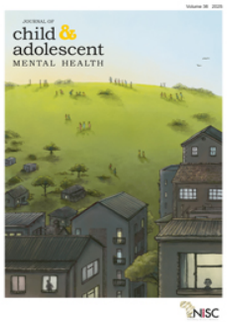

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Exploring parents' and professionals' perspectives of a parent-infant psychotherapy approach in the North East of England

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Background: **Parent-infant psychotherapy is a therapeutic intervention intended to address problems in the parent-infant relationship. In Newcastle Upon Tyne, a family-centred charity, Children North East, began delivering parent-infant psychotherapy in 2017, to support parents and infant relationships by addressing unconscious elements of behaviour which can create relational trauma.**
Objective: **A formative service evaluation explored parents' experiences of the Newcastle-Upon-Tyne Parent-Infant Partnership service, alongside wider healthcare professionals' perspectives of service delivery and impact on the parents and relationship with their babies.**
Methods: **Interviews were undertaken with parents (*n* = 10) who had previously engaged with the service and healthcare professionals (*n* = 6) who had referred parents to Newcastle-Upon-Tyne Parent-Infant Partnership.**
Results: **The interviews highlighted a flexible and relational approach to therapy sessions, which created a positive experience for families. However, there is a need to improve public and professional awareness of infant mental health, parent-infant psychotherapeutic and relational approaches.**
Conclusions: **The service proved effective in supporting the relationship between parent and infant identified through the parent-infant psychotherapy approach, which was fluid, open and nurturing, relative to other experiences of therapy and mental health support available in the North East. Service providers would enhance their impact on families by building and strengthening partnerships with the multiple health and social care organisations and systems involved in supporting families, and ensure their services become more inclusive. Further research is required to identify specific needs in local contexts, long-term outcomes, and to define relevant outcome measures in families with relationship concerns.**

Key words: infant mental health, parent-infant psychotherapy, qualitative, relational approach

Background

Parent-infant psychotherapy (PIP) focuses on enhancing the relationship and attachment between parents and infants to promote children's optimal development during their early years (aged 0 to 2 years) (Hogg, 2019). PIP stems from attachment theory (Ainsworth & Bell, 1970 Beebe & Lachmaan 2014) and psychoanalysis (Lanyado & Horne 2009), exploring the influence of parents' past traumatic experiences on current interactions with their babies, described as "ghosts in the nursery" (Fraiberg et al., 1975, p. 387). Since then, psychodynamic theories, neuroscientific research, and therapeutic approaches have been developed to focus on how multimodal conscious and unconscious processes in the relationship shape the parents' and infants' ways of relating to each other (Avdi et al., 2020) and can support the healthy development of the child (Acquarone, 2004). Therefore, PIP is a unique therapeutic approach which engages with both the infant and

parent, mostly through one-to-one sessions with a psychotherapist, to unpack relational trauma (see Barlow et al. 2015, Miltz et al., 2023), which addresses parents' mental well-being and subsequently supports children's emotional health and development outcomes later in life.

The importance of early years development, child development, and infant mental health is increasingly being recognised in public policy. Within the United Kingdom (UK), the 1001 Critical Days Cross Party Manifesto (Leadsom et al., 2013) and the Early Years Healthy Development Review (Department of Health and Social Care, 2021) were significant in bringing the importance of babies' and children's emotional well-being and development into public policy discussions. As a response to adversities within the early years, PIP is recommended as an example of a specialised service that should be available to families. There are currently 46 parent-infant relationship teams supported by the Parent Infant Foundation across the UK, with 14 more teams being developed (Parent Infant Foundation, 2024). Reports highlight a growing area of research in this field which has begun identifying the needs and impact of specialised support for parents and their infants, but there are still gaps across the evidence base and inadequate provision for families (Acheson, 2024; First 1001 Days Movement, 2024; Parent Infant Foundation, 2023).

Further research on the effectiveness of PIP concluded it a "promising model" for improving attachment (Barlow et al., 2016). However, there was also heterogeneity between therapeutic approaches and comparators considered. More recent studies have reported improvement in infant attachment, as well as in infant behaviour, maternal depression, and parental reflective functioning (Avdi et al., 2020; Sleed et al., 2023). Evidence published by the Parent-Infant Foundation (2023), concluded that specialised and multidisciplinary teams improve caregiver-child relationships, carer mental well-being, and early childhood development. The review included systematic reviews, small-scale evaluations, and economic evaluations; however, limited qualitative research was noted, and the report specifically called for the views of parents and professionals to be included in the evidence base.

Across England, more qualitative approaches have been undertaken on positive outcomes for parents (Lee & Mee, 2015; Vella et al., 2015) alongside case studies on the therapeutic process (Miltz et al., 2023). This demonstrates a greater interest in PIP as a unique approach, but limitations of knowledge in how the wider service context of accessing and delivering PIP has an impact on localised needs. This paper reports on a qualitative formative service evaluation (Clarke et al., 2019) of the Newcastle Parent and Infant Partnership (NEWPIP)[1], exploring both parents' experiences, as well as professionals' perspectives who have been involved in the referral process, and considering how PIP is understood from wider system partners for enhancing mental health service provision to families in the North East of England (NE).

Newcastle Parent Infant Partnership (NEWPIP)

Children North East (CNE) has supported families from pregnancy to adulthood since 1891 (Children North East, 2022a). In 2016, CNE's NEWPIP service was commissioned through the Ministry of Housing, Communities and Local Government's Transformation Challenge Award in 2016 and took referrals from May 2017 until 2022. The team consisted of an early year's team manager, three therapists, one therapeutic practitioner, and two family practitioners. Service engagement was typically six to nine months. The NEWPIP service was open to both parents and caregivers (including foster parents and grandparents) experiencing emotional difficulties and bonding with their baby from the antenatal period until age two years (Children North East, 2021a).

Referrals came from health or social care professionals or via self-referral. PIP was delivered through home-based individual and family sessions, alongside optional community group therapy. From June 2017 to August 2018, NEWPIP received 126 referrals and supported 106 families. Referrals increased by 49.2% in 2017/18 (n = 59 in 2017 to n = 88 in 2018); 50% in 2018/19 (n = 132 in 2019), and remained static at 40.9 % in 2019-20 (n = 186 in 2020).

NEWPIP also provided training and professional support, including a 10-week Infant Mental Health course (Children North East, 2021b) and a reflective professional peer support group (Children North East, 2021a), aiming to increase awareness of infant mental health across the health and social care workforce.

Goal of the study

The project was undertaken in response to the need to gather rich, qualitative data to understand the lived experiences of the parents and professionals making referrals to the service to inform future service development (Burns et al., 2021). The objectives are to:

(i) Evaluate parents' experiences of NEWPIP and how it has affected the relationship with their infant.
(ii) Explore professionals' perspectives of the impact of NEWPIP from those who were involved in the referral process.
(iii) Identify aspects of NEWPIP in relation to other mental health support that parents may have received

Method

Recruitment

Participants were recruited for this two-stage formative service evaluation through CNE, which acted as a formal gatekeeper to the service and user database (Emmel et al. 2007). Thus, the research team did not have direct access to potential participants. The organisation provided information about participants and identified parents who had used the service between 2018 and early 2020 (before the start of the COVID-19 pandemic), and who had given consent to be contacted for research purposes. CNE provided contact details of 11 eligible parents, who were all invited to participate. Ten parents agreed to be interviewed between September and November 2020. As this was a convenience sample, the limitations for bias are acknowledged (Silverman 2013). The small sample size may reflect the early stages of the service implementation.

For the second stage, CNE identified health professionals working across the North East who had referred at least one person to NEWPIP. With their consent, contact details were shared with the research team. All identified participants, both parents and professionals, were contacted by telephone and email.

Data collection

Data were collected online through one-to-one semi-structured interviews supported by a topic guide. SB conducted the parent interviews, and EC conducted the professional interviews. Both researchers have extensive experience conducting interviews in multiple projects, with both public service professionals and vulnerable groups. Topic guides were developed by the research team based on the aims and objectives, before being piloted and refined following each interview. Findings from the parent interviews informed the professionals' topic guide. Interviews were conducted with parents between September and November 2020, and interviews with professionals between October and November 2021. Each interview lasted between 30 to 90 minutes. Parents received a £10 voucher for their participation, which was emailed to each parent afterwards.

Data analysis

Inductive thematic analysis was conducted concurrently with data collection using the reflexive and iterative approach as described by Braun and Clark (2006, 2022). Transcripts produced by the videoconferencing software were checked and amended by researchers, using the interview recordings, to improve accuracy and support familiarisation with the data. Individual researchers (SB and EC) undertook inductive coding from transcripts, using the whole data set, before grouping codes into themes and subthemes. Notes and a reflexive journal were also documented alongside the transcripts, which guided analysis. All data were shared amongst the research team to enhance dependability and confirmability of the data (Korstjens & Moser, 2018).

Final themes were developed through multiple discussions among the research team. Throughout these discussions, our positionalities were interrogated to enhance understanding, interpretation and reflexivity (Braun & Clarke, 2022). As a white cis woman, SB was able to relate to the parents' experiences during interviews since they were all women except for one male. It was perceived

that although SB did not have children when she was trained in child development, and that she discussed the parents' experiences with the research team, who were also parents, helped to develop a deeper sense of empathy towards their interpreted experiences. EC had familiarity with healthcare professionals whom she interviewed from working in the sector, and who were also all white females, hence demonstrating that PIP has a layer of gendered assumptions implicit within the service evaluation, which the (all-female) research team acknowledged. The analysis process also included investigator triangulation (Carter et al., 2014) to strengthen the credibility of the results.

Ethics

The research was approved by Newcastle University Ethics Committee (Reference Numbers: 2040/8324/2020 and 14276/2020). The research team contacted participants directly to arrange interviews, providing a study information sheet and written consent form. Consent was through a two-stage process: first by CNE and then by the research team. Verbal consent was also confirmed at the start of each interview. Throughout the study, participants who decided to participate had the right to withdraw from the study at any time, without giving a reason. All data for this study were handled confidentially and held securely using Newcastle University drives, which are password-protected. Data were only available to members of the research team. Participants were coded using pseudonyms to ensure anonymity. To minimise risks to participants and researchers associated with COVID-19, all interviews took place via a secure videoconferencing platform (Zoom or MS Teams) at a time and date arranged with the participant.

Results

Eleven parents were invited to interview, and ten parents agreed to be interviewed, including nine females and one male. Often in postnatal healthcare services, the focus is on the mother and baby. However, NEWPIP is family-centred in its approach, whereby in some cases, both parents were invited to receive therapy, both individually and together as a couple. The interview with one father allowed understanding of how the service benefits fathers too, which replicates psychoanalytical approaches which understand the role of both mother and father (Acquarone, 2004). Ten healthcare professionals were invited to complete the interview, six female healthcare professionals consented to the interview, including: four health visitors, one perinatal mental health nurse, and one clinical psychologist. Participants' characteristics are summarised in Table 1.

Overarching themes were developed from the interviews and agreed upon through data meetings, with subsequent subthemes developed (see Table 2).

Table 1. Participants' characteristics

Healthcare Professionals	
HP1	Female, white, British, health visitor
HP2	Female, white, British, perinatal mental health nurse
HP3	Female, white, British, clinical psychologist
HP4	Female, white, British, health visitor
HP5	Female, white, British, health visitor
HP6	Female, white, British, health visitor
Parents	
P1	Female, white, British
P2	Female, white, British
P3	Female, white, British
P4	Female, white, British
P5	Female, white, British
P6	Female, white, British
P7	Female, white, British
P8	Female, white, British
P9	Female, white, British
P10	Male, white, British

Table 2. Themes and subthemes

Theme	Subthemes
Understanding NEWPIP	Inconsistent referral processes Safe, gentle and nurturing experiences Fluidity and confusion around service provision
Reflecting on NEWPIP	Impact on Parents and their relationships Professional perspectives influenced by NEWPIP

Understanding NEWPIP

Inconsistent referral processes

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 parents who were referred to NEWPIP appeared to have shorter waiting times from referral, relative to those who were referred more recently. These differences in waiting times from the point of referral had an impact on the perspective of the service overall. For instance, two parents shared 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 [to] even think about helping (P1).*
>
> *I'm sure it was within the week; I don't know if that's normal or if I was just that bad (P3).*

Whereas another parent had to wait longer and felt like she needed to see someone sooner, she expressed her frustration, saying:

> *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 (P8).*

This demonstrates a degree of inconsistency across the parents' experiences. However, overall, most found the waiting time shorter in length than for the traditional counselling and mental health support.

Professionals reported referring parents to the NEWPIP service when a difficulty was identified in the parent-infant bond and relationship. Professionals were mindful of parents being ready to engage with the service before a referral could be made, and that training was important to understand the service offered, ensuring the referral criteria were met. Unlike other mental health and psychological services, there is no specific severity threshold that is required to be met before referral to NEWPIP, which was identified as a particular strength by two of the referring professionals:

> *There isn't a threshold with NEWPIP in the sense of recognising there's a problem with a relationship, and we're going to try and avoid getting to a threshold. It's looking at the problem from a very different perspective, and that doesn't necessarily happen elsewhere (HP2).*
>
> *I suppose in terms of therapy, from a psychotherapy point of view, that's not something that people can particularly get access to on the NHS unless there's really serious stuff going on (HP5).*

Professionals also explained that the referral process involved a lengthy form, although this was easy to navigate and no more onerous than other referrals they must complete in their roles. They described easy-to-access support from NEWPIP concerning referrals.

Safe, gentle, and nurturing experiences

Parents described the PIP sessions as a "safe space" for them to be able to share their problems and "offload", with fewer "boundaries" and "rules": "*Well [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*" (P3).

Hence, experiences of NEWPIP were perceived differently from previous experiences with counselling or psychological therapies. One parent expressed how they felt they were treated as a human rather than a number, as 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:

> *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 … 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 (P2).*

This could identify how NEWPIP offered a more "in-depth" therapy, as one parent described getting to the "r*oot cause*" (P3) of their personal problems. Likewise, when asking professionals about the therapeutic approach, one professional shared their view:

> *Quite a sort of gentle interaction, just avoiding any sort of blaming process, any sort of guilt, but just trying to help them build their relationship and understanding why the baby might be reacting in a certain way and how the way that they're presenting affects the baby in a non-judgmental way. But that's sort of my understanding, and so you're kind of moving it into like a sort of therapeutic domain, in that sort of gentle, nurturing way (HP6).*

This appears to highlight how those interviewed share their understanding of PIP in NE to be unique in the way a trained therapist was able to make parents feel safe, and is recognised by a professional as a gentle approach to therapy. Other professionals interviewed did not make a comment on the type of therapy offered, which may suggest that they do not know the specifics of PIP.

Fluidity and confusion around service provision

Unlike many other services that parents and professionals in this study have experience with, there is no fixed number of sessions within NEWPIP's offer. The length of time in service varies depending on need and is largely client-led, based on the parents feeling ready to leave. The level of autonomy in receiving therapy is somewhat unique. Some parents interviewed in this study were receiving the service for up to 18 months: "*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* [sic] *a huge part of my life*" (P4).

While the time in the service was fluid depending on individual circumstances, across the interviews conducted, there was some confusion from both parents and professionals around expectations on how long parents receive support from NEWPIP:

> *I know that you get support up until your child is two, mine turned two in January, like what if you weren't ready to end? I think they should have it up until your child's two, but I think it should also kind of be just when you're ready to end it (P1).*
>
> *I think I was never sure whether the therapy was fairly open-ended, or if, if there was a time limit or if it was classed kind of brief therapy or something that could be longer term (HP3).*

Despite most parents reporting being ready to leave, not all discharges discussed went smoothly. One parent described the ending not being how she wanted it to be, explaining that it felt quite abrupt due to the outbreak of the COVID-19 pandemic:

> *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 (P8).*

Furthermore, parents described that further supportive contact would have been appreciated:

> *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 (P6).*

Reflecting on the impact of NEWPIP

Impact on Parents and their relationships

Parents expressed they were able to "find themselves" during one-to-one sessions, with one parent commenting on the strengths-focused approach her therapist took:

> *[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 (P4).*

Despite feelings of discomfort, parents largely reported that engaging with the service resulted in them having more self-confidence. Additionally, one parent found the service "fundamentally changed" their parenting, while another parent credited the service with improving her capability as a mother: "*Without NEWPIP, I honestly don't think I'd be half the mum that I am today*" (P6).

Professionals also gave very positive feedback on the impact of therapy on the women that they had referred. They described an increase in confidence and improved relationships, with women becoming "*more attentive with the children*" (HP5) and more "*in tune with … baby*" (HP1). However, some parents felt that even though the relationship had improved, they still had their own problems which NEWPIP had not been able to support: "*I felt like I had built a better bond with* [the baby], *but obviously my issues are still there*" (P5).

Nevertheless, professionals emphasised how they witnessed incremental changes with some parents following engagement with NEWPIP, which showed progress and hope for parents:

> *You know, if we haven't had the great attachment at the end of it, you know, that we're really looking for, but we've made progress, and that progress has been made to move forward, and parents have felt more confident to move forward with things as well (HP4).*

The improvement in relationships even extended more broadly, with professionals describing positive impacts on wider relationships within the family: "*It has wider consequences than just the mother and baby because if you can improve that relationship, then you are obviously helping improve the relationship with the father and anybody else who's involved, you know, like extended family*" (HP6).

This was echoed by parents, as one described how it affected their marital relationship: "*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*" (P2). One parent also described how they would benefit from building better peer relationships, as they were involved in some group psychotherapy sessions provided by NEWPIP:

> *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 (P5).*

In discussion with this parent, it was largely felt that the group approach could be improved to facilitate relationship building among parents, alongside individual therapy.

Professional perspectives influenced by NEWPIP

The training and support provided by NEWPIP, especially the Infant Mental Health training, have directly impacted professional practice. Three participants described significant changes in their own approach to families following the training, and the importance of incorporating training on infant mental health early in a health visiting career was highlighted. One described a change from traditional "discipline techniques" to a more emotional, listening approach:

> *[NEWPIP] really changed my outlook … I was mortified before I would, you know, be talking about a naughty child, you know, naughty steps, I cringe thinking about it, but now I wouldn't dream of it, I wouldn't dream of going out and giving those techniques … I would listen; I would build a relationship. We could work on meeting the child's needs from an emotional point of view … it has changed my practice (HP1).*

Each healthcare professional described the potential long-term positive impacts of the service on the babies, including preventing harm and developmental delay. However, these longer-term outcomes posed a challenge for measuring impact, which was acknowledged by participants:

> *I think that's one of the beauties of thinking about NEWPIP, it's about that preventative model to try [to] improve the trajectory for those children … I suppose we won't really know will we what the outcome is until these children grow up and let's see if they end up in services themselves or not (HP2).*

Overall, professionals recognised that some outcomes are beyond the control of the service, such as ongoing socio-economic issues. However, the involvement of NEWPIP had been beneficial, highlighting the need for wider support to complement the important relational therapy. Professionals were somewhat concerned that because NEWPIP cannot demonstrate longer-term outcomes, it may impact how it fits in with wider healthcare services.

Discussion

This study explored the perspectives and experiences of parents and professionals towards NEWPIP, providing rich insights into a local PIP service. It adds to the overall body of literature exploring PIP approaches and supports building the evidence base into the impact of a local context, providing specialised parent-infant relationship services, which are not yet mature (Parent Infant Foundation, 2023). Though it only includes interviews from a small number of people and reflects one service in the NE, findings are similar to previous studies from other areas of England (Barlow et al., 2015; Lee & Mee, 2015; Vella et al., 2015). It is considered a safe, gentle, and nurturing therapeutic approach compared to other services available in the NE, with professionals and parents commenting on it being family-focused, flexible, and responsive to individual needs, which was an empowering experience overall. Professionals also commented on the fact that no formal diagnosis or severity threshold was required for referral, which reflects the PIF's guidance on what parent-infant relationship teams should look like (Parent Infant Foundation, 2020). Reflecting on the referral experiences of the parents, perhaps differences shared revealed an increase in demand for NEWPIP, while having a limited number of therapists and resources.

Interviewees also reported positive impacts on parents' self-worth, alongside their relationships with both their babies and wider family members. This is similar to findings from previous studies (Georg et al., 2022; Sleed et al., 2023; Vella et al., 2015; Winberg Salomonsson & Barimani, 2017). Although parents did report that they still had their own mental health issues that had not been fully addressed through PIP, PIP can have a positive impact on attachment (Barlow et al., 2015; Sleed et al., 2023). However, more rigorous research is needed, including longer-term follow-up (Fonagy et al., 2016; Lumsden, 2017) to better understand the nuance of receiving a form of relational therapy alongside individual support for parent and child. Professionals were aware of the challenges associated with quantifying long-term outcomes, which are discussed in the recent Parent Infant Foundation (2023) report, highlighting a need for more cohort and longitudinal studies, which can help to understand what works and in what context. Visits in the family home, like those provided by NEWPIP, have been associated with long-term positive outcomes (Mountain et al., 2017).

Most parents appeared to be ready to leave the service by the time their baby turned two, although some parents expressed that they required additional support. NEWPIP was clear that they only support parents during the 1001 critical days, in line with similar services (Parent Infant Foundation, 2020). Therefore, given how effective PIP can be for certain families, limited access to further emotional support is concerning. Nationally, although Child and Adolescent Mental Health Services are available from birth, only 42% of areas in England reported that their Child and Adolescent Mental Health Services accept children younger than two years old (Parent Infant Foundation, 2020). Further, there are only 46 parent-infant teams across the UK, resulting in a postcode lottery (Parent Infant Foundation, 2024). Moreover, the overrepresentation of white women in the study demonstrates that the service needs to consider how it will reach out to racially minoritised communities who are less likely to access mental health services (Memon et al., 2016). PIP services

would benefit from adopting an intersectional lens (Bambra, 2022) to ensure greater equity of infant mental health support.

Notably, in this study, the limited number of fathers being interviewed resembled the limited number of males opting for PIP by CNE. In this study, 90% of the parents interviewed were women, and the examples given by professionals in this study mainly related to mothers. The absence of fathers and male carers is also notable in the wider research (Barlow et al., 2015; Georg et al., 2022; Sleed et al., 2023; Winberg Salomonsson & Barimani, 2017). Paternal mental health is increasingly seen as an important area for research and interventions, and the presence of fathers during PIP sessions is predictive of better outcomes in the child (Hervé et al., 2009). Other work indicates that the relationship between parents also has a significant impact on child development (Barrows, 2004). Hence, there needs to be further research to understand why there are lower numbers of fathers accessing PIP, which might be able to better address the complexity of the needs of the family.

Professionals also reported changes in their professional practice following interaction with and training from NEWPIP, which demonstrates the broader positive impact of PIP services on the wider professional community. The interviews revealed a need for increased awareness of the importance of infant mental health, PIP, and the NEWPIP service itself among parents, carers, and other professionals working with families. The professionals in this study all reported having a close working relationship with the service, but a more secure place in the system is perhaps needed for PIP to support long-term outcomes. Since 2021, there have been developments of NHS integrated care frameworks, which may be able to provide stronger partnerships across community organisations and the NHS (Department of Health & Social Care, 2023; NHS, 2023). In March 2024, the 1001 critical days steering group announced a call to action for a cross-government strategy to address the needs of babies and their families (First 1001 Days Movement, 2024). Given that children's health outcomes are significantly disadvantaged in the NE (Pickett et al., 2021), these results could contribute to further investment and engagement in the research and practice of PIP to address both the immediate and longer-term outcomes.

Implications for practice and further research

These interviews highlighted the need to improve public and professional awareness of infant mental health, PIP, and relational approaches in postnatal care. It also emphasised the importance of formal infant mental health training for people working with families. Service providers should build and strengthen relationships with broader colleagues and partner organisations, and ensure their services become more inclusive of racially minoritised families, male partners, same-sex parents, and wider family members who may not have been provided with the same opportunity to access PIP. A flexible approach to therapy sessions adds to positive experiences of families, which emphasises the importance of a relational approach to practice. However, further research is needed to look more closely at the complex processes of service implementation, alongside ways to measure long-term outcomes, and to define relevant outcome measures in families with relationship concerns.

Limitations and future recommendations

The parents included in the study all engaged with and completed their therapy and may not represent those who did not engage, which influenced the results. Similarly, the service provider only shared details of parents who had completed therapy before COVID-19, which means that the service may have been affected by the pandemic restrictions, and as such, parents' experience of this was not included. Further, limited information regarding time in services, sessions completed, and the ages of the infants meant that it was difficult to compare the more detailed impact of PIP. Other studies show a dropout rate of 18% (Fonagy et al., 2016); however, the research team were unaware of the number of parents who disengaged with the service. Families who were critical of the service may have been reluctant to participate in the study, but the research team were heavily reliant on the service provider for access to parents and wider professionals, which meant that the sample may not have been fully representative of parents' experiences of NEWPIP.

Conclusion

NEWPIP addresses a gap in service provision for parents and infants experiencing relational trauma. According to the parents and referring professionals involved in the study, the service has been perceived as somewhat effective in supporting the relationship between parents and infants, which was fluid, open, and nurturing, relative to other experiences of therapy and mental health support available in the NE. Additionally, the use of a convenience sample, and reliance on CNE's referral procedures, may have introduced selection bias and constrained the diversity of perspectives included in the evaluation. Further, there is still a gap in knowledge from parents and professionals who declined to participate in the study. There were also some inconsistencies around referrals and determining when PIP ended, which was considered an issue for some of the parents. This research was undertaken for CNE, but the interviews identified important implications for practice elsewhere, including gender and race considerations for more inclusive access to PIP. As this was a formative service evaluation, future evaluation research on this service would benefit from more nuanced understandings of the complex processes of PIP for families across the NE, particularly now that the service has changed to "Little Minds in Mind" and covers a broader geographical area across the NE of England.

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Declaration of interest statement

The authors report there are no competing interests to declare.

Note

[1.] Following recent organisational changes, CNE re-launched the NEWPIP service as "Little Minds in Mind" in January 2022 (Children North East, 2022b). The service continues to provide PIP to families across the wider NE region, along with training and peer support for regional professionals. Our interviews were conducted before the relaunch. This paper refers to the service as NEWPIP.

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