NHS
North West Coast
Clinical Networks

Parent Infant and Early Years Pathway Review 2026: Family Engagement

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Background and methodology

In Autumn 2025 work began to review the North West Coast Parent Infant and Early Years Relationships Pathway originally developed in 2020. To support the review the Clinical Network team undertook two family engagement sessions to better understand caregivers' current experiences of parent-infant relationships and convened one specific focus group to interrogate the suggested language and approach of the revised pathway. These events took place as follows:

Babyzone Blackburn (*family engagement*)	29th April 2026
Babyzone Warrington (*family engagement*)	30th April 2026
Belle Vale Family Hub (*focus group*)	14th July 2026

Babyzones in Blackburn (Lancashire & South Cumbria) and Warrington (Cheshire & Merseyside) were selected as venues for the general engagement sessions. Belle Vale Family Hub in Liverpool provided the venue for the focus group.

Babyzones were chosen for their open-access, inclusive environment and the high volume of families attending.

"Babyzone operates free, open-access community hubs where families with babies and young children can access play, learning, peer support and co-located partner services without referral, appointment, or income check. Our hubs are deliberately located in the areas of highest need, guided by IDACI deprivation data: over 70% of the 17,651 family visits recorded between August 2025 and February 2026 came from families in the four most deprived IDACI deciles."[1]

Belle Vale Family Hub was able to support the convening of a specific focus group by recruiting parents and carers and providing both the venue and creche facilities.

At the Babyzone engagement sessions we provided a craft activity entitled, "The Story of Us". The purpose of this activity was two-fold.

Firstly, it was designed to prompt conversations around parent-infant relationships with any caregivers present.

Secondly, it provided an opportunity for the Clinical Network team to unobtrusively observe interactions between infants and their caregivers whilst undertaking the task.

We also developed a 'light touch' guide (see Appendix A) to frame our conversations.

The intention of this engagement work was to obtain a general sense of how parent/carers experience and understand the concept of parent-infant relationships and to witness parents/carers interacting with their infants in a familiar setting.

A note on language and demographic data. Due to the informal nature of the activity, we were not in a position to collect accurate demographic data.

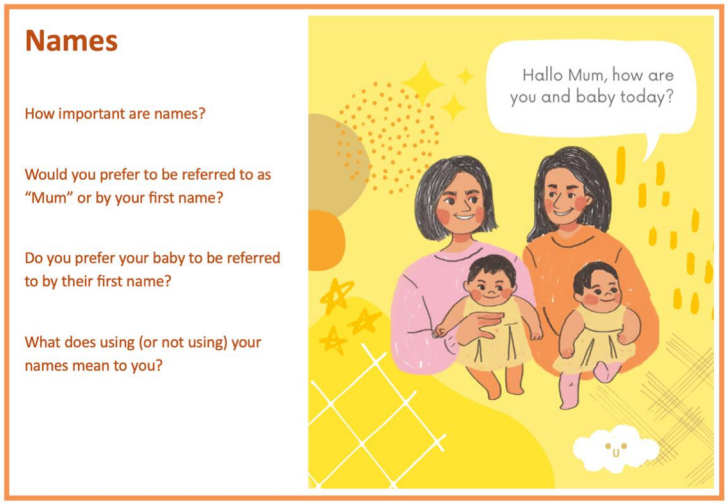
We spoke to a wide range of parents/carers, including grandparents and childminders. Where we specifically understood the relationship between the adult and the child we have used the corresponding title in our text. When the relationship was not clear, or did not come up in our conversation, we have used "parent" as a general moniker as this most accurately describes the majority of those attending.

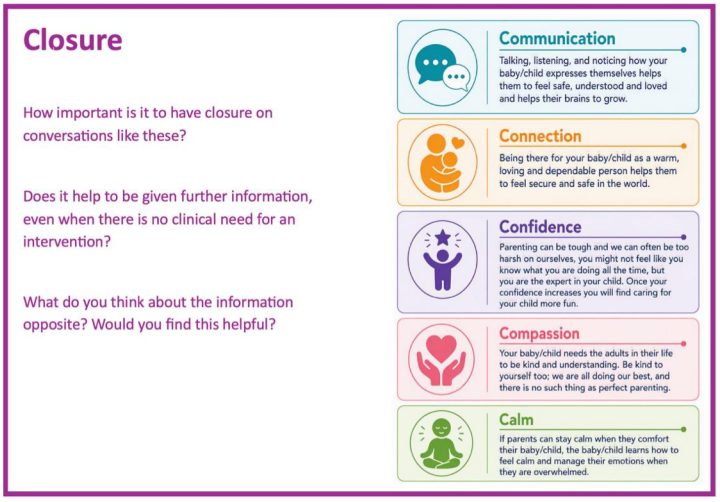
Where ethnicity or gender identity came up organically in conversation we have included this information in our narrative summary, otherwise we have not made mention of specific demographic characteristics.

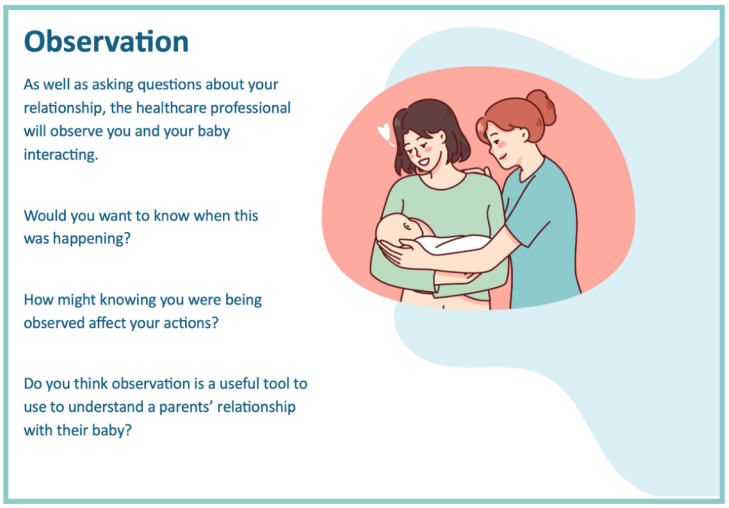
[1]https://babyzone.org.uk/hubfs/Community%20hubs%20and%20the%20health%20visiting%20workforce.pdf

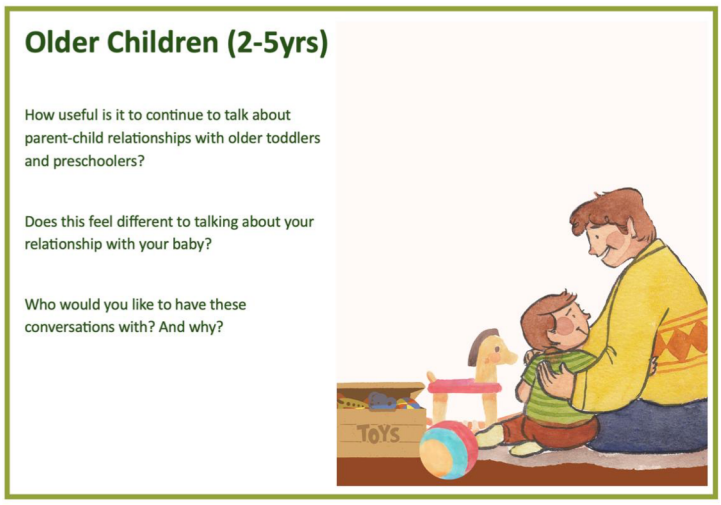
At Belle Vale we had a more specific purpose. Drawing from what we had heard and observed at Babyzone, as well as our engagement work on previous projects[2][3], we utilised this opportunity to discuss and test four specific elements of the revised pathway with the parents/carers present.

Our four areas of focus were; **NAMES, 2-5 YEAR OLDS, OBSERVATION** and **CLOSURE**. To guide the discussion, we developed four prompt sheets.









We were grateful to the team at Belle Vale for providing creche facilities. Knowing that their children were being safely cared for allowed the parents/carers attending our focus group to engage in a more sustained and open conversation. This discussion added richness and depth to the observational data we had gathered at Babyzone. However, the absence of children does mean that this element of the write-up relies solely on parent-report, with the voice of the infant appearing indirectly.

[2] https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/07/PIER-best-practice-service-model_NWC-Clinical-Network_July-2023.pdf
[3] https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2025/03/LSC-0-5MH-Strategy_listening-to-our-communities.pdf

Executive summary

Parents and Carers…	Babies and young children…
Recognise the relationships benefit of spending time together with their baby/child but find it harder to conceptualise the reverse – how their child is also valuing and experiencing their time together in terms of their relationship.	Value spending time simply connecting with a caregiver. This does not have to be focussed on an end 'goal' or 'output' or be in pursuit of an external benefit (e.g. the acquisition of a new skill).
Have a strong preference for in-person support from a trusted, qualified professional for aspects of parenting that feel challenging, including parent-infant relationships.	Need the safety of a familiar, trusted relationship to have the confidence to explore new and potentially challenging things. In this way parent and infant support needs mirror one another. Trusting relationships are required for both to feel confident to learn.
Worry about attachment. There is a perception that nervousness around key transitions such as starting nursery or school is a sign of problematic 'over-attachment'. Parents require reassurance around what normal attachment looks like and support to healthily manage transitions, for themselves and their children.	Express their needs through attachment behaviours. They require caregivers who can respond appropriately, neither amplifying nor downplaying based on their perceptions of worry or anxiety.
Stress brought on by the pressure to undertake activities in the 'correct' way hinders attuned interactions between parents and their infants.	Sometimes struggle to interpret their parents' communication, especially when it is inferred rather than direct. The mismatch that can follow – between their behaviour and their parents' intention – can drive further misalignment.
Are increasingly internalising the concept that achieving external standards of 'good parenting' is a sign of having a 'good relationship'.	This means when children communicate in ways that do not align with 'good behaviour' parents struggle to interpret their child's needs.

Want and require practical tools to support developing relationships in the same way they appreciate practical support for other aspects of parenting, such as feeding or sleeping.	Are highly effective communicators but do need their parents/carers to be given support to develop skills, such as mentalisation, in order to be able to interpret that communication.
Relationships support should be available universally but does require a personalised approach with particular consideration to the wider context of the family. In particular families who have experienced adversity require additional sensitivity and care when approaching this topic.	Have different needs as they leave infancy and enter the toddler and preschool years, but strong relationships with their caregivers remain vital as they start to navigate social influences outside of their immediate family.
Are comfortable with the use of observational methods, provided they generate authentic observations, but question how this can be achieved within current service delivery models.	Are also active participants within observational approaches. Authentic observation cannot be achieved without consideration of how to enable their equitable involvement.

Overall, this pathway feels more deliverable for 0-2's than for the period from conception to birth or 2-5yrs.

Investigating with families how to improve deliverability of relationships support for these cohorts should be our next engagement priority.

Describing our findings: Babyzones

Babyzones are busy, energetic hubs for parents based in the centre of local communities. They offer structured classes such as 'Baby Massage' and 'The Reading Fairy' as well as opportunities for free play within a safe, secure gated environment at no cost to the family. The Clinical Network team spent 5 hours each at Babyzones in Warrington and Blackburn, during which time we spoke with over 60 families. The majority of families we spoke to (circa 40) attended in Blackburn, our time in Warrington was quieter (circa 20 families spoken with). This was attributed by the team at Warrington to the particularly good weather on that day.

The location of our craft activity – in main thoroughfares between the entrance, the café, buggy park and various free play areas ensured that we were highly visible to families attending. This hindered our ability to have in-depth conversations but did allow us plenty of opportunities to observe parent/carer/infant interactions.

General observations

We found that Babyzones are highly valued community assets to which people prioritise coming even when it is logistically difficult. Many of the families we spoke to had travelled by public transport and most had more than one child with them or had come from dropping their other children off at school or nursery. The casual nature of the session, drop-in access rather than having to arrive at a set timeslot, improved accessibility for families juggling busy lives and unreliable transportation. One mum with a 2-year-old, 1-year-old and an older child at nursery told us that although transport was a major issue she prioritised coming. She found it difficult juggling the needs of her younger children and there were always *"tantrums when it is time to leave"* which meant the family did not do many activities outside of the home. The relaxed structure of Babyzone sessions enabled this parent to feel confident to attend. A second family, comprising of a younger mum and dad attending with their toddler-aged daughter, explained that it was a paternal grandparent who had introduced them to Babyzone. They now attend every week, despite having to undertake a 40-minute bus journey to get there, as they feel it is *"good"* for their child.

In fact, most parents told us that they come every week. They believe their children enjoy it because it is "*busy and there is lots to do", "She is happy here because it is busy and there are lots of other people. She likes being in a busy place"," She's a people person".* Babyzone represents a one-stop shop in which families can spend an entire day. This is especially valued by those with multiple children who require activities to suit different ages. We heard Babyzone described as *"an easy place for us to be – everything in one place."* and *"We like coming here every week because it has everything we need."*

When asked to specifically consider what their children might say they got out of attending a Babyzone, answers included, *"getting more confident"*, *"being able to choose what to do", "being independent"* and *"spending time with their friends and other adults".* In comparison when asked the same of themselves caregivers gave answers such as, *"better understanding of what my child wants, for example through seeing them choose toys"*, *"watching them interact with their peers"* (which was especially important to stay-at-home parents of only children) and *"conversations with other adults."* Notably, although several parents

mentioned their *"pleasure at spending time together"* with their child, none suggested that their child might also gain pleasure from spending time with them.

Many of the parents we spoke to had specific classes they try to attend. They value the high-quality of the structured provision noting that they feel *"lucky"* to have free access to nationally recognised infant-ed brands such as 'Baby Sensory'. Although some parents described having a *"busy life"* with *"classes every day*", for many of the parents we spoke to this was their one regular activity of the week.

Finally, the positive role of Babyzone as a central hub for co-located services was mentioned by a number of families. One younger mum we spoke to had specifically attended because she was worried about speech delay in her 19-month-old daughter. She described the experience of living next door to an autistic non-verbal 10-year-old and how this made her *"scared"* for her own child. She was hoping to speak to a Health Visitor to get further advice and support and was disappointed that they were not there. She explained that she has educated herself on signs of neurodevelopmental delay, *"I know all the tips and tricks from YouTube"* but would still like to speak with a professional in person.

Certain key themes arose from our conversations; these are grouped below.

Independence

Many parents are motivated by a desire to encourage independence in their child and feel they can do this at Babyzone as it represents a safe space to experience controlled *separation.*

"He loves to talk, that's all we do all day", "He cries if I don't be with him" (Mum of two boys aged 2 and 3-years-old)

[On coming to Babyzone] *"it's been dead good for her; she used to be so clingy. She still needs me to be close, but she's not attached to my leg"* (Mum of 2-year-old)

A reoccurring theme was concern that children were too attached and would struggle to start nursery or school. A mum with a 3-year-old daughter described,

"It's hard because she just wants to be with me". "She says she doesn't want to go to nursery, but after the visit day she did want to go".

Another told us that she was worried that her youngest son was too reliant on his older brother and herself which would impact on his readiness for nursery school, *"He's always been with me".*

Being able to practice independence in the safe environment of Babyzone gave parents and their children confidence to tackle upcoming transitions.

One mum of a 3-year-old-girl specifically mentioned the drop-in format of Babyzone as playing a crucial role in providing space for her child to exercise agency and build independence. For this parent, the free-play aspect of Babyzone was more important than the opportunity Babyzone curricula provides for specific skills development. She told us how she was trying to teach her daughter how to make choices… "*do you want to go to group tomorrow? Yes"* and then stick to them *"I don't want to go this morning but yesterday I said yes so I will go".*

In this way, the mixture of opportunities Babyzone provides - free-play, structured classes and drop-in sessions - can be seen to provide families with the support and freedom to parent according to their personal values. For some that will be around skills development, for others, independence and learning to make choices. All are accommodated and encouraged.

Pressure to be perfect

Many parents spoke of a perceived increase in pressure on mums in particular to be busy and fill their children's time with activities.

"In our time there was less… now we have to not watch too much TV, eat certain food, I have to take him out. It's a lot… I don't think I want any more babies. One is enough and he is a nice baby. He eats and sleeps. He only cries if he is hungry or needs his diaper changing." (Mum of baby under 12-months)

Some parents were very relaxed about mess/smudges, finding this funny and something to laugh about. One family, comprising of both parents and their toddler aged son spent a long time creating a picture, with Mum supporting the child to lead the activity craft in any way they chose using all the materials available. However, they didn't take the picture with them when they were finished. The time spent together appeared to be the goal, rather than the picture. The child was calm and happy during the activity and when seen around the centre at various other points and in the car park later.

Other parents placed greater value on the product they were creating, *"He's going to ruin it"* [the handprint picture]. We observed some parents who kept attempting to secure the perfect product even though their child was communicating that they had had enough of the activity through both verbal and non-verbal interactions. For example, a baby girl displayed distress at repeated attempts to create clean hand / footprints, but her mum did not stop the activity. This appeared to be due to a feeling of pressure to finish the activity once started. The mum spoke to her friend about this, *"we'll try again, we will get a good one"* [footprint] but did not respond to her baby directly.

Another mum seemed stressed by the fact that her little boy was more interested in throwing the craft materials on the floor. This mum said, *"he never really sits down to do anything, he just likes climbing and running".* Our Clinical Network colleague encouraged them to turn the stickers into a bit of a game; the child then stuck the sticker on the paper and received praise which increased his interest in the craft. He did still throw things, but not as much after that. Whereas the little boy had seemed non-verbal at first, with a little eye contact/touch and once he had thrown things around, he then settled into the craft, started

to look at his mum and our colleague and make sounds about the animals he was sticking down.

Stress brought on by the pressure to be perfect or to undertake activities in the "correct" way can be seen to get in the way of attuned interactions between parents and their infants.

When it came to introducing the topic of relationships into the conversation, this was generally received positively. mums reported feeling close to their child and evidenced this through descriptions of enjoying spending time together, wanting to share positive experiences. The babies we observed seemed mostly relaxed, engaged and safe with their carers in this setting.

"Health Visitor used to ask me about mental health and how I am with baby. Never had a problem with that – I've loved it". (Mum of 5-month-old)

"I had PND, so my emotions were all over, but I always had such a strong bond with my children. So, it wasn't a problem. I was always happy to talk about our bond, but for myself it was difficult". (Mum of 7-month-old)

"Must be very difficult to talk about if you are struggling. For me it was okay." (Mum of 7-month-old)

This supports previous Clinical Network survey data[4] that showed that parents are happy to be asked about their relationship with their baby when they have positive feelings about this. It can even be seen to be a source of joy and pride, *"I didn't mind being asked because it's always been good."*

However, there were a minority of parents who were surprised by the topic, had not really thought about it or were unsure why they would be asked about it. An underlying fear of judgement came through in some conversations which in some cases appeared to manifest itself in caregivers directing the conversation on to evidencing how they are "good" parents. *"He is only allowed 30 minutes screen time a day". "I make sure we go out every day".* This points to an underlying insecurity around being asked about relationships, the worry that being a "good parent" = having a "good relationship".

And for some cultural contexts made these conversations difficult, *"It's not a normal thing to talk about in Asian culture"* [relationships and mental health] (Mum of 5-month-old).

Finally, grandparents had their own feelings about their relationship with their grandchildren, acknowledging that this role provided them with an opportunity to caring in a different context to being a parent themselves, "*Our relationship is a blessing. I'm grateful to have this time with her. A lot has changed since I had my children."* (Grandparent to an 18-month-old).

[4] https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/07/PIER-best-practice-service-model_NWC-Clinical-Network_July-2023.pdf

Support for relationships

Generally, the families we spoke to were happy to talk about parent-infant relationships, understanding what was meant by this and confident with the language of bonding, attachment and relationships.

When it came to the question of how spending time at Babyzone supported their parent-infant relationship we received a lot of positive feedback. Parents felt that coming to Babyzone improved their understanding of their child(ren) as it allowed them to observe of their behaviour in a different setting to home. For example, one mum of a 2-year-old girl told us, "*She only has one little friend (at nursery), she's dead kind and sharing with her. Here she is much bossier. I think it is because she doesn't know the other children*". This mum went on to tell us that, *"With my eldest there was nothing like this and I was going crazy. I didn't go back to work until he was 2 and I was just stuck in the house going mad".*

This was echoed by a mum with 2-year-old and 3-year-old boys who told us that she enjoyed bringing her sons while her 5-year-old daughter was in school as it *"makes the time go quicker"*. She described the days feeling long at home. When asked about how time spent at the centre supported their relationship, she explained that being in a different environment allowed her to see different behaviours in her children, *"it helps you get to know your children".*

Another mum, also attending with a 2-year-old girl, told us that *"Here we have space and time to be together. At home I always feel like I'm not doing enough and I don't have the time to spend with her. There's not as much on for us to go to as there was with her sister. This is very easy to get to, parking etc and everything in one place."*

A mum attending with her toddler told us that, *"We love coming here, spending time together"*. She valued having the opportunity to watch her child enjoy themselves without interruption. *"It's just me and her".*

This idea of space to enjoy spending time with your child, without interruption or the guilt of leaving domestic tasks incomplete came up repeatedly.

One mum with 3 daughters aged 1, 3 and 5 (the oldest in school) told us that, *"When you are in the trenches it is really hard. I don't really remember much about her* [daughter no.3] *being a baby. I feel I missed the baby stage; it goes so quickly."* She then told us about an occasion when they took the kids away for a weekend in their caravan and had a lovely time, appreciating them being a little older and able to do more. *"They did so well, we walked for, like, 5 hours and we had a lovely time."* She felt there was a need to encourage parents to focus on the joy of watching children grow and develop and to make sure that a focus on the first 1001 days doesn't lead to people feeling like the *"good bit"* is over once their child reaches 2 or that they have missed their opportunity to develop a strong bond. *"I love being a Mum, my favourite bit is watching their* [her daughters] *relationship develop".*

The nature of the craft activity meant that parents and their babies sat closer together and touched more than they would have done had they not been doing the activity. This for most felt natural, comfortable and fun, a collaboration of creating something together. It was possible to see the excitement on the babies faces about the paint, some even climbing on the table to get to it, parents usually close by and at hand to help them make their mark.

However, we didn't see many parents do handprints, which was interesting as the activity was specifically focused on "our story". Most parents seemed focused on their babies creating the picture with their guidance, but few marks made by them. This builds on our earlier observation that parents needed prompting to consider how their children might be feeling about spending time with them. Mentalising in the context of relationships does not appear to be a skill that parents are encouraged to develop in the same way that they are taught how to identify if their child needs practical support, such as putting down for a nap or a feed.

Following on from this, when asked how their baby or child might describe their relationship confidence levels varied. One mum of a 7-month-old, who had spoken to our colleague before at Babyzone said (in jest but with conviction) *"oh god!... she's winging it way too much, help me, she doesn't know what she's doing!"* speaking quite negatively about herself from her baby's perspective. Whereas another mum, with a 5-month-old baby, was more confident, *"She is happy with me; she would say that our relationship makes her happy! I know we have a strong bond because of how she wants to be with me. She is sociable and friendly with everyone but at time, like when she first wakes up, she only wants to be with me."*

Finally, we asked parents whether they would actively consider what their relationship with their child was like if no-one asked them how they felt about it. Responses to this were mixed, but possibly unsurprisingly those with older children were less likely to spend time thinking about this as they were simply *"too busy juggling"* (Mum of 3 girls aged 1, 3 and 5).

"I've never really thought about it. It's different second time around. When I've got them both I can't give her as much of my attention and it's difficult when she's being clingy so it's nice when it is just the two of us." (Mum of a 4-month-old)

Voice of the child

Based on our time spent at Babyzone we have attempted to articulate some of our observations from a baby/young child's perspective. These are interpretations of what we saw, designed to try and connect the reader to what we believe the infants and young children we observed were trying to communicate in those moments. They should not be taken as direct quotes.


"Familiar things, people and places make me feel confident to explore and try new things"
"I use all my senses to explore, sometimes this looks messy or destructive, but I'm not being naughty"
"It's not the thing we are creating but the time we spend together making it that matters to me
"I respond to your changing tone / emotion, but I can't read inference. I need you to tell me things clearly"
"Being close to Mummy makes me feel safe to look around"
"Don't be frightened to give me clear messages, even if you have to challenge my behaviours. I can pick up on the frustration in your voice, and it confuses me. I don't know how to change my behaviour to make you happy again"
"I like it when I can make my own choices and you help me, but don't make me do it your way"
"I feel scared when I am being forced to do something I don't want to or understand"
"I feel happy when you listen to me and respond, even if it is just to acknowledge me. You don't always have to be telling / teaching me"
"I am always trying to communicate; words are only a small part of this for me"
"It is difficult for me when I have to change what I am doing before I am ready"

Describing our findings: Belle Vale Focus Group

Belle Vale Family Hub is located in South-East Liverpool and is part of the Liverpool Best Start Family Hubs and Children's Centres programme.

Belle Vale offers a variety of fun activities alongside practical support and advice for expectant parents and families. This includes access to co-located child and family health and family support services, such as Health Visitor weigh-in sessions, sleeping and feeding support, perinatal mental health support and ways to work programmes[5].

The Clinical Network team undertook a 90-minute focus group with four mums of children aged between 11-months and 5-years. Three were parents of one child, the fourth had two children. All had previous experience of being involved in service user engagement both through a Family Hubs Parent/Carer Panel and within local community organisations. Their participation in our focus group was supported by the Family Hubs Community Engagement Lead.

As mentioned in the methodology section, a creche was provided for this event and therefore parents/carers attended without their children. Consequently, the voice of the children is reflected indirectly in the write up of this focus group. Where children's experiences are reflected, these should be understood through the perspective of parent-report.

General Observations

We started the session with an overview of the work of the Clinical Network, a brief explanation of the purpose of the pathway to inform clinical practice and a round of personal introductions to build trust and rapport. The participants were comfortable to engage in a discussion about relationships and agreed that this was an important part of parenting that warranted additional support. In keeping with observations from our other engagement work, we needed to take a little time to frame what we meant by 'relationships', explaining that in this context we were talking about the bond between parent and infant/child that underpinned their interactions, not specific interactions themselves (e.g. activities that are enjoyed together). This supports earlier findings that the concept of 'relationships' is a broad one, interpreted and identified differently by parents/carers and professionals. Therefore, it is particularly important to establish a common understanding of the term before proceeding, whether that is within a focus group setting or during the provision of care.

For ease of reference, we describe our findings against our four areas of focus, **NAMES, 2-5 YEAR OLDS, OBSERVATION** and **CLOSURE**. Without transcripts or recordings of the conversations it is impossible to attribute direct quotations, so instead we have italicised

[5] https://liverpool.gov.uk/children-and-families/early-years-and-childcare/best-start-family-hubs-and-children-s-centres/belle-vale-family-hub/

sections where the text closely reflects the participants own words. With only four participants we have taken extra lengths to ensure anonymity, therefore quotes are not directly attributed to participants.

Names

Our first discussion topic concerned the use of proper names and whether these were of greater importance when providing relationships support than in other parent/professional contexts. The initial response of most of the mums present was that they preferred to be called by their name as it was felt to be less transactional than a general moniker of 'mum'. Observations included, *"We lose our identity when we become pregnant, we need to reclaim our identity as to who we are"*, *"you're just another mum, using my name shows you care a bit more about me as a person"*, *"'Mum' and 'Dad' are roles, we don't call other people by their professional role!"*.

As the conversation unfolded greater nuance became apparent and it emerged that context was also a significant factor. For example, using 'mum' at appointments with older children was felt to be more appropriate, *"because that is how they would refer to us"*. There followed a discussion on the importance of children knowing their parents' names to support conversations about safety, although it was acknowledged that parents' feelings differ about their children calling them by their name. Some are okay with this; others find it uncomfortable. How children felt about having the opportunity to call their parents by name was not clear. One participant did describe her child as enjoying doing this, which does point to the notion that children too appreciate that the use of names is driven by context and need opportunities to safely explore this.

There was also an element of pragmatism involved, *"at the Children's Centre they see thousands of mums so I wouldn't expect them to remember my name"*. One mum explained that when the setting was 1:1, such as a medical appointment, then she wanted to be called by her name as it helped her trust the professional, however in *"high volume"* situations, such as nursery pick-up, she understood that calling every parent by their first name would pose practical difficulties.

How to address people was seen to take on additional importance for families who had experienced difficult journeys into parenthood. In this context asking the person what they would like to be called was seen as a priority. The example was given that a mum of loss or a family that had conceived via IVF might have a strong preference to be referred to as 'mum' and 'dad', *"pregnancy and post-partum is such a wide spectrum of experiences…assumptions are the biggest problem I have with health care"*. On the other hand, supporting the same point about personalisation but in favour of names, another mum explained that *"pregnancy and post-partum are not a uniform medical experience like breaking your leg. Personalised care is really important. You need a connection with your Health Visitor and using names is*

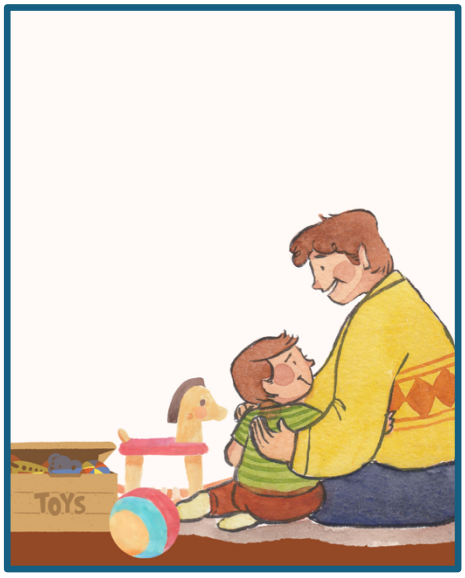
part of this… feels less like a conveyor belt". The preferences of those providing parental care but who are not birth parents, such as kinship carers or adoptive parents, was identified as a gap which required follow-up.

A further point arose about the use of names in supporting parents to build vital peer relationships. One mum described attending a baby group that asked for her and her child's name during the introduction song. This felt *"revolutionary"* and she really *"valued"* this approach as it *"created more of a connection between us as parents"*. She explained that it facilitated peer support between the parents within the group. *"I now always ask for the parent's name when I meet them, as well as their child's. You learn so many children's names, but then it's just "so-and-so's" Mum/Dad".*

When it came to whether or not to use the baby or child's first name, this too did not elicit a clear-cut response. Initial responses were similar, using names was preferred because, *"it makes it feel more personal… feels like they actually know your child and care"*, *"Mum and baby feels very clinical. Like on a news report, 'mum and baby are doing well'"*. However, again pragmatism was evident and there was appreciation that this might be difficult for a busy professional seeing many families.

Interestingly, the mums present felt that if they were struggling with their relationship with their child then not using their baby's name would make this harder to articulate. *"You can't say bad about a baby! You can say that [insert name of child] is driving me nuts"*. It was felt to be socially unacceptable to express negative feelings about babies whereas it was okay to talk about how much a specific person was *"annoying you"*. They also felt that the generic moniker of 'baby' put distance between themselves and their child.

It became more complicated again when considering the needs of the older ages covered by the pathway. Lots of examples were given of the use of pet names, such as 'baby' in Liverpool, which may persist in use until adulthood. There are also regional and cultural differences in how communities talk about families which need to be taken into consideration, such as the use of 'Aunty' to describe close friends or as a sign of respect or community strength. Finally, the point was made that language may take on different meaning for immigrant and asylum-seeking families, which requires sensitive exploration.



2–5-year-olds

For the mums present with children in this age range it was strongly felt that support *"drops away"* at aged two, but that there was still equal - if not greater - need. *"Support is heavy when you are pregnant, get to two and it drops off. But I'm still in the trenches"*, *"I think it's needed even more as other influences start to have an effect"*.

Children's behaviour and needs were seen to become less predictable at this age, *"Weird unpredictable things are what you need the most support with"* and the role of external influences meant that strong parent-child relationships became more important, *"we need to know how to help our older children deal with the social/emotional world e.g. how to have conversations to help them resolve conflict or be true to themselves in the face of the influence of their friends".*

For those with younger babies, yet to reach this age, they wanted proactive support, *"conversations around discipline etc should be had before you need them".* Transitioning from parenting a baby to parenting a child, and how conversations about this are managed within families, was seen to be really important. Parenting is *"so many decisions"* and this can become *"scary"* and *"needs support along the way"*. One mum described being a parent as, *"a whole new level of life"* in which everything felt more vulnerable and risks seemed greater. An example was that of taking baby on a first holiday, *"I sort of suddenly realised how many decisions we were making all the time, where to put the buggy, what to pack, what snacks to take, how to get through the airport. It's just constant decision-making and I'm starting to think how am I going to do this with a child?"*. *"Everything in parenting is learning as it happens"* and that includes developing relationships.

In the absence of professional support, parents look to other sources including their own families, peers and digital environments. In terms of family support, it was felt that *"parenting was simpler for our parents. They had to make fewer decisions and had fewer sources of information."* This led to difficulties in accepting intergenerational support that didn't feel relevant to parents' current circumstances. It was also noted that a lack of immediate family nearby was becoming more common, and that this could be *"a good thing if it forced you to make more friends"*.

Peer support was highly valued, especially for those who did not have family members nearby, and examples were given of antenatal groups and playdates providing opportunities for parents to interact with one another, observe each other's children at play and seek and provide reassurance and validity for one another's experiences. But peer support also has its limitations. Some parents find it hard to create opportunities for connection, in particular those who may have additional vulnerabilities. *"There is one mum who I invited round who had never watched her child play with another kid as she never hosts playdates at her house. Who does that Mum talk to?"* And cost can be a factor in areas without public sector provision, *"you need to create your own village and that's not easy. What do you do if you don't have friends with babies*? "*You have to pay for the village now"*.

Technology was seen to have replaced traditional sources of advice like *"phoning your mum"* due to its immediacy and 24/7 accessibility. All present agreed that online is now the default source of information for parents rather than a conversation with family or friends. There was much to be valued in this, however, caution was also raised that not all online sources are positive resources for parents, *"TikTok etc can make you feel worse due to the overwhelm of information"*. People gravitate towards social media when their babies become toddlers because other support drops off, but that doesn't necessarily mean they would choose these platforms if other resources were available, *"I don't want to be influenced as a Mum. I want to be who I want to be, not what Insta wants me to be"* and *"There is nothing for 2–5-year-olds and the impact of having a second baby in the 0-5 period is also overlooked. Antenatal is seen as practical for parenting a baby but there is not so much support to know what it will be like to parent an older child, or parent an older child alongside caring for a baby! What do you do with children of multiple ages? Where do you find free activities? How do you make friends?"*

Professional support for relationships would be valued at this age due to the limitation of the social support mechanisms outlined above and also due to sensitivities around talking about relationships. *"People don't always have safe friendships in which to talk about these things, having this as part of healthcare might help those who are vulnerable / isolated'.* The opportunity to have unfiltered conversations was seen to be necessary, especially about *"things that make us feel bad… being vulnerable about how I behaved in a situation such as shouting at my child"*. mums would find it helpful to be able to talk about these difficult experiences in a safe way. It was felt that the draft pathway could provide a safe, non-judgemental space for those conversations which were not always possible with their peers.

Observation

Our next focus turned to a specific aspect of pathway delivery, that of professional observation of the relationship between parent/carer and baby/child. We started the section by asking whether parents would like to know when this observational element was happening. This precipitated shakes of heads all round, there was uniform consensus that they would not appreciate knowing when they were being observed. It was universally agreed that knowing the observation was taking place would alter parental behaviour in a way that would undermine its value as an assessment tool.

When asked how they felt about the concept of using observation as a tool in the context of relationships support, there was no specific objections but there were practical concerns around the method of delivery. Firstly, it was noted that the idea of observation feels different depending on the context. For example, breastfeeding support includes observation but by definition you have proactively gone there to ask for help with an issue so that feels appropriate. Observation for relationships, when there hadn't been an issue already identified, would need to careful framing to avoid seeming judgemental or intrusive.

Secondly, the need to create authenticity. To achieve this, the observation would have to take place in way that felt organic, therefore context and setting become important. An example given by one participant would be to ask the parent *"what things are you doing together?"* whilst talking a walk, the priority being to make the conversation feel natural. *"*[It] *cannot feel like a tick box or a test"* or "*like you are being grilled"*. Doing an activity together was also suggested as a good approach to avoid creating a feeling of being tested, *"we bought some toys for us to play with together"*. Some mums also mentioned the limitations of assessments that rely on parent-report, drawing on difficult experiences of undertaking Ages and Stages assessments, *"It asked me could they do this thing, and I didn't know because we had never had to do it!"*. All felt that doing something together involving the baby/child should be a key part of the process.

Thirdly, achieving authenticity also means that the success of observation would be dependent on the active participation of the child, for example, were they napping? *"I can't imagine that the Health Visitor would come back to do the observation in that situation so is that it? Have you missed that opportunity?"*

Fourthly, concerns were raised that appointments often felt too short already, "*not sure how effective this would be, how much can you observe in such a short period? It's only a brief snapshot. You don't see what our interactions are like e.g. when we are playing together or doing an activity"*, with mums reporting frustration at the impersonality this creates, *"I just want you to get to know my child".*

Finally, continuity of care would be a factor in creating the trusting relationship that would enable effective observation, with one Mum explaining that she trusted her Health Visitors observations of her child because she, *"built up a relationship with my health visitor, she seen him grow, I realise I am lucky".*

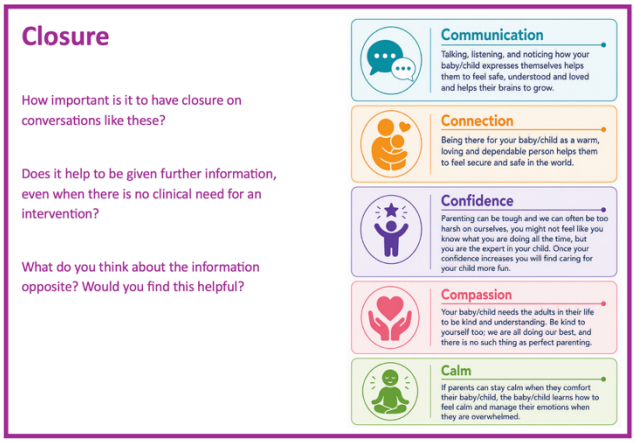
A specific point was made about the need to tailor observational approaches to the needs of parents with neurodevelopmental conditions. Masking behaviours could undermine the effectiveness of observation and in situations where continuity of care had not been achieved it may be difficult for a healthcare professional unfamiliar with that parent to know whether what they were observing was *"real"*. *"If they asked, 'is everything okay?' I would always say 'yes'. Flat would always be spotless, never wanted to show signs of struggle. How would they* [healthcare professional] *know I was struggling if I never said? There were no outward signs. Because I ticked all the boxes they assumed I was fine and I didn't get the extra support I needed".* Perceptions of what coping looks like would come into play; therefore, professionals would need to use their wider knowledge of *"what was going on in someone's life"* to anticipate their care needs. For parents with neurodevelopmental conditions conversations may need to be framed differently based on knowledge of previous difficulties, and indirect conversations about other factors that might impact on parent-infant relationships might be more successful at eliciting insight. Suggested examples included, *"how is your relationship with food?"* or open-ended questions such as *"how are you socialising, who are you seeing?"* rather than *"are you socialising?"*.

We then drew attention to the proposed age range of the pathway, from conception to age 5, and asked the group for their thoughts on the value of observation in the antenatal period. There was general shock at the thought of a midwife observing the parent-infant relationship antenatally. It was felt that this could only be done appropriately if there was

continuity of care and a strong positive relationship between the expectant parent and the healthcare professional. Several participants referred to anxiety in pregnancy, with one explaining that their conception journey meant that they could only refer to their unborn child as *"bump"*. They were unable to think of the baby as a *"real person until it was born"*.

Parents with children already in the 2-5 age range questioned the feasibility of an observational approach for this age group. *"There are no contact points for observations in the 2-5 period as there are no set reviews or appointments. Health Visitors only step in if contacted by parents. I really don't think anyone would reach out for support around relationship, too scary and there is fear and stigma."* It was also noted that there is a general assumption amongst healthcare professionals that children of this age will be in some form of childcare and therefore subject to observation there. The experiences of stay-at-home parents and their children are not really acknowledged or reflected, *"who is observing those children?"*.

Closure



We finished the session with a discussion on what might be helpful in order to comfortably close off a conversation about parent-infant relationships support. We provided the group with a universally applicable resource developed locally to support this topic. We asked the participants whether they would appreciate being given this resource, or information like it, if everything was fine and no further interventions were required.

The participants felt that whilst they would be happy to receive further information there might be times when this was not appropriate. Some people would find it *"useful to have in the back of your pocket if required"*. However, it could make some people feel paranoid or be seen as a judgement, an anticipation of future need. Tone and body language would therefore be important, *"you can say the right thing in the wrong way!"*

Consideration would also need to be given to the use of appropriate and accessible language; the example was given of the word *"compassion"* meaning different things to different people. It was also noted that universal information might land differently for kinship and other carers. Also, that the appropriateness of the particular resource presented needed to be considered in recognition of parent/carers personal histories. "*This would need to be shared differently with people who might not have grown up with these things modelled for them. If you haven't had this yourself growing up, how do you know what this looks like?"*

Finally, we thought about how it might feel to have 2–5-year-old children around for conversations about relationships. How might their presence change how the parent responded and what might the child take from these conversations and observations? Would it even be possible to deliver this pathway in front of older children? And then could/would/should we ask older children *"how is your relationship with you parent?".*

There was some laughter but also a clear level of discomfort at this idea. It was agreed that conceptually this entire pathway felt more deliverable for 0-2's than it did for the period from conception to birth or 2-5yrs. Investigating with families how to improve deliverability of relationships support for these cohorts should be our next engagement priority.

Thanks & Recognition

First and foremost, we would like to thank all the parents/carers and their children who spoke to us across our three sessions. We had an enormous amount of fun, and we learned a lot from you all. We hope that this piece of work signals the start of more opportunities for us to learn directly from babies and young children, as well as their ever-patient grown-ups!

For their warm welcomes and valuable assistance in connecting us to babies, young children and their grown-ups across the North West Coast our thanks go to,

Carragh Garrity, Head of Babyzone Blackburn
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Helen Shaw, Family Hub Community Engagement Lead, Liverpool City Council

Being able to connect with people in their local communities adds significant value to our engagement work and we would not be able to do so without the support of our wonderful colleagues.

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Appendix A: Babyzone Conversation Guide

Conversation Guide: "The story of us" relationships activity

Text prompt: How would you describe your relationship with your baby.... and what would baby say?

1. **Have you ever been asked about your relationship with your baby/child by a professional?** *If so, what was that like?*
2. **Do you understand what they mean when they say, "relationship with your baby/child"?**
   Would you feel confident as to what good/bad looks like in this context?
3. **Do you have the words to describe your relationship with your baby/child?**
   What would help if you struggled to explain how you feel?
4. **If no one asked you these questions, would you even consider what the relationship with your baby/child was like?**
5. **How does it feel to be asked about your relationship with your child?**
   Do these questions help, or do they make you feel more stressed/worried/fearful?
6. **How does your baby / child show you how they are feeling?**
7. **Are there professionals from whom questions about relationships feel more comfortable?**
   Who would you prefer asked you about this topic and who would you not want to talk to about this?
8. **Where do you think your baby / child might feel most comfortable getting help if they needed it?**
9. **What can professionals do to improve the experience of appointments like these for your baby / child?**