

Blackpool's

Parent-Infant and Early Years Relationship

Strategy

2025-2030

Acknowledgements

This strategy was led by the **Blackpool Family Hubs** and **Start for Life programme perinatal mental health and parent-infant relationship support strand working group**. This group has representation from across a range of organisations including Blackpool Family Hubs and Blackpool Public Health (Blackpool Council) , the Blackpool Centre for Early Child Development (CECD), Blackpool NHS Parent-Infant Relationship Service and Lancashire and South Cumbria NHS Foundation Trust Specialist Perinatal Community Mental Health Team.

We would also like to acknowledge the expert advice, writing and support from **Charlotte Dunster-Page**, Consultant Clinical Psychologist and Clinical Associate at the Parent Infant Foundation (PIF).

This strategy would not have been possible without the contributions, insight and previous work of the Blackpool Better Start partnership, Lancashire and South Cumbria Integrated Care Board and the North West Coast Clinical Network. This work has been informed by parents from Blackpool and the North West Coast who responded to the Blackpool Parent-Infant Relationship Engagement Survey and the North West Coast Clinical Network Parent-Infant and Early Years Relationships Family Feedback activities.

Version 1.1: January 2025

First Published: July 2024

© July 2024 Blackpool Better Start / Blackpool Family Hubs

Contents

Acknowledgements	02
Contents	03
Strategy on a page	04
Introduction	05
Why are early relationships important?	05
Why do we need this strategy?	05
Setting the scene: parent-infant relationship services across the UK	10
The Family Hub and Start for Life Offer	10
Blackpool within the North West Coast	10
Partnership working in Blackpool	12
Babies of Blackpool	12
Strengths and areas of development in the parent-infant relationship provision	14
Support for the early years workforce	14
Support across the perinatal and 0-5 mental health pathway	15
Co-production in Blackpool	16
Principles	18
Priorities	19
Thrive Framework and the Healthy Child Programme	20
Conclusion	24
Appendix	25
References	26

Strategy on a page

Why are early relationships important?

The earliest years of a child's life shape the adults they become and play a crucial role in their future physical and mental health and wellbeing.

Life is not determined by age two, however, significant difficulties in the early years influence the developing brain and a child's eventual coping strategies.

This section uses case studies to illustrate the importance of the 'first 1001 critical days'.

Blackpool and the North West Coast Clinical Network: parent-infant and early years relationships support

The North West Coast Clinical Network aims to support the development of all babies within the region, and the provision within Blackpool will be utilised as a template for future services.

When compared to England as a whole, Blackpool's babies experience higher levels of deprivation on several factors. Progress has been made in supporting such families through the creation of a specialist parent-infant relationship service, yet gaps in provision remain.

Vision

To better support parent-infant and early years relationships so all babies and young children in Blackpool can form a secure relationship with at least one caregiver, who offers them 'good enough' sensitive, attuned and responsive care.

Priorities

To achieve this, the Blackpool Parent-Infant and Early Years Relationship Strategy has three priorities:

1. To develop the knowledge and skills of our workforce in recognising parent-infant relationship difficulties and supporting families with these challenges.
2. To support families who would benefit from parent-child relationship interventions in a timely way that is responsive to their needs.
3. To share learning from the development of our work in supporting parent-infant early years relationships locally, regionally and nationally and seek to learn from others, so we continue to grow and improve the offer for Blackpool families.

Supporting families and practitioners at all levels through the Thrive Framework

This strategy is for practitioners across the full range of services working across early years such as health, early help, social care, third sector and education.

It is for commissioners to ensure the vision and principles are incorporated into contracting and monitoring arrangements.

Families and practitioners are supported with guidance from the 'Thrive Framework' and the 'Healthy Child Programme' from 'community'/'thriving' to 'specialist'/'getting risk' support.

Introduction

Why are early relationships important?

The earliest years of a person's life have an impact long beyond the present; experiences in a child's pre-school years have an effect throughout their lives in terms of their emotional health, physical health and social functioning. It is well-evidenced that **interactions with caregivers within the early years are a strong indicator for wellbeing both now and in a child's future.**

Parent-infant relationships (conception to second birthday) and **relationships in the early years** (second birthday to fifth birthday) are vital. The strength and security of a child's relationship with their caregiver is linked to their capacity to experience, express and eventually 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.

Why do we need this strategy?

The earliest years of a person's life have an impact long beyond their infancy. It is a period of rapid growth and development, with complete dependence from a baby to their caregivers.

This strategy acknowledges that infants and their caregivers are part of wider family, community and societal networks and support systems. Understanding the infant in this ecological context and recognising the 'whole child' in their many and inter-related domains of development, means that infant mental health, and supporting parent-infant and early relationships, is everyone's business.

This parent-infant and early years relationship strategy development has been led by the perinatal mental health and parent-infant relationship strand of the Blackpool Family Hub and Start for Life programme, but incorporates the voices of practitioners and parents from across Blackpool. This strategy is needed so all partners in Blackpool are clear about the priorities over the next five years, to ensure better support for both families and practitioners. The strategy is driven by the strong body of evidence for the importance of parent-infant and early years relationships; the importance of highlighting babies' needs and reducing the 'baby blind spot' and national initiatives including **Family Hubs**, **Start for Life** and **A Better Start** programmes.

- **This strategy is for commissioners, practitioners, families and the wider community. The local commissioners are committed to prioritising investment into services and interventions that support early relationships.**
- **This strategy supports commissioners to ensure the vision and principles are incorporated into contracting and monitoring arrangements. It is also for practitioners working across the full range of services, such as health, early help, social care, third sector and education.**
- **This strategy aims to ensure that early years practitioners are equipped to support healthy social and emotional development and common and consistent messages are communicated to parents and prospective parents.**
- **Joined up, multi-disciplinary and integrated approaches are central to realising our aim of giving every child the best start in life.**
- **Families, friends, schools, health and social care services and systems, and indeed the wider community, continually interact with one another as they shape a child's life. This strategy should be valuable and meaningful to them all.**
- **This strategy supports Blackpool's approach to supporting babies, children and their families as worries and problems arise before the need for higher levels of support or services. It also supports the ambition of Blackpool's Place Based Plan to improve the health and wellbeing of Blackpool Citizens.**



‘Good enough’ parenting of Harry

‘Good enough’ parenting of Harry. This story shows how good enough parenting can support children through adversity and build resilience.

Harry’s parents were in their early 20s when he was born. Being pregnant was unplanned but his parents were pleased and excited. They moved in together just before he was born. Money was stretched as Harry’s dad was on an apprenticeship and his mum was studying. They had practical support from family with setting up their home and had lots of furniture and baby items donated from friends and family.

Harry was born healthy and the family quickly returned home from the labour ward. His mum breastfed him for a few weeks but decided bottle feeding him formula worked well for them. Harry’s dad took a few weeks off from work and they had frequent visits from family. Harry’s parents found the transition to parenthood hard, especially how Harry woke during the night frequently. They did their best to respond to him when he needed it and called on family to support them when they needed to sleep. It took a few weeks for them to learn what Harry needed but soon his sleep patterns settled down. Their family and professionals all told them this was normal newborn behaviour and validated how difficult it was.

The support that Harry’s parents received from family and professionals alike helped them to feel contained and validated. Having support to manage their own emotions meant that they were able to offer this support to Harry in turn. Harry developed trust in his parents; he knew they would always try their best to support him. They weren’t perfect – no one is! – but they responded to him enough of the time for him to develop a strong relationship with them.

As Harry grew into a toddler, his parents had a difficult period of unemployment. Their rented home wasn’t in a good condition and they really needed to move. Without financial stability this was difficult. Harry’s dad became anxious about the home Harry was growing up in and sometimes he and Harry’s mum argued. When Harry noticed these arguments his parents always stopped and reassured Harry that things were OK and that they loved him.

A child's life is not determined by age two, however, difficulties in the first 1001 critical days can have a long-lasting impact. This not only impacts the child themselves but their family, their own children and the community they live in.

A baby's brain develops rapidly during the first 1001 days, and this is an opportune time to support families who are motivated to bring about change. Not all families are in a position to develop strong, secure bonds with their babies nor to be sensitive, responsive and attuned. This may be because of their own childhood experiences, their current circumstances, their pregnancy or birth experiences or their own mental health. Support is vital for these families and the positive impact, and cost savings, of intervening in a timely manner are significant.

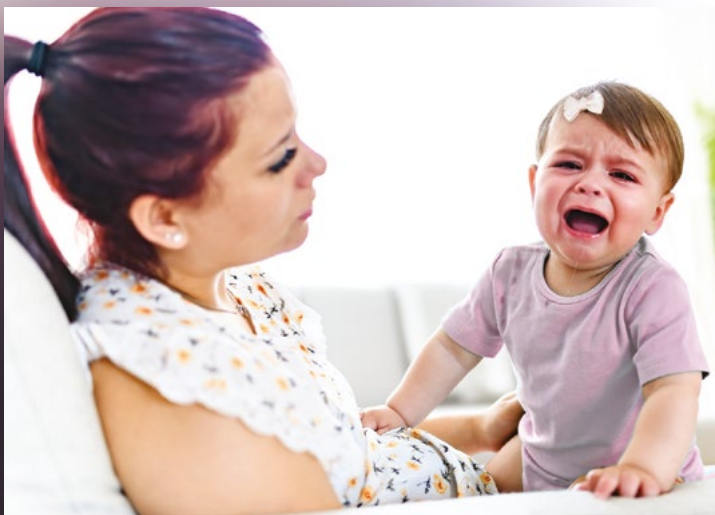
An alternative path, where a child does not receive sensitive, attuned and responsive care enough of the time can lead to an insecure attachment style and difficulties with emotional regulation. Without sensitive and responsive care a child may not learn to understand their own emotions nor learn to express and regulate them appropriately and independently.

Children who live with this heightened level of anxiety can struggle to concentrate in schools well enough to thrive academically as well as struggling to form relationships with others. This may lead to the use of less effective coping mechanisms throughout life – often witnessed in the form of behaviours that challenge schools and other systems – and the formation of unhealthy or unsatisfactory relationships. Long-term this can have an impact on individuals' physical and mental health, in some cases leading to chronic health conditions and early death. Parenting can also be intergenerational in that difficulties and approaches are often utilised in the next generation unless parents can be supported to learn new and more effective parenting strategies.

They worked on their communication and sought spaces to offload to other adults. They no longer raised their voices around Harry, keeping him emotionally safe and not burdening him with their own anxieties. When they disagreed – as all people do – they modelled healthy ways to deal with conflict. They didn't expect Harry to cope with his own emotions and supported him when he was distressed, setting up healthy pathways for emotional regulation. This allowed Harry to learn, over the years of his childhood, how to experience, express and regulate his emotions.

Harry's parents both started new jobs and were able to move to a better home. Harry soon started nursery school and then primary school. Harry's parents prepared him for each setting with visits and talking about what he would do there. They also validated how normal it is to be nervous of starting in a new place. Harry settled in well to both schools.

As Harry continued to grow he developed ways of coping with his emotions and of building secure relationships with others. When he had challenges with relationships or worries about the future, he usually sought out his parents advice or support. He made good friends and finished school with GCSEs which enabled him to start an apprenticeship.



Olivia's inter-generational story.

This story shows how parent-infant relationships can be repeated through the generations and the importance of sensitive, responsive care.

Olivia's mum was 19 when she was born. Her parents were not in a relationship during the pregnancy and her mum had little support from family as she had been in care herself as a teenager. She occasionally saw her own mum but this was inconsistent and her mum tended to tell her about her own difficulties when she visited. She hinted at wanting money from Olivia's mum but Olivia's mum didn't have any to give.

Olivia's mum struggled with her mental health during the pregnancy and after birth. She was anxious about being a good mum to Olivia and worried about money and where she would live. After Olivia's birth they were housed in a flat and she was often scared to go out if neighbours were outside smoking and drinking. They missed a lot of appointments because of this but Olivia's mum didn't feel able to ask for help and expected to be judged by professionals.

Olivia's mum was overwhelmed by Olivia's needs and often left her to cry because she couldn't cope. She put music on loudly on her headphones so she couldn't hear Olivia.

Eventually Olivia stopped crying. She learnt that crying did not bring her support and comfort. She did not learn that she could trust her mum, or others. She did not feel safe enough to explore her home and as she grew her mum would shout at her for touching their things and for making noise. This impacted on her emotional and cognitive growth; a lack of play, opportunities to explore and experience new activities meant her speech and development was delayed.

Olivia's dad visited her occasionally during the first few years but these were unannounced and inconsistent. Her mum was used to inconsistent relationships and did not expect anything more of him. He last saw Olivia when she was five and her mum doesn't know if he still lives locally.

Olivia's mum had another baby when Olivia was three years old. Olivia helped her mum with nappies and feeding the baby. Olivia learnt that the best way to be safe was to help her mum so mum didn't get stressed and shout at her.

Olivia started nursery school shortly after her baby brother was born. Teachers commented on how quiet and helpful she was. They weren't aware that this could be a warning sign for a child who has not had their needs met. Olivia doesn't make friends easily and this is eventually noticed when she is half-way through primary school.

As a teenager, Olivia continued to feel she could not rely on others to support her. She did not talk to anyone about her problems and had superficial friendships. By age 14, she had four younger siblings and was expected to parent them, including getting them ready for and taking them to school. Her mum's mental health had worsened; she tended to still be in bed when Olivia and her siblings left for school. Their home was overcrowded. Olivia started to self-harm to cope with her emotions as she felt overwhelmed. Olivia did not expect to be cared for, yet craved connection with others. To meet this need she had casual sexual relationships with men – similar to her own mum's experiences – and became pregnant at age 16.

Olivia's story is not an uncommon one: **parenting patterns repeat through the generations** if support is not available. If early lives include experiences that lead to a lack of trust in others and an expectation of judgement from others, as Olivia's mum experiences, professionals need to work proactively and with great care to support parents to break these intergenerational cycles. Statutory services often do not have the resources to support parents in such a way.

Olivia's path may have been very different if her own mum had been supported. Now that Olivia herself is pregnant, the opportunity is here to **break the cycle**. Through specialist parent-infant interventions and supportive antenatal education Olivia can be supported to learn about baby's needs, the importance of responding to them. She can learn how her early experiences have impacted her and her ideas of parenting and receive support for her own mental health, including learning to trust others.

With the right support, at the right level, at the right time, Olivia may learn that others – including professionals – can be trusted. This will impact on the relationship she forms with her own baby and how likely this baby is to trust others as they grow.

Parent-infant relationship services

Across the UK

Specialist parent-infant relationship services, sometimes called PaIRS (parent-infant relationship service) or Infant Mental Health teams are specialist teams whose aim is to improve parent-infant relationships. They consist of highly skilled professionals and must include therapists (psychologists, family therapist, psychotherapist). They usually also include health visitors and may include professionals from other groups: midwives, social workers and community support workers.

These specialist teams support both the professional workforce and families directly. They offer specialist training on the importance of the parent-infant relationship and consultation to the workforce about specific families and challenges in the work with families. They support the workforce in recognising parent-infant relationship issues to ensure that families are referred to the right service for support. They also support families who would benefit from support to develop their parent-infant relationship. They typically work with families between conception and a child's second birthday, although some have an additional remit up to age five.

The support offered to families is individually tailored. Some families may require a brief, group intervention such as the Circle of Security. Others may require longer interventions which may include therapy for the parents and psychoeducation on baby's needs. To support these families, the parent-infant team are also likely to liaise with and offer support to the other professionals working with the family.

Family Hub and Start for Life Offer

Across England, the Family Hub and Start for Life programme is funding 75 Local Authorities to transform their services into Family Hubs and fund services across four strands:

- Early language and the home learning environment
- Parenting support
- Infant feeding support
- Parent-infant relationship and perinatal mental health support.

The latter is the largest of the funded strands and focuses on supporting parent-infant relationships and perinatal mental health at an early intervention level with a specific focus on dads and other non-birthing parents.

Blackpool is one of the selected 75 Local Authority areas for Family Hubs and Start for Life and is a trailblazer in the parent-infant relationship and perinatal mental health support strand. Due to the existing working relationships and previous scoping exercises, Blackpool were clear about the areas that this investment could strengthen; engaging dads and dads' peer support, creative approaches to supporting early years relationships through Art at the Start, psychological support for families with lived experience of the neonatal unit, integration of perinatal mental health services into Family Hubs and enhancements to our Blackpool Parent-Infant Relationship Service.

North West Coast Clinical Network

The North West Coast is committed to supporting the development of all babies within the region and to specialist 0-5 mental health provision. This work is led by the North West Coast Clinical Network for Parent-Infant and Early Years Relationships. This network brings together stakeholders from commissioning, service providers and families with lived experience to support the equitable development of services and sharing of best practice.

In the Lancashire and South Cumbria Integrated Care Strategy (2023) the ICS state their priority to all children in 'Starting Well' and pledge that they "will give children the best start in life by supporting those who need help the most to tackle health inequalities....and help children and families to be healthy and well, and help our children be ready to start school".

The former Fylde Coast CCGs Prevention and Health Inequalities Strategy also identifies 'mental health', 'maternity and early years / first 1001 days' as priority areas for targeted improvement. The Lancashire and South Cumbria Health and Care Partnership in their All-Ages Mental Health Strategy (2022) have also said they will provide access to specialist parent-infant relationship service in every area of the region to make sure mental health support is provided during this critical window of development. Blackpool Teaching Hospitals NHS Foundation Trust have consistently demonstrated their commitment to this agenda through prioritising the roles of the Specialist Midwife and Specialist Health Visitor.

Lancashire and South Cumbria

Lancashire and South Cumbria, through the North West Coast Clinical Network, have, since 2016, been developing both the perinatal mental health and 0-5 mental health provision. Blackpool has seen investment from The National Lottery Community Fund (TNLCF) through the Blackpool Better Start partnership and the Family Hub and Start for Life programme leading to further development in provision in 0-5 mental health locally. There is a drive to make sure where possible the learning and workforce development opportunities also extend wider than Blackpool and awareness is raised of the need for investment in 0-5 mental health provision across the region. This strategy focuses on Blackpool initially with the aspiration to widen to become a Lancashire and South Cumbria Strategy in due course.

Blackpool

The strong ethos of working together, workforce development and shared commissioning has led to being able to build on existing provision as there was a clear understanding of gaps and areas to strengthen. The Parent Infant Foundation (2019) identify several themes in their 'development and implementation tool kit.' Blackpool have some of these themes which have been critical. These are:

- 1. Local leaders with a good understanding of the importance of 1001 critical days, and enthusiasm to drive change. Blackpool is one of five A Better Start partnerships and since its inception in 2015 identified the need for a parent-infant relationship service which has now come to fruition.**
- 2. Excellent commissioning relationships. Close working relationship with our mental health commissioners has been instrumental in the development of a Blackpool Parent-Infant Relationship Service.**
- 3. Practitioners who have worked flexibly and seized the opportunity to grow and develop perinatal and infant mental health services.**
- 4. Active and consistent involvement in our local NWC Clinical Network since it began in 2016. Along with the perinatal mental health arm of the network, there is a parent-infant and early years relationship arm.**
- 5. Setting up a parent-infant relationship steering group who together have co-created the theory change, project documents, service specification and pathways.**
- 6. A workforce skilled to identify need and help families get the best help. There has been an investment in training across all early year's workforce. In particular there is a large cohort of Institute of Health Visiting Perinatal and Infant Mental Health Champions.**

South Cumbria

Lancashire

Blackpool

Cheshire and Merseyside

A recent **'Review of Mental Health and Relationship Support Services for families from conception to age 5'** across the North-West Coast Lancashire and South Cumbria highlights the need to grow the 0-5 workforce so that it can deliver the interventions required to support relationships and mental health from conception to age 5 across Lancashire and South Cumbria. Since Blackpool is the first service of its kind in Lancashire and South Cumbria, it has been used to inform the work of the **'North-West Coast Best Practice Service Model for Parent Infant and Early Years Relationship Services'**.

Partnership working in Blackpool

Blackpool has a strong ethos of working together with a shared vision to support parent-infant and early years relationships. The Blackpool Better Start partnership has led the way supporting and empowering families to have the best outcomes for their babies and children, from pregnancy to starting school. The vision is for "Blackpool families to raise happy, healthy children who grow up in communities that they feel proud of. 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."

Both the Blackpool Better Start partnership and the Blackpool Children, Young People and Families Partnership Plan have pledges and priorities which align and inform with this strategy. They can be seen in the Appendix.

In Blackpool, the partnership working is being built on with primary mental health workers and Child and Adolescent Mental Health Service (CAMHS) supporting families up to the age of five. The progress in Blackpool will be used as a template for influencing parent-infant and early years provision across the region.

Babies of Blackpool

While it is difficult to establish the number of babies and very young children who are experiencing mental health problems, analysing population risk factors and knowledge of attachment theory provides the framework to estimate those who may be struggling now or may begin to do so in the future. Research estimates that in a country such as the UK, around 60% of babies will form a secure attachment to their caregiver. 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. For example, it is estimated that up to 80% of children who are looked after have a disorganised attachment style.

Comparisons between Blackpool and England across a range of deprivation factors indicate that in Blackpool, 40% would be an underestimate for the number of babies who would benefit from parent-infant and early years relationship support. Other areas in the UK with similar levels of deprivation have used this data to calculate that an estimated maximum of 50% of babies will form a secure attachment with their caregivers (Securing Healthy Lives Report, 2021).

The birth rate in Blackpool CCG area is approximately 1480 per year and although 50% of these families could benefit from a parent-infant intervention, there is a difference between this need and service demand. New parent-infant services often have to work hard alongside universally available clinicians such as midwives, health visitors and GPs to raise awareness of the population need before referral rates increase.

Key Blackpool Statistics

Blackpool, Child population aged 0-4:

7362

(National Statistics Census 2021)

The birth rate in Blackpool CCG area is approximately

1480

per year

CONCEPTION & PREGNANCY

Age of Mother

The mean age of a mother giving birth in Blackpool was 28.6 years, *(compared to 30.8 in England)*

Approximately 65 conceptions per year to women under 18

Mental Health

42.6% (472 women) reported historic or current mental health issues at the time of their antenatal booking

8.7% (97) reported current treatment for depression *(2021/22)*

Alcohol Use

70% of women reported alcohol use prior to pregnancy

98.7% reported stopping drinking alcohol at the time of booking

Drug Use

5.8% women (64) reported pre-pregnancy substance misuse

Of these, 22% (1.3% of all women) reported continued use at the point of booking. Almost all of these women reported cannabis use.

Smoking in pregnancy

35% reported smoking prior to their antenatal appointment including 17% who reported still smoking

BABIES & CHILDREN

Infant mortality

Under 1: 5.4 per 1000 births, *(compared to 3.9 per 1000 in England)*

Under 28 days: 3.6 per 1000 births, *(compared to 2.8 per 1000 in England)*

Premature Birth

Blackpool has the second highest premature birth rate in the country: 108 per 1000 births, *(compared to 79 nationally)*

Low birth weight

The proportion of babies that have a low birthweight: 7.3% *(compared to 6.9% nationally)*

Breastfeeding

First feed after birth: 56% *(compared to 66% of England)*

Partially / fully breastfed at 6-8 weeks: 26% *(compared to 49% of England)*

Hospital admissions

172 per 1000 under 5s *(compared to 91 per 1000 nationally)*

COMMUNITY & FAMILIES

Deprivation

43% (6,844) of families with dependent children live in areas that are within the top 10% most deprived in the country (IMD). *2019 English Index of Multiple Deprivation (IMD)*

Domestic Abuse

There were 4,000 calls to the police (incidents) marked as being related to domestic abuse in 2019/20, an incident rate of 28.9 per 1,000 population. This is almost double the rate for Lancashire. *Safer Lancashire Multi-Agency Database Exchange (MADE)*

Parental Substance Misuse

22.4% of the 1,250 people in drug treatment during 2020/21 were living with children *(similar to national rate)*

Our Children

Blackpool Council was the corporate parent of 41 children (7%) under the age of one year and 120 one to four years

86% became looked after due to abuse or neglect *(March 2022)*

Child Mental Health

Blackpool has the lowest reported average wellbeing score for 15-year olds in England.

Overall source: Blackpool Family Hub and Start for Life Programme: Situational Report for Officers 2022/23, *Blackpool Council*

Furthermore, not all parents wish to access a service before the difficulties present themselves to the family later in a child's life. The time that is not spent working with families during the initial years of a new service is spent offering consultation and training to professionals to increase awareness of the importance of parent-infant relationships. After the initial years, the referral rates often increase and therefore the time spent directly with families increases. Consultation and training to the wider workforce continue to be vital, even for a mature parent-infant service, to meet the needs of as many families as possible through indirect support to the professionals working with them.

Without a national decrease in stigma and an increase in awareness of the importance of early relationships, it is unlikely that all families who would benefit from support will access it. For the present, it is estimated by the Parent Infant Foundation (2019) that up to a third of these families will access a parent-infant relationship service before a child's second birthday, with the remaining families accessing support after the child's second birthday. Blackpool aims to meet the needs of both groups: increasing access to the specialist parent-infant service to encourage more families to access the support in the first 1,001 critical days and collaborating with CAMHS clinicians to support families who are not ready for support prior to their child being two years old.

Some of the families who access services may require targeted support while others will require specialist support (more details in the Thrive Framework section).

Strengths and areas of development in the parent-infant relationship provision

Support for the early years workforce

To be effective, parent-infant relationship support needs to be available to families with a wide range of difficulties and to the workforce; all professionals and volunteers working with families. The support to the workforce is usually in the format of training and ongoing support through consultation. Training the workforce is vitally important so that they are aware of the importance of parent-infant relationships and know how to notice difficulties, talk to families about these difficulties and refer to the support available. Training provides professionals with a common language with which to discuss parent-infant relationships with families and each other.

Blackpool clinicians will be able to access training to help them understand and identify mild-moderate perinatal mental health and parent-infant relationship difficulties. This will be achieved through a joined-up approach to training, with a large cohort of Institute of Health Visiting Champions trained across disciplines who offer multi-agency awareness training in perinatal, infant and fathers mental health. The Blackpool PaIRS team aim to meet the need for both training and consultation through the roll-out of an Infant Mental Health and Parent Infant Relationship training.

This training is available to all who work with families of young children and is aligned with the Start for Life level 1 training recommendation.

The training compliments the comprehensive suite of trauma-informed training offered through Blackpool Better Start trainers that is available to all practitioners working with expectant parents and babies and young children aged 0-4.

In terms of support for families a wide range of interventions are required to meet the needs of families with different and complex difficulties. Peer support and group-based interventions can be offered via Family Hubs with more intensive interventions requiring specialist practitioners.

Support across the perinatal and 0-5 mental health pathway

The Blackpool Better Start partnership has been committed to prioritising the offer of support across the perinatal and 0-5 mental health pathways. Through the Family Hub & Start for Life programme the existing offer has been enhanced.

Families can now access trauma-informed approaches including: peer support through Community Connectors; Baby Steps perinatal education; HENRY infant feeding service; the Early Parenthood Service; Enhanced health visiting; and dads peer support offer.

Early Parenthood Service, For Baby's Sake and the Health Visiting workforce are supporting parent-infant relationship difficulties through evidence-based approaches: Behavioural Activation; Brazelton; (Newborn Behavioural Observation/Neonatal Behavioural Assessment Scale), 'Watch, Wait and Wonder'; Triple P; Safe Care; Caring Dads; EPEC Being A Parent; HENRY; Partners In Parenting Education; Solihull Approach; Survivor Mum's Companion; Video Interaction Guidance; therapeutic baby massage and Art at the Start (a creative approach to supporting early years relationships).

The PaIRS team are offering many of the listed interventions as well as supporting colleagues in their delivery. When families require more specialist and therapeutic interventions, they are able to support them through: Circle of Security, Video Interaction Guidance, Brazelton, Behavioural Activation, Eye Movement Desensitisation and Reprocessing, Compassion-Focused Therapy, psychological therapies, parent-infant psychotherapy and psychoeducation.

The PaIRS team has strong links with the primary mental health workers who sit under the the CYP Primary Mental Health Service to ensure that families who need parent-child support beyond the age of two can access this including through co-facilitated Circle of Security groups for families with children up to their fifth birthday.

There is also the Blackpool Better Start Speech, Language and Communication and Early Years teams who support parents to understand how their baby or child is communicating with them which can help to support their relationship. Services for babies and children with an identified speech, language and communication need are offered in the home, and /or in the community and involve Hanen strategies which starts with supporting families to spot communication attempts and reciprocate 'following their lead'. Early Years Practitioners in Settings (including Childminders) are supported by both teams to build on their work with Parents by supporting the

Home Learning Environment, and encouraging opportunities to share aspects of their baby or child experiences in the setting and at home. This in turn supports the 'triage of trust' between Practitioner, Parent and Child.

The Lancashire and South Cumbria NHS Foundation Trust Specialist Perinatal Community Mental Health Team (SPCMHT) are working in partnership with the Family Hubs in Blackpool. They offer specialist perinatal mental health advice and care both within the Family Hub and remotely. This team offer parent-infant work where the maternal mental health need is significant enough to require this service.

Blackpool is committed to supporting babies and their families, particularly with their mental health and parent-infant relationships. The current offer includes those mentioned above that directly support parent-infant relationships. There are also a wide range of services whose primary focus may be supporting mental health but whose work promotes nurturing parent-infant relationships such as the Lancashire and South Cumbria Reproductive Trauma Service, Lancashire Women's Family Wellbeing Service, Home-Start Dad Matters, Specialist Health Visitor, Specialist Midwife and the perinatal champions within Blackpool's NHS Talking Therapies and the primary and intermediate mental health teams.

It is also important to consider this strategy alongside Lancashire and South Cumbria Integrated Care Partnership Breastfeeding and Infant Feeding Strategy as support for infant feeding is also an opportunity to explore how a parent is feeling about their relationship with their baby. Similarly, support for parent-infant relationships is a chance to explore whether issues around infant feeding are contributing to a parent's mental health or bonding difficulties.

Blackpool continues to work towards the aims held within the Start for Life programme and in particular is focusing on increasing the support available to dads and other secondary caregivers; on creative approaches to supporting early relationships through working with colleagues in Dundee on bringing the Art at the Start initiative to Blackpool; and in the development on parent and carer panels.

Co-production in Blackpool

Blackpool has a strong ethos of co-production in the establishing of new services. For example, in response to the best practice guidelines for when the state intervenes at birth, the Blackpool Better Start partnership committed to co-produce a local action plan to develop more sensitive and humane practice in Blackpool. An opportunity was recognised to bring together parents and carers with lived experience with other key stakeholders, to work together to bring about a change to service and systems in the town.

Then in January 2022, a survey was launched to gather the views of people with lived experience of issues relating to parent-infant relationships with a view to using their feedback to design the Blackpool service. The survey was shared online via social media and through known family hubs and parent groups. This report was used to inform the development of parent-infant relationship and early years support in Blackpool.

Late in 2022, the North West Coast Clinical Network established the parent and infant early relationships task and finish group and recruited a Lived Experience Lead to provide ongoing expertise. This role ensured that lived experience informed the development of the parent-infant relationship service. Feedback was collected via an online survey during January and February 2023. Focus groups were also held in March 2023. Survey responders (N=150) were predominantly mothers (90%) from one of the following four areas: Chester (N=35), Liverpool (N=33), Warrington (N=25), Blackpool (N=22). Nine individuals (N=8 female) attended a focus group. Key findings from the results indicated that families would value conversations about their relationship with their young child, especially in the first year and at developmental checks.

Key Findings

Parents are comfortable being asked about this topic, but the more they worry about their relationship with their child, the less comfortable they are to discuss it.

Of the things that negatively affect the parent / child relationship, the majority of responses related to the parent, with less than a quarter relating to the child.



Parents would value conversations about their relationship with their child throughout the 0-5 period, but especially during the first year and at developmental checks.



Informal sources of parenting support are highly utilised, but not necessarily by preference.

The majority of respondents show a clear preference for support in a non-clinical setting. There is also a concern that home visits and online support can lead to isolation and the exacerbation of mental health issues if not combined with the opportunity for face to face and group activity.

Dads / non-birth partners need targeted support. There is little out there for them and yet they also struggle with both bonding and attachment and the practical aspects of caring for a baby.



There are many positive examples of voluntary and children's centre support. But, availability of these services is a postcode lottery.



Trust is key and relationships need to be built with the service provider to ensure this.



Focus group participants particularly emphasised the importance of service accessibility – both physical and emotional. High visibility of services within the community is vital to build confidence.



Both survey respondents and focus group participants reported a strong link between confidence in the practicalities of caring for children with increased levels of bonding and attachment.



In terms of who parents would like support from, peer support is viewed as valuable, offering a different and potentially more accessible alternative to clinicians. Volunteer Peer supporters in particular are perceived to be more interested in the individual than employees, due to their own motivation for the role and structural reasons (e.g., a perception that clinicians lack time).

Principles

The aim is to support the development of all babies within the region. Our initial vision is to better support parent-infant and early years relationships so that all babies in Blackpool can form a secure relationship with at least one caregiver who offers them good enough sensitive, attuned and responsive care.

The principles upon which we base our work are:

<p>Prevention and early intervention: we know that the first 1,001 days are critical for development and aim to support families in this period.</p>	<p>Capture the voice of the infant: we know that babies have their own minds and have things to communicate from birth. We know that if our community, families, workforce, services and systems acknowledge and respect babies' cues they are creating nurturing environments that support a baby's well-being.</p>	<p>Working together: we know that relationships between professionals and services also matter and aim to work together for the best outcomes.</p>	
<p>Needs-led care: we believe that all families deserve to be listened to and have care that is individual to their needs and our strategy is built around this.</p>	<p>Principles to better support parent-infant and early years relationships</p>		<p>Whole family approach: we know that relationships matter to babies and society and offer support to the whole family regardless of sex, gender or caregiver status.</p>
<p>Evidence-based/informed interventions: we believe that families should have access to the interventions that are most likely to support them.</p>	<p>Co-production: we know that our communities have much to offer and value to add to our services.</p>	<p>Trauma-integrated approach: we believe that all approaches, interventions and interactions should be trauma informed.</p>	<p>Reflective practice/supervision: we know that reflective practice supports staff wellbeing as well as ensuring that families receive the best possible care.</p>

The priorities of this strategy are built upon our principles.

Priority one

To develop the knowledge and skills of our workforce in recognising the importance of infant mental health, parent-infant relationship difficulties and supporting families with these challenges.

Action plan:

- To offer training on infant mental health and the importance of parent-infant relationships to practitioners working with parents and infants.
- To support practitioners working with families to embed training into every day practice through supervision and consultation.
- To increase the quantity and quality of conversations around infant mental health in Blackpool by encouraging and facilitating mentoring, coaching and networking.
- To support the workforce in developing their confidence and skill in capturing the voice of the infant in their clinical and written work.

Priority Two

To support families who would benefit from parent-child relationship interventions in a timely way that is responsive to their needs.

Action plan:

- To establish and utilise pathways so families' needs, from universal to specialist levels, are identified effectively and in a timely manner.
- To provide a range of interventions which suit families' preferences and their level of need.
- To ensure quality of provision by utilising more specialist staff and teams in working with families with the most complex difficulties.

Priority Three

To share learning from the development of our work in supporting parent-infant early years relationships locally, regionally and nationally and seek to learn from others, so we continue to grow and improve the offer for Blackpool families

Action plan:

- To engage actively in local, regional, and national communities of practice, webinars, and events.
- To share developments and learnings with national bodies such as the Department of Education, Department of Health and Social Care, Parent Infant Foundation, and leads for Family Hubs and the Start for Life programme.

Thrive Framework and the Healthy Child Programme

Infant mental health can often be the joining of two worlds: public health and mental health. Both systems have their own models for providing different levels of care. Below is a combined model of the Healthy Child Programme and the Thrive Framework.

The Healthy Child Programme offers support at four levels of care: Community, Universal, Targeted and Specialist. All families are offered a minimum of a Universal service which in Blackpool is an Enhanced Health Visiting Service (EHVS). This service consists of eight home visits which is an additional three universal visits to the England five mandated health reviews.

Depending on their needs and involvement with other services, an increasingly smaller number of families will access targeted and specialist levels of support. Research on parent-infant relationships suggests that half of families in Blackpool may require additional support.

The Thrive Framework was developed within CAMHS with a similar concept to the tiers of the Healthy Child Programme, with five levels from Thriving to Getting Risk Support.

For the purposes of parent-infant relationship work, it is useful to combine these models.

Some families who are 'getting risk support' from other services such as social care, may be able to 'get more help' from PaIRS; an assessment of need and engagement can be completed by the team as safeguarding concerns are not necessarily a barrier to parent-infant relationship work.

The support that a family receives from services is dynamic and many families will move from one tier to another during their child's infancy. The following case study demonstrates how different levels of support are appropriate at different times. The case study on p.22-23 is an anonymised version of work completed by the Blackpool PaIRS team at a 'getting more help / specialist level'. It also demonstrates the need for support to the universal workforce: without consultation the staff may have been unaware of the risk factors for a parent-infant relationship difficulty.

Infographic depicting the Healthy Child Programme and the Thrive Framework combined

Community	<p>Thriving</p> <p>Statutory visits from midwifery and health visiting practitioners who are aware of the importance of parent-infant relationships and who can discuss infant mental health and brain development with all families.</p>
Universal	<p>Getting advice</p> <p>Support offered through supervision and consultation from the PaIRS team to upskill the universal workforce and ensure the continuation of thriving communities.</p> <p>Families with universal levels of need still have access, indirectly, to the support of skilled parent-infant relationship professionals.</p>
Targeted	<p>Getting help</p> <p>Families who would benefit from brief, low-level interventions to support their parent-infant relationship including baby massage in the Family Hubs and Art from the Start. These are currently offered across all the Family Hubs.</p> <p>Short-term support offered by the PaIRS team, for example, baby states and cues, Video Interaction Guidance, Circle of Security, Newborn Behavioural Observations and Neonatal Behavioural Assessment Scale.</p>
Specialist	<p>Getting more help</p> <p>Longer-term, possibly multiple, interventions offered by the PaIRS team which may include a period of engagement, parent-infant psychotherapy and interventions from 'getting advice' or 'getting help' sections.</p> <p>Tailored and specialist support through consultation and supervision for practitioners working with families who require this level of care.</p> <p>For women presenting with moderate to severe and/or complex mental health difficulties, the Specialist Perinatal Mental Health Team (SPCMHT) will offer interventions including Parent-Infant Psychotherapy, Parent Infant Practitioner support including, Supporting bond with bump; Neonatal Behavioural Observations; Video Interaction Guidance; Infant Massage; and Baby Bonding.</p> <p>For women presenting with low to moderate mental health issues, that would not meet the criteria for a formal referral to the specialist perinatal team, there is liaison, advice and guidance and potential signposting offered via the Family Hub SPCMHT clinics.</p>
Risk	<p>Getting risk support</p> <p>Families that may not be ready to accept support from PaIRS directly, but the professionals working with them (including social workers) are likely to benefit from consultation and support.</p>



Leonie and Shannon's Story

This story shows how parent-infant relationships can be repeated through the generations and the importance of sensitive, responsive care.

Leonie and her baby Shannon were referred to the Parent-Infant Relationship Service by neonatal staff while Shannon was a patient on the neonatal unit. The referral was made due to concerns regarding the infrequency with which Leonie visited the neonatal unit and how little she interacted with Shannon.

At the initial assessment appointment, Leonie met with the PaIRS Clinical Psychologist at home, where she felt most safe, and was invited to tell her story that had led up to this point. Outcome measures were used to guide the discussions and capture the severity of the difficulties. A rapport was built and the relational safety provided in this neutral, supportive and non-directive space enabled Leonie to process some of the intensely distressing experiences she had been through, including during pregnancy and Shannon's stay in neonatal care. Shannon's father had been unable to take more than the two weeks paternity leave meaning Leonie felt it fell to her to be present for Shannon but most of the time attending the unit felt too difficult and upsetting.

A tentative psychological formulation was developed which helped Leonie to make sense of the difficulties and validated the distress that was around for the family. We came to understand that the experiences Leonie and Shannon had faced might have contributed to disrupted bonding and how hard Leonie found it to be present with her baby, especially given that she found the birth traumatic and at several points afterwards worried Shannon may die. Leonie also shared some of her early life experiences and discussions identified links between past and present.

As part of the work, conversations took place with the Neonatal staff working with Shannon and her family to support their psychological understanding of why these difficulties might have occurred, as making sense of this made room for a more compassionate stance and therefore improved relationships with the parents.

Following this extended assessment and formulation process, the intervention had two strands. The first focused on supporting Leonie and Shannon to develop and build their relationship.

By providing a consistent and attuned relationship for Leonie to model and highlighting moments of attunement and Shannon's subtle communications, the intervention supported Leonie to:

- Develop her reflective functioning
- Be sensitive and attuned to Shannon's needs
- Understand and respond to Shannon's cues

The second strand to the intervention focused on supporting Leonie with her transition to motherhood and developing her identity as a mother. This involved providing coregulation, gradually building Leonie's sensory awareness to support nervous system regulation and emotion regulation, as well as psychoeducation around the maternal transition and perinatal trauma. This intervention aimed to not only support Leonie's psychological wellbeing but also enhance the parent-infant relationship indirectly.

Outcome measures were completed at discharge and clinically significant improvements were noted in all areas. Leonie reported feeling proud of the therapeutic work and how far they had come. She reported: "I now feel like I am Shannon's mum, in a way I didn't before and wasn't sure I ever would. It's hard to explain it but it's a deep shift and gives me so much hope for our relationship now".

Conclusion

This strategy sets out three priorities for the next five years and each can be linked to the levels of the combined Healthy Child Programme and the Thrive Framework.

At the getting advice / universal level sits our first priority to develop the knowledge and skills of our workforce. Doing so will ensure that all children have access to skilled professionals who can support their development.

Our second priority sits at the getting help / targeted and the getting more help / specialist levels: to directly support those families who would benefit from a parent-child relationship intervention.

Our final priority sets out the aim that the learning from the implementation of the Blackpool parent-infant and early years relationship provision will be shared locally, regionally and nationally to support the expansion of parent-infant and early years relationship support beyond Blackpool.

Blackpool and the North West Coast have been ambitious in setting these priorities, however, no more so than is needed to ensure that the babies of our area have a voice.

"I now feel like I know my baby, can anticipate what she needs and understand what she is trying to tell me"



Appendix

Pledges and Priorities that Promote and Support Parent-Infant Relationships

Blackpool Centre for Early Child Development

Our families, communities and workforce will have opportunities to understand how babies' brains are built and will champion the importance of early child development.

Our families, communities and workforce will be supported to achieve their potential, and to have positive mental health and wellbeing.

Our families will have the right support at the right time and will feel seen, heard and cared for.

All babies and children in Blackpool will be offered high-quality early years education and experiences and will have access to safe parks and areas for play.

Together, the Partnership will lay the foundations to enable the Better Start approach to continue, influencing policy and practice through evidence and changing the way we work long-term.

Blackpool Children, Young People and Families Partnership Plan Priorities.

Priority 1: Children and young people have the 'Best Start in Life' – the first 1001 days of a child's life are crucial for their development, physical and mental health.

Priority 2: Children, young people and their families are supported to be healthy (emotionally, mentally, and physically)

Priority 3: Children and young people have access to the best quality education to prepare them for adult life and employment.

Priority 4: Children and young people feel safe, supported and are able to cope with life's ups and downs.

References

Art at the Start. About the project. <https://sites.dundee.ac.uk/artatthestart/about-the-project/>

Blackpool Better Start. <https://blackpoolbetterstart.org.uk/>

Blackpool Family Hub and Start for Life Programme: Situational Report for Officers 2022/23, *Blackpool Council* Internal. Copy available on request

Blackpool Teaching Hospitals NHS Foundation Trust. Parent-Infant Relationship Service. <https://www.blackpoolteachinghospitals.nhs.uk/services/parent-and-infant-relationship>

Circle of Security International. What is The Circle of Security? <https://www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security/>

Department of Health and Social Care and Department for Education (2023). Family Hubs and Start for Life Programme. <https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

Department of Health and Social Care and Department for Education (2023). Trailblazers for the Family Hubs and Start for Life programme. <https://www.gov.uk/government/publications/trailblazers-for-the-family-hubs-and-start-for-life-programme/trailblazers-for-the-family-hubs-and-start-for-life-programme>

Lancashire and South Cumbria Integrated Care Partnership (2023-2028). Integrated Care Strategy. https://www.healthierlsc.co.uk/application/files/2516/8742/3757/ICP_Strategy_Document.pdf

Mason, C., Broadhurst, K., Ward, H., Barnett, A. & Holmes, L. Born into Care: Developing best practice guidelines for when the state intervenes at birth. Retrieved from: <https://www.nuffieldfjo.org.uk/resource/born-into-care-developing-best-practice-guidelines-for-when-the-state-intervenes-at-birth>

The Lancashire and South Cumbria Integrated Care Partnership Breastfeeding and Infant Feeding Strategy 2024 <https://maternityresourcehub.com/our-priorities/prevention/infant-feeding/>

North West Coast Clinical Network. Perinatal and Early Years Mental Health
Retrieved from: NHS England – North West » Perinatal and Early Years Mental Health

Office of Health Improvement and Disparities. Healthy Child Programme.
Retrieved from: Healthy child programme - GOV.UK (www.gov.uk)

Parent-Infant Foundation. First 1001 days Movement. <https://parentinfantfoundation.org.uk/1001-days/>

Parent-Infant Foundation. Implementation Toolkit. <https://parentinfantfoundation.org.uk/tools/implementation-toolkit/>

Parent-Infant Foundation. Relationship Difficulties. <https://parentinfantfoundation.org.uk/why-we-do-it/relationship-difficulties/>

Parent-Infant Foundation. Securing Healthy Lives Report.
Retrieved from: <https://parentinfantfoundation.org.uk/useful-resources/resources-for-professionals/>

Parent-Infant Foundation. What are specialist parent-infant relationship teams? <https://parentinfantfoundation.org.uk/our-work/what-is-a-parent-infant-team/>

Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S. (2019). *THRIVE Framework for system change*. London: CAMHS Press.

Comments from
families who have
received support from
PaIRS:

*"I feel the service has
given me the confidence
to be a mother again, it
has helped my mental
health as well as
relationship with baby."*

*"[Baby] is really
appreciative of the service,
his mummy is happier
and the bond we have is
growing stronger day by
day because of the quick
intervention provided."*

*"I now feel like I
know my baby, can
anticipate what she
needs and understand
what she is trying to
tell me"*



www.blackpoolbetterstart.org.uk



www.blackpool.gov.uk/familyhubs



www.blackpool.gov.uk