

# The Big Lottery Fund response to the ‘Transforming Children and Young People’s Mental Health Provision: a Green Paper’



## Introduction

This paper outlines the learning and evidence the Big Lottery Fund has gathered from funding mental health support for children and young people over the past decade. We hope our experience will be helpful in assisting Government to give young people, and their communities, the support they need to thrive.

This paper draws on the experiences, and reflects the voices, of young people and professionals with lived experience of mental health support in schools. We would particularly like to thank young people and professionals from HeadStart in Kent, Newham and Blackpool for their vital contribution to this response. We have included a write up of a roundtable on the Green Paper between young people and professionals hosted at the Big Lottery Fund on 13 Feb 18 at Annex A.

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. We fund bright ideas - big or small, to help people make their community a better place to live.

## Key messages

We welcome the Government’s recognition of the importance of young people’s mental health, and the benefits that can be delivered via schools, as set out in this Green Paper.

To help the Government meet the ambitions of this Green Paper, we are keen to share our learning in the following areas:

- The importance of putting people in the lead when designing and delivering services;
- Involving the community beyond the school in supporting young people’s mental health; and
- Taking a lifecycle approach to improving young people’s mental health.

We are also keen to share our practical learning from our HeadStart programme, in particular around:

- How we selected the HeadStart areas, and which would be effective as trailblazers;
- How the HeadStart partnerships have built strong relationships with statutory delivery partners;
- How we are measuring the impact of the HeadStart programme; and
- Our ‘proportionate universalism’ approach to support.

## Our response to the Green Paper

We welcome the Government’s proactive approach, set out in this Green Paper, to giving young people the mental health support they need to thrive. As rates of anxiety and depression<sup>1</sup> continue to rise among young people, it is vital that meaningful action is taken.

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<sup>1</sup> Mental ill-health among children of the new century, UCL & IoE, 2017:  
<http://www.cls.ioe.ac.uk/news.aspx?itemid=4646&itemTitle=One+in+four+girls+is+depressed+at+age+14%2c+new+study+reveals&sitesectionid=27&sitesectiontitle=News&returnlink=news.aspx%3fsitesectionid%3d27%26sitesectiontitle%3dNews>

But improving young people's mental health is a significant challenge. The additional stress factors facing young people - from social media to increasingly demanding body image expectations - means support must go beyond the standard medical model to be successful. Only by building multi-agency partnerships<sup>2</sup> and meaningfully involving young people can a solution to some of the complex problems facing young people be found.

While there is not currently an agreed 'one size fits all' model for supporting young people, there is significant expertise on the issue across the UK. At the Big Lottery Fund, we have adopted a 'test and learn' approach in our HeadStart programme (outlined in more detail below) to find out what works, and what can be effectively replicated. We are keen to share the learning from these programmes with Government as it emerges. We have also set out below our learning from the programmes to date.

### HeadStart

HeadStart is a five-year, £56m National Lottery funded programme set up by the Big Lottery Fund, the largest funder of community activity in the UK.

Working in six diverse communities across England, it aims to explore and test ways to improve young people's mental health and wellbeing.

Strong communities are built by those who live in them, and people with first-hand experience of living with an issue are best-placed to identify and shape potential solutions. Young people, who identified mental health as a key issue in their lives during a Big Lottery Fund consultation in 2012, are at the heart of designing, delivering and evaluating the HeadStart programme.

From 2016 to 2021, six local authority led HeadStart partnerships will be working in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton.

We welcome the Government's recognition of the importance of supporting young people in schools. In particular, the importance of leadership, accountability and practical knowhow in embedding mental health support. This reflects a delivery model which we are using across the HeadStart programme. For example, at every school participating in HeadStart Kent, there is a Designated Senior Lead for Mental Health who oversees the school's approach to mental health and wellbeing. These leads are particularly effective where they have support from the school's senior leadership team, and mental health support can be 'mainstreamed' in day-to-day school business.<sup>3</sup>

To promote the impact of these mental health leads, HeadStart Kent use a Resilience Toolkit to give designated senior leads the support they need to embed best practice across their school. We would be very happy to share this toolkit with the Department, to enhance the impact of dedicated mental health support teams under the approach proposed in this Green Paper.

### People in the Lead

Involving people with mental health needs in the design and delivery of support makes services better. According to Rethink, such involvement empowers service users and increases the quality,

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<sup>2</sup> Tickell review of the early years foundation stage, Department for Education, 2011:  
<https://www.gov.uk/government/publications/the-early-years-foundations-for-life-health-and-learning-an-independent-report-on-the-early-years-foundation-stage-to-her-majestys-government>

<sup>3</sup> HeadStart Kent submission to Green Paper consultation response

efficiency and outcome of services.<sup>4</sup> However, co-production is currently substantially underused. Just 15% of Clinical Commissioning Groups in England had used a co-production approach in mental health commissioning at the time of Rethink's report.<sup>5</sup>

The approach outlined in this Green Paper provides an excellent opportunity to embed young people's expertise and experience at the heart of mental health support in England. The findings of our programmes suggest that such an approach would empower young people with mental health problems, and improve the impact of the services themselves.

While involving young people in this way is not always easy, it can be done cost effectively. This is particularly true if services plan to involve young people from the start, and are set up to respond to young people's input. We have outlined a number of key benefits realised through co-production below in relation to our Talent Match programme.

### Talent Match and people in the lead

Talent Match is providing £108m of funding to 21 partnerships across England from 2014-18 to improve employment among the young people (aged 18-24) who are furthest from the labour market.

At least a quarter of this group<sup>6</sup> have experienced mental ill-health, with estimates from some partnerships closer to half.<sup>7</sup> The success of Talent Match rests heavily on the genuine involvement of young people in the design and delivery of services as equal partners.

We have identified the following key benefits from co-production through Talent Match:<sup>8</sup>

- **Co-production broadens the reach of services:** Talent Match has been successful in reaching and retaining significant numbers of 'hidden' young people (e.g. those who are not in education, employment or training, and not receiving benefits of any kind) as a result of putting young people in the lead. For example, Talent Match Leicestershire<sup>9</sup> undertook a 'root and branch' review of the way they delivered services in year 2 of the programme. As a result they completely changed their approach to delivery, and the number of young people who engaged in the project increased by over 50%.
- **Co-production ensures your services respond to the needs and wishes of target audiences:** Co-producing services with those who are intended to benefit from them helps to ensure services are appropriate for their intended audience.
- **Involving young people has a positive effect on their transferable skills:** Participants experienced increases in their leadership, teamwork, decision making and communication skills improve as a result of participating in the programme.

We can also provide advice on putting young people in the lead of mental health support design and delivery. While there is no 'one size fits all' approach to supporting and involving people, we recently consulted with eight organisations we fund who work in mental health to explore what 'people in the lead' means in the context of their work. Key themes that emerged from the case studies include:

<sup>4</sup> Rethink Mental Illness (August 2017) Progress through Partnership: Involvement of people with lived experience of mental health in CCG commissioning.

<sup>5</sup> 15% of the 196 (of 209) CCGs that responded to Rethink's FOI request.

<sup>6</sup> Headline report - Q1 2014 – Q3 2017 from the Talent Match Common Data Framework, Sheffield Hallam

<sup>7</sup> Merida Associates (2016) Talent Match Coventry & Warwickshire: Year 2 evaluation report

<sup>8</sup> Talent Match Case Study Theme Report: Mental Health and Wellbeing, Sheffield Hallam, 2015:

<http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/tm-mental-health-wellbeing-2015.pdf>

<sup>9</sup> <https://www.princes-trust.org.uk/about-the-trust/initiatives/talent-match>



1. **Valuing people as individuals:** treating people as experts in their own lives, and working together to develop tailored solutions and opportunities that build on their strengths and interests.
2. **Working together:** building trusting relationships and enabling people to develop supportive social connections and community networks, and enabling collaboration across organisations and services that put people in the centre.
3. **Creating an enabling culture of support:** sharing power needs to be accompanied by the support and clarity to enable people to engage in a positive and meaningful way. While tools and processes are important, putting people in the lead needs to go beyond this - it's about mind-set and culture, including a commitment to constant questioning, learning and adaptation.

We can also support schools/local authorities to embed a 'people in the lead' approach. There are a wealth of skills around involving young people in the youth sector, and involving these professionals would be highly beneficial to the delivery of mental health support. Using a 'test and learn' approach to involvement, for example, running a pilot youth involvement programme would also help develop an effective approach. We are happy to offer further support of this kind, if it would be helpful to do so.

### The benefits of coproduction

Although at any early stage, involving young people in the design and delivery of services has led to significant change in a number of organisations involved in HeadStart. Partnerships have used approaches ranging from young people's panels to school wide 'big conversations' to ensure young people's voices are at the heart of the programme - and that it responds specifically to their needs. For example, following their involvement in the HeadStart programme, Kent County Council is reshaping its entire Integrated Children's Directorate to dramatically increase young people's involvement, including training its top 40 managers in coproduction.

Young people have also been a central part of the practicalities of HeadStart delivery - from recruitment and commissioning to evaluation and marketing. In doing so, HeadStart has become central to young people's school experience. Participants in a recent roundtable<sup>10</sup> described how their involvement in HeadStart had improved their mental health:

- "HeadStart gives young people the skills and confidence to help themselves"
- "HeadStart makes mental health something everyone can and does talk about"
- "HeadStart helps me to build up friendships and improve our projects"

Involving young people in the delivery of mental health programmes costs very little, and can deliver real improvements to programme impact. We can share expertise and provide support to Government, on how to do this effectively. We can also host officials at HeadStart sites to demonstrate this approach in practice.

We have also funded other successful programmes in this field. For example, the Time to Change campaign has helped to drive a 9.6% positive change in attitudes to mental health from 2008-16.<sup>11</sup> We can share learning about how to use a people-led approach to future mental health support with Government.

<sup>10</sup> Young people and professionals from across the HeadStart programme were invited to the Big Lottery Fund in February 2018 to discuss their experience of HeadStart. 16 attended, ranging in age from 13 to 50.

<sup>11</sup> Public knowledge, attitudes, social distance and reported contact regarding people with mental illness 2009–2015: <http://onlinelibrary.wiley.com/doi/10.1111/acps.12607/full#>

## Time to Change (TTC)

TTC is a campaign led by Mind and Rethink Mental Illness in England to change how we all think and act about mental health. TTC supports people who have experienced mental health problems to challenge stigma and discrimination in their communities, in workplaces, in schools and online. The Fund has supported TTC's work in England from the start, investing £23.7m from 2007 to 2018.

TTC's young people programme involves young people in every aspect of its work. The programme was developed with the input of thousands of young people through online surveys, workshops, focus groups and advisory groups.

People who have experienced mental ill-health play a central role in delivering the programme for multiple reasons: to bring first-hand insights, because social contact approaches (knowing someone who is open about their mental health problem) are proven to be effective in reducing public stigma and self-stigma among people with mental health problems,<sup>12</sup> and as a way to support young people to develop their skills and confidence in managing their mental health.

## Practical learning from HeadStart

### Creating 'trailblazer areas'

We have outlined below our experience of identifying areas to participate in the HeadStart programme. Many of the lessons we learned during this process could helpfully inform the Government's approach to identifying trailblazer areas.

During our development of HeadStart, we worked with 12 local authorities before narrowing to six for the delivery of the programme. We chose those local authorities on the following basis:

- There were significant risk factors for mental health problems locally (e.g. high levels of deprivation, high levels of mental ill-health);
- Strong existing partnerships (e.g. between the local authority and the voluntary sector, or between the NHS and the local authority) already existed, or could be easily established;
- All areas had in place a Health and Wellbeing Board, one or more Clinical Commissioning Groups and one or more Health Watch.

We also selected a diverse range of local authorities to increase our opportunities to test and learn. Factors we considered included urbanity/rurality, deprivation, levels of mental health needs and geographical location. The most important factor, though, in moving to the final six areas was the quality of their strategy and the level of involvement from young people.

As well as providing us with rich learning from the programme, this approach means that we are working with a diverse array of local authority areas with well-functioning mental health partnerships. A number of these areas, in particular Newham and Kent, would be particularly suited to acting as trailblazers for the first stages of the Green Paper rollout.

We would be very happy to facilitate meetings between both partnerships and the Department to further outline their suitability to act as trailblazer areas.

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<sup>12</sup> Committee on the Science of Changing Behavioral Health Social Norms, 'Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change,' 2016 Aug 3. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK384914/>

## Evaluation

In partnership with the Anna Freud Centre, we have introduced a Wellbeing Measurement Framework to measure the impact of the HeadStart programme. It is an annual survey on wellbeing completed by young people across HeadStart and non-HeadStart schools, and is the largest survey of children and young people's mental wellbeing in England.

In 2017, more than 30,000 young people in Year 7 (aged 11 to 12) and Year 9 (aged 13 to 14) completed the survey, across 114 schools. The Year 7s will repeat the survey annually until they are in Year 11 and data will be collected from young people in Year 9 every year. This Wellbeing Measurement Framework can be made available to all schools who wish to opt in.

The framework does not have the scientific rigour of a Randomised Control Trial (RCT). While RCTs offer the most rigorous scientific evidence, the strict requirements for their usage - along with the limits of what they measure - mean that valuable learning would be lost, if we relied solely on RCTs to gather evidence.

This broader approach to evaluation was echoed in our recent roundtable when we asked young people to tell us how they would know if the proposed approach in the Green Paper was working. They told us that more than the simple effectiveness of the programme should be measured:

- “We should ask young people how they're feeling, and if they're feeling better we should identify the reasons why. We should also ask them for their feedback on the programme, and how it could be improved.”
- “If the Green paper is a success, then more people will know where to go to get help, and there will be a reduction in mental health issues.”
- “It will be easier to tell if it has made a difference if you are tracking the young person's journey throughout.”

The Wellbeing Measurement Framework, along with local evaluation activities, is enabling us to evaluate the impact of the service on mental health outcomes, CAMHS referrals, school attainment and attendance, exclusions, youth offending and more. We would welcome the use of a similar approach to evaluation for the proposals outlined in the Green Paper.

We have also worked to ensure that all the evaluation materials which are produced for HeadStart are as accessible as possible - in particular to young people. We are confident that the findings from the programme will be of interest far beyond academic audiences, and those with a standing appreciation of evaluations.

This approach has allowed us to effectively baseline the mental health of young people across the HeadStart schools, and compare their changing wellbeing over time in comparison to schools which are not using a HeadStart approach. While this does not provide the scientific rigour of an RCT it will give us rich evidence on the changes to wellbeing in HeadStart areas over time. A very similar approach could also be used to evaluate the impact of the proposals as set out in this Green Paper, at relatively limited cost.

## Proportionate universalism

The HeadStart approach works on the basis of proportionate universalism. Young people from HeadStart Kent describe this as ‘everyone gets something but some get more than others.’

All young people in the school receive a standard level of support to help build their emotional wellbeing and resilience. This is delivered in a range of ways, including via the Personal, Social, and Health Education (PSHE) curriculum, or (for example) the Wolverhampton ‘Stop Understand Move On’ programme (a CBT based programme integrated as part of PSHE/SEAL curriculum) or

the Jigsaw programme (which brings together PSHE, emotional literacy, social skills and spiritual development) in Hull.

This support may also be delivered through a whole school approach, such as the ‘academic resilience model’ which provides schools with techniques to build young people’s resilience and increase their chances of academic progress in the face of adversity.

Workforce development and community involvement are key to a proportionate universalism approach. HeadStart upskills school staff and the wider community so they can better recognise, understand and respond to young people’s mental health support needs. In Cornwall, HeadStart Kernow provides training in brain development and understanding what sits behind young people’s behaviour to the community around the child - from sports coaches, to catering staff to local community groups. It also provides tools and techniques so that adults are better equipped and more confident in supporting the young people in their care. Training models which reach out beyond school staff are a vital element of the HeadStart approach, and one we would be happy to share our learning on with Government.

Within any school population there will be young people who find themselves in particularly challenging circumstances and in need of additional support. This doesn’t necessarily mean that they all require counselling or a referral to specialist services. HeadStart provides access to a diverse range of activities and interventions that can help support the needs of the young person before they get in touch with statutory mental health provision.

This can range from: HeadStart Wolverhampton’s accredited peer mentoring approach to HeadStart Kent’s safe spaces where young people can calm down, relax and ‘reset’ themselves before coming back into the class; to HeadStart Newham’s creative, sporting and volunteering activities. If required, more intensive support can be offered such as HeadStart Blackpool’s ‘walk and talk’ counselling. There may be a particular group of young people that the school wants to focus on for more targeted support such as those experiencing domestic abuse in the family home. In HeadStart Kent, young people identified through domestic incidents reported to the school by the police can be offered one-to-one or group support to help them cope.

As outlined above, we would be very happy to show these interventions to officials in person. We are confident that these approaches are enhancing and improving the mental health of young people in HeadStart areas, and could do so on broader scale if included in the approach outlined in the Green Paper.

### **Involving the wider community**

While we welcome the Government’s use of schools to deliver mental health support for young people, they cannot be the only delivery arm of support. In England, young people spend around a tenth of their lives in school<sup>13</sup> - and far more with their friends, families, and communities. Only by using all the available community resources can a real difference be made to young people’s mental health.

Young people who attended our recent roundtable repeatedly identified the need for support outside the classroom:

- “We need a place where students feel comfortable out of school, a place that has youth counsellors, mentors”
- “People need to look out for each other more - if a young person is being bullied outside of school, the community should step in to help like a peacemaker, making it everyone’s business”

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<sup>13</sup> Education at a Glance 2017 OECD Indicators, OECD

- “Still a lot of stigma despite many campaigns - mental health needs to be treated the same as physical health everywhere”

Our HeadStart programme shows clearly how a strong partnership approach can be fostered locally. All HeadStart partnerships include local authorities, schools, elements of the NHS and the voluntary sector - and each of these partners brings something unique to the table. Partnership approaches also deliver significant benefits, for very limited costs. Often simply by getting professionals in the room together to share expertise, significant progress can be made.

For example, in HeadStart Newham non-clinical staff in schools provide preventative mental health support to young people with training/assistance from the local Child and Adolescent Mental Health service. While HeadStart Wolverhampton operates four HeadStart bases each incorporating a multi-disciplinary team made-up of a schools co-ordinator, a community co-ordinator, a young person’s engagement worker and a Clinical Commissioning Group funded Child and Adolescent Mental Health link worker - designed to co-ordinate opportunities and information across services/sectors and help HeadStart respond to local needs. Wolverhampton College also works closely with the Children in Care Council to identify and support young people facing additional challenges. We can share our wealth of experience around supporting partnerships to flourish as required.

### A Better Start

Partnerships are a central element to our A Better Start programme, which is improving life chances of children aged 0-3 in five pilot areas (Bradford, Blackpool, Lambeth, Nottingham and Southend-on-Sea).

In Bradford, a key partnership between the local authority and the NHS has led to the development of a personalised midwifery service.<sup>14</sup> All pregnant women accessing the service have appointments during the prenatal and postnatal period with the same midwife.

Through developing a trusting relationship with their midwife, women become more comfortable in disclosing personal information relating to their mental health and wellbeing. In turn midwives are able to work alongside other professionals (GPs, maternity unit, mental health teams, health visitors), referring them to appropriate services where needed, to ensure women get the best possible care during their pregnancy.

This approach has also highlighted the conflicting information often provided to parents by different statutory services. In the Bradford approach, midwives become the ‘key worker’ for parents, and can more easily identify that conflicting information - and work to provide clarity to parents.

A similar approach, built around schools, would be of significant benefit to the proposals outlined in this paper. Mental health support teams, if provided with the necessary resources and direction, would be well placed to coordinate support from across local services and supportive organisations, to ensure that young people receive the support they need to thrive.

Though partnership relationships can be challenging, the benefits of sharing experience and aligning services are dramatic. To embed partnerships in our A Better Start programme, we undertook a number of practical steps to ensure productive collaboration. These included: requiring applicants to demonstrate a strong partnership approach before awarding funding; involving parents in board meetings to ensure the focus remains on service users, rather than institutional barriers; and building strong continuous learning into each partnerships, to ensure

<sup>14</sup> <https://betterstartbradford.org.uk/families-get-involved/our-projects/personalised-midwifery-care-pilot/>

lessons are learned and shared at every level. We would be happy to further share our learning with officials in this area.

### **The benefits of a lifecycle approach to managing mental health**

Prevention and early intervention play a crucial role in ensuring young people get the best start in life around their mental health. While providing preventative mental health support in schools will likely improve young people's wellbeing, a more significant impact could be achieved if this support began earlier.

While we know institutional barriers sometimes prevent the full benefits of early intervention being realised (e.g. savings accruing across a number of Departments and across the Government and non-Government sector, significant lag between investment and saving) poor and worsening mental health among young people is a significant problem that is not going away. Through our A Better Start partnerships we are trialling a number of approaches to attempt to realise those benefits. We are happy to share our findings from these approaches as the programme develops. But, we remain confident that building a strong basis for mental health throughout young people's lives, is the only way to effectively tackle mental health for the long term.

There is a growing body of evidence showing the importance of early childhood development for children's future learning, behaviour and health.<sup>1516</sup> Early brain development sets the trajectories for cognitive, mental, social and physical health and lays the foundation for healthy adulthood.<sup>17</sup> In fact, sensitive and attuned relationships in early childhood predict the prevalence of depression in adolescence and quality of couple relationships in adulthood.<sup>18</sup>

As such, there is a compelling case for providing investment in preventative services during pregnancy and early childhood to promote good mental health and wellbeing from the start of life, rather than waiting to intervene once an older child has developed mental health needs.

Through our A Better Start programme, we are funding services and interventions that give parents and communities the skills and understanding they need to support their children's long-term health, learning and development from conception onwards.

We would be very happy to share the learning from the programme - both now, and as the evaluation findings become available - to support the creation of a 0-19 mental health strategy.

We would also be very happy to arrange a visit to programme sites to witness the interventions in action. In particular, preventative and targeted services to support mothers' mental health and promote healthy parent-infant attachment relationships, such as:

- **The Parent and Infant Relationship Service:** 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).
- **Parents under Pressure:** an evidence-based, intensive parenting programme for families receiving support for drug and alcohol problems. The programme support parents with

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<sup>15</sup> Allen, G. (2011) Early Intervention: the next steps. HM Government.

<https://www.gov.uk/government/publications/early-intervention-the-next-steps--2>

<sup>16</sup> Marmot, M. (2011) Fair society, healthy lives. HM Government. <https://www.gov.uk/dfid-research-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>

<sup>17</sup> Leach, P. (2017) Transforming Infant Wellbeing: research, policy and practice for the first 1,001 days.

<sup>18</sup> Murrar, L. (2014) The Psychology of Babies: how relationships support development from birth to two. Robinson: London

children aged 0-5 and are attending drug and alcohol treatment services to develop more positive and secure relationships with their children.<sup>19</sup>

- **Video Intervention to Promote Positive Parenting:** a support service which films interactions between clients and their babies, and uses the footage to highlight and reinforce sensitive parenting.

It is also important to put in place support for young people who have left school with poor mental health. Through our Talent Match programme, we worked with thousands of young people (aged 18-24) who were experiencing poor mental health - and consequently found it extremely difficult to secure work. Talent Match took a proactive approach to providing the support that the young people needed - in Liverpool, the Talent Match partnership built counselling into their standard employment support offer, such was the quantity of young people in need of mental health support.

These people should not be left to reach a mental health crisis before they can access support. Involving organisations providing employability support to young people in the approach set out in the Green Paper, would offer significant benefits to those young people still struggling with mental ill-health - and likely dramatically reduce long term unemployment among young people.

## Conclusion

Through our HeadStart, A Better Start and Talent Match programmes, and our funding for Time to Change, the Big Lottery Fund is supporting approaches to improving young people's mental health across England. These programmes are all using a 'test and learn' approach to identifying the solutions that really work for young people.

Through these programmes, and our responsive funding, we have amassed a significant base of evidence and practical know-how on this topic. Over the next five years our evaluation of these programmes will continue to provide vital evidence around what works, and crucially, what doesn't.

We are very keen to share our findings from these programmes with Government on an ongoing basis, and to contribute to supporting young people to overcome any mental health challenges they are facing.

Please do get in touch at the contact details below if you would like any more information on any element of this response, or if you would like to arrange a visit to see these programmes in practice.

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<sup>19</sup> <https://www.blackpoolbetterstart.org.uk/news/parents-under-pressure-pup/>