COMMUNITY FUND

Insight Report: Parents as Partners

Supporting parental mental health and wellbeing

Learning from The National Lottery Community Fund's A Better Start Programme

Delivered by

NATIONAL CHILDREN'S BUREAU

Delivered by

Contents

About A Better Start

A Better Start (ABS) was a ten-year, £215 million programme supporting communities to give their babies and young children the best start in life. ABS was funded by The National Lottery Community Fund (TNLCF), the largest community funder in the UK. Between 2015 and 2025 ABS supported five partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend to develop and test ways to improve their children's diet and nutrition, social and emotional development, and speech, language, and communication. Working with local parents and communities, ABS partnerships used scientific evidence and research to change local systems, including the way services are commissioned and delivered, taking a preventative, place-based approach that used evidence and learning to refine and adapt to local needs and contexts. Evidence from ABS has been used to inform local and national policy and practice initiatives addressing early childhood development.

Between 2019 and 2025, the National Children's Bureau (NCB) delivered an ambitious programme of shared learning and development support for ABS. The programme was also funded by TNLCF and worked within, across, and beyond the five partnership areas. To support the effective sharing of information and knowledge, NCB developed programme Insight Reports which analysed learning generated across ABS under cross-cutting themes. Much of this learning is evident in the Department for Education's policy, Giving every child the best start in life (Department for Education (DfE), 2025a).

In 2025, the ABS learning and evidence programme led by NCB was extended by TNLCF until 2026. The extended contract provides an opportunity to build on the successes of the ten years of funding and will ensure that the wealth of evidence generated by the five partnerships can inform future policy, practice, and systems change. A series of four Insight Reports are being published, which synthesise the evidence and learning generated by the five ABS partnerships and the national evaluation of ABS which is being undertaken by the National Centre for Social Research (NatCen). The learning and knowledge documented in each Insight Report will be translated into actionable guidance with an accompanying best practice guide to support evidence to action. Consultations with specialists across the sector will inform the best practice guides to ensure key messages are based on what can feasibly be put into operation.

Between April and June 2025, NCB conducted a desk review of more than 90 pieces of published evidence collated by TNLCF from the ABS partnerships. The review identified recurring themes and important learning across the partnerships during the ten-year programme. This is the second in a series of Insight Reports that curate this learning. Insight Report 2 is focused on working with parents as partners to address parental mental health and wellbeing needs.

ABS partnerships did this in a variety of ways, from an early intervention domestic abuse service to services that addressed post-natal depression to more preventative services that focused on reducing the isolation and loneliness that many parents of very young children face, while enabling them to feel more in control of their emotions and build positive coping skills.

Report summary

This Insight Report reviews the wealth of evidence relating to supporting parental mental health generated by A Better Start (ABS), a ten-year, £215 million programme funded by The National Lottery Community Fund.

This Insight Report reviews the wealth of evidence relating to supporting parental mental health generated by A Better Start (ABS), a ten-year, £215 million programme funded by The National Lottery Community Fund.

This is the second of four themed reports developed to share the learning and insights from the five ABS partnerships with the wider early years sector. The theme for this second report is working with parents as partners to address parental mental health and wellbeing needs.

The remainder of this report includes the following:

- Definitions of mental health and wellbeing
- A summary of the prevalence and impacts of parental mental ill-health
- A summary of how ABS partnerships supported parental mental health and wellbeing
- Key takeaways from the ABS learning
- Policy-relevant insights

'Rather than viewing parents as clients or service users, they were regarded as partners who had power and control over how much or how little they engaged with services'

- A Better Start partnerships approach

Introduction

This section outlines definitions of mental health and wellbeing, summarises key protective and risk factors, and outlines the context within which the ABS partnerships were working on this issue.

Definitions

The World Health Organisation (WHO, 2025) defines mental health as, "a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community."

The WHO (2021) defines wellbeing as "a positive state experienced by individuals and societies... [which] encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose."

Mental health and wellbeing are therefore inextricably linked. They are often used interchangeably, and it is clear that mental health cannot be achieved without attending to one's wellbeing. Just as health is deemed to be 'more than the absence of disease' (WHO, 1946) being mentally healthy is more than the absence of mental illness. It is unlikely that someone who has a mental health condition will feel that their wellbeing is at its optimum. As such, mental health and wellbeing can be seen as part of the same continuum/spectrum. This report is focused on that continuum/spectrum detailing risk and protective factors that impact on mental health and wellbeing, messages from literature, government policy and lessons learned from the ABS partnership practice examples.

There are a range of risk and protective factors that influence mental health and wellbeing including social and environmental factors (e.g. poverty, violence, inequality and environmental deprivation) and individual factors (e.g. emotional skills, substance use and genetics).

The WHO (2025) points out that risks can be encountered at any stage of life, but those experienced during early childhood are especially harmful. However, it is possible to also enhance protective factors at any stage of life to help build resilience and promote better mental health and wellbeing (e.g. developing social and emotional skills, having positive social interactions, quality education, decent work, safe neighbourhoods and strong community ties). Often it is the interaction between these different determinants collectively that influence whether or not a person experiences mental ill-health.

Policy context

Mental ill-health has been recognised as one of the six 'major health conditions' which contribute significantly to increased mortality and morbidity in England (Dept of Health and Social Care, 2023). Parental mental health and wellbeing is well documented as being a key factor in supporting effective parenting, children's development and children's health and wellbeing (Barnardos, 2023; Department of Health and Social Care, 2022; Parsons et al, 2021; Ramchandani et al, 2008; Dept of Health and Social Care, 2024; Scottish Government, 2010; Dept of Health, 2011; Kamis, 2001) the effects of which can last well into adulthood (Kamis, 2001; Scottish Government, 2010; Dept of Health, 2011). Poor parental mental

health and wellbeing have been recognised by successive UK Governments as having a negative impact on children's development, including in the recently published Best Start in Life Strategy (Dept for Education, 2025). Additionally, research conducted by the Office of National Statistics and the University of Loughborough (ONS, 2026) found that parental mental ill-health negatively impacts mental health, academic attainment and school absence (ONS, 2025).

The early years have been recognised as providing the 'best opportunity' to intervene in order to prevent 'negative' coping behaviours', connected to a child's social and emotional development and promote children's wellbeing (Dept of Health and Social Care, 2025; Parsons et al, 2021; Dept of Health, 2011; Scottish Government, 2008; Dept for Education, 2025).

The prevalence of poor parental mental health has also been well documented, with one study suggesting that globally one-quarter of children live with at least one adult who has mental health issues (Reupert and Maybery, 2016, cited in Barnardos, 2023). Recent research in Ireland found that one-fifth of parents had poor mental health (Barnardos, 2023), while a report from Scotland found that almost one-third of mothers experienced poor mental health in the first four years of their children's lives (Scottish Government, 2010). Similarly, statistics from England show that one-third of children live with a parent in 'emotional distress' (Dept of Health and Social Care, 2024).

Parental mental ill-health is exacerbated by other daily challenges such as poverty, insecure or unsuitable housing, domestic abuse, addiction, conflict between parents, isolation and loneliness (Barnardos, 2023; Parsons et al, 2021; Scottish Government, 2010; Dept of Health and Social Care, 2024; NSPCC, 2023; Mental Health Foundation, 2025), many of which are experienced simultaneously. In a vicious cycle some of these issues may also be the cause of the poor mental health in the first place with one issue leading to the other. Breaking this cycle is, therefore, very difficult for parents to achieve without substantial support that goes beyond clinical interventions.

What parents want to support their mental health and wellbeing

There are multiple barriers for parents accessing support for mental health and wellbeing needs, even if there are suitable services available. Parents report barriers including stigma, a feeling that they should 'deal' with the challenge on their own, not wanting to burden family and friends, lack of knowledge about locally available support and not meeting thresholds for help (Barnardos, 2023; Furlong et al, 2021). In addition, parents are fearful of not been seen as a 'fit' parent due to their mental ill-health and are afraid this may be used against them by social services and/or in custody cases (Barnardos, 2023; Furlong et al, 2021; NSPCC, 2023).

While it may be the case that some parents experiencing mental health and wellbeing issues need clinical interventions, that is not necessarily the case for all. Indeed, it may well be that some parents' mental health needs are not deemed 'severe enough' to meet thresholds for clinical intervention. Often, parents mention just needing some practical support with their children and parenting skills

(Barnardos, 2023). Several studies (Barnardos, 2023; Parsons et al, 2021; NSPCC, 2023) also highlight the need for service providers to see the whole family as one unit, not just attend to the needs of the parent in isolation. Parents feel that support for their children is extremely important as it helps the children understand their parents' mental health needs, something many parents struggle to articulate to their children (Barnardos, 2023; Parsons et al, 2021; NSPCC, 2023).

Working with parents as partners

Lagdon et al (2021) emphasise the need for professionals and service providers to work in partnership with parents and families to better meet the needs of the parents and children and for the practice to be truly focused'.

Place- and community-based services that include home visits have been shown to be especially beneficial for both parents and professionals (Lagdon et al, 2021; Barnardos, 2023). The government also recognises this approach as an important way to support the developmental needs of very young children (Dept of Health and Social Care, 2024), as well as part of a broader shift in how services are delivered more generally (NHS England, 2025).

The Government's Fit for the Future: 10-Year Health Plan for England (Department of Health and Social Care, 2025) commits to developing Modern Service Frameworks to accelerate improvements in quality of care, with mental health, including severe and enduring mental illness, identified as one of the earliest priorities. These frameworks are due to be published later in 2026, alongside a framework focused on children and young people. Central to this is a shift from hospital-centred to more preventative and personalised community-based care, with mental health services to be transformed into 24/7 neighbourhood care models with 100% national assertive outreach coverage over the next decade. This ambition is underpinned by a capital investment of £473 million over four years from 2026–27 for new community-based mental health centres and mental health emergency departments. The Modern Service Framework, therefore, represents an opportunity to address longstanding inequities and embed the kind of early, preventative and community-based approaches that the ABS partnerships have demonstrated to be effective.

Because ABS partnerships worked differently with parents, they were in prime position to offer interventions and support for parents' mental health and wellbeing that was different to that offered elsewhere, e.g., via the health service. Rather than viewing parents as clients or service users, they were regarded as partners who had power and control over how much or how little they engaged with services, without penalty, unlike a clinical service where it is often the case that if a patient does not arrive for three appointments they will be 'discharged' from that service. The ABS partnerships also took a holistic approach and worked with the whole family to support each member as the partnerships understood them all to be interconnected.

Table 1 on the next spread shows a summary of the tools used in the assessment of mental health needs in the ABS partnerships.

Examples from the ABS partnerships in this report demonstrate how this different approach was effective in meeting the mental health and wellbeing needs of parents.

Table 1: How mental health is assessed

Name of assessment tool	What it measured	Which ABS partnerships and services used this tool
MORS	Quality of parent-infant relationship	Blackpool – PaIRS
PHQ-9 (Patient Health Questionnaire)	Depressive symptoms	Blackpool – PaIRS Bradford – FAPSS Blackpool – Enhanced Health Visiting
GAD-7 (Generalised Anxiety-Disorder Assessment)	Anxiety symptoms	Blackpool – PaIRS Blackpool – Enhanced Health Visiting Bradford – FAPSS Nottingham – Healthy Little Minds
Goal Based Outcome Measure	Quality of parent-infant relationship	Blackpool – PaIRS
Project-specific tool	Ability of parents to cope in four categories: parenting skills, parent's wellbeing, children's wellbeing, and family management	Bradford – Home-Start, Better Start
Project-specific tool	Mental wellbeing before and after participation in project	LEAP – Healthy Living Platform
CORE-10 (Clinical Outcome Routine Evaluation)	How a person has felt over the past week covering anxiety, depression, trauma, physical problems, functioning and risk to self	LEAP – Early Intervention for Domestic Abuse Service
Domestic Abuse Risk Assessment	Risk of various forms of harm	LEAP EC – Early Intervention for Domestic Abuse
Project-specific tool	Loneliness, isolation and stress	Nottingham – Family Mentor Service
Project-specific tool	Ability of parents to cope with thoughts and feelings, stress anxiety and development of parenting skills	Southend – Perinatal Mental Health Service
Project-specific tool	Ability of parents to cope with their thoughts and feelings, stress, anxiety and impact on isolation, self-esteem and wellbeing.	Southend – Families Growing Together

A Better Start practice examples related to parental mental health and wellbeing

This report explores practice examples from the ABS partnerships where parental mental health and wellbeing was supported. A total of 11 projects were identified across the ABS partnerships as supporting parental mental health and wellbeing.

Short case studies explore the evidence and learning generated from each project around what worked to support different aspects of parental mental health and wellbeing. An overview of the projects that support parental mental health and wellbeing is detailed in Table 2.

Table 2: Overview of programmes implemented across A Better Start partnerships which supported parental mental health and wellbeing.

ABS Partnership	Name of project/intervention
Blackpool	Enhanced Health Visiting Service – Behavioural Activation pilot
	Parent-Infant Relationship Service (PaIRS)
Bradford	Family Action Perinatal Support
	Home-Start, Better Start
LEAP	Healthy Living Platform
	Early Intervention for Domestic Abuse
Nottingham	Healthy Little Minds
	Family Mentor Service
Southend	Perinatal Mental Health Service
	Family Nurse Partnership
	Families Growing Together

Blackpool Better Start

Delivering an enhanced health visiting service that equipped health visitors with additional resources, and parent-infant relationship interventions that included practitioner support.

Blackpool Better Start

Service 1: Enhanced health visiting

Overview of service and its impact

Blackpool's Enhanced Health Visiting Pathway was developed through an extensive service review and redesign process to ensure the offer was responsive to families' needs and delivered cutting-edge practice. The process was facilitated by an independent expert, working together with practitioners and parents and creating space for bold thinking and innovation.

The service incorporated eight mandatory visits starting from 28 weeks' gestation, with a final integrated review (between health and education) when children are 3.5 years old. The enhanced pathway equipped health visitors with additional evidence-based tools and resources, enabling them to deliver effective support – whether in the home, clinical or group settings – but always in the context of a trusted relationship.

Behavioural activation

Part of the offer from the Enhanced Health Visiting programme was a pilot of Behavioural Activation. Behavioural Activation is an approach for health visitors to address post-natal depression. This started from a pilot study with Oxford University, where a small number of Health Visitors were trained to support mums with a baby aged up to 12 months old who, through routine screening, were believed to be at risk of mild to moderate depression. Delivered over 6–8 weeks, in the mothers' own homes, each session looked at different problem-solving skills to support women to address issues which may be affecting their mood.

Outcomes

The Behavioural Activation pilot showed reductions in low mood and anxiety symptoms and improved parent-infant interactions. Following the success of the feasibility and acceptability pilot, Behavioural Activation is now embedded in the Blackpool Early Parenthood Service and within the Blackpool NHS Parent-Infant Relationship Service. It is reducing the need for referrals from health visiting to more specialist services. Plans are also in place to scale Behavioural Activation further, through training more of the health visitors who deliver the Blackpool Enhanced Health Visiting pathway.

Service 2: Blackpool Parent-Infant Relationship Service (PaIRS)

Overview of service and its impact

In 2022, the Blackpool Better Start Partnership realised its long-term ambition of implementing a specialised Parent-Infant Relationship Service (PaIRS) to support families across the town who may be struggling with this relationship.

Blackpool PaIRS aimed to support individual parent-infant relationships (PIR), increase skills to support these relationships amongst early years professionals, and to increase awareness of the importance of supporting PIR in policy and practice. The service was primarily implemented to work directly with parents and infants aged 0 to 2 years old (including during antenatal support) delivering relationship focused interventions, whilst also working with CAMHS and Family Hubs to provide group support for parents and children aged 3–5 years old. To raise awareness and skills around supporting parent-infant relationships, PaIRS delivered training, engagement events and telephone consultations for early years professionals.

The PaIRS Service offered a range of evidence-based interventions to parent-infant dyads, with most families accessing one intervention but with the possibility of accessing multiple interventions as appropriate. The service delivered a total of 55 interventions to the 25 dyads with the most frequent intervention being Compassion Focused Therapy for the PIR, psychoeducation on infant development and Video Interaction Guidance (VIG).

Parents were asked to complete four outcome measures at two points, before and after the intervention. These included a self-report on parent-infant relationship quality (MORS), depressive symptoms (PHQ-9), anxiety symptoms (GAD-7), and a Goal Based Outcome Measure. Parents were asked to set three goals for their parent-infant relationship at the start of intervention and asked where they felt they were in relation to this goal on a 10-point scale. They were then asked to rate how they felt about meeting this goal at the end of intervention, prior to discharge. Goals set by parents included: improving connection/bond with baby, improving confidence as a parent, managing/accepting transition to parenthood and understanding baby cues and communication.

Outcomes

Those who completed both the initial (T1) and follow-up (T2) assessments indicated that there were notable improvements in parental mental health, as indicated by lower scores on the PHQ-9 and GAD-7 scales, which measure depression and anxiety, respectively.

Additionally, there was a significant increase in parental warmth and a decrease in parental invasion, as measured by the MORS Scales. Parental warmth refers to the positive, nurturing behaviours parents show towards their children, such as affection, support, and encouragement. An increase in parental warmth means that parents are becoming more loving and supportive in their interactions with their children.

Parental invasion on the other hand, refers to behaviours where parents might be overly controlling or intrusive in their children's lives. A decrease in parental invasion means that parents are giving their children more space and respecting their independence more, following their child's lead. In simpler terms, the results suggest that parents are feeling better mentally and are interacting with their children in more positive and supportive ways.

For the Goal Based Outcome (GBO) measure the mean score pre- intervention (T1) was 3/10 while the mean T2 score (post-intervention) was 9.7/10. This reflects that all parents felt that they made improvements in line with the goals they set at T1. The suggested 'meaningful change' level for GBO, based on the principles of the reliable change index, is 2.45 (see Edbrooke-Childs et al., 2015 for more information).

Both practitioners and parents reported positive experiences of direct therapeutic interventions from the PaIRS Team and identified several factors which they felt contributed to this, including a personalised and flexible approach, building positive relationships and taking time.

Interview data from parents and practitioners highlighted three key factors that were deemed to be crucial elements to the successful implementation and delivery of the PaIRS Service. The first key element was taking a personalised and flexible approach as these quotes illustrate:

> *"It wasn't that prescriptive thing... It was more of a kind of individual decision based on the circumstances for that person"* - Practitioner

The second key element was building positive relationships with parents as these statements testify:

> *"I enjoyed it because I felt like me and [practitioner] kind of had more of a bond, more of a connection"* – Parent

The third key element was taking time to develop trust. Practitioners invested time to get to know parents and families, their strengths and their support needs and to respond accordingly:

> *"She took the first two sessions getting to know me, getting to know how I worked, how I go about my days living with the kids, and then it was kind of like, right, this is what we would need to do"* – Parent

> *"We are supporting them to be available for the baby and to have the headspace and to be regulated and also supporting them in how to deal with these difficult situations. To have the experience of being held and heard, and to feel important. To have their needs met in the hope that that's then transferred to their relationship with their children"*– Practitioner

It is important to note that these themes are very much interlinked, feed into one another and that building trust is a mutual process, with practitioners also feeling the benefits of being able to help parents and families:

"I feel privileged...to work with some of the mums that we do [work with] when they've had such awful experiences and trauma and they then trust us with that piece of information. Within a month of working with them they tell us this information that they've not told anybody before" – Practitioner

Better Start Bradford

Perinatal support for women or primary carers during pregnancy or first year of their child's life, and a volunteer peer support intervention for families.

Service 1: Family Action Perinatal Support Service

Overview of service and the impact

Within the Better Start Bradford (BSB) area many women experienced poor mental health during the perinatal period, which can impact their wellbeing. Around 30% of pregnant women in the BSB area reported mild symptoms of depression and 20% reported mild symptoms of anxiety.

Family Action recognised the impact that poor parental mental health and social isolation can have for parents, including a reduction in parent responsiveness to their child and possible negative impacts on the social and emotional development of infants.

The Family Action Perinatal Support Service (FAPSS) offered support to women or primary carers experiencing mild to moderate symptoms of anxiety and/or depression or social isolation during pregnancy or the first year of their child's life. FAPSS was a peer support service which sought to provide support to families and to promote good maternal mental health through a network of volunteers.

Throughout the lifetime of the project, 149 volunteers were appointed as peer supporters. They offered regular listening support sessions which were delivered one-to-one either in women's homes or via phone or video call. The team of volunteer peer supporters acted as befrienders and supported women to access activities and services with the aim of reducing their social isolation.

A diverse network of peer supporters was recruited, with 32 languages spoken by FAPSS staff and volunteers. This enabled a wider selection of families to receive support, including those with limited English language skills. To encourage a successful relationship between the women and volunteers, a careful matching process was followed. Over the lifetime of the programme 319 women and primary carers were matched with volunteers and received support from the FAPSS.

Outcomes

The outcome measurement tools that were used to collect data on the impact of FAPSS included the Patient Health Questionnaire 9 (PHQ-9), which is a measure of depression, and the Generalised Anxiety Disorder Assessment 7 (GAD-7) which is a measure of anxiety.

For the PHQ-9 measure, the average score before receiving support was 11.69 (SD = 5.02). This decreased to 5.72 (SD = 3.92) at the end of support. This is a reduction of 5.97 points and was found to be statistically significant (indicated by the 95% confidence intervals of the score distributions).

For the GAD-7 measure, the average score was 11.28 (SD = 4.17) before receiving support and 6.15 (SD = 3.89) at the end. This is a reduction of 5.13 points and was also found to be statistically significant.

Scores above 10 on either measure indicate clinically relevant symptoms, suggesting that the project was seeing women with mental health needs. The change in scores observed for both the PHQ-9 and GAD-7 from the start to end of support indicated a shift from clinically relevant to mild symptoms.

These findings, therefore, suggest accessing FAPSS may lead to improvements in symptoms of depression and anxiety for women as they gave a promising indication that participation in the project may result in improved mental health outcomes.

Service 2: Home-Start Better Start

Overview of service and the impact

Home-Start Better Start was a peer support intervention, providing emotional and practical support to families with 0–3-year-olds who are finding parenting challenging, for example play activities with children, supporting parents to use other services (sometimes by accompanying them to a first appointment) and/or referring families to other services. Non-judgmental, compassionate and confidential support was provided in the home by volunteer peer supporters who have lived experience as parents/carers and really cared about helping other families live happier lives. The project maintained a consistently high number of volunteers (85) over the contracting period, even during and after the pandemic. It was important to make sure that volunteers represented as wide a Bradford population as possible to meet the families' needs. Start for Life and Dads Matters funding enabled Home-Start Bradford District to deliver a dads and male carers element district-wide until March 2025.

The project aimed to:

- improve parents'/carers' ability to cope with stressors in family life, providing the foundations for better parenting skills and confidence, leading to improved child development and wellbeing in the long-term
- enable parents in difficult circumstances to provide a healthier home environment for their young children
- link parents into wider community support to reduce isolation and improve their social support networks.

Referrers could select 15 reasons for referral on the referral form which fell into four broad categories; parenting skills, parent's wellbeing, children's wellbeing, and family management. Parental wellbeing accounted for 39% of all the referral reasons recorded with family Management a close second at 34%. parenting skills related to 17% of reasons recorded with children's wellbeing at 10%.

Enrolment in the project was defined as having received an initial assessment visit. These visits were an opportunity for the family to self-score against the four categories of need and their levels of coping in the four categories mentioned above.

Home-Start Better Start used a project-specific tool at the initial assessment to enable staff and families to identify areas of need and plan support. The tool measured coping in 15 areas grouped into the four categories outlined above, which reflected the same areas on the referral form. Families were asked to identify the areas of need they wanted to focus on and then to give themselves a 'coping score' against each of the needs they have identified (from 1: not coping at all to 5: everything is fine, no improvement can be made).

The majority of parents (92%) indicated that parental wellbeing was an area of need, and almost all (98%) scored themselves at three or under on the coping level scale, demonstrating that parental wellbeing was the most acute area of need.

Outcomes

On average, families (191) were supported for six months, with 1,537 visits, which suggested they valued the support given.

There were high levels of satisfaction with the service with all respondents indicating they were either satisfied or very satisfied with the support they received:

"Was an absolutely amazing opportunity to have had and receive the support I did. It really helped build my confidence and give the push I needed to trust myself and carry on doing and increasing the things that I was doing for myself and toddler" – Parent

Most (98%) respondents agreed or strongly agreed that the service gave them useful information while 95% agreed or strongly agreed that the project was helpful to them in terms of wellbeing and 98% indicated they would recommend the service to others.

"HSBS has been a huge help – having someone to give encouragement and support. My emotions were all over the place. I was low and now I'm so much better. My children have become more outgoing" – Parent

"Thank you for supporting me and my daughters it's made a difference to my overall wellbeing" – Parent

Lambeth Early Action Partnership

Implementing a service for local families that promoted healthy behaviours, and an early mental health and wellbeing intervention for domestic abuse.

Service 1: Healthy Living Platform (HLP)

Overview of service and the impact

Healthy Living Platform (HLP) was a no cost membership-based service for local families. It promoted healthy behaviours and aimed to provide an environment that encouraged families to eat healthily, socialise, and be physically active. Although a lot of the focus was on growing, cooking and eating healthy food, part of the service was also concerned with promotion of the mental health benefits of eating nutritious food and engaging in exercise such as walking and yoga.

In terms of mental health and wellbeing, service users were asked to self-rate their mental wellbeing before and after taking part in HLP on a 10-point scale (1 very poor to 10 excellent). When rating their mental wellbeing before HLP, 14.3% (n=5) responded with a score of 9 or 10, and 54.3% (n=19) responded with a score of 7 or higher.

Outcomes

When rating their mental health after taking part in HLP, 40.0% (n=14) responded with a score of 9 or higher, and 74.3% (n=26) responded with a score of 7 or higher. This indicates that respondents experienced better mental wellbeing after taking part in HLP.

Attendance at HLP activities also showed a positive impact on reducing participant's experience of loneliness. 31.4% of participants strongly agreed that they 'feel less lonely when I come to HLP activities'.

> *"It was good because it meant that I had people who were in the same position that I could connect with ... so nice, felt less lonely."* – Participant

Volunteers also benefited from their voluntary efforts. Volunteers felt that they had made improvements to their own mental health and wellbeing because they were more connected to the community and helping to alleviate financial hardship.

> *"I've made lots of friends that's contributed to my mental health."* – Participant

Service 2: Early intervention for domestic abuse

Overview of service and the impact

From 2018–2024, LEAP funded an Enhanced Casework (EC) Service: a specialist team within the Gaia Centre. The Gaia Centre is a specialist support service run by Refuge and commissioned by Lambeth Council to support Lambeth residents impacted by gender-based violence. The LEAP EC service was available to pregnant women or those with young children aged 0–3 who were experiencing, or could have been experiencing, domestic abuse, living around the wards in Lambeth that LEAP operated in.

The service aimed to support the wellbeing and safety of its clients, while also contributing to safer, calmer, and more stable home environments for children. Ultimately, it strived to improve the mental health and overall wellbeing of both parents and children.

This evaluation aimed to answer the question: "How does early intervention improve outcomes for individuals experiencing domestic abuse during pregnancy and/or their children's early years?" It also looked at:

- how the LEAP EC service supported clients and their children
- how it was different from mainstream domestic abuse services
- what the key factors were that helped create change.

The LEAP EC Service focused on early intervention. It worked across all levels of risk and provided tailored support for victims and survivors who had not yet identified their experiences as abuse. This included using language that reflected victim and survivors' own understanding of their experiences such as "relationship difficulties" instead of "domestic abuse". The service used proactive and innovative approaches to reach victims and survivors. This included setting up Women's Advice Surgeries at Children's Centres. These surgeries offered a safe space for parents to seek holistic advice, built relationships over time between potential clients and Independent Domestic Violence Advisors (IDVAs), and facilitated referrals to both the LEAP EC and core Gaia service. The EC service also worked in partnership with Children's Centres.

Together they equipped the early years workforce to identify domestic abuse and refer victims and survivors to support. For clients, support was tailored, flexible, and holistic, aiming to prioritise relationships and trust building. It addressed long-term and evolving needs and supported long term healing by creating opportunities for empowerment, joy and connection.

Outcomes

The impact of domestic abuse on victims and survivors is complex, so is the experience of healing; consequently, it is not straightforward to measure changes experienced by victims and survivors. However, analysis of the qualitative and quantitative data suggests that the service has an overall healing impact for many clients who engaged with the service.

There were four key changes identified for clients which inform this finding:

1. Clients experienced improved safety and quality of life.

The LEAP EC Service demonstrated the effectiveness of long-term, survivor led, and holistic domestic abuse support. Practitioners and clients both acknowledged that the support offered to clients of the LEAP EC Service was 'gold-standard'. They agree that it should be universally available to all domestic abuse victims and survivors.

One practitioner noted how the LEAP EC Service shifted the usual dynamic between practitioners and survivors. Mainstream services are often assessment- and risk-led. Here, practitioners had the space to work alongside survivors, to listen to and be guided by them, and to create a more equal, supportive relationship. She explained how this had a transformative impact on her own identity and experience as a practitioner:

> *"It broke down that level of 'domestic abuse professional knows'. [In mainstream services] we do an assessment, and we know that this is definitely DV or not … it was really humbling actually to be a lot more equal in that relationship with the person that we're working with"* – Practitioner

2. Clients experienced opportunities for empowerment, joy, and connection through the Women's Wellbeing Groups.

They were supported holistically as parents, and were supported to build networks and confidence.

3. Clients were reached at an earlier stage of abuse.

Rather than meeting the women when they were at crisis point, the LEAP approach enabled women to become aware of the early intervention service early on and empowered them to control when and where they met staff from the service and the extent that they engaged with the service:

> *"When explaining the support, not only do we ask whether they believe they would like the support, we … built rapport over time, perhaps offering to meet at the children's centre or go for a coffee"* – LEAP Outreach Team Leader

> *"They were very sensitive. I was talking to different agencies that deal with domestic violence…. There was something about Gaia that stood out… They didn't force me to tell them stuff; it's if you feel comfortable, you do so, and it's on your own time. They gave me an option [for when they would call me]. I just liked that. The fact I've got young kids to take care of, I've already got a lot on my plate… They were just different"* – Parent

4. Clients experienced a reduction in risk following their engagement with the service.

Risk scores were categorised into bands that help aid decisions about client cases:

- Standard risk: 1–5
- Medium risk: 6–9
- High risk: 10–18

Within the high-risk category, scores of 14 or greater were considered the highest risk. People in this category will sometimes be referred to a multi-agency risk assessment conference (MARAC), depending on contextual factors and the professional judgment of the practitioners working on those cases.

In LEAP nearly half of all clients were initially assessed as high risk, and 12.8% were considered for MARAC referrals. However, by the end of their engagement there was a notable change with less than 6.5% of clients being assessed as high risk, and almost none were assessed as being in the highest risk category.

When LEAP clients were first risk assessed, they presented with an average risk score of 9.1, a medium level of risk. When LEAP clients exited the service, the average risk score is 5.0, a standard level of risk. This difference of risk at intake compared to exit was both statistically significant also practically significant as it shows that the shift in average scores moves clients from a medium to a standard level of risk.

These statistical data are corroborated by other data:

- More than 9 in 10 clients experiencing sexual abuse said that it had ceased by exit.
- Just under 9 in 10 experiencing physical abuse said that it had ceased by exit.
- Just under 4 in 10 clients said that all forms of abuse had ceased.

Aggregated data (provided by Refuge for the core Gaia Service – i.e. not the Enhanced Casework service) shows that clients using the core GAIA services have a mean intake risk assessment of 10.5 and a mean exit risk assessment of 7.3. The difference in means was 3.2. Comparatively, the client level data for the LEAP EC Service had a mean difference of 4.1. We can therefore conclude that LEAP EC clients experienced greater, though modest reductions in risk.

Reducing risk, enhancing safety and quality of life and having more opportunities for empowerment, joy, and connection all contributed to improving the mental health and wellbeing of the women who used the LEAP EC service.

Small Steps Big Changes

Early support and guidance for families on parent-infant bonding, and a peer support service for children's development and parental wellbeing.

Service 1: Healthy Little Minds

Overview of service and the impact

Healthy Little Minds (HLM) was a service based in Nottingham that offered early support and guidance for families concerned about parent-infant bonding. HLM was committed to helping parents build strong, healthy relationships with their children. They understood that even small interactions can significantly influence a child's mental health and development. The service provided an adaptable and compassionate approach, ensuring each family received timely support that felt right for them. At the core of HLM's work was the commitment to building on parenting strengths, often before challenges or safeguarding concerns arise. Their philosophy focused on understanding each family's unique circumstances to ensure they felt supported and empowered.

The programme aimed to promote long-term family wellbeing through early intervention, starting from pregnancy and extending throughout the first 1,001 days of a child's life.

Unlike statutory services, which are often overstretched and time-limited, HLM provided community based, specialised support that allowed families to take the time they need to build stronger relationships with their children. Dedicated key workers provided focused, personalised support, assisting families in tackling challenges and establishing new, positive behaviours. By involving families in creating their support plans, HLM ensured that the focus remained on what was most important to them, making interventions meaningful and practical for each family as they engaged with the service.

A range of interventions was offered to families, including specialist infant massage and yoga, parent-infant psychotherapy, Circle of Security and Incredible Years Programmes, Thera play, Dyadic Art Psychotherapy, Parent-Child Play Therapy, Mellow Babies and Bumps, Cognitive and Emotional Support Therapies, Newborn Behavioural Observations and Assessments, Video Interaction Guidance (VIG) and Watch, Wait & Wonder and Behaviour Management and Sleep Support.

Measurement tools used with parents included the GAD-7 (Generalized Anxiety Disorder-7), which assesses the severity of anxiety and the EDPS (Edinburgh Postnatal Depression Scale), which measures perinatal and postnatal depression.

Outcomes

A total of 39 women were assessed using the GAD-7 tool pre- and post-intervention to measure changes in their anxiety levels.

The findings revealed a significant decrease in anxiety from moderate to mild as the average score pre-intervention was 11, and the average score post-intervention was 9, indicating an 18% reduction in anxiety due to the HLM intervention.

There was also a significant decrease in depression levels among the participants as the average pre-intervention score was 14, and the average post-intervention score was 11, resulting in a 21.4% reduction in depression levels.

"[Healthy Little Minds] should be the first service for families to be referred to, even for families that are not experiencing any bonding difficulties, as HLM would benefit every family" – Parent

"The Parent-Infant Psychotherapy that we do with [the therapist], that's just been really... incredible" – Parent

"It supported me to explain trauma and attachment in early life [...] due to the practical resources and visuals we can use to support understanding" – Practitioner

Service 2: Family Mentor Service

Overview of service and the impact

Family Mentors were a paid peer workforce who were employed by local voluntary and community sector organisations, awarded the Family Mentor contracts by SSBC. The Family Mentors were local parents and grandparents, employed to support children's development and parental wellbeing through the delivery of early intervention services and activities both on an individual basis in the parents' own homes and through groups which ran rhyme time, singing sessions or promoted peer-to-peer learning regarding parenting skills as well as addressing social isolation.

Outcomes

The focus on the wellbeing of the parent was very welcome, given how so much is prioritised for the child in other services, and parents also felt that family mentors played a part in relieving loneliness and isolation, with 90% of parents reporting feeling less lonely or isolated because of the Family Mentor Service. Almost the same proportion (89%) also indicated that they felt less stressed as a parent, better able to cope with everyday pressures and were happier as a family while 85% said they were happier in themselves. Parents directly attributed improvements in their mental health and wellbeing to the Family Mentor Service:

"It is certain that my mental state, without conversations with my FM, would be in a very bad condition" – Parent

"Without my FM, would have struggled a lot mentally"– Parent

The parents spoke of very personal issues and how much they trusted their family mentors with details which led to the advice being specific to their needs. These issues included relationship difficulties, mental ill health including post-natal depression, bereavement including miscarriage, feelings of inadequacy as a parent and being overwhelmed in having a newborn and managing to provide well for a child on a limited budget.

"...having somebody to come round, somebody to talk to. You know, it can be quite lonely sometimes when you're a new parent, particularly at the start. So, it was nice to have somebody to have a cup of tea with" – Parent

"... I think that [the family mentor] understood... that my wellbeing impacted [birth child]'s wellbeing... It wasn't prescriptive, it was empathic, 'it was how am I, therefore, how is [birth child]?'. Not, how is '[birth child], therefore how am I?" – Parent

Even activities that were more child-, rather than parent-focussed (e.g. Story and Rhyme Time sessions, facilitated by the Family Mentors) helped to reduce the social isolation that many parents felt:

"I love talking to the other mums and seeing what they are doing...it gets me out of the house; it makes me feel good about myself to know that I've brought these (children) out and they are happy. That fulfils my day to be honest, and I love that, it's just speaking and meeting new people which I really like" – Parent

A Better Start Southend

Specialist health visiting service for perinatal mental health, home visiting service for first-time parents, and early intervention approach through outdoor activities and learning.

Service 1: Perinatal Mental Health

Overview of service and the impact

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

Outcomes

A total of 782 beneficiaries across 414 events/sessions, reported:

- feeling better equipped to cope with thoughts and feelings
- feeling less stressed and/or anxious
- feeling more confident in observing and interacting with their babies
- having improved knowledge and understanding of the adjustment to parenthood
- having strategies, tips or other types of support to combat symptoms.

In addition, beneficiaries felt that the service normalised feelings of stress associated with parenthood and saw PMH visitors as empathetic allies, equipping them to manage difficulties. Participants also appreciated the personalised and holistic nature of the support. The findings reinforced the importance of accessible, person-centred mental health services that responded to the specific needs of new parents. These services contributed to improved family outcomes and strengthened community support networks.

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

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

Service 2: Family Nurse Partnership

Overview of service and the impact

The Family Nurse Partnership (FNP) service, commissioned by ABSS and delivered by Essex Partnership University NHS Foundation Trust (EPUT), was an intensive, structured home visiting service offered to vulnerable young first-time parents under the age of 21 across Southend. Parents were visited by a dedicated, specially trained nurse from the early stages of pregnancy until their child was between one and two years old.

The FNP aimed to enable young parents to build positive relationships with their baby and understand their baby's needs; make positive lifestyle choices that would give their child the best start in life; build parents' self-efficacy and build positive relationships with others, through building a positive relationship with the family nurse.

Outcomes

Some 299 beneficiaries across 84 sessions reported that:

- engagement with the project was positive
- being involved with FNP helped them and their baby
- they got everything they had hoped for from the FNP service.

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

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

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

> *"[The family nurse] helped me a lot with my mental health, because I did struggle quite 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."* – Parent

"... my mental health was quite bad, so it has helped me in so many ways to realise I'm not doing anything wrong, and that I'm a lot stronger than I believe that I am..." – Parent

Service 3: Families Growing Together

Overview of service and the impact

The Families Growing Together (FGT) service provided a preventative, early intervention approach through outdoor activities and learning. Among other things, it aimed to:

- reduce the social isolation of participant families; and
- improve mental health and wellbeing through opportunities to socialise and grow food in an outdoor environmental education facility.

Outcomes

The FGT project supported 392 beneficiaries across 668 events/ sessions who reported:

- feeling better equipped to cope with their thoughts and feelings.
- feeling less stressed and/or anxious, and less isolated.
- improved self-esteem and wellbeing.

Central to this success was the open and flexible nature of the services offered, and the ability of staff to create a welcoming environment that parents/carers felt was responsive to their individual needs and goals:

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

Summary of key learning

Parental mental health and wellbeing is supported by a wide range of activities. However, there are common elements which contributed to supportive impacts.

What worked to support parental mental health and wellbeing

It is clear from the examples above that parental mental health and wellbeing is supported by a wide range of activities, including more formal health visiting and home visiting interventions, peer support models and community activities. However, there are common elements which contributed to the impact of this support.

The following points represent a summary of the key learning from ABS partnerships in terms of what worked to support parental mental health and wellbeing:

- Seeing parents as active partners with agency and control over their own mental health and wellbeing.
- Practitioners establishing and maintaining warm and trusting relationships with parents.
- Seeing the family as one unit with differing needs and attempting to address the holistic needs of the family.
- Understanding the context within which the service is delivered (e.g. cultural, socio-economic, local neighbourhood) so that services can be tailored to optimum effect to parents in different contexts.
- The service being there for as long as it takes, enabling parents to use the service as much or as little as they needed, without the 'penalty' of being 'discharged from it, if it is not used for a period of time.
- Parents having a choice in terms of where the service was delivered (e.g. at home or in a local community setting as opposed to a clinical one) and how they engaged (e.g. as an individual or as part of a group).
- Being careful about the language that is used to describe thoughts, feelings and behaviour. For example, reassuring exhausted new parents who feel overwhelmed and are unsure how to respond to a baby, that this is perfectly normal – there is nothing 'wrong' with how they are feeling and that all feelings are valid.
- Using a peer-support approach where other parents/grandparents are trained to support the mental health and wellbeing of parents with young children. Doing so can reduce isolation and help create networks of support for parents, especially for those who have no or limited family support available locally.

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A Better Start

A Better Start was a ten-year, £215 million programme supporting communities to give their babies and young children the best start in life. It was funded by The National Lottery Community Fund, the largest community funder in the UK.

Insight Reports synthesise evidence generated by the five partnerships to inform future policy, practice, and systems change.

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