



University of Essex



# Meta thematic analysis of findings from formative evaluation reports

University of Essex, ABSS Formative Evaluation

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Publication date: 4<sup>th</sup> August 2022  
Version: DRAFT 1.3

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# Meta Thematic Analysis

## 1.0 Purpose:

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This report provides a meta thematic analysis of findings from analysis of interview data collected between October 2020 and December 2021. During this time period the research and evaluation team collected more than 140 one to one, semi-structured interviews with beneficiaries of ABSS services and support. The comparison identifies patterns of similarity and difference across and within individual (beneficiary) experiences of receiving ABSS support.

The aim is to provide a more comprehensive description of the similarity and differences across beneficiary responses and between different work stream areas in relation to four out of the five aspects of ABSS services. The five aspects of ABSS services are: 1) Achievements; 2) implementation; 3) Effectiveness; 4) Quality and Experience and 5) Long-term change.

The report excludes analysis of the *Achievements* aspect of ABSS services because this element of the formative evaluation seeks to identify if a project is meeting its intended audience, and if targets are being met.<sup>1</sup> These question are addressed drawing from performance indicator and descriptive dashboard data and therefore do not capture beneficiary subjective account of experience and outcome.

## 1.1 Methodological approach:

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Meta analysis is a methodologically rigorous secondary qualitative analysis of primary qualitative findings.

Contrasting qualitative findings from interview data analysis is theoretically underpinned by the Braun and Clarke's (2006) six stepped approach to qualitative thematic analysis.<sup>2</sup> This method is cited as one of the most widely used in qualitative

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<sup>1</sup> See appendix one for an overview of the five aspects of ABSS services and the specific research questions guiding each of these aspects and the formative evaluation.

<sup>2</sup> Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3 (2), pp. 77-101.

research<sup>3</sup> and is considered “a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of the data” (Braun and Clarke, 2006, p. 78).

The method introduces rigour and reliability to the analytical process and the six steps are described briefly below in relation to their application to our meta-thematic analysis.

#### 1.1.1 Step one: Becoming familiar with the data

Formative evaluation report findings were read through, highlighting sections of text where beneficiaries voiced accounts that spoke to each of the aspects (*implementation, effectiveness, quality and experience and long-term change*) of the formative evaluation being investigated. These highlighted sections of text were then compared against each other to identify patterns of similarity and difference both within and between formative evaluation reports. Highlighted sections became initial codes of meaning.

#### 1.1.2 Step two: Developing codes from the data

This coding phase focused on organising the data into meaningful groups by structuring the data using a matrix. The aspects of ABSS services being evaluated were used as headings and initial codes of meaning populated cells under each heading.

Data extracts from interview analysis were used as evidence to support initial codes that addressed a specific question under one of the aspects of ABSS provision. For example, patterns of similarity were identified under the aspect *Implementation* (which seeks to explore factors that assist and inhibit delivery). It was observed that the effect of COVID-19 was identified as both an assistive and inhibitive factor in the delivery of ABSS services. This pattern of similarity was observed both within and across work stream areas.

This coding stage served three important functions. Firstly, it allowed the research team to see how much evidence there was for a particular code of meaning.

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<sup>3</sup> Bryman, A. (2016) *Social research methods*. 5<sup>th</sup> edition. Oxford: Oxford University Press.

Secondly, it offered up the opportunity to examine variations within and between different beneficiary accounts by ABSS project. This meant we could compare patterns not just within beneficiary accounts of the quality and experience of ABSS projects, and their impacts and benefits but also patterns of similarity and difference between codes.

Finally it enabled the research team to identify differences or discrepant accounts in the data. Discrepant accounts are those that may be atypical of the patterns of similarity identified. They become an important way to display diversity in qualitative data analysis and can say something meaningful about the data in explaining the impact and experience of people accessing ABSS support who may be a lone voice.

This phase of the analytical process was supported by a parent (peer) researcher who took part in the five-week peer researcher skills training course delivered by the University research team.

#### 1.1.3 Step three: From codes to themes:

At this stage the research team reviewed the generated codes and noticed a pattern where many of the codes could be grouped together under one of the four aspects.

Codes were grouped where they shared a similar topic and/or captured something important about beneficiaries' experiences and accounts of their contact with an ABSS project(s). Coded groups formed preliminary themes – these can be seen in appendix two.

#### 1.1.4 Stage four: Review and evaluate themes:

This stage involved reviewing the matrix to examine if extracts really fitted newly created themes. Members of the research team were involved in the review process to ensure that themes reflected meaningful patterns in the data (referred to as inter-rater reliability).

#### 1.1.5 Stage five: Defining and naming themes:

This stage involved formulating exactly what was meant by each theme and figuring out how it helped us to understand the data. Naming themes involved coming up with a succinct and easily understandable name for each theme. Referred to as overarching themes, these can be seen in the thematic maps presented in figures one and two on pages 12 and 13.

#### 1.1.6 Stage six: Report production:

In the final stage fully worked out themes are produced to explain the findings from the meta-thematic analysis. These findings are set out below in section two of the report.

## 2.0 Findings from meta-thematic analysis

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Using this stepped method of qualitative data analysis often presents the analytical process as a linear, step by step guide, however, the process itself is an iterative and reflective one where codes and initial themes were revised along the way, to ensure that developing themes were grounded in the original data. The primary objective being to represent beneficiary accounts of their experience and the impact of participation in ABSS services on their wellbeing and family life.

Overarching themes are presented visually as a series of thematic maps on pages 12 and 13. These visual maps demonstrate the iterative and relational nature of the analytical process where two-way arrows evidence a relationship between overarching themes, sub-themes, and their corresponding codes.

In this section, findings are presented thematically by each of the aspects of ABSS services (*Implementation, Effectiveness, Quality and Experience and Long-term change*). Sub-themes are used as sub headings to describe both the detail of each overarching

theme and to illustrate the connections between them. Extracts from interview data are used as supporting evidence of analytical statements made in support of each theme.

## 2.1 Implementation – What factors are assisting and inhibiting delivery?

### 2.1.1 Theme: Assistive and inhibitive factors of implementation can be mutually inclusive

This theme speaks to the ways in which projects are being implemented and the factors that assist and inhibit how projects are delivered. Findings from analysis of interview data in formative evaluation reports identified two sub-themes that both beneficiaries and project staff voiced consistently within and between projects and across work stream areas. These two sub-themes were the impact of COVID-19 as both an assistive and inhibiting factor of service delivery and organisational practices and processes as assistive factors in service delivery.

#### 2.1.1.1 Online modes of delivery can be inclusive and exclusive

Findings from interview data analysis suggest that online modes of delivery were viewed both positively and negatively by beneficiaries and in some cases this appeared to be associated with the nature of the delivery model.

Where projects were delivering group-based programmes, such as HENRY Healthy Families and Preparation for Parenthood, beneficiaries were more likely to report that online modes of delivery offered greater flexibility and choice in how they accessed and engaged with programmes.

Flexibility and choice were often framed in relation to the timing of the programme, for example, after work when partners were often available to help with child care and/or were more likely to be able to attend a programme at the end of a working day. The following data extracts provide supporting evidence of this.

*“It’s nice because you are in your home so if you have a busy day, then you remember, ‘oh my God, like today I was supposed to go to the HENRY programme’, you’re still at home so you don’t have to kind of [sic] rush if it takes you half an hour to get there [...] all you have to do is turn the phone on. You still get to speak with all the parents and the HENRY lady and you still get to share all the stories and information. I think it’s more flexible because if you go somewhere you have to get dressed, you have to get out. Obviously if it’s online, then no one cares if you’re wearing pyjamas!”* [Henry Health Families beneficiary]



*“Doing things online was perfect for me. The mix of group and individual sessions, plus a WhatsApp group was great as it means I can speak to other mums but also have time to address concerns I have as an individual and really allows me to focus on my pregnancy and my baby. I also would have found it difficult to attend in person sessions around work and childcare but the flexibility this offered was exactly what I needed to be able to participate.”* [Preparation for Parenthood beneficiary]

*“The other thing that has made a big difference to me, is I know it’s online [...] in person things are great and it’s really nice to meet other people [...] but because I was still working and I had a toddler, it wasn’t easy to say someone, ‘can you come around and watch him for a couple of hours so we can go to this course?’ [...] I probably couldn’t have done it if it hadn’t been online.”* [Preparation for Parenthood beneficiary]

*“[...] We’re doing Zoom calls, the engagement officers employed by the service were getting in touch and contacting us to see how we were all doing. The online stuff was nice cos [sic] we did Zoom, so we sort of saw a few faces. I think everybody was really welcoming.”* [SAVS beneficiary]

*“We were doing in [sic] on Zoom. But it was just more convenient for me and my husband to do it like that, so we could do it together [...] I just think it’s really helpful and it will be helpful with all the tools for the future as well. You know our daughter is only six months old. But it has given us tools for things to do once she’s older.”* [HENRY Healthy Families beneficiary]

*“I wanted to get in touch with someone interesting with that point of view, during lockdown I was helped so much by volunteers and I wanted to give something back. I took part in the parent champion training and passed it. Keep it [CV] updated (reminding how to look for work etc.) and getting in touch with other people and keeps me connected even in these times.”* [Work Skills beneficiary]

*“Looking at changing my career [and] stuck at home wanted something exciting to do. [It] helped me find more sources online, the mental health awareness was amazing -off the back of that I’ve done some online courses, teaching assistant course and learning disability course. Having something to do look forward to esp. [sic] in lockdown really helped, the courses genuinely helped with my sanity throughout lockdown.”* [Work Skills beneficiary]

*“.....whereas we might have done an event about careers at Holiday Inn. Instead of being able to go in, we did a themed week about hospitality. So they got a couple of activities emailed every week, and we worked with the adult college quite a lot [...] we tried to do a live session with the experts, and they were working really well. Up until the beginning of August [2020], our numbers for themed weeks were higher than our numbers in person.”* [DP staff member]

Where projects delivered one to one services, like Let’s Talk or offered a casual drop-in service such as ‘Bump to Breast’ group breastfeeding support; beneficiaries were more likely to report that online modes of delivery impacted their engagement and sense of connection to others. This was also the case for some beneficiaries who attended online

group programmes, where for example low confidence may have acted as a barrier to participation. Online modes of delivery were especially challenging when a practitioner was trying to engage with a child. The following data extracts from beneficiaries and Delivery Partner staff members illustrate these analytical points further.

*“I’ve struggled this year in lockdown with the motivation of actually taking part with things – the online side of things made me a little anxious and initially when the children were home [first lockdown] I found it impossible to complete and join in any meetings and forums [...]”* [SAVS attendee]

*“I would say that the only barrier at the moment is reaching those that are perhaps more vulnerable but haven’t got the confidence to contact us. Whereas before we were able to out in the community [...] we would have had that initial face to face conversation [...] I think that’s the only downside of being in lockdown [...]”* [DP staff member]

*“The biggest challenge is... with the pandemic it is difficult, it is difficult where we can’t do face to face classes, like the parents would want. Because a lot of the time when we’re doing it over Teams, they’ve got to be a bit in and out with their children... [DP staff member] “I think if it were not for the pandemic it would be easier for me to communicate. I am not always great on Zoom calls etc.[...] sometimes I find the various methods of communication a bit hard to keep up with as some is via WhatsApp, some via email [...]”* [Preparation for Parenthood beneficiary].

*“I thought I was going to be taking him to go and see somebody, but because of COVID we had to via video call. Trying to get a two-year-old to sit in front of a laptop talking to someone [...] well it didn’t happen [...]”* [Let’s Talk beneficiary].

*“I don’t personally feel that the support has been that great for them [children] [...] we’ve had video calls during COVID. But children, they don’t really, at that age – they’re not going to sit in front of a phone, or tablet, you know?”* [Let’s Talk beneficiary]

Other aspects affecting implementation of services related to digital exclusion and beneficiaries reporting challenges in accessing online help. This was particularly the case if their device (such as mobile phone) had limited data storage/availability to download video conferencing software or broadband width affected engagement as some families were sharing devices and WIFI between household members.

Digital exclusion as an inhibiting factor of implementation was also voiced by a number of project staff. This was pronounced where services had safeguarding elements to their practice such as Family Nurse Partnership (FNP) as the following extract indicates:

*“It’s not quite the same, you can’t see the whole home and the whole room behind you. Obviously the conversation and the connection that you would have when you’re seeing somebody face to face isn’t the same over a video call. And there’s technical issues, sometimes we can’t even go ahead with the video call.” [DP staff member].*

*“I’m not very techno [sic] and couldn’t download the actual [software] the one you needed [...] it meant I had to delete a load of other things, so I had enough memory as well. I didn’t have enough memory for it all, cos [sic] I do everything on my phone.” [HENRY Healthy Families beneficiary].*

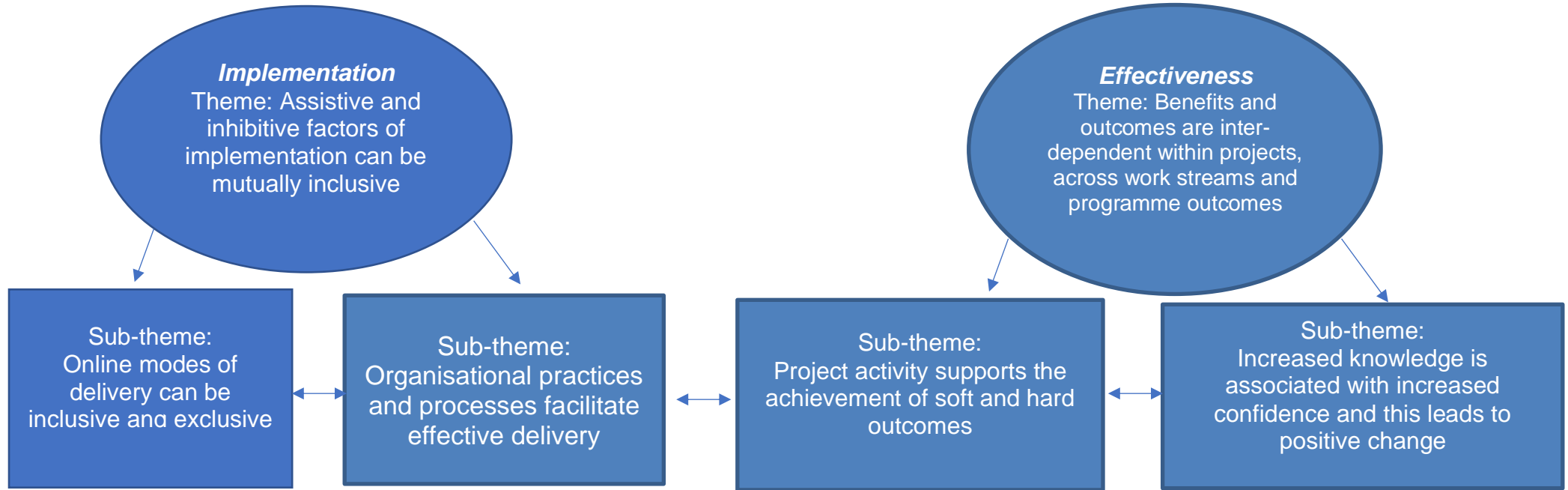
*“Some of them [beneficiaries] barely have a phone [...] always running out of credit.” [DP staff member]*

*“The link was fine but my computer is a bit slow”. “It was all straightforward, but my phone didn’t want to download the app [sic] so I needed to something else.” [Work Skills beneficiary]*

Some of the Delivery Partners, such as Work Skills, were proactive in managing some of the challenges and barriers associated with digital exclusion by informing and linking beneficiaries to alternative forms of support.

*“...I thought I’d get some quotes and then if we wanted to do leaflet drops [...] about access to things like free WIFI, or where you can book a computer [...] there’s a scheme that BT were doing, so it’s letting people know how they can access support for IT equipment and that [...]” [DP staff member]*

Figure 1 Thematic map showing themes for Implementation and Effectiveness and their corresponding codes



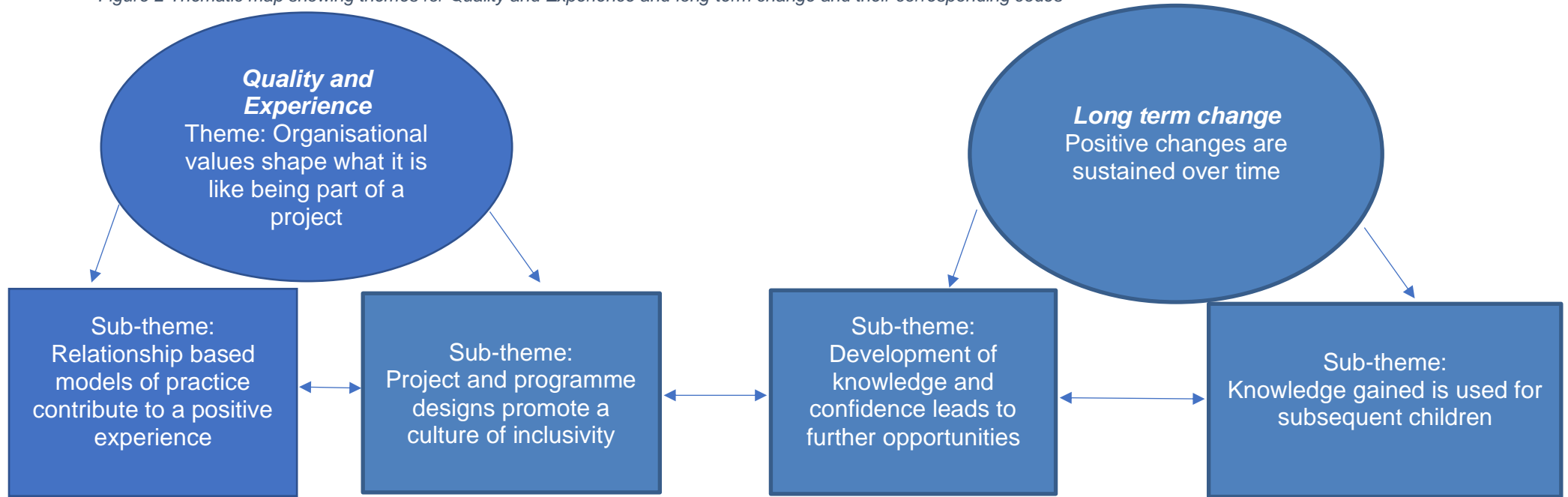
**Corresponding codes for *Implementation*:**

- Online modes of delivery offer flexibility, choice and control areas
- Online modes of delivery cannot replicate face to face contact interaction) outcomes
- Digital exclusion inhibits engagement and participation in services and support
- Linear approach to programme management inhibits relational nature of project deliver in ABSS services
- Challenges in engaging with statutory services identified by project staff
- Digital by default approaches to communication and promotion can be a barrier to accessing support
- Skill mix, knowledge and relationships between colleagues and projects assists service delivery

**Corresponding codes for *Effectiveness*:**

- Project activity supports the development of multiple outcomes across work streams
- Projects contribute to the development of soft (confidence, self-esteem, social
- Inter-dependency between outcome and work stream areas contributes to successful outcomes
- Increased knowledge and confidence are key outcomes and benefits of participation
- Improved collaboration across organisational boundaries supports individual level outcomes
- Friendship and connection with others can be a motivator for and outcome of participation
- Perception that ABSS services are ‘filling a gap’ not offered by mainstream support

Figure 2 Thematic map showing themes for Quality and Experience and long-term change and their corresponding codes



**Corresponding codes for *Quality and Experience*:**

- Strengths based approaches to practice support beneficiaries to feel valued and respected
- Peer based models of learning foster a culture of inclusivity and contribute to soft outcomes
- Person centred (non-judgemental) forms of communication facilitate participation and lead to positive experience and outcome
- Accessibility and availability of support are seen as key attributes of a positive experience of support
- Projects may not always be accessible and engaging for fathers and male carers
- Project and programme designs contribute to a positive experience e.g. creation of WhatsApp groups Encourage connection and ongoing relationships between beneficiaries

**Corresponding codes for *Long term change*:**

Beneficiaries share their knowledge from participation with wider social networks  
Programme designs mean that knowledge gained can be reinforced later on, leading to improved retention and application of knowledge

Where beneficiaries reported challenges engaging with online modes of support, it was observed that they were also more likely to report friendship and connection with others as a motivating factor for accessing/engaging with a service. For many beneficiaries, reasons for accessing support was not necessarily about seeking a solution to a perceived problem but wanting to find friendship and connection with other women who shared their experience.

*“I must admit, personally I was a bit disappointed [...] I don’t really know any other mums. I don’t know any mums to be in the area, so I was hoping that this would be a great way to meet other people. And I know that when you meet people face to face, it’s much more personal than it is online”.* [HENRY Healthy Families beneficiary]

*“The only things I really feel like I’ve missed out on is I’ve not had any ante-natal classes. I’ve not met any other parents and from me; I find it quite difficult doing online groups and things like that so I would’ve liked that. I would’ve absolutely gone for it had an in-person option been available.”*  
[Preparation for Parenthood beneficiary]

*“I wanted to meet other feeding mothers and babies and to become part of a support network/family”* [Bump to Breast, group breastfeeding].

Other inhibiting factors associated with service delivery were voiced by some project staff who framed their concerns over the impact of the pandemic in reaching what they described as ‘vulnerable’ families. Vulnerable families were often characterised as those who may lack confidence or self-esteem in coming forward for support if they were struggling with family life.

*“Not everyone’s ready or able to get childcare, and I do think we need to consider it going forward, like a blended approach. And have an online approach to some of the sessions, because even though we should be encouraging people to get out and about, it isn’t possible for everyone. They might not be able to afford the bus fare [...] I think we’re missing out on whole groups because of digital poverty, or because they don’t have huge access to things. They might not have Facebook so they might miss out on local services because they’re not looking for it.”*  
*“And the other thing is the worry is we’re missing that group of people who don’t have access to online. And they could be one of the most vulnerable groups, could be sitting at home not going outdoors because they’re too anxious, or too scared or feel so isolated. Unless you knocked on their door, they don’t engage with services.”* [DP staff member]

*“Some of the families in A Better Start areas have other challenges, be it financial, relationships and things. So I think sometimes [...] those things can get in the way of the changes that they would perhaps like to make but just don’t have the mind space to make at the moment [...] it’s*

*just being understanding that a lot of families in Southend have an awful lot else going on in their life.” [DP staff member]*

Ineligibility for support was another inhibiting factor for DP colleagues to manage because it meant letting people down in their view.

*“That’s the hard part of being in a A Better Start is when people contact you and you have to let them down gently and say, ‘I’m very sorry but we can’t offer you it because you don’t live in the right postcode’.” [DP staff member]*

#### *2.1.1.2 Organisational practices and processes facilitate effective service delivery*

This sub-theme speaks to the practices and processes implemented by ABSS projects that contribute to effective service delivery from a beneficiary perspective. These practices can be described as person centred, or strengths based and beneficiaries positioned accounts in terms of their feeling respected and valued by project staff. Here we observed the inter-related nature of themes and sub-themes. Findings that speak to what it is like to be part of a programme which is the key question informing the *Quality and Experience* aspect of ABSS services also position the values and professional practices of staff as in important contributor to a positive experience of a service. Similarly, a positive experience of an ABSS service is also considered a factor that facilitates effective service delivery.

Beneficiaries gave accounts of person-centred practices where programmes and projects were able to respond to their individual needs, even where the programme may have been focused on the needs of a whole group. This sort of dynamic delivery was observed in accounts where beneficiaries requested follow up support at the end of, for example, a group programme or where they had missed sessions. Use of social media was also highlighted as a positive attribute that contributed to effective service delivery. This follow up support and/or signposting was highly valued by families.

*“They were great at getting us together and all engaged in the sessions [...] and very proactive with reminding us baby brained people of the sessions. When I had to miss a session, they took the time to have a catch up and went through the session with me so I didn’t actually miss anything and I was prepared for next time.” [HENRY Healthy Families beneficiary]*

*“I know if I have any concerns or worries, I can just text them [...] I know it sounds really silly, but I don’t feel like I’m annoying them. I feel like it’s genuinely like texting a friend, ‘hello, I’ve just got a quick question to ask you’ [...] ‘the baby’s lost a bit of weight and I was just a bit anxious’ [...]*

*she said, 'we'll come around and see you', and booked in a visit, but it made me feel better, that 10 minutes meant the world."* [One to one breastfeeding support beneficiary]

*"I've felt this way for a long time now, she [specialist health visitor] was very sympathetic and understanding and guided me [...] seeing that I needed to find out what had happened to me in hospital [...] it's absolutely incredible"* [Perinatal Mental Health beneficiary]

*"I found the WhatsApp group really helpful because you ask questions and there's always somebody who will get back to you. It's very reassuring."* [Bump to breast group breastfeeding beneficiary]

*"We're with them for two and half years and we teach them lots of things, that they'll make better choices in future or they'll make the choices if they have any more children [...] that's so rewarding [...] it's done on a long-term basis."* [DP staff member]

*"It was very relaxed [...] it was a nice intimate space. It didn't feel like you were in a big hall. It felt natural to have a chat, like asking their names [...] I felt comfortable that I could feed him while I was there. I could participate as much or as little as I wanted and there was no pressure. He [baby] enjoyed it. He liked holding onto the maracas."* [Umbilical Chords beneficiary]

*"I was due back at work, I was doing a few keeping in touch days. It was really handy because I knew I could just send them a message on Facebook messenger or on their Facebook page and say, 'I'm concerned about my supply. Is the baby getting enough milk?' Is this the right amount to express?' things like that. It was nice to know that even if I couldn't attend a group [...] I can send a message [...] I found that very helpful."* [Bump to breast group breastfeeding beneficiary]

*"We finished it and I'd asked all the questions I could think of and I feel very reassured about it [labour and birth] [...] it's nice they said, 'right, if you need us you know you can always text me' or [worker's name] said, 'oh you can email me any questions' [...] to have that bit of support, whereas before when I was pregnant, I had the midwife, but it wasn't the same [...] I didn't have a clue what I was going into, if that makes sense."* [Preparation for Parenthood beneficiary]

*"They were really caring and supportive, and just there when you need them. So I think they're really good, especially for young mums. They help you 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."* [FNP beneficiary]

*"I would never leave a family until I know that they [...] can stand on their own two feet [...] when the natural time is to draw away [...] the six-week model [...] just did not work."* [DP staff member]

*"We've got a bit of a WhatsApp group. We're doing Zoom calls, the engagement officers employed by the service were getting in touch and contacting us to see how we're all doing. The online stuff was nice cos [sic] we did Zoom so we sort of saw a few faces. I think everybody was really welcoming."* [SAVS beneficiary]



Person-centred practices were also observed in accounts where beneficiaries and project staff described the value and importance of relationship building to effective service delivery. This was particularly emphasised where a project was working alongside statutory services, such as children's social care.

*"We try and build bridges and show clients that we're all coming from the same viewpoint, we all want the best for a family ."* [DP staff member]

*"[The nurses] were easy to get on with [...] One of them, one time I was really upset and they gave me a hug."* [FNP beneficiary]

*"I'm on the curvier side. I was a bit worried I was going to get a bit of a telling off, you know [...] that some professionals would be going, 'oh clearly you don't have a healthy lifestyle' [...] and I was worried I would be judged for that and I've never been made to feel that way [...] I worry a lot about being judged as a mum [...] what are people going to think about my parenting or the choices I've made [...] it's always been so supportive and that's made me feel more confident."*  
[Preparation for Parenthood beneficiary]

*"I felt like she knew my anxieties around breastfeeding [...] I feel like with some people you speak to about breastfeeding, that it's very much made clear that it is best [...] but she wasn't pushy. She was just really cool, calm and collected, ran through everything. So open to all my questions, cause [sic] I had really silly questions. But she didn't make me feel like I was being silly. She just put me at ease about the whole thing, there was no pressure."* [One to one breastfeeding support beneficiary]

*"...So, they were really accommodating; they let everybody have a go, as opposed to just watching them. They let everybody have a go and they would give advice as you went through it. They were really welcoming, very helpful..."* [Work Skills beneficiary]

These person-centred practices were also observable in accounts where beneficiaries described how support to them, for example, with breastfeeding or mental health issues had as a by-product improved their partner and family relationships more widely.

*"Yes - also helped my husband (gained tools we now use daily)"* [Specialist Health Visiting for Perinatal Mental health beneficiary]

*"I was never made to feel silly that I was going back and doing it again [Preparation for Parenthood programme], or that I couldn't remember something [...] my husband really benefitted too [...], he felt comfortable to ask questions [...]"* [Preparation for Parenthood beneficiary]

*"She makes me really comfortable, and I feel like I can text her whenever I need to ask her anything [...]"* [FNP beneficiary].

*“It’s helped us as a family because [...] I think it made me a lot more level [...] if you’re having a bad day, you’re having a bad day [...] everyone has a bad day [...] I feel I can be happy.”*  
[Perinatal Mental Health beneficiary]

*“We now don’t have as many tantrums at mealtimes. We now all sit together when we can before I would just leave her and stick the TV on and walk away [...] she sits with a knife and fork and she sits with us.”* [HENRY Healthy Families beneficiary]

*“I believe that she [beneficiary’s daughter] does have a more stable mummy and my partner definitely has a much more stable wife now [...]”* [Perinatal Mental Health beneficiary]

*“I think what this brings, is that it makes the story more engaging [...] it encourages two-way conversation. So even with my littlest one, who sorts of wants to look at the pictures and look through the book, which at bed time we don’t really do as much.”* [Story Sack beneficiary]

*“Encouraged me to go out with my twins and be more sociable [...] you know you can meet anybody [...] but to have special people that can give you advice [...] it was important because with her you can speak about it and its private. You can’t speak with anyone like neighbours or things like that, about what happened to you. I was feeling safe when I speak [sic] with her.”*  
[FSW SCN]

*“Seeing me as a wife and a mother being happy and relaxed makes the whole family stress free and happy.”* [Perinatal Mental Health beneficiary]

*“I think they were very gentle [...] very respectful [...] she even took her shoes off. It was their whole demeanour [...] they would never go, ‘don’t be silly’ – it was always supportive speech, ‘you’re doing so well’ and supportive gestures.”* [One to one breastfeeding support]

## 2.2 Effectiveness – How is participation impacting beneficiaries?

### 2.2.1 Theme: Benefits and outcomes are inter-dependent with project, across workstreams and programme outcomes

This theme reflects the ways in which impacts and outcomes reported by beneficiaries cut across work stream and programme outcomes. For instance, projects that sit within the diet and nutrition work stream area also support the development of social and emotional outcomes for children and their families even though their performance may be measured in relation to diet and nutrition specific outcomes only. What this shows is the relational nature of the ABSS programme as a whole.

Benefits and outcomes of participation in an ABSS service were also framed in relation to the way in which increased self-esteem, inter-personal skills, and resilience or coping

strategies (soft outcomes) were tied in with the improved knowledge and confidence which were key benefits and outcomes of participation from a beneficiary perspective.

Effectiveness can also be thought about in terms of how an ABSS project may provide a context for another project. There was limited evidence in the way of data extract to support this however, it is worthy of note that some projects work collaboratively with others, signposting and referring families towards further support once their intervention had ended. This was most in evidence in the diet and nutrition work stream where parents attending a pre-natal programme (Preparation for Parenthood) were informed of the one-to-one breast-feeding offer provided by the local hospital trust, who in turn referred women to the group breast feeding service (Southend YMCA).

*“I have to say the support and care I received from all the ladies I spoke to at Better Start has been amazing! From first being introduced to the scheme at 16 weeks of my pregnancy and having everything explained to me, I felt that Better Start would give me the support and advice I needed when considering breastfeeding. I then had an appointment at 36 weeks to discuss my colostrum harvesting [...] and then six weeks of breastfeeding support and an introduction to ‘bump to breast’ group.”* [One to one breastfeeding beneficiary]

The section below describes each sub-theme in turn.

#### 2.2.1.1 Project activity supports the achievement of soft and hard outcomes

One pattern of similarity that was identified across codes was the importance of soft outcomes to the achievement of hard outcomes. What this means is that many of the benefits and outcomes that beneficiaries reported as a result of participating in a service were often discussed inter-changeably with a sense of increased confidence, self-esteem, resilience, emotional wellbeing and inter-personal skills. These were described alongside benefits in relation to increased knowledge on for example, healthy lifestyles, such as portion sizes or knowledge about how to support their child’s communication and language skills or starting up employment or own business (hard outcomes).

This increased knowledge often had empowering effects where access to evidence informed knowledge was associated with increased confidence and reassurance that parents were doing a good job.

Feelings of increased confidence and knowledge were observed across projects, work streams and delivery models. If a project was delivering a group based (educative) programme or providing one to one support, beneficiaries consistently reported these attributes as key benefits and outcomes from taking part. The following extracts illustrate this further:

*“When I started this service, I was anxious [...] I have come away with a wealth of knowledge, which has in turn made me more confident”* [Preparation for Parenthood beneficiary]

*“ I have learned a lot from those session [...] I have started understanding my son’s behaviour better [...] I’ve learned what kind of behaviours children can have in different situations [...]. Before maybe, I would just go angry [sic] but now I ask him, ‘what’s wrong?’, ‘what’s going on?’ You know, I have started listening to him.”* [HENRY Healthy Families beneficiary]

*“It has opened up wider conversations about emotional wellbeing and it has made us understand as a family that it is not a taboo subject and it is ok to talk about our emotions from time to time.”* [Specialist Health Visiting for Perinatal Mental Health beneficiary]

*“I always feel a bit calmer after seeing my volunteer, she let me have a moan and didn’t judge me [...] she helped me to look at things from a different perspective and take a step back [...] she gave me support to go out. I don’t have to be scared for anyone [...] I do activities or I’m going to the park [...] I’m doing my best.”* [Volunteer Home Visiting beneficiary]

*“[...] breaking that mould of [sic] where no family member has ever worked or been in education, or had that self-worth of self-efficacy”* [DP staff member]

*“I was very aware that I used to take up too much of her time [feeding advisor], but the conversation just flowed [...] I did get post-natal depression with my daughter [...]. With my son I’m trying not to feel like that. The way everything has been over the last 18 months, you feel a little bit more lonely and having them to be able to come in, is a massive difference because you don’t feel like you’re on your own. I feel better about myself”* [One to one breastfeeding support beneficiary]

*“She helped me a lot with normalising how I was feeling, saying to me, ‘this is actually normal’.”* [Perinatal Mental Health beneficiary]

*“Just being able to talk to someone that understood where I was coming from [...] I’ve got my mum, she’s great, but she never breastfed for longer than three days [...] they just listened to me rant, but they also come [sic] to help different positions, different techniques to try and ease [...] I just felt some much better about everything.”* [One to one breastfeeding support beneficiary]

*“I’m 100 percent sure it’s why I got over post-natal 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 [...] and just coping strategies as well. Just so many things.”* [Perinatal Mental Health]

*“I gained an incredible emotional attachment to my son. Every single time I fed him [...] it just felt magical. I know that sounds quite cliché [sic], but I could tell it was [...] as soon as I had a drop of milk, I loved that it would calm him right down and it made me feel so special, in a way [...] and we’ve had that bond ever since.”* [One to one breastfeeding support beneficiary]

*“[It] improved confidence, improved wellbeing, hadn’t considered changing my career so it was really helpful and opened my eyes.”* [Work Skills beneficiary]

*“...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 general knowledge [of the course] and obviously being a parent, we think we cannot get involved, we cannot do that job and work through... Now actually we can do this job and we can do that job, although there might be barriers, there are ways around them, and Work Skills has given us the tools to know what we need to do and what we can and what we cannot actually do.”* [Work Skills beneficiary]

#### 2.2.1.2 Increased knowledge is associated with increased confidence and this leads to positive change

Feelings of increased confidence and knowledge were observed as key benefits and outcomes of ABSS support, across projects, work streams and delivery models.

Confidence and knowledge were also associated with a reduction in anxiety. If a project was delivering a group based (educative) programme or providing one to one support, beneficiaries consistently reported these attributes as key benefits and outcomes from taking part. Increases in confidence and knowledge were observed in children by their parents as well as parents reporting their own increased confidence and knowledge in for example, their parenting ability. The following extracts illustrate this further:

*“This support has helped with my anxiety around my baby. It has cleared a lot of things up that I might have been worried about. To have someone there and be like, ‘this is all perfectly normal’ [...] that’s helped.”* [Perinatal Mental Health beneficiary]

*“With the help you get with Better Start, they were fabulous and because I had that extra support, it made the midwife and health visitor visits – that aren’t always as regular as you’d like them to be, that little be easier to cope with [...] if it wasn’t for Better Start, I don’t think I would have breastfed.”* [One to one breastfeeding support beneficiary]

*“So that one, ‘what’s in the bag?’ – he now understands what to do with the game and he will then say, ‘car’ as soon as I pull something out of the bag. He will then quickly say what it is, whereas before, he would just look at me and laugh or smile or try to take it. He wouldn’t engage with the activity. And since the therapy he is now saying two words together, like ‘ta mum’ or ‘dad sit’. Whereas before he wasn’t saying anything like that.”* [Let’s Talk beneficiary]

*“If I didn’t have A Better Start, I honestly don’t think I’d have breastfed for as long as I did [...]. So my mum didn’t [breastfeed]. None of my family members breastfed [...] the fact that they were actually able to help me that, ‘oh your daughter’s not actually around your nipple and they need to go further up, because your milk ducts are actually near your shoulders [...]’. I would never have learned that from Google.”* [Bump to breast group breastfeeding beneficiary]

*“I have noticed a huge difference with my son. No [sic] just in speech but also in confidence at school since we have been back at the sessions.”* [Let’s Talk beneficiary]

*“The story sack has encouraged us to talk more about the story and enable us to take our time reading the story and looking at things closer. Almost stop and enjoy the moments in the story, instead of rushing through [...] I feel more confident reading to my child [...] my son loves books.”*  
[Story Sack beneficiary]

*“I feel more confident looking after my baby, I learned useful advice. My family nurse understands me and gives me useful information.”* [FNP beneficiary]

*“It has helped build my confidence and remember how good it is to talk to someone, like a friend. My children had their free play time and found at the end of the conversation a happy mum.”*  
[Volunteer Home Visitor beneficiary].

*“I feel confident looking after myself and dealing with my emotions”* [Specialist Health Visiting for Perinatal Mental Health]

*“It has been lovely to speak to somebody for reassurance and has given me so much confidence in being a mum [...]”* [FNP beneficiary]

*“I did the ELKLAN course, it was amazing! [...] I have children that come with speech and language difficulties [...] they come with a speech and language therapy plan. On that is a list of targets [...] they ask us as schools to work on too. They write things like ‘you’ve blanked two questions’. And you’re like, ‘what’s that?’ – and I have no idea [...] they just presume that we know what that means. So, in the ELKLAN course there was a whole section on this blank questioning. I now know what it is.”* [Talking Transitions beneficiary]

*“Practice has improves [sic] with additional tools in use to promote communication and language skills. We enjoyed working with our feeder schools and the communication was really good. I think our children transitioned smoothly into their new settings [...]”* [Talking Transitions beneficiary]

*“I received the confidence and knowledge that I needed to be a great Mum [...]”* [FNP beneficiary]

*“I feel I can read my son’s emotions, as well as how to deal with them. Also eating has become a lot less stressful.”* [HENRY Healthy Families beneficiary]

*“The baby’s coming up to a year old and I’m still breastfeeding. I never expected that I would get past six weeks. The fact I can still feed her now and it’s been nearly a year – it has increased my*

*confidence [...] I probably would have given up a long time ago if I didn't have the group support.”*  
[Bump to breast group breastfeeding support]

*“Huge! Lots of practical tips for difficult times like bedtime and meal times, but also my own confidence as a parent. I feel far more confident in my ability to make the right decisions for my family now. Even though the decisions I'm making haven't changed much, there's a lot less doubt and guilt weighing me down now.”* [FSW SCN]

*“It was definitely a positive impact. I'm more aware now about what we eat. I'm focusing on cooking healthy meals, and on setting guidelines for my daughter, related to her meals and TV time.”* [HENRY Healthy Families beneficiary]

As confidence increases, feelings of isolation can decrease for beneficiaries who report feeling more able to offer their children opportunities that prior to support may have been a barrier to exploring.

*“My volunteer has helped me to look at things from a different perspective and take a step back. It's been good to have ideas and advice from someone else [...] my children they can access new opportunities or learn about new things [...] I feel reassured that I am being a good parent.”*  
[Volunteer Home Visiting beneficiary]

*“I was very much of a negative mindset and it was learning that techniques to be able to come out of that and focus on the positives rather than I just always say, 'oh no, we haven't got that, and that's not right, and this is not right' [...] I think, 'no, pull yourself back'.”* [Perinatal Mental Health beneficiary]

*“For me it was about conflict resolution [...] modules like parenting styles, giving children choices and praise I found really useful [...] it definitely helped me rethink about some of the things that I would do and how you can apply it to the little ones.”* [HENRY Healthy Families beneficiary]

*“[...] we went to quite a few things, for example one was about fruit and vegetables, which was really good. There was a talk about [...] so parents are aware of how much sugar are in different kinds of food, and what to give your children [...] the kids could have tried different fruits and vegetables they might have never tried before. So that was one of the really good ones that I went to.”* [SAVS beneficiary]

*“It was more to help with my mental health. It was something for me to get up and go and do and [...] get involved with other parents [...] it helps me bring my confidence back to go and apply for work.”* [SAVS beneficiary]

Parents also reported reassurance as a key benefit and outcome of participation. Like the data extract above, parents would often report more than one theme in their accounts of support. Feeling reassured was often reported in relation to being supported to recognise that how they felt was 'normal' or that their child was at the expected level of development for the age.

*“Peace of mind, I thought he was behind.”* [Let's Talk beneficiary]

*“Reassurance that he is developing well” [Let’s Talk beneficiary]*

*“I feel like I was listened to and reassured. I was able to bond with an individual outside of my family who would just listen to me and look at the situation from an outsider’s perspective. Just reassuring me about any decisions I needed to make and helping me understand that my boundaries are necessary and that it is OK to have boundaries even with family.” [Specialist Health Visiting for Perinatal Mental Health beneficiary]*

*“Just reassurance following my traumatic birth four years ago. Things change, so it was good to not only to refresh my memory but to learn new things too.” [Preparation for Parenthood beneficiary]*

*“My favourite thing about Preparation for Parenthood was that I just got to talk to someone who knew what they were talking about and I knew their information would be reliable [...] I was so anxious and I got to speak to a midwife every fortnight [...] it was exactly what I needed [...] rather than in a group where sometimes I’m a bit worried about this because what if everyone is like, ‘that’s really easy, why can’t she do that?’ [...] it was so nice to speak to someone and think no one else can hear that I’m asking this stupid question [...] I think we’re so lucky to have a group of professionals [...] to have conversations at different times has made such a difference to how confident I feel as a parent. Very, very grateful [...]” [Preparation for Parenthood beneficiary]*

*“The family nurse helped me a lot with my mental health, because I did struggle a bit just after I gave birth [...] She helped put my mind at ease about my worries about having a baby, because I was scared about everything. I then went to a playgroup that was made up of different mums on family nurse partnership and made quite a few friends there. So it’s been really helpful for me.” [FNP beneficiary].*

*“I feel like I was listened to and reassured [...] just reassuring me about any decisions I needed to make and helping me understand that my boundaries are necessary and that it is okay to have boundaries, even with family.” [Perinatal Mental Health beneficiary]*

*“Reassuring about how I was parenting which helped ease anxiety” [FSW SCN]*

## 2.3 Quality and Experience – What is it like being part of the programme?

### 2.3.1 Theme: *Organisational values shape what it is like being part of a project*

This theme speaks to the way in which organisational values shape how beneficiaries experience a service. How project staff work directly influences how families talk about their experiences of taking part in an ABSS service.



### 2.3.1.1 Relationship based models of practice contribute to a positive experience

A pattern was observed where relationship-based models of practice contributed to a positive experience of a project. This pattern of similarity was identified between projects and workstream areas. Where projects took a strengths-based approach to their work, based upon mutual respect and equal partnership between beneficiaries and practitioners this contributed to a positive experience of the service.

*“Oh, I think they’ve been brilliantly welcoming, incredibly friendly and supportive. I’ve never felt judged[...] you know what it’s like being a mum [...] you can feel under scrutiny” [Let’s Talk beneficiary]*

*“It was really nice because she spent ages like helping me position her, because we had the time to wait. When the midwife comes, it’s like not a criticism of the midwife because I guess they’re on a really busy schedule. But they’ll come and if the baby’s just like fed, then they can’t sit for 40 minutes and wait for her to be hungry again. Whereas, in the group, she could sit and wait until she was ready to feed and then help me position her [...] show me different techniques. Sometimes, you just want to say, ‘you know it hurts and it’s hard’ and she was really good at kind of saying, ‘yeah, I know, it’s okay that it’s hard and it’s okay that you’re finding it difficult.” [Bump to breast group breastfeeding beneficiary]*

*“I’ve never been made to feel that I haven’t been doing the right thing, or like there’s something wrong with me because I’ve been accessing those services” [Let’s Talk beneficiary]*

*“I would say from my previous setting where the school was literally around the corner, we never saw anybody, they weren’t interested in transition. But now there is dialogue between the pre-school and school [...] they know each other and that’s really good [...] it’s changing the perception that childminders are not just babysitters [...] I think schools need to acknowledge that childminders also have a good knowledge of the children they support. They support them in their speech and language and personal skills and everything.” [Talking Transitions beneficiary]*

*“Having an FNP nurse helped me so much during my pregnancy [...] my nurse was amazing. She helped me look for places to live. I was very scared during my pregnancy because of my family’s history and my nurse was always there to reassure me. After my son was born, I became very depressed and my family nurse helped me to recognise I was going through depression. If I was having a bad day, I could phone my family nurse and she would be around the same day and help me through my problems.” [FNP beneficiary]*

*“I feel like the bulk of not being able to cope was [due] to poor GP, hospital and my normal health visitor support and due to these things my mental health suffered [...] This service couldn’t alleviate these things, what it did do is made me feel listened to and supported when no other person did, and that was invaluable.” [Perinatal Mental Health beneficiary]*

*“They [infant feeding advisors] were friendly and warm. You could tell they knew what they were talking about [...] they understood breastfeeding. They had all clearly breastfed children themselves and they just really understood.” [One to one breastfeeding support beneficiary]*

*“But with the facilitators they were lovely, so you know just brilliant. So down to earth [...] they don’t judge you or anything. You could be honest you know if your eating wasn’t good for a week or something [...] they were very non-judgemental. So that was good [...]”* [HENRY Healthy Families beneficiary]

*“I found [the Work Skills staff] to be very knowledgeable. If they didn’t know the answer to anything, they went away and found out for you. I felt very supported, and I was really surprised at their level of empathy and interest in what they were doing and the people they were working with. And that’s something that really stood out to me, that they genuinely seemed interested in what they were doing and were very positive about what they were doing.”* [Work Skills beneficiary]

### 2.3.1.2 Project and programme designs promote a culture of inclusivity

Peer based models of support are a feature of delivery between projects and across workstreams. It was identified that they contribute to the development of soft outcomes, such as improved self-esteem and interpersonal skills. Peer based models are also viewed by beneficiaries as a powerful way to learn, such as receiving support from beneficiaries who have experienced their own challenges with breastfeeding or their mental health.

*“Well, I’m still breastfeeding [...] one week before her first birthday. I thought, ‘I won’t be breastfeeding until she’s one’. At the beginning it was kind of weird to see toddlers breastfeeding. But I’m still breastfeeding because I think I’ve seen so many examples, good examples of people still breastfeeding and that’s been fine [...]. So I think I’m still breastfeeding because of all the exposure I had to other toddlers breastfeeding.”* [Bump to breast group breastfeeding beneficiary]

*“You know, I found that they kind of put me at ease. They’re older more experienced women, that have had children themselves. So they’re kind of there to answer questions and support me. I guess mainly they’re just given me confidence and any concerns or anything like that, they’ve been there for.”* [SAVS beneficiary]

*“The moment somebody has gone through what you’ve gone through, and I can relate that to other experiences in my life, your approach is different. I would say that families have just been so grateful to have somebody who understands what they’re going through [...] it’s essential for this role.”* [DP staff member]

*“I wanted to be able to help other families because I’d been helped”* [DP staff member]

*“I feel like I’ve made some mum friends. I found it really interesting because you could ask, ‘how old’s your little one?’ It’s good to look ahead and see what seventh month old might look like.”* [Umbilical Chords beneficiary]

*“So, kind of learning from other parents’ experiences as well, who are going through or have had similar experiences to you or can actually offer you that kind of advice and support and guidance makes such a difference.” [Bump to breast group breastfeeding support]*

*“I knew it would be a lovely group, just because I know typically whatever ABSS put together is always really nice. I think what worked really well [...] so usually when you take your little one to a group it’s usually a female who is a similar age to you [...] who’s quite softly spoken and got a very similar way about her regardless of the group [...] But actually, because this was male and [worker’s name] had his full sized guitar and he spoke to the children like they were adults [...] my daughter really appreciated that and actually took to him because she felt heard and respected when she made suggestions of songs. He always acknowledged that she had spoken.” [Umbilical Chords beneficiary]*

*“I felt understood and supported. I met interesting mums [...] I’ve done my peer support training through them and still attend the group now.” [Bump to breast group breastfeeding beneficiary]*

*“After the group finished, we kept in touch – the other mums in the group. That provided a link. That was really great [...] Also the impact of having post-natal mental health anxiety taken seriously made me more able to reach out for help [...] I think it really did have a lasting impact.” [Perinatal Mental Health beneficiary]*

*“The amount of people I’ve told. I’ve got loads of friends that are pregnant currently [...] and I’m just going, ‘you need to follow A Better Start’. Not only do they provide help, advice and support [...] it’s like a friend.” [Bump to breast group breastfeeding beneficiary]*

2.4 Long term change – what is the longer-term sustainability of the positive changes brought about by the service?

#### 2.4.1 Theme: Positive changes are sustained over time

There is some evidence to suggest that knowledge gained by parents is being maintained over time. It is difficult for beneficiaries to look to the future to know if the positive benefits described will be sustainable in the longer term. However, data from our analysis of longitudinal interviews paints a picture that positive changes may be sustainable.

##### 2.4.1.1 Development of knowledge and confidence leads to further opportunities

There was some evidence from cross sectional interview data to suggest that strategies and techniques learnt from ABSS projects may be used in the future, as the following data extracts support:

*“I’ll use it with my baby as well, he’s six months old but when he’s older. I know how to do it now. I know how to communicate properly” [Let’s Talk beneficiary]*

*“I think initially, I was a bit like, well I’m not too sure where this is taking me [...] I feel like it’s given me a lot of opportunities that I wouldn’t have otherwise had and I think that a lot of other families wouldn’t have had those opportunities [...]”* [SAVS beneficiary]

*“[...] I’ve done a workshop in London around system change and things like that. I’ve done some at conferences and health and wellbeing board. So, I think that’s all really helped with my confidence and stuff. And then because I’ve obviously enjoyed a lot of the stuff and a lot of the learning through doing all the meeting and things. I’ve gone on to start a degree again in business management.”* [SAVS beneficiary]

*“started up my own business [after attending the session]”* [Work Skills beneficiary]

*“The enterprise [course], which was the six-week trying to start your own business or thinking about ways of making your own money, as it were, as a businessperson that was incredibly helpful, because it was actually that that made me set up private tutoring. I had an idea, but I didn’t have the confidence at all to do it. So, that was actually a life changing course for me...”*  
[Work Skills beneficiary]

Data from longitudinal interviews provides further evidence of the sustainability of the benefits of ABSS support. Four beneficiaries were recruited between June 2022 and December 2022. One beneficiary has been interviewed four times, a second three times and a third twice. One beneficiary withdrew from repeated interviews in January 2022 and a replacement was recruited in February 2022.

#### 2.4.1.2 Knowledge gained is used for subsequent children

Patterns that emerge from the longitudinal case study analysis show how knowledge gained from ABSS projects is retained and used in practice at a later date. A good example of this is a longitudinal interviewee (recruited in June 2020) and interviewed after her attendance at HENRY’s Healthy Families programme. She initially joined the programme because she was concerned about her son’s diet. However, at the time of the second interview (October 2020) she reflected on the dietary advice not being the main reason she benefitted from the support. She explained that one of the “*best tips*” she got from HENRY was around daily strategies, such as ‘guided choices’ to prevent tantrums. She felt that this had helped her son to be involved in making decisions and to communicate what he wanted.

Reflecting on HENRY overall, she said:

*“it wasn’t just food based [...] it was kind of an all-rounder which I thought was lovely [...] I didn’t expect it to be as varied and non-diet related as it was. I actually got more out of that [...] and the resources that they give you, because I got a massive pack when I signed up for it [...] And I’ve still got all that and you know I can refer back to.”*

By the third interview the beneficiary reported continued benefits from the HENRY programme, citing guided choices as something she found particularly helpful.

*“Guided choices is still one that I heavily use because it gets the results I want. But he feels like he’s made the decision...it does work.”* She also continues to use the knowledge gained in relation to portion sizes. *“I realised I was overfilling his plate.”*

## 2.5 Summary

In summary, the qualitative findings presented in this comparative analysis of formative evaluation reports show that ABSS projects are having a materially positive impact on the lives of families with young children.

Patterns of similarity have been observed between beneficiary accounts and across projects and workstream areas that identify key soft and hard benefits and outcomes as a result of participation in an ABSS project.

Soft outcomes, such as improved emotional wellbeing, inter-personal skills, better coping strategies and confidence were often voiced interchangeably with hard outcomes such as increased knowledge on, for example, improved diet or breastfeeding for as long as a mother wants to.

The benefits and outcomes of participation were often felt beyond the primary beneficiary’s participation. Frequent reports of improved couple and family relationships were evidenced in accounts where beneficiaries described how knowledge gained could be shared with partners and wider family and social networks.

## Appendix one

Table 1 Focus areas and research questions

| <i>Achievements</i>   | <i>Implementation</i>   | <i>Effectiveness</i>   | <i>Quality and experience</i>   | <i>Long term change</i>  |
|---|---|--|---|--|
| <p><b><i>Is the project reaching the intended audience?</i></b></p> <p><b><i>Are targets being met?</i></b></p> | <p><i>How is the project being implemented?</i></p> <p><i>How was service-delivery adapted in response to the Covid-19 pandemic?</i></p> <p><i>What factors are assisting and inhibiting delivery</i></p> | <p><i>Is the project meeting beneficiaries needs?</i></p> <p><i>How effective was Covid-19 service-delivery adaption, and what lessons were learned from it?</i></p> <p><i>How is participation impacting beneficiaries?</i></p> | <p><i>What is it like being a part of the programme (beneficiaries and staff)?</i></p> <p><i>What are the perceptions of the programme?</i></p> | <p><i>What is the possible longer-term impact of the service on ABSS communities?</i></p> <p><i>What is the longer-term sustainability of the positive changes brought about by the service?</i></p> |

## Appendix two

Table 2 Preliminary themes and corresponding codes across projects and work streams

| <i>Aspect of ABSS services</i> | Implementation  | Effectiveness   | Quality and Experience   | Long term change  |
|--------------------------------|---|---|--|---|
| <i>Preliminary theme</i>       | Effect of COVID-19 on practice and service delivery   | Benefits and outcomes are realised across programme outcomes and work streams                                       | Organisational values contribute to a positive experience  | Positive changes are sustained over time  |
| <i>Example codes</i>           | Online modes of delivery offer flexibility, choice and control over beneficiaries' time and fitting activities around family life | Project activity supports the development of multiple outcomes across work streams                                  | Relationship-based practice models contribute to a positive experience of support  | Development of confidence, knowledge and skill leads onto further learning opportunities                                      |
|                                | Online modes of delivery cannot replicate face to face contact  | Projects contribute to the development of 'soft outcomes' (confidence, self-esteem, resilience, social interaction) | Peer based models of support promote soft outcomes (confidence, self-esteem) and are powerful modes of learning for beneficiaries. | Knowledge gained is used with subsequent children   |
|                                | Organisational practices and processes facilitate effective service delivery  | Soft outcomes are precursors to the development of hard outcomes  | Strengths based approaches to practice support beneficiaries to feel valued and respected  | Beneficiaries share their knowledge from participation in ABSS services with wider social networks                            |
|                                | Digital exclusion inhibits engagement and participation in services and support   | Inter-dependency between outcome and work stream areas contributes to successful                                    | Person centred (non-judgemental) facilitation styles encourage participation and lead to positive outcomes for families            | Programme designs often mean that knowledge gained can be reinforced later on, leading to improved retention and application. |
|                                | Linear approach to programme management   | Increased confidence and knowledge are key benefits and   | Accessibility and availability of support are seen as key to the quality and experience of service.                                |   |

|  |   |   |   |  |
|--|---|---|---|--|
|  | inhibits relational nature of project delivery  | impacts of participation in ABSS projects.  |   |  |
|  | Challenges in engaging with statutory services identified by project staff            | Improved collaboration across organisational boundaries supports individual level outcomes                    | Projects may not always be accessible and engaging for fathers  |  |
|  | Digital by default approach to communication excludes some beneficiaries from support | Increased knowledge is associated with increased confidence and this can lead to positive behaviour change.   | Programme design contributes to a positive experience e.g. creation of WhatsApp group chats encourage connection and ongoing relationships between beneficiaries. |  |
|  | Skill mix, knowledge and relationships between colleagues assists service delivery    | Friendship and connection with others can be a motivator for and outcome of participation in an ABSS service. |   |  |
|  |   | Perception that ABSS services are 'filling a gap' not offered by mainstream services and support              |   |  |