



Mapping parent-infant services in Wessex



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1. Introduction

The relationship between an infant and his or her parents and care givers has a profound effect on a child's development. The importance of early intervention to enhance outcomes for children has been highlighted in The 1001 Critical Days Report ^[1].

In line with the cross-government ambition for women and children focusing on the first 1,001 critical days of a child's life, the NHS Long Term Plan extends the care provided by specialist perinatal mental health services from preconception to 24 months after birth (care is currently provided from preconception to 12 months after birth) ^[2].

In 2016 the Wessex Clinical Network for Perinatal Mental Health [PNMH] undertook an audit of the whole PNMH pathway using the Maternal Mental Health Alliance (MMHA) Pathway Assessment Tool ^[3]. The services audited included midwifery, health visiting, GPs, Commissioning, Voluntary sector and Specialist PNMH services. The audit results highlighted Infant Mental Health as an area which needed further attention from the Network as it produced low [poor] scores across a number of the domains within the tool. The findings reflect the picture for Infant Mental Health services across the UK where there is little mental health provision for children aged 2 and under, as reported by PIPUK in 'Rare Jewels' ^[4].

As a consequence of this finding the Clinical Network decided to make Infant Mental Health a priority area for 2018/19 and, as part of the work, commissioned this mapping exercise to identify statutory and voluntary services across Wessex which worked wholly or partly to enhance Infant Mental Health. It is outside the scope of this report to comment on the evidence base for the interventions therefore particular models and interventions used have been named only, rather than reviewed.

The early years of a child's life from pregnancy to age 2 are vital to their physical, mental and emotional health and development. The All-party parliamentary group which helped to produce the 1001 Critical Days report states:

“ In an ideal world, all children should be wanted, nurtured, loved, protected and valued by emotionally available and sensitively responsive parents. Such an environment allows the child to develop in the most optimal way, with emotional wellbeing, capacity to form and maintain relationships, healthy brain and language development leading onto cognitive development, school readiness and lifelong learning. ”

According to the report, providing positive childhood experiences during their early years could reduce the following later in life:

- hard drug use by 59%
- incarceration by 53%
- violence by 51%
- unplanned teen pregnancies by 38%

2. Aims and Objectives

The aim of this exercise was to map the provision of Parent-infant services by both statutory and voluntary sectors across Wessex.

The objective was to collate information about existing services to enable providers and commissioners to identify both the strengths and the gaps in service provision and in doing so to provide a starting point to work together to improve services across Wessex.



3. Context

Geographical context

The area covered by the Wessex Clinical Network comprises of the counties of Dorset, Hampshire and the Isle of Wight [IOW] together with the Unitary Authorities of Bournemouth, Poole, Portsmouth and Southampton.

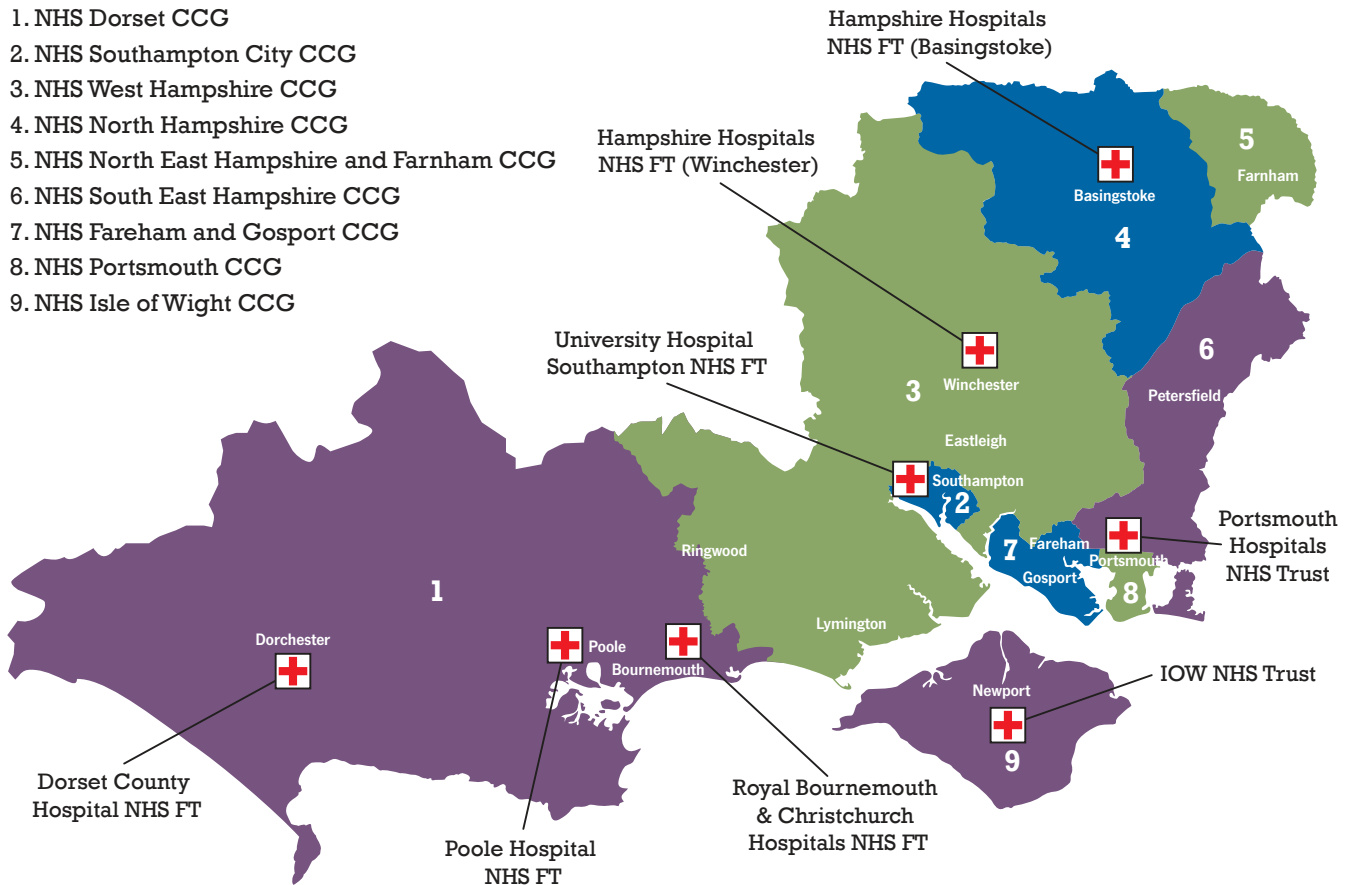
Wessex Clinical Network area



Wessex Map Showing CCG areas

Figure 2: **Area map of Wessex**

1. NHS Dorset CCG
2. NHS Southampton City CCG
3. NHS West Hampshire CCG
4. NHS North Hampshire CCG
5. NHS North East Hampshire and Farnham CCG
6. NHS South East Hampshire CCG
7. NHS Fareham and Gosport CCG
8. NHS Portsmouth CCG
9. NHS Isle of Wight CCG



Perinatal Mental Health profile for Wessex showing Social Context

Indicator	Period	England	Wessex	Hampshire	Portsmouth	Southampton	Isle of Wight	Dorset (Cty)	Bournemouth	Poole
Stillbirth rate (persons, 0 yrs)	2015-17	4.3	3.6*	3.6	2.6	4.7	3.0	3.6	3.6	3.2
Sole registered births: % births registered by one parent only (Persons, 0 yrs)	2017	5.1	4.2*	3.7	5.6	5.4	5.9	3.4	4.3	4.9
Parents in drug treatment: rate per 100,000 children aged 0-15 (Persons, <16 yrs)	2011/12	110.4	87.1*	54.8	124.3	132.9	84.1	133.9	123.7	108.9
Parents in alcohol treatment: rate per 100,000 children aged 0-15 (Persons, <16 yrs)	2011/12	147.2	122.4*	*	*	55.6	*	136.9	162.5	147.9
Looked after children aged <5: rate per 10,000 population aged <5 (Persons, 0-4 yrs)	2017/18	34.9	33.0*	28.2	50.3	49.3	24.2	30.7	39.4	22.1
Looked after children aged 10-15 (Persons, 10-15 yrs)	2016	75.3*	75.1*	59.1*	101.4*	139.8*	83.2*	60.8*	121.7*	84.6*
Children on child protection plans: rate per 10,000 children <18 (Persons, <18 yrs)	2014/15	42.9	52.5*	48.1	53.5	66.7	99.4	48.2	51.5	41.4
Family homelessness (Persons)	2017/18	1.7	-	0.8	3.8	2.3	0.9	1.1	*	1.4
Teenage mothers (Female, 12-17 yrs)	2017/18	0.7	0.6*	0.5	1.3	0.6	1.0	0.5	0.5	1.1

Data source: Public Health England 'Fingertips' tool ^[5]

* Please see <https://fingertips.phe.org.uk> for further information on how data has been calculated

Compared with benchmark

Better	Similar	Worse	Lower	Similar	Higher	Not compared
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Some areas in Wessex score worse than the National average, shown by the red squares, across a number of indicators for vulnerability which are often used as predictors of poor attachment, such as homelessness and numbers of children on a Child Protection plan. However, it is important to remember that not all babies or toddlers with certain risk factors will have poor mental health or that children with no vulnerability factors will not suffer from mental health problems.

Neuroscience

The evidence base from neuroscience is growing and compelling in terms of infant mental health.

- The basic principles of neuroscience indicate that early preventive intervention will be more efficient and produce more favourable outcomes than remediation later in life.

A balanced approach to emotional, social, cognitive, and language development will best prepare all children for success in school and later in the workplace and community.

- Supportive relationships and positive learning experiences begin at home but can also be provided through a range of services with proven effectiveness factors. Babies' brains require stable, caring, interactive relationships with adults – any way or any place they can be provided will benefit healthy brain development.

Science clearly demonstrates that, in situations where toxic stress^[A] is likely, intervening as early as possible is critical to achieving the best outcomes. For children experiencing toxic stress, specialised early interventions are needed to target the cause of the stress and protect the child from its consequences ^[6].

Method

Information on the services providing parent-infant interventions was acquired through discussion with Wessex PNMH members, interviews with team leaders and review of websites. This was not an exhaustive study or evaluation of services. It represents a snapshot of statutory and third sector provision in Wessex, intended to provide a baseline for further discussion.



[A] Toxic stress is stress that is extreme and long-lasting, and occurs in the absence of a buffering relationship.

4. Summary of Findings

Table showing provision of services providing interventions to enhance the Parent-Infant relationship across Wessex.

Key:

Green = full/good coverage these are services which are widely available in the stated area

Amber = partial /inadequate coverage these are services which do not provide full cover in the stated area and which would benefit from increased investment

Red = no coverage none of these services are available in the stated area.

	Hants	Dorset	IOW	UA Ports	UA Soton	UA B'mouth	UA Poole
CAMHS Services commissioned for 0-5s	Red	Red	Red	Amber	Amber	Red	Red
Health Visiting	<i>'Knowing Me, Knowing You' group</i>	Antenatal PEEP	Green	ECHO model	<i>'Mums Matter' group</i>	Green	Green
Parent Infant Partnership	Red	Amber	Red	Red	Red	Amber	Amber
Specialist PNMH offering Parent-Infant interventions	Green	Green	Green	Green	Green	Green	Green
Children's Centres	Barnados	Surestart	Barnados	Barnados	Surestart	Surestart	Amber
Homestart	Green	Green	Green	Green	Communicare	Green	Red
Family Nurse Partnership	Green	Green	Red	Green	Green	Red	Green

PEEP: Parents Early Education Partnership

Health visiting

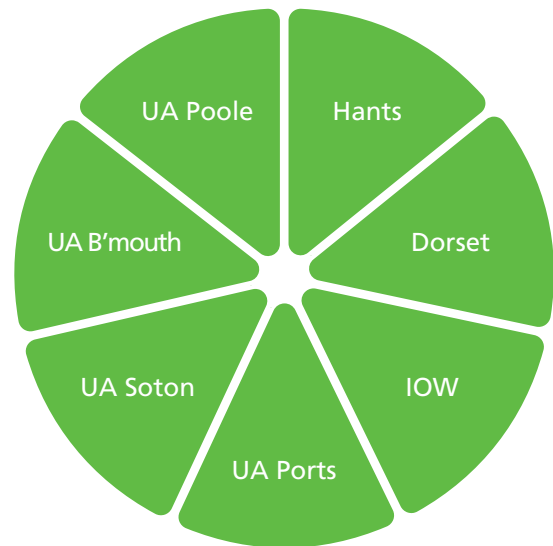
Health visitors are one of the most important groups of professionals for both the detection of, and early intervention with, poor attachment relationships which can develop into Infant Mental Health problems if they are not identified early. ^[7]

Health visitors are mandated in England to visit every family from pregnancy until their children start school. This places them in a unique position to assess and influence the health of every mother, father and baby and the family unit as a whole. It is therefore essential that all health visitors are trained to understand the significance of good perinatal and infant mental health (PIMH).^[7] However, across Wessex, health visiting services have seen funding cuts which has impacted on their offer.

Since 2015, the Institute of Health Visiting (iHV) has been delivering perinatal and infant mental health training to health visitors and other practitioners through the Perinatal and Infant Mental Health Champions project.

A Champion is an ambassador for perinatal and infant mental health within their local area. Champions take an active role in leading on various aspects of the relevant improvement work through:

- cascading the training to their colleagues: increasing awareness and knowledge of perinatal and infant mental health within teams, enabling them to signpost effectively to the right service at the right time
- ensuring service users and those who are experts by experience are partners in the planning and shaping of local services
- being the voice of the child
- making certain that services are developed to meet the needs of its population with respect to diversity, equality and equity



- improving access to services for those families affected by or at risk of perinatal mental illness and/or infant mental health problems
- progressing local integrated perinatal and infant mental health care pathways
- empowering colleagues to raise parity of esteem for perinatal and infant mental health
- promoting evidenced based information at all levels
- building community capacity through working in partnership with local citizens
- dispelling myths and proactively working to challenge and reduce stigma ^[8]

Specific Models and Interventions offered by Health Visitors across Wessex.

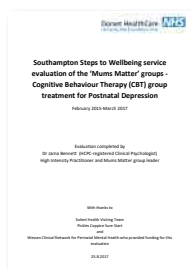
Portsmouth

Portsmouth and Southampton use the Enhanced Health Visiting Offer (ECHO) model offering up to 30 visits to those families identified as requiring additional support, from pregnancy to 3 years old. This is being independently evaluated.



Southampton

Alongside ECHO, Health visitors in Southampton offer the 'Mums Matter' group.



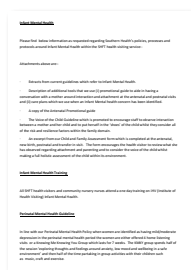
Dorset

Dorset Health Visitors offer Antenatal Parents Early Education Partnership (PEEP)



Hampshire

Health visitors offer the 'Knowing Me, Knowing You' group



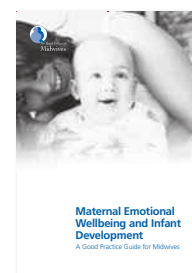
Cuts to health visiting budgets impact service provision as highlighted in the 'Rare Jewels' report, p 21 [4].

Many health visiting services can barely deliver the core health visiting services to families let alone specialist work to support parent-infant relationships, despite the clear value of this work. The number of health visitors employed by the NHS has fallen since 2015 from just over 10,000 to just under 8000 as of April 2018, and 65% of families do not see a health visitor at all after their baby is aged six to eight weeks old.

Midwives

Midwives, like Health visitors, are uniquely placed to observe and support the developing parent-infant relationship both ante and postnatally. However currently there are very few specific interventions to enhance attachment and bonding being offered by midwives either individually or in a group setting across Wessex. Midwives also receive little or no pre and post registration training in attachment. This is an important group to develop, train and work with to improve both the ante and postnatal offer.

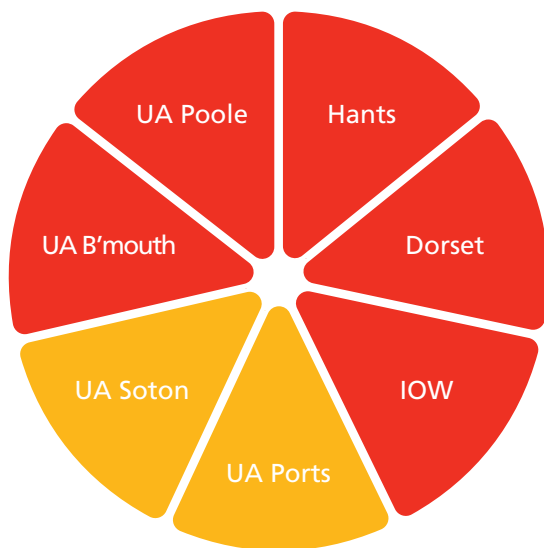
This report from the Royal College of Midwives highlights the importance of the role that midwives can play in supporting and enhancing the relationship between mother and baby. It also gives examples of helpful interventions which midwives can use.



[9]

Child and Adolescent Mental Health Services

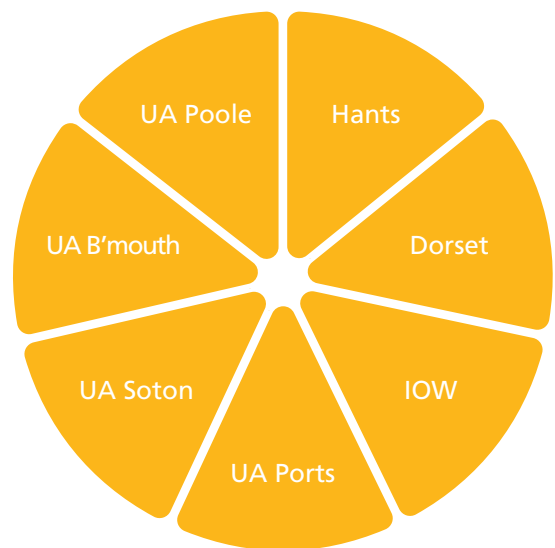
Of particular concern in Wessex is the lack of Child and Adolescent Mental Health Services (CAMHS) commissioning for 0-5s. NICE recommends that 'Parents or main carers who have infant attachment problems receive services designed to improve their relationship with their baby' [10]. Portsmouth City is the only area in Wessex which has CAMHS commissioning of 0-5 services. Southampton City offers some specialist supervision and triage and signposting of under 5s referrals although no direct work.



Children's centres

Children's centres are available across Wessex and offer a variety of interventions to enhance attachment and bonding; however these services have been drastically cut since 2010 and have moved from open access to a more appointment based service which may increase difficulty of access for vulnerable families.

The two main providers are Surestart and Barnados both of which offer a range of interventions including Baby PEEP and 5 to Thrive.



Specialist Perinatal Mental Health (PNMH) services ^[11]

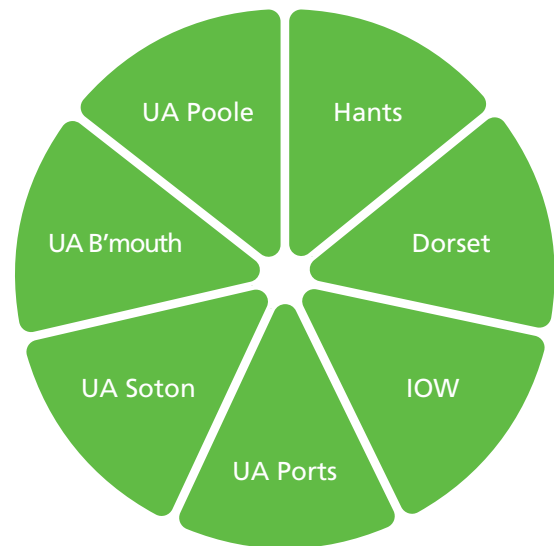
Specialist multidisciplinary perinatal community services and inpatient psychiatric mother and baby units are available across Wessex to support women with a mental health problem in pregnancy or the postnatal period in line with the National Institute for Health and Care Excellence (NICE) guidance. ^[12]

Access to specialist multidisciplinary perinatal community services and inpatient psychiatric mother and baby units can help to ensure that the most appropriate prevention, detection, assessment, monitoring and treatment is provided.

In particular, women with severe mental health problems need specialist perinatal support to ensure that their condition is monitored appropriately, and that they can access the most suitable treatment. This is because severe mental health problems can be associated with significant impairment in social and personal functioning, which might affect the woman's ability to care for herself and her child. Psychiatric causes of maternal death, particularly suicide, continue to be a significant cause of maternal mortality in the UK.

Maternal mental health problems are a known vulnerability factor for impacting negatively on parenting. Wessex benefits from two Mother and Baby units [MBUs], one in Bournemouth and one in Winchester which offer acute mental health admissions where women experiencing severe mental health problems can be admitted with their babies.

Women from the whole of Wessex can benefit from community perinatal mental health teams, which offer specialist psychiatric and psychological assessments and care for women with complex or severe mental health problems during the perinatal period. They can also provide preconception advice for women with a complex or severe mental health problem (current or past) who are planning a pregnancy.



Both the specialist Inpatient MBUs and the PNMH community services offer a variety of interventions to enhance the parent-infant relationship. These include Video Interactive Guidance [VIG], Baby massage, and Psychoeducation sessions to enhance understanding of baby states and brain development, play sessions, Watch Wait and Wonder, Gro-brain, 5 to Thrive. These are delivered both individually and in groups, and are available both in the Mother and Baby unit and via the PNMH Community teams. The Dorset team also have a Parent-Infant psychotherapist.

Under the NHS Long Term Plan specialist services are required to remain involved until the baby is 24 months old where appropriate.

Family Nurse Partnership

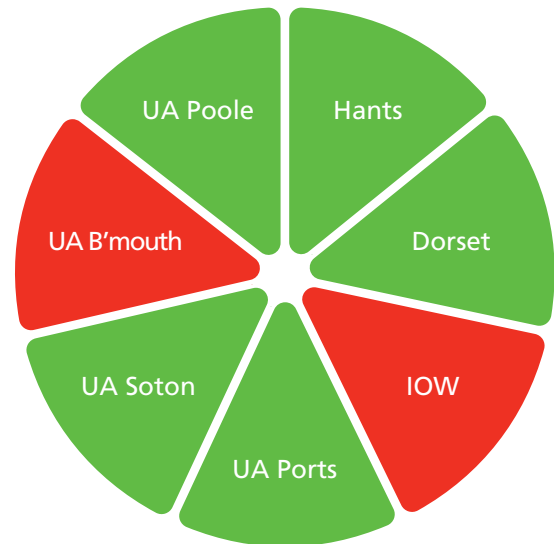
Family Nurse Partnership (FNP) works with young first time parents aged 24 and under, partnering them with a specially trained family nurse who visits them regularly, from early pregnancy until their child is two. ^[13]

By focusing on their strengths, FNP enables young parents to:

- Develop good relationships with and understand the needs of their child
- Make choices that will give their child the best possible start in life
- Believe in themselves and their ability to succeed
- Mirror the positive relationship they have with their family nurse with others.

FNP is underpinned by three theories:

- Human ecology theory – emphasising the impact of social context and environment on human development
- Attachment theory – emphasising the importance of the security and safety that comes from a relationship with a primary caregiver to a child’s healthy emotional development
- Self-efficacy theory – nurses use this concept to guide their efforts in supporting positive change, enabling clients to understand why particular actions are important and to develop the confidence necessary to achieve these.^[11]



● GPs

Whilst GPs are another group of professionals who have regular contact with young families and are in a good position to detect problems with the attachment relationship early on, they do not receive any training in attachment to ensure this is done in the best possible way.

● Third Sector

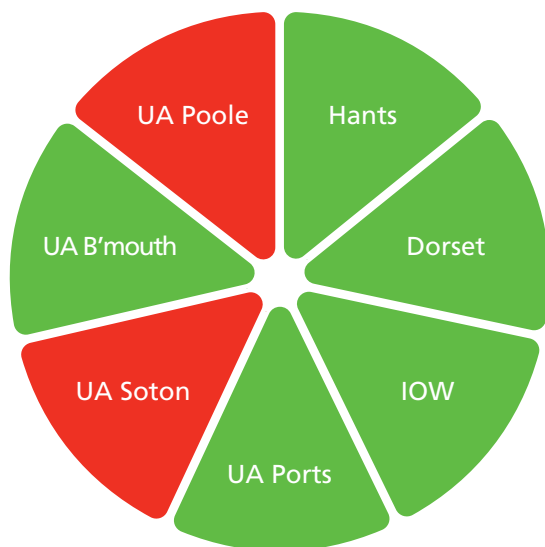
The Maternal Mental Health Alliance Pathway Assessment audit highlighted that statutory services integration with third sector organisations is rather limited across Wessex. The following list of third sector organisations, whilst by no means exhaustive, offer a range of interventions for families with babies and young children. Some work to a defined area and where that is the case the area is mentioned.

Homestart

Wessex has good coverage of Homestart teams, which cover Dorset, Hampshire, IOW and Portsmouth.

Home-Start is one of the leading family support charities in the UK.

Home-Start volunteers help families with young children deal with the challenges they face. They support parents as they learn to cope, improve their confidence and build better lives for their children



- **Communicare**

Provided in Southampton only. Family Help which helps young families support their children through play and practical help.

- **Safe families**

Parenting and practical support to Southampton families only.

Requires referral from Children's services.

- **Roberts Centre**

Provided in Portsmouth, Havant and Gosport.

An organisation which develops innovative responses to families who are struggling to improve their family's difficult circumstances whether from homelessness or family breakdown.

- **Dorpip**

DorPIP provides a preventative, early help talking therapy service (parent infant psychotherapy) where parents have been identified to have multiple stressors on the care giving relationship that is impacting or may impact on their ability to be fully present and attuned to their baby or readily able to meet their emotional, physical and or developmental needs.

Using a multi-agency partnership approach with Dorset's statutory providers and third sector organisations DorPIP provides parent infant psychotherapy across Poole and Bournemouth. Providing excellent support and resources for parents, primary caregivers, health and social care professionals in the art and science of 'good enough' parenting.

- **Children's services**

Across Wessex Children's services offer a number of interventions to enhance the parent-infant relationship:

- Video Interaction Guidance (VIG), in which parent-infant interventions are videoed and parents get to watch their engagement and learn from what they do well to help build confidence
- There are a range of parenting courses adapted to different ages of children, levels of need of the child and levels of risk in the family
- One to one family and parenting support, helping parents to manage the needs of their child(ren) and their own needs too, with specific outcome measurements and support plans providing structure to the work

5. Conclusion and Recommendations

Conclusion

There are a number of areas of good practise within Wessex. It has good provision of specialist PNMH community services and two inpatient Mother and Baby units. Women who are under these services will be able to access a wide range of therapies to enhance the parent-infant relationship. Wessex is also well served by Family Nurse Partnership services and there are some excellent innovations within health visiting.

However, there are also significant gaps in parent-infant provision within Wessex, with no clear pathway or training on Infant Mental Health across the whole system. Parenting programmes are likely to be most effective when early mental health is promoted in the wider systems and contexts that surround children and their families. This often necessitates innovative and collaborative ways of working across NHS, local authority and community services. (For example, early childhood care and education settings, schools, multidisciplinary child development teams, child and adolescent mental health services and social care). Primary care practitioners are a lynch pin in this work, as they see daily examples of the role that early experiences and relationships play in shaping the foundations of later health. Through early identification and appropriate referral, primary care settings can help families to develop the relationships that offer children the best start in life.^[16]

Recommendations

Steering group

Future steering groups should ensure that they have the right membership to reflect the whole pathway and ensure that this includes representation from the following:

- Child and Adolescent Mental Health Services (CAMHS)
- Children's services
- Clinical Network
- Dads & Partners
- GPs
- Health Visiting
- Improving Access to Psychological Therapies (IAPT)
- Midwifery
- Neonatology
- Paediatrics
- Perinatal
- Third sector
- Women with lived experience

Pathway

Wessex would benefit from a whole system Infant Mental Health pathway which includes both prevention and health promotion as well as highlighting best practise interventions and services. There are NICE recommended pathways to refer to, as well as pathway work which has been started in other areas to refer to such as Warwickshire and Tameside and Glossop outlined in the links below.

<https://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people>

<https://apps.warwickshire.gov.uk/api/documents/WCCC-630-1191>

<http://www.insidegovernment.co.uk/uploads/2016/03/paulinelee.pdf>



Training

Attachment needs to be demystified and become everybody's business. Currently there is a gap in the availability of attachment training across a number of significant groups, of particular note are midwives, GPs, neonatal and paediatric services. **Training needs to be available across the whole system**, including Third Sector and nurseries as well as for all health professionals from across the pathway.

Early Intervention

As the 1001 Critical Days report concludes, local policies need to be based on a commitment to primary prevention. The evidence strongly indicates that identification of need should take place before the child is harmed, not after. **Any future work should ensure that there is an equal focus on early intervention and prevention.**

The PIPUK report 'Rare Jewels', published in June 2019, also highlights the importance of early years intervention ^[4].

6. Glossary

CAMHS – Child and Adolescent Mental Health Services

CCG – Clinical Commissioning Group

Cty – County

DorPIP – Dorset Parent Infant Partnership

ECHO model – Enhanced Health Visiting Offer

FNP – Family Nurse Partnership

IAPT – Improving Access to Psychological Therapies

iHV – Institute of Health Visiting

IOW – Isle of Wight

MBU – Mother and Baby Unit

MMHA – Maternal Mental Health Alliance

NHS FT – National Health Service Foundation Trust

NICE – National Institute for Health and Care Excellence

PEEP – Parents Early Education Partnership

PIP – Parent Infant Partnership

PNMH – Perinatal Mental Health

UA – Unitary Authority

VIG – Video Interactive Guidance

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8. Acknowledgements

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