

Tameside and Glossop Early Attachment Service

Tameside and Glossop Community Healthcare Business Group,
Stockport NHS Foundation Trust

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

Community

Universal

Universal Plus and

Universal Partnership Plus

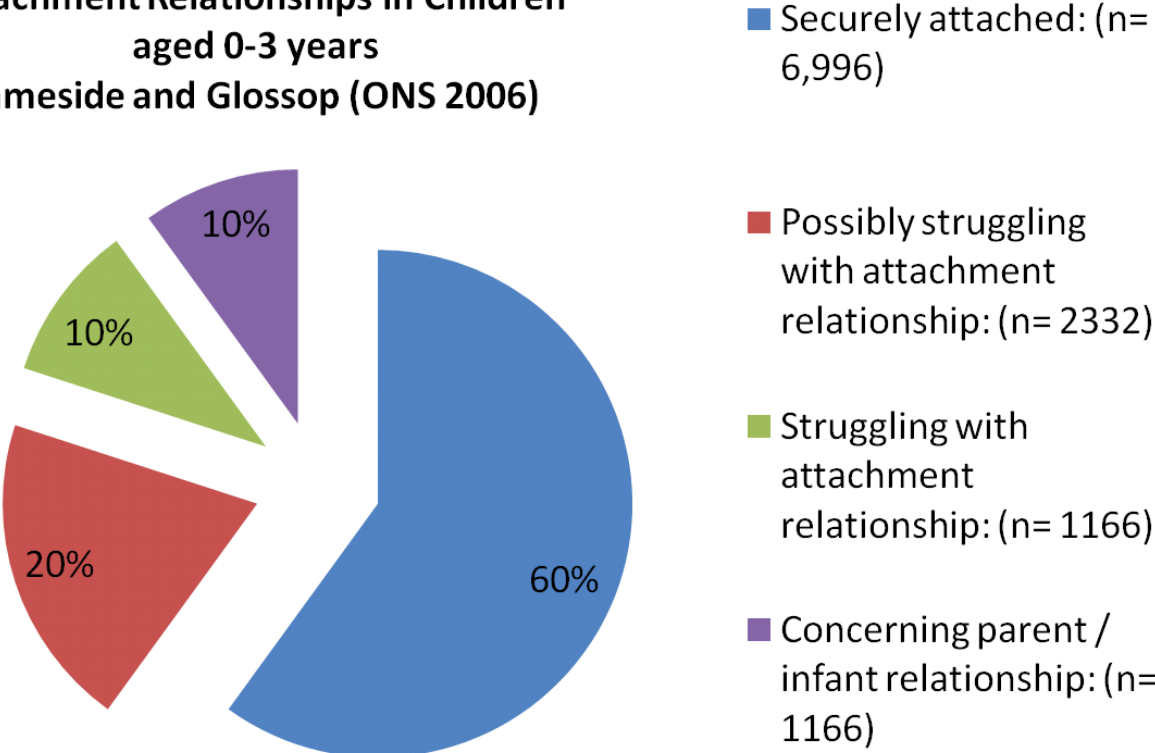
Tameside and Glossop Early Attachment Service

Tameside and Glossop has developed a unique service model which focuses on health promotion and early intervention with the infant-parent relationship up to three years of age. This Early Attachment model involves the generic health visiting service working closely with a small, specialised Early Attachment Team, which comprises clinical psychologists and health visitors. The Early Attachment Service is jointly run by Tameside and Glossop Community Healthcare (Stockport NHS Foundation Trust) and Pennine Care NHS Foundation Trust.

It is widely acknowledged that healthy infant-parent relationships are at the heart of healthy child development. Using figures based on P.O. Svanberg's research (2006), more than 40 percent of local families with 0-3 year olds could experience some degree of difficulty with parent-infant attachment. For Tameside and Glossop, as a segment of the local population, this figure potentially translates into the families of over four thousand children. Other local drivers include a high teenage pregnancy rate. The Early

Attachment Service operates within the framework of the local multi-agency Parent-Infant Mental Health Strategy and care pathways.
Service strategy: effectiveness of the service relies on training health visitors and midwives to intervene early, particularly with this 40% as identified in the research.

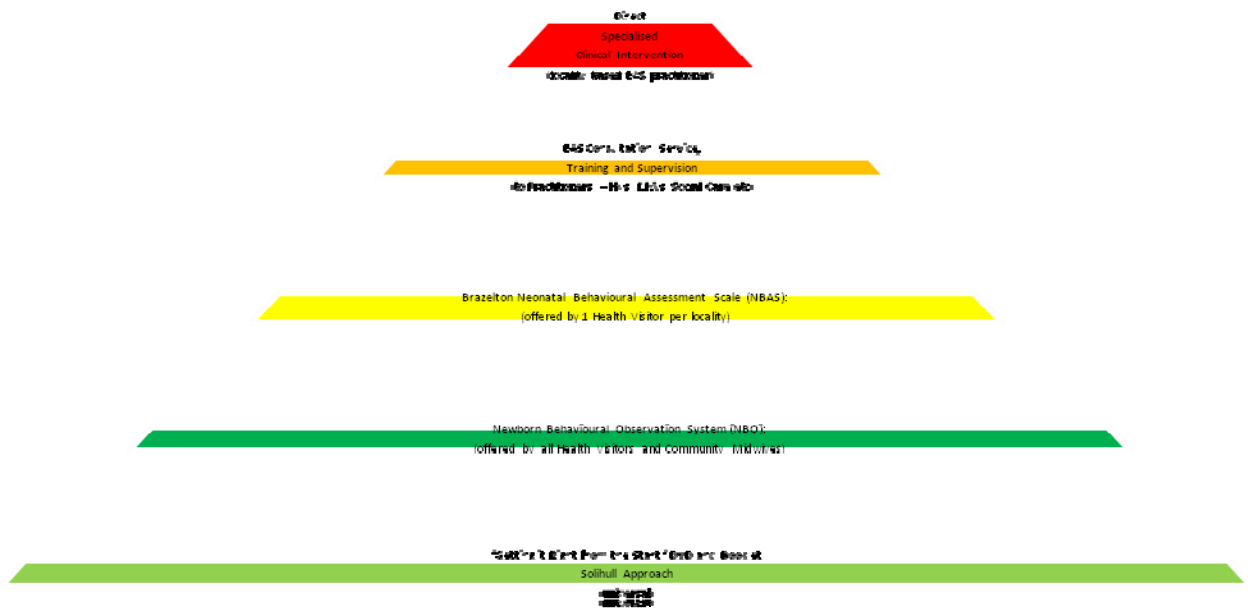
**Attachment Relationships in Children
aged 0-3 years
Tameside and Glossop (ONS 2006)**



Breakdown of possible types of attachment relationships amongst children aged 0-3 years in Tameside and Glossop. (Based on PO Svanberg’s (2006) research, using ONS population data (2006).

Challenge

The challenge was to translate local and national drivers into a service model which would deliver effective outcomes for parents and children, but which would also be cost effective and sustainable. A multi-tiered approach ensures that parents can access early attachment support appropriate to their needs.



Pyramid diagram: The *Tameside and Glossop Early Attachment Service model: multi-tiered approach*

DVD and Booklet for expectant parents

At its base, universal promotion of early attachment is achieved by the distribution to all new or expectant parents a locally produced booklet and DVD ‘Getting it Right from the



Start’.
 Photo: ‘Getting it Right from the Start’ Booklet with DVD



Photo: Local families who feature in the 'Getting it Right from the Start' DVD and booklet

Universal antenatal visit

The introduction of the universal antenatal visit in the health visiting service vision will be an excellent opportunity for health visitors to spend time discussing 'Getting it Right from the Start'. It is a cost-effective way of promoting knowledge and skills in early attachment to the widest group of parents possible through accessible media and with professional intervention. The booklet and DVD is based on up to date research and consultation with local parents and professionals, with local parents featuring in it.

Achievements

Qualitative and quantitative analysis has been undertaken in relation to 'Getting it Right from the Start'. In 2011 an evaluation questionnaire was given out to parents attending baby clinics in Tameside and Glossop, who had all received the DVD/Booklet. The parents were also given a 'Baby Quiz' to complete which briefly tested their knowledge about different content areas covered in the DVD and Booklet. A total of 233 parents completed the questionnaire and 'Baby Quiz' from Tameside and Glossop.

In order to compare knowledge of issues relating to bonding and attachment and see the effect of the DVD/Booklet. We asked 141 families from a statistical neighbour site in the North West, in two areas matched on socio-economic status and index of multiple deprivation (IMD 2010), to complete the Baby Quiz. They had not received the DVD and Booklet. We found that the mean number of correct responses to the bonding and attachment items was significantly higher in the Tameside & Glossop group (those who had received the DVD and booklet). The percentage of poor scorers in Tameside & Glossop was almost half that of the control group.

Over a period of one year, (2007-8) parents from a range of socio-economic and ethnic backgrounds were consulted prior to the development of 'Getting it Right from the Start'. They included those attending post natal groups, and a teenage parents group. Parents views were also sought during its development, at its launch and then one year later, as part of the formal evaluation (2011-12). Here are some of their comments:

"It's better to get information from other parents who have been there and done it instead of professionals you don't even know"

"It has really helped us through the first few weeks"

"I keep the booklet by my side all the time"

"Lovely to see other young parents going through the same thing, it's like being in a room with other parents sharing experiences"

“It’s great to see other babies pulling the same faces as ours does, if you don’t have contact with many babies it’s good to see them all doing the same thing”

The service has also contributed a page on early attachment to the Greater Manchester Parent-held Child Health Record.

At the next tier, health visitors and community midwives receive early attachment, Solihull Approach and Brazelton Newborn Behavioural Observation System training. All new parents are able to benefit from a health professional discussing the unique characteristics and preferences of their baby with them, and the universal antenatal visit will help health visitors use the time they have with parents for this. The training has evaluated positively:

“So useful and relevant...re-visited clients in view of training which highlighted concerns I had not previously picked up on”

“Giving more information to parents”

“I have become more observant of the cues babies give”

At the third tier, there is at least one health visitor in every locality team who provides the Neonatal Behavioural Assessment Scale as an additional resource to the locality.

Health Visitors are uniquely placed to do this work and they report improved job satisfaction in this area. Their additional skills and knowledge in early attachment have been evidenced and commented on positively in child protection legal proceedings



Photo: Health Visitors receive training



Photo: NBAS Training with Dr Joanna Hawthorne (Brazelton Centre GB)

The small specialised Early Attachment Service, on the top tier, provides training, supervision and consultation to health visitor (and other) teams, as well as providing a clinical service to improve responsiveness and sensitivity between parents and infants and interventions for families experiencing attachment difficulties.

It works with many partners such as children's social care, fostering and adoption services, antenatal classes, children's centres, adult and 16-18's mental health and specific work with teenage parents, and provides training at the local university to student health visitors.

All aspects of the service's effectiveness are measured. Examples of positive user feedback are below:

- *"The (professional consultation) service is invaluable and helps give an enhanced service to clients"*
- Direct clinical intervention: *"I wish it was available to all new mums. I count myself lucky to have lived in this area where the support for mums with post natal depression is as comprehensive"*
- Antenatal class: *"Fantastic structure and wonderfully facilitated. Extremely valuable learning experience"*

From tentative beginnings in 2008, the service is now mainstreamed. Training, supervision and consultation have shifted the thinking and focus of many professional groups, including children's social care, midwifery, children's centres, adult and 16-18's mental health and particularly health visiting. We have learnt that to develop a new service model, and achieve this shift, creativity, flexibility and tenacity are important. Small amounts of funding can achieve big changes if there is a readiness to think creatively, provide outcome data and embrace opportunities as they arise.

The development of this innovative, wide ranging service has been ambitious; it has been achieved through effective partnership working at all levels, and a shared focus on the client group, local objectives and the national agenda.

The service model and the 'Getting it Right from the Start' resource have attracted interest from across the country, and internationally, from practitioners, parents, commissioners and academics. Like most services, it is not perfect, but we believe that local ownership and empowerment of both parents and the children's workforce, as well as availability of more specialist interventions, are all important features. Putting generic health visitors at the heart of the structure has meant that the widest possible group of parents benefit, at all levels of the health visiting service vision, and this makes it cost effective, replicable and sustainable.