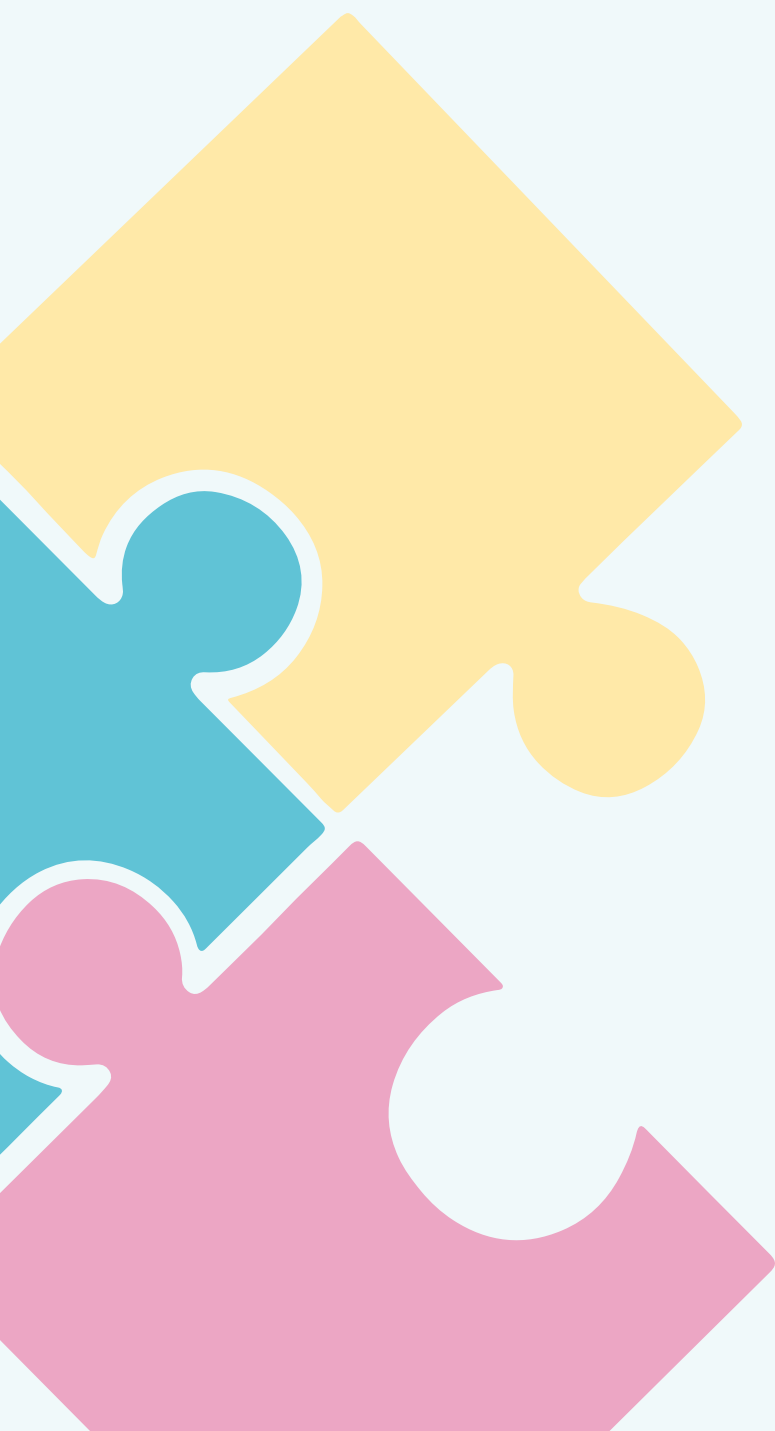


# Learning from Start for Life in the South West: integrated working; transforming leadership.

A report on the South West Directors of Public  
Health Sector-Led Improvement programme



**Anna Freud**  
building the mental  
wellbeing of the  
next generation

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**Referencing this report**

This report should be referenced as:

Coussins, C., Greer, J., & Vertkin, J. (2024). *Learning from Start for Life in the South West: Integrated working; transforming leadership. A report on the South West Directors of Public Health Sector-Led Improvement programme.* Anna Freud.

**About Anna Freud**

Anna Freud has developed and delivered pioneering mental health care for over 70 years. We aim to close the gap in children and young people’s wellbeing and mental health by delivering and sharing the best practice with everyone who impacts the lives of children and families. We work in partnership with professionals to put children and their families at the heart of the care they receive.

Early Years in Mind is a free online network for early years practitioners. The network provides easy to read and easy to use guidance on supporting the mental health and wellbeing of babies, young children and their families. The network was developed by our mental health experts and shares practical and clinical expertise, alongside advice on using attachment-informed practice. Our resources are co-designed with sector experts. Visit our website for more details about our Early Years in Mind network and resources.

**About the commissioners**

The Association of Directors of Public Health South West (ADPH SW) is a network for all 13 Directors of Public Health across the South West region.<sup>1</sup> Directors of Public Health are statutory officers of their local authorities and are responsible for protecting and improving the health of their populations. The ADPH SW brings together directors to share learning, link with key stakeholders, provide peer support, improve effectiveness of our practice and amplify our voice at regional and national level.

Sector-led improvement (SLI) is the approach adopted by local authorities and the Local Government Association (LGA). It is based on a culture of collaborative working, sharing good practice, constructive challenge and learning. The Public Health SLI programme is based on the principles set out in the LGA document ‘Taking the Lead’.

**Acknowledgements**

Thank you to the following people who participated in this programme. Without their commitment and participation, this report would not have been possible.

- Rachel Wigglesworth**  
Director of Public Health for Cornwall and the Isles of Scilly, Cornwall Council

**Rebecca Reynolds**  
Director of Public Health and Prevention, Bath and North East Somerset Council

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# 1. Executive summary

This report describes the development and learning from the South West Directors of Public Health Sector-Led Improvement programme. Anna Freud was commissioned to facilitate this programme by the South West Association of Directors of Public Health in spring 2023. The overarching goal was to develop a more integrated Start for Life offer. Anna Freud worked with public health leaders, children's social care leaders and NHS children and young people's (CYP) commissioners in South West England, taking an iterative discovery, reflection and learning approach.

The programme resulted in the development of an Applied Mentalization and Leadership approach. Against the backdrop of the wider early help and prevention landscape, this process has generated helpful insight and learning for operational and strategic leaders across England. In addition, the report provides learning for researchers and policymakers in the children and families sector.

The Start for Life programme aims to transform how services are delivered to parents and carers from conception to their child's second birthday. Advances in neuroscience over the last few decades have shown that this period provides a unique opportunity for early intervention. During this period the foundations that support learning, memory, emotional regulation and other essential skills are laid. Stress during this period can impact on children's outcomes into adulthood. The aim is to integrate the services delivering in this critical period to make them more accessible, connected and relational.

The current Family Hubs and Start for Life programme is overseen by the Department for Education (DfE) and the Department for Health and Social Care (DHSC). It draws heavily on the learning from *The Best Start for Life: a vision for the first 1001 critical days* report.<sup>2</sup> It also links to other preventative policy and practice initiatives such as Supporting Families and Reducing Parental Conflict.<sup>3</sup>

These individual programme initiatives are being implemented in a context of evolving integration at the sub-regional level, with the development of integrated care systems (ICSs).<sup>4</sup>

ICSs offer an important opportunity to improve public health. They facilitate partnership working and commissioning relationships between public health, the NHS, local government children and families services, the voluntary, community and social enterprise (VCSE) sector and local communities. This approach, which aims to improve children's long-term outcomes, requires collaboration and integration across varied working cultures.

All local authorities deliver a version of these services. However, investment of over £300 million from the current Family Hubs and Start for Life programme means 87 local authorities (including six in the South West: Bristol, Cornwall, Plymouth, Torbay, Dorset and Bournemouth, and Christchurch and Poole) have specific funding to transform their offer. This covers:

- parenting support
- infant mental health, parent-infant relationships and perinatal mental health support
- early language and improving the home learning environment
- infant feeding
- parent and carer panels
- co-producing the Start for Life offer.<sup>5</sup>

The South West Directors of Public Health Sector-Led Improvement programme took place between June 2023 and June 2024. Following a launch event aimed at leaders engaged in Start for Life transformation in five local authorities in south west England, 45 professionals expressed interest. Any who were unable to commit to the action learning were kept informed of the process by email twice in the interim.

In total, 24 leaders from across sectors in Bristol, Cornwall, Dorset, Plymouth and Torbay attended three types of reflective group sessions. These were monitoring and planning, reflective leadership groups and action learning sets (ALSs) - identifying key topics relevant to their Start for Life programme implementation. Each ALS explored one topic in depth:

- health inequalities
- integration (in the antenatal and early postnatal period)
- mental health

These topics map onto the three Family Hubs and Start for Life pillars: access, connection and relationships respectively.

The following programme objectives were co-designed in the early stages of the process:

- Public health leaders in funded local authorities in the South West region should build on existing structures to promote system learning, with a focus on Start for Life.
- Explore the perspectives of key leaders within Start for Life areas, particularly on how an integrated offer through family hubs can improve system leadership and work to improve outcomes for families.
- Consider how public health could contribute to achieve excellent Start for Life outcomes through system leadership.
- Supplement DHSC monitoring of Start for Life with qualitative leadership learning.

The leadership group explored elements of the Start for Life programme through the lenses of mentalization, collaborative leadership and ecological theory. This provided the group with the opportunity to reflect on practical challenges using theoretical tools. Reflective spaces being spread out and delivered virtually over a year made participation more accessible and appealing for leaders who are often grappling with time pressures and competing priorities.

With a balance of structure and flexibility, leaders were able to build on existing leadership practice and develop skills, learn and share relevant theoretical concepts and reflect on how areas could support families more sustainably, preventatively and responsively, rather than in a reactive way. They also generated practical ideas of how conceptual learning could be applied in practice, how to use their influence and how to recognise and celebrate the transformation taking place.

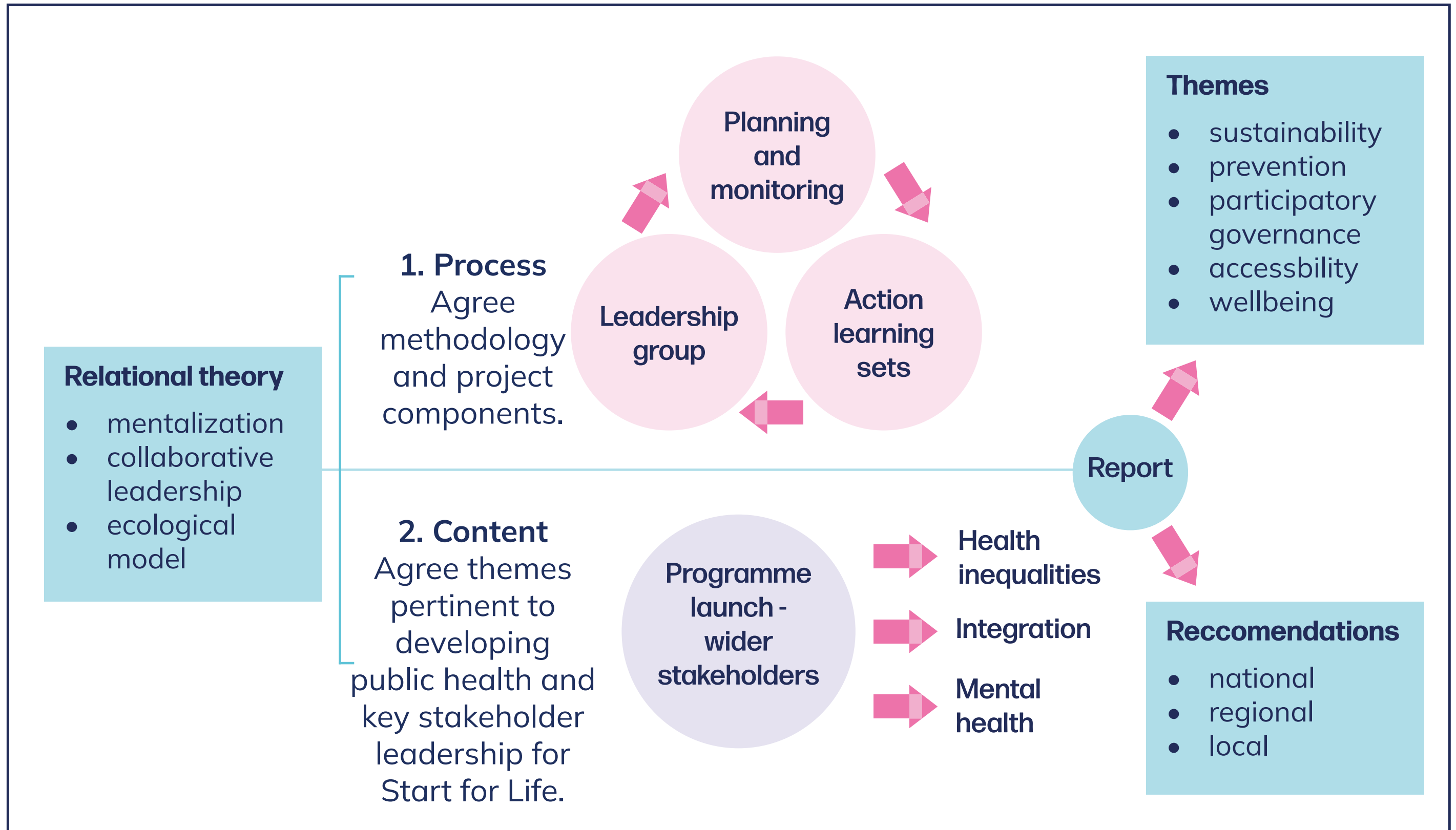
This sector-led improvement process in South West England has taken into account need and solutions to initiate long-term work. It brings together a complex system that aims to improve outcomes for families during and beyond the perinatal period. The discussion has been summarised into the following thematic findings:

- sustainability
- prevention
- participatory governance
- accessibility
- wellbeing

Each ALS group (health inequalities, integration and mental health) decided on a key question for discussion. The response to that question resulted in a practical application output, detailed in section 4.2.



Figure 1: Summary of the South West Directors of Public Health Sector-Led Improvement programme



The following recommendations were generated from the reflective group discussions and were synthesised in the leadership group and the planning and monitoring group. They have been categorised in a national, regional and local structure.

#### **National:**

- Provide long term investment in Start for Life programmes to enable sustainable transformation.
- Fund a leadership development programme.
- Promote the reduction of health inequalities as a main objective of Start for Life.
- Value participatory and qualitative research methodologies.
- Embed integration at a government departmental level.

#### **Regional:**

- Share learning through a regional leadership network.
- Invest in workforce development.
- Use data to improve access.
- Pool resources to create more efficient and equitable commissioning.

#### **Local:**

- Identify and invest in Start for Life strategic leads in each local area.
- Respect local practice context.
- Take time for transformation.
- Be bold in innovation while detailed on assessing risk.



## 2. Background and context

### 2.1 National picture

England has a historically skilled workforce that works hard to improve outcomes for babies, children, young people and families. Various policy and practice initiatives, such as integrated Sure Start Centres, have been a pivotal part of implementing early childhood services in the context of prevention and early intervention.<sup>6</sup> One evaluation of Sure Start highlights the positive impact of integrated services on improving outcomes for children and young people, in particular improving their social development and learning environment at home.<sup>7</sup> Other related preventative and integrated initiatives include Reducing Parental Conflict and Supporting Families.<sup>8</sup>

More recently, individual programme initiatives have been run amid evolving integration at a sub-regional level, with the development of ICSs.<sup>9</sup> The business community also has a critical role to play in investing in early childhood. Building on the principles from the Heckman Curve, a 2024 report calculated that “investing in early childhood in the UK could generate £45.5 billion in value added for the national economy each year” as well as benefiting some of the most vulnerable groups.<sup>10</sup>

Integrated systems improve outcomes for children and families and lead to improved quality of life for children.<sup>11</sup> However, there are barriers to integration, such as difficulties securing funding and resources, sustained government commitment and quality leadership.<sup>12</sup> Ofsted’s 2024 *Start for Life services: thematic review* notes a risk of fragmented care and integration. Contributing factors include a lack of shared record-keeping systems and difficulties measuring impact and outcomes, despite leaders having a clear understanding of their communities’ needs.<sup>13</sup>

The current Family Hubs and Start for Life programme has been developed in response to several challenges affecting the provision of support for children and families. Challenges are broad and systemic and include:

- child poverty and mental health problems
- unaffordable childcare costs
- staff shortages across health, social care and education leading to reduced provision
- staff burnout
- developmental delays due to coronavirus lockdowns
- increased rates of social care referrals
- inequalities in prenatal and perinatal healthcare, as well as the wider healthcare system. This particularly affects those from minoritised groups, especially Black people.<sup>14</sup>

Dfe oversees the Family Hubs programme and the DHSC oversees the Start for Life programme. Both departments work closely on the overall objective for transformation of services. *The best start for life: a vision for the first 1001 critical days* report identified the period between conception and the age of two as the focus for improving outcomes for families. The report describes the first 1001 days as when the building blocks are laid down for good lifelong emotional and physical health through the love, care and nurture babies and young children receive.<sup>15</sup> The report committed to six action areas, focused on ensuring families have access to the support they need.

#### 1. Seamless support for families

All families should be able to access a joined-up Start for Life offer consisting of essential support any new family might need. This includes midwifery, health visiting, mental health support, infant feeding advice and specialist breastfeeding support, safeguarding and services relating to special educational needs and disabilities.

#### 2. A welcoming hub for families

Family hubs are a place for families to access Start for Life services. Services should be available physically, online and via outreach.

#### 3. The information families need when they need it

Digital, online and telephone offers should be designed around the needs of the family, including a digital child health record.

#### 4. An empowered workforce

Services should develop a modern, skilled workforce to help meet families’ changing needs.

#### 5. Continually improving the offer

Evolving the offer using data, evaluation and proportionate inspection will improve outcomes for families.

#### 6. Leadership for change

Leaders should ensure local and national accountability and build the economic case.

While local authorities develop integrated services in a variety of ways, the 2022 *Family Hubs and Start for Life programme guide* reflects a specific policy investment for 87 local authorities. This includes Transformation 1 (TF1) and Transformation 2 (TF2) areas. The investment aims to improve access to early help through an integrated and accessible local partnership offer.

In addition to the six action areas, the Start for Life and Family Hubs programme guidance sets out ‘minimum expectations’ and ‘go further’ options in developing Start for Life provision. Seventy-five local authorities are receiving additional funding for the following service areas:

1. parenting support
2. infant mental health, parent-infant relationships and perinatal mental health support
3. early language and improving the home learning environment
4. infant feeding
5. parent and carer panels
6. co-producing the Start for Life offer.<sup>16</sup>

You can read more about the Family Hubs and Start for Life programme, as well as related policy and practice initiatives, in the National Centre for Family Hubs toolkit.<sup>17</sup>

## 2.2 Local context

The South West is the largest region in England geographically and it has the third smallest population. Large cities and conurbations, including Bristol, Plymouth, Bournemouth, Poole and Christchurch account for a large proportion of families. As a result, most local authorities in the South West need to overcome the disadvantages of rurality and rural poverty. The South West has the fewest TF2-funded local authorities for Start for Life and family hubs within a region – Bristol, Cornwall, Plymouth and Torbay. Dorset and Bournemouth, Christchurch and Poole receive TF1 funding.<sup>18</sup>

Public Health South West covers the same region of 14 counties and unitary authorities. In 2022, NHS England introduced ICSs. They have two statutory elements – an integrated care partnership and an integrated care board (ICB).

The South West has seven ICBs, most of which cross funded and unfunded local authority boundaries:

- Cornwall and Isles of Scilly Health and Care Partnership
- Bath and North East Somerset, Swindon and Wiltshire Partnership
- Bristol, North Somerset, South Gloucestershire (BNSSG) – Healthier Together
- Dorset ICS – Our Dorset
- Gloucestershire ICS – One Gloucestershire
- Integrated Care System for Devon
- Somerset ICS.<sup>19</sup>

Best Start for Life is a key priority for the Association of Directors of Public Health South West’s sector-led improvement, 2022–2024. Directors Rachel Wigglesworth (Cornwall and Isles of Scilly) and Rebecca Reynolds (Bath, North East Somerset, Swindon and Wiltshire) proposed action learning with Start for Life funded local authorities, with a view to sharing the outcomes more widely across the region. Following initial discussions with a National Centre for Family Hubs’ (NCFH) regional implementation advisor, the programme of learning was commissioned from Anna Freud, where NCFH is based.

## 2.3 A case for change

This section makes the case for transforming the Start for Life offer using principles which inform an integrated and preventative hub approach.

### 2.3.1 Support early in life

The evidence presented in *The best start for life* links the adverse impact of early stress, trauma and adversity with child outcomes, from conception, during pregnancy and into the early years.<sup>20</sup> The review emphasises the need to ensure children have the best start in life and live in nurturing and protective environments from their very earliest moments. It also acknowledges that to build back better from the coronavirus pandemic, the youngest members of society – and those who nurture and care for them – must be given the help and support they need.

### 2.3.2 Integrated family support

There is a consensus in evidence and practice that greater integration across health, social care, education, and voluntary and community services can benefit families. High-quality integration is supported by a single point of access, which allows families to engage with services that meet the range of needs they may have.<sup>21</sup> Families often have to manage multiple relationships and appointments, continually retelling their stories. Better connected professionals at strategic and operational leadership levels (not just the existence of multi-agency working) can help to reduce these stresses for families..

### 2.3.3 A service accessible to all families

Current provision can present a complex service landscape that can be difficult for families to navigate, leading to difficulty accessing the often multi-layered help they need. The fragmented nature of provision can leave families vulnerable to ‘falling through the gaps’. This is particularly true when accessing support during transitional periods (e.g., moving from perinatal support services to early years support).

One report shows that in the early years, other than midwifery and health visiting, the most in-demand services included speech and language support, parent-infant relationship support and general parenting support. There are concerning numbers of parents and carers who are struggling to access these services. This could be remedied by a universal offer encompassing programmes supporting child development, the parent-child relationship and parenting skills, as well as health services using face-to-face and virtual delivery.<sup>22</sup>

### 2.3.4 A whole family approach

Support should be consistent to families of all structures with children of all ages. A whole family approach promotes the development of trusted relationships between families and professionals within family hubs services. Evidence of this includes the learning from the Supporting Families programme which shows positive changes from whole family working.<sup>23</sup>

### 2.3.5 A relational approach

Relational practice is an approach to working - with individuals and across systems - built on trust. Successful implementation of the Family Hubs and Start for Life approach requires developing, nurturing and modelling the behaviours and relationships that support collaboration across the family services system. Despite an abundance of evidence supporting a relational approach to working with families, the scarcity of resources means this is not always possible.<sup>24</sup> The Early Intervention Foundation’s review of early childhood services delivered through local hubs found that trusted relationships were crucial. They enabled parents to feel confident in attending children’s centres and helped to sustain attendance in more targeted support programmes.<sup>25</sup>

Trust is also a central element of mentalization, a relational clinical approach, which can be applied at a systemic level and is supported by an extensive body of clinical research.<sup>26</sup> There is also well-established work emphasising the importance of building trust in effective collaborative working and leadership.<sup>27</sup>



## 3. Development of the Applied Mentalization and Leadership approach

Although the principles described in section 2.3 are important for family hub implementation, NCFH also identified gaps in knowledge about ‘what works’. Combining insights from evidence, practice and participation highlights gaps in integrated, relational and collaborative leadership. This is the case at both strategic and governance levels in a Start for Life and Family Hubs context. It is with this in mind that the South West Directors of Public Health Sector-Led Improvement programme was commissioned and the Applied Mentalization and Leadership approach developed.

### 3.1 Theory

To guide the content and structure of the reflective groups, we held three relational theories in mind:

#### **Mentalization**

The human capacity for making sense of behaviour by considering the mind that drives the behaviour.<sup>28</sup>

#### **Collaborative leadership**

The belief that a shared model of leadership is more creative and effective than a leader or group of staff working alone. True collaboration values difference and prevents any one organisation or group from dominating.<sup>29</sup>

#### **The ecological model**

A model of understanding public health which takes into account individual systems, multiple contextual systems and the relationships between them. It is also a method to organise and evaluate appropriate interventions.<sup>30</sup>

Combining these theories provided a helpful framework to explore the three themes – health inequalities, integration and mental health. In different but complementary ways, all three theories emphasise the value of trust, perspective and inclusion, which are particularly relevant to Start for Life transformation.

#### **3.1.1 Mentalization**

Mentalizing is being able to understand our own and other peoples’ mental state. It is sometimes described as ‘understanding misunderstanding’. We can’t mentalize all the time and our capacity is influenced by our emotional state as well as survival strategies we have developed throughout our lives. This means our attachment patterns influence our mentalizing capacity and how we relate to one another.

Applying mentalization at a systems level is already a tried and tested model in the context of AMBIT (Adaptive Mentalization Based Integrative Treatment). AMBIT is:

an approach to support teams to develop systems of help around particularly vulnerable, excluded and underserved clients who may have little confidence or trust in the possibility of ‘help’ being helpful in their lives... [Their] many difficulties often attract large numbers of different teams and professionals around them, that can make it complicated to coordinate who does what and when, and may sometimes be rather overwhelming to the very people we are trying to help.<sup>31</sup>

A core component of mentalizing is cultivating trust through relationships so individuals and teams can create cultures of reflection, learning and adaptation. This is particularly valuable in a complex policy and practice landscape, as the workforce may be struggling with ‘initiative fatigue’ and burnout, despite their motivation to support families.<sup>32</sup> Our aim with this project was to apply mentalization to a leadership and governance context.

#### **3.1.2 Collaborative leadership**

The core components of collaborative leadership, according to the King’s Fund model,<sup>27</sup> are:

- a safe, inclusive and trusting environment
- building and maintaining relationships
- creating a shared purpose
- managing power dynamics
- surfacing and managing conflict
- sharing decision-making processes.



Critically, if leaders are to successfully adopt a collaborative style of leadership, they will need to look at problems from perspectives beyond their own. This may involve abandoning existing interpretations and letting go of preconceptions or creating new or expanded interpretations of the problem to be addressed.<sup>33</sup>

**Walsh and De Sarandy, The practice of collaborative leadership across health and care services, 2022**



### 3.1.3 The ecological model

The ecological model is increasingly being used in public health. Several studies affirm that health outcomes and disparities result not strictly or even primarily from individual behaviours or genetics, but from policies, structures and systems that circumscribe individuals' choices, access and knowledge.<sup>34</sup> In day-to-day practice, progress is slow in innovation and intervention in the wider context around the individual. This is because focus is still disproportionately on individual and behaviour theories that can be measured using randomised control trials.<sup>35</sup>

## 3.2. Project components

Initial discussions with stakeholders identified by the commissioner and the NCFH Regional Implementation Advisor for the South West explored various methodologies for the project. These methodologies lend themselves to the iterative discovery, reflection and learning approach specified in the brief.

These discussions and feedback from the programme launch led to the identification of three main components to facilitate the learning in this report:

1. planning and monitoring meetings with the commissioners
2. small leadership coaching and reflection groups
3. action learning sets (ALSs) for the wider learning workshops.

Health and public health colleagues in the South West use action learning in some aspects of team development. Action learning has the potential to create a dynamic enquiry in the form of a question, which is then fed by further questioning of the initial agreed focus.

In developing this model, it was important to create a set of parameters to allow three different groups with different facilitators to support a similar experience. This allowed each group to follow the line of enquiry to a unique conclusion, although an outcome was not necessary to the process.

The leadership group led by two of the facilitators, was woven through the year. It provided consistency and quality assurance across the three groups. The 'Think Family' approach – coordinating support to deliver better outcomes – is familiar to workers within the South West and was embedded in the learning.

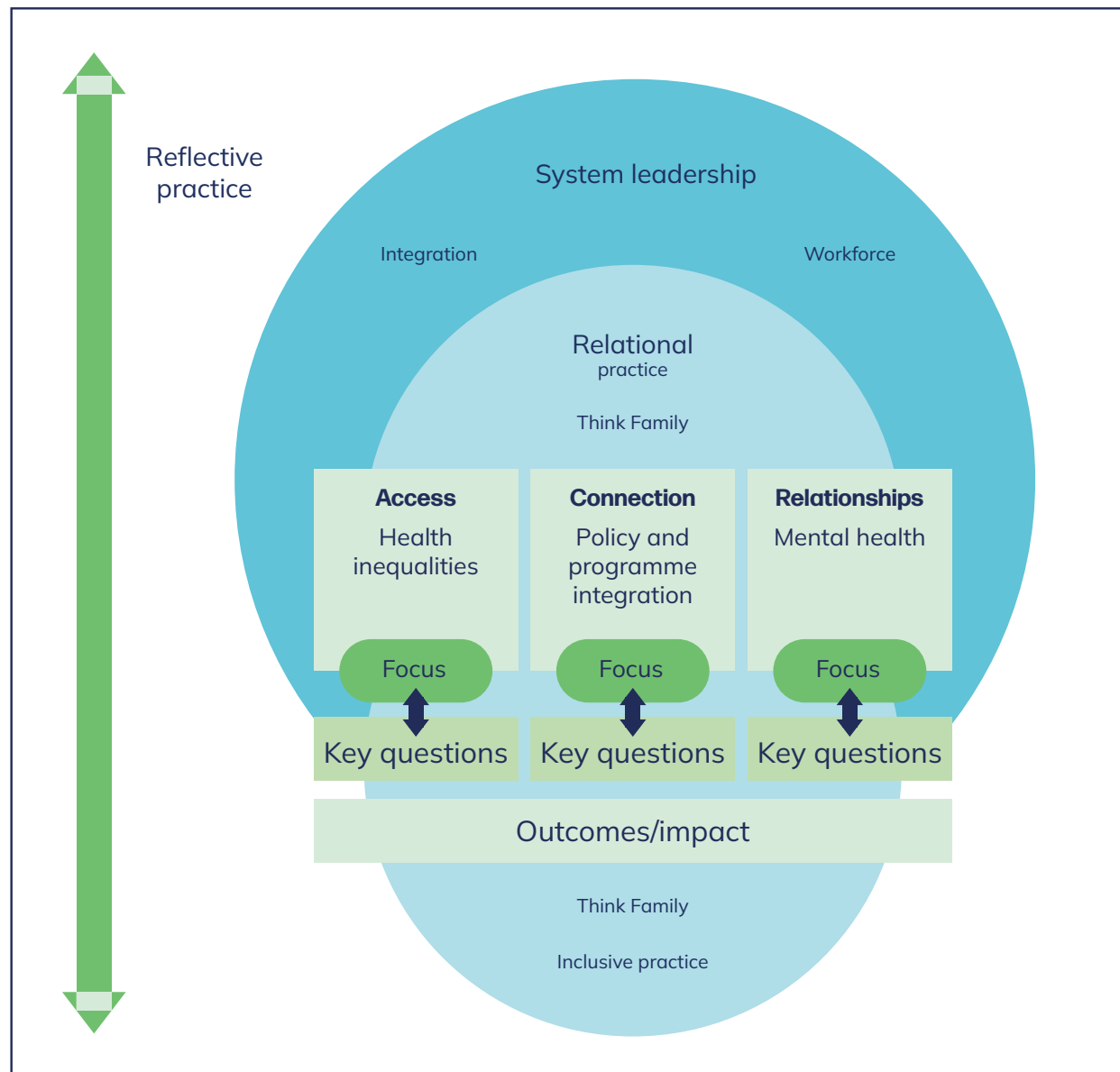
Following an initial meeting with interested parties, ideas were gathered and three themes were agreed: health inequalities, integration and mental health. These aligned well with the three pillars of family hubs: access, connection and relationships, shown in Figure 2.

Once the groups were agreed, participants were given a choice about which group they joined. In the first of the ALSs, the group focus was agreed in the form of an overall question.

When the ALSs were introduced, the following discussion took place:

- explaining how the family hubs pillars map onto the three themes
- checking understanding of Think Family
- asking for participants' thoughts on the model and how it might be adjusted
- opening up the conversation to refine the themes
- Reflective questioning to:
  - help shape the way we fine tune delivery of the agreed focus
  - relate to wider service questions with system leadership.

**Figure 2: The project structure**



## Facilitating the ALS

Although each ALS was facilitated differently, these principles set out a helpful starting point.

### Role of the facilitator

The facilitator helps shape the work of the group. They ensure participants follow the ground rules and clarify learning. They may intervene frequently initially, but step back as the group's confidence and competence grows.

### Example ALS structure

At the start of the meeting each member 'checks in' – feeding back on progress or changes since the group's last meeting. Members may update on commitments they made in previous meetings.

One or more members then seeks permission from the others to share an issue related to the group's focus or actions they have undertaken between sessions. Ideally, members should not bring an issue or question with a simple solvable answer.

The set agrees an initial person to focus on and the issue to be addressed – this is sometimes called 'claiming airspace'. The presenting member outlines the issue or challenge they'd like to consider. They may use statements like: "I'd like to explore", "I'm wondering whether", "I'm not sure if", or "I'm puzzled by".

Set members ask questions structured to help the presenter analyse the concern they have, or clarify what the challenge is and why they're struggling. They do this by asking open questions, moderated by the facilitator.

These questions can take several forms, including:

- clarification – "are you saying that...?"
- understanding – "could you explain this issue a bit more...?"
- checking implications – "you said before that... If that's so, then what would happen if...?"
- exploring possibilities – "have you thought of...?" or 'would X, Y, Z... be useful?'

At the end of the period – approximately 15 minutes – the presenter reviews their thinking and selects one or more courses of action. In doing so they are committing to act and be held accountable for action at the next meeting. Then another group member presents.

The group might then reflect on the quality of the group process. This could involve reflecting on what was successful and how they might improve for next time. The facilitator may take a leading role in this and offer the group feedback on their process.

Once back at work, the presenter applies the insights they gained to system leadership decisions and actions. They will note what worked and what didn't and report this learning to the group at the next meeting.

Set members shouldn't offer advice or opinions. They should also avoid using the airspace for discussing their own stories or issues. The focus must be on the presenter and the issue they're working to resolve.

Figure 3: The project phasing



3.2.1 Planning and monitoring

Purpose:

- Ensure the coaching and reflection groups are designed and delivered in keeping with the needs of the communities being served (e.g., through appropriate participation).
- Finetune the programme aims and objectives and amend as appropriate as the project develops.
- Monitor the progress of the project outputs.

Initially, a set of co-designed objectives were developed by this group and were later refined in the wider groups:

- Public health leaders in funded local authorities in the South West region should build on existing structures to promote system learning, with a focus on Start for Life.
- Key leaders’ perspectives should be explored within Start for Life areas, particularly around how an integrated offer through family hubs can improve system leadership and work to improve outcomes for families.
- Consider what public health can additionally contribute in order to achieve excellent Start for Life outcomes through system leadership.
- Supplement DHSC monitoring of Start for Life with qualitative and quantitative leadership learning.

3.2.2 Action learning sets

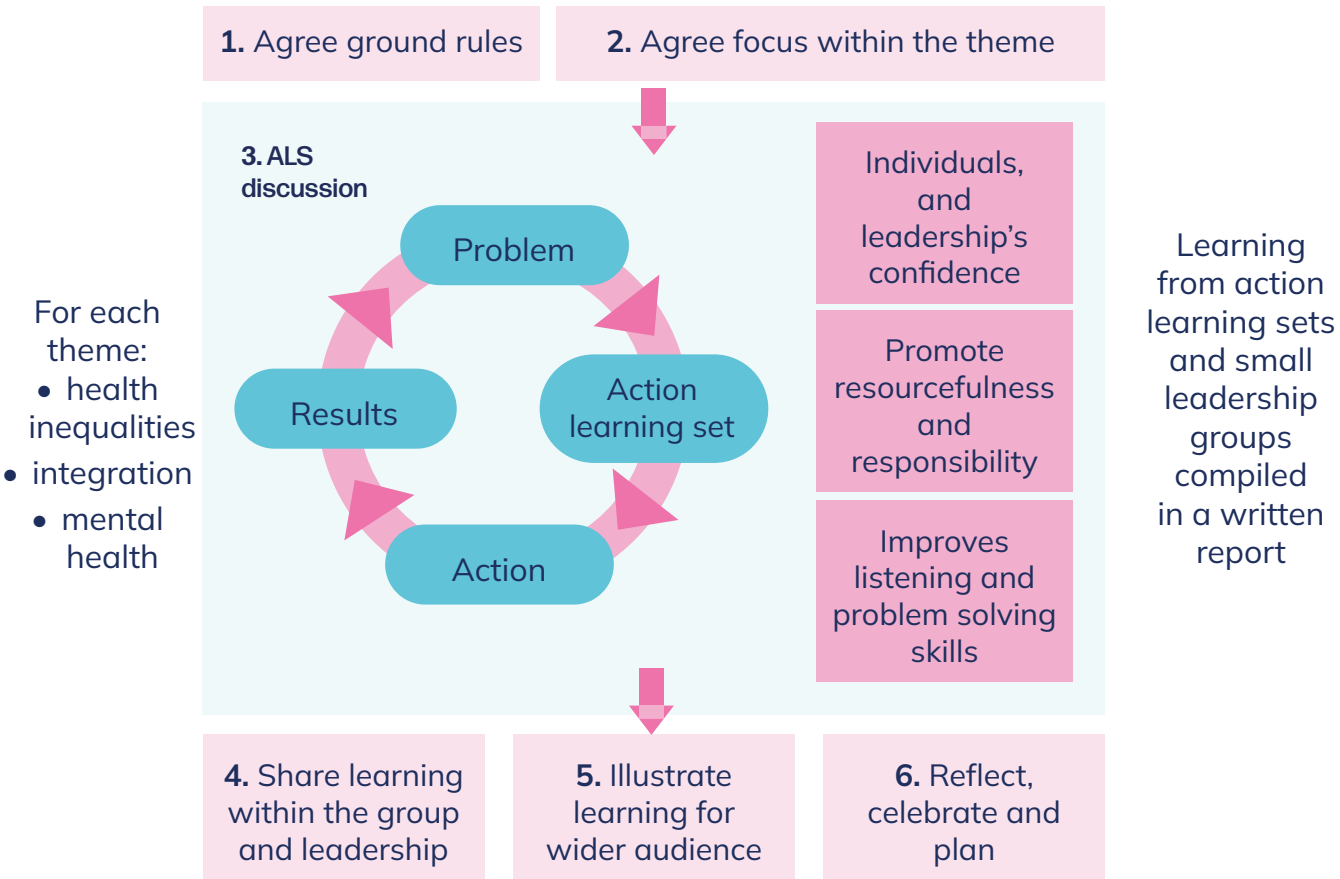
Parameters were put in place to contain the programme and enable busy members of the workforce to plan around sessions so they could attend. However, room was intentionally left for flexibility, ideas and reflection.

Purpose:

- Support system leadership to share approaches, progress, learning, and obstacles to developing a local authority offer.
- Supplement Start for Life activity and financial monitoring which has been set nationally.
- Use system skills to tackle issues, taking a discovery and reflective approach informed by applied mentalization (such as an AMBIT approach).
- Incorporate specific topics related to the Family Hubs and Start for Life framework.

The ALSs discussed the three themes (health inequalities, integration and mental health) and met four times to reflect and build on their discussions.

Figure 4: Action learning set process and themes



3.2.3 Leadership groups

Purpose

- Build trust of regional leadership, help engage key partners and understand the hopes, fears, strengths and challenges of the region.
- Explore approaches to creating sustainable change, and rooted in local knowledge drawing on Anna Freud expertise (e.g., early years and ICS system transformation).

Leadership group topics were not planned at the start of the programme – they developed organically from group conversations. This dialogue was balanced against leadership groups producing clear outcomes. Mirroring the broader programme, each leadership group was structured around reflecting on and integrating ALS discussions.

This structure also included skills development (collaborative and relational leadership, mentalizing and leadership, AMBIT and manualizing) and applying theory to practice.

## 4. Reflections and learning

This section introduces the three Start for Life topics and then summarises the key questions and core learning from each ALS as well as from the leadership groups. It then provides co-designed ideas of how to apply the learning and summarises it as cross-cutting themes, synthesised and refined by the leadership group.

### 4.1 Introduction to the three topics

#### Health inequalities

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. They are a consequence of social inequalities.<sup>36</sup>

#### Health inequalities in a Start for Life context

Early childhood is a critical stage and is linked to later life outcomes, including health. The Marmot Review identified giving every child the best start in life as one of the six priority objectives identified to tackle health inequalities.<sup>37</sup>

The Nuffield Trust recently identified seven key indicators of young children's health: infant mortality, breastfeeding, obesity and weight, oral health, mental health and emotional wellbeing, immunisations and respiratory health.<sup>38</sup> These are not universally agreed and may vary depending on population.

Chronic stress in early childhood (also known as adverse childhood experiences) has a negative impact on development. Causes of such stress include repeated abuse, severe maternal depressions and extreme poverty.<sup>39</sup>

Overall children are healthier than they were 20 years ago – infant mortality rates have fallen, breastfeeding has increased and tooth decay has declined. However, health inequalities are growing. For example, in England the infant mortality rate for those living in the most deprived areas is almost double that in the least deprived areas.<sup>40</sup>

Although health services for young people can be improved, because of the associations between poor health, geographic area, ethnicity and levels of deprivation, it would be more effective to reduce child poverty and other social determinants of health (such as parental health) and address social inequalities like structural racism.<sup>41</sup>

Our understanding of young children's health inequalities is limited by a lack of intersectional analysis. Limited research explores the associations between poor health, area, ethnicity and level of deprivation and how these intersect, compound and accumulate. Research to understand the lived experiences of young children and their families is essential.<sup>42</sup>

#### Integration

Integration (or integrated systems) is a move away from traditional single agency responses. It goes beyond physical colocation and involves collaborative and relational partnership working. Integration is rooted in an understanding of local need with joint participation at operational, strategic and governance levels. In this programme the focus of integration was on pregnancy, antenatal and early postnatal support.

#### Integration in a Start for Life context

The Family Hubs and Start for Life programme is a place-based local system aiming to integrate services and networks to improve families' access to the right support. Start for Life support includes maternity care, health visitors, perinatal mental health teams and parenting support.

Integration refers to the coming together of different early help policy and practice initiatives, such as Supporting Families, Reducing Parental Conflict, youth provision and Start for Life services' whole family approach.

Integration at a commissioning level can ensure different organisations responsible for elements of early years and family support are purposefully and jointly commissioned, with aligned budgets and outcomes across NHS and local authorities. Integration can also facilitate smoother transitions between early help and children's social care (known as vertical integration).

Integration at a strategic and governance level is crucial to the sustainability of operational services. Leaders of systems should lead by example, prioritising hearing from and working with people and communities.<sup>43</sup>

Key factors for successful integration are:

- a shared recognition for the need for change
- strong leadership and management
- a focus on building relationships and trust
- clearly defined roles and responsibilities
- good systems for communication and information sharing
- support and training for staff.<sup>44</sup>



## Mental health

The World Health Organisation defines mental health as:

a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.<sup>45</sup>

Poor mental wellbeing refers to a state of suboptimal emotional and psychological health. This could include stress, unhappiness or difficulty coping with daily life. Diagnosed mental ill health involves clinically recognised disorders with specific persistent symptoms requiring professional help.<sup>46</sup>

Perinatal mental health is “the emotional wellbeing of women,\* their children, partner and families from conception through pregnancy to one year following the child’s birth.”<sup>47</sup> Infant mental health refers to the “capacity to experience, regulate and express emotions, form close and secure relationships, explore the environment and learn.”<sup>48</sup>

### Mental health in a Start for Life context

Infant mental health, parent-infant relationships and perinatal mental health support are prioritised in the Start for Life and Family Hubs programme. This recognises that families with a new baby can face many challenges that influence mental health.

The Start for Life and Family Hubs guidance signposts to research about the relationship between breastfeeding, perinatal mental health challenges, attachment and bonding. It also emphasises that the mental health and wellbeing of parents and carers is paramount in ensuring babies can thrive.<sup>49</sup>

Cultivating secure attachment relationships between parents and carers and their babies is linked to improved developmental outcomes, including reduced risk of mental ill health.<sup>50</sup> *The Family Hubs and Start for Life programme guide* highlights how closeness to a caregiver from early life helps babies and young children feel secure and develop in a healthy way, both physically and emotionally.<sup>51</sup>

Early intervention delivers better outcomes for the whole family. Studies suggest “early intervention reduces the duration of mental health disorders and promotes better long-term outcomes.”<sup>52</sup>

\*In this context, ‘women’ also includes all parents who have given birth or will give birth.

4.2 Key learning and reflections

4.2.1 Action learning sets

Figure 5: Summary of learning from action learning sets

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Theme                                           | Health inequalities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Family hub pillar                               | Access                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Facilitated by                                  | Claudia Coussins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Attendees                                       | 8 attendees (on average 4 per session)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Key question                                    | In addressing health inequalities, how can we create a paradigm shift towards prevention with a focus on supporting family-chosen outcomes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Summary of learning                             | <ul style="list-style-type: none"><li>• The Family Hubs (FH) and Start for Life (SfL) programme, in theory, is an enhanced version of excellent but capacity-limited status quo services.</li><li>• This enhanced offer is necessary for addressing health inequalities.</li><li>• A paradigm shift to prevention requires more time for leaders to reflect.</li><li>• The current funding structure is a barrier to long-term thinking and creates idealistic implementation planning (e.g. the hub and spoke model).</li><li>• The FH model is an opportunity to contextualise health inequalities. It should consider whole family working, place-based support, funding for services and wider society.</li><li>• There is uncertainty about how to use relational practice to reduce health inequalities.</li><li>• Various factors inhibit some families' access to SfL support.</li><li>• Building on existing trust within communities will help make support more accessible.</li></ul> |
| County council and unitary authorities involved | DHSC, Bristol, Cornwall, Dorset and Plymouth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ICBs involved                                   | Cornwall, Devon and Bristol, North Somerset and South Gloucestershire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Group</b>                                           | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Theme</b>                                           | Integration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Family hub pillar</b>                               | Connection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Facilitated by</b>                                  | Jayne Vertkin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Attendees</b>                                       | 12 attendees (on average 5 per session)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Key question</b>                                    | How can we promote greater integration (or develop a whole system approach) during pregnancy and the immediate postnatal period?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Summary of learning</b>                             | <ul style="list-style-type: none"> <li>• The FH and SfL programme is an opportunity for leaders to do things differently, so babies and families thrive during pregnancy and the immediate postnatal period.</li> <li>• Building workforce competencies and skills in the context of a shared performance framework is necessary for effective integration.</li> <li>• This could be done across the region.</li> <li>• Challenges around programme sustainability and data sharing are perceived barriers to integration.</li> <li>• There are some good examples of VCS partner involvement (e.g. the work of Black Mothers Matter). This could be offered more consistently across the region.</li> <li>• Strategic leaders could be better connected to operational implementation with robust governance, underpinned by a shared understanding of need driving the work.</li> <li>• Leadership and governance discussions sometimes lack a preventative lens and don't always reflect social context and health inequalities.</li> <li>• Building relationships at a local level and centring family voice can improve integration of support and understanding of need.</li> </ul> |
| <b>County council and unitary authorities involved</b> | Bristol, Cornwall, Plymouth and Torbay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>ICBs involved</b>                                   | Cornwall, Devon and Bristol, North Somerset and South Gloucestershire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Group</b>                                           | <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Theme</b>                                           | Mental health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Family hub pillar</b>                               | Relationships                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Facilitated by</b>                                  | Julie Greer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Attendees</b>                                       | 4 attendees (2 attended every session)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Key question</b>                                    | How can Start for Life specifically support fathers and male carers to grow their own mentally healthy family when a newborn, or a child new to the family, arrives home?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Summary of learning</b>                             | <ul style="list-style-type: none"> <li>• Considerations for practice include ensuring timings and other ward practicalities are accessible for fathers and male carers, as well as the rules and evidence base around maternity wards.</li> <li>• Informal contact with fathers and male carers may be a route to better reach them, and could complement formal engagement.</li> <li>• Reflective spaces have enabled discussion on: <ul style="list-style-type: none"> <li>the use of digital interaction</li> <li>whether supporting fathers and male carers indirectly supports mothers</li> <li>highlighting positive narratives around paternal mental health</li> <li>ensuring support for fathers and male carers is not provided at the expense of women, particularly those from marginalised groups.</li> </ul> </li> <li>• Examples of good practice include: <ul style="list-style-type: none"> <li>building a trusted voice</li> <li>peer mentoring</li> <li>training for fathers and male carers around perinatal mental health</li> </ul> </li> </ul> |
| <b>County council and unitary authorities involved</b> | Bristol, Plymouth and Torbay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>ICBs involved</b>                                   | Cornwall, Devon and Bristol, North Somerset and South Gloucestershire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

For each ALS, the group developed a practical application or resource as an output. The difference in output demonstrates the flexibility of the model and how it gives agency for groups to develop different approaches based on the same conceptual theories and learning.

Health inequalities

**Question:** In addressing health inequalities, how can we create a paradigm shift towards prevention with a focus on supporting family-chosen outcomes?

**Response:** By integrating participation and governance structures (discussed in relation to Plymouth Parent and Carer panels and local steering groups in Cornwall) and expanding reflective spaces to VCS leaders.

Figure 6: Output from health inequalities ALS

Key steps for:

| Integrating participation into governance structures                                              |                                                                                                                           | Expanding the reflective spaces for VSC leaders                                                                               |                                                                                                  |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Shifting the perspective so governance and participation are seen as part of the same structures. | Putting participation and workforce expertise on a par with conventional research.                                        | Ensuring this expertise is recognised as valid and can influence decision makers including government.                        | Considering language. It's not always knowing exactly what to do, but demonstrating a curiosity. |
| Ensuring leaders from the LAs, NHS and VCS are part of integrated governance structures.          | Identifying community spaces as well as formal structures such as steering groups to disseminate learning and build trust | Enhancing local data with community knowledge to identify the appropriate use of hub and spoke models for minoritised groups. | Acknowledging systemic pressures rather than focusing on community resilience.                   |



Integration

**Key question:** How can we promote greater integration (or develop a whole system approach) during pregnancy and the immediate postnatal period?

**Response:** A framework for achieving greater integration during pregnancy and the immediate postnatal period. Figure 7 displays co-designed group recommendations.



Figure 7: Output of learning from integration ALS

**The importance of robust governance at a strategic level**

1

Most of the strategic governance arrangements in this area of work have not been active for several months. There is currently not a clear understanding of where discussions happen about antenatal and postnatal services at a senior level. There is a need for one strategic lead for the Start for Life programme and family hubs in each area, who brings together all services into an integrated system. The absence of 'one collective leader' can create division between the different service areas and makes an integrated response more challenging. In this group we have considered the importance of collaborative leadership and growing leaders with these skills and raised whether there should be a national leadership programme developed to support leadership skills.

**Developing a shared understanding of need**

2

In Bristol we heard how a collaborative approach to the equality and equity plans, with public health taking a key role, has developed a shared understanding of the need in this critical maternity/postnatal period. This has led to the set-up of two subgroups - transformation and equality and diversity - which bring wider stakeholders into discussions and create a sense of shared responsibility for the need, which is reflected in agreed plans. Is this a model that could be adopted across the region?

**Setting up effective sharing information arrangements**

3

Sharing data appropriately during the antenatal and postnatal period is vital, especially in response to the need for early intervention and the development of integrated teams. Could this be done across the region? Could someone be employed across the SW region to lead on the set up of these arrangements, with each area contributing to the salary cost?

**Co-production**

4

The group felt that there is a need to strive for greater shared ownership of plans in this area of work, rather than everything being seen ultimately as the responsibility of the council, the ICB or maternity services. It is vital to maintain ongoing co-production of integration plans, including the VCS, to inform transformation and shared ownership. This work could be led by the identified strategic lead for Start for Life (mentioned in box 1). Plus, the testing, and gradual introduction, of some pooling of budgets.

**Training and workforce development**

5

Is there an opportunity to develop a core competency framework for Start for Life, across the South West region, that everyone working in a family hub attends? This could be enhanced by in-depth training for some practitioners, alongside box 1's recommendation of developing collaborative leadership. Training provided by Black Maternity Matters was noted as an example of good practice. Rolling out similar training across the region is important.

**A mandate to deliver a shared performance framework**

6

The group acknowledged there is guidance in place for the Start for Life programme but highlighted the variation in how it is delivered. Agreeing a level of delivery would be helpful, rather than trying to fit existing provision to the guidance. Additionally, a standardised performance framework would assist delivery measurement.

Figure 8: Output of learning from mental health ALS

## Mental health ALS group 3: relationships

**How can Start for Life specifically support fathers and male carers to grow their own mentally healthy family, when a newborn, or a child new to the family, arrives home?**

### Considerations for practice

- Are timings of courses/meetings with healthcare professionals still a potential barrier for fathers? Can we further build on the flexibility required during the coronavirus pandemic?
- Consider the rules that exist in maternity wards - what is the evidence base for them? Are they in the best interests of the mother/baby and family? Could they be challenged/changed?
- How can we audit or better understand the limitations of staffing, buildings, size of wards and toilets on new fathers?
- Are there ways to report informal contact with fathers and male carers, where the data may prove useful in further developing services for families and fathers (without adding to workload)?

### References

- Dehara et al. 2021. [Parenthood is associated with lower suicide risk.](#)
- Baldwin et al. 2019. [A qualitative exploratory study of UK first time fathers' experiences, mental health and wellbeing needs during their transition to fatherhood.](#)
- Chhabra et al. 2022. [Predictive factors for depression and anxiety in men during the perinatal period: A mixed methods study.](#)
- Hodgson et al. 2021. [The experiences of first-time fathers in perinatal services: Present but invisible.](#)

How can we support the transition from digital interactions to physical relationships with perinatal professionals and peers?

How can we better understand and engage with men on social media?

Will better support to fathers and male carers intrinsically support women?

How can we measure the value of better understanding gender bias, e.g., in ourselves, in services, more widely within cultures and in the media.

How might training for perinatal professionals be broadened in relation to partners? For example, spotting signs of poor paternal mental health in a supportive way, rather than as a safeguarding concern for their partner and baby.

In a society where women can experience disadvantage, how can fathers be better supported without reducing the level of support to women, particularly those from marginalised groups?

### Participants

Karina Hall, Commissioning Officer - Plymouth  
Sara Ambrose, Head of Family Hubs - Bristol  
Helen Halam, Project manager - Action for Children, Torbay  
Julie Greer - National Centre for Family Hubs

## A focus on relational approaches

Examples of what is making a difference to new fathers

### Bristol:

'Trusted voice' model of human connection including development of Navigator role  
Dad's Rock and [Rockabye](#) group

### Plymouth:

Family Hubs Community Builder - peer mentor programme  
Co-production pilot between Changing Futures and Plymouth Strategic Commissioning team  
Antenatal dads' group  
[Safe Families](#)

### Torbay:

[Institute of Health Visitors training](#) about fathers and perinatal mental health  
Provision inclusive of fathers and male carers

Men who are supported have someone who:

- listens
- takes an interest
- offers time
- creates space outside the family environment
- helps them connect and belong.

4.2.2 Leadership groups

Attendees recapped the project and reflected on the emerging themes from the ALS. For the skills development element of the programme, they also reflected on the three topics. As well as providing some theory, the groups discussed how this could be applied in a Start for Life context. This is summarised in Figure 9.

Figure 9: Summary of learning from leadership groups

|                                   | One                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Two                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Three                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Local areas represented           | Plymouth, Torbay, Cornwall, Bristol and Dorset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Plymouth, Torbay, Cornwall, Bristol and DHSC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Plymouth, Bristol and Torbay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Attendees                         | 22 unique attendees (average of 8 attendees per session)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Skills development and reflection | <p>Collaborative and relational leadership</p> <ul style="list-style-type: none"><li>• It is similar to the Human Learning Approach being used in the South West already. It's compatible with complex system working and takes an exploratory approach.</li><li>• Collaborative leadership is not about line management structures but about matrix management and relational approaches.</li><li>• Collaborative leadership is underpinned by a shared vision and a common understanding of language.</li><li>• Collaborative leadership involves the challenge of addressing the power and control associated with traditional and hierarchical approaches.</li><li>• Another challenge is the tension in navigating horizontal working within the parameters of vertical pay structures.</li><li>• Training and peer coaching would provide a potential opportunity to explore collaborative leadership.</li></ul> | <p>Mentalizing and leadership</p> <ul style="list-style-type: none"><li>• This approach should be underlined by having genuine diversity at a leadership level, which requires providing psychological safety for marginalised groups.</li><li>• A shift in leadership culture takes time, which has not been possible with this programme.</li><li>• Examples of AMBIT tools which help to encourage perspective taking and curiosity are 'thinking together', 'the disintegration grid' and 'wearing different hats'.<sup>53</sup></li><li>• The capacity to mentalize and hold the different perspectives of people and groups with networks is key.</li><li>• This can be influenced by an individual's own background, attachments patterns and biases.</li><li>• The emotional thermometer is a helpful way to reflect on our ability mentalize and relate to others. If we are too 'red', our heightened emotions could make our decisions more reactive and rash. If we are in the 'blue', we might shut down and find it hard to connect.</li></ul> | <p>AMBIT and manualizing</p> <ul style="list-style-type: none"><li>• Manualizing is a way of working that recognises local expertise. It is an interactive method that promotes the development of a shared understanding, a collaborative way to record conversations, policies and other formal documentation.<sup>54</sup></li><li>• Practising manualizing when reflecting on the structure of this report provided an opportunity to explore the themes collectively.</li><li>• By breaking down complex issues into smaller areas of consideration, the group were able to collectively decide the parameters and goals of the conversations – in this case the emerging themes of the programme.</li><li>• Once this had been established, core conversations took place and were recorded using a Miro board, populated in real time.</li><li>• The group kept the overarching approach to the project in mind to contain the discussion: a collaborative way to share, disseminate and continue learning about improving system leadership in a Start for Life context.</li></ul> |

## 4.3 Crosscutting themes

The crosscutting themes were developed in the third leadership group and consolidated in the final planning and leadership groups.

### Sustainability

Leaders support the theory and principles that underpin the Family Hubs and Start for Life programme. However, the focus on short-term delivery and the pressure to demonstrate impact risks undermining the intended long-term benefits for families.

With no guarantee of longer-term funding, areas communicated that investing integrated resources into family hubs was risky, in case they had to withdraw support from families. The following actions are being taken to mitigate this risk locally and sustain integration:

- integrating all government initiatives relating to universal and targeted help in early years
- focusing on 'softer' working principles which facilitate better outcomes, such as collaboration and engagement
- moving governance structures away from solely being about family hub implementation and shifting them into the wider early help offer
- linking governance structures with other integrated leadership groups and Start for Life learning networks, informed by sharing practice and data.

### Prevention

Although there is consensus on the value of prevention and early intervention from a public health and early help perspective, this work is complex, nuanced and long-term.

There is not enough recognition of the time needed to unpick these complexities, evaluate changes and see impact. We need a paradigm shift so the national policy and funding landscape enables a long-term preventative approach.

The three themes – health inequalities, integration and mental health – highlight how socio-economic context can determine early years health outcomes. Without recognising systemic factors, families and communities (particularly those from marginalised groups) are at risk of being blamed for structural failings beyond their control. This blame narrative can be stigmatising and can feed into a cycle of families not trusting and engaging with statutory support. Neglecting family voices and community groups is a risk to preventative work.

### Participatory governance

The strategic level of governance could be strengthened. Participants consistently flagged the need for robust information sharing systems across partners. They also suggested they might jointly commission a regional information governance expert in this field to help solve common problems.

Parent and carer panels, integrated leadership teams and integrated care boards are examples of excellent participation, leadership and governance structures. However, services are not always integrated effectively at a strategic level. Better integration across public health, children's services and the NHS is likely to promote more accessible and seamless support for families.

An area for future development is improving engagement with families, leaders from the VCSE sector and NHS leaders. This would build trust, disrupt unequal power dynamics and embed a variety of voices and perspectives into all levels of transformation.

### Accessibility

There is further opportunity to recognise and address inequity of access. Providing support during pregnancy and in the early years is a gateway into whole family support. It also provides a change to reach underrepresented groups of caregivers, such as fathers and male carers, who tend to participate less often.

Although leaders felt challenged by the lack of sustainable funding, participants increased their confidence in practising and developing a relational approach, such as having difficult conversations about language. This could contribute to accessibility, irrespective of funding.

### Wellbeing

Themes of workforce wellbeing being impacted by policy and political decisions were discussed.

Leaders and operational staff's wellbeing (and burnout) should be framed as a systemic and ecological issue. This recognises that decisions being made nationally (for example, around pay, retention, stability, conditions and development) impact the workforce.

Addressing wellbeing holistically (rather than it being an individual deficit-based problem) would provide an opportunity to build trust within the system. However, progress made at a regional and local level will be undermined without structural support at a national level.

# 5. Conclusion and recommendations

## 5.1 Conclusion

The overarching goal was to support leaders from public health and children’s social care and NHS CYP commissioners in South West England to develop an integrated Start for Life offer through an iterative discovery, reflection and learning approach.

**Objectives:**

- Public health leaders in funded local authorities in the South West region should build on existing structures to promote system learning, with a focus on Start for Life.
- Explore the perspectives of key leaders within Start for Life areas, particularly on how an integrated offer through family hubs can improve system leadership and work to improve outcomes for families.
- Consider how public health can contribute in order to achieve excellent Start for Life outcomes through system leadership.
- Supplement DHSC monitoring of Start for Life with qualitative leadership learning.

This year-long programme created helpful content and resources for leaders developing their integrated Start for Life offer. The practical outputs and recommendations were enhanced by the process by which they were developed - the Applied Mentalization and Leadership approach. This approach can be adapted and applied in a place-based way to look at shared issues identified by participants.

Although there were different levels of knowledge and interest in the theoretical approaches, the experience of reflecting conceptually was deemed helpful because it was accompanied by discussion of their practical application. At times, the theories were not providing radical new information but rather enabled leaders to identify exactly what was working well to build on it.

Participants felt the benefits of this programme were partly enabled by the year-long timespan. This made it more accessible, despite competing priorities and heavy workloads. A future development of the programme might be to incorporate more structured self-led learning in between the facilitated reflective spaces.

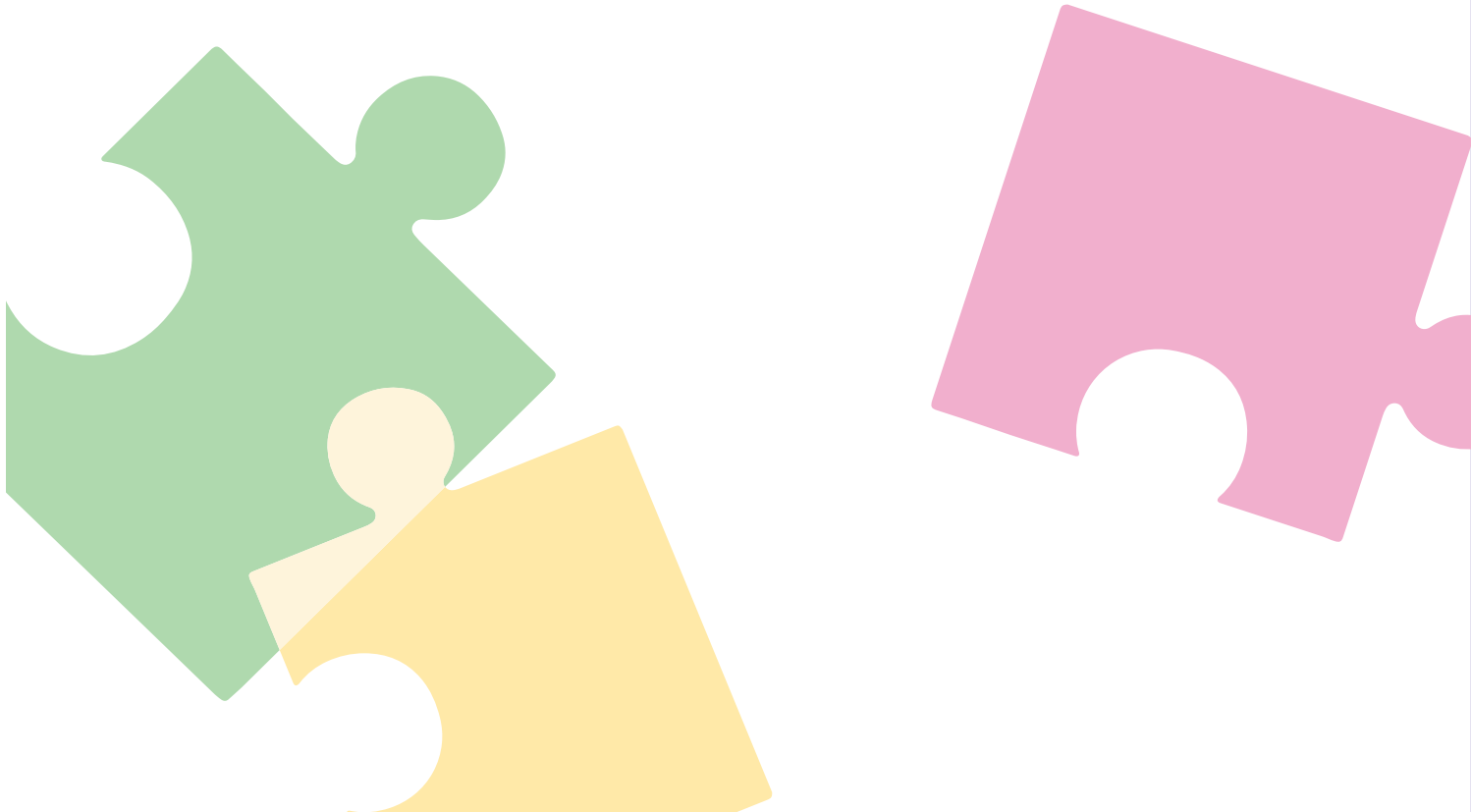
Participants also found it useful to attend different groups, including the leadership group, as this provided space to share and apply their learning. Attending different groups might allow for more of the questions generated to be answered. Adding in more structure could also contribute to an overall product that combines the learning and application of the distinct thematic groups.

Reflections from Rachel Wigglesworth (Director of Public Health from Cornwall and Isles of Scilly) in response to the overarching goal and objectives

The aim of The Start for Life sector-led improvement was to focus on enabling development and reflection of systems leadership skills, rather than developing a public health product or guidance. This was in recognition of the complex partnership landscape and cultural differences Start for Life programmes navigate, both within and across local authorities and the NHS. It also sought to identify a role for public health expertise and influence in Start for Life where they were not formal programme leads or commissioners.

The partnership with Anna Freud has successfully provided senior workers in Start for Life areas with expertise on family hubs, protected time, skilled facilitation and a focus on system leadership frameworks. Participants across the Start for Life areas appeared to be active and present at the action learning sets. Each of the three groups coproduced structured findings around the themes of health inequalities, integration and mental health, with suggestions for further action.

The expertise of participants in this work has been hugely valuable and provides key learning and recommendations for local, regional and national decision makers. This is timely and should inform the future development of Start for Life and have an impact on broader early years health policy. The methodology and model of working developed by Anna Freud can be applied to other action learning approaches. Ultimately, this process shows how purposeful, reflective working is important to public health practice and helps to build positive partnerships across boundaries.



## 5.2 Recommendations

### National

#### **Provide long-term investment in Start for Life programmes to enable sustainable transformation**

This funding should be based on the evidence around investing in preventative and relational early childhood support. It should also acknowledge that investment supporting the creation of enabling environments (e.g., through leadership programmes and participation) is important to long-term sustainability.

#### **Fund a leadership development programme**

This should be part of sustainability plans and should train leaders to manage collaboratively and transform local systems into integrated, relational teams.

#### **Promote the reduction of health inequalities as a main objective of Start for Life**

Funding for this programme has been targeted to the more deprived local authority areas. However, there is a clear need to address unequal early years outcomes for families and children across the whole country and within local areas. A broader policy approach should aim to reduce health inequalities in families and children with the poorest health outcomes, informed by local needs assessments and evidence.

#### **Value participatory and qualitative research methodologies**

Increasing the use of participatory approaches to research and knowledge generation would complement the current more quantitative approach to learning and evaluation. This would facilitate more meaningful participation from families and the workforce and would reflect the growing diversity in England's population.

#### **Embed integration at a government departmental level**

This would enhance the already emerging collaboration between DHSC, DfE, the Department for Work and Pensions and other departments responsible for improving long-term outcomes for families. It would create the structure to develop more coherent guidance, frameworks and protocols.

Supporting each area to invest in Start for Life leads could build connections between related programmes, such as Supporting Families, public health-led healthy child programmes, Local Maternity and Neonatal Systems, ICS health inequalities and Reducing Parental Conflict.

Co-designing an integrated performance framework with inspection that feeds into a national outcomes framework could also support integration at a government departmental level.



## Regional

### Share learning through a regional leadership network

Prioritising time for leaders to reflect on long-term preventative work will facilitate conversations that often get neglected. These include collaborative leadership, creating a shared vision for transformation and building relationships across different working cultures. These can help mitigate historical institutional tensions related to relationships and misunderstandings between different professional groups such as social care and the NHS. This would also be an opportunity to invest in the wellbeing of the leadership, for example through reflective spaces including external coaching, peer coaching and supervision.

### Investment in workforce development

This could include a workforce competency and training framework covering paid staff and volunteers. This is connected to sustaining workforce integration.

### Use data to improve access

Many excellent examples of data use were shared in the action learning sets. For example, in Bristol we heard how a collaborative approach to the equality and equity plans, with public health taking a key role, helped to develop a shared understanding of the need in the critical maternity and postnatal period. Combined with collaborative leadership and innovative qualitative research, this information could be used to feed into policy and practice developments.

### Pool resources to create more efficient and equitable commissioning

This could be facilitated through the network of the nationally accountable Start for Life leads. They could then feed into the proposed regional leadership programme and local integrated leadership teams, as well as governance structures such as health and wellbeing boards, integrated care boards (ICBs) and parent and carer panels. The structure would look different in each area and would require buy-in and support at a directorial level. In addition, data teams in local authorities should prioritise and respond to demands for information from across all services. A regional information governance lead would help to transform and coordinate systems locally through improved and shared policy and practice for data sharing.

## Local

### Identify and invest in Start for Life strategic leads in each local area

These leads could translate regional network learning into workforce development plans. The plans would facilitate the behavioural changes necessary for implementing broader system changes. The leads could also participate in local action learning sets (or other reflective spaces) that feed into the regional leadership network. To maximise the influence of these roles and ensure parity, role profiles should be benchmarked and agreed regionally or nationally.

### Respect local practice context

There should be support for flexibility and trying new ways of working to ensure the Start for Life offer is effective and locally relevant. This is especially important where local community engagement has reduced, evaluation does not demonstrate impact or integration of local early years programmes is limited. This should be supported by the regional networks and increased reflective learning to understand local contexts. Adopting a sector-led improvement approach could continue to have benefit at a regional, local or cross-hub level.

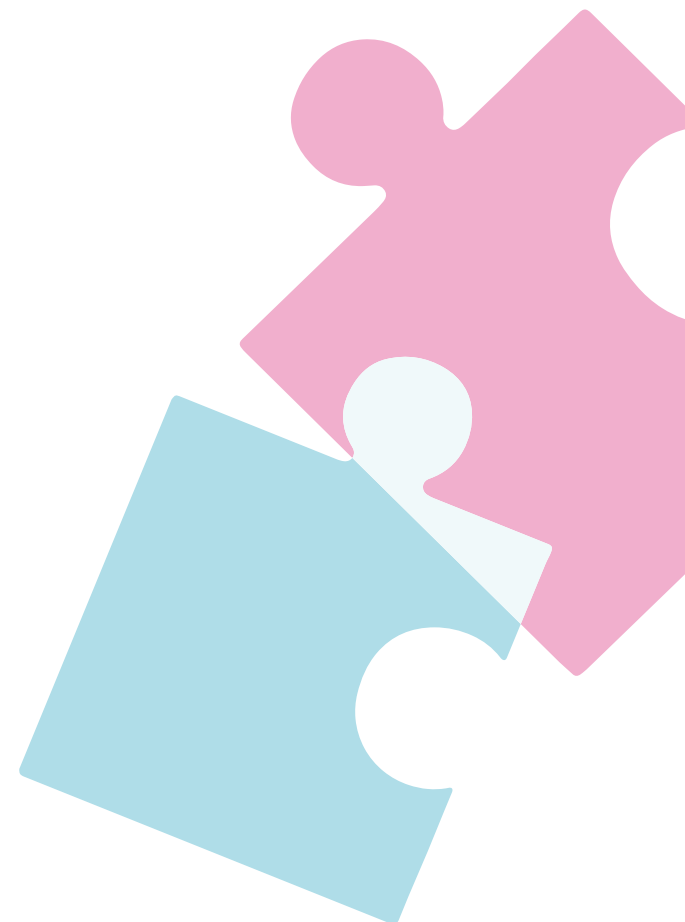
### Take time for transformation

Operational leaders recognise the tension between delivering results at speed and setting the foundations for a long-term, transformed Start for Life offer. Though some areas have benefitted from previous transformation programmes which have supported integrated working,

leaders all wanted more support on other aspects of transformation. Incorporating this feedback would support strategic leaders in a mutually beneficial support structure. This could be facilitated through the Start for Life leads and integrated leadership groups.

### Be bold in innovation while detailed on assessing risk

Trialling schemes such as partners staying on the ward for the first night after birth may make a significant difference. However, such trials need to focus on ethics and attention to detail.



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## 7. Appendix

### Resource list

[Family Hubs and Start for Life programme guide](#)

[NCFH implementation toolkit - Best Start for Life module](#)

[Developing a Start for Life Offer, NCFH webinar](#)

[Shaping Us – Centre for Early Childhood](#)

[The Best Start for Life: A vision for the 1001 critical days](#)

[Foundations - What works centre for children and families](#)

[Stockport case study from Early Intervention Foundation \(now Foundations\)](#)

[Early Years Transformation Academy \(Early Intervention Foundation\)](#)

[Human Learning Systems: Public service for the real world \(centreforpublicimpact.org\)](#)

[MBRRACE-UK: Mothers and babies: Reducing risk through audits and confidential enquiries across the UK](#)

[AMBIT wiki manual](#)

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