

A Better Start Southend Stories of Impact

The Context of A Better Start Southend

Executive Summary

This report provides an introduction to the A Better Start Southend (ABSS) programme and contextualises the ABSS Stories of Impact reports, which set out the evidence, learning and insights that have come from ABSS.

ABSS was a ten-year (2015 to 2025) test-and-learn programme funded by the National Lottery Community Fund as part of the national A Better Start Programme. The Programme aimed to support pregnant women and families with children aged under four to give their children the best possible start in life. Southend-on-Sea was selected as one of five sites across England to be part of the A Better Start programme, with Blackpool, Bradford, Lambeth and Nottingham. Working alongside local parents/carers, ABSS developed services to improve children's diet and nutrition, social and emotional development, and language and communication, as well as build community resilience and achieve systems change.

This report provides an overview of how ABSS operated, the context of Southend, the design and delivery of the ABSS programme, and the ABSS approach to evaluation and reporting. It also describes the Stories of Impact series of reports, listing the key papers and other materials that are used to set out evidence of the impact of ABSS and learning from the programme to suit different audiences.

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Introduction

This document presents an introduction to the A Better Start Southend (ABSS) programme, including the Southend context, the aims, design and outcomes of the programme, details about delivery and levels of engagement, and the approach to evaluation and reporting. It also introduces a series of reports that set out the impact, learning and recommendations arising from the A Better Start Southend programme, known collectively as the Stories of Impact.

Overview of A Better Start Southend

What was A Better Start?

A Better Start (ABS) was a ten-year, £215 million programme set-up by The National Lottery Community Fund. Between 2015 and 2025, five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea took part in the programme, which aimed to support families to give their babies and very young children the best possible start in life. Scientific evidence and research underpinned the programme's approach to designing services for happier and healthier lives.

Working alongside local parents/carers, ABS partnerships used a test-and-learn approach to improve child diet and nutrition, social and emotional development, and speech, language, and communication. ABS aimed to achieve systems change by improving collaboration between organisations and families, strengthening community resilience, and shifting local policy and spending towards preventative action early in life.

What was A Better Start Southend (ABSS)?

A Better Start Southend (ABSS) was awarded £36.7 million funding from The National Lottery Community Fund between 2015 and 2025 to make a difference to the lives and outcomes of early years children and their families in Southend. ABSS was a partnership coordinated by the Early Years Alliance (EYA) and Southend-on-Sea City Council (SCC). It drew partners from the health, early years and community sectors in Southend, and included parents/carers who brought their lived experience to the table.

The original proposal for Southend was prepared in 2014 by the Strong Community Partnership Group, led by the EYA (then the Pre-School Learning Alliance) and SCC (then Southend-on-Sea Borough Council). Over 40 organisations were involved, alongside parents/carers, children, community groups, statutory bodies and experts in the field. The proposal outlined a vision to achieve the best for children and families by 'narrowing the gap' between children born and living in target areas and children in the rest of Southend. The overarching aim was to give every child the best start in life, building positive experiences and life chances to create resilient and self-sufficient families and communities.

The final design of the ABSS programme took a 'test and learn' approach that sought to innovate, to change systems and to build community resilience. The overarching vision for ABSS was for Southend to be known as the best place in the country to bring up a child and be a parent. Children would achieve well because:

- Their parents were ready for parenthood
- They had a positive parent/child relationship
- They were ready for school
- They and their families received effective and consistent professional support
- There was improved health at individual, family and community levels

ABSS provided fully funded services to expectant parents and families with children aged under four years old living in the six ABSS wards: Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury (see map at Figure 1), with some services available across the whole of Southend. The six ABSS wards were identified as having particularly high measurements of child poverty and other indicators of deprivation (Index of Multiple Deprivation, 2010, 2011). Deprivation rates were highest in the central wards (Kursaal, Milton and Victoria), while Shoeburyness and West Shoebury wards were isolated from the centre of Southend with poorer access to services. Westborough ward featured dense housing and a lack of outdoor and community spaces.

Figure 1: Map of Southend, Highlighting ABSS Wards



The ABSS programme aimed to improve the lives of children in Southend by supporting:

Social and emotional development: How children interact with others and understand their own emotions and behaviours, how parents/carers bond with their children, and parents'/carers' own mental health and wellbeing.

Communication and language development: Children's language development, learning to express themselves, and opportunities for early intervention to address emerging communication difficulties or delays.

Diet and nutrition: Being healthy and eating well for pregnant women and parents and their families, including physical activity, stopping smoking and drinking alcohol during pregnancy, promoting breastfeeding, support with infant feeding and transitions to solid food, and supporting good nutrition and healthy choices for families.

Community resilience: Enabling parents/carers, families and other community members to connect with each other, provide peer support, and work together to address local issues.

Parents/carers and their families were provided with the knowledge, skills, opportunities, confidence, motivation and networks to provide their children with the best possible start in life. ABSS also aimed to influence systems change by shaping how local service providers interacted with each other and the communities they served.

Test and Learn Approach

ABSS delivered its services predominantly by commissioning them from delivery partners across the public and charitable sectors. ABSS operated a test and learn approach, allowing services to develop in response to learning during implementation and service operations. Organisations were able to experiment with new ideas on a smaller scale and to adapt delivery in the light of evidence and feedback.

- **Exploring ideas** to identify the purpose and aims of an initiative to develop potential solutions.
- **Testing promising ideas** to gather evidence about what works and how the ideas can be improved.
- **Embedding successful ideas** by building on successes, scaling up or rolling out where appropriate, and sharing learning and good practice.

The ABSS Partnership

The ABSS partnership brought together organisations with responsibility for, or interest in, supporting family wellbeing and child development in the early years in Southend, alongside parents/carers from ABSS wards (Parent Champions) who shared their lived experience and the views of families in their local areas.

The ABSS partnership included:

- Early Years Alliance (EYA)
- Southend-on-Sea City Council (SCC)
- Essex Police
- Mid and South Essex NHS Foundation Trust
- Essex Partnership University NHS Foundation Trust (EPUT)
- Mid and South Essex Integrated Care Board
- University of Essex
- Southend Association of Voluntary Services (SAVS)
- City Family Community Interest Company (CFCIC)

The partnership provided ABSS with governance, gave strategic direction and made decisions about priorities. Governance forums included a Partnership Board offering strategic oversight, and governance groups with responsibility for finances and risk management, programme design and contracting, and data insights and analysis.

The EYA and SCC were the two formal signatories to the funding agreement with the National Lottery Community Fund. The EYA took on the role of host employer for the ABSS Programme Management Office (PMO) and its staff members. It provided the corporate functions of finance and invoicing, reporting to governance bodies and the funders, human resources and employment support, legal review, information technology and equipment purchasing and other operational functions.

An independent Chair was appointed to chair the Partnership Board and provide senior leadership, oversight and support to the partnership and to the Director of ABSS.

Parent Champions were parents/carers of children aged 0-3 living in an ABSS ward who went through a programme of training for the role. SAVS were commissioned to support the Parent Champions with training and development and to attend regular meetings and forums. They also provided support for Parent Champion-led activities. The Parent Champion project enabled parents' /carers' views and voices of lived experience to inform discussions and decision-making within ABSS, with formal ABSS governance meetings requiring the presence of at least two Parent Champions to be quorate. Parent Champions also shared information with other parents/carers and developed activities and support for parents/carers in their areas.

Partnership working and Co-production

From the outset, ABSS was built on a partnership working approach. By breaking down boundaries between organisations and disciplines, partners worked towards a common purpose that changed systems to put children and families at the centre of decision-making.

Alongside this, co-production meant that community members, partners and practitioners worked together as equal partners to design and deliver services. By respecting and valuing the views and experiences of people engaged in ABSS services, ABSS was able to design services that met the needs of children and families and empowered them to support themselves and each other. Co-production was more than consulting or co-designing services with community members – it was about recognising parents' /carers' voices as equal to those of professionals and placing insights from lived experience alongside professional, technical and clinical knowledge to ensure decision-making included all information and all stakeholders.



The Southend-on-Sea context

Southend-on-Sea is a densely populated coastal city in south-east Essex. Of the 180,600 residents counted in the 2021 Census, some 10,085 were children aged under four (ONS, 2021). As the nearest seaside resort to London, with two railway lines connecting to the capital, Southend has a seasonal economy but is also home to many London commuters. This is one factor behind high levels of disparity between the wealthiest and least wealthy inhabitants, with large variations in levels of deprivation across the city. The 2019 Index of Multiple Deprivation (SmartSouthend, 2024) identified that nine areas of Southend fall within the 10% of areas facing the greatest levels of multiple deprivation in England, while 13 were ranked within the 10% facing the lowest levels of deprivation.

A high proportion of Southend's early years children live in these areas of greater disadvantage. In 2019, 41.6% of Southend's children aged under four lived in areas within the 30% highest levels of multiple deprivation in England, compared to 36.1% in England as a whole.

The six wards selected as ABSS target areas (Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury) had particularly high levels of child poverty and deprivation, with Kursaal, Victoria and Milton wards having the highest levels of deprivation in Southend (SmartSouthend, 2024). Every early years child (100%) in Kursaal and Milton wards lived in an area classified as one of the 30% most deprived in England. In Milton ward, this figure stood at 84.0%. Meanwhile, Shoeburyness and West Shoebury wards were isolated from the centre of Southend with poorer access to services, while Westborough ward was characterised by dense, crowded housing and a lack of outdoor and community spaces.

It is known that high levels of deprivation are linked to poorer overall health and life expectancy. Wider determinants of health include non-medical factors such as education and employment opportunities, housing, social networks and connections, and how well people's environment supports a healthy lifestyle. In Southend, the difference in life expectancy between the most deprived wards and the least deprived wards stood at nine years for males and ten years for females in 2024 (SmartSouthend, 2024).

Southend also contains assets that can improve people's lives. It has a wealth of accessible spaces including parks and beaches, assets such as community and family-friendly venues, educational, cultural and leisure opportunities, and communities that offer social connection and peer support. ABSS built on these assets to improve lives for local people, with an ambition to make Southend the best place in the country to bring up a child and be a parent.

The demographics of Southend

The demographic profile of Southend has evolved during the lifetime of the ABSS programme. The past decade has seen a steady population increase in Southend, with higher-than-average growth in most ABSS wards (Table 1). Victoria experienced the highest population growth of over 18%, while the population shrank slightly in West Shoebury. The increase in Victoria is at least partially explained by new housing developments, with 101 new postcodes being created in Victoria since January 2020, compared to 24 across the rest of the city.

Table 1: Population Change in Southend, ABSS and ABSS Wards from 2011 to 2021

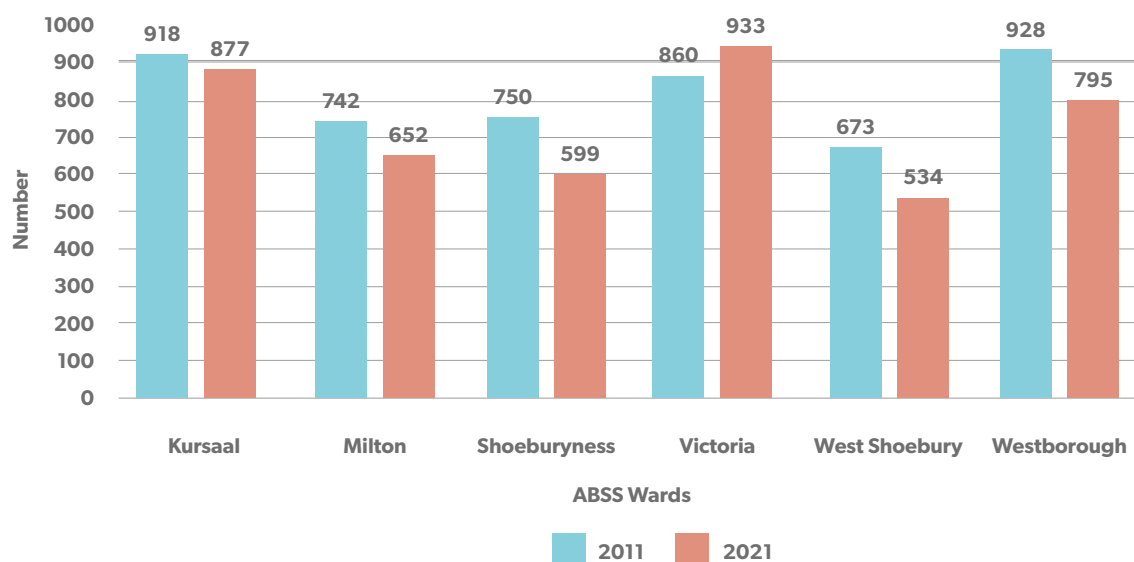
	2011	2021	Absolute Change	% Change
Southend	173,658	180,655	6,997	4
ABSS Total	65,483	69,850	4,367	6.7
Kursaal	11,130	12,094	964	8.7
Milton	11,063	11,684	621	5.6
Shoeburyness	11,159	11,672	513	4.6
Victoria	11,004	13,004	2,000	18.2
West Shoebury	10,280	10,116	-164	-1.6
Westborough	10,847	11,280	433	4

Source: (ONS, 2021).



The number of babies born has decreased year-on-year since before the COVID-19 pandemic. Across ABSS wards (except Victoria) there was a notable decline in the 0–4-year-old population between 2011 and 2021 (Figure 2). This is in line with both Southend and nationwide figures, with the number of babies born nationally in 2022 at its lowest level since 2002 (ONS, 2021).

Figure 2: Population Aged 0-4 Years Old in ABSS Wards in 2011 Versus 2021



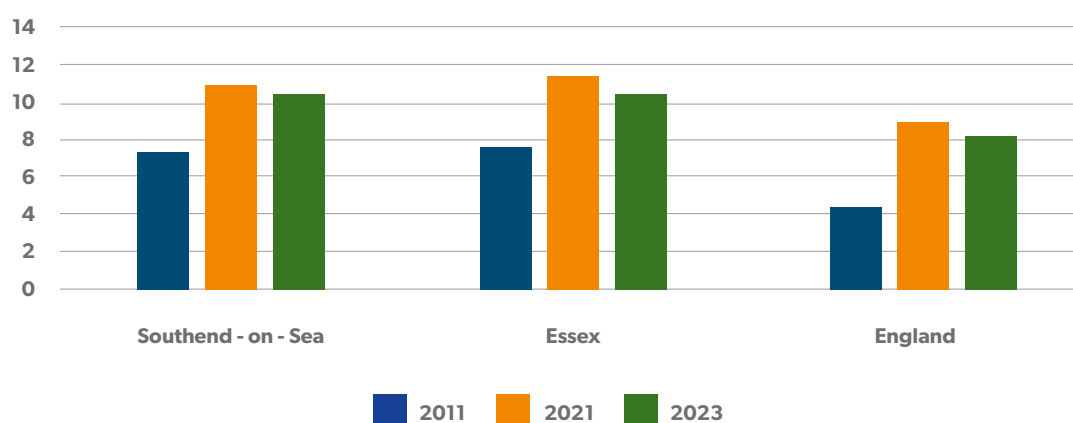
Source: Census - Office for National Statistics (ons.gov.uk)

Southend's deprivation profile also evolved over the lifetime of the ABSS programme. In 2015, 13 neighbourhoods (Lower Layer Super Output Areas) in Southend were in the 10% most deprived areas of the UK (IMD decile 1) and 8 in the least deprived (IMD decile 10). In 2019, however, there were 9 areas in the 10% most deprived and 13 in the 10% least deprived – almost inverting these two opposites. If this indicated levelling up, with areas that had experienced the greatest deprivation being lifted out of that status, we would expect to see increases in the number of areas within IMD deciles 2, 3 or 4, but this has not been seen.

One explanation could be wealthier families migrating into Southend, particularly around the COVID-19 pandemic when some workers in cities such as London took advantage of homeworking to relocate to areas that were more affordable or less urban. One effect of such migration would be increased house prices. Analysis by Southend City Council Planning Policy (2023) revealed that average house prices in Southend rose 86% between 2011 and 2023, compared to 82% in Essex and 61% across England. In the period between 2021 and 2023, when we might expect to see impact from COVID-19-related migration, the average price rise in Southend was 4%, matching a 4% rise in Essex, while England saw an average rise of 1.8%. This shows that Southend and Essex did experience higher than typical price rises at this time, giving some support to the idea of increased migration from other areas.

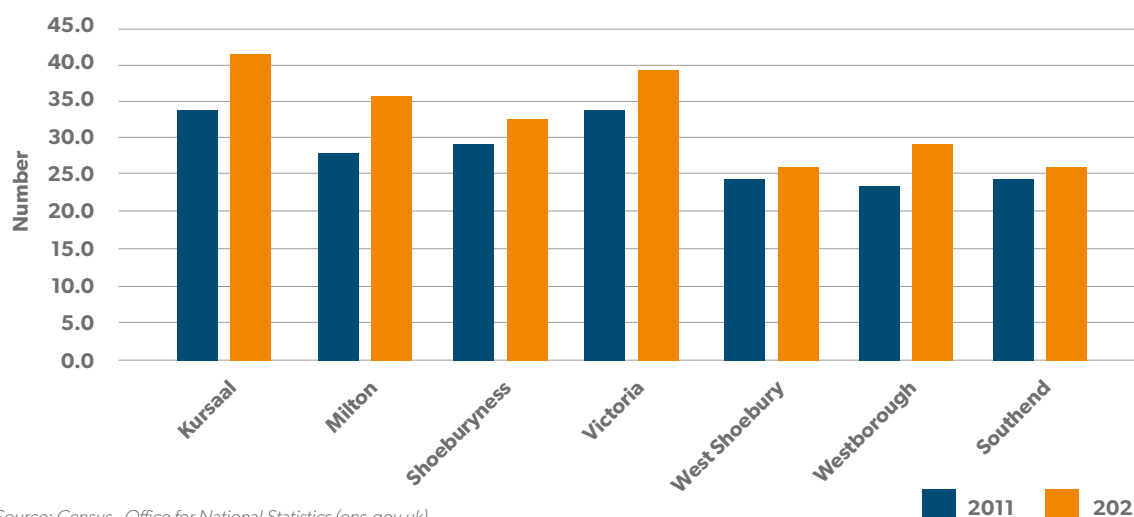
Rising house prices have seen a corresponding rise in the Affordability Ratio, which compares house prices to median workplace earnings in an area (SCC Planning Policy, 2023). In Southend, this ratio rose from 7.4 times mean workplace earnings in 2011 to 11.0 times in 2021, reflecting increased borrowing costs during the Cost-of-Living Crisis, before falling marginally to 10.5 in 2023. Figures in Essex were similar to Southend (7.7 in 2011, 11.5 in 2021 and 10.6 in 2023), but for England as a whole were lower (4.5, 9.1 and 8.3 respectively) (Figure 3). Reducing affordability may explain the increase in private renters in Southend between 2011 and 2021 (+4.3%) coupled with a decrease in home ownership through mortgages or loans (-5.2%) (ONS, 2021).

Figure 3: Home Ownership Affordability Index, 2011-2023



The make-up of households in ABSS wards also saw changes. Looking at households that included dependent children, there was an increase between 2011 and 2021 in the proportion of lone parent households in ABSS wards (see Figure 4). This increase was larger in the wards in central Southend and Westcliff (Kursaal, Milton, Victoria and Westcliff). In Shoeburyness and West Shoebury, the rise was more modest and roughly in line with the rise in Southend as a whole. Research shows that children in single parent households are twice as likely to be in relative poverty as children living in two-parent families, which can also negatively impact children's social and emotional development (Cribb et al., 2022). The rise in single parent households with dependent children could increase demand for community services and emergency support such as food banks, as lone parents struggle to cope with financial burden.

Figure 4: Households with Dependent Children: Lone Parent Households (%) Per ABSS Ward in 2011 and 2021

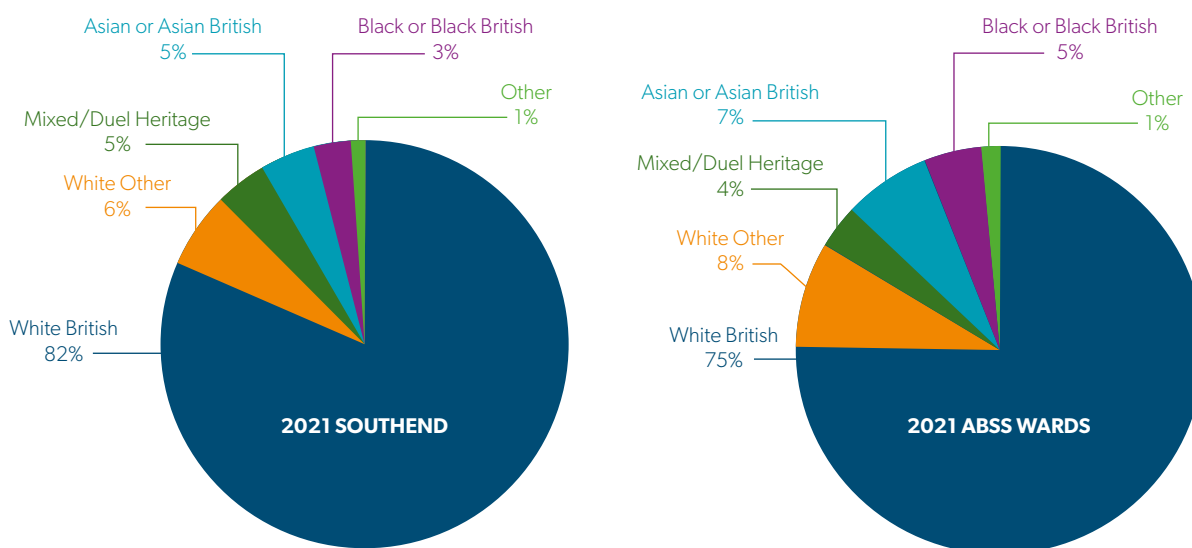


Source: Census - Office for National Statistics (ons.gov.uk)

There was a reduction in unemployment from ~5% to 3.2% between 2011-2021, but also an overall reduction of the numbers in employment. This could be explained by the increase in retirees (86% increase from 2011 to 2021) due to an ageing population, impacts from the pandemic such as long COVID, other illnesses, redundancy or unexpected opportunity prompting early retirement, or residents of other areas relocating to Southend for retirement.

Southend, while still diverse, is below the national average for the proportion of residents who are from minoritised ethnic groups. In the 2021 census, 88% of the Southend population identified as White and 82% as White British (English, Welsh, Scottish, Northern Irish or British), compared to the national figures of 82% and 74% respectively. 12% of Southend's population identified as members of groups that could be characterised as Non-White, with Asian or Asian British people (5%) constituting the largest minoritised ethnic group. In ABSS wards, the proportion within each category of minoritised ethnic group was slightly higher, with 17% identifying as members of groups that could be characterised as Non-White. Within this category, the proportion from each minoritised ethnic group showed a similar pattern to the rest of Southend, with White Other and Asian or Asian British the largest categories.

Figure 5: Ethnicity in Southend and in ABSS Wards in 2021 (%)



In schools, figures from reception year cohorts from January 2023 showed that 28.3% identified as members of groups that were not White British/English, with the most common ethnicities being Indian, followed by Black-African, White and Black Caribbean and White Eastern European. In the 2023 reception year cohort for the whole of Southend, 13.4% of the population did not speak English as a first language, lower than the 16.2% measured across ABSS wards. The languages most spoken as mother tongue aside from English were Polish, Romanian, Malayalam, Bengali and Tamil.

Delivery of ABSS

This section explores the delivery of the ABSS programme, including the services that ran, the engagement with those services and the reach of the ABSS programme, and a summary of key programme outcomes.

What was A Better Start Southend (ABSS)?

Decisions about strategic priorities for the ABSS programme were made by the ABSS partnership through governance meetings. The Partnership Board provided overview of the programme, with membership comprising representatives of all strategic partners alongside Parent Champions and key ABSS officers. Other elements of governance changed over time according to changing needs, but for much of the time comprised: a Programme Group that made decisions about service design and delivery, a Finance and Risk Group that oversaw financial and risk management and decision-making, an Insights and Analysis Group that focused on data, research, evidence and learning emerging from the programme; and a Parents' Group ensuring parents/carers were able to raise issues or discuss decisions among themselves. During the COVID-19 pandemic, an Executive Programme Group was introduced to make quick decisions about operational issues to respond to rapidly changing circumstances.

Figure 6 and Table 2 present a summarised breakdown of how the ABSS funding from The National Lottery Community Fund was spent. Some 63% of the funding was spent directly on delivering services in the community under the five workstreams, including provision of the creche, with a further 5% spent on the Sustainability and Legacy Plan that supported services beyond March 2025. 22% was spent on salaries, premises, resources and professional and legal costs required to run the programme. The remaining expenditure covered marketing and communications, research and evaluation, management fees and capital expenditure.

Figure 6: Treemap of ABSS Expenditure as Percentage of Total



Table 2: ABSS Expenditure as £ and % of Total

Area of Spend	Amount (£)	%
Services: Social and Emotional Development	8,539,284.69	23.1
Services: Communication and Language	4,306,454.61	11.7
Services: Diet and Nutrition	4,037,578.74	10.9
Services: Community Resilience	3,176,827.40	8.6
Services: Systems Change	2,755,586.07	7.5
Services: Creche	639,218.46	1.7
Salaries, Premises and Resources	8,294,974.87	22.4
Management Costs	2,185,591.00	5.9
Sustainability and Legacy Plan	1,842,173.24	5.0
Programme Comms and Marketing	296,627.07	0.8
Building Capabilities and Celebration Fund	210,000.00	0.6
Programme Evaluation	141,108.33	0.4
Capital Expenditure	524,972.30	1.4
Total	36,950,396.78	100

At the time of writing, any funding left at the end of the programme due to small underspends across multiple budget lines is expected to be allocated to local groups working with children aged under four and their families in Southend. The mechanism to allocate the funding will utilise Southend's Community Investment Board, established by the City Council and hosted by SAVS to enable local resident volunteers to allocate support to community projects and organisations in Southend. The Board is expected to use its local expertise to recommend to the Lottery where the final balances of money can be invested to ensure the maximum benefit for Southend's early years children.



ABSS services

ABSS services were each allocated into one of five workstreams (Figure 7), based on the main reason for commissioning the service, although many services impacted on multiple areas so could have been included in more than one workstream. of five workstreams (Figure 7), based on the main reason for commissioning the service, although many services impacted on multiple areas so could have been included in more than one workstream.

Figure 7: ABSS services in workstreams



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All of the services delivered by ABSS between 2015 and 2025 under each workstream are listed in Table 3. Due to the test and learn approach ABSS adopted, and the changing needs of the programme over time, some of these services ran for relatively short periods, while others were longer lasting and continued to the very end of the ABSS programme. Descriptions of these services can be found in the Stories of Impact Appendices document. Themed reports in the Stories of Impact series describe and discuss the impact that services had. The Legacy report describes what happened to services that were still running at the end of the ABSS programme in March 2025, with some services coming to an end when ABSS funding ended while others continued in a modified form.

Table 3: ABSS Workstreams and Services

Area of Spend	ABSS Services	
Social and Emotional Development	<ul style="list-style-type: none"> • Antenatal Programme • City Family Explorers • EPEC (Baby and Us, and Being a Parent) • Early Years Independent Domestic Violence Advisor (IDVA) • Families Growing Together • Family Nurse Partnership • Little Steps 	<ul style="list-style-type: none"> • Peer Support Workers for Social Communication Needs • Preparation for Parenthood • Sparkles Sensory Story Time • Specialist Health Visitors for Perinatal Mental Health • Volunteer Home Visiting Service • YourFamily
Communication and Language	<ul style="list-style-type: none"> • Fathers Reading Every Day (FRED) • Little Listeners • Talking Transitions • Wellcomm Screening • Let's Talk 	
Diet and Nutrition	<ul style="list-style-type: none"> • One-to-One Breastfeeding • 3-4 Month Health Visitor Contact • FOOD Club • Bump to Breast Group Breastfeeding • HENRY Healthy Families • Infant Feeding Supervisor Lead 	<ul style="list-style-type: none"> • 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"> • Parent Family and Community Hub • Community Ideas and Development (CID) Fund • Engagement (co-production) • Engagement Fund (COVID-19) 	<ul style="list-style-type: none"> • Engagement Fund (Parent Champions) • StorySacks • Umbilical Chords • Work Skills
Systems Change	<ul style="list-style-type: none"> • Joint Paediatric Clinic • Early Maths Matters • Welcome to the UK 	<ul style="list-style-type: none"> • Southend Early Autism Support (SEAS)

Figure 8: ABSS service sessions and sign-ups (1/4/2015 – 31/3/2025, all areas)



Between 1st April 2015 and 31st March 2025, ABSS services delivered some 12,524 classes, workshops and sessions, in addition to ongoing 'caseload' support provided by some services. Across the 47 services delivered by ABSS in the ten year span, there were 37,741 individual sign-ups to participate, representing 19,186 family sign-ups (with each sign-up counted individually, so if one person or family participated in two services they counted twice).

Enablers

Throughout its service provision, ABSS sought ways to remove barriers to participation. In addition to the ways individual services were designed and implemented, ABSS utilised three key enablers to improve access to support:

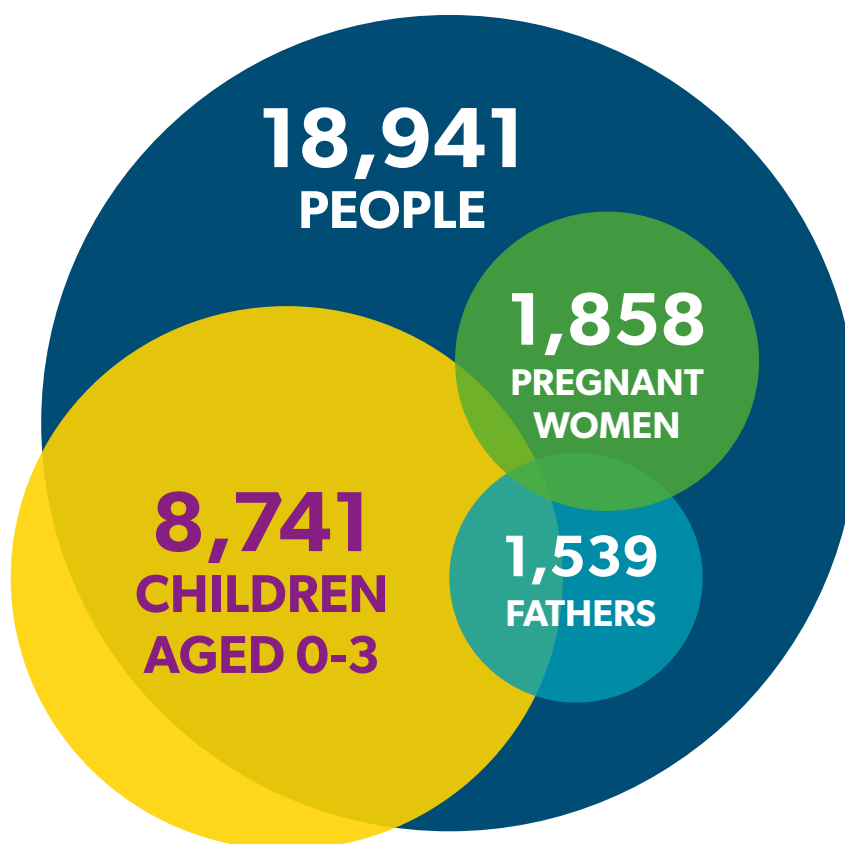
- ABSS Creche Service ran from September 2016. In November 2023, it was outsourced to City Family CIC and continued to support the ABSS programme under the new name of City Family Explorers. The Creche/City Family Explorers enabled parents/carers to access services and formed an important and necessary part of the programme. It ran at the location of the ABSS service it was supporting to provide quality childcare while parents/carers took part in the service. By providing up to 1 hour 59 minutes of childcare per session, it enabled parents/carers to focus on their own development. The skilled Early Years staff provided rich development opportunities for the children, leading to socialisation and friendship-building, increased self-reliance and confidence, and communication and language development. Services supported by the Creche/City Family Explorers included Early Maths Matters, Peer Support Workers for Social and Communication Needs, Early Years Independent Domestic Violence Advisor (IDVA), Welcome to the UK, Work Skills, YourFamily, and Parent Champion activities including ABSS governance meetings.
- Welcome to the UK provided support to immigrant and refugee families in Southend, providing English language classes, advice and support, and social and cultural activities to help families settle into life in the UK. ABSS supported Welcome to the UK by providing the Creche/City Family Explorers service to allow parents/carers to attend classes and other activities provided by Welcome to the UK. It also gave the children an important opportunity to hear spoken English, benefit from the Creche staff's Early Years expertise, and build friendships and play with other children.
- Virtual Service Provision: The COVID-19 pandemic saw many ABSS services adapt their delivery to virtual or online versions during lockdowns. Following the pandemic, many ABSS services maintained a virtual or online offer alongside in-person provision, recognising that a flexible, hybrid offer increased accessibility for families who struggled to attend in person. More details can be found in the Stories of Impact report on the impact of COVID-19.

Engagement with ABSS

ABSS set out to ensure that its engagement with families was meaningful and created positive impact for that family. When measuring the levels of engagement with the programme, ABSS counted activity that had the potential to make change, such as participating in an ABSS service. Signposting to services or provision of information alone was not enough to be counted, unless it was backed with tailored advice or ongoing support that addressed specific issues that family was experiencing. Similarly, attendance at public events such as the ABSS Festival of Conversations that ran in 2021, 2022 and 2024 was not counted as 'engagement', but participation in sessions or activities delivered as part of ABSS services were counted.

During its ten years of operation 18,941 people engaged with ABSS services across the whole of Southend, including 8,741 children under the age of four and 1,858 pregnant women/people. This included people living outside the six ABSS wards where some services (such as the Family Nurse Partnership or Early Years Independent Domestic Violence Advisor) were delivered to families needing more specialist support across the city.

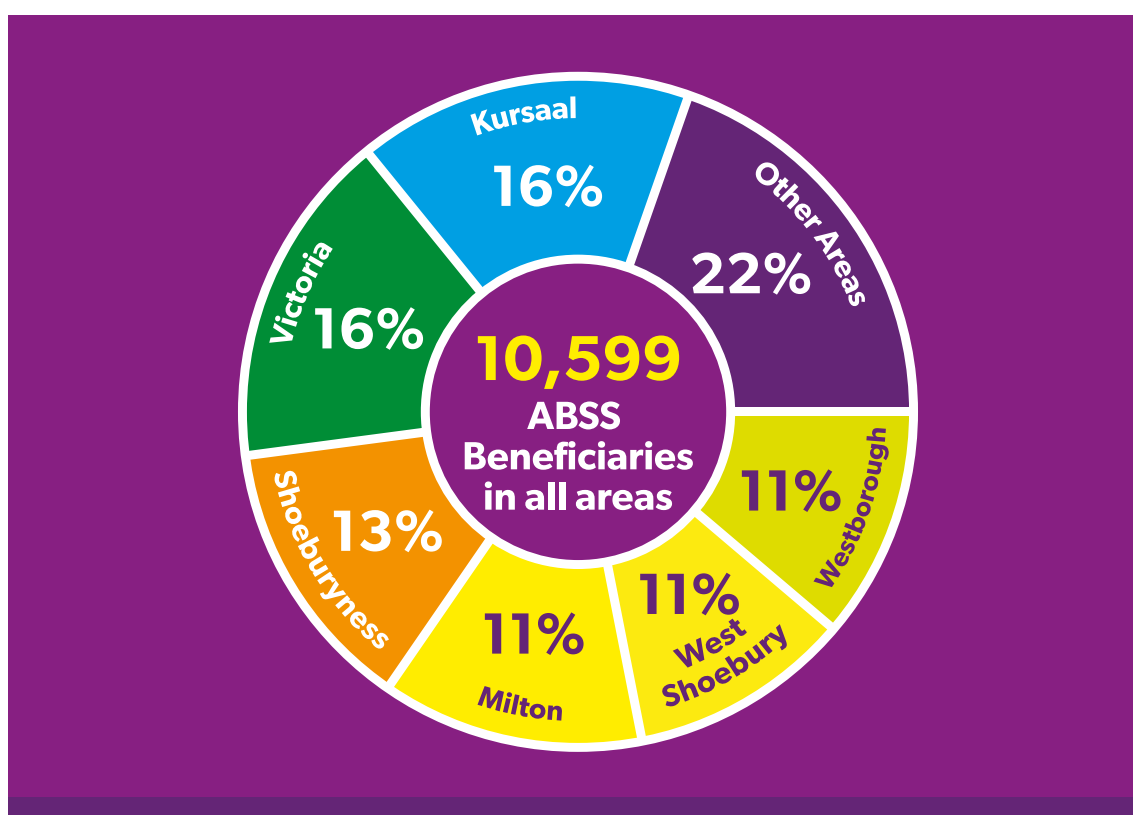
Figure 9: Engagement with ABSS services (1/4/2015 – 31/3/2025, all areas)



A more tightly defined group named 'ABSS primary beneficiaries' formed the core group that ABSS services targeted, with this number being the metric reported back to The National Lottery Community Fund in formal programme reporting. ABSS primary beneficiaries were defined as pregnant women/people, and children aged under four, living in one of the six ABSS wards. Once a baby had been born, the mother/person who gave birth no longer counted as a primary beneficiary, and fathers or partners were also not counted.

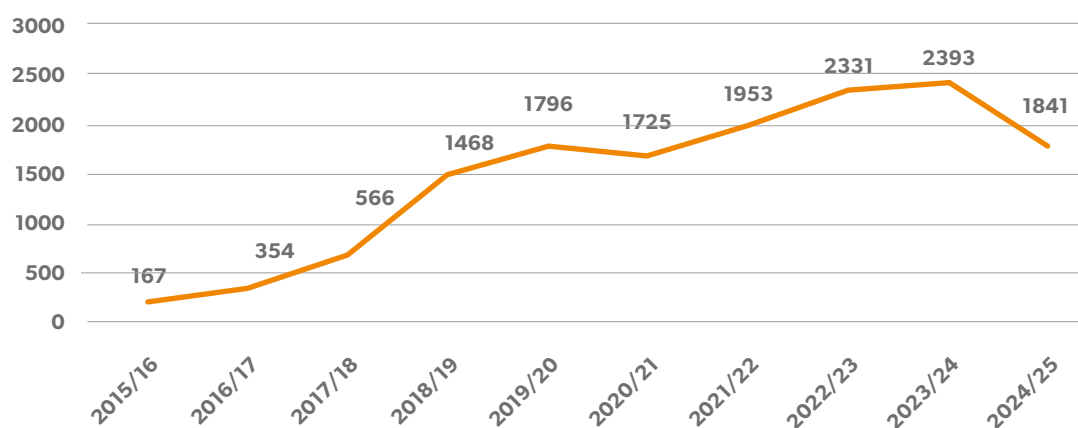
Between 1st April 2015 and 31st March 2025, ABSS worked with 8,238 of these more tightly-defined primary beneficiaries. Some ABSS beneficiaries moved out of an ABSS ward during or after participating in an ABSS service, and some ABSS services offering specialist support (such as Early Years IDVA, Specialist Health Visitors for Perinatal Mental Health, and Family Nurse Partnership) were also available to Southend families living outside the six ABSS wards. Therefore, some pregnant women/people and children under four who were counted as ABSS beneficiaries did not live in one of the six ABSS wards. Figure 10 presents ABSS's engagement with primary beneficiaries (pregnant women/people, and children aged under four) in ABSS wards and in other areas of Southend.

Figure 10: Engagement with ABSS primary beneficiaries by ward (1/4/2015 – 31/3/2025, unique figures)



The numbers of primary beneficiaries (pregnant women/people and children under four in ABSS wards) engaging with ABSS grew rapidly over time (Figure 11). Numbers grew steeply between 2017 and 2020, with a small fall during COVID-19 restrictions, then resumed a pattern of growth until 2023/24. As the ABSS programme came to an end, some services started to taper back their delivery, resulting in a drop in engagement in 2024/25, albeit to levels above those seen during the pandemic.

Figure 11: Annual Unique Beneficiaries in ABSS Wards (2015/16 to 2024/25)

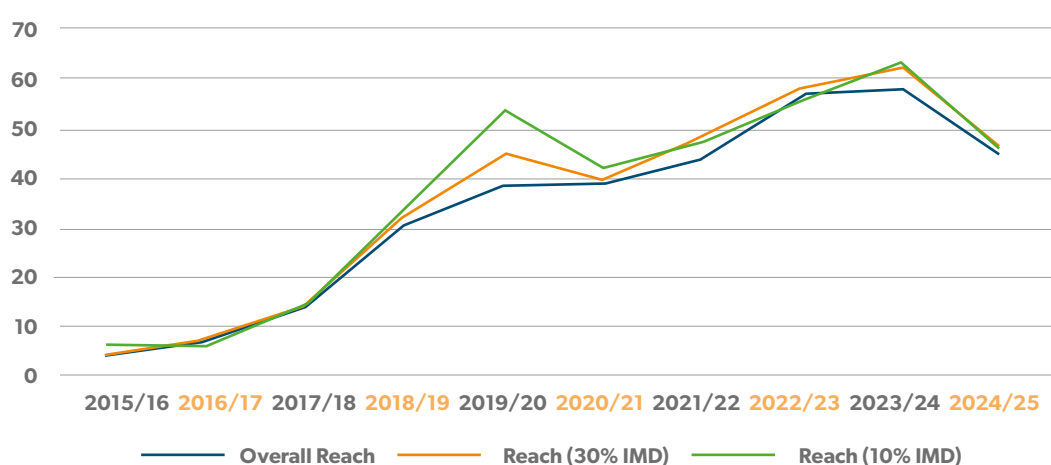


The numbers of primary beneficiaries (pregnant women/people and children under four in ABSS wards) engaging with ABSS grew rapidly over time (Figure 11). Numbers grew steeply between 2017 and 2020, with a small fall during COVID-19 restrictions, then resumed a pattern of growth until 2023/24. As the ABSS programme came to an end, some services started to taper back their delivery, resulting in a drop in engagement in 2024/25, albeit to levels above those seen during the pandemic.



Turning that figure around to look at the proportion of those eligible to participate in areas of high deprivation who actually did participate (the reach) (Figure 12), we see that reach for both the 10% IMD (highest decile of deprivation) and 30% IMD (highest 3 deciles of deprivation) loosely followed the overall pattern of reach, but with exaggerated changes over time. In particular, reach among the most deprived decile (10% IMD) saw the steepest increases but also the sharpest fall around the time of the COVID-19 pandemic in 2020/21. This reflects the general success that ABSS had in reaching people living in some of the most disadvantaged areas, but also the greater vulnerabilities that people in these areas had to challenging circumstances such as the pandemic. When access to services became more difficult during lockdowns, engagement by people living in areas of highest deprivation dropped much further than other groups, perhaps reflecting less access to technology and internet for virtual access, less awareness of support available to them, increased health vulnerabilities keeping people at home, or increased stress leading to less capacity for engagement with services.

Figure 12: ABSS Reach by Deprivation (IMD Deciles)



Analysing the success of ABSS's engagement across different ethnic communities was more problematic. Beneficiary data was collected on Joint Registration Forms completed by parents/carers when they first joined an ABSS service, but these forms were not always completed fully. Of details recorded for 15,117 individuals on these forms, 2,424 (16%) did not provide information on ethnicity. Attempts were made by the ABSS PMO team and by ABSS service delivery partners to increase the quality of this reporting, including simplifying forms and processes, but levels of missing ethnicity data remained high. Reasons given included parents/carers finding it difficult to complete the form while managing children, staff helping parents/carers with completion not asking for this information (either due to time pressures or, in some cases, embarrassment about asking), and beneficiaries declining to provide this information.

Figure 13: Ethnic origin in ABSS Ward and for ABSS Beneficiaries

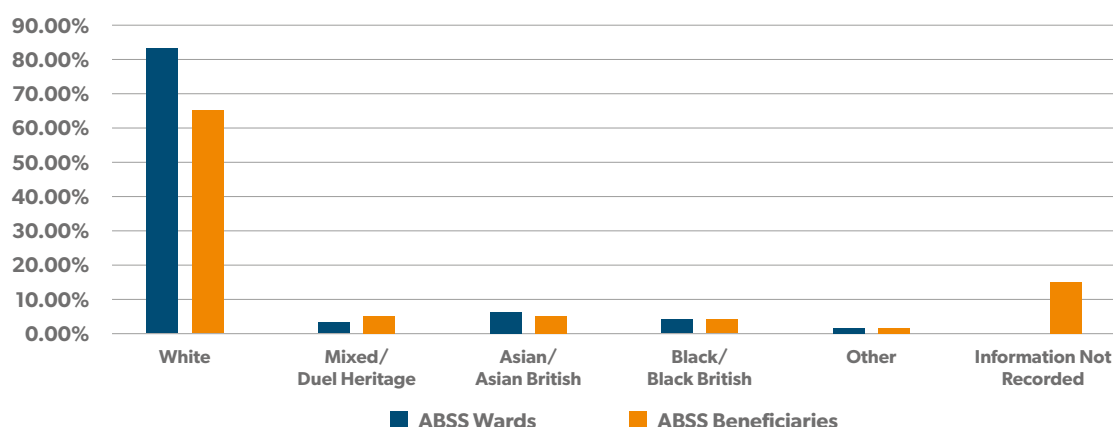


Figure 13 presents data on ethnic origin for ABSS primary beneficiaries (pregnant women/people, and children aged under four, living in ABSS wards who engaged with ABSS services) in comparison to figures on ethnic origin for residents of ABSS wards as recorded in the 2021 Census (ONS, 2021). Given the high level of missing data about ethnic origin for ABSS beneficiaries, it is difficult to draw conclusions about how successfully ABSS services engaged with minoritised communities. However, the data does suggest that engagement with beneficiaries identifying as Asian or Asian British was slightly less successful (5.5% of beneficiaries compared to 6.7% of residents in ABSS wards). This is in line with findings from the Independent Summative Evaluation of ABSS, which identified that, while ABSS was inclusive by design, the programme did experience challenges engaging with some minoritised groups within the community.

ABSS programme outcomes

At the outset of the national A Better Start programme, a Common Outcomes Framework was developed with the intention that comparisons could be made on a common set of outcome measures across time and between the five national A Better Start sites (Blackpool, Bradford, Lambeth, Nottingham and Southend). However, as the programme operationalised it became apparent that each site was very different, meaning that comparisons could not readily be made between sites. There were also challenges with the availability and consistency of some of the measures identified meaning that not all outcomes could be tracked. As a result, each of the sites developed their own programme outcomes alongside the Common Outcomes Framework.

The Common Outcomes Framework included the following measures:

- Perinatal maternal mental health – depression and anxiety
- Smoking in pregnancy
- Alcohol use in pregnancy
- Other substance use in pregnancy
- Birth outcome – low birth weight of term babies
- Birth outcome – gestational age
- Breastfeeding initiation
- Breastfeeding at 6-8 weeks
- School readiness – Good Level of Development
- Key Stage 1 attainment
- Key Stage 2 attainment
- Weight and height – Reception year
- Weight and height – Year 6
- Oral health
- Overall language development
- Overall social and emotional development
- Child development (aged 2 ½)
- Child abuse and neglect

The ABSS Programme Outcomes addressed the three main workstream areas (Social and Emotional Development, Communication and Language, and Diet and Nutrition) and identified short-term, medium-term and long-term outcomes. These primarily focused on measures of child development, with some focusing on outcomes during pregnancy and infant feeding. Table 4 presents the main topics covered by these outcomes.

Table 4: ABSS Programme-Level Outcome Topics

Workstream	Term	ABSS Programme-Level Outcome Topics
Social and Emotional Development	Short-term	<ul style="list-style-type: none"> • Preparation for pre-school/nursery • Confident and self-aware
	Medium-term	<ul style="list-style-type: none"> • Reach expected milestones in personal, social and emotional development • Equipped to manage feelings
	Long-term	<ul style="list-style-type: none"> • Form positive relationships with adults and children • Prepared for a successful future, better job prospects
Communication and Language	Short-term	<ul style="list-style-type: none"> • Improved verbal and non-verbal communication skills
	Medium-term	<ul style="list-style-type: none"> • Reach expected level of development at age 2 • Improved listening and attention skills • Expected level of development for understanding • Expected level of development for verbal communication (speaking) • Equipped to manage feelings
	Long-term	<ul style="list-style-type: none"> • Good levels of achievement in communication and language • Equipped with language to articulate emotional needs • Listening with good levels of attention
Diet and Nutrition	Short-term	<ul style="list-style-type: none"> • Initiate and sustain breastfeeding • Improved outcomes, fewer complications in pregnancy due to good nutrition and healthy lifestyles
	Medium-term	<ul style="list-style-type: none"> • Healthy weight at school entry
	Long-term	<ul style="list-style-type: none"> • Fewer children obese at transition to secondary school

Changes seen in outcome data over the lifetime of the ABSS programme are discussed in the themed reports alongside other evidence about the impact of the ABSS programme. A summary of outcomes data can be found in the report presenting ABSS technical data.

Evaluation and Reporting

This section outlines the approach taken to evaluation and reporting of impact by the ABSS programme. The Theory of Change sets out how ABSS expected its activities to make a difference to its outcomes, the theoretical model of behaviour change that underpinned that Theory of Change, the variety of approaches to evaluation taken, and the approach taken to the synthesis of findings.

ABSS Theory of Change

What is a Theory of Change?

The work of ABSS is guided by a Theory of Change (ToC) that sets out how the ABSS programme expects to achieve improvements in its outcomes. Most individual ABSS projects or services also have their own ToCs. A ToC describes what is required to achieve a desired social change, based on a theory of how and why an intervention works (Anderson, 2005). The ToC specifies the sequence of events and causal links that will lead from the intervention to the desired outcome or change. It demonstrates how a project, service or programme will lead to change by identifying the preconditions and the short- and medium- term outcomes involved.

ToCs are generally developed in collaboration with partners and stakeholders, who jointly define the intervention and its aims. Together, they identify and examine the assumptions that underpin each step in the chain of logic, bringing in evidence from literature and from the professional and lived experience of participants to question and refine the design. Identifying the preconditions for a successful intervention and its underlying assumptions enables tracking of the resulting progress or change. The design of the intervention or the understanding represented by the ToC can be altered while the intervention is running. The ToC is frequently presented visually to illustrate how the different elements are connected to each other.

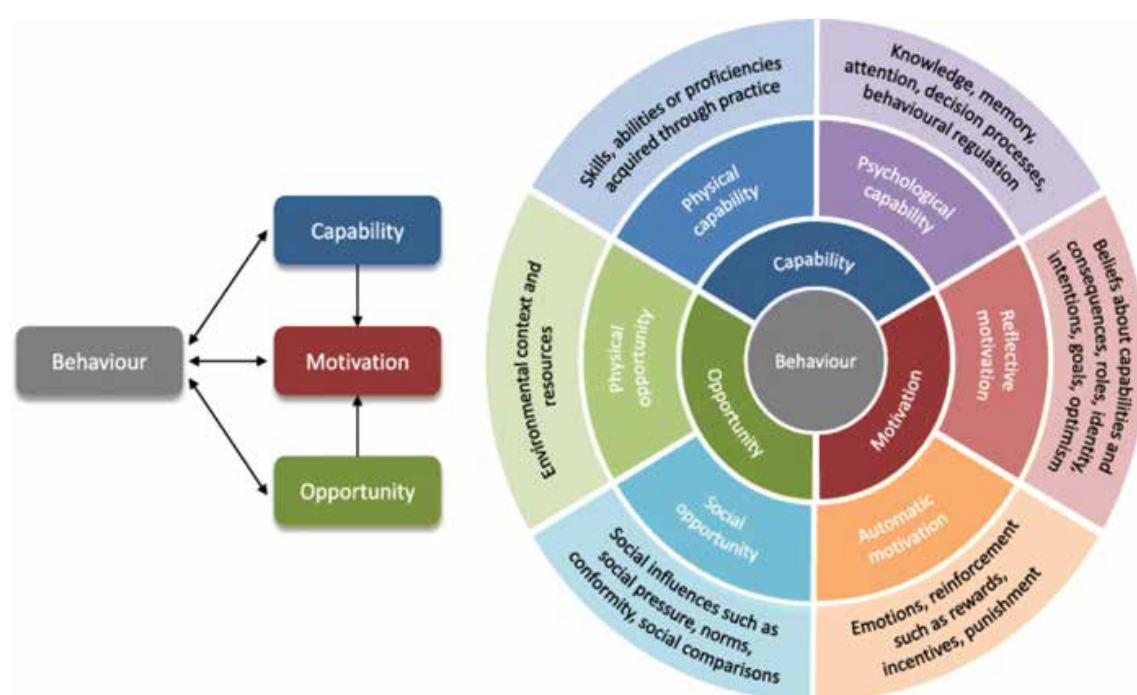
The COM-B Model of Behaviour

At a system and organisational level, ABSS uses co-production and partnership working to create change. To understand how ABSS interventions might achieve change at the level of the individual or family, ABSS turned to behavioural theories to explain the mechanisms involved. These theories are central to the design of ABSS programme and project-level ToCs.

Behavioural theories are widely used in social sciences to inform the design of interventions, but it can be challenging to select the appropriate model for a particular programme or service. In response to this, Michie and colleagues (Michie et al. 2011, 2014) developed the Behaviour Change Wheel (BCW), based around the COM-B model of behaviour, which describes a systematic approach to developing behaviour change interventions that can be applied across behaviours and settings (see Figure 14). The COM-B model, drawn from social psychology, developed a new framework based on 19 existing frameworks of behavioural theory identified in a systematic literature review.

The COM-B model describes elements that produce and shape behaviour, and proposes that three components need to be present for behaviour to take place: Capability (C), Opportunity (O), and Motivation (M). The model proposes that a particular behaviour will only occur when an individual is psychologically and physically capable, has the social and physical opportunity, and is motivated to carry out that behaviour rather than any other (Michie et al., 2014). The model also suggests that Motivation is directly influenced by Capability and Opportunity.

Figure 14: The COM-B Model of Behaviour



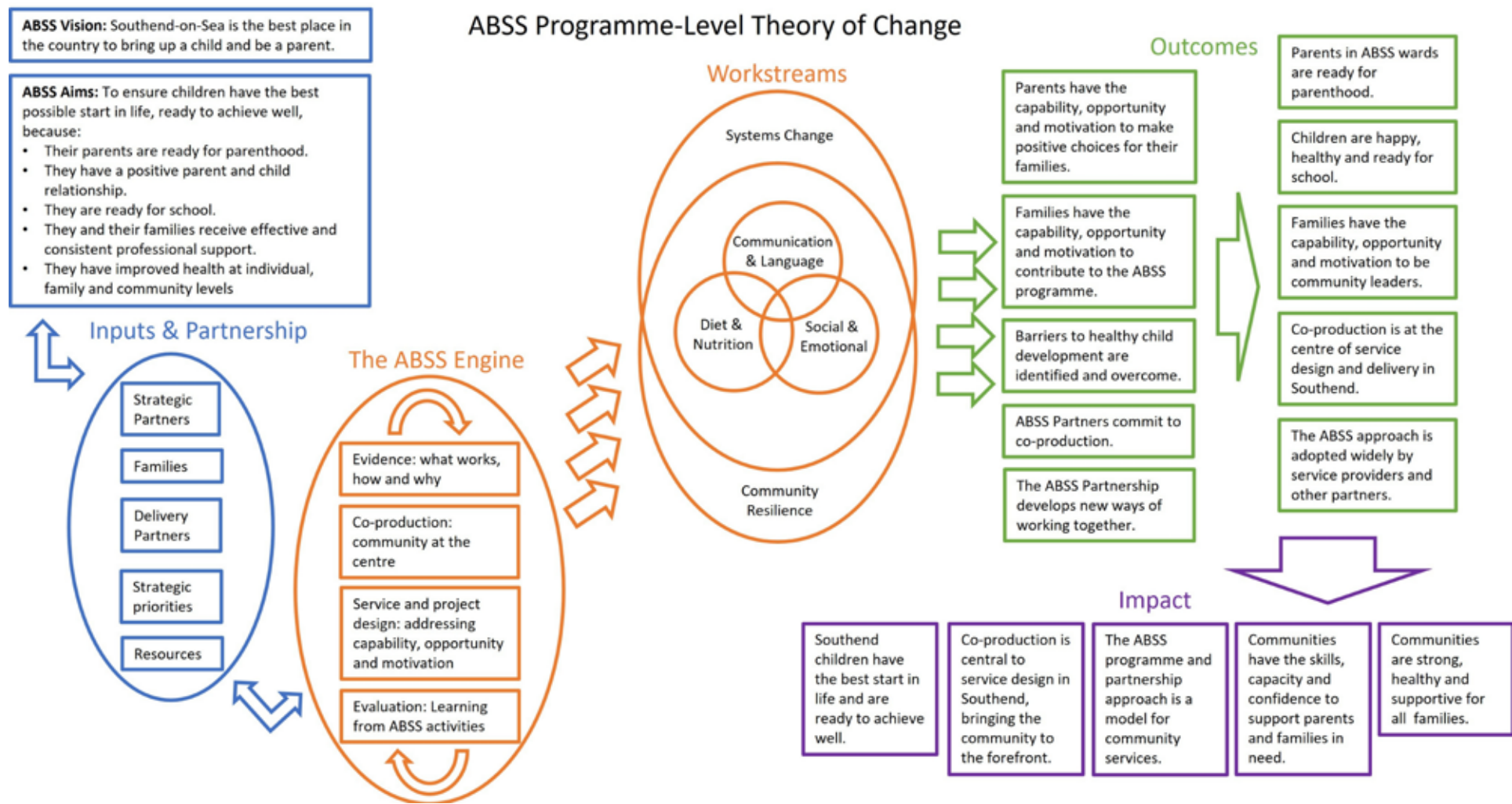
One advantage of this behavioural model is that, while the underlying theories and detailed work within each domain are sophisticated, the basic COM-B Model is relatively simple and intuitive and can be applied to a wide variety of behaviours, contexts and intervention designs. This means the COM-B Model is well-suited for use as an explanatory mechanism for a complex programme involving multiple interventions such as ABSS.

Developing the ABSS ToC

The ABSS ToC was developed using an approach based on Contribution Analysis (CA) (Mayne, 2008), a systematic approach to evaluation that explores cause and effect by analysing the extent to which outcomes can be attributed to a particular intervention. This approach develops a narrative that sets out the 'journey' from the resources used to deliver an intervention to the change expected to be seen in its outcomes. The first stage in this journey is to identify the cause-effect issue to be addressed, and the second is to develop a Theory of Change (ToC) that can address the cause-effect issue, including identifying risks to its success. Once the ToC has been developed, evidence can be generated in response to it.

To develop the ABSS programme's ToC (see Figure 15), the ABSS team needed to understand how and why ABSS services might lead to changes in the way parents supported their young families. Using the COM-B Model to explain how those changes might happen arose from the collaborative process of developing the ToC. Through conversations between researchers, parents/carers, ABSS staff and members of ABSS governance groups, the COM-B Model emerged as a valid and recognisable explanation of how individual interventions or services within the ABSS programme, and the whole ABSS programme, were expected to work.

Figure 15: ABSS Programme Theory of Change



The ToC began by setting out the ABSS vision of ensuring children have the best start in life by supporting parents/carers to be prepared for parenthood and by supporting children's social, physical and emotional development. It then set out the collaborative ABSS approach, bringing together stakeholders, strategic priorities and resources as elements ABSS drew on to transform local services and children's lives.

The 'ABSS engine' drove this process, bringing together four elements. Evidence provided an understanding of 'what', 'how', and 'why' interventions worked. Co-production created a common vision of what interventions aimed to achieve and how this could be done. The COM-B model underpinned service design, addressing capability, opportunity and motivation to lead to changes in behaviour. Through evaluation (including the test-and-learn approach), ABSS learnt how successful its approaches were and fed that evidence back into the beginning of the loop. This, then, became an iterative process, with the ABSS partnership as a whole learning from its own activities.

The engine linked to the ABSS workstreams, with designed services addressing each area. The interlinked workstreams of communication and language, diet and nutrition, and social and emotional development, were themselves interlinked with the cross-cutting themes of systems change and community resilience. The interventions designed through this process targeted short-term and intermediate-term outcomes, which in turn led to the impacts that ABSS sought.

Evaluation Approach

Robust evaluation allowed ABSS to adapt and evolve services, demonstrate impact and drive systems change. ABSS developed a framework to ensure that evaluation was robust and consistent, to provide evidence on the impact of the programme and to identify learning that could be taken forward by ABSS, its partners and others.

There were four parts to the formal evaluation of ABSS:

Process Evaluation: Regular and ongoing monitoring of the delivery and performance of ABSS projects and services. Data on participation and service delivery were collected by ABSS delivery partners, and collated and analysed by Southend City Council's Data and Intelligence team in collaboration with the ABSS Research, Evaluation and Impact (REI) team. Data on engagement was presented at programme and individual project levels on dashboards developed by Southend City Council's Data and Intelligence team. This team also developed an outcomes dashboard that presented population-level data to measure progress against the Common Outcomes Framework and the ABSS programme-level outcomes described earlier in this paper.

Formative Evaluation: Researchers from the School of Health and Social Care at the University of Essex undertook regular reporting on the delivery of ABSS services between October 2020 and September 2023. The Formative Evaluation investigated the experiences of families participating in ABSS services using Process Evaluation data, surveys of parents/carers participating in services, and interviews with parents/carers and service delivery staff. A small-scale longitudinal element followed parents on their parenting journey, recording the impact of services and the changing contexts of their lives. The evaluation produced regular reports and a final summary report for each evaluated service, a meta-thematic analysis of interview data, and an overall summary report.

Independent Summative Evaluation: Conducted by independent research consultants RSM UK Ltd on behalf of ABSS. The Summative Evaluation looked at the ABSS programme as a whole to understand the impact of the ABSS programme for children and families, the experiences of participating parents/carers, staff who delivered services and other ABSS partners, and the wider impact that ABSS had in Southend. The evaluation had three phases, in 2022, 2023, and 2024, with reports at each phase based on surveys, interviews, focus groups and examination of Process Evaluation data. Phase 2 identified changes between Phase 1 and Phase 2, and Phase 3 drew conclusions based on the final year of data and on a comparison of all three phases. An additional Participatory Action Research study was conducted as part of the Summative Evaluation by researchers at the University of Essex, to draw out findings from collective and reflexive responses to the programme by ABSS service managers and delivery staff.

National Evaluation of A Better Start: At the time of writing, the National Evaluation is being conducted on behalf of the National Lottery Community Fund by a consortium of organisations, led by the National Centre for Social Research (NatCen) with partners at RSM UK Ltd and the University of Sussex. The National Evaluation will run until 2026 to examine the impact of the national A Better Start programme in the five locations of Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea.

The findings from these formal elements of evaluation form a large part of the evidence contained within the Stories of Impact reporting. Initial synthesis of this evidence identified three further areas which were not covered by the formal evaluations, and the ABSS REI team conducted further research to address these, as follows:

Parent Champions: Using a participatory, peer research approach, a group of Parent Champions worked with researchers to investigate the impact of being part of the Parent Champion programme on parents. Elements included an artist's workshop to design a poster, walking tours, storybooks focused on individual parents' journeys, and thematic analysis and write up by the Parent Champion peer researchers.

Children's Research: To investigate children's experiences of participating in ABSS, research was conducted with children attending one service (Families Growing Together) and with the children of some of the Parent Champions. Data were collected through mark-making, arts and crafts, 'talking tins' recording children's reactions, and researcher observations.

Inside Story of ABSS: Staff in the core ABSS team (including project and contract management, governance, finance, business support, marketing and communications, and research) held valuable understanding of the challenges and learning that came with implementing a complex multi-year programme such as ABSS. Insights were gathered through interviews with current and former staff and governance leaders, and through Ripple Effect Mapping, a form of participatory research.

Challenges for data collection and analysis

One challenge that ABSS faced in evidencing its impact was collecting data about families and children to demonstrate its impact. From the outset, it was recognised that ABSS could not use a control group as a comparator to ABSS beneficiaries to evidence change, as there was no group similar to the population of the ABSS wards within Southend. While there were areas of multiple deprivation in other parts of Southend, notably within St Luke's, St Laurence and Southchurch wards, the numbers of children in these areas were too small to form a valid comparison on their own. When children from other non-ABSS areas were included, the figures quickly became confounded with deprivation figures, such that a comparison between ABSS and non-ABSS wards largely identified differences explained by lower levels of deprivation in non-ABSS wards.

A further challenge was limited data that could be compared across time to identify 'before' and 'after' effects. Data for outcome measures were often inconsistent or absent from the early stages of ABSS. Some ABSS outcomes relied on measurement tools that were not in regular use (such as wellbeing surveys), while others relied on general population-level measures of child health that proved too fine-grained to reveal changes that could reliably be attributed to an intervention (e.g. hospital admissions metrics with such small numbers that single cases could drastically alter rates).

Of the data that was available, other challenges emerged, notably related to the Early Years Foundation Stage Profile (EYFSP), a measure of child development taken at the end of a child's school reception year, which a high proportion of ABSS programme outcomes relied on. Data from the EYFSP could not be compared across time, as collection paused during the COVID-19 pandemic (with data unavailable for 2019/20 and 2020/21), and re-started in 2021/22 with a new methodology that could not be compared to data from 2018/19 and earlier.

The COVID-19 pandemic disrupted the collection of other data, such as the National Child Measurement Programme (NCMP) used by ABSS as a measure of healthy weight at entry to primary school (aged five) and secondary school (aged 11). This was calculated from partial data in 2019/20 and was not collected in 2020/21.



The impact of the pandemic on outcomes data was also seen in the data itself, as a result of the disruption and challenges experienced across the population during closures of face-to-face services, schools and businesses and isolation experienced during lockdowns. A report on the impact of COVID-19 on families and services is included in one of the thematic Stories of Impact reports. It should be noted here, however, that anticipated patterns of improvements in outcomes as a result of ABSS activities were disrupted by unanticipated social change. The social context for the ten years of the ABSS programme could be divided into three overlapping periods: pre-COVID-19 (prior to March 2020), during COVID-19 (March 2020 to February 2022), and the post-COVID-19 period that also saw a Cost-of-Living Crisis (August 2021 onwards).

The final major challenge was around individual-level data. With different organisations providing ABSS services, data could only be provided to ABSS if parents/carers consented to share their data. To collect this consent, a Joint Registration Form was created, enabling service attendance data to be entered onto the EStart system used by Southend City Council. However, the consent did not include following the future outcomes of those children beyond the end of the ABSS programme, limiting the ability of ABSS researchers to track individual children's journeys and understand the longer-term impact of participation. (This could still be done on a population level, but without the detail of a full longitudinal study.) Additionally, the establishment of City Family CIC required a new customer relationship management (CRM) system and new sharing agreements between ABSS, Southend City Council and City Family CIC, further disrupting data analysis and reporting.

Mosaic approach to evidence synthesis

The ABSS REI team was tasked with drawing out evidence on the impact of the ABSS programme and its individual services, and identifying learning that could be useful to practitioners, partners, families, policy makers, decision makers and researchers beyond ABSS. A multifaceted programme such as ABSS, with multiple elements of evaluation and evidence in different formats and no one set of data giving a full picture of impact, required an approach that would allow the REI team to draw together a coherent narrative.

The mosaic approach to evidence synthesis was adopted to bring together evidence from multiple evaluation methodologies and data types to be synthesised, analysed and reported using a thematic approach. This thematic analysis identified 23 themes which grouped into four key areas:

- **Family Toolkit:** Enabling parents/carers to equip their families and children with elements that supported their development and wellbeing.
- **Parental Resilience:** Equipping parents/carers to develop their own skills, abilities and confidence in their roles as parents/carers and as independent adults.
- **Professional Support:** Underpinning positive interactions and relationships with professionals and service providers.
- **Community Resilience:** Contributing to the development of resilient communities able to support community members.

To aid with the presentation of the themes, each was assigned a core colour, with combinations of these colours used throughout the Stories of Impact reports to represent the themes that come to the fore in each report. The colours are presented along with the groupings of the 23 themes in Table 5.

Table 5: Grouped Themes from Thematic Analysis of Mosaic Synthesis.

Family Toolkit	Parental Resilience
Knowledge	Confidence
Skills	Motivation
Support networks	Empowerment
Understanding	Mental wellbeing
Communication skills	Self esteem
Social & emotional development	Resilience
Physical development	Family wellbeing
	Socialisation
Professional Support	Community Resilience
Staff support	Community support
Trusting relationships	Wider community
Professional networks	Peer support
	Social connections
	Support networks

The thematic analysis also identified five topics that emerged as areas of focus that the ABSS programme had particular impact on.

These were:

- Infant feeding
- Child development and school readiness
- Communication, language and accessibility
- Parental resilience
- Building community resilience

Table 6 sets out how each of the 23 themes correspond to the five areas of focus, with each theme appearing across different combinations of the five areas.

Table 6: Thematic analysis areas of focus and themes

	Theme	Infant Feeding	Child Dev. & School Readiness	Communic., Language & Accessibility	Parental Resilience	Building Community Resilience
Family Toolkit	Knowledge	✓	✓	✓	✓	-
	Skills	✓	✓	✓	-	-
	Support networks	✓	-	-	-	-
	Understanding	-	✓	-	✓	-
	Communication skills	-	✓	✓	✓	-
	Social & emotional developmt.	-	✓	✓	-	-
	Physical development	-	✓	-	-	-
Parental Resilience	Confidence	✓	✓	✓	✓	✓
	Motivation	✓	✓	✓	-	-
	Empowerment	✓	✓	✓	✓	✓
	Mental wellbeing	✓	-	-	✓	-
	Self esteem	-	-	-	✓	✓
	Resilience	-	-	-	✓	✓
	Family wellbeing	-	✓	✓	✓	-
Professional Support	Socialisation	-	-	-	✓	-
	Staff support	✓	✓	✓	✓	-
	Trusting relationships	✓	✓	✓	✓	-
Community Resilience	Professional networks	-	✓	✓	✓	-
	Community support	✓	✓	-	✓	✓
	Wider community	✓	-	-	-	-
	Peer support	✓	✓	-	✓	✓
	Social connections	-	✓	✓	✓	✓
	Support networks	✓	-	-	✓	-

Stories of Impact

This document has presented the context and background to the ABSS programme as an introduction to- and contextualisation of the ABSS Stories of Impact. The Stories of Impact are a series of themed reports, vlogs and videos, posters and banners, presentations and other materials bringing together the evidence and learning that has come from the ABSS programme. The material is hosted on the Beyond ABSS website at <https://abetterstartsouthend.co.uk/> and has been shared widely, including with ABSS partners such as Southend City Council, the Early Years Alliance and City Family CIC, the National Lottery Community Fund (TNLCF), and the National Children's Bureau (NCB), who have been commissioned by TNLCF to communicate the impact and learning of the national A Better Start programme.

The themed reports that form the main body of the Stories of Impact are as follows:

- Stories of Impact: The Context of A Better Start Southend
- Stories of Impact: A Summary of Learning and Recommendations from the A Better Start Southend Programme
- Supporting Infant Feeding in Southend
- From Birth to School: Supporting Social, Emotional and Communication Development in Southend
- Parental Resilience: Supporting Mental Health, Building Peer Networks and Empowering Parents
- Family Voices: Shaping Communities from Within
- Systems and Ecosystems: A Better Start Together
- Change is the Only Constant: The Inside Story of ABSS
- The Impact of COVID-19 on ABSS Services and Families
- Now, Next and Beyond: The Legacy of ABSS.

These reports and the associated materials provide a wealth of learning, insights and recommendations for organisations, communities and policy makers. By sharing this learning from A Better Start Southend, we hope to empower individuals, organisations and communities in Southend and beyond to build a better future by giving children and families the best possible start in life.

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A Better Start Southend Stories of Impact

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