



Office for Health
Improvement
& Disparities

Pan-Regional Webinar: Spotlight on Perinatal Mental Health and Parent-Infant Relationships

13th May 2024

Setting the Scene: Start for Life Perinatal Mental Health and Parent-Infant Relationships

10:35-10:45

John Bailes

DHSC Start for Life Mental Health Policy Lead

John.Bailes@dhsc.gov.uk





Department
of Health &
Social Care

The Family Hubs and Start for Life programme

Spotlight on Perinatal Mental Health and Parent-Infant Relationships

OHID Regional Webinar, 13 May 2024

- Outline the government's vision to helping families give every baby the best start for life.
- Share an overview of the Family Hubs and Start for Life programme.
- Discuss what we mean by perinatal mental health and parent-infant relationships.
- Provide information about a new public awareness campaign and guidance for frontline practitioners.



Department of Health & Social Care

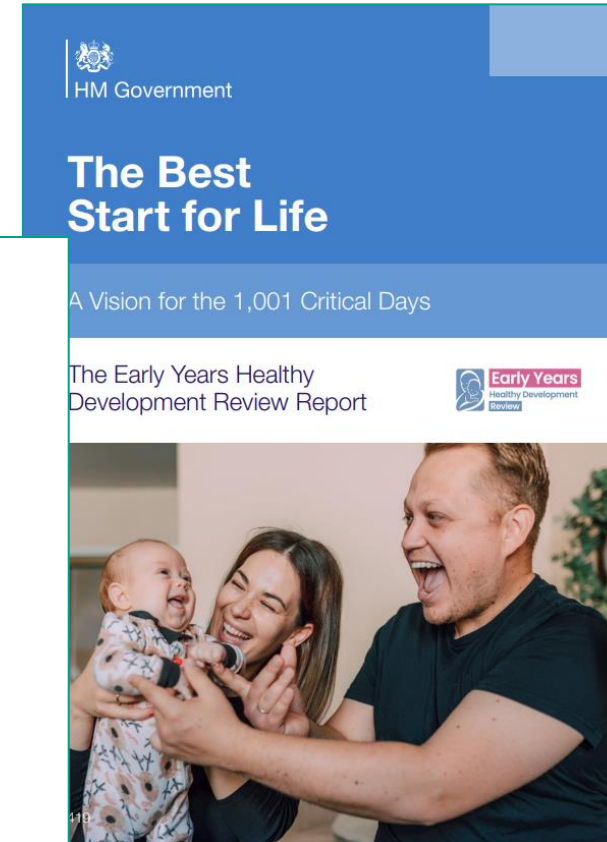
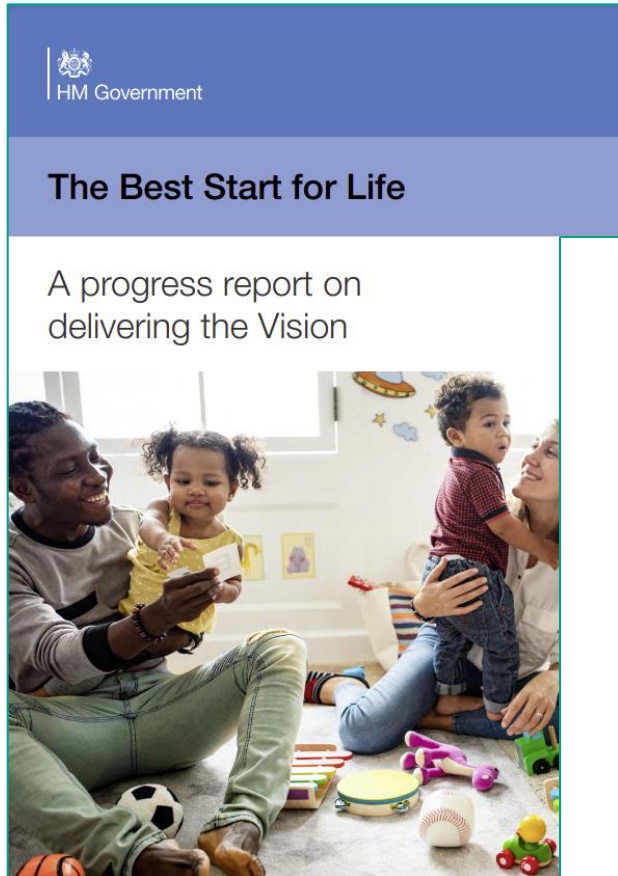
John Bailes

Start for Life Mental Health Policy Lead

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The government has a vision to helping parents and carers give every baby the best start for life



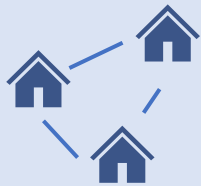
Family Hubs and Start for Life programme

In 2021, the government committed around £300m for 75 local authorities to deliver Start for Life and family help services over the next three financial years to March 2025.

Family Hubs: joining up services for families and children aged 0-19 (to 25 with SEND)



Support may be received in a family hub building



Service may be accessed through a family hub but received elsewhere



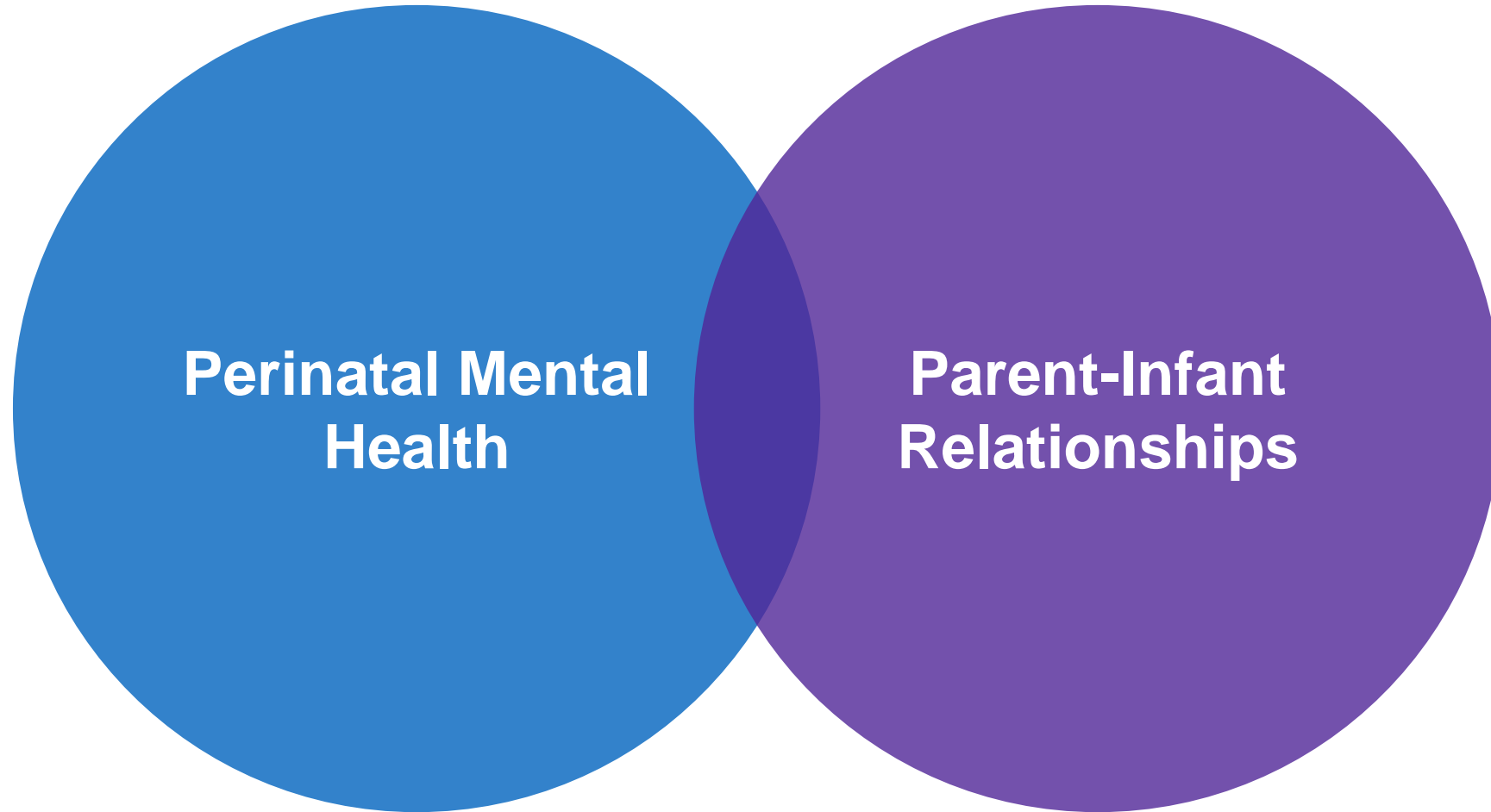
Virtual offer

Start for Life offers: services to support babies from conception to 24 months, accessed through Family Hubs

- **Perinatal mental health & parent-infant relationship support**
 - Parenting programmes
 - Infant Feeding Support
- Establishing Start for Life offers
 - Workforce Trials



Distinct but overlapping terms...



Distinct but overlapping terms...



Perinatal Mental Health

Mental health difficulties that emerge in the start for life period.

Can be maternal or paternal.

Examples of perinatal mental health difficulties include:

- Anxiety
- Low mood (postnatal depression)
- Psychosis
- Suicidal thoughts

Distinct but overlapping terms...

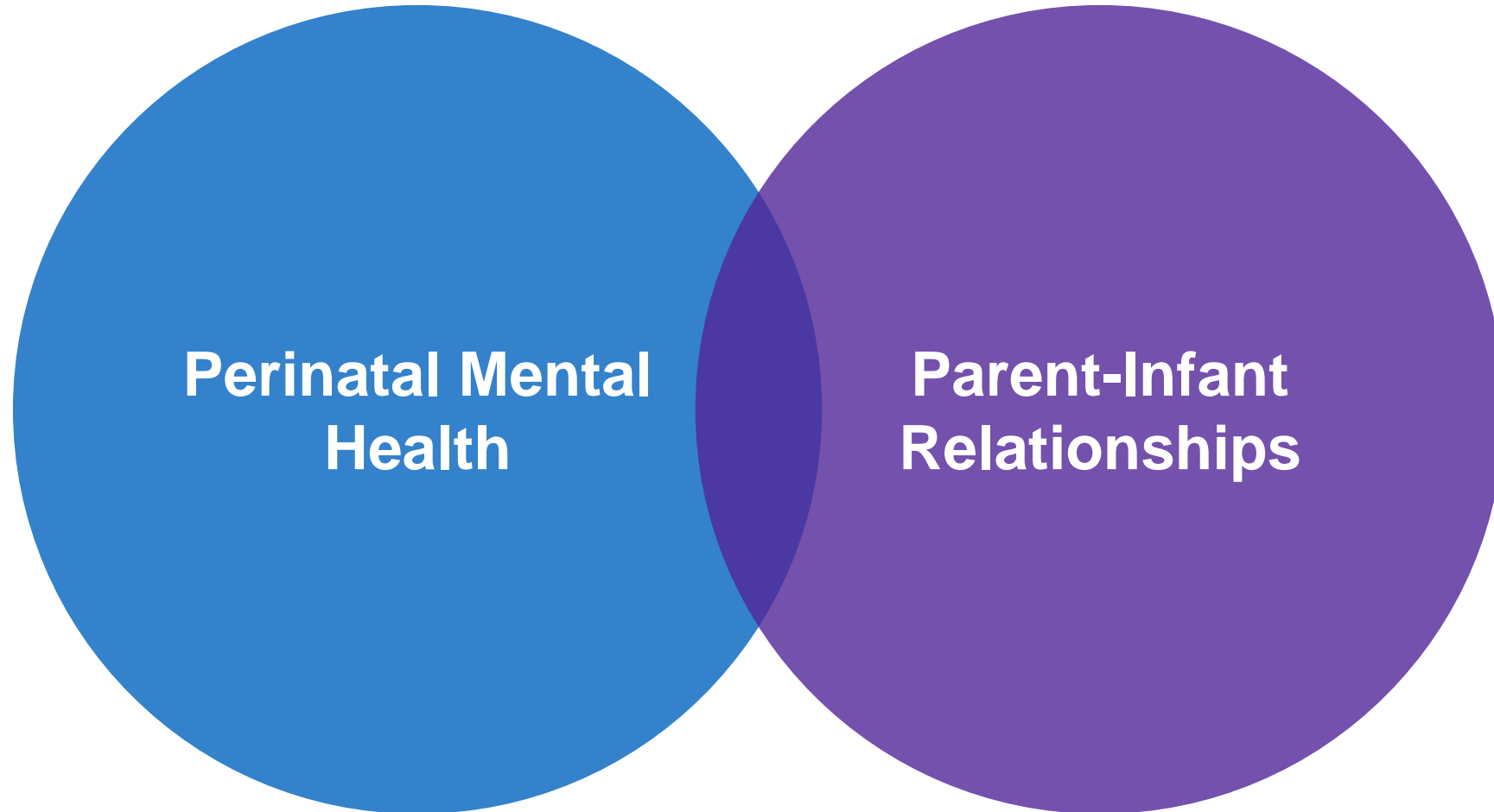
Relationship between a baby and their parent or carer.

Closely related to concepts of attachment, bonding, and infant mental health.



**Parent-Infant
Relationships**

Distinct but overlapping terms...



Focus areas for perinatal mental health and parent-infant relationship support

Provision varied greatly across England. The Family Hubs and Start for Life programme is focused on three areas to help address gaps in support and to complement investment in specialist services.

Parent-infant relationship support

Perinatal mental health support for dads and co-parents

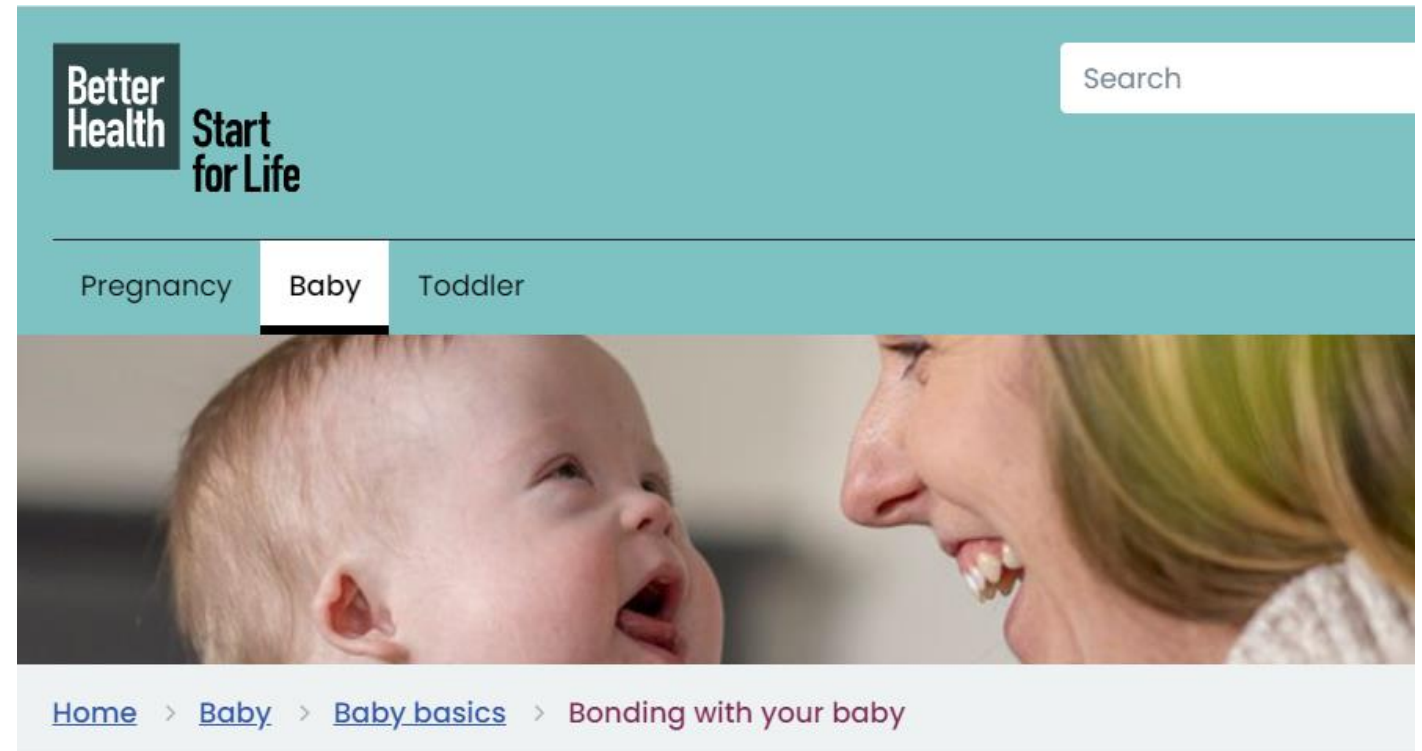
Mild-to-moderate perinatal mental health difficulties



Next steps for the programme

- All areas have launched their first family hub.
- Start for Life areas are establishing new parent-infant relationship and perinatal mental health support.
- Current funding period runs to March 2025.
- The focus is on supporting implementation and evaluating impact.

Public awareness campaign



Understanding your baby

Babies don't come with a manual, but they work hard to tell you what they need.

An important part of learning about your baby is recognising and responding to when they are ready to play, sleep, cuddle, rest and feed.

Reflecting on parent-infant relationships

A practitioner's guide to starting conversations about parent-infant relationships



- 3 conversation prompts and tips on observation.
- Aimed at all frontline practitioners, inc. health visitors, midwives, nursing associates, family support workers and social workers.
- Prompts derived from a tool used by the Leeds Health Visiting Service, which have been piloted in several Start for Life LA areas.

A Brief Overview of The Framework of Modifiable Factors for the mental health and wellbeing for babies, children and young people

10:45-10:55

Sally Handley

OHID East of England Health and Wellbeing Programme Manager

Sally.Handley@dhsc.gov.uk





Department
of Health &
Social Care

Improving the mental health of babies, children and young people

A set of documents to guide promotion and prevention

Documents developed in September 2023

Overview: Improving the mental health of babies, children and young people

Aim

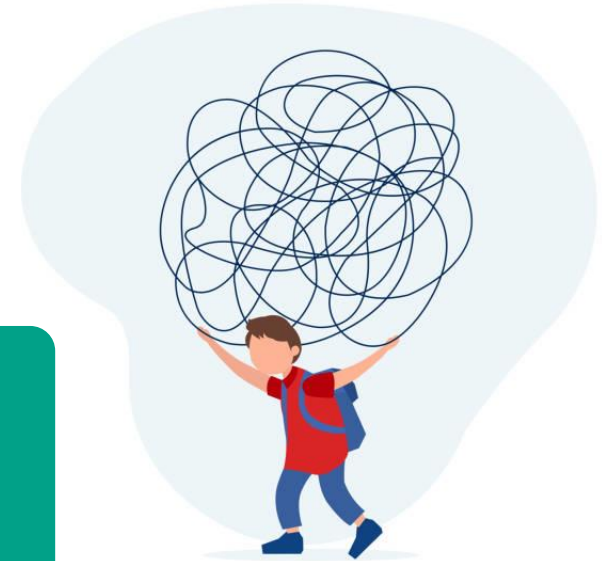
Stimulate cross-system collaboration in taking action to promote the conditions that help keep BCYP mentally well

Objectives

1: Highlight the modifiable factors that contribute to BCYP mental health

2: Summarise the evidence behind those modifiable factors

3: Share examples of promotion and prevention activities that positively impact the factors



Intended audiences



- Organisations that lead and develop strategy, policy and guidance that influences BCYP mental health and others who lead and coordinate partnership working to improve BCYP mental health
- NHS, local authorities, other parts of the public sector as well as the voluntary and community sector and wider stakeholders
- Particularly relevant for those who plan, manage, and provide promotion and prevention approaches such as public health professionals and commissioners



Three linked documents

<https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people>

A framework of modifiable factors to guide promotion and prevention

Includes an infographic summarising the modifiable factors that influence BCYP MH across different levels.

Provides an accompanying high level summary of evidence behind these factors.

Signals opportunities for promotion and prevention approaches across the BCYP life-course.

Methodology and findings from literature search and stakeholder engagement

Includes the methodology used by the UKHSA library services in undertaking literature review.

Includes a full list of references.

Provides a summary narrative of the evidence found against each of the factors included in the framework.

Lists the non-modifiable characteristics associated with poorer mental health, highlighting where action might be targeted at populations most at risk.

Examples of government-led contributions

Contains examples of activities being undertaken by central government departments that positively influence some of the modifiable factors that influence BCYP mental health.

Includes contributions from DLUHC, DfE, DCMS, DWP, Home Office, Defra and DHSC.



Key conceptual basis for the work

No single factor predicts an individual's state of mental health. Multiple factors across the circumstances and experiences of a person's life can enhance or undermine their mental health.

These factors are often interconnected: for example, deprivation, family relationships, school experience and neighbourhood environments.

The socio-ecological model describes how **factors operate at different levels:** individual, interpersonal, local community, environment and wider society level.

It's the **interplay of actions led by multiple stakeholders that has the potential to improve mental health outcomes** by influencing the determining factors of mental health.

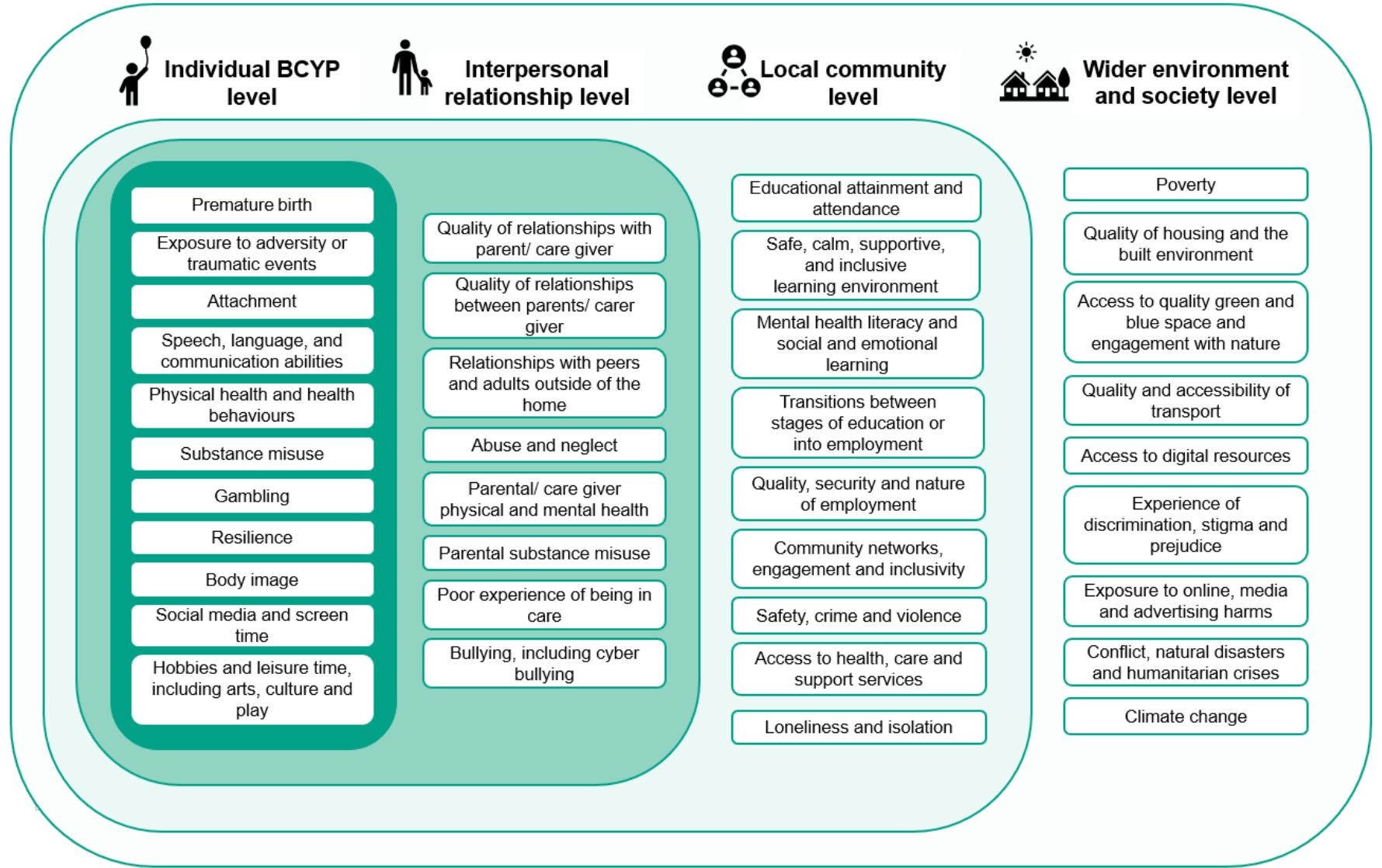


Framework

The allocation of factors into the domains was informed by a judgement about the level at which the action to modify the factor is most likely to be taken.

Some factors are cross-cutting in nature and could sit in multiple domains.

The vertical listing does not reflect a hierarchy of priorities.



Targeting those most at risk

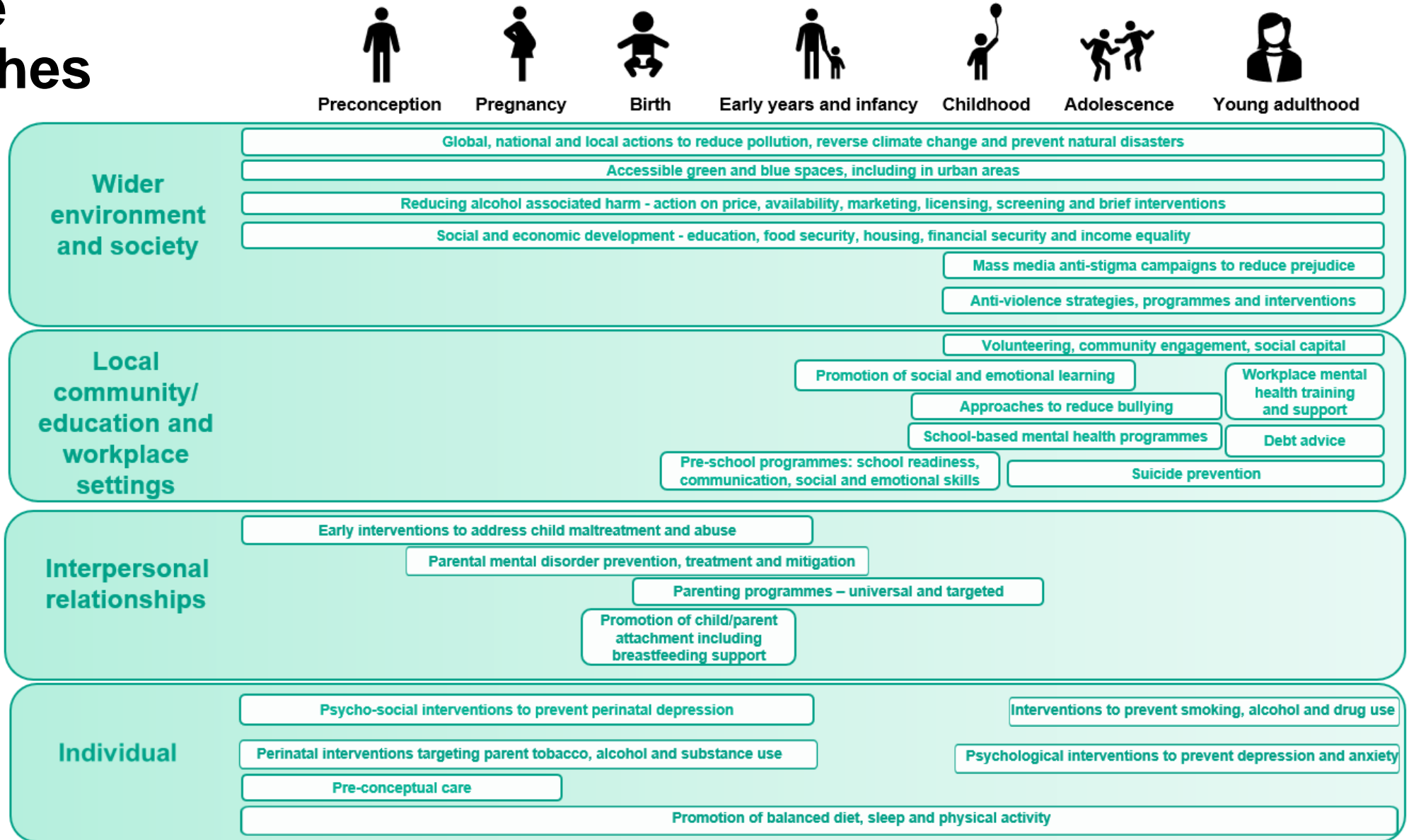
Characteristics that are associated with **disproportionately poorer mental health outcomes and/or higher prevalence of mental health conditions**

There are also disparities in outcomes according to **ethnicity and gender** **BUT**, these are variable according to other characteristics, such as age

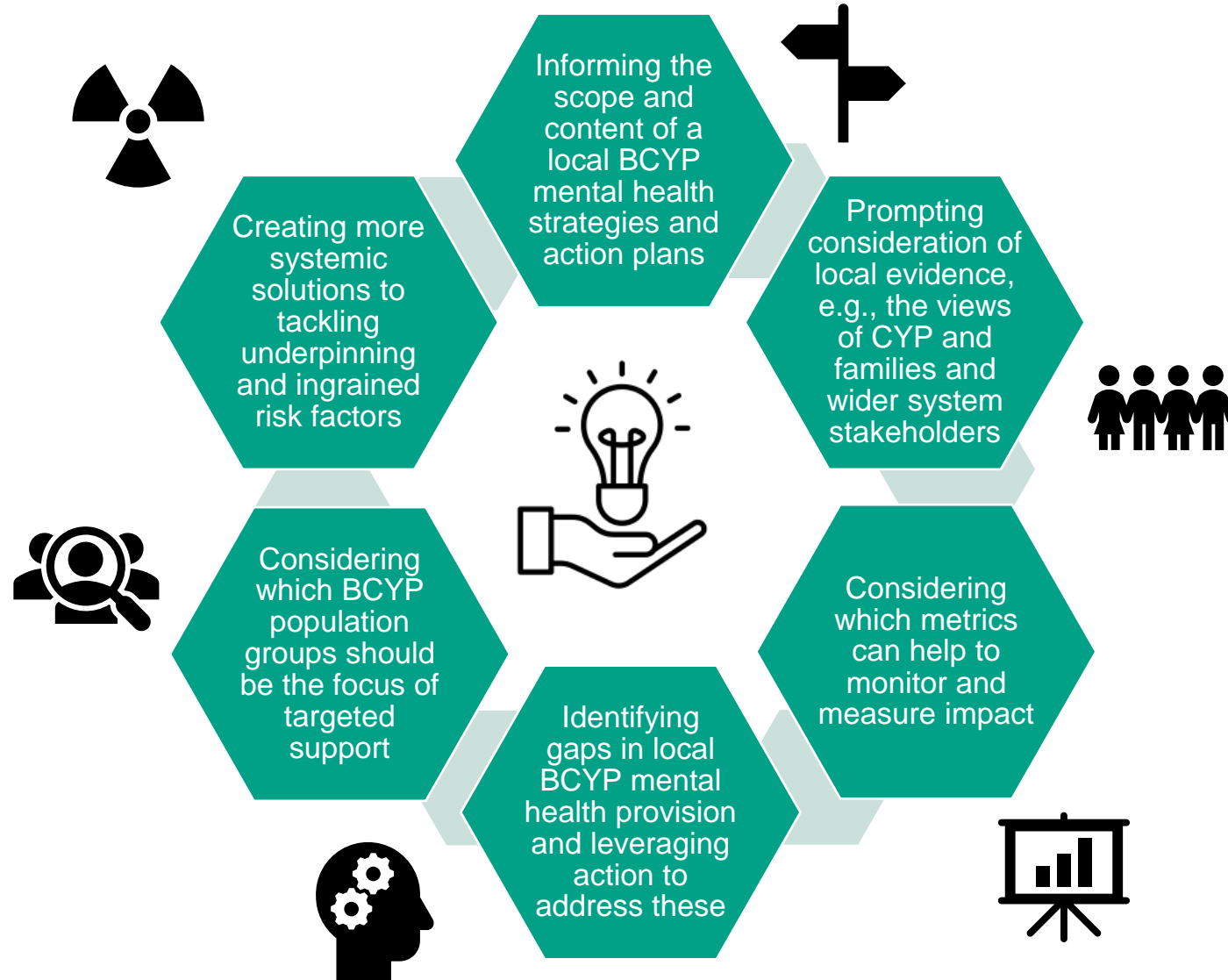
- Adolescents
- LGBTQ+
- Being in contact with social care
- Parent with psychosis
- Experiencing brain damage
- SEND
- Diverse cognitive functioning
- Experience of poverty/deprivation
- Experience of criminal justice system
- Being an immigrant, asylum seeker or refugee
- Not in education, employment or training (NEET)
- Young carers
- Living in a rural area
- Experience of homelessness



Example approaches



How can this information be used in practice?



Background to the development of the documents ...

Development process

- A systematic literature search was undertaken by the UK Health Security Agency (UKHSA) library services to explore the risk and protective factors associated with babies, children's and young people's mental health.
- This was complemented by a grey literature search focusing on additional reports, data and toolkits.
- While the search was transparent, it did not constitute a systematic review nor was it fully comprehensive. Fairly broad terms were used when referring to mental health conditions and we did not have the resource to undertake targeted searches on defined mental health conditions.
- These literature searches were completed in July 2022, meaning that material published subsequently has not been included.
- Evidence was also identified through engagement with DHSC staff and stakeholders.
- DHSC officials analysed the results of the literature searches and stakeholder engagement. Evidence was grouped according to the level at which the action to modify the factors is most likely to be taken.
- Sub-headings were generated within the domains to group together and describe the range of factors identified through the literature searches and stakeholder engagement process.



Consultation process

1. Invited input from colleagues with technical expertise to comment on content (evidence and narrative; interpretation across figures; language)
2. Invited feedback on application to practice and any improvements to support and enhance this
3. Held conversations with OGDs about evidence and narrative and policy alignment

OHID/DHSC teams

Early years, children and families
 Deputy Chief Medical Officer
 Diet and obesity, including physical activity
 Drugs, alcohol and tobacco
 Sexual health
 Social marketing
 Nursing
 Healthy places
 Inclusion
 Public mental health
 Health and work
 Mental Health Intelligence team
 Regional CYP/MH leads
 Policy Research Units
 Mental health strategy team

CYP MH system stakeholders including OGD policy reps

Local place based system representatives including local authority public health leads and representatives from ICSs in two regions (Y&H and SE region)
 Representatives from the Children and Young People's Mental Health Coalition: Youth Access; Director of Schools North East; UNICEF UK mental health lead, academics from Centre for Research on Play in Education, Development and Learning at University of Cambridge; LGA adviser for youth services, youth justice, early years and CYP mental health; MIND Policy officer; CEO of Compass; Chair of AYPH
 Public Health Nursing expert advisory group: 8 representatives spanning midwifery, health visiting and school nursing services
 ADPH network: representatives from the Children and Young People Policy Advisory Group
 Office of the children's commissioner
 UCL: Millenium cohort study
 NHSE CYP MH Deputy Director and lead on inequalities
 The Health Foundation
 UNICEF UK
 DfE, DCMS, Defra, DLUHC, Home Office, DWP policy leads
 NIHR SPHR
 Royal College of Child Psychiatrists



Norfolk and Waveney: System integration and Father Inclusive Practice

10:55-11:10

Kelly Semper

Norfolk and Waveney Integrated Care Board Children and Young People's Mental Health Programme Manager

Kelly.Semper@nhs.net



Family Hubs and Start for Life Offer Norfolk

Perinatal MH and Parent Infant Relationships



Focus Areas:

System Integration

Father Inclusive Practice





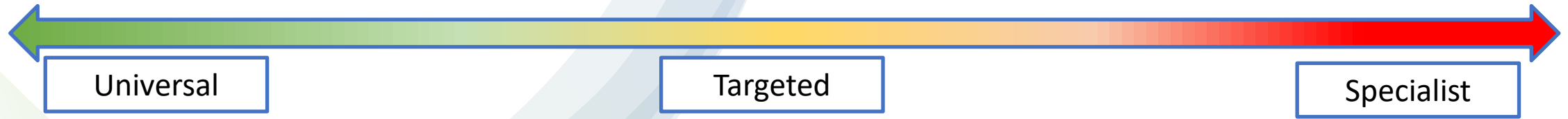
Delivery Plan & Impact

Delivery Plan & Associated Outputs

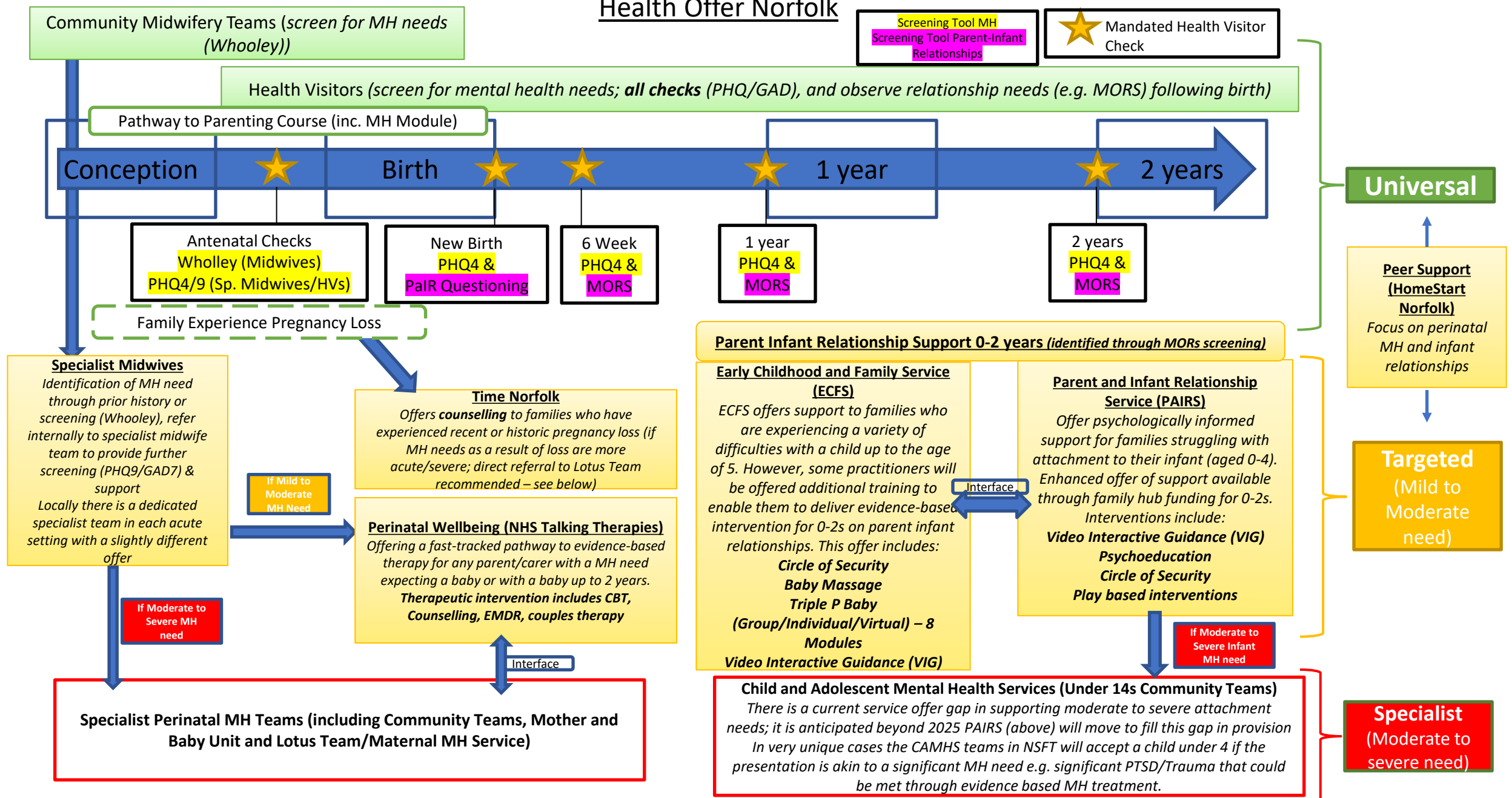
	<u>Objective</u>	<u>Plans</u>
1	<u>More families receive appropriate support to meet their needs, with better understanding and identification of needs and alignment of pathways</u>	<ul style="list-style-type: none"> • Develop an integrated Perinatal MH and Parent-Infant Relationship Strategy • Roll out Awareness Raising Training and CPD offer to all wider FH workforce and core FH workforce
2	Families receive evidence-based screening for PNMH and PAIR needs through HV mandated visits	<ul style="list-style-type: none"> • Agree Screening Tools to implement across system to encourage shared understanding/language • Roll out training to support implementation of these tools
3	Improve wellbeing/attachment outcomes because of families accessing 1:1 support and interventions to meet their needs	<ul style="list-style-type: none"> • Expand Perinatal Wellbeing Pathway within NHS Talking Therapies Service <ul style="list-style-type: none"> • Expand existing Parent & Infant Relationship (PAIRS) Team • Develop intervention delivery team within ECFS and upskill on Triple P Baby and VIG alongside delivery of direct parenting support
4	<u>Fathers and Co-parents experience improved wellbeing outcomes</u>	<ul style="list-style-type: none"> • Establish training offer and community of practice for Core FH staff • Establish a grant programme to ensure fathers can access local activities to improve wellbeing
5	Embed a peer support offer to promote early attachment and improved PNMH	<ul style="list-style-type: none"> • Feed into local commissioning plans for dedicated peer support offer within the early years <ul style="list-style-type: none"> • Consider needs of fathers within this approach
6	Families who have experienced pregnancy loss experience improved wellbeing outcomes through receiving targeted support	<ul style="list-style-type: none"> • Scope and commission dedicated pathway to offer psychological support to families who have experienced pregnancy loss

System Integration

- NCC and Health Equal Partners
- Pooled Resources/Expertise
- Universal through to Specialist Pathways
- Strategic Buy-in



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





Key Considerations

- Strategic Buy-In and System Ownership
 - *Steering Group*
 - *Integrated Strategy & Action Plan*
- Workforce Confidence and Competence
 - *Training & Development*
 - *Shared Language*
- Integration & Collaboration
 - *Integrated Teams*
 - *Interface Arrangements*



- **Strategic Buy-In and System Ownership**
 - **Steering Group**
 - **Integrated Strategy & Action Plan**

- Workforce Confidence and Competence
 - *Training & Development*
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- Integration & Collaboration
 - *Integrated Teams*
 - *Interface Arrangements*

- To encourage true integration, consider the whole system (including health, local authority and VCSE)
 - *Does the area have a shared 'vision'/ambition – (in Norfolk it's FLOURISH)*
 - *Do all parts of the system have start for life/family hubs on their strategic plans e.g. JFP?*
- Is there a multi-agency steering group in place?
 - *Drives collaboration and critical friendships*
 - *Are experts by experience engaged from all parts of the pathway (inc. but not only parent carer panels)?*
- The integrated PNMH and PAIR strategy is the vessel to demonstrate good practice, and identify opportunities
 - *Ensure all pathways across system feed into strategy*
 - *Develop an action plan from information providers/pathways identify as opportunities to improve*
 - *Use the steering group to sustain improvement*

- Strategic Buy-In and System Ownership
 - *Steering Group*
 - *Integrated Strategy & Action Plan*

- **Workforce Confidence and Competence**
 - ***Training & Development***
 - ***Shared Language***

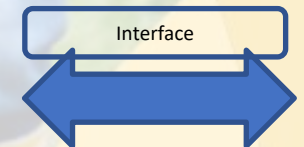
- Integration & Collaboration
 - *Integrated Teams*
 - *Interface Arrangements*

- Equipping universal pathways with skills to confidently identify need is crucial
 - *What training might be needed?*
 - *Could service 'champions' be identified?*
 - *How is this considered in management/supervision discussions?*
 - *How might more specialist pathways provide consultation/liaison?*
- Are system partners using the same language and monitoring impact similarly?
 - *I-Thrive and Flourish*
 - *PHQ9, GAD7 and MORS - My Baby*
 - *Formulation and Requesting Support Guidance*
- Ensure interventions are delivered in a variety of settings and provide choice on format
 - *Mapping the local offer, and co-producing comms to ensure professionals/families are aware*
 - *Digital/Face to Face & 1:1 or Group*

- Strategic Buy-In and System Ownership
 - *Steering Group*
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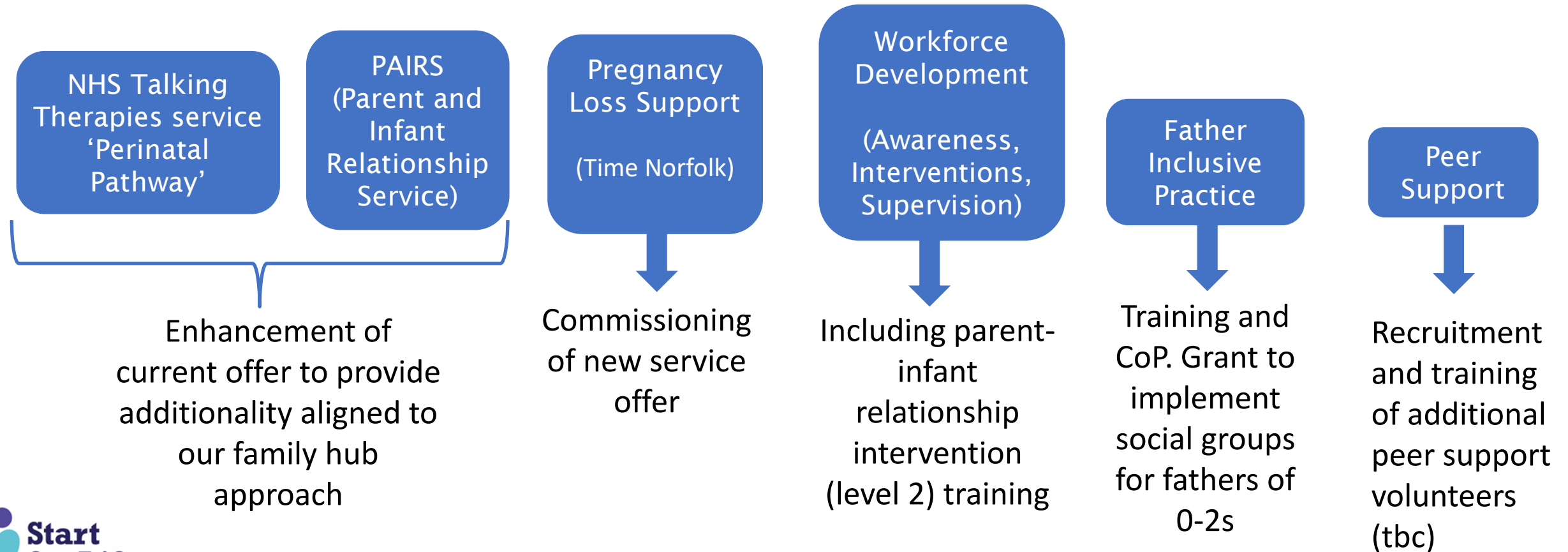


- Recognition that partners all have a part to play in the Start for Life system
 - ***Determine what their strengths are; and what can they offer?***
 - ***Is there a consultations/liaison function required between teams?***
- Relationships at 'place' (particularly if a rural county) are crucial to ensuring positive working relationships
 - ***Are universal pathways aware of offers available and how to refer?***
 - ***Are services easy to access (self & professional referral?)***
 - ***What arrangements exist to ensure teams can co-locate?***
 - ***Are there benefits to doing joint assessments/formulation in some cases?***
 - ***What processes are in place to ensure families to not fall through the gaps?***



Funded Elements

- The funding Norfolk received for this element of the programme has allowed to build a foundation of good working relationships and practice locally, as well as increase skill mix and capacity of intervention teams.
- Six key strands have been identified to utilise the additional Start for Life funding over 2023/24 and 2024/25

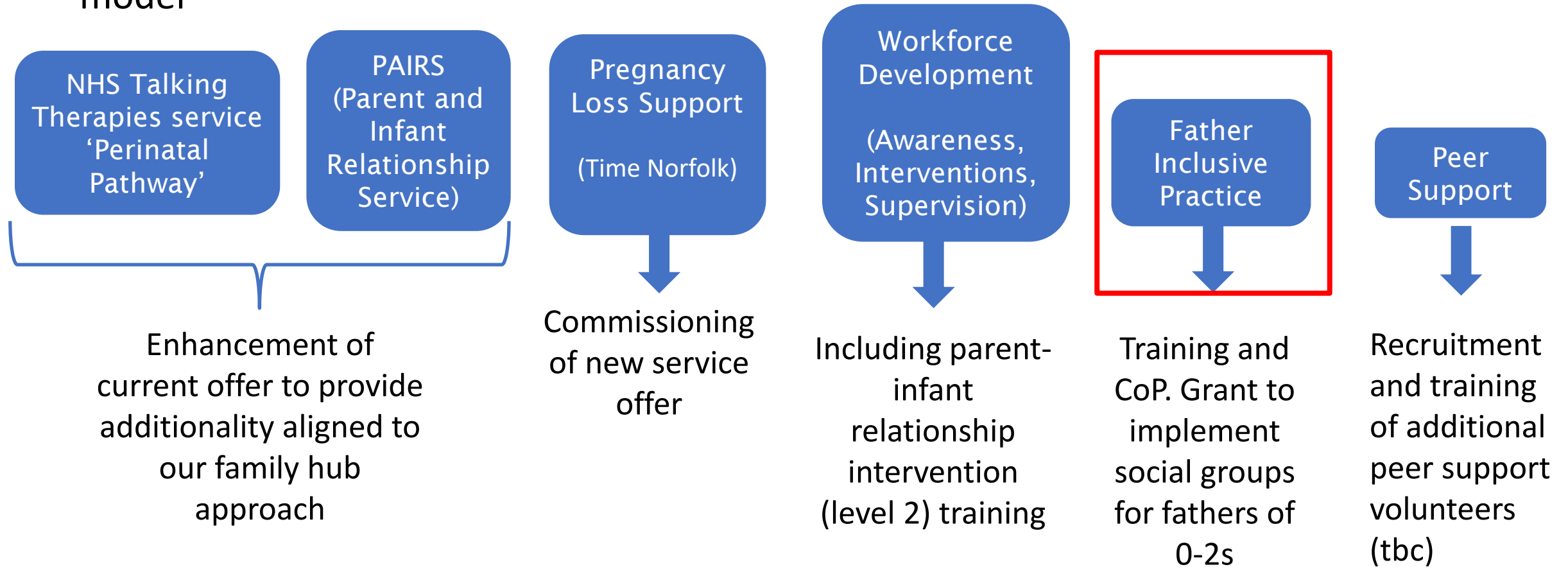




Father Inclusive Practice

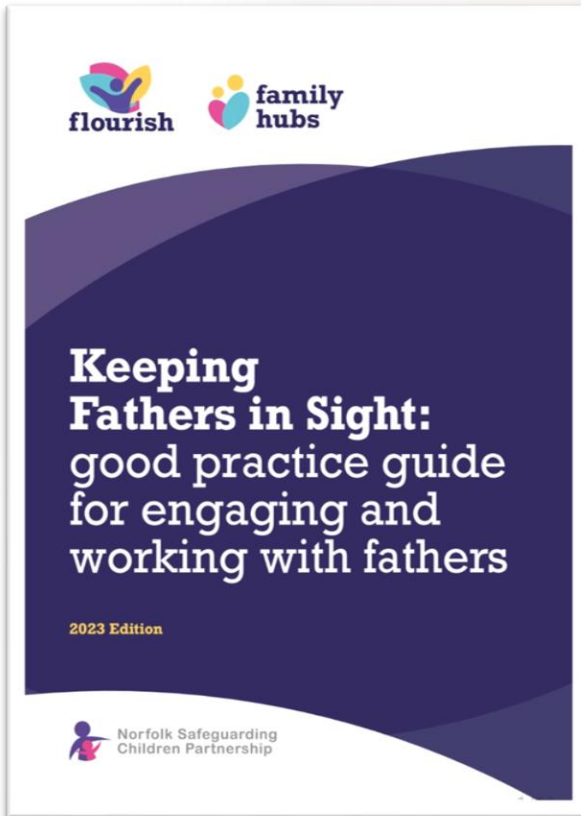
Funded Elements

- One of the areas we are really proud of locally is the father inclusive practice offer
- This is a 'red thread' through each of our service offers underpinned by a workforce model

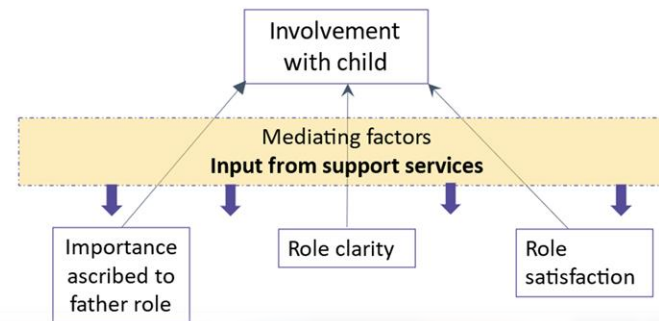


Father Inclusive Practice for Perinatal Mental Health

A training package focussing on father inclusive practice will be developed, based on the 'Keeping Fathers in Sight' good practice guide and associated practice toolkit. <https://norfolklscp.org.uk/people-working-with-children/nscp-priorities>



Factors that influence father's involvement with his child



95 Trained to Date

45% increase in knowledge and confidence pre vs post training

75% have changed professional practice

However, training in itself would not be enough to bring about sustainable culture change, therefore a community of practice, & locally based reflective practice drop-ins will be established alongside several learning events over the course of the family hub programme.

Community Fund for Fathers

It was also recognised that providing fathers an opportunity to meet with others during the perinatal period will improve wellbeing outcomes.

A grant of circa £135,000 was made available to VCSE orgs across Norfolk to bid for locally led social groups targeting fathers and their under 2s with a specific focus on Mental Health, and improving relationships.

16 different projects have been successful in receiving funding, and we decided to fund a further two provider projects as part of their existing contracts relating to family hubs (TimeNorfolk (Loss), and HomeStart (Peer Support)).



"As a separated father of a 19-month-old child, I wanted to join the panel to provide my own individual perspective, thoughts and feelings and in turn hopefully raise a voice for fathers in a similar position to mine.

I am immensely proud of my involvement in the Dads funding process and sincerely hope that this much needed financial support can help and assist many local groups, charities and fathers across the region"

*Jonathon
P&C Panel member*



Thank you – Kelly.Semper@nhs.net

East Sussex: Highlighting the development of the Parent-Infant Relationship interventions and the Perinatal and Infant Mental Health Duty system.

10:10-11:25

Rebecca Cottrell

Operations Manager Public Health

Rebecca.Cottrell@nhs.net





East Sussex Start for Life and Family Hubs Focus on Parent Infant Relationships and Triage

REBECCA COTTRELL

OPERATIONS MANAGER PUBLIC HEALTH

Early Help 0-19
Respect | Partnership | Strength



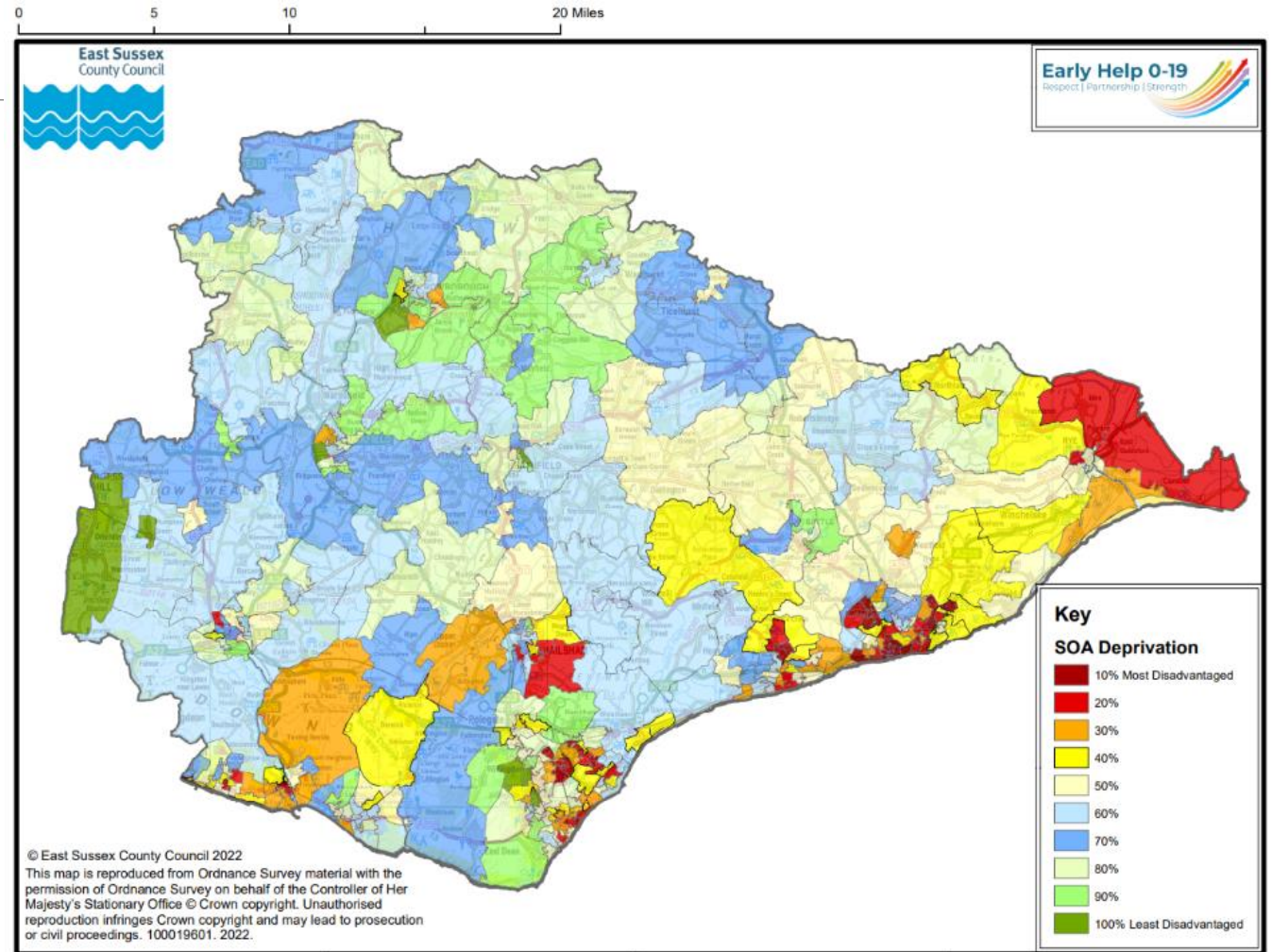
Aims

- A brief introduction to our Early Help 0-19 service, East Sussex as a county and the biggest challenges it presents to our families.
- Share our re-organisation of team structure.
- Present our S4L Parent Infant Relationship intervention expansion.
- Share our developing Perinatal and Infant mental health triage format which is supporting us to meet the family hubs agenda.
- Long term sustainability - Early help strategy.



East Sussex

- Population is just over 558 thousand
- Rurality
- 74% of the population living in urban areas
- 22 neighbourhoods in the top deprived deciles
- 18.1% of children are from low-income households
- Established integrated 0-19 Early Help Service
- 10 Children centres transformed to Family Hubs

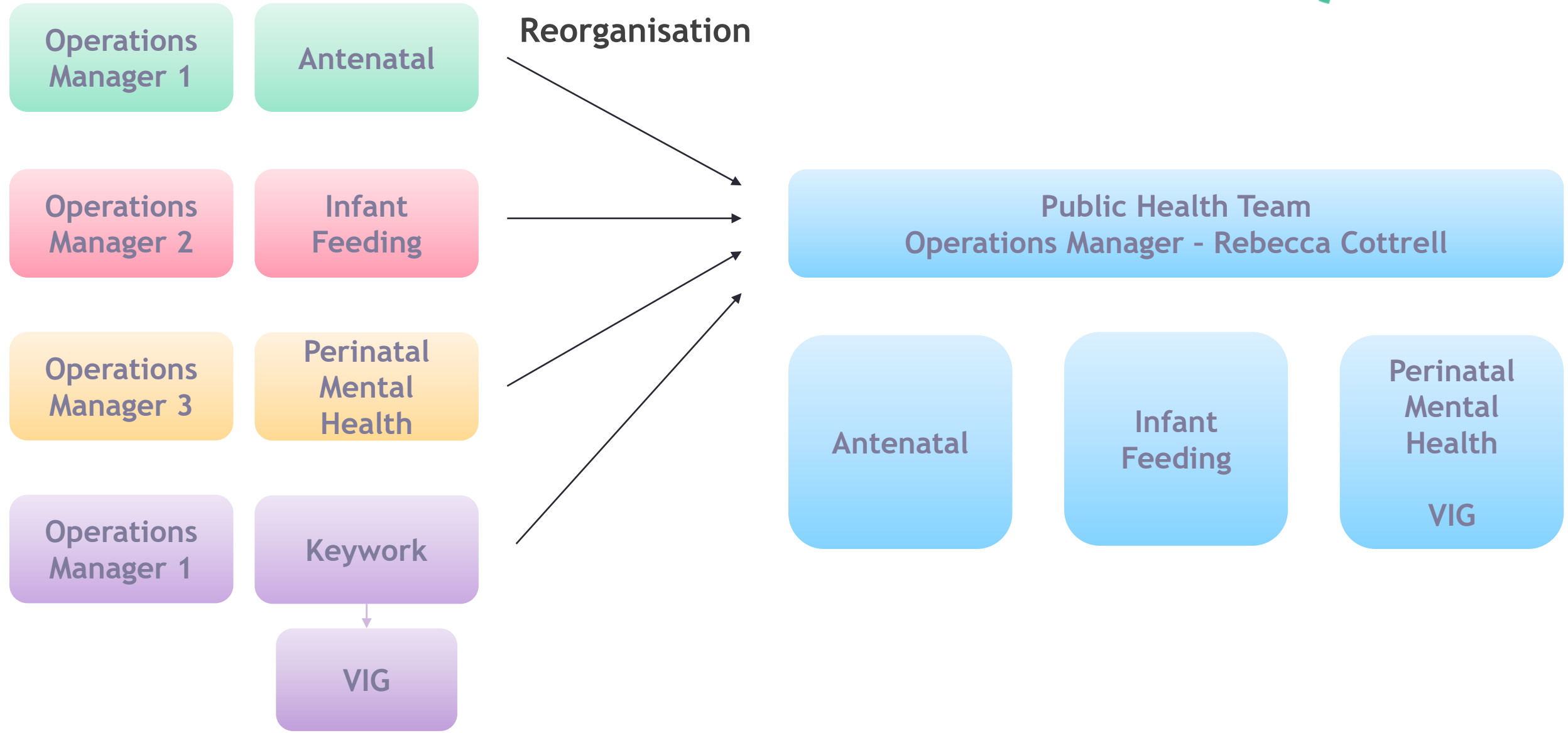


September 2022

East Sussex

Early Help 0-19

Scale 1:280,000



Parent Infant Relationships before funding

- Targeted free Antenatal Education - Bump & Beyond
- BFI accredited Stage 3 - Happy Baby Leaflet
- VIG team in Keywork
- Health Visiting service Building a Happy Baby



THE BABY FRIENDLY INITIATIVE
unicef
 UNITED KINGDOM

START4LIFE
Bump and Beyond
Antenatal Classes

- Various days and times
- Virtual and countywide venues
- Free antenatal classes for first time parents living in East Sussex
- Face to face and virtual classes run by Midwives and Community Nursery Nurses
- Helping you prepare for the birth of your baby and beyond

Scan the QR Code to register your interest via our enquiries form
 Or type this link into your browser <https://forms.office.com/r/7tqgMACoeb>

Updated 24/11/2023

For more information please call Charlotte 01424 726448 or email bumpandbeyond@eastsussex.gov.uk

FAMILY HUB EAST SUSSEX | Funded by UK Government | Early Help 0-19 | East Sussex Healthcare NHS Trust

PIR with Start for Life funding

Delivery Plan	Gain	Impact for Families and professionals
<ul style="list-style-type: none"> Train a Children and Young People's Improving Access to Psychological Therapy Practitioner (CYP IAPT) 	<ul style="list-style-type: none"> Evidence-based PIR approaches ViPP-SD Incredible Years 	<ul style="list-style-type: none"> Broad offer to meet individual needs of families Expert support
<ul style="list-style-type: none"> Recruited of CYP IAPT practitioner into a Senior Infant Mental Health Practitioner post within the PIMH team 	<ul style="list-style-type: none"> Perinatal and Infant Mental Health Team knowledge and expertise in IMH IMH training to the workforce 	<ul style="list-style-type: none"> Specialist knowledge and expertise to support families and upskill staff Empowered workforce- earlier identification- PMH AND PIR at the forefront of practitioner's minds
<ul style="list-style-type: none"> Recruit and develop VIG practitioners 	<ul style="list-style-type: none"> Increasing capacity Sustainability 	<ul style="list-style-type: none"> Timeliness of support Quality evidence-based support
<ul style="list-style-type: none"> Commissioned Specialised Parent Infant Relationship Team - BrightPIP 	<ul style="list-style-type: none"> Parent-Infant Psychological Therapy (PIP) ABC (attachment and biobehavioural catch-up) 	<ul style="list-style-type: none"> Available to dad's and non-birthing partners Evidence base to meet neurodiverse needs and childhood trauma
<ul style="list-style-type: none"> Family Hubs 	<ul style="list-style-type: none"> IAG Universal 'Stay and Play' community groups and Solihull led by Early Years Practitioners and Community Nursery Nurses 	<ul style="list-style-type: none"> Easy access to PIR interventions when parents/carers need it Early intervention

Upskilling our workforce

- Defining infant mental health
- Building relationships and barriers
- Developing professional observation skills
- Looking for context and cultural differences
- Equipping practitioners with how to respond
- Starting conversation and normalising

Impact

- Increase in referrals
- Richer detail
- Earlier identification- more 0-1 years

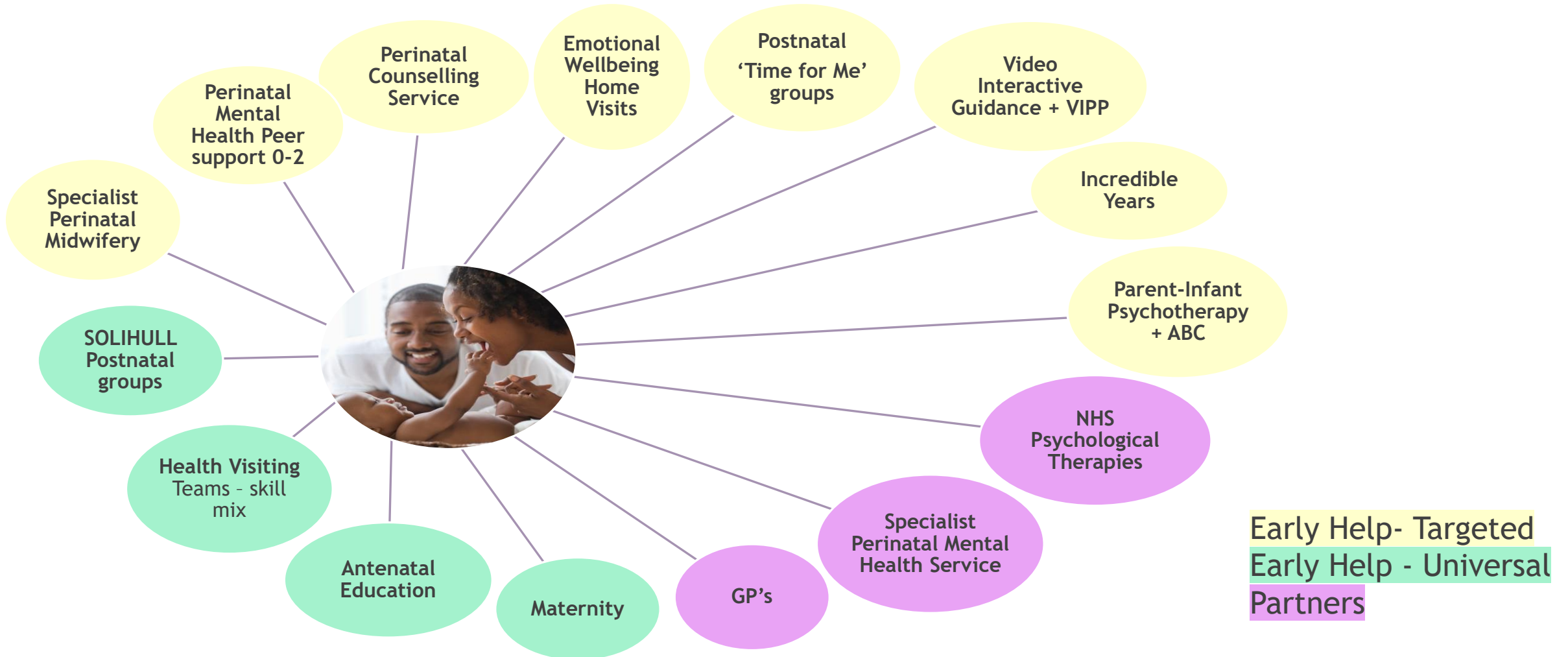
New guidance for frontline practitioners

Reflecting on parent-infant relationships

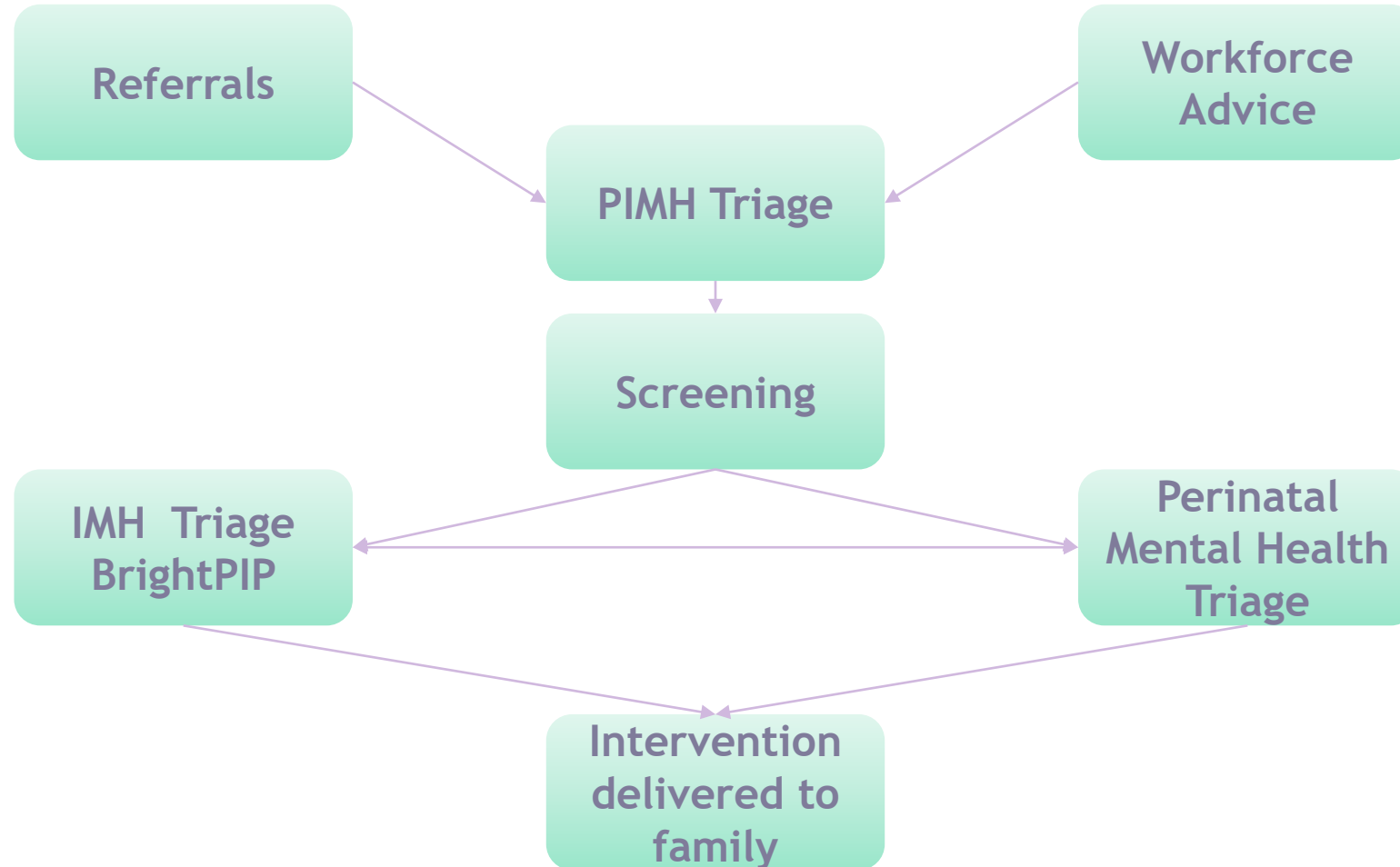
A practitioner's guide to starting conversations about parent-infant relationships



Integrated Perinatal and Infant Mental Health Support

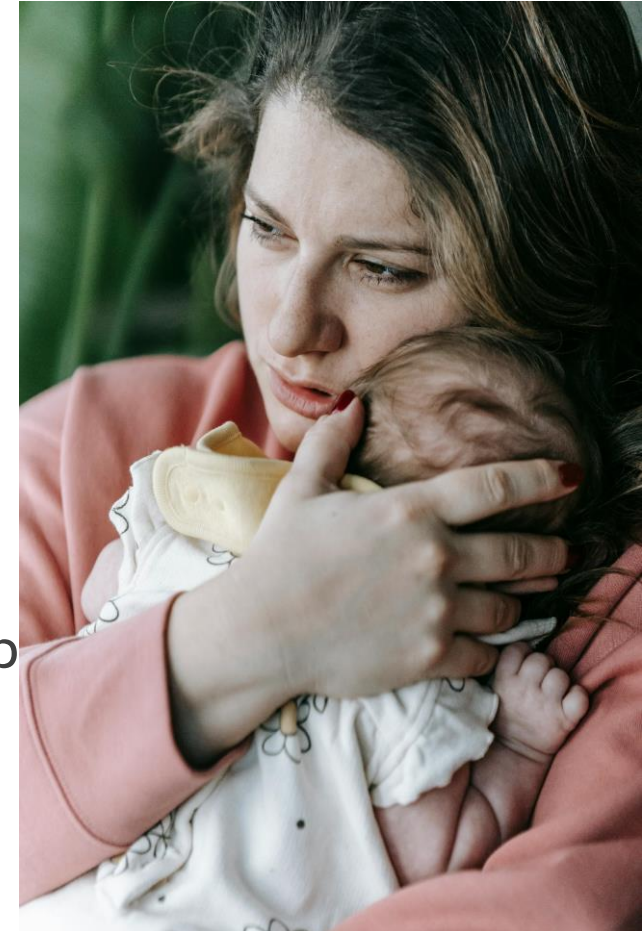


Triage



The 5 P's

- Presenting problem - presenting thoughts, emotions, and behaviours
- Precipitating factors - the factors that triggered the above concerns
- Perpetuating factors - the factors that maintain the current issue
- Predisposing factors - the factors that increase a person's susceptibility to the current issue
- Protective factors - the person's strengths / positives that help them maintain good emotional health



Sustainability

- Family and Youth Hubs consultation took place in May/June 2023 with 626 responses
- Emotional wellbeing and mental health for your people was the seen as the highest priority for both Families and professionals
- Integration of Family Hubs and Start for Life transformation into our Early Help strategy
- Top priorities:
 - Responding to increasing levels of need for emotional wellbeing and neurodiversity
 - Developing robust commissioning with community voluntary partners

Thank you

I feel like a weight has physically been lifted off my shoulders just having this opportunity to talk to you today...I have stopped shouting at home, some days can feel more intense, but the sessions are definitely having a positive impact. Nursery has reported X is a lot happier. X is playing so well independently

Mum who completed PIP



I've enjoyed seeing moments of me and X together, I am normally the other side of the camera and seeing us together has been so special.

Dad who completed VIG

Tameside: Focusing on an established early attachment service and relationships with the voluntary sector and community champions.

10:25-11:40

Charlotte Lee

Public Health Programme Manager

Charlotte.Lee@tameside.gov.uk



Tameside Perinatal and Parent Infant Relationship Offer

Spotlight on Perinatal Maternal and Parent Infant Relationships
13 May 2024

Charlotte Lee
Public Health Programme Manager

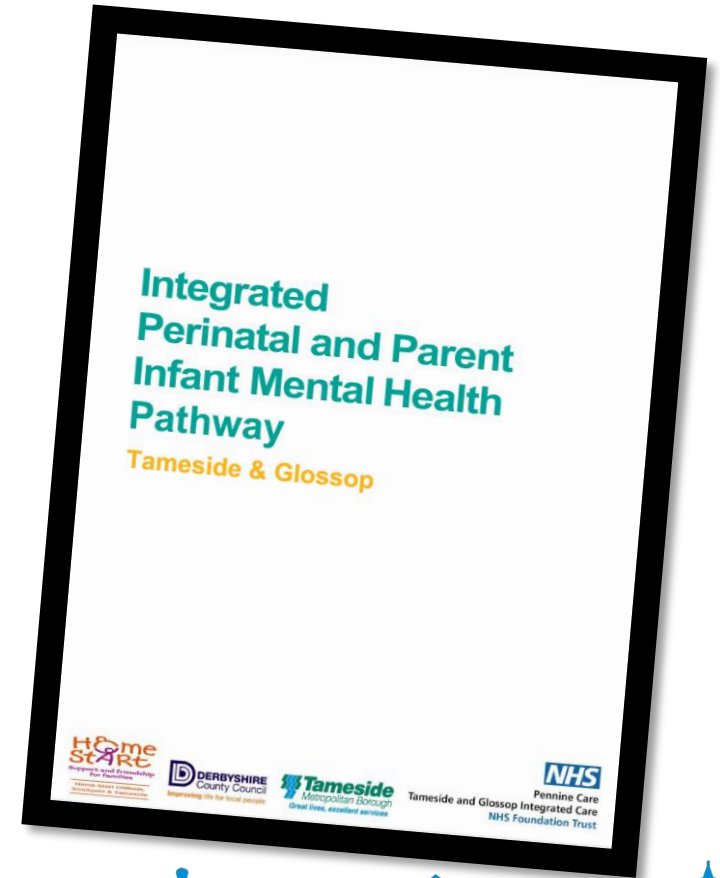
Picture of Tameside

- Within Greater Manchester - North West, England
- Bordering Manchester City Centre and the Pennines
- Tameside is made up of 9 towns, split across 4 neighbourhoods (North/ South/ East/ West)
- Generally worse than national averages for health outcomes
- Multiple pockets of deprivation
- Less than 2800 births a year
- Over 90% of the population are White, and 94% have English as a first language



Perinatal and Parent Infant Mental Health

- Integrated Pathway across Midwifery, Health Visiting, Mental Health Services, the Local Authority and Community Sector.
- Offer based on the THRIVE model of Getting Advice, Getting Help, Getting More Help and Getting Risk Support.
- Early Attachment Service, well established and recognised across Greater Manchester. Working with families with children 0 to 5, individually and with Groups.
- Perinatal and Parent Infant Mental Health Steering Group – collective partnership.
- Universal Solihull Approach to Parenting.
- Universal resources such as Your Baby and You.



Expanding through the Best Start for Life Programme



- Focus on Parent Infant Relationships – mild to moderate need.
- Investment through the Best Start for Life and Family Hubs Fund – expanding training, more support antenatally, expanding peer support service, small community grant scheme.
- Embedding Parent Infant Relationships across other programmes, such as home learning, infant feeding, parenting etc..

Community Sector Focus



HOME START **Family Hub**

Parent-Infant & Antenatal Support

Our Parent-Infant Mental Health (PIMH) Team offers free, confidential and non-judgemental support to families expecting a baby or with a child under the age of 2.

We work with families across Tameside, Glossop, Oldham, Stockport & Bolton to promote awareness of the importance of early relationships, and offer support for pregnant parents and those with under-2s to get to know their baby.

- Expanding the HomeStart Peer Support Service to reach antenatally and grow group work.

I'm so grateful for the support. I just don't feel confident and it really helps having someone come once a week.

Thank you so much, the visits and support have made me feel like I can leave the house and I am now going out with my daughter every day. I want to have another child and I know I would feel happy knowing Home-Start are still there, because the first time was so hard.

- Small Community Grant Scheme – enable more places to support parents and carers to grow grass root networks for families.
- Development of Community Network.
- Training and Supervision Programme Offer via Early Attachment Service.

Any Questions?

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Resources

Resource	Link	Resource	Link
The Framework of Modifiable Factors of the mental health and wellbeing for babies, children and young people	Link	Campaign Resources	Link
Improving the mental health of babies, children and young people: methodology, literature review and stakeholder feedback that informed the framework	Link	Parent-infant relationships: starting conversations (practitioner guide)	Link
Improving the mental health of babies, children and young people: examples of government-led contributions	Link	Reflecting on parent-infant relationships: a practitioner's guide to starting conversations	Link
The Best Start for Life: A progress Report on Delivering the Vision	Link	Norfolk CYP Strategy	Link
The Best Start for Life: A Vision for the 1001 Critical Days	Link	"Someone like us": Delivering maternal mental health through peers in two South Asian contexts	Link
Family Hubs and Start for Life Programme Guide	Link	Tameside: Family Hubs	Link
Norfolk and Waveney Start for Life Offer	Link	NSPCC Learning: Parental Mental Health Resources	Link
East Sussex: Family Hubs	Link	NHSE E-Learning for Healthcare: Perinatal and Infant Mental Health	Link
NSCP Keeping Fathers in Sight: Good Practice Guides	Link		

