

I'm Nathan COO at Au Milieu

Lack of a cohesive approach to data, funding, service provision, evaluation and monitoring, despite national agendas and national programs

Support at a strategic level but doesn't always translate in terms of investing in a service

Bethan - CTM nurturing families service  
Hosted by NHS but RIF funded across 3 local authorities

Constant ask to prove worth, and demonstrate need, but that takes time away from actually doing the work

Working on short term contracts - relationships take time to develop, but funding streams don't always mean this time is available

**Where does your team/service sit within the system?**  
**Add your service name.**

**How do you overcome any challenges?**

Overcome challenges

- open communication, MDT meetings
- Joint visits
- Mul

Benefits - very liberating, we make decisions and take action very quickly including about recruitment, strategy etc. We don't have to jump to the latest strategy or managerial whims. We can accept self-referrals and families really like this. We can set our own employment T&Cs although track the NHS AFC salaries to ensure we attract and keep our excellent therapists. Challenges are feeling a bit disconnected from NHS and LA colleagues so having to work harder on relationships and communication. Also, limited financial back up if we have unexpected spends (eg maternity leave, need a bunch of new laptops, when we need to pay a lot of money for interpreters). Funders often want to fund the sexy bits of the projects - salaries, toys, but not the essentials like the elec bill or insurance. I think it's fascinating that despite moments of considerable jeopardy in our 26 years, OXPIP still thrives, growing year on year. We now have 18 parent-infant psychotherapists (although only about 7.0FTE.

We've had a very stable staff team so building relationships has been easier. Oxfordshire generally has quite a stable HV & FNP service too but complete absence of Children's Centres and Family Hubs is a huge barrier which depresses inter-agency working. We've been around 26 years so we're well known, and have a clear identity so referrals are high quality. We use newsletters and social media to keep ourselves above the radar. We're trying to educate funders about the importance of funding core costs and providing unrestricted funding. Things feel really stable for now and we can income generate through training, so next 2 years look pretty stable.

**INSTRUCTIONS**  
Use sticky notes by clicking on the "elements" tab on the left hand menu to share your feedback.  
Keep scrolling DOWN to add more notes.  
You can zoom in and out to see the full board.

We're based in a charity with 100% charitable funding - no NHS/LA funding.

lisa longford sit within the 0-19 health visiting team and camhs sheffield

Chanika from Bromley Y

**What are the benefits and challenges of this?**  
Trying to work out how to type

Building relationships with other professionals and teams - everyone!

**Anna Godfrey - Au Milieu Charity**

- developing relationships with professional, interdisciplinary partners and establishing sustainable funding base through training and service
- becoming embedded in the local systems as well as being apart of the movement to upskill national workforce
- the more we talk about the baby, the more joined up the network can be, the more joined up the network, the more we talk about the baby!

Valerie Pairs - Cahms and Start 4 Life( South London)  
Jayne Pairs - HV Team in Belfast  
Julia - Dudley - Start 4 Life ( starting to build a team 2x Hv )  
Lucy and Harleen Pairs and within 0-19 HV Team ( Team of

despite having such varied roles within different systems - we discussed some common themes, including : the challenges of different or disjointed reporting systems, awareness and joining up of different services working with families, ever-increasing thresholds to access specialist support and the impact this has on the work earlier in the system and short-term funding and recruitment implications. The advantages were lovely to hear about - including the level of demand and gratitude for services, success when taking the onus to invite others into joined up pieces of work across services/systems, multi-agency meetings and working groups to discuss family journeys, having opportunities to advocate for babies in strategic meetings at board level, and being able to offer supervision and consultation so that the work is cascaded beyond direct work and can reach more people with limited resources. Diolch - Thank you

Karen Kinloch Blackpool PaIRS sits in NHS psychological services, works with CAHMS and Early Help TRIage

There seems a big difference in where referrals come from depending on where the team sits.

**Benefits-**

- Engaging from antenatal period up until 3y
- Antenatal until 5y old
- Specialist infant group - antenatal to 4y old - only Pairs in N. Ireland- Specialist midwifery team- group work and 1:1-
- multidisciplinary team - art therapist, SW
- range of different professionals who come together to help and support
- self referrals

**Cons**

- issues around self referrals in some services
- handover from PNMH to CAHMS
- gap for teenage pregnancy
- No start4Life is N.Ireland, lack of investment
- Development stage - lack of specialist services - system wide
- record writing in different services
- transparency of records including third party notes, safeguarding
- fragmented recording

Gemma Higgins

Karen Bateson

lisa longford

Wook Hamilton.

