

Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative

First Relationships Matter

Perinatal Mental Health and Parent-Infant Relationship Strategy For Birmingham 2026-2031

Acknowledgements

This strategy was led and developed by Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative, Birmingham City Council, Parent-Infant Relationship Services, Birmingham and Solihull Local Maternity and Neonatal System, Parent-Infant Foundation, Family Hubs and other stakeholders across maternity, health visiting and voluntary, community, faith and social enterprise sector partners.

This strategy has been developed through meaningful engagement with families, carers, practitioners and system partners across Birmingham. We would like to extend our sincere thanks to everyone who contributed to its development, particularly the parents and staff who shared their experiences through surveys, interviews and consultation activities, and to all stakeholders for their valuable time, expertise and support. Their contributions have been instrumental in shaping this strategy and ensuring it reflects the needs and priorities of Birmingham's families and communities.

Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative

NHS Birmingham and Solihull Mental Health NHS Foundation Trust

Birmingham City Council

FamilyHubs Birmingham

BEST START IN LIFE

Parent-Infant Foundation

NHS Birmingham Community Healthcare NHS Foundation Trust

Alternative versions of this document

This document will be produced in alternative versions for different audiences.

Contents

Foreword 5

Definitions 6

Executive summary 7

Part 1: Why this strategy matters 13
- Introduction 14
- How has this strategy been developed and who it's for 14
- Strategic context and national alignment 15
- Why are parent-infant relationships and perinatal mental health so important 15

Part 2: Understanding Birmingham and why we must act 20
- Why we must act 21
- Support in Birmingham: the current offer 24
- Building on existing strengths – What is working well? 25
- Where are the gaps? Understanding what needs to improve 26
- What this means for Birmingham 27

Part 3: What families told us 32
- Engagement overview 33
- Themes 33

Part 4: Our vision for Birmingham 36
- First relationships matter 37
- Our vision and aims 37
- The Birmingham model – key principles 37
- Priorities for action 39

Useful documents 44

References 45

Foreword

We are delighted to introduce Birmingham's first Perinatal Mental Health and Parent-Infant Relationship Strategy.

Birmingham is a young, diverse and vibrant city, shaped by the strengths, cultures and experiences of its families and communities. Working closely with our partners across Birmingham, we are committed to ensuring that every family has access to the support they need to give their baby the best possible start in life.

We know that the first 1,001 days, from conception to a child's second birthday, are a critical period for development and provide a unique opportunity to influence lifelong health, wellbeing and outcomes. The quality of relationships during this time matters. Strong parent-infant relationships help babies feel safe, secure and loved, creating the foundations for healthy emotional, social and cognitive development.

This strategy has been developed through strong partnership working between Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham City Council, Parent-Infant Foundation, Best Start in Life Family Hubs, maternity services, Birmingham Community Healthcare NHS Foundation Trust, voluntary, community, faith and social enterprise organisations and many other local partners. Together, we have engaged with practitioners, communities, parents and carers to understand local needs, build on existing strengths and identify where we can make the greatest difference.

The result is a shared vision and set of priorities that will guide our collective efforts over the next five years. However, this document is only the beginning. Its success will depend on our continued collaboration, meaningful community engagement and a commitment to turning ambition into action through delivery, innovation and learning.
We would like to thank everyone who has contributed their expertise and lived experience to help shape this strategy. Together, we can ensure that Birmingham's babies thrive through relationships, parents feel supported, and every family has the opportunity to flourish.





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Definitions

Perinatal mental health: Emotional and psychological wellbeing during pregnancy and the first two years following birth.

Infant mental health: This refers to a baby's social and emotional wellbeing and capacity to develop secure relationships within the context of caregiving relationships.

PAIR (Parent-Infant Relationship): The foundational relationship that supports healthy brain development and lifelong wellbeing. Within this strategy, the term parent-infant relationship includes the relationships babies develop with mothers, fathers, birthing people, partners, kinship carers, foster carers and other significant caregivers.

1,001 days: This refers to the first 1,001 days from conception to a child's second birthday. It is widely recognised as a critical window of opportunity for supporting healthy brain development, emotional wellbeing, attachment, and lifelong physical and mental health.

Culturally intelligent practice: This involves working in partnership with diverse communities to understand how culture, identity, language, faith, ethnicity, migration experiences and social context influence wellbeing, relationships and access to support. It requires services to adapt their approaches to meet the needs of families in a respectful, equitable and inclusive way.

Parents and carers with additional needs and neurodivergence: Parents and carers may experience additional barriers in accessing services and support, including sensory sensitivities, communication differences, difficulties navigating complex systems, and services that are not designed with their needs in mind. This strategy is committed to ensuring that support is accessible, inclusive and responsive to the needs of neurodivergent parents, carers and their babies.



Executive summary

First relationships matter – giving every baby the best start in life

Every year, more than 15,500 babies are born in Birmingham. Alongside every baby are the relationships, caregivers, families and communities that help shape their earliest experiences and future wellbeing.

The period from conception to age two, often referred to as the first 1,001 days, represents one of the most important opportunities to influence lifelong health, development, learning and emotional wellbeing. Experiences during this period lay the foundations for how children grow, form relationships, regulate emotions and engage with the world around them.

Why this strategy is needed

At the heart of this strategy, there is a simple but powerful truth:

Every baby thrives through positive relationships

Supporting babies means supporting parents and carers.

When parents and carers feel emotionally well, supported and connected, they are better able to provide the nurturing, responsive relationships that babies need to thrive.

When parents experience mental health difficulties, trauma, isolation, poverty or adversity without appropriate support, both parent and infant outcomes can be affected.

Birmingham has much to celebrate – the city benefits from a strong network of family hubs, maternity services, health visiting services, specialist perinatal mental health services, parent-infant relationship support, community organisations and an experienced workforce committed to improving outcomes for babies and families.

However, significant population-health and deprivation related challenges remain in addition to what families have already told us. Birmingham continues to experience:

- higher than average levels of perinatal mental health need
- significant inequalities in maternal and infant outcomes
- high levels of infant mortality
- high levels of deprivation affecting many families
- variation in outcomes between communities and localities
- fragmented pathways which can make support difficult to navigate

This strategy sets out Birmingham's shared vision and direction of travel for improving perinatal mental health and strengthening parent-infant relationships between 2026 and 2031. It reflects a collective commitment from Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative, Birmingham City Council, NHS partners, and the voluntary, community, faith and social enterprise (VCFSE) sector to work together to tackle the issues faced in our area. It also aligns with the Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative Five-Year Strategy (2026-2031).

The strategy will be followed and underpinned by a detailed delivery and implementation plan that will establish measurable outcomes and key performance indicators, identify action and set out how progress will be monitored and evaluated. We will continue to work in partnership with parents, carers, babies, families, communities and practitioners to co-produce a system-owned delivery plan.

What families told us – the problems they face

Community engagement, surveys, co-production activities and practitioner consultations identified several consistent themes around perinatal mental health and the period from conception to age two – services were often difficult to find, understand and access.

Many reported receiving support only after difficulties had escalated, while practitioners described challenges in navigating referral pathways and identifying the most appropriate support options. These findings have directly shaped the priorities within this strategy.

Families told us that:

Support often starts too late

- Many parents and carers described struggling for extended periods before receiving appropriate support and felt opportunities for earlier intervention had been missed.
- Parents and carers were reluctant to disclose emotional difficulties due to fears of judgement or concerns about service involvement, creating barriers to seeking help early.

Mental health conversations need to improve

- Parents and carers valued being asked about their wellbeing but often described conversations as procedural or 'tick-box' exercises rather than meaningful opportunities to discuss concerns.
- The perinatal period was recognised as a significant and often vulnerable time for parents, particularly mothers.

Birth trauma has lasting consequences

- Experiences of difficult births, Neonatal Intensive Care Unit (NICU) admissions and poor maternity experiences featured prominently throughout engagement activity and were frequently linked to ongoing emotional difficulties for parents.

Pregnancy is a missed opportunity

- Many families wanted more support before birth, including information about emotional wellbeing, bonding, attachment and what to expect during the transition to parenthood.

Services are difficult to navigate

- Parents and carers often felt they had to identify services themselves or rely on social media and peer networks to understand what support was available.

Fathers and non-birthing parents need greater support

- Partners consistently reported feeling overlooked and excluded from services despite their important role in supporting the mother, babies and families.

Parent-infant relationships need greater focus

- Many parents and carers described being asked about their own wellbeing but rarely being asked about their relationship with their baby. This became one of the strongest findings from the engagement process.

Our vision

We want:

- **babies to feel safe, loved and cared for**
- **parents to feel supported, confident and connected**
- **to recognise that positive first relationships matter to all of us**

Our aims:

To achieve this vision, our aim is to:

- **ensure that every baby, parent and family receives the right support at the right time**
- **promote emotional wellbeing, strengthen early relationships, reduce inequalities,** and create the conditions for every child to have the best possible start in life
- **ensure that no family is left to struggle alone,** where support is available when needed and where every baby can thrive through safe, nurturing and loving relationships from the very beginning
- **create a more connected, relationship-focused system of support** where families can access help earlier, pathways are easier to navigate, and parent-infant relationships are recognised as everybody's business.
- **respond to challenges collectively** by bringing together perinatal mental health, infant mental health and parent-infant relationships within a single, coherent vision for Birmingham, working across services communities and organisations.

Our fundamental principle – 'no wrong door'

Families should not have to understand Birmingham's service landscape to access support. Regardless of where concerns are identified, every practitioner should be able to:

Recognise concerns → **Have meaningful conversations** → **Connect families to support** → **Ensure the right help is available at the right time**

This 'no wrong door' approach means everyone across the system takes responsibility for helping families to navigate support, rather than expecting families to navigate the system themselves.



Our five strategic principles



Priority 1: Start earlier

We will strengthen prevention and early intervention by improving emotional wellbeing support during pregnancy, increasing awareness of support services, enhancing conversations about everyone's mental health and ensuring families can access help before difficulties escalate.



Priority 2: First relationships matter

We will embed a greater focus on parent-infant relationships across Birmingham's entire system. This includes developing a city-wide parent, carer and infant relationship framework, expanding relationship-focused interventions and ensuring babies' emotional wellbeing is recognised alongside parental and carer wellbeing.



Priority 3: Deliver support that reflects Birmingham

We will reduce inequalities in access, experience and outcomes by providing culturally intelligent, inclusive care. Working with communities, we will ensure support reflects Birmingham's diverse families including neurodivergent parents and carers, and responds to individual needs, strengths and experiences.



Priority 4: Every contact counts

We will develop a confident workforce that understands perinatal mental health, infant mental health and relational practice. Staff across services will be supported to have meaningful conversations and connect families to appropriate support.



Priority 5: One Birmingham System

We will strengthen partnership working, improve pathway integration, develop shared outcomes and ensure services work together more effectively around the needs of babies, parents and families.

What success will look like by 2031

Families will:
- feel emotionally supported and able to seek help when they need it to maintain their wellbeing and strengthen their relationship with their baby
- easily navigate the system
- receive compassionate support at the right time without stigma or judgement
- access support earlier
- feel confident and empowered in their parenting role
- experience culturally intelligent practice

Babies will:
- experience stronger, more responsive and nurturing relationships
- benefit from improved emotional wellbeing and development
- receive support earlier when difficulties arise

Communities will:
- experience improved access to support
- benefit from measurable change and reduced inequalities
- have stronger community-based networks of support

Practitioners will:
- feel confident discussing emotional wellbeing and parent-infant relationships
- better understand available services and pathways
- work more effectively across organisational boundaries

Birmingham's system will:
- ensure that the voices and experiences of families, including neurodivergent families and those facing inequalities, directly inform service delivery, pathway development and continuous improvement across the system.
- deliver earlier intervention
- offer appropriate services and improve coordination between services
- reduce duplication and fragmentation
- achieve better outcomes for families through strengthened relationships, improved mental health and earlier access to support
- build a more equitable, compassionate and responsive system that supports babies, parents, carers and families to thrive, recognising that every baby's best start in life begins with the wellbeing of the people who care for them.

Strategy on a page

Our vision

We want:

- babies to feel safe, loved and cared for
- parents to feel supported, confident and connected
- to recognise that positive first relationships matter to all of us

15,500+ babies born each year

The first 1,001 days shape lifelong outcomes

Parent wellbeing and infant wellbeing are connected

No Wrong Door

Recognise concerns → **Have meaningful conversations** → **Connect families to support** → **Ensure the right help is available at the right time**

Our Priorities

1. **Start earlier**
2. **First relationships matter**
3. **Deliver support that reflects Birmingham**
4. **Every contact counts**
5. **One Birmingham System**

"Discussing birth trauma is really important"





"Include fathers and partners in the conversation"

"We need support that is safe and non-judgemental"





"Make it easier to find the right help quickly"

Success by 2031

Parents: Feel supported

Babies: Experience stronger relationships

Communities: Reduced inequalities

System: Joined-up pathways





Part 1: Why this strategy matters

Introduction

This strategy is part of Birmingham's wider commitment to improving outcomes for babies, children and families. For Birmingham, investing in early relationships is both a moral and strategic priority. Strong parent-infant relationships improve outcomes for babies, strengthen family resilience and contribute to healthier communities. By supporting parents, promoting emotional wellbeing and recognising the importance of early relationships, Birmingham can help ensure that every baby feels safe, loved and cared for from the very beginning of life (Parent-Infant Foundation, 2023; Royal Foundation Centre for Early Childhood, 2023).

This strategy highlights the need to improve outcomes through collective action. Prevention and early intervention during pregnancy, infancy and early childhood with families accessing the right help at the right time can help reduce inequalities and inequity. That is why Birmingham's approach is to bring together thinking and planning for perinatal mental health and parent-infant relationships – they are not separate issues.

Birmingham does not lack commitment, expertise or services. The challenge is ensuring that every family can access the right support, at the right time, through a connected system that responds to different levels of need so that families can access help earlier, and not just when they are in crisis because support was unavailable earlier. This principle forms a key foundation of this strategy.

This strategy recognises that supporting babies, parents and early relationships is everybody's business.

No single service can achieve this alone.

Strengthening parental wellbeing and infant mental health are mutually reinforcing goals that contribute to healthier outcomes for babies, families and communities.

How this strategy has been developed and who it is for

This strategy has been developed for everyone who plays a role in supporting babies, parents and families across Birmingham. It aligns with national and local priorities and programmes that recognise the first 1,001 days as a critical period for health, development and wellbeing as well as the Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative Five-Year Strategy (2026-2031).

It is the framework for improving outcomes over the next five years and is informed by the recommendations set out in the Birmingham Parent-Infant Relationship Assessment of Need (2022) and the Birmingham and Solihull Mental Health Needs Assessment (2025). Ensuring that the voices of families remain central to the strategy's development and delivery, we have listened to the experiences and insights of parents, carers, practitioners, community organisations and wider stakeholders across Birmingham.

This strategy is for:

Families and communities: Parents, carers, partners, families and community organisations help shape babies' earliest experiences and play a vital role in promoting wellbeing and development. We recognise that becoming a parent or carer can affect emotional wellbeing, confidence, relationships and sense of identity – particularly for women. By supporting the wellbeing of parents and carers as people, not just in their parenting role, we can strengthen parent-infant relationships and improve outcomes for babies and families.

Commissioners and system leaders: Those responsible for planning, commissioning and investing in services that improve outcomes for babies, parents, carers and families across Birmingham.

Practitioners: Practitioners working in maternity, health visiting, mental health services, family hubs, early years, primary care, education, social care and the voluntary, community, faith and social enterprise sector.

Partner organisations: All organisations that contribute to Birmingham's support system for families, including NHS providers, Birmingham City Council, Best Start Family Hubs, voluntary, community, faith and social enterprise organisations and strategic partnerships.

Strategic context and national alignment

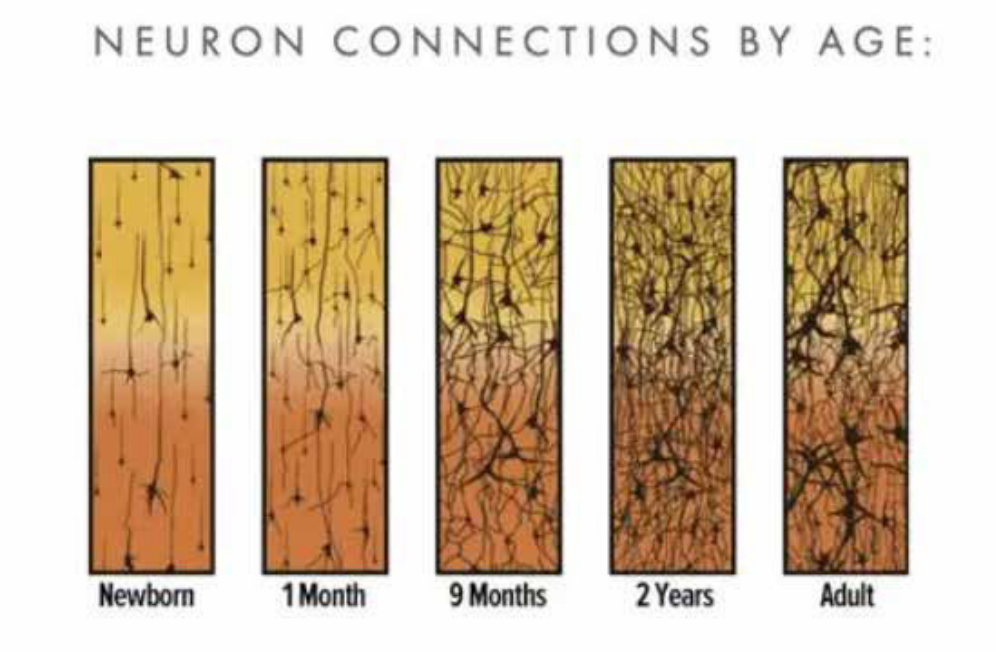
The strategy does not sit in isolation – it supports the delivery of:

- Best Start Family Hubs and Healthy Babies – Guidance for Local Authorities
- Birmingham Best Start in Life Strategy (2026-2029)
- Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative Five-Year Strategy (2026-2031)
- Birmingham Creating a Mentally Healthy City Strategy (2025-2035)
- Birmingham and Solihull Local Maternity and Neonatal System Strategy (2024-2027)
- NHS England » The Maternal Care Bundle
- Data published in 2026 from the Independent National Maternity and Neonatal Investigation, Amos (2026) and the Ockenden Review of maternity services at Nottingham University Hospitals NHS Trust (2026) showed a consistent theme across both reviews that many women and families felt unheard, excluded from decision-making and unsupported following difficult maternity experiences. The reviews highlight the need for services that identify concerns earlier, respond compassionately, and work in a more integrated way across organisational boundaries. These themes extend beyond maternity care and are highly relevant to perinatal mental health, infant mental health, and parent-infant relationship services.

Why are parent-infant relationships and perinatal mental health so important?

Every baby cognitively develops and thrives through relationships

- The earliest experiences of life have a profound influence on lifelong health, wellbeing and development. From pregnancy onwards, babies are learning about the world through their relationships and interactions with the people around them.
- The first 1,001 days, from conception to age two, represent a period of rapid brain development during which experiences help shape emotional wellbeing, learning, resilience and future life opportunities.
- Evidence consistently demonstrates that the foundations for lifelong health are established during this critical period (Black et al., 2017; Boyce and Hertzman, 2018).



The development of the brain across time. Coral, J.L. The postnatal development of the cerebral cortex. Cambridge, MA. Harvard University press

- Responsive and nurturing relationships help shape developing brain architecture, support emotional wellbeing and provide the foundation for secure attachment, resilience and healthy development throughout childhood and beyond (Dagan et al., 2021; Parent-Infant Foundation, 2023).
- Responsive caregiving is recognised internationally as one of the most important factors in healthy child development. The World Health Organization (WHO) and UNICEF identify nurturing care, including responsive caregiving, safety, good health and opportunities for early learning as essential components of giving children the best start in life. These experiences support healthy brain development and help protect against the effects of adversity and stress (WHO and UNICEF, 2023).

Parental and carer wellbeing is essential in helping babies thrive

- Babies do not grow and develop in isolation – their wellbeing is closely linked to the wellbeing of their parents and caregivers.
- Pregnancy, birth and the transition to parenthood can be joyful and rewarding times, but they can also be challenging. Parents are likely to be navigating changes to their role and identity, relationships, finances, housing and employment. They can also experience isolation and changes to their mental health whilst adapting to the demands of caring for a new baby. It is natural, therefore, that this period of major change can create anxiety and stress.
- When parents experience emotional distress, depression, anxiety or trauma, it can affect their confidence, emotional availability and capacity to respond consistently to their baby's needs. It affects them in providing the nurturing and responsive care that supports their baby's development. Equally, when parents receive appropriate support and intervention, they are better able to build nurturing relationships that support their baby's development (WHO and UNICEF, 2023; Draper et al., 2024, Harvard University Centre on the Developing Child, 2007; Black et al., 2017).
- Parent-infant relationships provide the emotional foundation for babies.
- Parent-infant relationships describe the emotional connection that develops between a baby and their parent or caregiver. The quality of these early relationships is one of the strongest predictors of lifelong health and wellbeing (Black et al., 2017; Boyce and Hertzman, 2018) as well as creating a lasting influence on social, emotional and developmental outcomes across the life course.

Every interaction, whether a cuddle, smile, comforting response or shared moment of play, helps shape a baby's developing brain and lays the foundations for future emotional, social and cognitive development. This shapes attachment patterns – emotional bonds formed through repeated experiences of care.

Babies cannot tell us verbally when they are struggling and so their needs can easily be overlooked. Nationally and locally, the needs of infants remain at risk of becoming ignored within mental health systems – known as the 'baby blind-spot' – despite the critical importance of the first 1,001 days for shaping emotional wellbeing and future mental health.



Feeling heard: How parent-infant support helped Leila build confidence as a young mum

Leila is 19 years old. She is autistic and has a diagnosis of ADHD and a complex mental health history. During her pregnancy, she was feeling worried about becoming a parent and met with a worker from the Parent and Infant Relationship Service (PAIRS) to discuss potential support.

She returned when her baby, Adam, was four months old and received weekly one-to-one Parent-Infant Psychotherapy sessions at her local family hub.

Leila said: "It's been helpful and good having someone to talk to about things. They listen without making a judgement. I feel like it takes a bit of weight off my shoulders rather than keeping it all in and letting it all build up…as it can become a bit overwhelming. People don't always listen because I'm young but I'm also learning new things, and I feel reassured that I'm doing quite a good job. It's helpful meeting at the Family Hub."

If Adam could talk, he might say, "it's good having someone there who is calm and focuses on my relationship with my mum."

Secure parent-infant attachment develops babies' lifelong ability to thrive

- Secure attachment relationship patterns develop when caregivers are responsive enough to recognise and meet a baby's emotional and physical needs most of the time, which means babies learn that they are safe, valued and worthy of care (Ainsworth, 2010).

These will help them:

- regulate emotions
- build confidence, trust and resilience
- explore and learn whilst developing a sense of security
- develop positive social relationships
- manage stress and adversity effectively (Dagan et al., 2021)

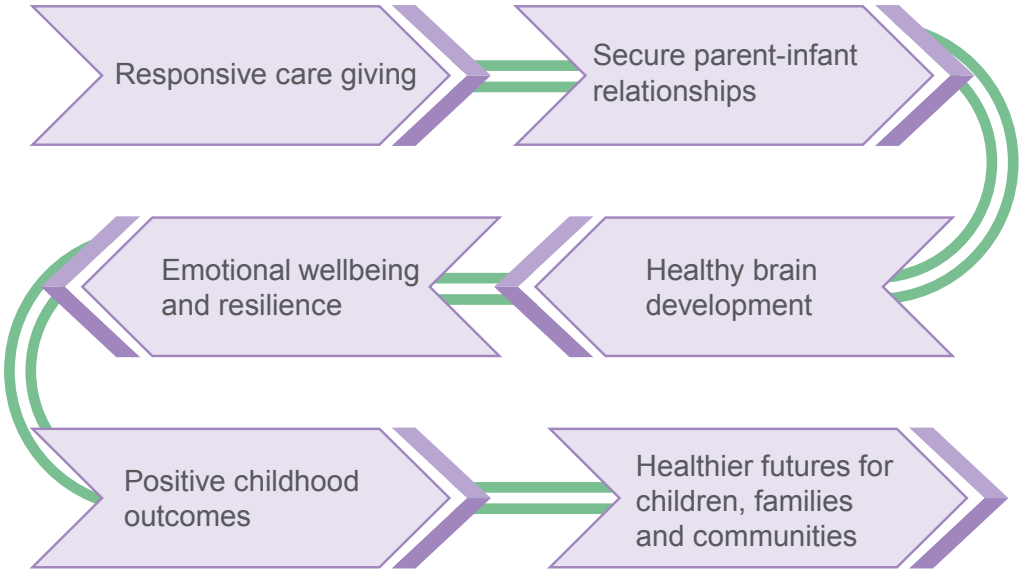
Over time, secure attachment can deliver:

- Improved emotional wellbeing and resilience
- Better speech, language and communication development
- Improved social and cognitive development
- Better school readiness
- Improved physical and mental health outcomes
- Stronger adult relationships
- Reduced risk of intergenerational cycles of trauma and adversity (Parent-Infant Foundation, 2023)

Supporting women supports babies

- Pregnancy, birth and the transition to parenthood bring profound changes to a woman's life, including her sense of identity, relationships, wellbeing and confidence.
- We recognise that women need support not only in caring for their baby, but also in adapting to these changes and maintaining their own wellbeing.
- By providing compassionate, timely support and creating spaces where parents feel able to seek help without stigma, we can strengthen families, promote resilience and enable babies to thrive through nurturing relationships.

Parent-infant relationship pathway



Perinatal mental health and its impacts

- Perinatal mental health refers to mental health difficulties experienced during pregnancy and up to two years after birth, related to the experience of pregnancy or the transition to parenthood. Mental health difficulties can occur for the first time during pregnancy or the postnatal period, or existing conditions may worsen. Conditions can include anxiety, depression, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), tokophobia (fear of childbirth), bipolar disorder and, more rarely, postpartum psychosis (NICE, 2020; NHS England, 2026).
- Perinatal mental health difficulties are common. However, many experiences of emotional distress, anxiety and low mood remain unidentified or unsupported, particularly among those experiencing mild-to-moderate difficulties.
- Practitioners across maternity and voluntary, community, faith and social enterprise organisations have highlighted the challenges of accurately identifying mild-to-moderate mental health difficulties during pregnancy. Whilst maternity services routinely utilise approaches such as the

Whooley Questions and Generalised Anxiety Disorder (GAD) screening tools, practitioners recognised that these tools alone are insufficient to understand a person's experience. Families and practitioners consistently emphasised the need for meaningful, personalised conversations alongside formal screening processes.

- Perinatal mental health difficulties can affect the whole family. Parents experiencing emotional distress may find it harder to enjoy pregnancy and early parenthood, maintain relationships, engage with services or seek support when needed. Partners and wider family members may also experience increased stress and emotional burden (Darwin et al., 2021).
- The impact extends beyond families. Untreated perinatal mental health difficulties are associated with significant long-term costs across health, education and social care. Early intervention and prevention improve outcomes for families while reducing future demand on services (Bauer et al., 2014).

Birth trauma and the family experience

- Birth is a significant life event and, for some families, can be traumatic. Trauma may arise from complications during labour, emergency interventions, neonatal admissions, experiences of discrimination and inequitable care, poor communication, feeling unheard, loss of control or previous trauma being re-triggered.
- The emotional impact can persist long after birth, affecting parental wellbeing, confidence and early relationships with babies. National maternity reviews, including the Ockenden Review (Ockenden, 2022) and the Independent Investigation into East Kent Maternity Services (Kirkup, 2022), highlight the need for compassionate, personalised and culturally intelligent care that listens to women and families, addresses emotional as well as physical outcomes, and reduces inequalities in experience and outcomes (Ockenden, 2022; Kirkup, 2022; NHS England, 2026).
- Increased focus is needed for families who experience inequalities in access, experience or outcomes, including people from global majority communities, those affected by discrimination, young and care-experienced parents, parents with learning disabilities, and neurodivergent parents.
- A lack of accessible communication, reasonable adjustments and culturally responsive support can contribute to distress and traumatic experiences during pregnancy, birth and the postnatal period (NHS England, 2024; MBRRACE-UK, 2026). Birth trauma emerged consistently throughout Birmingham's engagement activities, with many families describing traumatic births and difficult postnatal care or neonatal admissions, that continued to affect their emotional wellbeing and relationships long after birth. Families also reported uncertainty about where to access support, reinforcing the need for a trauma-informed, equitable and family-centred system of care that recognises and responds to the diverse experiences and needs of Birmingham's communities (Ockenden, 2022; MBRRACE-UK, 2026).



From trauma to hope: how perinatal mental health support helped Hafsa heal and reconnect

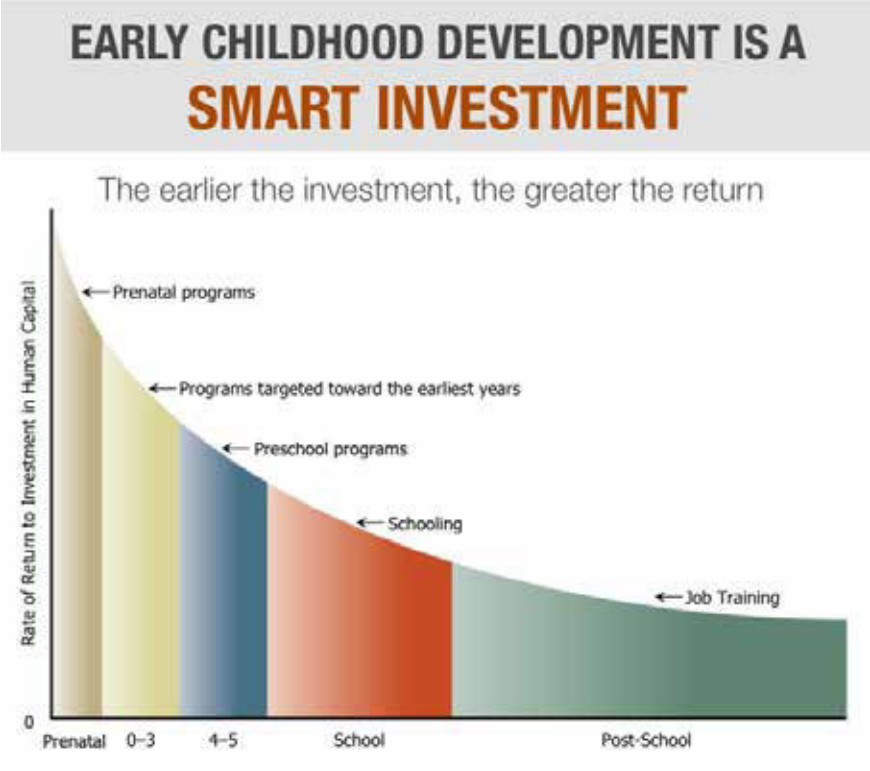
Hafsa experienced a traumatic birth with her daughter Sara and struggled with post-traumatic stress disorder for many years afterwards. She experienced depression, flashbacks and felt unable to bond with her baby. For Hafsa, each of her daughter's birthdays 'felt like a funeral'. When she became pregnant again, Hafsa was terrified that her next birth experience would be the same.

This time her midwife referred her to the Birmingham and Solihull Perinatal Team where she was able to access psychological support preparing her for birth and managing her rising anxiety. After a difficult, but less traumatising birth with her son, Hafsa attended groups run by the nursery nurses, which helped her to form a bond with her new baby and her older daughter. She accessed trauma therapy and is more confident managing her feelings. She is now volunteering to support others.

She said: "Thank you for walking beside me through some of my darkest times with kindness, patience and unconditional support. I will never forget the difference you have made in my life. I hope your service reaches every woman out there – you are one of the biggest blessings of my life".

Investing early can support Birmingham to prosper, changing futures and reducing demand for other services

By supporting parents and babies early, Birmingham can improve outcomes for families today whilst reducing future demand and costs on health, education and social care services and for other public services and wider society. Research consistently demonstrates that experiences during pregnancy, infancy and early childhood influence physical health, mental health, educational attainment, social relationships and economic participation across the life course.



Source: James Heckman. Nobel Laureate in Economics

Research by the London School of Economics and the Centre for Mental Health estimated that untreated perinatal mental health difficulties generate approximately **£8.1 billion in long-term societal costs for each annual UK birth cohort,** equating to almost **£10,000 per birth.** Around three-quarters of these costs arise from the long-term impact on children rather than parents alone (Bauer et al., 2014).

More recent evidence from the Parent-Infant Foundation suggests that investment in parent-infant relationship support and early intervention can generate significant social and economic returns, with improved emotional wellbeing, stronger relationships and reduced future service demand contributing substantial long-term value (Parent-Infant Foundation, 2023). For Birmingham, investment in prevention should therefore be viewed not simply as an additional cost, but as a strategic investment that has the potential to improve outcomes whilst reducing future system pressures.

- The first 1,001 days lay the foundations for lifelong health, wellbeing and development – mental health begins before you are born.
- Babies develop through secure loving relationships with parents and caregivers.
- Responsive, nurturing care supports healthy baby brain development and emotional wellbeing.
- Parent wellbeing and infant wellbeing are inseparable.
- Supporting early relationships is one of the most effective ways to improve outcomes for children, families and communities.
- Perinatal mental health difficulties are common and affect a significant proportion of Birmingham's parents.
- Birth trauma can have lasting impacts on emotional wellbeing, family relationships and infant development.
- Families want earlier, more meaningful and easier-to-access support.
- When we support parents and carers at the right time and in the right place, we strengthen relationships. When we strengthen relationships, babies thrive.
- The greatest opportunity to improve lifelong outcomes exists at the very beginning of life. By investing early in parents, babies and relationships, Birmingham can create lasting benefits for children, families, communities and future generations.



Part 2: Understanding Birmingham and why we must act

Why we must act

Birmingham is a city of opportunity, diversity and growth. Every year, thousands of babies begin their lives in communities with different cultures, languages, experiences and strengths. While families across Birmingham share many of the same hopes for their children, the circumstances in which they experience pregnancy, birth and early parenthood can vary significantly in different parts of the city (Nomis,2024).

A full analysis of mental health needs and deprivation has been produced in the Birmingham and Solihull Mental Health Needs Assessment (2025) – a summary is reflected here.

Birmingham must act because:

1. **We are a young and vibrant city – home to over 75,000 aged 0-4 year olds**
   Birmingham is one of the youngest, largest and most diverse cities in Europe, home to over 75,000 children aged 0-4 years and welcoming more than 15,500 babies each year. This presents a significant opportunity to influence lifelong health, wellbeing and development through investment in pregnancy, infancy and the early years (Nomis, 2024).

2. **There are high levels of perinatal mental health need**
   Birmingham and Solihull have the second highest rates of perinatal mental health conditions in England, which is significantly higher than the national average. Local data indicates that approximately 27.9% of women experience a pre-existing or newly diagnosed mental health condition during the perinatal period, a rate higher than the national average (Office for Health Improvement and Disparities, 2019). Early identification and support can improve outcomes for both parents and babies whilst reducing the long-term impacts of untreated mental health difficulties (Bauer et al., 2014; NHS England, 2026).

3. **We are a city of many communities**
   Birmingham is one of the UK's most diverse cities, characterised by rich ethnic, cultural and linguistic diversity. Families draw on a wide range of strengths and assets, including faith communities, extended family networks, voluntary organisations and local neighbourhoods, all of which play an important role in supporting parents and babies. Population health analysis demonstrates significant variation across Birmingham's communities. In parts of East and West Birmingham, the majority of births occur within Pakistani, Black African, Bangladeshi and White British communities, many of which also experience high levels of deprivation (Birmingham City Council, 2025). These factors contribute to inequalities in health and wellbeing and highlight the importance of culturally intelligent, linguistically accessible and equitable support that reflects the diverse needs and experiences of local families.

4. **Place shapes experience for our communities**
   Understanding Birmingham's families is essential to designing support that is responsive, accessible and effective. The experiences of parents and babies are influenced not only by health needs, but also by the places they live, the communities they belong to and the resources available around them. Families living in different parts of Birmingham can experience pregnancy and early parenthood in very different ways.

   In some neighbourhoods, families may benefit from strong community connections, accessible family support and local services that promote wellbeing. In others, parents may experience challenges linked to poverty, housing insecurity, financial hardship, domestic abuse, poor mental health or reduced access to local opportunities.

   These circumstances can influence:
   - emotional wellbeing during pregnancy and early parenthood
   - access to healthcare, information and support
   - experiences of social isolation
   - opportunities for community connection
   - child health and developmental outcomes

Whilst the ways in which care, support and nurturing relationships are expressed may vary between families, cultures and communities; every baby benefits from safe, responsive and loving relationships. This strategy recognises and values Birmingham's diverse caregiving experiences and is committed to ensuring that all families can access support that is inclusive, equitable and responsive to their needs.

5. We experience high levels of deprivation

Birmingham has high levels of deprivation. Evidence consistently demonstrates that social determinants such as income, housing, education and community connectedness have a significant impact on health and developmental outcomes across the life course (Black et al., 2017; Boyce and Hertzman, 2018). Whilst many families thrive, others experience significant adversity related to poverty and deprivation linked to poor housing, domestic abuse, social isolation, discrimination and mental health difficulties. Research consistently shows that children growing up in disadvantaged circumstances are at greater risk of poorer health, educational and social outcomes, making early intervention and targeted support especially important (Black et al., 2017; Draper et al., 2024).

6. We must support families with additional needs

Some people are more likely to encounter barriers to support and may require tailored approaches to ensure equitable access to services, such as:

- care-experienced parents
- parents with learning disabilities
- neurodivergent parents
- refugee and migrant families
- families experiencing financial hardship
- fathers, partners and non-birthing parents
- families requiring interpretation or translated resources
- LGBTQ+ parents and families
- young parents
- parents at risk of separation from their baby through care proceedings or statutory intervention

The World Health Organization and UNICEF emphasise that services must be responsive to the diverse contexts in which families live if they are to deliver equitable outcomes for children (WHO and UNICEF, 2023).

7. We experience persistent health inequalities

Birmingham experiences persistent inequalities in maternal health, infant mortality and birth outcomes. These inequalities begin early and can continue throughout childhood and adulthood unless action is taken. National evidence demonstrates that Black women are 3.7 times more likely to die during pregnancy or shortly after birth than White women, whilst Asian women are 1.8 times more likely to die (MBRRACE-UK, 2022). These disparities are shaped by a complex interaction of wider determinants of health, including poverty, discrimination, housing, access to services and structural inequalities (MBRRACE-UK, 2022; Ellis et al., 2025). The inequalities are present within Birmingham's diverse population and require targeted action.



Birmingham at a glance

Population and births

Children aged 0-4 years
Birmingham **75,468**
England **3.1 million**

Annual births
Birmingham **15,561**
England **567,708 (2024)**

Average age of mother
Birmingham **30.9 years**
England **31.0 years**

Sources: Nomis (2024), Office for National Statistics (2025)

Perinatal mental health

Women experiencing pre-existing or newly diagnosed perinatal mental health difficulties
Birmingham **27.9%**
England **25.8%**

Maternal and infant outcomes

Infant mortality rate
Birmingham **8.7 per 1,000 live births**
England **4.2 per 1,000 live births**

Pre-term birth rate
Birmingham **8.5%**
England **7.9%**

Low birthweight at term
Birmingham **4.7%**
England **2.9%**

Babies receiving breastmilk as first feed
Birmingham **72%**
England **71.9%**

Breastfed at 6-8 weeks
Birmingham **67.5%**
England **55.6%**

Sources: Fingertips, Nomis (2024).

Inequalities and vulnerability

Children in relative low-income families (U16)
Birmingham **39.5%**
England **19.8%**

Children subject to child protection plans
Birmingham **64 per 10,000**
England **41.6 per 10,000**

Children looked after by the local authority
Birmingham **79 per 10,000**
England **67 per 10,000**

Under 18's conception rate
Birmingham **14.5 per 1,000**
England **13.9 per 1,000**

Domestic abuse prevalence
Birmingham **37.5 per 1,000 population**
England **26.8 per 1,000 population**

Sources: Birmingham City Council, West Midlands Police, Office for Health Improvement and Disparities, Department for Education 2024.

Support in Birmingham – the current offer

A range of support from pregnancy to age two.

Families require different types of support at different times. Birmingham's system is designed to provide different levels of support according to families needs.

Families can access support through a broad range of services delivered across health, local authority, family hubs, voluntary and community sectors. Together these services provide a range of support, from prevention and early help through to specialised intervention.

Guiding principle – 'no wrong door'



Services across Birmingham

Universal support

Statutory/Universal services
Purpose: To provide prevention, promote wellbeing, support healthy development and identify concerns early. Available to all families.
Includes:
- midwifery services
- health visiting
- family hubs
- infant feeding support
- primary care and general practice
- early years services
- families eligible for free childcare

Community support
Purpose: To provide community-based support.
Includes:
- community organisations
- parenting programmes
- faith groups
- parent and baby groups
- peer networks
- voluntary, community, faith and social enterprise sector

Early help and targeted support

Purpose: To provide additional support when families need it, prevent escalation and strengthen resilience.
Includes:
- parenting programmes
- family support
- community and peer support
- advice, guidance, signposting and early help support, accessed via family connect form
- voluntary, community, faith and social enterprise support
- emotional wellbeing interventions

Mild to moderate support

Purpose: To provide support for emerging mental health and parent-infant relationship difficulties
Includes:
- emotional wellbeing support
- parent-infant interventions
- birth trauma support
- group programmes and support
- consultation and advice

Specialised support for complex needs

Purpose: Assessment, intervention and recovery support and prevent escalation and strengthen relationships. Available for families experiencing more complex needs.
Includes:

- perinatal mental health services
- parent-infant relationship services (PAIRS)
- parent-infant psychotherapy approaches
- neonatal psychology services
- neonatal psychological support
- specialist mental health pathways

Risk and statutory support

Purpose: To provide protection and risk management help for those families experiencing significant risk.
Includes:

- children's social care
- safeguarding services
- intensive mental health support
- specialist statutory pathways

Building on existing strengths – what is working well?

A Needs Assessment of Parent-Infant Relationship Help and Support in Birmingham, identified significant strengths across Birmingham's workforce and service landscape, including strong practitioner commitment to supporting babies and families and a willingness to develop infant mental health practice further (Nuttall et al., 2022). Since this was completed, work to implement recommendations and strengthen support has taken place, supported by funding from the Government Best Start Family Hubs and Healthy Babies programme.

Strengths of current service provision include:

Family Hubs and Start for Life Programme

Family hubs have strengthened Birmingham's early help offer by creating community-based access points for support during pregnancy and the early years.

- Accessible community locations
- Strong local partnerships
- Integrated start for life offer
- Opportunities for prevention and early intervention

Specialist perinatal mental health services

Birmingham benefits from established specialist perinatal mental health provision.

- Specialist multidisciplinary teams
- Established maternity partnerships
- Specialist psychological interventions
- Strong secondary care pathways

Voluntary, community, faith and social enterprise (VCFSE) sector

Community organisations provide trusted and culturally intelligent support for families.

- Strong local relationships
- Flexible provision
- Established reputation in the community
- Peer support opportunities

Parent-infant relationship (PAIR) expertise

Birmingham is growing expertise in infant mental health and parent-infant relationships.

- Specialised PAIR provision
- Evidence-based interventions
- Infant mental health leadership
- Consultation and practitioner support

Supporting connections network

The supporting connections network has increased opportunities for system-wide learning and collaboration.

- Cross-agency learning
- Workforce development
- Shared practice
- Growing practitioner network
- Workforce training programme

Workforce commitment

A multi-agency/team approach to delivering services.

- Strong motivational commitment across services to improve support for babies.
- Practitioners consistently expressed a desire to strengthen their skills, improve collaboration and build a more coordinated system of care.

Birmingham has many of the foundations needed to improve outcomes for babies and families. The next step is to build stronger connections between these areas of strength.

Where are the gaps? Understanding what needs to improve

Alongside existing strengths, families and practitioners highlighted several recurring challenges that continue to affect outcomes across Birmingham.

Help arrives too late

Families consistently reported that support often begins after difficulties have become significant.

Parents described:

- struggling before receiving support
- limited antenatal emotional wellbeing support
- missed opportunities for earlier intervention

Navigation is difficult

The Birmingham Parent-Infant Relationship Assessment of Need (2022) found that services often understood their own role but had less awareness of wider service provision. This can make transitions between services difficult and create confusion for families and practitioners.

Families reported:

- not knowing where to seek help
- receiving inconsistent information
- having to navigate the system themselves

Mild-to-moderate needs are missed

A consistent finding from the practitioner feedback was that families experiencing mild-to-moderate emotional difficulties often fall between universal and specialist services as it can be difficult to accurately measure their level of need and signpost to relevant services.

This can result in:

- delayed support
- escalation of difficulties
- increased referrals to specialist services
- missed opportunities for prevention

Parent-infant support remains limited

A Needs Assessment of Parent-Infant Relationship Help and Support in Birmingham identified significant unmet need for specialised parent-infant relationship support (Nuttall et al., 2022). The assessment estimated that:

- Around 2,420 families per year may require specialised parent-infant relationship support beyond existing perinatal mental health provision.
- Parents also reported rarely being asked about their relationship with their baby and receiving limited information about attachment, bonding and infant mental health.

Birmingham's challenge is ensuring that there is enough capacity, earlier intervention and simpler pathways to meet the level of need identified across the city. The goal is not simply to provide services, but to create a connected system whereby families can access support easily and move smoothly between levels of care as their needs change.

What this means for Birmingham

There is no single Birmingham family experience. The city's diversity means that families will require different types and levels of support at different times. For services to be effective they must be:

- appropriately resourced
- responsive to local need
- culturally intelligent
- easy to access
- flexible in how support is delivered
- designed alongside the communities they serve

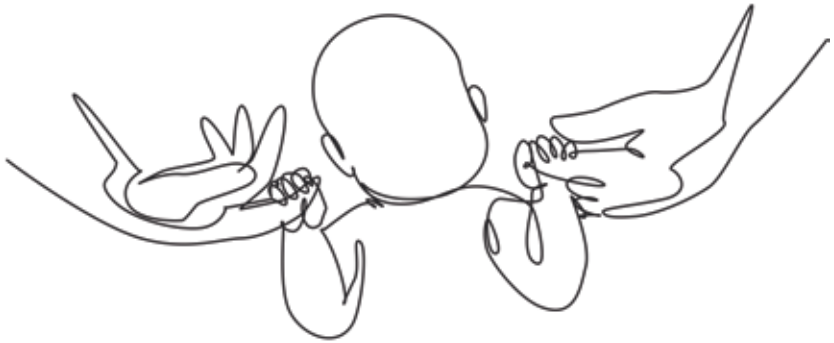
Birmingham's strength is its diversity. By recognising the different experiences of families across the city and responding proportionately to need, we can ensure that every baby and family has the opportunity to achieve the best possible start in life.



Mapping services by level of Parent and Infant Relationship (PAIR) support across Birmingham

Universal parent-infant support	Targeted or enhanced prestatutory services
Birmingham Forward Steps: Health Visitors (0-5): Partner organisations oversee Children's Centres in the 10 districts to provide Early Years and Family Support services. families pre and post birth, including Antenatal Parenting Programme.	
Midwifery (Community and Specialist) Local Maternity and Neonatal System: offer community midwife support providing universal care to all pregnant women, antenatally, substance misuse, safeguarding and homelessness.	
Birmingham Forward Steps: Early Years Outreach Workers: Support health visitors to complete 1 and 3 year mandated universal assessments and undertake follow-up needs and development support mandated checks. Provided targeted stay and play group.	
Birmingham Forward Steps: Early Years and Family Support Services (0-5): Partner organisations oversee Children's Centres in the 10 districts to provide Early Years and Family Support services.	
(VCS) New Baby Network (women, ages): Promotes secure attachment through face to face/online peer led support groups.	**(VCSFE) Approachable Parenting (0-3 years)** Parenting programmes and therapeutic support.
(VCS) Anawim Birmingham Centre for Women: (women, all ages): Offers support in pregnancy and in developing confidence around parenting.	**VCS (Noah's Star)** Supporting families of premature and sick babies, from neonatal care through to childhood offering emotional, practical and peer support.
Nishkam Centre: Aims to nurture individuals, especially infancy, by empowering future parents in preparing for childhood and offering their child the best start for life.	**VCS (Birmingham & Solihull Women's Aid)** Provide frontline specialist support to women and children experiencing domestic abuse.
	Early Years Inclusion Support (0-5 years) Specialist early years SEND support service.
	(VCS) Acacia (0-2 years) Peer based one-to-one support and groups for one or both parents during pregnancy or with children under 2 years.
	Early Help Community Connectors (0-25 years) Birmingham Children's Partnership 'Early Help' model citywide initiative connects infants, children and young people and families with local community services.

Specialist/statutory services (in addition to children's social care)	Specialised support focused on the parent-infant relationship
Health visitors also work jointly with children centre staff to provide range of support to	**Forward Thinking Birmingham (0-25)**: Small, specialised resources for under 2s and input from the child psychotherapy team to provide specialised support for preschool aged children, including during the first 1,001 days.
during birth and postnatally. Specialist midwives cover areas of vulnerability: homelessness domestic abuse, female genital mutilation, perinatal mental health, teenage pregnancy,	
visits when families are not seen to engage with health visitors and special educational	**Specialised Perinatal Community Mental Health Service**: Supports mothers who are experiencing bonding disorders, and offers specialised parent-infant relationship support through assessments, interventions and training. Also have a PAIR pathway to support families.
BCT Breathe Trust Connect: Nonstatutory, therapeutically informed programme supporting birth parents who have lost child(ren) to adoption.	
St Basils (16-25 years) Birmingham Youth Homelessness Service: including young parents utilising Psychologically Informed Environments (PIE).	
BCT Citywide Pre Birth Service Trauma: informed relational approach for mothers at high risk of having babies removed post birth.	
BCT Therapeutic Emotional Support Service: (0-25 years) non statutory therapy including Dyadic Developmental Psychology.	
Birmingham Children's Hospital Health in Mind (0-18 years) Paediatric psychological support and Solihull Approach informed family groups.	
Birmingham Children's Hospital Children With Medical Complexities Discharge Team (0-18 years) Family support for complex discharges.	
Birmingham Children's Hospital Neonatal Unit Neonatal psychological support via Health in Mind and family group support. Also, small amount of clinical psychology neonatal resource provided by Health in Mind to Heartlands Hospital, and to Good Hope Hospital (consultation to staff only).	
BCT Birmingham Social and Emotional Mental Health Pathfinder (all ages) offers relational model work, delivering psychologically informed programmes to parents and carers with continued relational support.	



Mapping services by level of Perinatal Mental Health support across Birmingham

Universal perinatal mental health support	Targeted or enhanced pre-statutory services
Midwifery (Community and Specialist) Local Maternity and Neonatal System: offer community midwife support providing universal care to all pregnant women, antenatally, during birth and	
Birmingham Women's Hospital: offers free parent education services.	
Midland Metropolitan Hospital: offers parent craft classes, offering labour/birth information, midwife led care, perineal care, postnatal care, postnatal mental and health care.	
Good Hope Hospital offers a Solihull approach free virtual 'understanding your pregnancy, labour, birth and baby' classes.	
Solihull Hospital: whilst there are no explicit perinatal services, they do offer a small number of scanning appointments.	
Birmingham Forward Steps: Early Years and Family Support Services (0-5) Family Support Workers and Early Years Workers keep perinatal mental health needs in mind when supporting families and signpost to targeted services where needed.	
	Maternity Link Support Workers: provide one-to-one support to help pregnant people navigate maternity services and pregnancy across Birmingham and Solihull to ensure they receive right care at the right time.
	NHS Talking Therapies Service Perinatal Pathway: Birmingham Healthy Minds perinatal pathway supports women's mental health during pregnancy and the first year after birth.
	(VCS) Acacia Family Support supporting mild-moderate perinatal mental health through befriending, groups and one to one support. Support is also offered to partners, as well as a young parent's pathway.
	(VCS) Approachable Parenting parenting programmes and therapeutic support.
	VCS (Bethel Doulas) practical and emotional support to vulnerable and isolated women during and after pregnancy.
	(VCS) Elayos provides a no-cost Doula service offering compassion, support and advocacy to vulnerable and isolated birthing people.
	(VCS) Maternity Engagement Action Black-led community rooted organisation offering peer support for black women throughout pregnancy, birth and early motherhood.
	(VCS) Noah's Star Supporting families of premature and sick babies, from neonatal care through to childhood offering emotional, practical and peer support.
	VCS (Rees Foundation) supporting care experienced people of all ages, offering practical and emotional support.
	VCS (Birmingham & Solihull Women's Aid) Provide frontline specialised support to women and children experiencing domestic abuse.

Specialist/statutory services (in addition to children's social care)	Specialised support focused on perinatal mental health
postnatally. Support is also offered by specialist midwives who work closely with perinatal mental health teams to support women at risk of Perinatal Mental Health difficulties.	
Maternal Mental Health Service: supports women, their partners and families living in Birmingham and Solihull who have experienced perinatal loss and have associated mental health difficulties.	**Forward Thinking Birmingham (0-25 years):** Small dedicated resource to support perinatal mental health care of young parents.
St Basils (16-25 years) Birmingham Youth Homelessness Service: including young parents utilising Psychologically Informed Environments.	**Specialist Perinatal Community Mental Health Service:** offers support to women with mental health difficulties during pregnancy and up to two years after the birth of their baby. Service supports women 18+ through the four core teams, and works jointly with FTB for women aged 16-17 years.
BCT Breathe Trust Connect: Non-statutory, therapeutically informed programme supporting birth parents who have lost child(ren) to adoption. New Growth project (part of Breathe Trust Connect) supports individuals experiencing their first child in their first and second trimester of pregnancy.	



Part 3: What families told us

Engagement overview

This strategy has been shaped by the voices of parents, carers, practitioners and community partners from across Birmingham. Families, carers, community organisations and practitioners contributed through surveys, outreach activities, engagement events, listening exercises and co-production discussions. Their feedback provides valuable insight into how services are experienced, where support is working well and where improvements are needed.

Importantly, the themes identified through community engagement were remarkably consistent with findings from Birmingham Parent-Infant Relationship Assessment of Need (2022) and discussions within the community parent and practitioner engagement events. Across all engagement activity, there was a strong consensus that families value the support available in Birmingham but want it to be easier to access, more connected and available earlier in their parenting journey.

Parents told us they want services that are responsive, compassionate and built around the realities of family life. They described a need for meaningful conversations about emotional wellbeing, stronger support during pregnancy, greater recognition of birth trauma and more attention to the relationship between parents and their babies. Practitioners similarly highlighted the importance of clearer pathways, better coordination between services and stronger support for families experiencing mild-to-moderate difficulties.

The themes that follow have directly informed the vision, priorities and actions set out within this strategy.

Themes

Support starts too late

A consistent message from families was that support often begins only after difficulties have significantly escalated. Parents frequently described reaching crisis point before receiving help and felt there were missed opportunities to identify concerns earlier, particularly during pregnancy and the first year after birth.

Many parents described support as reactive rather than preventative. They wanted practitioners to recognise concerns sooner, offer help earlier and provide clear information about where support could be accessed before problems became overwhelming.

“Support started too late. Everyone needs to be asked and listened to, never dismissed, even when they look put together and cared for."

What this means: Families want strengthened prevention and early intervention so that concerns are identified and addressed at the earliest possible opportunity.

Mental health conversations need to improve

Parents consistently reported that conversations about mental health did not always feel meaningful. Whilst most families recalled being asked questions about their wellbeing, many described these discussions as rushed, procedural or focused on completing assessments rather than understanding individual experiences.

Practitioners similarly recognised that screening tools alone cannot replace compassionate and person-centred conversations. Families wanted opportunities to speak openly, honestly and without fear of judgement. They valued curiosity, empathy and reassurance from practitioners who felt confident discussing emotional wellbeing.

“It feels like services ask as a tick-box – it doesn’t often feel genuine.”

What this means: Families want to be treated with compassion, understanding that is culturally intelligent and emotionally informed through conversations that help them feel heard, understood and connected to support.

Pregnancy is a missed opportunity

Parents repeatedly described pregnancy as a time when more support could be offered. Many felt unprepared for the emotional impact of becoming a parent and wanted more discussions about mental health, wellbeing, relationships and infant development before their baby was born.

Families highlighted that pregnancy provides a unique opportunity to develop trusting relationships with practitioners, share concerns and introduce support before difficulties emerge. They wanted earlier information, better preparation for parenthood and more consistent conversations about emotional wellbeing throughout pregnancy.

"Support from when I was pregnant could have prevented me becoming unwell after birth."

What this means: Pregnancy should be viewed as a key period for preparation, prevention and early intervention.

Birth trauma has lasting effects

Birth trauma emerged as one of the strongest and most consistent themes across engagement activities and is entrenched in the health inequalities faced by communities. Parents described experiences of traumatic births, emergency procedures, neonatal admissions and poor communication that continued to affect their emotional wellbeing long after birth.

Many families felt they were not given sufficient opportunities to discuss or process their experiences. Some described feeling unheard, unsupported or uncertain about where to seek help following difficult births. These experiences often affected confidence, emotional wellbeing and early relationships with their babies.

"There was no one to talk to about what happened and I didn't know where to go for help."

What this means: Families want birth trauma recognised earlier and responded to through accessible and compassionate support pathways.

Support is difficult to navigate

Families consistently described difficulty understanding what support was available and how to access it. Many parents relied on social media, friends, peer networks or personal persistence to identify services that could help them. Practitioners reported similar challenges in understanding pathways and referral routes across organisations.

When support was found, families often reported positive experiences. However, reaching the right service frequently required navigating multiple organisations, referral processes and thresholds.

“I didn’t feel listened to. I was signposted in 3 minutes.”

What this means: Families want simpler pathways and a more connected system where they can access support without having to navigate services alone.

Fathers and partners need more support

Fathers, partners and non-birthing parents consistently reported feeling overlooked within services. Families described a system that remains heavily focused on mothers, despite partners playing a central role in supporting babies and family wellbeing.

Parents told us that partners were often excluded from conversations, received limited information and had few opportunities to access support in their own right. Many participants highlighted this as a significant gap in Birmingham's current offer.

"Make dads feel important. Ask their name and how they are. The simple things."

What this means: Families want fathers, partners and non-birthing parents to be visible throughout services and recognised as important caregivers.

Parent-infant relationships need to be talked about

Perhaps the most significant finding from engagement activity was that many parents had never been directly asked about their relationship with their baby. Whilst families were often asked about their own wellbeing, conversations about bonding, attachment and infant emotional development were much less common.

Parents value support that helps them understand their baby's needs, build confidence in their parenting and strengthen emotional connections with their child. Many felt parent-infant relationships should receive greater attention throughout pregnancy and the early years.

"They need to see the family as a whole, not only to check on the baby, but the parents who take care of the baby."

What this means: Parent-infant relationships must become talked about and visible across the whole system and recognised as fundamental to improving outcomes for babies and families.

What we learned

Taken together, these themes highlight five clear priorities for Birmingham:

1. Help families earlier.
2. Strengthen emotional wellbeing conversations.
3. Improve support during pregnancy.
4. Create simpler pathways through services.
5. Make parent-infant relationships everybody's business.

These priorities form the foundation of Birmingham's vision and strategic priorities for the next five years.





Part 4: Our vision for Birmingham

First relationships matter

Birmingham's vision is rooted in a simple belief: babies thrive when the adults around them are supported, connected and able to build nurturing relationships. The evidence, engagement and needs assessment work that has informed this strategy all point towards the same conclusion. Improving outcomes for babies requires a system that supports parents, strengthens relationships and intervenes early when difficulties emerge.

Our vision and aims

This vision is shared across partners, communities and services and provides a common direction for action over the next five years.

We want:

- ♥ **babies to feel safe, loved and cared for**
- ♥ **parents to feel supported, confident and connected**
- ♥ **to recognise that positive first relationships matter to all of us**

To achieve this vision, our aim is that by 2031, Birmingham will:

- ensure that every baby, parent and family receives more of the right support at the right time – this means that parents receive support before difficulties escalate
- promote emotional wellbeing, strengthen early relationships, reduce inequalities, and create the conditions for every child to have the best possible start in life – this means babies' emotional wellbeing is recognised alongside physical health
- ensure that no family is left to struggle alone, where support is available when needed and where every baby can thrive through safe, nurturing and loving relationships from the very beginning
- create a more connected, relationship-focused system of support where families can access help earlier, pathways are easier to navigate, and parent-infant relationships are recognised as everybody's business. This means community strengths are valued and mobilised
- respond to challenges together by bringing together thinking and planning for perinatal mental health, infant mental health and parent-infant relationships within a single, coherent vision for Birmingham, working across services, communities and organisations. This means partners share responsibility for improving outcomes

This strategy will be followed and underpinned by a detailed delivery and implementation plan that will establish measurable outcomes and key performance indicators, identify action and set out how progress will be monitored and evaluated. We will continue to work in partnership with parents, carers, babies, families, communities and practitioners to co-produce a system-owned delivery plan.

The Birmingham model – key principles

No wrong door

Families consistently told us that support can be difficult to navigate and that they often had to identify services for themselves. Practitioners similarly reported uncertainty about pathways, referral routes and thresholds.

The Birmingham model is built around a simple principle:
Families should not need to understand the system – the system should work together around families.

Supporting parents facing additional barriers

Whilst all families may require support at different points in their parenting journey, some parents experience additional barriers that can affect access to services, experiences of care and outcomes for themselves and their babies. Birmingham is committed to ensuring that support is equitable, accessible and responsive to individual need.

We will work to improve outcomes for:

- care-experienced parents
- parents with learning disabilities
- neurodivergent parents
- refugee and migrant families
- families requiring interpretation or translated resources
- parents experiencing poverty, housing instability or social isolation
- fathers, partners and non-birthing parents
- LGBTQ+ parents and families
- young parents
- parents at risk of separation from their baby through care proceedings or statutory intervention

We recognise that these families may face additional barriers including stigma, discrimination, communication difficulties, lack of trust in statutory services, previous experiences of trauma, and difficulties navigating complex systems of support.

Our approach will focus on:

- improving accessibility and reasonable adjustments
- increasing culturally intelligent and trauma-informed practice
- strengthening community outreach and engagement
- designing services alongside families with lived experience
- reducing inequalities in access, experience and outcomes

By understanding and responding to the diverse experiences of Birmingham's families, we can ensure that every parent and baby can receive the support they need to thrive.



Freshta's story: Creating connection during pregnancy – the important role of maternity link support

Freshta found it difficult to express just how frightened she felt about giving birth in a foreign country. Having recently arrived in the UK from Afghanistan, she was living in temporary hotel accommodation without family or community support. As a mother of three children, she was worried about how she would navigate an unfamiliar maternity system and provide the best care for her family. Her anxiety was heightened by a history of previous miscarriages before coming to the UK, leaving her fearful that she might experience another loss. Being homeless and facing language barriers made it difficult for her to access services and communicate her concerns effectively.

Her midwife recognised these challenges, took time to discuss her worries, and referred her to a Pashto-speaking maternity link support worker. The support she received had a profound impact on her experience. For the first time, Freshta felt informed, empowered, and in control of decisions about her care. The link support worker helped her to understand the maternity system, attended appointments with her and ensured that her questions and concerns were heard. They also provided practical support by helping her access food assistance and secure school placements for her children. Through this support, Freshta gained the confidence to advocate for herself and her family, making her pregnancy journey far less isolating and overwhelming.

Priorities for action



Priority 1: Start earlier

Strategic aim
Support families earlier, from pregnancy onwards, before difficulties escalate.

Why this matters
Families consistently told us that support often arrives too late and that pregnancy is a missed opportunity for prevention and preparation.

We will work to:
- strengthen antenatal emotional wellbeing support
- develop referral pathways
- improve meaningful conversations
- improve support following birth trauma
- increase access to early help
- ensure families know where to access support
- strengthen early, trauma-informed support for parents where there are safeguarding concerns or a risk of separation from their baby

What will success look like?
Families tell us they know where to go for support before reaching crisis.

Priority 2: First relationships matter



Strategic aim

Strengthening and making parent-infant relationships visible, considered and talked about across the Birmingham system.

Why this matters

Parent-infant relationships are central to infant mental health, healthy development and lifelong wellbeing. Yet many parents told us that conversations about their relationship with their baby were uncommon, despite describing challenges associated with bonding, birth trauma, anxiety, isolation and the transition to parenthood.

Babies cannot tell us verbally when they are struggling and their needs can easily be overlooked. Nationally and locally, the needs of infants remain at risk of becoming ignored within mental health systems – known as a 'baby blind spot' within health and mental health systems, despite the critical importance of the first 1,001 days.

We will work to:

- develop and implement a Birmingham parent-infant relationship (PAIR) framework with a shared approach to promoting, assessing and strengthening parent-infant relationships
- make parent-infant relationships visible and talked about across all services supporting babies and families
- improve workforce understanding of infant mental health
- increase access to evidence-based parent-infant relationship support
- strengthen specialised PAIRS capacity across Birmingham
- improve support following traumatic birth and neonatal experiences and emerging relationship difficulties
- promote the inclusion of fathers, partners and non-birthing parents as well as other significant caregivers
- encourage practitioners to consider not only "how is the parent?" but also "how is the relationship between the parent and baby?"

What will success look like?

By 2031, parent-infant relationships are visible, considered and discussed across Birmingham's family support system, with babies' emotional wellbeing routinely considered in service delivery and decision-making.

Families can access support earlier, before difficulties become entrenched, and practitioners feel confident recognising and responding to parent-infant relationship needs. Access to specialised support has increased, and infant mental health is recognised as a core part of Birmingham's approach to giving every child the best start in life.

Priority 3: Provide support that reflects Birmingham



Strategic aim

Reduce inequity by ensuring support is inclusive, culturally intelligent and shaped by communities.

Why this matters

Families highlighted barriers linked to culture, language, trust, poverty, discrimination and exclusion, with fathers, partners and non-birthing parents and families from underserved communities often reporting that they feel overlooked or unable to access support that meets their needs.

Inequalities are rarely experienced in isolation.

Experiences of racism, discrimination and exclusion can have a significant impact on mental health, trust in services and engagement with support.

Addressing these factors are central to our ambition to deliver more equitable, responsive and culturally intelligent care for Birmingham's diverse communities.

We will work to:

- develop services with families
- strengthen community partnerships
- build trust to improve access, experience and outcomes – we will take an intersectional approach that acknowledges how ethnicity, poverty, disability, neurodiversity, immigration status, faith, trauma, housing stability and other life experiences can combine to influence access, experiences and outcomes
- improve support for fathers and partners
- improve support for care-experienced and neurodivergent parents
- use data and insight to understand inequalities, target action and measure improvements in outcomes

What will success look like?

Support is accessible, trusted and equitable.

Priority 4: Every contact counts



Strategic aim

Create a confident workforce that can recognise concerns, have meaningful conversations and promote early relationships.

Why this matters

Families reported variable experiences of support, and practitioners highlighted the need for increased knowledge, confidence and stronger connections across services to provide consistent, high-quality care.

We will work to:

- develop a city-wide learning offer around cultural intelligence and family experience
- develop the professional Supporting Connections network
- increase reflective supervision
- improve confidence in parent-infant and perinatal mental health conversations
- strengthen relational, neurodivergence and trauma-informed practice
- expand the appropriate use of interpreters
- embed anti-racist practice across services

What will success look like?

A workforce confident in supporting babies, parents and relationships.

Priority 5: One Birmingham System



Strategic aim

Create a simpler, more connected experience for families through stronger partnership working and shared accountability.

Why this matters

Families and practitioners both described fragmented pathways and confusion about where support sits. We recognise that reducing inequalities requires not only improving services but also understanding and addressing the organisational and system factors that influence access, experience and outcomes.

We will work to:

- strengthen governance
- improve referral pathways
- develop a shared outcomes framework
- align commissioning intentions
- embed the ‘no wrong door’ model

What will success look like?

Families experience one joined-up system rather than multiple disconnected services.

Useful documents

- Best Start Family Hubs and Healthy Babies – Guidance for Local Authorities
- Birmingham Best Start in Life Strategy (2026-2029)
- Birmingham and Solihull Mental Health, Learning Disabilities and Autism Provider Collaborative: Five Year Strategy For Mental Health (2026-2031)
- Birmingham Creating a Mentally Healthy City Strategy (2025-2035)
- Birmingham and Solihull Local Maternity and Neonatal System Strategy (2024-2027)
- NHS England » The Maternal Care Bundle
- Birmingham and Solihull Mental Health Needs Assessment (2025)
- Birmingham Parent-Infant Relationship Assessment of Need (2022)
- First-1001-Days-Directory-V2.pdf
- BLACHIR report | Birmingham City Council
- Findings, conclusions and essential actions from the independent review of maternity services at Nottingham University Hospitals NHS Trust
- Independent National Maternity and Neonatal Investigation: Independent Investigation into Maternity and Neonatal Services in England Final Report and Recommendations – Baroness Amos
- www.matneoinv.org.uk/wp-content/uploads/2026/08/NMNI-Final-Report-and-Recommendations.pdf
- Analysis: Live Birth Statistics for England and Wales [LATEST] – Stopford Information Systems
- NHS England » Improving postnatal care: a toolkit for integrated care boards, partners and providers

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