Nurturing Little Hearts and Minds

Perinatal Mental Health & Parent-Infant Relationships Strategy for Kent

2024 – 2029

Kent Family Hub

Kent County Council
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Foreword:

Our vision to nurture little hearts and minds across Kent.

We have a rich history of supporting babies and their families in Kent. There is much to be celebrated in the way that parents are supported with their mental health and parent-infant relationships are nurtured. The Family Hubs and Start for Life programme has afforded us an opportunity to build on this and challenge ourselves to give every baby living in Kent the best start for life. This strategy sets out how we can better support parents and carers that are either expecting a baby or who have a baby under the age of two. More specifically, we describe how we can help improve perinatal mental health; the way that a parent or carer may think or feel, and parent-infant relationships; the way that a parent or carer builds a warm and loving relationship with their baby.

The benefits of a baby receiving good enough care are almost too endless to name. Warm, consistent, and sensitive care helps promote good social and emotional development. It also helps babies to learn and grow. Babies who are loved become children who can love others and themselves. They become parents who can love their children and provide good enough care themselves. This five-year strategy is an opportunity to support generations of babies.

Yet we know that parenting is not easy. There are many things that can make it hard to meet a baby's needs.

Recent lessons from the Covid-19 pandemic reminded us of the impact of social isolation on parenting and early child development. The cost-of-living crisis has also meant that many families are experiencing the stress and anxiety of financial pressure. Perhaps more than ever, there is a need for our communities and services to wrap around babies and their families.

Not all parents and carers will need additional support. For many, the informal support networks of family and friends is enough. But for those parents and carers who do need more help, it is important they receive it quickly to prevent difficulties from worsening. As is often said: 'it takes a village to raise a child'. This is as true today as it has ever been. I hope that this strategy holds us to account for being the village that supports babies and their families. This means that all services, sectors, professionals, and volunteers must work together – placing babies and their relationships at the forefront of our work. Together, we really can nurture little hearts and minds.

Dr Anjan Ghosh

Direct of Public Health
Kent County Council

Acknowledgements
Kent County Council commissioned Barnardo's – the UK's largest children's charity – to co-produce this strategy. We would like to thank them for this work, and to all the parents, carers, and professionals who shared their expertise, experience, and ideas with them to ensure this strategy is locally relevant to our communities across Kent.

BARNARDO'S
Changing childhoods.
Changing lives.

Contents

Content note

This strategy includes descriptions of difficulties with mental health and difficulties of caring for babies. There are anonymised quotes of real experiences from parents and carers in Kent. We understand that this may be challenging to read.

If something you read resonates with you in a difficult way, or brings up strong emotions, please know that support is available. Free and confidential support is available 24/7 from our Release the Pressure service. You can call our trained and experienced team on 0800 107 0160, or text the word **Kent** to 85258.

Executive summary

Our earliest years are critical for shaping the adults we become. The time from conception until a baby's second birthday is a time of rapid brain development. Our experiences in this time lay the foundations for a wide range of future health and mental health outcomes. It is important that every parent and carer has access to perinatal mental health support when they need it, and every parent-infant relationship is supported to be as strong as possible. This strategy sets out our vision to nurture little hearts and minds across Kent over the next five years.

The development of this strategy was commissioned to Barnardo's – the UK's largest children's charity – by Kent County Council. To be effective, it will be implemented across sectors and services in Kent, led by a multi-disciplinary and cross-sector steering group of senior leaders.

This strategy represents a significant commitment to supporting babies and their families in Kent that need 'mild-to-moderate' support. This is where someone may have a small number of difficulties or where difficulties may be just beginning and may not yet be having a big impact on their life. Focussing on mild-to-moderate difficulties means that we can offer support before any difficulties worsen. By working together, we can ensure that social and emotional development is nurtured as much as physical development.

Across Kent, we estimated that 6,663 parents and carers could benefit from mild-to-moderate perinatal mental health support every year. We also estimated that 2,937 parent-infant relationships could be strengthened by additional support every year.

We wanted to ensure this strategy reflected what is important to parents and carers, as well as those who work hard to support families across Kent. We met with 130 parents and carers and 180 professionals to consider what we should focus on over the next five years. Three action areas emerged from this engagement. Each action area has three specific actions that will help give every baby the best start for life. Three action areas emerged from this engagement. We also received feedback from 61 people through public consultation on a draft version of this strategy.

1. Relating with warmth: developing relationship-based support.

- Training for professionals to improve trauma informed care.
- Campaigning to break the stigma of perinatal mental health and parent-infant relationship support.
- Identifying opportunities for earlier support.

2. Thriving together: improving equity of support.

- Collecting and making use of data and insight to improve equity.
- Supporting perinatal mental health of Dads and Co-parents universally.
- Reviewing the inclusivity of all perinatal mental health and parent-infant relationship service offers.

3. Leading collaboratively: nurturing a system of support.

- Developing commissioning principles.
- Building a relational pathway of support for parent-infant relationships.
- Establishing a community of practice for perinatal mental health and parent-infant relationships.


Relating with warmth: Developing relationship-based support
Babies, parents, and carers
Leading collaboratively: Nurturing a system of support
Thriving together: Improving equity of support

Background:
the importance of perinatal mental health and parent-infant relationships.

Our early experiences shape the adults we become.

The time from conception until a baby's second birthday is a critical period for growth and development. We call this time the Start for Life period and our experiences in this time shape the adults we will become[1]. Neuroscientific research has confirmed what developmental psychologists have long known: experiences of warm, consistent, and loving care, lead to healthy brain development, the establishment of good immune systems and stress response systems[2]. This means that babies who receive good enough care benefit from a wide range of better outcomes throughout childhood and into adulthood. In contrast, experiencing adversity in this period is more associated with subsequent difficulties than adversity occurring in other periods over a lifetime[3]. While it is never too late to support children, the first 1,001 days really are a unique time of opportunity.

Our attachment relationships matter for future physical and mental health.

When babies receive warm and sensitive care most of the time, they develop a secure attachment relationship[4]. If babies who are securely attached could talk, they might say "I can trust that my parents or carers will be there to help and support me if I need them". If a baby's needs are not consistently responded to, for example, if they are left to cry without comfort, then they may develop an insecure attachment relationship. These babies might say "I'm not sure if I can trust that my parents or carers will be there to help me". If a baby receives harsh or critical care, for example if they are abused or neglected then they may develop a disorganised attachment relationship. These babies may say "I feel scared of my caregiver so cannot trust them to help me". The latest research tells us that babies need a network of secure attachment relationships for optimal outcomes[5] – for example, with Mum and Dad. Figure 1 is an overview of the benefits of a secure, nurturing parent-infant relationship[6].

Caring for the social and emotional needs for babies can be difficult.

Having a baby can be a time of joy and a time of challenge. There can be many reasons why parents and carers may struggle to provide the warm and consistent care that babies need. For example, poverty, housing problems, birth trauma, special educational needs or disabilities, or experiences of domestic abuse. We know that many families struggled during the Covid-19 pandemic and the current cost of living crisis is putting increased pressure on many families[7]. One particularly important factor is perinatal mental health difficulties. If parents or carers are experiencing low mood, anxiety, or other mental health difficulties when they are expecting a baby or caring for a baby, this can make it hard for them to meet their baby's social and emotional needs.

A parent or carer's own experiences of being cared for in early childhood can also have an impact. For example, if we did not receive warm and sensitive care when we were young, we might struggle to offer this to our children when we become parents.

1 Royal Foundation Centre for Early Childhood (2023), Shaping Us.
2 Harvard University Centre on the Developing Child (2007) The Science of Early Childhood Development.
3 Hambrick, P. et al (2018). Beyond the ACE score: Examining Relationships Between Timing of Developmental Adversity, Relational Health and Developmental Outcomes in Children. Archives of Psychiatric Nursing. 33. 10.
4 Ainsworth, M. D. S. (2010). Security and attachment. The secure child: Timeless lessons in parenting and childhood education, 43-53.
5 Dagan, O., et al. (2021). Configurations of mother-child and father-child attachment as predictors of internalizing and externalizing behavioral problems: An individual participant data (IPD) meta-analysis. New Directions for Child and Adolescent Development, 2021(180), 67-94.
6 Parent Infant Foundation (2023) Parent infant relationships services commissioning toolkit.
7 Best Beginnings, Home Start, & Parent Infant Foundation (2020). Babies in Lockdown.

There is a significant social and financial cost to not supporting perinatal mental health.

The cost of perinatal mental health difficulties goes beyond the potential impact on a baby's emotional and social development. There is a significant social and financial cost to unsupported perinatal mental health needs. The most common cause of maternal deaths in the perinatal period is suicide[8]. Although similar data is not routinely collected for paternal deaths in the perinatal period, the suicide rate for men is typically three times higher than women in England and Wales[9].

Analysis of the economic costs of perinatal depression, anxiety and psychosis found a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK. This is equivalent to a cost of just under £10,000 for every single birth in the country[10].

'Figure 1: Benefits of good parent-infant relationships, adapted from the Parent-Infant Foundation'

8 Chin, K., Wendt, A., Bennett, I. M., & Bhat, A. (2022). Suicide and maternal mortality. Current psychiatry reports, 24(4), 239-275.
9 Office for National Statistics (2021) Suicides in England and Wales.
10 Bauer et al. (2014) The costs of perinatal mental health problems.

A word on definitions

This strategy uses the term 'parents and carers' to encompass all those who care for babies. This inclusive terminology reflects a diverse range of caregivers, including Mums and Dads, foster carers, and kinship carers. The established use of 'parents and carers' aligns with local and national strategies that aim to support families across health, education, and care sectors. Importantly, this term ensures inclusivity for families with structures beyond the traditional Mum and Dad configuration, such as same-sex couples. However, the strategy acknowledges situations where referring to 'Mum,' 'Dad,' or 'Co-parent' might be more appropriate, such as when estimating the need for specific services.

The perinatal period usually refers to the time of pregnancy until a baby's second birthday.

Perinatal mental health means the way a parent or carer may think or feel when they are expecting a baby or caring for a baby under the age of two. Some people call this emotional wellbeing. People can experience 'perinatal mental health difficulties' in different ways, for example; it might be feeling particularly low, sad, anxious, or overwhelmed.

Parent-infant relationships refers to the quality of the relationship between a baby and their parent or carer in the perinatal period. Although we call them 'parent'-infant relationships, we mean any caregiver that regularly meets a baby's needs – for example, a mother, father, foster carer, or grandparent. We have used this term because it covers both:

- How a parent or carer feels towards their baby – e.g. do they feel as though they have bonded or connected with their baby?
- How a baby feels towards their parent or carer – e.g. how do they feel attached to their parent or carer?

Parent-infant relationships also relates to the term infant mental health. If there is a good enough relationship between a baby and their parent or carer then we could say that they have good infant mental health. This means that their social and emotional development is being well supported.

Mild-to-moderate difficulties describes the extent of a person's mental health difficulties. 'Mild' refers to difficulties that are just beginning or where a person experiences a small number of difficulties. It may be that these difficulties do not yet have a big impact on a person's daily life. 'Moderate' refers to when a person has more difficulties that can negatively impact their daily life[11].

This is not to understate how challenging it can be for babies, parents, and carers to struggle with 'mild-to-moderate' difficulties. It is possible for mild-to-moderate difficulties to escalate quickly to more complex or severe difficulties. There can also be expectations from friends, families, and the media that parents will not struggle, which can add pressure to parents and carers. The focus of this strategy is helping families with their mental health and to build a warm and loving relationship with their baby. This means that we will focus on supporting perinatal mental health and parent-infant relationship difficulties at a mild-to-moderate level if they arise.

11 National Institute for Health and Care Excellence (2011): Common mental health problems and pathways to care.

Early intervention is an opportunity to give every baby the best start for life.

The government has a vision to give every baby the best start for life[12]. The Family Hubs and Start for Life programme was launched to support the implementation of this vision[13]. Kent is a 'trailblazing' local authority as part of this programme. Being a trailblazer provides us with an opportunity to build on our work through the Healthy Child Programme and to share best practice in early intervention across England. As the largest county in England with more babies born each year than any other county, we have a unique opportunity to support more babies at scale.

The largest funded element of the Family Hubs and Start for Life programme is supporting mild-to-moderate perinatal mental health and parent-infant relationships difficulties, with a particular focus on supporting families as early as possible. The funding for perinatal mental health support compliments the existing perinatal mental health funding for specialist community perinatal mental health services, as set out in the NHS Long Term plan[14].

This strategy outlines how we can best improve our perinatal mental health and parent-infant relationship support offer across Kent.

This strategy sets out our ambition to improve perinatal menta health and parent-infant relationship support across Kent. It is in-line with the scope of the perinatal mental health and parent-infant relationship strand of the Family Hubs and Start for Life programme, focusing on early intervention and prevention. Given the uncertainty of longer-term funding for this programme, this strategy balances setting an ambitious target for improvements in outcomes and care that do not necessarily require a large financial investment. We have not included ideas for actions that will be completed by other elements of the Family Hubs and Start for Life programme.

Although this strategy has been commissioned by Kent County Council, it has been co-produced with colleagues across the health and care sector in Kent. To this end, it should be viewed as a collective strategy that encourages working together across the system of support for babies, parents, and carers.

There is an opportunity to view perinatal mental health and parent-infant relationships within a more holistic framework of family support.

Although the Family Hubs and Start for Life programme sets out distinct funded elements, it is important to have a holistic view of how we support families. The action areas presented in this strategy should be seen in the wider context of how we support babies and their families. For example, preconception care and parenting programmes are also excellent opportunities to provide support to parents and carers in a way that might prevent future perinatal mental health and parent-infant relationship difficulties from emerging.

Infant feeding is another important part of someone's journey to become a parent. Feeding a baby can be a rewarding time for many parents and carers as they meet their baby's physical needs and start to see them developing. However, it can also be a challenging experience for families. For example, if a Mum is struggling with her mental health, then it can make it more difficult to breastfeed. Likewise, difficulties with breastfeeding or breastfeeding trauma can increase parental anxiety and potentially impact how a parent or carer bonds with their baby. Support for infant feeding should be an opportunity to check in about feelings of anxiety or low mood and a chance to explore how a parent is feeling about their relationship with their baby. Similarly, support for mental health and parent-infant relationships should be a chance to explore whether issues around infant feeding are contributing to anxiety or bonding difficulties. It is important to consider this strategy alongside Kent's Infant Feeding Strategy to provide holistic care to babies and their families.

Putting babies at the centre of our strategy.

It is important that this strategy reflects the needs of those we're trying to support: babies. We were keen to co-produce this strategy, but as the word 'infant' comes from the Latin 'to have no voice' we couldn't ask babies how they would like to be supported. Instead, we were keen to hear from as many parents and carers as possible. We also heard from a wide range of professionals who support babies and their families across the NHS, local authority and voluntary sectors.

12 The Early Years Healthy Development Review (2021): Giving Every Baby the Best Start for Life.
13 Family Hubs and Start for Life programme: Local Authority Guide (2022).
14 NHS England (2019): The NHS Long Term Plan.

Co-producing this strategy

We wanted to ensure that this strategy reflects what really matters to parents and carers across Kent. We also wanted to ensure the strategy is informed by the expertise and experience of our brilliant workforce. We call this 'co-production' and we commissioned Barnardo's to co-produce this strategy in partnership with parents, carers, and professionals. They followed a two-step process to engage parents and carers, initially gathering as much insight as possible and then refining this insight together with parents and carers through workshops.

The contribution and engagement to co-produce this strategy included:

171
parents and carers

46
parents and carers completed an online survey

27
completed in depth interviews (lasting more than 1.5 hours each)

46
spoke to us through outreach activities in children's centres and other public spaces in Kent

11
parents joined two co-production workshops where the themes and recommendation action plan were presented back to them for review.

41
parents and carers responded to our public consultation on the draft version of this strategy.

195
professionals

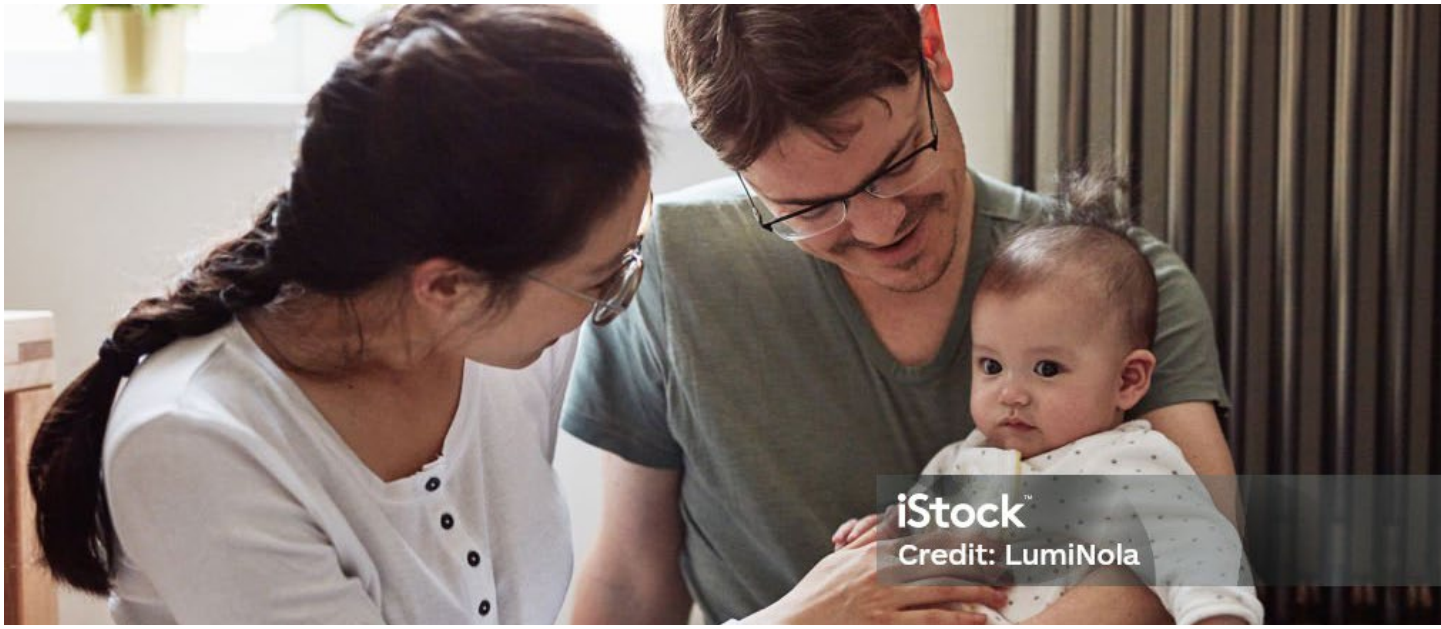
107
professionals joined two webinars, representing 38 different organisations across all sectors in Kent.

44
professionals completed an online survey, with 34 different roles, representing 17 different organisations.

29
senior leaders joined one-to-ones or roundtables, representing 13 different organisations.

15
professionals responded to our public consultation on the draft version of this strategy.

Estimating the scale of need for perinatal mental health and parent-infant relationship support across Kent.



There is an opportunity to support nearly 3,000 parent-infant relationships per year.

We estimate that a total of 14,685 babies may need parent-infant relationship support in Kent over the next five years. That is **2,937 parent-infant relationships per year.**

We estimated the level of need by looking at research and considering what this means for different groups in Kent who may be more likely to struggle[15]. This includes children living in poverty and children in care. We also looked at data for babies and young children (aged 0-5) who were referred into our child and adolescent mental health service (CAMHS) in Kent.

It is likely that 2,937 is a conservative estimate because we only looked at the type of attachment difficulties that research tells us is most closely linked with poor future outcomes. See Appendix 1 for a detailed breakdown of this analysis.

There is an opportunity to support more than 6,000 parents and carers with their perinatal mental health.

We estimate that a total of 33,317 parents and carers may need perinatal mental health support in Kent at a mild-to-moderate level over the next five years. That is 6,663 per year, or **3,560 Mums and 3,103 Dads and Co-parents.**

We understand that families are more diverse than 'Mums', 'Dads and Co-parents'. Some parents and carers may not identify with either of these words. Research about mental health difficulties usually describes 'Mums' and 'Dads' and so we have applied the same principle to estimating need across Kent.

To try and focus on mild-to-moderate perinatal mental health difficulties, we looked at depression and anxiety, which are considered common perinatal mental health difficulties. We arrived at different rates for Mums and Dads by using referral data for our Specialist Community Perinatal Mental Health Service between 2022 and 2023.

See Appendix 2 for a detailed breakdown of this analysis.

15 Parent and Infant Relationships (PAIR) Services Commissioning Toolkit (2023).

Current perinatal mental health and parent-infant relationship service offers across Kent.

To understand what additional support may be helpful, we looked at the current offer of support for perinatal mental health and parent-infant relationships across Kent. Appendix 3 shows services that are freely available across more than one locality in Kent. It also highlights whether they offer perinatal mental health support, parent-infant relationship support, or both.

It can be hard for families to find the support they need when they need it.

We heard from parents, carers, and professionals that services available for perinatal mental health and parent-infant relationship support varied significantly across different districts in Kent. This made it hard for families to understand what support was available to them. It also made it difficult for professionals to know where they can signpost or refer families for further support. Parents told us about challenges in being referred to the right services at the right time, including some referrals that were made to services that were no longer operating. Appendix 3 includes the districts where a particular service is available, demonstrating the opportunity to make support more consistent across Kent.

There is a stronger provision for specialist perinatal mental health support than parent-infant relationship support.

There were more examples of support for perinatal mental health than parent-infant relationships. This was especially true for services delivered by the NHS and targeted at Mums, rather than Dads and Co-parents. We heard that the Specialist Community Perinatal Mental Health Service was considered a strength in the current system of support. Funded as part of the NHS Long Term Plan commitment to improve access to specialist perinatal mental health services, they were well recognised as a good service for Mums experiencing moderate-to-severe perinatal mental health difficulties. They have incorporated parent-infant relationship support into their service, but do not accept referrals for parent-infant relationship difficulties alone.

Parents and carers can also access generic mental health support with some of the county-wide support for Dads and Co-parents including:

- Live Well Kent
- Mind East Kent
- NHS Talking Therapies
- Porchlight Kent
- Save the Children
- Social Prescribing

Lots of the support available for parents and carers is provided through the voluntary, community, and social enterprise sector. Elements of this provision are funded through contracts commissioned by the NHS or Kent County Council, and others operate through funds raised within the community.

Health Visitors and Midwives are an important element of the service offer for perinatal mental health and parent-infant relationships.

Health Visitors and Midwives meet every baby and family. As such, they hold a unique position within the health and care system to support perinatal mental health and parent-infant relationships. Together, they have the opportunity to identify health needs early and provide early intervention, where possible. For example, all Health Visitors in Kent are trained in the Solihull approach, which can be used to promote good parent-infant relationships.

In addition to our core Midwifery offer, Mental Health Midwives are a essential part of our maternity services and complement our specialist perinatal mental health service. In addition to providing training and support to other midwives, they offer additional specialist support to Mums identified as needing more help.

Action Areas
to Nurture Little Hearts and Minds.

Three themed action areas emerged from our co-production with parents, carers, and professionals. These will be our main areas of focus over the next five years. Each action area builds helpfully of the other two areas. By delivering across all of these, we will improve our offer of support for parents and carers across Kent. We have outlined three specific actions under each of the action areas, sharing examples of feedback we have received to highlight the importance of improving these areas.

Action Area 1

Relating with warmth: developing relationship-based support

> ***What would a baby say they want?***
> ***"My parents will be treated with warmth and kindness that helps them ask for and receive the support they need to care for me."***

There is a lot of good quality care being provided to families with babies across Kent. The case example presented below from the Family Partnership Programme illustrates that in some cases parents and carers do receive relationship-based support. However, this is sadly not always the case for every family that needs it. Many parents and carers told us that they did not receive the basics level of care that they were looking for. For example, they were sometimes left feeling unimportant, rather than receiving warm and sensitive care from professionals. If we hope that parents and carers will provide attuned and sensitive care for their babies, then they need to receive this care themselves.

"When I told that first [my healthcare professional] about my anxiety, I felt like she just judged me and dismissed my feelings."

Mum, Gravesend

"It's just tick box – [my healthcare professional] always tells me how busy she is."

Mum, Ashford

Action 1.1: Training for professionals to improve trauma informed care.

The provision of warm and sensitive care is always important, but it is critically important when families have experienced trauma. Here, we mean trauma in its widest definition. For example, it may be that a parent experienced trauma at some point in their journey to parenthood; including conception, miscarriage, labour, birth, or caring for a young baby. Or perhaps they experienced adversity in their own early childhoods, or are experiencing adversity now as they become a parent.

For care to be trauma informed, culturally responsive, and anti-racist, anyone supporting babies and their families should consider all areas of a parent or carer's life. This includes where they may have experienced adversity, discrimination, or prejudice.

> ***"It's important to… explore the parents' own relationships / attachments with their parents… What was the model of parenting and attachment that they received? Are they destined to repeat it or motivated to diverge? What cultural beliefs around parenting do they hold? Stop asking the patronising question 'oh, is this your first baby?'"***
> Director, voluntary and community sector organisation.

We will develop and roll out training to improve access to trauma informed care. This training will be available to anyone who works with parents and carers who are expecting a baby or who have a baby under the age of two. This will help to reduce the likelihood that a parent or carer may feel blamed for struggling or feel as though they are failing if they ask for support. The training will focus on helping professionals to feel confident using strengths-based language and empowering parents and carers. It will mean that professionals can better respond to the needs of parents and carers. Professionals will be encouraged to reflect on the impact of trauma in their supervision.

Action 1.2: Campaigning to break the stigma of perinatal mental health and parent-infant relationships.

Parents and professionals both shared worries about the stigma around perinatal mental health and parent-infant relationship difficulties. This stigma was a barrier to people asking for support in time, or feeling as though they could answer honestly if they were asked how they were doing. Only half of our survey respondents that reported struggling with their mental health sought support for their mental health.

The Better Health: Start for Life website launched a campaign around parent-infant relationships in 2024. We will build on this campaign to help create a common language and shared understanding about perinatal mental health and parent-infant relationship difficulties. This will help to raise awareness of these difficulties and feel more able to share their concerns. This will mean that parents and carers are less likely to feel alone, worried, and isolated.

By sharing consistent messages, we can advocate for perinatal mental health and parent-infant relationships to be talked about across all baby groups in the community. This will help to normalise the topic, reducing fear about sharing concerns, and making it easier for people to feel supported. For example, a consistent message about how normal it is to have 'intrusive thoughts' – such as the worried thought that they might accidentally harm their baby – would help new parents and carers to look out for each other.

The campaign will cover why perinatal mental health and parent-infant relationships are important, as well as what it might look like if you were to struggle. It will speak to all parents and carers – including Dads and Co-parents as well as Mums. It will help to bridge the gap between when to normalise a difficulty and when to encourage a referral for further support.

"[I would like to see] education, so that young people are aware of these issues, so it's not a surprise when it is spoken about, or something they feel worried or need to hide."

Health Visitor, NHS

"I didn't ask for support as I was scared that it may affect me negatively (in terms of social care) if I said my mental health wasn't good."

Mum, Tunbridge Wells

"I also had intrusive thoughts which I didn't feel able to bring up as I was worried about how it would be judged."

Mum, Sittingbourne

Action 1.3: Identifying opportunities for earlier support.

As a result of some of the challenges outlined above, opportunities for earlier support can be missed. To encourage parents and carers to share their concerns and access help, we will improve the quality of questions that health and care professionals ask parents and carers. By better understanding a parent or carer's background, we will be better able to tailor how we support them. We know that not all parents and carers are asked important questions. Responses to our survey confirm how important asking good questions is to parents and carers:

- One in four people told us that they were not asked about their mental health in pregnancy (26%).
- More people were asked about their mental health after their baby was born but one in ten were still not asked (11%).
- Even more strikingly, half of parents and carers were not asked about their relationship with their baby (50%), with a further 17% who weren't sure if they were asked or didn't remember being asked.

Of those who were asked, some described a sense of being asked about their mental health but not really invited to answer openly and honestly. This highlights the need to ask better questions and to ask them in a sensitive and curious way that allowed parents to be honest in their responses.

"Yes, I was asked [about my mental health] by [my healthcare professional] when she came to do my depression questionnaire... I thought it was pointless because I didn't know her, and she didn't know me. It was just a tick box exercise – waste of our time."

Mum, Folkestone.

We will ensure that parents and carers are asked meaningfully and more consistently about:

- Their perinatal mental health, using the Whooley Questions[16] and GAD2[17] questions.
- Their experience of birth trauma, "did you find any element of your birth journey traumatic?".
- Their parent-infant relationships, using the prompt questions that will be published from the Department of Health and Social Care (due 2024).

These questions should be asked of all parents and carers; Dads and Co-parents as well as Mums.

> ***"[I would like to see] support for partners. The Mum is asked about her mental health, but my husband was overlooked. I think him becoming a new Dad has been overwhelming and he could have done with some support mentally."***
> Mum, Tunbridge Wells

Asking these questions is only the first step to identifying opportunities for support. Once a parent or carer has shared their worries, it is important this is paid careful attention to and that they aren't left feeling dismissed or minimised. The responses to these questions could help parents, carers, and professionals to co-create a 'support plan', similar to a birth plan about how they can get the help they need, when they need it.

> ***"Looking back, I was struggling so much, and no one helped. There was too much normalising from [healthcare professionals] when I voiced concerns, and no one picked up on how much I was struggling."***
> Mum, Maidstone

Asking these questions should not be seen as the responsibility of one professional group, but a shared responsibility for anyone who supports babies, parents, and carers. For example, only 32% of parents and carers told us that they were asked about their mental health by their GP and only one parent told us that their GP asked about their relationship with their baby.

16 Whooley Questions for mental health screening.
17 National Institute for Health and Care Excellence (NICE, 2020), antenatal and postnatal mental health: clinical management and service guidance.

"I wasn't offered any [support for my relationship with my baby]. The hospital knew that I had a difficult birth, but they never asked because they didn't care – I was invisible to them."

Mum, Dartford

Case Example: Relational Practice at the heart of the Family Partnership Programme

Kent Community Health NHS Foundation Trust's Health Visiting Service is commissioned by Kent County Council. The Trust has implemented an early intervention intensive visiting service for families experiencing a range of vulnerabilities, including mental health.

The Family Partnership Programme was developed in collaboration with Kent Community Health NHS Foundation Trust and the Centre for Child and Parent Support at the South London and Maudsley NHS Foundation Trust utilising the Family Partnership Model. The Family Partnership Model is a strengths-based programme designed to improve several outcomes, including parent-infant attachments, parental sensitivity, and self-efficacy. The Family Partnership Programme is delivered by Family Partnership Practitioner Leads who are based within each district in Kent alongside the universal Health Visiting Service.

The programme is an example of good relational practice. Practitioners seek to build trust, confidence, and knowledge, so that the parents feel able to be honest, are open to change and are less fearful to ask for help. Additionally, the programme seeks to enable parents to develop effective social support and community ties, so that they are equipped to identify potential future problems.

Most of the parents supported so far experienced mental health difficulties (79%). Although the Family Partnership Programme is not a specific intervention for mental health difficulties, it's relational and holistic approach means that many parents were empowered to access mental health support. Indeed, approximately one in four parents were referred to mental health services alongside the programme. Almost all parents described the care they received as being extremely valuable (93 – 99%).

"I definitely felt we were in an equal partnership. We would work together on solutions to my concerns and problems I faced. I felt supported by her in the decisions I made and the parenting style I wanted to take."

Parent feedback

Action Area 2

Thriving together: improving equity of support

> ***What would a baby say they want?***
> *"My family is helped no matter who we are or where we live."*

Professionals, parents, and carers told us that support was not equally accessible to everyone. Only 2% of professionals reported that all groups were well-served by the current perinatal mental health offer. Similarly, only 5% reported all groups were well-served by the current parent-infant relationship offer. Nearly one in four parents and carers told us that they had experienced some form of discrimination (23%).

This action area shines a spotlight on the main opportunities to improve equity in accessing support and therefore give every baby and parent the best start for life.

"I felt judged because I'm only 21."
Mum, Sheerness

"We need to be routinely collecting data about ethnicity, non-attendance etc. So that we can understand why someone may not be attending."
Mental Health Commissioner

Action 2.1: Harnessing data and insight to improve equity.

By turning data into insight, we can be confident that we have an offer that meets the diverse needs across our communities. There are examples of services in Kent that use data well to ensure that they are as inclusive as possible. For example, we heard that the Specialist Community Perinatal Mental Health Service combines demographic data with information about who is missing appointments to check if there is more the service can do to improve accessibility.

We will be clear and consistent in the data that we collect and analyse to understand need and understand how we are responding to this need. This will help us to develop a rigorous approach to ensuring that services do not inadvertently discriminate against a particular group of people. We will also be clear and consistent in the outcome measures that we're using so that we can evaluate our impact across different services and sectors. This will help us to continuously improve our offer for babies and their families and highlight future commissioning opportunities, such as developing targeted services for populations who are less likely to access support or who experience the worst outcomes.

For some professionals, this was the main thing that they would like to change:

> *"[If I could change one thing it would be] having access to data to support service design and delivery. We don't use intelligence or data enough to understand the needs of families across Kent."*
> *Senior Leader, Kent County Council.*

Action 2.2: Supporting perinatal mental health of Dads and Co-parents universally.

Dads and Co-parents were consistently raised as a group that is not well-served by the current support offer across Kent. This was true for perinatal mental health and parent-infant relationships, as well as other areas of parenting like infant feeding and parenting programmes. This feedback was echoed by the Kent Dads perinatal insights work that we commissioned in 2023, which found that Dads felt 'on the outside' at all stages of the perinatal journey[18].

In addition to asking Dads and Co-parents about their mental health and relationship with their baby (see Action 1.3), we will build on the recommendation from the Kent Dads' Perinatal Support Project about implementing a simple county-wide pathway for Dads. We will ensure that all Dads and Co-parents have access to perinatal mental health support at a mild-to-moderate level. This will be co-designed with Dads and Co-parents. Examples of potential models include a peer support model that helps to build support networks, a dedicated space in Family Hubs for trained professionals to support Dads and Co-parents, or online therapy to make perinatal mental health support more accessible and tailored to the needs of Dads and Co-parents.

This is a chance for us recognise the valuable contribution that warm and loving Dads and Co-parents have on the development of their babies and young children. By offering more universal support, we can set the expectation that Dads and Co-parents will be actively involved in caring for their children and ensure they feel supported to do so. This will help to break the inter-generational pattern of Dads and Co-parents not feeling as included and active as they would like to be.

"[What would help my mental health is] to feel less like an 'add-on' to the health and social care teams. To feel more directly informed and not just someone for Mum to pass a leaflet onto".

Dad, Ashford

"I saw a Dad ask 'should I be here?' and [the healthcare professional] replied 'only if you're overly involved"

Leader, NHS Service Provider

18 Kent Dads' Perinatal Support Project (Work For All; 2023).

Action 2.3: Reviewing the inclusivity and accessibility of all service offers.

Across Kent there are many small, locally commissioned services for specific groups of parents and carers that are not available everywhere or to everyone. We heard that this is challenging:

- Parents and carers told us that it was hard to know what support was available to them.
- Professionals told us that it was hard to know where best to connect families for support.

> *"I met a mum down the road who had a new baby too – she didn't know about any groups – so she joined some of the groups that I went to."*
> Mum, Sevenoaks

As part of the Family Hubs and Start for Life programme, we are writing our Start for Life offer. This will clearly set out what is available for parents and carers who are either expecting a baby or who have a baby under the age of two. We will take this opportunity to review and clearly articulate the inclusivity of each service.

For example:

- does the service have an age criteria?
- does the service exclude parents based on their gender?
- is the language that describes the service as inclusive of all elements of our communities as possible, such as LGBTQ+ families?
- is the service available in languages other than English?
- is the support free to access or is there a cost?
- is the support available in evenings and weekends?
- is the support available online as well as in person?

As well as making it clear who can access support, this will also give us a chance to identify opportunities to improve the equity of support. This could include making recommendations about what we may need to do differently in terms of service provision to support different groups of people, such as people from Gypsy, Roma, and Traveller communities[19].

"It's impossible to make connections antenatally if you're watching a video at home. Only those who can afford it make friends antenatally e.g. NCT so we paid for NCT."

Mum, Tunbridge Wells

"37% of dads who didn't access any support during pregnancy told us that they did want support. All said that the reason for not accessing it was not knowing where to go, thinking it didn't exist or not being spoken to/advised of available support."

Dads Perinatal Mental Health Support Project.

19 Kent Public Health Observatory (2014/15), Kent 'Gypsy, Roma, and Traveller populations' Joint Health Needs Assessment.

Engaging Dads in Perinatal Mental Health Support

The Kent Dads Perinatal Support Project heard that there were two main issues faced by Dads: finding it difficult to interact with professionals and not knowing where to access support, if it was needed. They are running two small pilot interventions to address these challenges:

1 The One Minute Interaction

The 'One Minute Interaction' can be delivered to Dads by a range of professionals and community members at whatever point Dads 'bump into' the system. The 'One Minute Interaction' is supported by an information Z-card which will allow professionals to talk to Dads for 60 seconds with the aim of:

- Providing them with a positive interaction with the system of support available that encourages support-seeking in the future if or when it is needed; and
- Providing them with some basic information to support their understanding of infant development and their role in it.

2 Dads Induction Sessions

To help familiarise Dads with a place where they can access a range of support, the project will test a "Dads' induction" at children's centres. This will be similar to an inductions that might be held at a gym. Participating children's centres will hold monthly induction sessions that Dads can book onto at any point during the perinatal period. The One Minute Interaction will be an opportunity to raise interest in the induction sessions.

Together, these interventions will:

- Provide dads with positive and informative interactions about fatherhood;
- Increase dads' awareness of support available to them; and
- Create an 'entry point' into support for dads through family hubs.

Action Area 3

Leading collaboratively: nurturing a system of support

> ***What would a baby say they want?***
> ***"When my parents struggle to meet my needs, there will be a support system in place to help them help me."***

Many parents and carers have access to a good enough support system. However, where they need more support or where parents don't have a support system, we must ensure that our network of services can 'hold' babies and their families. It takes a village to raise a child, and we will take action to bring services, sectors, and professionals together to become that village. It is important that we think about the whole system of support in order to think about the whole family.

"We need to operate on [perinatal mental health and parent-infant relationships] as a meaningful whole partnership… not just commissioners and providers".
Associate Director, NHS

"[What would help is] more longer-term and joined up funding. Can't do this work on short-term contracts."
Manager, Children's Centre

Action 3.1: Developing commissioning principles.
Careful consideration must be given to how support for perinatal mental health and parent-infant relationships is commissioned. As with other health and care contracts, we heard that funding is often released at short notice, for a limited period of time, and opportunities for collaboration are limited. However, longer-term funding with partnership opportunities is particularly important during the critical 1,001 days.

> ***"We need more joint funding – looking at co-location of joint funding, more integrated working and sharing expertise."***
> Senior Leader, voluntary and community sector organisation

In collaboration with local partners, including the Integrated Care Board (ICB), we will produce best practice guiding principles for commissioning perinatal mental health and parent-infant relationships support services. These will be tested in collaboration with colleagues across sectors and services, and are likely to include:

- Funding to maximise the likelihood of continuity of care
- Longer-term funding opportunities, wherever possible
- Flexibility in funding multiple organisations to encourage better collaboration and inter-agency working
- Funding that includes the 'voice of the baby'
- Funding services that cover a wider geographical footprint
- Consistency of outcome measures and use of data

Action 3.2: Building a joined-up pathway of support. Most professionals told us they were not confident in their understanding of the current support available to families for parent-infant relationship difficulties (54%), only 12% reported that they were very confident.

We will use the Thrive[20] model to create a holistic pathway of support for parent-infant relationships. We will build on the work to develop our Start for Life offer to map out how support for parent-infant relationships fit together across Kent. This will help to show the connections between services where there may be an increased risk of parent-infant relationship difficulties, such as the neonatal unit and children's social care.

The referral pathway will include parenting programmes where there is an explicit focus on infant mental health, attachment, or parent-infant relationships.

> ***"[What would help is] referral pathways development – building networks and relationships, make it more personable, get together for perinatal professionals to link."*** Senior Leader, voluntary and community sector organisation

We heard that the referral pathway should include clarity on where professionals helping parents and carers can get access to supervision, support, advice, or guidance. This will help to put training into practice and embed a culture of reflective practice. We also hope that this will help with Action 1.3 because professionals will be more likely to ask about difficulties if they are more confident that they know where they can find more support for themselves or the family.

This action is also important for parents and carers who told us that they would value an easier referral process. We also heard that some parents were referred to inappropriate services where their needs could not be supported.

> ***"We got referred to a service that no longer exists."*** Mum, Tonbridge

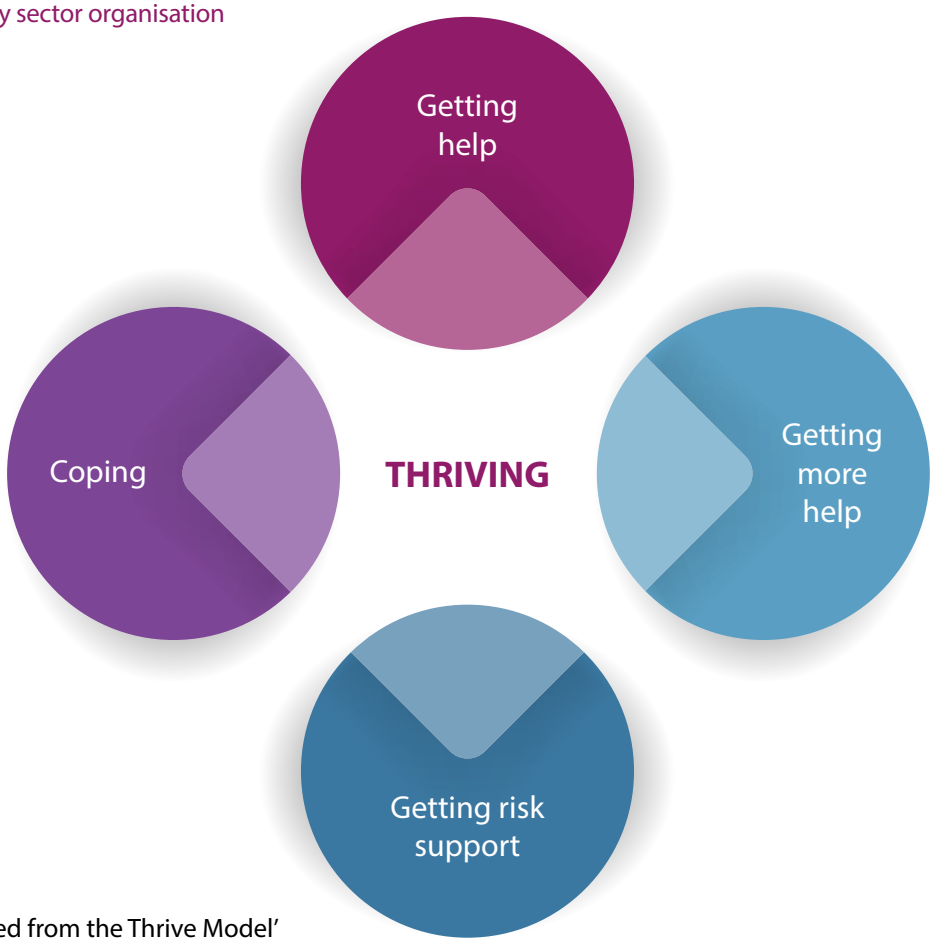


Figure 2: Adapted from the Thrive Model'

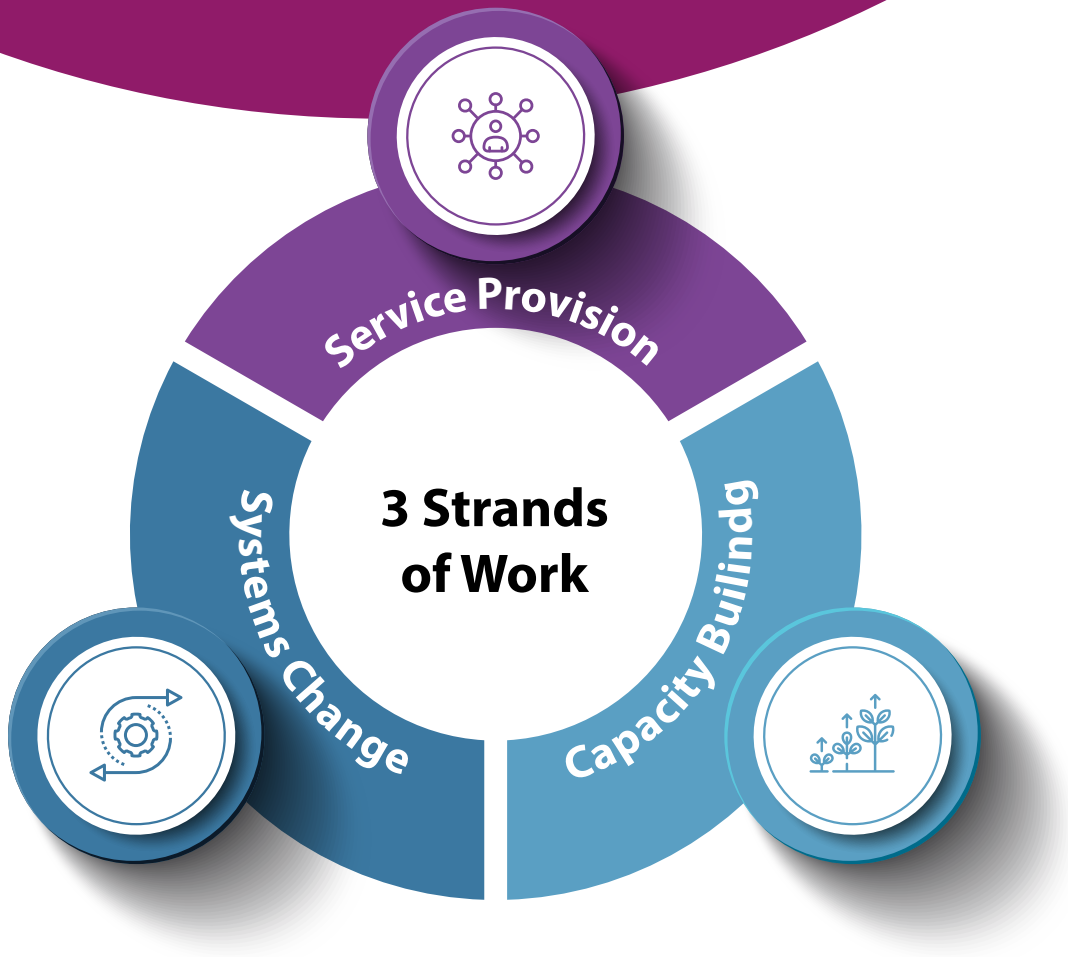
20 Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

Case Example: ABC PiP: A comprehensive service example from Northern Ireland as part of a parent-infant relationship pathway.

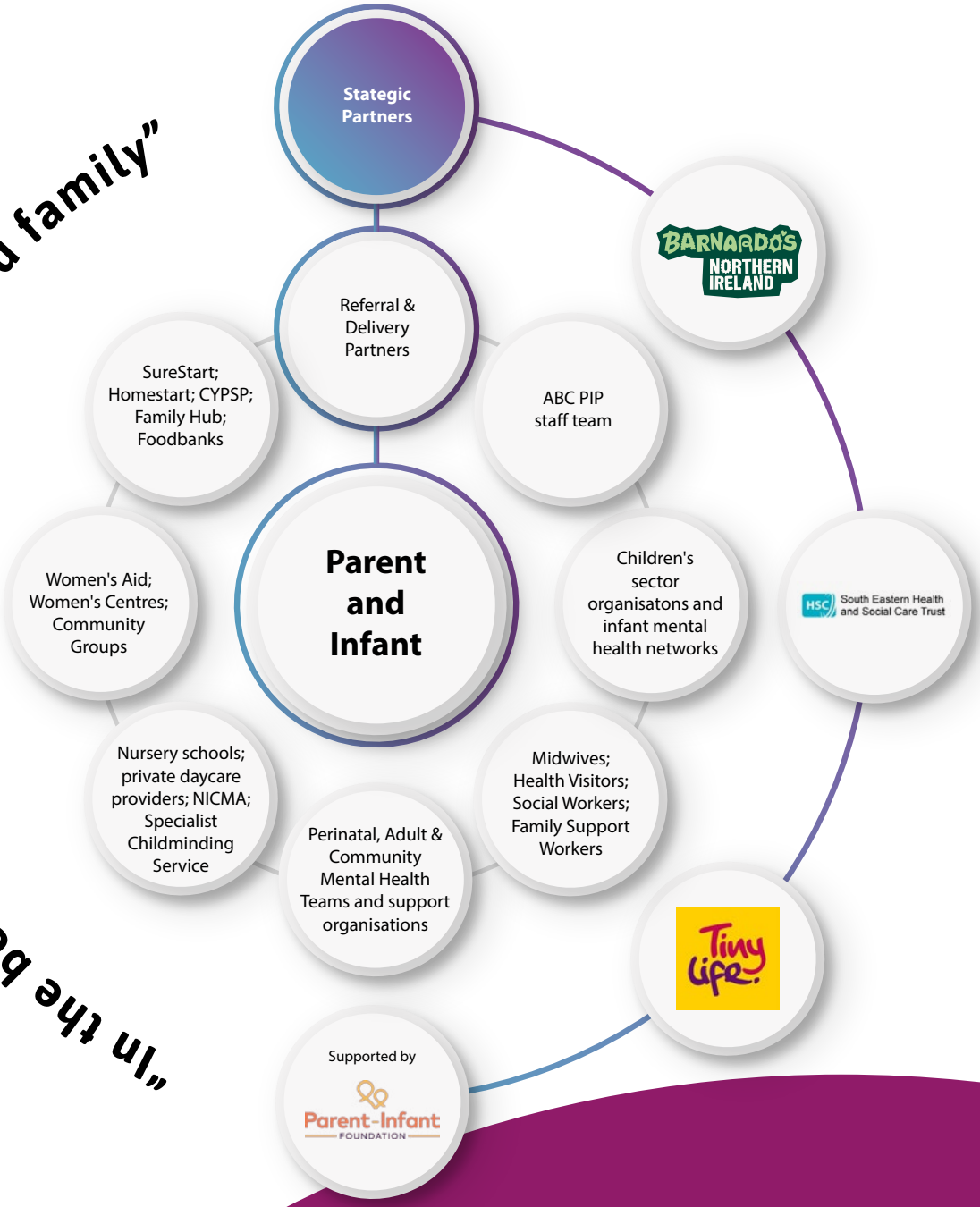
ABC PiP (Attachment, Bonding, and Communication Parent Infant Partnership) is a therapeutic service in Northern Ireland that works with the strengths of parents and carers to help them build a positive relationship with their baby. Their collaborative approach is an example of working together across sectors and services to support parent-infant relationships. The service is a strategic partnership between the South Eastern Health and Social Care Trust, Barnardo's, and Tiny Life, supported by the Parent Infant Foundation. Together, the team is made up of a variety of specialists who offer groups, one-to-one sessions, and home visits to families who are pregnant or who have a baby under the age of two.

To support parent-infant relationships, the service has three strands:

1. **Service provision** – offering direct support to families using interventions such as Video Interaction Guidance, and Five-to-Thrive.
2. **Ability building** – offering education, training, consultation and support to the network of professionals supporting babies and their families such as midwives and health visitors.
3. **System change** – creating opportunities for networking and collaboration as well as influencing at local, regional, and national levels.



"In the best interests of the children and family"



ABC PiP offers two levels of support and families referred to the service can receive a range of interventions, depending on their needs. These include:

- Tier 1 support for parents experiencing issues, such as anxiety and depression, which are impacting on parenting and the infant's social & emotional development, but who have some other positive coping skills or resources available to them.
- Tier 2 support for families with more complex difficulties, where parenting is significantly impacted by parental wellbeing or stress (e.g. parents with high anxiety and low mood) or by complex trauma history (e.g. parents who are care experienced).

Action 3.3: Establishing a community of practice.
We heard from passionate and knowledgeable colleagues across sectors and services in Kent. We are fortunate to have colleagues who are enthusiastic about supporting perinatal mental health and parent-infant relationships. However, we heard that there were limited opportunities for them to come together, share expertise, and improve their understanding of support offers across Kent.

> ***"We need to have a greater understanding of each other's roles and what we each bring to the table."***
> *Health Visitor, NHS*

We will establish a community of practice that is open to anyone working with babies, parents, and carers in Kent. The focus will be perinatal mental health and parent-infant relationships. The community of practice will include networking events and a mailing list that colleagues can join to hear about training opportunities and share resources.

Together, we can share national and local resources along with the latest research so that we continue to ensure that our support for families is based on the latest evidence.

"We need to operate on [perinatal mental health and parent-infant relationships] as a meaningful whole partnership… not just commissioners and providers".

Associate Director, NHS

"[What would help is] more opportunities to work together and build services across the different sectors. e.g. building a network with quarterly meetings to include representatives from all sectors (people on the ground not just senior leaders) and remembering to include acute services e.g. neonatal and paediatric wards."

Speech and Language Therapist, Neonatal Unit

Action Areas Summary:
A summary of the action to be taken over the next five years.

Ref	Action Area	Actions	Voices of parents and carers in Kent:
1	Relating with warmth: developing relationship-based support	1.1 Training for professionals to improve trauma informed care 1.2 Campaigning to break the stigma of perinatal mental health and parent-infant relationship support 1.3 Identifying opportunities for earlier support	"I didn't ask for support as I was scared that it may affect me negatively (in terms of social care) if I said my mental health wasn't good."
2	Thriving together: improving equity of support	2.1 Harnessing data and insight to improve equity 2.2 Supporting perinatal mental health of Dads universally 2.3 Reviewing the inclusivity of all perinatal mental health and parent-infant relationship service offers	"We don't use intelligence or data enough to understand the needs of families across Kent." "No one spoke to my husband about what he needed, which was really significant."
3	Leading collaboratively: nurturing a system of support	3.1 Developing commissioning principles 3.2 Building a relational pathway of support for parent-infant relationships 3.3 Establishing a community of practice for perinatal mental health and parent-infant relationships	"We need more joint funding – looking at co-location of joint funding, more integrated working and sharing expertise." "We need to have a greater understanding of each other's roles and what we each bring to the table."

Making this strategy a success

We asked professionals, parents, and carers what they think is needed to make this strategy a success. They highlighted several important components.

Communicating the strategy widely.
The vision and actions set out in this strategy will need to be communicated as widely as possible. This includes parents and carers as well as anyone who supports babies, parents, and carers as well as service leaders and funders. We will share this strategy on social media, in family hubs, and through an accessible format aimed specifically at parents and carers.

Governing effectively to drive the strategy forward.
Clear reporting, decision making, and accountability structures will be needed to ensure that the action areas embedded in this strategy are taken forward. This will also help to ensure that any barriers are overcome together. We envisage a multi-disciplinary and cross-sector steering group will provide the operational oversight and leadership of this strategy. This steering group will report to the Start for Life Board, which will hold ultimate accountability for this strategy.

Linking this strategy to existing strategic priorities across Kent.
This Nurturing Little Hearts and Minds Strategy fits closely with several existing strategic priorities in Kent.

Framing Kent's Future - Framing Kent's Future highlights the need to better support babies and their families[21]. The focus across Kent on reducing inequalities, prioritising preventative working fits with this strategy (see Appendix 5 for more details).

Health Needs Assessment - The most recent Health Needs Assessment for 0-4 year-olds in Kent [22](2022) emphasises the importance of investing in early intervention for perinatal mental health difficulties and their partners, use of data, workforce development, and working together as a system (see Appendix 6 for more details).

Integrated Care Strategy – Support for babies, parents, and carers is needed and provided across many sectors and services. This strategy fits with the vision of the Integrated Care Strategy to work together to make health and wellbeing better. The Integrated Care Strategy specifically highlights the ambition to 'give children and young people the best start in life'.

Health Visiting Strategy – The Kent Health Visiting Strategy[23] (2022 – 2025) has the strategic aim of providing a strengthened early intervention offer across the six high impact areas. This includes parenting programmes, perinatal mental health, and parent-infant relationships (infant mental health). The three action areas set out in this strategy relate neatly to this strategic aim.

Workforce Development: opportunities to help colleagues better support babies, parents and carers.
To support the implementation of these action areas, a continuous focus on workforce development will be needed. There have already been significant developments in how the early years workforce is supported across Kent in recent years. For example, perinatal mental health introductory training is freely available each quarter from the Specialist Community Perinatal Mental Health Service. Similar training is being commissioned for parent-infant relationships.

The professionals we heard from often had ideas about how we can ensure we have a more skilled and knowledgeable workforce. In addition to Action 1.1 to develop and roll out trauma informed training to all staff, we have broken down the ideas from colleagues into things we aren't doing that we should start and things that we are doing that we should continue.

Together, these will help to increase the knowledge, skills, and confidence of the professionals and volunteers that support families in the critical 1,001 days.

21 Kent County Council (2023) Framing Kent's Future.
22 Kent Public Health Observatory (2022) Health Needs Assessment 0-4 year-olds.
23 Kent Community Health NHS Foundation Trust (2022-25), Health Visiting Strategy.

Start

Ensuring that training opportunities are available to all professionals.
Some colleagues told us that elements of the local training offer may not be available to across professional groups. For example, training opportunities may not be extended to those in the community and voluntary sector. This was seen as particularly important as family hubs grow and the workforce within these becomes increasingly diverse. We also heard that training around perinatal mental health and parent-infant relationships should be available to commissioners.

Offering training to introduce important concepts around parent-infant relationships.
Some professionals also told us that they would value more training in understanding parent-infant relationships (19%), how a baby's brain develops (16%), and how to ask about parent-infant relationships. These are important concepts and should be grounded in the science of attachment and early development, so they aren't viewed as 'too fluffy'.

Offering training and support around asking about perinatal mental health, trauma, and parent-infant relationships.
Building on Action 1.3 to improve opportunities for earlier support, colleagues will benefit from a space where they can consider how to enquire sensitively about these areas. This may include best practice in starting difficult conversations or a chance to come together and understand the importance of asking about perinatal mental health, trauma, and parent-infant relationships.

Rolling out training in interventions that can be used to support perinatal mental health and parent-infant relationships.
There was an appetite for specific interventions that can be used to support perinatal mental health (43% of respondents to our survey for professionals) and parent-infant relationships (46% respondents). Using the Association of Infant Mental Health UK's Competency Framework[24] will help to ensure that we have colleagues who are skilled at different levels in understanding parent-infant relationships, supporting parent-infant relationship difficulties, and supervising colleagues who are supporting parent-infant relationships.

Offering opportunities for on-going learning as well as one-off training events.
Training courses to improve knowledge and confidence are just one part of the workforce development picture. Opportunities for colleagues to seek consultation, reflective practice, or supervision to consider any perinatal mental health or parent-infant relationship challenges will be an important addition. This will help to embed the knowledge and understanding of the workforce.

Actively seeking to train colleagues who may be less likely or less able to engage in a full day of training.
There are lots of reasons why some colleagues may find it hard to join a full day of training. There was a call for more active efforts to engage those who play a pivotal role in supporting parents and babies but may not join a 'standard' training programme, including:

- Foster carers
- GPs
- Midwives
- Obstetricians

"Train healthcare professionals, including midwives and obstetricians, to recognise and address perinatal mental health issues." Mum, Swale

Train colleagues in the different services that are available to support perinatal mental health and parent-infant relationships.
Some colleagues told us that they wanted more training so that they were more aware of services that are available to support perinatal mental health and parent-infant relationships. This may be an element of Action 3.3, which sets out our plans to develop a community of practice. This will help colleagues across sectors and services to build relationships and understand the support pathway available to families across different areas in Kent.

"In addition to training, the availability of experts for support, advice, guidance and consultation will be important."
– Practitioner, NHS.

24 Association of Infant Mental Health UK - Competency Framework.

Continue

Using skill mix to ensure that families get the right support at the right time.
There were excellent examples of skill mix in the Health Visiting Service. Including recent developments to recruit leads for perinatal mental health and parent-infant relationships. This skill mix will help to ensure that families get the right level of support, and will help improve capacity challenges.

Offering awareness-level training for perinatal mental health.
Some professionals do not know that they can access perinatal mental health training through the Specialist Community Perinatal Mental Health service. Continuing to roll out this offer to a wide range of colleagues will be helpful and contribute to a 'common language' around perinatal mental health.

Training professionals in video feedback interventions.
Some professionals have already signed up to participate in Video Interaction Guidance training. This training is funded by the Department of Health and Social Care. Continuing to support this training and ensuring that all our training places are allocated, and that training is implemented in practice will be important.

Training to ensure there is skilled supervisory capacity across Kent.
A funded training place is available by from the Department of Health and Social care to train an experienced clinician – such as a clinical psychologist or psychotherapist – in how to supervise interventions to help parent-infant relationship difficulties. Continuing to make use of this training will complement the work we have already started to improve access to support for parent-infant relationship difficulties.

"Band 4 roles do more [early intervention] support so that the Band 5 and 6 roles are freed up to do more of the moderate support."
Leader, NHS Service Provider

Appendices

Appendix 1 – Calculating prevalence of parent-infant relationship difficulties across Kent.

The table below shows the detail of our scale of need assessment for parent-infant relationships.

Estimating the number of parent-infant relationships in need of support per year

Item	No.	Prevalence of difficulties	Parent-infant relationship difficulties
Number of births	16,632		
16.5% - children in poverty	2,744	20%	549
3.18% - children in care	665	90%	599
Children 0-5 referred to CAMHS	519	100%	519
Remaining 0-2s	12,703	10%	1,270
Total			**2,937**

Planning assumptions:

- We calculated the number of children living in poverty as 16.5% of the birth rate[25].
- We calculated the number of babies in care as 3.18% of the birth rate[26].
- North East London NHS Foundation Trust provided data for the number of referrals for 0-5s in child and adolescent mental health services (CAMHS) between October 2021 and October 2022. Although we do not have the breakdown of how many of these were 0-2, we assumed that each of these represents a missed opportunity for earlier intervention.
- Our estimates for prevalence of difficulties are based on academic data about the prevalence of disorganised attachment. Research tells us that people who could be categorised as having a disorganised attachment style, are more likely to experience worse outcomes than any other attachment pattern[27]. We have assumed that these represent a missed opportunity for support at a 'mild-to-moderate' level. However, the prevalence of insecure attachment relationships is much higher. Therefore, it should be noted that the number of parent-infant relationships that could benefit from additional support might be higher than the estimate here suggests.

Nearly one in five parents and carers who completed our survey reported that they experienced difficulties in bonding with their baby (19.57%). If this were representative across Kent, then the scale of need for parent-infant relationship difficulties would be 3,255. However, our survey sample size is relatively small, and it is likely that parents and carers would have been more interested in completing our survey if they struggled and so 2,937 is a more conservative estimate.

25 Public Health England, Local Authority Health Profile (2019).
26 Kent Public Health Observatory, Children in Care Needs Assessment (2017).
27 O'Connor, E., Bureau, J. F., McCartney, K., & Lyons-Ruth, K. (2011). Risks and outcomes associated with disorganized/controlling patterns of attachment at age three in the NICHD study of early childcare and youth development. Infant Mental Health Journal, 32(4), 450.

Appendix 2 – Calculating prevalence of mild-to-moderate perinatal mental health difficulties across Kent.

The table below shows the detail of our scale of need assessment for mild-to-moderate perinatal mental health difficulties across Kent.

Estimating the number of Mums and Dads in need of support per year

Item	No.	Prevalence of difficulties	Number of Mums in need
Mums in Kent (number of births)	16,632	-	-
Mums referred to Kent Specialist Community Perinatal Mental Health service	2,569	-	-
Mums where referrals were rejected	623	100%	623
Mums where referrals were accepted	1,946	-	-
Number of Mums remaining	14,686	20%	2,937
Total Mums in need of support	**-**	**-**	**3,560**
			Number of Dads and Co-parents in need
Dads and Co-parents in Kent (number of births)	16,632	-	-
Number of Mums referred to Kent Specialist Community Mental Health Service	2,569	25%	642
Dads and Co-parents excluding the number of Mums referred to Community Perinatal Mental Health Services	14,063	18%	2,461
Total Dads and Co-parents in need of support	**-**	**-**	**3,103**
Combined Estimation			
Mums			3,560
Dads and Co-parents			3,103
Total			**6,663**

Overarching planning assumptions:

- We assumed there was a Mum and a Dad / Co-parent per baby born each year.
- We recognise that families are more diverse than a 'Mum and Dad / Co-parent'. We made no assumptions about family composition, but we did assume that there were the same number of Dads / Co-parents and Mums across Kent.
- Depression and anxiety are common perinatal mental health difficulties[28]. We assumed that academic prevalence data on these is most likely to represent difficulties at a mild-to-moderate level. This is in keeping with other reports on the scale of common perinatal mental health difficulties.

Planning assumptions for Mums:

- Kent and Medway NHS and Social Care Partnership Trust provided referral data for the Specialist Community Perinatal Mental Health Service (2022 – 2023).
- We excluded Mums whose referrals to the specialist community perinatal mental health service were accepted, assuming that their needs were more complex / acute.
- We assumed that all Mums who were referred but rejected from the specialist community perinatal mental health service had 'mild-to-moderate' perinatal mental health difficulties. There may be other reasons for a rejected referral, but we assumed that some mental health need remains unmet.

Planning assumptions for Dads:

- The academic literature gives a range of prevalence estimates for perinatal mental health difficulties in Dads.
- Dads are more likely to struggle with perinatal mental health if their partner also struggles[29].
- The Specialist Community Perinatal Mental Health Service did not assess or screen the mental health of the partners of Mums referred into their service.
- In the absence of this data, we assumed that every Mum referred into the Specialist Community Perinatal Mental Health Service had a partner.
- We then assumed the higher prevalence rate for the partners of Mums referred to the Specialist Community Perinatal mental health services (25%) and the lower prevalence rate for all other Dads (17.5%)[27].

28 NICE (2020). Antenatal and postnatal mental health: clinical management and service guidance.
29 Darwin Z, Domoney J, Iles J, Bristow F, Siew J and Sethna V (2021) Assessing the Mental Health of Fathers, Other Co-parents, and Partners in the Perinatal Period: Mixed Methods Evidence Synthesis. Front. Psychiatry 11:585479. doi: 10.3389/fpsyt.2020.585479

Appendix 3 – Current service offer for perinatal mental health and parent-infant relationship support.

Service	Overview	Perinatal Mental Health Support?	Parent-Infant Relationship Support?	Area in Kent	Level of Need (as per Thrive)	Sector
Baby Umbrella	Support for families to explore the adjustment to parenthood, difficult experiences with conception, pregnancy, birth and feeding, relationship struggles. Include listening service for emotional support. See Appendix 4 for case example with more details.	Yes	No	West Kent	Coping / Getting Help	Voluntary & Community
Dads Space	Providing a safe space for dads to talk, listen and share their experiences of fatherhood	Yes	No	North Kent	Coping / Getting Help	Voluntary & Community
Dads Unlimited	Supporting the emotional safety of men and those they care about. Supporting Dads through family separation with one-to-one mentoring, building relationships with their children, reducing parental conflict, and improving co-parenting relationships.	Yes	Yes	West Kent	Coping / Getting Help	Voluntary & Community
Families by the Sea CIC	Providing physical, mental and community support within the perinatal period for all families with a focus on our marginalised groups.	Yes	No	Thanet and East Kent	Getting Help	Voluntary & Community
Family Partnership Programme	Support for women from 28 weeks of pregnancy and their families, up to a child's first birthday to empower and help them and their family to lead a happier, healthier life.	Yes	Yes	County-wide	Getting Help	NHS

Service	Overview	Perinatal Mental Health Support?	Parent-Infant Relationship Support?	Area in Kent	Level of Need (as per Thrive)	Sector
Home-Start	Practical and emotional support from volunteers to parents of children under five.	Yes	No	Dover District, North-West Kent, Medway, South-West Kent, and Sitting-bourne & Sheppey.	Coping / Getting Help	Voluntary & Community
HUGS Helping Us Grow Stronger	Antenatal group aimed at improving mental wellbeing during pregnancy and beyond.	Yes	No	Kent-wide Virtual via Teams only	Coping / Getting Help	NHS
Neonatal Service	Support to pregnant women and their families where babies require specialist intensive care.	Yes	No	County-wide	Getting Help / Getting More Help	NHS
Perinatal Mental Health Helpline	Advice and support for anyone experiencing perinatal mental health difficulties, available 24/7.	Yes	No	County-wide	Coping / Getting Help	Local Authority
Singing Mamas	Weekly 90 minute 'me-time' to sing with other women to improve wellbeing and mental health. This is a private service, but with bursaries available for those experiencing difficulties.	Yes	No	West Kent	Coping	Voluntary & Community
Specialist Community Perinatal Mental Health Service	Assessment, diagnosis, and short-term treatment of women aged 18 and above. Available in pregnancy and for women with babies up to two years of age affected by moderate / severe perinatal mental health difficulties in the preconception, antenatal and postnatal period.	Yes	Yes	County-wide	Getting More Help / Getting Risk Support	NHS

Service	Overview	Perinatal Mental Health Support?	Parent-Infant Relationship Support?	Area in Kent	Level of Need (as per Thrive)	Sector
Thrive	Short-term therapies, support, and advice to people and their families for moderate / severe mental health difficulties as a result of birth trauma and / or birth loss. Parents would usually have accessed support from other NHS therapy services in Primary Care such as NHS Talking Therapies prior to referral to THRIVE.	Yes	No	County-wide	Getting More Help / Getting Risk Support	NHS
Perinatal On-line Course	Five session online guided self-help for parents experiencing anxiety and depression associated with the transition to parenthood. Freely available to parents and carers.	Yes	No	Dartford, Gravesham, and Swanley	Getting Help	Private
Women's Health Counselling Service	Counselling for women who have experienced a range of difficulties, including the loss of a pregnancy at any stage, traumatic birth, caring for a baby on the Neonatal Intensive Care Unit, and fertility issues.	Yes	No	East Kent	Getting Help	NHS

Appendix 4: Case Example – Baby Umbrella - using specialist practitioners and volunteer peer supporters to help improve perinatal mental health.

Baby Umbrella told us about their offer of breastfeeding and early parenting support to families across West Kent. Their vision is for every family to have access to skilled and compassionate support during their parenting journey. To support perinatal mental health, all their Specialist Practitioners and Volunteer Peer Supporters have been trained in perinatal wellbeing.

To support the transition to parenthood, they offer free, weekly open access groups with Volunteer Peer Supporters and specialist appointments. Their Practitioners also offer support for issues like sleep and feeding that can cause high levels of anxiety, which is available online or face-to-face.

Throughout the service, they take time supporting parents to understand normal baby behaviour, including a near constant need for contact and co-regulation and frequent feeding and waking through the night. They work with families to create realistic plans to cope with what can be an overwhelming realisation of what caring for a small baby is like. They are also available throughout a family's early parenting journey to talk about introducing solids, night waking in later months and years, and the transition to toddlerhood.

They also provide dedicated perinatal wellbeing support for families who need it through their Listening Service. This is a safe, private, and compassionate space where families can explore the adjustment to parenthood, difficult experiences with conception, pregnancy, birth and feeding, relationship struggles, and much more. They also signpost onto various support services in West Kent depending on need.

Almost all attendees reported an improvement in their mood (98%) and anxiety (96%) and would recommend Baby Umbrella to others (96%).

"Fabulous. Every new Mum should have access to a listening service appointment. Pregnancy/ birth and post-partum can be such an overwhelming and life changing time, I found it really helpful to be able to talk about my experiences in a supportive and objective space. It made me feel like my experiences and feelings were valid and I felt seen in a way that I hadn't before. Thank you so much Baby Umbrella!"

- Listening Service feedback (2023).

Appendix 5 – Links between Framing Kent's Future and this Strategy

Our commitment to…	Link to Nurturing Little Hearts and Minds Strategy
Levelling up Kent includes ensuring that no one is left behind because of who they are.	**Action Areas 1 & 2** – Babies are more likely to experience abuse than any other age group. They also do not have a voice of their own and so need to be proactively given a voice.
Working with our partners in the public, private, voluntary and community sector.	**Action 3.1** – This is particularly important for babies. Care and support for babies and their families often cuts across different organisations and services. We must work together to ensure that babies do not fall through the gaps in provision.
Focusing energy and resources on the most deprived 20% of the population	**Action Area 2** – Babies often experience a 'double disadvantage'. We know that babies living in deprivation are more likely to have difficult early attachment relationships.
Reshaping our commissioning practice to ensure we build strategic partnerships with our providers, through earlier engagement, more consistent and proactive commissioning practice, and a stronger focus on co-designing services	**Action 3.1** – We need longer term support to mitigate the long-term impact of a difficult start in life.
Working within the system to ensure a strong focus on preventative community services	**Action Areas 1, 2, & 3** – Supporting parents and babies experiencing mild-to-moderate difficulties is a 'double prevention' – intervening early in life and before difficulties worsen.
Embedding a whole-family approach	**Action Areas 1 & 2** – A whole-family approach is essential to improve equity of support.
Working with the ICS to support children's mental health needs so that they are met with the right level of support in a timely manner.	**Action Areas 1, 2, & 3** – The earliest opportunity to support children's mental health is during infancy and the 1001 critical days.
Making better use of data and analytics to understand current and future needs so we can improve commissioning.	**Action 2.1** – Using data will help us to reduce inequality in accessing support for perinatal mental health and parent-infant relationship difficulties.

Appendix 6 – Links between the Health Needs Assessment of 0-4 year olds and this Strategy

Our commitment to…	Link to Nurturing Little Hearts and Minds Strategy
Invest to ensure early identification of and support for poor perinatal mental health amongst pregnant women and postnatally for women and their partners.	**Action 1.3** – Ensuring a more consistent approach to asking about perinatal mental health, parent-infant relationships, and birth trauma.
Develop a robust system wide pathway for low to moderate perinatal mental health support.	**Action Area 2 & Action 3.2** – Improving equity of support for parents and carers regardless of gender will help with this, as will mapping the pathway of support.
Review and monitor the provision of support for parents and carers.	**Action Area 3 and Action 2.3** – Collaborative leadership and using the Start for Life offer publication as an opportunity to review provision.
Establish a system wide approach to preventing poor health outcomes, ensuring provision and levels of support are flexible and responsive to meet needs.	**Action Areas 1 & 2** – Creating a holistic referral pathway for parent-infant relationships and focussing on early intervention and prevention at a mild-to-moderate level of need.
Ensure services are culturally appropriate with information available in other languages, particular to the local communities.	**Action Areas 1 & 2** – Ensuring more professionals have access to trauma informed training, and work to improve equity of service offers across Kent.
Ensure data sharing and linkage is consistently being improved particularly between maternity care, early help, health visiting, social care, and early years education.	**Action 2.1** – Harnessing data and insight to improve equity.

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Credit: Tom Merton

Further information

For further information about any aspect of this strategy please contact: **startforlife@kent.gov.uk**

Kent County Council

Alternative formats

If you require this strategy in an alternative format or language,
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This number goes to an answering machine, which is monitored during office hours.