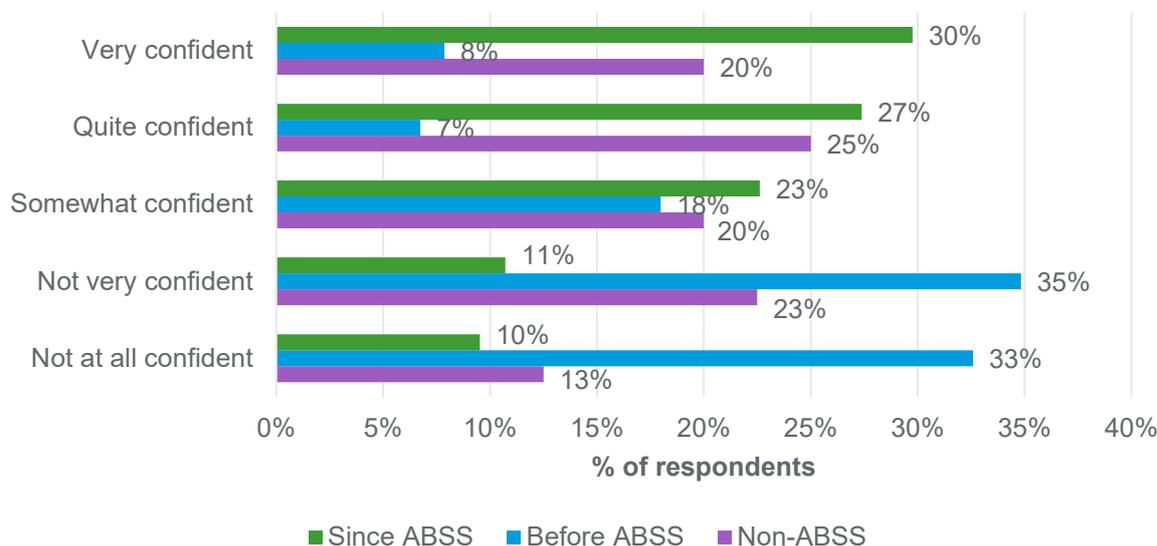
Figure 4.21 shows that the vast majority (80%) of ABSS parents have at least some confidence in their ability to help through co-production, compared to a third of ABSS parents before the programme began. This finding was **statistically significant**, demonstrating that ABSS parents became more confident in their abilities to contribute since taking part in the programme.



Furthermore, a lower proportion of non-ABSS parents had at least some confidence (65%). The differences in responses between the ABSS parents and the non-ABSS parents were **statistically significant**. This suggests that being offered the opportunity to be involved with ABSS design and delivery has improved parent confidence. This finding was consistent with Phase 1 findings.

However, the causal strength of this finding could be weakened by self-selection bias in our survey (non-random samples), as well as the fact that external factors may have been influencing ABSS participants and non-participants differently.

Figure 4.22: Involvement in designing or delivering local services



Sources: RSM survey of parent beneficiaries Q.22.4 (Base: 113) and Q.23.4 (Base: 107) and RSM survey of the wider community Q.12.4 (Base: 52).

Note: The totals do 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 for this question rely on a mix of survey data and interviews. Generally, **the survey data demonstrates that parents felt that the ABSS programme had a positive impact on families in Southend.** This was broadly in terms of quality of life, support, connectedness, confidence and community participation. Respondents to both the parent and community surveys largely agreed that the programme was having a range

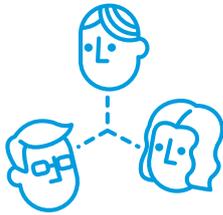
of positive impacts. However, ABSS parents were more likely to agree with the positive statements. Surveyed staff were particularly positive about the programme’s impact on community resilience. Survey findings were similar to Phase 1.

It is important to note that because of self-selection, the samples upon which the survey results are generated may not be representative of ABSS and non-ABSS parents as a whole. Therefore, these results should be considered as indicative.

The interview findings complemented the survey results. They revealed more detail as to how parents feel more connected to one-another, their community and other services, whilst also highlighting some of the associated benefits of these impacts. These findings were broadly similar to those in Phase 1. However, some nuanced findings were identified that were not covered in Phase 1.

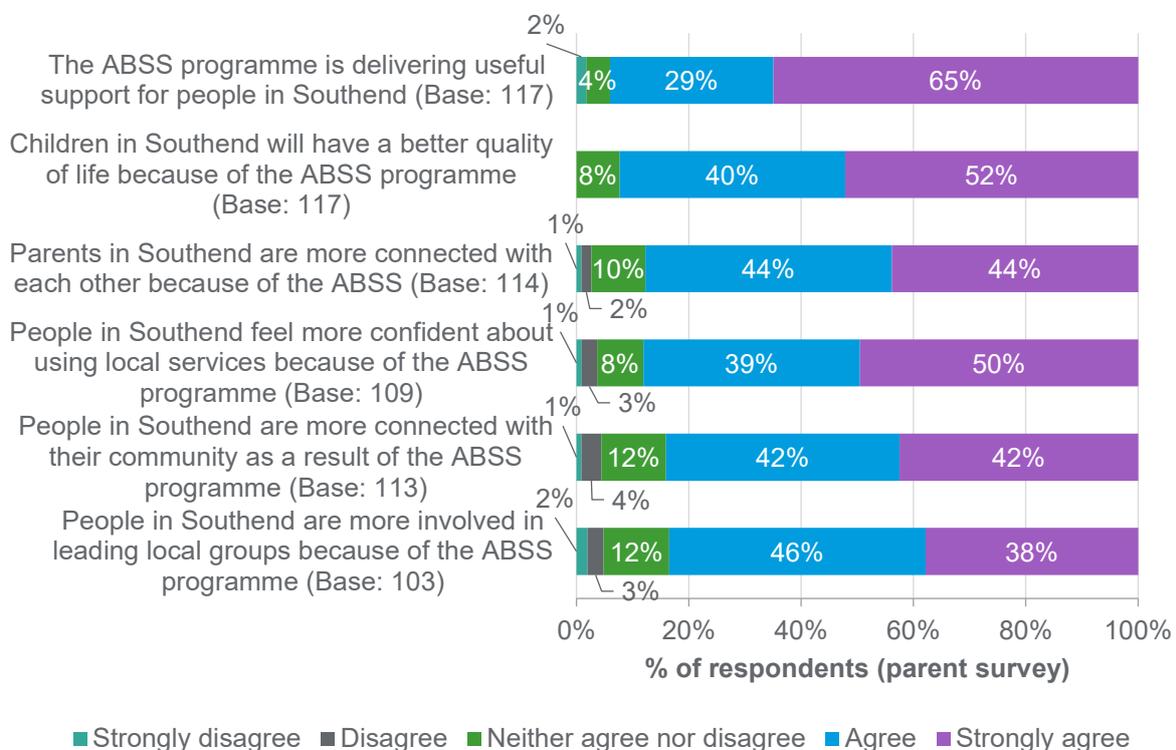
Figure 4.22 shows the participant responses to a range of statements about the impact of the ABSS programme. In each case the sample size is over 100 respondents. **For all statements, at least 84% of respondents agreed or strongly agreed that the programme had a positive impact in these areas.** This includes 94% of respondents to

the parent survey who felt that the programme was delivering useful support for people in Southend (including 65% who strongly agreed) and 92% who said that children in Southend will have a better quality of life because of the ABSS programme (including 52% who strongly agreed). Similar results were found in Phase 1.



While we are unable to claim that this is representative of ABSS parents as a whole, it does show how the ABSS parents who took the survey felt that the ABSS programme was having a strong positive impact on themselves and their children. **The vast majority of respondents felt that ABSS was connecting parents to each other and their communities, increasing confidence to use other local services, and encouraging involvement in leading local groups.**

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



Sources: RSM survey of parent beneficiaries Q.26.

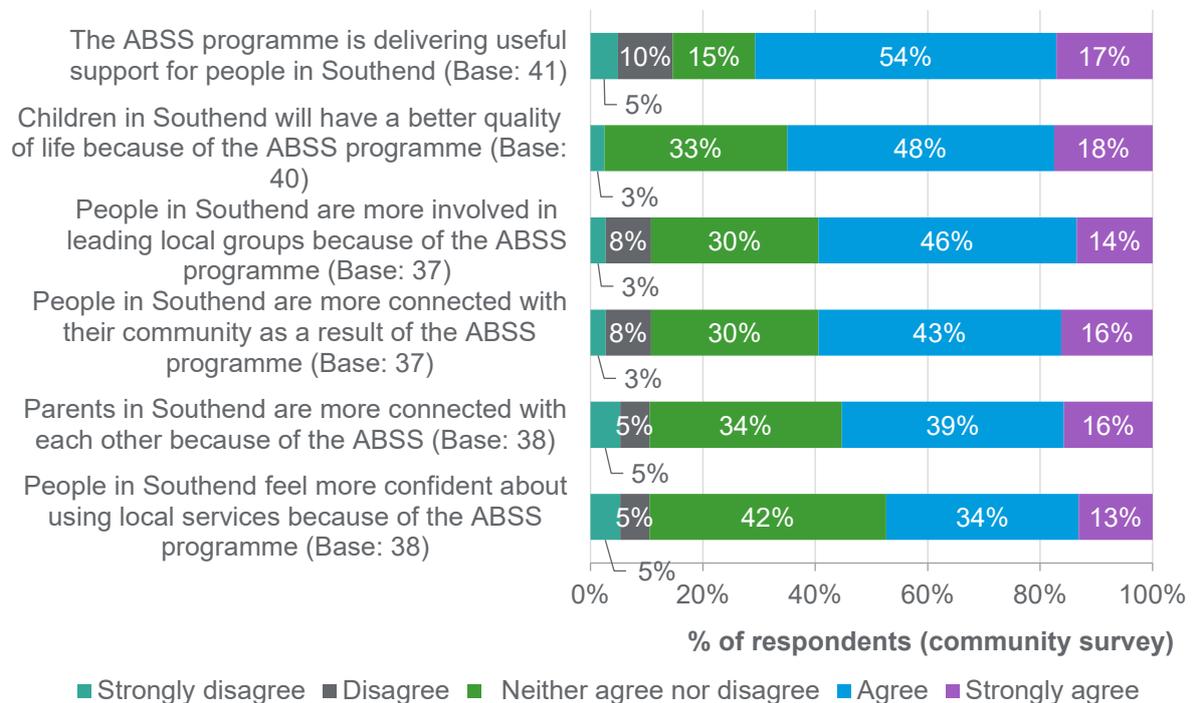
Note: "The ABSS programme is delivering useful support for people in Southend" total does not sum to 100% due to rounding.

Figure 4.23 shows how non-ABSS participants responded to the same statements in Phase 2. The majority of respondents either agreed or strongly agreed with five of the six statements. This demonstrated that large **numbers of parents who did not participate in ABSS still felt that there were positive impacts** for parents and children in Southend. While these responses were generally positive they were not as strongly favourable as parent survey respondents. This suggests that ABSS participants were more likely to report that the programme had a positive impact on people in Southend when compared to non-participants.

In addition, **there was more indifference from non-ABSS respondents.** For all but one statement, at least 30% of responses neither agreed nor disagreed. This is perhaps because

parents who haven't participated in ABSS services know less about them, and therefore feel less opinionated about their impact.

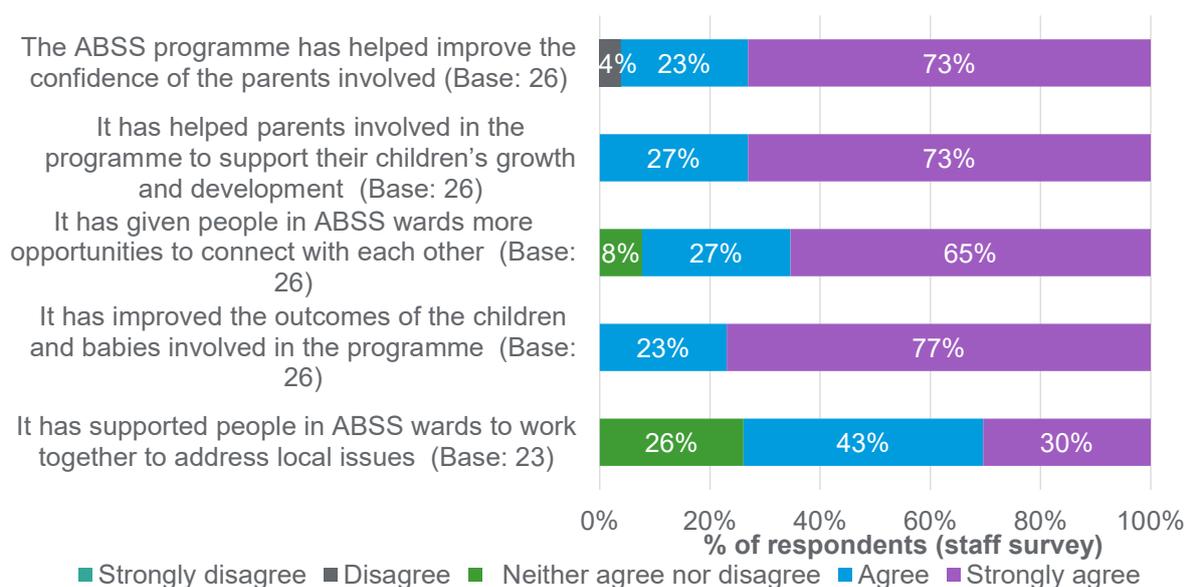
Figure 4.24: Influence on people in Southend (community survey)



Sources: RSM survey of the wider community Q.13.

Figure 4.24 shows results from the staff survey. Responses were lower than the parent and community survey, ranging from 23 to 26 respondents for each statement. Overall, the staff surveyed agreed that the ABSS programme had a positive impact on parent confidence, child growth, connecting people, improving child outcomes and offering support. One standout finding was that fewer staff agreed or strongly agreed that the programme had a positive impact on supporting people to work towards addressing local issues, with 26% being neither agreeing nor disagreeing.

Figure 4.25: Influence on people in Southend



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

Findings from the interviews show how the ABSS programme has increased the connectedness of parent participants to one another, generating a stronger sense of community among service users. Service managers, stakeholders and parents alike spoke positively about how services created opportunities for parents to meet and start friendships which often lasted beyond the ABSS services themselves. This finding was consistent with the findings from Phase 1 of the evaluation. It was considered to have produced a range of benefits to parents, including:

- The ability to share parenting advice and experiences.
- Feeling understood by people who were going through similar experiences.
- Practical support, such as lift sharing and informal childcare.

“It’s also allowed you to meet other people who are in a similar situation so you don’t feel like you’re on your own.” (Parent interviewee)

“I can honestly say that it has been fantastic for them as individuals and the support that they provide each other as well. So that’s the indirect networks the programme has created. We see it all the time in that peer support, community integration and connectiveness.” (Service manager interviewee)

Some interviews said that the connections offered by the ABSS programme were particularly impactful within the context of COVID-19, where social networks weakened and people became more isolated, (see earlier case study on the impact of COVID-19 on child development outcomes). The availability of the ABSS family hub has helped families to re-establish pre-existing social networks, as well as create entirely new ones.

“The parents have struggled with COVID and being isolated and I know that having the hub in Southend as a community hub, is hugely positive and has been great.” (Stakeholder interviewee)

More specifically, a minority of interviewees mentioned how the ABSS programme has helped to create a more integrated and welcoming community. This was seen as beneficial particularly for families and parents who felt isolated, or struggle with reaching out for help:

“Families who were previously side-lined are more integrated into the community and society.” (Stakeholder interviewee)

“It’s also a really lovely environment for people to kind of like, share and feel safe and connect with their community.” (Service manager interview)

In addition, a minority of interviewees said that the ABSS programme has increased parents’ awareness of the range of different services on offer in Southend. They felt this increased awareness and greater signposting between services meant that families were better able to find appropriate help to address their issues or child development concerns effectively, improving community resilience over time.

“It’s opened their eyes... once you to attend one event and you meet another person, then you realise there’s another group that actually could be really beneficial to you.” (Stakeholder interviewee)

Similarly to the Phase 1 findings, there was evidence from service manager interviews that the ABSS programme had helped parents to upskill themselves and find work. This impact was largely driven by the Work Skills service, but career support and volunteering pathways were also available less formally through other services. As parents developed new skills, found work and volunteered, there was increased participation in the local community, adding value and strengthening its resilience.

“We ran 54 events over the last year. We had 321 attendances to those events. 194 of those attendances were unique. Three to 12 months after our sessions we followed up with attendees. 49 of them had taken up employment and two people set up their own businesses. 15 people took up volunteering and 17 people gained accreditations through our courses. Our courses use 63 volunteers across the city, and then we also paid for 29 of those sessions to local businesses, so it’s also good for the local economy.” (Service manager interviewee)

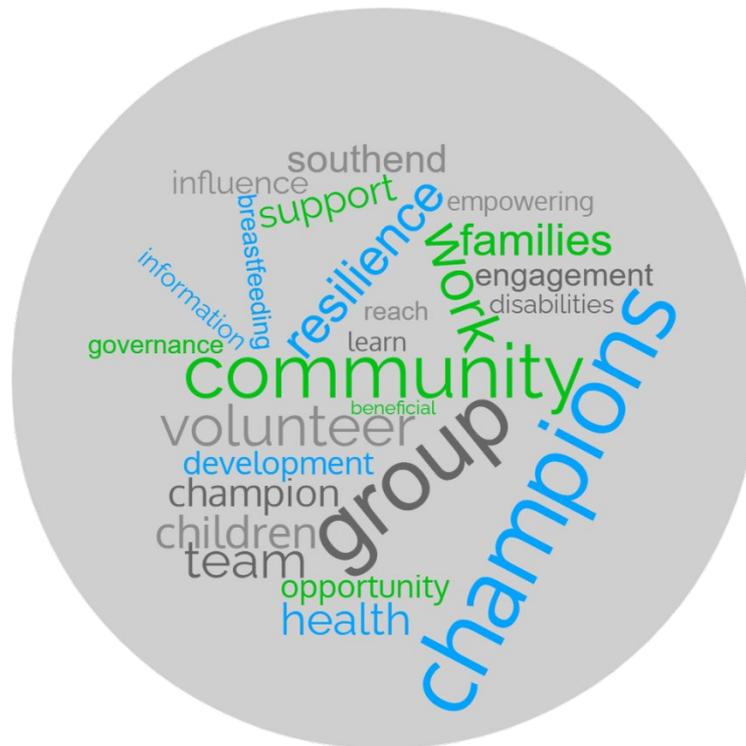
“Giving people the opportunity to volunteer and upskill. I know for instance, group breastfeeding, they’ve got a really good volunteer pathway. So I think that’s one and that’s just upskilling kind of our parents or Parent Champions or members of our community.” (Stakeholder interviewee)

Co-production is a defining feature of the ABSS programme. Co-production aims to make services more tailored to the needs of the target user groups. Stakeholder interviewees said involvement in co-production had empowered parents to represent their community in key decision-making processes for local services.

“The Parent Champions are being engaged at every level of decision-making right from the ABSS Partnership board, the Executive Board and some of the governance groups” (Stakeholder interviewee)

“The opportunity to be involved and have a level of influence, it just brings confidence to the community, and we know that place-based delivery is key to accessibility. The fact that those particular wards are included and in focus just means that people living there are not hard to reach anymore.” (Stakeholder interviewee)

Figure 4.26: Community resilience



Source: RSM interviews and focus groups

4.2.3 System level

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

Qualitative research with parents, service managers and stakeholders identified a **range of benefits of the ABSS programme to the wider Southend community**. Interviewees spoke of tangible benefits associated with a more **joined up approach between services**. This was more widely emphasised in the Phase 2 interviews compared to Phase 1, however, it is difficult to determine whether the impact itself increased. The more joined up approach was attributed to increased cooperation, communication and synergy between voluntary services, Family Centres, Parent Champions and partner organisations. The result has been increased marketing across services, more events with partner organisations, increased referrals and improved coordination of crossover support between services within and outside the ABSS programme. Consequently, this has enabled better coverage and engagement regarding child development issues within the community.

“Each group is very well connected with other resources, so it has been very good and helpful.” (Parent interviewee)

“We’ve started working collaboratively a lot more with other services... we’ve been starting to work more collaboratively with the health visitor... we’re working really closely now. Those women are getting a much better crossover service. Women that have taken part in our service, if they’re still having issues five or six weeks down the line, we then pass them on to those services. That’s working really well.” (Service manager interviewee)

Service managers and stakeholders also reported that knowledge and practices from ABSS services had spread beyond the six ABSS wards. This sharing of educational best practice in child development between formal (e.g. between organisations) and informal (e.g. through word-of-mouth) channels has extended the “wider footprint” of the ABSS programme, benefitting families across the wider Southend community.

PAR Initial Findings

Service/System based challenges: Regional disparity

Staff identified that it was particularly challenging to provide one of two available pathways of support depending on where service users lived and their eligibility to gain from the intervention (ABSS ward or non-ABSS ward) rather than based on children’s or families’ needs. This finding was linked to engagement and awareness, where a family may not take up the service because they think it is not available to them.

“I might have this [family] down the road that can access ABSS... whereas somebody five doors down may not be in the ABSS space and we have to do...a very long process for those people. It is so hard when they’re almost neighbours...who talk.” (PAR participant)

“We have place-based knowledge and the wider footprint of Southend. It might be targeted in just six wards of Southend, but the learning can go to anyone at all. The system has allowed that to spread and to reach others that don’t have A Better Start in their area.” (Stakeholder interviewee)

One service manager gave an example, whereby material relating to the Chatter Challenge of the Talking Transitions service were shared with teachers at Southend schools outside the ABSS wards:

“We were asked to go and do a little presentation on vocabulary development and how best to do that. Some Early Years teachers were invited along as guest speakers because some of those schools we are not directly working with yet because they’re not within the ABSS wards. They subsequently contacted us and all were so interested in our Chatter Challenge. ‘May we have a copy? Do you mind if we share it digitally with our parents? You know, how can we get involved?’” (Service manager Interviewee)

Whilst there was evidence that best practice had spread across the community, benefits of the ABSS programme remain concentrated within the ABSS wards. Some interviewees explicitly mentioned that restricting access to some ABSS services to six of the 17 wards in Southend had limited the direct benefits to the wider Southend community as a whole. However, it should be noted that the programme’s focus on the six ABSS wards was intentional to target ABS resources at

the areas with higher levels of deprivation.

A minority of service managers said that the programme had benefited the wider community financially. One ABSS service, Work Skills, paid local businesses to run workshop sessions for parents. ABSS was therefore providing links between participant and enterprises, generating employment within the local area. This resulted in more parents participating in the local economy, as many parents have learned new skills and gained confidence from participating in services like Work Skills.

“People have been able to participate by volunteering and growing their own skills as well. Some of my volunteers have gone on to midwifery training and went to set up private sector breastfeeding support... some people have gone on to do other breastfeeding training work

for a charity or just like help their friends and family. There's lots of those knock-on effects for people in terms of getting into work and study, which is fantastic." (Service manager interviewee)

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. Similar to Phase 1, the parents interviewed in Phase 2 were unable to comment on these topics. The findings presented in this section are based on interviews with stakeholders and service managers as well as the staff survey results.

Only a minority of interviewees were able to comment on the value of ABSS results to service providers. These service managers spoke about the value created by the programme in terms of building a stronger network between ABSS service providers and other services in Southend. Interviewees identified several benefits that this stronger network had led to:

- more efficient and effective referral processes, where service users can more easily find the services relevant to them.
- increased sharing of best practice and knowledge across services.
- better coordination of services to address the needs of the community, reducing gaps in provision. This was particularly the case between ABSS health services, such as perinatal mental health and 3 – 4-month health visiting, and public health services that come under the NHS.

PAR Initial Findings

Gaps in provision: Adult services

In contrast, PAR participants identified a lack of diagnosis and support for parents and adults caring for children. They noted that some parents in families accessing ABSS services were themselves diagnosed as neurodivergent (e.g., autism or ADHD) or suffering from learning difficulties but there was no support in the ABSS services that was available for them.

"It's given impetus to things that people would have wanted to happen. Some of the collaborative work around feeding through the ABSS project, the hospital and the infant feeding within the NHS health visiting service has all been very good. There has been some really fruitful work, that has strengthened things" (Service manager interviewee)

"It [attending a service] lets you know that there's also other things you can do within the community that will give you that support as well" (Parent interviewee)

Interviews with stakeholders and delivery staff did not identify any direct harms that the ABSS programme had on other services and their delivery. A minority of stakeholders noted that there was some initial fear that the ABSS programme would replace existing services. However, this trepidation was typically short-lived.

"Some services actually felt a little bit threatened by ABSS, because we've got cash. I think back in the early days, people thought that we were just throwing money around, they didn't really get what we were trying to achieve. But actually, as time has gone on, I think this has subsided. Most services are much happier to work together." (Stakeholder interviewee)

“With the introduction of YourFamily, it was very much felt as though they are trying to replace the Family Centres. I think there was overlap and sometimes there seemed to be resistance from the Family Centres to engage or a little bit of push back. They realised that we're all in this for the families and you know, if there is a slight overlap, we can work together to do that. I think it has definitely got better.” (Stakeholder interviewee)

At a system level, a minority of stakeholders spoke about how co-production, a defining feature of the ABSS programme, was gradually adopted by other services. A result of the increased use of co-production led to the wider community being more invested in their local services. This also meant that services were more tailored to the specific local needs of users. Overall, community engagement in service design and delivery has become more embedded across Southend.

“There's more push towards co-production, communication and stakeholder engagement. The culture and values of the organisations and the way the systems have been over the last 20 years has shifted. Although the focus is still on collaboration rather than co-production, but there is movement towards the latter, especially in areas of more visible inequalities where ABSS operates.” (Stakeholder interviewee)

In addition, it was noted by a minority of interviewees that co-production in public service design spread to local governance, where it has become a recurring feature of the approach to service design used by Southend City Council.

“Going back to that partnership approach of the programme, you can see how it has influenced other partners in, particular the Council really started signing up to that approach of design and inclusion. We co-host a co-production role with the Council and A Better Start which is all about trying to change cultural approaches of organisations.” (Service manager interviewee)

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

Similarly to Phase 1, **most interviewees were unable to comment on the cost benefits** of the ABSS programme in Phase 2. Those who had some insight had mixed opinions and no strong themes emerged.

A minority of stakeholders stated that the programme had realised cost benefits through a **more efficient referral system** across the family and children service network. Preventative referrals also increased, reducing the need for further, more intense interventions later on. Alongside this, the ABSS programme has reduced referrals for temporary issues relating to delayed development following the COVID-19 pandemic, with interviewees responding that this reduced the strain on NHS services.

“I feel that the preventative model works. If we can get in there early enough we can really support the earliest children and families. Clearly if we're seeing children, then the earlier

PAR Initial Findings

Service/System based challenges: Sustainability of projects and interventions

PAR participants raised concerns about what will happen to service users if/when the funding for the services stops in future (i.e. after the ABSS funding ends). This poses a major challenge for continuity. This was paired with an observation of the number of other services that were currently available.

the better. We're able to ensure that any referrals into clinical service later are more accurate" (Service manager interviewee)

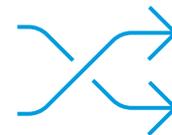
"A lot of children have been presenting what might have been presumed to be additional needs. ABSS services have been able to identify those rather than go for a straight up referral work directly with the family. In a large proportion of cases those children don't require referrals. It is just their speech and language development that was slightly stunted because of COVID. When you're not sure if there's something that you your kid needs and you don't know if you're doing the right thing, they're able to sort of plug that gap." (Stakeholder interviewee)

However, it was stressed by a minority of stakeholders that it may be too early to identify many of the cost benefits of the ABSS programme, since some savings will not be realised for many years. For example, there has not been enough time to establish if ABSS preventative referrals have reduced treatment referrals in older children or even adulthood.

"I think it's difficult to for me to look at cost benefit. It's an early stage to be able to really do that." (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 objectives for beneficial systems change. Some stakeholders said that stronger working relationships, community engagement and co-production across services and local governance had driven system change in Southend. This was expected to be sustained beyond the end of the programme through the continued development of ABSS's legacy initiatives. Systems change associated with community engagement and coproduction was also identified in Phase 1. On the other hand, a minority of interviewees felt that it was too early to identify whether systems change has taken place. A further minority of interviewees felt like there had been no systems change as a result of the programme.



A minority of interviewees, stakeholders in particular, mentioned how local services, partners and local governance have developed **stronger working relationships** between them following the implementation of the ABSS programme. This includes health and education services and organisations that operate beyond the ABSS wards in Southend. This resulted in system level benefits through the sharing of knowledge, dissemination of best practice, coordination of service delivery and more informed decision making in governance.

"It [the ABSS programme] does link in with health. It does link in with education. That's been one of the strengths really. ABSS is a real asset for the whole city. It has a full representation of partners, links and constantly feeds into the health and well-being board." (Stakeholder interviewee)

"ABSS has got a fantastic relationship with the local authority and with the local health system, which we call the Alliance (includes the local authority, health sector plus the third sector). ABSS is visible and well-represented within our health and well-being boards, which are statutory boards across every local authority and Alliance in 2023." (Stakeholder interviewee)

A minority of interviewees spoke of the value that the programme places on **sustainability and legacy** and how this has spread across the wider children's services landscape. Aspects of the ABSS approach, such as stronger working relationships and co-production,

were viewed as key features that should continue to be used in the future programme and policy design.

“We meet with the Children's Services director at Southend City Council. We sit on some of the governance at Southend City Council as well. I think the partnership has enabled that. Going forward, when ABSS isn't around, they will see the benefit of ensuring that they've got partners around the table. You can't do these things to communities without community sitting alongside and making the decisions. I would say that the ABSS programme has influenced that.” (Stakeholder interviewee)

A minority of interviewees felt that the ABSS programme had resulted in no beneficial systems change. Their reasoning for this was because it was too early to notice systems change and issues within the current systems, including how data is recorded, still persist.

“Parenting programmes were set up to tackle some of those challenges, which we knew to be there in the system. They are still there... I could not confidently say that ABSS has really delivered on that. But equally, I am sure they have impacted on families. It has not necessarily impacted on the whole system.” (Stakeholder interviewee)

These findings are consistent with those found during Phase 1 of the evaluation.

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

Unlike qualitative findings in Phase 1, **interviewees in Phase 2 were unable to comment on how ABSS interventions have influenced the children's workforce beyond changes in work practices such as increased collaboration and co-production noted above.**

Comparison against Phase 1 findings:

Findings on the system level impacts were broadly similar between Phases 1 and 2, with the programme attributed to positive impacts on Community Resilience and the value created by stronger networks with other services. Mixed views on the programme meeting its stated objectives on systems change was also reflective of Phase 1, with views ranging from the programme achieving a positive impact and shaping a legacy on systems change and other views reporting no impact on systems change. An area of difference is that views on the impact on the children's workforce were more muted in Phase 2 than they were in Phase 1.

4.3 Summary



Findings from the surveys indicate that participation in the ABSS programme was associated with a positive impact on parents and children. Almost all respondents to the parent survey felt that the programme was delivering useful support for people in Southend (94%) and improving the quality of life of children who participated in it (92%). Positive impacts were reported against all four of the ABSS workstreams.

Statistically significant improvements were identified between ABSS participant responses to before and after questions:

When comparing ABSS participants to the wider community, results were more varied. On average, ABSS participants were more positive about their own capabilities compared to respondents to the community survey. However, the difference in results is smaller than the difference between ABSS participants before and since the programme began:

- ABSS participants had more access to support compared to non-ABSS community members – Average agreement with positive statements about access to support was 12 percentage points higher for ABSS participants (87% to 69%)
- ABSS participants had similar levels of knowledge compared to non-ABSS community members - Average knowledge about the ABSS workstreams was only 3 percentage points higher for ABSS participants (93% to 90%)
- ABSS participants had higher reported confidence compared to non-ABSS community members - Average confidence about parenting was 12 percentage points higher for ABSS participants (94% to 82%).

In some aspects, ABSS respondents surpassed the capabilities of respondents from the wider community. These results were statistically significant:

- helping children interact with other children and adults.
- helping their children understand their own feelings and behaviours.
- ability to access support to help children express themselves.
- ability to access support to help children learn to talk.
- ability to access support to eat well.
- involvement in designing or delivering local services.

These results suggest that ABSS participants developed capabilities that exceeded those of non-ABSS participants.

There were other aspects of access, knowledge and/or confidence where there was no statistical difference in responses between participants and community members when it came to the following:

- ability to access support to interact with other children and adults.
- ability to access support to help child understand feelings and behaviours.
- confidence in taking care of mental health and wellbeing.
- knowledge about healthy behaviours during pregnancy.
- knowledge about keeping families healthy and active.

These results suggest that ABSS has helped parents and children in the ABSS wards to 'catch up' to the levels of access, knowledge and confidence that were reported by the respondents who did not access ABSS services, when it came to these specific impacts.

The vast majority of ABSS survey respondents felt that the ABSS programme was connecting parents to each other (88%) and their communities (84%), increasing their confidence to use other local services (89%), and encouraging leadership in local support groups (84%). These findings were supported by the interviews, which also gave evidence as to how ABSS services, particularly Work Skills, were helping people enter or return to the workforce. Additional benefits of connecting parents were noted, such as more sharing of advice, increased sense of being understood, and practical support such as ride-sharing and informal childcare.

While the majority of respondents to the community survey (non-ABSS participants) identified positive impacts from the programme, it was to a lesser extent than ABSS participants and staff. Out of all the respondent groups, staff were the most positive about the impacts of the programme.

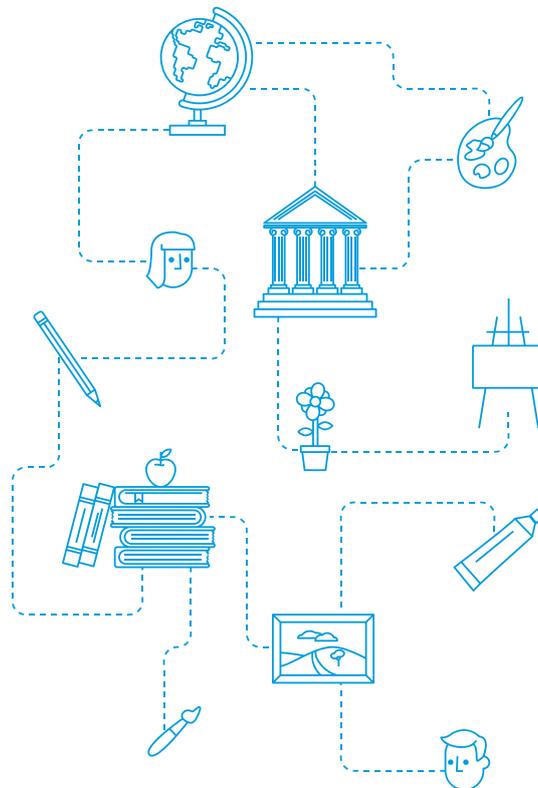
Interviewees praised the flexibility of the programme planning processes to evolve and be responsive to the needs of the local community. This was driven by co-production, which involved the parents and the community in service design and implementation.

Findings on the influence of the ABSS programme at a systems level were mixed. The majority of interviewees who were able to comment, reflected on the increased use of co-production, which has been adopted by other local organisations and the local council. This was supported by the majority of survey respondents (72% said there was more community involvement in developing local groups because of ABSS). In addition, interviewees felt that ABSS has led to a more coordinated approach to the delivery of children and family services. The result has been increased marketing across services, more events with partner organisations, increased referrals and improved coordination of crossover support between services within and outside the ABSS programme. A more efficient referral and signposting process was noted as a particular success.



However, there was no consensus as to the extent to which the ABSS programme has met its objectives for beneficial systems change. Whilst it was acknowledged that there had been some systems change, a minority of interviewees felt that it was still too early to identify the full extent of the systems change and ABSS's influence upon that. Others felt there had been no change at all.

There were no strong findings on the cost benefits of the ABSS programme. Interviewees were unable to comment on how the ABSS programme has influenced the children's workforce. Overall, the most notable findings, triangulated from qualitative and quantitative data sources, are similar to the findings identified during Phase 1.



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 and surveys undertaken during Phase 2.

Figure 5.1: Equity of ABSS services



Source: RSM interviews and focus groups

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)?

Some interviewees felt that the ABSS programme had a **lack of understanding around the cultural norms of specific groups**. A minority of interviewees suggested that at times, those designing and delivering ABSS services simply did not know enough about certain cultures (e.g. Jewish, Polish and Muslim communities) and as a result did not incorporate cultural considerations.

“We have got quite a high Jewish population in Southend. There’s a breastfeeding group [which is] within another group but the breastfeeding [part of the service] only deliver on a Friday. You are not going to get members of the Jewish community coming along on a Friday. And there are other services where we just do not have the

knowledge...breastfeeding is an interesting one, [in terms of the] cultural norms” (Stakeholder interviewee).

Additionally, a **lack of appropriate physical space** to host services acted as a barrier in reaching some groups, particularly the most deprived communities within Southend. A minority of stakeholders highlighted that community hubs and venues were preferential locations to host ABSS services because they were based within local neighbourhoods and reduced the need for transportation (and the financial barriers associated with travel, particularly for the most deprived families). However, these stakeholders noted a shortage of community hubs and venues within the ABSS wards. As a result, other locations were used, such as church halls. Some interviewees felt that these settings may put people from other religious denominations off participating in ABSS services.

A minority of interviewees said that where families had **close family groups and support networks within their community**, they were deterred from accessing ABSS services due to a lack of need. These interviewees suggested that this was particularly relevant to ethnic minority groups within Southend. One interviewee, when discussing the impact of close family groups on enrolment in ABSS services, felt that if parents relied on the support of grandparents this led to a perception that further support and services was not needed.

“We’re also up against grandparents...so sometimes getting your foot in the door and getting them recruited can be difficult” (Service manager interviewee).

These findings indicate that there is an opportunity for ABSS to develop its knowledge and understanding of working with families from cultural backgrounds that place a high value on the support provided from within the family or community networks. These learnings could influence how existing ABSS services develop connections in the community and complement the support those families already receive.



Furthermore, English as an additional language caused difficulties in the promotion of the programme. Some stakeholders reported difficulties in designing promotion materials which were easily understood by all ethnic groups within Southend, despite the programme being available to all families within the specified postcode area.

Survey respondents were asked how inclusive they felt the ABSS programme was. Compared to Phase 1, respondents were less likely to have agreed or strongly agreed that

PAR Initial Findings

Social determinants and challenges: Public transport

Whilst some PAR participants noted that the ABSS programme enabled them to be more flexible, changing the location of services/appointments, other staff highlighted how poor public transport in Southend remained a barrier. This was linked to the engagement of families in services.

They felt that some areas of Southend were not served by local bus routes. Additionally, for families with more than one child, a child with disabilities or sensory needs, using public transport posed an even greater challenge.

“...because they don’t drive, they can’t get to places...public transport is horrendous, and it doesn’t get people very far. People struggle to get to other places.” (PAR participant)

ABSS actively encouraged people from different backgrounds to get involved in the programme in Phase 2.

As shown in Figure 5.1, respondents to the parent, community, and staff surveys were generally positive about how inclusive the programme was and whether or not it encouraged people from different backgrounds to get involved. Respondents to the parent survey were more likely to have agreed or strongly agreed that ABSS actively encouraged people from different backgrounds to get involved in the programme (87% of respondents to the parent survey agreed or strongly agreed, compared to 53% of respondents to the community survey). **This difference was statistically significant, suggesting that respondents who were involved in the ABSS programme thought it was more inclusive, compared to those who were not involved in the programme.** The differences in how respondents to the parent survey answered the other questions when compared to how respondents to the community survey responded were also **statistically significant**.

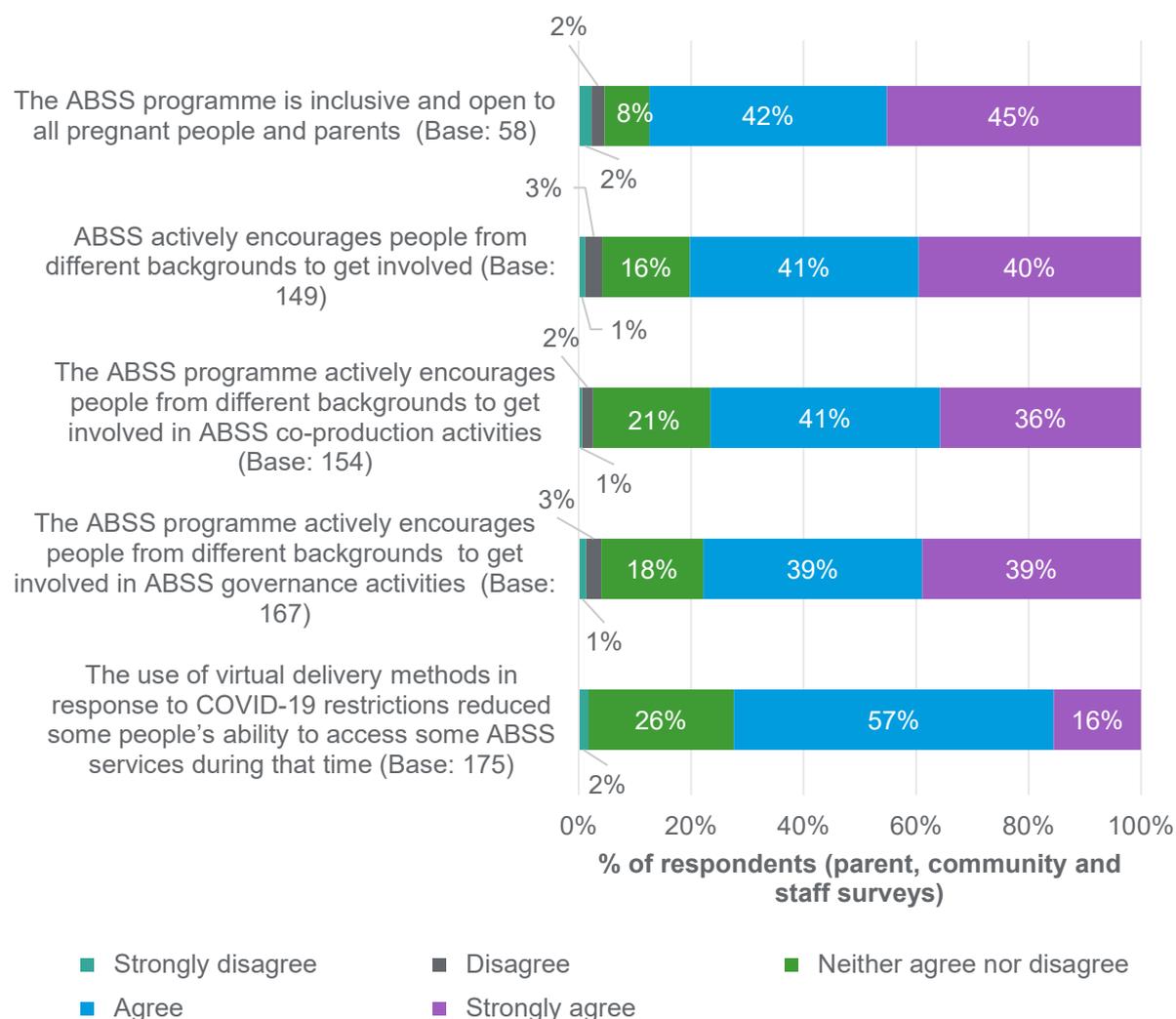
Findings on the barriers that stop people from taking part in the ABSS programme were covered in Section 3 (see Figure 3.2). There were a range of issues that impacted on participants ability to take part in the programme and are linked to the difficulties that certain communities and minorities experienced in accessing the programme. Similar to results in Phase 1, these barriers included:

- Lack of awareness or information about the ABSS programme and who could access ABSS services.¹³
- When, where and how ABSS services were being delivered.¹⁴

¹³ 68% of respondents to the staff survey reported a lack of awareness about the ABSS programme. 40% of respondents to the staff survey and 25% of all respondents to the parent and community surveys said there was a lack of social media coverage. 26% of all respondents to the parent and community surveys said there was a lack of information about who could access ABSS services. 15% of all respondents to the parent and community surveys said there was a lack of information about the ABSS programme.

¹⁴ 52% of respondents to the staff survey said that location was an issue, 15% said it was in a hard-to-reach location, 11% said the public transport was not good enough, and 9% of all respondents to the parent and community surveys said the activity was in an unattractive area. 48% of respondents to the staff survey and 8% of all respondents to the parent and community surveys said that accessibility was an issue. 44% of respondents to the staff survey and 28% of all respondents to the parent and community surveys said that the timing of ABSS activities prevented some people from taking part. 28% of respondents to the staff survey and 17% of all respondents to the parent and community surveys said that cultural issues were a factor. 28% of respondents to the staff survey said that access to the internet or IT equipment was an issue, whereas only less than 1% of all respondents to the parent and community surveys said that poor internet access made it difficult to use digital or online services and only 2% reported a lack of IT equipment.

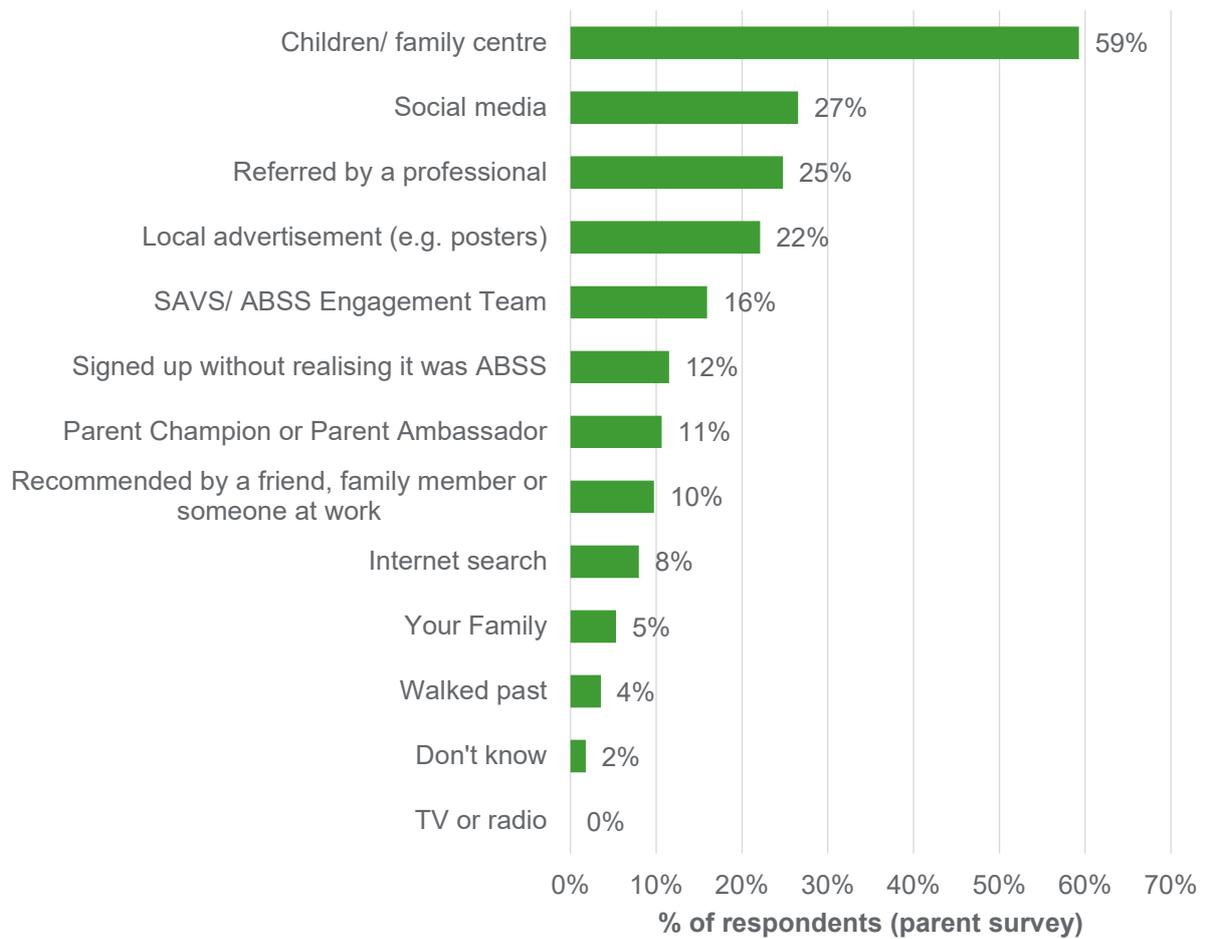
Figure 5.2: Inclusion



Source: RSM phase 2 survey of parent beneficiaries Q.32, RSM phase 2 survey of the wider community Q.20 and RSM phase 2 survey of ABSS service delivery staff and volunteer survey Q.7.

Figure 5.2 shows that more than half of the respondents to the parent survey (59%) heard about the ABSS programme through the children or family centre. This was a similar result to Phase 1. However, different from Phase 1, this was followed by about a quarter of respondents who heard about the programme through social media (27%), being referred by a professional (25%), or their local advertisement such as posters (22%). This suggested that people who were not already using the ABSS services, were less active across social media, or simply paid less attention to advertisements, and could be missed by ABSS advertising efforts. This was supported by a comparison of where respondents who took part in the ABSS programme go to for support and advice about their children's development when compared to respondents who had not taken part in the programme (see Figure 5.3, Figure 5.4, and Figure 5.5).

Figure 5.3: How participants heard about the ABSS programme

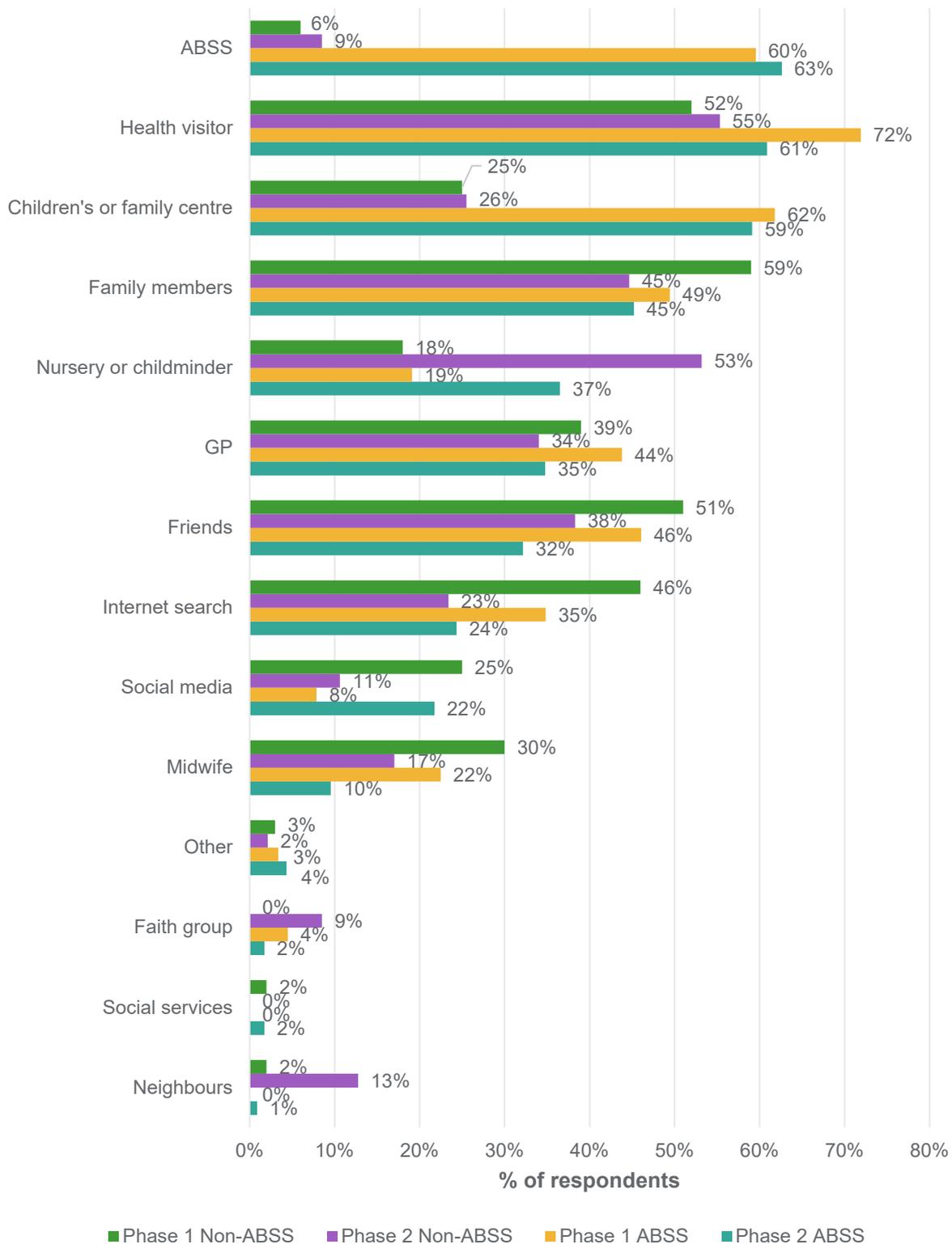


Sources: RSM phase 2 survey of parent beneficiaries Q.2 (Base: 113).

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

The results for where respondents went for support and advice about their children's social and emotional development are presented in Figure 5.3. Similar to Phase 1, **respondents who took part in the ABSS programme were more likely to go to ABSS, health visitors, and children and Family Centres for support when compared to the respondents who had never taken part in the programme. However the differences in these responses between the parent survey and the community survey were not statistically significant.** Taking part in the ABSS programme, therefore, did not appear to have influenced where respondents got support and advice for their children's social and emotional development.

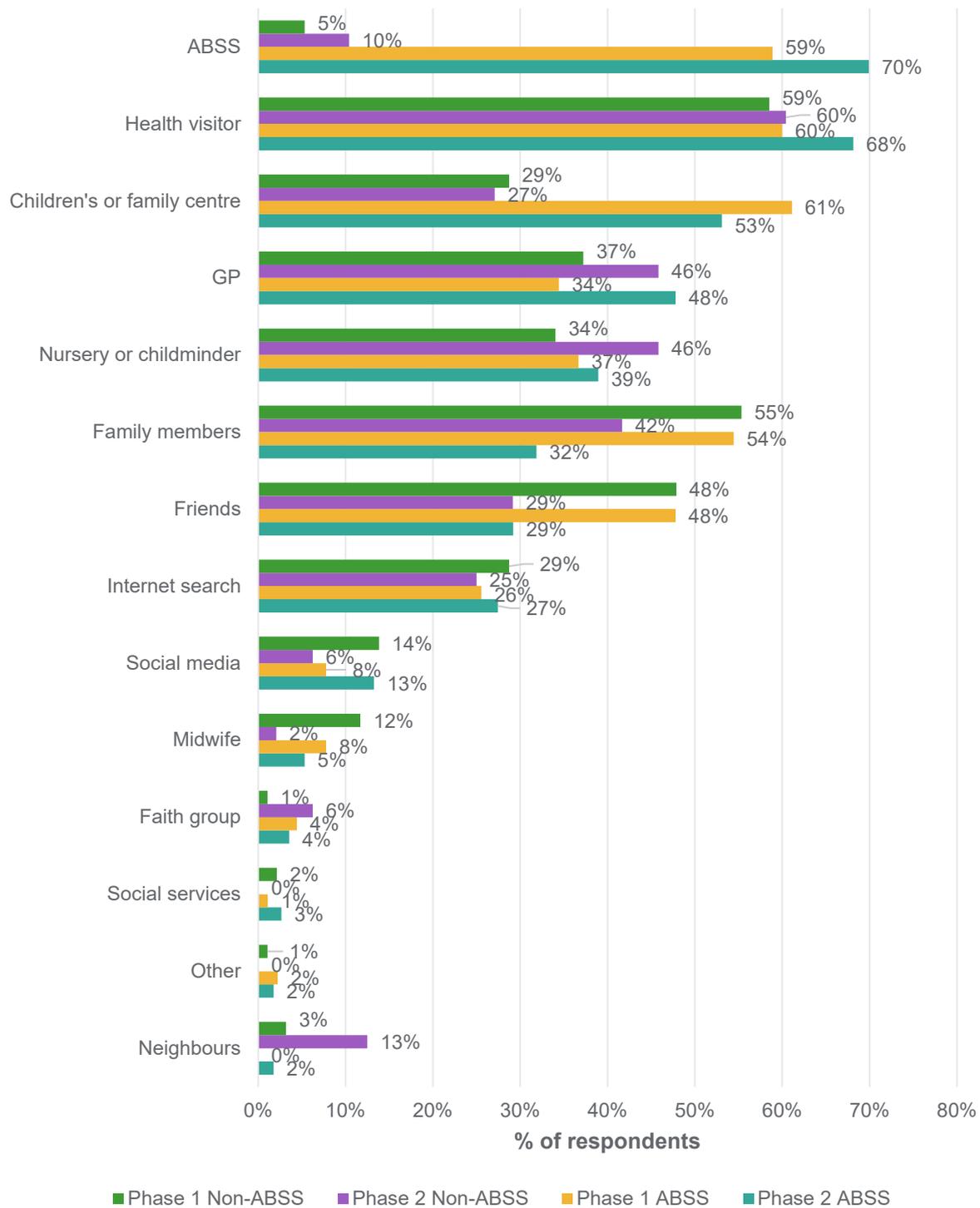
Figure 5.4: Support and advice for social and emotional development



Sources: RSM phase 2 survey of parent beneficiaries Q.13 (Base: 115), RSM phase 2 survey of the wider community Q.8 (Base: 47), RSM phase 1 survey of parent beneficiaries Q.11 (Base: 89), RSM phase 1 survey of the wider community Q.7 (Base: 100).

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

Figure 5.5: Support and advice for communication and language development



Sources: RSM phase 2 survey of parent beneficiaries Q.14 (Base: 113), RSM phase 2 survey of the wider community Q.9 (Base: 48), RSM phase 1 survey of parent beneficiaries Q.12 (Base: 90), RSM phase 1 survey of the wider community Q.8 (Base: 94).

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

The results for where respondents sought support and advice about their children's communication and language development are shown in Figure 5.4. Similar to the Phase 1 findings, **respondents who took part in the ABSS programme were more likely to go to**

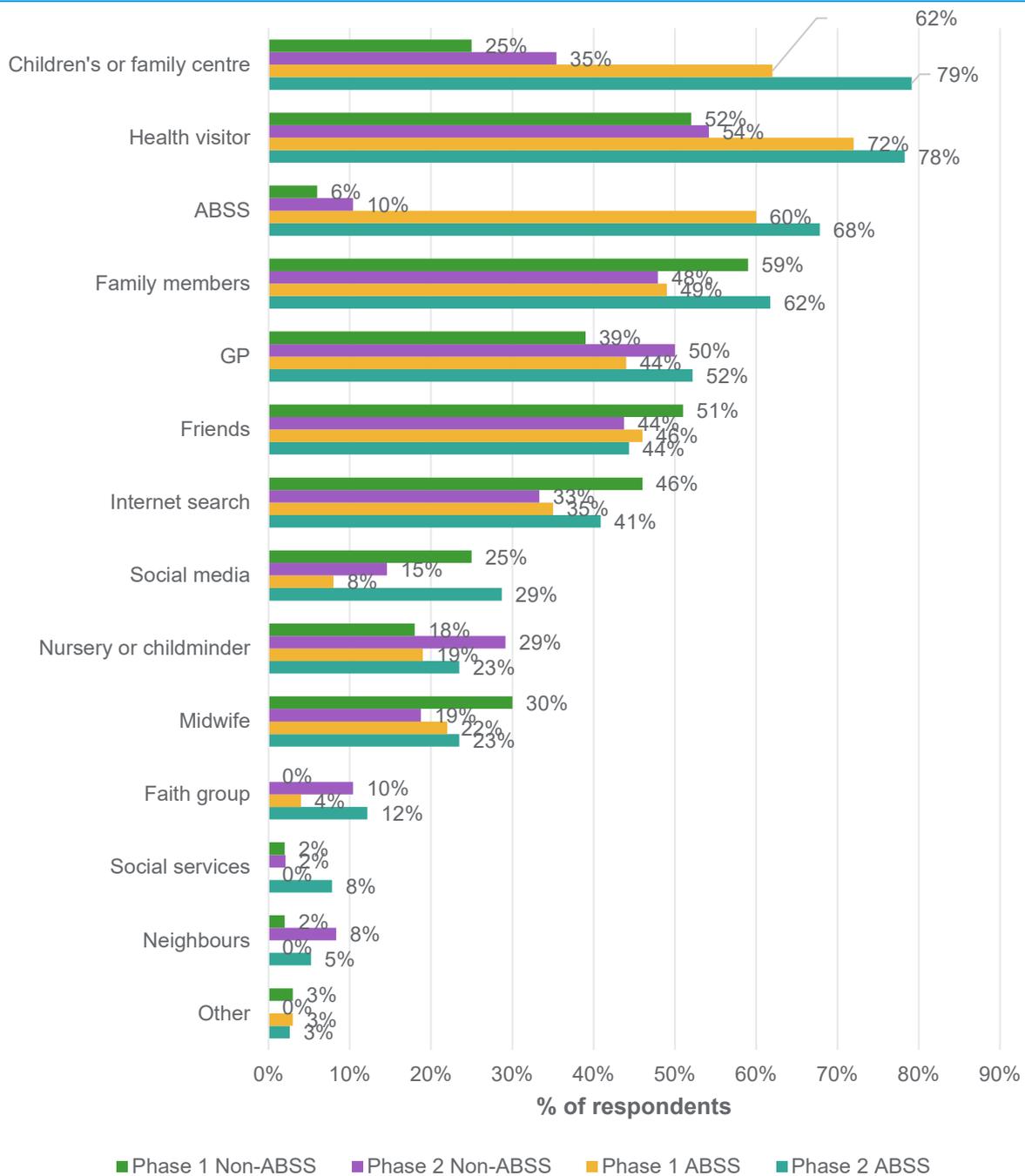
ABSS, health visitors, and children and Family Centres for support and advice for communication and language development when compared to community survey respondents. The differences in these responses between the parent survey and the community survey were not statistically significant.

When asked who or where they would go to support and advice about being healthy and eating well during pregnancy and for children under 4, respondents to the parent survey were more likely to go to children's or Family Centres (79%) and health visitors (78%) when compared to the community survey (25% and 54% respectively) as shown in *Figure 5.5*. This finding is similar to what was reported in Phase 1. These differences in responses were **not statistically significant**. Therefore, **taking part in the ABSS programme did not appear to have resulted in respondents to the parent survey changing the sources where they went for support and advice for being healthy and eating well during pregnancy and for children under 4.**

Comparison against Phase 1 findings:

Findings across both phases of the evaluation were broadly consistent, with participants recognising that while the programme was designed to be inclusive (as referenced in 5.2.3), cultural and language barriers persist, which prevent certain groups from engaging with services. However compared to Phase 1, more survey respondents reported that they heard about the ABSS programme through different ways in Phase 2, which indicates the effort made to be inclusive.

Figure 5.6: Support and advice for being healthy and eating well



Sources: RSM phase 2 survey of parent beneficiaries Q.12 (Base: 115), RSM phase 2 survey of the wider community Q.7 (Base: 48), RSM phase 1 survey of parent beneficiaries Q.11 (Base: 89), and RSM phase 1 survey of the wider community Q.7 (Base: 100).

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

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)?

When asked about the groups benefitting most from ABSS services, a minority of interviewees suggested that the most engaged groups typically had the following characteristics:

- Female
- 20-35
- White/ British

A minority of interviewees reported that **younger mothers (under 22 years old) were reluctant to participate**. Interviewees suggested that mothers aged 21 and below felt excluded from the ABSS programme due to negative experiences associated with other services in the past, where they felt isolated/judged and did not want to return. A service manager highlighted the impact these perceptions had on the engagement of younger parents with ABSS services:

“We do not get many teenage mums or younger mums coming along. I have been to sessions that are only for teenage mums, and I have told them about our sessions. They sign on and say they are going to come and then they change their minds.” (Service manager interviewee).

When discussing excluded groups, some interviewees highlighted that **fathers remain a continuously difficult demographic to reach**. Interviewees suggested a number of reasons for this, with a minority of interviewees suggesting that whilst fathers were welcome to attend, there was often a perception that ABSS services were only for women. This was amplified by the demographics of the ABSS workforce:

“We do not get that many dads. I think that is sometimes very difficult in a female heavy environment because most of the people that work here are females... You can have every poster representing a whole range of people, but if they do not see themselves represented, then they perhaps

PAR Initial Findings

Service/ System Based Challenges: Diversity of Population

PAR participants across all workstreams recognised the diversity in the population and its influence over the varied uptake of services that need to cater to diverse (and complex) needs. Examples given included the diversity of languages spoken by services users (or those with needs but not using the service). Language needs placed a demand on interpreters not just for interactions with families directly but also to ensure accessibility of information resources.

“...you have an additional issue with where English is a second language or there’s a different language spoken at home, but obviously your resources.... encourage speech in English... There are no words for some of the words we are using. They don’t exist.” (PAR participant)

“...you actually can’t get a lot of the programme done with interpreters... you can’t make as much change.” (PAR participant)

Besides language/ethnicity and migrant status, socio-economic backgrounds were another important intersecting inequality that affected service use. Many families in ABSS wards from lower socio-economic groups, who faced a range of challenges beyond their direct health needs were reported. These factors placed additional barriers to providing quality services.

do not feel comfortable. That is a barrier that I think everyone continually needs to breakdown.” (Service manager interviewee).

Other interviewees reported that men within the local community were reluctant to attend services due to their perceptions of gender roles, where men were less likely to attend ABSS services as they believed their role was to work and provide a secure home for their family. Some interviewees suggested that they would like to see more services available that were tailored towards fathers. It is worth noting that fathers only services were attempted by ABSS in the past. A minority of interviewees reported that there was a distinct discomfort within Southend around delivering services specifically tailored to fathers. They were unable to pinpoint a rationale behind this discomfort:



“Southend is not an overly diverse area anyway, but even saying we want to name a programme that specifically works with dads, there is real discomfort with it. I do not know why.” (Stakeholder interviewee).

Certain communities including **the Jewish and Chinese and some other ethnic minority communities** were referenced by some stakeholders as being **particularly difficult to engage**. Despite efforts to reduce the barriers to engage with these communities (e.g. removing language barriers by translating promotional materials into multiple languages), this remained an ongoing challenge. In contrast, one stakeholder commented that **ABSS services had a positive impact on families who had newly arrived in the UK** and were trying to establish connections within Southend. This stakeholder reinforced that accessing ABSS services reduced the initial isolation felt by the family and enabled them to build positive relationships with others.

Comparison against Phase 1 findings:

Across both Phases, white British females were recognised as the dominant demographic accessing ABSS services. Fathers remain a particularly difficult group to engage. Based on evaluation findings, despite efforts to increase engagement through accessible materials, engaging certain ethnic minority groups remains an ongoing challenge.

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)?

Whilst a number of interviewees highlighted that the majority of those involved in co-production and governance are of a White-British background, some interviewees reported that **the diversity of representatives was still reflective of the demographics within Southend**. Specifically, the composition of the group of Parent Champions was said to be particularly representative of the diverse communities within Southend.

A minority of interviewees suggested that there was a **distinct effort made to engage representatives from all communities in co-production and governance activities** which in particular resulted in stronger representation from the African and Muslim communities. Despite efforts to be inclusive, a minority of interviews referenced **ongoing difficulties engaging certain groups** (including the Chinese, Jewish and Bangladeshi communities) in co-production and governance activities. It was anticipated by some interviewees that this was for similar reasons that service uptake amongst these groups was lower.

“We’ve had some pretty good reach and some diverse characters come through to become involved in co-production or getting involved in governance aspects of services/activities. I would like to think it is all inclusive and that there is no particular group of people that are left out because the opportunity is accessible and appeals to all, but you have to keep working on it, because for example, the Jewish community, the Chinese community, the Bangladeshi community may operate in a different way with their leadership. It’s about having an understanding of that and making sure voices from those communities can come through.” (Stakeholder interviewee).



Cultural issues were the main barrier to engaging these groups. Other barriers preventing parents from engaging in co-production and governance activities included **a lack of time parents were able to dedicate to these activities**. Additionally, a minority of interviewees reported that parents are often only engaged with ABSS when their children are accessing services, given the age demographic of children targeted by ABSS, this leaves a small window of opportunity to engage

parents in governance activities.

However, a minority of interviewees **challenged the value of the inclusion of certain groups (particularly Parent Champions) in co-production and governance activities**. One interviewee suggested that good governance was about challenging decision making. In contrast, Parent Champions often engaged in self-congratulatory behaviours, specifically at governance meetings resulting in little challenge being raised at co-production discussions.

“I have been involved in governance at children’s centres and it can feel a little bit like a coffee morning. A little bit self-congratulatory with very little challenge and good governance is all about getting that level of challenge right so that that you really strategically driving its improvements. I am not confident that that exists.” (Stakeholder interviewee).

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

The majority of interviewees felt that the ABSS programme had **improved access to services** and by design was **inclusive of a diverse range of backgrounds**. In particular, one service manager noted how ABSS reduced inequalities by enabling families to access services for free which were traditionally paid for, (e.g. music sessions, speech and language therapy and outdoor play) enabling families on lower incomes to access services they otherwise may not have been able to afford.

“ABSS reduced the inequality in accessing services and certainly the advocacy that ABSS has offered parents and children has been invaluable” (Stakeholder interviewee).

Some interviewees reported that the ABSS programme was able to successfully signpost users to other services. They felt that awareness and uptake of non-ABSS services across the community was higher than it was before ABSS. One Service Manager reported that increased uptake led to positive impacts for families.

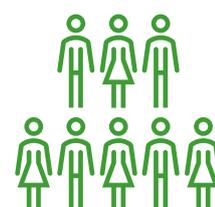
“I think it has improved accessibility for families across the borough to join many different services and opportunities. So yeah, I think it has a positive impact” (Service manager interviewee).

Comparison against Phase 1 findings:

Interviewees across both phases of the evaluation noted that co-production representation was consistent with the demographic population within Southend. In Phase 1, interviewees were more positive about the diversity of representation in governance than they had been in Phase 2.

5.3 Summary

When asked if the ABSS programme actively encouraged people from different backgrounds to get involved, 81% of survey respondents agreed or strongly agreed. Whilst this was a decrease from Phase 1, overall, both survey respondents and interview participants were positive about the inclusivity of the programme. Although it should be noted that survey responses indicated that parents viewed the ABSS programme as more inclusive than the wider community did. This reflected a gap in the understanding of services amongst those in the community who have not previously accessed services.



Despite some interviewees suggesting that the ABSS programme was inclusive by design, challenges in engaging specific groups including the Jewish, Chinese and Muslim communities and, the most deprived families persist. Interviewees identified a number of barriers associated with engaging these groups which included:

1. **A lack of understanding around the cultural norms** of these specific groups meant that ABSS services could not successfully incorporate cultural considerations into the design of services which may have deterred these groups.
2. **A lack of sufficient community centre/ venues** meant that at times services could not be delivered within neighbourhoods and some families could not afford to travel to alternate locations.
3. Where **families have close family groups and support networks** within the wider community, there was a perception that additional support was not needed.

Interviewees suggested that the majority of people engaged in co-production and governance activities were females of White British origin, however, this was largely reflective of the demographics within Southend. The majority of survey respondents (79%) reported that the ABSS programme actively encouraged people from different backgrounds to get involved in governance activities.

As a result of this encouragement, interviewees noted improvements in uptake of governance roles amongst minority groups within Southend, notably the African and Muslim communities. However, ongoing difficulties engaging the Chinese, Muslim and Bangladeshi communities in governance were highlighted. Interviewees anticipated that this was due to cultural issues but could not elaborate further.

Whilst the positive impact of Parent Champions was widely acknowledged throughout interviews, when asked specifically about governance activities, some interviewees questioned the value of including Parent Champions. It was suggested that Parent Champions at times engaged in self-congratulatory behaviour at meetings and often did not provide the level of challenge required for effective governance.

Overall, findings suggested that the ABSS programme enabled more families to avail of support by providing services for free which families otherwise could not afford. Access was reported to be equitable for all families within Southend including those who were multiply

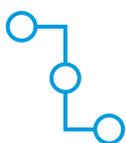
6 OTHER EFFECTS

6.1 Introduction

The interviews and staff survey tried to identify any unintended effects resulting from the ABSS programme. Similarly to Phase 1, few of the interviewees (stakeholders, service managers or parents) or survey respondents were able to identify any unintended effects of the programme. To help minimise burden on respondents it was agreed that the Phase 2 parent and community surveys would not include questions from Phase 1 relating to the neighbourhood that respondents lived in and questions about non-ABSS services. Therefore this theme is not covered in the Phase 2 report.

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?



A minority of interviewees discussed **a frustration about the lack of communication between children’s services and the education sector**, expressing a desire for education and children’s services to engage and work more closely together. However, a separate minority of interviewees noted that the ABSS programme had made improvements in developing communication channels with the education sector, with **ABSS services engaging with a number of schools within Southend**. Additionally, some interviewees noted that some schools from outside of the ABSS wards were keen to engage with the programme. Thus demonstrating a reach that was wider than anticipated.

*“You know, they’ve been lining up almost to want to join the project, which has been great.”
(Service manager interviewee).*

6.1.2 Community level

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

A minority of interviewees reported that the success of ABSS to-date has **raised expectations of children’s service delivery** within Southend. One stakeholder commented that the programme has led to improvements in how children’s services are delivered, which was not realised in other communities outside of Southend. As a result, there was pressure for the programme to expand into communities beyond the initial wards.

6.1.3 System level

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

Some interviewees indicated that the full extent of the programme’s impact at a systems level has yet to be realised, with greater understanding of the long term impacts likely to emerge in the future. It may take a number of years before any unintended effects at a system level are fully realised.

Comparison against Phase 1 findings:

Interviewees and survey respondents in Phase 1 felt that the ABSS programme had led to improved understanding of the issues that local families faced, with an increased sense of connectedness with parents and a greater desire from local stakeholders to measure their systems change and community resilience. These themes were not discussed in the Phase 2 interviews, where interviewees tended to comment that unintended effects would be realised in the long term and were difficult to comment on at this stage.

6.2 Summary

Given the breadth of the ABSS programme's objectives few of the interviewees were able to identify any unintended effects of the programme. Those unintended effects that were identified included developing linkages between children's services and the education sector. A minority of interviewees felt that ABSS had raised the expectations of how children's services were delivered in Southend. However for systems change, a minority of stakeholders responded that it was too soon to see any unintended effects.



7 CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

7.1.1 Summary

The evaluation set out to answer the research questions presented in Annex B, Figure 9.3. Findings from Phase 2 of this evaluation are presented below. These findings showed that the programme was generally associated with a positive experience for those who took part in ABSS services. Participants reported improved access to support, better knowledge and increased confidence. The programme was associated with improved community resilience and improve networks and referral pathways with other services across Southend. However similar issues identified in Phase 1 persisted, with the programme struggling to encourage the participation of minoritised ethnic groups and hard-to-reach communities.

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

7.1.2 Effectiveness

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

Some interviewees felt that strong working relationships and established linkages between partner organisations and the local community, contributed to the programme's effectiveness and success. However, some interviewees commented that the programme had encountered some challenging working relationships, particularly with the Family Centres, which were a barrier to its success. A minority of interviewees also reported that the loss of key staff, with the programme approaching the end of its funding cycle, would have a negative impact on the programme's operational knowledge.

2. What are the barriers to uptake of services?

Several barriers to the uptake of ABSS services were identified. There were challenges around communicating with some of Southend's minority communities. This included the language used in ABSS promotional materials being predominantly in English and that some communities have established family support networks that reduce interest ABSS services.

The accessibility of the ABSS website was noted as another barrier, where despite efforts to update the website, out-of-date information remains an issue. There was the perception amongst some communities that ABSS services were not designed for them. This included fathers and LGBTQ+ families.



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

Some of the interviewed stakeholders and service managers felt that the ABSS programme was successful at incorporating external, local knowledge and expertise into the programme design. This contributed to the programme's knowledge of the local context and needs of the community. Some interviewees also suggested, similar to Phase 1, that the ongoing impact of the COVID-19 pandemic created challenges around digital exclusion as some services moved to a hybrid delivery model. A minority of interviewees suggested that having the volunteers and Parent Champions under the governance of an external organisation other

than ABSS limited the effectiveness of these roles and their opportunities to contribute to the programme's development.

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

Echoing the Phase 1 findings, the majority of interviewees felt that the use of the Parent Champions and the programme's approach to community engagement were innovative factors that positively impacted the effectiveness of the programme. The Parent Champions provided the programme with an effective model for approaching community engagement and enabled a bottom-up approach to programme design. A minority of interviewees suggested that the introduction of the Community Connectors represented an even more innovative approach that created better linkages with the wider community. PAR participants highlighted the need for more joined-up information systems, with a minority of interviewees reporting that there have been improvements in information and data sharing across children's and families' services in Southend.

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

The programme was successful at incorporating local knowledge and expertise into the programme design through the commissioning of partners based in Southend, who had knowledge of the area and an understanding of the issues facing the wards and had a positive impact on the programme.

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

A minority of interviewees felt that a key factor that influenced the success of a programme like ABSS was ensuring a system wide culture of support, where community, health and education services worked in collaboration to support service users. Stakeholders felt that more collective work was needed to achieve this in Southend.

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



The majority of interviewees reported that integrated working and collaboration between other services in Southend has increased since the inception of the ABSS programme. Improved linkages between public health, education services and Family Centres were referenced as improving understanding of the holistic needs of service users in Southend.

Interviewees also discussed how improved integration between services made it easier for ABSS staff to make direct referrals or signpost service users into other services. However a minority of interviewees reported that there were some initial challenges in the programme's working relationship with the Family Centres, due to a perceived overlap of service provision. It should be noted that this relationship has since improved.

7.1.3 Impact

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

Interviewees were positive about how the programme's planning processes had evolved over time to address the changing needs of the community. Interviewees felt that the programme had developed a flexible approach, adapting service provision and demonstrating a willingness to collect and act upon feedback. However some services, particularly those relating to health, diet and nutrition were more prescriptive in their service delivery. It should however be noted that not all services can incorporate elements of parental co-design and have a greater reliance on professional input.

Some stakeholders also praised the programme's adaptability. This was particularly notable in moving services online in response to the pandemic, responding to worsening perinatal mental health and increased instances of domestic violence. A minority of service managers referenced the programme's response to the cost-of-living crisis, with programme activities adapting to help families reduce household costs.

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 analysis of historical data to provide a baseline measure for the ABSS programme has proven problematic. In Phase 3, the evaluation team will undertake production and mapping of baseline measure activities for a limited number of ABSS interventions where the appropriate data is available.

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

There was evidence that the ABSS programme has positively influenced the parenting experience of those who attended ABSS services. Improvements in the confidence of parents attending ABSS services was also noted by some parent and service manager interviewees. This included an increase in confidence in their ability to look after their child (particularly for those attending breastfeeding services), parents' confidence in their ability to re-enter the workforce and parents who had become Parent Champions had grown in their confidence in being an active and leading member of their community.

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

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

- Help their children interact with other children and adults (91% of respondents, compared to 55% before ABSS and 66% of respondents who had not taken part in the programme).
- Help their children express themselves (91%, compared to 63% and 72%).
- Be healthy (91%, compared to 61% and 61%).
- Help their children understand their feelings and behaviours (87%, compared to 56% and 62%).
- Eat well (87%, compared to 64% and 54%).
- Learn to talk (86%, compared to 62% and 79%).

There was also evidence that since taking part in the programme, respondents felt they had **improved knowledge** about the activities they could do to help their children express themselves (78%, compared to 34% and 66%) and learn to talk (79%, compared to 35% and 74%) healthy behaviours during pregnancy (83%, compared to 62% and 80%), keeping their families active (86%, compared to 59% and 80%) and knowledge about the benefits of breastfeeding (87%, compared to 52% and 78%).

Respondents also reported an increase in their **confidence** to take care of their own mental health and wellbeing (74%, compared to 32% and 70%), reading with their children (97%, compared to 74% and 84%), confidence about breastfeeding (83%, compared to 31% and 68%) and designing or delivering local services (57%, compared to 15% and 45%). The



other factors that parents reported that had influenced their knowledge about child development included the experience they gained as a result of being a parent, support from family and friends and advice received from professionals.

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

Findings on the impact the ABSS programme had on community resilience were generally positive. A majority of survey respondents felt that the programme was contributing towards improved community integration, where parents felt better connected to their communities, increased their confidence in accessing other available services and were able to form relationships with other parents going through similar parenting experiences. Some interviewees supported this finding, with an additional minority adding that the programme had contributed towards creating a more welcoming and integrated community.

These findings were also reflected by parents who had not accessed ABSS services, with the community survey finding that there were some parents who did not participate in the ABSS programme, but nonetheless felt that participation in the programme led to positive impacts for children and parents in Southend.

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



A range of benefits to the wider community were identified. Interviewees responded that the ABSS programme had resulted in a more joined up approach between services. This was attributed to increased cooperation, communication and synergy between voluntary services, Family Centres, Parent Champions and partner organisations. This enabled improved engagement regarding child development issues within the community.

Service managers and stakeholders provided examples of where knowledge and practices from ABSS services had spread beyond the six ABSS wards, with schools outside ABSS wards sharing material from speech and language services. A minority of service managers reported that another benefit of the programme was increased economic activity, with some services providing pathways into employment.

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

Only a minority of interviewees were able to comment on the value of ABSS results to service providers, with service managers commenting that the ABSS programme had contributed towards the development of a stronger network between service providers and other services in Southend. This resulted in a more effective and efficient referral process, increased sharing of best practice and better coordination of services to meet the needs of the community.

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

A minority of interviewees felt that initially there was a fear that the ABSS programme would replace existing services, but this fear was typically short lived. On the whole no perceived harms to services were identified.

16. What system-wide impacts are observed?

A minority of stakeholders mentioned that co-production was gradually adopted by other services in Southend. Stakeholders felt that this had resulted in services being more tailored to the specific needs of the local community.

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

A minority of stakeholders were able to comment on the cost benefits of the ABSS programme. They felt that ABSS realised cost benefits through a more efficient referral system, with an increase in appropriate referrals to preventative services. However, another minority of stakeholders stated that it was too early to determine the programme's cost effectiveness.

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 met its objectives for beneficial systems change. Some stakeholders reported that the stronger working relationships, community engagement and use of co-production, enabled by the ABSS programme, drove beneficial systems change in Southend. However, a minority of interviewees felt that it was too early to identify the programme's impact on systems change, with a further minority reporting that no system change had taken place.



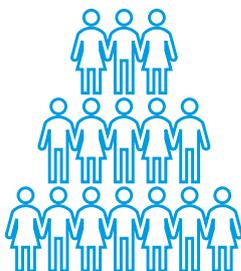
A minority of interviewees reported that the emphasis ABSS had placed on sustainability and legacy had spread across the wider children's services landscape. Interviewees were hopeful that elements of the ABSS approach such as building strong working relationships and the use of co-production would continue to be used in future service and policy design beyond the lifespan of the ABSS programme.

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

In contrast to Phase 1, interviewees were largely unable to comment on the impact the ABSS programme had on the children's workforce in Southend. A minority of stakeholders commented that the programme had led staff to place a greater emphasis upon prevention and early identification of children's needs.

7.1.4 Equity

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



Findings were similar to Phase 1, where multiple barriers were identified that limited the programme's ability to reach disadvantaged or specific vulnerable groups. Interview and survey findings indicated that the programme had a lack of understanding of some cultural norms and did not incorporate some minority cultural considerations into its design. Other barriers included a lack of awareness about the programme (where language barriers for parents who did not speak English limited awareness of the programme), knowing who was eligible to access its services and

when, where and how services were being delivered. Similar to the Phase 1 findings it was reported that some communities utilised their own support networks, rather than going to an external source like ABSS.

Similar to the Phase 1 findings, most of the respondents to the parent survey found out about the ABSS programme through the children's or family services, social media or were referred by a professional. In contrast respondents who had not participated in the ABSS programme were more likely to go to health visitors and GPs for support and advice and less likely to rely on social media.

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)?

As was found in Phase 1, the majority of interviewees responded that the group benefitting the most from ABSS were typically white, British females. A minority of interviewees also felt that the programme had a beneficial impact on families newly arrived in the UK, providing them with an opportunity to build relationships in their local area. Whilst the programme was recognised as being non-exclusive by design, hard to reach groups continued to be:

- younger mothers, who were dissuaded due to negative experiences with similar services or feelings that they were being judged.
- fathers, who felt that the ABSS programme was only for women, combined with stigmas about gender roles.
- certain communities, particularly the Jewish and Chinese communities remained difficult to reach despite efforts to reduce the barriers to engage with these communities.

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)?

Some of the interviewees reported that while the majority of participants involved in co-production and governance boards were from a White-British background, the overall make-up of those participating was representative of Southend's ethnic diversity.

Whilst efforts had been made by the programme to ensure that co-production and governance was representative, there were ongoing difficulties engaging certain communities, particularly the Chinese, Jewish and Bangladeshi communities.

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

Findings on the influence that the programme had on inequalities in access to children's and families' services in Southend were generally positive. A majority of interviewees felt that the programme had improved access to services by providing a programme that was inclusive by design, enabled lower income families to access a range of services that they otherwise could not have afforded and signposted participants to other available services. There were, however, continued frustrations with the programme's focus on specific wards, with a minority of stakeholders pointing out that the programme created unequal access to services across Southend.

7.1.5 Other effects

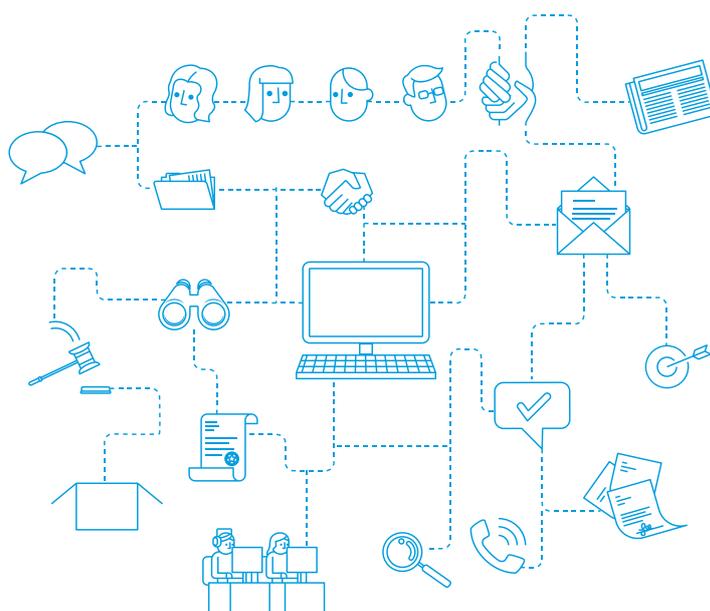
24. What unintended results (positive or negative) are ABSS activities producing for ABSS partners and project teams and how did these occur?

When prompted, few interviewees or survey respondents were able to identify any unintended effects as a result of the programme. A minority of interviewees felt that the programme had made improvements in the level of communication between the education

7.2 Recommendations

Three recommendations have emerged from Phase 2 of the evaluation. These are:

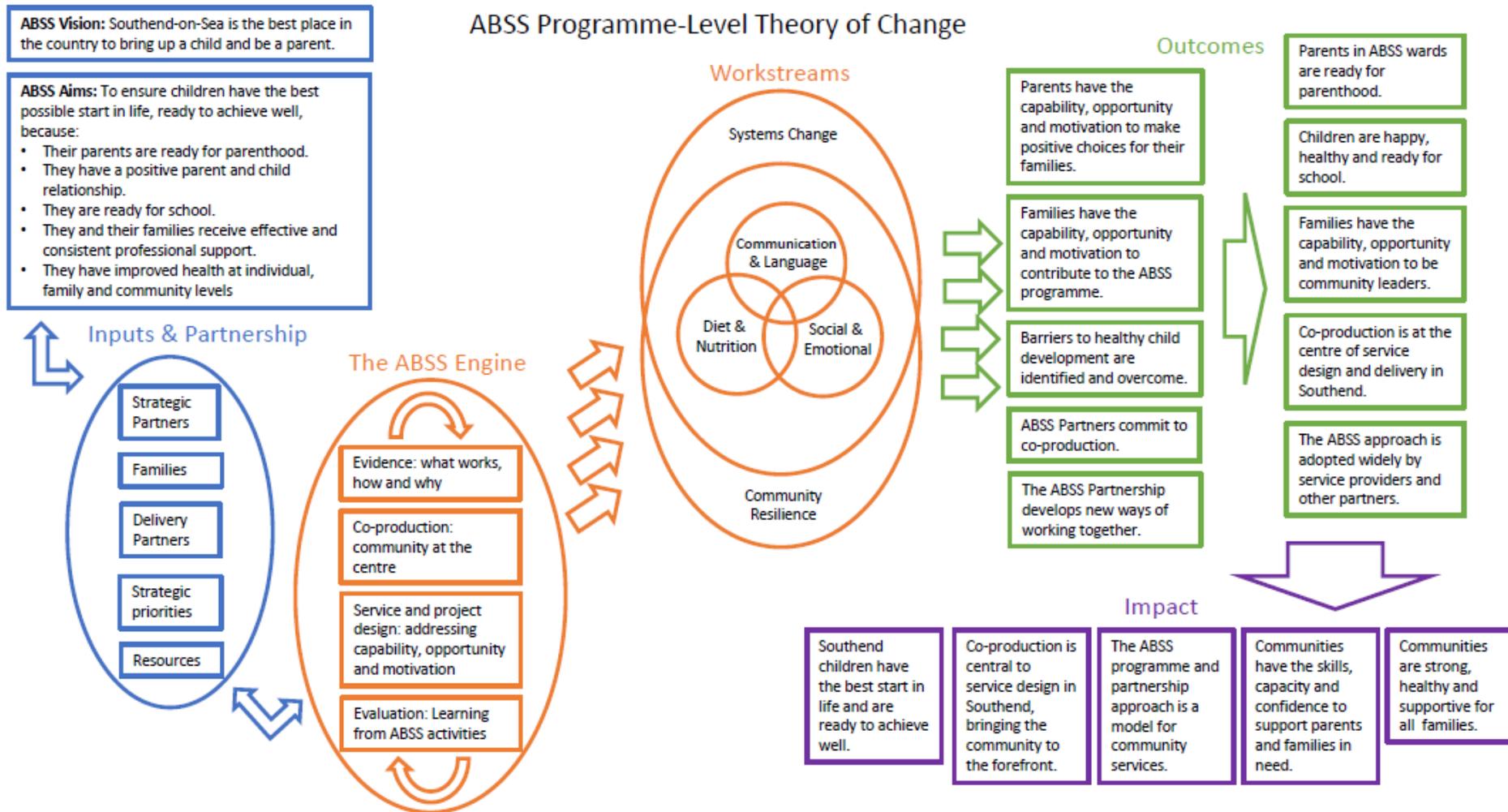
- 1. Revising the ABSS Communications and Marketing Strategy.** ABSS should consider how to incorporate the Community Connectors in its communications and marketing strategy, using their local knowledge and expertise to assist the programme in reaching communities it has historically struggled to reach. Other elements could include expanding on the use of promotional videos and Vlogs to promote ABSS services in languages other than English for people with low levels of literacy and ensuring that the information on the ABSS website is current and up to date. The strategy could also consider promotion of available ABSS services in locations where non-ABSS parents frequently access advice and support, including GPs, health visitors and Family Centres.
- 2. Encouraging whole families to participate in ABSS activities.** The ABSS programme has historically struggled to encourage fathers and certain minoritised ethnic groups to attend. The National ABS evaluation team found that the use of 'second parent' interviews encouraged more fathers to participate in ABS evaluation activities. This suggests that using approaches that encourage partners to join in activities together may help to mitigate some of the difficulties in accessing hard-to-reach groups. Therefore, organising more 'whole family' events and activities could help to make attending ABSS services and events less intimidating for underrepresented groups (or groups who did not think the programme was designed for them).
- 3. Systems mapping exercise of the wider community support network.** Expanding on the Phase 1 recommendation, with legacy an increasing focus of the ABSS programme and the clear impact of the programme in encouraging increased networking between Southend services, a system mapping exercise of the wider community support network would be beneficial. This would cover the current extent of the support network across health, education and children's services, the referral pathways between services and where efforts can be focused to expand the reach and effectiveness of the network. The Integrated Care Board will be a key stakeholder in addressing this recommendation.



8 ANNEX A: ABSS THEORY OF CHANGE

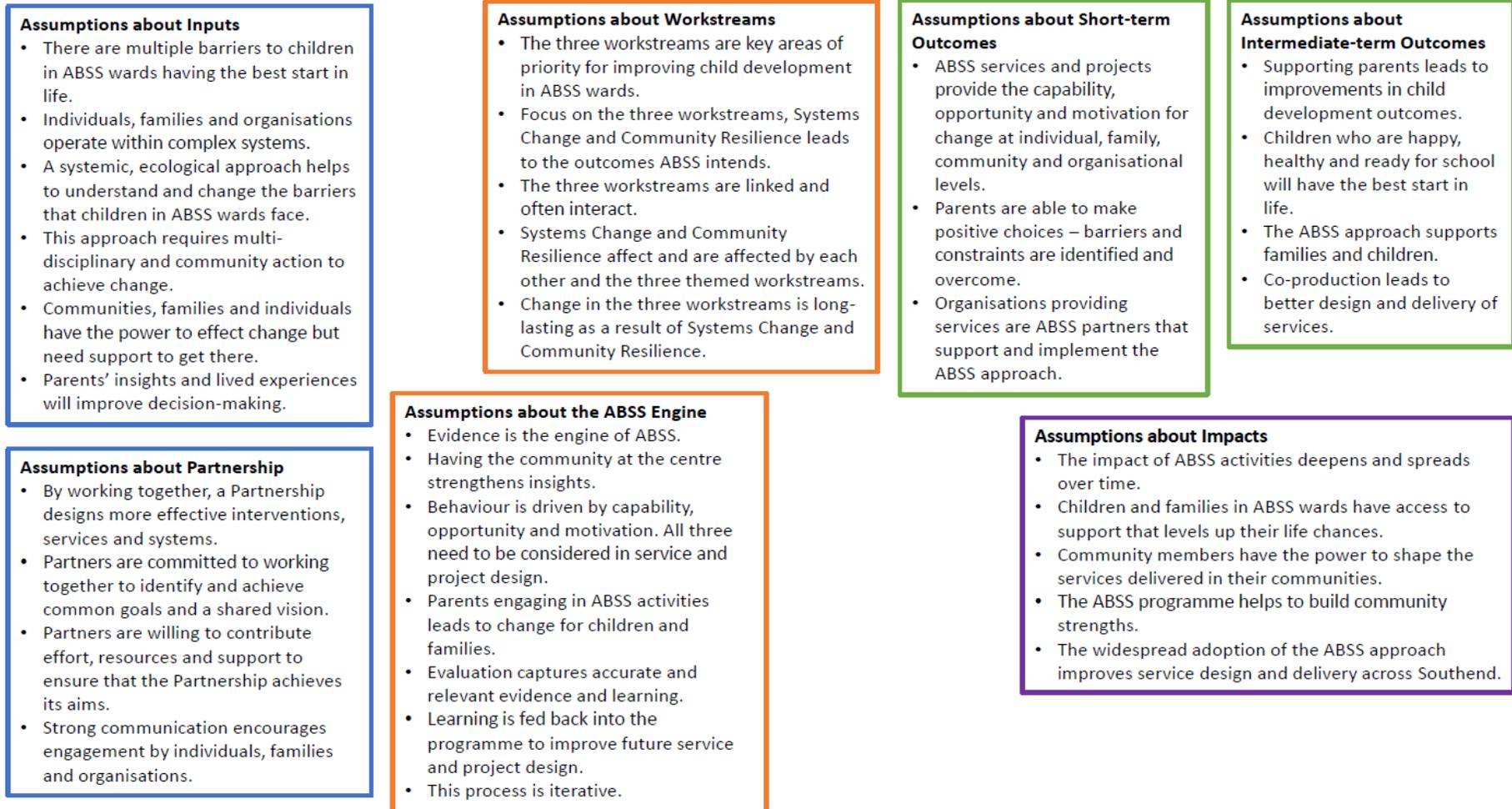
A Theory of Change (ToC) describes the 'pathway to change' experienced by participants. The ABSS ToC (Figure 8.1 overleaf) describes the ABSS vision and aims and how the programme will use its inputs, partnerships and the 'ABSS Engine' to achieve positive change across the five workstreams (social and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

Figure 8.1: ABSS Theory of Change



Source: ABSS

Figure 8.2: Assumptions Underpinning ABSS Theory of Change



Source: ABSS

9 ANNEX B: EVALUATION LOGIC MODEL AND RESEARCH QUESTIONS

9.1 Logic Model

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

Figure 9.1: Evaluation terms

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

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

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

9.2 Research questions

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

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

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

Figure 9.3: Evaluation research questions

	Programme level	Community level	System level
Effectiveness	<ol style="list-style-type: none"> 1. What were the barriers and enablers (institutional, project design, community, structural) that made the difference between successful and unsuccessful projects/ interventions? 2. What are the barriers to uptake of services? 3. What are the external factors (at local, regional national or international level) that shape effectiveness at a programme level? 4. What innovative/ promising practices and approaches have been adopted? 	<ol style="list-style-type: none"> 5. What are the external factors that shape effectiveness at a community level? 	<ol style="list-style-type: none"> 6. What are the external factors that shape effectiveness at a systems level? 7. How do the ABSS interventions link with other services delivered in the ABSS wards?
Impact	<ol style="list-style-type: none"> 8. How have planning processes within the ABSS programmes strengthened/ evolved over time (and how responsive is it to emerging insights from process evaluation)? 	<ol style="list-style-type: none"> 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? 10. To what extent has ABSS improved the experience of parenting among the target population? 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? 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? 13. What are the tangible and intangible benefits for the wider community in Southend? 	<ol style="list-style-type: none"> 14. What is the value of results to service providers? 15. What are the perceived benefits and/or harms to services from the ABSS programmes? 16. What system-wide impacts are observed? 17. What cost benefits have been derived from the ABSS programme and its interventions? 18. To what extent is the ABSS programme meeting stated objectives in terms of beneficial systems change? 19. To what extent has the children’s workforce changed as a result of the ABSS interventions?
Equity	<ol style="list-style-type: none"> 20. What are perceived barriers in reaching out to multiple disadvantaged or specific vulnerable groups (minoritised ethnic groups, most deprived households)? 	<ol style="list-style-type: none"> 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)? 	<ol style="list-style-type: none"> 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)? 23. To what extent does the ABSS programme close or amplify inequities in access to services?
Unintended effects	<ol style="list-style-type: none"> 24. What unintended results (positive or negative) are ABSS activities producing for ABSS partners and project teams and how did these occur? 	<ol style="list-style-type: none"> 25. What unintended effects can be observed in the community? and how did these occur? 	<ol style="list-style-type: none"> 26. What unintended effects can be observed at the systems level? and how did these occur?

10 ANNEX C: PROFILE OF SURVEY RESPONDENTS

10.1 ABSS staff and volunteer survey

This section of the report describes the profile of the respondents to the survey of ABSS service delivery staff and volunteers. This survey received a total of 27 responses out of a total of around 199 ABSS staff and volunteers. This represents a response rate of 13.6%. However, due to the relatively small number of ABSS staff and volunteers, the margin of error is relatively high (18% at the 95% confidence level). **This means that the survey findings are indicative and should not be generalised to represent the whole population.**

All of respondents to this survey were ABSS delivery staff, including two respondents who undertook both staff and volunteering roles (7% of respondents).

Figure 10.1: Staff and volunteer survey respondents by role

	Total respondents	
	n	%
Member of staff	25	93%
Both member of staff and volunteer	2	7%
Total	27	100%

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

Respondents had been involved with the programme for different time period. However, most had been involved for at least a year (85%).

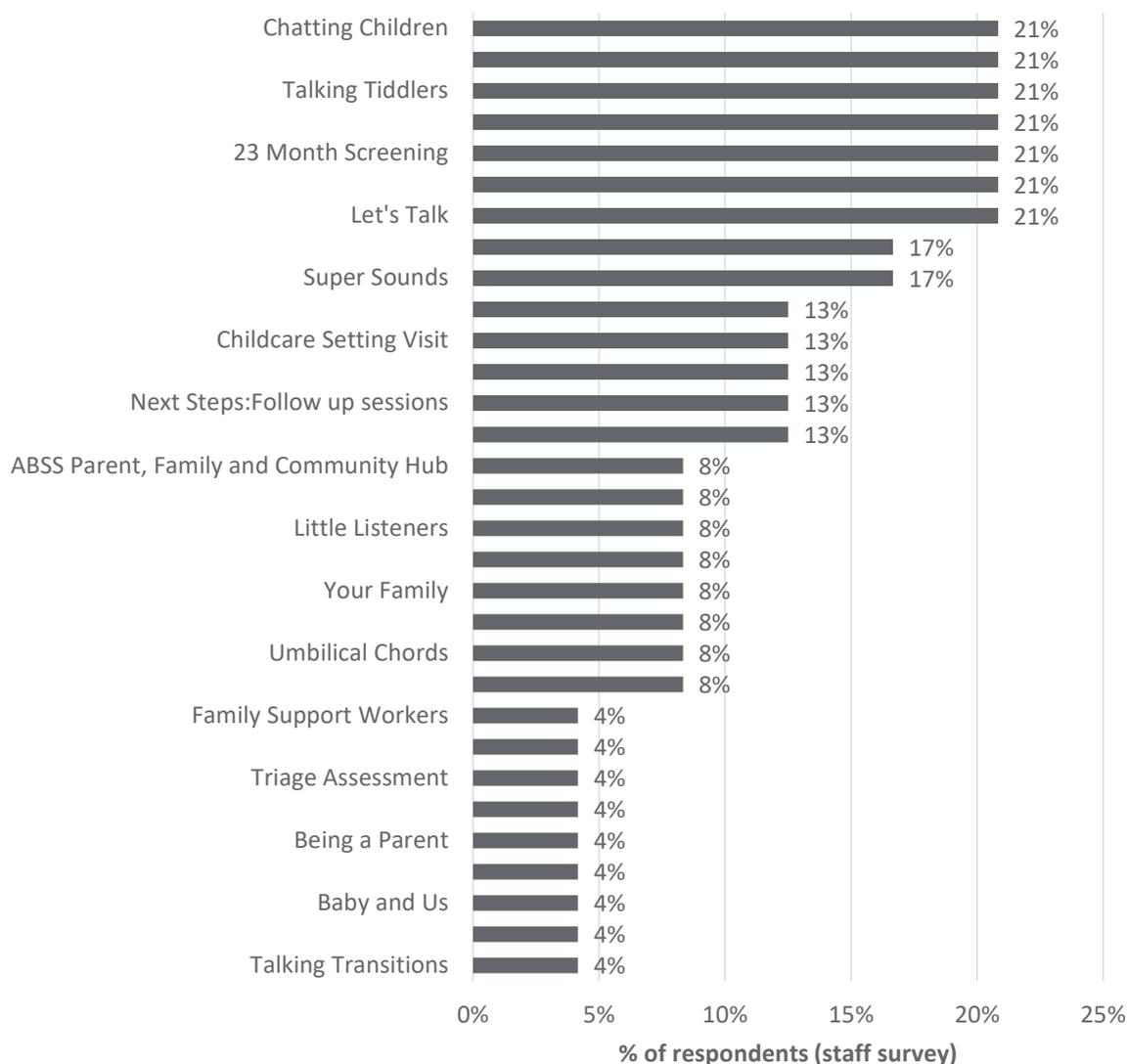
Figure 10.2: Staff and volunteer survey respondents by length of involvement

	Total respondents	
	n	%
Less than 6 months	4	15%
6-11 months	0	0%
12-23 months	7	26%
24-35 months	4	15%
36-47 months	2	7%
4 years or more	10	37%
Total	27	100%

Source: RSM survey of ABSS service delivery staff and volunteer survey Q.3 (Base 27).

Figure 10.3 shows the distribution of staff across the range of services. The distribution of responses was not equally spread, with the majority of responses coming from services in the Community and Language workstreams, with no responses recorded from the Diet and Nutrition workstream.

Figure 10.3: Staff and volunteer survey respondents by ABSS service



Source: RSM survey of ABSS service delivery staff and volunteer survey Q.4 (Base 24).

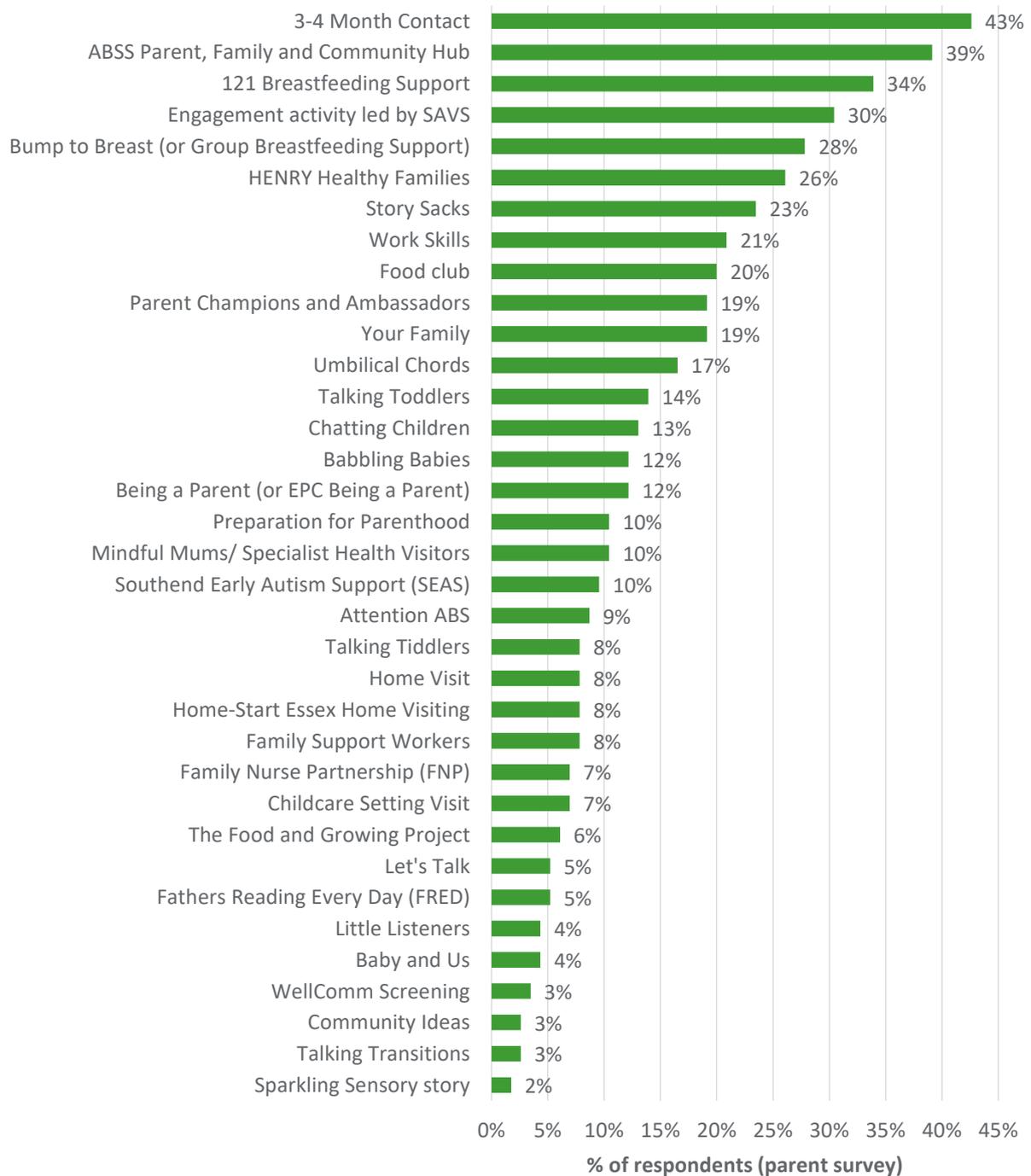
Notes: Totals do not sum to 100% because respondents could give multiple responses.

10.2 Parent beneficiary survey

This section describes the profile of respondents to the ABSS parent beneficiary survey. A total of 131 responses were received from parents and carers who have taken part in ABSS activities or events. 131 responses out of a total population of almost 900 unique primary beneficiaries during the survey period, from 15 June to 15 July 2023, gives a response rate of 15%. 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 ($\pm 8\%$ at the 95% confidence level). **This means that the survey findings are indicative and should not be generalised to represent the whole population.** Figure 10.4 shows that respondents took part in a wide range of ABSS services, with many taking part in more than one service. The 3-4 Month Contact and ABSS

Parent, Family and Community Hub were the most common services, attended by 43% and 39% of respondents respectively.

Figure 10.4: Parent survey respondents by ABSS service attended



Source: Source: RSM survey of parent beneficiaries Q.3 (Base: 115).

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

Figure 10.5 shows that respondents took part in activities under each of the five workstream. Among those five workstreams, Diet and nutrition and Community resilience were the two

most popular workstreams, attended by 152 and 142 respondents respectively (some respondents have attended more than one activity under the same workstream). Systems change was the least active workstream which included two ABSS services, Joint Paediatric Clinic and Southend Early Autism Support (SEAS).

Figure 10.5: Parent survey respondents by ABSS workstream

	Attendance in workstream	
	n	%
Social and emotional development	67	15%
Communication and language development	84	19%
Diet and nutrition	152	34%
Community resilience	142	32%
Systems change	3	1%

Source: RSM survey of parent beneficiaries Q3 (Base: 115) and ABSS Project Programme Summary provided by ABSS on 01/02/23.

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 10.6 shows parent survey respondents by gender. As in Phase 1, the vast majority of respondents were female (97%). This suggests that they are overrepresented compared to the profile of ABSS participants, as Figure 2.6 shows that 82% of ABSS participants were mothers.

Figure 10.6: Parent survey respondents by gender

	Total respondents	
	n	%
Female	113	97%
Male	4	3%
Other	0	0%
Prefer not to say	0	0%
Total	117	100%

Source: RSM survey of parent beneficiaries Q.34.

The age of ABSS parent respondents is shown in Figure 10.7. The majority of respondents were aged between 30 and 39 (59%). The age distribution of respondents was broadly in line with participant data, but participants from the youngest (17 or under and 18-21) age ranges are underrepresented in the survey findings (please refer to Figure 2.7 for the age profile of participants).

Figure 10.7: Parent survey respondents by age

	Total respondents	
	n	%
17 or under	0	0%
18-21	1	1%
22-29	30	25%
30-39	70	59%
40+	17	14%
Prefer not to say	0	0%
Total	118	100%

Source: RSM survey of parent beneficiaries Q.35.

A binary breakdown of ethnicity of parent survey respondents is given in Figure 10.8. 74% of respondents were white, which means that they were overrepresented as they constituted 66% of ABSS participants.

Figure 10.8: Parent survey respondents by ethnicity

	Total respondents	
	n	%
White (British or Irish)	87	74%
All other ethnic groups	31	26%
Total	82	100%

Source: RSM survey of parent beneficiaries Q.36.

Figure 10.9 shows that the majority of parent survey respondents were from Central Southend (57%), which was roughly aligned with ABSS participant ward data shown in Figure 2.4. Similar to the Phase 1 parent survey, 19% of respondents were from non-ABSS wards.

Figure 10.9: Parent survey respondents by ward

	Total respondents	
	n	%
Central Southend (Kursaal, Milton, Victoria & Westborough)	66	57%
East Southend (Shoeburyness & West Shoebury)	28	24%
Non-ABSS Wards	22	19%
Total	116	100%

Source: RSM survey of parent beneficiaries Q.37.

The age of the participating child is shown in Figure 10.10. This was spread across all eligible age groups, with children under one year old being the largest category.

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

	Total respondents	
	n	%
Not born yet	18	16%
0	61	53%
1	35	30%
2	40	34%
3	16	14%
Total	116	100%

Source: RSM survey of parent beneficiaries Q.10.

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

Figure 10.11 shows the number of children that parent survey respondents had. Most respondents had either one or two children (80%).

Figure 10.11: Parent survey respondents by number of children

	Total respondents	
	n	%
1	47	40%
2	47	40%
3	15	13%
4	9	8%
Total	118	100%

Source: RSM survey of parent beneficiaries Q.39.

10.3 Community survey

This section describes the profile of respondents to the community survey and the extent to which it differs from the profile of respondents to the parent survey. A total of 65 responses were received from parents and carers who had not taken part in the ABSS programme. This was a lower response rate compared to Phase 1. The estimated population for this survey was 2,251. This was based on the ONS 2021 Census population estimates for the number of potential primary beneficiaries in ABSS wards (4,390). According to the ABSS Programme Activity Dashboard, 2,139 unique primary beneficiaries took part in the ABSS programme from 1st April 2022 to 31 March 2023. This leaves 2,251 non-beneficiaries ($4,390 - 2,139 = 2,251$). 65 responses out of an estimated population of 2,251 results in a response rate of 3%, which is low, even for an external online survey administered by a third party to people who are not involved in the ABSS programme. Therefore, the resulting margin of error is relatively high ($\pm 12\%$ at the 95% confidence level). **This means that the survey findings are indicative and should not be generalised to represent the whole population.**

Gender distribution for respondents of the community survey is shown in Figure 10.13. 82% of respondents are female, which is broadly aligned to the profile of ABSS participants and represents a more diverse mix of genders than the parent survey.

Figure 10.12: Community survey respondents by gender

	Total respondents	
	n	%
Female	51	82%
Male	10	16%
Other	1	2%
Prefer not to say	0	0%
Total	62	100%

Source: RSM survey of the wider community Q.22.

Figure 10.14 shows the age distribution of community survey respondents. Similar to the parent survey, the largest group are those aged 30 to 39 (47%). The community survey did not include anyone under the age of 22 years old.

Figure 10.13: Community survey respondents by age

	Total respondents	
	n	%
17 or under	0	0%
18-21	0	0%
22-29	11	18%
30-39	29	47%
40+	21	34%
Prefer not to say	1	2%
Total	62	100%

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

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

Figure 10.15 shows a binary split of ethnicity of community survey respondents. 82% were white while only 18% were from other ethnic groups, which is less diverse than the parent survey and the Southend population as a whole.

Figure 10.14: Community survey respondents by ethnicity

	Total respondents	
	n	%
White (British or Irish)	51	82%
All other ethnic groups	11	18%
Total	62	100%

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

The geographic spread of community survey respondents is shown in Figure 10.16. There was a relatively even split, with a larger proportion of respondents coming from non-ABSS wards (43%).

Figure 10.15: Community survey respondents by ward

	Total respondents	
	n	%
Central Southend (Kursaal, Milton, Victoria & Westborough)	20	33%
East Southend (Shoeburyness & West Shoebury)	15	25%
Non-ABSS Wards	26	43%
Total	61	100%

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

The age of community respondents' youngest child is given in Figure 10.17. The majority were four years old or more indicating that their children were above target age for the ABSS programme. This contrasts the parent survey, where the average age of the youngest child was much lower and the largest single group was zero years old.

Figure 10.16: Community survey respondents by age of youngest child

	Total respondents	
	n	%
Not born yet	1	2%
0	9	18%
1	2	4%
2	2	4%
3	2	4%
4+	37	73%
Total	51	100%

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

Figure 10.18 shows the number of children that community survey respondents have. Roughly half of the respondents had two children. This was broadly in line with the distribution found in the parent survey responses.

Figure 10.17: Community survey respondents by number of children

	Total respondents	
	n	%
1	15	29%
2	24	47%
3	11	22%
4	1	2%
Total	51	100%

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



rsmuk.com

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

Recommendations for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

This report is supplied on the understanding that it is solely for the use of the persons to whom it is addressed and for the purposes set out herein. Our work has been undertaken solely to prepare this report and state those matters that we have agreed to state to them. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Consulting LLP for any purpose or in any context. Any party other than the Board which obtains access to this report or a copy and chooses to rely on this report (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Consulting LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to our Client on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report. RSM UK Consulting LLP is a limited liability partnership registered in England and Wales no. OC397475 at 6th floor, 25 Farringdon Street, London EC4A 4AB