



Developing Parent-Infant Relationship Pathways

Parent-Infant Foundation

Ben Yeo (Clinical Advisor)

North West Coast Clinical Network

Beth Luxmoore (Clinical Network Manager)

Dr Ruth O'Shaughnessy (Consultant Clinical Psychologist)

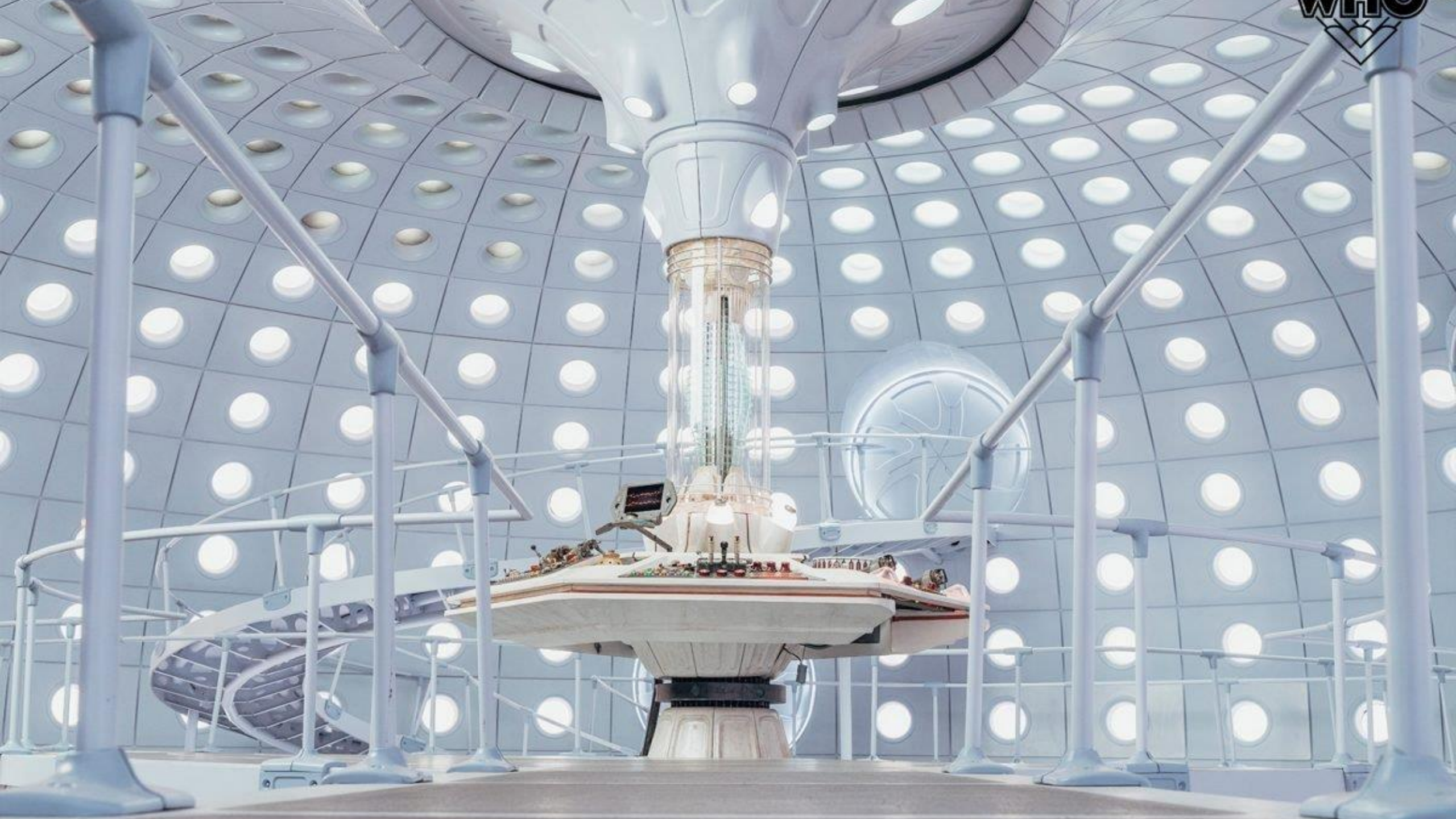
Kaisu Fagan (Lived Experience Lead)

Dr Michael Galbraith (Consultant Clinical Psychologist)





Time And Relative Dimensions In Space





POLICE BOX




Parent-Infant
FOUNDATION



Past, present & future

‘the pregnant woman hovers between internal and external worlds, at a crossroads of past, present and future; self and other. The issue of a changing identity is crucial and disturbing...’

Joan Raphael-Leff (Pregnancy: The inside story)

Today

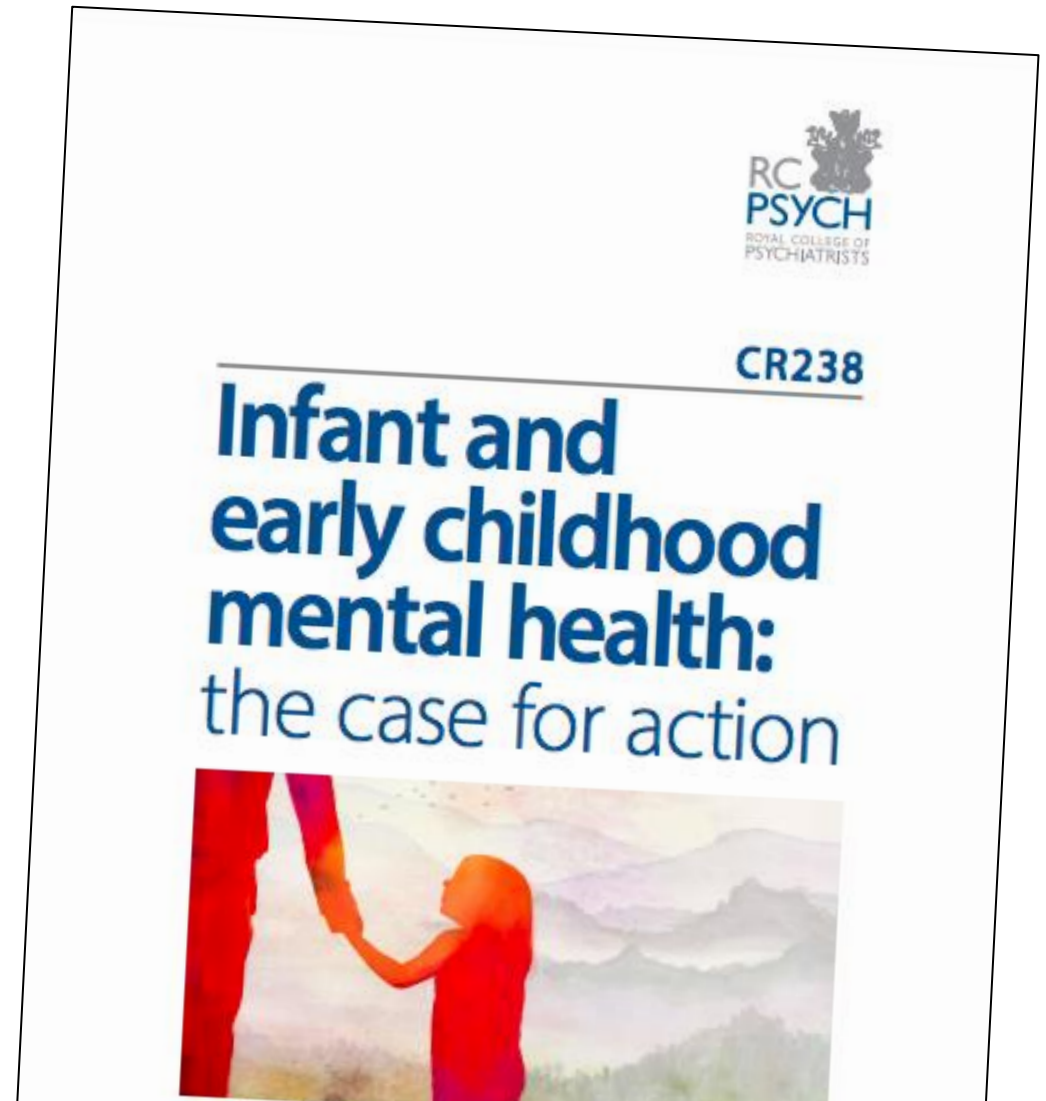
1. National context for parent-infant relationship pathways (Ben Yeo)
2. Best Practice Service Model for Parent Infant and Early Years Relationship Services (North West Coast Clinical Network)
3. A 'localisable' parent-infant relationship pathway – made in the Black Country (Ben Yeo)
4. A national parent-infant relationship framework (Ben Yeo)
5. Discussion & feedback



Royal College of Psychiatrists

“Evidence based interventions for babies and under 5s should be provided as part of a whole system approach by a range of well-integrated and services”

“There should be collaborative working and pathways across the system”



Institute of Health Visitors

“Integrated clinical care pathways with significant ‘front-loaded’ investment and early intervention are needed”

“A continuum of support for a continuum of need is provided to achieve shared goals for key public health priorities for babies, children and families”



NHS England



Children and Young People's Mental Health Long Term Plan 0-25s has a ten-year ambition: "over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it"

NHS England

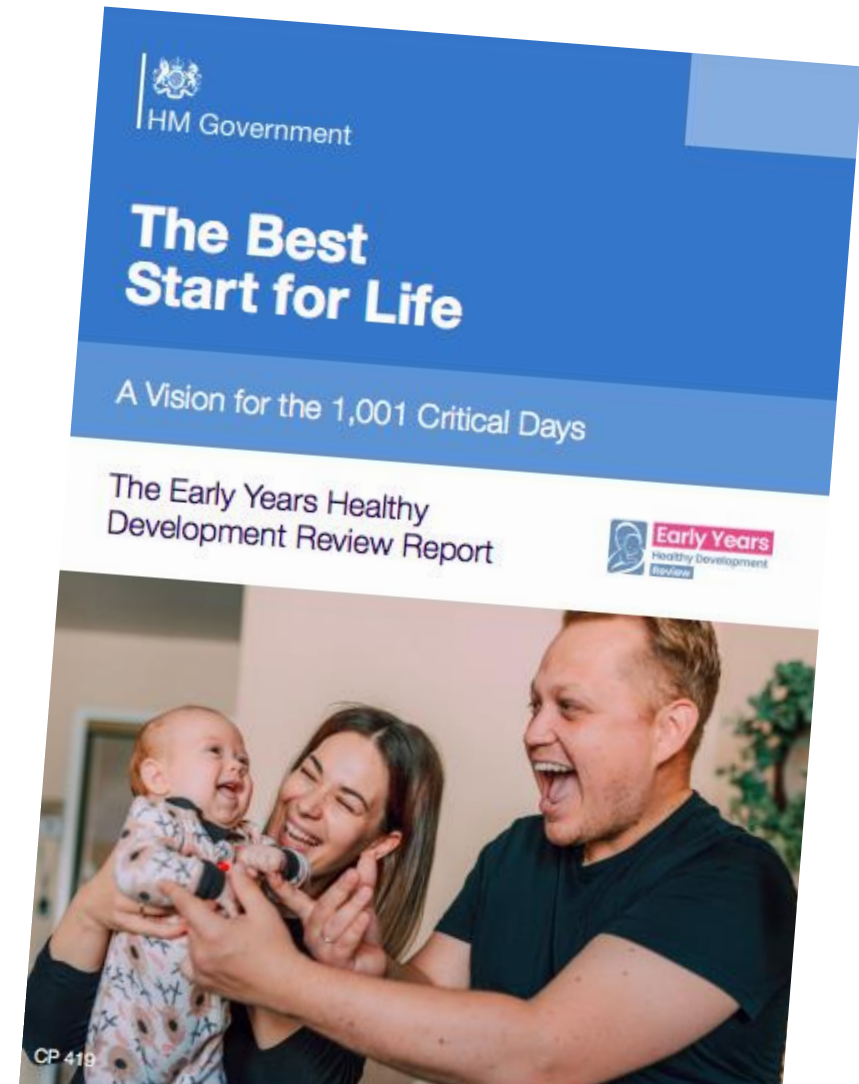


- Commissioned a review of the evidence of what works to support early years mental health and parent-child interaction.
- Working with OHID MHIN on mental health prevalence for 0-4 year olds using cohort longitudinal studies.
- Three national shared learning webinars focused on 0-5s mental health, sharing learning and good practice.
- Working with DHSC Start for Life team on the mental health of the Start for Life and Family Hubs offer.

Start for Life

75 local authorities in England

Minimum expectations: “integrated multi-agency referral pathways and community partnerships in place to support new parents/carers...a joined-up approach between services for babies and their families”



The Voices of Families

- Start for Life Programme Guide minimum requirement: “Consultation with families to codesign and improve services”
- RCPsych report: “Services for babies, young children and their families to be co-produced by those with lived experience”
- Infant Mental Health Awareness Week 2024
“Speak up for babies”

**Speak up
for babies**
#IMHAW2024

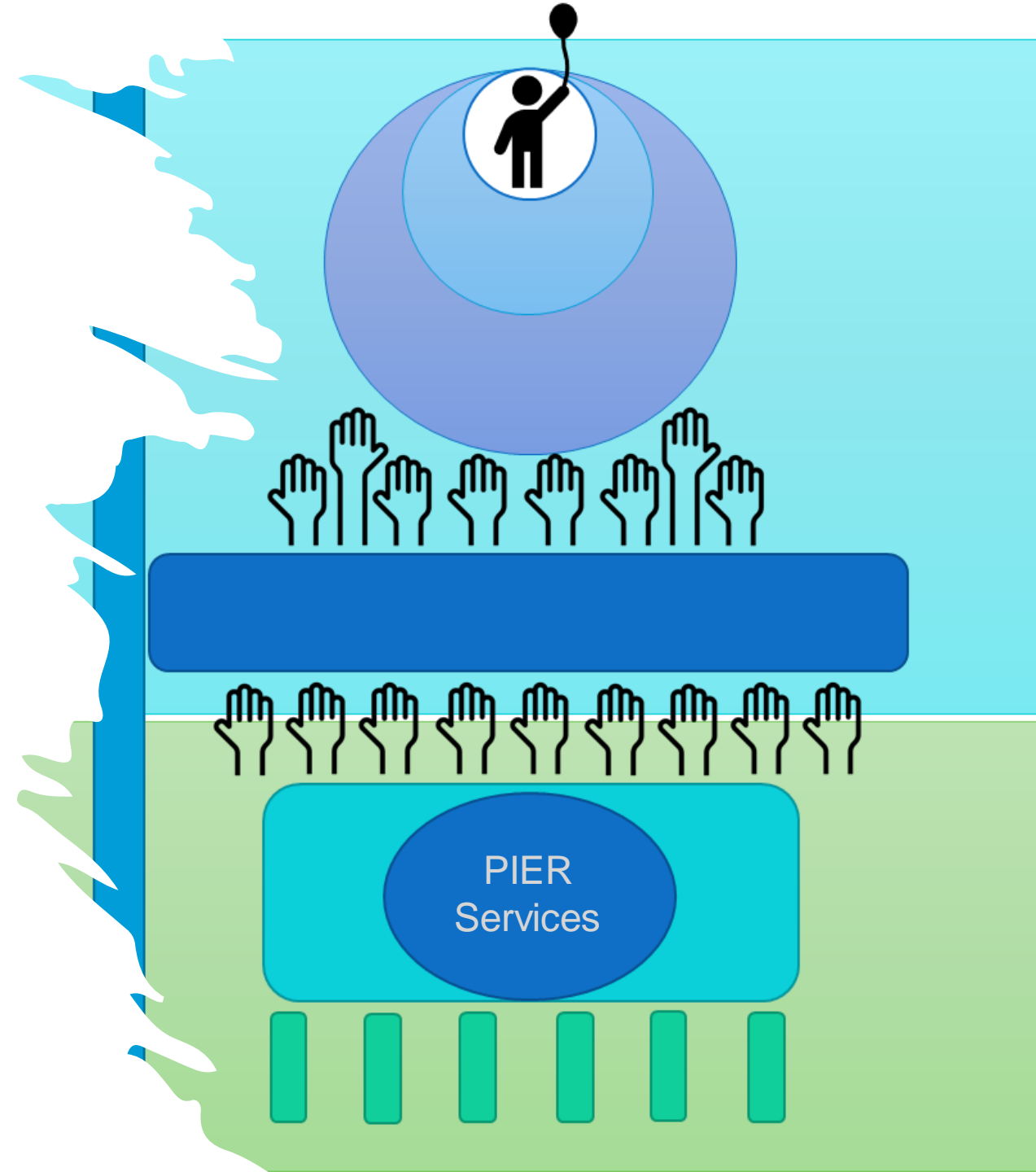




POLICE BOX

A Best Practice Systems Model for
Parent Infant and Early Years
Relationship

Thinking and
Linking at 'Place'
and at 'Scale'



Who are we?



Beth Luxmoore
Clinical Network Manager

Clinical Network



Kaisu Fagan
Lived Experience Lead

Engagement



Ruth O'Shaughnessy
Consultant Clinical Psychologist

Perinatal MH / CN



Michael Galbraith
Consultant Clinical Psychologist



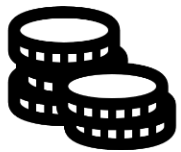
Parent Infant MH / VCSE

Where are we?

North West Coast Clinical Network



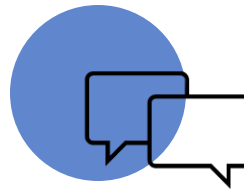
-  South Cumbria
-  Lancashire
-  Merseyside
-  Cheshire

-  Total population 4.5 million
-  Large and diverse geographical area
Urban areas (e.g. Liverpool, Blackpool)
Large rural areas (e.g. Cumbria, Lancashire, Cheshire)
-  Some of the most deprived areas in England.
Rates of children living in poverty over 40% in some areas.

How did we get here?



Disparity in service provision across our geography



Opportunities emerged from closer working between Perinatal and CYP Mental Health



Need to understand what best practice looks like for our population



Project to develop a resource that we could use to support strategic development of our systems

PIER best practice service model

Development process

Develop model of best practice for joint working and service delivery to support relationships and mental health from conception to age 5. This model should provide a reference framework that will build a system to better support joint working.

Task & Finish Group

Met regularly between October 2022 – June 2023.

Membership included:

- Parent Infant Mental Health
- CYP Mental Health
- Perinatal Mental Health
- Health Visiting
- ICBs / Commissioning

Engagement Approach

Lived Experience Lead appointed. Engagement activities included an online survey completed by 225 parents and online focus groups with parents.

Standalone summary report of engagement findings as well as shaping the main report.

PIER Network

Bimonthly meetings.

Individual groups for C&M and L&SC.

Document drafts shared for discussion, scrutiny and development.

Total 189 members.



What we heard from families

Most parents are comfortable being asked about this topic

Fear of stigma remains strong

Informal sources of parenting support are highly utilised

Non-clinical settings are preferred

A hybrid approach is seen as the gold standard

Opportunities to experience peer support

Flexibility, alongside continuity

Visible services that are physically and emotionally accessible

Targeted support for Dad's / non-birth partners

Lack of confidence in parenting skills

Trusting relationships are key

Guiding principles

Focus on relationships

Dedicated early years relationship support provision

Co-produced at Place with local families

Thrive model

Integrated with the local system

Trusting relationships as the facilitator of service access

Flexibility

Evidence based interventions

Physical presence in communities

Workforce needs

Outcome measures

New ways of working

Best Practice Service Model for Parent Infant and Early Years Relationship Services

North West Coast
Years Mental Health

July 2023

We listen to what matters most to families. They tell us what they cannot do alone and what they'd like from us.

We meet with communities where they meet. We listen to understand what they already do to support relationships between parents and infants/young children.

We talk about our service resources, pathways and approaches – how we can help and when.

We co-create "high integrity" interventions to improve outcomes for young families. We and in what context. We adapt interventions to community.

Figure 1 – The North West Coast Clinical Network and developing appropriate and responsive Specialist Perinatal Mental Health Service.

It is intended that engagement activity beyond the time frame of writing this report specific needs of local populations and marginalised groups at Place. Members or triple exclusion owing to their gender, result in differing priorities and make it collective action. Thus, locally driven at Place can centre their focus on local needs. Community powered coproduction programme, during which the case for will be explored in this greater level of Core20PLUS approach.

The findings of the feedback from family report and have been used throughout as direct quotes.

This approach has resulted in the below presented in this report.

Best Practice Service Model for Parent Infant and Early Years

a great place and kind of ran with it... she really took the lead and just did it and... we talked about trust, she was really good." (Focus Group Participant)

This is not about applying adult mental health concepts to young children and is distinct from traditional or dominant adult mental health language and models (e.g., diagnosis, medication, talking therapies, stepping-up / stepping-down).

A visual representation of the PIERS model concept and how it strengthens and supports the community and individuals around a child and its family is presented in Figure 2 below.

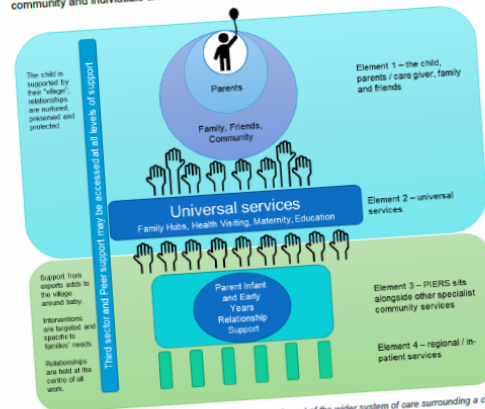


Figure 2 – a visual representation of how the PIERS Service is part of the wider system of care surrounding a child.

Element 1 = The child, parents or caregiver, family, and friends
The child is at the top. They are supported by all the layers below them and the closeness of the layers to the top tier represents how close those people are to the child – parents or caregivers next, then family and friends (who may live close-by or further afield or perhaps in a different country all together). This is the kinship village that is helping to raise this child.

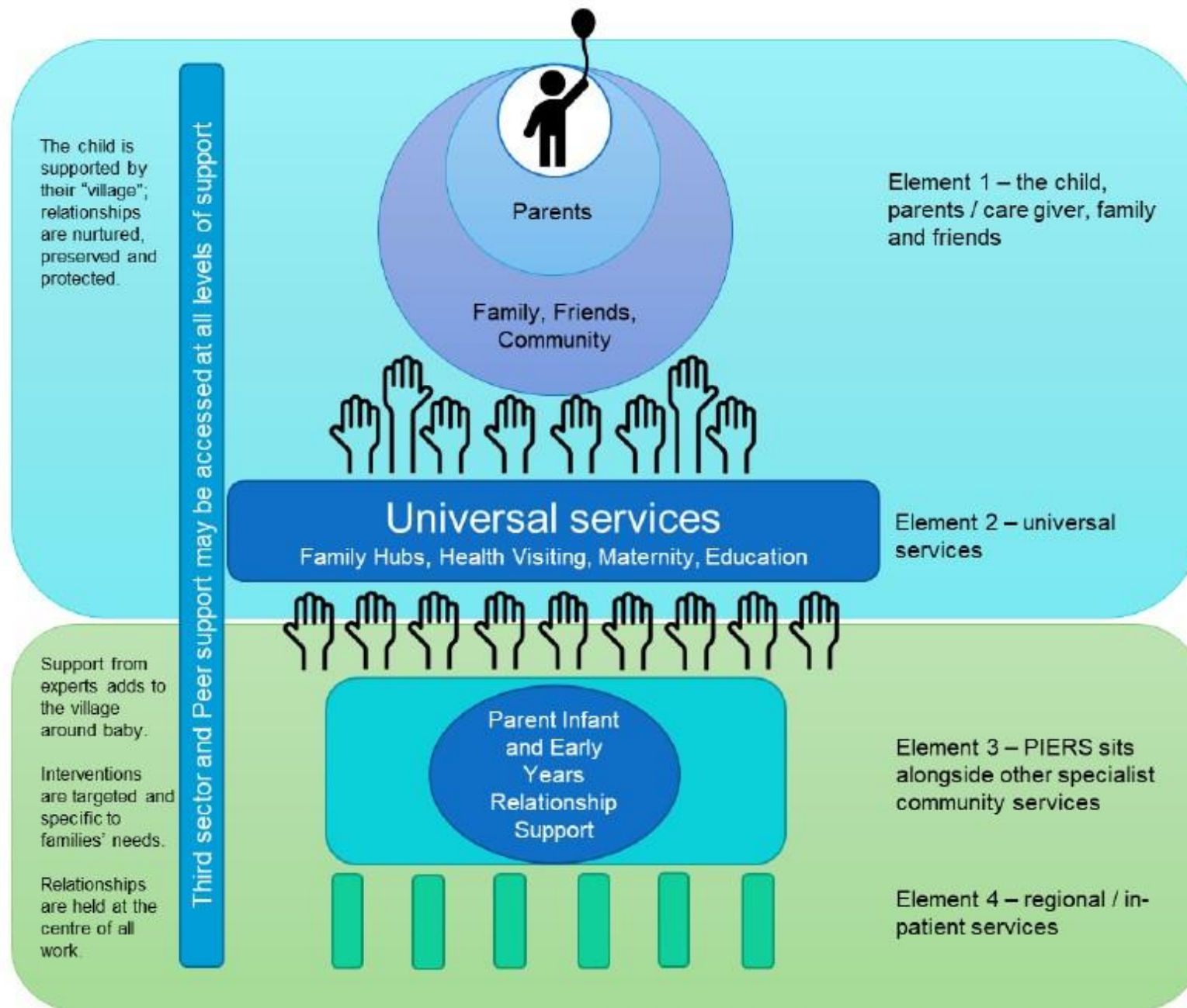
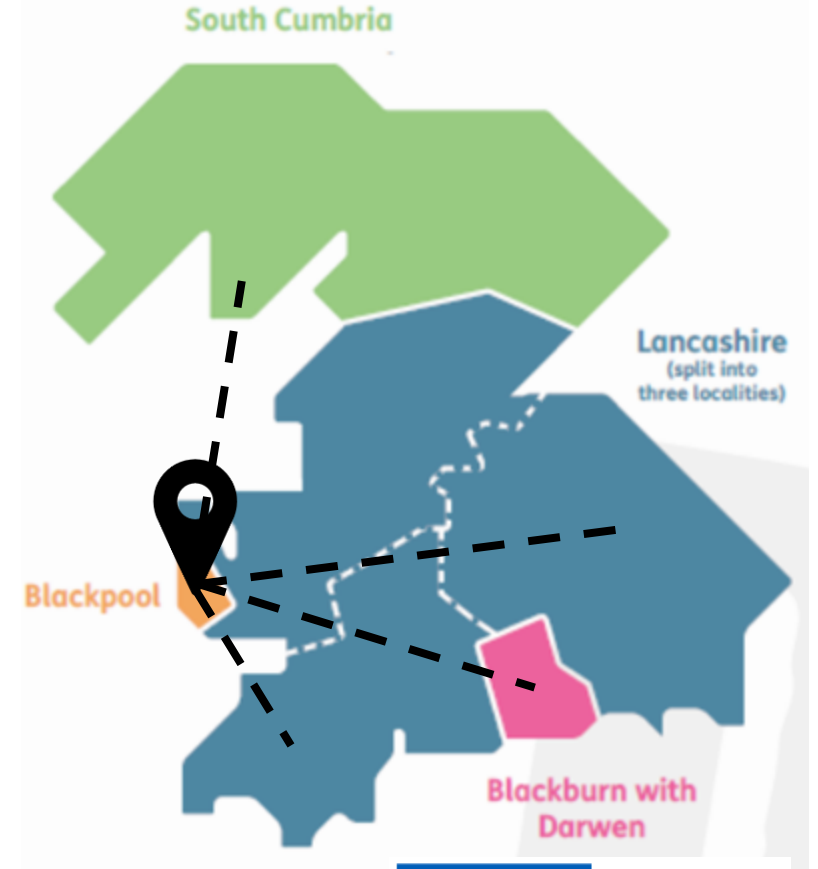


Figure 2 – a visual representation of how the PIER Service is part of the wider system of care surrounding a child.

What has happened since?

ICS Level



NHS

Lancashire and
South Cumbria
Integrated Care Board

Ambition for a hub and spoke
model building on Blackpool PaIRS

What has happened since?

Place Level – 2 case studies from Cheshire & Merseyside

Liverpool

- Model used to inform conversations, building on the work of the Best for Baby Too collaborative.
- Supporting existing services to nurture relationships and joint working approaches.
- Remembering what has worked well in the past.





Cheshire East

- Model used as a springboard for conversation around the lack of service provision locally.
- PIER document underpinning Family Hubs project plans.

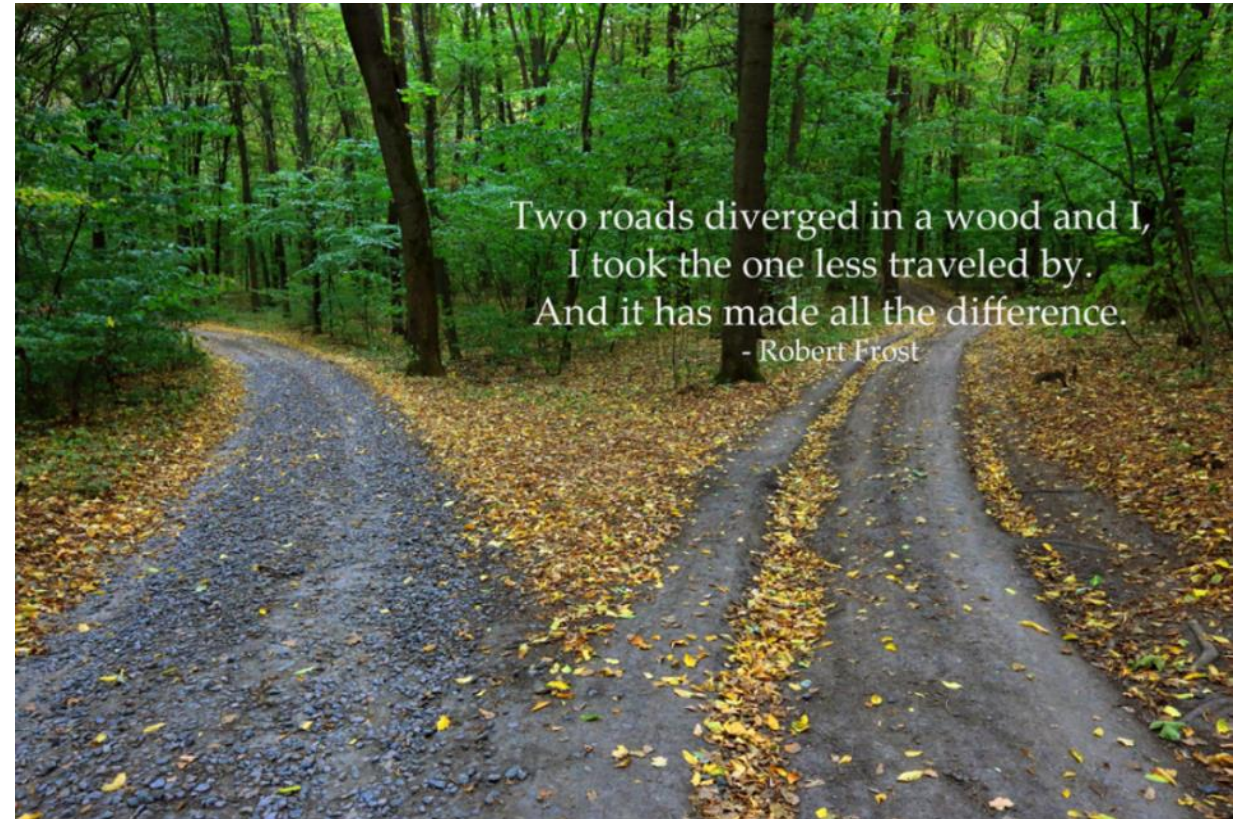
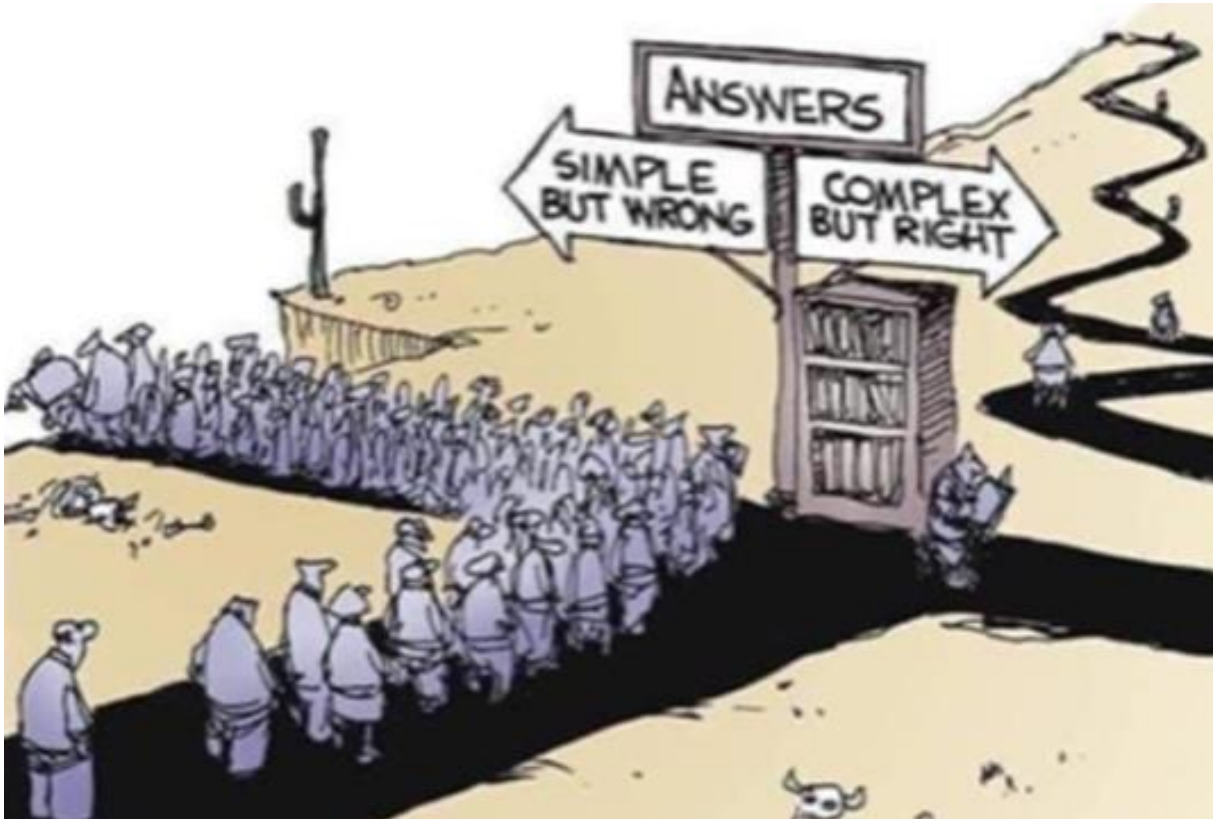
A scenic landscape featuring a calm lake in the foreground that perfectly reflects the sky and the surrounding mountains. The sky is a mix of deep blue and soft orange, with scattered white clouds. The mountains are dark and rugged, with some snow or light-colored rock visible. In the distance, a small cluster of white buildings is visible on the right side. The overall mood is peaceful and serene.

Reflections and learning..... and
more reflections

Recognise that you have incredibly difficult jobs

			
<p>Simple Following a recipe</p>	<p>Complicated Sending a rocket to the moon</p>	<p>Complex Raising a child</p>	<p>Chaotic Pin the tail on the donkey</p>
<ul style="list-style-type: none"> • The recipe is essential. • Recipes are tested to ensure easy replication of success. • No particular skill is required (though baking skills can increase success rate). • Recipes produce standardised, predictable results each time. 	<ul style="list-style-type: none"> • Rigid protocols and formulas are necessary. • Sending one rocket increases the chances of future success as elements are replicable. • High levels of expertise in a number of fields are necessary for success. • Rockets are similar so there is a high degree of outcome predictability. 	<ul style="list-style-type: none"> • Protocols rarely help; launch experiments to discover what works. • Raising one child provides experience but no guarantee of future success. • Expertise is helpful but on its own is no guarantee of success. • Every child is unique. 	<ul style="list-style-type: none"> • Rigid protocols may be counter-productive. • Experience may help or hinder understanding and finding what works. • Rapid action and improvisation can help, as can a network of on-the-ground know-how. • As unknowables recede, novel patterns may emerge.

Travel the road less travelled



Coordinated management of meaning (Pearce and Cronen, 1978)

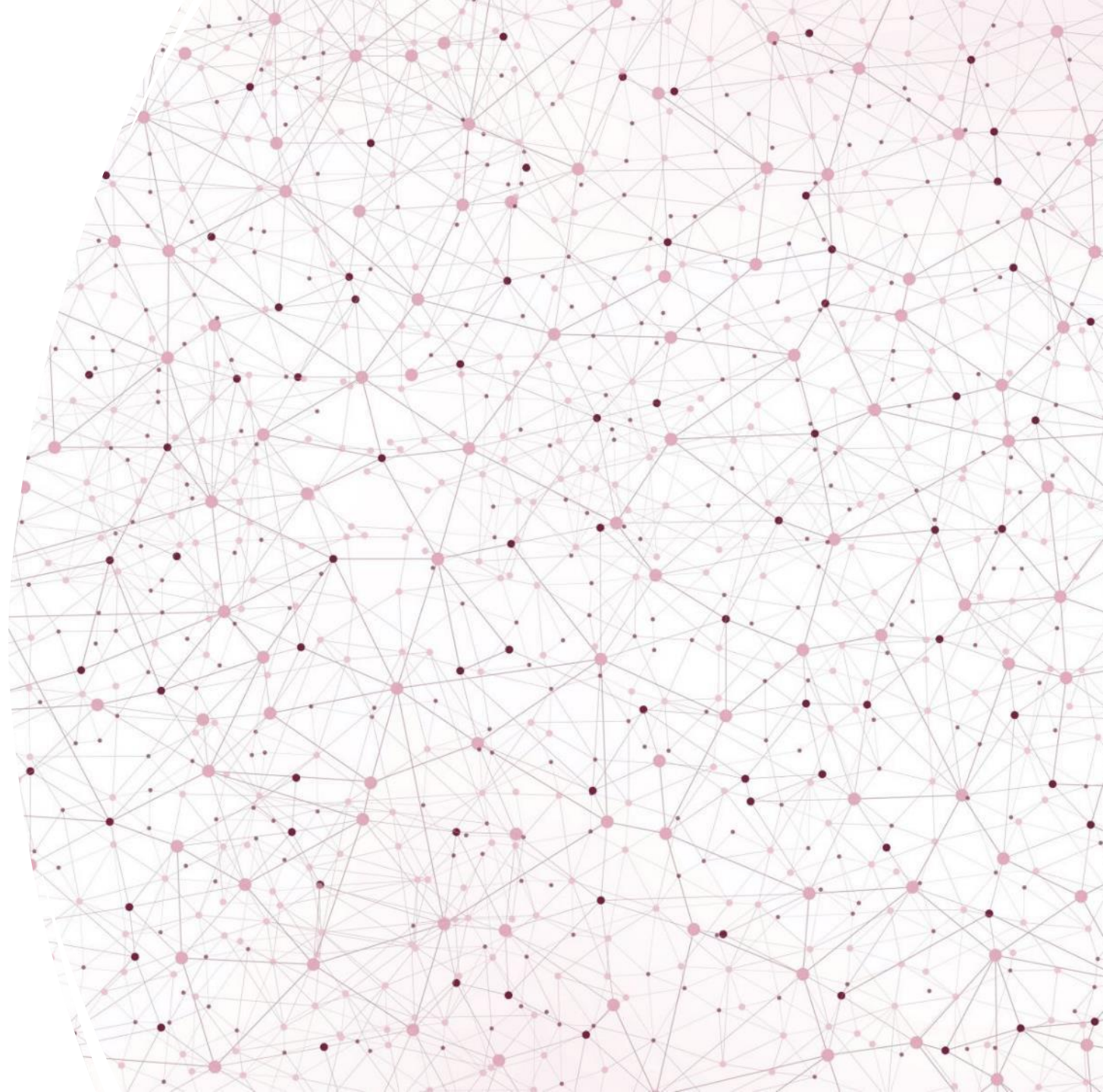
Assumes that when people interact, they construct their own interpretation and perception of what a conversation means, then negotiate a common meaning by coordinating with each other. All of this happens in a social context that affects these meanings and is sometimes affected by them.

Every conversation has a before and after-life. Conversations are gestated in a social milieu.

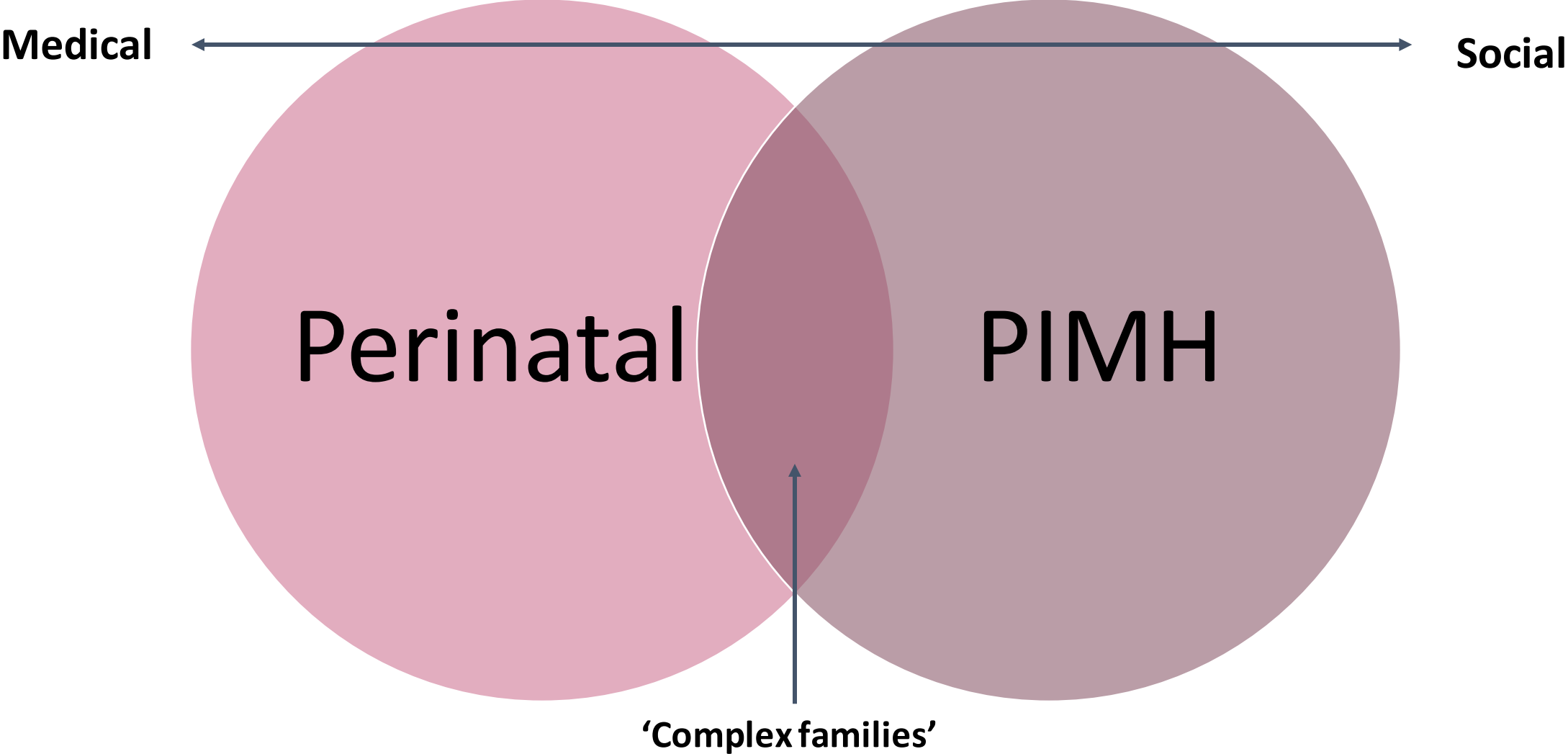


Coordinated management of meaning (Pearce and Cronen, 1978)

*Communication has the
power to create/maintain a
social universe of alienation
and anger OR one of
community, tolerance and
generosity*



Who are we serving? What can we do together?





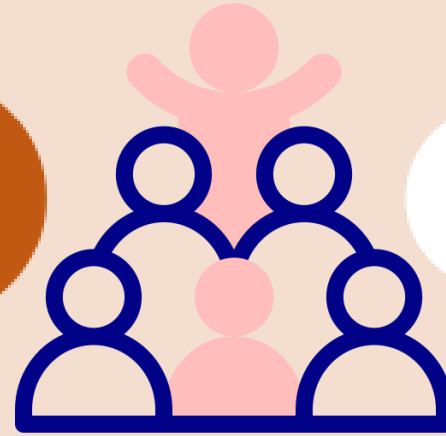
THE SPEED OF TRUST

The one thing that
changes everything

The bridge between the world we have and the world we want requires some technocracy; but a lot contingent on relationships, beliefs and behaviours.

Coherence

within the model:
what's good for
babies is good for
parents is good for
staff



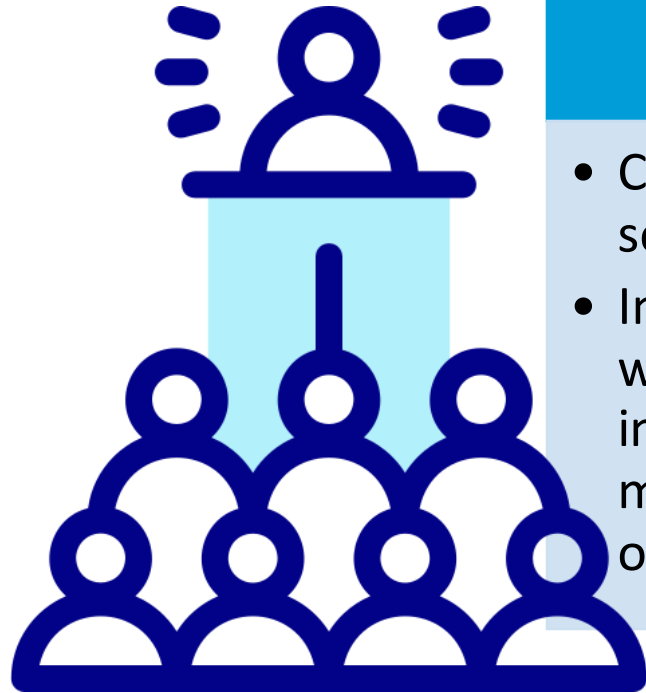
Coordination

how services
adapt to the
needs and
wishes of
individual
families

Consistency

it's much easier to manage
a system that's all doing
the same thing...how to
square with the above?

Context of Mental Health Services



Socio-Political context

- Collectivist vs Individualistic societies (Hofstede, 1980)
- In the UK and other white western economies emphasis on individual, autonomy, free market economics, reduced role of the state.

Evidence base

- Reductionist RCT's privileged – don't take socio-cultural context into account (generally) so assume equivalence between neighbourhoods, communities, practitioners and services



Choose your analogy...



Local specificity – time, place, cultures, dreams





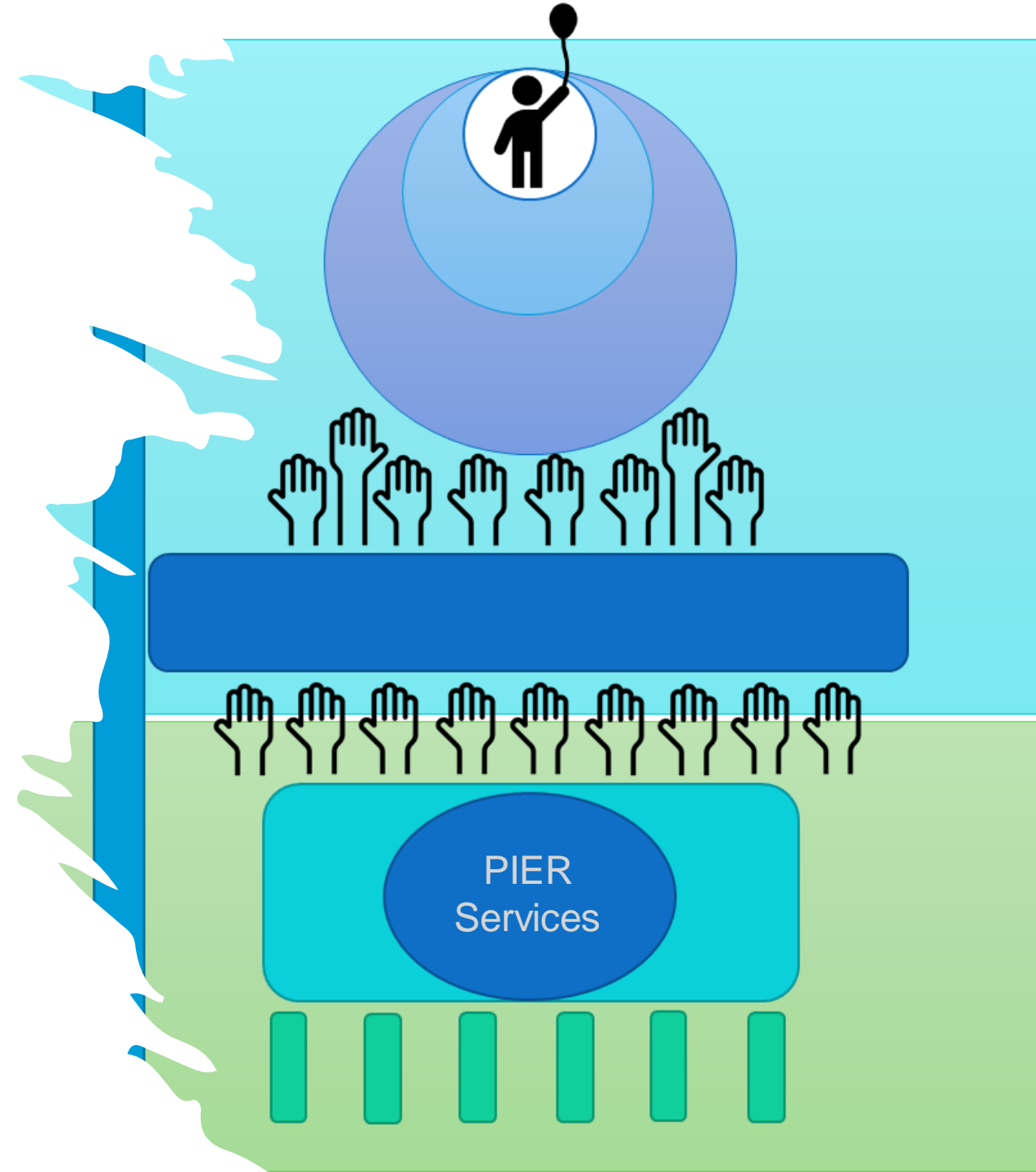
designed by freepik.com

Thank you for listening

The model NWC PIER model document is available online :

<https://www.england.nhs.uk/north-west/north-west-coast-strategic-clinical-networks/our-networks/perinatal-and-early-years-mental-health/>

Please get in touch
Bethany.Luxmoore@nhs.net



‘Localisable’ parent-infant relationship pathway template

- Clinical Associates at The Parent-Infant Foundation
- Four Black Country localities (Dudley, Sandwell, Walsall & Wolverhampton)
- Karen Bateson, Ben Yeo, Kimberley Maynard (Sandwell), Sophy Forman-Lynch & Kaye Pedley (Dudley) + lots of practitioners

Sandwell & Dudley



Create a parent-infant relationship pathway which:

- References all levels of need and maps onto the 'i-Thrive model'
- Provides space to populate with local services
- Shows gaps in services (aspirational as well as current)
- Provides guidance for practitioners about decision-points
- Show how families flow through the system

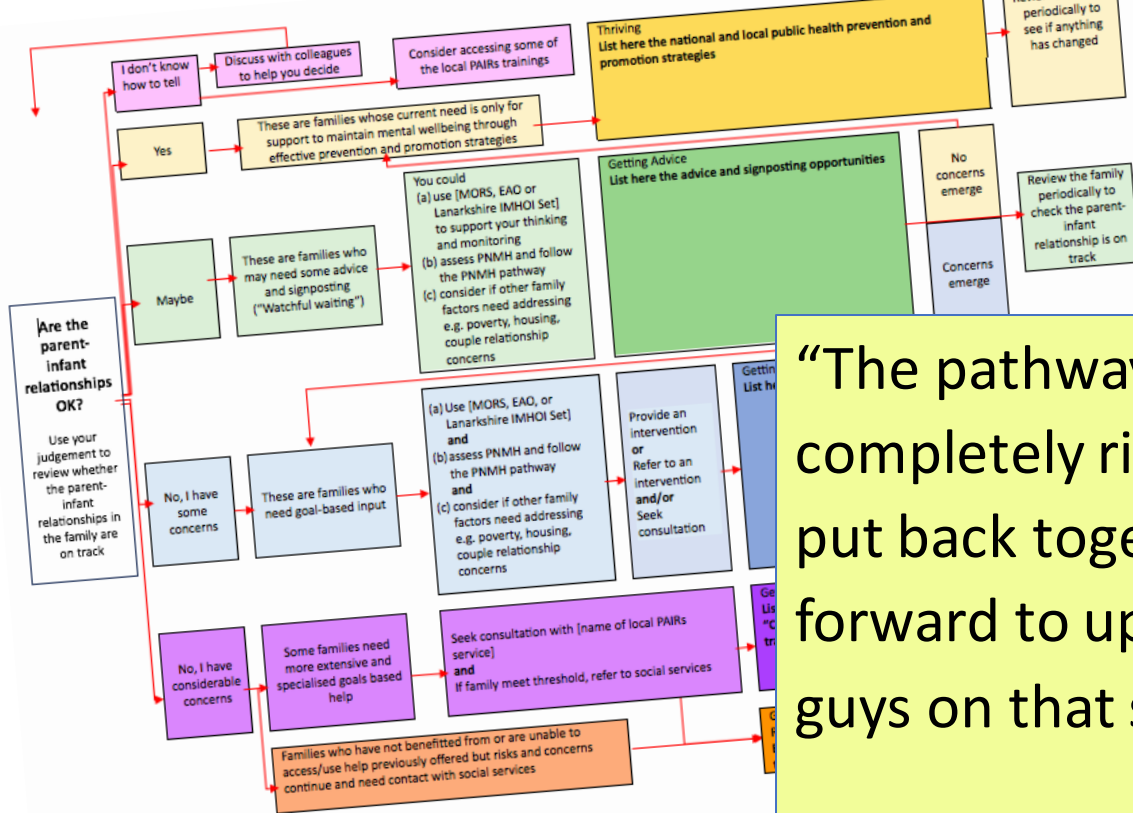
Current Pathways

Specific service pathways, for example specialised parent-infant relationship teams, perinatal mental health teams (& shared pathways)

Pathways which focus on specific parts of the clinical journey

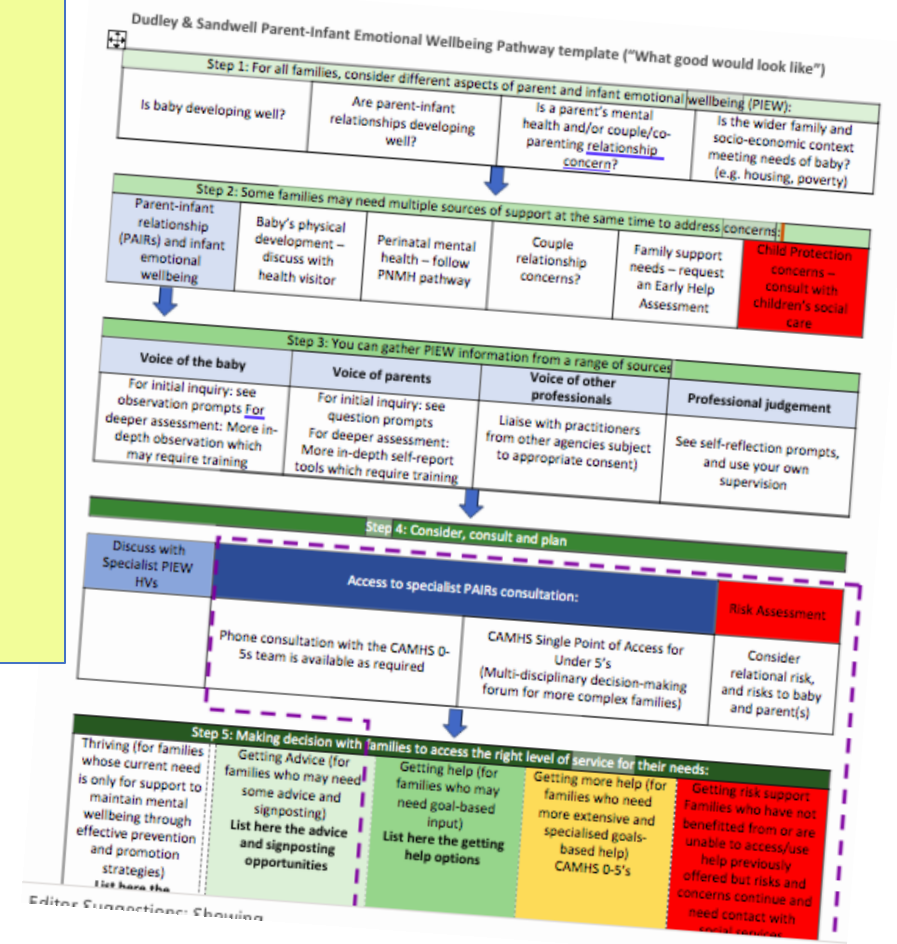
Systems pathways (Greater Manchester, North West Coast Clinical Network)

Several versions of pathway



“The pathway was completely ripped apart and put back together so I look forward to updating you guys on that soon 😊”

(Family Hubs Programme Officer)



1) Ways of Working

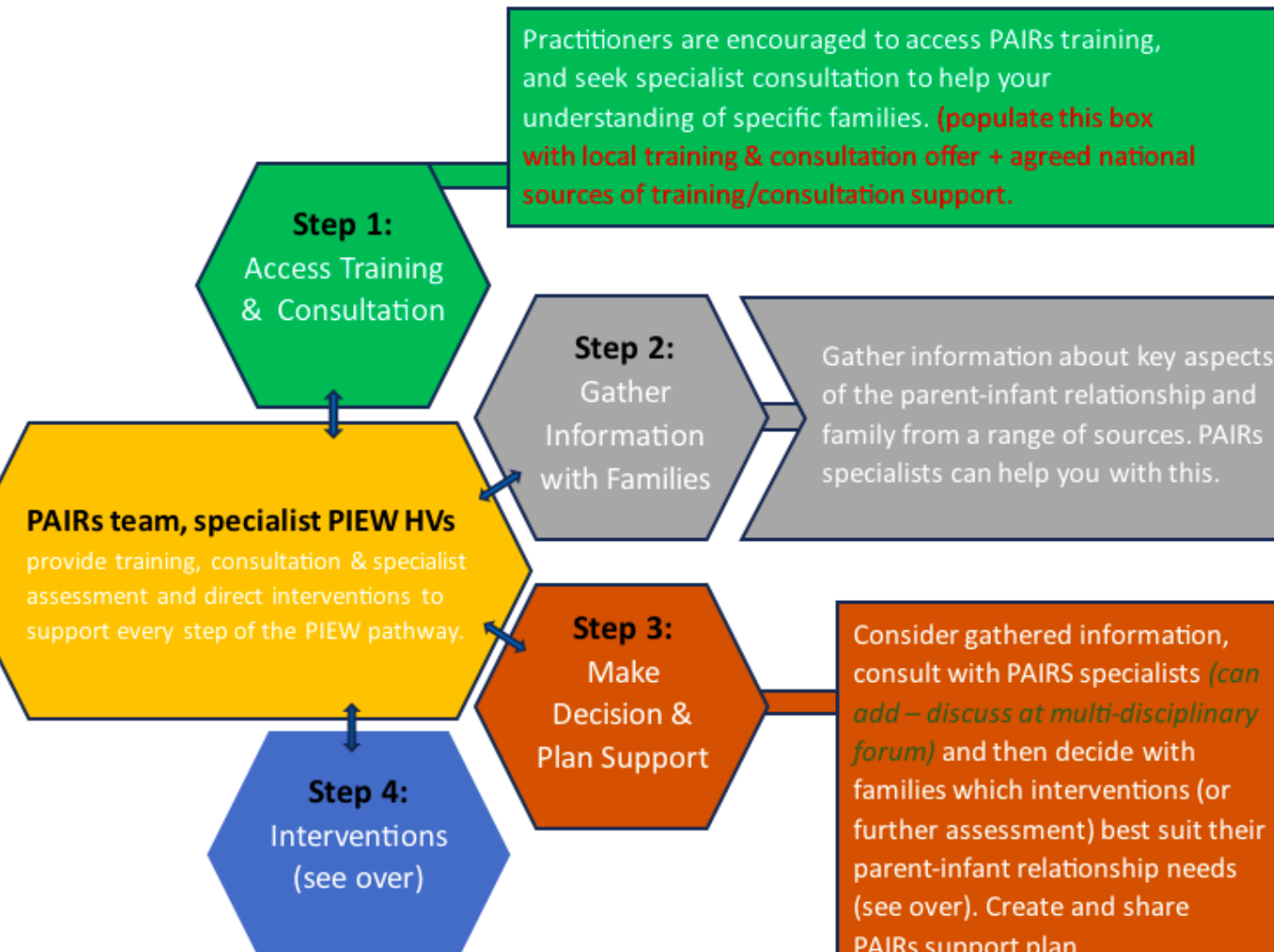
PARENT-INFANT RELATIONSHIPS (PAIRS) PATHWAY TEMPLATE

This pathway is for everyone working with families in the first 1001 days, including in pregnancy, it relates to all babies and caregivers (including mothers, fathers, partners and all primary carers)

WAYS OF WORKING *(insert/adapt locally agreed ways of working in this box, see examples below)*

- Working in partnership with families and other practitioners/services leads to better outcomes for babies.
- It is essential to consider the baby's voice throughout the pathway.
- The experiences of marginalised and minoritised families need to be constantly held in mind.
- Risk should be considered in relation to the infant, the parents/carers and the parent-infant relationship.
- The pathway should be used in conjunction with local safeguarding policies and practice.
- Your specialist PAIRS colleagues *(add names and contact details)* are here to help through *(edit as appropriate)*.

2) Information Gathering & Decision-Making



Voice of the baby: is the baby developing well physically and emotionally? What is the baby communicating? Is the wider family and socio-economic context meeting needs of baby (e.g. housing, poverty)? **Populate/link to local offer & agreed national resources** *eg* see Start for Life infant observation prompts. For deeper assessment, infant observation tools are available and may require additional training.

Interactions between parent(s) and baby: **Populate/link to local offer & national resources, eg:** Start for Life relational observation prompts and deeper assessment tools.

Voice of parents/carers: Are there any parent mental health and/or couple/co-parenting relationship concerns? Are there relevant inter-generational relationship factors? **Populate/link to local offer & national resources, eg** see Start for Life question prompts for parents. For deeper assessment: Parent self-report tools are available and may require additional training.

Voice of other professionals: Liaise with practitioners from other agencies (subject to appropriate consent) and form a thinking team around the parent-infant relationship.

Risk: Do you have any safeguarding concerns? Does the quality of family relationships pose a risk to the child's wellbeing now or in their future development?

Professional opinion: See self-reflection prompts and use your own supervision.

The information gathered might be confusing or conflicting – use reflective supervision and consultation with PAIRs specialists to help you understand this.

3) Services & Interventions

C. PAIRS SERVICES AND INTERVENTIONS

THIS IS WHERE LOCAL AREAS MAKE THE LINK TO OTHER CARE PATHWAYS
(Perinatal mental health care. Baby's development (discuss with HV). Couple relationship support). Good communication between services and pathways is critically important to ensure that families do not have to retell their story.

"THRIVING" on i-THRIVE model.
Local areas can populate their local offer into these speech bubble call-outs and/or add QR codes which link to their website.



"GETTING RISK SUPPORT" on i-THRIVE model. Consider need for specialist safeguarding assessment and interventions alongside and as part of the wider care package for the family. Local areas can populate their local offer into these speech bubble call-outs and/or add QR codes which link to their website

"COPING" on i-THRIVE model.
Local areas can populate their local offer into these speech bubble call-outs and/or add QR codes which link to their website.

"GETTING MORE HELP" on i-THRIVE model.
Local areas can populate their local offer into these speech bubble call-outs

"GETTING HELP" on i-THRIVE model
Local areas can populate their local offer into these speech bubble call-

Next Steps

- Implement and 'localise' the pathway
- Family facing version of pathway
- Underpinning guidance



POLICE BOX

National Parent-Infant Relationship Framework

1) National Parent-Infant Relationship Pathway

- Toolkit and resources
- Interfaces between services
- Marginalised and minoritised groups
- Co-production

National Parent-Infant Relationship Framework

2) Guidance and standards for specialised parent-infant relationship teams

- Team composition and clinical governance
- Referrals and accessibility
- Clinical work
- Wider systems work
- Outcomes and sustainability

National Parent-Infant Relationship Framework

Partners in the project

- Families - participation and co-production
- Practitioners in specialised parent-infant relationship teams, & other teams/services (eg perinatal mental health)
- Institute of Health Visiting, Royal College of Midwifery, Royal College of Psychiatry & more...

National Parent-Infant Relationship Framework

Timeline

- National Lottery Community Fund
- Call for Evidence
- Co-production



Contact details

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Discussion & Questions

Parent-Infant Foundation

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