

Together with Baby

Findings from the process evaluation of a new specialised parent-infant relationship team





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"My own experience of having been parented has left me with my own issues, and I'm desperate not to damage my daughter in the way that I feel I've been damaged." Parent





Introduction

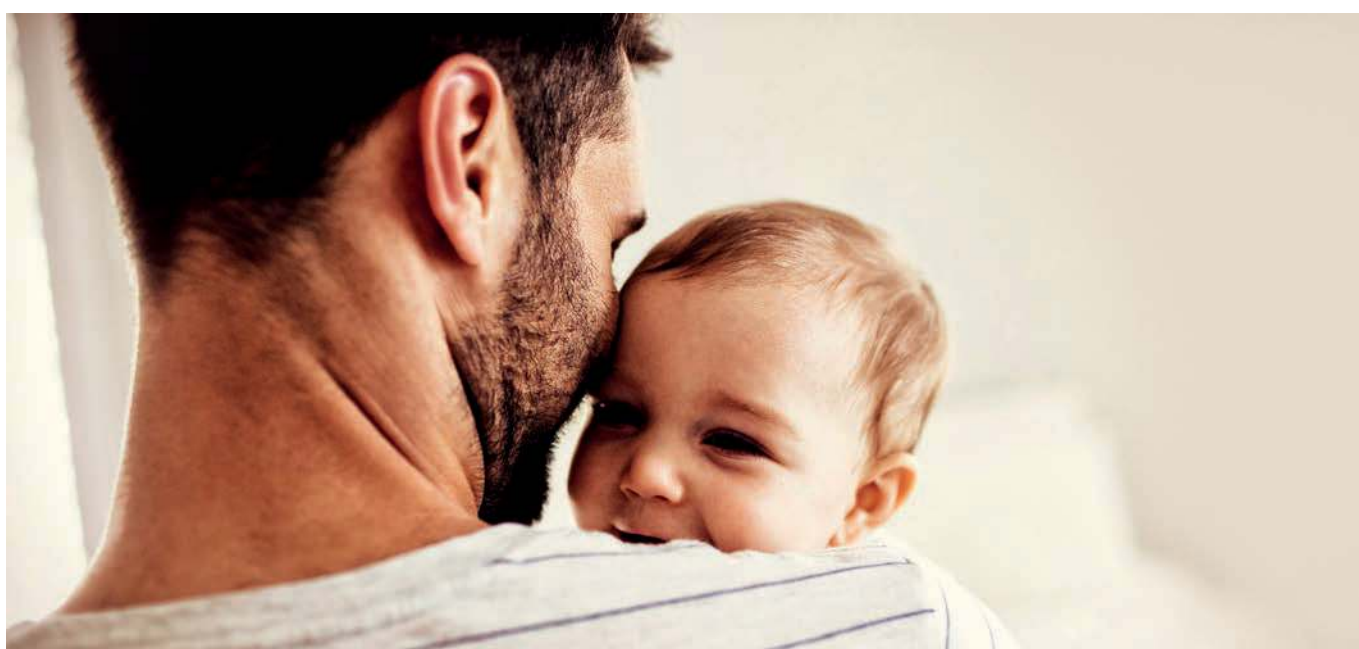
This report summarises the findings of an independent evaluation of the new Together with Baby service during its first eighteen months of service development and delivery. The full evaluation report by City University London is available at parentinfantfoundation.org.uk.

In 2019, the Parent-Infant Foundation received funding from the National Lottery Community Fund to work in partnership with Essex Partnership University Foundation Trust (EPUT) and the consortium of Essex, Thurrock and Southend CCGs represented by the lead commissioner, Thurrock CCG. The aim of the partnership was to facilitate the development of the newly commissioned specialised parent-infant relationship team, named Together with Baby, and to share our learning with other parent-infant teams around the UK.

Together with Baby offers direct therapeutic work to families experiencing parent-infant relationship difficulties, and also offers training and consultation to the wider workforce, across all CCG areas of Essex, Thurrock and Southend. The team started accepting referrals and supporting multi-agency partners in May 2019.

"I've really seen that knock-on effect to other family members, even if they're not directly receiving treatment."
Referrer

The Foundation commissioned City University London to conduct a process evaluation of the Together with Baby implementation. The evaluation looked specifically at the factors that helped and hindered the development of the new service, through interviews with staff, commissioners, referrers and families. The findings will benefit other parent-infant teams across the UK as well as inform the next phase of development for the Together with Baby team.





Why was a new team needed?

What happens in the first 1001 days of life are incredibly important for a range of later outcomes, including mental health, speech and language, social skills and behaviour. Babies' development is strongly influenced by their early experiences of the world, so their relationships with their primary caregivers (usually their parents) are vitally important.

Babies need sensitive, appropriate and timely responses to support their early development and provide a good foundation for a range of later life outcomes¹. Intervention during the first 1001 days has been shown to deliver a greater return on investment when set against the cost of later intervention².

Given that babies' mental health is of such significance, many areas of the UK have developed or are developing specialised parent-infant relationship teams. Such teams contribute to the NHS Long Term Plan's goal to provide specialist mental health services from 0-25 years.

Additionally, they ensure all children, even the youngest, have equal access to mental health support and deliver interventions that are not commonly available through CAMHS due to the specialised skill sets and supervision required.

What did the evaluation include?

The evaluation had the following main elements:

- Interviews with five families who used the Together with Baby service, about their experiences of the service.
- Interviews with varied stakeholders to consider referral pathways, partnership working and systems wide influences. This included the Together with Baby team, referrers to the service, commissioners and Parent-Infant Foundation staff.
- A participant evaluation of the introductory Infant Mental Health training which was delivered by the team to over 150 of the children's workforce in June and September 2020.
- A review of the referral data to establish where referrals came from and who was being referred.
- A review of a small sample of clinical outcomes data which included the Mother Object Relations Scale (MORS) and the Hospital Anxiety and Depression Scale (HADS).



1. InBrief: The Foundations of Lifelong Health (harvard.edu)
2. Home Page – The Heckman Equation

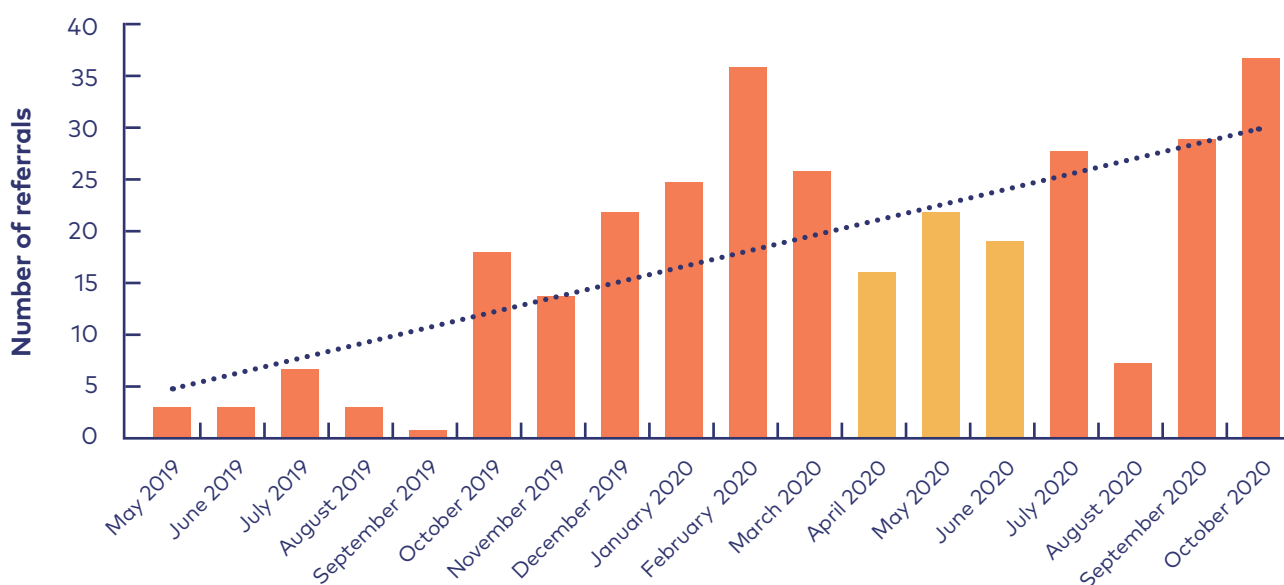


Key findings

There were 144 separate parent-infant dyads referred to the service

Between 14th May 2019 and 31st October 2020, the service received referrals for 144 children with 28 of these including both parents (172 adults). Children’s ages at referral ranged from before birth (n=25), up to 22 months, with the largest group being 3-5 month olds (n=36).

Total referrals into Together with Baby service

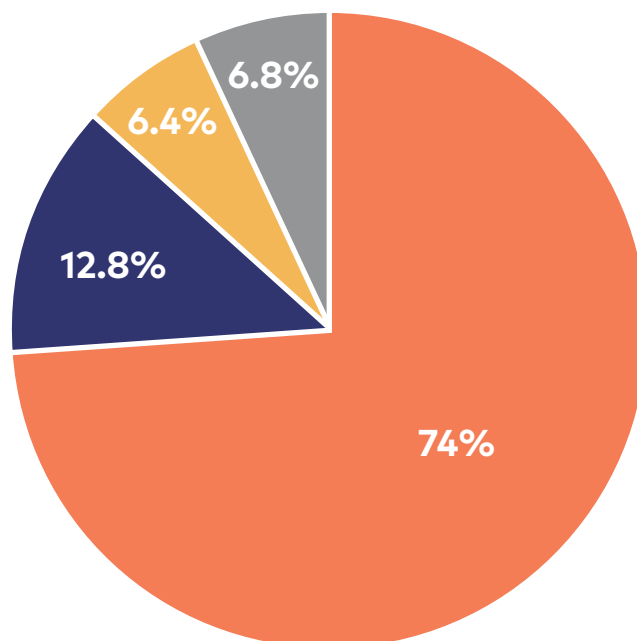


● Time in lockdown

On the whole, the service received appropriate referrals

The proportion of inappropriate referrals decreased over the time and improved noticeably after the team offered training to referrers.

- Parents experiencing bonding difficulties with their children
- For further assessment to understand difficulties that may be occurring
- Perceived attachment difficulties from infant to parent
- Other



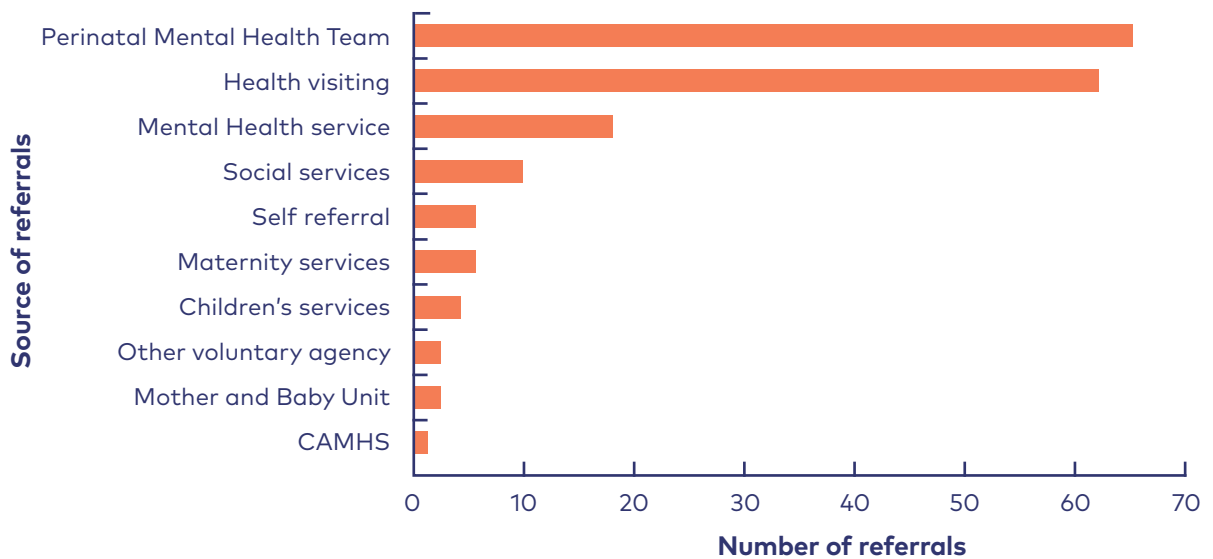


The conversation about referral was usually initiated by the referrer

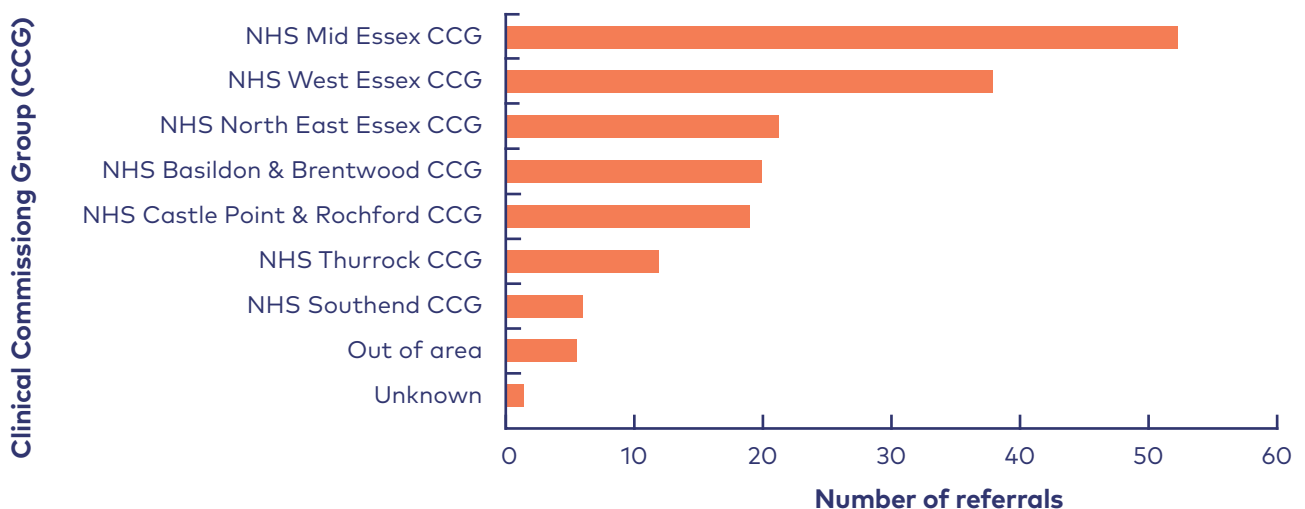
The suggestion to make a referral usually came about through the referrers' exploration of the parents' relationship with their baby; the referrer typically introduced Together with Baby as a free service that provided parents with support in bonding with their baby.

Perinatal Mental Health and Health Visiting were the main referrers

Number of referrals by source



Number of referrals by CCG



Parents reported child developmental delay 5 times more than average

The social and emotional development of infants and children is assessed at intake using the Ages and Stages Questionnaire (ASQ:SE-2), a parental self-report measure. Scores indicated that social and emotional development needed monitoring or further intervention in 51% of children which is five times higher than the typical population incidence of 10%.



What families told us

Parent feelings about the idea of being referred were mixed

Some of the mums interviewed had positive feelings about engaging with the service. Where this was the case, it was because they themselves wanted support rather than seeing it as needing help specifically with their relationship with their baby.

Most families had some fears about being referred

There was typically some reluctance to engage with the service due to mothers' fears of having their parenting judged and concerns about statutory removal of their children. In these instances, they were typically reluctant to be involved more widely with any family service.

"In my mind, as soon as you call somebody and said, "I'm struggling, I am harming myself and I feel like I hate my child and I feel like my child hates me back," they'll just think, okay, we'll just send somebody in to take her children off her." (Mother 2)

Families appreciated inter-professional communication by the Together with Baby staff

Most interviewees appreciated the communication that had taken place between Together with Baby practitioners and other health care professionals before their first appointment, which prevented the families having to re-tell their stories.

Typically, the families were referred to additional services at the same time as the referral to Together with Baby. There were occasional overwhelming feelings regarding the number of services making contact to offer support once the family had been identified as at risk and at times this felt intrusive.

For parents navigating their way through this multiagency context, service roles and functions were not always clear. The families interviewed felt that co-ordination of services was critical for them to be able to engage with appropriate care without feeling overburdened by professional involvement.

"Why is there three people trying to fix me and that's just, you know, so over the top and it's overkill. I eventually called up and said, "Well I think we need to cancel all of this because I just need one person." [...] She (Together with Baby practitioner) put the control back in my hands so I didn't feel like I was being watched." (Mother 2)

Families really valued the flexible offer of therapeutic support

Families really valued that Together with Baby could offer support from conception until the child's second birthday, and work beyond a typical six or twelve session model, which would have felt insufficient given the nature of their difficulties. Families said that information about family support services could helpfully be provided in the antenatal phase, and that out of hours provision for family support would be helpful.

"I think for me the most important piece was the fact that it was the longevity. It wasn't "you have six sessions and then you're on your own". [...] I'm not going to be left high and dry [...] So it really made me buy-in. So that for me, consistency and longevity was really the main thing." (Mother 2)



Families appreciated that the therapeutic approach was tailored to their needs

The types of therapeutic intervention used were informed by the parents' needs and wishes in conjunction with the therapeutic skills available within the clinical team. Parents appreciated this flexibility and tailoring of approach and also appreciated that some elements of the therapy had more resonance for them than other components, and this did not appear to dampen their enthusiasm for the involvement with the service.

Families commonly described the Together with Baby service as preventing harm and as life-changing

There was a high level of need for support among the interviewed mothers. Some reported that pregnancy and the arrival of their baby had triggered feelings about earlier losses or rejections that impacted their feelings towards their child.

My own experience of having been parented has left me with my own issues, and I'm desperate not to damage my daughter in the way that I feel I've been damaged. (Mother 5)

Families also described having reached a crisis point, affecting not just their relationship with their child, but their own mental health. They spoke about what might have happened if the service had not been there.

"Yes, that's a tough one. I – [long pause] I think if I'm brutally honest I probably would have – I probably would have asked to be admitted. I think that's how bad it was because I was so bad I didn't want to pick up my daughter, you know, I would let her cry. [...] I do think without the care I probably would have called the health visitor and said, "You need to take me away because I'm either going to continue to harm myself and it's going to progressively get worse and then I'm going to harm my baby." (Mother 2)

Families commonly described the Together with Baby service as preventing harm and as life-changing

"I don't know, it's a slippery slope really. I wouldn't be as confident as I am now. I don't know if I would have lashed out.[...] I've read that you can lash out at your baby, and she [Together with baby practitioner] stopped me from doing that. I could have easily lashed out or done something I would regret." (Mother 3)

Parents attributed relationship changes to the support of the Together with Baby team

In the five families sampled, mothers' relationships with their infant and in some cases other children and family members were all perceived to have improved after engaging with the service. All of the interviewed mothers reported positive changes in their parenting confidence, their understanding of and communication with their child, and more positive relationships in their wider family circle.

The use of video feedback in particular was seen as a powerful intervention that parents responded especially well to, enabling more self-aware and confident parenting:

"The videoing was excellent because (the mother) said, (the Together with Baby practitioner) sat and explained to me look, this is actually what you're doing.....you see how the baby's responding back to you. And it's made such a difference between her and the second child and all round." (Referrer 9)



What referrers told us

Referrers highlighted the team's specialist skill set as a definite strength

The team's diversity of professional backgrounds was seen as a strength by referrers in terms of the wealth of experience and the flexibility of approach it offered. The service is delivered by a highly experienced, multidisciplinary team comprised of a lead clinical psychologist and five parent-infant therapists whose professional backgrounds include psychoanalytic psychotherapy, art therapy, health visiting, and CAMHS mental health nursing. As such, each member brings their own expertise and professional network.

"I think it's a very specific, specialist set of skills they have, so that's a definite strength."
(Referrer 5)

Referrers felt that the service is both needed and valued

Referrers see the Together with Baby team as offering a distinctive and vital service that fills a gap in provision, potentially impacting short-term and much longer-term outcomes for children. It is seen to provide a specialist mental health service where previously professionals may not have considered the relationship between the parent and infant in the same way.

Whilst health visitors recognised that Together with Baby complimented some of their work, such as through the Maternal and Early Childhood Sustained Home Visiting Programme (MECSH) programme, it was recognised that the service offers a more specialist, intensive focus.

"It's what we do with MECSH (Maternal and Early Childhood Sustained Home Visiting Programme) but actually your [Together with

Baby] service seems more detailed and ever since I've had the service, the service is far more valuable because they've far more time than we have." (Referrer 9)

Parental non-engagement and consent for referrals are a challenge

Parental non-engagement was identified by referrers as a primary challenge to working with families and this corresponded with families' views regarding issues that may influence consent for referral. Referrers recognised the need to introduce the idea of referral to Together with Baby in a sensitive way with parents, especially if they may have had unhelpful experiences with other services in the past.

"I think you have to be careful going in, particularly some patients that maybe have had bad experiences with social services in the past. Some of my patients, although they haven't had bad experiences with social services with them and their own child, they have, when they were a child in need, you know. So, you've got to be very aware that when you mention someone's child when you are there for what they perceive to be their (own) mental health needs, alarm bells often ring." (Referrer 5)

Referrers rate the impact of the service as positive

Referrers indicated that they had observed the positive impact of the service on the families after treatment and that this benefitted not just the referred parent and child but stretched beyond to the other children in the family. This included views about positive outcomes for the whole family and improvements in parents' mental health, as well as in parents' perceptions of their relationship with their baby after treatment.



"I think it makes a huge difference in family well-being. I've really seen that knock-on effect to other family members, even if they're not directly receiving treatment. She definitely had a better outcome to her life because of their intervention. And I'm hoping as well, things like that can really make a big impact on this intergenerational pattern that we're seeing and really go some way to helping parenting. [...] It's been amazing to see."
(Referrer 1)

The discrepancy between size of the team and geographical area may be a barrier to effective delivery

A considerable challenge that most referrers reported was the comparatively small size of the team, 6.0WTE for a wide geographic area. The evaluation found wide differences in referral rates across CCGs, and this may

mirror the capacity of the team to form inter-professional relationships with locality workforces. The evaluation also identified that not having a dedicated operational base within easy reach of all clinical locations and the considerable time spent traveling to family homes are barriers to service delivery and future development.

"I know they cover such a wide area and that, what worries me is I'm not sure there's enough of them. But I do look at it and I think, wow it's fabulous, but the capacity, I do wonder."
(Referrer 6)

"I think it's a very specific, specialist set of skills they have, so that's a definite strength." Referrer





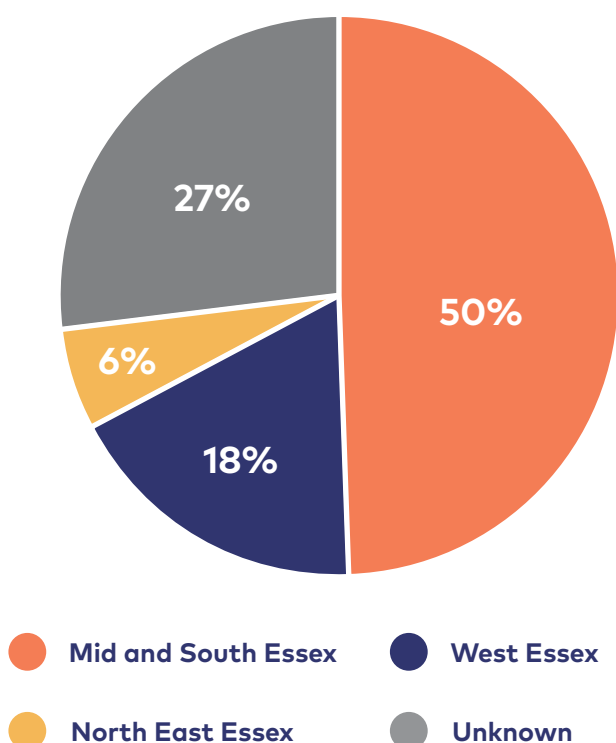
Building capacity in the children's workforce

Infant mental health training and awareness raising have a positive impact

One of the aims of the Together with Baby team is to raise awareness and increase knowledge of the importance of the parent-infant relationship and infant mental health to the wider children's workforce, and to this aim the team delivered training to the local workforce. This training was found to be successful in the following ways:

- helped workers to understand the role and clinical offer of the service
- built relationships with referrers and clarified the referral criteria.
- supported universal services to have the confidence to offer light touch support to the parent-infant relationship but to know when, who and how to refer on.

Training participants by CCG area



A wide cross-section of the children's workforce attended the IMH training

Attendees were all professionals working within maternity and early years workforce and included family support workers, specialist midwives, health visitors and mental health practitioners. Most participants had contact with pregnant women or families on a daily (44%) or weekly (36%) basis, with remaining participants in contact with families monthly (6%) or every couple of months (14%).

Training and webinar attendance was high

The following training events were by the Together with Baby team:

- **June:** a one-hour Introduction to Infant Mental Health webinar for local staff as part of Infant Mental Health Awareness Week. Jointly delivered with the Parent-Infant Foundation. 183 attended.
- **September:** a series of six training sessions, interspersed with optional reflective discussion sessions. Between 78 and 120 attendees at each session.

These were delivered to the children's workforce to provide a deeper understanding of what infant mental health is and the importance of it. The training was developed to meet the Association for Infant Mental Health (AIMH) Level 1 Competencies Framework.



Training feedback from participants was very positive

Pre and post webinar evaluation data showed that as a group, participants reported increased knowledge of both infant mental health and the Together with Baby service. Findings from the baseline survey clearly showed that the training reached the local key audience who perceived it to be important to understand infant mental health in their current role.

A high proportion (92%) of participants said they could apply the information from the sessions to their own work setting and 78% thought the modules met their professional education needs.

The training helped increase referrals and appropriateness of referrals

An increase in referrals was seen in October after the September training course started. The training delivery also prompted a decrease in inappropriate referrals received by the service. This is in line with the participant feedback that the training helped referrers have a better understanding of infant mental health and of the service.

"I think, wow it's fabulous, but the capacity, I do wonder." Referrer





Systems wide changes and impacts

Partnership working and network building was a key factor to successful implementation

Building partnerships in the local area with existing services was identified as an important factor in successful implementation of the service. Key partnerships included perinatal mental health, maternity and early years services. However, the small size of the team relative to the wide geographic area they serve meant that there was a lack of capacity to build networks with partner organisations as widely across the county as they would have liked.

The evaluation also found that the good collaboration, communication and support between the commissioning team, the clinical team and the Parent-Infant Foundation was also as an important factor in the implementation phase.

Clinical advice and consultation services produce system level change

The team produced system-level change through professional consultations with practitioners who currently work with families. The evaluation found multiple benefits in these consultations:

- ◆ Increased awareness of the Together with Baby service
- ◆ Increased the number of referrals
- ◆ Improved the quality of information provided by referrers
- ◆ Forged professional relationships and started to build a system of 'parent-infant relationship aware' professionals working around the family
- ◆ Develops the practice of other professionals working with families in relation to parent-infant bonding and infant mental health.

Investment in whole team training was important to build a cohesive service offer

Investment in whole team training and good supervision was identified by the Together with Baby practitioners as being important. This helped to build up their skills and flexibility, to develop a core therapeutic offer, a shared language for multi-disciplinary communication and a coherent approach to developing the service across Essex.

The team took part in several training courses all together during their first six months of service delivery and this was felt to fast-track positive team development.

Collecting outcomes measures to monitor impact was challenging

The evaluation acknowledges that the Together with Baby teams faced challenges in outcomes data collection which reflects a similar picture in other teams around the UK. Key reflections shared by the Together with Baby team included:

- ◆ the need to work closely with data colleagues to ensure ease of data collection
- ◆ the importance of taking time to establish common data collection practices across the team
- ◆ ironing out wrinkles in the data collection process
- ◆ discovering the most appropriate clinical measures through trial and error
- ◆ learning how to use measures sensitively judging the timing of their use with families
- ◆ learning how to use them as part of the therapeutic conversation.

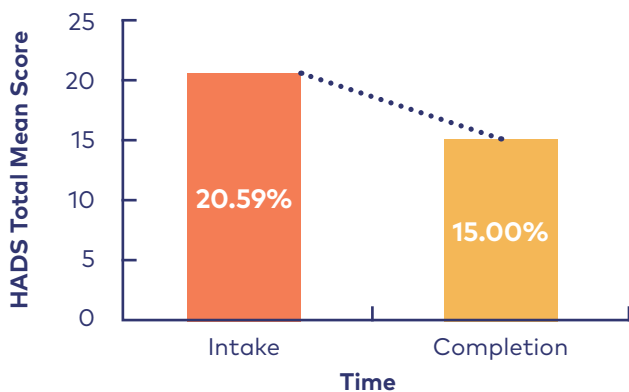


Clinical data shows improvement in parent-infant relationship and in parental mental health

Despite the above challenges with data, and that outcomes are not themselves part of this process evaluation, a small sample of clinical data does show promising and significant improvements in:

- Mothers perception of her relationships with her child (MORS³ data) and post-intervention scores brought families in line with the population average
- Parental mental health (HADS⁴ data). It also revealed a high level of anxiety and depression amongst parents who were referred.

Anxiety and depression mean total scores at intake and on completion of treatment



The team were affected by but responded well to COVID-19 challenges

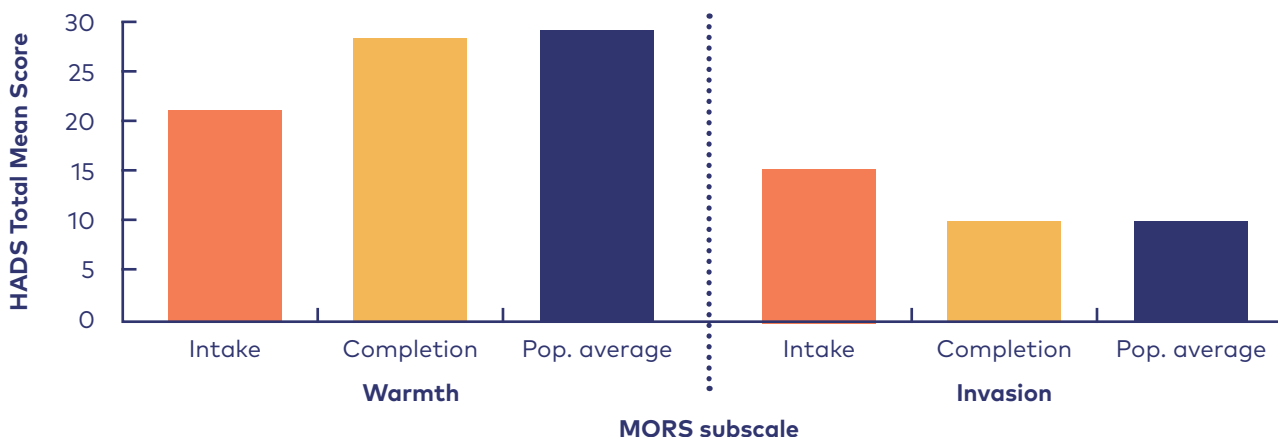
The impact of COVID on the service in its early stages of development were significant. Specialised parent-infant therapy necessarily requires the presence of the baby and a physical and psychologically safe therapeutic space. COVID meant face to face work had to be postponed and then moved online.

The team successfully transferred individual and group work, professional consultation, training, and pathway meetings online. Referrals saw a downturn as many referrers reduced family visits and consequently had less opportunity for observing parent-infant bonding, but as of March 2021 this has recovered to pre-lockdown rates.

Future funding and capacity are key considerations for sustainability

Funding and service capacity were seen as being closely related and many interviewees discussed how the service is in danger of becoming overstretched as its reputation and referral rates build. There is a concern that soon it will be unable to meet the needs of the local population.

Patients' perceptions of warmth and invasion shown by their baby, at intake and on completion of treatment (MORS)



3. Mothers Object Relations Scales

4. Hospital Anxiety and Depression Scale



Conclusions and recommendations

The evaluation concludes that the Together with Baby service has been implemented well, assisted by excellent partnership working, a strong clinical lead and a team of high-calibre clinicians. The report recommends:

- 1 The need to identify appropriate measures for capturing parent-infant work outcomes. This is in progress.
- 2 Further collaboration with Trust IT management department, to ensure databases can accurately collect data in a time efficient manner. This is in progress.
- 3 The service provides commissioners with evidence of the clinical impact it is making. This is in progress.
- 4 Future planning should consider how to manage the large geographical area and likely increase in referrals compared to the small size of the team. This could include options for different team structures, specialist roles and increasing the team size.

Next steps

We are sharing the key messages summarised here with a wide range of local and national audiences, including the making of a short film to maximise accessibility available here <https://www.youtube.com/watch?v=IVo3w5cLkyY&t=10s>. This report marks the completion of our project but the excellent relationships between all partners will endure.

The Together with Baby team has now joined the national Parent-Infant Teams Network facilitated by the Parent-Infant Foundation so that they can continue to contribute to and benefit from peer support between teams. Dr Ellen Auty and the Together with Baby team have been nominated for EPUT Staff Recognition awards in tribute to their tireless work delivering a new, quality service to families during a period of COVID and developing innovative online infant mental health training.

For copies of the full evaluation report by City University London, or for further enquiries, please visit parentinfantfoundation.org.uk.



www.parentinfantfoundation.org.uk

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