

Evaluation to Assess the Impact of the Newcastle Parent infant Partnership (NEWPIP) Approach

Final Report

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Abbreviations

CNE | Children North East

NEWPIP | Newcastle Parent Infant Partnership

PIP | Parent Infant Psychotherapy

Summary

This evaluation of the NEWPIP approach was undertaken in response to the need for rich, in-depth data to understand the lived experiences of the parents who have experience of the service, to improve the way the service is designed and delivered. Ten parents were involved in the study which involved semi – structured interviews to explore their experiences of the NEWPIP approach and explore the differences of this approach to other services received. Data was gathered by investigating the perspectives, attitudes, and beliefs of the parents to ensure their voice is paramount to learning more about the NEWPIP service and improve service design and delivery. From the data, five main themes were highlighted. These themes included; narratives of time, reflections on a ‘unique approach’, parent’s sense of empowerment, the impact on relationships and public awareness and partnerships. The parent’s shared a largely positive response of the benefits they received from the service, while any challenges shared were developed into the above recommendations. It is clear from the interviews that the service is very well received by new parents and their infants. While the recommendations provide an opportunity to improve the service further.

This evaluation was an independent study conducted by researchers at Newcastle University, however the relationship between CNE and the parents and provision of electronic tablets brings questions on the reliability and trustworthiness of the parent’s narratives and whether the parents provided responses which were critical of their experiences. However, the parents did provide well balanced accounts of the service they received and were able to critically reflect with the researchers. The NEWPIP approach is a relatively new service, and the parents who have been involved shared their stories, which included only having a short-term view of the impact. Therefore, long term outcomes of infant health and wellbeing has not been measured although this was not the purpose of the evaluation. Of the ten parents who were interviewed, 90% were women, which raises further questions of whether this service is aimed at women or if it is inclusive of both parents.

Recommendations for future research

As well as tangible recommendations for CNE to implement into their policies and practice, the data from this evaluation have highlighted some key areas for future research. There is an opportunity to continue this study with follow up data in the future, to provide a qualitative understanding of the long-term impact of the PIP model and NEWPIP approach. This scope for further research would be able to contribute to the effectiveness of early intervention programmes and whether benefits are sustained over time, especially with regards to children’s health and social outcomes. While the parents shared their

perspectives on the differences of the NEWPIP approach compared to other therapeutic services they have received, there are also future opportunities to explore the PIP model more deeply to discover evidence that can suggest it is more effective than other interventions. Finally, the views and experiences of the services providers (i.e. therapists) and other healthcare providers may also strengthen the understanding of the NEWPIP approach and the PIP model.

Background to the Evaluation

This document presents the findings of an independent evaluation conducted by Newcastle University on the Newcastle Parent Infant Partnership (NEWPIP) service which is currently being provided in Newcastle by Children North East (CNE). As a specialised intervention, NEWPIP provides a service which supports both parents, and their babies from conception to 2 years, who are experiencing issues which may affect the quality of their relationship and development of the infant.

NEWPIP is currently one of 34 specialised parent – infant relationship teams across England, originating from the Parent Infant Foundation’s mission to provide a holistic approach for improving parents’ mental health and to close inequality gaps in children’s wellbeing outcomes (Hogg, 2020). The service provided by these specialised teams is based upon Parent Infant Psychotherapy (PIP). PIP draws from therapeutic traditions including psychoanalytic models, attachment theory and more recent research in neuroscience (Barlow et al. 2016; Slead et al. 2013; Winnicott 1960; Zaphiriou Woods & Pretorius 2016). The focus of the support is how conscious and unconscious processes in the relationship shape the parent’s and infant's ways of relating to each other.

The Parent Infant Foundation state the PIP model offers effective, high quality early intervention which empowers professionals, turn families’ lives around and puts babies on a positive developmental trajectory (Hogg 2020). Previous research has identified success in building attachment and a secure bond between parents and infants through this intervention model (Barlow et al. 2016). However, this field of research is still in its infancy with limited studies focusing on longer term outcomes on the parent – infant relationship (Barlow et al. 2016). Nevertheless, organisations such as the NSPCC, Wave Trust and the All Party Parliamentary Group on the Critical 1001 days have drawn upon evidence to identify the importance of early intervention for both perinatal mental health, as well as healthy social and development of all children (Leadsom et al. 2014, Wave Trust, 2020). More recently, the Government have committed to the 1001 critical days with a review on ‘the best start in life’ (HM Government 2021). This increased awareness highlights the need for families to receive support during this unique time of birth and development, where NEWPIP is already providing such support across Newcastle.

Alongside emerging literature which brings together research, evidence and policy on transforming infant wellbeing during the critical 1001 days (Leach, 2018; Smith et al., 2018), this evaluation is timely for the surging interest to increase family support and reduce child inequalities. This evaluation can begin to address the gaps of qualitative knowledge on the experiences of PIP as a previous review only focused on statistical analysis with control groups (Barlow et al. 2016), and research into this area is still developing. This evaluation

has been supported by the Applied Research Collaboration North East and North Cumbria (ARC NENC). Researchers from Newcastle University have engaged with service users to elicit rich, detailed knowledge of their experiences and views of the NEWPIP approach. This evaluation contributes to increasing understanding of the impact and effectiveness of this specialised service, to inform future practice.

Methodology

The aim of this evaluation was to explore the perspectives and experiences of parents or caregivers (service users), to assess the impact of the NEWPIP service on the parents themselves and the relationship with their baby. The main objectives were:

1. To understand service user's experiences of the NEWPIP approach.
2. To investigate perspectives, views, attitudes, and beliefs of the service users.
3. To explore differences of the NEWPIP approach from other services users may have received.

The exploratory nature of the objectives and focus on service users' experience and perspectives provided scope for a qualitative approach for this evaluation. This consisted of ten semi-structured interviews in total with parents who had previously received the service within the last 2 years.

The participants

The process of recruitment for this evaluation involved both purposive and convenience sampling. The purpose was to include the criteria of parents who have received the service within the last 2 years but had finished at the beginning of the COVID19 pandemic (February 2020), and who had consented to being involved in future research. The convenience of this sample may incur bias and lack credibility (Silverman 2013). However, the NEWPIP approach is a relatively new service and therefore may include low numbers of service users. CNE shared the contact details of parents with the researchers, as stated in the ethics agreement, who then approached each parent individually by phone call and email for further consent to be interviewed. CNE also provided all parents who agreed to be involved in the study with an electronic tablet.

Ethics

This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. In commitment to ethics, participants were provided with an information sheet (see Appendix A) which outlined in detail what the study would involve and what would happen if they decided to take part.

Throughout the study, it was made clear that participants who decided to take part also had the right to withdraw from the study at any time, and without giving a reason. All participants electronically signed a consent form and then provided verbal consent at the start of the interview.

The interview process & data analysis

In total, there were ten parents who were interviewed, of which nine were female and one male. To protect confidentiality, all parents have been given pseudonyms. Interviews were arranged through 'zoom' videoconferencing software with a time and date agreed that was most comfortable for the parent. The interviews took place between February 2021 – March 2021, lasting between 30 – 90 minutes and were guided by open ended questions from a topic guide (see Appendix B) to interpret the impact of the NEWPIP service from the viewpoint of the parents who had been involved with the service. The interviews adopted a narrative approach to enable the parents to share their lived experience. Parents received a £10 voucher for their participation in the interview, which was emailed individually to each parent afterwards. All the participants were provided with a debrief form (see Appendix C) at the end of the interview which reiterated the ethical commitment to their confidentiality and provided details of support services if they felt they needed to access this after the interview.

Once all the interviews had been completed, the researchers transcribed the interviews and analysed the data thematically, by using a coding method which is grounded in the data (Charmaz 2014). After three rounds of coding, the data were categorised into five overarching themes which inform the findings in this report. This report now sets out the review's findings in several areas with illustrative quotes provided to provide a narrative understanding of the parents' views towards the NEWPIP approach.

Parent's Views and Experiences of the NEWPIP Approach

Drawing upon the narratives of the parents, five overarching themes were recognised which have shaped this report;

- Narratives of Time
- Reflections on a 'Unique Approach'
- Parent's sense of empowerment
- Impact on Relationships
- Public Awareness and Partnerships

These themes are now presented to understand parent's perspective of the NEWPIP approach and to explore differences of the NEWPIP approach compared to other services received.

Narratives of Time

Referral waiting time

There was a variety of experiences represented by the parents in terms of how they accessed the service, which began from the point of referral. However, the first service users who were referred to NEWPIP appeared to have shorter waiting times from referral, relative to those who were referred more recently. These differences of waiting times from the point of referral had an impact on the perspective of the service overall. For example, Julie and Rachel share experiences of little waiting time;

"Relieved! Because all the counselling lists and things like that for other mental health things are literally months and months and months. I was thinking my baby will be one by the time anyone would like even think about helping" (Rachel).

"I'm sure it was within the week; I don't know if that's normal or if I was just that bad" (Julie).

Whereas Christine had to wait longer and felt like she needed to see someone sooner:

"I suppose, the only thing is, you know, obviously it would have been nicer to have been seen sooner, but that's not their fault, that you know they can't have more staff if they haven't got more funding, is it, you know" (Christine).

From Christine's reflection, perhaps these differences reveal an increase of demand for NEWPIP, while having a limited number of therapists and resources. However, overall, most found the waiting time shorter in length than for the traditional counselling and mental

health services throughout the NHS, and despite commenting on the waiting time, it did not negatively impact their experience during their time receiving the service.

Time in the service

Once in the service, parents felt that there was both more fluidity and consistency with the sessions and support, compared to other counselling services they had received. The length of time in the service varied according to the parent's individual needs, although many of the parents had been receiving the service for a particularly long time (ranged between 3 and 18 months) and felt 'ready' to leave the service. Their therapy came to a more natural ending, rather than it being a fixed number of sessions, which was appreciated by some of the parents.

"So, when things finished off, it was made sure that I felt ready to be let go... especially having been in it for so long, it become a huge part of my life" (Helen)

Meanwhile, there was also some confusion by parents regarding the amount of time they felt they were eligible to receive the service. Referring to the '1001 critical days' (Hogg, 2018), the timeframe is based around pregnancy until 2 years old. So, for those women who had accessed the service once their baby had already been born, perceptions were that time receiving the service may not be enough, as one of the parents, Rachel, reflects upon here;

"I know that you get support up until your child is 2, mine turned 2 in January, like what if you weren't ready to end? I think they should have it up until your child's 2, but I think it should also kind of be just when you're ready to end it. Yeah, I mean obviously they might already have that but I don't know, but because obviously I ended before she was 2." (Rachel)

The parents who were involved with the NEWPIP service for 12 months or longer mostly felt like it was enough for them. However, the 1001 critical days does not necessarily represent the *fluidity* of the approach offered by NEWPIP. Nonetheless, the length of time in the service appeared to meet individual needs, providing a unique approach to each parent, and fit around their lives.

Waiting times due to therapists' absence

Many parents explained that they had built up a rapport with their therapist and enjoyed an extended amount of time receiving therapy sessions. However, there were two women who

spoke about a therapist being off sick and while they were understanding of the therapist being off, it seemed to come across as quite significant within the experience of the parents;

"...[therapist] was off sick for quite a while, but we didn't have like any check-ins or anything, nobody was like is anything going on, or do you need any help? Or can we put anything in place where you have got some support while Marie isn't here?"
(Amanda).

These times during the absence of their therapist appeared to show a period of vulnerability for these parents, as they were building a relationship with the therapist. As many of the parents come to the service with mental health concerns and their own childhood trauma (Barlow et al. 2016; Slead et al. 2013), it may therefore be something to consider in how to navigate this in the future, so that women feeling vulnerable do not also feel abandoned. This is particularly important because the relationship with the therapist was referred to as one of the greatest strengths of the NEWPIP approach.

Reflections on a 'Unique' Approach

Navigating expectations

The theme of the 'uniqueness' of the service became a working concept to describe how the parents felt about the service they received. Most women received one - to - one psychotherapy sessions, while two of the women shared that they were also involved in group sessions. One parent, Anna, felt more like a person and less like a number within the NEWPIP approach. She felt that the therapist genuinely cared and had empathy. Others felt there was less 'pressure' on them to speak or to have 'results' at the end of each session. This may not be unique to the NEWPIP service but many of the parents did feel that they felt more cared for than in previous experiences, where they had received more traditional therapy.

To explore how the service was different, we asked parents what their expectations were before they received the service and how they felt afterwards.

"Researcher: So, reflecting and looking back, what's your perception of it [NEWPIP service] compared to what you thought at the beginning, did your expectation change?"

Rachel: I think it's completely polar opposites from when I went in and then when I came out of it. In a good way. I think that it was something that I never thought I would want to do... I thought I was going to be sat there on a chair, with a therapist. Well, it was, it was a lot better than I expected to be"

For most of the parents, they were apprehensive, or had assumed that it would be similar to previous counselling or therapy they had received, of which they had expressed negative attitudes towards. However, as Emily described.

“To be honest, I think the whole service, because I didn't know what to expect or you know I do believe in counselling and stuff like that, but I think the whole service itself, it really did exceed my expectations” (Emily).

As expectations of the service were largely exceeded, this was often explained by ‘getting to the root cause’ of their issues, but in a non-demanding way. The parents often referred to the individual qualities of the therapist, who was non-judgmental and listened deeply. From this experience, parent’s expressed gratitude for accessing the service and described how NEWPIP has been successful relative to other private therapeutic services they had previously accessed;

“I feel very grateful that I was able to access [NEWPIP] because I couldn't find anything like that, like the private counsellor I went to wasn't really working” (Christine)

Therefore, the PIP model may be successful in that it provides a strengths-based approach to therapy by using psychoanalytical and attachment-based interventions which provide a depth and breadth of different tools and approaches which professionals can use (Bateson et al. 2019). From the parent’s experience, the depth of the approach was captured and this recognises how different it was to other paradigms of mental health support.

A safe space

Many of the women discussed the sessions as being a ‘safe space’ for them to be able to share their problems and ‘off load’, with less ‘boundaries’ and ‘rules’;

“Well it [NEWPIP] felt like quite a safe space to just say all those things which you shouldn't feel as a mother, you know, and kind of talk them through” (Christine)

By having this space, parents had a feeling of safety which appeared to be a foundation for them to build up their own sense of empowerment. The parents felt safe and relaxed with the NEWPIP therapist. For example, Julie shared how the therapist was very engaged with her and was able to create a safe space without talking which helped Julie to express her issues;

“There wasn't any writing down like when I've had previous sort of talking therapies...person sitting there and then you almost are like what are you writing? You know, and you kind of got a little stress...

She [therapist] was quiet and she'd often leave silence...didn't just sort of chat . And she leaves silence, which I then feel that awkward obligation to fill but it meant that I kept talking”. (Julie)

Julie perceived the difference between previous therapy sessions and the NEWPIP approach through less writing and a deeper connection with the therapist, in a ‘do less and say less’ kind of style, which felt uncomfortable but gave space for Julie to talk and begin to feel empowered.

Parent’s Sense of Empowerment

Finding self-identity

During the one-to-one session with a psychotherapist, parents expressed they were able to ‘find themselves’ again and there was a sense that parents were able to overcome feelings of shame and pressures of being a ‘perfect’ parent. Rachel shares how her strengths were recognised by the therapist;

“[the therapist] would pick up on things that I never would notice about me with [the baby]. Like the way she would turn all the bad stuff into good stuff. It was nice to be reassured that I was doing something right” (Helen).

Around half of the women expressed that they had experienced depression or anxiety before, during and after giving birth. From the way the sessions were described, parent’s sense of empowerment appeared to develop over the course of the therapy. This fits with the emphasis on this intervention model building on parent’s strengths as well as their relationship with their baby (Hogg, 2020, Zaphiriou and Pretorius 2016). This helped to shape the parent’s new self-identity which supported their confidence building.

Building self-confidence

The sessions which supported parents to find their identity were both an empowering and uncomfortable journey as Julie described;

“I just used to just sit on the sofa in a dressing gown in a little ball and then, by the end of it, I felt more back to myself. Even when you look back that transition but... a lot of stuff wasn't that comfortable to reflect on” (Julie)

Despite feelings of discomfort reported in both one-to-one and group sessions, the parents largely reported that the service provided them with more self-confidence.

“Yeah I would just say in a weird way it gave us a bit more confidence... made me like more comfortable in my own skin and just like more content with myself and then that has like a knock on effect... it changed things in positive way.” (Tom)

Additionally, one parent found the service ‘fundamentally changed’ their parenting and helped them to build the confidence to continue learning about child development and parenting after they were finished with the service, as Helen shared;

“I would go out for a walk listening to podcasts about child development and things like that, and I would never have thought to do that before because it's now become something I'm really interested in and it's something that I want to engage with as they get older. I want to continue to be focused on understanding how they learn and engaging with them. It has really fundamentally changed how I parent” (Helen).

While all women reported different levels of self-confidence building from accessing the service, this theme exemplified how the women were able to understand how the uncomfortable journey was meaningful to learn how to meet their own needs better which provided parents a sense of autonomy.

Autonomy and parent’s need

There were three parents who felt they had a degree of autonomy as they decided how long they would need in the service. This personal decision-making shared by the parents was perceived to be empowering as it interrelated with their sense of self-confidence and strengths as a parent.

“Researcher: So, were they happy to keep seeing you until it was your decision to end it?”

Emily: yeah, and I think you know if I had to take it any longer, it would have been fine; it wouldn't have been a problem.”

To the parents, continuing with the service was based around whether they needed the service and support, rather than the therapist telling them when the sessions were finished, which seemed to differ from more traditional therapy services provided for by the NHS. This flexibility appeared to be an important aspect of the service for most of the parents interviewed.

Impact on Relationships

Relationship between parent and infant

As the service is centred on supporting and strengthening the relationship between parent and infant, the parents were asked in the interview how they felt the service impacted this relationship. There was a mix between some parents feeling that the relationship had also influenced their capability as a parent;

“Without NEWPIP, I honestly don't think I'd be half the mum that I am today” (Emily)

Then, other parents felt that even though the relationship had improved, they still had their own problems which had not been fully supported by NEWPIP;

“I felt like I had built a better bond with [the baby] but obviously my issues are still there.” (Amanda)

While the parents reported at the time of the interview that their bond was better with their baby, some also reported continuing personal issues. It is difficult to ascertain as to what extent the improved bond with their baby was ongoing, despite continuing challenges in their personal mental health.

Broader impact on relationships

Though the focus of the NEWPIP approach is to enhance the relationship of the parent and infant, the interview participants shared that as well as the improved bond between themselves and their baby, the service provision extended the relationship enhancement between the parent and other close relationships, such as their partners, their parents, sibling and the relationship with their self.

“I'll forever be grateful to NEWPIP because I don't think I would have the relationship with [my husband] or with [my son] that I've got now” (Julie)

From the parent's perspective, they could see how the added value of the service strengthened and healed relationships which provide vital support to the development of the baby/infant. For those that were involved in group sessions, they could see the potential of having an open space for parents to talk and develop relationships between themselves;

“Once there was a structure to the group, and that was probably like a year in everybody started to enjoy it a little bit more, because we could say things that were worrying us. You know them things that were on our minds and it actually turned out that everybody had the same problems, and it was nice to know and it became beneficial for me” (Amanda).

The recognition of the benefit of relationships between parents to support each other through the 1001 critical days is something to explore further. For example, one parent explained that from the challenges she experienced during her time accessing group sessions, she felt strongly that the sessions should emphasise the parent's needs. They saw a potential for parents to support each other through 'parent only' group sessions or perhaps by including former service users in group sessions to share their previous experiences, strengthening the relationships between new parents, as an extended source of support;

"... I don't know if this is even possible to happen, but like say they did one week just the mams, the other week, a group...where you're getting both, so you are getting what you need and you're also doing somethings where you are working on the bond with the babies. It's like so if you've got all these things going on in your head but you've got no one to offload to, because this little person needs everything from you. So, if they did, like a group where they knew that was a like a safe place to like offload. And everyone was there, like people were just there to listen and come up with coping mechanisms or even just to say how you are feeling is totally normal, like you're not going crazy...I have not been able to talk to another parent or other parents, who are in the same boat and having the same feelings. I would suggest a group therapy talk, as well as have the group therapy for building the relationship with the little one" (Amanda).

Therefore, while the PIP model is a framework for the NEWPIP approach, there may be scope to provide additional support for parents as a supplement to the one-to-one sessions with their baby. As the service is addressing parent's trauma alongside the infant partnership, having more than one type of service provision may strengthen the support parents receive.

Public Awareness and Partnerships

Partnerships with other services

Beyond the impact on the relationship between parent and infant, there were comments from parents during the interviews around the idea of building partnerships with other services to increase awareness and public knowledge of NEWPIP, including how referrals were made. The parents shared that when they accessed the service, it was most commonly through a referral by their Health Visitor or GP, although knowledge of the service from health professionals appeared to be limited, as Helen described what her health visitor had shared with her;

"She said 'I think you need to talk to somebody more than a midwife, there's a new service called NEWPIP. I know nothing about them, but I think this might be an ideal time to find out'" (Helen)

Moreover, when some of the parents reflected on the awareness of the service, they shared how they were unaware of the service until it was mentioned to them by a health professional and that it would be more beneficial for more people to know about the service.

“I think make it known without needing it, if that makes sense, so like make it, so like obviously, I had to be like at my lowest of low before anyone brought it up. You get given endless amounts of leaflets when you're in hospital or when you come home from hospital and your health visitor gives you them, so many leaflets on bottle feeding and breastfeeding, and what to do after you give birth, and I'm thinking why is NEWPIP not in that?” (Rachel)

Therefore, although NEWPIP's leaflet shares that they do offer a self-referral route, there seemed to be no knowledge that this was an option, which could mean there is greater opportunity to raise public awareness of the service.

Leaving the service and connecting with partner organisations

In one of the previous sections reporting the length of time in the service, it had been shared that there was a gradual transition to leaving the service. However, the ending for some women felt quite abrupt and they would have preferred to have more sessions. Although one parent explained how this was due to the pandemic, and therefore this had an impact on the service they were receiving. Perhaps they would have also received a more gradual ending if there had not been a national lockdown in 2020;

“I think this is not really NEWPIP's fault or anything because no one predicted the pandemic, but I think, obviously the way I ended the sessions, we were supposed to meet up and have a final one. I think I was just a bit gutted that I couldn't end it how I wanted to end it. You know there was months of work, and it was just like a goodbye phone call and it just felt a bit urgh” (Rachel)

Nonetheless, other parent's had also shared they would have appreciated further contact from NEWPIP after they had left the service.

“The only thing I would say, I know it's difficult because of funding and stuff like that, but a follow up - six months or a year down the line - just to make sure everything's okay and stuff like that” (Emily)

“I wish there was something that followed up after and that's what I would say really. A proper follow up after really. I was really lucky to be in touch because they

wanted to do videos and stuff and try and promote themselves, but [the therapist] even said there's like nothing for after really.” (Anna)

“So if we had carried on sessions until she turned 2 would they have like recommended another service, like a follow on? I would like to know” (Rachel).

From these discussions, it could be considered how to navigate the end of the service and whether there is scope to include follow-up sessions to extend the transition period. This may be useful, especially as many of the parents were with their therapist for a long period of time (around 1-2 years) and had built up a strong relationship with them. Even though the women had chosen to end the sessions because they felt they did not need any more, to include some follow-up calls or visits may support the family further. Alternatively, there is an opportunity for NEWPIP to build partnerships with other services that families could continue engaging with, beyond the NEWPIP service.

The NEWPIP referral form on the CNE website provides a range of services available for parents beyond the NEWPIP service (see <https://newpip.children-ne.org.uk/>). So, there is a potential gap that could be filled with regards to parents understanding the partnerships between NEWPIP and other services for parents offered by CNE.

Recommendations

The analysis and findings from the data gathered with the parents illuminated an approach which supports parents to build a better bond with their baby and provide a safe space for parents to heal through their relationships. While the parents shared their experiences, the interviews were intended to receive feedback, so questions were asked about what could be improved and what recommendations could be offered to CNE. Guided by the voice of the parents, this report provides a comprehensive list of recommendations to support the future of the NEWPIP approach (see figure below).

Figure 1. Recommendations for NEWPIP

- 1. Improve public and professional awareness of the service, particularly options of self – referral.***
- 2. Clarify the referral pathways along with possible waiting list times.***
- 3. Ensure service is fully inclusive of male partners and same-sex partners.***
- 4. Facilitate parent-only group sessions.***
- 5. Facilitate follow-up sessions (which could be a parent-only group session or provide a parent mentor scheme to utilise parent's lived experience)***
- 6. Continue to support a flexible approach to the therapy sessions while also providing structure to those who need additional support.***
- 7. Build partnerships with other services, which families could continue engaging with, beyond the NEWPIP service.***
- 8. Increase number of available therapists to meet demand, reduce waiting times and reach more parents***

This includes an emphasis on improving both public and professional awareness, so parents themselves can know that they are eligible to refer themselves if they feel they need support. Professional awareness could include presentations with health visitors to share information of the PIP model and CNE's service provision. This may also be beneficial to build partnerships with professionals or other agencies who can liaise with CNE to provide support after parents have ended their sessions with NEWPIP to ensure long term support

and improved outcomes for both parent and infant. There may also be a need for increasing the professional team of NEWPIP to expand the ability to provide service provision to a broader group of parents across Newcastle, this would also include both parents and same sex couples to ensure the service is inclusive for all parents.

Reference List

- Barlow, J, Bennett, C., Midgley, N., Larkind, S.K. and Weie, Y. (2016) Parent–infant psychotherapy: a systematic review of the evidence for improving parental and infant mental health. *Journal of Reproductive and Infant Psychology*, 34, 5, 464–482.
<http://dx.doi.org/10.1080/02646838.2016.1222357>
- Bateson, K., Lang, B., Hogg, S., and Clear, A. (2019) *Development and Implementation toolkit*. London: Parent Infant Foundation
- Charmaz, K (2014) *Constructing grounded theory*. London: Sage
- HM Government (2021) *The best start in life: A vision for the first 1001 critical days*. CP419. London: HMSO.
- Hogg, S. (2020) *Rare Jewels: Specialised parent-infant relationship teams in the UK*. London: Parent Infant Foundation.
- Leach, P. (2018) (ed.) *Transforming Infant Wellbeing Research, Policy and Practice for the First 1001 Critical Days*. London: Routledge, 261 - 271
- Leadsom, A., Field, F., Burstow, P., and Lucas, C. (2014) *The 1001 critical days. Cross party Manifesto*. PIP.
- PIPUK (2020) Parent Infant Foundation: Our Values [online] available at: <https://parentinfantfoundation.org.uk/> (accessed on 13th November 2020)
- Sleed, M., James, J., Baradon, T., Newbery, J., & Fonagy, P. (2013) A psychotherapeutic baby clinic in a hostel for homeless families: Practice and evaluation. *Psychology and Psychotherapy: Theory, Research and Practice*, 86(1), 1-18.
- Smith, V., Pratt, R Thomas, C and Taggart, D. (2018) 'Norfolk Parent-Infant Mental Health Attachment Project (PRIMAP): working towards integration in attachment, mental health and social care.' In: Leach, P, (ed.) *Transforming Infant Wellbeing Research, Policy and Practice for the First 1001 Critical Days*. London: Routledge, 261 - 271
- Zaphiriou Woods, M., & Pretorius, I. M. (2016) Observing, playing and supporting development: Anna Freud's toddler groups past and present. *Journal of Child Psychotherapy*, 42(2), 135-151.
- Wave Trust (2020) 1001 Critical days: The importance of conception to age two period [online] Available at: <https://www.wavetrust.org/1001-critical-days-the-importance-of-the-conception-to-age-two-period> (accessed 1 April 2021)
- Winnicott, D.W. (1960). *The theory of the parent-infant relationship*. In *The Maturation Processes and the Facilitating Environment*. New York: International Universities Press

Appendices

Appendix A. information sheet

Who is reviewing the evaluation?

Samantha and Melissa will be supervised by Professor Judith Rankin, from Newcastle University's Population Health Sciences Institute. Children North East has asked for this evaluation, but we are working independently on it.

What if there is a problem?

Any complaints about the interview processes can be reported. Firstly, if you have a concern about any aspect of the qualitative evaluation, you can speak to Samantha or Melissa who will do their best to answer any questions that you have. If you wish to speak to someone else about a problem, please contact:

Judith Rankin
Professor of Maternal and Perinatal Epidemiology
Institute of Health and Society
Baddiley-Clark Building
Newcastle University
Newcastle upon Tyne
NE2 4AX
Tel: 0191 208 5267
Email: judith.rankin@ncl.ac.uk

Thank you!

This completes part 2 of the information sheet. Thank you again for taking your time to read this information. Please get in touch to ask any questions or share any concerns you may have about the project, you can contact Samantha on;

Email: Samantha.burns@newcastle.ac.uk
Mobile: XXXXXXXXXX

This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. This committee contains members who are internal to the Faculty. This study was reviewed by members of the committee, who must provide impartial advice and avoid significant conflicts of interests.

Participant Information Sheet (v.3 15.1.2021)

Why have I been asked to take part in this evaluation?

You have been asked to take part because you have taken part in the NEWPIP service and we would like to hear your views and experiences of it. We would like to have a conversation with you, in the form of an interview.

Do I have to take Part?

You are free to change your mind and withdraw from this research at any time before the interview has been transcribed. You do not need to give a reason.

What will happen if I take part?

If you agree to take part, we will arrange a convenient time to meet with you. The interview will take up to an hour to complete and will take place virtually, either over the phone or on the computer.

Prior to the interview, you will be asked to sign a consent form. If possible, we request that you sign the consent form and return to samantha.burns@newcastle.ac.uk before the interview date. Recording equipment will be used to capture the discussion about your views and experiences. You can end or postpone the interview at any point.

What are the potential advantages or risks to me taking part?

The findings could help improve future services for families and their babies. It is possible that you may find talking about your experiences difficult and we understand this. At the end of your interview, you will be given information about sources of support you can access if needed.

Will my taking part in the evaluation be kept confidential?

Yes. All information collected about you in this research will be kept confidential. More detailed information about this is given in Part Two.

This completes Part 1 of the Information Sheet. If the information in Part 1 has interested you, please read the additional information in Part 2 before making your final decision to take part in the evaluation.

Participant Information Sheet (v.3 15.1.2021)

An evaluation to assess the impact of the Newcastle Parent Infant Partnership approach

You are invited to take part in this evaluation. We are inviting you to share your views and experiences of the Parent Infant Partnership service in Newcastle.

Before deciding whether you would like to take part, it is important that you know why this evaluation is being carried out and what taking part means for you.

This leaflet is for you to keep. Please take the time to read all the information carefully in order to decide whether you would like to take part in this evaluation. Please ask if there is anything that is unclear.

The leaflet has been divided into two parts:

Part 1 | details of the evaluation and what will happen if you decide to take part.

Part 2 | detailed information about how the research will be carried out.

Please feel free to ask if there is anything that is unclear or if you would like any more information.

Thank you for taking the time to read this information.

Part 1

Introduction

The NEWPIP service has been ongoing for several years and Children North East has asked for an external independent research study to gather views and experiences of the NEWPIP service and how this has affected the relationship with their baby. This aligns with the values of the Parent Infant Foundation who seeks to achieve the best outcomes for babies, informed by data, evidence and practice. Children North East are particularly interested in how this parent-infant relationship team approach was different to previous services you may have received. This evaluation is important to help Children North East focus areas of improvement to ensure the service meets your needs and provides a quality service for you.

Part 2

Will my taking part in this qualitative evaluation be kept confidential?

After the interview takes place, a written record of what has been said is produced (known as a transcript). Only the research team will have access to the information where you are identified as a person taking part.

Quotations from the interview may be used in the evaluation report and published work. The quotation will be anonymised, and it will not be possible for anyone to identify you from any of the quotes and for anyone else to know that you have taken part.

The information you provide will be stored in a password protected folder on the Newcastle University computer network. All data will be stored in accordance with University guidelines and General Data Protection Regulation. Personal, identifiable information, such as full name, contact telephone details or email addresses will be destroyed when the study ends. The anonymised interview transcripts will be stored for a minimum of 10 years and may be used in the future.

If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter. Our Data Protection Officer is Maureen Wilkinson, and you can contact them at rec-man@ncl.ac.uk.

If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful, you can complain to the [Information Commissioner's Office \(ICO\)](https://ico.org.uk).

What happens to the results?

The evaluation will be completed by April 2021. A summary of the results will be made available to all those who have taken part if they request a copy. We will write a report based on the results.

Who is organising this evaluation?

The evaluation is being undertaken by researchers at Newcastle University's Population Health Sciences Institute.

Appendix B. interview topic guide

Interview topic guide

Title: An evaluation to assess the impact of the Newcastle Parent Infant Partnership (NEWPIP) approach

Introduction

Thank you so much for agreeing to be a part of this interview. I understand you have taken part in the NEWPIP service and I would really like to hear your views and experience of this. Just to remind you that I am independent from Children NE and this means that I am interested to hear all views from you, whether positive or negative. I want to remind you here that all comments you make will be kept confidential. It would be great if you can share your personal story so we can get a better understanding of the service you received.

Firstly, can you tell me about yourself and your baby?

Pre – Service

How did you connect with Children North East and the parent infant partnership service?

What did you think the programme would involve before you attended it?

What happened?

What did you think about your relationship with your baby before choosing to receive the service from Children North East?

During – Service

What happened during your time on the parent infant partnership programme?

What did you think about your experience in the programme?

Can you explain in more detail?

Is there anything else you want to say about this?

After – Service

Can you tell me what happened at the end of the programme?

How is your relationship with your baby after the programme?

In what way was the programme what you expected?

What do you think worked well/ didn't work so well?

How do you feel the programme has had an impact on you?

Can you suggest any changes you would make to the programme to improve [it](#).

Concluding talk

Thank you so much for your time,

Is there anything else you want to tell me that we have not discussed?

(Remind participant about confidentiality)

** don't forget to tell them about £10 voucher and ask if they want it by email or post***

Interview topic guide. V3. 15.1 2021

Appendix C. Debrief Sheet

An evaluation to assess the impact of the Newcastle Parent Infant Partnership approach

Thank you again for taking the time to participate in this study. Through participating you are helping improve future services for families and their babies. The experiences you have shared may be used to help develop or improve service access in your local community. We are hopeful that the results of this study will be available by April 2021. If you want a summary of the research findings, please contact samantha.burns@newcastle.ac.uk

This sheet is a refresher from the information sheet and has additional details for support services.

Will my taking part in this evaluation be kept confidential?

After the interview takes place, a written record of what has been said is produced (known as a transcript). Only authorised persons (the research team) will have access to the information where you are identified as a person taking part.

Quotations from the interview may be used in the evaluation report and published work. The quotation will be anonymised, and it will not be possible for anyone to identify you from any of the quotes and for anyone else to know that you have taken part.

The information you provide will be stored in a password protected folder on the Newcastle University network. All data will be stored in accordance with University guidelines and General Data Protection Regulation. Personal, identifiable information, such as full name, contact telephone details or email addresses will be destroyed when the study ends. All written and recorded information, such as interview transcripts, will be destroyed seven years after the study ends.

If you wish to raise a complaint on how we have handled your personal data, you can contact our Data Protection Officer who will investigate the matter. Our Data Protection Officer is Maureen Wilkinson and you can contact them at rec-man@ncl.ac.uk.

If you are not satisfied with our response or believe we are processing your personal data in a way that is not lawful, you can complain to the [Information Commissioner's Office \(ICO\)](#).

What happens to the results?

The evaluation will be completed by April 2021. A summary of the results will be made available to all those who have taken part if they request a copy. The project will be written up and shared with Children North East.

Access to Services

If you have any questions or concerns at any time, please contact Samantha.burns@newcastle.ac.uk. In addition, if you feel like you have been affected by the interview, or you are in need of some additional support, then you are welcome to [contact](#):

Children North East - please contact tel: 0191 239 9956 / janice.craig@children-ne.org.uk
Health visiting service – please contact 0191 282 3319

This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. This committee contains members who are internal to the Faculty. This study was reviewed by members of the committee, who must provide impartial advice and avoid significant conflicts of interests.