

# Executive Summary

## This Report

This ground-breaking report explains for the first time what specialised parent-infant relationship teams are, and why they matter. It contains the most up-to-date analysis of provision across the four nations of the UK. It explains that:

- Specialised parent-infant teams work at multiple levels, as experts, champions and providers of specialised care. They enable local systems to offer effective, high-quality prevention and early intervention to give every baby the best start in life.
- Our research could find only 27 of these teams in the whole of the UK. But their value is being realised, and an increasing number of commissioners are funding new services - despite the difficult economic climate.
- Most babies in the UK live in an area where there is no parent-infant team. And there is very little mental health provision at all for children aged 2 and under. Despite children and young people's mental health services (CAMHS) nominally being a service for 0-18 year olds, data collected through Freedom of Information suggested that in 42% of Clinical Commissioning Group (CCG) areas in England CAMHS services will not accept referrals for children aged 2 and under.

**In the next 10 years - by 2030 - we would like to see specialised parent-infant relationship teams available across the UK, able to support all families who need them. This will require concerted action from national and local decision makers. We hope this report can inform the conversations and actions required to achieve this goal.**

## Why do we need specialised parent-infant relationship teams?

The first 1001 days of life, from conception to age 2, is a time of unique opportunity and vulnerability. It is a period of particularly rapid growth, when the foundations for later development are laid. During this time, babies' brains are shaped by the interactions they have with their parents. The evidence is clear: At least one secure, responsive relationship with a consistent adult is a vital ingredient in babies' healthy brain development. Persistent difficulties in early relationships can have pervasive effects on many aspects of child development, with long term costs to individuals, families, communities and society.

During this period, babies are unable to talk about their feelings and needs, but communicate these in different ways. They are completely dependent on adults to survive. Therefore, work with babies is in the 1001 days is different from work with older children and requires a specific set of competencies: Practitioners must have a deep understanding of child development and have the ability to read babies' pre-verbal cues. They need the ability to work with parents, babies and their relationships. This is skilled work that requires specialist expertise. It is also true preventative work: acting early to prevent potential harm to babies' emotional wellbeing and later mental health.

The unique opportunities and challenges during the first 1001 days, and the need for practitioners to have specific expertise to work effectively with families during this period, create a strong case for the existence of specialised parent-infant relationship teams.

## What are specialised parent-infant relationship teams?

Specialised parent-infant relationship teams are multidisciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents. These teams work at multiple levels; They are expert advisors and champions for all parent-infant relationships, driving change across their local systems and empowering professionals to turn families' lives around.

They also offer high-quality therapeutic support for families experiencing severe, complex and/or enduring difficulties in their early relationships, putting babies on a positive developmental trajectory and better able to take advantage of the opportunities that lie ahead.

Specialised parent-infant relationship teams are like rare jewels in the UK: scarce, small, and, where they do exist, extremely valuable and highly valued.

## How many teams exist?

This report contains the most up-to-date snapshot of provision across the four nations of the UK. We have found only 27 specialised parent-infant relationship teams currently in operation. Yet there are nearly 200 CCGs in England, 7 health boards in Wales, 15 in Scotland and 6 health trusts in Northern Ireland. parent-infant teams can transform the life chances of babies, yet the majority of babies live in an area where these services do not exist.

Actually, there is very little mental health provision at all for children aged 2 and under. Even though CAMHS services should be for 0-18 year olds, our research showed that NHS Children and Young People's Mental Health Commissioners are overlooking the needs of the youngest children in their own right. In some areas, commissioners do not commission any mental health services for young children: Our Freedom of Information exercise suggested that in 42% of CCG areas in England CAMHS services do not accept referrals for children aged 2 or under. Provision is also lacking in the devolved nations of the UK.

Even when particular CAMHS services told us that they accept referrals for younger children, we found that young children are often not accessing the service in reality. The data we collected showed that in 36% of CCG areas in England where CAMHS said they would accept referrals for young children and could provide data broken down by age, NO children aged 2 or under were accessing the service. Our mental health system is focussed on older children, and often fails to recognise or respond to the needs of babies – despite the importance of early emotional wellbeing for virtually all aspects of later development.

The statistics uncovered for this report are shocking, and should be a source of disgrace, just as it would be if services excluded children because of other characteristics, such as disability, race or sex, or if commissioners were failing to fund other services, such as cancer services, for young children.

Things have to change.

## Why are there gaps in provision?

The case for investing in parent-infant teams is clear, and more decision makers around the UK are now recognising this and committing to their development. We are excited to see that new services have been, or are in the process of being, established in a number of places despite the difficult economic climate. But there is still work to do.

Whilst we applaud the growing number of commissioners investing in parent-infant teams, there are still only 27 such teams in the whole of the UK. This report highlights some of the challenges to commissioning in this area, such as:

- It is not clear who is accountable for commissioning parent-infant relationship support.
- Resources are limited, and often directed to late intervention to deal with the issues such as the mental health needs of older children.
- Despite compelling evidence about the importance of the first 1001 days, babies' needs are not identified, understood or prioritised.

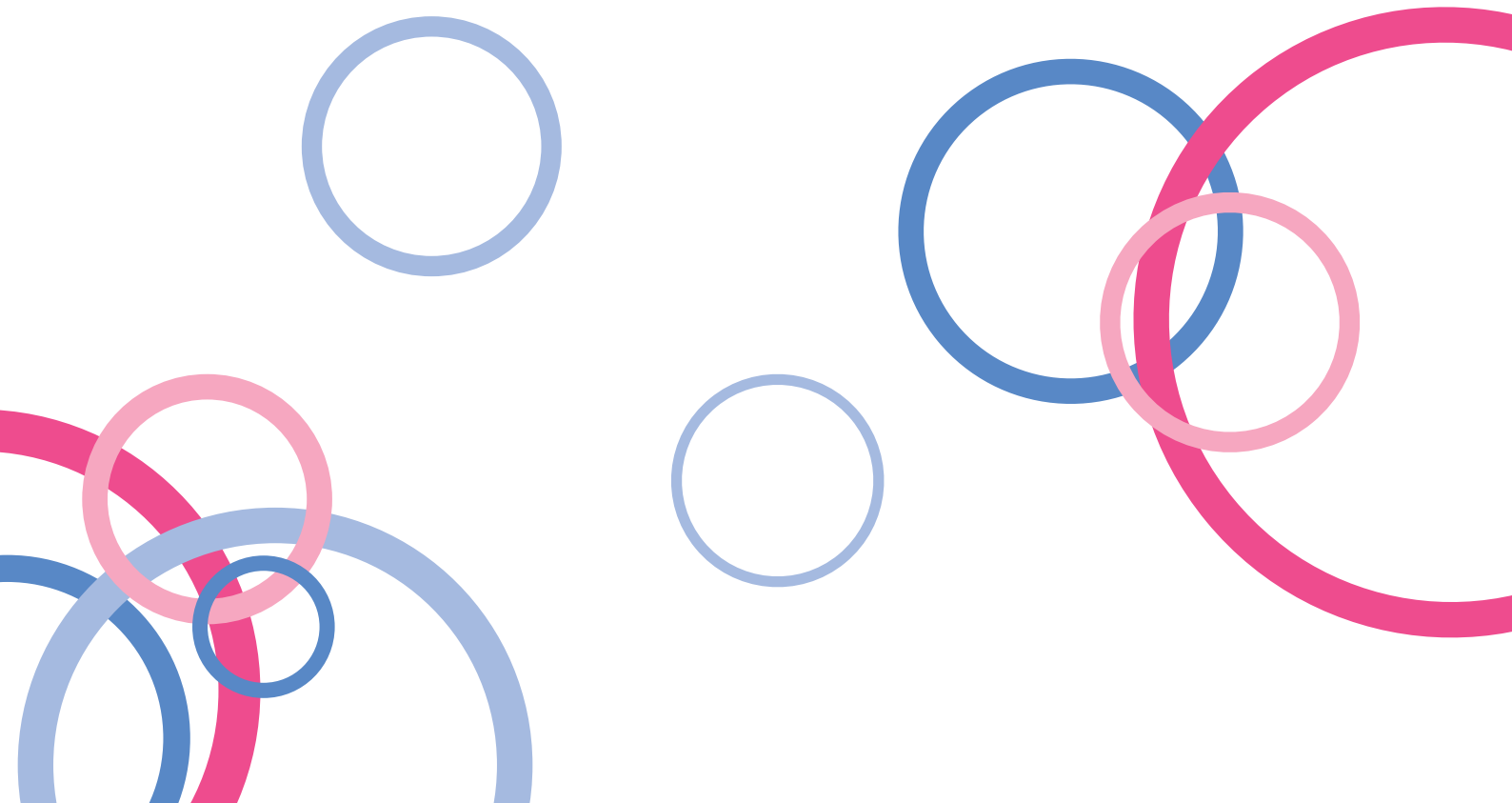
## What is needed to close the gaps?

This report makes a number of recommendations for local and national decision makers about how they could support the development of specialised provision across the UK.

Governments across the UK have made commitments to increase early intervention, to improve children's mental health and to close inequalities in outcomes. In England, the Government has committed that, in the next decade, all children from 0-25 who need specialist mental health provision should be able to access it. And in Scotland, Government has actually promised that all infants and parents who need such support should have access to specialist infant mental health services.

Governments now need to provide the focused and determined leadership, the clarity, the action and the investment required to translate their commitments into a reality and to give every baby the best start in life.

In the next 10 years – by 2030 – we would like to see specialised parent-infant relationship teams available across the UK, able to support all families who need them. We hope this report can inform the conversations and actions required to achieve this goal, and we look forward to working with the sector to make this happen.



# Summary of Recommendations

1

**Commissioning bodies (i.e. Clinical Commissioning Groups in England or alternative commissioning bodies, such as Integrated Care Systems and funders of services in the devolved nations)** should commission mental health services that are appropriate for and accessible to ALL children who need them.

Commissioning bodies should be aware of what mental health services they are commissioning, and should collect and monitor data on the ages of children accessing services to ensure that the services they commission are appropriate for, and accessible to, all.

2

**Local Commissioning bodies** should be held to account by national governments for commissioning services that meet the needs of all children in their area, including the youngest children.

**National governments and arms lengths bodies (e.g. NHS England)** should ensure that their data reporting systems and processes enable and encourage local commissioners to report data disaggregated by age.

3

**Commissioning bodies** in all areas of the UK should fund specialised parent-infant relationship teams in order to:

- Improve professionals' understanding of relationships and child development, so that they can identify and intervene when babies' emotional wellbeing is at risk.
- Provide a mental health service that is able to meet the needs of the youngest children, and can act early when problems are identified, providing interventions to address parent-infant relationship problems.
- Be the 'champions' of babies, in a system where their voices are seldom heard.
- Provide a protected space where babies will be prioritised, and do not have to compete for a service with children whose needs may be perceived as more urgent.

4

**Every government in the UK** should have a clear and ambitious cross-government strategy to give every child the best start in life, setting out clear outcomes for children and a plan to improve services for children, parents and families during the first 1001 days of life. Protecting and promoting parent-infant relationships should be a core part of this strategy.

**National governments** should encourage and incentivise local partners across health, children's services and the voluntary and community sector to work together to develop and deliver local strategies to give all babies in their area the best start in life and to deliver local goals.

5

**National governments** must ensure that accountability for parent-infant relationship service provision is clear at a national and local level. At local level there must be a lead accountable commissioning body for all children's mental health services. This should include commissioning specialised parent-infant relationship teams for children from conception to age 2.

It may be helpful for governments and others in the sector to stop talking about Children and Adolescent or Children and Young People's Mental Health Services, and instead to talk about Infant, Children and Young People's Mental Health services, to emphasise that these services should meet the differing needs of children of all ages.

6

Whilst we recognise the challenges associated with ringfenced budgets, without some protection funding for early intervention is always vulnerable to being drawn to other challenges that are perceived to be more urgent. Therefore, **national governments** should provide a ringfenced transformation budget to support local investment in the first 1001 days (just as the Westminster Government did to address disparities in provision of perinatal mental health services in England). This funding should be sufficient to fund the establishment of local specialised parent-infant relationship teams to meet the needs of the population in each area.

7

**National governments** should provide increased funding for bodies such as the National Institute for Health Research to fund primary research and build the evidence-base in parent-infant relationship intervention.

**National governments** should also provide increased funding for What Works Centres like the Early Intervention Foundation and NICE to synthesise the evidence base for the first 1001 days and to support commissioners to make decisions using the existing evidence and research base (including commissioning interventions which are based in research but yet to establish robust evidence of their impact). This should include providing guidance for commissioners about what outcomes measures they might require from services working with families in the first 1001 days.

**National governments and local commissioning bodies** must not use gaps in the evidence base as an excuse of inaction.

8

**All relevant government departments and public bodies**, in partnership with other organisations in the sector, must do more to raise awareness of the importance of parent-infant relationships for healthy brain development.

9

**In England, the Department of Health and Social Care and NHS England** should clarify how they will deliver on the goal of ensuring 100% of children – including children under 2 - being able to access specialist mental health care in the coming decade. This must include setting out who is accountable at a national and local level for delivering this goal, how it will be funded and implemented, and how progress will be measured.

**NHS England** should set out service specifications to enable local commissioners to understand what is required to provide specialist mental health care for children aged 2 and under. We believe that these service specifications should be developed in partnership with Parent Infant Network.<sup>1</sup>

10

The **Welsh Government and Public Health Wales** should commit to learning from the trial of the new parent-infant team, and using this to inform roll out of specialised parent-infant relationship teams across Wales.

11

The **Scottish Government** should set out how it will deliver on its goal of ensuring access to specialist infant mental health service services, including specifying who is accountable at a national and local level for progress towards this goal, and how it will be funded and delivered.

12

The **Public Health Agency in Northern Ireland** should work with Health Boards to share learning from the ABCPIP service and encourage and support the development of more parent-infant teams in Northern Ireland. The Northern Ireland Assembly should support this work when it is restored to power.

1. The network of existing specialised parent-infant relationship teams coordinated by Parent Infant Partnership UK.

# Specialised parent-infant relationship teams are multidisciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents.

Specialised parent-infant relationship teams are expert advisors and champions, driving change across local systems.

Specialised parent-infant relationship teams can help all the services around a family to do more to support early relationships.

Secure, responsive relationships between babies and their parents are a vital ingredient in healthy brain development.



Teams also work directly with those families who need specialised support.

Specialised parent-infant relationship teams help to create local systems that provide effective prevention and early intervention to give every baby the best start in life.

Parent Infant Partnership UK's research only found 27 of these teams in the whole of the UK at the moment. Although some new teams are being set up.



Most babies in the UK live in an area where there is no specialised parent-infant relationship team.



And there is very little mental health provision at all for children aged 2 and under.

Despite CAMHS nominally being a service for 0-18 year olds, in 42% of CCG areas in England CAMHS does not offer a service to children aged 2 and under.



In the next 10 years – by 2030 – we would like to see specialised parent-infant relationship teams available across the UK, able to support all families who need them.



We hope this report can inform the conversations and actions required to achieve this goal.

