Blackpool Parent-Infant Relationship Service

Evaluation Report 2024

Executive summary

Background

Supporting babies to have positive, responsive relationships with their primary caregiver is essential for their wellbeing and future development. In 2022 the Blackpool Better Start Partnership realised their long-term ambition of implementing a **Specialised Parent-Infant Relationship Service (PaIRS)** to support families across the town who may be struggling with this relationship. Families who are experiencing adversity are more likely to experience issues in the parent-infant relationship, and these adversities are disproportionately experienced by the Blackpool population. Blackpool PaIRS aimed to support individual parent-infant relationships, increase skills to support these relationships amongst early years professionals and to increase awareness of the importance of supporting PIR in policy and practice. The service was primarily implemented to work directly with parents and infants aged 0 to 2 years old (including antenatal support) delivering relationship focused interventions, whilst also working with CAMHS and Family Hubs to provide group support for parents and children aged 3-5years old. To raise awareness and skills around supporting parent infant relationships, PaIRS delivered training, engagement events and telephone consultations for early years professionals.

Evaluation

Researchers at Blackpool Centre for Early Child Development carried out a feasibility and acceptability evaluation of Blackpool PaIRS in the first 14 months of delivery to families (March 2023 – May 2024) including analysis of monitoring data on service referrals and delivery, monitoring data for training and consultations for professionals, and qualitative interviews with practitioners and families involved with the service. The evaluation of feasibility and acceptability was based on the key performance indicators (KPIs) for the service captured in the monitoring data and the perceptions and experiences of practitioners and parents reflected in the interview data.

Initial Findings

Overall, training delivery and professional consultations were successful with delivery numbers exceeding KPIs in both these areas suggesting that this delivery is feasible. Feedback on training was positive indicating acceptability to attendees.

Referrals to and engagement with direct support for parent-infants individually met KPI targets although engagement with group delivery was lower than anticipated despite meeting referral targets. The demographics of families referred into the service reflected the Blackpool population with many living in areas of high deprivation and having experienced complexities such as poor mental health, domestic abuse and previous perinatal loss/trauma. These complexities did not appear to present a barrier to engagement with the service and qualitative data also indicated the service is suitable for families with complex needs.

Both practitioners and parents reported positive experiences of direct therapeutic interventions from the PaIRS Team and identified several factors which they felt contributed to this; **personalised and flexible approach, building positive relationships** and **taking time.**

While this was not an outcomes study and not all parents completed the suggested outcome tools to assess parent mental health, parent perception of the relationship with their infant, and parent goal-based outcome measures, those who did complete the measures showed a significant improvement across all domains.

Blackpool PaIRS is not just a delivery model; it is a mindset that prioritises early relationships and places them at the heart of everything they do.

Background: Why do parent-infant relationships matter and how do we support them?

Our earliest experience of the world is mediated through our first relationships, those between parent/carer and infant. The creation of a secure, responsive, attachment relationship with their caregiver is linked to children's capacity to experience, express and in time regulate their emotions. This builds the foundation for a lifetime of utilising "good enough" coping strategies when difficulties and stressors occur, and of forming healthy relationships with others. Without this positive relationship with a primary caregiver, children are more likely to face issues with social, psychological, cognitive and educational development. Problems in the parent-infant relationship are more likely in families who are experiencing poverty, domestic violence, mental and physical health issues, loss and bereavement, substance misuse, and parental experiences of trauma (Parent-Infant Foundation, 2021).

All parents can be supported to improve their relationship with their infant through specialised services which help them to manage their own trauma, develop sensitive, responsive parenting and bond with their baby. This support for the relationship can begin in the antenatal period and continue throughout the early years. Some families may need only limited support to ensure a "good enough" parent-infant relationship (messaging and advice from midwives, health visitors or Family Hubs) while others may need a more intensive offer such as a Specialised Parent-Infant Relationship Service (PaIRS).

Why does Blackpool need a Specialised Parent Infant Relationship Service?

Research estimates that in a country such as the UK, around 60% of babies will form a secure attachment to their caregiver (Ainsworth, 1978; Bowlby, 1969; National Institute for Health and Care Excellence [NICE], 2015). The remaining 40% will form an insecure or disorganised attachment. However, the higher the levels of deprivation in an area, the higher the proportion of insecure and disorganised attached children (English Indices of Deprivation, 2019). For example, it is estimated that up to 80% of children who are looked after have a disorganised attachment style (Van IJzendoorn, Schuengel and Bakermans-Kranenburg, 1999).

Blackpool has higher than the national and regional average of looked after children aged five and under and ranked as having the highest deprivation level of any local authority in England according to the English Indices of Multiple Deprivation (2019) indicates the need for a support with early relationships is even greater. In the Blackpool Parent-Infant Relationship Engagement Report (2022) families told us there is a gap in provision for parent-infant relationship support and that they felt a service was needed.

The Blackpool PaIRS Team was commissioned to support families who are finding it difficult to develop a positive relationship with their unborn baby, their baby or young child, with the aim of ultimately improving the outcomes of the babies and young children and reducing need for intervention in later life.

What does Blackpool Specialised Parent-Infant Relationship Service (PaIRS) look like?

A Specialised Parent-Infant Relationship Team is, according to the Parent Infant Foundation (2019), a "specialised multi-disciplinary team with expertise in supporting and strengthening the important relationships between babies and their parents or carers." Our team in Blackpool is made up of; a Consultant Clinical Psychologist, a Clinical Psychologist, a Service Manager (also a Specialist HV), Parent Infant Therapists and an Administrator[1]. The service is embedded within the perinatal and infant mental health pathway and works collaboratively with the new maternal mental health service, specialist health visitor and the specialist community perinatal mental health service.

The PaIRS Team act as "systems champions" providing training, raising awareness of Parent-Infant Relationship (PIR) and campaigning to influence local and national decision making. Practitioners work predominantly with children aged 0-2 and their main carer to support the PIR, working flexibly to provide therapeutic interventions for families with young children aged 3-5 in partnership with the CAMHS, Children and Young People Primary Mental Health teams and universal health. They also offer consultations between a parent-infant team practitioner (consultant) and another worker outside of that team (consultee) to allow indirect support to be provided by the consultee.

[1] Blackpool is a Family Hub and Start for Life programme site and trailblazer in the parent-infant relationship and perinatal mental health strand. This, along with underspend, has been used to enhance the PaIRS offer through fixed term posts within the team. These have been; community nursery nurse, Assistant Psychologist, Clinical Psychologist.

Evaluation of service delivery from March 2023 – May 2024

What data did we use to evaluate the service?

Evaluation of the service took place over 14 months from March 2023 to May 2024, starting when the service began working with families directly.

Feasibility data for the service was built into the agreed KPIs set by Commissioners (Lancashire and South Cumbria Integrated Care Board) and collected as part of service monitoring data provided to Blackpool Centre for Early Child Development (CECD). These KPIs were developed in consultation with the Parent-Infant Foundation Toolkit (PIF, 2023), including learning from monitoring data published by other parent-infant relationship and infant mental health services in Bradford, Essex, Leeds, Lambeth, Liverpool and Dorset, and aimed to be robust but realistic.

Data included:

- number of professionals engaged in training,
- positive evaluation of training offer,
- number of consultations provided for practitioners,
- number of referrals received and accepted for direct parent-infant work,
- timeliness of response from service to referral,
- number of parent-infant dyads supported, and
- percentage of parent-infant dyads who showed improvement in outcome measures for parent mental health and parent-infant relationship.

Acceptability was based on levels of engagement with the service and on qualitative data from practitioners and parents who had engaged with the service.

Approval for this project was granted through NHS Research Ethics Committee (REC), Health Research Authority (HRA) and National Society for the Prevention of Cruelty to Children (NSPCC), who employ the CECD Research Team members.

Area of work: Raising awareness and providing training

The KPI target for training was 240 participants per annum with one session to be delivered per month.

Actual delivery was 691 participants in 14 months with 80 sessions delivered in this period.

From March 2023 to May 2024 the Blackpool PaIRS Team delivered a range of training sessions from bitesize "tasters" to more in depth one day courses on infant mental health and parent-infant relationships (see Table 1).

In total, 80 training sessions were delivered to 691 individuals across a broad range of services working with early years families including: health visiting, midwifery, GPs, paediatrics, Family Hub workers, social workers, nursery practitioners, infant feeding, speech and language, and adult mental health services.

Session Type	Number of sessions	Number of participants
Bitesize	1	40
Introduction	70	589
IMH and PIR	9	62
Total	**80**	**691**

Table 1: Delivery of sessions by PaIRS Team

Attendance at events to raise awareness of the service led to engagement with 666 practitioners and families.

Area of work: Providing consultation and support for practitioners around the family

The KPI target for consultation was 40 per annum.

Actual delivery was 94 consultations in 14 months.

A total of 94 telephone consultations were delivered in the study period with practitioners from a range of 16 services with most frequent consultations from Health Visiting (52%) and Social Care (21%). These consultations provided practical advice for practitioners on how to support the families they are working with, advice on appropriate referrals to Blackpool PaIRS and joint formulation of the presenting factors for each family between PaIRS and the practitioner.

Following consultation, over half of families (n=45) were referred to the PaIRS Service, and in almost a third of cases (n=25) the practitioner was supported to develop an action plan to work with the remaining families directed to other more appropriate services due to their needs or geographic location (see Figure 1).

Although numbers were not always recorded, in the 55 cases (59%) where data was collected, consultations provided support for a total of 64 children ranging from unborn to 5 years old.

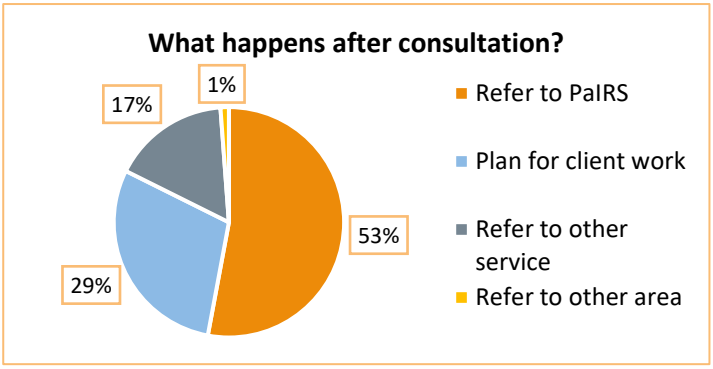


Figure 1: Pathway following consultation

Area of work: Supporting parent-infant relationships through direct work (1:1 and group)

The KPI target for number of families to be identified and supported was 40 per annum (Year 1) to 60 per annum (Year 2). The reporting period spans Year 1 and part of Year 2.

In the reporting period, 48 families were identified and received targeted/specialist support from the service. In addition, 60 parent-infant dyads engaged with a universal offer of infant massage to support the relationship.

Demographics at referral

The ethnicity of families referred into the service reflect the Blackpool population, with most parents who were referred self-identifying as White (97%). Most referrals were for mothers, of which 10 were pregnant. The average age of the child for individual work was 9.4 months (not including antenatal data) and for group work this increased to 40 months.

Complexity of need

One reason for developing the Blackpool PaIRS Team was the high level of complex needs that families in the town face, for example, contact with Children's Services, high levels of deprivation and parental experiences of past and current trauma.

In the evaluation the family Safeguarding level (1-4) (see Figure 2), residence in areas of multiple deprivation (IMD, 2019) (see Figure 3), and their scores on the self-reported 'Risks to the Parent-Infant Relationships Checklist'[2] (Balbernie, 2003) (see Figure 4) were used to identify the level of complexity the family was experiencing.

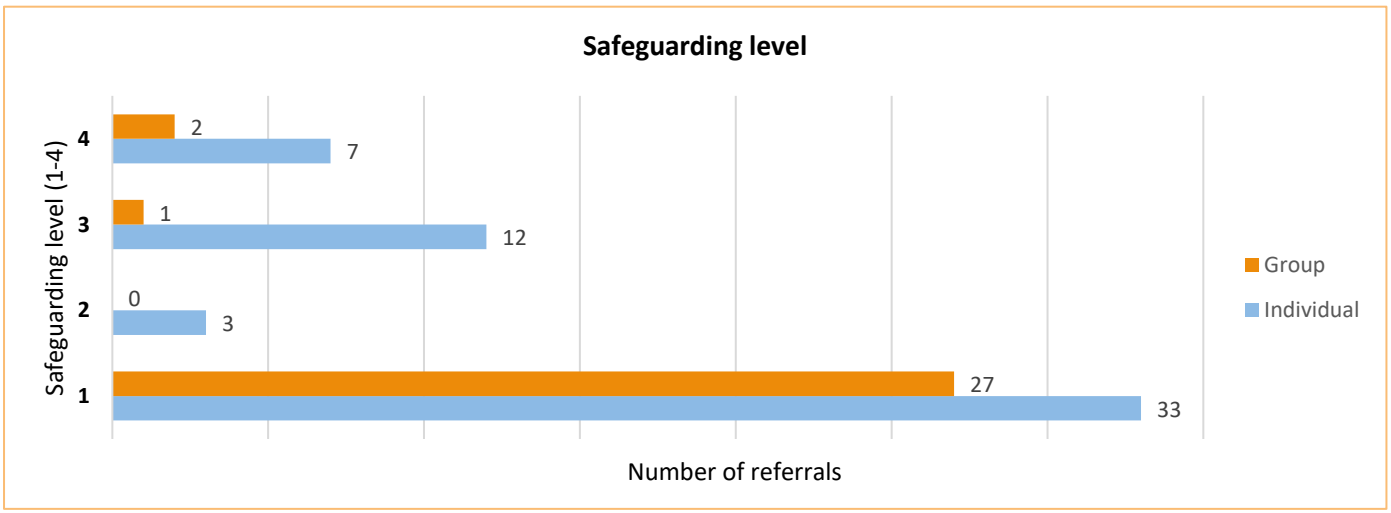


Figure ***2: Safeguarding level at point of acceptance by service***

[2] The 'Risks to the Parent-Infant Relationships Checklist' was not completed for Circle of Security Group work and it should be noted that practitioners who engaged in 1:1 work found that in some cases the levels of risk increased as disclosures were made throughout parents' engagement with the service.

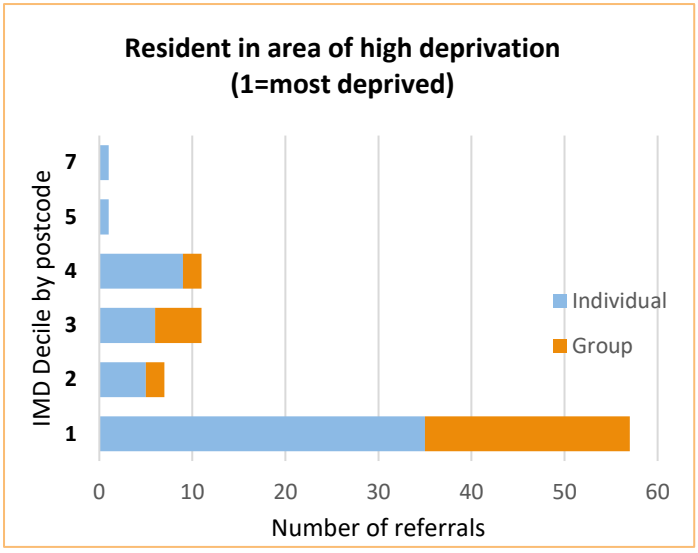


Figure 3: Family postcode IMD at point of referral

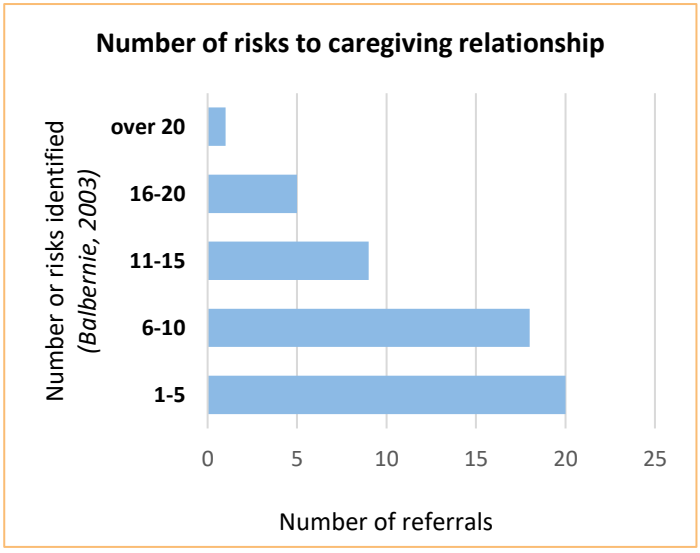


Figure 4: Number of risks to caregiving relationship

Referrals and Engagement

Due to differences in referral and engagement patterns across individual 1:1 and group support, the data for these categories is reported separately to give an appropriately nuanced picture of service delivery and engagement (see Table 2).

Engagement	*Individual (n=64)*	*Group (n=35)*	*Total (n=99)*
Referral not accepted	9	5	14
Disengaged at referral	3	16	19
Disengaged at assessment	14	0	14
Disengaged during intervention	2	2	4
On hold	0	4	4
Completed	17	4	21
In progress	19	4	23

Table 2: Referral and Engagement across PaIRS support

In total, 99 referrals were made in the reporting period with 85 (85%) accepted. Of the 85 accepted referrals 55 (65%) were for individual work and 30 (35%) were for group work. Of those accepted into the service for individual work 65% (n=36) have completed or are in progress (see Figure 5).

Following referral to group work, over 50% (n=16) parents disengaged prior to beginning assessment or intervention compared to just over 5% (n=3) of referrals for individual work (see Figure 6). However, 25% (n=14) of those referred for individual work disengaged during the assessment period. Only small numbers, four parents in total, disengaged during the intervention period.

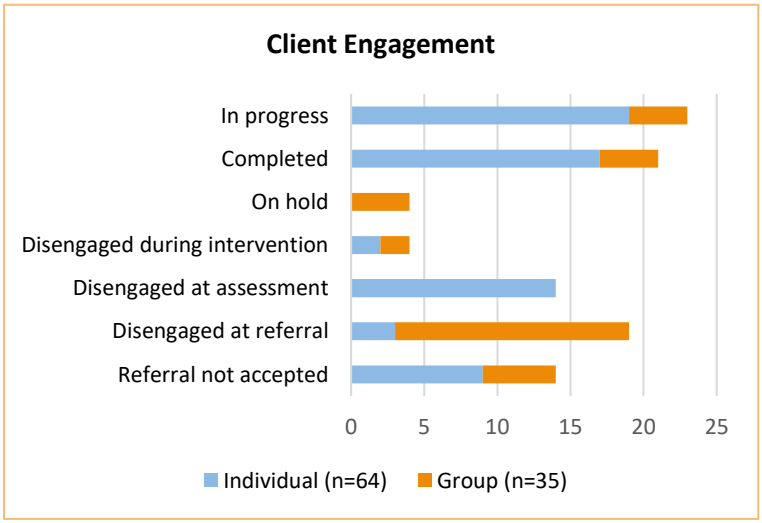


Figure 5: Engagement across Individual and Group work

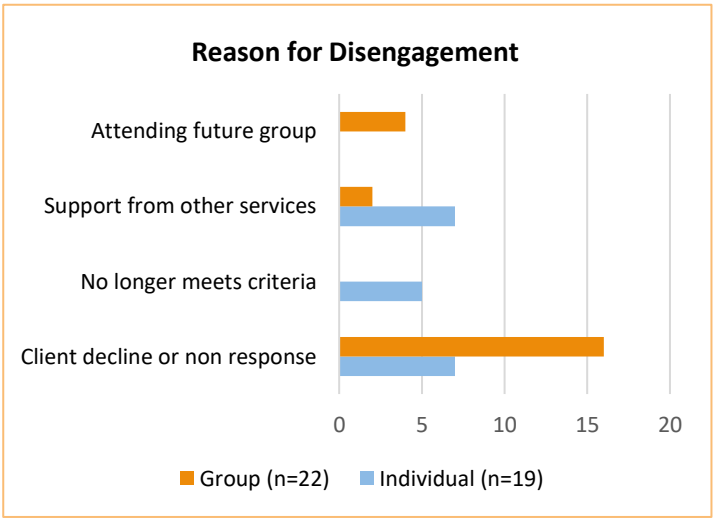


Figure 6: Reasons for disengagement from service

Interventions

The PaIRS Service offer a range of evidence-based interventions to parent-infant dyads, with most families accessing one intervention but with the possibility of accessing multiple interventions as appropriate. The service delivered a total of 55 interventions to the 25 dyads who began intervention and completed or disengaged during intervention with the most frequent intervention being Compassion Focused Therapy for the PIR (n=17), psychoeducation on infant development(n=11) and Video Interaction Guidance VIG (n=9) (see Figure 7).

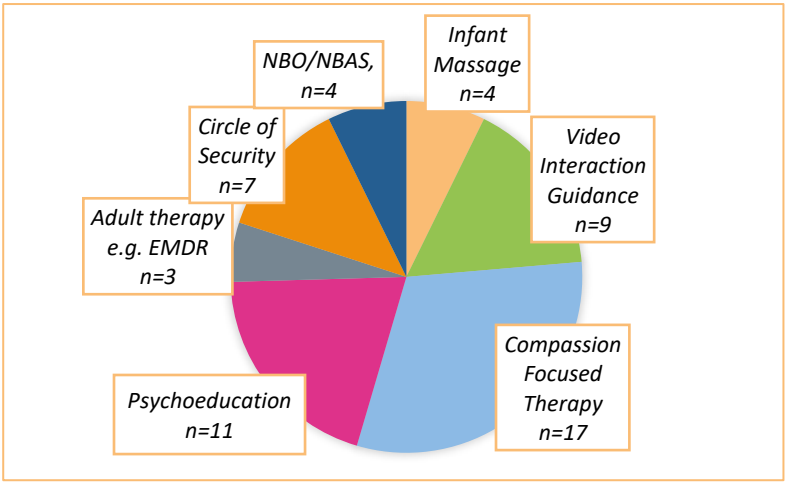
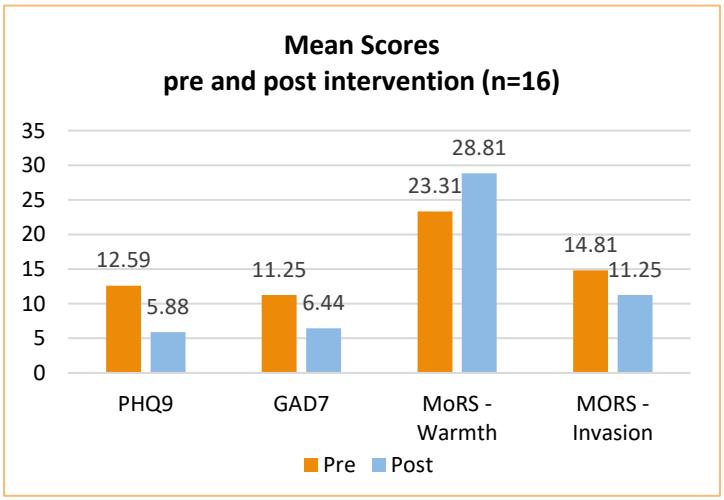


Figure 7: PaIRS Service interventions

Outcomes

Parents were asked to complete four outcome measures at two points, before and after the intervention. These included a self-report on parent-infant relationship quality (MORS), depressive symptoms (PHQ-9), anxiety symptoms (GAD-7), and a Goal Based Outcome Measure. Of the 21 families who completed the intervention, only 71% (n=16) completed both the before and after the intervention measures, falling short of the 75% feasibility target.

For those who completed both the initial (T1) and follow-up (T2) assessments (see Figure 8), there were notable improvements in parental mental health, as indicated by lower scores on the PHQ-9 and GAD-7 scales, which measure depression and anxiety, respectively. Additionally, there was a significant increase in parental warmth and a decrease in parental invasion, as measured by the MORS Scales.



What this means:

- **Parental Warmth:** This refers to the positive, nurturing behaviours parents show towards their children, such as affection, support, and encouragement. An increase in parental warmth means that parents are becoming more loving and supportive in their interactions with their children.
- **Parental Invasion:** This refers to behaviours where parents might be overly controlling or intrusive in their children's lives. A decrease in parental invasion means that parents are giving their children more space and respecting their independence more, following their child's lead.

In simpler terms, the results suggest that parents are feeling better mentally and are interacting with their children in more positive and supportive ways.

Figure 8: Mean scores pre and post intervention

Goal Based Outcomes (GBO)

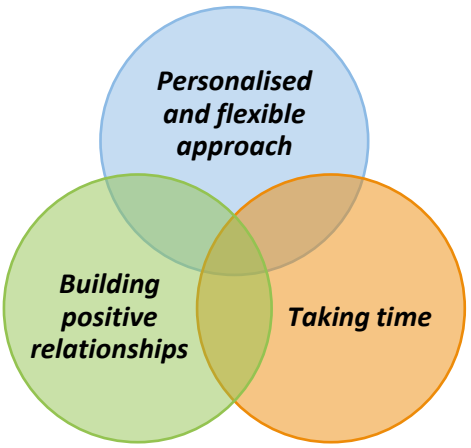
Parents were asked to set three goals for their parent-infant relationship at the start of intervention and asked where they felt they were in relation to this goal on a 10-point scale. They were then asked to rate how they felt about meeting this goal at the end of intervention, prior to discharge. Goals set by parents included: improving connection/bond with baby, improving confidence as a parent, managing/accepting transition to parenthood and understanding baby cues and communication. Mean T1 score for the GBO was 3/10 while mean T2 for the GBO was 9.7/10, and of the 15 parents who completed T1 and T2 Goal Based Outcomes, 100% felt that they made improvements in line with the goal they set at T1.

What did parents and practitioners tell us about the service

You're not ticking X, Y, and Z boxes. You're not getting through an intervention. And it's recognising that that's important in of itself, that you're building that relationship and you're building trust. Down the line that will pay dividends with how this parent feels about the work that you're doing together (Practitioner)

Interview data from parents and practitioners highlighted three key factors deemed to be crucial elements to the successful implementation and delivery of the PaIRS Service: **personalised and flexible approach, building positive relationships and taking time**.

It is important to note that these themes are very much interlinked and feed into one another as shown in the diagram opposite. Both groups shared positive perceptions of the service, reflected in the quotes below.



1. *Personalised and flexible approach*

Individual choice

You don't have to accept. It's not a course. This person wants to help you, let them help you. (Mum)

Once I've done my assessment and discussed it with the team and go back I always try to say to them this is what we've discussed, what do you think? What do you think would be helpful to you? (Practitioner)

Personalised approach

So it was, the word's not intimate, is it more like personal, personalised. She took the first two sessions getting to know me, getting to know how I worked, how I go about my days living with the kids, and then it was kind of like, right, this is what we would need to do. (Mum)

It wasn't that prescriptive thing of well, "that service offers psychology and she technically meets the criteria for that, so therefore it has to be with that service." It was more of a kind of individual decision based on the circumstances for that person. (Practitioner)

Flexible delivery

If you're not in a good way they don't go straight into what they want you to do that day. They'll sit and talk to you. They sat and talked to me and asked me how I was and went over things before, and then if we had time, we went over what we were supposed to be going over. If we didn't, we didn't. (Mum)

That was kind of just based on her need at the time. It was nice to have that flexibility. If we had said at the start, "We can only offer X amount of sessions," or, "The work is going to look like this," then it might not have met that need. (Practitioner)

2. *Building positive relationships*

Helping parents to build relationship with baby

It was kind of visualising the pregnancy and making it more reality instead of just being positive on a pregnancy test, by a pregnancy test. It was kind of getting your mind ready for what your body's about to get ready for, if that makes sense. (Mum)

I didn't really understand how to process when [child] was upset, which this course has helped me build that relationship with her to, like I say, just, not even know why she's upset sometimes, just be like, okay, we'll just wait until you're ready and then I'll let you come back when you're ready. (Mum)

Building a therapeutic relationship with parents

Building a therapeutic relationship in itself I think we downplay quite a lot and I think that is, you know, the biggest probably foundation and scaffolding of our work. (Practitioner)

To see someone face to face, it makes it more personal, I think, and I enjoyed it because I felt like me and [practitioner] kind of had more of a bond, more of a connection. (Mum)

I feel privileged at the same time to work with some of the mums that we do when they've had such awful experiences and trauma and they then trust us with that piece of information. Within a month of working with them they tell us this information that they've not told anybody before (Practitioner)

Holding parents so they can "hold" the baby

We are supporting them to be available for the baby and to have the headspace and to be regulated, and also supporting them in how to deal with these difficult situations. To have the experience of being held and heard, and to feel important. To have their needs meet in the hope that that's then transferred to their relationship with their children. (Practitioner)

So, thinking about working with dads as well as mums, working obviously with the relationship rather than just with an individual, and then that real focus on babies. (Practitioner)

Relationships within the team

I really feel there's a lovely ethos around anyone working in parent-infant relationship that no one's precious. They all want to support and help. (Practitioner)

Because we work in that sort of team way, I never felt like I was just having to figure it all out on my own. So, the team has helped scaffold that a little bit for me, you know? (Practitioner)

3. *Taking time*

Taking time to see what is needed

My assessment will probably be six weeks because I'll constantly be drip assessing but each time I go we're doing some psychoeducation or parenting or attachment work or some psychotherapy alongside. And that's helpful to the baby and strengthening the relationship isn't it? That's unique to any service. (Practitioner)

I think the first session, I think we ended up going over time because we just chatted to each other for ages. But she helped me, I think the first session she explained what you guys do, but she also just kind of listened, I just got everything out, and she was like, "Just try and explain what you're feeling best you can, and then we can see where we go from here to help you." (Mum)

Taking time to see the parent-infant relationship change

I think the way I felt at the beginning and things like that, and the way everything was going, and then at the end I felt like my confidence, my bond, even my anxiety of being a parent and everything, it was just a lot better, and it's just growing. (Mum)

You can see the work, you know, it's been taken on board and, you know, baby's behaviours don't lie. So you can actually see that well, yes, actually, you know, I've got a different baby in my, you know, in my vision now to what I had when we first started. (Practitioner)

Taking time to change culture and raise awareness

I think it's a combination of building a relationship with the referrers and keep reiterating those messages. Making sure that we're at the forefront, and what we do is at the forefront of their minds when thinking of the families they're working with. That takes time doesn't it? Lots of time to understand that. (Practitioner)

Shifting professionals point of view to thinking more psychologically, to understanding things in a trauma-informed way or having the voice of the baby at the centre. It's quite a huge shift for some people. (Practitioner)

Successes, challenges and suggestions for future development

Successes

Training Uptake: Exceeded initial goals, reaching a wide range of practitioners across the town.

Positive Evaluations: Majority of participants evaluated the training positively.

Consultations: Provided upskilling for practitioners, supporting appropriate referrals and family support.

Feasibility: Service implementation was feasible in high-deprivation areas, reflecting diverse parental demographics.

Health Visiting Referrals: Majority of referrals came from Health Visiting, indicating good engagement.

Challenges

Broader Engagement: Need to encourage a wider range of professionals to engage with the consultation service.

Father Inclusion: More mothers than fathers are referred; strategies to include more fathers are being considered.

Group Work Engagement: Lower than expected engagement for group work due to various factors like childcare issues and waiting times.

Outcome Measures: Completion of post-intervention outcome measures was lower than expected; practitioners felt measures were not always appropriate

Future Development

Professional Engagement: Increase engagement from practitioners in other services and monitor the impact of self-referrals.

Service Explanation: Ensure clear communication of the service's purpose and expectations during initial meetings.

Data Monitoring: Update data monitoring to reflect all work supporting families, including during assessments.

Support for Families: Enhance support for families to attend and engage during waiting periods for group work.

Outcome Measures Suite: Develop a comprehensive suite of outcome measures, including observational measures, with PIRAT training in October 2024.

Flexibility and Relationships: Maintain the flexible service delivery model and focus on building strong relationships, which are key to service acceptability and success.

About Blackpool Better Start

Blackpool Better Start is a 10-year National Lottery Community funded programme that gives every child aged 0 – 4 in Blackpool a better start in life, focusing on speech, language and communication, diet and nutrition, and social and emotional development. The partnership, which brings together the Local Authority, health services, early years providers and voluntary sector groups, works with families, settings, and the wider Blackpool community to provide the tools and advice to improve outcomes for babies and children, from pregnancy to starting school. This includes ensuring that families get the right support at the right time and that the workforce have the skills and knowledge to provide this. The work supports Blackpool Better Start's vision of ensuring that every new baby in Blackpool will have access to the care and nurture they need for healthy development and will be ready to start school.

Centre for Early Child Development

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