The Big Lottery Fund response to the Science and Technology Select Committee on Evidence-based early-years interventions

**Introduction**

The Big Lottery Fund is the largest community funder in the UK. Last year we awarded £713m of good cause money raised by National Lottery players to more than 13,000 community projects. Our ambition is to enable communities to thrive.

This paper outlines the work undertaken by projects and partnerships that we have funded in the field of adverse childhood experiences (ACEs). At the Fund, we put people in the lead to make their communities better places to live. We fund innovative projects which support those who have experienced ACEs and help families and communities to reduce or eliminate ACEs in the future.

The impact of ACEs can be devastating. When people are left to struggle with them alone, ACEs make it much more difficult for communities to thrive, and for people and families to be happy.

We fund communities to make the most of their strengths and skills to minimise ACEs and support those who have experienced them. In doing so, we are enabling our partners to lay the groundwork for healthy, connected communities which reach their full potential. This approach also fits with our commitment to early intervention. We fund projects and partnerships which intervene early to give parents and communities the skills and understanding they need to prevent ACEs, rather than trying to manage their impact later on.

Three of our strategic programmes in England engage directly with ACEs. These programmes are running for up to 10 years and working across multiple locations with multi-agency partners. They also have extensive research and evaluation programmes which are contributing to the evidence base around ACEs every year:

* **A Better Start** (£215m, 2015-25) supports families to improve the life chances of babies and very young children. The five ABS partnerships[[1]](#footnote-1) are developing and testing new approaches to promoting Early Childhood Development and have developed tailored local strategies focusing on three key child development outcomes: social and emotional development, speech, language and communication; and good diet and nutrition.
* **Headstart** (£56m, 2016-21)supports young people (10-16) at risk of developing mental health conditions. Six partnerships[[2]](#footnote-2) work with young people, parents and schools to build emotional resilience from an early age and have a positive impact on young people’s futures. Our Cornwall partnership (Headstart Kernow) is delivering services in a trauma-centred system, specifically focused on ACEs.
* **Multiple and Complex Needs** (£112m, 2014-22)supports adults across 12 partnerships[[3]](#footnote-3) living with at least two of the following issues: alcohol or substance misuse, current or historical offending, homelessness and mental ill-health, many of whom had ACEs as children.

All of these programmes are at an early stage, but we are keen to remain engaged with the Committee on this vital issue as evidence becomes available. We have included the current timeline of when key evaluation products will be available at Annex A. We have also included below (and outlined in full at Annex B) details of the evidence based interventions our strategic programmes are using to minimise ACEs and support those who have experienced them via the above programmes.

We would be very happy to show the committee these approaches in practice at one of the England Partnerships, and have included contact details at the bottom of this submission to facilitate such a visit.

**What are Adverse Childhood Experiences and why do they matter?**

Adverse childhood experiences (ACEs) are potentially traumatic experiences that can have negative, lasting effects on health and well-being.[[4]](#footnote-4) These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.[[5]](#footnote-5)

ACEs are leading determinants of all mental illnesses, many pervasive societal problems and the ten leading causes of death in the Western world (including cancer, diabetes, and strokes). If support is not provided to address adverse childhood experiences, it can lead to:

* Serious health-harming behaviours; and
* Toxic levels of stress that impact negatively on the developing brain, the immune system, and many other important bodily systems. In many instances this can lead to premature death.[[6]](#footnote-6)

Extensive research on the risks to mental and emotional health attributable to adverse childhood experiences in the population at large reveal that this factor alone is responsible for 50% of all drug abuse cases, 54% of all those diagnosed with depression, 65% of all those with diagnosed alcoholism, 67% of all suicide attempts and is the main cause behind 78% of all prescribed and non-prescribed drug use.[[7]](#footnote-7)

However, toxic stress can be prevented. If there are ‘protective factors’ available in a child’s life, i.e. if a child affected by adverse childhood experiences is supported by an emotionally available adult, the trajectory from adverse experiences to mental and physical ill-health can be interrupted. Further, if additional support is made available to parents, many children can avoid ACEs entirely.

However, this is not always the case. More than half (52%) of participants in a Multiple and Complex Needs peer research project into the journey to homelessness reported that they did not get the support they needed to recover from ACEs as children. They also reported that they would have benefited from physical, social and psychological support before the age of 16.[[8]](#footnote-8)

Below, we outline our partnerships’ approach to tackling ACEs, including:

* Contributing to the evidence base around what works;
* Focusing on prevention; and
* Embedding an understanding of trauma and mental ill-health at the service design level.

**Contributing to the evidence base**

Via our A Better Start programme, we funded:

* **‘Preventonomics’:** which supports investing in prevention by identifying cost-effective preventative interventions. This project included the development of the Preventonomics framework (unit cost calculator and guidance[[9]](#footnote-9)) by the London School of Economics, which our five A Better Start partnerships are using to measure the economic impact of their work over time. We have included a copy of this resource at Annex C, and are proactively sharing it with local leaders and commissioners considering early intervention work.
* **Better Evidence for A Better Start:** Dartington Social Research Unit and University of Warwick developed a methodology to support local areas to develop strategies for delivering ‘place-based’ reform of public systems to improve outcomes for children from pregnancy to their fourth birthday.[[10]](#footnote-10) This evidence review includes:
	+ ‘**The Science Within: what matters for child outcomes in early years’** which pulls together evidence on the key influences on a child’s early development, how this takes place, and the areas where society can make a difference; and
	+ ‘**What Works: an overview of the best available evidence on giving children a better start’** which summarises what is currently known about what works to support parents and parenting during pregnancy and the child’s first four years.[[11]](#footnote-11) The paper includes a framework to bring about a step change in support for to improve their nutritional, socio-emotional and language outcomes.

We will also be contributing further to the evidence base around ACEs via the national evaluation of A Better Start. The evaluation is led by the Warwick Consortium and will run throughout the 10-year programme. It involves three key strands of work that will focus on the set-up, implementation and effectiveness of the programme within and across the partnership areas:

* An implementation evaluation of the set-up and delivery of the programme;
* An impact and economic evaluation of the partnerships, including a longitudinal cohort study of families in funded and comparison areas; and
* A programme of learning and dissemination.

We are very happy to share the evaluation findings with the committee as they emerge, and have included the current timeline for when different products will become available at Annex A.

**Prevention**

Our A Better Start and Headstart programmes both focus on families. Part of this approach is through investment in preventative services including physical and mental health support. This approach aims to prevent ACEs from occurring by stopping health, social or psychological problems that may impact on child and adolescent development outcomes.

Some of the approaches our partnerships are delivering are outlined, in brief, below. Further details of these approaches, and of other evidence based interventions we are funding, are included at Annex B.

Targeted services

**Survivor Mums’ Companion** addresses the specific needs of pregnant women who have a history of child maltreatment or abuse.[[12]](#footnote-12) It is a psycho-educational self-help programme delivered during the second trimester of pregnancy. The programme is being delivered via Better Start Blackpool, following trials in both the United States and Australia.[[13]](#footnote-13),[[14]](#footnote-14)

The programme improves the management of trauma symptoms in pregnancy, during birth and the early weeks of parenting. This includes:

* Improving emotion regulation (calming intense emotions, reducing anger expression and managing dissociative tendencies);
* Improving interpersonal reactivity (managing interpersonal care and interpersonal relationships with midwives, family and friends); and
* Learning new skills to manage trauma-related symptoms (intrusive re-experiencing, arousal reactions, intrusive thoughts and avoidance reactions).

**Parents Under Pressure** which is an evidence-based, intensive parenting programme for families, where parental substance misuse is a concern.[[15]](#footnote-15) The programme support parents with children aged 0-5 and are attending drug and alcohol treatment services to develop more positive and secure relationships with their children. It looks at the parent-child relationship, the individual psychological functioning of family members, and factors such as social isolation, accommodation and financial issues.

The key catalysts for change are a strengths-based approach, therapeutic relationships with parents, a focus on mindfulness and assisting parents to manage their emotions in order to respond to their child’s emotional needs.

**Parent and Infant Relationship Service (PAIRS)** is a specialist therapeutic service delivered by psychotherapists and psychologists to support parent-infant relationships where there are high levels of need. It is being delivered by the Lambeth Early Action Partnership (LEAP).[[16]](#footnote-16)

PAIRS is a targeted service for parents of infants who are experiencing, or at risk of, insecure or disordered attachment; and is available for mothers and fathers with children aged 0-4. The programme promotes good infant mental health, and improves attachment security, infant cognitive and emotional development, and child capacity to form and maintain positive relationships.[[17]](#footnote-17) For the parent, PAIRS aims to improve parent-infant relationships and perceptions of parenting, and reduce parenting stress and depression.

Universal Services

**Baby Steps** is a science based perinatal programme which supports mums and dads to manage the emotional and physical transition into parenthood.[[18]](#footnote-18) The programme was evaluated by the NSPCC[[19]](#footnote-19) across a range of outcomes including parents’ relationships with their baby in the antenatal and postnatal period, couple relationships and parental self-esteem. The evaluation found that parents who attended Baby Steps:

* Showed an improvement in the quality of their relationship with their babies;
* Had increased satisfaction in their relationships with their partners;
* Showed a decrease in anxiety and depression;
* Had increased levels of self-esteem; and
* Had lower rates of caesareans, low birth weight and premature babies compared to the general population.

**Family Mentors: Small Steps Big Changes**, is a programme delivered by A Better Start Nottingham. The partnership have designed and commissioned a new workforce of Family Mentors to deliver a manualised programme of home visits and group activities. All families living in the Small Steps Big Changes area of Nottingham are offered access to a Family Mentor if they are expecting a baby or have a new baby. Designed to complement the existing workforce of child health, education and development professionals, Family Mentors are recruited from the community through an assessment process that focuses on their approach, attitude and personal qualities rather than on specific work experience or qualifications.

**Bump, Birth and Baby** is a science-based community antenatal programme for new mums and dads to support them through the emotional and physical transition into parenthood. It is available to all expectant parents living in the Small Steps Big Changes (SSBC) area of Nottingham. The programme promotes good maternal mental and physical health in pregnancy, confidence and positive parenting practices from birth, and good parent-infant attachment; it supports healthier inter and intra family relationships; and helps to develop local friendships and support networks that will benefit parents and children.[[20]](#footnote-20)

As outlined above, more details about these – and other – evidence based approaches can be found at Annex B.

**Systems-based approaches**

**Trauma and Mental Health Informed Schools initiative**

The Headstart Kernow systems approach is directly informed by the ACE Study and the Protective Factors research. This whole-system approach is designed to give all local children access to an ‘emotionally available adult’ in order to boost their resilience.

The approach works to give school staff the skills and confidence to be effective in an area where, at present, they often feel de-skilled and anxious. In 2015, two out of three teachers were worried that if they talk to children who self-harm it will make things worse.[[21]](#footnote-21) This lack of intervention helps to explain why, on average, it takes 10 years for a child to get help for a mental health problem.[[22]](#footnote-22)

Underpinned by a robust evidence base[[23]](#footnote-23) the Headstart Kernow approach focuses on addressing developmental deficits to support learning and emotional health, while also upskilling adults across the community to enable them to provide support when it is needed. In addition to addressing developmental deficits, it also provide school staff with the conversational and relational tools to directly support children with specific mental health problems resulting from childhood adversity (e.g. a child suffering from anxiety, depression, an eating disorder or self–harming behaviours).

**Headstart Newham**

Newham HeadStart identifies and supports 10-16 year olds with emerging mental health difficulties and provides a number of targeted, evidence-informed interventions to support them, including digital interventions such as online peer mentoring. Additionally it supports their parents and schools to better support them via staff training, parenting programmes and peer-to-peer parent support.

All of the interventions focus on building emotional resilience in young people with the aim of reducing their future development of more severe mental health difficulties and poor educational and social outcomes.

Young people are identified by schools and professionals in the community and also self-identify against signs and symptoms of emerging mental health difficulties. Additionally schools (particularly primaries) are supported through whole school work to identify pupils with a combination of ACEs who will be more likely to go on and develop mental health difficulties in the future.

**Blackpool trauma informed care strategy**Better Start Blackpool is built around a full system approach to reducing and responding to trauma.[[24]](#footnote-24) Underpinning the partnership’s broader work to reduce critical stressors and increase parental capacity, is a trauma informed care strategy which will transform the workforce over the lifetime of the programme.

Complementing the suite of trauma informed and trauma focused interventions being implemented by the partnership, the trauma informed strategy will bring out sustainable change spanning the community and all other partner organisations. The partnership is also piloting the use of (adapted) ACEs questionnaires[[25]](#footnote-25) through the health visiting service, and embedding trauma focused learning across the health visitor infrastructure from training to supervision to visiting.

The partnership is also providing training to Blackpool First Response, Neighbourhood and Early Action policing teams, supporting them to become more trauma aware. In addition, work is underway in partnership with Dr Warren Larkin to develop a new trauma informed service for women in pregnancy with the aim of improving maternal and early years diet and nutrition.

**Mums and Babies in Mind (MABIM)[[26]](#footnote-26)**

MABIM is a project led by Maternal Mental Health Alliance and the Mental Health Foundation, funded by Big Lottery Fund. It is running in Better Start Blackpool and A Better Start Southend as well as in Gloucestershire and Haringey.

The project supports local leaders to improve the care and quality of life for mothers experiencing mental health problems during pregnancy and the first year of life, and provide support for their babies. In each area, the project aims to identify the barriers to service improvement, and to inform and support effective solutions. The improvement of local services will result in good quality, evidence-based care pathways (including information, support and treatment) at the right time, for all mums who need it. Learning is being shared through online tools and resources to inspire commissioners and service providers working in other areas of the country.

**Conclusion**

At the Big Lottery Fund, we welcome the Science and Technology Select Committee’s focus on this vital issue and would be delighted to provide oral evidence to the committee to further share our expertise in this area.

We are also proud to be able to offer Committee members the opportunity to witness our interventions in action, and meet some of the beneficiaries of our strategic programmes. Please find below contact details if you would like to take us up on this offer.

**Contact details**

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**Annex A**

**Evaluation Timelines**

**A Better Start**

Expected key evaluation outputs:

* 2017 – 2021: Effectiveness of implementation and understanding delivery reports
* 2018: Baseline report
* 2019 – 2023: Interim impact reports (annually)
* 2023 – 2024: Understanding models of delivery. What pathways work best in which contexts?
* 2025: What was the impact of the programme?
* 2025: Can the programme be replicated?

Expected supporting evaluation outputs:

* Ongoing: case studies, emerging stories, lessons learned
* 2016 - 2020: Practical tools to help programme delivery
* 2016 - 2021: Learning and insight to aid delivery

**Headstart**

Expected key evaluation outputs:

* 2017-22: Ongoing implementation evaluation, focused on programme delivery and learning for practice
* Early 2018: Prevalence of wellbeing and resilience issues for young people in HeadStart schools
* 2018-2022: Annual monitoring of impact reports (quantitative and qualitative)
* 2018-2022: Two evidence briefings per year on emerging learning
* 2018–2023: Two intervention-specific evaluations each year, reporting to be determined according to evaluation design (some evaluations may run for more than one year)
* 2023: Overall impact and implementation report

**Multiple and Complex Needs**

We are currently finalising the evaluation schedule for Multiple and Complex Needs. We are happy to make the finalised timetable available in the new year.

**Annex B**

**Our Strategic Programmes**

A Better Start

A Better Start (ABS)is a ten-year strategic investment by the Big Lottery Fund focused on developing and testing new approaches to promoting Early Childhood Development (ECD). The programme is made up of five local partnerships, working in wards with high levels of economic deprivation in Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea. Each partnership has developed locally tailored strategies to promote ECD, focusing on three key child development outcomes: diet and nutrition, social and emotional development, and speech, language and communication.

A Better Start aims to bring about changes to the way that systems operate around children and families in order to improve Early Childhood Development outcomes and to bring about and embed:

* A shift in culture and spending towards support and services for children and families that is prevention-focused, and responsive to local needs;
* Effective partnership working across local health, public services, the social sector and the wider community to co-produce and deliver less bureaucratic, more joined up support and services; and
* A commitment to science and evidence-based support and services, and to innovation.

The ABS partnerships’ portfolios consist of services across different levels of prevention and include a spread of evidence-based, science-based and innovative approaches to maximise the opportunity to improve ECD outcomes. These are shaped according to the specific needs and strengths of the local population, drawing on analysis of ward and population-level data. Each ABS partnership is developing and testing approaches to promote systems change locally, and we plan to capture and share learning extensively over the duration of the ABS programme (2015-2025) to inform the work of others and enable children more widely to benefit.

Further information about A Better Start and available resources:

* <https://www.biglotteryfund.org.uk/abs>
* <https://www.abetterstart.org.uk/>

Headstart

HeadStart supports young people aged between 10 and 16 who are at risk of developing mental health conditions. Partnerships work with young people, parents and schools to build young people's emotional resilience from an early age and have a positive impact on their futures. £56 million is supporting six partnerships between 2016 and 2021.

In Cornwall, Headstart is trialling a trauma reduction approach which is directly informed by the ACE Study and the Protective Factors research. This whole-system approach is designed to give all local children access to an ‘emotionally available adult’ in order to boost their resilience.

Multiple and Complex Needs

Multiple and Complex Needs supports adults living with at least two of the following issues: alcohol or substance misuse, current or historical offending, homelessness and mental ill-health. By working with people who have faced these problems, the partnerships are bringing together services and improving their delivery to make it easier for people to access support. £112 million is supporting 12 partnerships between 2014 and 2022.

85% of people with multiple and complex needs are likely to have experienced traumatic experiences in childhood.[[27]](#footnote-27) The experience of our project beneficiaries reinforces this finding, with childhood traumas often disclosed during 1:1 support provided by MCN navigators. Across the board they report high levels of ACE including disproportionate numbers of care leavers, and significant childhood trauma.

A Newcastle Gateshead Multiple and Complex Needs peer research project into the journey into homelessness found that 50% of respondents directly reported ACE in relation to becoming homeless. This included childhood abuse, neglect, bereavement, a parent in prison, family breakup, and being in care. Early intervention was also highlighted with 52% of respondents stating that they would have benefited from physical, social and psychological support before the age of 16.[[28]](#footnote-28)

For more information on our Multiple and Complex Needs partnership, please visit: <https://www.biglotteryfund.org.uk/prog_complex_needs>

**Support provided to families and children as a result of Big Lottery Funding**

1. **Specialist services for young children and families that address one or more ACEs**

**Survivor Mums’ Companion**

The Survivor Mums’ Companion addresses the specific needs of pregnant women who have a history of child maltreatment or abuse, and who identify as experiencing trauma-specific symptoms. It is a theory-based, psycho-educational self-help programme delivered during the second trimester of pregnancy. The programme is being delivered in the Better Start area of Blackpool, following trials in both the United States and Australia. It was developed by Professor Julia Seng and Mickey Sperlich at the University of Michigan.

The Survivor Mums’ Companion aims to raise awareness of, and improve the management of trauma symptoms in pregnancy, during birth and the early weeks of parenting. This includes:

* Improving emotion regulation (calming intense emotions, reducing anger expression and managing dissociative tendencies);
* Improving interpersonal reactivity (managing interpersonal care and interpersonal relationships with midwives, family and friends);
* Learning new skills to manage trauma-related symptoms (intrusive re-experiencing, arousal reactions, intrusive thoughts and avoidance reactions).

Results from a pilot study of the Survivor Mums’ Companion in the US showed small to moderate improvements in anger expression, interpersonal reactivity and PTSD symptom management from pre to post intervention scores[[29]](#footnote-29). The Australian study found small to moderate non-significant improvements in rating of labour experience, postnatal mental health and mother-infant bonding, and significant improvements in the perception of the quality of care received in labour and lower dissociation in labour[[30]](#footnote-30). To date no research has considered long-term outcomes of participating in the Survivor Mums’ Companion on both mother and child.

As Survivor Mums Companion has not been previously trialled in the UK, a pilot study with a small number of women has been designed to test the suitability of the programme. The formative evaluation of this pilot is using semi-structured, face to face interviews to gain an understanding of how women in Blackpool perceive the Survivor Mums Companion and accessibility of the referral pathway. The evaluation will also include semi-structured face to face interviews with tutors. A small focus group with Baby Steps practitioners will assess the ease and suitability of the referral pathway.

For more information - <https://www.blackpoolbetterstart.org.uk/news/survivor-mums-companion/>

**Parents Under Pressure**

Parents Under Pressure is an evidence-based, intensive parenting programme for families, where parental substance misuse is a concern, being delivered in the Better Start area of Blackpool. It was originally developed in Australia by Professor Sharon Dawe and Dr Paul Harnett for families facing challenges such as depression and anxiety, substance misuse, family conflict and severe financial stress.

Parents Under Pressure aims to support parents who have children aged 0-5 and are attending drug and alcohol treatment services to develop more positive and secure relationships with their children. It looks at the parent-child relationship, the individual psychological functioning of family members, and social contextual factors such as social isolation, accommodation and financial issues. The key catalysts for change are a strengths-based approach, therapeutic relationships with parents, a focus on mindfulness and assisting parents to manage their emotions in order to respond to their child’s emotional needs.

A Randomised Controlled Trial (RCT) in Australia found that families who received the Parents under Pressure programme showed significant reductions in problems across multiple domains of family functioning, including a reduction in child abuse potential, rigid parenting attitudes, and child behaviour problems. An RCT is being conducted by the University of Warwick in conjunction with the NSPCC, with findings due in 2017/2018. Early results from the RCT suggests positive outcomes[[31]](#footnote-31).

For more information - <https://www.blackpoolbetterstart.org.uk/news/parents-under-pressure-pup/>

**Parent and Infant Relationship Service (PAIRS) (1-1 work)**

PAIRS (Parent and Infant Relationship Service) is a specialist therapeutic service delivered by psychotherapists and psychologists to support parent-infant relationships where there are high levels of need. It is being delivered in the Lambeth Early Action Partnership (LEAP) area of Lambeth.

PAIRS is a targeted service for parents of infants who are experiencing or at risk of insecure or disordered attachment; and is available for mothers and fathers with babies aged between 0-4 years old[[32]](#footnote-32). For the child, PAIRS aims to promote good infant mental health, and improve attachment security, infant cognitive and emotional development, and child capacity to form and maintain positive relationships. For the parent, PAIRS aims to improve parent-infant relationships and perceptions of parenting, and reduce parenting stress and depression.

PAIRS provides a non-judgemental, reflective space for parents to observe and think about their babies with practitioners who are able to support them to be curious about the meaning of their baby’s communications and their responses to them. Reflective discussion and exploration of both positive and more worrying aspects of the parent infant relationship promotes positive emotional attunement and regulation.

PAIRS includes the use of evidence-based tools, such as ‘Watch, Wait and Wonder’. Watch, Wait and Wonder is rooted in evidence from research using a quasi-experimental design in Canada, and it is also building an evidence base in the UK[[33]](#footnote-33).

For more information -<https://www.biglotteryfund.org.uk/research/a-better-start/social-and-emotional-development> (PAIRS case study)

**Video Interaction Guidance**

Video Interaction Guidance (VIG) is an approach used for enhancing communication within family relationships, which is being used in the Better Start area of Blackpool. It is based on a model originally developed by Harrie Biemans in the Netherlands, and refined by Professor Colwyn Trevarthen at Edinburgh University.

It is an effective tool in increasing parental sensitivity in families where there are attachment difficulties. It works by capturing short pieces of video of a parent interacting with their child.  In the process of standing back and looking at themselves on screen, parents are able to analyse what they were doing when things were going ’better than usual’.  Parents are supported to become more sensitive to children’s communication attempts and to develop greater awareness of how they can respond in an attuned way.  The programme empowers parents and communities, because it is built on a conviction that the power and responsibility for change resides within families themselves.

This programme gives families an insight into attachment and parental sensitivity and also builds parents self-confidence and attachment. Evaluations of the programme have found that it It reduces parental anxiety and depression and shows a reduction in the cases of abuse and neglect[[34]](#footnote-34).  Additionally, children have experienced positive outcomes in communication and language development and cognition.

For more information: <https://www.videointeractionguidance.net/>
<https://www.blackpoolbetterstart.org.uk/news/video-interaction-guidance-vig/>

**SafeCare**

SafeCare is a programme for parents of young children at risk of, or reported for, maltreatment, being delivered in the Better Start area of Blackpool. It was developed at the National SafeCare Training and Research Centre (NSTRC) at the University of Georgia.

SafeCare aims to prevent cases of neglect before they escalate into child protection services, and more serious harm is caused to young children. It supports parents to develop their parenting skills and understand and respond to the needs of their child in relation to:

* Keeping their child fit and healthy
* Keeping the home safe
* Having a good relationship with their child and managing their behaviour.

Delivered in the home over twenty weeks by trained family support workers, SafeCare comprises 4 modules: Parent-Child Interaction, Home Safety, Child Health Care, and Counselling and Problem Solving Skills.

NSPCC recently carried out an evaluation of SafeCare to ascertain it impact on families who have received the service in the UK[[35]](#footnote-35). The findings concurred with US-based evaluations that SafeCare can improve parenting skills[[36]](#footnote-36). Of the families where neglect was a concern prior to SafeCare, two-thirds improved to a point where they were considered protected from neglect.

For more information: <https://www.blackpoolbetterstart.org.uk/news/safecare/>
<http://safecare.publichealth.gsu.edu/safecare/>

**Family Action Perinatal Support Service**

Family Action are delivering a Perinatal Support Services for pregnant women who live in the Better Start area of Bradford and have, or are at risk of developing, mild to moderate mental health issues such as anxiety and depression. The service aims to provide emotional support to families where a parent is struggling with their emotional health or wellbeing during pregnancy and the first year after birth. It is led by a professional project coordinator and provided by a team of befrienders who have experience of parenthood and/or receiving the service themselves.

Dedicated trained volunteer ‘befriender’ who will offer emotional support and support to access other services in the community. It supports families according to their needs and situation, through listening and emotional support and linking in with other specialist services and Children Centres.

In 2012, Professor Jane Barlow at Warwick University carried out an independent evaluation of Family Action Perinatal Support Services[[37]](#footnote-37). Using the Hospital Anxiety and Depression Scale, the study found that 88% of services users had experienced a reduction in their anxiety scores after using the service; with a 59% reduction reported for those experiencing depression. An earlier RCT by researchers from Kings, Guy’s and St Thomas’ found that the service halved the rate of maternal depression[[38]](#footnote-38).

For more information - <https://betterstartbradford.org.uk/families-get-involved/our-projects/perinatal-support-service/>
<https://www.family-action.org.uk/what-we-do/early-years/perinatal-support-services/>

**Family Nurse Partnership ADAPT**

Family Nurse Partnership (FNP) is **a voluntary, intensive home visiting programme for first time young mums delivered in around 90 areas in England**. FNP aims to enable young mums to improve:

* Pregnancy health, behaviours and outcomes;
* Child health and development by developing parenting knowledge and skills;
* Economic self-sufficiency, by helping them to achieve their aspirations (such as employment or returning to education).

The evidence base includes three US-based large-scale Randomised Controlled Trials (RCTs[[39]](#footnote-39)).

A recent RCT in England foundthat FNPpromoted cognitive and language development up to 24 months;and helped protect children from serious injury, abuse and neglect through early identification of safeguarding risks[[40]](#footnote-40); but it was not found to have an impact across the study’s four main short term outcomes[[41]](#footnote-41).

The five A Better Start partnerships, along with six other local areas in the FNP ADAPT programme, are trialling a range of adaptations to the programme with the aim of improving outcomes.

Examples of adaptations in the A Better Start partnerships:

* In **Bradford**, the focus of the clinical adaptation is on promoting maternal sensitivity and responsivity using Video Intervention to Promote Positive Parenting (VIPP). The interactions between clients and their babies are filmed over a number of visits, and the film is used to highlight and reinforce the sensitive parenting that is taking place. There is also a new set of facilitators to be used in pregnancy, aiming to stimulate clients to begin thinking about their unborn child’s thoughts and feelings.
* In **Lambeth,** there is afocus on the reduction and prevention of intimate partner violence and the promotion of healthy relationships. Family nurses will use new materials that have been developed to enable clients to consider healthy and unhealthy relationships, and to identify what kind of relationship they are in. The nurses have received additional training to help them with this work. The new materials have been tested with clients in focus groups and have been positively received.
* In **Nottingham,** a perinatal mental health intervention is being trialled. Family Nurses have been equipped with a locally developed toolkit which is used to raise parents’ awareness of mental health and wellbeing, allows early identification of issues and provides appropriate strategies to manage mental health problems.

For more information - <http://fnp.nhs.uk/fnp-next-steps/adapt/>

**Blackpool Better Start is implementing a trauma informed care strategy** which will transform the workforce over the lifetime of the programme and beyond. Complementing the suite of trauma informed and trauma focused interventions being implemented by the Centre of Early Childhood Development, the trauma informed strategy will bring out sustainable change spanning the community and all other partner organisations.

The Centre is also piloting the use of the ACEs questions, delivered in a trauma informed way and utilising a more therapeutic approach, through the Health Visiting service, as part of the wider Health Visiting transformation. Through co-designing the pilot alongside Health Visitors themselves, and community members, the Centre will be generating learning in relation to the impact of ACEs on the workforce and quality of assessments. This new approach is also informing the newly developing supervision models incorporated as part of the new HV model.

The centre will also be embarking on a foundation training with Blackpool First Response, Neighbourhood and Early Action policing teams, supporting them to become more trauma sensitive prior to further development in this area. In addition, work is also underway in partnership with Dr Warren Larkin to develop a new trauma informed service for women in pregnancy with the aim of improving maternal and early years diet and nutrition.

1. **Universal services**

A Better Start takes a ‘proportionate universalist’ approach, as defined by Professor Sir Michael Marmot: “*To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage*”[[42]](#footnote-42).

Service portfolios from the five ABS partnerships include universal preventative services which aim to prevent ACEs from occurring in disadvantaged communities by stopping, health, social or psychological problems that may impact on ECD outcomes before they start.

**Baby Steps** is a science based perinatal programme designed to support mums and dads to be able to manage the emotional and physical transition into parenthood developed by NSPCC and Dr Angela Underdown at the University of Warwick. Given the high levels of deprivation in their target wards, Blackpool Better Start have adapted the programme to provide it universally across the Better Start wards and then across the whole of the town to all expectant parents. The programme was evaluated by the NSPCC across a range of outcomes including parents’ relationships with their baby in the antenatal and postnatal period, couple relationships and parental self-esteem [[43]](#footnote-43). The evaluation found that parents who attended Baby Steps:

* Showed an improvement in the quality of their relationship with their babies
* Had increased satisfaction in their relationships with their partners
* Showed a decrease in anxiety and depression
* Had increased levels of self esteem
* Had lower rates of caesareans, low birth weight and premature babies compared to the general population.

**Family Mentors** was designed by ABS Nottingham and has commissioned a new workforce of Family Mentors to deliver a manualised programme of home visits and group activities ‘Small Steps at Home’. All families living in the Small Steps Big Changes area of Nottingham are offered access to a Family Mentor if they are expecting a baby or have a new baby. Designed to complement the existing workforce of child health, education and development professionals, Family Mentors are recruited from the community through an assessment process that focuses on their approach, attitude and personal qualities rather than on specific work experience or qualifications.

**Bump, Birth and Baby** is a science-based community antenatal programme for new mums and dads to support them through the emotional and physical transition into parenthood. It is available to all expectant parents living in the Small Steps Big Changes (SSBC) area of Nottingham. The programme aims to: promote good maternal mental and physical health in pregnancy, confidence and positive parenting practices from birth, and good parent-infant attachment; support healthier inter and intra family relationships; and to help facilitate the development of local friendships and support networks that will benefit parents and children.

For more information -<https://www.biglotteryfund.org.uk/research/a-better-start/social-and-emotional-development>

**Mums and Babies in Mind (MABIM)** is a project led by Maternal Mental Health Alliance and Mental Health Foundation, funded by Big Lottery Fund. It is running in two of the A Better Start partnerships - Blackpool Better Start and A Better Start Southend - as well as in Gloucestershire and Haringey. The project supports local leaders to improve the care and quality of life for mothers experiencing mental health problems during pregnancy and the first year of life, and support for their babies. In each area, the project aims to identify the barriers to service improvement, and to inform and support effective solutions. The improvement of local services will result in good quality, evidence-based care pathways including information, support and treatment, at the right time, for all mums who need it. Learning is being shared through online tools and resources to inspire commissioners and service providers working in other areas of the country.

For more information - <http://maternalmentalhealthalliance.org/mumsandbabiesinmind/>

1. **Service design**

**LEAP**

Lambeth Early Action Partnership has focused on developing an inclusive process for service design by working together with parents, carers, the community and local workers to ensure that families and the community receive services that will meet their needs. This process is based on ‘implementation science’, which evidence shows makes a real difference to how effective services are at engaging and benefitting those they are intended for.[[44]](#footnote-44)

The service design process involves as many steps as are needed to develop a shared understanding of who the service is for, what outcomes it will achieve, how and where it will be offered. Building on any available evidence about how services work, partners come together in a series of workshops, focus groups and/or demonstrations of the service to inform how it could best be offered to LEAP families. The final design is written up into a document that sets out clearly how it will work, and helps to develop a shared understanding about the service for families and professionals.

For more information - <http://www.leaplambeth.org.uk/media/1416/LEAP-Annual-Report-March-2016.pdf>

**Psychologically Informed Environments**

Given the prevalence of ACE in the MCN population a lot of the activity that is done within and across the partnerships relates broadly to increasing the awareness of trauma informed approaches.

We are implementing Psychologically Informed Environments in five areas (Birmingham, Brighton Hove and Hastings, Bristol, Nottingham and Newcastle Gateshead). This is a form of working that takes into account an individual’s history of trauma. The support given reflects this via a consistent psychological framework. In many ways it’s a very comprehensive form of workforce development.

The partnership in Newcastle & Gateshead evaluated their pilot of this approach[[45]](#footnote-45) which found that:

* The approach increased resilience amongst frontline staff allowing them to better support chaotic individuals in a more supportive way;
* Applying a trauma informed framework enabled more constructive relationships between staff and clients resulting increased trust, which in turn has resulted in improved outcomes;
* Staff feel more confident and able to handle the complexities of complex needs – both individual’s and working with the wider system;
* This is a relatively low cost approach to improving workforce ability to support individuals with MCN taking into account their ACE; and
* Based on the pilot delivery of PIE has been extended within Newcastle & Gateshead.

**Headstart Cornwall**

HeadStart Cornwall have recently started working with Trauma Informed Schools and the Centre for Child Mental Health. ACEs will now form part of their workforce development programme with schools, statutory agencies and community organisations.

The Headstart Kernow Trauma and Mental Health Informed Schools initiative is directly informed by the ACE Study and the Protective Factors research. This whole-system approach is designed to give all local children access to an ‘emotionally available adult’ in order to boost their resilience.

Underpinned by a robust evidence base[[46]](#footnote-46) the Headstart Kernow approach focuses on addressing developmental deficits to support learning and emotional health, while also upskilling adults across the community to enable them to provide support when it is needed. In addition to addressing developmental deficits, it also provide school staff with the conversational and relational tools to directly support children with specific mental health problems resulting from childhood adversity (e.g. a child suffering from anxiety, depression, an eating disorder or self–harming behaviours).

This means giving staff the skills and confidence to be effective in an area where, at present, they often feel de-skilled and anxious. In 2015, two out of three teachers were worried that if they talk to children who self-harm it will make things worse.[[47]](#footnote-47) This lack of intervention helps to explain why, on average, it takes 10 years for a child to get help for a mental health problem.[[48]](#footnote-48) As children spend around 190 days in school every year, we are confident that the impact of young people in Cornwall will be significant.

1. Blackpool, Bradford, Lambeth, Nottingham and Southend [↑](#footnote-ref-1)
2. Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton [↑](#footnote-ref-2)
3. Birmingham; Blackpool; Brighton, Hove, Eastbourne and Hastings; Bristol; Camden and Islington; Lambeth, Lewisham and Southwark; Liverpool; Manchester; Newcastle and Gateshead; Nottingham; Stoke-on-Trent and West Yorkshire. [↑](#footnote-ref-3)
4. Felitti, V.J. et al (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of Preventive Medicine 14(4) [↑](#footnote-ref-4)
5. Sacks, V et al, Adverse Childhood Experiences, Child Trends, July 2014: <https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf> [↑](#footnote-ref-5)
6. The Adverse Childhood Experiences Study (ACE study: Felitti and Anda 2006) [↑](#footnote-ref-6)
7. Dube, S.R., Felitti, V.J., et al (2003) Childhood abuse, neglect, and household dysfunction: the adverse childhood experiences study. Paediatrics 111, 564-572 [↑](#footnote-ref-7)
8. Appendix I(i), Gateshead Homelessness Needs Assessment, 2017, <http://www.gateshead.gov.uk/DocumentLibrary/JSNA/FINAL-Gateshead-Homelessness-Health-Needs-Assessment-May-2017.pdf> [↑](#footnote-ref-8)
9. <https://www.biglotteryfund.org.uk/research/a-better-start/systems-change/preventonomics> [↑](#footnote-ref-9)
10. <https://www.biglotteryfund.org.uk/research/a-better-start/systems-change/better-evidence-for-a-better-start> [↑](#footnote-ref-10)
11. The ‘science within’: what matters for child outcomes in the early years, Dartington Social Research: <http://betterstart.dartington.org.uk/wp-content/uploads/2013/08/The-Science-Within.pdf> [↑](#footnote-ref-11)
12. <https://www.blackpoolbetterstart.org.uk/news/survivor-mums-companion/> [↑](#footnote-ref-12)
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14. Rowe, H., Sperlich, M., Cameron, H., & Seng, J. (2014) A quasi-experimental outcomes analysis of a Psychoeducation intervention for pregnant women with abuse-related post-traumatic stress. *Journal of Obstetric, Gynecologic and Neonatal Nursing.* 43, 3, 282-293. [↑](#footnote-ref-14)
15. <https://www.blackpoolbetterstart.org.uk/news/parents-under-pressure-pup/> [↑](#footnote-ref-15)
16. <https://www.biglotteryfund.org.uk/research/a-better-start/social-and-emotional-development> [↑](#footnote-ref-16)
17. Cohen, N.J., Muir, E., Lojkasek, M.et al. (1999). Watch, Wait and Wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. Infant Mental Health Journal. 20, 429-451. [↑](#footnote-ref-17)
18. https://www.blackpoolbetterstart.org.uk/news/baby-steps/ [↑](#footnote-ref-18)
19. NSPCC. (2017) Baby Steps: Evidence, impact and evaluation. Available at: [www.nspcc.org.uk/services-and-resources/services-for-children-and-families/baby-steps/evidence](http://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/baby-steps/evidence) [↑](#footnote-ref-19)
20. <https://www.biglotteryfund.org.uk/research/a-better-start/social-and-emotional-development> [↑](#footnote-ref-20)
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22. Centre for Mental Health Missed Opportunities report 2016 [↑](#footnote-ref-22)
23. Gunnar et al 2015, Lieberman et al 2014, Dan Hughes [↑](#footnote-ref-23)
24. Seng J. & Taylor J. (2015) Trauma informed care in the perinatal period. Dunedin Academic Press [↑](#footnote-ref-24)
25. <http://www.acestudy.org/uploads/3/4/9/6/34961588/10-qacecalc.pdf> [↑](#footnote-ref-25)
26. <http://maternalmentalhealthalliance.org/mumsandbabiesinmind/> [↑](#footnote-ref-26)
27. <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf> [↑](#footnote-ref-27)
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38. <https://www.family-action.org.uk/content/uploads/2014/06/Southwark-Perinatal-Support-Project-Evaluation-2009.pdf> [↑](#footnote-ref-38)
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48. Centre for Mental Health Missed Opportunities report 2016 [↑](#footnote-ref-48)