Blackpool Clinical Commissioning Group
Fylde and Wyre Clinical Commissioning Group

Blackpool parent / infant relationship engagement report

Introduction

Specialised parent-infant relationship teams are multi-disciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents or carers. Currently there are 39 parent-infant teams across the UK.

Parents and babies start family life in a range of circumstances; and if they face additional difficulties such as physical or emotional ill health, financial stress, housing difficulties, or relationship breakdowns, being a parent can be even harder.

There is no parent-infant team in Blackpool currently.

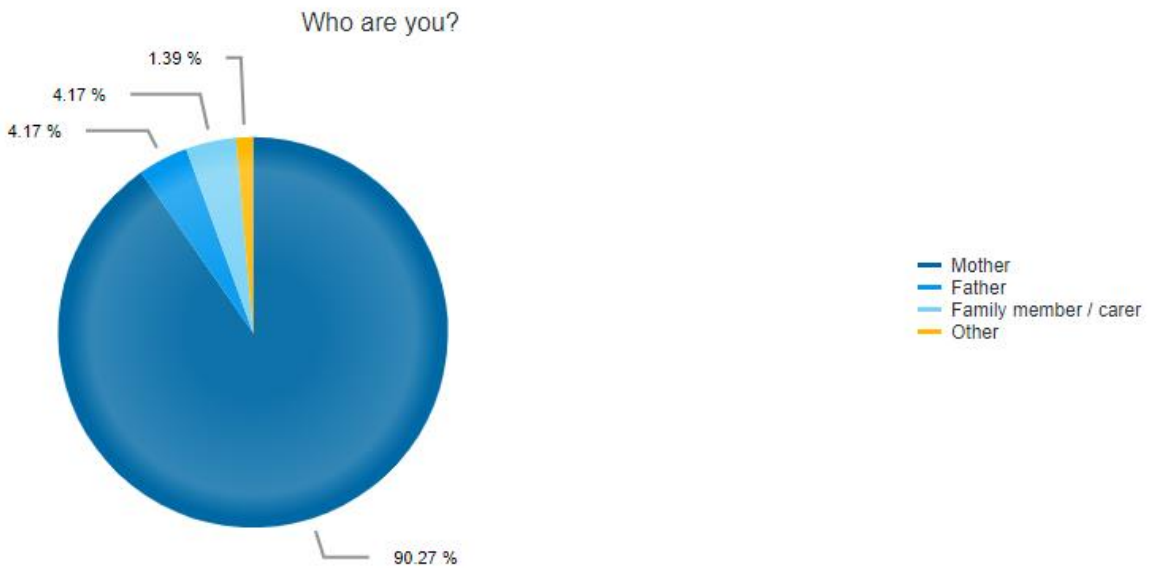
In January 2022 a survey was launched to gather the views of people with lived experience of these issues with a view to using their feedback to design a service for Blackpool. The survey was shared online via social media and through known family centres and parent groups.

This report will outline the findings of the survey.

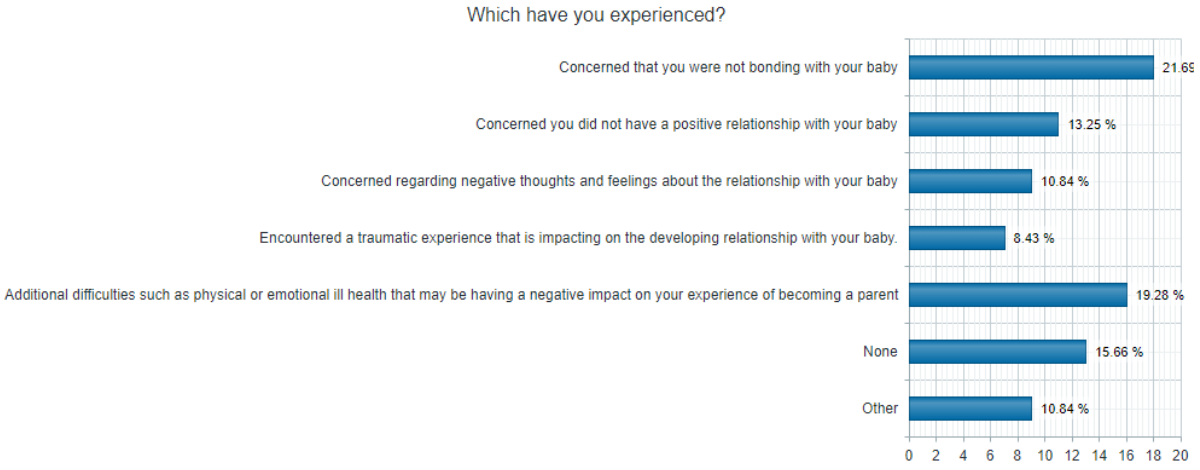
Summary of those taking part

Seventy five responses were received which, given the niche subject matter is felt to be a suitable representation.

Of those the majority of respondents were mothers. Ideally we would have liked to hear from more fathers but given that the reach of the survey was at groups that are more prominently frequented by mothers this skew is understandable.



In terms of experience, 15 per cent said they had not experienced any kind of issue forming a relationship with their baby. The majority had a concern that they were not bonding with their baby. Almost 20 per cent said they had additional difficulties such as physical or emotional ill health that may be having a negative impact on their experience of becoming a parent.



Recommendation 1: Ensure the service has links with other health services so that they are aware of or have access to information about pre-existing health issues and links to clinicians that can help with their treatment.

Eighty six per cent of respondents said they would have felt comfortable being asked about their relationship with their baby.

Key findings

Support already available

We asked respondents to tell us what support they had received despite there not being a specific service and whether this was useful. They said:

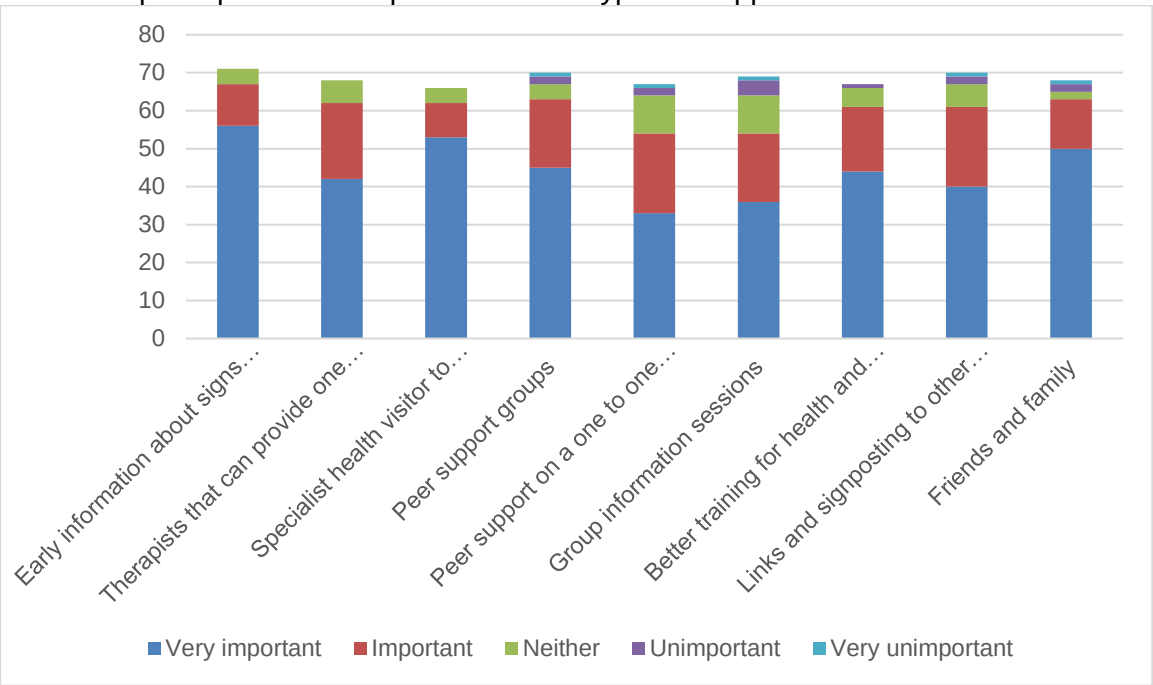
- Listened to at home by health visitor. Regular visits very helpful as listened to and reassured.
- Some support from a breastfeeding consultant but other than that
- I had pre-natal depression and anxiety. Was supported by my mental health midwife
- CBT, whilst pregnant, then following on after baby was born. It wasn't very affective.
- Health visitor was very helpful
- I got diagnosed with postnatal depression and was started on medication and had counselling but due to having a baby during the pandemic I didn't receive as much help before having the baby or after
- Received support from my Health Visitor, this was very helpful as often parents are told that when their baby is born there will be an automatic and miraculous 'bond' however in my experience this was not the case. If there has been a traumatic birth then this can hinder this bond forming, and sometimes you just need to get to know this tiny person first before you can bond with them.
- A breastfeeding group helped massively and reassured me that some difficult behaviours were normal and helped me persevere and thus feel like I had succeeded when I was struggling with post-natal depression
- I was referred to a CBT councillor which helped with my overall mental health but did not address my feeling or concerns about mine and my baby's relationship.

We can see that the role of the health visitor and mental health support seems to be the most common needed and delivered so far. There is also good feeling toward peer support groups such as breast feeding.

Recommendation 2: The service should make use of the health visitors and peer support groups and link to mental health support.

What is important going forward?

We asked participants how important various types of support are:



The respondents reported that the most important elements are:

1. Early information
2. Peer support in groups
3. Friends and family
4. Therapists for one-to-one therapy
5. Specialist health visitors

Group information and one to one peer support were still seen as important but had more respondents saying they were not as important as other elements.

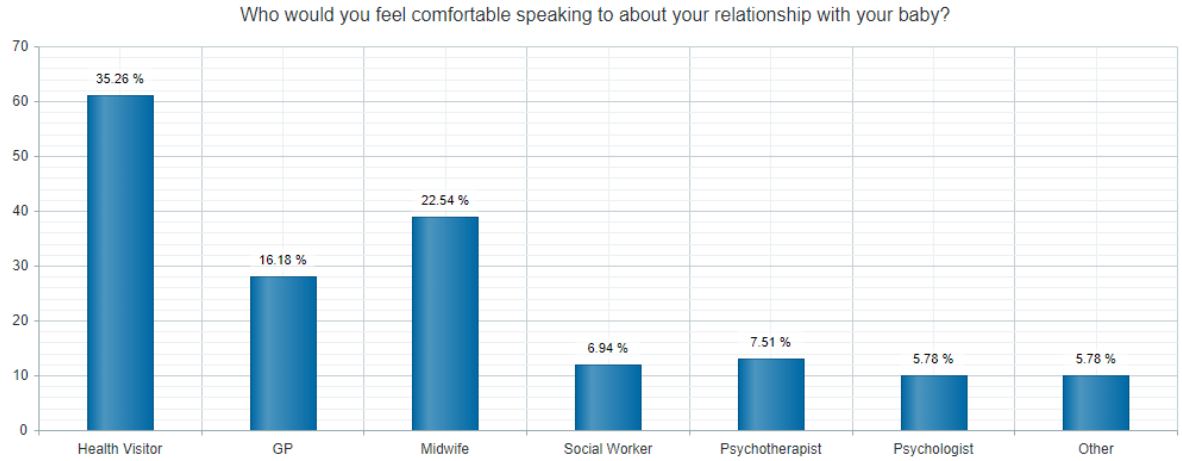
Recommendation 3: The service should be able to offer information materials at an early stage in parenthood.

Recommendation 4: The service should offer peer support groups and one to one therapy.

Recommendation 5: The importance of friends and family should not be forgotten and provision should be in place to provide them with information and guidance on how to support someone close to them.

Speaking to professionals

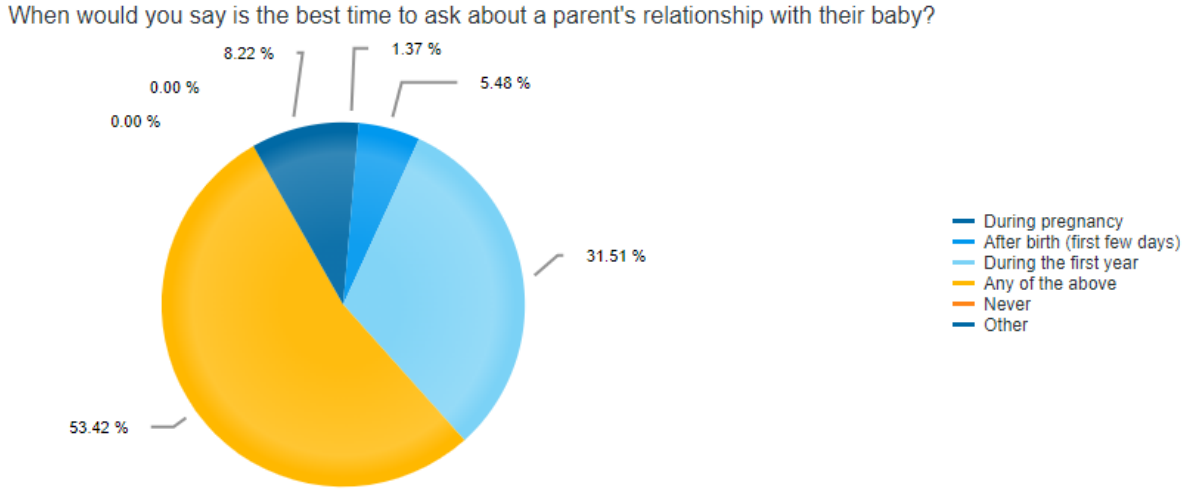
We asked which health professionals respondents would feel most comfortable talking to about their relationship with their baby.



Respondents were in favour of all the options but by far the most popular answer to this was the health visitor followed by the midwife.

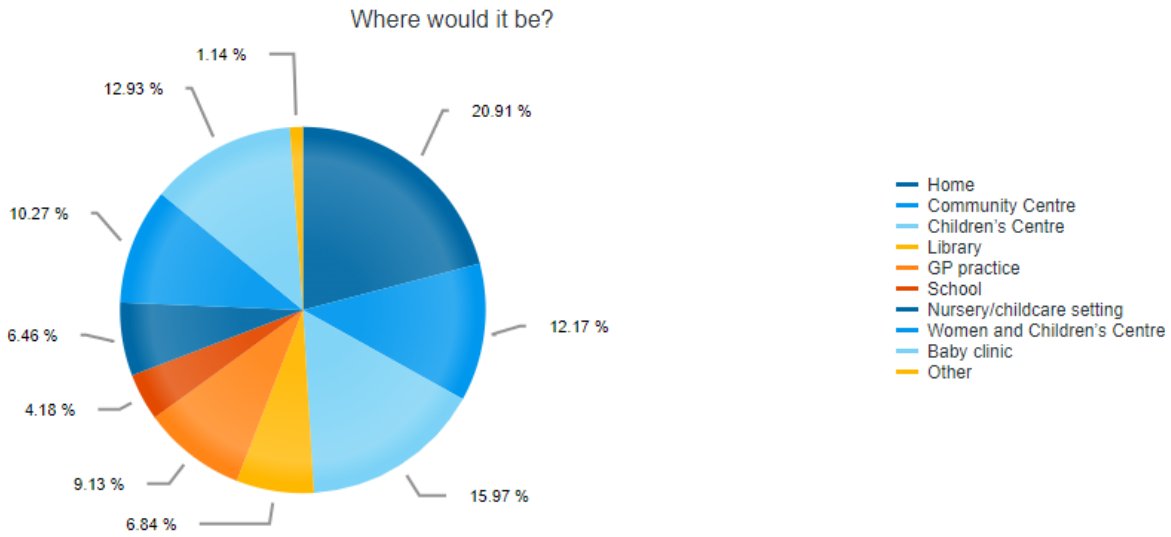
Recommendation 6: Health visitors and midwives should be used as the main referrer to the service as they are the ones best positioned to start a conversation about difficulties with the parent infant relationship.

Timing



Recommendation 7: Information about the service and signs and symptoms should be provided during the first year.

Where would the service interact with parents?



Recommendation 8: The service should be offered in the home, community centre, baby clinics or children's centre and preferably a mixture of all four.

Other comments

We asked the respondents for their general comments. They are listed below and grouped in to themes where possible. NB Comments have been edited for ease of analysis.

- Breastfeeding
    - My partner struggled because I was breastfeeding and so our daughter often would only be settled by me.
    - Prior to birth I shared with community midwife my fears of not producing colostrum/milk for baby. my concerns were pushed aside.
    - I arrived home and still had produced no milk or colostrum. Eventually some milk arrived but wasn't sufficient for baby, so I rang FAB lancs to ask about pumping. I was told they couldn't help me as my postcode was classed as Blackpool, yet all my midwife care had been classed as Poulton.
- Being listened to
    - Nobody believed us that our baby was unwell. It took countless GP & hospital appointments & us refusing to leave A & E, made to look like we were causing trouble before our son got a diagnosis.
    - Health visitor wasn't the best and never checked back in with me when I said I was struggling and supporting minds couldn't help me
- Attitude
    - Continuity, friendly and non-judgemental.
    - A professional just being able to check in is helpful.
    - Friendly welcoming staff that don't pressure people to parent in a specific way (I.e. breastfeed)
- Timing
    - Support to be provided from the last week in pregnancy up to a year after as this is the most trying time for the parents.
    - Midwife/health visitors to check up on Mum and baby for up to a year. First year is critical.

    - Not just for babies. Make sure it carries on to pre-school and beyond if needed.
- Awareness
    - Promoting the service well. So, people are aware of it.
- Miscellaneous
    - More free play sessions would be helpful as I couldn't afford to keep paying to get social with my child but our children's centre remains closed and no constructive update on when they will open.
    - Possibly some anonymous way of seeking advice or help as I'm sure some parents will not seek help as they feel shame or embarrassment for not feeling a certain way towards their baby
    - prem babies also add an extra worry to parents; suggest focus support on them
    - We would not attend anything that's held at or run by a Children's centre.
    - Train and pay parents to support others. Ensure HVs are doing face to face visits and even playgroup etc.
    - The little mum village that Deborah O'Dea and Christine Barlow helped me build really helped me.
    - Groups for mum and dads that are struggling so they can talk to people who actually know how they feel, also create support groups from recovering parents have talks from real people who have been through the same thing.

Many of the comments were related to previous questions and support some of the previous recommendations.

Recommendation 9: there should be an emphasis on help when there is difficulty in breastfeeding and the effect this has on the mother/father/baby relationship.

Recommendation 10: No comments about concern should be ignored or treated as insignificant.

Conclusions

Some of the findings, especially the general comments contradict others showing the need to offer something for everyone and being flexible on what is offered. However the findings do show a clear preferred direction for the majority of respondents.

Recommendations

All the recommendations listed throughout the document are grouped below.

1. Ensure the service has links with other health services so that they are aware of or have access to information about pre-existing health issues and links to clinicians that can help with their treatment.
2. The service should make use of the health visitors and peer support groups and link to mental health support.
3. The service should be able to offer information materials at an early stage in parenthood.
4. The service should offer peer support groups and one to one therapy.
5. The importance of friends and family should not be forgotten and provision should be in place to provide them with information and guidance on how to support someone close to them.

6. Health visitors and midwives should be used as the main referrer to the service as they are the ones best positioned to start a conversation about difficulties with the parent infant relationship.
7. Information about the service and signs and symptoms should be provided during the first year.
8. The service should be offered in the home, community centre, baby clinics or children's centre and preferably a mixture of all four.
9. there should be an emphasis on help when there is difficulty in breastfeeding and the effect this has on the mother/father/baby relationship.
10. No comments about concern should be ignored or treated as insignificant.

Next steps

The engagement loop should be closed. Therefore once the service is developed we should make a public acknowledgement of which of the recommendations have been followed and how this engagement exercise has shaped the service. This can be done through the CCG and partner web sites.