Expanding Infant Mental Health Provision In England

Spending Review Proposal, October 2021

This submission makes the case for £88 million of investment over the Spending Review period to fund the development and employment of a specialist parent-infant workforce, and a national development programme to roll out specialised parent-infant relationship teams.

Specialised parent-infant relationship teams deliver highly skilled infant mental health provision. They have the specialist skills to work with babies and their families where there are severe, complex and persistent problems in early parent-infant relationships. They drive system change by providing expertise, consultation and supervision to other local services.

This submission sets out a plan to secure specialised parent-infant relationship teams operating in all areas of England by 2025.

By providing high-quality interventions to promote and protect infant mental health, these services reduce the number of children experiencing early relational trauma and disorganised attachment. This, in turn, prevents or reduces long term harm to children's emotional and cognitive development and impacts on their mental and physical health.

Parent-infant teams can reduce the demands on other services, including children's social care. Because early adversity has broad and lasting impacts on development, behaviour and health across the life-course, these teams offer the potential to generate significant long-term savings across many public services.

For several years, this Government has recognised the importance of early mental health and early relationships. It's now time to turn rhetoric into reality. There is a clear and growing consensus about the need for action:

- **administrations in Scotland and Northern Ireland have already committed to expanding infant mental health provision**
- **the NHS Long Term Plan set a goal to provide specialist mental health care for all children and young people from 0-25 who need it**
- **the Royal College of Psychiatrists recommend that there should be parent-infant mental health teams in our mental health system.**

It is time for the Government to secure this provision across England. The Spending Review provides a timely opportunity to invest in parent-infant teams.

What are specialised parent-infant relationship teams?

1. Specialised parent-infant relationship teams deliver highly skilled infant mental health provision. They are multi-disciplinary teams, led by specialised mental health professionals, able to provide families with a tailored package of support to strengthen and repair early

relationships. Specialised parent-infant relationship teams have the specialist skills required to work with babies and their families where there are severe, complex and persistent problems in early parent-infant relationships. They also provide expertise, consultation and supervision to help local services to improve infant mental health across their local area, and to identify and those families who do need additional support.

Why do we need parent-infant teams?

The science

2. Babies' brains grow rapidly in the first years of life, and their development is shaped by their environments and experiences. Parent-infant interactions are a critical element of early development that influence many different skills, behaviours and capacities.
3. Healthy early relationships set templates for future relationships and help children develop social and emotional skills. These are essential if a child is to thrive and lead a healthy and fulfilling life.

'Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioural, and moral. The quality and stability of a child's human relationships in the early years lay the foundation for a wide range of later developmental outcomes that really matter…'[i]
Harvard Centre for the Developing Child

"The early moments of life offer an unparalleled opportunity to build the brains of the children who will build the future." UNICEF[ii]

4. Early brain development lays the foundations for what happens next and influences a child's ability to take advantage of other developmental opportunities. Early skills and capacities shape how a child interacts with the world and how they respond to future experiences and opportunities. The brain can adapt and change throughout life, but its capacity to do so decreases with age. This means that:

- what happens in the earliest years of life can have a significant impact on a child's later outcomes.
- it is much easier to influence a child's development and wellbeing if we intervene earlier in life.
- later interventions are also more likely to have an impact if a child has had a good start early on.
- early interactions with caregivers can have effects that last a lifetime.

5. Early interactions shape a child's attachment style. Early attachment relationships between babies and their caregivers (the developing emotional bond between them) influence how a baby learns about himself and other people and sets a template for later relationships. If a baby develops a secure attachment, he will feel safe, able to explore the world and learn. Secure attachment is associated with a range of positive outcomes such as resilience, positive social skills, an understanding of emotions, and other aspects of human connection[iii].

'…the pathway followed by each developing individual and the extent to which he or she becomes resilient to stressful life events is determined to a very significant degree by the pattern of attachment developed during the early years.'
John Bowlby[iv]

6. It is estimated that 10-25% of children experience disorganised attachment with their main caregivers, putting them at greater risk of poor social, emotional and educational outcomes[v].
7. In the absence of a nurturing relationship with a parent or caregiver, a baby's, emotional and cognitive development can be damaged[vi]. It can be more difficult for babies who have not had responsive care to learn to regulate their own emotions, which in turn can affect their physiological responses – with long-term impacts on both their mental and physical health[vii].
8. Chronic, unrelenting stress in early childhood – such as exposure to conflict or abuse - can be extremely damaging to the developing brain, particularly if a child does not have a secure relationship with an adult who can help to "buffer" the impact of this early adversity. This stress, known as "toxic stress", leads to prolonged activation of the stress response systems which can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, into the adult years[viii, ix].
9. The evidence about the impact of childhood adversity is large and growing. It shows that early exposure to toxic stress can disrupt the building of healthy brain architecture. This, in turn, impacts physical and cognitive development, including immune system operation, memory, and emotional regulation, with widespread and long-lasting negative effects on mental as well as physical health[x]. Early exposure to adversity can also lead to changes to genes (known as epigenetic changes), which can be passed on to subsequent generations[xi].
10. In a recent published study by Kings College, children who were parented sensitively during early childhood cost 13 times less by the age of 12 years old than those who were not[xii]. Interventions that enhance parental sensitivity and strengthen the parent-infant relationship therefore offer the potential to improve lifelong mental health and to make significant savings within a generation.

The need for specialism

11. Specialised parent-infant relationship teams have the specialist skills required to work with babies and their families where there are severe, complex and persistent problems in early parent-infant relationships. This means they work with families whose challenges are most difficult to resolve and most likely to jeopardise babies' lifelong mental health and their cognitive, social and emotional development.
12. Mental health support for babies and toddlers looks and feels different to mental health services for older children. It requires specialist skills and expertise on the part of practitioners who must understand how babies communicate and develop, including close observation of babies' pre-verbal behaviours and cues. Infant mental health provision focuses on strengthening parent-infant relationships, which are so critical to early mental health. Practitioners seek to modify problematic interactions between parents and their babies to prevent the intergenerational transmission of trauma.

Policy and guidance

13. England is lagging behind Scotland and Northern Ireland, where the administrations have already committed to expanding infant mental health provision. However, there have been references to the importance of early mental health and early relationships in key policy documents, such as the Best Start for Life Vision[xiii] (2021), the Prevention Green Paper[xiv] (2019), and the Children and Young People's Mental Health Green Paper[xv](2018).

14. The **NHS Long Term Plan for England** (2019) set a goal to provide specialist mental health care for all children and young people from 0-25 who need it. It states "*We will extend current service models to create a comprehensive offer for 0–25-year-olds that reaches across mental health services for children, young people and adults*[xvi]".

15. The **National Institute for Health and Clinical Excellence (NICE)** is clear that securely attached children have better outcomes than non-securely attached children in social and emotional development, educational achievement and mental health. Various pieces of NICE guidance describe the importance of attachment, and set out the need for discussions, information, advice and support relating to early relationships[xvii].

16. **Royal College of Psychiatrists** recommendations for the provision of services for childbearing women (CR232) describe the need for parent-infant mental health services that should:

- be multidisciplinary teams with expertise in supporting mothers and fathers/ partners/other carers to develop sensitive and attuned relationships with their babies, infants and toddlers, including in the antenatal period
- offer direct support to parents and carers using a variety of evidence-based therapeutic parent-infant interventions
- work collaboratively with local perinatal and CAMHS leads to provide parent-infant mental health training, consultation and supervision for the local workforce.

Current Provision

17. Despite the proven importance of good mental health during the first years of life and its influence on a wide range of outcomes, our mental health system does not cater well for the needs of this group.

18. In a recent survey of NHS CAMHS professionals:

- Only 36% of respondents reported that there are mental health services that can work effectively with babies and toddlers aged 0-2 within children and young people's mental health services in their area.
- Only 52% of respondents said their local NHS children and young people's mental health service took referrals for children aged two and under. Many of these respondents told us that, while this was the referral criteria on paper, in reality, the service would not work with young children.
- Only 9% of respondents felt there was "sufficient provision available for babies and toddlers whose mental health was at risk" in their area.
- Many professionals reported gaps in their skills and experience relating to work with the youngest children[xviii].

19. Previous research using Freedom of Information requests also looked at wider provision for children aged two and under. It found that NHS Children and Young People's Mental Health services in 42% of areas in England did not accept referrals for children aged two and under.

Equality and Inclusion

20. Children and young people's mental health policy, commissioning and services should care for ALL children. Babies and toddlers – like older children and young people – can experience

stress and distress. Our youngest children should have access to mental health support, as other children do. The current lack of services for this group, and their routine exclusion from commissioning decisions and service provision is shocking and should prompt action, just as it would if policy makers and commissioners were commissioning services that excluded children because of other characteristics, such as disability, race or sex.

The Proposal

21. £88m could fund the workforce required for roll-out of parent-infant teams across England together with a national development programme to support the effective set-up and operation of teams.

22. These costings are developed using analysis by Professor Gabriella Conti, UCL and a workforce model developed by Dr Pauline Lee in Greater Manchester. This assumes a team of 5.13 WTE professionals for an area with a total population of 280,000. Each team could see around 150 babies per year directly and offer training and supervision to the wider workforce in universal and targeted services. Using this model, there would need to be 202 teams in operation to cover the whole of England[1].

23. To achieve the goal of 202 teams across England, we propose a gradual rollout of teams to reflect the readiness of different systems to provide parent-infant provision and the need for workforce development.

24. Our modelling sees the full funding of 40 teams in the first year of spending review (made up of those teams already in operation but able to scale up their work and in areas where there is already emerging provision). More teams would begin operation each year of the spending review. There would be 135 in full operation in the final year of the spending review, and development in 67 more sites – enabling 202 teams to be operational from April 2025, when funding for infant mental health provision could be added to wider children and young people's mental health funding and included within NHS baselines.

25. The funding of £88m over three years covers:

- the costs of post-qualification training to enable mental health professionals to develop specialisms in parent-infant work
- the employment costs for sufficient professionals to staff 202 teams by the end of 24/25
- funding for a development programme of national oversight, capacity building, support for teams and evaluation.

It does not cover pre-qualification training of professionals (assuming this is covered in other elements of the NHS workforce plan and budget). It also does not cover other costs associated with service delivery, which local commissioners would need to fund.

26. The NHS long term plan stated that by 2023/24, an additional 345,000 children and young people aged 0-25 will have access to support via NHS funded mental health services. This growth in parent-infant teams would provide direct support for 14,750 children aged 2 and under by 2023/24 – meeting around 4% of this target.

[1] In reality this would be the average size of teams. There would not be 202 identical teams. Teams would vary in size to cater for different geographical areas with different levels of need. In some cases they would form part of a wider early years mental health service catering for 0-4 year olds.

27. With new teams coming online in the following year, there would be capacity to support 23,600 by the end of 2024/25, and then when fully developed 30,300 by the end of 2025/26.

Breakdown of spending

This modelling is based on a team of 5.13WTE, made up as follows:

Staff	Band	WTE
Clinical Psychologist/Child Psychotherapist Cluster lead working across 3 teams.	8c	0.33
Clinical Psychologist/Child Psychotherapist locality lead	8b	1
Early Attachment specialists eg. Health Visitor	7	1
Early attachment specialist eg. midwife	7	1
Social Worker	6	1
Admin	4	0.8
Total WTE		5.13

This table shows the breakdown of costs per year, number of teams in operation and number of children seen:

Year	22/23	23/24	24/25	25/26
Number of teams operating fully from 1 April that year	40	80	135	202
Labour costs of teams fully operational[2]	9,507,392	19,585,227	34,041,572	52,464,367
Number of teams coming into operation over the year	40	55	67	0
Labour costs of teams coming into operation[3]	4,753,696	6,732,422	8,447,353	0
Cost of training for teams coming into operation[4]	443,100	808,763	1,016,505	334,163
Development programme[5]	500,000	1,000,000	1,000,000	
Total each year	15,204,187	28,126,411	44,505,430	52,798,529
Total for SR period			**87,836,029**	
Children seen per year	8,000	14,750	23,600	30,300

[2] Includes salary costs and 14% uplift to cover non wage costs such as national insurance and pension contributions. Assumes a 3% pay increase each year.
[3] Includes labour costs for half a year – assuming that the team will be recruiting gradually over the year.
[4] Based on a budget of £16k per team over two years for some specialist training in infant mental health and particular interventions. Pre-qualification training is not covered here.
[5] Includes national and regional work to build capacity in local areas, support for teams and evaluation.

The wider system

28. Parent-Infant teams cannot operate effectively in isolation. They work as part of a whole system of services that support babies' and families' wellbeing. In particular, universal services such as health visiting, are vital to promote infant mental health in all families and to identify and refer those who need specialist support. Therefore, we support calls to fund the delivery of the full Best Start for Life Vision, including a £500m ringfenced uplift to the public health grant to resource health visiting services. More detail on this proposal can be found in the First 1001 Days Movement and Institute for Health Visiting submissions to the Spending Review.

The Parent-Infant Foundation is the national charity supporting the network of specialised parent-infant relationship teams across the UK. We support the growth and quality of teams and campaign for policy change.

References and links

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[xiii] UK Government. (2021) The Best Start for Life: A Vision for the 1001 Critical Days

[xiv] UK Government. (2019) Advancing Our Health – Prevention in the 2020s

[xv] UK Government. (2018) Government response to consultation on transforming children and young people's mental health

[xvi] NHS (2019) NHS Long Term Plan (pg. 51)

[xvii] NICE guidance including QS133, QS128 and QS37

[xviii] Parent-Infant Foundation (2021) Where are the infants in children and young people's mental health? https://parentinfantfoundation.org.uk/wp-content/uploads/2021/06/PIF-Where-are-the-Infants-in-CYP-MH-26-May.pdf