



Specialised Parent-Infant Relationship Teams

A story of hope

National Network Day, 23rd November 2023

Keith Reed, CEO

@CampaignsKeith



We've updated the story we tell politicians, officials, partners, funders and commissioners

- The baby blindspot is still there
- New research and learning
- New team members
- Building on what has worked but RRTIR!
- A window of opportunity to influence



Today

- Feedback from stakeholders and the research in England
- An urgent, new, story of hope and possibility
- The impact so far

Why doesn't everyone want to support babies?

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'Soft intel' in England

- A lack of understanding of the problem
- It's not urgent
- Uncomfortable to think about babies suffering
- It's hopeless
- Perinatal mental health services does this

The commissioning of infant mental health services in the United Kingdom: A study of stakeholder views

Olha Homonchuk  | Jane Barlow

Department of Social Policy and Intervention,
University of Oxford, Oxford, UK

Correspondence

Olha Homonchuk, Department of Social Policy
and Intervention, University of Oxford,
Oxford, UK.
Email: ovh2@cornell.edu

Abstract

Context: Infant regulatory disturbances are common and stable over time and can compromise infant outcomes across a range of developmental domains. Many such problems have their origins within the parent–infant relationship and specialized parent–infant relationship teams provide support and intervention that is explicitly aimed at addressing such relationship difficulties. However, there are currently only around 27 such teams across the United Kingdom, and just under half of CAMHS do not accept referrals of children under 2 years of age.

Aim: The current research aimed to examine the views of commissioners of children's services regarding the reasons for commissioning (or not) infant mental health services.

Method: Fourteen in-depth interviews were conducted with a range of stakeholders involved in commissioning children's services across 14 areas of England, half of which were commissioning specialized infant mental health services. A thematic analysis was undertaken.

Results: A total of five themes emerged from the data as being key factors in the commissioning of infant mental health services: pressure from local practitioners, policy transfer through policy networks, opportunity for long-term cost reduction, potential to embed the service model within existing services and perinatal mental health funding.

Conclusion: As with commissioning more widely, the commissioning of infant mental health services is a complex process, with a range of factors influencing whether such services are commissioned or not, and data to suggest that the process is currently driven by informal and contingent factors, as much as by the evidence regarding what works.

KEYWORDS

austerity, commissioning, early intervention, evidence-based policy, infant mental health

- Child Care Health Development, March 2022
 - Olha Homonchuk & Professor Jane Barlow
 - 14 in depth interviews with those involved in commissioning in 14 areas.
 - Half commissioned specialised parent-infant relationship services

Key messages

- Long-term savings and upskilling of the universal workforce are key motivators for commissioning infant mental health services.
- Commissioners often rely on interactive people-based sources of information.
- When designing the service, commissioners consult with commissioners and practitioners in other locations, as well as leading organizations such as Parent Infant Foundation.
- There is lack of clarity regarding the extent to which perinatal mental health services can address the needs of infants where there are interactional problems.
- The question of whose responsibility IMHSs should be (public health, mental health or perinatal health) remains unclear.

Don't under-estimate:

- Case studies, personal stories and personal relationships
- What do they want? How do they want to feel?

What's not highlighted:

- Demonstrating the immediate need and potential short-term impact

Part A: Foundational information

A.1 What do we mean by parent-infant relationship services?

A brief guide to concepts and language

Page 6

A.2 Why does it matter?

Evidence about the impact of parent-infant relationships on children's outcomes

Page 11

A.3 Who is responsible?

Identifying commissioning opportunities and responsibilities and developing a theory of change

Page 17

Nine health commissioners interviewed who said:

- Significant confusion around language and ideas
- Didn't know where to find evidence about parent-infant relationships services
- Didn't know where PAIR services fit in the system and who should commission them





Understanding and attitudes about early social and emotional development in the centre of government

Prepared for the Parent-Infant Foundation
by Connect

December 2021

- Commissioned Connect Public Affairs
- Interviews dozens of politicians and senior civil servants in government
- Understanding of terms and programmes
- Began at the same time as the Start for Life programme announced

What they found

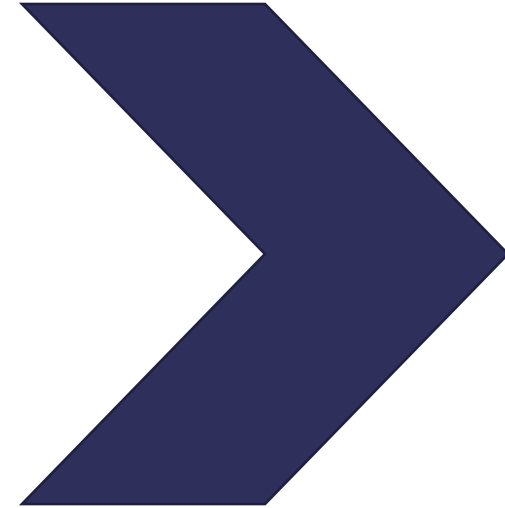


1. Reluctance to engage
2. Did know what as in Start for Life
3. What are infants? **Babies**
4. What is infant mental health?
Attachment/bonding/parent-infant relationships
5. What are the early years? **First 1001 days**
6. It's not urgent & important!



What they suggested

1. Child protection
2. Levelling up
3. Learning loss
4. Childcare



**Urgent &
important!**

Not flagged in the research but important in conversations....

- Mental health of adults and children

“how communication activates different shortcuts and affects our thinking.”



Framing Early Childhood

Date June 21, 2023

Convened by Stanford Center on Early Childhood

Presenter(s) [Nat Kendall-Taylor](#)

Location Online

Presentation type Presentation

What works with the public?

- Brain development
- Parents are challenged
- There is a solution – it's not so dire it's hopeless

Creating a new simple story

Babies are suffering now
and need urgent help

Their parent-infant
relationship effects how
their brains develop and
their future

Parents need help

There are new mental
health teams who can
help

The evidence shows they
are the answer. We need
400 not 40!



Babies are suffering now and need help

- 10% of babies at risk of disorganised attachment
- 60,000 babies leave hospital each year and live in fear, or terror
- Their parents may neglect their cries, or respond in a hostile fashion, or completely inconsistently
- It's urgent we intervene with new mental health teams, which work with babies and their parents



The parent-infant relationship effects how their brains develop and their future

- How their parent responds to them determines how they relate to the world, and how their brain develops
- It's a unique time of massive brain development (with millions of neural connections being made each day).
- It will help determine how they do educationally, in employment and in their own relationships.

Parents need help

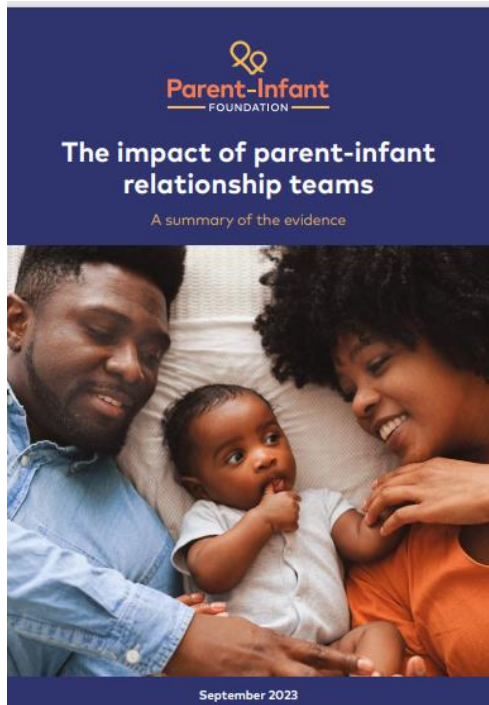
- Most parents want to be good parents. But these parents have challenges that prevent them from being able to recognise, or respond to what their babies need
- It's often due to their own mental health, or drug and alcohol abuse, or domestic violence, or trauma
- It can be due to inter-generational experiences of being parented themselves





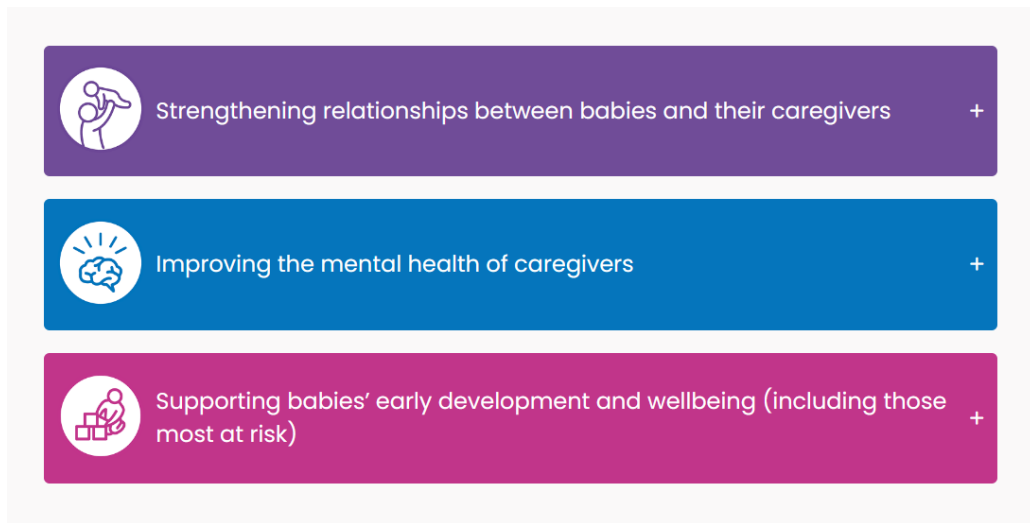
There are new mental health teams who can help

- They are multi-disciplinary who work with the babies and parents (separately and together)
- They work through the parents' challenges, which can include 1-1 therapy
- They work with the wider workforce (e.g. maternity and health visiting) so these problems are understood, supported and picked up
- Prevention, and early intervention is better than late intervention



The evidence shows they are the
answer.

We need 400 not 40!





Party conferences

- Attended the Liberal Democrat, Conservative and Labour Party conferences
- Met the new Children's Minister, Shadow Health Ministers and Downing Street advisers
- Met with policy advisors helping to write the manifestos

- ✓ Asked for words to include in manifestos
- ✓ Agreed follow up round table meeting
- ✓ Asked by officials to provide more background

Keith Reed @CampaignsKeith · 2 Oct
Great to be at #CPC23 and listening to @timloughton flying the flag for babies, children and young people @first1001days @ParentInfantFdn Well done to @actnforchildren @barnardos @ncbtweets @NSPCC @childrensociety



First 1001 Days

24.5K posts
I asked Tom to hear @AndrewMans interview @westminster at #LabourConference2023 discussion on prevention so far only about smoking and sugar. Hope they'll get onto effective prevention of mental health conditions in children!



tamora langley @tamlangley · 10 Oct
On #WorldMentalHealthDay it's fantastic to meet Labour Shadow Minister for mental health @abenaopp and the excellent panel convened by @smfthinktank Struck by comments from Dr Lade Smith that if you intervene before a child turns 5 you can often stop children becoming unwell



National policies

Policy paper

Major conditions strategy: case for change and our strategic framework

Updated 21 August 2023

We recognise that there is more to do in ensuring we consider the whole life course, and tailor services accordingly. For example, we know that half of all mental health problems have been established by the age of 14, rising to 75% by age 24.^[footnote 32] As a result, there is real opportunity to focus on perinatal and infant mental health, and early intervention for young people. We are already taking forward some of this work through our Family Hubs and Start for Life Programme, which includes £100 million to enable 75 local authorities to establish and improve perinatal mental health and parent-infant relationship support.

- **Discussed with ministerial advisors what needs to be in the new strategy**

National policies



HM Government

Family Hubs and Start for Life programme guide

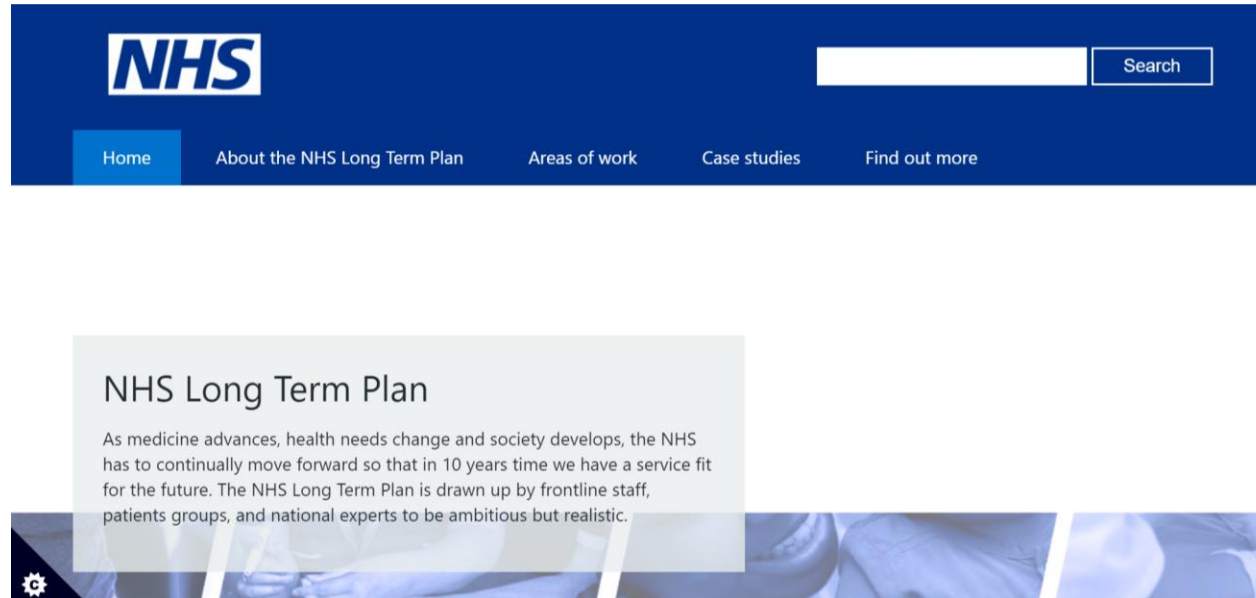
August 2022

- **Been asked by the Start for Life Team what the next stage of the programme should look like**

3. Parent-infant relationship support

- Approximately 50% of babies are securely attached to their parents / carers, while 40% are insecurely attached, and 10% have a 'disorganised' attachment style, which is associated with the worst developmental outcomes.
- Most families do not have access to support for parent–infant relationships.
- Some specialist community perinatal mental health teams offer support for parent–infant relationship difficulties. However, this is typically restricted to occurring in the context of a perinatal mental health difficulty. Difficulties with attachment and bonding do not always co-occur with perinatal mental health difficulties.
- Moreover, outside of specialist community perinatal mental health services, there are only 39 specialist parent–infant relationship teams in England. Most of which only focus on more complex relational difficulties. This means that many families do not have access to support for parent–infant relationships.

National policies



- **Been asked to outline what it means for the maternity and neonatal single delivery plan**
- **Asked to suggest what it means for future perinatal and children's mental health services in the next stage of the plan**

Partners

Royal College of Psychiatrists

Children and Young People's
mental health coalition

NCT & Royal College of
Midwives

Funders – new and renewing



Mental health help for under-fives overlooked - report



CR238

Infant and
early childhood
mental health:
the case for action



October 2023

COLLEGE REPORT

"I welcome this major new report from the Royal College of Psychiatrists into the mental health needs of babies and young children. It explains the critical importance of parent-infant relationships to supporting babies' brain development and mental health." - Ben Yeo

One reflection



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A close-up photograph of a young child with curly hair, wearing a white patterned long-sleeved shirt, being held in someone's arms. The child is looking upwards and to the right with a joyful expression. The background is softly blurred, showing white fabric. The text "Thank you" is overlaid in a bold, yellow font in the center of the image.

Thank you