

**DRAFT
SERVICE SPECIFICATION**

**FOR THE PURCHASE OF**

**Parent-Infant Mental Health Service**

**(PIMHS)**

This document defines the three strands of activity to be purchased by

Kent County Council:

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## Kent County Council

1.1 Kent County Council (the Council) is the largest local authority in England covering an area of 3,500 square kilometres. It has an annual expenditure of over £1bn on goods and services and a population of 1.6m. The Council provides a wide range of personal and strategic services on behalf of its residents, operating in partnership with the Kent Integrated Care Board (ICB)

The Council consists of four directorates:

* + Adult Social Care and Health
	+ Children, Young People and Education
	+ Growth, Environment and Transport
	+ Chief Executive and Deputy Chief Executives Departments

1.2 This service is being commissioned on behalf of the Adult Social Care and Health directorate and supports KCC’s outcomes. [Framing Kent's Future](https://www.kent.gov.uk/about-the-council/strategies-and-policies/framing-kents-future)

* Improve access to emotional and mental health support for children and young people and commission high quality and timely child and adolescent mental health services.
* Take an evidence-based approach to understand the impact of investment in preventative services, to ensure we invest in activity that improves the resilience and wellbeing of residents.
1. **BACKGROUND AND CONTEXT**

**2.1 Department for Education (DfE) Start for Life**

[The Best Start for Life Review: A Vision for the 1,001 days](https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days) outlined a Vision for local authorities to pull together a coherent and joined up Start for Life offer which explains clearly to parents and carers what services they are entitled to and how they can access them.

The Department for Education (DfE) launched the national Family Hub Programme Framework in August 2022 alongside an application for 75 Local Authorities to apply for transformation funding to create multiagency community-based provision.

Kent was identified as one of the 75 eligible Local Authorities for funding aligned to the Family Hub and Best Start for Life strategy and has also been successful in securing additional DfE funding to operate as a ‘trailblazer’ authority for the Family Hubs programme with an accelerated implementation process.

Kent’s vision is for children, young people and families to have easy and timely access to the right services for their needs and to be able to receive support across a range of services and networks which promote positive changes, improve resilience, and help to achieve healthy and successful futures.

It should be noted, Parent Infant Mental Health a new service in Kent and a review of the effectiveness and outcomes of his service will be important to inform continuation.

**2.3 National Context and Evidence Base**

Research has found there is an urgent need for services to support parent infant relationships, and for measures to evaluate these services. There is limited guidance from NICE on assessing Parent Infant Relationship (PIR)

A review suggested three domains as the most important focus for outcome measures.

* Strengthening relationships between babies and their caregivers
* Improving the mental health of caregivers
* Supporting babies’ early development and wellbeing

Bonding is the term used to refer to the process of parents forming an emotional connection to their baby. Attachment is the reciprocal process by which a baby forms an emotional connection to its parents or carers. How well parents bond with and care for their baby during the First 1001 days of life shapes the quality of attachment the baby forms with that caregiver. Attachment quality is reliably measurable before a child’s first birthday and typically remains static during childhood without a significant change of caregiving.

Parents can be experiencing stress and adversity from their current circumstances (e.g. poverty, domestic abuse, housing problems, mental health problems, trauma) or from past experiences (such as Adverse Childhood Experiences [ACEs]). Stresses increase the risk that a parent will find it more challenging to provide a safe and secure parent-infant relationship and if that happens the baby can develop indicators of distress. If left unaddressed, this distress can develop into disturbance and later down the line, an attachment disorder.

Research shows a strong connection between exposure to stress in pregnancy and early life, and later mental health problems. By helping babies to cope with early emotions, parents help children to develop behavioural and physiological regulation. These are linked to lifelong health and wellbeing.

Early relationships set templates and expectations for future relationships. Secure, nurturing relationships give babies the skills to form trusting relationships with others. Relational capability is essential for living a healthy, fulfilling life, and making a positive contribution to the lives of others. A child’s experience of being parented also influences how they go on to parent their own children, so supporting parent-infant relationships can pay dividends for generations to come.

Strengthening parent-infant relationships delivers benefits for health, social care, education and community safety.

Parent-infant relationship services run across levels of care and across organisations. This work does not sit neatly within any one institution or policy brief. Therefore, at a national and a local level, responsibility for commissioning universal, targeted and specialist PAIR services is distributed and reliant on excellent communication and partnership working.

Healthy parent-infant relationships enable babies and toddlers to feel safe and secure, ready to play and explore and learn. Children who have had good early relationships start early education and school best equipped to be able to make friends and learn. **A child’s early relationships shape their perceptions of themselves and others and teach them how to regulate their emotions and control their impulses. This lays the groundwork for children’s developing emotional wellbeing, resilience and adaptability.**

By helping babies to cope with early emotions, parents help children to develop behavioural and physiological regulation. These are linked to lifelong health and wellbeing. Early relationships set templates and expectations for future relationships. Secure, nurturing relationships give babies the skills to form trusting relationships with others. Relational capability is essential for living a healthy, fulfilling life, and making a positive contribution to the lives of others.

Disorganised attachment can particularly undermine children’s mental health, social behaviour and educational prospects and is therefore a high-priority target for effective prevention and intervention. Another way of saying this is that significant parent infant relationship difficulties have a particularly deleterious impact on children’s outcomes.

<https://parentinfantfoundation.org.uk/wp-content/uploads/2023/02/Parent-Infant-Relationships-PAIR-Commissioning-Toolkit-Updated.pdf>

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1. **WHO THE SERVICE IS FOR**

**Kent Families**

3.1 The Service is for birthing women, expectant dads and partners, new parents and primary caregivers, (including parents, foster carers, grandparents, or others who may be in this role) with infants up to the age of two, with moderate to severe need with some risk factors for disorganized/ insecure attachment.

**The Services is only for people who live in Kent County Council geographical boundaries.**

3.2 Medway Council are currently reviewing their own parent infant relationship needs and currently do not offer a PIMHS service. Once they have considered their needs, they will review their parent infant relationship offer. Therefore, at present, the Service can only be for people who are in the KCC geographical boundaries.

3.3 The development, delivery and monitoring of evidence-based service/intervention[s] will support the needs of families with moderate to severe parent infant relationships difficulties in Kent.

The Service will support: -

* families who have parent-child relationship problems with disorganised attachment and insecure attachment
* families who have additional support needs
* the existing Family Hub workforce in Kent to strengthen knowledge and pathways
* the providers of video interaction [VIG] or other parent infant relationship interventions

**Kent Workforce**

3.4 The Service will provide specialist Parent Infant Mental Health case consultation and supervision for workforce who are offering programmes of sensitive evidenced- based parent infant relationship interventions.

3.5 The Service will provide workforce training in Kent, which includes Level 2 Attachment and Infant Relationship training.

**4. AIMS AND OBJECTIVES**

4.1 As part of a multilevel approach to support, intervention and services, the overall aims of a multi-disciplinary parent-infant mental health service are to support families who are finding it difficult to develop a positive relationship with their baby or young child to:

* rectify and strengthen parent-infant relationships for families experiencing moderate-severe difficulties.
* support colleagues in a range of universal and targeted services to promote and strengthen parent-infant relationships for families experiencing mild-moderate difficulties
* work with a range of multi-agency colleagues to promote healthy development of parent-infant relationship difficulties.
* provide parent-infant relationship expertise across the system.

4.2 The overall objectives of the Service are to:

* Undertake clinical specialist assessment for families with moderate to severe difficulties.
* Deliver specialist therapeutic evidenced based interventions for those assessed which directly address and rectify and strengthen parent and infant relationships.
* Provide group and individual therapeutic interventions to parents/carers and their babies from conception to a child’s second birthday.
* Improve the outcomes of parent infant relationships where there are difficulties.
* Provide specialist parent infant mental health case consultation and supervision for the workforce who are offering a programme of sensitive evidence-based parent infant relationship interventions
* Design and deliver relevant workforce development and training to build capacity across the system.

**5. SERVICE OUTCOMES**

* Parents/carers feel connected to their baby/Child and experience healthy relationships.
* Parents/carers experiencing less stress and anxiety.
* Less indication of stress in babies and children
* Parents/carers increase their problem solving and practical skills.
* Families/individuals have increased confidence in their relationships with their babies/children.
* Overall Improvement in parent-infant relationships for families in Kent
* Increase in knowledge and confidence in the Kent workforce in identifying and supporting PIR.
* Improvement in system working and understanding of PIR.

**6. DESCRIPTION OF THE SERVICE**

6.1 The requirement is for the development, implementation and monitoring of evidence-based service/intervention[s] that will support the needs of families with infants with disorganised/insecure attachment under the age of two in Kent. This service is not for families with infants who are securely attached with low need for parent infant relationships interventions. This would be supported through a universal offer.

Infants in relationships with their parents/carers who would benefit from interventions may display variable responses. These can be subtle and hard to see at first. Infants can be compliant and quiet, e.g. have no direct eye contact with the parent/carer and do not signal their needs. Difficulties expressed by parents or other professionals in behavioural or functional terms but there may be underlying emotional insecurity and show no engagement with their parent/carer.

6.2 The Service will provide a specialist function, managed and supervised by a multidisciplinary team made up of specialist such as clinical psychologist or psychotherapist, and specialist practitioners with expertise in this area. The Service will take referrals and undertake in-depth assessments which identify need and conduct interventions for those with parent infant relationships of medium to high need. The level of needs will be assessed through evidenced based screening tools at assessment. The team will provide clinical advice and guidance at referral/triage stage to health and social care professionals to identify the appropriate action and pathway, including eligibility for a PIR intervention. This will enable a clinical led advice and guidance recommendations, reflective practice and contribute towards learning and development for the workforce.

**6.3 An example team diagram/staff structure is provided below.**

**Example Team Diagram**

**Overall Clinical Lead for the Multidisciplinary Team** 1 Band proposed 8C WTE

8C will provide specialist assessment and specialist interventions and hold a case load for those families identified as needing more specialist in depth PIR interventions

**Specialist Clinical Lead and clinical lead to the Operational Team**1 Band Proposed 8A WTE

Specialist and Supervision to Band 7 practitioners

**Operational Team Specialist Practitioner (**Minimum) Proposed 3 Band 7 WTE (3 WTE from year 2 onwards)

To deliver PIR assessments and Interventions

**Administrator** Minimum of 1 WTE

Covering a range of Administration Roles

**Please refer to Tender Questionnaire Schedule 4**.

**Question 1.** T**he Specialist Parent Infant Mental Health Team**

Providers will be required to submit their proposed Team Diagram Structure, to includes role, responsibility, pay band and number of posts as WTE to meet all delivery. This must be attached with your submission (single diagram only).

6.3.1 The team will work with and hold a clinical case load of families who meet the criteria for a PIR intervention through this service. The Service will provide clinical supervision for practitioners. The team will consist of a lead Clinician and will provide specialist assessment and intervention and be an operational lead to the team. The clinical lead will hold the case load of those families identified as needing a more specialist in depth PIR consultation and intervention.

6.3.2 The band 8a role example shown in the team structure will offer specialist function and also provide a clinical lead to the operational team.

6.3.4 The band 8a, with the support of band 7s in the example team structure, where applicable, will work in Kent with the small team of Infant mental health specialist Health Visitors who will be working with families with Perinatal Mental Health. Offering case support /supervision.

6.3.5 The operational team will need to include a minimum number of specialist practitioners (example band 7 in proposed team structure) to deliver PIR assessments and interventions and a minimum of one administrator to support the team and manage a range of administrative roles.

6.3.6 A triage process will need to be promoted, clearly set out for referrers alongside the establishment of a booking system.

6.3.7 The Provider or lead Provider would be expected to develop and maintain a secure referral portal.

6.3.8 The team structure will need to have the expertise to deliver workforce training including Level 2 Attachment and Parent Infant Relationship Training.

6.3.9 The above is not a definitive structure for this service but is an example to help illustrate the type and number of roles and competencies that would be expected to deliver this service.

**6.4 Referral and Acceptance – Operational Delivery of the Service**

Referrals will be accepted from a range of multi-agency sources within the Family Hub workforce which brings together the six core Universal services of Health Visiting, midwifery; mental health support; infant feeding advice with specialist breast feeding support and Early Help teams. **Referrals cannot be made through self, families or friends to this service.**

**Referral should include NHS number of parent and infant**

In order to manage demand, it is not expected that all multi agency sources will begin referring to the Services at the start of the contract. It is likely that a single referral agency will be identified and mobilised first with a phased approach to all relevant multi agency referrals over a planned time period.

Referral and Assessment pathways will be refined and agreed with the Provider or lead Provider (and partner agencies such as KMPT) through mobilisation and on an ongoing basis based on demand and triage.

Referral SPA Digital access point and telephone.

Including Advice and Guidance for workforce/ consultations

Referral acknowledgement to referrer within 48 working hours/2 working days of the referral being made (Monday to Friday).

Clinical lead will provide Specialist Assessment / Band 7 will provide all other Assessment

Booking system for advice and guidance for the workforce

Waiting times between referral and triage assessment no longer than 48 hours and 2 working days. Triage completed daily.

Clinical advice and guidance provided to referrer

Clinical advice and guidance provided to the key workforce in Kent, including recommendations to contribute towards learning and development

Assessed eligible for PIR interventions. Response and clear guidance and recommendations provided to referrer.

Assessed as not eligible for PIR interventions. Response and clear guidance and recommendations provided to referrer.

Intervention start date for those eligible no longer than 3 weeks/15 working days from assessment

Waiting times between referral and guidance no longer than 48 hours 2 working days

**6.5 Referral Acknowledgement Response Times**

Provide a swift initial acknowledgement response to referrers within 2 working days of the referral being made (Monday to Friday). If a booking system is used this should provide a date and time for the triage advice and guidance and details of how the discussion will be conducted. For example, by Phone/Video call/in clinic setting.

The triage will need to be completed daily through the working week, with some out of hours and clear information presented and updated on family hub website or social media platform used relating to closures for example bank holidays.

The Service will provide expertise to the Family Hub workforce in Kent to strengthen PIR knowledge, learning, workforce development and capacity to support PIR across the system.

All team roles will support information and guidance and contribute towards upskilling the Family Hub workforces in Kent. A point of reference should be made available to support the system to allow professionals to seek advice. This could include a regular chat function and the development of frequently asked questions.

6.6 As part of the Family Hubs and Start for Life programme, the Department of Health and Social Care have published new guidance entitled: ‘Reflecting on parent-infant relationships: a practitioner’s guide to starting conversations.’ The guidance will need to be incorporated and utilised in the Service. The guidance can be found here:[Parent-infant relationships: starting conversations (practitioner guide) - GOV.UK (www.gov.uk)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Fparent-infant-relationships-starting-conversations-practitioner-guide&data=05%7C02%7CWendy.Jeffreys%40kent.gov.uk%7C6ae33da5571b4024cb5908dc52fdac3a%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C638476496680394321%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=ogX2eBL87F3FD2gvMeMpWDdm2wS6NRjIfyDbZYcCygE%3D&reserved=0)

6.7 It will be particularly important for this PIMHS service to build an effective working relationship and partnership with the KMPT services across Kent to ensure those families and individuals who do not meet the criteria for a KMPT PIR offer are able to be refer into this service. This will include case consultation and supervision as part of workforce development in Kent.

6.8 Kent and Medway Partnership NHS Trust [KMPT] currently deliver perinatal mental health (PMH) service specialises in the assessment, diagnosis and short-term treatment for **women 18 and above who are affected by a moderate to severe perinatal mental health illness** in the preconception, antenatal and postnatal period (parent of a child under two years old).

6.9 KMPT PMH services full eligibility criteria and referral form can be found in the highlighted link above under Professional section. As part of KMPT PMH service they also offer a limited PIR service for birthing mothers who meet their eligibility criteria through a multi-disciplinary team including psychologists, psychotherapist, therapists and nursery nurses.

6.10 Although there is much evidence of the impact of poor mental health in dads/partners and consequent impacts on the infant relationship KMPT do not routinely offer a service to dads and partners. [Link to info for professionals and referral form](file:///%5C%5Cinvicta.cantium.net%5Ckccroot%5CGlobal%5CSHQ%5CST%20Strategic%20Commissioning%5CCommissioning%20Portfolio%5CPH%5C2.%20Contracts%20Live%5CFH%20Parent%20and%20Infant%20Relationships%20interventions%5CProcurement%202024%5Cread%20the%20eligibility%20criteria%20and%20complete%20the%20referral%20form)

6.11 [Kent Community Health Foundation Trust](https://www.kmpt.nhs.uk/information-and-advice/perinatal-mental-health-community-service-pmhcs/) **(**KCHFT) currently deliver perinatal mental health support across Kent health visiting via their four perinatal mental health, Health Visiting Leads.

**7 DELIVERING INTERVENTIONS**

7.1 The Service will provide those being offered an intervention an appointment to take place within 15 days from triage. The interventions should be offered outside of working hours and days for families who are not able to access at these times, such as evening and monthly Saturday sessions.

There is recognition that engaging with this service may be challenging for individuals at times. The Provider or lead Provider will have a transparent process for enabling individuals to contact the Service and supporting those who do not attend an appointment.

**7.2 Specialist Interventions Delivered by the Provider or Providers Through this Service.**

There are some principles that should be applied to all parent infant mental health interventions

These are:

* Interventions need to be based on a trauma informed healing centred approach.
* Based on Attachment Theory methods.
* Offer a strength-based approach to resilience.
* Offer choice though a blended model of one to one, group, face to face or virtual.
* The Provider or Providers will adopt the THRIVE model to help progress development of the provision of services/ intervention offered. See Appendix 1.
* Working within an agreed and robust referral framework, triage and clinical assessment with pathways that are understood and monitored across the system.
* It is recommended that the Provider or Providers adopt the Kent Children’s Mental health VCSE competency framework [Link](https://kentresiliencehub.org.uk/wp-content/uploads/2023/05/KM-Competency-Framework-Draft-v0.03-003.pdf)

**7.3 Referral criteria**

In recognition that the demand for this service is unknown within Kent, the Provider should carefully manage the implementation of the Service within the budget that is available. The Provider or lead Provider should work closely with the Commissioner through mobilisation and contract management to develop and agree a staged approach to accepted referral sources which will enable the steady increase of eligible referrals within service capacity and budget.

The Service will offer support for families who have been referred and need specialised help. This includes targeted work with families experiencing early difficulties whose needs cannot be met by universal services alone, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies’ emotional wellbeing and development is particularly at risk. ‘

Infants with signs of emerging IMH needs and distress, and/or Disorganises/Insecure attachment

* Parent identified as having concerns that they are not bonding with their baby
* Parent is concerned that they do not have a positive relationship with their baby
* Parent is concerned that a difficult relationship with their own parent(s) is having a negative impact on their capacity to connect with/parent their baby.
* Parent is concerned with negative thoughts and feelings about the relationship with their baby
* Parent has encountered a traumatic experience that is impacting on the developing relationship with their baby
* Parents are facing additional difficulties such as physical or emotional ill health that may be having a negative impact on their experience of becoming a parent.

The Provider or lead Provider will need to develop or ensure the development of a website with a referral and triage phone or digital access point.

Eligibility is likely to need to be refined and developed as the Service evolves.

7.4 A standardised digital referral form will need to be made available to a range of multi-agency sources. The digital referral form will need to be hosted on a secure platform, which is complaint with General Data Protection Regulations (GDPR). The referral form will be designed in partnership with the successful Provider, or lead Provider KCC and the key system partners in Kent. The referrals form must contain sufficient information to support triage.

Times and days of when the specialist triage is available will need to be clearly set out to refers across the system. This may include a clear and simple booking system. The outline of this will be refined and agreed in partnership with KCC though mobilisation to ensure effective workflow and opportunity to grow and develop the Service.

**7.5 Acceptance**

Acceptance for the Services will need to:

Make clear to referrers that they must have obtained informed consent from the person prior to making a referral.

Triage/Assessment Consultation

* provide clear method of how advice and guidance and recommendations will be provided to referrer if the referral is not eligible for a PIR intervention through this service.
* ensure the waiting times between referral and triage advice and guidance is no longer than 2 working days. This will depend on demand and capacity of the team.

**7.6 Intervention Start**

Once confirmed eligible for the PIR interventions the Provider or lead Provider will:

* Provide a clear method of intervention that meets the needs of individuals and their families and is built upon a sound evidence base.
* Ensure that waiting times between date of assessment and the Provider or lead Provider PIR intervention start date is no longer than 3 week/15 working days. This will be dependent on demand and capacity over the life of the contract.

**7.7 Days/Hours of Operation/Length of Intervention**

The Provider or lead Provider will:

* deliver a core service weekdays day 9am – 5pm and offer of evening activity and Saturday Sessions
* provide consultation triage weekdays (this will be set against availability of the team clinical specialists capacity and availability).
* offer groups, one-to-one sessions or a combination of both, as per the parents/carers needs/wishes
* deliver services which are accessible, both in terms of location and format of materials/content.
* provide access to interpretation services for clients whose first language is not English and who require interpretation, including British Sign Language.
* use digital innovation to drive forward an efficient quality service ensuring access barriers including digital poverty are considered.
* provide flexibility around the length of an intervention to accommodate the needs of those parents/carers who may require more or less than the routine offer
* ensure sufficient continued support is in place to support families exit from the Service

Please note: it is not expected that the Service will be virtual/digital but if the Provider evaluates that a family’s access to one or more sessions would be more suitable in a virtual/digital format this could be offered in accordance with the parents’ wishes/choice.

**7.8 Tier 2 Parent Infant Mental Health Interventions**

Tier 2 intervention sessions will need to be interactive to support positive and helpful discussions that promote learning and good outcomes for participants and support parents/carers and their baby/child to learn together through fun and established play activities such singing and rhyme time, story time which help baby/child learning. Sessions should also cover talk time for parent, including personal, social and emotional development, communication and language and problem-solving skills with reflective strength based and practical feedback techniques which can be practiced at home.

Interventions may provide video feedback which would involve the facilitator filming the parent(s) interacting with their baby, the parent will then be supported to watch and reflect on the film using a straight based approach to help parents/carers to become more sensitive to babies’ communicative attempts and develop greater awareness of how they can respond in an attuned way.

Recent publication on the Impacts of parent infant relationship teams by the Parent infant foundation[[1]](#footnote-2) includes a range of Tier 2 interventions for example Circle of Security.

Tier 2 support for families with more complex difficulties, where parenting is significantly impacted by parental wellbeing or stress (e.g. parents with high anxiety and low mood) or by complex trauma history (e.g. parents who are care experienced) [[2]](#footnote-3)

**7.9 Tier 3 Parent Infant Mental Health Interventions**

It is expected that the Provider will provide individual Parent Infant psychotherapy and other formulation led psychological interventions.

**8. TRAINING AND WORKFORCE SUPPORT**

**8.1** **Level 2 Attachment and Parent Infant Relationships Training**

From year two of the contract the Provider will be required to deliver Level 2 Attachment training and Parent Infant Relationship training to key practitioners in Kent.

KCC will need to be assured that the training content meets the required standards.

Training will need to be in person, with one full day Attachment training, followed within an appropriate timeframe, with one full day Parent Infant Relationship training.

The Provider will need a team with experience in delivering this training who possess experience of designing and delivering training packages and where possible have obtained training delivery qualifications. The Provider should be familiar with all processes associated to training delivery including producing lesson plans, training agendas and delegate feedback forms.

Trainers will also need to have the following:

* A good understanding of group processes and dynamics
* Skills to facilitate these and contain a group
* Clear communication skills
* Up to date knowledge to effectively signpost people to local sources of information and advice.

The training programmes should be delivered through a range of delivery styles and methods but need to be relevant to practice and mindful of learning styles, ensuring equitable accessibility when required. Training should be participatory, interactive and include opportunities to engage throughout.

KCC will work with the Provider to identify and approve eligible delegates. This will require a booking system. The Provider will need to record if delegates do not attend.

It is anticipated that a minimum of 25 - 30 delegates will attend the 2-day face to face training annually.

The Provider will be expected to provide all relevant training materials for delegates, some of which may be electronic to support pre course information and learning.

The Provider would be expected to provide support to practitioners who have undertaken this training to build their Infant Mental Health portfolio. This portfolio would include documents and records of self-assessment, reflection and practice mapped against the AiMH UK IMH Competency Framework. On completion of the IMH Portfolio, participants can have their Portfolio reviewed by AiMH UK and can then choose to be entered onto the Infant Mental Health Recognition Register (IMHRR) in recognition of IMH expertise.

**8.2 Kent Parent Infant Mental Health Consultation**

The Provider will be expected to offer a consultation service to practitioners requiring advice and guidance on individual clients. It is expected that this service will be by telephone. Monitored during office hours.

**8.3 Workforce Development in Kent**

Developing the skills of the workforce in Kent in PIR will be a key element of this service offer. The Provider will be seen as a specialist and work with the system in Kent through the life of this contract.

This could include the Provider being involved in the development and ongoing participation in relevant Communities of Practice which contribute to the improvement in parent infant mental health in Kent.

**8.4 Kent Parent Infant Mental Health Supervision**

Supervision is an opportunity for practitioners to reflect on the vulnerability of the baby and the rawness of emotions stirred up in the parents, the couple relationship, and themselves. It is also designed to encourage individuals to explore different ways of supporting infants and their families and to discuss this with their colleagues and supervisors.

In Kent we would like the Provider to set up and deliver effective, regular parent infant mental health supervision. This would include:

1. Regular Parent Infant Mental health supervision for the PIMHS team members. The Provider would also need to provide suitable supervision for the supervisors.
2. Monthly supervision for 48 practitioners in Kent in group supervision sessions. It is expected that this would entail 12 groups of 4 practitioners each per district. Practitioners would include 4 PNMH midwives, 4 Community Matrons, 12 FPP leads, leaving 28 places for 0-11 Senior Family Hubs Practitioners. Length of supervision will need to consider turnover of practitioners who would benefit from supervision.

**9. RESOURCES AND WEBSITE**

**9.1 Parent Infant Mental Health Resources**

The Provider will need to create a range of resources and material to support parents, families and professionals in Kent. Including promotion of the Service.

**9.2 Kent Parent Infant Mental Health (KPIMH) Website**

The Provider will need to create and maintain a Kent Parent Infant Mental Health website to support parents, families and professionals in Kent. The website will need to provide range of resources tailored to support both parents, families and professionals.

The Provider may host the Kent PIMHS service on an existing relevant website.

It is anticipated that the website will need to be live early in year one of the contract.

Links to other key websites (Kent Family Hubs) and information on the KPIMHS website will be explored over the life of the contract.

**10 PROVIDER RESPONSIBILTY**

10.1 The Provider will be responsible for

We would expect the successful Provider to be an organisation with demonstrable experience of developing, implementing and monitoring parent and infant relationship interventions and providing advice and guidance which can be given to the workforce in Kent.

10.2 The Provider will need to: -

* ensure that the team have the skills, expertise and qualifications, to deliver parent and infant relationship interventions and provide information and guidance to the FH workforce in Kent
* provide a referral triage access point
* embed and promote assessment and referral processes that are robust and used appropriately across the system.
* Create and maintain the Kent Parent Infant Mental Health Website
* clear understanding of and engagement with the system in Kent, for example, Perinatal Mental Health Community Services, Child and Adolescent Mental Health Service, Health Visiting, Midwifery including neo natal units, Mother and baby unit, Family Hub staff, Voluntary and Community Sector.
* work in partnership to be able to fulfil the requirements of the recommended outcome measures for PIR interventions.
* Deliver at least the minimum number of interventions of families with infants 0- 24 months]
* Raise awareness of PIR and the impact of interventions on families with partners such as primary care, health and care partnerships.
* Collect analyse data and intelligence to present evidence of the effectiveness and impact of the Service.
* Collect and summarise feedback, including impact of guidance and consultation provided to the workforce/system in Kent and gathering feedback from stakeholders.
* Ensure data protection and data security, including Data Protection Impact Assessment (DPIA)
* Capture and record the NHS number of parent and infant.
* Submit data to shared data system in Kent including NHS number.
* Writing and disseminating periodic impact report which sets out the outputs and activities.
* Adjust their delivery based on evolving and emerging evidence to continually improve the offer.
* Promote the Service

10.3 The Provider will need to evaluate, monitor and report on the quality and quantity of interventions and triage and advice and guidance to the workforce in Kent.

10.4 It is expected the successful Provider will provide KCC with a comprehensive plan of how they would deliver and monitor this programme highlighting the interventions that would be used and how this would be offered and provided to support the needs of families in Kent.

Performance Monitoring is provided in section 24 **Monitoring, Evaluation and Performance Measures**

**11. SAFEGUARDING**

11.1 The Service may identify safeguarding issues. These concerns may relate directly to the clients [parents and infant] or the welfare and safety of other adults or children. These adults or children may reside at the client’s place of residence or may have regular contact with them. Local Kent safeguarding policies must be followed.

11.2 These are available at <https://www.kscmp.org.uk/procedures/kent-and-medway-safeguarding-procedures> The Service will comply with relevant professional guidelines and best practice as indicated by recognised professional bodies.

**12 SERVICE STANDARDS**

12.1 NICE Guidelines: There are recommendations relevant to the parent-infant relationship in several NICE guidance documents including NICE Review 2020[[3]](#footnote-4), Children’s Attachment (QS133), Postnatal Care (QS37, quality statement 9), Social and Emotional Wellbeing: Early Years (PH40) and Early years: promoting health and wellbeing in under 5s (QS 128).

Professional bodies: There are currently no national quality standards for specialised parent-infant relationships but as this specialism expands through the period of the contract the provider will be expected to support implementation of new standards.

A link to a [Good practice Guide](https://www.england.nhs.uk/wp-content/uploads/2021/03/Good-practice-guide-March-2021.pdf) involving and supporting partners and other family members in specialist perinatal mental health services may be helpful to refer to.

1. **SUPPORT TO THE PROVIDER**

13.1 The Provider will have opportunity to access development surgeries in 2024 delivered by the parent infant foundation.

13.2 The Provider should consider joining the parent infant foundation network to access learning events.

1. **SYSTEM WORKING**

14.1 Various services and practitioners already support good quality interactions and support emotional connections between parents and their baby/child, including midwives and Health Visitors, GP, social workers, family support workers, parenting group facilitator, speech and language workers.

14.2 We expect the Service to provide expertise to the existing Family Hub workforce in Kent to strengthen knowledge and pathways, this includes the triage and advice and guidance for health and social care professionals; ‘Reflecting on parent-infant relationships: a practitioner’s guide to starting conversations.’

14.3 This service will work alongside key workforces in Kent to support collaboration and to promote healthy development of parent infant relationships.

* Working pro-actively with a range of multi-agency colleagues to promote healthy development of parent-infant relationships and parent infant mental health.
* Provide parent-infant relationship expertise across the system
1. **IDENTIFICATION OF SCALE OF NEED IN THE LOCAL POPULATION**

15.1 As this service has a dual role in terms of both delivering clinical led PIR specialist consultations, assessments, interventions, advice, guidance, training, recommendations reflective practice and supervision to referral organisations. The Service will provide regular formal consultation to health and non-health care professionals who are delivering low to moderate interventions, with specific support for the family partnership programme [FPP], senior family hub practitioners and the specialist PNMH health visitors.

15.2 While minimum acceptable numbers have been provided in, it is expected Providers will provide a realistic reach as evidenced through the tender process and over the life of the contract.

15.3 Please refer to the Monitoring, Evaluation and Performance Measures Section of this document which sets out the required activity.

1. **Intervention Screening and Measurement Tools**

16.1 The Provider will be expected to use appropriate evidence-based screening and assessment tools.

16.2 It is an expectation of the DfE that Family Hubs will use the following assessment tools before and after interventions:

1. **Mothers Object Relations Scales (MORS) Short Form** (SF) [link](https://parentinfantfoundation.org.uk/resources/the-mothers-object-relations-scale-short-form-mors-sf-scoring-and-interpretation/) tool to assess parental perception of parent infant relationships.
2. **Depression Test Questionnaire (PHQ9)** for Assessment of depression using or
3. **Generalised Anxiety Disorder Assessment (**GAD 7) [Link](https://uhs.fsu.edu/sites/g/files/upcbnu1651/files/docs/PHQ-9%20and%20GAD-7%20Form_a.pdf) assessment may be required.

16.3 Monitoring of information using these score tools is an expected output utilising and populating the data set which will be made available to the local authority digital lead.

The workforce may use the clinically led (MORS-SF) as a screening tool to indicate potential difficulties in the parent baby relationship. The screening tool will support open discussions with parents regarding concerns they may have in their relationship with the infant.

The conversation and MORS-SF scores will inform the appropriate interventions and referral route and within the advice and guidance through this services triage. Monitoring of information using these score tools is an expected output utilising and populating the data set.

The MORS [short form](https://www.morscales.org/) screening tool post-partum, as part of universal service delivery or following identification of a possible perinatal mental health difficulty, to identify cases where a mother has a maladaptive representation of her infant and to decide on appropriate psychotherapy focused on helping the mother to interpret her infant’s behaviour in a more healthy way;

The Provider will embed assessment of recipients before interventions by using MORS SF tool or MORS infant to assess parental perception of parent infant relationships. Assessment of depression using PHQ9 or generalised anxiety using GAD 7 assessment may be required.

16.4 GAD 7 [screening tool](https://uhs.fsu.edu/sites/g/files/upcbnu1651/files/docs/PHQ-9%20and%20GAD-7%20Form_a.pdf) is used to track the course of treatment where a disturbed mother-infant relationship is part of the presenting problem. For serious mental health issues such as puerperal psychosis or schizophrenia, the tool can give insights into the associated disturbances in mothers’ perceptions of their infants, helping the clinical formulation and also tracking response to treatment.’ and [PHQ9 Depression Scale](https://www.hiv.uw.edu/page/mental-health-screening/phq-9)

MORS and GAD 7, PHQ (along with clinical triage and assessment will identify need and the appropriate response, pathway and level of intervention required.

16.5 The Service will need to be flexible in tools used as there are other outcome measures which could also be utilised across the system, for example, the [City Birth Trauma Scale](https://bpb-eu-w2.wpmucdn.com/blogs.city.ac.uk/dist/1/2580/files/2019/12/City-BiTS-Version-2.0-2018.pdf), the [Alarm Distress Baby Scale](https://adbb-scale.com/), or the [PIOS scale](https://warwick.ac.uk/fac/sci/med/study/cpd/cpd/piios/).

16.6 Though mobilisation and beyond, a range of system wide tools will be confirmed and agreed with partners.

1. **Location of Service, Premises and Equipment**

17.1 The Service will be available to families across Kent. The Service will need to be accessible and flexible to enable continuity of care and operate with families’ hubs from across all 12 Districts across Kent.

Premises

17.2The aim is that all operational delivery will be within Family Hubs in Kent through free bookable spaces.

17.3 Family hubs bring together different services in a ‘one stop shop’ to make it easier for families to get help and support. They provide a single place to go for face-to-face support and information from a variety of services.

* 1. It is not expected that the Provider will pay for operational delivery space in Family Hubs.

17.5 Although Family Hub locations will be used to support operational delivery. The provider may also identify and source community and health care settings where available within the financial envelope. In addition to home visits.

Team Office Premises

17.6 One central small office space for the team is currently being explored. This is likely to be a central district such as Ashford to aid county wide operational delivery. The aim is that a free office space licence agreement will be put in place, which will include office furniture. Some office costs will need to be managed within the financial envelopes.

Equipment

17.7 IT equipment and mobile phones will need to be managed within the financial envelope.

1. **COMMUNICATON AND MARKETING**

18.1 The Provider will work with KCC to promote and gently introduce the Service to the Family Hub workforce in Kent. As this is a new service, promotion should be managed in an organised and controlled way to manage demand for triage and interventions.

**19 CO – Production**

19.1 It is expected that the Service Provider or Providers will identify and facilitate co-creation opportunities with the target cohort and that co-production opportunities will be evidenced and reported to KCC.

1. **DEMAND MANAGEMENT**

20.1 The triage process should ensure that only those families eligible for the PIR intervention enter the Service. Where demand outstrips supply and waiting times increase KCC expect the Provider to work with the referrer to provide support and guidance on how the family can be supported in the short or medium term through the referral organisation. Records of all referrals should be kept, so that demand can be monitored.

20.2 In order to understand and manage demand at the start of the contract KCC will work with the provider to plan for full multi agency referral sources over a safe and structured period of time.

20.3 Demand management will be discussed at quarterly meetings over the life of the contract, and where required the provider and KCC will explore and agree options to mitigate wait times.

**21. INFORMATION MANAGEMENT – SYSTEMS EQUIPMENT AND SOFTWARE**

21.1 The Provider will ensure that all data is captured within a secure system that fully complies with UK GDPR and can fulfil the data reporting requirements. outlined in monitoring, evaluation and performance measures and Key Performance Indicators in full.

21.2 To understand impact of the Service in the longer term, it is expected that the provider will capture parents and infant NHS number and submit data to shared data system in Kent such as the Kent and Medway Shared Care Record (KMCR).

21.3 In line with GDPR, the Provider will obtain consent from the client to hold client identifiable data and submit aggregated anonymised data to the Council for NHS digital data submission.

21.4 The Provider will request consent to share client identifiable data with linked patient databases held by Kent and Medway ICB Business Intelligence Team for the purpose of evaluating service impact on Kent population health outcomes, enhanced targeting of services and health service demand modelling and capacity planning.

Therefore, the Provider should:

1. Have a clear privacy notice clearly explaining patient / client level identifiable data will be shared with other organisations safely and securely for the purposes of analytics including research for service improvement purposes, and that analytic outputs will be aggregated and / or anonymised.
2. Seek and record explicit consent from each client to collect their NHS numbers and / or their personal details for the purpose of data linkage to enable analytics including research purposes.'

21.5 It is KCC’s preference that the Provider proposes a recognised secure case management system to fulfil GDPR requirements. Bidders will be asked to name and detail their solution within the tender questions.

21.6 Providers may propose to record core data within KCC’s tracking and data system Core+ Families Module (for more details about this system see [Core+ | CorePlus | The Access Group | Support](https://www.theaccessgroup.com/en-gb/products/coreplus/)). Providers should note that this is not a case management system and will have more limited functionality; additional recording outside of the system may be required to fulfil the reporting requirements, and so bidders proposing this solution will need to detail how they will securely manage and report against any additional data within their tender response.

21.7 Providers proposing to use KCC’s Core+ system will ensure that:

* the system is continuously updated with all required information. There will be an agreed dataset against which performance will be measured and this information will be reported to the Council. The Provider will be required to work with the Council on any future amendments and developments which it may need to make to its data recording systems.
* The Provider’s staff will attend any relevant IT (Information Technology) system training and use all systems in line with the Council’s Code of Conduct. They will have an appropriate and jointly agreed process in place where a member of staff breaches this code.
* The Provider will inform the Council of any changes, e.g., leavers, starters, changes to role where system access is no longer required.

21.8 For an overview of proposed data collection, please see the Contract Management Schedule. Providers should however note that a full DPIA will be required for this service and the provider will be expected to work with KCC in completing this during mobilisation

**22. SOCIAL VALUE**

22.1 KCC services have a social purpose and therefore KCC will require services to determine social value working within the commissioning process. This will include robust measures to report on achievement. KCC has interpreted the Social Value Act to include:

* Local Employment: creation of local employment and training opportunities
* Buy Kent First: buying locally where possible to reduce unemployment and raise local skills (within funding available and minimising risk to KCC)
* Community Development: development of resilient local community and community support organisations, especially in those areas and communities with the greatest need
* Good Employer: support for staff development and welfare within the Delivery Partners’ own organisations and within their supply chain. Support Kent Healthy Business initiatives
* Green and Sustainable: protecting the environment, minimising waste and energy consumption and using other resources efficiently, within the Delivery Partners’ own organisations and within their supply chain. Including active travel.

**23. KEY RISKS**

23.1 The Provider will work collaboratively with KCC to develop a Risk Register to cover each of the Service elements, which will be RAG-rated and must demonstrate clearly the actions taken to mitigate identified risks. This must be developed at the outset of the contract and will be kept under review at quarterly performance management meetings.

**24. MONITORING, EVALUATION AND PERFORMANCE MANAGEMENT**

24.1 The mobilisation phase will run from the date of contract award through to the Service start date (19September 2024) and until the Service is fully operating. The Mobilisation Plan is fundamental to ensure effective service start.

24.2 The Provider will nominate a named mobilisation lead within their organisation to manage the mobilisation phase.

* Advertisement of job opportunities
* Recruitment and induction
* Training plan to include requirements, for appropriately qualified team.
* Secure data/case management system (KCC Core Plus)
* Data management for workforce development, training and supervision
* Submission of data to the Core+ system
* KCC will ensure an appointed Officer(s) through mobilisation and for point of contact for the contract.
* Arranging and leading performance meetings.
* KCC will provide training and secure access to The Core+ system

24.3 The Provider should work closely with the Commissioner through mobilisation to create a monitoring and evaluation plan which captures measurement of clinical outcomes and KPI.

24.4 It is anticipated that regular mobilisation meetings will be required in the first 3 months.

24.5 Outcomes and KPI will be reviewed at quarterly review meetings in the first operational year, with annual impact statement which summarises the outputs and outcomes of direct work with families, and indirect activities such as consultation and training.

24.6 The Provider will be required to submit performance dashboard quarterly, with a concise narrative report. A performance dashboard will be developed with the Provider through mobilisation. Performance will include Qualitative, Quantitative and Quality Data.

24.7 The Provider will be required to:

* work collaboratively with commissioners to create a mutually beneficial monitoring approach.
* measure clinical outcomes using evidence-based and validated tools, and to collect service user feedback.
* Population data system to collect and report on performance (Core plus may be utilised)
* provide quarterly performance reports which include summarised output and outcome data, complaints and compliments.
* Attend meetings to provide updates on performance
* disseminate an annual impact statement which summarises the outputs and outcomes of direct work with families, and indirect activities such as consultation and training

These will be reviewed at quarterly review meetings in the first operational year, frequency to be reviewed beyond that.

24.8 KCC will work with the Provider to develop a KPI performance dashboard which will include a range of metrics which support KPI and service impact.

24.9 KPI and Metrics will be reviewed during mobilisation over the life of the contract to ensure effective and sufficient performance reporting. The Provider will be expected to comply with requests from KCC for proportionate adaption, additional reporting and data that supports performance reporting.

**26. APPENDECIES**

**APPENDIX 1: THRIVE**

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[**https://implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf**](https://implementingthrive.org/wp-content/uploads/2016/03/Thrive.pdf)

1. <https://parentinfantfoundation.org.uk/new-report-highlights-true-impact-of-parent-infant-relationship-teams/> [↑](#footnote-ref-2)
2. <https://www.barnardos.org.uk/sites/default/files/uploads/ABC%20PiP%204%20Year%20Learning%20Report%20FINAL%20240523%20%28002%29.pdf> [↑](#footnote-ref-3)
3. https://www.nice.org.uk/guidance/ng194/documents/evidence-review-16 [↑](#footnote-ref-4)