

**ROCKET
SCIENCE**

**Parent-Infant
Foundation – Infant
Mental Health
Learning Partner**

**Evaluation of the Parent-Infant
Foundation service development support
offer to Scottish Health Boards**

23rd August 2022



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1. Executive Summary

1.1 Summary of findings

Rocket Science was commissioned by the Parent-Infant Foundation to evaluate the two strands of their dedicated Infant Mental Health (IMH) service development support. This included **dedicated intensive service development support from the Foundation's Scottish Development Lead to NHS Lothian and NHS Highland**, and the **light-touch support for IMH services across all Scottish Health Boards**, including the creation, facilitation, and maintenance of the Scottish IMH Development Community (SIMH-DC). The purpose of this evaluation was to assess the experience, value and impact of the support, the extent to which the support has met the Scottish Health Boards' needs, how the support can best be used in the future, and the value and role of the Parent-Infant Foundation in providing the support.

This evaluation concludes that for the dedicated, intensive support:

- **The support was highly valued by NHS Lothian and NHS Highland** for the provision of an objective, knowledgeable perspective, high-quality and constructive advice, the opportunity to carve out time for weekly development meetings, and the ability to connect with contacts and access resources from the Parent-Infant Foundation
- **Through the support, NHS Lothian and NHS Highland were able to make sense of and efficiently move forward with service development.** These Boards gained a better understanding of IMH service requirements and the broader context in which IMH services operate, and they were able to use the Scottish Development Lead for efficient service development progression, allowing them to work towards service implementation with confidence
- **The support was most useful at the early stages of service development** and when it focuses on setting up a strong foundation on which the service can build, including supporting Boards with governance structures and the conceptualisation of the IMH service.



This evaluation concludes that for the light-touch support:

- The support provided, including tools, resources and one-to-one conversations has been helpful to Boards to understand the process of IMH service development. The resources the Parent-Infant Foundation provides, particularly their toolkit, are **useful, easily accessible, detailed, and valuable**, and the one-to-one conversations provide Boards with further support, knowledge, and connections.
- The support is most useful to Boards when they were able easily to access the Development Lead for questions on-the-go and were signposted to the resources they required when they needed it.

This evaluation concludes that in terms of the support provided through the SIMH-DC:

- The SIMH-DC provided all Health Boards in Scotland with network opportunities across the Scottish IMH community, as well as access to knowledge and high-quality resources on IMH service development
- The value of the SIMH-DC is rooted in its accessibility and helpfulness. The SIMH-DC sessions present relevant, complex issues in a straightforward way, bring together peers to share knowledge, and encourage SIMH-DC members to set the agenda for future sessions to ensure the content is relevant to them
- The support is most useful when the Parent-Infant Foundation is able to run and facilitate the sessions as an objective party, and ensuring the network allows peers to connect in a small group setting and discuss topics relevant to their service development and implementation journeys.



1.2 Recommendations and Conclusions

The Parent-Infant Foundation's value in supporting IMH service development in Scotland is based on its broad experience in IMH and IMH service development in the UK, bringing *"a level of expertise and tools that [Health Boards] wouldn't have access to otherwise,"* and its central position in linking up the Scottish IMH community on both delivery and policy level. As an independent, third sector body promoting the needs of infants, the Parent-Infant Foundation is in a position to dedicate time and resources towards supporting the development of IMH services in Scotland.

The dedicated intensive support model has been very successful. Both NHS Lothian and NHS Highland considered it highly valuable and felt it has supported them in setting up a strong foundation for their IMH services. The sustainability of the model **is dependent on the Scottish Development Lead having the right skills and expertise**. There have been two Development Leads in post over the course of this work. While they had different skillsets and qualifications, both were relevant and ensured Boards were provided with appropriate support in the development of their IMH service. The smooth transition in staff halfway through this project highlighted how the role of Scottish Development Lead is well supported by the wider expertise and knowledge of the Parent-Infant Foundation.

The dedicated, intensive support would ideally be available to all Boards, to ensure all services have a strong start to their IMH service development journey. **The Parent-Infant Foundation should consider how the dedicated support offer can be expanded to all Boards across Scotland, and if the SIMH-DC forum is the right way to provide this support and share knowledge more widely across Scotland,** to ensure all Boards are able to benefit from the dedicated support the Parent-Infant Foundation offers. The kind of help will need to evolve as IMH services evolve.

The main inhibitor for other Health Boards using the support from the Parent-Infant Foundation is the lack of time staff have to work on IMH service development, get in touch with the Scottish Development Lead or attend SIMH-DC sessions. Within its role of expert advisor, **the Parent-Infant Foundation should consider how they can help Boards access support** through easily accessible resources and clear signposting to specific questions, as well as being flexible to Boards' requirements and questions. The recording of SIMH-DC sessions is considered to be helpful to enable Boards to ensure they are able to carry out their day jobs, but still have access to the content and discussion. Boards felt that if they were able to contact or have support directly from the Scottish Development Lead, the need for the drop-in sessions would be reduced.



The value and role of the Parent-Infant Foundation is rooted in providing expert advice and support on IMH services and development at a delivery and policy level. As more IMH services are being set up and are progressing towards delivery, **the Parent-Infant Foundation should consider what types of support Boards will need as their services develop, ensuring the support offer keeps evolving as the services do, and the Parent-Infant Foundation keeps adding value amongst other key stakeholders providing service development support.**

It is important that the Parent-Infant Foundation continues to invest time in being an expert advisor to Health Boards through:

- Developing and providing access to high quality, helpful IMH and service development resources
- Being available to Boards for any questions they have on IMH service development, and being available to refer them to resources or other stakeholders if needed
- Ensuring Boards are aware of what is happening across the Scottish IMH service landscape and keeping them up to date on Scottish and UK-wide policy developments
- Continue to develop strong working relationships with other stakeholders working in this sphere to ensure a coordinated offer is available to Health Boards which maximises the resources available and provides consistent messages for Health Boards in the development and implementation of IMH services. These stakeholders include the Scottish Government, NHS Education for Scotland, the Perinatal and Infant Mental Health Programme Board, and the Association for Infant Mental Health UK, the Mental Health Foundation
 - The Parent-Infant Foundation's role should remain focused on the voice of the baby
 - The Parent-Infant Foundation should ensure that stakeholders work together to develop complementary resources and consistent messaging resources and avoid duplication efforts and adding additional burdens on Health Boards time and resources.
- The Parent Infant Foundation should consider developing relationships with academic institutes offering degrees and courses that are focused on or intersect with Infant Mental Health¹. They should have an open dialogue with course leaders to help influence the modules developed to ensure people taking part come out with the right skills and experience to work in the IMH services which are being established.

¹ <https://www.gla.ac.uk/study/microcredentials/understanding-infant-mental-health-development/>



2. Introduction

2.1 About the Parent Infant Foundation

The Parent-Infant Foundation is a UK-wide charity which believes that all babies should have a sensitive, nurturing relationship to lay the foundation for lifelong mental and physical health, and therefore be placed and the centre of the services which support them. They support the growth and quality of specialist parent-infant relationship (sometimes known as infant mental health) teams across the UK. The Parent-Infant Foundation brings these teams together to support their growth and development, provides collaborative leadership across the sector, and campaigns to change policy.

As well as work across the rest of the UK, The Parent-Infant Foundation is currently funded by Cattanach, the William Grant Foundation and Charles Gordon Foundation to support the development of infant mental health (IMH) services in Scotland over an 18-month period, which ended in July 2022. As part of this funding, The Parent-Infant Foundation has delivered a programme in Scotland which provides service development support for Infant Mental Health services to Health Boards across Scotland. There are three elements to this project:

1. **IMH service development support to two Scottish Health Boards as they develop IMH provision in their area: NHS Lothian and NHS Highland.** The Scotland Development Lead provides half a day per week of support to each board around locally relevant areas of service development- this includes (but is not limited to):
 - o Planning, mapping and assessing need; Workforce and training planning; Data and evaluation planning; Stakeholder engagement and coproduction
2. **The creation, facilitation, and maintenance of the Scottish Infant Mental Health Development Community (SIMH-DC).** This is a learning and peer support community which meets bimonthly for the duration of the project with the following aims:
 - o Peer learning, connection and community-building where IMH is central
 - o A space which crosses organisational boundaries
 - o Access to expert service development experience and support
 - o Sharing of practice and experience, of difficulties and obstacles
 - o Creative space to foster good service development practice
3. Although not within the scope of this evaluation, there is also a **policy influence element** to the Parent Infant Foundation's project.



2.2 Purpose of evaluation

Rocket Science was commissioned by the Parent-Infant Foundation in November 2021 to **evaluate their service development support** to the Infant Mental Health (IMH) service development teams in NHS Lothian and NHS Highland, and **their light-touch support** to IMH services of other Scottish Health Boards, through the SIMH-DC. The purpose of this evaluation was to assess:

- The experience and value of the support
- The impact of the support
- The extent to which the support has met the Boards' needs
- How the support can best be used by the Boards and the Parent-Infant Foundation
- What the value and role are of the Parent-Infant Foundation in providing the support.

Besides this evaluation, this work has also developed **a framework of good practice in setting up an IMH service in Scotland**. The purpose of developing this framework was to uncover the lessons learnt and evidence of good practice of IMH service development so far to inform future IMH service development. As part of developing this framework and evaluation report, we have completed:

- 19 qualitative interviews with members of the Parent-Infant Foundation, Scottish Health Boards, Stakeholders and Funders
- A feedback survey for members of SIMH-DC, which was created, facilitated, and maintained by the Parent-Infant Foundation
- A literature review of evidence of good practice in IMH service development
- An IMH service development framework workshop with the Parent-Infant Foundation and 24 practitioners working in IMH-related services and/or organisations in Scotland and the UK.

This final report presents our evaluation findings in the following sections. Please click on the relevant section to be directed to it in this report.

- The remainder of this Chapter will discuss the [methodology](#) of this evaluation
- [Chapter 3](#) will discuss the evaluation findings in line with the evaluation questions
- [Chapter 4](#) will discuss the value and role of the Parent-Infant Foundation and how the Parent-Infant Foundation support can best be used.



2.3 Methodology

The aim of this evaluation has been to assess the impact of the support the Parent-Infant Foundation provides to NHS Lothian, NHS Highland, and other Scottish Health Boards, and identify good practice in IMH service development. Our methodology for this evaluation has consisted of six stages:

1. **Stage 1: Inception meeting and planning phase.** We met with the Parent-Infant Foundation at the start of the commission to explore in detail the background and context to the work and outline the planning for the evaluation, including agreeing milestones and fieldwork structure
2. **Stage 2: Desk research.** In this stage, we completed a literature review on good practice in IMH service development in Scotland, the wider UK and internationally
3. **Stage 3: Field research.** The field research was conducted between January and August 2022, consisting of two rounds of qualitative interviews with relevant stakeholders including:
 - Five members of staff of the Parent-Infant Foundation who are active in the service development support programme to the Scottish Health Boards
 - Five members of staff of the two Health Boards (NHS Highland and NHS Lothian) which receive the support from the Parent-Infant Foundation for their service development
 - Eight members of staff from six further Health Boards in Scotland which are at varying stages of developing and/or implementing their IMH services
 - Three funders of the Parent-Infant Foundation's service development support programme
 - Two stakeholders in the Scottish Government
 - As part of this stage, we have also developed and sent out a Feedback Survey to members of the SIMH-DC about the SIMH-DC and the wider, light-touch support they receive from the Parent-Infant Foundation.
4. **Stage 4: Framework development.** In this stage, we developed a framework linked to the Foundation's readiness tool of good practice to develop an IMH service. This tool was informed by an IMH service development framework workshop with the Parent-Infant Foundation and 24 practitioners working in IMH-related services and/or organisations in Scotland and the wider UK.
5. **Stage 5: Analysis and reporting.** We have developed four outputs for the Parent-Infant Foundation for this commission: the literature review, the IMH framework for service development, the evaluation report of the Parent-Infant Foundation support offer, and detailed qualitative stakeholder findings on IMH service development in Scotland.
6. **Stage 6: Dissemination.** As part of this stage, we will work with the Parent-Infant Foundation to disseminate the knowledge and findings of the evaluation report and the readiness tool.



3. Evaluation of the Parent-Infant Foundation support

The Parent-Infant Foundation provides two types of service development support to Scottish Health Boards:

1. The Scottish Development Lead provides **dedicated, intensive development support to NHS Lothian and NHS Highland** for two days per month. This support may be used by the two Health Boards in any of the areas relevant to IMH service development
2. The Scottish Development Lead provides **lighter-touch support to all other Scottish Health Boards**. This support includes the SIMH-DC, as well as more ad-hoc support through signposting, conversations, emails, and drop-in sessions.

Sections 3.1 and 3.2 will respectively discuss these two types of support. Findings for Section 3.1 are based on interviews with NHS Highland and NHS Lothian, while findings for Section 3.2 are based on all Health Board interviews as well as findings from the SIMH-DC Feedback Survey.

3.1 Dedicated, intensive service development support

The Parent-Infant Foundation took a similar approach in the intensive support provided to NHS Lothian and NHS Highland, but each Board was also able to shape the support to their own needs:

- Both Health Boards received support from the Scottish Development Lead **early in their service development process**, receiving advice and support for the development of the service including setting up a Theory of Change, understanding service context and funding considerations
- Among other areas, NHS Lothian has subsequently used the support from the Scottish Development Lead to **work through operational considerations of the service** as it moves towards service implementation, including scoping out referral pathways and understanding how to collect data for evaluation purposes
- Among other areas, NHS Highland has used the support from the Parent-Infant Foundation to work through **governance requirements** and making sense of the Highland-specific IMH and governance context.

3.1.1 The experience and value of support received from the Scottish Development Lead



The dedicated support from the Scottish Development Lead has been **well received and valued by both NHS Lothian and NHS Highland**. It provided Boards with:

- **A critical friend and an objective perspective** on the Health Boards' service development process. Boards **highly valued the opportunity to have a neutral party involved** in service development who can support thinking around service development areas. This neutrality gives Boards **the opportunity to regularly reflect** on how the service development is going with someone who is objective and can provide constructive feedback and advice in a safe and supportive way.
- **Thorough knowledge of, and expertise on IMH service development** through the **Scottish Development Lead's own experience and background, as well as the wider knowledge of the Parent-Infant Foundation**. Through the service development support, Boards were able to benefit from all Parent-Infant Foundation resources and **be navigated by the Scottish Development Lead through what is available**. The knowledge provided also gave Boards the opportunity to fact- and sense-check their decisions with a knowledgeable, neutral party.
- **An external, knowledgeable voice** to support decisions from the IMH teams within wider Steering Groups, multi-agency working groups and/or governance meetings. This allows Boards to bring wider IMH knowledge to these groups and meetings **to explain or emphasise the importance of IMH and/or the IMH service that is being developed**.
- **Weekly or bi-weekly dedicated time** in the diary for service development through planned meetings with the Scottish Development Lead. This allows for service development to **be kept consistently on track** and carved out dedicated time and space to work on service development, which can be challenging within Health Boards where staff members may be working several jobs and have other priorities and commitments.
- **The opportunity to connect** with contacts of the Scottish Development Lead and Parent-Infant Foundation, **including relevant peer IMH teams, as well as local and national stakeholders**. This provided Boards with further knowledge and expertise on IMH service development on top of the Parent-Infant Foundation's own experience.



“We had asked PIF to facilitate the [referral pathway scoping] day for us, which was very useful for us. Everyone was able to contribute as PIF was leading it and had the knowledge to facilitate. [The Scottish Development Lead] was able to bring some cases for discussion and contributed on potential referrals from different sources, which was very useful.”

“[The support] is great for fact-checking to confirm we’re not totally off piste.”

“[The Scottish Development Leads] are very interested in what we’re doing and want to hear all the struggles. They also understood why [the opportunity to discuss struggles] was necessary.”

The value of the support has been **dependent on having the right person with the right skills in the post of Scottish Development Lead**. NHS Lothian and NHS Highland have received support from two Scottish Development Leads with different backgrounds and skillsets due to a staff change midway through the support provision. These two Leads have each been *“fantastic and supportive”*, bringing positive energy and a can-do attitude to the (bi)weekly discussions. Both Leads were able to use their specific expertise and backgrounds in valuable ways for the IMH service development support:

- **The previous Scottish Development Lead** comes from a long clinical IMH background and has extensive knowledge of Scottish and English IMH service context, which was *“pivotal”* for the Theory of Change and the conceptualisation of the IMH services.
- **The current Scottish Development Lead** has an extensive social work background including the development and implementation of the first IMH service in Scotland, which has been helpful in understanding the context in which the services will operate and has been *“really valuable”* in further understanding Parent-Infant Foundation resources.

This change in staff has not led to any significant delays in the service development support or a change in the quality of support provided. Rather, **it provided *“fresh eyes and ears”* on service development** according to Boards, **while still maintaining an effective and useful mechanism of support**. According to NHS Lothian, the support provided by the new Scottish Development Lead was different, but this was in line with the different phase of service development they were in and allowed the Board to use the new Lead’s knowledge on universal services context and referral pathways.



NHS Highland went through their own staff and role changes during the Lead transition at the Parent-Infant Foundation, which provided a good opportunity for the Board and the Parent-Infant Foundation to rethink where support would be most useful.

“[The Scottish Development Leads have] very different backgrounds - both bring very different things.”

“We were a bit nervous for [the first Lead] to leave, but it has been great as [the second Lead] helps us think about social work.”

“The [Scottish Development Lead] transition helped me focus in on what the process was we were following.”

3.1.2 Identifying the impact of support and the extent to which it has met the needs of the Health Boards.

Both NHS Lothian and NHS Highland have indicated that the support provided by the Scottish Development Leads was instrumental in making sense of, and progressing with, IMH service development. Through the provision of an external, objective voice and critical friend, the support has allowed these two Boards to:

- **Use the Scottish Development Lead for service development progression**, whether through sense-checking decisions, asking for advice or information, asking for the Scottish Development Lead’s presence at internal or external meetings, or being signposted by the Scottish Development Lead to further resources on specific service development needs.
- **Understand the IMH service requirements and the broader context in which IMH services operate**, both on a local Board level and nation-wide level through the Scottish Development Lead’s own expertise in these areas, as well as the wider expertise of the Parent-Infant Foundation. The support from the Parent-Infant Foundation ensured that Boards were able to progress and consider all elements of IMH service development (based on the readiness assessment tool), that Boards were not yet aware of. This helped Boards to identify and address gaps in their own service development knowledge and improve the IMH service they are developing.
- **Work towards service implementation with confidence that the right steps have been taken during service development**, ensuring nothing has been forgotten or has dealt with an inefficient manner.



“It has been hugely valuable; it is so helpful to have someone who has seen other [IMH] services. [They can] identify other pitfalls and help us navigate those and give that oversight which was really difficult for us.”

“The amount of support [provided] feels right. If there was more, there would have been pressure to come up with tasks [for the Scottish Development Lead]. The pitch is perfect - wouldn't want more, wouldn't want less. There's nothing to change.”

“The questions [from the Scottish Development Lead] help you think about what you're doing.”

The service development needs of Boards were met through this dedicated support. This was due to Boards being offered bespoke support and advice as well as the Scottish Development Lead helping Boards identify what their needs are. The Scottish Development Lead adapted support to match the requirements of both Boards, while working with them to discuss and decide where support would be most useful. The support provided by the Scottish Development Lead was felt to be the right frequency according to Boards, ensuring their time was targeted and focused, without delays in service development due to meeting not often enough, or progressing too quickly.

“We kept coming back to [the readiness assessment tool] – it's really helpful for chartering process.”

“I would 100% recommend it [to other Health Boards]. It has been invaluable.”



3.2 General service development support to Scottish Health Boards

The Scottish Development Lead and Parent-Infant Foundation offer light-touch support to all Scottish Health Boards **throughout their development journey**, whether they are setting up or delivering a discrete IMH service, an integrated service, are part of a regional network that provides clinical IMH care or setting up a different type of IMH service. This support involves the creation, facilitation and maintenance of the SIMH-DC, as well as one-to-one support to Boards through conversations, emails, and drop-in sessions with the Scottish Development Lead.

3.2.1 The experience and value of the support provided by the SIMH-DC

The SIMH-DC is organised bimonthly by the Parent-Infant Foundation. These sessions cover a variety of topics relevant to IMH services and service development, and provide an opportunity for Boards to ask questions, connect with colleagues, and learn from external partners. The SIMH-DC adds value in two main ways:

- It provides Boards with **networking opportunities** with peers across Scotland, particularly those in similar-sized Health Boards, and offers the opportunity to reflect on challenges and opportunities in the Scottish IMH context.
- It provides Boards with **new knowledge and high-quality resources on IMH service development**, many of which may be new to Boards. This allows Boards to get new or different perspectives on IMH service development, including how different Boards are dealing with different issues.

“It is a great forum for practical and operational discussions with people on the ground.”

“PIF has helped us appreciate the wider network and learning from other services.”

This feedback on the value of the SIMH-DC is also reflected in the analysis of the SIMH-DC Feedback Survey. **Of the five respondents that stated how satisfied they were with the SIMH-DC sessions, three said they were very satisfied, while one person said they were satisfied.** The other respondent filled in N/A.



In the SIMH-DC Feedback Survey, we asked respondents to what extent they agreed or disagreed with a number of statements about the SIMH-DC sessions. The results show that, of the six respondents:

- **All six strongly agreed** that the SIMH-DC provides them with an opportunity to connect with peers across Scotland
- **Five strongly agreed** (and 1 agreed) that the SIMH-DC provides them with new knowledge on IMH service development
- **Four strongly agreed** (and 2 agreed) that the SIMH-DC allows them to see how other Health Boards are dealing with particular service development and/or delivery issues
- **Four strongly agreed** (and 2 agreed) that the SIMH-DC provides them with an opportunity to connect with the Parent-Infant Foundation
- **Three strongly agreed** (and 3 agreed) that the SIMH-DC provides them with access to resources that are helpful to their roles
- **Two strongly agreed** (and 4 agreed) that the SIMH-DC provides them with an opportunity to take a step back and reflect on IMH service development outside of daily tasks.

This high satisfaction and perceived value of the SIMH-DC support is rooted in its **accessibility and helpfulness**:

- The sessions include high-profile speakers and/or speakers with relevant IMH experience who present on relevant and *“complex issues in a straightforward way.”* This allows Boards quickly identify and digest important learning shared by experts among their peers, to incorporate into their own service development
- The sessions bring together of relevant peers across IMH services allows Boards to connect and learn from each other in an informal and accessible way
- SIMH-DC members have the **opportunity to contribute to potential topics for future sessions**, making the sessions bespoke and relevant to current needs of Health Boards. It also means the SIMH-DC will *“keep evolving as teams do,”* ensuring it will always be a relevant peer network for those who need it
- Interviewees and survey respondents also frequently remarked on **how useful it is that the sessions take place online and are recorded** to accommodate their busy work schedules
- The **frequency of the sessions is also considered just right**. With bimonthly sessions, SIMH-DC members have the opportunity to frequently attend, which would be less likely if the sessions were organised more frequently.



“I think it is great they are recorded, so if I’m unable to attend the live event I can still access the information and discussion.”

“It’s great to have the opportunity to contribute to potential topics for the future.”

For those who are unable to attend some or all of the sessions, **this is mainly due to schedule conflicts**, and to a lesser extent of not being aware of the sessions. Some Boards suggested that, as their IMH teams grow, only one person of the team will attend the sessions and will ensure that the knowledge and information is disseminated across the team, rather than multiple staff members attending. Permanent clinical staff who are currently being recruited may also use the SIMH-DC network more than current temporary staff members, including interim leads and service managers.

3.2.2 The experience and value of the one-to-one light-touch support provided to Health Boards

Besides the SIMH-DC, the Scottish Development Lead and Parent-Infant Foundation are also available to all other Scottish Health Boards for light-touch one-one support through:

- **Tools and resources, particularly the Parent-Infant Foundation toolkit and website resources.** Boards emphasised how **useful, easily accessible, detailed, and valuable** these resources were to them during various stages of development.
- **One-to-one conversations.** The Scottish Development Lead frequently reaches out to Boards to offer advice or signposting. In the interviews, some Boards spoke of the value of these conversations to them and the support, knowledge, and connections they offer. According to one Board, the Parent-Infant Foundation has shown **a real commitment** through always answering emails and supporting them wherever and whenever they can.
- **Drop-in sessions for ad-hoc queries on service development.** These sessions have not been held frequently due to the Scottish Development Lead change, as well as a low attendance of Boards when SIMH-DC sessions were happening. Boards mentioned they have generally not been able to attend these sessions because of other commitments and demands on their time, but they did say they were either able to reach the Scottish Development Lead one-to-one or would like to attend more of these sessions in the future.

“I had a really useful chat with [the Scottish Development Lead] prior to me coming into post. [The Scottish Development Lead] has helped me get a sense of the lay of the land.”

“The [Parent-Infant Foundation] toolkit has all information in one place.”



The SIMH-DC Feedback Survey results show that, besides the SIMH-DC sessions, **the Parent-Infant Foundation resources were considered the most useful component of the lighter-touch support was from additional Parent-Infant Foundation resources.** Most Boards found the resources easy or very easy to access, and **four out of six survey respondents were either very satisfied or satisfied with the additional support they had received from the Parent-Infant Foundation.** The survey results also show that most respondents have not made use of one-to-one support via email, calls, or drop-in sessions.

In the SIMH-DC Feedback Survey, we asked respondents to what extent resources from the Parent-Infant Foundation had been helpful. The results show that, of the five respondents:

- **Three considered the Parent-Infant Foundation toolkit very helpful (2 helpful)**
- **Two considered other resources on the Foundation’s website very helpful (3 helpful)**
- One considered the advice and support via email very helpful (2 neither helpful nor unhelpful, 2 N/A)
- Two considered the advice and support via Teams, phone or Zooms calls helpful (1 neither helpful nor helpful, 2 N/A)
- One considered the advice and support in drop-in sessions helpful (1 neither helpful nor unhelpful, 3 N/A).

This low take-up of the one-to-one support, while only reflecting a handful of responses in the survey, highlight the main challenges around the light-touch support: **a lack of time and/or a perceived lack of relevance of the support.** This may be caused by an IMH service currently being led by an interim lead as the Board is recruiting a permanent clinical lead. Some current interim leads mentioned that **their successor will be likely to make more use of the provided support.** One Board also mentioned that, while the Parent-Infant Foundation toolkit is very helpful, **it can also be overwhelming at the start of the development journey** which requires some support to understand and may be challenging for a Board to implement.

“I expect that newly appointed staff will be very much involved in [the Parent-Infant Foundation support].”

“The [Parent-Infant Foundation] website and guides have been fantastic – the challenge is trying to find ways to implement this.”

“PIF offers a lot of support, but [time-wise] it has never worked out for me.”



For Boards that have used the light-touch support, it has been valuable to them due to its **accessibility** and the opportunity to utilise the Parent-Infant Foundation's and the Scottish Development Lead's expertise:

- The resources, particularly the Parent-Infant Foundation toolkit are considered very useful by Boards at all stages of the development journey, as well as easy to access
- Bespoke support is offered in one-to-one conversations, which allows Boards to think about what the Parent-Infant Foundation could specifically help them with
- Conversations and contact with the Scottish Development Lead allows Boards to access Scottish policy and clinical IMH information, and access relevant connections and support. Through these channels, **Boards are aware that support is available to them when they need it.**

3.2.3 Impact of the light-touch SIMH-DC and one-to-one support, and the extent to which the support has met the Boards' needs

While it is difficult to determine to what extent the light-touch support has accelerated IMH service development in other Health Boards, findings demonstrate the light-touch support provided by the Parent-Infant Foundation **has been helpful in making sense of IMH service development.** Through the provision of resources, one-to-one conversations and SIMH-DC, the support has allowed Boards to:

- **Access the Parent-Infant Foundation's broad expertise** on IMH service development, clinical interventions and the Scottish and UK-wide IMH context
- **Access resources from the Parent-Infant Foundation** to support IMH service development, especially the Parent-Infant Foundation toolkit
- **Connect with peers through introductions via the Parent-Infant Foundation**, allowing Boards to glean knowledge from existing and/or similar IMH services in other Health Boards
- **Use support and resources when needed** across the whole service development journey.

"[The Parent-Infant Foundation toolkit] has been extremely helpful and is linked up to various resources and providers."

"They are very open to questions. My inbox is peppered with communication [from the Parent-Infant Foundation]."



“We’re 6-7 months into developing the service and don’t have much guidance. PIF has been there and done it. [The Scottish Development Lead] understands the Scottish context, as well as the breadth of information on IMH service development and working background knowledge on the NHS. It has been very helpful for understanding what’s going on.”

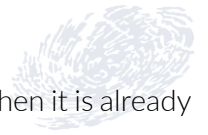
4. The value and role of the Parent-Infant Foundation in Scotland

Through providing IMH service development support, the Parent-Infant Foundation intends to add value to the IMH service development of Scottish Health Boards. This chapter discusses what this added value looks like, the role the Parent-Infant Foundation plays or should play based on the findings of this evaluation, and how the service development support can best be used.

4.1.1 The value and role of the Parent-Infant Foundation in providing the service development support

The Parent-Infant Foundation is one of a number of organisations/stakeholders supporting IMH service development in Scotland. Others including the Scottish Government, NHS Education for Scotland, the Perinatal and Infant Mental Health Programme Board, and the Association for Infant Mental Health UK, the Mental Health Foundation, and third sector organisations. Besides these organisations, Health Boards are also able to draw upon the experience of other Boards who are further along with the development of their IMH services, such as NHS Lanarkshire. Within this community of stakeholders, the Parent-Infant Foundation **adds value** to Scottish Health Board IMH services in four distinctive ways:

1. **Expertise and knowledge in Scotland and wider UK, resulting in high quality advice and resources.** The Parent-Infant Foundation is able to *“bring a level of expertise and tools that [Boards] wouldn’t have access to otherwise,”* which is considered *“invaluable”* by Boards. The value of this expertise lies in **having broad experience in IMH service development, combined with expertise on the IMH policy and governance context** across the UK.
2. **Having dedicated time to think about and develop resources on IMH service development.** As an **independent**, specialised third sector organisation, the Parent-Infant Foundation is in the position to devote its time to IMH and keep up to date with Scottish and UK-wide policy developments. It can subsequently disseminate this knowledge to Health Boards, who may not be able to dedicate time to service development themselves due to high workloads, and staff shortages. It is important to carve out the time for service development given the current context of increased NHS waiting lists, significant waiting times for children to access CAMHS, and the likelihood of further funding cuts. While funding is needed “upstream” to provide early



intervention and prevention interventions, it can be difficult to divert funding, when it is already restricted away from acute services addressing the immediate need of parents and children.

3. **Using this independence, expertise, and time** to provide **objective** and constructive support to Health Boards to develop high-quality IMH services, whether through resources, events, ad-hoc questions, or dedicated support.

4. **Bringing together and linking up a peer network** of IMH services across Scotland and the UK. One of the Parent-Infant Foundation's key strengths is their **ability to connect Health Boards and stakeholders with each other** to increase knowledge sharing. The Parent-Infant Foundation is aware - and should remain aware - that there are several organisations offering similar sharing of IMH knowledge. As IMH services are becoming more connected themselves, the Parent-Infant Foundation should keep evolving to ensure that the service and support they provide meets the changing requirements of the Boards and ensures the Parent Infant Foundation continues to have a role in IMH service development in Scotland.

"[The Parent-Infant Foundation has] expert knowledge around IMH and experience that comes with that. Given that IMH is a new development for Health Boards, it's a massive support to have someone who is connected to an organisation with a huge amount of knowledge in this area."

"[The Parent-Infant Foundation] is an independent body promoting the needs of infants and supporting the delivery of IMH work. At policy level this is very important. There needs to be continuing attention at policy level."

"[The Parent-Infant Foundation is] a body that can afford spending time on this, which the NHS doesn't have the luxury to do."

The added value mostly takes shape in the form of the Scottish Development Lead, who provides expert support and advice to Boards, has dedicated time to work on service development and is able to signpost Boards to relevant resources and events.



The **role** of the Parent-Infant Foundation in the Scottish IMH community consists of being:

1. **A resource centre with high quality IMH service development resources**, which are easily accessible and applicable to all Boards. The Parent-Infant Foundation's expert knowledge on IMH and IMH service development in Scotland and the wider UK is continually highlighted by stakeholders as its **most distinctive strength**, and it should focus on maintaining its high standard of up-to-date available resources.
2. **An expert advisor to Health Boards through dedicated, intensive support**. Having an experienced Scottish Development Lead available to Boards not only provides Boards with easy access to high quality IMH service development resources, but more importantly with the **opportunity to learn and share** with a knowledgeable, neutral party who can provide constructive feedback and share lessons learnt on IMH service development.
3. **An independent body that promotes the needs of infants** that, besides providing the above support to IMH work on delivery level is also **providing support and having conversations on a policy level** with relevant stakeholders. This gives the Parent-Infant Foundation the full overview of IMH work in Scotland and allows stakeholders on policy level to utilise this knowledge and the perspective of an independent organisation.

"[The Parent-Infant Foundation] have a huge amount of resources available [which are] really valuable for clinicians on the ground. I hope this will continue."

"The [Parent-Infant Foundation] website is something I go to all the time. The evidence and infographics are very useful for meetings."

4.1.2 How can the support best be used by Health Boards and the Parent-Infant Foundation?



While the dedicated and light-touch support were considered useful and valuable, Boards also identified a few lessons learnt from the provided service development support to ensure the support is best used. For the **dedicated support, this includes:**

- **The basic structure of the service is fundamental to future service development and implementation of the service**, including understanding the strategic ownership and managerial structure. Receiving support from the Scottish Development Lead in this early strategic and planning phase and having the opportunity to ask the right questions early on helps build a strong foundation.
- **It is helpful to have a consistent time and space for discussions** with the Scottish Development Lead to maximise the usefulness of the support throughout service development
- **While the Scottish Development Lead can help in identifying needs and providing broader, holistic support**, Boards agreed that it is helpful for the Board itself to identify what aspects they specifically need support with, as this prevents spending too much time exploring together with the Scottish Development Lead where support may be most useful
- **Resources from the Parent-Infant Foundation should be used early in the service development process**, even if some resources are not applicable yet to the stage in the development journey. It is helpful to be aware of what will be coming up in service development, so Boards know where to find the information when they need it.

For the **light-touch support**, as well as any support the Parent-Infant Foundation can provide after the end of the dedicated support to NHS Lothian and NHS Highland, findings show that Boards:

- Aim to use the Parent-Infant Foundation as their **“go-to organisation ... for any questions”** and resources, including signposting for holistic and very specific questions
- Would like the Parent-Infant Foundation to have the capacity to continue to maintain and facilitate the Scottish IMH community through the SIMH-DC and identify other peer networking (and working) opportunities.
 - Some Boards also expressed that this could be an important resource which they can access to induct and upskill new staff members in IMH service development, IMH clinical knowledge and into the Scottish IMH community.



For further development aspects Boards need help with, Boards included:

- Resources on inward and outward referral pathways
- Help with describing key elements of IMH for families/professionals in accessible language
- Statistics of IMH to help people and stakeholders understand the prevalence of IMH issues
- Creating a shared digital forum for IMH services which is Scotland-specific and allows services to share resources and ideas with each other
- Resources on outcome measures and impact measurement of the direct and non-direct activities of the service.

“We can develop these locally, but it would be very helpful to have a range of leaflets/resources describing key elements of IMH for families/professionals in accessible language. We are still trying to find the right balance of a suite of measures that meets infant/family needs and is clinically relevant and allows us to evaluate the impact/quality of our service offer. These aren't necessarily things that PIF should be offering, but things that are on our agenda.”

“I am unsure of the statistics around IMH i.e., how many infants have IMH difficulties, how many children beyond 3 go on to develop IMH difficulties. It would be helpful to have such things in one place for easy access in terms of helping people understand the prevalence of IMH difficulties.”

“It's very accessible and I wouldn't hesitate to contact PIF if we have questions. It's also something we hold in mind for CPD of staff, such as upskilling of staff by attending PIF events.”

In terms of the future of the SIMH-DC, Boards agreed the success of this peer network **depends on the involvement of the Parent-Infant Foundation as an objective organisation** that has the time to facilitate and maintain it. The risk of not having the Parent-Infant Foundation to facilitate and maintain the sessions is that the SIMH-DC might fall off the radar, and its quality might decline.



The current and future value of the SIMH-DC lies in:

- The opportunity to network with peers across the Scottish IMH community
- The need to **keep working together on service development** and tackling ongoing issues, share knowledge and learn from each other
- The desire to keep the SIMH-DC a **small, closed group to those leading on IMH services**, to protect the opportunities to connect and share knowledge and issues in a safe, like-minded space and through an effective use of people's time
- Once services move further towards delivery, the forum could also become an opportunity to **discuss clinical development and issues**.

"I would really hope that PIF can protect that smaller group that are actually responsible for leading IMH services. It is more tailored and discussing the issues needed for IMH service development."

"What's very useful for everyone is understanding how everything is going. We are all at different [service development] stages, so it's valuable to reach out to people and provide support."



5. Conclusions and recommendations

The Parent-Infant Foundation's value in supporting IMH service development in Scotland is based on its broad experience in IMH and IMH service development in the UK, bringing *"a level of expertise and tools that [Health Boards] wouldn't have access to otherwise,"* and its central position in linking up the Scottish IMH community on both delivery and policy level. As an independent, third sector body promoting the needs of infants, the Parent-Infant Foundation is in a position to dedicate time and resources towards supporting the development of IMH services in Scotland.

The dedicated intensive support model has been very successful. Both NHS Lothian and NHS Highland considered it highly valuable and felt it has supported them in setting up a strong foundation for their IMH services. The sustainability of the model **is dependent on the Scottish Development Lead having the right skills and expertise**. There have been two Development Leads in post over the course of this work, and while they both had different skillsets and qualifications, both were relevant and ensured Boards were provided with relevant support in the development of their IMH service. The smooth transition in staff halfway through this project highlighted how the role of Scottish Development Lead is well supported by the wider expertise and knowledge of the Parent-Infant Foundation.

The dedicated, intensive support would ideally be available to all Boards, to ensure all services have a strong start to their IMH service development journey. **The Parent-Infant Foundation should consider how the dedicated support offer can be expanded to all Boards across Scotland, and if the SIMH-DC forum is the right way to provide this support and share knowledge more widely across Scotland,** to ensure all Boards are able to benefit from the dedicated support the Parent-Infant Foundation offers. The kind of help will need to evolve as IMH services evolve.

The main inhibitor for other Health Boards utilising the support from the Parent-Infant Foundation is the lack of time staff have to work on IMH service development, get in touch with the Scottish Development Lead or attend SIMH-DC sessions. Within its role of expert advisor, **the Parent-Infant Foundation should consider how they can help Boards access support** through easily accessible resources and clear signposting to specific questions, as well as being flexible to Boards' requirements and questions. The recording of SIMH-DC sessions is considered to be helpful to enable Boards to ensure they can carry out their day jobs, but still have access to the content and discussion. Boards felt that if they were able to contact or have support directly from the Scottish Development Lead, the need for the drop-in sessions would be reduced.



The value and role of the Parent-Infant Foundation as stated is rooted in providing expert advice and support on IMH services and development at a delivery and policy level. As more IMH services are being set up and are progressing towards delivery, **the Parent-Infant Foundation should consider what the types of support Boards will need as their services develop, ensuring the support offer keeps evolving as the services do and the Parent-Infant Foundation keeps adding value amongst other key stakeholders providing service development support.**

In this position, **this evaluation notes it is important the Parent-Infant Foundation continues and invests time in being an expert advisor to Health Boards through:**

- Developing and providing access to high quality, helpful IMH and service development resources
- Being available to Boards for any questions they have on IMH service development, and being available to refer them to resources or other stakeholders if needed
- Ensuring Boards are aware of what is happening across the Scottish IMH service landscape and keeping them up to date on Scottish and UK-wide policy developments
- Continue to develop strong working relationships with other stakeholders working in this sphere to ensure a coordinated offer is available to Health Boards which maximises the resources available and provides consistent messages for Health Boards in the development and implementation of IMH services. These stakeholders include the Scottish Government, NHS Education for Scotland, the Perinatal and Infant Mental Health Programme Board, and the Association for Infant Mental Health UK
 - It is imperative that the Parent-Infant Foundation's role remains focused on the voice of the baby
 - The Parent-Infant Foundation should ensure that stakeholders work together to develop complementary resources and consistent messaging resources and avoid duplication efforts and adding additional burdens on Health Boards time and resources.
- The Parent Infant Foundation should consider developing relationships with academic institutes offering degrees and courses that are focused on or intersect with Infant Mental Health². They should have an open dialogue with course leaders to help influence the modules developed to ensure people taking part come out with the right skills and experience to work in the IMH services which are being established.

² <https://www.gla.ac.uk/study/microcredentials/understanding-infant-mental-health-development/>

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