

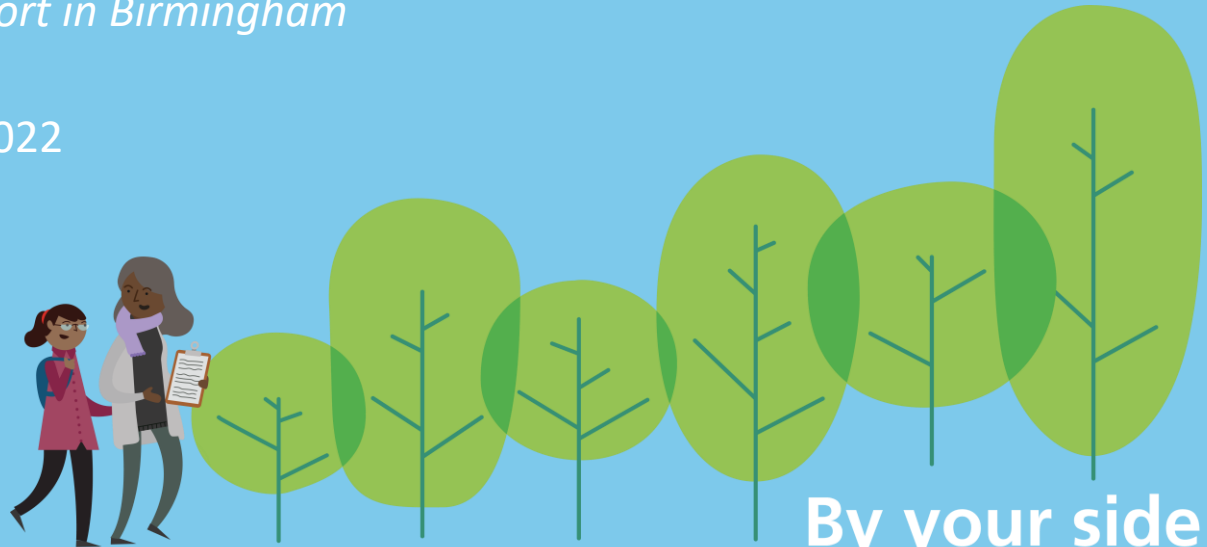
Nurturing the future: holding young minds in mind

*A needs assessment of parent-infant
relationship help and support in Birmingham*

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By your side



Why this work?



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- Forward Thinking Birmingham (FTB) first 0-25 CAMHS in the country – largest local authority and youngest city in Europe.
- Longstanding Under 5s provision – commitment in 2020 to re-prioritise resources to focus on first 1001 days: 43 Under 2s referrals in past four years.
- Limited resource within FTB and no specialist parent-infant relationship team in the Midlands – nearest team 42 miles away in Cheltenham, followed by Oxford, Stockport and Runcorn.
- The work aimed to better understand the need and current provision in Birmingham, to help inform the operationalisation of FTB's commitment to parent-infant relationship support, as well as to support the wider network.
- April 2022 Birmingham was pre-selected as one of the 75 local authorities eligible to share the £301.75m committed by the government to transform Start for Life and Family Hub services across England.





Support from the Parent-Infant Foundation

NHS

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Throughout planning, implementation, analysis and reporting of the work, the project team received guidance and support from the Parent-Infant Foundation

- Monthly 1:1 mentoring from Wook Hamilton (flexible around who joined)
- Helped facilitate useful contact points – Martha, Health Visitor from Wales
- Access to replicable materials
- Answered queries
- Reviewed the draft summary report
- Offered suggestions around strengthening the recommendations



Parent-Infant
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Workstream 1:

Understanding local population need



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What we did:

- Gathered data regarding current and future population size, workforce and workload trends.
- Researched population prevalence of parent-infant relationship problems and applied findings to local population.
- Used local population statistics to calculate actual numbers of children needing a service.

Why:

To inform commissioning decisions about service transformation for parent-infant relationship support.

What we found:

- Birmingham has a younger population than national average (largest proportion 0-5 years of any local authority) and high ethnic diversity.
- High levels of adversity – nearly 50% of children aged 2 and under in Birmingham live in the most deprived 10% of neighbourhoods in England.
- Predicted distribution of attachment is as follows:
 - Secure Attachment – reduced to 50% (55-60%)
 - Insecure Attachment increased to 30% (25-30%)
 - Disorganised Attachment – increased to 20% (15%)
- 50% of parents of children under 2 are unlikely to need any parent and infant relationship (PAIR) support beyond universal support (15,336 children).
- 20% parent-infant dyads might have an insecure attachment but are unlikely to access services until after child is 2 (6,134 children).
- 13% of families might need support for a disorganised attachment but are unlikely to access help. They are likely to need risk support via social care (3,987 children).
- 8% will access targeted services for help with attachment insecurity (2,454 children)
- 2% will access shorter-term PAIR work for insecure attachment (613 children)
- 7% will access longer term PAIR support for disorganised attachment (2,147 children)
- **2760 families per year estimated to need specialist PAIR support, of whom around 340 are likely to be seen by the PNMH service. This leaves 2420 families needing specialised PAIR support per year in Birmingham.**



Workstream 2: Service mapping



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What we did:

- Interviewed 23 local practitioners and service managers about how local services work as a system and what provision exists to support the parent-infant relationship.
- Conducted desktop research collecting service data and attended service team meetings.
- Identified which level of need each service covered (universal, targeted, statutory, specialist).

Why:

To map current parent and infant relationship support from conception to age two across the Birmingham region.
To identify what works well and areas for development.

What we found:

- Birmingham currently has a small, dedicated provision of highly specialised parent-infant support, offered by the PNMH service and FTB.
- Approximately 2/3 of services across all levels of need are non-specialised, with most of their work concerned with reducing the risk factors for difficulties in the P-I relationship or strengthening protective factors as part of wider service aims.
- Approximately 1/3 of identified services across all levels of need are working with an additional focus on the P-I relationship (not providing highly-specialised P-I support).
- Pockets of good practice across all levels of need.
- Voluntary sector organisations offer important parenting and perinatal mental health services across the city.
- A gap within certain services, where there are currently no 0-2 year olds on the caseload although this age group is eligible for a service.
- Thematic analysis of interviews identified 37 common themes grouped into seven categories:
 - Insights into current service provision
 - Barriers for families
 - Enabling factors for families
 - Impacts of covid
 - Impact of wider determinants and inequalities
 - Holding the child's voice in mind
 - "Think Family"
 - Aspirations for future service provision.



Workstream 3: Workforce Analysis



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What we did:

- We asked 89 local practitioners and managers about current strengths and future training needs, and we researched the likely workforce requirements for improving parent-infant relationships.

Why:

To understand the current and future training needs of the workforce, to support efforts to coordinate support across the wider network and achieve best impact from the workforce and resources currently available.

What we found:

- All professions reported that they would refer to another service demonstrating the inter-agency working that takes place during this period.
- All professions evidenced seeking advice from a colleague postnatally.
- In terms of understanding how infants communicate through verbal and non-verbal behaviour, 26% found it neither easy or difficult and 3% were not sure.
- All professionals found it increasingly more difficult to think about the parent-infant relationship when there were other conflicting demands on time and capacity (e.g., wider socio-economic determinants of ill-health and inequalities).
- Staff reported that identifying parent-infant relationship concerns is one thing but taking next steps may be hard if there are other competing clinical or health needs (e.g., child's acute medical condition, SEND, or mother's mental health presentation); insufficient service capacity to meet all need; staff are in a managerial or supervisory role and are offering guidance only to practitioners; practitioners' own capacity is limited in terms of time pressure; expertise is held by a small number of people.
- There is a need for practitioners and managers across all services and all levels of need to access more specific parent-infant relationship training and to attend refresher training. Just under a third stated they had received "no specific parent-infant relationship training", above and beyond any vocational training.



Workstream 4: Parents' views



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What we did:

- We used a mixed method approach (survey – 49 parents and 1:1 telephone interviews – 6 parents).

Why:

To find out the views of local parents and caregivers across Birmingham with children under two, to inform any future service provision model.

What we found:

- Parents reported a high level of awareness about the impact that the parent-infant relationship can have on a child's development: *"My relationship with my baby has an impact on their development"*
 - 86% of respondents stated that they strongly agreed or somewhat agreed
 - 13% stated they strongly disagreed
- The top three factors which parents thought had a very positive impact on babies' development (not including the parent-infant relationship) were cuddles and skin to skin contact, baby chatting and playing with an adult, and baby's diet and nutrition.
- The top three factors which parents thought had a very negative impact on babies' development were being in a home with violence, parents drinking heavily, and parents who use drugs.
- Just over two thirds of parents spoken to said they had never been asked by a professional about how they felt about their relationship with their baby.
- If they had been asked, this was mainly by their health visitor, followed by midwife and mental health professional.
- Parents expressed that it was hard to keep in mind their relationship with their baby when there were other issues going on with themselves or in the family.
- Over half of respondents stated that 'fear of judgment by others', 'feeling like a failure', and 'unsure of where to seek help' would make it difficult to reach out for support.



Recommendations



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Integrating the information gathered from parents, workers, managers and population data, we provided 38 recommendations for practitioners, services, and commissioners, grouped into the nine categories below, that together suggest how we can strengthen parent-infant relationship support in Birmingham.

Recommendation	Who is the recommendation for	How can the recommendation be achieved	Next steps
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1. Improving the connectedness and inter-agency knowledge of current services supporting the parent-infant relationship across Birmingham
2. Improving access to current services (supporting Right Help Right Time)
3. Co-ordinating first 1001 days provision to create a parent-infant relationships system
4. Training the workforce
5. Strengthening identification and assessment of parent-infant relationship difficulties
6. Developing universal services
7. Specific to FTB (current provision)
8. FTB and wider services/commissioners: creating specialised parent-infant relationship support
9. Raising public awareness of the importance of the parent-infant relationship



Next Steps



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- This assessment of need has helped identify how we are currently supporting early parent-infant relationships in Birmingham, the current and projected need for parent-infant support, and how we can strengthen this support in the future.
- It will inform the operationalisation of FTB's commitment to offering parent-infant relationship support, as well as support the wider network by maximizing current provision, and informing a business case for additional provision.
- It will inform discussions and planning around Birmingham's pre-selection for *Start for Life* Funding.



Top tips!



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- Parent-Infant Foundation support is invaluable.
- Preparation work is vital, especially establishing a framework for governance (we created an Infant Mental Health Steering Group sitting under the LMNS PNMH Programme Board).
- Need to identify a dedicated resource regarding:
 - staff expertise and breadth of experience (including project management)
 - staff time (project team and managers for interview)
 - realistic timescale, including to write up (six month in Birmingham)
 - admin support
- Need to protect regular planning meetings.
- Recruiting the right people to interview and obtaining a representative sample takes time and requires local knowledge – engagement may increase over time (can lead to need to extend timescales).
- Helping others understand the relevance/opportunity for them supports engagement – e.g., the creation of a map of services.
- Allow sufficient time to articulate and consult on recommendations.
- Plan ahead regarding a dissemination plan across agencies/partnerships.



Any Questions?



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