



# DECHRAU GORAU Babi | Baby's BEST BEGINNING

## Baby's Best Beginning:

A psychology-led approach to identifying support in pregnancy for babies on the edge of care

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Plus, Cardiff

# What we will cover:

## Who are we?

- Cardiff Parents Plus Psychology-Led Parent-Infant Service

## How Baby's Best Beginning started:

- The rationale, the pilot and the funding

## What it looks like:

- The multi-agency process and the psychological models used

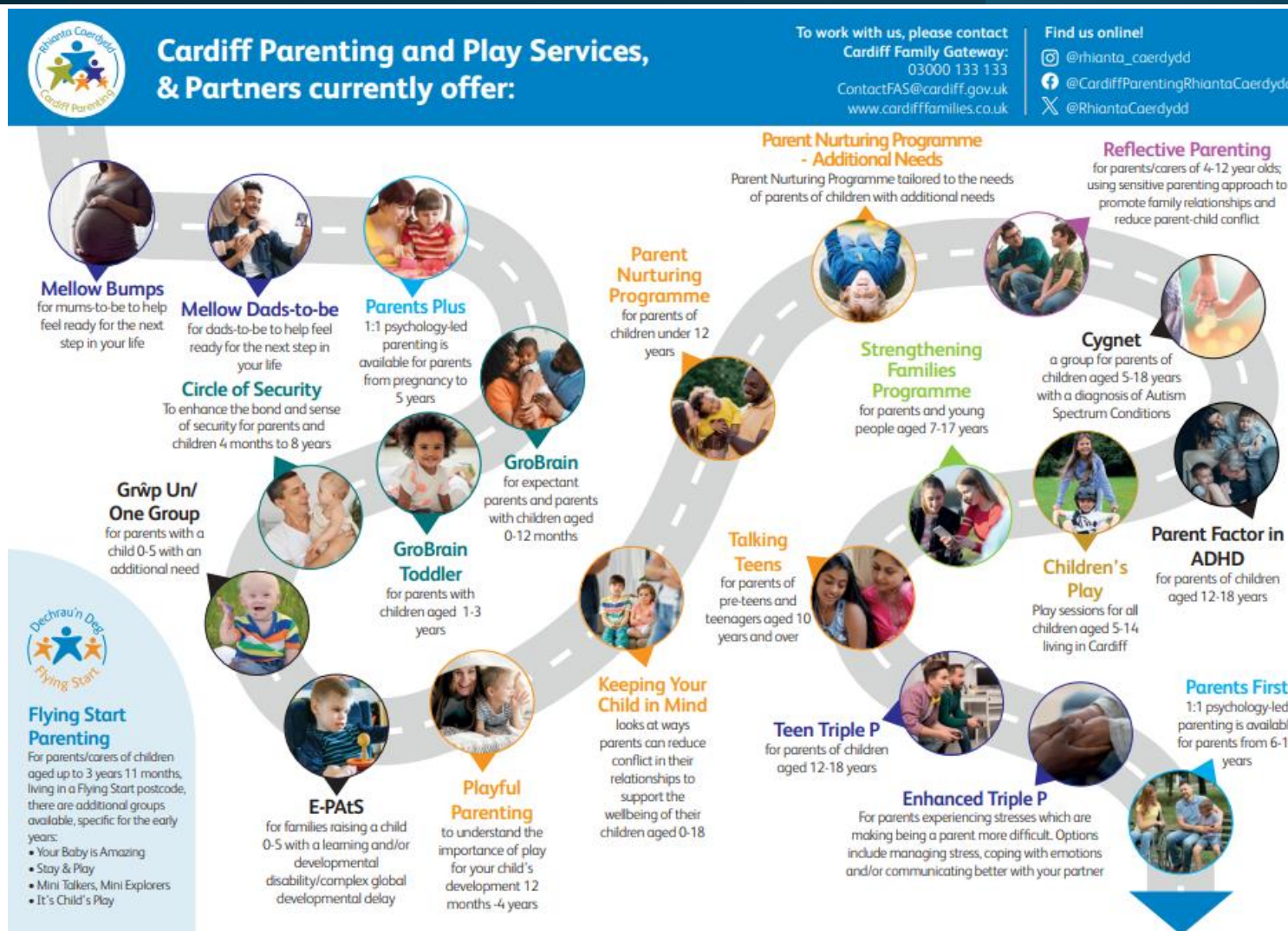
## Why we do this:

- A family case study
- Measuring impact on practitioners

## Where next?

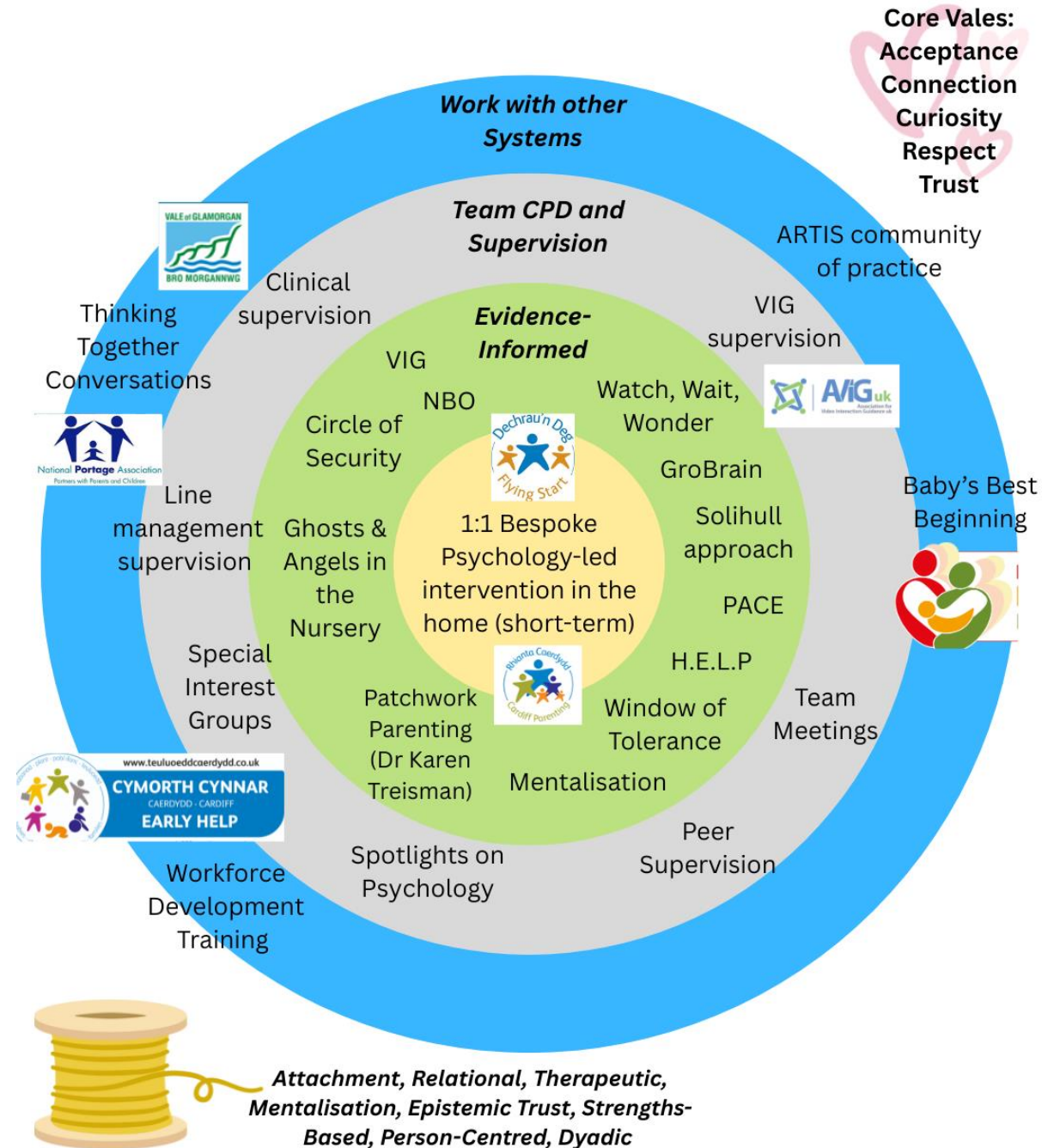
- Our future hopes

# Who are we?

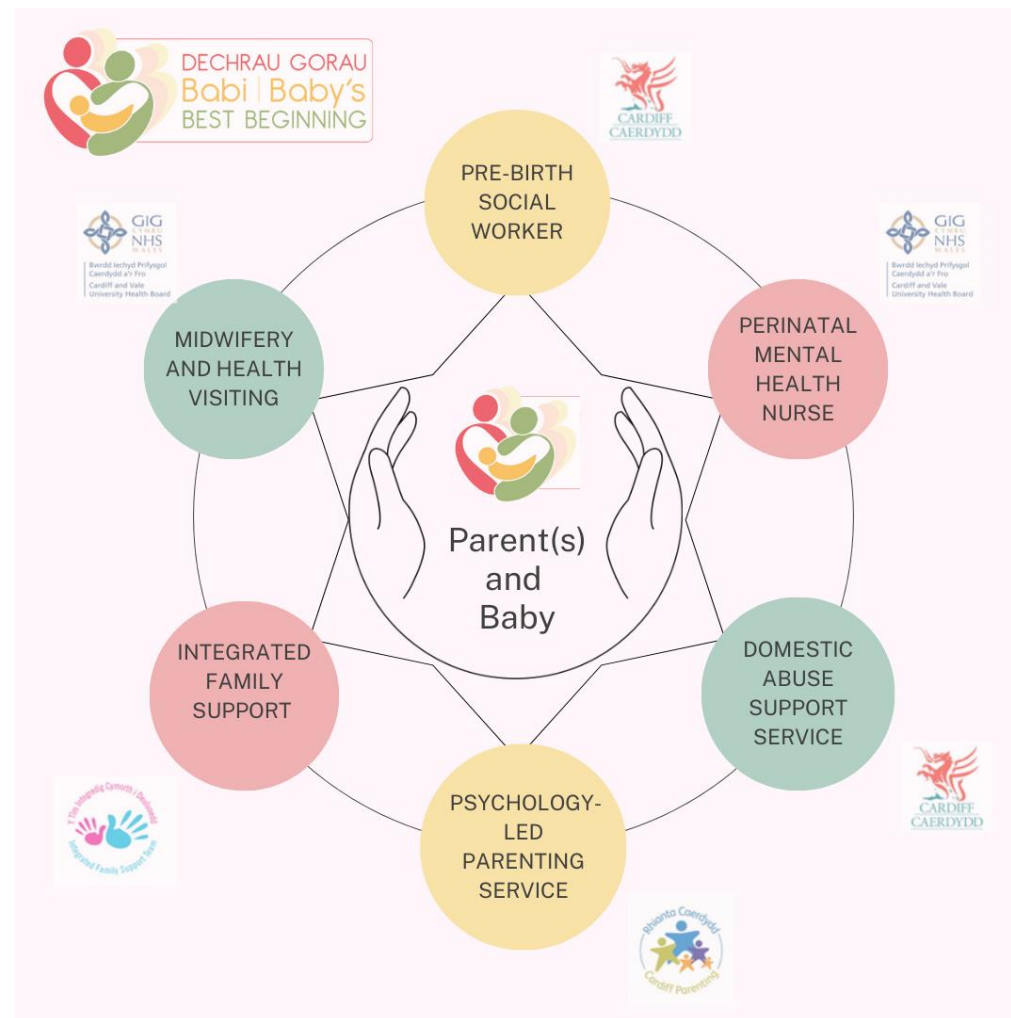
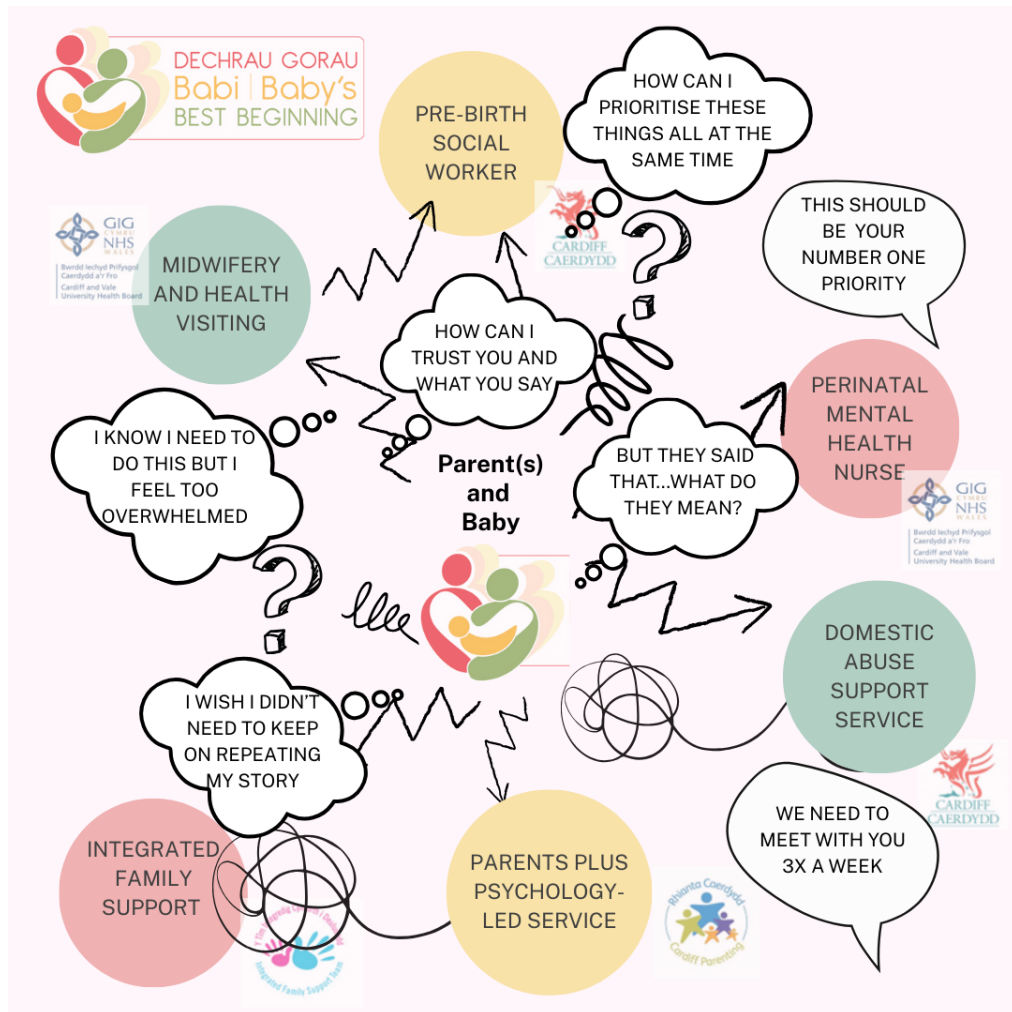




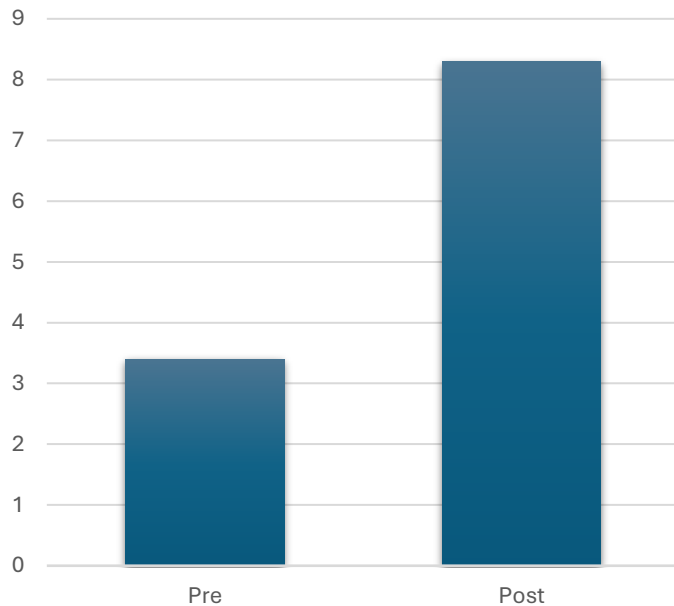
# Parents Plus Psychology- led Service



# The Rationale for Baby's Best Beginning:



Average rating (out of 10) for practitioners' understanding of the family pre and post formulation



# The Funding

## 2023-2024

- Initial pilot funded by WG EYs Integration Transformation Pathfinder Fund used for planning and implementation. Formulations completed between November 2023-March 2024 showed an average increase in practitioners understanding of the families.

## 2024-2027

- RIF funding for psychologist to lead formulations and supervise and complete casework in Cardiff.
- Introduction of formulations in the Vale and TTCs/Workshops for practitioners working with 0-2s.
- Data gathered around take up of formulations, numbers of casework visits completed and take up of TTC/Workshops.



## Securing a Better Start/ Sicrhau Dechrau Gwell

Perinatal Mental Health and Parent-Infant Relationships in Cardiff & Vale  
Dr Karen Bateson 1 December 2023

# What it looks like: The whole process

*Initial training  
by  
psychologists*

**An introduction to  
Attachment,  
Relational and  
Trauma Informed  
Practice**





# What it looks like: The formulation



Multi-agency



Fortnightly



One hour per  
formulation





# Flyer for parents



## Who are we?

We are a team who want to support you during your pregnancy to make sure your baby gets the best possible start to life. We are made up of social workers, family support workers, health visitors, midwives, psychologists and psychology led practitioners. You might work with one of us or a few different professionals. We try not to overwhelm you by sending in too many professionals at once.

## How do we work?

Your social worker will meet with us and we will think carefully about the type of support that would be most beneficial to you and your baby. We try our best to offer support that is not too overwhelming and focuses on the key areas that will help you to be the best parent you can be.

## How long will you work with me for?

This will depend on your individual circumstances. Each practitioner provides a short-term programme of support but you may end up working with more than one of us. Most of the teams can continue working with you once baby is born if needed.

## What parents say about working with us...

*"It has all been amazing. You have all been absolutely lovely. I have had amazing support from everyone who has been involved in this. It's all worked so well. IFST were amazing and I learned so much about healthy relationships and different types of abuse. I learned so much from Welcome to the World too about baby brain development. With Parents Plus, the video work was amazing as it gave me such a good understanding of my child's development and a boost as I was seeing that I'm doing a good job. It was lovely to see her change and to get to see our bond. It was absolutely lovely to see how happy I make her. The changes I saw were definitely to do with the video work we did together.*

*Being listened to and understood by everyone made me feel at ease. I was so worried and anxious at first because of what happened last time. I didn't know what to expect but everyone made me feel relaxed and I could say what I wanted to say. I had the best bits of everyone!"*



## Meet the Teams...

### Welcome to the World & GroBrain

An antenatal programme helping you prepare to meet your baby's practical and emotional needs delivered one-to-one in your home over eight weekly sessions.

### Intensive Family Support Team

One-to-one support with mental health, healthy relationships and/or substance use through regular (up to 3 times a week) home visits for around 6 weeks with follow up booster sessions.

### Parents Plus Psychology-Led Parenting

One-to-one weekly home visits reflecting on the type of parent you'd like to be and/or building a relationship with your baby and supporting their development. Can be before and/or after baby is born for around 10-12 weeks.

### Perinatal Mental Health Team

Support with your mental health to reduce its impact on your bond with your baby during pregnancy and/or after your baby is born.

### ELAN Midwives

Additional midwife visits in your home and practical support to prepare for your baby's arrival.

### Cardiff Parenting & Flying Start Groups

Antenatal and postnatal groups such as Mellow Bumps, GroBrain and Stay and Play to help you prepare for your baby and/or support their development.

### Emotional Wellbeing Support

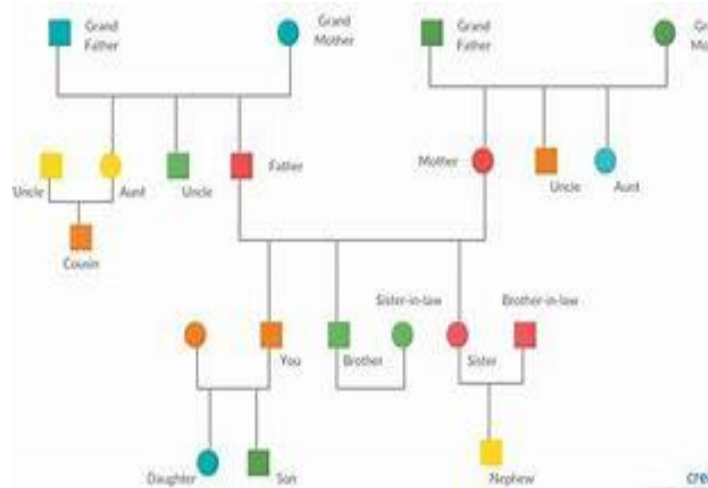
6-12 sessions with a specialist midwife to keep you emotionally well during pregnancy.

*We might also discuss additional support for other areas such as housing, healthy relationships work, processing trauma and mental health which your social worker can refer you onto.*

# Psychological models – The Dynamic Maturation Model of Attachment and Adaptation (Crittenden, 2016)

## *Exploring relationships (past and present)*

Birth



Current Day



1 = normal & expected dangers in past, 10 = ongoing endangerment in present	
1-2	Developmentally normal, expected dangers, from which the child was adequately protected & comforted.
3-4	Developmentally normative dangers for which one was protected but not comforted OR developmentally inappropriate dangers from which one was protected & comforted.
5-6	Developmentally inappropriate dangers from which one was neither protected nor comforted.
7-8	Parentally inflicted dangers (no comfort, no protection) or self-inflicted dangers.
9	Events that would be threatening to adults as well.
10	Ongoing serious endangerments (in the present)

# Psychological models - The Change Cycle (Prochanska & DiClemente, 1983)

*Exploring the parents' intention and ability to change*

The Stages of Change Model



***“What does the parent want support to change? Are they asking for help in a specific area?”***

***“What is the parent’s understanding of the risks you’ve identified?”***



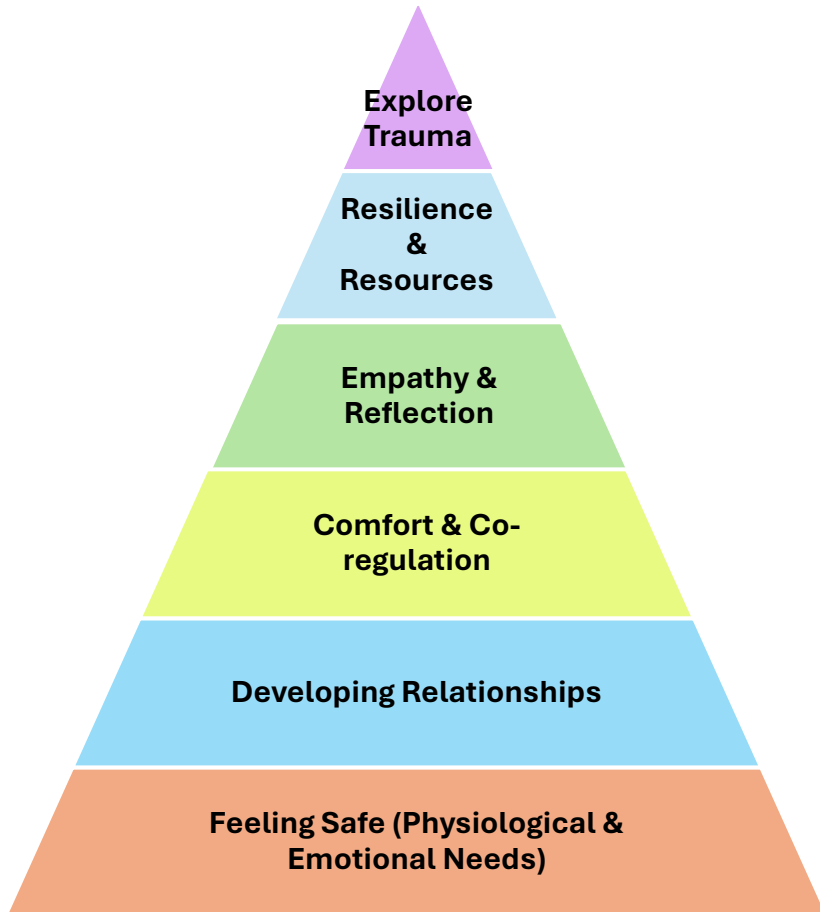
# Psychological models - Mentalising the Baby and Parental Reflective Functioning (Fonagy, 2011 & Barlow, 2017)

*Exploring parents' capacity to mentalise and bringing in the voice of the baby*

- *How does mum talk and think about her unborn baby?*
- *How does mum interact with her bump?*
- *Is mum able to think about the type of parent she wishes to be when the baby is born?*
- *How are things for the unborn baby at the moment?*
- *How are they experiencing life in utero?*



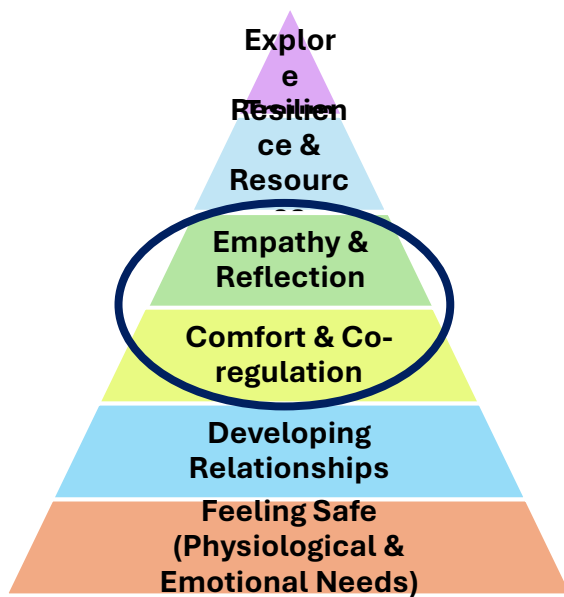
# Using this information to identify the right level of support



Golding & Hughes (2012)

Level of Parental Empathy & Reflection (Crittenden)	What the Parent Needs (Golding)
Parent is aware of what they need to change, can take in information around positive parenting practices and put this in place independently or, can take in this new information but needs another perspective and dialogue to put this in place.	Resilience and Resources  Increase parenting confidence and capacity. A full menu of these interventions can be found here: <a href="#">Road Map poster 2023.pdf (cardiffamilies.co.uk)</a>
Parent cannot always describe problems, including their own contribution to previous CS involvement, harmful relationships, etc, and/or may find it hard to integrate new information. Parent needs to be understood empathically before they can understand others (for example, their children) empathically.	Comfort and Co-regulation & Empathy and Reflection  Personalised Therapeutic Parent and/or Parent-Infant Intervention to create space in the mind of the parent to prioritise their baby's safety needs, increase parental reflective functioning, increase a positive representation of the unborn baby to support parent-infant relationship in utero.
There are more basic unmet safety, physical, intellectual, mental health, and economic needs that are impacting on the safety and stability of the unborn baby.  These basic needs need to be met to ensure that the parent/s are stable enough to be able to access therapeutic/psychoeducational interventions above.	Feeling Safe & Safe Relationships.  Physical Safety: Services to meet physical safety needs.  Emotional Safety: Stabilisation work. Helping parent to understand safe relationships. Giving the parent the experience of a safe and trusted adult who can act as a transitional attachment figure to the parent.

# A Parents Plus Case Study: Sam (pseudonym)



## Level of Parental Empathy & Reflection (Crittenden)

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# A Parents Plus Case Study: Sam (pseudonym)

One of our main concerns was that Mum is reportedly **not enjoying this pregnancy**. We know that she has experienced **13 pregnancy losses and had two children previously removed**. We wondered if it was safer for Mum to remain emotionally distant from this baby to protect herself from potentially experiencing another loss, either via miscarriage or removal of her child, both of which will feel like very real possibilities given her experiences. This pregnancy was unplanned as Mum did not think she could get pregnant again, so she was not prepared emotionally to face another potential loss.

Over the past few years, Mum **presented as homeless three times** but she is **now living in her own flat** and has **started to make some practical preparations for the baby**. She has been **engaging with the social worker with her cousin for support**. Her **cousin and aunty** were identified as potentially very important protective factors for Mum and baby. It is unclear how open Mum will be to accepting support from new people and we want to ensure she is supported to develop a connection with the baby. We are also concerned about her understanding of safe relationships, both for herself and baby, so that we can prevent this baby from being exposed to the same risks as her previous children.

# A Parents Plus Case Study: Sam (pseudonym)

## Parents Plus involvement

**Initial  
Assessment  
Visit**



**Co-created  
Targets**



**Formulation**



**Psychology-  
informed  
Intervention**



**Exploring and  
understanding your  
bond with your baby**

**Exploring and  
understanding what  
type of parent you  
would like to be**

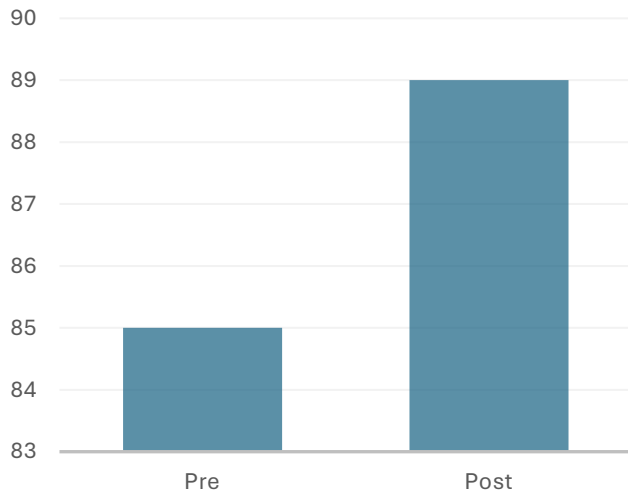


good enough parenting  
reflective functioning  
predictability  
ghosts in the nursery  
mentalisation  
dmm  
comfort  
co-regulation  
attachment theory  
angels in the nursery  
circle of security  
internal working model  
window of tolerance  
survival strategies  
patchwork parenting  
proximity  
safety

# A Parents Plus Case Study: Sam (pseudonym)

## Measuring outcomes

Maternal Antenatal Attachment Scale  
Global attachment score



*It's made me more positive about how I can be the mum I want to be. Now it comes naturally to interact with my bump. She is a part of me. She is communicating with me more, especially when I talk to her and touch my belly – it's nice! I think it will come naturally when she's born and I'll know what she needs. The attachment I have with her is insane. I didn't think I'd ever have this again.*

*Without this work I wouldn't have been mentally prepared to be a mum again. Even though I knew what I wanted, I didn't feel confident. You've given me a roadmap to help me to get there. I know exactly what road I want to be on. Sometimes I'll end up falling off that road but the work that we've done together will help me to get back on track. Even though I don't like talking about my past, it was really helpful to see what was missing in my history and how I don't want that for my daughter. It was also nice to look at how things have been different over the last 10 years so that I know exactly the stability and safety that she needs and what this looks like.*

*I'm less stressed – I'm not letting the little things wind me up like I did before. I'm looking at the positives instead of the negatives. If I'm positive, she's positive. If I feel sad, she feels sad. She feels my emotions so I try to make myself feel better so that she feels safe. I am finding ways to calm myself before things get too much for me and practicing this now so that I know how to cope with my emotions when baby is born and stop them getting too big and making her feel unsafe.*

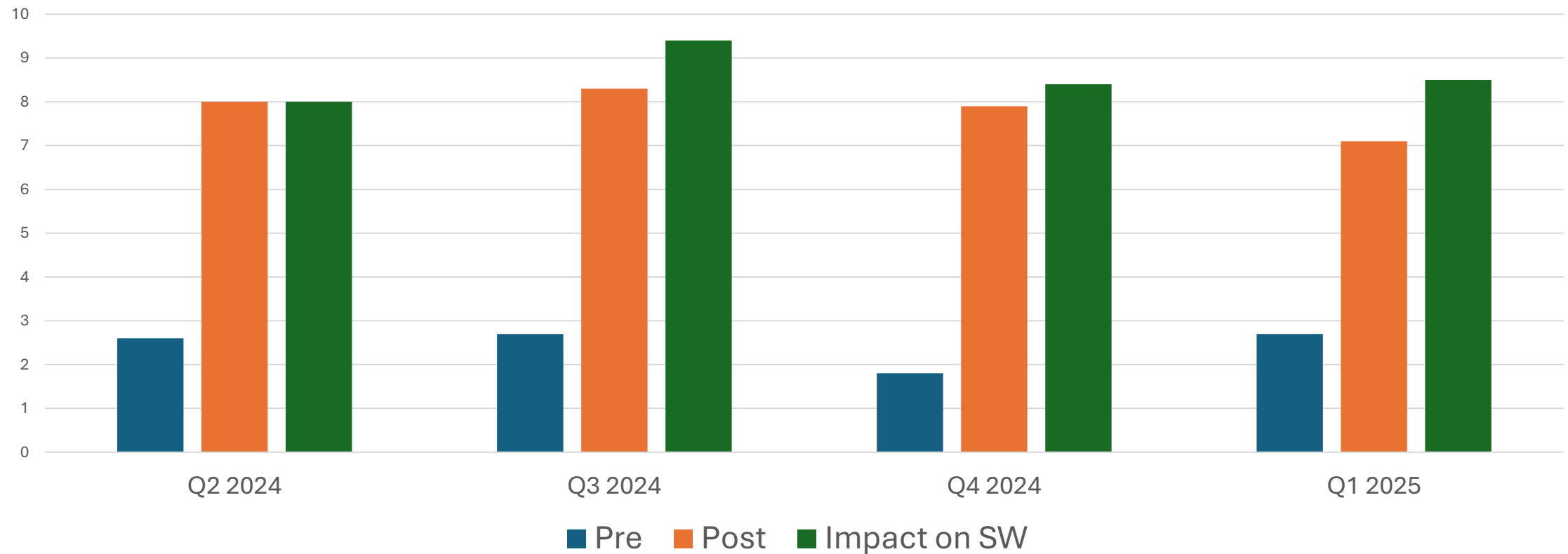


And from the baby's perspective...



# The Impact on Practitioners

Practitioner understanding pre and post formulation



# The Impact on Practitioners

The session uncovered significant additional history which can be a springboard for conversations around their understanding of risk and safety in relationships and lay groundwork for reflecting on the impact of abuse and impact on parenting with other teams.

It was helpful to spend time thinking about mum and her needs as well as baby's needs and devising a plan.

Bringing together different perspectives, holding the practitioner and supporting them to clarify their thinking. Referral to the psychological models was really helpful to ground the conversation and find a way forward.

I just adore this process. It helps me analyse, assess information, and plan with more confidence and expertise.

The formulation provided context to some of their reactions working with agencies... that would be safe avenues for the mother and increase chance of engagement.

Very useful in understanding mother and father's circumstances and why change is currently difficult for these parents, as well as exploration of how we can work to promote safety and engender change.



# The Impact on Practitioners



**Richard (social worker) &  
Lynda (family support  
worker) from the  
interventions hub**



**Aisha (social work  
assistant) Safe and  
Together**

# The Wider Impact

What we've noticed:

- Use of **language**
- Asking about **what's happened** rather than what's wrong
- Asking parents questions around **mentalising**
- **OMs** & Directors showing an interest in being more trauma informed
- Blaming/shaming to **vulnerable/coping** strategy
- Thinking about support **even if baby is unlikely to go home**

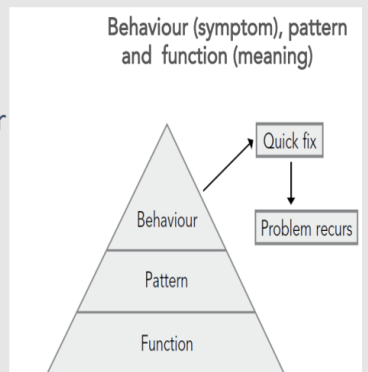


## Looking at Things Through a Relational Lens



Seeing and understanding the person (*what's happened to you?*) rather than just focusing on the presenting behaviour (*what's wrong with you?*).

This allows us to better understand the *pattern and function* of the behaviour to find long-term *solutions and change*.



# The Impact on Families

*"It has all been amazing. You have all been absolutely lovely. I have had amazing support from everyone who has been involved in this. It's all worked so well.*

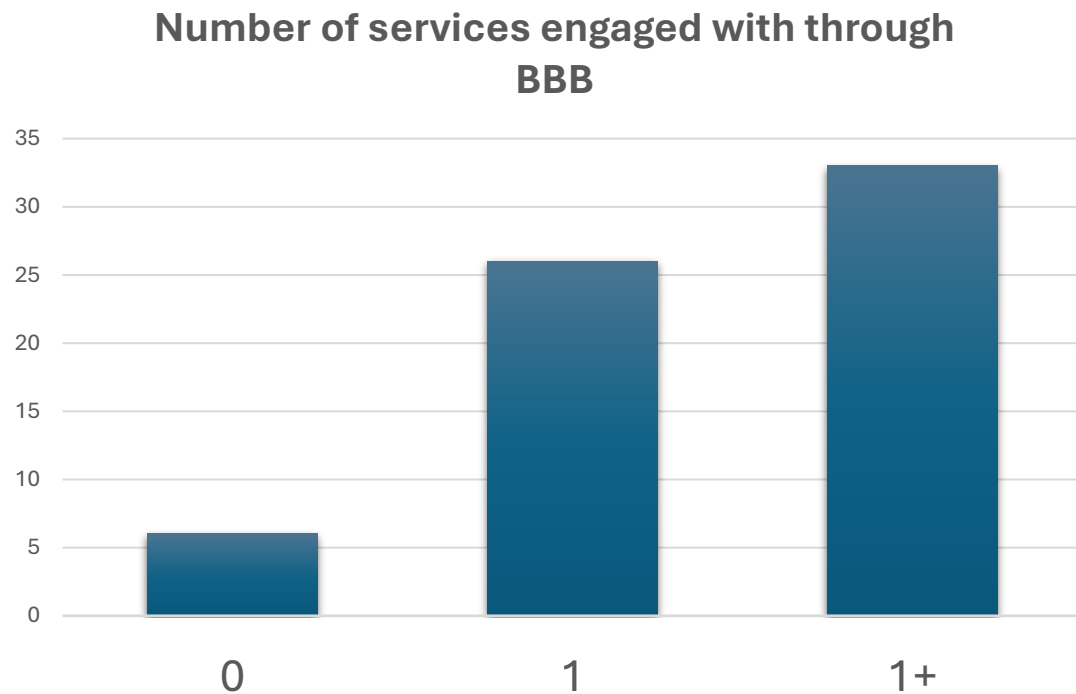
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# The Impact on Families



Success criteria isn't based on babies staying in mother's care...

... however, **72%** of babies discussed in BBB have been placed with at least one parent.



# What Next?

Review and learn from projects in Cardiff and the Vale.

Reaching more pregnant mothers in Cardiff (not known to prebirth team).

Continuing the learning following the transition to a new social worker and across the whole first 1001 days.

What else?



Thoughts,  
reflections and  
questions...

