A Better Start through prevention and early intervention

Insights from The National Lottery Community Fund
A Better Start Programme

August 2024

About A Better Start

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, the largest community funder in the UK. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication.

The work of the programme is grounded in scientific evidence and research. A Better Start is place-based and enables systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

Learning and evidence from A Better Start enables The National Lottery Community Fund to present evidence to inform local and national policy and practice initiatives addressing early childhood development.

The National Children's Bureau (NCB) is designing and delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

Our aim is to amplify the impact of A Better Start:

- Embedding a culture of learning within and between the partnerships.
- Harnessing the best available evidence about what works in improving outcomes for children.
- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development, policymaking or place-based systems change can benefit.

www.tnlcommunityfund.org.uk/funding/strategic-investments/a-better-start

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Introduction

A Better Start (ABS) Programme Insights aim to collate and share learning emerging from the work of ABS partnerships to inform others' work to improve babies' and young children's outcomes.

This is issue ten in the series, focusing on how ABS partnerships are using prevention and early intervention approaches to support families.

This report includes the following:

- Definitions of prevention and early intervention, and how these approaches support children and families
- Evidence for the importance of prevention and early intervention
- The economic case for prevention and early intervention
- Relevant policy developments, national provision, and key challenges and opportunities

The core aim of the A Better Start programme is to improve support in order to give children the best start in life. This aligns with a life course approach, recognising that experiences during pregnancy and childhood impact, and lay the groundwork for, outcomes in later life.

As such, prevention and early intervention are fundamental to the programme's aims, with partnerships working to promote positive development and prevent difficulties in early childhood becoming more significant issues in adult life.

A Better Start partnerships include various approaches to prevention and early intervention, including offering universal services that prevent the development of problems through promoting healthy behaviours, relationships and norms.

Partnerships also target support at those with additional risk factors or who are experiencing the initial signs of problems, aiming to intervene before things worsen. This targeting happens both through partnerships being deliberately established in areas of increased need (based on data on deprivation and child and maternal health outcomes), and through delivering innovative targeted services to meet specific needs.

While A Better Start focuses on specific wards within areas, the wider aspiration has always been that at the end of the 10-year funding, change would be seen far beyond those wards, with local health and social care systems, early education provision, local authority services and voluntary sector organisations all prioritising healthy development in pregnancy and the first years of a child's life. One of the system change 'domains' defined at the beginning of the programme was a shift of resources towards prevention, with evidence of an accompanying culture change.

Examples of how this culture shift has been embedded in the work of ABS partnerships, and beyond, are included in the case studies later in this publication. Below, we first summarise the current research and policy background which inform partnerships' work.

What is prevention and early intervention?

There are numerous definitions of both prevention and early intervention, covering a range of policy areas, approaches, and different age groups. A number of organisations have highlighted a lack of precision in how the terms are used, with definitions often overlapping.

Some authors, for example, make a strong distinction between the two terms, defining prevention as support that attempts to stop a problem happening in the first place, and early intervention as activity aimed at halting the development of a problem that is already evident. This is complicated by definitions of early intervention that includes activity targeted at those at highest risk of developing problems, even where this has not yet happened. Other organisations use only the term prevention, distinguishing between primary prevention (promoting positive outcomes across the whole population), secondary prevention (intervening before full symptoms develop) and tertiary prevention (softening the impact of an ongoing issue).

Given these difficulties, and in line with most policy, this report uses the terms interchangeably, to refer to approaches that promote protective factors and reduce risk factors in order to:

- Reduce the incidence of issues in early life, both across the whole population and for particularly at risk groups
- Detect early signs of issues, and intervene before they develop further

More simply, prevention/early intervention can be understood as approaches, policies and programmes that aim to give children "*the bedrock they need to reach their full potential.*" (Graham Allen MP for HM Government, 2011)

Prevention and early intervention can also be defined in contrast to late intervention, or treatment, which is focused on provision when people are already experiencing significant difficulties.

Given the remit of A Better Start, this report will focus on policy and provision in the early years. It is important to note that prevention/early intervention is not limited to this period, but is often focused here due to evidence supporting the vital importance of this period to later outcomes.

Early Help vs Early Intervention

The term early help is sometimes used interchangeably with early intervention. However, early help also has a more specific meaning in relation to child safeguarding/social care, referring to preventative services that support children and families before they reach the threshold to become 'in need' under Section 17 of the Children's Act 1989, and require intervention from children's social care. The report therefore uses the term early help only in this context.

How does prevention and early intervention work?

Prevention/early intervention provision can look very different, from home-visiting programmes, to language support in early years settings, to financial assistance for vulnerable families.

However, all approaches share a focus on risk and protective factors. According to the Early Intervention Foundation, early intervention approaches seek to use support to decrease the risk factors that threaten children's development and increase the likelihood of problems in later life. At the same time, they seek to strengthen protective factors that can mitigate these risks and increase the health and wellbeing of children and families.

Both risk and protective factors exist across a number of levels in a child's environment – including the individual, family, community and society level – and are often two sides of the same coin. Within Children and Young People's Mental Health, for example, risk factors could include a child having a specific developmental delay, receiving inconsistent or 'disorganised' parenting, or experiencing socio-economic disadvantage. On the other hand, protective factors could include good physical health, a secure attachment experience with their parents, and a strong support network in the community.

Early intervention approaches involve both **universal** and **targeted** forms of support.

Universal support (support that is available to all families) typically aims to increase resilience and reduce the incidence of problems across the whole population. It does this through the promotion of constructive behaviours, norms and relationships, thereby strengthening children against risk and preventing the emergence of issues.

Universal provision also tends to be crucial for identifying young children with developmental delays, or elevated levels of risk which suggest this may be likely. Examples of where this happens include mandated health visitor reviews and progress checks within the Early Years Foundation Stage (EYFS). Some bodies advocate for additional measures, like universal screening for speech and language problems using specialised tools, though evidence supporting this is mixed.

Many families require more targeted support in order to prevent problems from developing and intervene when they do. In this context, The Early Intervention Foundation makes a distinction between 'targeted selective' interventions and 'targeted indicated' interventions.

- **Targeted selective** interventions are offered to families based on broad demographic risks, such as low family income, single parenthood, adolescent parenthood or ethnic minority status. These interventions are more 'preventative', as children growing up in these circumstances may not be experiencing any specific problems. Given the ABS focus on areas of high need, many ABS services fall into this category as default.

- **Targeted indicated** interventions are offered to families who have been identified as having a specific or diagnosed problem requiring more intensive support. These tend to be more intensive, and are offered to a smaller group of families. Many ABS services also fall within this category, for example support when a parent identifies themselves at risk of domestic abuse, or struggling with attachment to their child.

Targeted and universal support can come together in an approach known as progressive universalism, whereby children and families have access to a universal basket of services, with additional support to address additional needs. Progressive universalism aims to promote the identification of emerging problems by making it easier for all families to engage with professional support.

Evidence for the importance of prevention and early intervention

There is growing international consensus that the 1001 days from pregnancy to the age of two sets the foundations for an individual's cognitive, emotional and physical development over the rest of their life. This is largely down to the vital importance of this period in brain development, with the formation of new neural connections at its peak.

In line with a life course perspective, evidence shows that supporting positive experiences in this period can set children on a long-term positive developmental trajectory, while failing to intervene can lead to later poor outcomes. Effective promotion and intervention at the right moment can be imagined to trigger a 'cascade' of positive outcomes, with short-term development within childhood underpinning later improved adult outcomes.

There is a wealth of evidence to support this in relation to A Better Start's core child outcomes.

- Evidence shows that stress and poor mental health during **pregnancy** is associated with developmental delays in a baby's first year of life, while maternal distress is associated with increased risk of mental health problems later in life.

- Healthy early **social and emotional development** is known to lead a range of positive outcomes. For example, evidence shows that improved early attachment between infants and their carers supports toddlers to feel safe and secure, ready to learn, manage their emotions and behaviours and build relationships with others. In turn, this predicts a wide range of later outcomes, including learning, earning, emotional and social skills, and mental and physical health. Conversely, if babies face difficulties in their early social and emotional development, it can lead to a wide range of poor physical, mental, educational and social outcomes.

- Early **diet and nutrition** also has a long-lasting impact. Childhood obesity has been linked to long-term conditions including asthma

and type 2 diabetes, while emerging research also demonstrates a complex relationship between obesity and social and emotional wellbeing in the early years. The World Health Organisation also reports that children who were never breastfed are 22% more likely to be obese.

- **Communication and language** development in the early years is also known to have a profound impact across a child's life course, influencing later academic attainment, cognitive ability, emotional wellbeing, school readiness, literacy, mental health, socioemotional functioning and adult employment outcomes.
- **Adverse childhood experiences (ACEs)**, including violence, abuse and growing up in a family with mental health or substance misuse problems can affect brain development and how the body responds to stress. In turn, this can lead to chronic health problems, mental illness and substance misuse in adulthood.

Within this context, early intervention to prevent long-term negative outcomes is logical, and is further supported by evidence that later, reactive interventions often have limited effectiveness. This thinking was summarised in the Chief Medical Officer's 2012 Annual Report.

"Each stage of life affects the next. Therefore, to try to impact on the diseases of adult life that make up the greatest burden of disease, it makes sense to intervene early."

There is also evidence that certain groups of children are more likely to face difficulties in the early years, and therefore to experience poorer outcomes in the long-term. Within the ABS child outcomes, for example, evidence shows that children from lower socioeconomic backgrounds are more likely to be obese both in the early years and over time. The Parent Infant Foundation also highlights that though most parents and carers aim to support their child's mental health and social and emotional development, "*some live in situations that make this harder*," experiencing stress factors like poverty, mental illness or substance misuse. Various studies have also indicated how deprivation and socioeconomic status negatively impact children's core language skills.

Prevention and early intervention to prevent issues from developing in the early years is therefore also crucial for reducing inequalities in both the short and long term.

The economic case for prevention and early intervention

There is a large body of literature indicating the economic case for prevention/early intervention.

The First 1001 Days Movement, for example highlights evidence that early years interventions can be extremely cost-effective, leading to 'long-lasting, cumulative benefits' deriving from reduced remedial spending, higher participation in the economy, and making children more responsive to other interventions as they grow older. This idea is summarised by the

Heckman Curve, which describes how, with equal investment, there is a diminishing rate of economic return the later that intervention happens in a child's life.

The costs of treatment – or late intervention when problems have already occurred – are also well documented. The House of Commons Science and Technology Committee suggested in 2018 that the cost of late intervention could be up to £16.6 billion/year, while the First 1001 Days APPG suggested that the cost of non-intervention in child maltreatment alone could be £15 billion/year. One study on the long-term costs of ACEs in the UK suggested that ACE-attributable lifetime costs in areas like smoking, mental illness and cancer may total £42.8 billion.

Overall, the exact value of prevention/early intervention is difficult to quantify, not least because savings tend to benefit many different public services across many years. This and other challenges has prevented the rigorous economic evaluation of both universal and more broadly targeted services. Some evidence does exist, for example an economic evaluation of 24 Sure Start centres, which suggested that benefits to the taxpayer are likely to outweigh the costs of delivery.

Early intervention policy and provision

Prevention and early intervention-related policies have a long history, including the introduction of formalised health visiting in the 1920s, and calls for universal nursery education in the 1960s. However, until the 1990s, the scope and focus of these programmes was both limited and varied considerably. The House of Commons Library explores how this began to change in the 1990s, with the then Labour government's recognition that children who grew up disadvantaged were more likely to experience unemployment and poor health outcomes, and the introduction of a range of accompanying policies. This shift in focus led to the introduction of Sure Start programme in 1998, which aimed to enhance the life chances of children living in disadvantaged areas.

However, the House of Commons Science and Technology Committee has highlighted that, despite a range of distinct initiatives, until recently there has remained 'no overarching strategy' on early intervention in England, outside the statutory duties imposed on local authorities relating to child safeguarding.

In more recent years, and owing in part to a growing evidence base for the importance of intervening in the first years of a child's life, this has begun to change. A number of independent reviews have had a particular influence, including 2010's The Foundation Years: preventing poor children from becoming poor adults, and 2011's Early Intervention: The Next Steps.

Examples of recent policy include 2018's Prevention is Better Than Cure, which set out the government's vision for support to prevent 'health problems arising in the first place'.

The most recent relevant policy is The Best Start for Life, which introduced a

renewed focus on the '1001 critical days' from conception to age 2, and highlights that services offered to families in this period are often disjointed and hard to navigate. It describes six key actions to better support children and families in the early years, centring on the introduction of a new Family Hubs and Start for Life programme (see below for more detail).

In this context, there are now **a range of different services** available to promote healthy development and intervene early in the early years. These have a range of different focuses, including health, education, social development, benefits and financial assistance and safeguarding.

A number of services are offered on a **universal basis** (i.e. they are offered to every parent or carer). This includes maternity/midwifery services, mandated health visiting checks and GP services (including immunisations).

Other examples of national provision that take a **progressive universalism approach** include the Healthy Child Programme and Family Hubs.

The availability of **targeted provision** tends to vary, as most targeted services are provided by local authorities. One example is the early help system in each local authority. Some targeted provision does have a national scope, including early education entitlements for disadvantaged 2 year olds, financial assistance, and pre-school SEN provision.

Some of these services are summarised here:

- Maternity services and perinatal mental health services include a wide range of universal support focused on the prevention, detection and management of physical and mental health problems that occur during pregnancy and the first year after birth.

- The **Healthy Child Programme** is the national public health framework setting out the support that local authorities should provide to families with young children in England, from pre-conception to 19, or 25 where there is a statutory entitlement. It can be described as a universal progressive programme, in that it offers support to all families as well as identifying and targeting early intervention support and services for those with specific needs and risks. Critical to the Healthy Child Programme are **health visitors**, who offer a minimum of five health and development reviews to every parent. Health visitors are a key part of the early intervention system, working to identify health needs as early as possible, and then providing support themselves or signposting families to additional information or targeted support.

- The **Family Hubs and Start for Life** programme provides 75 local authorities with a share of nearly £302 million for 2022-25. The programme aims to improve support and early intervention for local families – offering additional funding for both universal and

targeted services. Specific funding is allocated to parenting support, bespoke parent-infant relationships, perinatal mental health support, and infant feeding support services. It also aims to build an empowered, modern and skilled Start for Life workforce that is able to meet the changing needs of families. Additional funding for 'Family Hubs' also aims to change the way services are delivered, making support more accessible and seamless for families.

- **Pre-school Special Educational Needs (SEN) provision.** Two broad levels of support are offered to children under 5 with SEN. This includes SEN support, which comprises regular progress checks from child health visitors and early years staff, and making reasonable adjustments within early education. It also includes Education, Health and Care (EHC) plans, which are based on a specific assessment and provide more substantial help for children, aiming to provide a multi-agency approach to meet their education, health
- Early Help describes the wide array of preventative services that local authorities offer to support children and families before they reach the threshold to become 'in need' under Section 17 of the Children's Act 1989 and require intervention from social care. Services that fall within early help often overlap with provision under other policies, and can include parenting programmes, mental health support and assistance with health issues. Early help provision often includes a formal assessment and support plan.

What works? Evidence for prevention and early intervention programmes

Despite the very clear evidence indicating that positive experiences during early childhood lead to developmental benefits across the life course, the evidence base for specific prevention / early intervention programmes is still emerging. This is partly due to the long-term goals of such approaches making rigorous longitudinal studies complex and expensive.

However, the Early Intervention Foundation, an independent charity focused on promoting and enabling an evidence-based approach to early intervention (now part of Foundations) has identified over 100 programmes across all developmental domains with at least preliminary evidence. This currently includes ten programmes rated as having the highest quality of evidence (evidence of a long-term positive impact through multiple rigorous evaluations) and 64 with evidence of short term impact from at least one rigorous evaluation. All evaluated programmes are listed in the EIF Guidebook.

Examples of targeted programmes identified as having high quality evidence of supporting children in the early years around A Better Start's three key child development outcomes include:

- The Family Nurse Partnership (FNP), a home-visiting programme for vulnerable first-time mothers. FNP has been given the highest EIF rating, with evidence of positive impacts on preventing child obesity and promoting healthy physical development, supporting children's mental health and wellbeing, and improving early language development
- Infant-Parent Psychotherapy, a psychoanalytic intervention targeting mother-infant dyads who may be at risk of insecure attachment. This programme has been given the second highest level of evidence rating, with evidence of positive impacts of improving attachment security, which is known to underpin a range of other outcomes.
- Raising Early Achievement in Literacy (REAL), a group and home visit-based literacy programme aimed at families living in disadvantaged areas. REAL has also been given the second highest evidence rating, with evidence of improved child literacy and letter recognition.

Challenges and opportunties for early intervention provision

A range of organisations have identified challenges for current provision of prevention/early intervention in the UK.

The most frequently identified barrier to providing effective services is **funding**, with constraints on public spending at a time when needs are rising, particularly in the wake of the COVID-19 pandemic. The Early Intervention Foundation has highlighted that this is particularly problematic for prevention and early intervention provision as, when under pressure, local authorities tend to prioritise crisis response and statutory duties, rather than discretionary spending that will yield longer term benefits. 2022 analysis by Action for Children corroborates this, finding that between 2015 and 2020, spending on early intervention fell by 21% in real terms, with 9 out of 10 local authorities spending less on early intervention per child. Some recent policy developments have addressed this, including the introduction of the Start for Life programme and the expansion of early education entitlements, however many organisations continue to call for increases in funding.

Partly as a result of shortfalls in funding, several organisations have also identified that high-quality prevention and early intervention support is **not consistently available** across England. In the context of intervention to support children with SEN, this has been described as a 'postcode lottery of services and support'. This compounds existing evidence that some groups are less likely to receive early help or early intervention, including Black and Mixed Heritage boys, babies born into care and children with mental health needs.

The House of Commons Science and Technology Committee has also highlighted **workforce training and capacity** as a barrier to the delivery of high quality prevention and early

intervention. This includes reports of limited awareness of the importance of the early years for child development and what programmes are available to support families in need. Workforce capacity has also been highlighted by the NSPCC and various other organisations in relation to families not receiving their mandated health visitor checks (up to 24% of children did not receive their 2-2.5 year health check in 2021). This is concerning as mandated health checks are seen as playing a crucial role in identifying children with development delays at a key moment in their early life, and therefore being able to target intervention appropriately.

In response to these challenges, a number of approaches have been identified to support and develop the early years workforce. This includes growing recognition in policy and practice around the importance of trauma-informed practice, and goals within the Long Term Workforce Plan to recruit and train more midwives and health visitors.

The Early Intervention Foundation has also highlighted that the **evidence base** for early intervention programmes remains at an 'early stage', and further investment is required to have a firm grasp of what works. They also suggest that commissioning and delivery is not always based on the evidence that does exist, limiting the likely impact of programmes.

While policy development and practice reflect an ever-growing commitment to prevention and early intervention approaches, there remains further work to be done.

Summary

- Prevention and early intervention play a vital role in ensuring children get the best start in life. Promoting healthy development, and intervening early if problems do emerge, sets children up to achieve a wide range of later physical, mental, emotional and educational outcomes.
- It also plays a vital in addressing inequalities, with certain groups of children more likely to face difficulties in the early years, and therefore poorer outcomes in the long term.
- Prevention and early intervention also have a clear economic benefit, leading to savings through preventing remedial spending and improving participation in the economy.
- There are a number of policies and services that aim to prevent the development of problems in the early years, including universal, progressively universal and targeted approaches. However, a number of organisations have highlighted that further funding is required in this area
- The next section will bring to life examples from ABS partnerships of prevention and early intervention approaches, highlighting the range of needs they address, and the difference they make to children over the short and long term.

Prevention and early intervention within A Better Start: Case studies

The following case studies highlight examples of the approaches A Better Start partnerships have been employing through prevention and early intervention to support families. In line with the discussion above, there is a vast range of examples, both universal and targeted, and spanning the outcomes areas of social and emotional development; speech, language and communication; and diet and nutrition. The examples give only a flavour of service delivery.

Common lessons include the following:

- A key part of prevention and early intervention is identification of needs. Many interventions include assessment to ensure that any intervention offered meets the individual needs of the children and families involved, and provides an opportunity to refer for additional support if needed.
- There are strong examples of interdisciplinary working, recognising that family lives don't sit in silos and the needs for multiple services to work together to provide the best possible support. This can be seen in both joint delivery models, and facilitating signposting to other relevant services as a key part of the service design.
- Fully trained and supported practitioners are key to delivery of positive prevention and early intervention services. All services therefore include some element of workforce training and development. This brings the added benefit of skills which are transferable to all families that the practitioner works with, not just those within a specific programme or service.
- In supporting early child development, support is often needed for the wider family, not just the primary caregiver. The examples below demonstrate how services are including parents, carers, siblings, grandparents and beyond.
- Services that are co-designed with service users will be in the best position to meet local needs. As with all ABS services, the examples below demonstrate the ways in which local parents have had the opportunity to shape local services. In the design and delivery of services, there are strong examples of how ABS teams have met families 'where they are at' to both disseminate information on services, and enable engagement in an environment parents are comfortable in.

Lambeth Early Action Partnership (LEAP): Prevention and early intervention package

There is robust evidence that early communication and language skills are a vital building block for children's development, laying the foundations for academic attainment, socioemotional functioning, mental health and a range of other outcomes. However, between 7 and 14% of preschool children are defined as experiencing language difficulties (Law et al., 2017), with children who experience greater inequalities more likely to have poor outcomes.

Since 2015, LEAP has developed and funded a package of communication and language development (CLD) services aimed at early years settings to drive improvements to all practitioners' knowledge, confidence and practice. This package of services takes a universal and targeted approach to early intervention, aiming to promote CLD across the whole cohort as well as using increased screening to enhance identification of children with speech and language needs (SLCN)

The package is comprised of the following services:

1. The **Speech and Language Therapy Evelina Award (Evelina Award)** aims to improve practitioners' understanding of speech, language and communication (SLC) development, their ability to identify SLCN through increased use of the Wellcomm screening tool, and the universal and targeted support they can offer to children in their setting.
2. **Natural Thinkers** aims to improve practitioners' knowledge about the benefits of outdoor learning and increase their confidence to run effective outdoor activities.
3. **Making it REAL** aims to improve the support that practitioners offer around children's early literacy, including offering home visits and in-setting literacy events to support parents to build a positive home learning environment.

What works? Lessons learned.

Results of an evaluation conducted in 2023 suggest that LEAP's in-setting CLD services were implemented with moderate success. Overall, at least 700 practitioners from 28 settings received Evelina training, 142 practitioners from 25 settings received Natural Thinkers training, and 99 practitioners received Making it REAL training.

However, the reach and dosage of training across settings varied significantly. At some settings most practitioners received the intended amount of Evelina training, with a smaller subset receiving Making it REAL and Natural Thinkers training as intended. At other settings, few practitioners had engaged with Evelina Award training enough to be declared 'competent'

Where settings had struggled to engage with training, interview data suggested the following barriers to successful implementation:

- Capacity issues prevented settings releasing staff for training.
- High turnover – particularly at private voluntary and independent settings - meaning that training failed to reach a significant proportion of teams.
- Unexpected shocks, including COVID-19 disruption, caused settings to pause or cease their engagement with the programme.

Where settings were able to engage, the following factors were particularly important:

- An engaged and motivated management team who understood the value of taking part – for their children, their staff, and the setting as a whole
- A highly flexible training service team, with training offered according to settings' needs
- Test and learn elements ensuring the training offer was appropriate to settings.

Feedback identified that longer-term, in-context and bespoke training helped practitioners to change their practice. In particular, the ongoing coaching and accountability from a consistent trainer led to greater reported benefits than one-off training. Sharing practice with other settings was also well received.

Certain elements of training were seen to be less effective, notably online training and 'cascade training' approaches (which relied on trained practitioners relaying messages to their wider teams), particularly where management were not engaged. Capacity and time constraints also meant that some behaviours – particularly use of the WellComm tool – were seen as harder to change

All three services were reported to have driven improvements in knowledge, confidence and practice around intended outcomes. However, some results did indicate smaller changes at some settings, and a range of outcomes failing to reach the 'whole setting'.

1. The **Evelina Award** led to significant improvements in practitioners' universal support for children's CLD, with 97% of practitioners agreeing that training had improved the day-to-day strategies and activities they used to support children's speech and language development.

   Most settings were using the WellComm screening toolkit, with at least 618 children receiving a WellComm assessment since 2020. How the toolkit was used varied considerably in its frequency and accuracy, as well as who delivered it. When it was used, practitioners reported a range of benefits, including making more informed referrals to specialist support and offering targeted in-setting support.

2. **Natural Thinkers** training led to widespread reported improvements in practitioners' knowledge and confidence around delivering high-quality outdoor

learning, as well as improvements to the quality of settings outdoor spaces and frequency with which outdoor activities were run.

However, how well embedded running outdoor activities was depended on how successfully messages were cascaded from the practitioners who had received training. At some settings, changes in behaviour were only seen among a small subset of teams.

3. **Making it REAL** training helped practitioners at participating settings to successfully run several well-attended literacy events for parents.

   However, whether responsibility for planning and delivering these events was shared varied, with some settings relying on a few practitioners to run activities.

The most important enabler for changes in knowledge, confidence and practice occurred when the setting management team were engaged. This was supported by the integration of activities into day-to-day processes and support for messages being cascaded from trained practitioners.

What difference is it making for children and families?

Medium-term outcome data indicated a positive change for children at these settings. Changes in children's language development were measured through WellComm assessments, which assess whether the amount and type of language a child is using is appropriate for their age. The assessment assigns children a score out of 10, which correspond to a red, amber or green rating. A red rating indicates significant language delay, amber indicates mild delay and green indicates age appropriate skills. WellComm scores for children at participating settings increased by an average of 0.8 points between their first and most recent assessment. This increase was greater for those who scored amber or red at their first assessment (those with the highest level of need).

Participating settings also use Leuven tools to identify changes in young children's involvement in tasks and emotional wellbeing after taking part in Natural Thinkers. The tools use a 5 point scale from extremely low to extremely high. Leuven scores for wellbeing increased by an average of 0.55 points between the beginning and the end of children's involvement in Natural Thinkers, while scores for involvement increased by an average of 0.62 points

The Home Learning Environment Index measures how often parents carry out various activities with their child. The results of eight questions are summed to give a total score out of 57. Scores increased by an average of 5.5 between children's first and last Making it REAL home visit. However, due to sample size, this was not a significant result.

How is ABS adding value to the wider system?

Early years practitioners are crucial to ensuring that children are exposed to communication-friendly environments, where all are supported to achieve positive

outcomes and SLCN is identified and addressed promptly. However, they face several challenges, including low existing knowledge and confidence around supporting speech and language development, and increasing contextual challenges around limited capacity and high staff turnover.

That most settings and practitioners reported significant improvements in their ability to support children's speech and language development, literacy and outdoor learning as a result of LEAP support suggests there is clear scope for improvement in the support and training offered to practitioners. Evidence of improvement in medium term child outcomes also points to the effectiveness of the services.

Future priorities across the partnership regarding prevention and early intervention approaches

Findings from this collection of services offers clear insight into the key elements of training, as well as wider contextual factors, that need to be in place to best support changes in practice. The following are a set of recommendations for future practice to enhanced CLD through early years settings.

Across the early years system, it is essential to raise the profile, improve standards and provide accountability around practitioner support for CLD using system-level levers – both national (Ofsted) and local (E.g. Education Teams). In addition, the correct identification of SLCN is crucial to early intervention in language development – it allows for more accurate and timelier referral to specialist support and targeted in-setting support based on need. It would also be important to consider more widespread formalisation of links between local speech and language therapist provision and early years settings. Settings benefit from a named contact with local speech and language therapy for discussing specific issues / following up on referrals.

For settings, it is essential that management is bought-in to these approaches, to appropriately embed CLD programming across the whole setting. Flexible training packages can support settings overcome key barriers related to staffing and capacity.

For practitioners, it is important to recognise that consistent training, in setting was a key enabler for improved knowledge and practice. Sharing skills and knowledge across settings was also an enabler and should be encouraged moving forwards. Finally, SLCN screening tools should be used widely, not only in early years settings buts across the whole early years' workforce.

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Better Start Bradford: Bringing MECSH to the Bradford District

Better Start Bradford established the local programme with a key focus on prevention and early intervention through the 22 projects we deliver. These cover different models of delivery (in-home, 1:1, group-based, targeted and universal) and all ages (antenatal, infancy and 2-3yrs). Through this matrix approach, we aimed to reach parents and children at the right stage to build strengths, skills and capacity (prevention) and to address vulnerabilities and needs identified through referral pathways and screening assessments (early intervention). The overall approach is to build protective factors, increase resilience and reduce risk factors.

Initially, the Family Nurse Partnership (FNP) was a key part of the programme, however, after two years it was clear there was low demand for the programme due to local demographics and the profile of local pregnant women, who were mostly above the age-range for FNP. In consultation with the local 0-19 Health Visiting service, and focus groups with parents, the Maternal Early Childhood Sustained Home-visiting (MECSH) programme was piloted.

MECSH is a parenting programme originally developed in Australia for families at risk of poorer maternal and child health and development outcomes. Better Start Bradford brought MECSH to Bradford and funded the initial one-year pilot of the programme in 2021. It is now being rolled out across the Bradford District by the Bradford District Care NHS Foundation Trust who have adopted it as their model for health visiting. The MECSH model uses a preventative and early intervention approach and works with vulnerable families who may need extra parenting support after their baby is born.

What works? Lessons learned

Introducing MECSH was very challenging, but also very rewarding. The main early challenge was ensuring we understood the Australian versions of the MECSH manual and how the structure and approach would fit with the Bradford health visiting delivery model. As MECSH is a licensed programme, we continually liaised with the MECSH consultants in England and the team in Australia to ensure we were adhering to the identified elements in the licensed model, including collecting specific data and sending it to Australia to monitor the quality of programme delivery.

A significant challenge was training health visitors to deliver the programme in the middle of the Covid-19 pandemic. Challenges included training staff, then the conundrum of not being able to conduct home visits, trying to establish relationships with families wearing a face mask, staff sickness due to Covid-19 and trying to ensure continuity of the same health visitor, which wasn't always possible – we really were up against it when the pilot started, but we persisted.

There have been many lessons learned along the way. Feedback from staff highlighted that the theoretical element was a lot to process in just two days, with so much 'theory' to take in; they felt more practical and visual exercises to support

the theory would help. We therefore incorporated more practical exercises and increased the training by an extra day, which has worked well and brought positive feedback from staff. It has also allowed staff more time to trial all the great resources so they feel more confident to deliver them.

Participants in the training are also required to do two e-learning modules prior to attending the in-person training, however the majority of participants were not completing these modules due to time pressures. We therefore included an in-person ‘Introduction to MECSH’ session where the e-modules are completed and now 100% of people enter the foundation training having done the e-learning modules.

We learned that 12 months was too short a time for a pilot for MECSH as it is essentially a programme that runs over two years. The staff involved felt overwhelmed by the changes the model brought, and the perceived increased workload. Also, a year is not enough time to be invested in a new way of working, especially when considering the training, embedding, time needed to build up the trust of a family and the additional challenges the pandemic brought.

We therefore decided to extend the pilot, originally running from 2021-2022, for a further period to the end of March 2023 to enable the data report to be produced and clients to continue to receive the MECSH programme, and allow time for a decision to be made regarding the future of MECSH in Bradford.

What difference is it making for children and families?

The MECSH Programme, delivered effectively by trained practitioners, reduces the need for higher level health or social care interventions.

The programme is delivered by health visitors in the family home and provides professional parenting support for the family as their baby grows and develops. Families are entered into the programme based on the health visitor identifying vulnerabilities or potential risks in the family situation. There is considerable value placed on practitioner expertise and skills in identifying families before a crisis arises. This allows a distinct preventative approach with a programmed solution rather than add-on interventions every time a problem emerges.

There are 25 visits by a health visitor in total - three before the baby is born and 22 after birth. The visits are carried out by the same health visitor, wherever possible, and are more regular within the first six weeks after the baby is born and then spaced out until baby is two. The benefit of more regular contact at the start is pivotal for the family to develop a close confident relationship and to build up trust with their health visitor. Once this relationship has been formed, we have found families start opening up to their health visitor, sharing things that may have traumatised them in the past and could potentially affect their parenting. This enables health visitors to help the family with techniques, mechanisms and links to other support to ease the risk of the past traumas affecting the way they parent.

MECSH also follows a structured pathway for the family and covers parenting themes such as learning to communicate, strengthening their relationship with their baby,

baby's oral health and healthy nutrition and exercise. There are amazing resources to assist the practitioner in delivering the modules.

The added benefit of continued support and home-visiting is that the babies also get to know and feel safe with the health visitor, who can also pick up on any changes. For example, if they see signs of teeth coming through, they can reinforce messaging from the original guidance, share the oral health resources at the specific time, and show the family how to brush baby's first tooth, making the programme responsive to need.

MECSH training is delivered to staff nurses and nursery nurses in Bradford, part of the 0-19 Health Visiting Service. They have all the resources they need to support the families who may not have been recruited onto the MECSH programme itself; this is called the 'spillover effect' of MECSH. They are equipped to give added support and information to families around helping their child learn to communicate, how to ensure their child has good oral health, nutrition and exercise and how to build a good relationship with their child. This is shared at routine reviews, but also ad-hoc contacts such as in clinics or if families phone for advice. This shows how the programme can have a wider impact with families.

There has been very positive feedback from clients and the health visitors from the pilot, with the health visitors saying *'this is how health visiting should be!'* and commenting on *'how rewarding it is to feel you are making a difference.'*

A single mum in her early twenties, commented: 'I think MECSH has been really good for me as a first-time mum - it has given me lots of extra support. The same person comes to see me each time and my baby has been able to get to know her.'

'I didn't get on well with my own mum when I was growing up and my health visitor has helped me to talk about this. I know that sometimes people who have a difficult childhood might struggle with having a baby, but this didn't happen to me - it made me more determined to be a good mum.'

How have families and communities supported the work?

Families were involved in early discussions on the introduction of MECSH, with the focus being on the introduction of a model which would offer greater support to families who needed it most, but with the advantage that all health visitors would have the skills and resources to support universal families. Parents particularly welcomed the idea of 'heading off' problems before they created greater difficulties in families.

Better Start Bradford's Commissioning Advisory Group and Partnership Board are always actively involved in the development and oversight of programme services. The community and parents are well-represented on our governance structures and have a strong voice. They have been supportive of the introduction of MESCH and made the decision to extend the pilot to improve the chance of it being effective.

How is ABS adding value to the wider system?

As a result of Better Start Bradford being key in trialling this programme, MECSH has now expanded geographically to cover the whole of the Bradford District and our training is taking place with health visitors, staff nurses and nursery nurses across the whole district. We are actively involved in the preparation for the commissioning of the 0-19 Public Health Contract and expect MECSH to be the model for the delivery of the service in the next contract (2025).

Future priorities across the partnership regarding prevention and early intervention approaches

The Better Start Bradford Programme continues to be a standard bearer in the district for prevention and early intervention, significantly supported by our Partnership Board. This year of the programme will have a key focus on sharing our programme learning to showcase the body of evidence around implementation, impact and effectiveness we have built. We have planned webinars, events and publications including impact reports from all our projects.

We are involved at a strategic level, bringing our learning and influence to the local Prevention and Early Help System Board, Healthy Children and Families Board, Child Poverty Partnership and Play Partnership. Crucially, we are delivering a significant element of the Start for Life Programme which is allowing us to demonstrate the impact of prevention approaches across a much wider footprint (District-wide).

Partnering with our evaluation lead, Better Start Bradford Innovation Hub, we have planned webinars aimed at system leads and strategic decision makers to support preventative approaches in planning their services.

And finally, we are undertaking a major legacy planning project to ensure that the Better Start Bradford Programme continues to add value to the District's support for the first years of our children's lives for long into the future.

More information on the history of the MECSH Programme is available here.

For further information, please contact Gill Thornton, Director, Better Start Bradford gill.thornton@betterstartbradford.org.uk

A Better Start Southend: Perinatal Mental Health Services

Perinatal and infant mental health are inextricably intertwined, with growing understanding that focusing on the parent or infant alone is not enough. Working with infants and parents together, within their relationship, at an early stage, provides the greatest opportunity to strengthen the psychological wellbeing of each. Central to this is recognising the importance of attachment, which is key to building baby's cognitive development, with positive parent-child relationships particularly important for social and emotional development. This can be difficult if the parents didn't have this attachment with their own parents, or if they have mental health needs; therefore, parents sometimes need a little more support.

The Essex-wide Perinatal Mental Health Service works with mothers with moderate to severe perinatal mental health concerns. The A Better Start Southend (ABSS) Specialist Health Visitors for Perinatal Mental Health (PMH) service was developed to fill the gap in support for women with lower levels of perinatal mental health challenges. ABSS PMH works with women (and partners) across Southend with mild to moderate mental health concerns, including anxiety, as an early intervention approach. Intervention at this early stage should avoid parents reaching crisis point where they might require a higher level of intervention from the Essex-wide PMH service.

The ABSS PMH service provides community-based treatment and support for mothers, mothers-to-be and their families. The service is available to women during the perinatal period (during pregnancy and up to baby's second birthday) who are experiencing or are likely to experience mental health difficulties. The team aims to help mothers and their families to have safe, healthy pregnancies, and support postnatal experiences by promoting wellbeing and preventing relapse. If women are not yet pregnant but are planning to have a baby, and have a diagnosed mental illness, are on medication for their mental health or have experienced previous serious postnatal difficulties, the team can provide pre-pregnancy advice and guidance about possible risks and treatment options.

Run by three specialist health visitors, the service works alongside the generic health visiting teams and other community practitioners to support women in Southend to adjust emotionally to parenthood. The service aims to:

- Address the mental health needs of women and their families in the perinatal period, by providing emotional and practical support, and guidance to parents struggling with mild to moderate mental health issues, including anxiety.
- Support mothers and their families through a range of interventions.
- Provide mental health checks and support for partners of those accessing the service and support/signpost to support, as required.

- Signpost families and support them to access other community and statutory services.
- Provide professional training to Southend's workforce on PMH awareness, promoting a network of care across the City of Southend.

The team offers one to one and group support, either face-to-face or virtually, tailored to the individual needs of the family. Additional supportive visits are also available where needed, either one-to-one or as joint visits with a named health visitor. Women can attend a Mindful Mums Group, run as a six-week face-to-face or hybrid course delivered in collaboration with Therapy For You, while Wellbeing Walks offer a more informal opportunity to get together as a group. Families are also introduced to other services, linking them with community and voluntary groups that can offer complementary and onward mental health support, such as local mental health charity Trust Links

What works? Lessons learned

The importance of specialist services working with the whole family to support recovery is highlighted throughout research on issues such as baby mental health, the functioning of couples in the transition to parenthood, and the role of social support for perinatal mental health disorders. The ABSS PMH service adopts a 'Think Family' ethos to ensure inclusivity around perinatal mental health. As such, the team has developed a renewed focus for working with fathers and partners, and now supports a caseload of fathers/partners who are struggling with mild to moderate mental health issues within their parenting journey.

Continuity of care is a core part of an effective PMH service. It enables a specialist health visitor to develop relationships with parent/s and child, facilitating early detection of a range of potential difficulties. Continuity of the relationship with a family, including prior involvement with older siblings of a new baby can facilitate early support for a vulnerable parent. People who have received support from ABSS PMH report satisfaction with its personalised and holistic nature, emphasising the role of ABSS PMH workers as empathetic allies rather than clinical professionals. This underlines the importance of accessible, person-centred mental health services tailored to the unique needs of new parents, contributing to positive family outcomes and enhanced community support networks.

A local evaluation of the ABSS PMH service by the University of Essex identified that the service was perceived as instrumental in normalising feelings of stress and anxiety associated with parenthood, leaving beneficiaries feeling more able to cope with challenges. ABSS PMH also offered important informal social support for those engaged in group service, with many beneficiaries reporting that they had developed networks that were maintained beyond the group.

How have families and communities supported the work?

Due to the specialist, clinical nature of this service, parents have not been involved in the design of the service. However, the local evaluation conducted by the

University of Essex has provided regular reports to the ABSS PMH team, with recommendations for service development taken from analysis of interviews and surveys carried out with parents, and from service data and staff discussions. Beneficiaries frequently referred to the support the whole family received from the service, with comments mentioning improvements in communication, working together and general wellbeing for the whole family.

The ABSS PMH team has taken part in several community engagement activities, bringing opportunity to speak directly with the wider community about the service, perinatal mental health, and general family mental health. This has included participating in ABSS' Festival of Conversations programme of family-friendly events in Southend in June 2024, running an information stall at an Ideas Marketplace and providing mental health advice at a family yoga session. This engagement helps break down stigma and barriers to accessing mental health support.

What difference is this making for children and families?

The perinatal period is a crucial time for mental health and infant development. The service model fills current gaps in service provision for parents with mild to moderate mental health needs. Without this early intervention service, there could be increased instances of higher-level mental health challenges, resulting in the need for more intensive support, and for Early Help and social services intervention to support a family at crisis point.

The service looks at the family holistically, so is able to identify emerging problems, such as developmental delay or neurodevelopment difficulties in the child, attachment difficulties or challenges in the parent-child relationship, safeguarding and other risk factors such as domestic abuse, and impacts from poverty or poor housing. Support can then be offered through education or targeted interventions to address difficulties in parent-infant relationships and/or early years care.

The local evaluation of ABSS PMH by the University of Essex has identified that the service has supported parents to better understand and cope with challenges to their mental health. Parents engaging with the service reported increased confidence in interacting with their baby, building on parent/baby attachment and bonding, and increased knowledge around parenthood. Importantly, many parents felt less isolated and had developed stronger connections to their local community as a result of the support. This resulted in reductions in stress and anxiety, with parents better equipped to deal with their thoughts and feelings.

Parents said:

"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 and scheduled which helped massively! I was able to talk about whichever topic was relevant and affecting me at the time of the appointment and with the appointments being at my own home this made the environment much more relaxed as I didn't have to take in new surroundings and felt as comfortable as I could to share my experiences with the mental health worker."

"I think, for me, it was so effective I wouldn't have changed anything about it because I felt like having the weekly group sessions, I got to meet other mums, I'm still in contact with the other mums that I met like through those sessions, so it's helped me and my baby to like find a social group […] I learned so much from it and I've been able to like rebuild myself off the back of it so I wouldn't change anything about it, […] I thought it was really good."

"I'm 100% sure it's where I got over postnatal depression because she just made me realise that it's normal to feel like that, that I'm not lonely and that it's normal, more than anything. And just coping mechanisms as well. Just so many things."

How is ABS adding value and improving the wider system?

The local evaluation of ABSS PMH revealed diverse pathways and motivations for accessing the PMH service, reflecting the multifaceted nature of parents' mental health. Notably, those seeking one-to-one support predominantly accessed the service through professional referrals, highlighting the crucial role of, in particular, health visitors in identifying and signposting individuals to appropriate support. In contrast, individuals participating in group support often self-referred, following information via social media or word of mouth, highlighting the importance of promoting services beyond traditional referral pathways.

The ABSS PMH service is part of a network of local delivery partners and has developed close working relationships with specialist teams, inpatient units and other key stakeholders. Focusing on developing relationships between these services helps to ensure joined-up care across the range of relevant statutory and voluntary services. Workforce development work raises awareness and builds knowledge among the wider Southend workforce, better equipping them to recognise and support maternal mental health needs as they transition into parenthood.

The specialist health visitors' knowledge, and links with local primary care services and multi-agency partners, enables them to intervene, or fast-track referrals to targeted/specialist services when indicated. When families need additional support, they can have a role within multiagency care plans, liaising with specialist services such as perinatal and infant mental health services. As a central point of contact, they provide continuity for the family and retain oversight of the care and progress of the infant and parents.

For further information, please contact Dr Clare Littleford, Head of Research, evaluation and Impact clare.littleford@eyalliance.org.uk

Small Steps Big Changes (SSBC) Nottingham: Healthy Little Minds

With a focus on four Nottingham City wards, Small Steps Big Changes (SSBC) aims to develop parents' capability and capacity to support their child's development, with children's social and emotional development as one its key outcome areas. The evidence for the importance of the first 1,001 days for mental health and wellbeing is robust and well-established (HM Govt, 2021). From conception to the age of two, the bonds that develop between babies and their caregivers are especially crucial to emotional development (Parent-Infant Foundation, 2019 & 2023).

Some parents and primary carers face severe, complex, or enduring problems in their early relationships with their babies. This can put baby's emotional wellbeing and development at risk. In Nottingham, as in many parts of England, specialised parent-infant relationship interventions were previously unavailable. SSBC commissioned a specialised parent-infant relationship team called Healthy Little Minds delivered by Nottingham City Council Early Help and CAMHS. The team started their delivery of two tiers of activity in 2022. These include a range of interventions that directly supported families in SSBC wards, as well as working with professionals to promote healthy parent-infant relationships by offering training and consultation. Nottingham City secured Family Hub funding in 2023. As part of their funded services, Nottingham City was able to extend the Healthy Little Minds service offer across the whole of Nottingham City.

What works? Lessons learned

The Healthy Little Minds team relies on local workforce who work with new and expectant parents for referrals. To increase appropriate referrals, the Healthy Little Minds team promoted awareness of their service and eligibility criteria. They engaged in various activities, such as visiting key referrers in person to build trusting working relationships, and offering case discussions to ensure referrals specify the need for targeted parent-infant support. As a result, Healthy Little Minds now operates at capacity, with Health Visiting and Children's Social Care being the primary sources of referrals.

The 2021 Census shows 43% of the Nottingham population as being from ethnic minority groups. Healthy Little Minds recognises that parenting differs across cultural and socio-economic circumstances. Each assessment includes dedicated time to meaningfully explore family stories, so that the team can provide truly person centred, culturally sensitive and strengths-based care, placing value on the traditions and belief systems within the family unit. Service delivery needs to be sensitive and responsive to the diversity in family structures and functions, therefore the Healthy Little Minds team works with anyone who is a primary caregiver to the child. Families have shared that the time taken to understand their world and lived experience, has allowed for trusting relationships to develop, which is a key mechanism to achieving change.

The team has limited exclusion criteria and in addition to supporting parents is able to support special guardians, foster carers, adoptive parents and families with a high level of need. This unique approach has deepened understanding of intergenerational trauma, aims to break generational barriers that may exist and raises family awareness of the subject. By limiting exclusion criteria, the service is in a strong position to closely collaborate with Children's Social Care to support families effectively. Parent-infant relationship support has been transformative for families where children were previously removed from their care. Families report that the service's unique support has empowered them to develop sensitive, nurturing and attuned relationships with their infants, which has been central to subsequent positive social care assessments.

The test-and-learn approach to the Healthy Little Minds team has allowed the team capacity to develop resources for both the workforce and parents, which have been recognised by Parent-Infant Relationship Teams nationally. To reduce barriers to support, parent resources have been translated into the five most common languages in Nottingham. The team is also creating visual resources to explain key concepts about healthy parent-infant relationships, further enhancing accessibility to evidence-based information.

How have families and communities supported the work?

Parents have contributed to the work in various ways:

- Parent Champions, who are parent representatives of the SSBC programme, scored the bids received in response to SSBC’s invitation to tender for the development and delivery of a parent-infant relationship service.
- The team’s name, Healthy Little Minds, and logo were chosen in consultation with Parent Champions.
- Parents who were service users, informed the team that existing resources on topics such as sleep and feeding emphasized health and routines rather than bonding and attachment. In response, the team developed the baby booklet.
- During the expansion of the team due to the Family Hubs match-funding, a father who previously used the service was involved in recruitment, formulated one of the interview questions, and sat on the interview panel.
- In 2023, parents were involved in two stakeholder sessions alongside staff and referral partners. These sessions informed the theory of change and evaluation plan for the Healthy Little Minds services.

What difference is it making for children and families?

SSBC has commissioned an external evaluation of Healthy Little Minds, which is being conducted by the Centre for Mental Health. Data from their interim evaluation showed that the Healthy Little Minds programme reached a total of 162 identifiable families, consisting of 202 parents and 169 infants, and supported a diverse

population of parents and infants between the 29th of September 2022 and the 2nd of April 2024. A total of 14 mothers were pregnant at the time they received support.

The interim evaluation conducted a quantitative analysis of several outcome measures. Findings show the following positive improvements for parents and infants.

- A statistically significant improvement in Edinburgh Postnatal Depression (EPDS) scores following Healthy Little Minds intervention, with average scores decreasing from 14.4 to 12.0. [Scoring: the tool states mothers scoring above 12 or 13 are likely to be suffering from depression]
- A statistically significant improvement in anxiety when measuring the General Anxiety Disorder (GAD-7) score following Healthy Little Minds intervention, with average scores decreasing from 11 (moderate anxiety) to 9.22 (mild anxiety).
- Goal Based Outcomes (GBOs), a tool for evaluating progress towards goals in clinical work with children, young people, and their families and carers. Progression had been made towards achieving goals following Healthy Little Minds intervention, with average GBO scores increasing from 3.0 to 6.3 for goal 1, 3.5 to 6.2 for goal 2, and 2.5 to 6.5 for goal 3. These score changes were found to be statistically significant. [scoring: 0 = goal not met, 5 = halfway to goal, 10 = goal fully met]
- An improvement in infant social and emotional development using the ASQ-SE score following Healthy Little Minds intervention with average scores decreasing from 33.5 to 29. [Scoring: lower scores indicate more positive outcomes, with cutoff scores ranging from 45 upwards (6-month-olds) to 70 upwards (60-month-olds) indicating additional mental health assessment may be needed].
- A decrease in the severity of depression in mothers following Healthy Little Minds intervention, when measuring using the Patient Health Questionnaire (PHQ-9) with average scores decreasing from 12.3 to 10.6. [Scoring: 1-4 = minimal depression, 5-9 = mild, 10-14 = moderate, 15-19 = moderately severe, 20-27 = severe depression]

Family feedback illustrates the difference that Healthy Little Minds makes:

‘’I understand his cues better and I’m thinking now about how he’s feeling, what he’s enjoying, noticing body language.’’

‘’I have enjoyed learning the baby massage. It makes me feel closer to my baby, who enjoys it until we get to his feet! Haha. I wish I'd done it with my other 2 when they were younger. It creates a nice relaxing atmosphere, and my baby is always full of smiles. Thank you for allowing me to find ways to help me and my baby.’’

How is ABS adding value to the wider system?

Workforce development in the local system is a valuable opportunity to enhance understanding and promotion of parent-infant relationships and attachment. This was evident from referrals that noted maternal mental health issues without explaining the need for parent-infant relationship support. To address this, Healthy Little Minds has initiated various activities to build a shared understanding and language around infant mental health and parent-infant relationships. Initiatives to address this understanding include the development and delivery of training to support professional development across the multidisciplinary system, for example interactive bitesize online workshops around topics such as baby brain development and attachment and bonding in the antenatal period. The Healthy Little Minds team has also developed a toolkit to complement their training offer, which is a collection of the most current research around bonding and the impact that has on parent-infant relationships. Healthy Little Minds training is often the first local training on this topic since practitioners' university education, highlighting its importance in bringing parent-infant relationships to the forefront in their practice.

The ABS legacy locally has shaped and influenced future commissioning and strategy developments also. Babies are now explicitly mentioned in the revised Integrated Care System strategy 2024, and in the Nottingham City Early Help Partnership Strategy 23-25, acknowledging the importance of naming and recognising babies. In addition, a new working group has been established to explore future commissioning across the city and county for infant mental health, building on the work of SSBC and Healthy Little Minds in the city.

Future priorities across the partnership regarding prevention and early intervention approaches

The Healthy Little Minds team are hosting a free conference for healthcare professionals in Nottingham City, 'Speak up for Babies." With a capacity of 200 people, the conference will offer a day of shared learning and development and enhance multidisciplinary collaboration to achieve positive outcomes for infants across Nottingham City.

The external evaluation by Centre for Mental Health is currently ongoing to further build the evidence base around early targeted intervention to improve parent-infant relationships.

SSBC is working with the commissioned providers to support onward commissioning of Healthy Little Minds beyond the lifetime of the SSBC programme.

For further information, please contact Dr Nadine Otting, Research and Learning Officer Nadine.otting1@nhs.net

Blackpool Better Start: Infant Feeding Pathway

Blackpool Better Start has implemented a comprehensive infant feeding pathway which supports families to make choices around feeding during pregnancy, through infancy and the transition to solid foods.

There is clear evidence that breastfeeding and feeding with breastmilk has many immediate and long-term benefits. Services which support women and their partners with their breastfeeding journey increase the likelihood of breastfeeding continuing beyond the first six weeks following birth.

However, some mothers are unable or choose not to breastfeed and providing non-judgemental, sensitive support to help bottle feed babies responsively and safely, and help reduce the likelihood of over-feeding, is also a critical part of the infant feeding pathway.

There is also compelling evidence that shows waiting to transition babies to solid foods at six months can also have positive long-term impact on the health and wellbeing of babies and their mothers.

What works? Challenges and successes, and lessons learned

In 2012/13 in Blackpool only 52% of women breastfeed at birth, and 27% at 6-8 weeks, highlighting the need to support this area. The Blackpool Better Start Partnership talked to hundreds of local parents and found that while they had been encouraged to breastfeed by health professionals, information on bottle feeding was not covered supportively, leaving parents feeling judged and inadequate, and there was little support in introducing solids to their children.

It was clear that working closely with professionals and parents to understand, shape and design the offer for infant feeding in Blackpool was key. This happened alongside the creation of a volunteer service called 'Learning to Feed', which used improvement science to develop and test clear messages which could be delivered through peer supporters. Through speaking with parents in our Community Consultation, the need for community-based support for infant feeding and starting solids was highlighted.

As a result, infant and young child feeding service, HENRY was commissioned in 2019 to deliver its evidence based infant feeding programme. This service included a telephone advice line, virtual consultations, home visits and drop-in sessions in community venues. HENRY was also included in the universal antenatal educational course – Baby Steps. Infant feeding practitioners attend one of the eight sessions, which supports parents to understand what to expect with infant feeding and helps parents to explore both breastfeeding and formula feeding options.

In addition to this, training for the early years workforce and helpline support ensured that professionals were also equipped with the right knowledge and skills.

The pathway provided much needed support for professionals and families, and with

the DfE Start for Life funding from 2023, the offer had the opportunity to be further enhanced. This was achieved by increasing the contact points where families were able to seek infant feeding support. This included increasing support antenatally at all Baby Steps groups and within Baby Friendly Initiative Infant Feeding Workshops. There was also an increased presence on delivery, maternity, and neonatal wards to offer support within the first few critical hours of birth, and support at day 5 clinics where parents may need the most support. This additional Start for Life funding has enabled the community venue presence to be increased with more drop-in sessions being offered at Family Hubs covering infant feeding and the transitioning to solid foods.

The funding also enabled a volunteer development pathway to be established, which supports parents alongside professionals. The Learning to Feed volunteers have been incorporated into the HENRY service; this has ensured that the co-produced Blackpool Learning to Feed messages are now embedded in the HENRY approach.

What difference is it making for children and families?

Rates of breastfeeding showed that by the end of 2022/23 68% of mothers were initiating breastfeeding and at 6-8 weeks 31.3% were continuing to breastfeed exclusively or partially.

Although there are still opportunities to improve take-up, the impact has been noticeable and the enhanced infant feeding service has led to a steeper increase in the number of parents both initiating and sustaining breastfeeding. There has also been an increase in babies that are partially or exclusively breastfed at both the 14 day and 3-5 week health visitor check.

Additionally, following the enhancements of the service, we have seen a significant reduction in the number of families introducing solids prior to 6 months, falling from 26.4% at the of Q4 22/23 to 17.1% at the end of Q3 23/24.

Data from parents who have completed Baby Steps antenatal education course shows that more parents are likely to initiate breastfeeding, a rise of 17% over a three-year period. More parents are also likely to maintain breastfeeding at 6 months, a rise of 10% over a three-year period.

Parents in Blackpool are now supported at every step of their baby's feeding journey, and the development of this comprehensive pathway has had a systemic impact on how infant feeding is delivered in the town.

How is ABS adding value to the wider system?

In 2022 due to the success in improvement around infant feeding, Blackpool Better Start's Development team became a key partner in Blackpool Council's application and success in becoming one of 75 local authorities to receive Start for Life and Family Hubs funding with a key focus on infant feeding. Blackpool Better Start worked hand in glove with the council and health colleagues to further enhance the infant feeding offer in Blackpool, including workforce development, data sharing, a breast pump loan scheme and support for babies born in to care to continue to

receive their mother's milk.

Since the Start for Life enhancements, Blackpool Better Start has trained all Community Connectors along with 150 members of the council's early help team in UNICEFs Baby Friendly Initiative (BFI) to integrate infant feeding knowledge into everyday business. This will also support the goal for Blackpool to be awarded BFI status by the end of 2024.

Additionally, Blackpool Better Start has led and facilitated a data sharing agreement between Blackpool Teaching Hospitals and Blackpool council. Thus, ensuring that all women are contacted within the first 48 hours of birth by a Family Hub worker and offered advice and guidance on infant feeding, referring families to HENRY for specialist support if needed. Since this service has gone live in May 2024, 100% of mothers have engaged in the process and received advice and support on breastfeeding and safe/responsive formula feeding. With the increase in focus and workforce understanding around infant feeding and the ability to contact mothers within the first few days of birth, Blackpool has successfully supported five mothers whose babies have been born into care to breastfeed them during 'family time' and utilise the pump loan scheme to provide expressed breastmilk.

Future priorities across the partnership regarding prevention and early intervention approaches

Despite the initial challenges faced in this area, Blackpool families are now benefiting from a more systems-wide offer in relation to infant feeding. There is now a clear shared vision and commitment to joining up solutions and enhancing existing offers. The next priority in this area will be to ensure that this not only continues, but grows. Continued training will be delivered across the workforce to ensure that families are provided with consistent infant feeding advice through contact with a wide range of professionals. These include volunteers, family hubs and more targeted support (early help) in addition to the support that health colleagues (midwives, health visitors) provide to families. Once this is embedded, wider teams and departments such as social workers, early years staff and schools will be offered the training.

Finally, Blackpool Better Start would like to work with the community in designing and delivering a town-wide campaign to increase knowledge and awareness around the benefits of breastfeeding. The intention of this is to echo the consistent messages to other residents in the town, delivering these messages in a way that supports and doesn't shame.

For further information, please contact Victoria Morgan, Senior Development Manager vicki.cecd@nspcc.org.uk

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