

## Healthy child programme

# Report for the Team talk project on parent focus groups in the London Borough of Haringey



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## **Team talk project**

### **Background and rationale**

Team talk is a cross-sector interdisciplinary project to support health professionals working with families with children age 0 – 5 years old; it is a key component of Haringey’s relationship based approach to resilience. The idea for the “team talk” project emerged from work on resilience and emotional health in the education sector, and is well aligned with the Healthy Child Programme’s high impact areas for 0 – 19 year olds<sup>i,ii</sup>. The importance of a relationship-based approach to resilience within education has long been championed by the social science academic community including Larry Brendtro, Martin Brokenleg, and Steve Van Brockern who developed innovative ideas for practice based in research around resilience and traditional cultures and which identified key areas of emotional health which are essential to allow for effective learning and personal development<sup>iiiiv</sup>. Ceri May’s anchor project built upon this work to produce user friendly resources including Haringey’s resilience wheel which promotes these 6 essential components for a child’s emotional wellbeing: 1. safety, 2. belonging, 3. achieving, 4. empowerment, 5. purpose and 6. adventure.

School children with learning and behavioural difficulties, often began school with delayed or disordered acquisition of core global neurodevelopmental skills and poor emotional regulatory skills. The team talk project explores how supporting significant early life relationships and influencing family-centred environmental factors can affect a child’s school readiness. Many opportunities exist within the current healthcare system for professionals to influence parenting practices early in life. During pregnancy, and in the first 12-months of life a typical mother may have contact with the following health professionals: midwife, sonographer, health visitor, paediatric doctor and general practitioner. Those with high risk pregnancies may also see an obstetric consultant antenatally and the child may be followed up by a consultant neonatologist. In total including the antenatal period,

in the first 2 years of a healthy child's life, new parents will have up to 25 routine points of contact with health professionals: plenty of opportunities to support and educate.

## **Aim**

The "Team talk" project aims to support parents to provide the optimal stimulatory environment for their child to reach their neurodevelopmental potential

## **Objectives**

1. Increase the information given to new parents about secure parent-child attachment relationships and their child's global neurodevelopment and emotional wellbeing
2. Give specific advice that is easily understood, practical and meaningful
3. Provide consistent advice which is reinforced across sectors and disciplines

## **Method**

The team talk method is an interdisciplinary "train the trainer" approach to training professionals across public service sectors. The project takes a systems based approach to delivery of a coordinated message across the workforce, ensuring families receive consistent, succinct and specific face-to-face verbal advice in the following key areas:

- ✚ Responding promptly & consistently
- ✚ Connecting through touch & cuddles
- ✚ Connecting through speech, language and communication
- ✚ Supporting physical development
- ✚ Learning to recognise baby's needs

## **Outcomes**

1. To enable healthy attachment relationships between children and care-givers

2. To reduce developmental delay secondary to low stimulation environments and inconsistent parenting
3. To improve school readiness

### **Focus group feedback results**

<b><u>Focus groups</u></b>			
<b>Date</b>	<b>Group</b>	<b>Location</b>	<b>Staff</b>
<b>29.03.17</b>	Parent & Toddler Group	Pembury House Nursery	Ceri May Edward Stagg
<b>11.05.17</b>	Mother & baby drop-in	Triangle Children's centre	Ceri May Anna Battersby
<b>20.06.17</b>	Mother & baby drop-in	Penbury Children's centre	Ceri May Anna Battersby

A total of 3 focus groups were carried out in the London Borough of Haringey to gain a deeper understanding of how new parents experience the health care system in the antenatal period and during the first 2 years of their child's life. The particular focus was around understanding the following:

- (1) What information did you receive about: physical development, speech and language development, touch and cuddles, knowing your baby, responding to your baby quickly and regularly?
  - + What written information were you given?
  - + What were you told?
- (2) What information would you like?

It was possible to divide the feedback into what works well, and what needs to be improved within these 3 main domains with regard to information giving:

- (1) Timing of when the information was given
- (2) Method by which the information was given
- (3) Content and quality of information received

In response to the focus groups we have developed ideas and made specific action points to promote practice change to improve the service provided to new parents and their children.

Timing	
What works well?	What to improve?
<ul style="list-style-type: none"> <li>• <b>Breastfeeding sessions at N.midd &amp; UCLH:</b> excellent feedback :  <i>“At these sessions we learnt about skin to skin, and how this was important for dad as well as mum”</i>  <i>“Everywhere you went you got leaflets particularly in the beginning but not later on”</i></li> <li>• <b>New birth visits:</b> Mothers indicated they enjoyed the new birth visit to the home as they did not feel rushed, as they did in the hospital appointments antenatally</li> <li>• <b>Baby weighing clinics:</b> good opportunity to drop in and ask questions.</li> <li>• <b>Baby massage sessions:</b> excellent feedback. Mothers and babies are relaxed and mothers can understand and retain information.</li> </ul>	<ul style="list-style-type: none"> <li>• Working parents may miss the opportunities to attend baby groups. So could any classes be available out of hours, or early on within maternity leave?</li> <li>• New birth visit – too overwhelmed with info. Provide written information consistently, little but often?</li> <li>• Worryingly, parents reported that it was not clear who to contact if there was a problem and there was very little routine help unless they asked about specific developmental issues.</li> <li>• “We were only told about five to thrive at the childrens’ centres, but this information would have been useful sooner”</li> <li>• Frequency, continuity and consistency of care contacts were perceived issues  <i>“There was only one visit from the health visitor after birth and then nothing else. It was confusing to have different midwives each time who gave me different advice about weight gain at Tynemouth road”</i></li> </ul>

Method	
What works well?	What to improve?
<ul style="list-style-type: none"> <li>• <b>Mothers appreciated written advice:</b>  <i>“We received books about five to thrive handed out by the children’s centre which was useful.”</i></li> <li>• One mother reported that although her English was poor, she was able to gain all the information she required from Spanish speaking nurses and language line:  <i>“I found it helpful to have telephone conversations in Spanish”</i></li> </ul>	<ul style="list-style-type: none"> <li>• Mothers are given information, e.g. about “Tummy time”. But often mothers are not clear how to do new things, and would like practical advice and someone actively “showing” them how to do it.</li> <li>• Useful to have “Five to thrive” on televisions in the waiting rooms whilst they have nothing to do.</li> <li>• Often only told things once, would help for key information to be given by the health visitor and reinforced again at the children’s centres</li> <li>• Make sure information is explained, not just handed over  <i>“Bookstart pack about reading to your baby was helpful but make sure you (staff) explain why it is important”</i>  <i>“I gave an explanation to a friend about bookstart, and it was all new information for her. Do not just assume that parents know as it is not just common sense about child development.”</i></li> <li>• Confidentiality is an issue – as discussions with mothers at drop-in sessions often happen in the communal area:  <i>“The drop-in sessions at New River Green in Islington was not helpful as there was only an open group and I felt I needed to speak with someone one to one”</i></li> <li>• UCLH offered antenatal breast feeding sessions but these were only for first time parents – but would have been useful for all.  <i>“Baby massage was helpful and so were the home visits from the health visitor because they did not feel rushed”</i></li> </ul>

Content	
What works well?	What to improve?
<ul style="list-style-type: none"> <li>• Some mothers received advice on physical development. One mother had seen a physiotherapist for a minor birth injury, and this is where she had received generic advice on encouraging physical development</li> <li>• Main content was around breastfeeding and safe sleeping by the midwife at the new birth visit</li> </ul>	<ul style="list-style-type: none"> <li>• More inclusive resources for fathers (Only leaflet for NBV specifically for fathers is on detection of testicular cancer)</li> <li>• Parents would like more information on how to play and help baby grow</li> <li>• Should be the same content whether it is for first or second, third child etc. Often parents forget advice from the first time, or aren't sure if advice has changed?</li> </ul> <p><i>“Young parents midwives were very helpful when I had my daughter aged 16 but it was a very different experience this second time”</i></p> <p><i>“The baby book birth to five was really useful with my first baby but I did not receive it for my second.”</i></p> <ul style="list-style-type: none"> <li>• Mothers often felt that staff assume that they already know everything.</li> </ul> <p><i>“I needed help with bathing my baby the second time, as it was many years ago that I had my first and advice changes. Do not assume that we know”</i></p> <p><i>“The midwife shouted at me for giving the baby water, but this is what we do in my culture and country.”</i></p> <ul style="list-style-type: none"> <li>• Little or no information was received by mothers about speech and language development and touch and cuddles, getting to know your baby, or responding quickly and effectively.</li> <li>• The universal information given to mothers overall appears poor “The only advice I got was around safe sleep and nothing about physical development.”</li> <li>• Online was not always a good place to find information for parents as they did not know what to trust:</li> </ul> <p><i>“Looking for information online is scary and anxiety inducing”</i></p>



## Future ideas

### 1. Missed opportunities for health promotion:

In the baby clinic areas:

- Videos playing in the waiting areas – need televisions: coping with crying DVD,
- List of apps for parents to download and a quiz? Something to engage and entertain
- Advertise websites: birth to five, NHS choices, Olly Olly etc.
- Promotion of Minor Ailments Scheme Service: (Patients self-refer and register at the pharmacy. Each pharmacy provides 20-250 consultations/month and 10 consultations/patient/yr. Passbook and consent for info sharing to GP)

### 2. Ensure information is given in a relaxed environment where possible

- Those trained in baby massage not running clinics etc. so this could be expanded.

### 3. Too much information in the first weeks after birth

Other opportunities to cover the topics recommended at the new birth visit:

- Women are often overwhelmed during the first 2-weeks after birth, and not in the best position to take on board new information
- Promotion of more info to be given at the antenatal appointment?
- Empowering women to access baby massage +/- mummy massage sessions – where they are relaxed and more likely to process and retain information given?

## Action points

- **Action 1:** Embedding ‘Team Talk’ as a coordinated delivery of verbal information sharing with parents across the workforce
- **Action 2:** Obtain a collection of links for clinical health promotion videos: that could be appropriately played in the healthy baby clinics (and potentially ED waiting areas)
- **Action 3:** Arrange for 5 to thrive materials to be available on postnatal wards at North Mid and Whittington
- **Action 4:** Provide health visitors with 5 to thrive materials, and website links – so they can continue to promote this in the community
- **Action 5:** Complete the health professionals’ summary cards for “team talk” – ensure they are provided with simple succinct action points.
- **Action 6:** Support baby massage sessions as a possible time to provide health promotion messages – particularly around “team talk” and “five to thrive” content

## Resources

- **Five to thrive:** [www.fivetothrive.org.uk](http://www.fivetothrive.org.uk)
- **Global Health media** video clips- [www.globalhealthmedia.org/videos](http://www.globalhealthmedia.org/videos) - on ‘Breastfeeding in the early hours after birth’, ‘Attaching your baby at the breast’, ‘Is your baby getting enough’
- UNICEF video clip – [www.babyfriendly.org.uk](http://www.babyfriendly.org.uk) - ‘**Breastfeeding and relationships in the early days**’
- UNICEF Responsive feeding info sheet – available for download.
- Baby buddy app
- UNICEF [www.babyfriendly.co.uk](http://www.babyfriendly.co.uk) ‘Caring for your baby at Night’, available for download  
<https://www.youtube.com/watch?v=NO2vbtjNk2c&feature=youtu.be>

## References

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<sup>i</sup> <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

<sup>ii</sup> <https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old>

<sup>iii</sup> Brendtro, L., & Mitchell, M. (2015). *Deep Brain Learning: Evidence based essentials for education, treatment, and youth development*. Albion, MI: Starr Commonwealth.

<sup>iv</sup> Brendtro, L., Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. Bloomington, IN: National Educational Services.