

FAMILY INTEGRATED CARE STRATEGY

An overarching delivery plan ensuring
that families are kept at its centre as
primary care givers

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 **THAMES VALLEY & WESSEX**
NEONATAL NETWORK



TVW Neonatal Family Integrated Care Strategy Framework

Working to ensure parents are partners in the care of their baby through **Partnership**
Empowerment Wellbeing Culture Environment

This strategy should be read in conjunction with the Family Integrated Care Report. Please refer to this report for further information on the points and examples below.

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Vision

To ensure that all families across TVW receive equitable, high-quality, family-integrated neonatal care. Every family should have the same access to services, and experience consistency, compassion, and support throughout their journey in the neonatal care system.

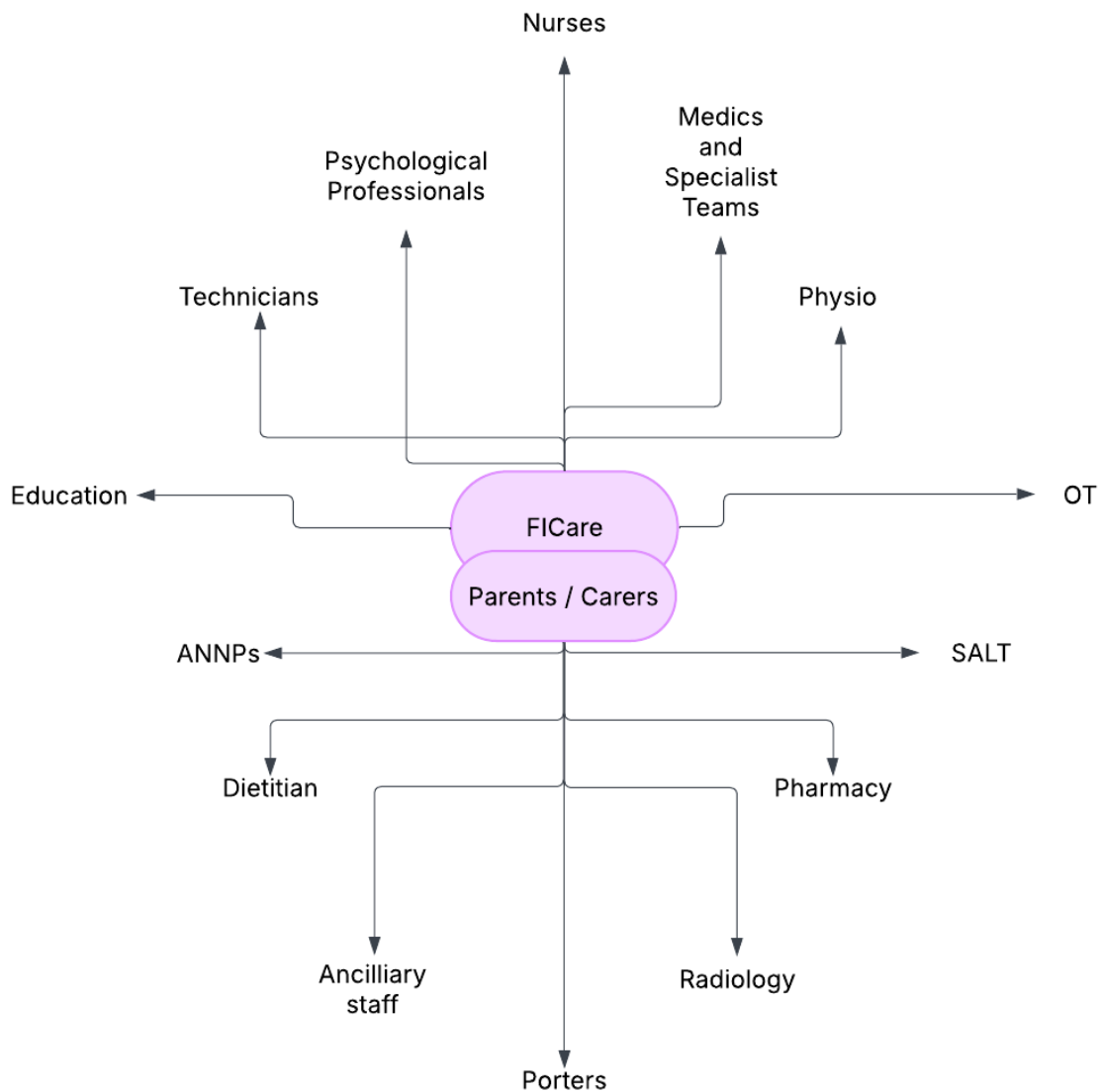
FIC (Family Integrated Care) represents a profound cultural shift in neonatal care. It is about recognising that families are not just visitors, but integral partners in the care process. This approach emphasises that the well-being of neonates is closely tied to the active involvement of their families in care decisions, day-to-day practices, and the emotional support they provide.

For this to become the ethos of a neonatal unit, it is essential that the entire multidisciplinary team (MDT)—from Doctors to Nurses, Therapists, Nursery Nurses, Nursing Associates and support staff—works together to prioritise the family's role. It involves regular communication, providing education for both staff and parents, and fostering an environment where the family feel empowered to participate in their baby's care.

Making FIC an embedded practice means that the unit's policies, care routines, and interactions all reflect this collaborative model, whereby staff mentor, support and empower parents. By ensuring the family is always at the centre of their baby's care, it not only improves the immediate experience for families but also positively impacts the long-term outcomes for neonates and their parents/carers.

The whole MDT are all responsible for embedding FICare.

FICare Map of responsibility



Guiding Principles:

1. **Equity & Parity in Care:** Families will receive consistent, high-quality care, with no variation across the TVW network, ensuring that care needs are met in the most appropriate setting for each baby.
2. **Family as Primary Caregiver:** Parents and caregivers are viewed as essential and primary partners in the care of their babies. The neonate's health and development are best supported when families are empowered to be actively involved in all aspects of care.
3. **Collaboration & Support:** The Neonatal MDT will embrace openness to change and align with FIC principles, fostering collaboration and cooperation among service users and stakeholders.

4. **Holistic Approach to Care:** By empowering families, we support not just the physical care of babies, but the broader emotional, mental, and developmental needs of both babies and families.

Key Objectives:

1. **Standardised, High-Quality Family Integrated Care:**
 - Ensure all families across the network have access to the same high standards of care, education, and support, regardless of the neonatal unit they are in.
 - Develop a consistent, evidence-based approach to implementing FIC across all units.
2. **Empowering Parents and Carers:**
 - Provide families with opportunities to be actively involved in decisions about their baby's care.
 - Empower families through continuous education and support, to understand neonatal care processes, feel confident in providing care, and actively participate in the care team.
3. **Improving Mental Health & Well-Being:**
 - Acknowledge the impact neonatal care has on families mental health and ensure support structures are in place to promote mental well-being throughout the care journey.
4. **Facilitating Seamless Transitions Across the Network and to Home.**
 - As babies move through different levels of care, ensure families experience continuity in support, information, and involvement, regardless of the location or unit.

Implementation Strategy:

Partnership Empowerment Wellbeing Culture Environment

1. Fostering a Change in Culture Across the Network

- **Leadership and Governance:**
 - **TVW ODN Team** will lead the initiative, ensuring alignment across local teams, providing ongoing support, and monitoring the progress of FIC implementation.
 - Empower **Neonatal MDTs** to foster a culture of openness to change and support for the FIC model.
 - **Neonatal Champions:** Appoint staff at each site who will advocate for and lead the integration of FIC principles.

- **Team Engagement:**
 - Engage the entire Neonatal MDT in regular workshops, training, and feedback sessions to ensure a shared understanding and commitment to the FIC model.
 - Utilise **peer learning** opportunities to share best practices and success stories within the network.

2. Parent and Caregiver Empowerment

- **Informed Decision-Making:**
 - Provide families with clear, accessible information on their baby's condition, treatment options, and care plan.
 - Involve families in daily rounds and care planning meetings, ensuring they are given the opportunity to ask questions, provide input, and feel heard.
 - Implementation and access to resources for families to help them navigate complex decisions regarding their baby's care.
- **Parental Presence and Engagement:**
 - Support the physical presence of parents/carers in the unit, allowing for 24/7 access, and ensuring that the environment is conducive to family participation (e.g., sleeping arrangements, space for bonding, care giving).
 - Provide parents with the tools and guidance to actively participate in their baby's care (e.g., assistance with feeding, bathing, neurodevelopment, and emotional support).
- **Parent Education & Resources:**
 - Provide education on neonatal care, development, and emotional support through individual counselling, printed materials, and digital resources. E.g. Padlet and Journey Cards.
 - Utilise **family support nurses and/or peer support networks** to connect families with others who have experienced similar journeys.

3. Mental Health and Well-Being of Families

- **Psychosocial Support:**
 - Integrate psychosocial professionals (in line with the BAPM service standards and within the neonatal psychology staffing standards ([Psychologists | British Association of Perinatal Medicine](#))) into the care team to support families coping with the emotional and psychological challenges of having a baby in the neonatal unit.
 - Provide a range of support to meet the individual needs of families, from universal offers to more targeted and specialist support. Neonatal Psychological Professionals to assess parental mental health and provide a

range of interventions to support those experiencing anxiety, depression, PTSD, or grief.

- Where possible and with the right support in place to offer opportunities for peer-to-peer support as part of the wider support offer.
- Foster a compassionate, understanding environment by ensuring staff are trained to recognise the signs of emotional distress in families and respond appropriately.
- Provide quiet spaces for families to rest, reflect, and connect with others.
- Provide accommodation for families to stay closer to their baby should they wish to.
- **Supportive Environment:**
 - Foster a compassionate, trauma and psychologically informed environment for babies, families and staff.
 - To ensure staff are trained to recognise and respond to parental distress and trauma, promoting a culture of compassion and empathy.
 - Provide quiet spaces for families to rest, reflect, and connect with others.
 - Provide accommodation for families to stay closer to their baby should they wish to.
- **Professional Nurse Advocate**
 - Deliver training and restorative supervision for colleagues.

4. Communication and Information Sharing

- **Clear, Transparent Communication:**
 - Implement a standardised approach to communication across the TVW network, with clear, jargon-free language used when discussing the baby's condition and care. E.g. Padlet
 - Create a **communication aid/s** for families outlining how and when they will receive updates on their baby's care.
- **Digital Tools:**
 - Provide digital platforms to provide families with real-time updates, care plans, and educational resources.
 - Use secure apps to maintain open communication between families and healthcare teams. E.g. VCreate.

5. Monitoring, Evaluation, and Feedback

- **Monitoring FIC Implementation:**
 - Set up regular audits and performance reviews to assess the consistency of FIC implementation across units, gathering both quantitative and qualitative data.
 - Develop **key performance indicators (KPIs)** related to family engagement, satisfaction, and the quality of care provided.

- **Family Feedback Mechanisms:**
 - Implement family satisfaction surveys at key points during the care journey and after discharge, ensuring that families can voice their experiences and suggest improvements.
 - Offer **focus groups** and **one-on-one meetings** with families to gather insights on how their care experience can be improved.
- **Continuous Improvement:**
 - Use the data collected from evaluations and family feedback to adjust strategies, provide additional training, and enhance support services for families. Ensure robust collaboration and coproduction with service users when planning future service improvements.

Barriers and Challenges to Implementation of the Strategy

- **Staffing Levels & Role Sustainability**
 - Ensure that staffing levels on neonatal units support the sustainability of key roles like Link Nurses and FICare Leads.
 - Collaborate with Matrons and Unit Managers to determine how workforce resources can be best utilised to maintain these roles.
- **Value of Roles within the MDT**
 - Advocate for the recognition of roles like Link Nurses and FICare Leads within the multidisciplinary team (MDT).
 - Support teams in collecting data to assess and demonstrate the effectiveness of these roles, showing their value for both families and staff.
- **Shifting the Culture within Neonatal Teams**
 - Acknowledge that shifting the culture within neonatal teams is one of the most challenging aspects of implementing and maintaining FICare.
 - Focus on creating a paradigm shift to ensure FICare becomes a fundamental part of practice. (BAPM 2021)
 - It is the responsibility of the entire Neonatal Multidisciplinary Team (MDT) to ensure that Family Integrated Care (FIC) is embedded within the ethos of the unit, shaping all aspects of neonatal care. For FIC to thrive and remain sustainable, it requires the active support and participation of every team member, particularly medical staff. Without their commitment to the principles and practices of FIC, the integration of family-centred care risks becoming fragmented or ineffective. Engaging medical staff is essential to create a cohesive, supportive environment where both families and infants can thrive.
- **Redefining Staff Roles**
 - Transform the traditional role of the principal care provider to one of supporter, mentor and empoweree of parents.

- Ensure that staff understand their role in helping parents become the primary carer for their baby.
- **Staff and Parent Education**
 - Develop a strategy for releasing staff to receive training and facilitate training for both staff and families.
 - Support units in creating and facilitating training programs for both staff and parents to promote FICare.
- **Embedding FICare as an Ethos**
 - Focus on embedding Family Integrated Care (FIC) as an ethos, not just a set of practices or checkboxes.
 - Emphasise the importance of innovators within the team to lead by example, educate, and empower others, as outlined by BAPM 2021.
- **Optimising Physical Space & Unit Footprint**
 - Support teams in exploring how they can optimise the physical space within existing unit footprints.
 - Assist with business planning and Quality Improvement (QI) projects to ensure that FICare is successfully embedded into the physical environment of the unit.

Outcome Measures

- **Equity in Care Delivery:** Monitor the extent to which all families across the network experience consistent, high-quality care.
- **Family Involvement:** Track how involved families are in decision-making and caregiving activities (e.g., participation in care rounds, feeding, and bonding) and future service planning. (participants in project planning and implementation)
- **Family Satisfaction:** Measure family satisfaction through surveys or interviews, focusing on communication, empowerment, and emotional support.
- **Neonatal Outcomes:** Track clinical outcomes related to the involvement of families in care, ensuring that family-centred practices contribute positively to the baby's development and recovery.

Conclusion

By embracing the Family Integrated Care model, TVW can ensure that all families experience a supportive, compassionate, and collaborative neonatal care journey. This strategy focuses on empowering families, ensuring consistency across the network, and fostering a culture of openness, communication, and shared decision-making, ultimately benefiting both the babies and their families throughout their neonatal experience.

This strategy is not intended to supersede local strategies but to provide support and guidance for neonatal service providers to make best use of funding and opportunities provided by regional and national drivers.

References

BAPM FIC in practice 2021

[Family Integrated Care | British Association of Perinatal Medicine \(bapm.org\)](#)

Workforce Strategy for Thames Valley and Wessex Neonatal Units

[TVW-Workforce-Strategy final-May-2024.pdf](#)