



Foundation Update

Keith Reed, CEO

[Parentinfantfoundation.org.uk](https://parentinfantfoundation.org.uk)

@ParentInfantFdn



Staffing

- Wook Hamilton is our new Head of Development
- Advert for a national clinical advisor will be circulated shortly (senior experience of running/establishing a team)
- Associates to support local areas being recruited
- Ben Curran is our new Campaign Manager
- Head of Policy and Communications appointment will be decided on Friday





Updating our strategy

- Still committed to supporting national roll out of new teams
- Supporting development of existing teams
- Working with and supporting wider parent-infant relationship services & professionals
- Better understand where and how babies and families are supported
- Still convene Frist 1001 days movement





Start for Life programme - England

- £100m for perinatal mental health and parent-infant relationship services.
- 75 areas get funding for 3 years.
- 1st step. Showing the importance of these services and their potential.
- Next step. Continuation funding and roll out to the other 75 areas.
- So think ahead!
 - Become a champion - known & supported in local systems
 - Everyone understands size of problem (with regular data) & commits to addressing it





HM Government

Family Hubs and Start for Life programme guide

August 2022

The Family Hubs and Start for Life Programme is jointly overseen by the Department of Health and Social Care and the Department for Education.

It's good but lacking in granularity...currently

Must dos

- Appoint a local leader
- Undertake a needs assessment
- Set-up a parent-infant relationship perinatal mental health working group & clear referral pathway
- Professionals and volunteers receive training to enable them to identify parent-infant relationship difficulties
- More specialist training is available to build on core competencies to improve early help e.g. video-feedback
- Collect data – service-level and outcomes (e.g. parent-infant [P-I] relationship)





Recommend

- Local perinatal mental health and parent-infant relationship strategy
- Oversight from local health and wellbeing board
- Include it in local health and wellbeing strategies

'Go further' options

- 1-1 support available for parent-infant relationship difficulties in family hubs
- Joint commissioning role (new or existing) to draw on existing parent-infant relationship skills e.g. improving access to IAPT services.
- P-I teams and community PMH team integrate and/or co-locate.
- Joint working opportunities between them implemented e.g. consultation and delivery.
- Joined up training and supervision.





Existing teams - explore

- Expand reach (secondary care givers or geographical remit)
- Extend scope – such as offering more early intervention and prevent support or extended specialist support.
- Enhance accessibility – targeting support to groups who may face barriers accessing existing offer e.g. outreach, paying transport

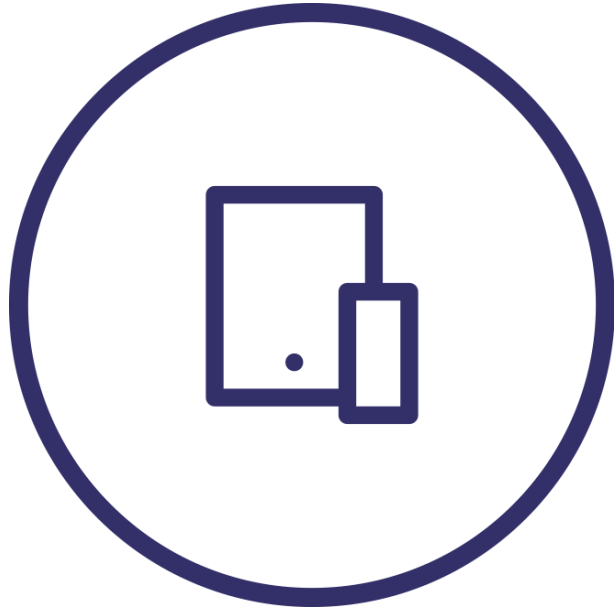
Setting up a team (likely to be a trailblazer)

It's permitted but need to consider

- Recruitment
- Impact on existing services
- Whether you can demonstrate an impact by March 2025

Developing midwives and health visitors





15 Trailblazers

- Make the quickest improvements, establish best practice especially in P-I relationship work.

30 Super evaluators

- Assess early impact

National initiatives

- Public health campaign for parent-infant relationships
- Supervision centre
- Training offer – video feedback and targeted intervention in groups or one-to-one





Our 5 recommendations for Start for Life areas

1. Develop a strong awareness of their local parent-infant relationship challenges and how these change over time, by:

- Mapping the needs of their local population (Templates of how to do this). (Guidance confirms this is a 'Must do')
- Monitoring key data (tied to population needs) quarterly depending on accessibility. (Foundation - Best practice suggestion)

2. Map their parent-infant relationship services, including identifying existing gaps, by:

- Mapping their universal, targeted and specialist services for all parents and babies (Foundation tool in production). (Best practice)
- Buddying up with other areas who have gone further to share experience & knowledge. (Best practice)





3. Produce a long-term parent-infant relationship and perinatal mental health service development plan covering the SfL programme and beyond (Best Practice), that ensures there are universal, targeted and specialist services available to ALL parents and babies with an identified need. This would include the following during the SfL programme:

(a) A proactive family-hub based specialist assessment for anyone with an identified parent-infant relationship challenge enabling families to get appropriate support from the outset. (Best practice)

(b) A lead in the following sectors with responsibility for developing parent-infant relationship services in their area (including a caseload and delivering interventions to babies and families in need of support where appropriate):

- Health visiting e.g. specialist health visitor (Best practice)
- CAMHs (Best practice)
- Social care (Best practice)
- Community perinatal mental health (Best practice)

(c) Plans to include ongoing commissioning of, or building towards, a specialist parent-infant relationship team (Best practice)





3. Continued..

(d) Producing a shared perinatal mental health and parent-infant relationship pathway, which makes it clear for families where different levels of support are delivered and how they can be accessed. **(Must do)**

(e) Updating the local authority's health and wellbeing strategy (and the Integrated Care Board's strategies) to include a perinatal mental health and parent-infant relationship strategy confirming the population needs and service development plans.

(Guidance Recommends this)





4. Produce a workforce training and development plan in parent-infant relationships, that:

Upskills all family facing professionals tied to the AIMh UK competency framework so:

- (a) During the SfL programme a majority of families with babies 0-2 years are supported by a trained professional (both across universal, targeted and specialist services). **[Best practice]**
- (b) In the longer term ensures all families are supported by trained professionals. **[Best practice]**

5. Report on the impact of their work on parent-infant relationship services by:

- (a) Confirming the number of babies and families supported across all their services (universal, targeted and specialist) during the SfL period. **(Must do)**
- (b) Receiving, collating and publishing feedback from parents who receive support and professionals who refer onwards and deliver the services provided. **(Best practice)**
- (c) Measure and report the impact of targeted and specialist service interventions. **(Must do)**





Our Twin approach



An Introduction to the Parent-Infant Teams Network

and our implementation and support offers



Development support for you

Network Membership:

- Continuing a **Free** membership with core benefits e.g. resources, peer-peer sessions & webinars
- Introduced an **Enhanced**, and **Enhanced plus** paid membership with dedicated hours of expert support, or full project support with many more hours provided.

Full Benefits:

parentinfantfoundation.org.uk/network/

Bespoke project support also available.

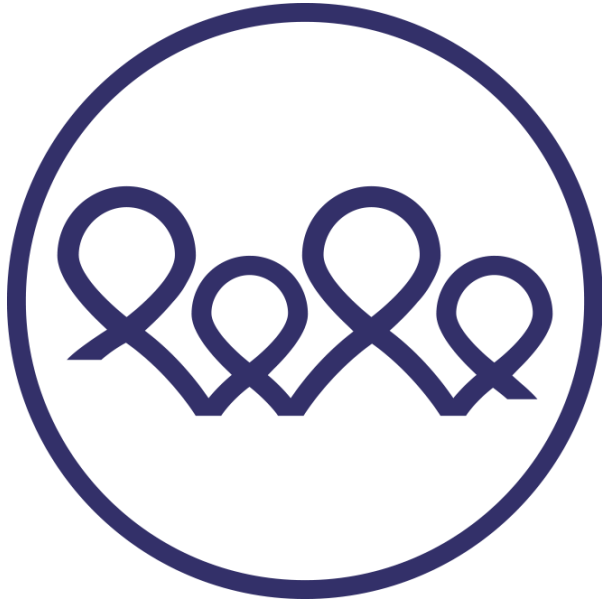
Campaign Support for you



- Contacting all SfL areas to encourage them to make the most of the opportunity (5 priorities).
- Building support among local authority cabinet members, MPs and commissioners to fully support these efforts and direction of travel.
- Create a fertile space for you to press for improvements.
- New campaign manager – Ben Curran in post to drive local campaigning. Ben@parentinfantfoundation.org.uk



Our request to you



Keep in touch with Wook@parentinfantfoundation.org.uk

1. Feedback on the Foundations 5 proposed priorities
2. Share your local plans (SfL areas + wider areas)
3. Let us know your local project lead
4. Confirm if you are happy to help us build support among key opinion formers locally acting as a champion

