

The Family and Baby project – social and psychological support for families on the NICU

The importance of providing social and psychological support to parents is widely recognised but the necessary resources are often not available. In response to specific concerns raised by parents about the lack of support provision for families whose babies are admitted to neonatal care, the Family and Baby (FaB) project was piloted at Arrowse Park in collaboration with local children's centres. The FaB service is cost neutral and has successfully been providing support for local families for two years. The service has the potential to be implemented by any neonatal network.

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Key points

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1. It is important to understand parent's support needs.
2. Pilot of a FaB service in collaboration with children's centres proved successful in providing appropriate support to families with a baby in NICU.
3. One hundred per cent of those who received support from the service expressed a high level of satisfaction with it.
4. The FaB service has become an integral and invaluable part of the neonatal service at Arrowse Park hospital.

Arrowse Park is a level three NICU within the Cheshire and Merseyside Neonatal Network. The Family and Baby (FaB) support service was introduced to the unit as a direct response to parental concerns about support provision for families. In September 2008, three sets of parents independently approached the neonatal unit manager, 3-6 months following discharge from the neonatal service, highlighting issues with provision in the following areas:

- Emotional support
- Preparing for discharge
- Signposting to other relevant agencies
- Offering advice and assistance in budgeting and seeking financial help
- Helping parents to network and make friends
- Ongoing support once home
- Transition to other support agencies.

None of the concerns related to nursing or medical care received, but all the parents commented that having a baby on the neonatal unit immediately raised emotional, financial and social issues. They felt they had received insufficient support in dealing with these concerns during their baby's stay on the unit, and that this had had a significant impact on their families' lives.

Review of practice

In order to get a better understanding of the concerns of parents, a review of practice was initiated to gather their opinions and experiences and assess what

level of support they required. A post-discharge questionnaire was sent to 60 local parents whose infants had received intensive care at Arrowse Park. The results confirmed that although there were no clinical areas for complaint, parents experienced a distinct lack of psychological and social support. The survey highlighted that parents need support both while their baby is in hospital and following discharge home.

Recommendations and evidence

The NHS Toolkit for High Quality Neonatal Services¹ recommends that families should have easy access to psychological and social support as well as the provision of written information about relevant services, but does not indicate how this can be achieved. The Bliss Baby Report² recognises families' need for financial help but does not suggest how this could be provided. Binns³ comments that the Neonatal Taskforce and consequent Toolkit¹ was not intended to be implemented with increased funding but to improve current services within the allocated budget.

The British Association of Perinatal Medicine⁴ recommended that all NICUs should ensure parents have access to psychological support, and that this should be provided without delay from the time of admission. There is also recognition of the need for social support and links with children's centres.

The Department of Health Working

Together document⁵ suggests that interprofessional working should promote children's welfare. Laming⁶ recognised that there was a distinct lack of interagency working and communication, and suggested that additional structures were needed to address this. The recommendation was to establish children's centres, which would promote joint working between childcare agencies to improve support for parents.

There is a broad consensus in relevant literature that the responsibility for the physical care and nurturing of children is attributed to parents or others fulfilling the parental role⁷. Naughton and Heath⁸ recognised that the development of children and the welfare of parents are closely interlinked. There is an expectation that by supporting parents there will be better outcomes for children in their later years.

It is recognised that families who have an infant admitted to the NICU become vulnerable families as a result of loss of normality and separation¹. Due to the usually critical condition of the infants and the trauma of premature birth, parents in this situation often require a high level of support, not only during the time of their child's stay on the unit but also post discharge¹. If there are siblings, there can be an increase in the likelihood for abuse if this support is not provided⁹. Although it is often expected that nurses should provide this support, they are not necessarily equipped to do so.

Saunders, Abraham and Crosby¹⁰ conducted a piece of quantitative research measuring the efficacy of nurses' support for parents admitted to the neonatal unit – looking at emotional, informational, appraisal and instrumental support – and found that parents were most dissatisfied with the provision of emotional support during their time on the neonatal unit. Redshaw¹¹ surveyed all UK NICUs and found that 47% of units did not offer parents access to social or psychological support. The POPPY report¹² showed that, while babies being cared for in neonatal units in the UK usually receive outstanding clinical care, less consistent attention is paid to the non-clinical issues and how these affect a family's journey through neonatal care and their experience of the transfer from hospital to home.

Working in partnership

The concept of children's centres was

introduced in 2002 by the Interdepartmental Childcare Review¹³. The review found that a collaborative approach from services such as health, social services and education is essential to give good outcomes for children. Armitage¹⁴ supports this concept, suggesting that if staff are based together they are more likely to work together, they will understand each other's roles and responsibilities, and there will be opportunity to discuss individual cases and share skills. Scott¹⁵ recognises that the concept of collaborative working sets high expectations for success while previous attempts at collaborative working have failed. Kenny¹⁶ considers children's centres to be multifunctional. They provide a 'one-stop' approach to provide parents with a range of services including health, education and family support.

Initially, within the Interdepartmental Childcare Review, the recommendations were that children's centres would be geographically placed in electoral wards whose deprivation indices fell in the top twenty percent of the most disadvantaged areas of the country. However since then, Every Child Matters¹⁷ has recognised that children's centres are beneficial for all parents regardless of demography, by providing a comprehensive approach to service delivery towards improving child welfare and development. This document also recommended that by 2010 there should be 3500 children's centres nationwide.

Development of FaB

Meetings were set up between the unit manager of Arrowe Park and managers of the children's centres based within the Wirral area to discuss the gaps in support services and to explore the potential for collaboration. It was quickly identified that the local children's centres had the capacity to provide the services required by families whose babies are admitted to the neonatal unit – and that the services could, to a large extent, be brought to the families while on the unit. It was anticipated that offering support within the neonatal care setting would help parents meet the challenges of parenting a premature or sick baby. Every family whose baby is admitted to a neonatal unit needs to be recognised as a vulnerable family. Therefore the service needed to support not only families who live within the Wirral area, but also those families from out of area whose infant is transferred to the unit from

outside the Wirral area.

A strategic board was established including health visitors, unit and community-based neonatal practitioners and children's centre workers, and a six-month pilot project was designed.

Pilot project

The main objectives of the pilot were to:

- trial an early intervention mechanism to provide appropriate support to families with babies on the NICU
- provide a service that was needs-led and tailored to the needs of individual families
- provide a service that would be a point of contact for families following discharge.

In practice the project would provide:

- three support workers based on the NICU for two sessions per week
- an opt out referral system (all families admitted to the unit to be offered the service)
- a brief intervention while on the NICU
- a service for all families who have a baby on the NICU – both from within the area and those whose babies have been transferred in
- signposting to all relevant agencies that assist with financial, social and psychological support
- a mechanism for collaborative working relationships between children's centre staff and neonatal unit staff
- opportunities to increase parents' confidence and involvement in their baby's care, and to foster a real partnership between parents and professionals.

An underlying principle of the service was to provide a needs-led, non-judgmental service that could respond to individual cases. The service was to begin on the day of admission and form part of the admission package to the unit.

Support workers were identified from each children's centre, allowing them to take responsibility for their local population. A robust supervision programme for support workers was put in place and a training programme provided (which included a full neonatal induction and bereavement training).

Results from the pilot were overall very encouraging: 100% of those who received support from the service expressed a high level of satisfaction with it.

FaB in practice

Cheshire and Merseyside Neonatal Network supported the project from its

inception and, following the success of the pilot, held a launch day to promote the service. The day was aimed at health and social care professionals, children's centre workers, local councillors, neonatal staff from the region and Bliss. There was a very positive response from across the network and across all relevant agencies, and the Family and Baby (FaB) support team officially commenced practice in September 2009.

The FaB support team visit the NICU twice a week and provide a service to all parents for all issues other than medical/nursing care. FaB workers see families wherever best suits the family; this can be within the unit, at home, or at a local venue such as a café or park (FIGURE 1).

The service has now been running for nearly two years and has become an invaluable part of the neonatal service provided at Arrowe Park Hospital. The FaB support staff have become an integral part of the neonatal unit, working closely with all medical and nursing staff.

Over the last twelve months, and with support from the network, the FaB service has been introduced to all the units across the Cheshire and Merseyside Network. Work is ongoing to introduce the service to units within the neighbouring Cumbria and South Lancashire Network, and also to networks elsewhere in the UK.

In November 2010, the Wirral University Teaching Hospital NHS Foundation Trust recognised the contribution the FaB service was making, and awarded it an Innovation in Practice award.

Monitoring and evaluation

Data are collated on a three monthly basis by the children's centre, and include the following:

- Referral figures for families wishing to receive the service
- Documentation of support received
- Documentation of services accessed
- Documentation of services sign-posted
- Parental satisfaction surveys.

The findings from these data can be summarised as follows:

- 100% of families who received support have been satisfied with the service
- 1.6% of families have declined FaB support
- 49.1% have received on the spot intervention on the unit



FIGURE 1 FaB support worker talking to parents.

- 30% have received benefit advice
- 18.6% have received emotional support
- 11.8% have been signposted to other services
- 16.9% have been from out of the Wirral area
- 37.2% have registered with their local children's centre
- 15.2% have gone on to receive ongoing support from their local children's centre
- 5% have gone through the Common Assessment Framework.

The service will continue to be monitored and evaluated to ensure that it is meeting the needs of the families on the unit, and to identify any areas for improvement. In addition, data will be analysed to see if the service is having any impact on babies' length of stay on the unit.

Implementation in other networks

This is a successful locally-developed service that has the potential to be implemented by any neonatal network. Variations in local service provision around the UK can impede the introduction of local innovations at a national level. The FaB project avoids these barriers, because there is a common structure of children's centres across the country, which are largely currently underutilised by neonatal services. Every neonatal network already has the local structures in place to implement FaB. Not only does this offer the potential to speed up implementation but it also removes any cost implications. Indeed, local experience of FaB implementation in the Wirral indicates that children's centres themselves benefit from the neonatal service profile when it comes to OFSTED reports and performance reviews. At a time of enormous pressure on resources, high profile projects that have benefits for parents and children that are relatively easy

to quantify but are cost neutral assume major significance.

Fact sheets

The FaB team has produced a number of documents (including a strategic operations policy) that can be used to guide the establishment of a similar service elsewhere in the country. All these documents are available on the Bliss website (www.bliss.org.uk).

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