

Start for Life Family Hub Perinatal and Parent Infant Strategy

Together for babies in Halton



October 2024

FORWARD

We (the parents of Halton) have put this together, on behalf of parents with young children - now and in the future. We want people to be proud to parent in Halton, and access the support they need, when they need it. Thinking about babies and parents struggling is difficult. If you would like support - please speak to someone you trust, which may be someone in your community, in a Family Hub, a midwife or health visitor. We want everyone to hear the message **“reaching out about your wellbeing is important and doesn’t mean you’ll be seen as a bad parent.”** There is a lot of detail in the strategy about how we would like professionals to support us. This is necessary, as it helps us all to understand the process, and importance of getting support in a timely way. This may be too much detail for families, so we have created a one page summary to share key messages, and direct people to support (Appendix 2).

Through the strategy you will see quotes from babies. This is a strategy for understanding babies, and therefore, it is important to try to hear their voice. Whilst babies can’t use words, putting words to their experience helps us gain a richer understanding of their world.



“My mummy is my lifeline and gives me all I need!”

Sophie and Robin

The quote (above) captures how important parents are to their children. This can feel overwhelming for parents.

Parenting is difficult, and this has been captured beautifully in a poem by Halton resident, Anna. Despite the challenges, joy can be found, especially when support is there when you need.

Three

Three times I’ve grown life, being pregnant I could do,
Never fully appreciating what my body went through.

Three births followed suite, not one going to ‘plan’,
Left feeling like a failure even though I’d given all that I
am.

Three breastfeeding journeys, each one a different tale
Births I couldn’t do, at this I must not fail.

Three feeding stories, each a different struggle for me
Who cares about the mother, the baby is all they want to
see.

Three times I’ve felt the overwhelming wave of
responsibility grow,
Must not let my children down, even if I am feeling low.

Must carry on with a mental load no-one can see,
Rarely getting any praise for raising my beautiful three.

A lot more than three times I’ve longed for a hot cup of
tea,
Or just simply going to the toilet on my own to have a wee

Three children’s needs come before washing my hair,
Whilst my friends are downing prosecco as I scroll their
insta in despair

When will I stop classing my shop to Aldi as a treat,
Wondering why I have three pairs of mop slippers for my
feet.

Three minutes is sometimes all I want on my own,
But when I get it, I just look at pictures of them on my
phone.

Three times I’ve become a superhuman mum,
No longer able to play the beat to my own drum.

No longer able to put my needs first,
But when I look at their three little faces, my heart could
burst.

Three little faces watching my every move,
Over time I’ve started to embrace our new little groove

Three new stories start to intertwine with mine
Look how far I’ve come, look how they all shine.

I have lost myself, most definitely.
But I’ve also found myself in my wonderful three.

By Anna

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KEY POINTS

Halton's Perinatal and Parent-Infant Strategy 2024- 2027 is a collaboration between the parents and stakeholders in Halton.

"I'm really humbled to see this research being done in our area and even more so that it's coming from the ground up. Surveys like this are so important because other than thanking my support directly I really want to share what helped me for the next parent" (parent from Parents In Mind survey).

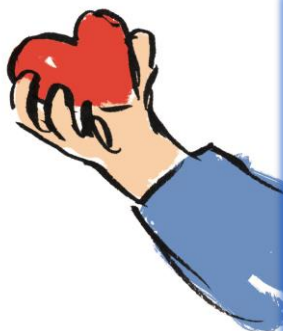


This strategy has been informed by the North West Coast Clinical Network 'PIERS Strategy'. It needs to be read alongside other key documents, which are referenced, but detail has been kept to a minimum to make this strategy more accessible.

The first 1001 days in a child's life (from conception to 2 years old), are a time of vulnerability, and a window of opportunity. Whilst change is possible later, Halton's vision is to support all families to have the very best start in life. Three priorities have been identified to help achieve this:

- Strengthen resilience in the community,
- Increase knowledge around the perinatal period, and
- Working together.

Despite the challenges faced by many children and families across Halton, there is a desire and motivation for professionals to work together to support them. The NHS Long Term Plan and Start for Life Programme are national drivers, which have helped to increase the speed of change. This strategy details the change we want to see aiming higher for babies and their parents.



I am a boy. My mummy must have loved her brother, who passed away just before I was conceived, as she is so upset and I hope she loves me just as much.

Mummy, do not feel guilty for being upset, because when I arrive I will try to help you get better. You are doing a good job, eating better and taking vitamins to help me with my development.

That feeling of concern that you're hurting me when you're upset? It means that you do have feelings for me and I'm glad about that.

Emma and Bump

Throughout this document there are beautifully drawn pictures by Toni-Louise Carter TLC Illustration. www.tlcillustration.co.uk

This strategy will be reviewed in 2027.

THE NEED FOR A STRATEGY

Halton Family Hubs commissioned the Parent Infant Foundation to write a Perinatal and Parent-Infant Strategy, as part of the Perinatal Health and Parent-Infant Relationship strand of the Family Hub and Start for Life Programme. This was a collaboration between the parents and stakeholders of Halton. Ideas Alliance and NCT Parents in Mind supported parents to be involved in the process of shaping this strategy. Several workshops and consultation events were held with professionals, working across Halton, to understand what was working well, the gaps and how to move forward.

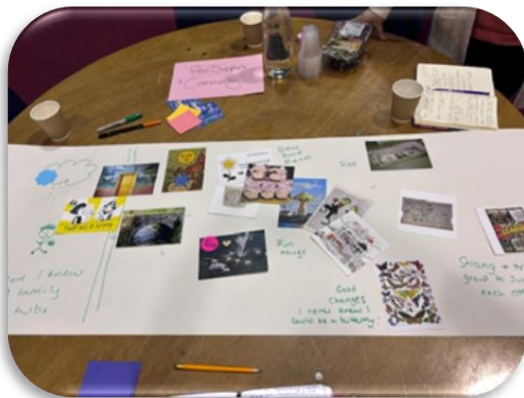


This strategy is backed by national initiatives and evidence, which emphasise the importance of supporting families during the perinatal period.

It is a vulnerable time for families and support needs to be easily accessible, for both adult mental health, and the parent-infant relationship. The needs of babies are often overlooked, and this is commonly known as

‘the baby blind spot’. It is recognised that only by increasing awareness, and making it a priority for everyone that things will change.

This strategy aims to support commissioners, and ensure the vision is incorporated into contracts. It will also enable practitioners to understand the range of services available to support families, and increase joined up working. In terms of families, the aim is for them to feel supported in raising their child, accessing help when needed.



CO-PRODUCTION

Consulting with people who use services is now seen as good practice, but is often tokenistic. We were determined that this strategy be a true co-production, sharing power and decision making, in recognition that we all bring skills and knowledge to the relationship. We have

co-produced this strategy involving 147 parents across Halton, to get the opinions of people who are currently parenting in Halton.



An appreciative inquiry approach was used to develop the strategy. This is a strengths based approach for creating change, rather than fixating on problems to solve. We adopt the mantra of ‘what’s strong’ and not ‘what’s wrong’. The approach looks at what is working well, and what we want to see more of.

Ideas Alliance conversation tool: Prototype version of tool to guide kick off and review conversations with partners, clients and project teams.



Figure 1 Model of Appreciative inquiry

Creating ‘communities of practice’ helped increase our understanding of what was working well, and then develop ideas for change.



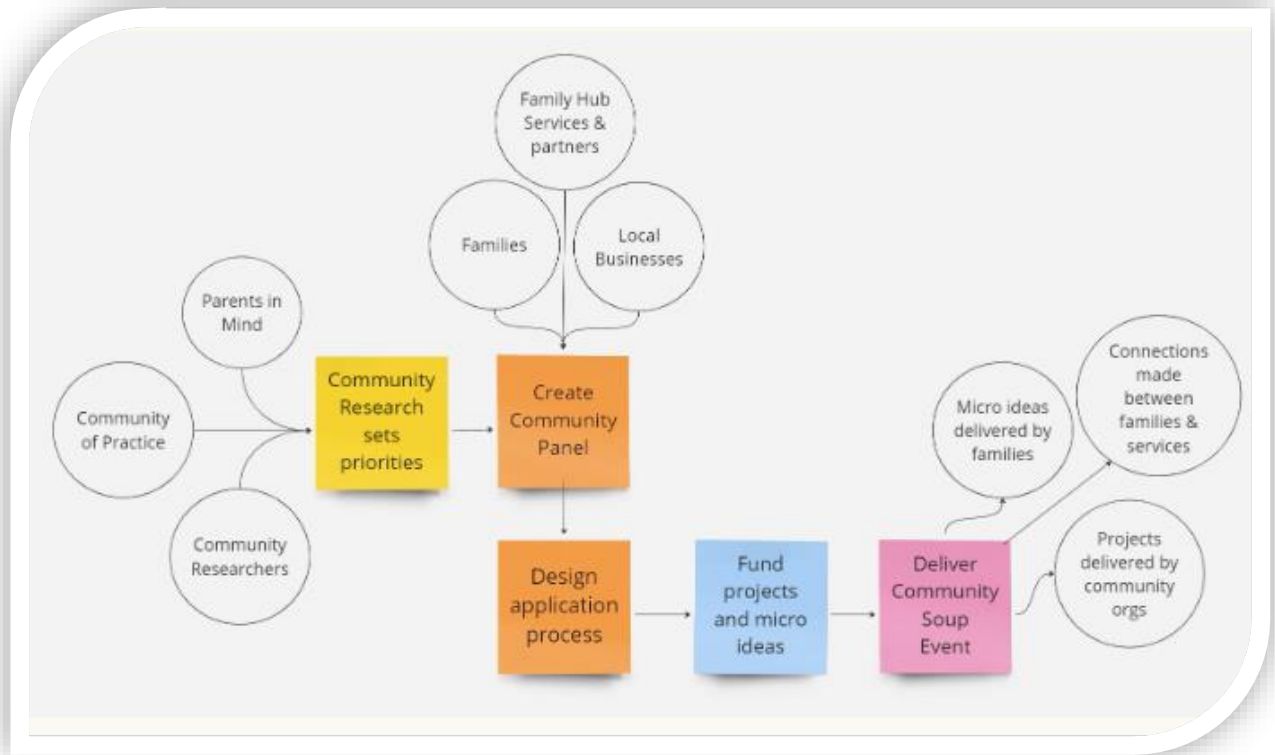
Families were involved from beginning to end in the strategy. Communities of Practice, Community Researchers alongside Parents in Mind who created the survey, set the priorities for the strategy.

In addition, some funding was ringfenced, and a participatory budget model

was applied to decide how to best utilise this. Community organisations were invited, through a co-produced application process, to apply for micro and small grants that demonstrated their project could meet the priorities identified by families. Projects were awarded to test and pilot their ideas and subsequently connected to parents and stakeholders, through a community connection event.

Figure 2 Halton's participatory budget model

This strategy was also reviewed by parents, and a one page summary was produced to highlight the most important information for parents. (See Appendix 2).



THE IMPORTANCE OF SUPPORT IN THE PERINATAL PERIOD AND STRENGTHENING PARENT-INFANT RELATIONSHIPS

Early experiences lay the foundations for life

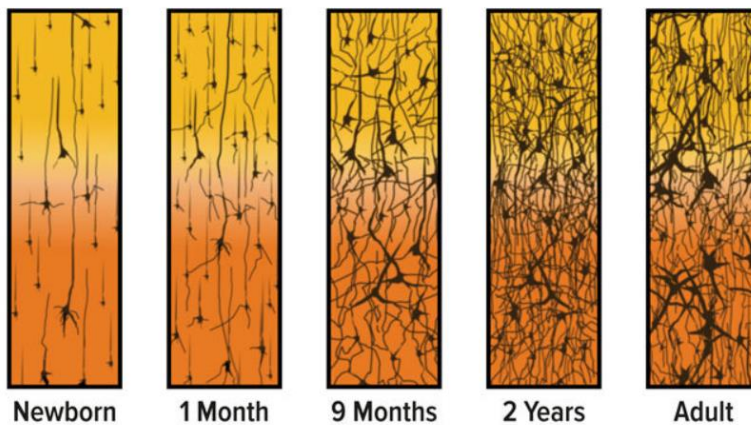


Figure 3 the development of the brain across time. Coral, J.L. The postnatal development of the cerebral cortex. Cambridge, MA. Harvard University Press

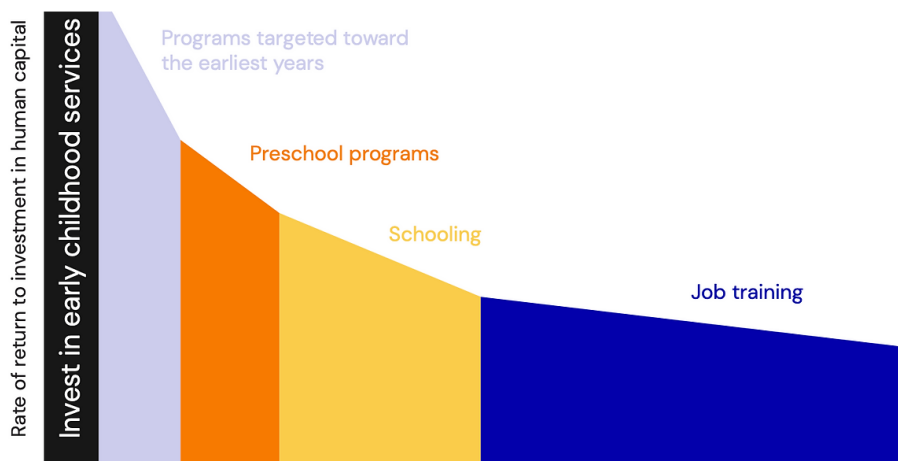
From conception to the child’s second birthday is **1001 days**. This is recognised as being a critical period for brain development.

Soon after conception, brain development begins. Babies are born with all their brain cells, but only 20% are connected. Neuroscience has shown that sensitive, responsive, consistent care is associated with healthy brain development, and better long term outcomesⁱ. Children who receive ‘good enough’ care are more likely to have better outcomes.



"Stay here with me mummy. I know you have lots to do, but playing with you is my favourite and I'm happiest when I'm with you".
Francesca and Lenn

However, those who experience adversity are more likely to struggleⁱⁱ. Whilst it is never too late for change, this 1001 days period offers an opportunity to give babies the best start for life. The Heckman Curve shows the economic argument for investing in early childhood for the highest rate of economic returnⁱⁱⁱ.



Source: The Heckman Equation, heckmanequation.org

Peekaboo

Peekaboo you, Peekaboo me,
Oh, what a journey we're on; us as a family.

A miracle is happening (ME) I'm growing bigger and stronger every day,
My home here on the inside is meeting my needs in every way.
I'm one in a million (like you!)... there's no one else like me,
I'm a tiny human being, with unique thoughts and personality.
Very soon I'll be ready to bounce from bump to baby in your arms,
I will amaze you with my cuteness, my cries and my cheeky charms.
Make room in your heart and your home, I'll fill up any free space,
I don't need fancy toys or gadgets... I much prefer your face.
You'll soon learn all about me, it's going to take some time,
Then pretty soon, and without a handbook, we'll find our rhythm and rhyme.
I'll tell you what I need alright, you'll soon recognise my cues so clearly,
And everything you lovingly do for me will grow my love so dearly.
Every time you meet my needs; you feed me, cuddle me and soothe me when I cry,
My layers of love, trust and feeling safe helps my clever brain cells grow and multiply.

We will do so many things, you and I, for the first time together,

We are sure to experience rainy days and puddles, but we will always find that sunny weather.

There is so much we can explore you and I, and so much we can do,
And you can look after me, as well as looking after yourself too!

So... make that cuppa, listen to that favourite song and relax when you get that chance,
Show me you're just as important as me, in our special Peekaboo dance.
Take each day in our stride, we don't need to rush or sprint,

The steps in my stride grow bigger every day, you'll see, if you paint my footprint!

Take pictures, of you as well as me,
I want to see us grow together, our very own family history.
From singing me sleepy nursery rhymes and splashing in the tub,
To helping me play and learn lots and lots, in our fun and friendly Family Hub.
I don't come with any handbook, but I trust us, and I know you'll find a way,
And remember, our Family Hub can help bring that sunshine to any rainy day.

I Peekaboo you, I love and trust you so, so much,

And when you Peekaboo me, our heads, hands and hearts will forever touch.



By Clare Gouldson.

First Relationships Are Really Important

Babies are born ready to relate. Babies are dependent on those around them to get their needs met. In this strategy, we will use the term **‘parent’**, but it can be interchanged to refer to the person who is the main caregiver for the baby.



Figure 4 Benefits of secure parent – infant relationships

Babies can’t tell us in words about their experiences, but it can be helpful to consider what words they may use. For a baby who gets their needs met they might say:
“Mummy notices when I am sad and cuddles me, I can trust she will look after me”.

In contrast, if a baby does not get their needs met, they might say:
“I cry but sometimes, no one comes, I am not sure there is someone who can look after me”.

These relationships lay the foundation for how babies view themselves, others, and the world. The benefits of a secure parent-infant relationship are in Figure 4^{iv}



Arthur: “I was upset and we were cuddling. I stopped crying and I reached my hand out to my mummy and I fell asleep because I felt so safe, warm and loved. I felt content”.

Sarah: “Those moments are special, if it is just him and I, we just sit down and watch everything”

Sarah (Mum) and Arthur (baby)

Caring For a Baby Can Bring Joy and Challenge at the Same Time.

Babies have physical, social, and emotional needs, the same as all of us. There are lots of reasons why parents struggle which may include: poverty, racism, food insecurity, birth trauma, domestic abuse, poor adult mental health, stigma.

One parent put it like this *“Maybe it’s that no one wants to scare you or unclot the unhappy side of parenting, but it would have been so much easier to have known feeling lonely or low doesn’t make you an ungrateful parent, doesn’t make you abnormal and support is readily available.”*

"My mummy is as a source of comfort, a provider for food, hugs and kisses, cleans me when I'm dirty, and makes me feel better when I feel sad. She gives me everything I want and need".

Nicola (Mum) and Molly (baby)



When parenting, our own experiences of being parented can have an impact^v. If someone did not receive sensitive care as a child, they might struggle to offer this to their children. In addition, COVID -19 put additional stressors on families, and many continue to find it hard with the cost of living crisis^{vi}.

We understand parenting does not occur in a vacuum, and families need to be thought about in a wider context. When assessing need, the whole families’ emotional and social needs should be considered, as research suggests adverse community experiences can lead to adverse childhood experiences^{vii}

The Cost of Not Supporting Perinatal Mental Health

The perinatal period is an important transitional period, which brings a vulnerability to mental illness. It is common - with one in five women experiencing mental health difficulties. However, this may be much higher, as for many their difficulties may not be identified. For men, evidence suggests paternal perinatal depression affects around 10% of new fathers (Paulson, 2010), making new fathers during perinatal period significantly more likely to suffer from depression and anxiety than the average for men (Freitas et al., 2016).

Adverse outcomes can include: impact on the birthing persons long term physical health; the birth weight of the infant; brain development; bonding; difficulties breast feeding. Not supporting parents’ mental health also has a cost to the social and emotional development of the baby.

However, there are additional social and financial costs if parents are left unsupported. Suicide can be an unfortunate option for people who see no other solution to their difficulties. Whilst routine data is not collected for men, suicide is the most common cause of death for women in the perinatal period^{viii}.

We also know suicide rates are three times higher in men, suggesting both groups need more support^x. One study has estimated the cost of perinatal illness to be £8.1 billion for each one year cohort^x. The majority of the long term consequences are associated with the impact on the child^{xi}. Investing in the perinatal period is a cost-effective way to build a better future for Halton^{xii}

Intervening Can Offer Babies The Best Start For Life

Halton has been offering support to families in the perinatal period, to strengthen the parents mental health, and the parent-infant relationship. That support has traditionally been more focused on those families with more severe mental health difficulties or issues with the parent-infant relationship (PIR). Through the Start for Life Programme, Halton Family Hubs have increased resources - to support families with mild to moderate mental health & PIR difficulties^{xiii}. This strategy captures this vision of reaching even more families across Halton earlier. See Appendix 1 - for a note on definitions.

THE NEED TO SUPPORT PERINATAL MENTAL HEALTH AND PARENT-INFANT RELATIONSHIPS

One Halton's, the local Health and Wellbeing Partnerships for both Children and adults, ambition is:

“To improve the health and wellbeing of the population of Halton, by empowering and supporting local people from the start to the end of their lives, by preventing ill health, promoting self-care and independence, arranging local, community based support, and ensuring high quality services for those who need them”^{xiv}

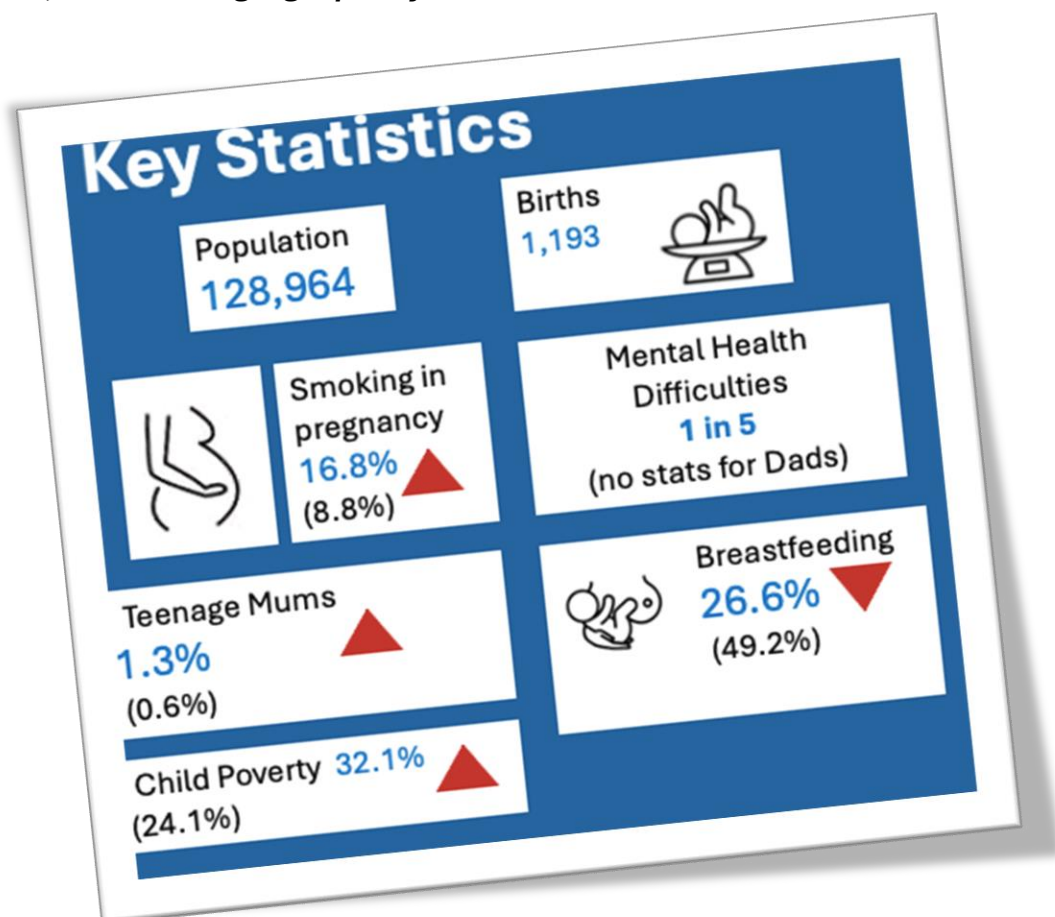


Figure 5 Key statistic for Halton. Percentages are shown for prevalence in Halton. (Percentage in brackets refers to national averages). ▲ Denotes how this compares to the national averages for England.

This is easily transferable, as an ambition, to the Perinatal Period. Key statistics for Halton are shown in Figure 5 above^{xv}. As can be seen, there are lots of challenges for babies in the perinatal period and beyond. Smoking in pregnancy, teenage pregnancies and child poverty are all higher in Halton, compared to averages across England. Children are less likely to be breastfed, vaccination rates, and in the longer term, educational attainment are lower^{xvi}.

Halton does not have a Birthing Hospital (Maternity Hospital) - but working from the estimated birth rate, it is suggested at least 536 babies a year could benefit from enhanced emotional support. Many families in Halton face health inequalities, so this number could be much higher.

VISION FOR HALTON

Halton’s vision is to support all birthing people, and their families to have the best start.

We have identified three priorities to help achieve this. Parents have shared that they have resilience and resources within their community. We want to strengthen these. Part of that work is knowing that being involved in the strategy, and making decisions about investments, keeps parents involved in developments in their community – physical, emotional and social.



KEY PRIORITY 1: In Figure 6, the North West Coast Clinical Network highlights the wider system around the family. It demonstrates the whole system community approach, with a focus on strengthening family relationships. The baby is supported by their parents and wider family. We understand that relationships and family makeup vary across families, but the wider system focuses on the resources within local communities.

Universal services (including GPs, health visitors, nursery) should act as the ‘Professional Village’ for families and will offer to support families. One of the roles of the Family Hubs is to enable families to access additional support as needed. If families raise questions or experiences that require further support, they will be directed to more specialised services. On the rare occasions that families need further, additional support - professionals can arrange this. Figure 6, on the next page, provides a visual representation of services supporting families

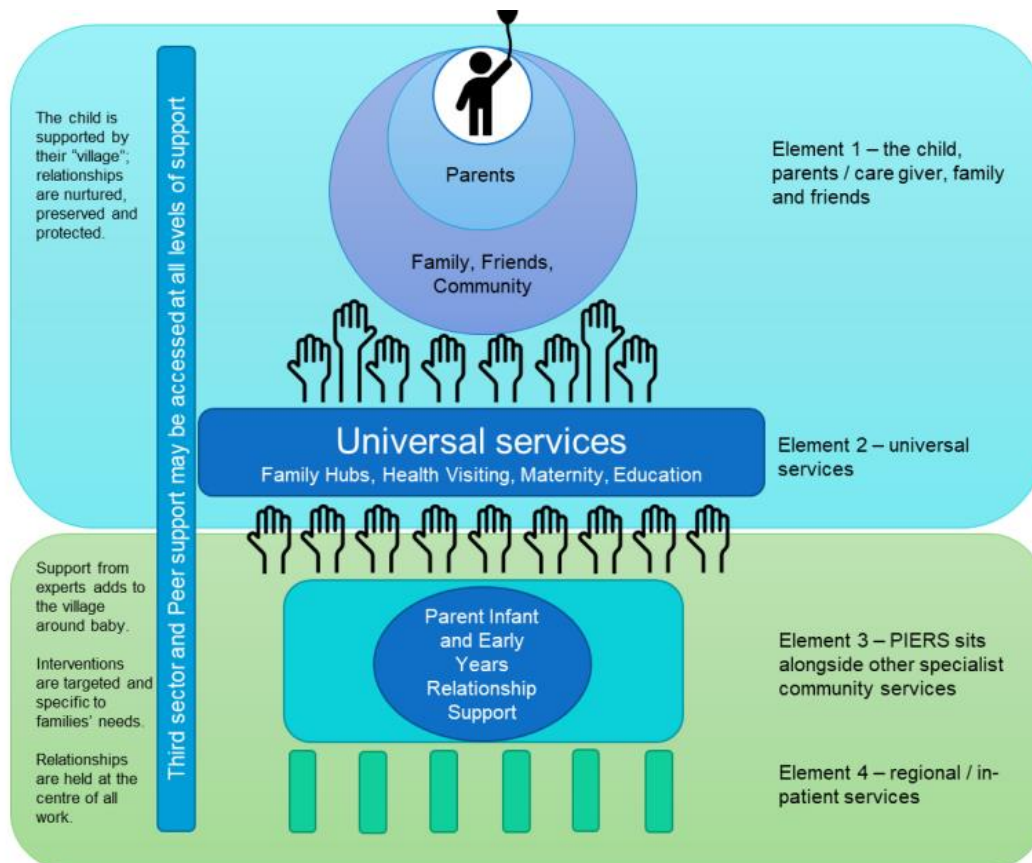


Figure 6 representation of services supporting families

KEY PRIORITY 2: The second priority is to increase knowledge about perinatal and parent-infant difficulties. Left undetected, mental health difficulties have major consequences, as discussed previously. There is a current plan to increase training to the workforce. This training has run alongside the strategy, as workshops, Baby Showers (which offer the bonus of enabling professionals to learn more about the range of services on offer, beyond its main function of providing information to families), and a conference to increase knowledge in the wider community, and professionals. The Family Hubs Digital Platform (an AI enabled website) will provide additional education for all users, (families and professionals).

KEY PRIORITY 3: Finally, the third priority is to work together so families get the support they need in a timely way. The Baby Shower (as mentioned above) is a key event for families to hear about the services available across Halton. The digital platform (website) will be a vital resource, as it will recommend services to professionals and families, based on need. To be truly effective, relevant services will need to populate the digital platform, and keep the information updated.

Using primarily evidence based interventions, offered in a timely way, has been shown to reduce distress; have the potential to make interventions shorter; and consequently, make them more cost effective. Creating clear pathways, sharing information appropriately, working together through a perinatal and parent-infant steering group, and professional interactions will help families get the help they need - without having to do multiple assessments.

INTERVENTION

We are ambitious in wanting to improve the lives of all families during the perinatal period.



Families require different levels of support at different times. The 'Thrive Framework' identifies five different needs based groups^{xvii}.

Thriving refers to families where the prevention and promotion strategies are working to maintain their wellbeing. 'Getting Advice' refers to families who have mild or temporary distress, and may need advice or signposting. For some families, 'Getting Help' indicates when specific interventions are needed to improve mental health. 'Getting More Help' represents families who need

specific, more extensive support. There are some families who may not benefit from or make use of help, but demonstrate risks, 'Getting Risk Support'.

We understand cultural background has an influence on seeking help. Therefore, supporting families requires practitioners to be culturally curious in building relationships, and this may help families to be more honest about their needs.

When meeting with families, it is helpful for practitioners to think about how they 'appear' to families. Families have said that they are put off sharing if professionals are too smartly dressed, or overuse clinical language. An example given by a parent was *"using the word 'suicide' made me feel I was not suffering enough."*

In all contacts with families, we need to be gathering information, and recognise things can change quickly in the perinatal period. Only half of families surveyed said they were asked about their mental health, even though they would have liked the opportunity to talk about it.



Ideas for conversation starters include:

- *Voice of the baby* – is the baby developing physically and emotionally? It might be helpful to write a statement on behalf of the child. For example, for a 20 week old foetus “*I am growing well as mummy is providing me with the nutrients I need. I can hear and feel her heart beating, which makes me feel safe. I love it when she sings to me and it makes me more excited to meet her.*”
- *Interactions between parents and baby* – what have you observed? In pregnancy, is mum stroking her bump? Once born, is there eye contact? Do parents respond sensitively to baby’s needs? Ask how they would describe their relationship with their babies ^{xviii}
- *Voice of parents* – are there parental mental health, and/or couple relationship difficulties? Are there intergenerational relationship factors?
- *Risk* – do you have any concerns the family may not be safe?
- *Support* – have a conversation about what the family feel they need, and come up with a plan. This may require professionals to seek further advice.



Families are keen to learn new information. Nearly all parents, who contributed to this strategy, felt they would have benefitted from knowing about the emotions they may experience in pregnancy and afterwards.

Providing this information within a trusted relationship, with a professional, may help families share their worries, and be more likely to get the support they need.

Of those attending the Baby Showers events at Family Hubs, a marketplace for services and support - 85% of attendees were there by invitation. This shows practitioners need to tell

families about events, inviting them to see and hear about support, so they feel they have the opportunity to discover further help.

It is important people’s partners feel supported too. We have aspirations for partners to be seen as integral to care. We celebrate each family as unique, with some solo parenting, same sex couples, and some with a large extended family. Dads have been a specific focus for the Start for Life Programme (see Early Help Strategy). In the survey, the main emotions for Dad’s were ‘anger’ and ‘hopelessness’. Partners told us they want to be given information and support, so they can feel more useful. There are initiatives to increase their involvement, for example getting contact details at the booking appointment, and then sending out regular information thereafter.

Fatherhood Champions, across Halton, help to share the message of the important roles Dad's fulfil. In November 2024, Dad Matters was officially launched in Halton, a programme jointly funded through the Start for Life and Supporting Families Fund. One of the core principles of the Family Hub programme is 'Access', so for dads to now have a specific offer in Halton, to support throughout the perinatal period is really important. It is expected that this offer will currently be available for up to 2 years. Complementing Dad Matters will see a Peer Support and digital offer for dads being delivered in partnership with Parents in Mind, again launched in November 2024.



Family Hub Online



Families want to have access to a digital offer (website/digital Family Hub) as part of the support^{xix}. In Halton, this is called:

Haltonfamilyhubs.co.uk

All families have the opportunity to access the digital platform, which provides information about the services available to them. Using artificial intelligence and intelligent automation, it has simple search functionality and personalised and tailored content, which brings back high quality information from trusted and reliable sources.

The platform provides education and suggestions of support, which parents have shared they struggle to find. This is designed to help families feel more supported outside the hours of 9-5, which was something noted from the survey. Families have also shared they would like more opportunities to meet with other families. This can be accessed via the physical Family Hubs and linked projects. The Digital Hub contains information on the activities offered at each Family Hub, and the how and where to access them.

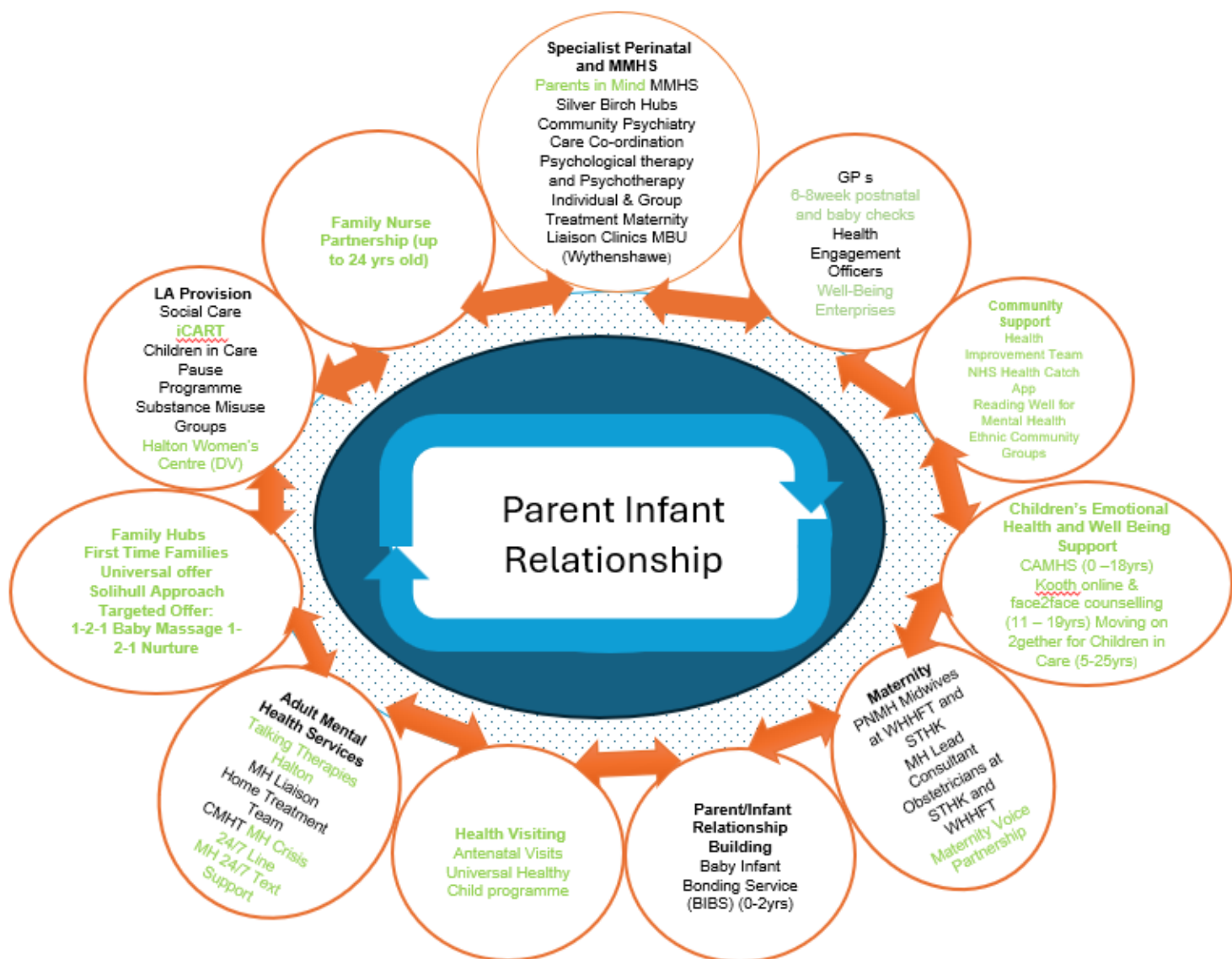
Internet address: www.haltonfamilyhubs.co.uk or via searching for 'Halton Family Hubs', 'Widnes Family Hubs' or 'Runcorn Family Hubs'.

SERVICE OFFER

The North West Coast Clinical Network is a group of commissioners, service providers and families with lived experience who come together to share ideas and develop best practice. This is used to inform the Local Offer. Supporting families in the perinatal period requires a whole systems approach. There are a range of services to support families in Halton (see figure 7).



Figure 7 Services across Halton



The services related to this strategy are noted in the diagram above, with an emphasis on a whole systems approach, which is needed to support perinatal mental health and strengthen parent-infant relationships. 'Green' indicates services accepting Self-Referral. On the following page are some of our services in more detail.

Start for Life Emotional Wellbeing Team

Across England, the Start for Life programme (via Family Hubs) is funding 75 local authorities - to increase the perinatal and parent-infant offer. Halton chose to invest the money into creating a specialist team, as a joint enterprise with Halton Local Authority and the Bridgewater 0-19 health visiting team, to support families with mild-moderate difficulties. Informed by psychology, this team helps to support families from the earliest opportunity in pregnancy, when difficulties present themselves.

The team are experienced in supporting babies, and their parents mental health.

Team Members 2024/25

Michelle, as operational manager of the 0-19 team oversees the shape of the service. **Clare** leads the team and co-ordinates the support offered to families.

Lyndsey is a clinical psychologist and is involved in specialist assessments, working closely with her colleagues in the Specialist Perinatal Service.

Sonia, as wellbeing health visitor, **Amy and Pauline** as wellbeing early years workers, and **Karen and Katie**, as wellbeing child and family health practitioners, all provide individualised support, as needed, through group programmes (Lighthouse, Welcome to the World, Time for Me, Mindful Me, Circle of Security), and individual sessions - targeted Family Hub visits at 18 weeks gestation, baby massage, support prebirth assessments, emotional wellbeing visits, NBO, Solihull Approach, Ready to Relate. They are developing pathways for pre-term babies and birth trauma.



The team also head the monthly 'Baby Shower' marketplace. Information events that provides a universal and targeted offer, for all families, at the earliest of their parenting journey.

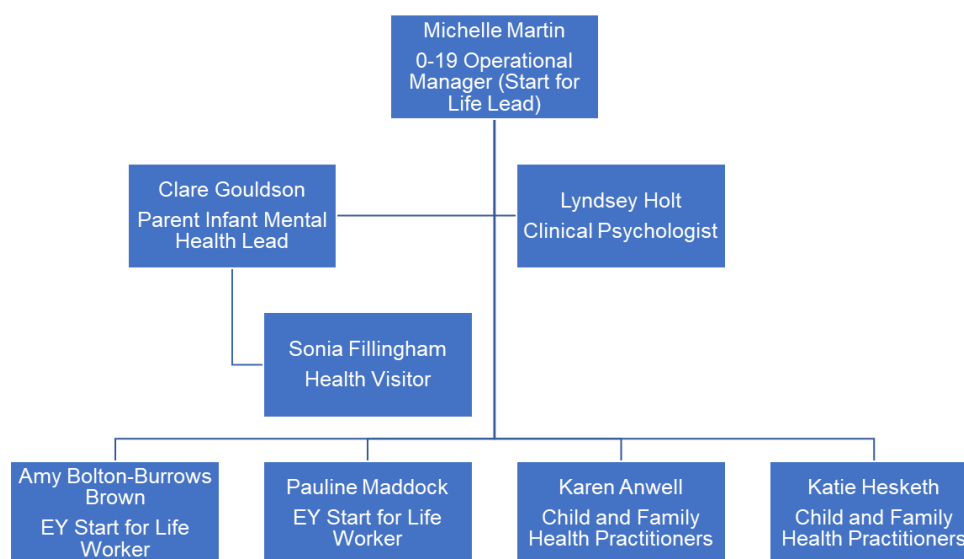


Figure 8 Start for Life Emotional Wellbeing Team Structure

Chloe & Douglas

I'm doing it!

I was pregnant when I first received a Family Hub phone call from Clare. The call came at the right time; I was living in an environment that wasn't appropriate for my baby and I was really worried about my own mental health and wellbeing and uncertain about so many things like my housing situation, as I was on the verge of homelessness.

I struggle with anxiety, but receiving the invite to the baby shower was my queue to step outside my comfort zone and be brave. I knew that I needed more information about being a mum and caring for a baby, and I felt clueless and didn't know anything about being a parent. I had already made some healthier choices, and wanted to be the best mum for my baby, and needed help to get there at that point.

I attended the baby shower and was grateful for friendly faces, a warm welcome, a cup of tea and a chat about me, my baby and my situation. I learned lots of important information that helped keep Douglas healthy and safe. I was also able to share my worries and concerns with Clare, who supported me with my housing issue and emotional wellbeing. I felt relieved that I was not alone in this journey.

I was 36 weeks pregnant when I secured a supported housing place and I was grateful to be able to move into a more suitable environment for my baby. It was really hard, I was sleeping on my own in a property for the first time in my life and at first it was not nice. I worked hard, and made it feel like a home for Douglas, and we had our first Christmas visiting my partner's family. I managed to make it feel special. He felt real to me when he arrived, and other than offering to babysit Douglas for me (ha-ha), I don't know of any improvements that I would make to the service that I have received to support me. I breastfed Douglas until he was four months old.

During that time my mum became unwell with a serious condition and there were some family issues that impacted on my wellbeing, but the information that I had learned through the Family Hub helped me. Having the offer of 1-1 baby massage at home was so lovely and I appreciate the support I have received, and I have been working with the team on video interactive guidance.

I now feel ready to start going to groups and I have signed up for Time for Me, and I want to complete the first aid course to help me with Douglas.

I feel like I am a good mum, I'm doing it! The manual downloaded in my brain and it stuck and I love Douglas very much. I know that I am the best for him and there would be nobody else that could be his mum better. Becoming a mum has helped me feel more confident in myself; I know that I am kind and creative and I have even managed to take Douglas on his first holiday to Scotland! My belief in myself has grown.

I am now in my own home! I love it, we are settling in and I am decorating it to how we want it to be. I was in denial about my new home at first; I was so desperate to secure my own property that I couldn't let myself believe. My supported housing experience

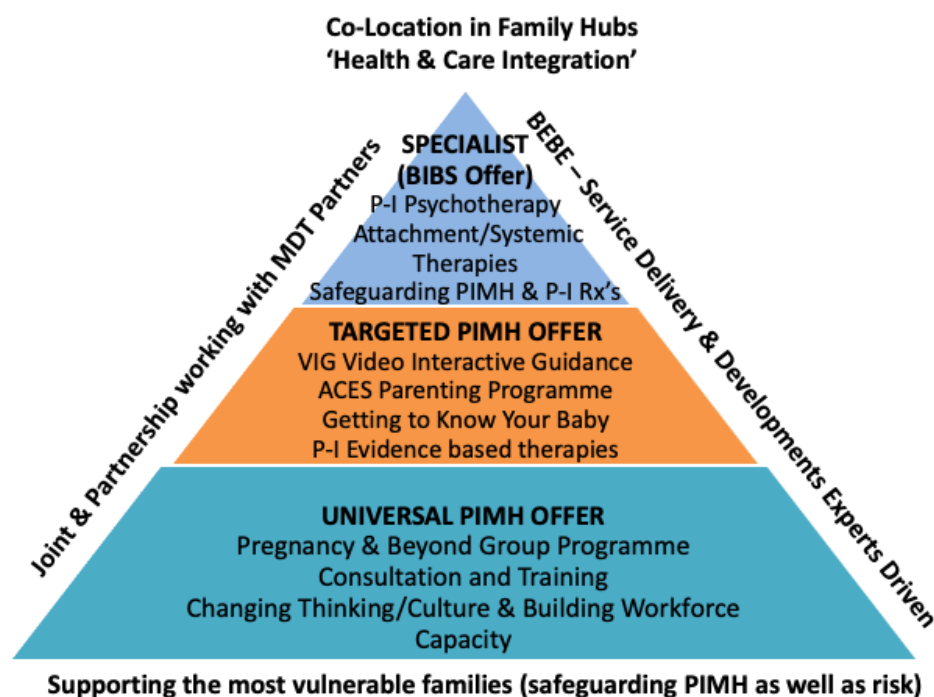
was not negative; they helped me and they had sessions on to support their residents and Douglas had his first moments in that placement. Douglas has a perfect personality, he is sitting up strong and is just a little me, he is a part of me. I live near to my friends and my mum isn't too far away. My partner drives and he can come to visit me. My journey has inspired me to continue my previous work as a carer, and I will return to that career, once Douglas is ready for a nursery place. I would love to own a home eventually and I am now a different person. I feel that I have matured as a person through becoming Douglas's mum.

Pauline: I am really proud of Chloe. I have visually watched her grow as a person and as a mum.

Clare: Chloe was one of our first parents to attend our baby showers when they were introduced. When I first met Chloe I could see how much she already loved her baby and wanted to change her world so much. She wanted to make sure that it was a world where she could provide a stable and safe, loving home for Douglas. We worked together as team to make those changes that allowed her to do just that, and I knew that she would be an absolutely amazing mum. Douglas is just as amazing and to see them in their own home, feeling happy and content in their world is just perfect. Well done Chloe and Douglas!

Building Attachment and Bond Service (BABS)

Across the UK, there are specialist parent-infant relationship services or infant mental health services. Halton's service is called BABS, and they offer a range of interventions to support families - where there are difficulties in the parent-infant relationship. Figure 9 highlights the breadth of families they support directly, and through consulting with partners. A case study has been written to show a family's experience of BABS, and the difference it made.



Case Study 2 – family supported by BABS

Sarah and Jay-Jay

Supported to be Mum

An absolute godsend, that's the only way I can describe what BABS means to me. We've been through the worst time but we're out the other side. We're all together and it's because of the help I got from them. Life was good, I was settled with my partner and my two children. But the relationship ended and then my Mum died, which absolutely floored me. I started a relationship and became pregnant. The relationship wasn't right but I was pregnant.

I'd been struggling with depression and anxiety for 15 years. Becoming pregnant sent me into 'fight or flight' mode. I was having a mental health crisis and I just needed help. Social services got involved and I was told that Jay-Jay would be going into foster care as soon as he was born. There was even talk of adoption. When he was six days old, they picked him up and my tiny baby was taken to live with foster carers. I couldn't believe what was happening.

I'd been referred to BABS by my health visitor while I was pregnant. With their help I fought to get Jay-Jay back home with me. They gave me the support and confidence to carry on. Even more than that – I feel that BABS gave me the chance to be called 'mum' again. Jay-Jay was in care for nine months and I fought to see him every day. We're all back together now, just as we should be. BABS offered support to Jay-Jay's dad too so they could build a bond.

Jay-Jay is clever and funny, a little ray of sunshine who never stops chattering. I'm grateful BABS exists and I was referred by my health visitor. BABS have changed my life and Jay-Jay's. I'm not sure where we'd be without them." I now volunteer for BABS to help other parents who are dealing with tough times.

Specialist Perinatal Service

The Specialist Perinatal Service, delivered through MerseyCare, supports women and their partners with moderate -severe mental health difficulties. They can work with families up to the child's second birthday. They offer Video Interactive Guidance, baby massage, Watch Me Play, Ready to Relate, antenatal support, clinical psychology, Circle of Security, NBO, Lighthouse.

Case Study 3 – Specialist Perinatal Service

The work undertaken by our 'Start for Life Emotional Wellbeing Team' to date, on mild to moderate mental health:

- has reduced waiting times for Specialist Perinatal (moderate-severe) mental health assessment,

- improved access rates and allowed families to be seen where, and when they need help.

The collaborative working between the Specialist Perinatal Service and the Family Hubs has meant that initial assessments for the Specialist Perinatal Service are arranged by the staff member that the families already have a relationship with.

In the six months since this offer has been live, all families have attended their appointments. This has improved the service for the families, and reduced administration time and DNA (did not attend) rates, allowing staff to spend more time working directly with families in Halton.

Talking Therapies

They offer of online therapy through the Silvercloud system - a skills Wellbeing Course, and one to one therapy to adults experiencing mild-moderate mental health difficulties.

They run a six week perinatal course with the following themes;

- Introduction to Anxiety and low mood in the perinatal period
- Setting goals and behavioural activation
- Anxiety management and relaxation
- Routines and sleep
- Addressing unhelpful thoughts
- Transition to parenthood
- Coping with worry and learning how to solve problems
- Looking after yourself in the future and next steps

Parents In Mind

NCT Parents In Mind provides safe, sensitive, impactful perinatal mental health ‘peer support’, delivered by local parent volunteers. Support is available to expectant parents or those with a child under the age of two. More suited to those with mild difficulties, it can make a huge impact. A case study is shown below to highlight the support Parents in Mind can have, and encourage other families to reach out.

Case Study 4 – Family who were supported by Parents in Mind

Amelia & Frankie

We aren't meant to do this alone

I longed to be a Mum. Nothing else seemed to matter. I spent hours thinking, my life would be complete with a baby.

When it didn't happen naturally, I started fertility treatment. This had to be stopped, as they found abnormal cells which needed medical intervention. Having a baby got put on hold. Receiving then, I started trying again. I had a miscarriage and then had to end another pregnancy due to the baby not being strong enough.

I got pregnant again, then 6 months into my pregnancy, I felt sad and alone. I felt so guilty for feeling this way, I couldn't share it with anyone. People would think I was ungrateful. I was pregnant, I had waited so long for this life inside of me! Thanks to a kind midwife who took the time to ask twice, 'Really, are you alright?' I felt safe to share my loneliness.

She told me about Parents in Mind. They changed everything! I felt I could share the difficult feelings I had kept to myself. I changed my working hours so I could go to the group every week. We walked the journey of pregnancy, birth and newborn days. Through the ups and downs, there was someone who understood. Mum guilt is hard but talking to my friends makes it a little easier. My son is pretty amazing, there are hard moments but I am strong and love being a Mum!

In the words of Frankie "I am loved more than I will know. I am glad my Mummy got the support she needed, as we aren't meant to do this alone. When she feels supported, it helps her to be there for me. Whenever there is music on, I put my arms in the air and wiggle. It makes me happy hanging out with my mummy and my friends. I want other babies to have this".

REVIEW

Key stakeholders and parents were consulted in pulling together this first local strategy. During the process there was a change in government, and when the strategy was published there was economic uncertainty around the future of the Start For Life Programme. Data has been used to give a means of comparison when the strategy is reviewed in 2027.

Together we can aim higher for babies and their parents in Halton.

APPENDICES

Appendix 1: Definitions

Co-production - “a way of working that involves people who use health and care services, carers, and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.”
<https://www.england.nhs.uk/always-events/co-production/>

Health inequalities - “avoidable, unfair and systematic differences in health between different groups of people.” (Kings Fund, 2020)

Infant Mental Health – the young child’s capacity to experience regulate and express emotions and form secure relationships. This underpins the social and emotional wellbeing, and development of children^{xx}. Having a good enough relationship with a caregiver means their physical, social and emotional needs are being met (infant mental health).

Mild – moderate mental health difficulties – is a way of describing the extent to which the difficulties are impacting on a person. Mild suggests the difficulties are just beginning or small. Moderate is used to describe when a person is experiencing more difficulties, which are having a negative impact. This strategy has focused on people who would fit this description as we know life is challenging for them, and it is often more straightforward - the earlier babies and their families access support. We never want to underestimate the challenges faced by people in this term. There is recognition that different interventions are recommended, depending on the severity of the difficulties.

Perinatal period – is from conception to the end of the first postnatal year, however, some now consider it to be end of the second year.

Perinatal mental health – refers to the way parents or carers may think or feel, when expecting or caring for a baby under two. This can be a particularly vulnerable time for adults, and support is required as soon as a need arises.

Parent – infant relationships – is a term used to describe the quality of the relationship between a baby and their caregiver in the perinatal period. ‘Caregiver’ can refer to any adult responsible for meeting the needs of a baby for example, mother, father, grandparent or foster carer. We think about both how a caregiver feels towards their baby and how the baby feels towards the caregiver.

Appendix 2: One page summary

- Are you finding it hard to connect with your baby?
- Are you finding it hard to calm your baby?
- Are you feeling sad or worried?
- Difficult birth?
- Don't know who to speak to?

The first 1001 days

The first 1001 days, from conception (start of pregnancy) to age 2, is a critical stage when our brain develops faster than at any other time in our lives.

Babies learn from all interactions and the most important thing is that they feel you are with them.



Having a baby is a big change and can be challenging for lots of reasons



Our Family Hub Team are here to help.

It's OK to ask for help

Parents have told us it can be hard to ask for help. We want you to know that most parents need help sometimes, our friendly and professional Family Hub team are here for you.

Please find someone you feel comfortable speaking to. We care about you and your family.

Your baby may show they are struggling by:

- Being very difficult to soothe
- Sleeping or feeding problems
- Crying for long periods of time
- Making little eye contact with you
- Being passive and not expressing their needs



Appendix 3: Halton Start for Life 0-1yr pathway



**Halton Start for Life:
Pathway 0-1 years**



www.haltonfamilyhubs.co.uk



Funded by UK Government

Appendix 4: Key contacts

Service	Contact information
Building Attachment and Bond service	01928 568162
Dad Matters	Tom Byrne, Dad Matters Co-Ordinator (Halton) Home-Start Warrington & Cheshire 07856 916685 tom@homestartwarringtonandcheshire.org.uk https://homestartwarringtonandcheshire.org.uk/
Family Hubs in Halton	https://www.haltonfamilyhubs.co.uk/
Mental Health Helpline (MerseyCare NHS – crisis service)	0800 051 1508 Text Support text SHOUT to 85258 NHS 111
Parents in Mind	Parents in Mind Pregnancy Padlet - Warrington & Halton
Specialist Perinatal Service	01925 275 303 https://www.merseycare.nhs.uk/our-services/professionals/halton/specialist-perinatal-service-halton-referrals
Start for Life Emotional Wellbeing Team	0151 495 5065 Email: bchft.startforlifewellbeingteam@nhs.net
Talking Therapies	https://www.merseycare.nhs.uk/our-services/halton/talking-therapies

Appendix 5: Useful Resources

1. Cross Party Manifesto, 1001 Critical Days: <https://www.nwscnsenate.nhs.uk/files/8614/7325/1138/1001cdmanifesto.pdf>.
2. Dad Matters <https://dadmatters.org.uk/>
3. DoH (2022) Family Hubs and Start for Life Programme Guide https://assets.publishing.service.gov.uk/media/62f0ef83e90e07142da01845/Family_Hubs_and_Start_for_Life_programme_guide.pdf (August 2022).
4. Fatherhood Institute <https://www.fatherhoodinstitute.org/NHS>, NHS Long Term Plan <https://www.longtermplan.nhs.uk/publication/nhs-long-termplan>.
5. NHS, Five Year Forward View for Mental Health: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>.
6. NICE (2021) Antenatal Care <https://www.nice.org.uk/guidance/ng201/resources/antenatal-care-pdf-66143709695941> Accessed 28/06/24

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- ^{xii} Evidence Brief <https://parentinfantfoundation.org.uk/1001-days/resources/evidence-briefs/>
- ^{xiii} The Early Years Healthy Development Review (2021) Giving Every Baby the Best Start for Life.
- ^{xiv} One Halton (2022) <https://onehalton.uk/wp-content/uploads/2022/12/One-Halton-strategy.pdf> page 5
- ^{xv} <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/ati/402/are/E06000006>
- ^{xvi} <https://www3.halton.gov.uk/Pages/health/JSNA.aspx>
- ^{xvii} <https://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf>
- ^{xviii} Leeds Early Observation Attachment tool
<https://www.gov.uk/government/publications/parent-infant-relationships-starting-conversations-practitioner-guide/reflecting-on-parent-infant-relationships-a-practitioners-guide-to-starting-conversations>
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