



A Better Start Southend Stories of Impact

Parental Resilience:

Supporting Mental Health, Building
Peer Networks and Empowering Parents

Executive Summary

Parental resilience plays a vital role in ensuring that children have the best start in life. When parents/carers have the inner resources to manage stress and adapt to change, they are better equipped to create a secure, nurturing environment for their children. This resilience enables them to model healthy coping strategies, emotional regulation, and problem-solving skills that contribute to positive child outcomes in mental health, social development, and academic achievement. Research shows that children benefit significantly when their parents can remain emotionally available and consistent, even in the face of adversity such as poverty, trauma, or disability.

Key outcomes from the ABSS programme:

- ABSS improved mental health and community resilience by combining personalised, relationship-based support with peer-led approaches. Services focused on building trust, recognising individual experiences, and creating space for shared learning and connection. This helped families feel understood and supported, strengthened informal networks, and reduced the need for more intensive later support over time.
- Fathers' participation across ABSS services increased following adaptations to how support was delivered, with more flexible, inclusive, and accessible approaches tailored to their needs. This shift showed that engagement improves when services reflect fathers' lived experience. However, continued participation may be fragile due to potential barriers to participation such as stigma, time, language, or cultural expectations.

Key insights from the ABSS programme:

- Relational, person-centred approaches that prioritised trust, empathy, and consistent one-to-one support were highly valued by families and recognised as key drivers to improving confidence, knowledge, skills, motivation and capability.
- Informal peer support empowered individuals to improve their resilience, and take learning forward into their own peer networks. Over time this builds long-term resilience within communities, reducing dependency on reactive and intensive services.
- ABSS services were designed to be holistic, using a strengths-based model to meet the full spectrum of families' emotional, social, and practical needs. Supporting families to build on their existing strengths and capacities helped promote self-directed and sustainable change.

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Introduction

Parents/carers play a fundamental role in the development, learning and wellbeing of their children. From infancy through to adulthood, parents/carers provide a safe space to help their children grow and to provide support and sanctuary in times of need. Children must be taught how to develop coping mechanisms through navigating adaptations and change. Learning to overcome manageable challenges prepares children's to cope with unexpected or prolonged change (Masten & Palmer, 2019).

Parental resilience is essential to ensure that children have the best start in life, contributing to the wellbeing of the whole family unit. Parents/carers require a robust set of inner resources which allow them to manage stress and challenges, particularly when faced with adversity, such as poverty, disability, or trauma. Parental resilience protects children from stress and teaches important lessons about self-regulation and problem solving (Gavidia-Payne et al., 2015). Studies have shown that improved parental resilience is related to better child outcomes, including better mental health, social skills (Prino et al., 2023) and academic achievement (Shengyao, et al., 2024).

ABSS commissioned a suite of multi-disciplinary services ranging from direct clinical support through to enhanced community support and training opportunities to strengthen parental resilience. Parents/carers were empowered to build confidence and self-esteem which fostered stronger family bonds and improved child development. This report details how ABSS services strengthened parental resilience through targeted and universal offers.



ABSS Services

ABSS services were designed to empower parents to build confidence, self-esteem, and family and community bonds, offering protective factors for children. The aims were to:

- Improve social and emotional development and reduce social isolation.
- Improve mental health and wellbeing.
- Provide better protection to children and adults from the effects of domestic abuse.
- Help parents/carers build positive relationships with their baby and with others.
- Collaborate with families to build confidence, self-esteem and self-efficacy.
- Provide practical and emotional support to families through a peer-based model of support.
- Build community resilience and cohesion.
- Signpost families and support them to access other community and statutory services.
- Increase knowledge and awareness of options available for education and training.

ABSS services fell into two categories, targeted or universal. Targeted projects focused on particular cohorts or needs like young first-time mothers and children with Special Educational Needs and Disabilities (SEND). Universal projects were available to all ABSS beneficiaries. Below is a list of all projects:

Targeted:

- Specialist Health Visiting Service for Perinatal Mental Health (PMH) – contract commenced April 2018.
- Family Nurse Partnership (FNP)/Little Steps – FNP contract commenced July 2016, with an alternative service, Little Steps providing support to the targeted cohort from July 2024 following the decommissioning of the FNP project.
- Early Years Independent Domestic Violence Advisor (EYIDVA) – contract commenced September 2021.
- Peer Support Workers for Social Communication Needs (PSW SCN) – contract commenced October 2018.
- Sparkles Sensory Story Time – contract commenced January 2022.
- Work Skills – contract commenced April 2016.

Universal:

- YourFamily – launched in October 2021.
- Families Growing Together (FGT) – contract commenced in May 2021.
- Food On Our Doorstep (FOOD) Club – contract commenced March 2022.

Demographics

The demographics of service participants were examined for seven projects (FGT, FNP, PMH, Work Skills, FOOD Club, YourFamily, PSW SCN), looking particularly at ethnicity, and at residence in areas of high multiple deprivation.

Data on beneficiary ethnicity was incomplete across all services. Ethnic origin was not recorded at the time of registering (perhaps because beneficiaries missed this section on the form, were not asked for this information by staff, or declined to provide this information) for 12.5% of beneficiaries participating in FGT, 9.9% for FNP, 16.1% for PMH, 16.4% for Work Skills, 13.9% for FOOD Club, 30.8% for YourFamily, and 14.3% for PSW SCN. Table 1 presents data collected for participating beneficiaries across the seven projects, and a comparison with the estimates for eligible beneficiaries in all ABSS wards.

Given the high proportion of missing data, it is difficult to draw conclusions about how successfully the services engaged with minoritised ethnic groups, but the data does suggest that engagement with beneficiaries identifying as Asian or Asian British, or as having mixed or dual heritage, was less successful for some services. This finding is in line with those from an Independent Summative Evaluation of ABSS conducted by external research consultancy RSM, which identified that, while ABSS was inclusive by design, there were challenges engaging with some minoritised groups within the community. It should be noted that services were aimed at the mother, but the beneficiary counted was the baby (if born), so there could be a difference between the ethnicity of the service participant and that of the recorded beneficiary.



Table 1: Beneficiaries of parental resilience services by ethnicity (2018-2025)

	Not Recorded	Mixed/ dual background	Asian or Asian British	Black or Black British	White	Any Other
Families Growing Together (n=392)	12.5%	5.6%	5.1%	1.5%	73.5%	1.8%
Family Nurse Partnership (n=301)	9.9%	5.3%	0.3%	3.6%	79.1%	1.7%
Perinatal Mental Health (n=782)	16.1%	7.0%	5.8%	3.7%	67.0%	0.4%
Work Skills (n=786)	16.4%	6.6%	8.9%	5.0%	61.5%	1.7%
FOOD Club (n=202)	13.9%	7.9%	5.0%	3.0%	68.8%	1.5%
YourFamily (n=692)	30.8%	4.7%	5.8%	4.4%	52.7%	1.6%
Peer Support Workers for Social Communication Needs (n=189)	14.3%	5.3%	7.9%	3.2%	69.3%	0%
Chaos and Calm Sparkles Sensory Story Time (n=59)	16.9%	10.2%	3.4%	0%	69.5%	0%
All Eligible to be ABSS Beneficiaries	1.1%	7.9%	8.8%	3.7%	77.5%	1.0%

Source: Southend City Council Data Dashboard

According to the Office for National Statistics (ONS), 35.7% of the population of Southend live in areas classified as among the 30% most deprived in England (IMD3). However, of those eligible for ABSS services (living in an ABSS ward and either aged 0-3 years or pregnant), 71.6% lived in an area among the 30% most deprived in England (Southend City Council data). 24.7% of those eligible for ABSS services live in areas classified among the 10% most deprived in England (IMD1) (Southend City Council data). Table 2 breaks down the beneficiaries by IMD decile. There was a good proportion (78.3%) of engagement with projects from beneficiaries in the 30% most deprived areas, whereas engagement with beneficiaries from the 10% most deprived was much lower (26.9%). This demonstrates the challenge of engaging with the most disadvantaged groups, and why consistent and continuing support is vitally important.

Table 2: Beneficiaries of parental resilience services by IMD decile (2018-2025)

	0-10% IMD	0-30% IMD
Families Growing Together (n=392)	15.1%	64.3%
Family Nurse Partnership (n=301)	39.7%	90.3%
Perinatal Mental Health (n=782)	24.8%	80.2%
Work Skills (n=786)	28.0%	77.5%
FOOD Club (n=202)	29.7%	82.2%
YourFamily (n=679)	32.2%	81.6%
Peer Support Workers for Social Communication Needs (n=189)	29.1%	83.6%
Chaos and Calm Sparkles Sensory Story Time (n=59)	25.4%	74.6%
Total (n=2533)	26.9%	78.3%

Source: Southend City Council Data Dashboard

Engagement with Fathers

Fathers often face a range of social, cultural, and practical barriers that limit their participation in parenting services compared to mothers. Ndzi and Holmes (2022) highlighted that many fathers rely on informal support from family and other parents to maintain their wellbeing, yet they often feel excluded from formal parenting spaces. Gendered dynamics in settings like playgroups, predominantly attended by mothers engaged in highly gender-specific conversations, can lead to discomfort and a lack of belonging for fathers. Despite a cultural shift toward more equal parenting, the study found that support structures remain largely mother-focused, with limited resources and services specifically designed for fathers. In addition, workplace expectations often require fathers to return to work shortly after the birth of a child, making it difficult to attend parenting sessions (which typically run during daytime hours). These combined factors contribute to lower engagement of fathers in parenting services, despite their interest in peer connection and support.

The ABSS Perinatal Mental Health (PMH) service identified a clear gap in support for fathers during the perinatal period. Traditionally, PMH services were focused on maternal wellbeing, often treating fathers as secondary participants. However, growing evidence shows that men can experience perinatal mental health challenges at rates similar to women, and their wellbeing significantly affects the family unit. In response, ABSS adopted a 'Think Family' model, recognising fathers not merely as supporters of maternal care but as individuals with their own distinct mental health needs.

Engagement with fathers was approached through both structural changes and community insight. During the COVID-19 pandemic, many fathers were at home and began expressing their mental health struggles during joint visits. This grassroots-level participation helped catalyse the formal inclusion of fathers. The service was then redesigned to be more inclusive, supported by targeted training for staff in father-focused mental health, including courses from the Institute of Health Visiting and Solihull training. From 2020 to 2023, the number of fathers accessing the PMH service nearly tripled, reflecting the effectiveness of adapting both engagement strategies and service content. Fathers reported feeling seen and supported, not just in relation to their partner's wellbeing but in their own right. This demand also led to the development of complementary father-focused initiatives, such as the Saturday Dad's Club.

Fathers engaged in both YourFamily and the Peer Support Workers (PSW) project at higher rates than in other services (Table 3), and the reasons for this may be closely linked to how these services were designed and delivered. Both initiatives placed value on informality and relevance, offering environments that felt inclusive and not clinical. Rather than being framed as recipients of treatment or advice, fathers were welcomed as contributors to a conversation — an approach that naturally lowered the perceived stigma around seeking help. These services were not about fixing a problem but about joining a community and conversing with others, where fathers' experiences were not only acknowledged but centred. Accessibility is also likely to have played a key role in fathers' engagement. With home visiting and YourFamily's varied events schedule (and more recently operating six days a week) the services offered flexible, evening, or weekend sessions in familiar, local settings or online, suiting many fathers who worked a traditional 9-to-5 day.

Key learnings from the ABSS services include the importance of timing (engaging when fathers are most available), the power of responsive service design, and the need to communicate the value of paternal wellbeing without reducing fathers to mere facilitators of maternal outcomes. Future efforts should focus on sustaining father-inclusive practices beyond the programme's end and embedding this inclusive ethos into the wider health system.

Table 3: Count of adults attending events by relationship to child (2015-2025)

	Father	Mother
Families Growing Together (n=316)	21.8%	74.7%
Family Nurse Partnership (n=183)	13.7%	85.8%
Perinatal Mental Health (n=609)	14.1%	84.4%
Work Skills (n=692)	10.8%	83.8%
FOOD Club** (n=270)	2.2%	82.6%
YourFamily (n=985)	26.1%	69.9%
Peer Support Workers for Social Communication Needs (n=209)	29.7%	68.9%

Source: Southend City Council Data Dashboard

*Fathers attending FOOD Club may be under-represented due to recording methodology



Perinatal Mental Health

Summary

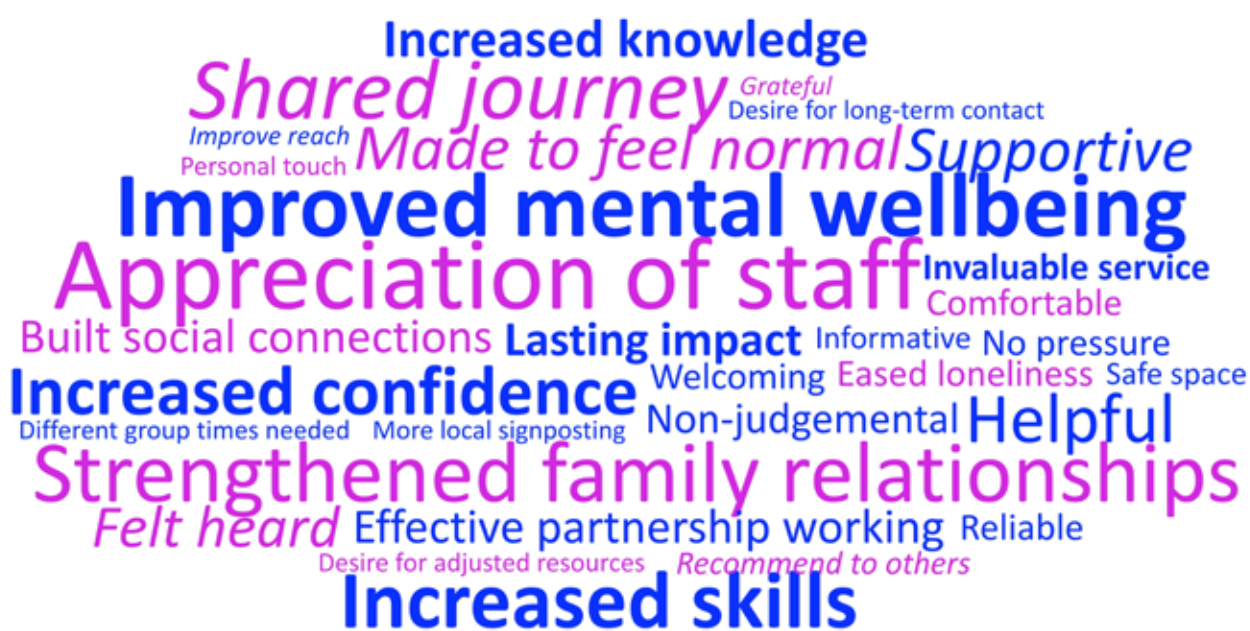
The Specialist Health Visiting Service for Perinatal Mental Health (PMH) was commissioned in 2018 and delivered by Essex Partnership University NHS Foundation Trust (EPUT). The service was open to mothers and fathers across Southend experiencing a mild to moderate mental health issue in the perinatal period (during pregnancy and up to the child(ren)'s first birthday). The primary goal was to promote better mental health and enhance the quality of life for mothers, fathers, their young children and families overall. Mothers/fathers in Southend could access PMH services via self-referral or via clinical referral.

The offer itself comprised of one-to-one support, additional supportive visits, attendance at "Mindful Mums" Groups, Wellbeing Walks, and workforce development training. From September 2018 to March 2025 the PMH service gained 782 primary beneficiaries across 414 events/sessions, who reported feeling:

- Better equipped to cope with thoughts and feelings.
- Less stressed and/or anxious.
- More confident in observing and interacting with their babies.
- Improved knowledge and understanding of the adjustment to parenthood.
- Having strategies, tips or other types of support to combat symptoms.
- In addition, beneficiaries felt that the service normalised feelings of stress associated with parenthood and saw PMH visitors as empathetic allies.

Figure 1: Perinatal Mental Health Word Cloud

Key themes from the voices of parents based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

During pregnancy and in the first year after childbirth, both mothers and fathers can experience a variety of mental health challenges, including anxiety, depression, and postnatal psychotic disorders. Collectively, these conditions are referred to as perinatal mental illnesses.

Data from Southend City Council Health Visitors indicates that mothers living in ABSS wards are twice as likely to score 12 or above on the Edinburgh Postnatal Depression Scale (EPDS) at their six-week core contact appointment compared to mothers in non-ABSS wards. The EPDS classifies scores as follows: 7–13 indicates mild depression, 14–19 moderate depression, and 19–30 severe depression. NHS Talking Therapies services, such as Therapy for You, reported that referrals for perinatal mental health support from the Southend area were high, with the PMH service consistently seeing more patients than expected or planned for in response to the high demand.

Perinatal mental illnesses can significantly affect the mental, physical, and emotional health of mothers, fathers/partners, children, and families. Having a child is a significant life event for both parents, therefore it is essential to assess the individual needs of fathers/partners, recognising that both parents can experience antenatal and/or postnatal depression (Hanley and Williams, 2020). Perinatal mental illnesses may impair a parent's ability to care for themselves and their baby, and are linked to negative outcomes in children's cognitive, social, and physical development. Supporting parents who are suffering from these conditions can improve outcomes for the parents and children.

The ABSS PMH service was open to mothers, mothers-to-be and their families who were experiencing a mild to moderate mental health issue, or had in the past experienced a serious mental health issue. It aimed to:

- Address the mental health needs of women and their families in the perinatal period, by providing emotional and practical support and guidance to parents struggling with mild to moderate mental health issues, including anxiety.
- Support mothers and their families through a range of interventions.
- Provide mental health checks and support for partners of those accessing the service and support/signpost to support, as required.
- Signpost families and support them to access other community and statutory services.
- Provide professional training to Southend's workforce on PMH awareness, promoting a network of care across the City of Southend.



Evidence and Impact

The University of Essex (UoE) conducted a Formative Evaluation of the PMH service, collecting data about project performance and impact on a quarterly basis between July 2020 and September 2023. Quantitative data included beneficiary engagement and reach. Qualitative data included interviews and surveys with parents/carers to measure the impact and explore perceptions and experiences of taking part in the service.

Evidence indicates the considerable success of the PMH service in achieving its primary aim of improving mental health and enhancing the quality of life for mothers, fathers, children, and families. These data revealed a variety of pathways and motivations for accessing the PMH service, reflecting the complex and diverse mental health needs of parents. Those seeking one-to-one support predominantly accessed the service via professional referrals, emphasising the vital role of health visitors in identifying and directing individuals to appropriate services. In contrast, group support participants often self-referred, influenced by social media or word of mouth, demonstrating the value of promoting service availability beyond traditional referral routes.

Many participants maintained connections formed through the group even after formal sessions ended, indicating lasting impact. The importance of timely intervention and tailored support was highlighted by participants. The PMH service played a key role in normalising stress and anxiety related to parenthood, helping participants feel better equipped to manage difficulties. Participants also appreciated the personalised and holistic nature of the support, frequently describing PMH workers as compassionate allies rather than clinical practitioners.

The findings reinforced the importance of accessible, person-centred mental health services that responded to the specific needs of new parents. These services contributed to improved family outcomes and strengthened community support networks.

I feel a lot calmer and more capable of dealing with daily situations. My family are seeing the benefits of my improved mood

I'm 100% sure it's where I got over postnatal depression because she just made me realise that it's normal to feel like that, that I'm not lonely and that it's normal, more than anything. And just coping mechanisms as well. Just so many things.

I felt like it was the first service I have come across where I was actually listened to and not put in front of an individual who had a check list just ticking boxes. It felt very personal and scheduled which helped massively!

Family Nurse Partnership and Little Steps

Summary

The Family Nurse Partnership (FNP) service, commissioned by ABSS in 2016 and delivered by Essex Partnership University NHS Foundation Trust (EPUT), was an intensive, structured home visiting service offered to vulnerable young first-time parents under the age of 21 across Southend. Parents were visited by a dedicated, specially trained nurse from the early stages of pregnancy until their child was between one and two years old. The visits covered six key domains which included personal health, the maternal role, life course development, family and friends, environmental health, and health and human services. FNP aimed to enable positive change in behaviour, lifestyle choices, and relationships, as well as improving knowledge and self-efficacy.



Little Steps was established in October 2021 by Southend City Council, offering an enhanced Health Visiting Service to parents under 21 expecting their first child, or who had a subsequent child whilst on the caseload, with support offered until the child turned five (aligning with the Healthy Child Programme). Available across Southend, Little Steps had become embedded in the landscape of support for young parents, and its growing

caseload demonstrated its value locally. As FNP and Little Steps served the same cohort via different frameworks and methodologies, a board decision was taken in late 2023 to decommission FNP and redirect funding into Little Steps. This allowed nine months for the safe transition of clients from FNP across to either the Little Steps service or the Universal Health Visiting Service, depending on level of need. Delivery of FNP ended in July 2024.

From 2016 to July 2024, 299 beneficiaries participated in the FNP service across 84 sessions, with participants reporting that:

- Arranging their first appointment was easy, and engagement with the project was reported positively.
- Being involved with FNP helped them and their baby.
- They got everything they had hoped for from the FNP service.

In addition, analysis by the UoE highlighted that family nurses helped families to engage in local communities, connect with local services, improve their confidence, and strengthen the parent-baby bond.

Figure 2: Family Nurse Partnership Word Cloud

Key themes from the voices of parents based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

Teenage and younger parent pregnancy is often a complex and significant social issue, carrying profound implications for both the parents and their children. It brings challenges such as limited access to healthcare, education, and economic opportunities for young parents, potentially perpetuating a cycle of deprivation. Additionally, it affects the emotional and psychological wellbeing of the young people involved, as they navigate the responsibilities of parenthood during a critical period of their own emotional, physiological, and personal development.

In Southend, two services supported the needs of young parents, each aiming to improve outcomes through distinct approaches and methods of support.

Family Nurse Partnership (FNP) was an intensive, structured home visiting programme delivered by EPUT, offered to first time parents (both mothers and fathers/partners) under the age of 20, or up to the age of 21 if they had additional vulnerabilities. Young parents were paired with a specially trained family nurse who visited them regularly from the early stages of pregnancy until their child was between one and two years old. Through a psycho-educational approach and a focus on positive behaviour change, FNP aimed to enable young parents to:

- Build positive relationships with their baby and understand their baby's needs.
- Make positive lifestyle choices that would give their child the best start in life.
- Build their self-efficacy.
- Build positive relationships with others, modelled by building a positive relationship with the family nurse.

Little Steps was an enhanced health visiting service for young parents under the age of 21 with children under five years of age. It was a less intensive, universal service offered to all young parents in Southend, delivered by Southend City Council and run in parallel with FNP. Both services included fathers in information sharing and visits, regardless of their age, in recognition of the important role that fathers played in a child's development.

In late 2023, a board decision was taken to decommission FNP with a formal end date of 31st July 2024. At this point, Little Steps became the offer for young parents under the age of 21 in Southend, with ABSS funding redirected here.

Evidence and Impact

Evidence highlighted the success of the FNP and Little Steps services in achieving the core objective to provide emotional, practical support and guidance to young mothers navigating the many demands in their lives. Qualitative findings from evaluation work provided by the UoE showed that women consistently reported increased knowledge, confidence, and improved abilities to care for themselves and their babies as a result of the support received from family nurses. Many described how this support enabled them to return to work or continue their education after giving birth, even while breastfeeding, making a meaningful difference in their family's wellbeing and future prospects.

One-to-one interviews emphasised the ability of family nurses to build trust and rapport in a person-centred way - an essential factor in supporting young mothers. Interviewees highlighted the emotional challenges of having a baby alongside the practical ones, and how the one-to-one service offered much more than information, advice, or guidance. Several participants noted a positive impact on their emotional wellbeing, describing this support as critical to their ability to parent effectively.

There was a strong sense that the service provided something unique, delivering individual and collective benefits not only to service users and their families, but also to friends and others in the community who were indirectly impacted. This sense of uniqueness was closely tied to the knowledge, time, and responsiveness demonstrated by the service in its approach to supporting women. These qualities were consistently recognised and valued by those who engaged with the service, reflecting the broad, system-wide benefits that a service of this nature could offer.

Alongside the delivery of the FNP service, Little Steps was established in October 2021 by Southend City Council. Little Steps offered an enhanced Health Visiting Service to parents under 21 expecting their first child, or who had a subsequent child whilst on the caseload, with support available until the child turned five (aligning with the Healthy Child Programme). Available across Southend, Little Steps had become embedded in the landscape of support for young parents, and its growing caseload demonstrated its value locally. The FNP service, however, struggled to recruit staff, impacting the team's ability to deliver the service and meet key performance indicators, and proved to be a more expensive model than Little Steps. With FNP and Little Steps serving the same cohort via different frameworks and methodologies, a board decision was taken in late 2023 to decommission FNP and redirect funding into Little Steps. This allowed nine months for the safe transition of clients from FNP across to either the Little Steps service or the Universal Health Visiting Service, depending on level of need. Delivery of FNP ended in July 2024.

[The family nurse] helped me a lot with my mental health, because I did struggle quite a bit just after I gave birth. So, she helped out a lot with that, she helped put my mind at ease about my worries about having a baby, because I was scared about everything. And yeah, then I went to the playgroup that was made up for the different mums on family nurse partnership, and made quite a few friends from that. So yeah, it all was just really helpful for me, really."

"[The support] helped me in so many ways, because I am the type of person that will doubt anything and everything that I do. I always feel like I'm doing stuff wrong, and like I said my mental health was quite bad, so it has helped me in so many ways to realise I'm not doing anything wrong, and that I'm a lot stronger than I believe that I am, and it just helps me as a mum in general."

They were really caring and supporting, and just there when you need them. So, I think they're really good, especially for young mums. They help you with quite a lot really, they help you get back into work and studying. And they're with you until the baby is two! So, there's more support until the age of two."

Early Years Independent Domestic Violence Advisor

Summary

The Early Years Independent Domestic Violence Advisor service (EYIDVA) was commissioned in September 2021 and delivered by Safe Steps. The advisor worked alongside professionals in Family Centres to increase the confidence and competence of frontline workers in identifying and responding to domestic abuse, and supported parents/carers to access one-to-one and group support offered by Safe Steps. The advisor provided professional consultation and training to the wider workforce within Family Centres and Safe Steps to strengthen referral and care pathways between the two providers. The overarching aim of EYIDVA was to ensure that children and parents/carers were safer and better protected from the effects of domestic abuse, and normalised talking about issues of domestic abuse and seeking support when needed.

From September 2021 to March 2025, EYIDVA gained 412 beneficiaries who reported:

- Increased awareness of the services available to them.
- Feeling more confident to make positive decisions about their circumstances.
- Being better able to recognise abusive behaviour.
- An improved relationship with friends and family.
- An increase in their understanding of the impact domestic abuse has on their children.

Figure 3: Early Years Independent Domestic Violence Advisor Word Cloud

Key themes from the voices of parents based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

Domestic abuse incidents in the council areas of Southend, Essex, and Thurrock appear to be rising each year. According to the Southend, Essex and Thurrock Domestic Abuse Board (SETDAB) Strategy 2020–2025, there were an estimated 40,000 police-reported incidents of domestic abuse in 2019, up from just under 35,000 the previous year. Nationally, domestic abuse-related crime has increased by more than 100% since 2015. In Southend, Essex, and Thurrock, the increase is even higher at 132%, with domestic abuse now accounting for one in every five recorded crimes in these areas (Safeguarding Southend Partnership, 2025).

Domestic abuse incidents are underreported to the police, with some estimating that less than 24% of domestic abuse crime is reported (National Centre for Domestic Violence, 2024). During the COVID-19 pandemic, police reports lagged behind a 65% surge in phone calls to domestic abuse charities (Kohl and Johnson, 2021). Following lockdowns around the world, there were widespread reports of ‘surges’ in domestic violence and abuse cases. It was not necessarily that more individuals began to be abusive or violent, but rather that existing patterns of abuse increased in frequency. Terms like “surging” suggested isolated incidents, but it was more likely that ongoing patterns of abuse escalated in both frequency and severity, as abusers and victims were in constant proximity during lockdowns (Kohl and Johnson, 2021).

In 2002, The World Health Organisation (WHO) recognised that the impact of domestic violence extended beyond the health and wellbeing of individuals to affect children, families, and entire communities. Children were often the silent victims of domestic violence. Thirty percent of domestic abuse starts during pregnancy, and in instances where it started before pregnancy it escalates during pregnancy (Peacock et al., 2024). This leads not only to physical harm in some cases, but trauma for the child whose parent is experiencing domestic abuse.

The EYIDVA service design was jointly developed by ABSS and the Southend Clinical Commissioning Group (CCG) before being commissioned by ABSS. Delivered by Safe Steps, the service involved three Independent Domestic Violence Advisors (IDVAs) who provided a range of interventions aimed at supporting and protecting parents and children affected by domestic abuse. The three IDVAs worked across local Children’s Centres and GP surgeries, offering immediate and easily accessible support to victims seeking help. They also supported the implementation of safety measures, escalated cases into the main Safe Steps service when necessary, and provided training for professionals, including early years practitioners, on recognising and responding to signs of domestic abuse.

The project outcomes were to ensure:

- Parents/carers received early access to domestic abuse services.
- Parents/carers had increased opportunities for safe disclosures.
- Parents/carers are immediately supported to flee their home.
- Reduced impact on parents/carers and children’s social and emotional wellbeing issues.
- Parents/carers were able to access recovery programmes and/or therapy.
- An upskilled workforce.

Evidence and Impact

Analysis of interview, survey, and beneficiary engagement data provided by UoE, gave insight into the scope and effectiveness of the EYIDVA service for families in Southend. The findings highlighted the significant role of staff in empowering women affected by, or at risk of, domestic abuse. The IDVA service successfully met its primary aim of supporting parents experiencing domestic abuse, with a particular focus on families with young children.

Key themes emerging from the data showed that the service enhanced safety and security through thorough risk assessments, which helped identify strategies to reduce harm and implement effective safety plans. The service adopted a trauma-informed care model that offered emotional support and counselling to help parents process the psychological impact of domestic abuse, facilitating emotional recovery from abusive relationships. This approach empowered parents to regain control over their lives through advocacy, education, and peer support, leading to increased knowledge, confidence, and self-esteem. A child-centred approach further recognised the impact of domestic abuse on children and supported parents to better understand and respond to their children's emotional and psychological needs for safety and stability.

No seriously, you have changed my life, you changed my whole mindset and the way I think to be able to recognise he is wrong and to stay away. I stopped my therapy because it didn't work but with you, you can calm me down with your words, the way you talk and even when I was having a panic attack you calmed me down by a text. People can't even do that when they are standing next to me rubbing my back

[...] My mental health and everything is [sic] life is more under control and I'm not constantly up and down and more 'normal'. I was thinking of becoming a support worker as a new career choice. I thought I've been through hell [hell] and back so would want to help others in similar situations and be there for them [...]. Having you there for me is honestly one of the best things I've ever done. [...] I feel like I want to go and do that for others as well and be that space where people feel they have that person to talk to who won't judge and be there for them' [...] I feel like this time last year I was a nervous wreck and didn't have that much in me to get through it all but now is a different story and I'm stronger than I was even though I have my moments, I still manage to pull through and get through it and I'm proud of myself for being able to be that strong.

I can't thank you enough for all your support. When I first came to you, I arrived shaken up and in floods of tears to be greeted by a welcoming smile of warmth and hope and a nice cup of tea and a tissue. I really didn't know who to turn to. Your support has made a huge difference to me throughout the breakup of my unhappy marriage, reassuring me, supporting me, having empathy, listening to me and being by my side. You helped me to be brave, strong and have the courage to deal with trouble and the turmoil I was going through; reassuring me that your 'Safe Steps' and [name deleted] will always be there for that much needed support and by my side to get me through this. I am forever grateful for all of your help. I couldn't get through it without you. Thank you.

Peer Support Workers for Social Communication Needs

Summary

The Peer Support Workers for Social Communication Needs (PSW SCN) service, delivered by the Early Years Alliance, was commissioned in April 2020, after identifying that families in the local area with children awaiting or with a diagnosis of Autism Spectrum Disorder (ASD) lacked support. PSW SCN aimed to provide targeted support for families with children under the age of four who were awaiting a multidisciplinary assessment for communication needs, and children diagnosed with ASD, by providing practical and emotional support to families.

Evaluation findings indicated that the success of the service was due to the PSW SCN lived experience of being parents to children with similar needs, leading to parents feeling empowered and valued.

From April 2020 to March 2025 PSW SCN supported 153 beneficiaries, who reported:

- Feeling less stressed and anxious due to their child(ren)'s needs.
- Feeling more confident in managing their child(ren)'s needs.
- Have a greater understanding of ASD.
- Increased knowledge of local support.

Figure 4: Peer Support Workers for Social Communication Needs Word Cloud

Key themes from the voices of parents based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

PSW SCN provided support to families with a child under four years old who were awaiting or had recently received a diagnosis of Autism. It was recognised that these local families lacked support and advice and often experienced isolation. Because the Peer Support Workers themselves had lived experience as parents of children with Autism, this unique project was able to build relationships and support the whole family. This included signposting and advice on navigating services, support with nursery or health appointments, tailored one-to-one support, themed workshops and stay and play sessions with other families.

PSW SCN aimed to provide targeted support for families with young children by:

- Collaborating with families to build their confidence and self-esteem during the Autism assessment and diagnosis pathway.
- Providing practical and emotional support to families through a peer-based model of support.
- Providing practical and emotional support to parents of young families struggling with the demands of meeting the needs of a child with social and communication needs.
- Signposting families and supporting them to access other community and statutory services.

Evidence and Impact

Evidence gathered from the UoE Formative Evaluation, which included qualitative survey and interview data, concluded that PSW SCN was highly successful in achieving its aim of providing targeted support for families with children who had specific needs and challenges. The service empowered parents and caregivers by equipping them with knowledge, skills, and confidence to support their children's development. This empowering approach also helped to build community connections, as families were linked with local sources of support and with one another.

Survey and interview data revealed that the supportive network which emerged from this peer-based model was highly valued by parents/carers, as it helped reduce feelings of isolation and loneliness often experienced when raising children with additional needs. In addition to fostering a sense of community among parents and carers, the service contributed to improved outcomes for children, based on parental self-reports. These outcomes included enhanced communication and language abilities, as well as improved socialisation with peers.

The peer-based model also promoted positive parenting practices and supported improvements in parental mental health. Parents reported better overall wellbeing, enhanced health, and more effective coping strategies as a result of their involvement with PSW SCN. Central to the success of the service was the involvement of the support workers, whose lived experience allowed them to offer practical, relatable support that fostered trust and understanding among participating families.

Myself and family [sic] have benefited so much from [name deleted] our Support Worker. She has introduced us to the SEN community, classes and workshops. We're now comfortable going to SEN sessions which has changed our family outings. I feel less lonely and isolated, it has been lovely to speak to other families and share experiences."

The confidence to parent HOW [sic] I need to, in the best interest of my child and not to fear outside judgement. I've gained knowledge on what to expect going forward regarding educational help. I've gained access to resources. I've gained personal advice that has helped me to manage my own son's condition. I have gained a new outlook on his autism diagnosis; it has become a positive step in the right direction instead of feeling like it is going to be holding him back.

Yes, without help from [name deleted] I wouldn't know about the services for ASD local to me and gain the confidence to attend them. Now that we do, myself and my son [sic] benefit from all the information and play groups. She has improved my mental health too.

I have gained confidence and I don't feel alone or judged. It's nice to be able to find somewhere I can take my child and he can be himself and not worry about upsetting other people. ASD is so complex to understand, and it really helps that I have so much support with my son that I didn't even know was out there.

Sparkles Sensory Story Time

Summary

Sparkles Sensory Story Time, which was commissioned in January 2023, was delivered by Chaos and Calm, a Community Interest Company (for more about this, see Family Voices: Shaping Communities from Within). The service was for children with Special Educational Needs and Disabilities (SEND) and their parents/carers across ABSS wards, although Non-ABSS ward families could take part if they were caring for a child(ren) with SEND. The service was designed to improve early learning, literacy, communication and social outcomes for children with SEND and their families, as well as introduce them to Alternative Augmentative Communication (AAC) methods like signing, symbols and word boards. The service also acted as a support network for families who needed further assistance.

Sparkles Sensory Story Time initially offered two sessions a week for 39 weeks (term time) of the year. Following the success of the service, however, it commenced delivery of additional five weekly sensory story sessions from March 2024.

From January 2022 to March 2025, Sparkles Sensory Story Time supported beneficiaries and was successful in:

- Reaching families who needed support.
- Delivering a high number of sessions per annum.
- Building awareness of the programme through engagement events.



Background

Sparkles Sensory Story Time introduced children with disabilities and their families to communication methods that were appropriate to their developmental levels and needs, with access to specialist services and groups that enabled their support and inclusion. The service was for children with SEND aged 0-3 years of age and their parent/carers living in an ABSS ward, although Southend families living outside ABSS wards were also able to take part if they were caring for a disabled child.

The service was designed to improve early learning, literacy, communication and social outcomes for children with disabilities and their families. It introduced families to Alternative Augmentative Communication (AAC) methods in a supportive, friendly and fun environment. AAC refers to various techniques and tools that support or replace spoken communication, such as gestures, signing, symbols and word boards. The service also developed as a support network for families who may have been going through similar experiences. The service aimed to:

- Work with families to increase parents'/carers' knowledge of how communication can improve, to enable parents/carers to explore and understand a range of communication methods, and to support them to select those most suitable for their own child.
- Provide emotional and practical support and guidance to parents/carers of children with SEND.
- Enable more children with disabilities to begin school, by accessing a communication method that is transferable to an educational environment and that grows and develops with them.
- Enable children with disabilities to develop their communication and language skills, be this through speech or an AAC method.
- Create a network for families across Southend who support a child with a disability, to provide essential social and emotional support to the child and family and help prevent isolation.
- Signpost further community or statutory services and support that families could access.

Evidence and Impact

Evidence from service self-monitoring data and semi-structured interviews conducted by the UoE demonstrated that Sparkles Sensory Story Time was successful in meeting its core aim of working with families to strengthen parental and carer confidence, knowledge, and resilience in supporting disabled children through a range of communication methods. The sessions offered a safe, inclusive, and non-judgemental space where parents and carers felt welcomed, understood, and emotionally supported.

Central to the success of Sparkles Sensory Story Time was its person-centred approach. Staff built strong, trusting relationships with both children and their families, which was consistently valued by parents/carers. This supportive dynamic helped parents/carers to feel more confident, capable, and empowered in their everyday caregiving. Parents/carers also highlighted the importance of the peer support network that naturally developed from the Sparkles Sensory Story Time sessions. By sharing experiences, offering advice, and encouraging one another, families built emotional resilience and a deeper sense of community.

In many cases, parents/carers noted positive changes in their children's social, emotional, and physical development, which they believed would support their transition into nursery or school settings. Sparkles Sensory Story Time played a vital role in supporting parent/carers and their disabled children to engage in joyful, shared learning experiences within a welcoming and nurturing environment.

Well, when I first started going, he was really shy and anxious and wouldn't leave my side. But since going, his confidence has just rocketed. He's happy [...] to leave me and just go off and do his own thing. Whatever he wants to do, he does it. He's not attached to me anymore and he has learned so much from being there [...] The groups have really helped to get him into some routine with other children. He's starting school in September, but he'll still be able to go to a couple of the groups because it's just evening, morning or afternoon sessions.

They are just both lovely ladies. They're really helpful with any questions you have about our children. The mums at the group that I've met are really nice, they know and understand because they're going through it all if not worse. It's just really nice. So it gives you that feeling that you are not alone.

It was really easy. They're so kind and they're just really nice and understanding, and they're easy to talk to. They make it enjoyable. It's not just for the kids, it's for the parents too [...] Yeah, they're all really good.

It gives confidence to both the children and the parents. We've seen parents that have come in just so nervous and now they come in and they're friends and if new people come in they then welcome them, and you see that carry on. Socially massive benefits for the parents and for the children.

Work Skills

Summary

The Work Skills contract commenced in January 2017 and was delivered by Southend City Council's Economic Inclusion team. The service aimed to assist parents/carers of children under the age of four in ABSS wards to develop the knowledge, confidence and skills needed to either enter or re-enter employment or training. The project comprised of six different workshops/initiatives: learning for mum and dad, introduction to enterprise workshops, enhanced careers advice/industry visits, vocational taster sessions, jobs fairs and individual career sessions. A funded onsite creche was also available to those with childcare needs.

From January 2017 to March 2025 the Work Skills project supported 786 primary beneficiaries across 305 events/sessions, who reported the following positive impacts:

- Developing skills like CV writing, networking and management of anxiety
- Soft outcomes: increasing self-esteem, inter-personal skills and resilience
- Hard outcomes: improving knowledge and confidence

In addition, Work Skills was noted for creating a safe social space to mix with other families, organisations and experts in the field indicating increased levels of community integration.

Figure 5: Work Skills Word Cloud

Key themes from the voices of parents based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

Conversations with individuals facing poverty have revealed that achieving prosperity encompasses more than just having access to job and educational opportunities. It also involves building self-esteem, nurturing a sense of purpose and hope, instilling confidence, promoting physical and mental well-being, and establishing robust support systems. These elements serve as the foundation on which individuals can construct happier, healthier, and more prosperous lives.

Individuals from disadvantaged areas often slip back into unemployment when they lack the appropriate skill set for sustainable employment. This phenomenon is rooted in several factors. Research from the Horizon Scan 2024 highlights the role of systemic educational disparities in low-income areas, such as 'class ceilings' (Maisuria and Lally, 2024). Individuals facing economic hardships are also more likely to experience disruptions in their work history. The Work Skills project aimed to bridge the gap through training and upskilling programmes, to support individuals to remain competitive in the job market. Without such initiatives, the cycle of unemployment in disadvantaged areas can persist, perpetuating economic inequality and social challenges.

The Work Skills service began delivery in January 2017, offering parents/carers of children under the age of four in ABSS wards opportunities to develop knowledge and skills, with a focus on work skills, enterprise, employment, and wider economic development. The service began with four work skills initiatives, each aimed at helping parents/carers work towards getting a job that fitted with their family life. From October 2020 this was expanded to six initiatives: learning for mum and dad, introduction to enterprise workshops, enhanced careers advice/industry visits, vocational taster sessions, jobs fairs and individual career sessions.

The aims of the project were to:

- Enhance individuals' self-assurance.
- Strive to boost the employment prospects of parents.
- Foster employability skills within the realms of entrepreneurship, job placement, and broader economic development.

Evidence and Impact

Qualitative evidence from the UoE Formative Evaluation, including survey and interview data, suggests that the Work Skills project had a positive impact on the lives of participants. Those who accessed the service reported that courses helped them to seek employment opportunities by increasing confidence, knowledge, and self-esteem around their capacity and potential value within the workforce.

The evaluation identified that the quality and range of training, together with the availability of an on-site creche, were valued by participants. Work Skills was effective through its attention towards both soft outcomes (increased self-esteem, confidence, interpersonal skills and resilience) and hard outcomes (improved knowledge, increased access to employment and training opportunities). This approach not only connected potential employees and employers, but recognised that development of both skills and confidence could lead to a successful entry or re-entry into the workforce. These findings highlighted that complex and intersecting challenges are faced by those seeking to re-engage with the workforce, pointing towards the value of a holistic and strengths-based approach.

Work Skills filled a knowledge and skills gap in ABSS wards, and while the levels of engagement varied at different periods, the positive impacts for those participating were consistent and notable. Future services could diversify the types of support and courses provided to participants, and perhaps integrate more with industry partners and other organisations to provide clearer pathways between courses and employment outcomes.

[It] improved confidence, improved wellbeing, hadn't considered changing my career so it was really helpful and opened my eyes.

...one of them [beneficiary] pulled over in the car and ran over to me and gave me a hug and said something about how it had changed her life and pulled her out of a really dark place.

DP staff member

[The course] improved my confidence and has given me the flexibility I wanted

I am generally a really shy person, so it has benefited me by learning new skills that I can then go and talk to other people about, but also, learning from other people and getting a friend group, bonding with people. So, it has benefited me so much just by gaining friends, and friends for my daughter which is really important.

YourFamily

Summary

YourFamily was launched in October 2021, being directly delivered by ABSS and undergoing a test-and-learn process in the initial stages. In 2023, YourFamily was outsourced to the ABSS legacy vehicle, City Family CIC. The aim of YourFamily was to give children the best start in life by building trusting relationships with expectant parents and parents/carers with young children, developing their strengths and resilience, and connecting them to community resources. This support helped families to build the resilience, skills and confidence needed to support themselves.

From 2021 to March 2025, YourFamily supported 679 primary beneficiaries. YourFamily measured impact across targeted outcomes, which were as follows:

- Knowledge: More parents have improved knowledge of child development, health, safety, positive parenting, the role of play, and self-care.
- Skills: More parents have developed practical skills to support child development, wellbeing, and self-care.
- Wellbeing: More parents report improved feelings of wellbeing.
- Confidence: More parents feel more confident in themselves, their abilities, making friendships, and applying what they've learned.
- Motivation: More parents feel motivated to use what they've learned and take part in further community activities.
- Peers: More parents have increased awareness of support networks, built new friendships, and feel supported by the group.
- Community: More parents have a greater awareness of local community resources.



Background

The initial design of YourFamily began in 2020, with the appointment of Dartington Service Design to work with ABSS to co-design the new service. They worked with a group of parents, community members and professionals to develop initial ideas for what YourFamily could look like and how it might operate, with these ideas evolving and changing over time. Co-production with parents was core to the design and development of YourFamily, ensuring that family voices remained at its heart.

YourFamily was initially delivered directly by ABSS before the service was outsourced to the ABSS legacy vehicle, City Family CIC in 2023. The aim was to create a community of support for local families, offering universal assistance for all but with tailored support in particular areas where needed. YourFamily evolved into a service that could exist beyond the supporting framework of ABSS and carry the legacy of the successes and learning beyond the end of the A Better Start programme funding in March 2025.

YourFamily operated under the mission statement: To give children the best start in life. YourFamily built trusting relationships with expectant parents and parents/carers with young children to develop their strengths and resilience, and connect them to community resources. The mission statement identifies that the principles of YourFamily were rooted in theories relating to strengths-based approaches and Asset-Based Community Development (ABCD). The service identified where families had existing strengths, and focused on building trusting relationships to enable those families to build the resilience, skills and confidence needed to support themselves.

Evidence and Impact

Qualitative and quantitative data, including surveys, questionnaires and case studies were administered by YourFamily. The evidence indicated strong outcomes across multiple areas of family support and development. Rooted in strengths-based approaches and ABCD, YourFamily has helped parents/carers and expectant parents build on their existing capabilities, including knowledge and skills, and improve their confidence in their ability to support their families.

Participants noted improved social networks, suggesting that YourFamily contributed to stronger community ties and peer relationships. The focus on relationship-building and accessible support alongside families reporting improved wellbeing pointed to YourFamily's role in supporting not only practical needs, but also overall emotional and mental health. Participants reported feeling more motivated, reflecting the YourFamily approach of encouraging active participation and personal agency. In addition, families reported having better access to local services, indicating that YourFamily effectively connected them with relevant community resources.

YourFamily achieved its core mission of helping to give children the best start in life by supporting parents and carers. With high levels of improvement reported across measures of knowledge, confidence, motivation, wellbeing, social networks and service access, YourFamily demonstrated potential for sustained impact. As the service transitions beyond the ABSS funding, the data reflects a model that can continue to operate within the community, carrying forward the learning and approach established during the funded period.

Families Growing Together

Summary

The Families Growing Together (FGT) service was commissioned in June 2021 and delivered by Trust Links in their community garden sites in Shoeburyness and Westcliff. The aim was to promote health, reduce isolation, build community resilience and improve mental health/wellbeing for families living in ABSS wards, through encouraging a connection with nature and community. There were two FGT sessions per week throughout the year, one in Shoeburyness on a Monday and the other in Westcliff on a Friday.

From June 2021 to March 2025 the FGT project supported 392 beneficiaries across 668 events/sessions, with parents/carers reporting:

- Improved communication and social skills in their child(ren).
- Feeling better equipped to cope with their thoughts and feelings.
- Feeling less stressed and/or anxious, and less isolated.
- Improved self-esteem and wellbeing.

Figure 6: Families Growing Together Word Cloud

Key themes from the voices of parents based on a thematic analysis of their feedback, highlighting the dominant areas of focus, constructive feedback, or appreciation expressed



Background

Southend is a densely populated area with limited access to private outdoor spaces. Just over 20% of people in Southend live in purpose-built blocks of flats or tenements (ONS, 2023). Research demonstrates that access to outdoor spaces can play a key role in restoring and strengthening mental health and wellbeing (Dobson, Birch, Brindley et al, 2021). Poor mental health is also strongly associated with social and economic circumstances, including living in areas of deprivation and high unemployment. The impact of the COVID-19 pandemic impacted individuals' mental health through increased exposure to stress, a loss of coping mechanisms and reduced access to mental health treatment.

Research shows that peer support can improve people's wellbeing and coping mechanisms (Cooper et al., 2024). In addition, building secure attachments in childhood is vital for a child's healthy emotional and psychological development. Activities that support the development of secure attachments include responsive caregiving, where caregivers consistently meet the child's physical and emotional needs.

The FGT service contract began in June 2021. Delivered by Trust Links, the service provided a preventative, early intervention approach through outdoor activities and learning. It aimed to support positive social and emotional health while promoting better diet and nutrition. The key objectives of the project were to:

- Improve social and emotional development and reduce social isolation.
- Increase knowledge of health, diets and nutrition.
- Build community resilience and cohesion.
- Improve mental health and wellbeing through opportunities to socialise and grow food in an outdoor environmental education facility.

Evidence and Impact

The FGT community gardens had a positive impact on both parents and children, with several key areas of benefit identified through qualitative and quantitative data collected by the UoE as part of their Formative Evaluation of ABSS. Central to this success was the open and flexible nature of the services offered, and the ability of staff to create a welcoming environment that parents/carers felt was responsive to their individual needs and goals.

FGT served as a safe, open space where children could take part in activities, interact with nature, and socialise with their peers. It also provided a supportive setting where parents/carers could bring their children to weekly sessions, participate in activities, socialise with other parents/carers, and access support when needed.

Some activities appeared to have a greater impact on families than others. While there was some ambivalence around gaining gardening and food-growing knowledge, parents/carers placed more value on developing parenting skills and opportunities for social interaction. In interviews, many parents/carers identified the importance of FGT as a place where they felt a sense of belonging and connection with others. It offered an environment for their children to play and socialise that they were unable to find elsewhere.

A key point of learning from FGT is the importance of opportunities to expand peer led elements within services, such as parent facilitated groups or co-designed sessions. These approaches could enhance the long-term impact of services by fostering greater parental empowerment, encouraging shared learning, and strengthening community led support networks.

I just love it. Because there's a lot there, the headspace and clearing my head, just having time out. It's just so peaceful, and you always get people checking up on you to see that you're alright. They're just very helpful, very supportive. I would never have anything bad to say about them, to be honest. It's always positive with them. They're like family to me. I look at them as family.

Where I live in a flat, I have no outdoor space whatsoever. I have no balcony, so [it] gets him out. He can run around, he's quiet, he's peaceful. Staff are friendly. It's just lovely.

...Giving him that more space to do what he wanted to do. Bless him. It's really nice and helpful with the other kids as well, because the socialisation for them as well.

Food On Our Doorstep Club

Summary

Family Action's Food On Our Doorstep (FOOD) Club was an initiative commissioned in March 2022 that aimed to provide good quality food at a low cost, while also reducing food waste. This alternative to a traditional food bank supported families' access to healthy, nutritious food and enabled them to save money, whilst also having the opportunity to try new foods or recipes alongside other support. In addition, wraparound support from cooking and budgeting skills to advice, signposting and activities increased families' abilities to navigate adversity with self-assurance and resourcefulness. Families paid £1 a year to join, which enabled them to purchase a bag of food items every week worth approximately £10-15 for £3.50.

FOOD Club operated from three Family Centres, from Monday to Saturday across three ABSS wards, namely: Summer Court (Victoria ward), Friars Centre (Shoeburyness ward) and Centre Place (Kursaal Ward). FOOD Club worked closely with the Family Centres, who provided a free venue and ongoing support to local families. To be eligible to join, families had to live or work within approximately 15 minutes of a club.

Background

Food banks play a crucial role by providing essential support to those experiencing financial hardship, unemployment, homelessness, or other challenging circumstances. Food banks help to ensure that vulnerable individuals and families have access to nutritious food when they are unable to afford it themselves. Additionally, food banks often collaborate with other community organisations to address the root causes of food insecurity and offer support services such as job training, housing assistance, and healthcare referrals.

The FOOD Club approach was designed in response to the stigma that families reported experiencing when attending traditional food banks. It aimed to encourage families to access the wraparound support offered as part of the FOOD Club. These wraparound sessions were tailored to families' needs and developed through conversations between families and FOOD Club staff, making the FOOD Club model significantly different from more traditional food banks. Examples included a summer holiday Brunch Club, a Big Day Out which took over thirty children, parents/carers and staff to Southend pier, and Life Skills sessions offering tailored support on building confidence, increasing social networks and teaching budgeting skills.

Importantly, the FOOD Club model strengthened parental resilience by creating a supportive, non-judgemental environment where parents/carers could access not only food but also practical advice and emotional support. Through regular engagement with staff and peers, parents/carers gained confidence in managing challenges related to food insecurity, parenting, and wellbeing. This holistic support empowered them to better care for their families and to navigate adversity with greater self-assurance and resourcefulness.

The main outcomes of the FOOD Club service were:

- Families are able to interact with and be supported by the FOOD Club team, decreasing the chances of the families feeling isolated.
- Families have greater confidence in preparing nutritious meals and snacks, allowing them to have a more nutritious diet.
- Families are aware of ways to access local support services.
- Families report they feel more confident to use a wider range of food.

Evidence and Impact

Evidence from service self-monitoring reports demonstrated that one of the key strengths of the FOOD Club was its ability to reduce the stigma that many families associated with attending traditional food banks. By focusing on reducing food waste and promoting healthy eating, the FOOD Club created a welcoming environment where families did not feel marked out as struggling, but instead felt part of a positive, community-focused initiative. The regular and affordable access to food helped families manage fluctuations in their financial circumstances. Rather than dropping in and out of food insecurity—sometimes on a weekly basis—families were able to stabilise their household budgets. This predictability allowed parents/carers to plan ahead and gain a greater sense of control over their finances, contributing to their overall resilience in the face of ongoing pressures.

The financial relief that FOOD Club provided was noted, particularly in the context of the rising cost of living. For many, saving money on food allowed them to better manage other essential expenses, such as heating and housing. At the same time, the opportunity to try new foods and recipes not only supported healthier eating but also expanded families' cooking skills and confidence. This helped parents/carers to stretch their budgets further and make more informed, flexible, and nutritious choices for their families.

Crucially, the wraparound support embedded within the FOOD Club model gave parents/carers access to wider services, many of which they had previously been unaware of or felt unsure about approaching. For example, several different organisations such as Work Skills, Southend Energy Service and Citizens Advice Bureau have attended sessions to showcase support they offer. For families experiencing food insecurity or financial strain for the first time, this gentle introduction to broader support helped build trust and opened the door to longer-term assistance. By improving access to both practical resources and emotional support, the FOOD Club contributed to strengthening parental resilience, helping caregivers feel more capable, connected, and supported in meeting their family's needs.

LEARNING AND RECOMMENDATIONS

Learning

For the individual:

- When individuals in ABSS wards were equipped with knowledge, skills, and relatable support, they became more confident in their parenting and caregiving roles.
- Access to regular, informal social interaction with other families strengthened emotional resilience, supported mental health, and increased awareness of available resources. Peer connections helped to reduce isolation and foster mutual encouragement.
- Parents and carers benefitted from engaging in shared experiences that strengthened bonds within families whilst also improving social, emotional, and mental wellbeing.

For professionals:

- Person-centred, flexible practice was shown to enhance the impact of ABSS services. Practitioners who took time to understand individual circumstances, respond flexibly, and build strong relationships created more effective and enduring change.
- Trust was built through lived experience and empathy. Staff with lived experience were often better able to build trust and offer practical, relatable support. Emotional availability and genuine care were crucial.
- Holistic, strengths-based support was most effective for engaging and supporting families. Addressing both emotional and practical needs was required to build confidence, take action, and sustain progress.
- Staff often acted as critical bridges between families and wider systems of support, increasing access to services and reducing barriers.
- Families engaged more meaningfully when services were non-judgemental, inclusive, and designed to be emotionally safe. Feeling understood and respected contributed to improved wellbeing and ongoing participation.

Recommendations

- Relational, person-centred approaches that prioritise trust, empathy, and consistent one-to-one support should be central to service design and delivery when addressing mental health and resilience. Staff training should emphasise emotional intelligence, cultural sensitivity, and reflective practice to ensure tailored support that recognises each individual's lived experience and vulnerabilities.
- Embed peer-led models into services and create spaces where informal networks and lived experience can flourish. Peer support empowers individuals, reduces isolation, and builds long-term resilience within communities, reducing dependency on downstream, crisis-driven services.
- Adopt a holistic, strengths-based model that meets the full spectrum of families' emotional, social, and practical needs. Services should integrate wraparound support (e.g. skills, mental health, financial advice) and support families to build on their existing strengths and capacities toward self-directed and sustainable change.
- Design flexible, culturally responsive services that explicitly consider the needs of fathers and ethnically diverse families, who are often underrepresented. Use inclusive outreach and co-design methods to build trust and relevance, and address barriers related to stigma, time, language, or cultural expectations.

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A Better Start Southend Stories of Impact

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