Integrated Perinatal Mental Health and Parent Infant Relationship Strategy for Norfolk.

family hubs | Start for Life

Foreword

Sara Tough

The first 1001 days of a child's life – from conception to their second birthday – are vital. During this time, the foundations for lifelong health, wellbeing, and development are laid. Working in Children's Services, we have a collective responsibility to ensure that every family in Norfolk is supported to give their child the best possible start in life.

Perinatal mental health (PNMH) and parent-infant relationship (PaIR) challenges are far more common than many people realise. One in five women will experience mental ill health during or after pregnancy, and a significant number of partners will too. These experiences can be incredibly isolating, but they shouldn't be. There is a wealth of support available across Norfolk, and through the tireless work of our partners over the past four years, that support is becoming more united, more accessible, and more responsive to the needs of families.

This strategy is a testament to the power of collaboration. It reflects the voices of parents and carers, the dedication of professionals, and the shared ambition of our system partners. We've made real progress – from embedding specialist midwifery teams and expanding peer support, to integrating services within our family hubs. But we know there is more to do. The commitment to continuous improvement is strong, and our partnerships are rooted in a shared belief: that every baby, every parent, and every family in Norfolk deserves to flourish.

Sara Tough
Executive Director of Children's Services,
Norfolk County Council.

Foreword

Rebecca Hulme RN

This strategy demonstrates the commitment, compassion, and expertise of all those working to support babies, and their families in our region.

Reflecting on the progress to date, the transformative work of teams and the impact that has been collectively achieved is inspiring. The system's shared mission—to ensure that all babies, children, and families are supported and empowered to Flourish before birth and beyond—remains at the heart of every action taken.

Among the many areas of progress and improvement, two key areas deserve particular mention.

Firstly, the collaborative approach to identifying perinatal and infant mental health needs has driven tangible improvements in early intervention and support. By bringing together health, social care, and voluntary partners, there is enhanced access to timely, evidence-based care for parents, caregivers, and infants. This integrated approach has not only supported families during the critical first 1001 days but also laid a strong foundation for lifelong health and wellbeing.

Secondly, system partners should be proud of the progress in workforce development and training. By investing in the skills and knowledge of staff across the system, it is evident that the latest research and best practice inform every aspect of care. Teams are more confident, equipped, and empowered to offer compassionate support, and champion the voice of families at every stage.

However, there is more to be done. The challenges facing families are complex and ever evolving. System partners must continue to listen, learn, and adapt—working together to remove barriers, address inequalities, and reach those most in need of support.

The commitment to ongoing improvement is clear. Partners will continue to build on successes, strengthen collaborations, and innovate in response to the needs of communities. By doing so, every baby, child, and family in Norfolk and Waveney will be afforded the opportunity for a healthy, happy, and safe start in life.

Thanks go to every colleague, partner, and family who has contributed to this strategy. This approach and commitment will make a real, lasting difference—and together, partners will continue to go further to ensure every family in Norfolk and Waveney flourishes.

Rebecca Hulme RN
Director - Children, Young People, Safeguarding and Mental Health
NHS Norfolk and Waveney ICB and Norfolk Children's Services

Our mission statement:

All babies, children and families are supported and empowered to have a healthy, happy and safe start for life, ensuring they Flourish before birth and beyond.

By working together as a system, we have a better chance of achieving positive outcomes for families during the first 1001 days.

These outcomes include, but are not limited to:

- Prospective parents/caregivers will be well prepared for parenthood.
- Mothers, babies & their families have positive pregnancy outcomes.
- Babies and parents/co-parents or caregivers have good early relationships.
- Parents/co-parents or care givers experiencing emotional, mental health, or wellbeing challenges are identified early and supported.
- Parents/co-parents who experience loss during the perinatal period are effectively supported.

Introduction

Integrated Care Systems (ICS) and associated partnerships are uniquely positioned to be able to bring together the NHS, local government, and other public services to explore how best to improve health for all, to reduce health inequalities, and to use their resources more wisely.

The Norfolk and Waveney ICS is committed to ensuring that all children have the best start to life and to address health inequalities across the life-course, starting with infants. This is evidenced by our ICS Joint Forward Plan which has a focus on 'prioritising services for babies, children and young people', as well as 'transforming mental health services' (N&W JFP, 2023).

In addition to this, a system wide ambition has been published by our local authority partners ensuring all children and young people and their families, can 'Flourish' (Flourish Ambition, 2022). Within the Flourish ambition and associated delivery plan, there is a focus on prioritising prevention and early help across system partners to ensure child and family needs are met at the earliest opportunity.

This strategy focusses on the integration, alignment and join up of pathways to support families experiencing Perinatal mental health (PNMH) and/or parent-infant relationship (PaIR) difficulties at all levels across our local system. Mental health and parent-infant relationship needs, if effectively supported, provide the foundations for happy, healthy families far beyond the start for life period.

This strategy document focusses primarily on the Norfolk system following the significant development and focus associated with these pathways during the Norfolk family hub and Start for Life transformation programme.

However, some health commissioned services are also delivered within Waveney area of Suffolk due to a difference in coterminosity of health and local authority boundaries.

We continue to work in partnership with Suffolk colleagues to ensure families who live in our neighbouring county receive the support and care they need during this vital period.

The strategy outlines the systemic approach Norfolk partners specifically intend to take to improve the integration of PNMH and PaIR service offers, recognised as a key building block during the first 1001 days.

Within Norfolk, 3 priority areas have been identified within our local PNMH and PaIR approach:

1. A confident and competent workforce with the skills to identify PNMH and PaIR needs.

2. Increasing access and availability to evidence-based support for PNMH and PaIR, alongside improving integration and join up of existing pathway offers across the local landscape.

3. Prioritising underserved and vulnerable groups to address identified health inequalities both in terms of access and outcomes.

The Case for Change

"The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status"

Michael Marmot

2010, Fair society, Healthy Lives

Perinatal Mental Health

One in Five women experiences a mental health problem during pregnancy or after they have given birth, with the most common needs around depression and anxiety, and the most effective support including fast access to psychological therapies (NICE, 2018)

The impact of this mental health need on co-parents and partners is undeniably significant; with latest estimates predicting 5-15% of partners will also face mental health difficulties during the first 1001 days (Darwin, 2017), however this figure is likely to be significantly underestimated.

PNMH difficulties cost England £8.1 billion annually, equivalent to £190 million for an averaged sized ICS (Bauer et al, 2014) with nearly 75% of this cost attributed to the impact of adverse events associated with this unmet need on the infant/child.

For some individuals the likelihood of difficulties, and their associated risks are greater. Young parents are at increased risk of experiencing MH issues during pregnancy and after birth, with postnatal depression twice as prevalent in teenage mothers, compared to those over 20.

Sadly, the 2022 confidential enquiry into maternal deaths report from MBRACE noted a statistically significant increase in suicide deaths among teenage women, with all women analysed being involved with children's social care and experiencing complex needs, including substance misuse, domestic abuse and mental health (McGregor, 2022).

Parent Infant Relationships Case for Change

It is widely recognised that what happens in the first 1001 days of life are incredibly important. An infant's brain develops fastest and is at its most adaptable in the womb and during the early years of life with many millions of neural connections made (Leach, 2017). Infants experience their world in an environment of relationships, and it is these relationships that affect virtually all aspects of a child's development (National Scientific Council on the Developing Child, 2004).

A child's early relationships shape how they perceive themselves and others, they are also pivotal in influencing how children learn to regulate their emotions and control their impulses. This ability to 'self-regulate' is strongly associated with good mental wellbeing, good physical health and health related behaviours as well as socio-economic and labour market outcomes in later life. Conversely, if a child's emotional environment causes them to feel unsafe for fearful (particularly in the absence of at least one buffering, protective relationship), this elevates 'toxic stress' within the child.

This toxic stress influences how the brain can positively respond to stressors in later life, with children experiencing four or more adverse childhood experiences having between a 4-to-12-fold increase in alcoholism, drug abuse, depression and suicide attempts, when compared to those experiencing none (Ortiz, 2022).

The early intervention foundation (EIF, 2018) has estimated that in England and Wales the cost of late intervention in 2016/17 was £17 billion, with Mental Health problems during childhood and adolescence costing between £11,030 and £59,130 per child affected (Suhrcke et al, 2008). As we understand more about how early life experiences directly impact on a child's resilience, and propensity for mental health difficulties, it is hardly surprising that several studies have found a range of returns between £4 and £9 for every pound spent on early intervention within the first 1001 days, particularly when targeted to low-income families and those facing the greatest health inequalities.

Fortunately, most babies born in the UK have a secure, nurturing relationship with at least one care giver which gives them a strong foundation to develop physically and mentally. However, this is not true for approximately 40% of babies who are thought to have 'insecure' attachment with their primary care givers (Van Ijzendoorn et al, 1999) resulting in poorer outcomes later in life.

The Start for life approach is underpinned by a range of national policy guidance, including, but not limited to:

- Marmot: Fair Society, Healthy Lives, and the Marmot Review 10 years on: Health Equity
- First 1000 days of life, Health Select Committee
- 1001 Critical Days: the importance of the conception to age 2 period, All Party Parliamentary Group Cross Party Manifesto
- NHS England Long Term Plan: 'A Strong Start for Children and Young People'.
- Social Mobility Commission's State of the Nation
- Public Health England's Health Matters

Equality and Equity during the first 1001 days

It is essential that ICSs can provide leadership to ensure that provision and access to PNMH and PaIR support is equitable for the whole population. There are several groups whose needs are less effectively met by existing services, including, but not limited to:

- Single Mothers
- Young Mothers
- Care experienced YPs / Care leavers.
- Families living in poverty.
- LGBTQ+ Parents
- Neurodiverse and disabled parents
- Asylum Seekers, Refugees, and those from radicalised communities
- Gypsy, Roma & Traveller communities

Providing equitable access to these underserved groups will mean adapting services to meet all needs and reaching families who experience deprivation, discrimination, and trauma. The role of the VCFSE sector in this approach should not be underestimated and ensuring these underserved groups are considered in our integrated strategy will be crucial in working towards reducing inequalities.

The Local Need

In Norfolk, the latest live birth data we have suggests there were 7880 live births in January 2024 to December 2024 (local LMNS data to Dec 2024), with over half of these being born within the Norwich area. This represents a small increase from the 2023 data which recorded 7405 live births for the year.

Based on extrapolation of this data it would suggest we have approximately 16000 children aged 0-2 within our locality representing a predicted 23000 families who are currently expecting a child or have a child under 2. This number has stayed relatively consistent for several years with a slight decrease in numbers of births over recent years, perhaps due to the impact of the covid-19 pandemic.

Perinatal mental illness encompasses a range of mental health conditions that mothers may experience during pregnancy or in the first year after the birth of their child. Illnesses include antenatal and postnatal depression, maternal obsessive-compulsive disorder, anxiety and psychotic disorders. As many as one in five women develop a mental health problem during pregnancy or in the first year after the birth of their baby.

NICE estimate 3% of mothers will experience severe mental health needs during pregnancy or the year following (which equates to approximately 300 women each year in Norfolk and Waveney) and 10-30% with have mild to moderate mental health needs (2,600 – 4,500 women).

Table 1 provides more detailed estimates; however, it is felt by services that these numbers are likely to be conservative in their estimates (particularly regarding birth trauma/PTSD), and only represent women who are currently expecting a child i.e. this does not include the numbers who may have a child up to the age of 2 who go on to experience difficulties following birth. These estimates also do not take into consideration the numbers of co-parents or fathers who may also have a mental health need.

In Norfolk around 5.5% of mothers were reported to be under the age of 20; with Norwich, Great Yarmouth and Kings Lynn reported at 4%, 6.5% and 6% respectively (local data reporting Jan to Dec 2024).

This is almost double the national average of 2.3% (taken from ONS 2023 statistics) and therefore represents a key focus group given the risks associated with poor outcomes for this cohort.
In addition, the outcomes for young people who have experienced care is also of concern, with statistics evidencing that more than 50% become pregnant with 18-24 months of leaving care, and 25% within a year.

This is a particularly vulnerable group and although there is a direct referral route to the Family Nurse Partnership for those under 20, capacity on this pathway can prove challenging.

Once the statistics for mental health difficulties for this cohort are factored into the equation, 42% of care leavers reported being diagnosed with depression and 19% being diagnosed with more than one mental health condition, the picture becomes even more concerning.

Table 1

Estimates of perinatal mental health conditions applied to the Norfolk Population

Condition	Lower est.	Upper est.	Estimated number in Norfolk	
Postpartum Psychosis	0.2%		20	
Chronic serious mental illness	0.2%		20	
Severe depressive illness	3%		265	
Mild to moderate depressive illness and anxiety states	10%	15%	875	1,310
Post-traumatic stress disorder	3%		265	
Adjustment disorders and distress	15%	30%	1,310	2,620

Source: Public Health England, Child and Maternity Health Intelligence Network

Case Study

“Triple P baby has helped me realise I need to share how I feel too and its ok for me to find things difficult. The coping strategies exercise of breaking things down was great for ‘S’ (partner) but also for me.”

“Working together as parents we can share the pressure and difficult times and talk about it with each other better.”

“I am glad I attended and was included in the groups. Looking back, what felt like something for S has actually been something for me too”.

Norfolk Father, attended Triple P Baby course through ECFS

Parent Infant Relationship Need

Across Norfolk and Waveney there are approximately 16000 infants who are aged 0-2 (i.e. 0-2nd Birthday). The parent-infant foundation has proposed a model which uses international, national and local data to determine the potential 'need' relating to PaIR difficulties across local areas.

There are broadly considered 3 'types' of attachment; secure, insecure (which includes avoidant and ambivalent subtypes) and Disorganised attachment (Holmes, 2013). It is thought 55-60% of babies, and their parents have secure attachment and will not need support beyond universal pathways.

However, insecure and specifically disorganised attachment can particularly undermine a child's mental health, social behaviour and educational prospects, and is therefore regarded as being a priority target for preventative interventions in this space. It is thought that on average approximately 25-30% of infants experience insecure attachment, with a further 15% of infants experiencing disorganised attachment (Van Ijzendoorn, 1999).

Unfortunately, not every infant or family experiencing a relationship difficulty will be bought to the attention of services, or choose to engage with these services, before their 2nd birthday (due to a huge range of systemic, service and family related factors) highlighting the need of proactive outreach and inclusive approaches to engagement.

Therefore, when predicting likely service demand there will be a marked difference in the numbers of families with a possible need, and those actively supported by these initiatives.

The diagram below, using data from the Parent Infant Foundation Commissioning Toolkit, shows approximate prevalence and demand, across Norfolk (based on 16,000 0-2 year olds)

Infants with disorganised attachment

15%

2/3

(10%) are unlikely to access a service before child is 2

1639

- Highly vulnerable
- Significant need
- Need specialist PAIR team

1/3

(5%) are likely to access services

800*

- Significant need
- Specialised PAIR team
- direct work
- longer term

Infants with insecure attachment

25-30%

2/3

(16-20%) are unlikely to access a service

2622

- Moderate needs
- May increase risk of later MH problems
- Unlikely to access services until after 2

1/3

(1.5-2%) are likely to access services

240*

- Specialised team
- Direct work
- Short Term

(6.6-8%) are likely to access services

1040*

- Targeted services for parenting support

Infants who are securely attached

55-60%

(55-60%) are likely to access services

9014**

- Low-no needs of PAIR support beyond a universal offer

*Targeted and Specialist Intervention

^Universal Pathway

The Norfolk Offer

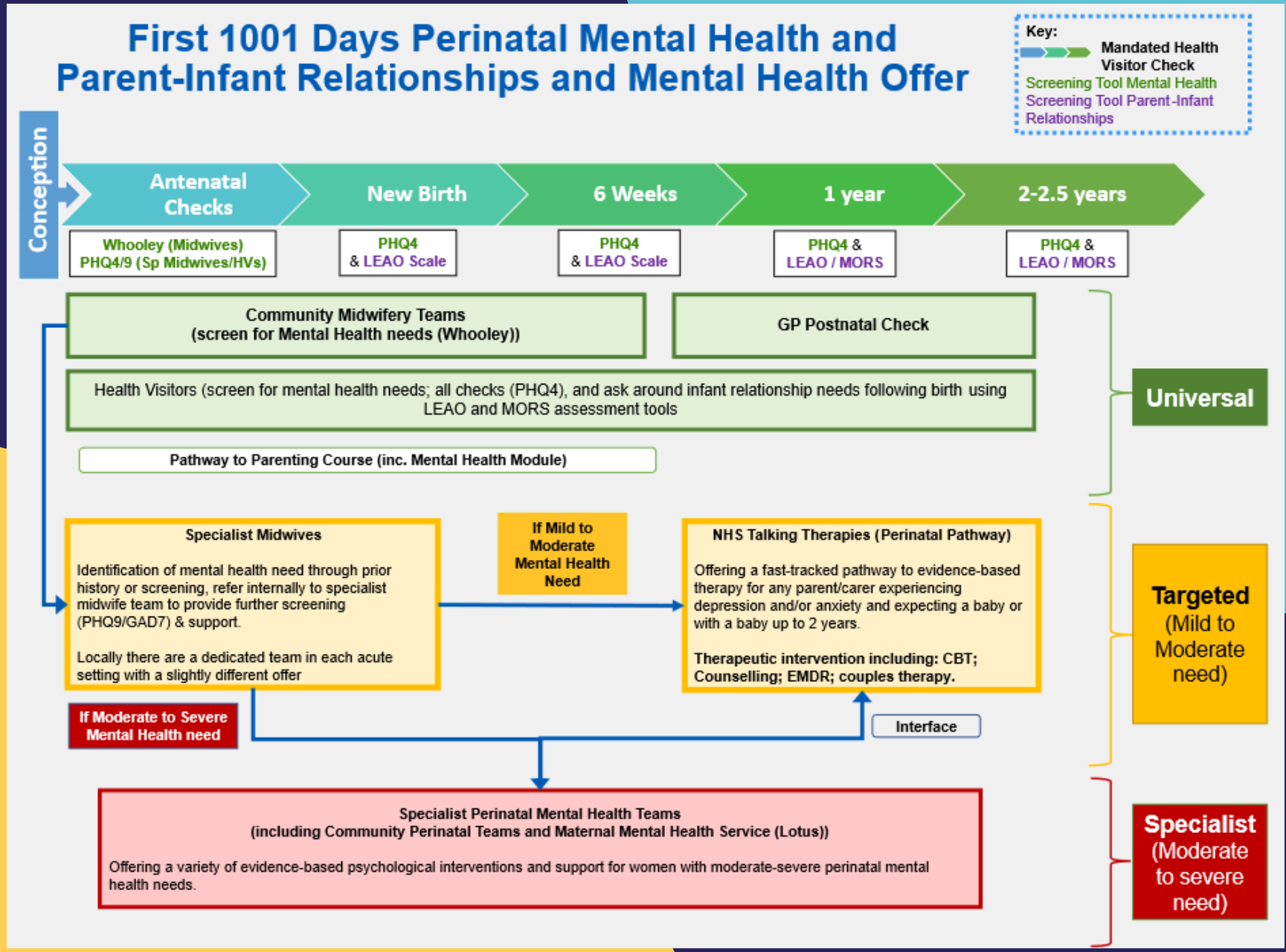
There are a significant number of pathways within a local system which need to be considered when ensuring a joined up and integrated approach to PNMH and PaIR. Many of these pathways are outlined in the image below from the Parent-Infant Foundation commissioning toolkit and have been involved in the development of this strategy and ongoing quality improvement of the system offer to support families with these needs.

Strengthening Parent-Infant Relationships; a system transformation.

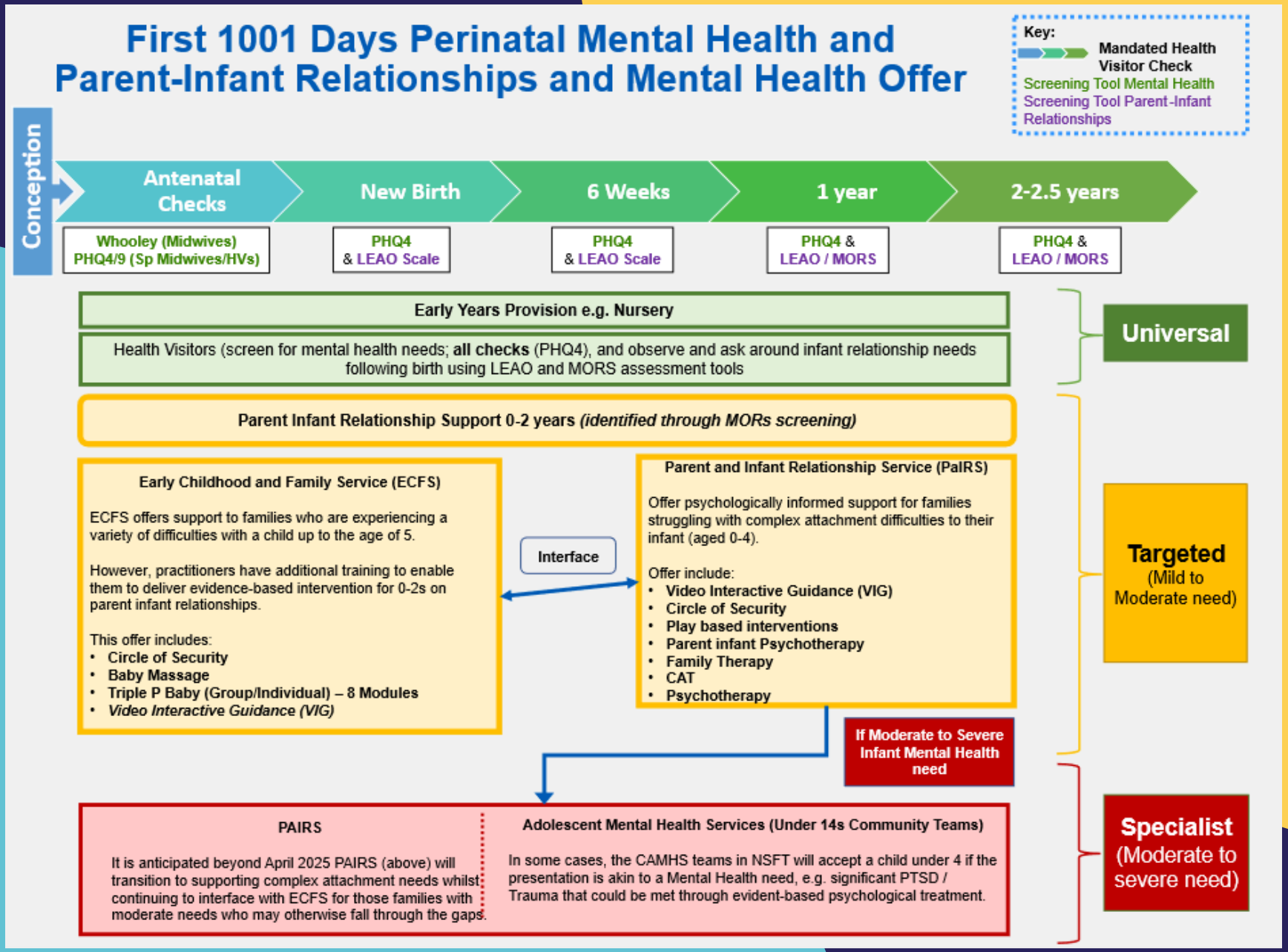
When mapping the current offer in Norfolk, it is important to both consider the journey of a family through the first 1001 days (from conception to the child's 2nd birthday) as well as the level of need a family has and the types of interventions which may help.

Whilst the visual flowcharts below are not exhaustive, they give an indication of the universal, targeted and specialist elements of the current Norfolk pathway with PNMH offers first, and PaIR provision second.

First 1001 Days Perinatal Mental Health and Parent-Infant Relationships and Mental Health Offer



First 1001 Days Perinatal Mental Health and Parent-Infant Relationships and Mental Health Offer



“Since November 2023 the Norfolk NHSTT service has been working towards building relationships with the key stake holder organisations and other health care providers with the aim of integrating into the family hubs across Norfolk…we have assigned Perinatal Therapists also known as ‘Family Hub Named Clinicians’ to each of the 7 hubs across Norfolk…

The integration of the NHSTT service into the family hubs to date has seen an increase in engagement from colleagues within other teams and services to discuss families and what support can be offered for the parents in those families who are struggling with mild to moderate mental health difficulties. This has led to a significant increase in referrals being made (professional and self-referrals), particularly for fathers”.

Family Hub Lead,
NHS Talking Therapies
Norfolk and Waveney

Universal Services

(including Midwives, GPs and Health Visitors)

Universal Services have a vital role to play in identifying families who are experiencing difficulties with their mental health or infant relationship need, providing direct support, and facilitating access to specialist care and interventions when they need it.

In March 2023 NHS England published a 3-year delivery plan for maternity and neonatal services, which had a focus on compassionate PNMH support. The Royal College of Midwives, following this plan with a roadmap for strengthening PNMH support within the maternity service offer and beyond (Royal College Midwives - Roadmap, 2023). Among this were several system recommendations, much of which are being delivered as part of our wider start for life offer including universal awareness raising on the importance of PNMH, there is also a recommendation that every maternity trust has at least one band 7 or equivalent perinatal specialist midwife.

Across Norfolk and Waveney, we have 3 specialist midwifery teams, one aligned to each of the acute trusts locally, who fulfil this function often alongside safeguarding duties. These teams interface regularly with wider system partners including health visiting and mild-moderate & specialist perinatal teams to ensure that any PNMH needs identified during pregnancy are supported at the earliest opportunity to meet their needs.

Over the past two years we have collaborated with both community and specialist midwifery teams locally to increase knowledge by liaising with and offering training opportunities including MORS training and father inclusive practice. We have also worked with the LMNS to identify families on an IVF pathway as an area often overlooked and needing more focus. Midwifery clinics have recently started running within physical Family Hub sites across the county enabling families to access services closer to home.

Across Norfolk, Health Visiting teams within the healthy child service, work to support families expecting a baby until the infant is 5 years old. They do this through 5 'mandated' checks (one antenatally, then 4 following the baby's arrival) where various things will be observed, and if needs indicate, further support or onward referral is facilitated.

There are also more targeted pathways in place to offer intensive support to younger parents (due to the risks mentioned above), particularly those with identified vulnerabilities through the teen parent pathway and family nurse partnership.

Another area of particular focus is that for families who have experienced a neonatal care episode for their baby. Across the three Trusts there are established neonatal discharge pathways including notifying GPs and health visitors, as well as continuing care from community paediatric nursing / outreach teams to support families up to 44 weeks (52 weeks in exceptional circumstances). Support for pregnancy loss and bereavement is also part of the core offer, and referral protocols are in place to support parents who may need specialist mental health input.

Locally we are adopting a recommended integrated approach to screen for any PNMH and/or PaIR need across these universal service offers (particularly within health visiting) through upskilling and them implementing the use of validated assessment tools such as the Leeds Early Attachment Observation (LEAO) Tool, and the Mothers Object Relations Scales (MORS-SF).

Following identification, the upskilling of wider staff to offer brief, evidence-based interventions has been prioritised. If these interventions are felt to be insufficient to meet the need, dedicated interface processes to specialist or more intensive support services are in place to ensure a 'warm handover' takes place, reducing the likelihood of families falling through the gap.

Where the appropriate service for the family is not clear, a joint assessment will be completed between ECFS and PaIRs to reduce duplication of assessment and provide the right support at the right time.

Early Years Education

From 1st September 2024, the government funded early childcare offer was expanded to enable eligible working parents to access 15 hours for children aged from 9 months, with an expected increase to 30 hours from September 2025. This new offer will give early years practitioners a unique opportunity to observe parent-child interactions and be early identifiers of PNMH or PaIR difficulties for a cohort of families who may not be accessing perinatal services on the universal pathway.

We have engaged with our Early Years colleagues to promote the Start for Life offer through our family hubs, including the perinatal pathway. At the end of 2024, three briefing sessions were delivered to our Early Years colleagues at the Leaders and Managers meetings to raise awareness of and introduce the new national guidance on Reflecting on parent-infant relationships.

In early summer 2025 we plan to enable Early Years staff to access a locally developed online training package to upskill and support practitioners to implement this guidance within their settings. It may also be worth considering ‘champions’ within ECFS or Community teams to link with Early Years settings.

“Over the last 6 months, the Norwich family hub has engaged with the local GP practices across Norwich. This has involved attendance at their safeguarding meetings to talk about the Family Hub offer, with consent, supporting them with some case discussions and having a Family Hub presence in their surgeries. This has resulted in great relationship with our practices which was previously not present. The added positive is that they are now submitting referrals to the family hub meaning families can access support for their wider needs. There is more we can do using local data to understand where to expand this approach to other areas to have the greatest impact.”

Community & Partnerships Manager, Norwich Family Hub

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Family Hubs & Start for Life

Locally, newly developing Family Hubs (and the associated Start for Life Offer) provide an important opportunity for PNMH (including dedicated support for fathers and co-parents) and PaIR services to co-locate and better join up provision.

Through our local family hub transformation programme in Norfolk, all services referenced within this document are working in partnership to better align provision.

There are four key focus areas within the PNMH and PaIR workstream for our local Start for Life Offer.

1.

Ensuring the wider workforce are equipped with the knowledge and skills to identify perinatal mental health and parent infant relationship needs and know where to refer for onward support:

- By promoting multi-agency training to enable staff to share views and experiences of other professionals working within the perinatal area of delivery.

- By delivering bespoke training packages including a specific offer to underpin the national Parent-Infant Relationship guidance to develop the confidence and skills of front-line staff to identify and engage with families who may be experiencing challenges.

- By mapping services and making clear referral pathways available to staff and parents.

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2.

Increasing capacity to deliver evidence-based interventions and support to families to meet this need and improve outcomes:

- By expanding the existing NHS Talking Therapies Perinatal Pathway and the Norfolk and Waveney Parent and Infant Relationship Service (PAIRS) to offer evidence-based support to families with a mild-moderate need.

- By upskilling practitioners within our early child and family services (ECFS) to deliver evidence-based PaIR support (through Triple-P Baby, and Video Interactive Guidance).

- Developing a family hub 'peer support' and 'parent champion' volunteer network to share knowledge and support in a positive, non-judgemental way, closer to home.

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3.

Ensuring that fathers and co-parents' PNMH is prioritised and dedicated support offered to this group:

- Driving a culture change across the system to embed father inclusive practices across the local system with dedicated co-production work to develop projects alongside community groups with a specialist interest.

- Development of a father inclusive champion community of practice network building on the Norfolk Safeguarding Children's Partnership "Keeping Fathers in Sight, good practice guides."

- Working with NHS Talking Therapies to develop a promotional campaign targeting fathers in the perinatal period with and build on the NHS Long Term Plan 'partner ambition': offering assessments to all fathers or co-parents of women engaged with the specialist perinatal pathway

- Targeted services are being trialled to support inclusion for dads and promote their wellbeing during the perinatal period. E.g. Dads Infant Massage courses alongside the system's peer support offer.

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4.

Ensuring a joined-up approach to supporting the mental health of families who have experienced loss during their pregnancy:

- By better integrating midwifery, NHS Talking Therapies and the Maternal Mental Health Service known locally as Lotus.
- Ensuring that referral pathways are identified, mapped, and shared with professionals and parents.

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Early Childhood and Family Services (ECFS)

ECFS offers support to families with children aged 0 to 5 years old living in Norfolk. The service is funded by Norfolk County Council and provided by Action for Children.

Universal activities such as stay and play sessions are available for children 0 – 5 years to access with their parent or carer, as well as information sessions for parents, covering topics such as baby brain development, expected behaviour, oral heath, getting ready for the potty, and many more.

ECFS also offer early help for children and families experiencing challenges which, without support, may not improve or could get worse. Their offer includes one-to-one or group support, face to face or online, daytime or evening, to suit the needs of each family. The level of support is planned with the family to meet their specific needs. Targeted interventions, including parenting support interventions, forming part of the early help offer locally.

Group activities to support parenting and child development are also available, as well as courses for parents, carers and older children.

Families can also be supported through the ECFS emergency support fund which can offer financial assistance with things such as nappies, fresh food or utility bills.

ECFS offer several parent-carer and parent-infant relationship interventions as part of our local start for life offer.

NHS Talking Therapies

Norfolk and Waveney Talking Therapies

NICE guidance (2014) is clear that women experiencing mental health difficulties during as well as after pregnancy need **timely** access to evidence-based talking therapies. In Norfolk, this is delivered through a dedicated pathway within our local NHS Talking Therapies service who aim to assess all perinatal (expecting a child or with a child under 2 years) referrals within two weeks, and (if appropriate) commencement of treatment within four weeks.

Across Norfolk and Waveney this guidance is something our local NHS Talking Therapies Service already delivers with extremely positive outcomes from service users when compared to national key performance indicators. NHS Talking Therapies, the community perinatal teams and our specialist PaIR service, as well as co-locating where possible, have established an integrated offer of support through the development of regular interface discussions to ensure families do not fall between the gaps in service offers.

NHS Talking Therapies Case Study on Partnership Working with family hubs:

"Since November 2023 the Norfolk NHSTT service has been working towards building relationships with the key stake holder organisations and other health care providers with the aim of integrating into the family hubs across Norfolk…we have assigned Perinatal Therapists also known as 'Family Hub Named Clinicians' to each of the 7 hubs across Norfolk."

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Family Hub Lead, NHS Talking Therapies Norfolk and Waveney

Parent-Infant Relationship Teams

Specialised parent-infant relationship teams are multi-disciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents or carers.

Specialist parent-infant relationship teams do not exist in all parts of the UK, but where they do, they generally serve two distinct functions:

- Expert advisors and champions that support the wider system to understand the importance of the first 1001 days, such as how to spot the signs of difficulties and where to get additional support.

- Delivery of evidence based direct intervention and support to those families' experiencing difficulties.

The Norfolk and Waveney Parent and Infant Relationship Service (PAIRS) was commissioned several years ago to deliver mild-moderate support around attachment and relationships for infants aged 0-4th birthday and their parents as well as consultation and liaison to support to the wider system working within this space. This team has recently reviewed its service offer, including close alignment and joint leadership with the specialist perinatal team to increase opportunities for shared learning and integration. It also regularly interfaces with system partners, including ECFS, and provides consultation support to health visiting colleagues, to ensure families access the right intervention to meet their needs.

The PAIRS service is currently increasing its capacity and supporting the transformation associated with family hubs through delivering direct interventions to families as well as providing a support and liaison function to the core family hub workforce.

From April 2025 when the PaIR intervention offer (delivered through family hubs and the ECFS) is fully embedded for families with mild-moderate needs, it is anticipated that PaIRS will move to support moderate-severe attachment and relationship needs.

This has been a significant service gap across the local system for some time and will ensure families with all levels of need can flourish.

Parent & Carer Panel Dad's reflection on becoming a father:

"I've always been quite worried about becoming a dad – it's something that's sat heavily on my mind for years. In the run-up to our son being born, I threw myself into preparation: reading books, going to antenatal classes, and even volunteering, just to feel as ready as I could.

I'd heard about how common postnatal depression is in dads – especially when bonding doesn't come naturally or when sleep deprivation kicks in. A good friend of mine went through it, and with my own history of mental illness, it felt very close to home.

I'm a natural worrier anyway, and I've lived with high anxiety most of my life. When we got our dog a few years ago, I saw how that anxiety attached itself to her – constantly worrying she was ill, always wanting to take her to the vet. Deep down, I knew I'd do the same when we had a child.

But surprisingly, since having our son, life has felt… incredible. I've found myself in this peaceful, contented headspace. I love just sitting and thinking about what we've already done together as a family – and my anxiety, which I expected to spiral, has been almost non-existent.

Don't get me wrong – we've had our share of sleepless nights, tough moments, and times when I've needed a breather. But overall, the joy, pride and love I've felt have been stronger than any of the hard bits. In fact, I'd say becoming a dad has actually been brilliant for my mental health".

family hubs

Specialist Perinatal Mental Health Services & Maternal Mental Health Services

Community PNMH services are an essential part of every integrated care system's response to providing specialist support families experiencing moderate-severe mental health difficulties during their pregnancy and up to the infant's 2nd birthday.

Locally the specialist perinatal teams are working towards the NHS long term plan access target and associated partner ambition with excellent outcomes. Alongside this team, Norfolk and Waveney was selected as an early adopter site to roll out a dedicated maternal mental health service (known locally as Lotus) which offers psychological support to women across 4 pathways:

1. fear of childbirth (tokophobia)
2. experienced pregnancy or baby loss
3. birth trauma, or
4. children removed by children's safeguarding teams.

Mother and Baby Units

For women who need to be admitted to hospital for inpatient mental health support after the birth of their baby, Norfolk also has an 8 bed Mother and Baby Unit, on behalf of the East of England (called Kingfisher MBU) which ensures that highly vulnerable mothers are not separated from their infants during this crucial time in their lives.

Following a stay in the Kingfisher MBU local teams offer up to 3 months of additional support from their outreach service to support successful transition back into the community.

Support Services for fertility (assisted conception)

Around one in six couples will seek specialist advice about fertility issues. Fortunately, in most cases the problem is minor and only time or occasionally simple treatment is required to get pregnant. In the minority, a more serious problem is present that may require complex treatment to achieve a pregnancy.

Fertility services are offered across Norfolk and Waveney via the three acute hospitals, including a range of investigations and treatments.

In Norfolk & Waveney, specialist services for assisted conception (IVF) are locally contracted by the ICB from Bourn Hall clinics with clinics located in King's Lynn, Wymondham, Peterborough, and Cambridge. Parents are offered a full range of infertility investigations and treatments, from diagnosis & advice to a range of basic infertility treatments by referral to one of the IVF units for assisted conception treatments, with the option of having some of these treatments locally.

The importance of integrating this service within the perinatal pathway was highlighted following consultation with the Parent and Carer Panel where a parent felt able to share their personal experiences and challenges during the perinatal period. The parent described missed opportunities to ensure that the family was signposted to available services and support.

As this pathway includes counselling support for referred couples, it could be seen as an early identifier of possible mental health difficulties within the perinatal period with onward referral to the NNUH specialist midwifery service.

Considerable efforts have been made to engage with both the Local Maternity and Neo-natal Services (LMNS) and contracted services to ensure that parents going through fertility treatment are directed to the right support at the right time.

Wider Support & Tackling inequalities

It is well known that statutory health and care services are not always able to reach everyone who need support for their mental health or attachment needs. VCFSE Sector organisations play a vital role in not only providing direct, and peer related support to underserved groups, they can also provide an important advocacy function to improve access and encourage positive outcomes thus reducing inequalities.

An example of this is the local commissioning of Home Start through the family hub and start for life transformation programme, a charity supporting families across Norfolk, to deliver Peer Support & Infant Massage sessions specifically for dads, helping to address inequalities by promoting parent-child bonding, improve dad's mental wellbeing, and ensuring their inclusion within the perinatal journey.

Feedback from a dad attending Infant Massage class:

"I think this experience has been invaluable as a learning and a bonding opportunity with my little girl. Being able to spend some undisturbed focused time on a Saturday has been brilliant."

"It has also been great to meet other people. There is always a bit of a stigma surrounding dads and classes as it is normally a mother's thing as we are working. However, I would encourage any dad who is considering it to just go for it as it will be worth it."

Maternity social prescribing pilot

In August 2024, the Local Maternity and Neonatal System (LMNS) launched an exciting new pilot aimed at improving pregnancy outcomes and reducing inequalities for families in our most deprived communities. In collaboration with the ICB's Population Health team, Norfolk Family Hubs, Citizens Advice East Suffolk and South Waveney Primary Care Network, the pilot's focus is to identify families through their midwifery appointments in IMD Deciles 1&2 and proactively connect families in early pregnancy with community-based support and guidance to boost health and wellbeing.

The longer-term ambition is to help reduce rates of preterm birth, stillbirth and maternal mortality - outcomes that disproportionately affect those living in deprived areas. The project is also shining a light on the wider determinants of health, giving us clearer insight into how services can be shaped to better support our communities. What's more, it's strengthening partnerships and encouraging shared learning across organisations.

Initial data shows promise in how this model can support early intervention, build trust and increase awareness of available services within these communities. Key emerging themes include requests for support with parenting groups and infant feeding, housing help, financial queries and mental health.

Maternity social prescribing pilot data

Three levels of support:

Advice and guidance + Contact + Consultation

Baseline data
June 2023 - July 2024:

pregnant people accessing family Hubs

45

within Core20

13

26%

Since implementation of the pilot Aug 2024 - April 2025:

pregnant people accessing family Hubs

150

within Core20

140

93%

>24 hours interaction with family hub

69%

- The above is data from the Maternity Population Health Management presentation.
- A full evaluation, supported by the ICB research team and the University of East Anglia, is now underway.

Case example: Unborn R

“At the time of referral, mum faced challenges including physical disability, housing difficulties , debt and social anxiety.

Once linked with an Early Help Community Worker, she discussed her concerns about unsuitable living conditions which were imoacting both her and her children.

The case escalated to the Great Yarmouth Collaboration Meeting, leading to a joint visit with a Newtide Flagship Housing Officer to better understand the family’s situation. Following the visit, practivcal support was put in place. A referral was made to DIAL for help with debt and housing arrears, while Flagships Housing agreed to adapt the home with a shower/wetroom to accomodate mum’s physical needs.

Once the financial situation stabalises, further discussions will take place about a potential move. Mum was also offered supoort with infant feeding and encouraged to engage with local support grups to ease social isolation.

Mum is very happy with the support she’s received stating:

“I’m so pleased you came to visit, thank you for supporting me and getting the right people for me to talk to”.

Developing the Strategy

Historically the governance for PNMH and PaIR sat across several groups with a particular focus on commissioning and performance, meaning oversight was siloed across local authority, health, and public health partners. This historic arrangement resulted in a lack of integration and joint working arrangements between system partners, and ultimately worse outcomes and experiences for the families and infants supported through these pathways.

In 2021, the Norfolk PNMH and PaIR working group was established with a new focus and shared ambition of system pathway integration ensuring accessible high-quality care to support the mental health of people during all aspects of pre-conception, pregnancy, birth, parenting/ co-parenting, loss, trauma, and the attachment needs of families with children in the early years.

Alongside driving the implementation of the Norfolk Start for Life and Family Hub programme, a key aspiration of this group was to produce an integrated strategy outlining how the system will work together collaboratively to achieve high quality mental health care and support for all people under PNMH and PaIR pathways with a commitment from system partners of continual quality improvement alongside a working action plan.

Co-Production Workshops

It was essential that this strategy was built on a strong foundation of participation and co-production with the voices of individuals with lived experience at the centre. Therefore, our first step in Winter 23/24 was to hold a series of workshops with expert by experience representatives from a variety of groups including Rethink Mental Illness and the Parent Carer Forum for Norfolk.

This group took inspiration from the Adult Community Mental Health Transformation (CT) Programme, who collaborated, to co-produce a set of mental health system 'I-statements'. These I-statements, alongside the Children and Young People's mental health charter commitments (CYP Mental Health Charter Norfolk, 2022) form the benchmark for strategic decision making throughout the entire mental health programme across the Norfolk system.

The I-statements and the Young Persons charter statements were combined thematically to draw out similarities and themes of the needs of our local population with the 6 overarching focus areas listed below:

1. Services will Care
2. Staff will be supported
3. Right Help, Right Time, Right Way
4. Treatment will be personalised and needs led
5. Communication will be effective
6. We will have a voice

family hubs | Start for Life

Using these i-statements, experts by experience were empowered to think about what an effective, and importantly integrated, start for life pathway across Norfolk might look like with a particular focus on PNMH and PaIR.

Following this, system partners and stakeholders worked together to map the current pathway offer and reflect on the 6 i-statements within their own organisation, detailing what was already working well and where the challenges and opportunities for further integration and development exist. The remainder of this strategy focusses on the current good practice which exists across the Norfolk system, and importantly opportunities for further development and integration.

In August 2024, members of the Start for Life Parent & Carer panel were consulted to gain their views and experience of current service provision, and to inform future service planning to ensure that they are both sustainable and fit for purpose, final sign off by the both the working group as well as the parent carer panel occurred within Summer 2025.

Being part of the Start for Life Parent and Carer Panel (a dad's view)

"The reason I joined the panel is because I have got two children of my own and I'm very interested in the PNMH aspect of it and the start for life offer as well. I think it's important to have the panel as it's no good if councils or government with funding are guessing what parents and guardians' needs are as well as what children or babies' needs are."

"I hope my involvement and experiences will help because I've had a lot of life experiences in the sense of losses and family as well as working myself, in the NHS. I've also been bullied a lot. I have seen different children go through a range of life, and all the family hardships that go with that. Some children unfortunately don't get a good start in life and that's what I think we need in this world."

1. Services will Care.

When speaking to experts by experience the definition of a 'caring service' differed from individual to individual, however consistently people told us that they wanted support from professionals who 'valued them, and their family, as individuals', took time to 'develop a positive relationship' and importantly wanted the 'best for them and their child'.

To meet this ambition in Norfolk we will ensure:

- Continuity of care - providers have committed to ensuring where possible that the family is 'held' by a single worker or team and facilitating 'warm' handovers if onward referrals are needed.

- Flexibility – appointments are being offered either group or 1:1 by telephone, video call, or face-to-face to meet family preferences and presenting need.

- Services are non-judgemental – staff take time to normalise and empathise with peoples' experiences during interactions. Online support is available for parents who do not want to attend in person. Teams are building on the national parent-infant relationship promotional campaign to increase awareness and de-stigmatise early relationship difficulties, by developing promotional materials, holding stakeholder events, increasing presence at key forums to support enhanced wider network knowledge about parent-infant relationships.

- Families only need to tell their story once:
    - joined up pathways and regular interface meetings between service providers to discuss cases and ‘warm’ handovers
    - integrated triage meetings are in place with the Perinatal community, NHS Talking Therapies and Lotus teams
    - increased communication has taken place with Family Hub partners to promote joined up working
    - ‘Trusted triage’ forms have been developed across system partners to gather all relevant information and prevent the need to tell their story more than once.
- Reasonable adjustments are made (including but not limited to):
    - questions during assessment take account of additional needs and cultural sensitivity, not only for the child but also the wider family
    - therapeutic interventions can be adapted to meet the needs of individuals with Neuro Development Disorders (NDD) and access is available to Green Light Champions who ensure reasonable adjustments are in place
    - access requirements are considered when a referral is received
    - easy Read literature and website information is different languages is available
    - signposting to specialist support services or onward referral to Community Paediatric services is available.

2. Staff will be well supported

Crucial to this commitment was the recognition that for families to be effectively supported, the 'start for life' workforce would also need to feel equally supported. Adequate management and supervision arrangements was frequently suggested as essential to ensure staff work within psychologically safe environments. There was also reference to some of the more tangible 'support' the system should be offering its staff, competitive salaries and sufficient leave allowances, alongside softer benefits such as discount schemes.

Finally, training and upskilling was seen as essential within this priority to ensure that staff feel both confident and competent to undertake their roles. Members recognised there is research in this field emerging regularly and with that continual professional development, alongside clear personal growth plans would ensure that good people were retained within the workforce.

The aim is to ensure that we have a confident and competent workforce with the skills to identify PNMH and parent-infant relationship needs.

To meet this ambition in Norfolk, we will:

- promote the development of knowledge, confidence and consistency of approach around parent-infant relationship support and improve staff knowledge of referral pathways within the PNMH and PaIR services and how these are linked with the wider family support offer including early years

- ensure all universal pathways have been trained to spot the signs of PNMH difficulties and feel confident in implementing the national Reflecting on parent-infant relationships: practitioner's guide and prompt questions.

- review supervision and management arrangements to ensure appropriate support is offered to staff.

- ensure that CPD and Personal Development is offered and regularly reviewed to promote career progression and retain the workforce. Provide access to training to meet the specific career development needs of individuals.

- ensure clinical and non-clinical staff to have access to training, specialist supervision including safeguarding, regular reflective practice opportunities and wellbeing support.

- 'nothing about me, without me' - involve service users and their families in all decisions about the care and support they will receive. Ensure the views of Carers are sought and considered within the planning process.

- working with system partners to review the demand and associated capacity within pathways to ensure that adequate staffing levels are in place.

- develop a local Community of practice for PNMH and PaIR – to showcase and share best practice, including shared training and learning opportunities.

3. Right help, right time, right way

Getting timely support as soon as difficulties begin to arise, tailored to the presenting need, was described as a key feature of families experiencing better outcomes. However, also crucial is ensuring a 'no wrong door' approach, making it possible that wherever a family presents; and regardless of their level of need, an evidence-based offer of support is available. Core to this commitment is clarity of the offers of support available and improving accessibility; whether that be through integrated single points of access; or flexibility of service offers to allow for patient choice.

To meet this ambition in Norfolk, we will:

- operate a "no wrong door" approach – staff can identify possible needs and direct the person to advice and guidance or refer on to support or / help the person to self-refer

- Improved access – by increasing the number of frontline staff receiving early identification of needs training to reduce the possibility of families 'falling through the gap'

- upskill and embed an 'enhanced' 0-4 assessment pathway within the healthy child service including the roll out of validated screening tools by healthy child teams

- develop parent friendly referral pathway processes and increase the visibility of options / services by ensuring that information is available for parents and carers in the places they access e.g. libraries, GP surgeries, and community spaces

- ensure that Family Hubs staff can support families, where required, in navigating the offer, particularly for different levels of need

- develop support resources in plain English and Easy Read formats, as well as the most common second languages in Norfolk

- share information about available support services across partner agencies, e.g. promote PAIRS services within antenatal packages

- offer fathers/partners of women accessing specialist PNMH services and maternity outreach clinics evidence-based assessment for their mental health and signposting to support as required, thus fulfilling the partner ambition in the NHS Long Term Plan and will contribute to helping to care for the 5-10% of fathers who experience mental health difficulties during the perinatal period

- ensure that all system practitioners consider the wider family network (think family approach).

4. Treatment will be personalised to meet individual needs.

Central to several of the commitments is personalisation; our ability to flex and adapt services and the interventions they provide to ensure that individual differences and needs are considered. Ensuring that the individual is also involved in shared decision making around the support they receive in a non-judgemental way is crucial to this approach.

To meet this ambition in Norfolk, we will:

- ensure that holistic personalised Care and Support Planning becomes the norm

An example of this can be seen within the local maternity and neonatal services (LMNS) who, since lockdown, have been working hard to improve their services and have, in the last 6 months, made huge progress with personalised care for mums to be, ensuring that the person is identified and valued as an individual and involved in their care planning and decision making.

The LMNS are also delivering dedicated support work with fathers / partners to ensure that they have the best possible experience during the perinatal period.

The LMNS also agreed to take up, as an education point, the IVF pathway to ensure that staff are asking the right questions at each appointment to prevent a parent who may need support, and those parents who have not taken the traditional route for IVF, from 'slipping through the net'.

- ensure that services are needs-led – service providers have committed to adopting an holistic approach to identifying and supporting individual needs and goals, using the available support around the person including fathers / partners and wider family

- support services to delivery dedicated support to partners / fathers to ensure that they have the best possible experience during the perinatal period

- continue to have a focus on cultural sensitivity / diversity to improve opportunity and reduce inequality through workforce training upskilling and identifying equality and diversity champions across the network

- enable further work to be undertaken by services to review local data on health inequalities, with particular focus on and the most disadvantaged and underrepresented groups and deliver bespoke targeted support to meet their needs through local outreach offers within the family hubs

- ensure that, whilst some links already exist between family hubs and primary care networks, a plan is in place to develop these further in 25/26 by utilising existing staff with community engagement roles within health and social care to enable a stronger mechanism for the identification of pockets of high levels of need. This collaborative approach will also facilitate a more holistic response for families in the delivery of targeted support services

5. Communication will be effective.

A common frustration voiced by both service users, and professionals that work within and refer into our system offers, is that communications our service users receive from our provider organisations, and the communication between providers themselves, requires improvement.

To meet this ambition in Norfolk, we will:

- develop communication links between partner agencies to ensure that existing services are promoted and accessible for supported referrals or self-referral as appropriate

- ensure flexibility in contact formats – focusing on the person's preferred contact methods whether this is email, text, phone or face-to-face

- ensure clear language and accessibility – considering if the person needs additional support in the form of an interpreter, a support worker for LD, or a more in-depth explanation. For example: A PAIRS service leaflet has been developed to explain the relational nature of the service and what to expect when people come to an assessment

- promote effective internal communication to facilitate ‘warm handovers’ between services to reduce retelling of the family’s story, review and continually improve the new interface arrangements between pathways across Norfolk

- embed the ‘trusted triage’ protocol to gather the relevant information and prevent the need for continual assessment to meet service criterium within the family hub network

- promote use of different languages and formats – Work is being undertaken to improve websites to offer information in the most common second languages across Norfolk. In addition, the development of Easy Read leaflets is a focus, working alongside local support organisations with a specialist interest.

- all system partners will have robust mechanisms in place to ensure families and professionals know where and how to access information and provide feedback about the services they receive

6. We (me, my partner, my baby) will have a voice.

The sixth commitment, "We (me, my partner, my baby) will have a voice," underscores the fundamental principle that every voice, including that of the baby, is central to the design and delivery of services.

This commitment recognises the importance of engaging with families in diverse ways to ensure that their experiences and perspectives are reflected in the local system.

By seeking feedback, undertaking co-production, and promoting peer support opportunities, the strategy aims to create an inclusive environment where all family members, including fathers and co-parents, are actively involved in shaping the services they receive.

This approach not only enhances the quality of care but also fosters a sense of ownership and empowerment among families, ensuring that their voices are heard and valued in the decision-making process.

To meet this ambition in Norfolk, we will:

- Seek feedback to evaluate services – The Parent and Carer panel is being used to review documents and pathways and regular "You said, we did" sessions are planned with displays in reception areas. QR codes for Friends and Family feedback and give POEM (patient experience outcome measures).

- Undertake co-production – for example, opportunities have been made available for patient participation in a fathers and co-parent page on Talking Therapies website.

- Ensure that services and pathways consider / are written to reflect the experience and perspective of the baby / child to ensure they are given an equal voice within the local system.

- Ensure visibility of complaints/ feedback processes – complaints processes are being enhanced to enable a speedier response to concerns raised.

- Promote and enable peer support opportunities across the family hub network – support the development of a parent guided self-help workshop where interventions can be offered, and experiences shared.

- Raise awareness of both gender and cultural diversity across Norfolk to reduce inequality by ensuring that our engagements are 'gender' aware and understand the need for specific and diverse approaches to promote inclusive practice.

- Challenge assumptions regarding fathers and co-parents (particularly if absent) and ensure that they are included in all contacts, where possible, and that staff members have a robust understanding of specific resources for fathers within and outside of their own organisation.

Evidencing Impact

An essential part of any service planning and delivery is understanding how effectively needs have been met, and as this information is also required for regular reporting against the brief for Start for Life and family hubs funding, objective, quantitative data collection and analysis is crucial.

Qualitative data should also be used to provide evidence of the 'softer outcomes' to ensure that the voice of individuals involved, including the workforce, and experience of families is accurately reflected through case studies and feedback.

Why is this a priority?

To ensure sustainability, continued learning and a legacy for this programme beyond the funding period, we need to consider the following points:

- Have the available resources been used effectively to support families?
- Are families reporting improved outcomes?
- Has there been a reduction in escalation in the needs of families?
- Is there anything we can do differently to improve delivery, engagement, and impact?

Effective data analysis can highlight good practice, such as improved engagement with families, and identify delivery difficulties, like accessibility issues affecting service uptake. It can also highlight service gaps where evidence of need has been gained through feedback from families or workers.

The first iteration of a data dashboard has been developed to evidence the impact of the family hub and start for life work to date. Whilst the dashboard will continue to focus primarily on the funded interventions or activities, this will continually evolve as the programme develops.

Talking Therapies service data screenshots 1 to 3 up to 31st December 2024

Lastly the recruitment of an impact analysis officer, in place during the 4th year of the family hub, and start for life programme, will ensure we can articulate the wider impact of the work we have achieved, as well as provide us with additional areas of development and focus in the years to come.

Talking Therapies (Wellbeing)

family hubs

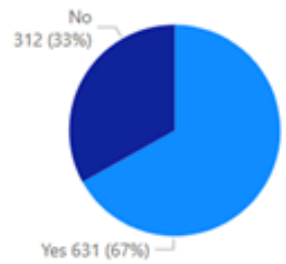
Data up to and including: 31 December 2024

Outcomes at end of financial year

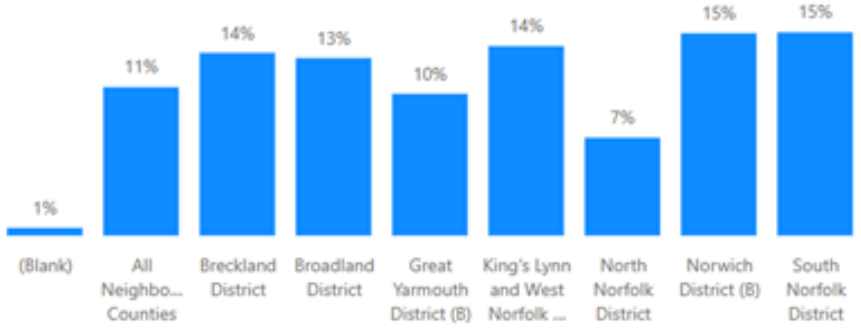
Parents/carers accessing service since 1/4/2023: 3750

Completed Interventions (parents/carers attended 2 or more sessions): 2551

Indication of parents/carers achieving reliable improvement (for those with a pre and post score)

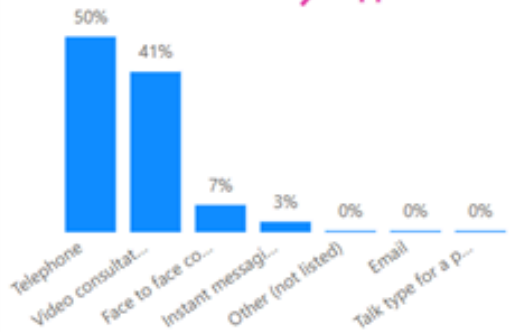


Parent/carer district



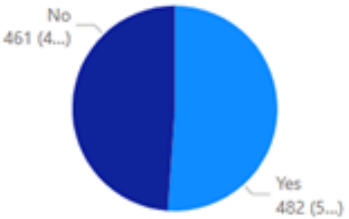
Delivery

Appointments

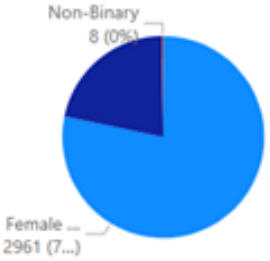


Please note that this data is a guide only based on data received. The number of completed interventions may be higher than stated. For final figures, please refer to the data at end of financial year page.

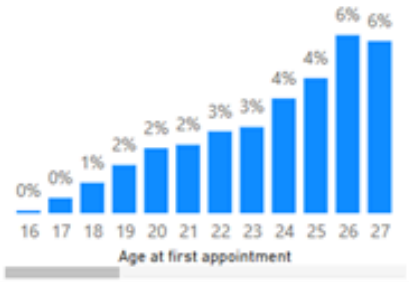
Indication of parents/carers achieving recovery (for those with a pre and post score)



Parent/carer gender



Age at first appointment



Parent/carer Index of Multiple Deprivation Decile

Talking Therapies Outcomes

family hubs

Financial Year Ending: 31/03/2024

Number of parents/carers discharged after 1/4/2023: 1065

Difference in number of parents/carers accessing the service compared to baseline: 27%

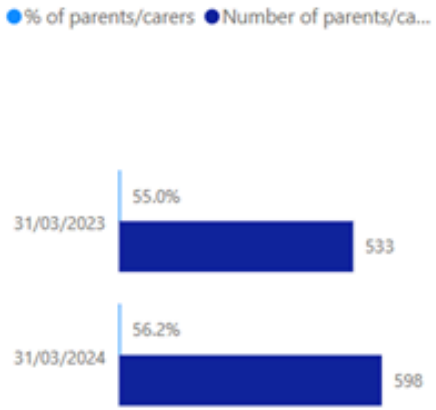
Difference in percentage of parents/carers achieving recovery compared to baseline: 1%

Difference in percentage of parents/carers achieving reliable improvement compared to baseline: 1%

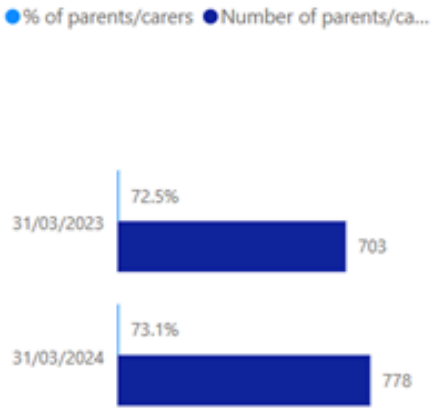
Difference in number of fathers/co-parents accessing the service compared to baseline: 60%

Number of parents/carers accessing the service

Number of parents/carers achieving recovery



Number of parents/carers achieving reliable improvement



Number of fathers/co-parents accessing the service

Talking Therapies (Wellbeing)

family hubs

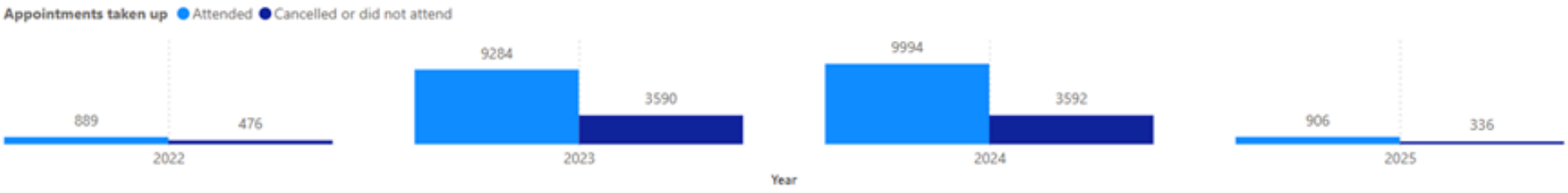
Parents/carers currently open to Wellbeing

1199

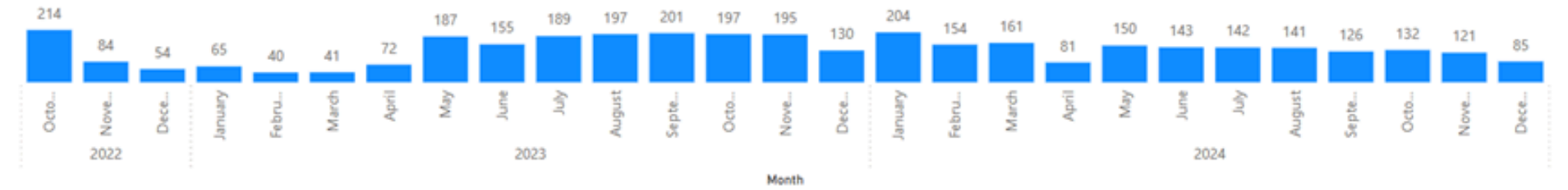
Completed Interventions

2551

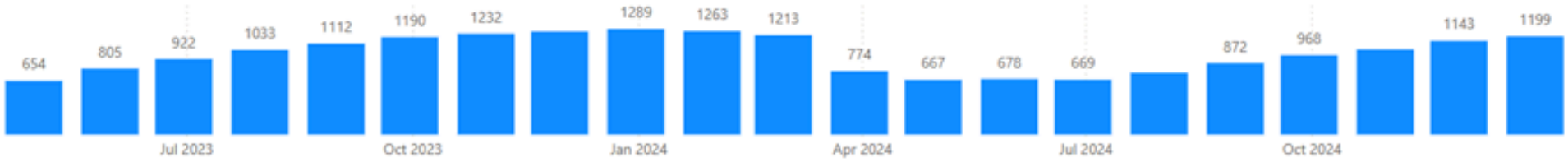
Appointments offered



Month of first appointment



Number of Parents/carers accessing Talking Therapies



Conclusions and next steps

Now in the fourth year of the programme, we should take this opportunity to reflect on the distance travelled to date.

Together with our system partners, we have been able to establish a joined up PNMH and PaIR pathway to support families within the first 1001 days. Among many things, we have developed integrated service provision within the family hubs to enable families to access universal maternity, health visitor, and childhood and family support services, alongside more specialist provision for parent-infant relationships and PNMH support.

We have delivered bespoke training packages, for example Father Inclusive Practice, to ensure that staff have the knowledge and confidence to demonstrate fully inclusive practice within their roles supporting families. And, we have identified partner ambitions to ensure that families can have similar expectations of care and support throughout their perinatal journey. We have come a significant way towards ensuring truly integrated PNMH and PaIR pathways over the past 3 years, however there is more work to be done.

The commitments listed within this strategy have been agreed with system partners and will form the basis of a continued improvement plan. This will ensure partners can hold one another accountable whilst continuing to strive for service models in this space where all children, young people and families in Norfolk can flourish.

Alongside this strategy a clear action plan has been developed. The ambition is for all system partners referenced within this strategy to work collaboratively, hold one another to account and strive for continual quality and service improvement to ensure all families in Norfolk both during the first 1001 days and beyond, can flourish.

Work on the development of this strategy and the system pathways would not have been possible without the continued support and engagement of local parents and carers, whom we thank for their historic and continued involvement.

"It was fantastic being involved in developing the Perinatal Mental Health and Parent Infant Relationship Strategy because parents are the experts in their own experiences. By listening to our voices, the real needs, challenges, and priorities faced by families every day are able to be at the heart of positive change."

"Our involvement ensures that support is shaped by those who use it, showing up with our children in tow, making the strategy more relevant, compassionate, and effective for everyone it aims to help. Including parents and carers in this process sends a powerful message: our perspectives matter and are essential for meaningful, lasting change."

Emily
Parent Carer Panel member

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