NHS
Mersey Care
NHS Foundation Trust

BABS
Building Attachment and Bonds Service

Impact Report 2025

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Purpose of the report

BABS recognises that the '1001 critical days'[1] is a window of opportunity for much needed support, intervention and change for our most vulnerable babies and parents who have experienced ACEs (Adverse Childhood Experiences[2]). It is a key time when our most vulnerable families can build good, secure bonds and break negative life cycles.

The purpose of this evaluation is to put a spotlight on the impact that BABS services and therapeutic parent infant mental health (PIMH) support can make to our most vulnerable parents and babies, from conception to age two. Most importantly, this evaluation is centred around giving our parents and babies in the community a voice; whom at times may feel misunderstood in the health and social care system.

Last but not least, this report is fundamental in highlighting the importance of the continued commissioning and delivery of BABS services, whose funding is non-statutory. Without BABS existence however, there will be a significant gap in life-changing, specialist PIMH support for our most vulnerable/ at risk parents and babies in the community.

Background

> **The most important period in everyone's life is the one that they cannot remember**
>
> (Balbernie, 2013)[3]

The early years of a child's life from conception to two years ('1001 Critical Days'[1]) are the most fundamental in laying the foundations for all the important stuff: bonding and attachment, early/later relationships, brain development and functioning, future mental health and wellbeing, and future parenting (Royal Foundation Centre for Early Childhood, 2021[4]).

It is fundamental that we recognise the importance of building bonds and breaking cycles during this period, as our infants of today, will become our parents of tomorrow. Thus, we must invest in early intervention/prevention and offer children the 'best start in life'[1], which will offer the best life outcomes and cost savings across the life span.

03

The BABS Model

Mission Statement

BABS supports vulnerable parents/carers and babies to build good bonds, break negative cycles and prevent separation.

BABS is recognised nationally as a best-practice, integrated neighbourhood model of care for vulnerable families[5]. BABS services are co-located in Family Hubs and works in partnership with community services.

BABS offers strengths-based, easy to engage support for families, many of whom are often perceived as 'hard to reach'/'difficult to engage', however also have the highest health and socio-economic inequalities.

BABS services offer specialist, therapeutic parent-infant mental health support to vulnerable parents and babies. Our unique, 'psycho-social' model of care helps parents to separate out past and present struggles from the relationship with their baby.

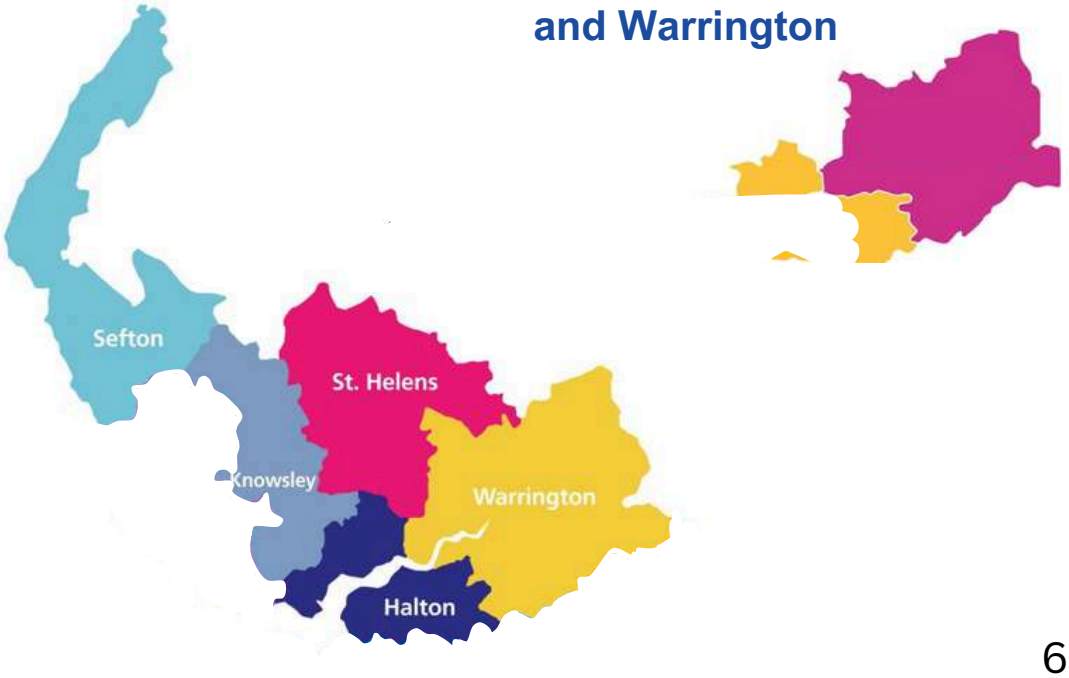
BABS Journey

2014 - Knowsley

2022 - Sefton

2023 - St Helens

2024 - Halton and Warrington



BABS Ethos

1 Relationships are Everything

BABS recognises that ‘relationships are everything’ for parents and infants, families, communities, multi-agency services, and wider systems.

Research has shown that children who do not have a secure bond and attachment with their parents during the early years, can be at a greater risk of ACEs and are more vulnerable to developing mental health, social, educational, and behavioural difficulties later in life (Randell, O’Malley, & Dowd, 2015[6]).

Most parents who have experienced ACEs and have unresolved trauma and insecure attachments (‘ghosts in the nursery’[7]), desperately want to break the cycle and be the best possible parent that can be to their children. However, these parents are most vulnerable and at risk during the perinatal period of break down in terms of their mental health and relationships, and struggling to bond with their baby.

2 We must safeguard parent-infant relationships and mental health, as well as risk

Time for Change

Both MacAlister's Independent Review of Children Social Care (MacAlister, 2022[8]) and the Darzi report (2024[9]) have put a bright spotlight on how both Health and Social Care Systems are failing many of our most vulnerable and complex families with the highest health inequalities, who desperately need the right targeted and specialist support at the right time (at the earliest opportunity).

'To achieve this reset, Children's Services must put love and stable relationships at the heart of everything it does'

(MacAlister, 2022[8])

'The best way of promoting children's welfare is by supporting children's families and the loving relationships around them'

(Stable Homes Built on Love, 2023[10])

Reset

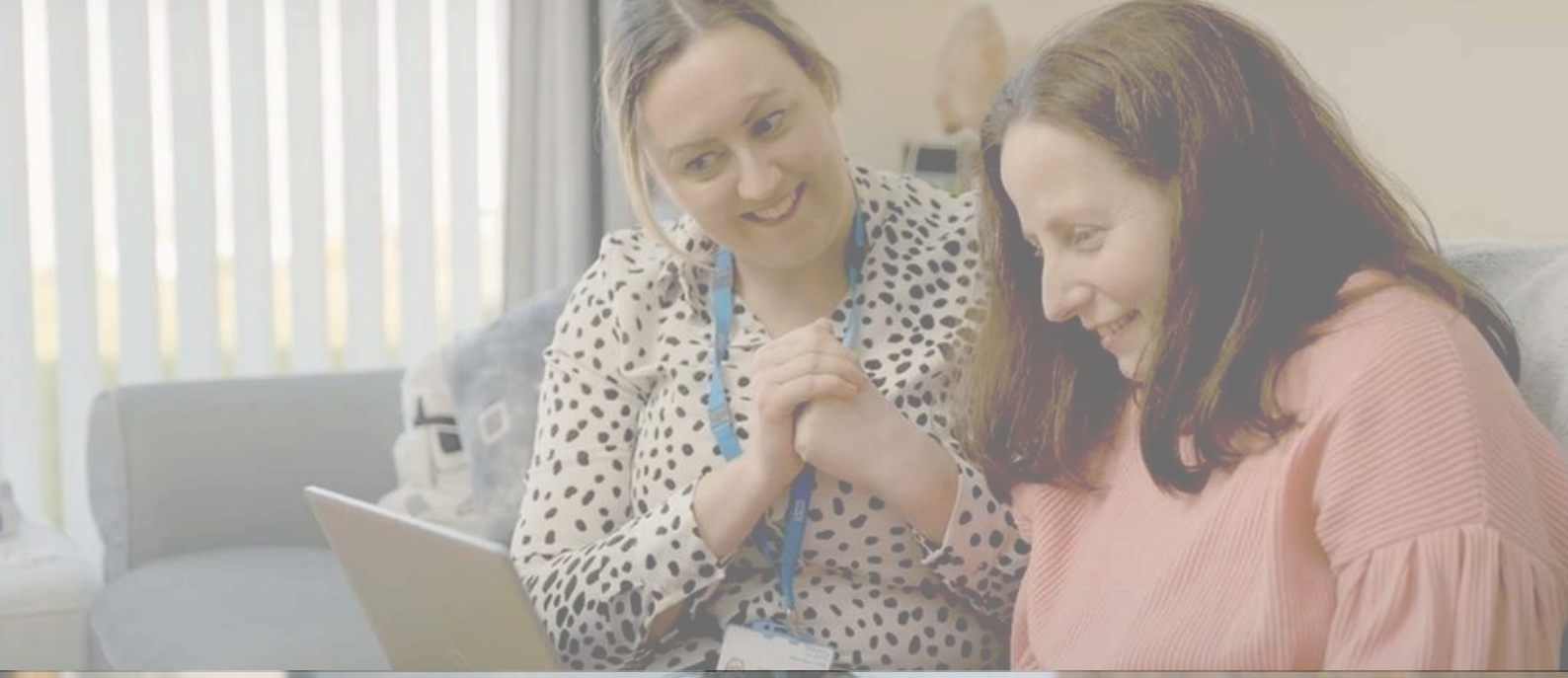
MacAlister's Independent review of Children's Services and recommendations for reform has steered the government's groundbreaking strategy, 'Stable Homes Built on Love'[10] (2023). The strategy and plans for reform has brought in £200 million investment to reset Children's Services across the UK. The ethos throughout the strategy and plans for reform are aligned with the BABS model and service – love, family and relationships are everything!

Our shared aims are to provide more meaningful, effective and preventative, targeted and specialist support, that can help rebalance children's social care away from costly crisis intervention. More importantly, this can also result in breakdown in family relationships and separation. BABS works closely with Children's Services and community partners to ensure that we can safeguard parent-infant relationships, mental health as well as risk.

“It is loving relationships that hold the solutions for children and families overcoming adversity”

(MacAlister, 2022[8])

3 Vulnerable families are not hard to reach or difficult to engage ...services are.




Boys

How is BABS different to other services?

BABS is an easy to engage, therapeutic, neighbourhood model. BABS offers a tailored, think-family, psycho-social model of care.

BABS supports the most vulnerable parents, many who have experienced a high number of Adverse Childhood Experiences (ACEs), to separate out their past/present struggles from their relationship with their baby.

BABS' non-judgemental, strength-based, normalising approach enables parents to trust, open up and feel safe in a relationship. This is the 'BABS Magic'!

Our belief is that vulnerable parents can transform their ACES to PAACE's' (Positive and Adverse Childhood Experiences) if they are offered the 'right support at the right time'.

BABS Services: Overview

Who are we?

BABS is a community-based, specialist parent-infant mental health service (PIMHS) delivered by Mersey Care NHS Foundation Trust. BABS is a health and care partnership, co-located in Local Authority Family Hubs.

BABS are multi-disciplinary teams, made up of:

- Specialist Health Visitors
- Specialist Mental Health Practitioners
- Clinical/Health Psychologists
- Systemic Psychotherapist
- Team Manager
- Team Secretary.

All BABS services are commissioned by Cheshire and Merseyside ICB.

Referral Criteria

Criteria:

Parent/ Carer registered with GP or a resident within the specific borough.

For Sefton, Knowsley, and St Helens: Parent/ Carer is pregnant or baby is 0-6 months old (plan in place for all services to be 0-24 months).

For Halton and Warrington: Parent/ Carer is pregnant or baby is 0-24 months old.

Parent/ Carer is struggling to bond with the baby and/or needs support with additional difficulties which may impact on the parent infant relationship, including:

- Adverse Childhood Experiences (ACEs)
- Learning Disability or Neurodiversity
- Mild to moderate mental health difficulties
- Domestic abuse, unhealthy relationships
- Alcohol and/or substance misuse, other addictions
- Parents who have previously had a child placed in the care of the local authority
- Teenage pregnancy/parents
- Parents were/are Cared for Children
- Parents and infant are at risk of separation (Pre-Birth assessment by Children's Social Care)
- Ambivalence/negativity towards their pregnancy or baby
- Refugee parents, marginalised groups, parents and infants who are living in poverty.

St Helens BABS

Strategic Context

KEY DRIVERS:

1001 Critical Days & 'Best Start for Life/Family Hubs' (Cross Party Manifesto and Parent Infant Partnership, 2013[11])
Both underpin BABS - evidencing how antenatal and postnatal period is the best window to offer the right targeted and specialist parent infant mental health support to break cycles for vulnerable parents and babies, and offering babies ' the best start in life'.

All Together Fairer: Cheshire and Merseyside (Marmot, 2022[12])
Cheshire and Merseyside's regional approach to reducing health inequalities underpins BABS' ethos and values – supporting the most vulnerable families with high health inequalities who are the greatest victims of austerity. BABS is dedicated to supporting this cohort of vulnerable parents and babies in St Helens in greatest need; reducing inequalities, social injustice, social removal/separation; instead strengthening families mental health, relationships and opportunities.

Investing In Babies: Economic Case for Action (Parent Infant Foundation, 2022[13])
Provides the economic case for investing in babies and Parent Infant Mental Services to support parents and infants struggling with their mental health and relationships.

'Stable Homes Built on Love' (Government Strategy 2023[10])
Like BABS recognize relationships, stability, and love as central core components for positive outcomes, reforming Children's Services, promoting early intervention to keep families together.

Neighbourhood Health Model and Guidelines (2025[14])
BABS has been ahead of the curve the past 10 years as a Neighbourhood Health Model and has always recognised the need to transform the health and care system. BABS is a an easy to engage, community-based neighbourhood health service, with a preventative, integrated 'health-care model' supporting the most vulnerable families.

Need and Demand

St Helens is one of the 75 boroughs in the UK chosen for 'Best Start for Life' DfE funding is continuing to support families via the delivery of community Family Hubs (DfE & DHSC, 2022[15]). St Helens was ranked in 2021 as 26th most deprived local authority in the UK out of 317. It is estimated that 30 percent of families live in poverty. The number of Looked After Children in St Helens has been reported considerably higher (121 children per 10,000), than comparable regional and national averages (St Helens Borough Council, 2019[16]).

There are significant high rates of suicide, self-harm and drug and alcohol abuse within the borough of St Helens which all impact on the development and wellbeing of our local children and young people. In addition, there are a high number of children in the care system.

We know that parents' mental health, own attachments and past ACES can have a significant impact on their ability to provide care and develop secure bonds and attachment relationships with their babies. It is critical that parents and babies receive the right specialist and targeted support. BABS St Helens has offered the specialist therapeutic support needed for families with complex social needs.

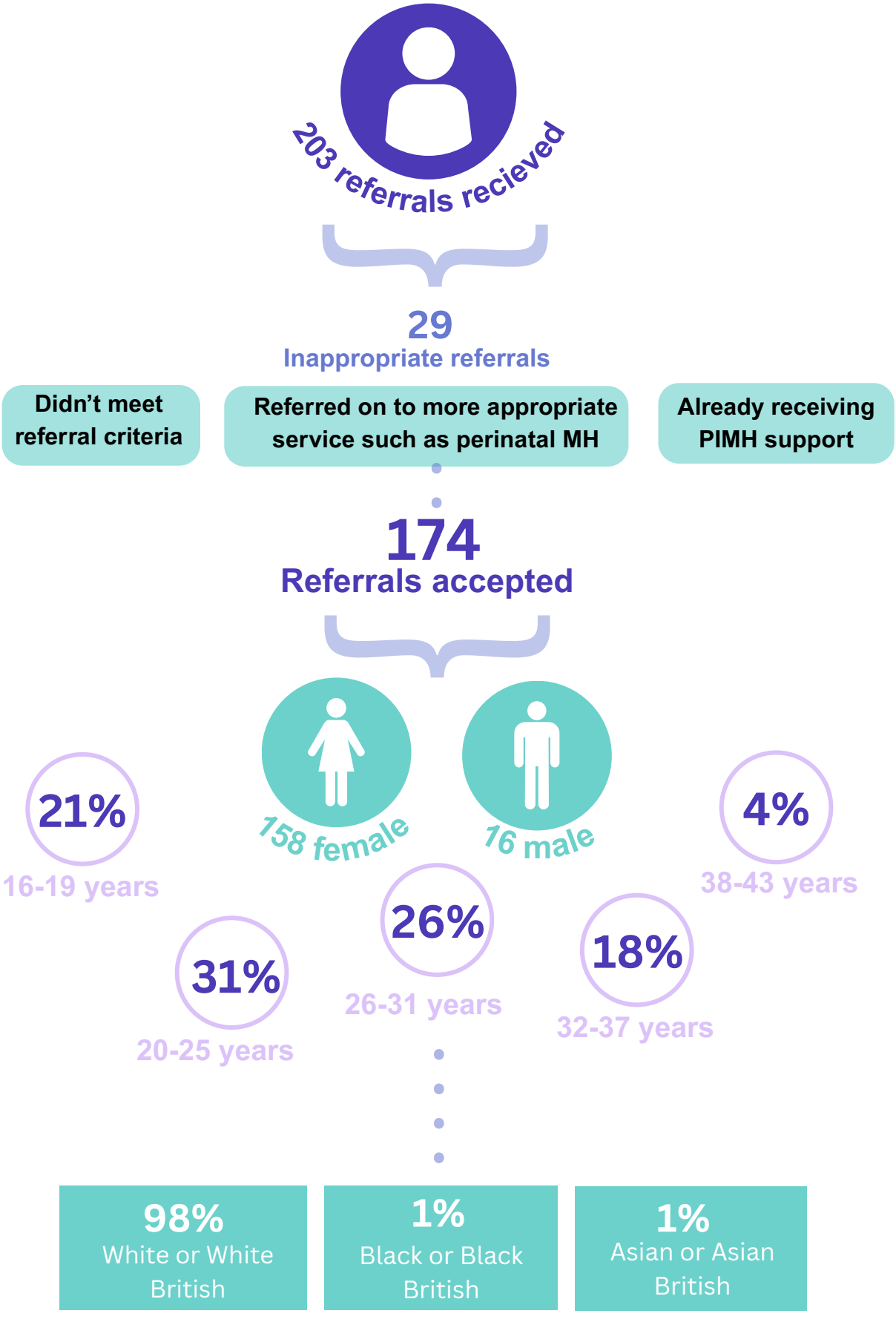
St Helens BABS

St Helens BABS and Partnership - aligned to BABS Ethos:

1	Relationships are Everything!	Demonstrated in St Helens by the strong relationships BABS has built both parents and babies, and community partners; which is fundamental part of BABS integrated model of care. St Helens borough, culture, community and MDT services are very aligned and committed to this ethos.
2	We must afeguard parent infant relationships and mental health, as well as risk	This has been reflected in the strong partnership BABS has developed with Childrens Services and St Helens community partners and the great clinical outcomes and successes that have been achieved during the pilot period.
3	Vulnerable families are not hard to reach/ difficult to engage, services are.	St Helens multi-agency partnership has been 100% committed to engaging and supporting the most vulnerable families, alongside BABS ensuring that the most vulnerable parents and babies in the borough receive parent infant mental health interventions and other much needed support, as early as possible

What have we achieved?

St Helens Pilot: December 23 to March 25



What have we achieved?

St Helens Pilot: December 23 to March 25

Referral Source and Data

- Midwife - 70
- Social Care - 61
- Perinatal - 19
- Health Visitor - 17
- CGL - 5
- Talking Therapies - 3
- MASH - 2
- Other - 26

20%

Parents with a Learning Disability /Neurodiversity

60%

Families involved with Children's Services

Average number of ACEs for BABS parents

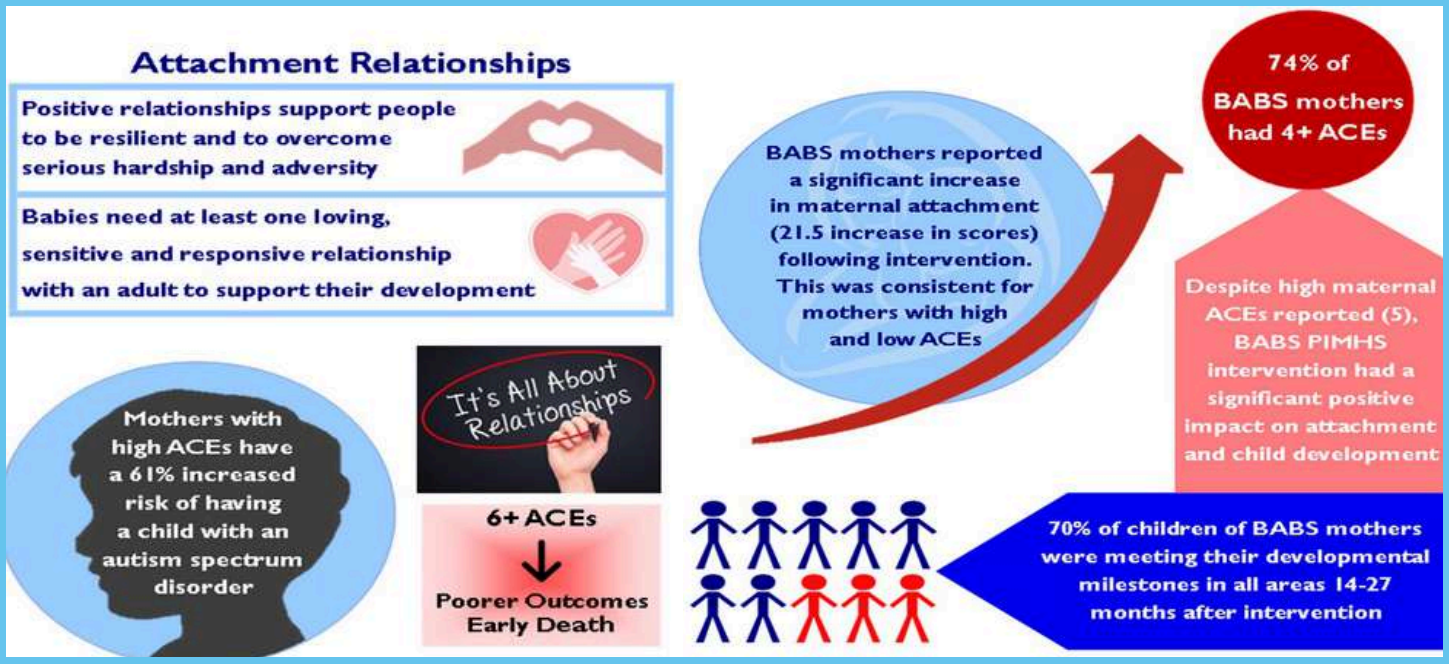
12	50	28	29	4
Early Help	Child in Need	Child Protection	Pre Birth Assessment	Looked After Child

ACEs to PAACEs

On average, parents referred to BABS have had five or more ACEs.

St Helens BABS and other BABS services have demonstrated that with this specialist PIMH support during the perinatal period, our most vulnerable families can break their cycles of ACEs and transform these into PAACEs.

BABS evaluation has highlighted that for parents with high numbers of ACEs who have received BABS intervention, 70 percent of babies age 0-2 were assessed as reaching their developmental milestones.



What have we achieved?

St Helens Pilot: December 23 to March 25

Work with Families

Outputs:

Typical BABS practitioner workload

Parent-Infant Interventions

- 1238 contacts with families, at home or at a venue of their choosing in the community such as Children's Centres.

Professional and Safeguarding meetings

- Attended 220 multi-agency meetings, including with Children's Social Care to support our families and systems.

Group Interventions

- Two ten-week PAACES programme supporting 14 parents, co-delivered with CGL and Early Help.

Completed Measures:

- Of the 174 parents accepted into the service, 44 have completed pre and post intervention routine outcome measures (ROMs)
- 49 parents have completed pre-intervention ROMs
- 15 parents are at the initial assessment stage awaiting pre-intervention ROMs.

96%

Parents had at least one ROM completed twice during referral period

86%

Parents had at least one ROM completed 12 weeks from referral

What have we achieved?

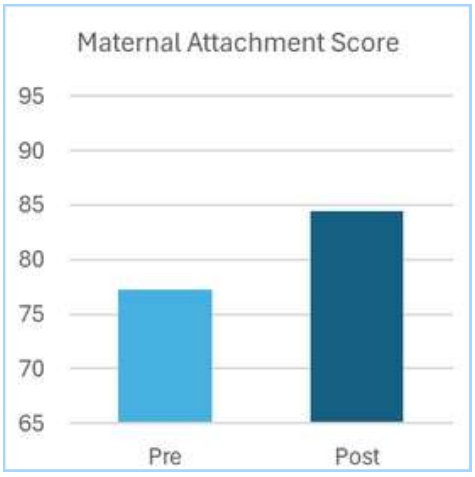
St Helens Pilot: December 23 to March 25

BABS Clinical Outcomes

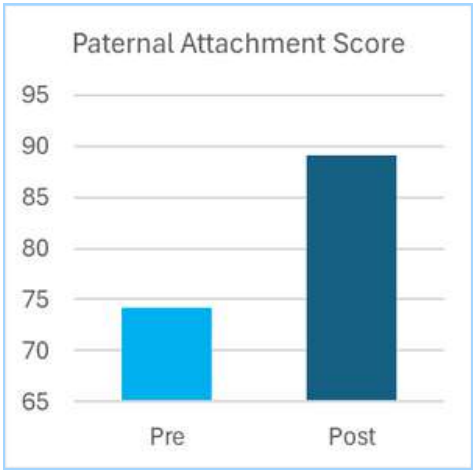
Bonding and Attachment Outcomes:

Improvements in bonding and attachment

- Increase in maternal attachment score (using MAAS/MPAS) from the start of intervention (average = 77.3) to end of intervention (average = 84.5). This is an average increase of 9.3%.



- Increase in paternal attachment score (using PAAS/PPAS) from the start of intervention (average = 74.2) to end of intervention (average = 89.1). This is an average increase of 20.1%.



What have we achieved?

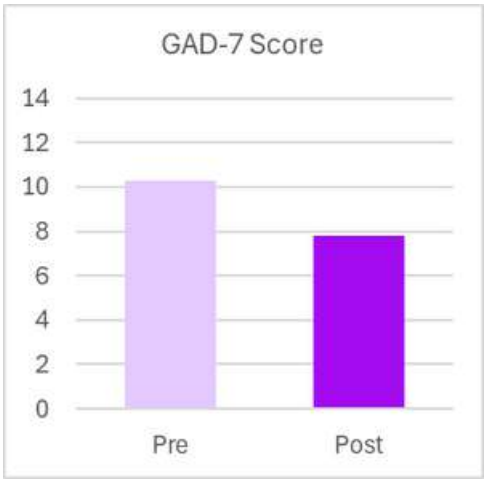
St Helens Pilot: December 23 to March 25

BABS Clinical Outcomes

Mental Health Outcomes:

Reduction in anxiety

- Reduction in anxiety symptoms (measured using GAD-7) from start of intervention (average score = 10.3) to end of intervention (average score = 7.8). This is an average reduction of 24.3%.



Improvements in mood

- Reduction in symptoms of low mood (measured using PHQ-9) from start of intervention (average score = 11.6) to end of intervention (average score = 7.4). This is an average reduction of 36.2%.

What have we achieved?

St Helens Pilot: December 23 to March 25

Work with Families

Group Outcomes:

BABS PAACES Partnership Group: with CGL and Early Help

Group 1 - (September 2024 to November 2024)
5 parents completed the programme
Group 2 - January 2025 to April 2025
8 parents completed the programme

Outcomes:

Outcomes were obtained by parent's reports of impact that the PAACES group intervention had on their understanding of their own ACEs, wellbeing, relationships and functioning.

- **100%** of parents reported feeling more confident
- **100%** of parents reported greater awareness of their ACEs, the impact and their strengths and struggles
- **100%** of parents reported that the programme supported them to achieve their goals and feel proud of themselves
- **100%** of parents reported increased confidence in building new relationships and working with others
- **92%** of parents reported feeling motivated to learn more
- **62%** of parents reported feeling ready to start employment.

"I felt like I could share my stories without feeling judged. Meeting new people and learning about myself and trauma and how best to respond to my child to stop them from developing any future trauma"

PAACEs group parent

Case study: Jill's* journey

Background

Jill* was referred to BABS by her children's social worker when she was pregnant with her fifth baby, Lily. Jill had experienced domestic abuse and had struggled with substance misuse, which resulted in her struggling to be emotionally available to her children. Jill shared that the children had seen things within the home that she knew they should not have been exposed to, and she was committed to being the parent that they deserved.

Assessment and Shared Understanding

Jill engaged well with all professionals involved, including the BABS practitioner. Jill shared that she felt safe to open up about her experiences in the past and present, and was courageous and honest in speaking about her goals and the things she wanted to change for herself and the children. Jill was able to reflect on, and make connections between, her experiences in relationships and in parenting her older children, her own childhood experiences and her relationship with her baby, Lily.

BABS interventions

Attachment-based one-to-one therapeutic work to support Jill to 'separate out' her past and present struggles from her relationship with her baby, and to allow her some headspace to reflect more on her childrens' experiences. Jill also completed the PAACEs group with BABS, within which she became a key member and contributor of the group – modelling that relationships really are everything.

Systemic work

BABS supported the system around the family by attending multi-disciplinary meetings and sharing BABS engagement, assessment and interventions. BABS liaised with the children's allocated social worker to share information, observations and strengths, and to support plans to strengthen the family and their links within the wider community.

Outcomes

Jill shared that with BABS support, “I feel like I have come out of a ten year daze and I am more present than I have ever been”. Professionals were confident in Jill’s communication with them and capacity to be proactive in her prioritising and protecting them. Jill and her baby were stepped down from child protection to universal services. From our observations of Jill with the children, it was clear that Jill delighted in her Lily and in parenting, for the first time in a long time. On discharge, Lily was six months old and meeting all of her developmental milestones. BABS therapeutic interventions supported mum to separate out her past and present issues from her relationship with her baby. BABS’ systemic work enabled the system to safeguard the parent-infant relationship, mental health, as well as risk, keeping the family together in line with government’s reform strategy, ‘Families First for Children’.

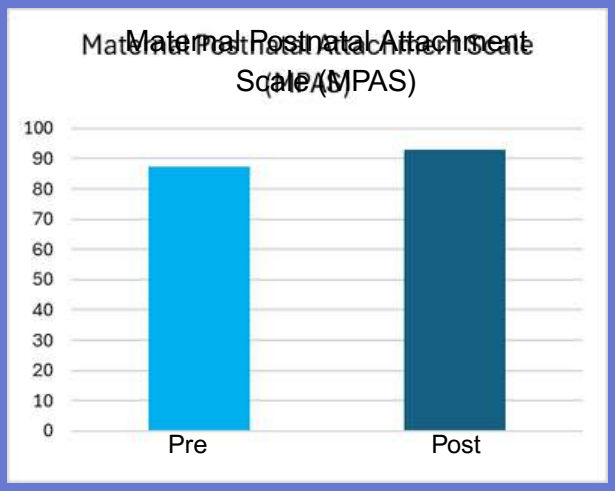


Figure 1: changes in ‘Maternal Postnatal Attachment Scale’ score from pre to post BABS intervention

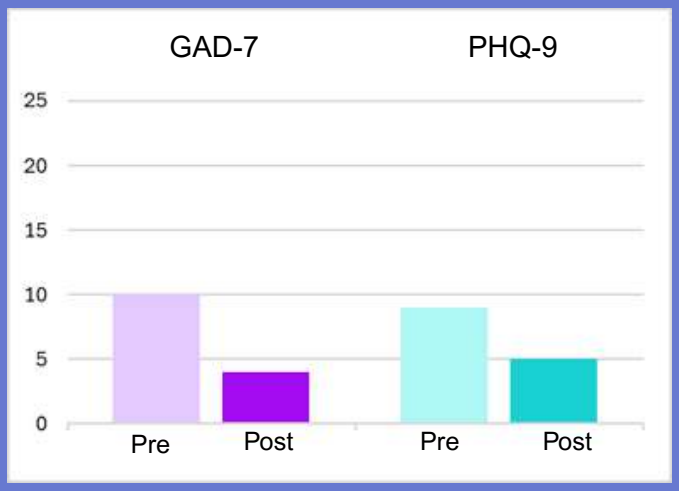


Figure 2: changes in ‘Generalised Anxiety Disorder 7’ and ‘Patient Health Questionnaire 9’ score from pre to post BABS intervention

Cost Savings

Reflecting on these outcomes, the cost savings for both social and health care and return on investment has been significant. Along with the change and improvements in mum’s mental health, BABS support and intervention prevented staggering costs for the local authority.

“When I was allocated this case, I thought I was going to have to remove all five children” (Social Worker)

*pseudonyms have been used throughout

Case study: Stacey's* journey

Background

Stacey* had experienced multiple adverse childhood experiences (ACEs) and trauma. Stacey described her childhood as 'stressful', as her home environment could often feel unpredictable. She reported that she was often hungry, and witnessed threats of aggression and damage to her home. Stacey also found school very difficult and experienced bullying. Stacey struggled to make sense of her experiences of being parented, which led to difficulties with her own mental health and coping strategies that contributed to struggles in her adult years and as a parent. Stacey's 'ghosts in the nursery' resurfaced during her two pregnancies. She struggled with low self-esteem, worried about being a 'good enough' parent and not being able to break her family cycles which had impacted on her, both as a child and as an adult. Stacey felt overwhelmed with becoming a parent again and feared that she wouldn't be able to separate out her own issues and struggles from the relationship with her baby.

Assessment and Shared Understanding

Stacey engaged well with the BABS practitioner and developed a good, trusting relationship where she felt her voice was heard and felt safe to process her past and present difficulties, and talk about her relationship with baby. The 'BABS triangle model' was used to share the BABS assessment and understanding of the key issues that were impacting on Stacey's relationship with baby. This helped Stacey to identify her goals, values as a mum, struggles and strengths (past and present) and draw links to her difficulties and relationship with her baby.

BABS interventions

Parent-infant work around bonding, play and communication helped Stacey to have more headspace and hold her baby in mind. Video Interactive Guidance (VIG) was delivered to help strengthen the parent infant relationship and promote sensitivity, attunement and responsiveness. This therapeutic work, along with support with sleep and infant feeding was aligned to key public health messages.

Systemic work

In addition to direct work, BABS supported the system around the family and attended multi-disciplinary meetings to share our assessment and interventions, plan care and identify areas of need and further support for the family.

Outcomes

BABS support delivered positive clinical outcomes for the family. The graphs below reflect improvements in attachment, bonding and mental health.

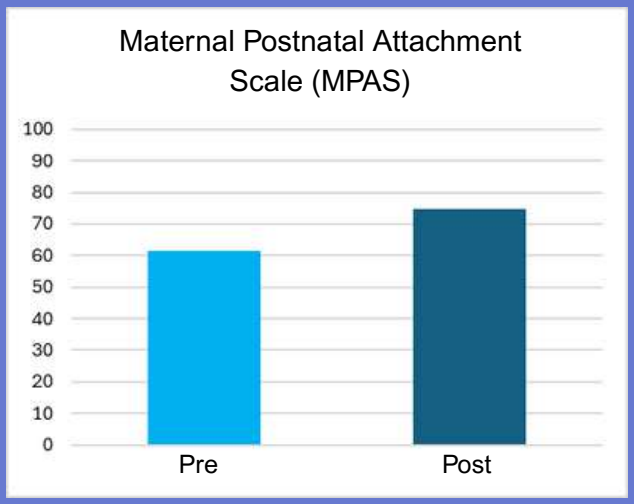


Figure 3: changes in 'Maternal Postnatal Attachment Scale' score from pre to post BABS intervention

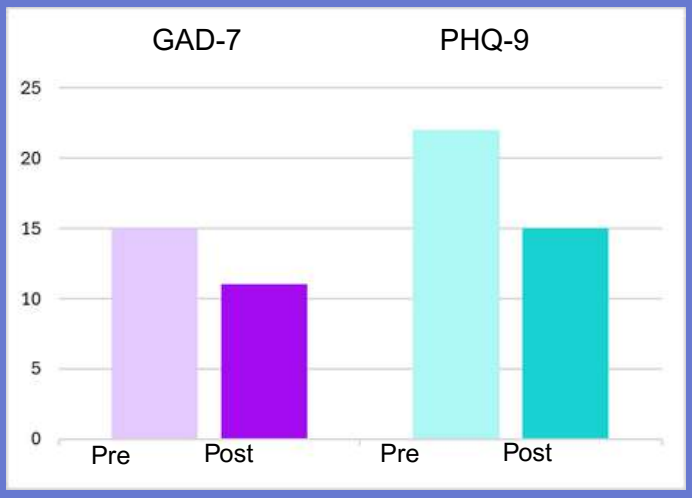


Figure 4: changes in 'Generalised Anxiety Disorder 7' and 'Patient Health Questionnaire 9' score from pre to post BABS intervention

Cost Savings

Reflecting on these outcomes, the BABS intervention supported mum to separate out the impact of her past ACEs and struggles from her relationship with baby. Without this support, this may have posed a risk to her relationship with the baby and escalated to a need for more targeted and specialist costly health and care services to manage this.

"It is how it should be, I am starting to see he is showing an interest in what we are doing together and I am reassured, as I can see he is smiling at me and I am smiling at him. Small steps, he is safe" (Stacey)

*pseudonyms have been used throughout

What do parents say about St Helens BABS?

"(Practitioner) always has my back, with my mental health I am always high or low but BABS have always been there for me. Wish I had heard of BABS sooner"

"Amazing, friendly and very helpful... I was unsure at first but has helped me so much. I have been helped in every way I can imagine"

"BABS is almost like a lifeline for families like mine that need to know that everything we felt can be normal with everything we have experienced in the past. I think having heard you say that and having no judgement whatsoever really helped..."

"You've really been there for me and not give up on me and I'm so grateful and thankful for everything you've done...I just want me and (baby) to be happy. I want him to be with me and I want to show him what love and a happy life is"

"Been a really helpful service, provided lots of support... (Clinician) listened to my issues and helped get my worries across in meeting, provided lots of stress/worry relief"

"No judgement, its good and I felt listened to. I am a good Dad."

Our Partnerships

Relationships are Everything

Change Grow Live

Family Hub
St Helens Family Hub & Children's Centres

ST HELENS BOROUGH COUNCIL

MERSEYSIDE Violence Reduction Partnership

NHS Cheshire and Merseyside

nct Parents in mind

Improving me
Women's health and maternity experiences

torus

HOME START

What have we achieved?

St Helens Pilot: December 23 to March 25

Work with Partners

Consultation and Reflective Practice

- 'Spaces for Cases' monthly reflective practice session
- Consultation to Enhancing Families and Specialist Perinatal Mental Health Service (SPS)
- Fortnightly Multi-Agency Meetings (MAM) with services that support families in the perinatal period (Silver Birch, Specialist Perinatal Service, Talking Therapies etc).

Training

- Delivered 'Attachment and Developmental Trauma' training to 71 staff members
- Delivered 'Building Bonds, Breaking Cycles' training to 157 staff members
- Delivered 'Parent-Infant Observation' training to 26 staff members.

"Extremely useful in supporting work around voice of babies and unborn... ideas to bring the voice of babies to being heard and influencing plans."
Training Feedback

"Thank you! So pleased the training was extended to wider than health visitors. Such valuable sharing of knowledge and skills "
Training Feedback

Partnership Meetings

- BABS steering group with all stakeholders - quarterly
- Regular meetings with Children's Services leads around BABS Integrated Partnership Model.

What have we achieved?

St Helens Pilot: December 23 to March 25

Strategic Work

- BABS presentation at Children's Social Care Staff Engagement Meeting (March 2024)
- BABS co-presented at North West ADCS (The Association of Directors of Children's Services) meeting (March 2024)
- BABS presentation at St Helens Family Hubs' Development Day on Reducing Poverty (2024)
- BABS presentation for Merseyside Violence Reduction Partnership Annual Conference (2024)
- Key stakeholders and members of 'Best Start for Life' and Family Hub strategy group (commenced 2024)
- Key members of the 'Families First for Children' work programme and strategy (commenced 2024)
- Supported St Helens' Infant Feeding Strategy (commenced 2024)
- Co-developed St Helens' 'Perinatal and Parent-Infant Relationships Strategy' (2024-2025)
- Supported Office for Health Improvement & Disparities (OHID, 2024-2025)
- Co-developers of St Helens' 'Voice of the Child' strategy and work programme (2025)
- Co-chair PIER group for Cheshire & Merseyside
- Attendance at Early Help Conference (March 2025)


Together as a partnership, we can safeguard parent-infant relationships, mental health, as well as risk.

References

[1]HM Government. (2021). The Best Start for Life: A Vision for the 1,001 Critical Days. The Early Years Healthy Development Review Report.

[2]Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245-258.

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We thank you for your ongoing support

Building Attachment and Bonds Service (BABS)
Manor Farm PCRC
Manor Farm Road
Huyton
Merseyside
L36 0UB
Tel: 0151 351 8801

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