

The impact of parent-infant relationship teams

A summary of the evidence





Executive summary

Introduction

This is the first dedicated report to summarise the latest research about the impact of specialised parent-infant relationship teams.

Evidence is critically important for growing the number and quality of parent-infant teams and services across the UK.

The Parent-Infant Foundation is working with stakeholders to support the development of new research to grow the quality and scale of the evidence base.

Diversity of evidence sources

This report brings together three different types of evidence to consider the impact of specialised parent-infant relationship teams in the UK:

- 1 Large scale meta-analyses and systematic reviews of parent-infant relationship interventions typically offered in parent-infant teams.**
- 2 Practice-based evidence and local service evaluations of parent-infant teams.**
- 3 Mapping of services offered by parent-infant teams with guidance from the National Institute of Health and Care Excellence (NICE).**

The Parent-Infant Foundation believes that drawing on a diverse range of knowledge and evidence can build a stronger picture of what works for whom and in what contexts, which can ultimately improve outcomes for babies.

What is a specialised parent-infant relationship team?

Specialised parent-infant relationship teams (also referred to as parent-infant teams in this report) are multi-disciplinary teams with expertise in supporting and strengthening the relationships between babies and their caregivers. Parent-infant teams generally work at two levels:

- They are expert advisors and champions for parent-infant relationships with the local workforce. They use their expertise to help the local workforce to understand and support parent-infant relationships, to identify issues where they occur and take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.
- They offer direct parent-infant relationship support to families. This includes targeted work with babies, mothers, fathers and caregivers experiencing emerging relational difficulties, and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their relationship, where babies' emotional wellbeing and development is particularly at risk.





The impact of specialised parent-infant relationship teams

The evidence suggests that parent-infant teams help babies and their caregivers across three domains. These inter-related domains are critically important for the healthy development of babies now and for future outcomes:



Strengthening relationships between babies and their caregivers

The interventions typically offered by parent-infant teams are highly effective at supporting caregivers to be more responsive, sensitive and attuned to their baby's needs. The evidence from local research and service evaluations of parent-infant teams is consistent with what we know about evidence-based and effective interventions from national and international research.

The quality of the parent-infant relationship impacts babies' brain development, early physical health and emotional wellbeing.¹ Early interactions between babies and their caregivers also support the development of language, emotional regulation and other capacities that enable children to reach their potential, both in education and in work.²



Improving the mental health of caregivers

The evidence of interventions and local service evaluations suggests that levels of anxiety, depression and stress in caregivers can be significantly reduced through involvement with specialised parent-infant relationship teams.³

Associations between parental mental health difficulties and adverse outcomes for babies are evidenced in the short-term. The longer-term impact of parental mental health difficulties are also evident in children's social, emotional, behavioural and cognitive development.



Supporting babies' early development and wellbeing (including those most at risk)

Interventions typically offered by specialised parent-infant relationship teams support babies' social and emotional development. Local service evaluations indicate that risks to babies and young children, including those with serious safeguarding concerns, can be decreased through involvement with a parent-infant team.

Helping babies meet their early developmental milestones promotes their wellbeing now, places them on the trajectory for positive longer-term physical and mental health and helps them to achieve their learning potential.

1. For a summary of research, see pages 11-13 of the Parent-Infant Foundation's *Commissioning Toolkit* (2023), and pages 16–18 *HM Government (2022). The Best Start for Life: A vision for the 1001 critical days.*
2. For a summary of evidence about longer-term outcomes related to parent-infant interactions, see the First 1,001 days *Evidence Brief 3 'the benefits of nurturing care'.*
3. When there are severe maternal mental health difficulties, women are referred to *specialist perinatal mental health services.* *Greater Manchester* is an example of best practice with an integrated pathway between perinatal and parent infant mental health services.



'When different forms of evidence can "speak" to each other, we can build stronger, more useful knowledge on which we can act.'

Dartington Service Design Lab (2022).⁶





Conclusions and recommendations

The impact of specialised parent-infant relationship teams is evidenced by a range of national and international studies, local service evaluations and research, and national clinical guidance.

The evidence suggests that parent-infant teams help babies and their caregivers across three domains; strengthening relationships between babies and their caregivers, improving the mental health of caregivers and supporting babies' early development and wellbeing. These inter-related domains are critically important for the healthy development of babies now and for future outcomes.

While there is now extensive recognition of the impact that parent-infant relationship problems can have on all aspects of the child's later development, there is currently inadequate provision to meet the needs of babies and caregivers. There are currently 45 parent-infant teams across the UK, as well as 14 more teams in development. Estimates suggest that more than a tenfold increase would be needed to provide access to specialist support in all parts of the UK.

The evidence supports growing the number of parent-infant teams to meet the needs of babies and caregivers at a time when rates of mental health conditions in children are rising and many are falling behind in developmental and early learning goals.

Limitations of research

The evidence currently available is highly promising. However, there are limitations to the research, which are outlined in this report. The field of research into the impact of specialised parent-infant relationship teams is not yet mature and there is room for the scope, scale and quality of the evidence base to grow.

Three recommendations for future research are:

1 More large-scale research into a wider range of parent-infant relationship interventions

Existing evidence from large-scale studies and meta-analyses of parent-infant relationship interventions is positive. However, in keeping with other fields of psychology and mental health research, more high-quality studies are needed which consider the efficacy of parent-infant relationship interventions.

2 More research into the local impact and context of specialised parent-infant relationship teams

The consolidation and expansion of specialised parent-infant relationship teams, and the development of the Start for Life Programme and Family Hubs, present more research opportunities into the local impact of parent-infant relationship teams and services.⁴

3 More integration between different types of research

Future research could work towards combining different types of knowledge and evidence to find the most effective ways of supporting babies, young children and their caregivers.^{5,6}

4. [Family Hubs and Start for Life Programme Guide](#).

5. See page 12 of the [Early Intervention Foundation report](#) which recommends that evidence should triangulate different sources of knowledge, including research findings and local data.

6. Dartington Service Lab (2022), [An Integrated Approach To Evidence For Those Working to Improve Outcomes For Children and Young People](#).



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Parent-Infant Foundation, Office 7,
35-37 Ludgate Hill, London EC4M 7JN
t. 020 3475 8984
e. admin@parentinfantfoundation.org.uk
w. parentinfantfoundation.org.uk

Parent-Infant Foundation, a company limited
by guarantee, company no. 8191666
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Introduction

The Parent-Infant Foundation utilises a range of research and evidence to inform work with stakeholders. We collaborate with professionals and practitioners in specialised parent-infant relationship teams and the wider early years workforce, policy-makers and commissioners.

We understand that sharing evidence is critically important to growing the number and quality of specialised parent-infant relationship teams and services across the UK. Commissioners have told us that barriers to growing parent-infant teams include not having easy access to evidence or examples of good practice and not knowing where to find evaluations of parent-infant teams.⁷

This is the first dedicated report to summarise the latest research and evidence about the impact of specialised parent-infant relationship teams. It is not intended to be an exhaustive review. Rather, we focus on some of the interventions used in parent-infant teams and, where possible, signpost towards sources of evidence for other interventions and programmes.

The Parent-Infant Foundation is working with stakeholders to support the development of new research to grow the quality and scale of the evidence base. We will publish regular evidence updates to share new and emerging research.

7. Parent-Infant Foundation *Commissioning Toolkit*.





Diversity of evidence sources

This report brings together three different types of evidence to consider the impact of specialised parent-infant relationship teams:

1 Large scale meta-analyses and systematic reviews of specific parent-infant relationship interventions typically offered by specialised parent-infant relationship teams

Meta-analyses and systematic reviews are academic studies which typically combine data from multiple studies on a particular type of intervention. This report considers the latest studies of dyadic and group interventions including parent-infant psychotherapy, video-based guidance and Circle of Security Parenting, all of which show positive outcomes for babies and their caregivers.

This is not a comprehensive list of interventions offered by parent-infant teams. There are more dyadic, family and group interventions which have an existing, or growing, evidence base and are highly valued by families and practitioners. We signpost towards evidence for these interventions and programmes.

2 Practice-based evidence and local service evaluations of specialised parent-infant relationship teams

Evidence from at least 20 different locations across the UK shows how specialised parent-infant relationship teams can positively impact babies, caregivers and the relationships between them. Parent-infant teams also impact the wider workforce through consultation and training with practitioners.

These studies draw on a range of data including analyses of validated outcome measures completed before and after an intervention by practitioners and families and service feedback from families.

3 Mapping of services offered by specialised parent-infant relationship teams with guidance from the National Institute of Health and Care Excellence (NICE)⁸

NICE provides evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders. The assessments and interventions offered by specialised parent-infant relationship teams meet several NICE recommendations and areas of guidance, including antenatal and postnatal care.

There are different ways of interpreting the strengths and validity of evidence types. For example, the Early Intervention Foundation's evidence standards present levels and ratings which consider the extent to which a programme has demonstrated a causal impact on specific child outcomes.⁹ Randomised control trials (RCTs) are often seen as the gold standard in health research. The large-scale meta-analyses and systematic reviews cited in this report incorporate this kind of evidence.

Local research and service evaluations consider the impact of interventions and clinical outcomes on local populations and often incorporate a wide range of perspectives including the experiences of families and practitioners. These studies offer an important source of evidence about how to effect change in local contexts.

The Parent-Infant Foundation believes that drawing on a diverse range of knowledge and evidence is important for building a stronger picture of what works for whom and in what contexts, which can ultimately improve outcomes for babies and children.

8. National Institute of Health and Care Excellence (NICE).

9. Early Intervention Foundation's [evidence standards](#).



What is a specialised parent-infant relationship team?

Specialised parent-infant relationship teams (also referred to as parent-infant teams in this report) are multi-disciplinary teams with expertise in supporting and strengthening the relationships between babies and their caregivers. Parent-infant teams generally work at two levels:

- **They are expert advisors and champions for parent-infant relationships with the local workforce.**

They use their expertise to help the local workforce to understand and support parent-infant relationships, to identify issues where they occur and to take the appropriate action. This happens through offering training, consultation and/or supervision to other professionals and advice to system leaders and commissioners.

- **They offer direct parent-infant relationship support to families.**

This includes targeted work with babies, mothers, fathers and caregivers experiencing emerging relational difficulties and specialist therapeutic work with families experiencing severe, complex and/or enduring difficulties in their relationship, where babies' emotional wellbeing and development are particularly at risk.

Parent-infant teams are located in a range of settings including Child and Adolescent Mental Health Service (CAMHS), the voluntary sector and in social care. Whilst there is local variation, parent-infant teams have the following characteristics in common:

- **They are multi-disciplinary teams** and include one, and often several, highly experienced psychologists or psychotherapists with specific expertise in parent-infant relationships.
- **Their focus is on the parent-infant relationship.** They accept referrals for children aged 2 and under and their parent(s). Some work from pregnancy, others from birth. Some services see older children too.
- **They assess families and offer them an individualised programme of support** to meet their needs drawing on a toolkit of both professional practice and evidence-based programmes.

The Parent-Infant Foundation's *Commissioning Toolkit* sets out more characteristics of specialised parent-infant relationship teams and includes tools and information for commissioning new teams and services to strengthen parent-infant relationships.¹⁰

There are also a number of local specialised parent-infant relationship teams case studies included in the **Appendix** at the end of this report.



10. Parent-Infant Foundation *Commissioning Toolkit*.

The impact of specialised parent-infant relationship teams

The evidence suggests that specialised parent-infant relationship teams help babies and their caregivers in three domains. These inter-related domains are critically important for the healthy development of babies now, and for future outcomes.¹¹

Strengthening relationships between babies and their caregivers



Interventions typically offered by parent-infant teams are highly effective at helping caregivers to be more responsive, sensitive and attuned to their baby's needs. The evidence from local research and service evaluations of parent-infant teams is consistent with what we know about evidence-based and effective interventions from national and international research.

The quality of the parent-infant relationship impacts babies' brain development, early physical health and emotional wellbeing.¹² Early interactions between babies and their caregivers also support the development of language, emotional regulation and other capacities that enable children to reach their potential, both in education and in work.¹³

Although children's futures are not determined in their first two years, the quality of the parent-infant relationship is linked to a range of later outcomes.



11. The UNICEF toolkit for understanding and supporting mental health in infancy and early childhood has a framework which considers infant mental health both now and in the future: 'mental health in early childhood has two components: BEING and BECOMING mentally healthy'. UNICEF (2023) *Understanding and supporting mental health in infancy and early childhood: a toolkit to support local action in the UK*.
12. For a summary of research, see pages 11-13 of the Parent-Infant Foundation's *Commissioning Toolkit* (2023), and pages 16-18 *HM Government (2022). The Best Start for Life: A vision for the 1001 critical days*.
13. First 1,001 days *Evidence Brief 3 'the benefits of nurturing care'*.



Improving the mental health of caregivers



The large-scale evidence of interventions and local service evaluations suggest that levels of anxiety, depression and stress in caregivers can be significantly reduced through involvement with a specialised parent-infant relationship team.¹⁴

The mental health of caregivers, both in pregnancy and postnatally, can impact their ability to understand and respond sensitively to their child's needs. Evidence suggests that sometimes addressing mental health difficulties in caregivers is not sufficient to improve child outcomes, and services need to attend directly to the quality of the early parent-infant relationship as well.¹⁵

Associations between parental mental health difficulties and adverse outcomes for babies are evidenced in the short-term. The longer-term impact of parental mental health difficulties are also evident in children's social, emotional, behavioural and cognitive development.¹⁶

The impact of parental mental health difficulties on child development is influenced by a range of factors including the severity and enduring nature of the parent's problems. It is not the case that all babies whose parents have mental health difficulties will experience poor outcomes, but their risk of later problems is increased.

Supporting babies' early development and wellbeing

(including those most at risk)



Interventions typically offered by specialised parent-infant relationship teams show how babies' social and emotional development can be supported. Local service evaluations show how the risks to babies and young children, including those with serious safeguarding concerns, can be lowered with the involvement of a parent-infant team.

The healthy development of babies and children is the overall aim of specialised parent-infant relationship teams. Helping babies meet their early developmental milestones promotes their wellbeing now, places them on the trajectory for positive longer-term physical and mental health and helps them to achieve their learning potential.

Outcomes for babies now and in the longer-term are shaped by a complex interplay of the three domains cited in this report, together with community and environmental factors such as poverty and social isolation. The cumulative effect of multiple risk factors is most predictive of later difficulties for children.¹⁷

14. When there are severe maternal mental health difficulties, women are referred to **specialist perinatal mental health services**. **Greater Manchester** is an example of best practice with an integrated pathway between perinatal and parent infant mental health services.
15. For a summary of evidence related to this, see page 31 of the **The UNICEF toolkit for understanding and supporting mental health in infancy and early childhood**.
16. Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M. and Pariante, C.M. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet* 384(9956):1800–19.
17. Appleyard Carmody, Karen & Egeland, Byron & van Dulmen, Manfred & Sroufe, L. Alan. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of child psychology and psychiatry, and allied disciplines*. 46. 235-45. 10.1111/j.1469-7610.2004.00351.x.



Large-scale evidence of interventions

This section highlights large scale meta-analyses and systematic reviews related to specific parent-infant relationship interventions. A wider range of interventions is also offered in parent-infant teams, and we signpost towards further research and information related to these.

The latest evidence shows that the therapeutic interventions commonly offered by specialised parent-infant relationship teams are highly effective at supporting babies, caregivers and the relationships between them.

Parent-infant psychotherapy

Parent-infant psychotherapy is a specialist clinical intervention which focuses on the parent-infant relationship in order to support the baby's development. The therapist works directly with babies and caregivers to help understand more about the challenges and strengths of their relationship and to find new ways of relating.

Parent-infant psychotherapy considers patterns of relating, often unconscious, which are rooted in the legacy of the parent's earlier childhood or parenting experiences, especially when these experiences have been traumatic. Parent-infant psychotherapy is delivered by practitioners with a specialist training, and can be offered postnatally and antenatally in a range of settings.

A review of international evidence published in 2022 examines the effectiveness of psychoanalytic, psychodynamically informed and attachment-based interventions for children aged under 5.¹⁸ Sixteen of these studies included types of parent-infant psychotherapy with over one and a half thousand families. The review shows that psychodynamic and psychoanalytic interventions, including parent-infant psychotherapy, have a positive impact across the three key domains, as below:



- parental reflective functioning



- parental depression



- infant attachment,
- infant socio-emotional and behavioural wellbeing.

The findings of the review also suggest that parent-infant psychotherapy is effective for families with high levels of complexity and need, including socially disadvantaged groups.

A manualised version of parent-infant psychotherapy called Infant Parent Psychotherapy (IPP), also included in the review, has been shown to improve attachment security in young children through randomised control trials. IPP is included in the Early Intervention Foundation Guidebook for programmes shown to improve outcomes for young children and achieves a Level 3+ evidence rating.¹⁹

18. Slead M, Li E, Vainieri I, Midgley N (2022). The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis. London: The Anna Freud Centre.

19. Early Intervention Foundation [Guidebook](#).



Video feedback approaches

Video feedback approaches, including Video Interaction Guidance (VIG) and Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD), involve a practitioner filming the baby interacting with their caregiver(s). The caregiver is then supported to watch and reflect on the film using a strengths-based approach. Throughout repeated filming and review sessions, caregivers are helped to become more sensitive to children’s communicative attempts and to develop greater awareness of how they can respond in an attuned way.

Video feedback is offered in specialised parent-infant relationship teams and other settings by trained multi-disciplinary practitioners including specialist health visitors, CAMHS professionals, psychologists and psychotherapists.

Video Interaction Guidance is one of the interventions being supported through the Family Hubs and Start for Life programme in England.

A Cochrane systematic review in 2019²⁰ of 22 randomised studies (made up of 1889 randomised parent-child pairs or family units) found that video feedback appears to be an effective method for improving parental sensitivity and improving attachment security in a range of parent-infant relationships.²¹ The findings suggest that video feedback approaches can be provided to parents and babies with wide-ranging challenges and in many settings.

Parenting groups

Circle of Security Parenting

Circle of Security Parenting is a manualised attachment-based parenting programme delivered over eight sessions to parents with children aged 4 months to 6 years old. The programme features video clips of parent-child interactions and handouts to demonstrate child attachment behaviour and to teach the fundamentals of attachment. Guided reflection and group discussion encourage parents to apply these principles to their own child and their relationship with them.

Circle of Security Parenting groups are facilitated by trained multi-disciplinary practitioners in specialised parent-infant relationship teams and other settings. The content and principles of Circle of Security Parenting can also be applied to individual work with parents.

A review of international evidence in 2022 included seven studies of Circle of Security Parenting groups with almost 500 parents.^{22,23} The review shows that groups have a positive impact for parents in the following areas:



• Parental reflective functioning



• Parental depression

• Parenting stress.

Circle of Security Parenting is included in the Early Intervention Foundation Guidebook for programmes improving outcomes for children and young people with an evidence rating of 2+.²⁴ The guidebook cites a randomised control trial in America which showed improvements in inhibitory control in children and improved maternal response to child distress.

20. O'Hara et al, 2019, Video feedback for parental sensitivity and attachment security in children under five years.
21. The findings suggest that, although there is evidence of an impact of video feedback on maternal sensitivity, the evidence of its impact on child attachment security and other outcomes for both parents (e.g. parental reflective functioning) and children (e.g. emotional and behavioural adjustment) is limited.
22. Slead M, Li E, Vainieri I, Midgley N (2022). The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis. London: The Anna Freud Centre.
23. None of the studies considering Circle of Security Parenting are UK-based. The Anna Freud National Centre for Children and Families is currently undertaking a four-year randomised controlled trial of Circle of Security Parenting groups in perinatal services in England.
24. Early Intervention Foundation *Guidebook*.



Other interventions and programmes offered by specialised parent-infant relationship teams

There are many other dyadic, family and group interventions and programmes offered by parent-infant teams which have an existing or growing evidence base and are highly valued by families and practitioners. See The Parent-Infant Foundation Development and Implementation Toolkit for more information about these interventions and associated evidence.²⁵ Many of these programmes have their own websites with links to published evidence:

- ABC: Attachment and Bio-behavioural Catch-up²⁶
- Baby Steps
- Early Yes²⁷
- Family Links
- Five to Thrive²⁸
- For Baby's Sake²⁹
- GroBrain³⁰
- Incredible Years Baby and Toddler³¹
- Infant-Parent Psychotherapy³²
- Mellow Parenting³³
- Neonatal Behavioural Observation³⁴
- PEEP³⁵
- Solihull Approach³⁶
- SUSI (Social-emotional Under 5s Screening & Intervention)
- Systemic Family Psychotherapy
- Therapeutic Baby Massage and Baby Yoga
- Triple P for Baby – one of the interventions being supported through the Family Hubs and Start for Life programme in England³⁷
- Watch Me Play!³⁸
- Watch Wait and Wonder³⁹

The Parent-Infant Foundation has produced an intervention map which links parent-infant relationship interventions commonly used in the UK to different levels of care including universal, targeted and specialist.⁴⁰

The Early Intervention Foundation (EIF) is an independent charity and one of the Government's 'what works' centres. Their report 'Foundations for Life: What works to support parent-child interaction in the early years' reviews 75 different programmes aimed at improving child outcomes through positive parent-infant interactions in the early years.⁴¹



25. Parent-Infant Foundation *Implementation Toolkit*.

26. *Attachment and Biobehavioral Catch-up*.

27. *Early Years Emotional Security*.

28. *Five to Thrive*.

29. *For Baby's Sake*.

30. *GroBrain*.

31. *Incredible Years Baby and Toddler*.

32. *Early Intervention Foundation Guidebook*.

33. *Mellow Parenting*.

34. *Brazelton Centre*.

35. *Peep evidence base*.

36. *Solihull Approach Parenting*.

37. *Triple P for Baby*.

38. *Watch me Play! Research*.

39. *Early Intervention Foundation Watch Wait and Wonder*.

40. *Parent-Infant Foundation Commissioning Toolkit*.

41. *Early Intervention Foundation What Works programme*.



Responsive caregiving

A common goal in the interventions offered by specialised parent-infant relationship teams is their aim to nurture the responsiveness of caregivers towards their babies and young children. A systematic review in 2021 highlights the significant impact this approach can have on parenting practices and the development of children in the first three years of life.⁴²

'Parenting interventions that include content on responsive caregiving had significantly greater effects on child cognitive development, parenting knowledge, parenting practices, and parent-child interactions than interventions that did not include content on responsive caregiving [...] effect on parenting practices was nearly 4 times greater for interventions with responsive caregiving content versus those without responsive caregiving content.'



Limitations of the large-scale evidence of interventions

The large-scale evidence of interventions come from meta-analyses studies, a statistical technique which combines data from multiple research studies (including those with randomised control trials) and this is often seen as the pinnacle for evidence-based health research.

However, there are limitations in this field of research. The evidence from large-scale research of interventions does not consider how interventions interact with their local context.⁴³ It cannot be assumed that interventions proven to be effective in national and international reviews are effective and implementable in different localities.

The large-scale reviews do not typically consider the longer-term impact of interventions, nor do they consider the barriers that specific groups of babies and families experience in accessing these interventions.

In keeping with other areas of psychological and mental health research, further research that adheres to good practice reporting guidelines is recommended.

42. Jeong et al, 2021, *Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis*.

43. The update to the [guidance for developing and evaluating complex interventions](#) from the UK Medical Research Council recommends this is a key area to consider BMJ 2021;374:n2061.



Smaller-scale research into the local impact of specialised parent-infant relationship teams



The findings from large-scale research into interventions are also reflected in smaller-scale service evaluations and research studies which consider the local impact of specialised parent-infant relationship teams.

The studies highlighted in this report show how parent-infant teams can impact across the three domains of strengthening parental relationships, improving the mental health of caregivers and supporting babies' early development and wellbeing. Another finding locally is the high levels of complexity and need of the families that parent-infant teams work with.

The evidence of local impact comes from the following sources in over 20 different localities across the UK and includes data from validated outcome measures and the views of families and practitioners:

- Early data from the first parent-infant teams, called Parent-Infant Partnership (PIP) teams
- Local service evaluations and research of parent-infant teams
- Economic evaluations showing value for money
- Evaluations of the wider systems impact of parent-infant teams.



Early data from the first parent-infant teams

Since the Parent-Infant Foundation's inception (then called the Parent-Infant Partnership (PIP)), data was collected on the first PIP teams which were set up across the UK. Six of these early PIP teams were externally evaluated and promising data emerged, including:



- **Positive changes in the quality of the parent-infant relationship**

Statistically significant improvements in the parent-infant relationship in families who had completed an intervention in PIP teams^{44, 45, 46}



- **Improvements in the mental health of caregivers**

Statistically significant improvement in the mental health of caregivers following an intervention in PIP teams. The group average scores for anxiety and depression in these caregivers moved from levels of clinical concern into the non-clinical range⁴⁷



- **Reductions in child protection status after treatment**

Significant reductions in young children on Child Protection Plans, Child in Need Plans and Team around the Family following an intervention in PIP teams.⁴⁸

Local service evaluations of specialised parent-infant relationship teams

Local evaluations from parent-infant teams across the United Kingdom between 2017 and 2023 show how they positively impact three areas:



- **Improvements in the parent-infant relationship**



- **Decrease in caregivers mental health difficulties including anxiety and depression**



- **Reduction in the numbers of infants going into care and a de-escalation of child protection status following treatment.**

The Attachment, Bonding and Communication Parent-Infant Partnership (ABC PiP) in Northern Ireland

ABC PiP, a specialised parent-infant relationship team based in the South Eastern Health and Social Care Trust area, published data from families who accessed the service between 2019 and 2022:



- **94% of families felt the service had improved their relationship with their baby⁴⁹**



- **Significant reductions in levels of both anxiety and depression in caregivers following an intervention.⁵⁰**

44. Evaluation funded by the Department of Education and conducted by Dr Deborah James, University of Newcastle (2016). Data taken from five teams (Enfield, Northampton, Oxford, Croydon and Liverpool) during October 2015 and January 2016. Statistically significant improvements in the parent-infant relationship measured using the Parent-Infant Relationship Global Assessment Scale (PIRGAS) (n=52).

45. 2017, Parent-Infant Partnership (PIP-UK) internal report – unpublished data analysis by University of Warwick. Statistically significant improvements in the parent-infant relationship measured using the Keys to Interactive Parenting (KIPS) (n=46).

46. 2018, Parent-Infant Partnership (PIP-UK) unpublished data analysis conducted by Mrs Sukhdev Sembi, Research Director, University of Warwick. Statistically significant improvements in the parent-infant relationship measured using the Parent-Infant Relationship Global Assessment Scale (PIRGAS) (n=210).

47. 2017, Parent-Infant Partnership (PIP-UK) internal report – unpublished data analysis by University of Warwick. Statistically significant improvements in mental health of caregivers accessing four different teams, measured using the Hospital Anxiety and Depression Scale (HADS) (n=168).

48. 2018, Parent-Infant Partnership (PIP-UK) unpublished data analysis conducted by Mrs Sukhdev Sembi, Research Director, University of Warwick. Where data was recorded, Team Around the Family (TAF) and Child Protection Plans (CPP) are reduced by more than half in 80 babies whose parents begin and then finish treatment.

49. Caregivers who completed a feedback form following an intervention (n=125).

50. Impact measured on Hospital Anxiety Depression Scale (HADS) (n=106).



Building Attachment and Bonds Service (BABS) in Merseyside

A 2022 study of the Building Attachment and Bonds Service (BABS) in Merseyside examined data from at-risk mothers who were referred to the service antenatally by their community midwives after demonstrating bonding difficulties.⁵¹ The report concluded that the service made a significant difference to the lives of pregnant mothers with anxiety and depression who struggled to bond with their baby. Following an intervention at BABS, mothers reported improvements in the parent-infant relationship and in their own mental health⁵², including:



- **Increased ability to bond with their baby in pregnancy**

- **Improved levels of parental reflective functioning**



- **Decreased levels of anxiety, depression and suicidal thoughts.**

Oxford Parent-Infant Partnership (OXPIP) evaluation

An unpublished evaluation of service data from over 450 parents who attended the OXPIP team between 2017 and 2022 found highly statistically significant improvements in:



- **parent-infant relationships**⁵³



- **anxiety and depression in caregivers.**⁵⁴

Similar results were published for Northampton's NORPIP team, Tameside and Glossop's Early Attachment Service and the Little Minds Matter service in Bradford.^{55, 56, 57}

51. Briscoe et al, 2022, A mixed method study to explore the maternal impact and outcomes of a specialised Building Attachment and Bonds Service (**The BABS Study**). The Parent-Infant Team used validated outcome measures including the maternal antenatal attachment scale, parental reflective functioning questionnaire and the Hospital Anxiety and Depression Scale.
52. The research had a mixed-method approach and improvements were measured using a combination of validated outcome measures pre and post intervention together with qualitative research and interviews with caregivers. The outcome measures included the Maternal Antenatal Attachment Scale (MAAS) and Maternal Postnatal Attachment Scale (MPAS), Prenatal Parental Reflective Functioning Questionnaire and the Hospital Anxiety Depression Scale (HADS). (N=46).
53. Improvements in the parent-infant relationship were measured using the Parent-Infant Relationship Global Assessment Scale (PIRGAS). 95% of clients showed an improvement in the quality of their parent-infant relationship.
54. Improvements in caregivers' mental health were measured using the Hospital Anxiety and Depression Scale. 84% of parents showed an improvement in one, or both, of the anxiety and depression scores.
55. Rogers E (2016). Northampton Parent Infant Partnership. Children and Young People Now, 5 July 2016
56. Lee P, Mee C (2015). The Tameside and Glossop early attachment service: meeting the emotional needs of parents and their babies. *Community Practitioner*, 88:8, p31-5.
57. Little Minds Matter Annual Report (page 7) accessible on request from the Parent-Infant Relationship Teams Network via The Parent-Infant Foundation.



Impact on babies in care and in the child protection system

Many specialised parent-infant relationship teams work with the most high-risk families where there are serious safeguarding concerns for babies and young children (i.e. children who are subject to a Child Protection Plan and in the care system). Local evaluations suggest promising results in this work, with clear benefits to those babies most at risk who otherwise may have gone into or remained in care.

Social-Emotional Under 4's Screen and Intervention (SUSI)

An assessment and intervention model developed in a community Under 5s CAMH team in Southwark tested the feasibility of engaging high-risk and vulnerable 0- to 4-year-olds and their caregivers in infant mental health assessments and tailored parent-infant attachment-based interventions.⁵⁸ An earlier pilot study with looked after children found high levels of previously unidentified need in babies and young children.⁵⁹

In this pilot study, 139 children were recruited to three research groups comprising children of parents referred to a parental mental health service, children new to Child Protection Plans and looked after children. The significant positive changes seen at the six-month review following treatment were sustained at the subsequent 12-month review in three areas:⁶⁰



- the quality of parent-infant relationships



- depression, anxiety and stress levels in caregivers



- the baby and young child's social and emotional development.

Norfolk Parent-Infant Mental Health Attachment Project (PRIMAP)

A study in 2017 examined outcomes from a joint venture between Norfolk County Council and Norfolk & Suffolk Foundation Trust, which provided attachment therapy and integrated mental health support to families where babies⁶¹ were at the edge of care. The study found:

- Children taken into care reduced from a ratio of 1:4 to 1:10, meaning more babies stayed with their birth families after engaging with the project
- Of the 48 families the project worked with, 83% were able to remain or be reunited with their baby.

Essex University Evaluation

An evaluation by Essex University of a specialised parent-infant relationship team for families with safeguarding risks found a significant reduction in the number of children removed into care, and an overall lowering of safeguarding risk status.⁶²

58. Hardy, C. & Murphy, E. (2020). *Supporting Parent-Child Relationships From Birth – a community model for under 5s mental health – SUSI (Social-Emotional Under 5s Screening and Intervention)* London: Maudsley Learning.

59. Hardy, C., Hackett, E., Murphy, E., Cooper, B., Ford, T. & Conroy, S. (2015). Mental health screening and early intervention: Clinical research study for under 5-year-old Children in Care in an inner London borough. *Clinical Child Psychology and Psychiatry*, 20(2), pp.261–275.

60. The following outcome measures were used pre and post intervention: the Key to Interactive Parenting Scale, the Ages and Stages Questionnaire Social-Emotional, Denver II and the Depression, Anxiety and Stress Scales 21.

61. Taggart et al, (2017) 'Norfolk Parent-Infant Mental Health Attachment Project (PRIMAP): working towards integration in attachment, mental health and social care.' In: Leach, P. (ed.) *Transforming Infant Wellbeing Research, Policy and Practice for the First 1001 Critical Days*. Routledge, 261–271.

62. A key outcome of the study was that 85.4% of families were enabled to remain, or reunite with their child, compared with an estimated 50% of 'edge-of-care' cases nationally (n=55). McPherson S, Andrews L, Taggart D et al (2018). Evaluating integrative services in edge of-care work. *Journal of Social Welfare and Family Law*, 40:3, 299-320.



Limitations of smaller-scale service evaluations and research studies

The evidence is promising, however, there are limitations which are common to other fields of small-scale research.

Sample sizes are relatively small, which can limit the potential to generalise findings. Local services can experience challenges in collecting outcome measures from families on a consistent basis, further limiting sample sizes.⁶³

Due to practical and ethical constraints locally, randomised control trials are rarely used, so the impact of an intervention is not compared with control groups who did not receive an intervention.

In keeping with other areas of psychological and mental health research, further research that adheres to good practice reporting guidelines is recommended.



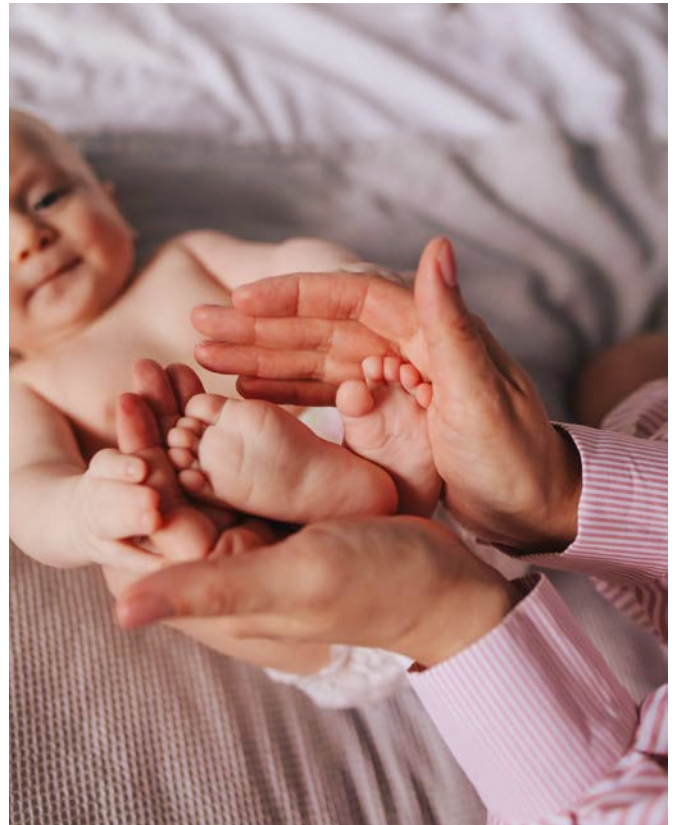
63. A [report](#) from the Centre for Early Child Development in Blackpool highlights the difficulties for local practitioners in using outcome measures which are associated with academic research. Practitioners cited practical constraints, including time requirements, potential burden and accessibility for families. The report features recommendations for practice to guide the development of outcome measures for specialised parent-infant relationship teams.



Indirect work with the wider early years workforce

Increasing the capacity and capability of the early years workforce through training and supervision is identified as a priority of the Family Hubs and Start for Life programme. Most specialised parent-infant relationship teams offer consultation, supervision and training to the local workforce. The first two examples below are from parent-infant teams funded by the National Lottery Community Fund 'A Better Start' initiative:

- Little Minds Matter is a specialised parent-infant relationship team in Bradford. A study was undertaken to explore the impact of the consultations offered by the service to the early years workforce.⁶⁴ The impact of the consultation and training has been found to improve practitioners' infant mental health knowledge and practice; practitioners reported increased capacity for reflective practice, collaboration and team working.
- PAIRS, a specialised parent-infant relationship team in Lambeth, successfully implemented Circle of Security Parenting groups and enabled its scale-up to reach many more families across Lambeth. In 2020, after the successful delivery of initial groups and with positive feedback from professionals, partners agreed that Circle of Security Parenting would be included in Lambeth Council's borough-wide parenting offer. The PAIRS team now provides reflective supervision to co-facilitators delivering groups across Lambeth.⁶⁵



- Leeds Infant Mental Health Service has trained over 2500 local practitioners in their Babies' Brains and Bonding course.⁶⁶ This training integrates neuroscientific research about how babies develop with attachment theory and evidence-based practice on how to support emotional and social development in the early years of life.
- The ABC PiP Team in Northern Ireland delivered training to 1,023 professionals using five different approaches: Five to Thrive, Solihull Approach, Community Resilience Model, Baby Massage and bespoke training courses.⁶⁷

64. Bradford Little Minds Matter.

65. Lambeth LEAP.

66. Leeds Community Healthcare Infant Mental Health.

67. ABC Pip Team, Northern Ireland.



Economic evaluations

Whilst a full social return on investment (SROI) analysis of a specialised parent-infant relationship team has not been undertaken, local and national studies illustrate the financial benefits of early intervention, sensitive parenting and the costs of late intervention.

- For a summary of the economic case for investment in early childhood services, see the First 1001 days movement's Evidence Brief 6.⁶⁸
- In Liverpool, a social impact study found that for every £1 invested in a voluntary sector parent-infant relationship team and postnatal depression service, £13.18 is saved in public costs (health, social care, education and criminal justice) and £59.91 is created in social value (also including social and emotional benefits like quality of life and potential future earnings).⁶⁹



- A 2021 study in the UK found that young people who were being sensitively parented by the time they were 4 to 6 years old cost 13 times less than their peers who had not been sensitively parented during early childhood.⁷⁰ Costs were spread across personal family expenditure and education, health, social and justice services. Adolescents whose parents responded less sensitively by the time they were 4 to 6 years old cost on average £21,763 compared with only £1,619 incurred by those who were more sensitively parented.
- In 2021, The Royal Foundation partnered with the London School of Economics to calculate that it costs society at least £16.13 billion each year to remedy not intervening early in the lives of children in England.⁷¹

'Investing in the early years is one of the smartest things a country can do...Early childhood experiences have a profound impact on brain development – affecting learning, health, behavior, and, ultimately, productivity and income.' World Bank⁷²

68. Parent-Infant Foundation *Evidence Brief 6*.

69. Person Shaped Support – *Social Impact report*.

70. Bachmann, C.J., Beecham, J., O'Connor, T.G., Briskman, J. and Scott, S. (2021), *A good investment: longer-term cost savings of sensitive parenting in childhood*. *J Child Psychol Psychiatr*.

71. Royal Foundation: Centre for Early Childhood: *Big Change Starts Small*.

72. Retrieved from *World Bank* on 30 July 2023.



National clinical guidance recommends services that are provided by specialised parent-infant relationship teams

The National Institute of Health and Care Excellence's (NICE) guidance on antenatal and postnatal mental health recommends that practitioners assess the parent-infant relationship in any case where a mother is diagnosed with a mental health problem either during pregnancy or the post-natal period and that practitioners consider the need for further interventions to improve the parent infant relationship.⁷³ Specialised parent-infant relationship teams are part of the support that is needed to address these issues.



Bonding and emotional attachment

Promotion of bonding and emotional attachment is recommended in NICE guidance including Antenatal Care, Postnatal Care and other guidance.^{74,75,76}

It is recommended that women have an assessment of their emotional wellbeing, including how they are bonding with their baby, at each postnatal contact. It recommends that where difficulty in bonding is identified further intervention is made to improve the relationship between the mother and their baby. NICE's quality standard on promoting the health and wellbeing of all children under 5 also highlights a range of ways in which a parent may struggle to bond or to develop strong emotional attachment with their baby.⁷⁷ It recommends an interagency assessment and plan to determine what further support a family or child needs to address these problems.

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- 73. NICE guidance on antenatal and postnatal mental health [CG192].
 - 74. NICE guidance on Antenatal Care [NG201].
 - 75. NICE Guidance on Postnatal Care [NG194].
 - 76. Other Guidance includes: NICE Quality Standard on Postnatal Care [QS37] and The Royal College of Midwives guide 'Parental Emotional Wellbeing and Infant Development'.
 - 77. NICE quality standard on promoting the health and wellbeing of all children under 5 [QS128].



Optimising care for young children at risk of social or emotional problems

NICE public health guidance recommends that the assessment of vulnerable children and identification of their needs requires an interdisciplinary approach from a range of professionals.⁷⁸

For an infant, this could include maternity services, health visiting services, early years providers or voluntary sector organisations. The guidance recommends that midwives and health visitors should work in partnership with other early years practitioners, such as psychologists, therapists, family support workers and other professionals, to ensure families receive co-ordinated support.

Specialised parent-infant relationship teams are ideally placed to undertake this type of assessment and intervention.

Children and the care system

NICE's guideline on children attachment recommends an initial ten-session video feedback programme delivered in the parental home by a trained health or social care worker to improve the relationship between the young child and their caregiver.⁷⁹ This type of video feedback programme is also recommended in NICE's quality standard on children's attachment.⁸⁰

NICE guidelines also recommend that families with children who are at risk of going into care because of abuse or neglect are provided with parent–infant psychotherapy on a weekly basis, for at least a year, to improve attachment difficulties.⁸⁰ Similarly, NICE quality standards on child abuse and neglect recommend that attachment-based interventions (e.g. parent-infant psychotherapy and video feedback) are offered to foster carers, adoptive parents, special guardians, foster carers or kinship carers looking after young children who have been abused or neglected.⁸¹

78. NICE's public health guidance on social and emotional wellbeing in the early years [PH40].

79. NG26 Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care.

80. NICE Quality standard on children's attachment [QS133].

81. NICE Quality standard on child abuse and neglect [QS179].



The unique role of specialised parent-infant relationship teams

Specialised parent-infant relationship teams have a unique role within the network of services supporting families in the perinatal period. With a focus on babies, caregivers and the relationships between them, parent-infant teams fill an important gap in service provision. Perinatal mental health teams now exist across the UK and maternal mental health hubs are also in development in many areas.^{82,83} These services are crucial for supporting maternal mental health, but they do not meet the needs of many families with parent-infant relationship difficulties. This is because the cause of the relational difficulty may not be a direct consequence of parental mental ill health, or the parent's mental health problems do not meet the threshold for referral, or the parent-infant relationship problems go beyond the capacity or expertise of the practitioners working within these teams.

In addition to perinatal mental health teams, in some areas there are also practitioners who work to support the parent-infant relationship at a universal and, sometimes, targeted level in the early years sector. This provision is being expanded by the Start for Life Programme and Family Hubs. These staff include specialist health visitors who have skills regarding the assessment and support of parent-infant mental health. Again, these are important developments but do not address the need for support for the more complex problems seen by specialised parent-infant relationship teams.

When parent-infant teams are embedded within their local system, they can help to promote healthy relationships for all babies in their locality through working with other services and offering early and effective intervention to those most at risk.



82. [NHS Perinatal Mental Health.](#)

83. [NHS England Dedicated Mental Health services.](#)



Conclusions and recommendations

Growing specialised parent-infant relationship teams

The impact of specialised parent-infant relationship teams is evidenced by a range of national and international studies, local service evaluations and research, and national clinical guidance.

While there is now extensive recognition of the impact that parent-infant relationship difficulties can have on all aspects of the child's development, there is currently inadequate provision to meet the needs of the large number of babies and caregivers whose problems are too complex or severe for some services but who do not meet the threshold for other services.

There are currently 45 specialised parent-infant relationship teams across the UK, as well as 14 more teams in development. Estimates suggest that more than a tenfold increase would be needed to provide access to specialist support in all parts of the UK. The evidence supports growing the number of parent-infant teams to meet the needs of babies and caregivers at a time when rates of mental health conditions in children are rising and many are falling behind in developmental and early learning goals.

The Parent-Infant Foundation's vision is that all babies have a sensitive, nurturing relationship to lay the foundation for lifelong mental and physical health. To achieve this the Foundation is dedicated to supporting the development, growth and quality of parent-infant teams through research and beyond.

The Parent-Infant Foundation's *Commissioning Toolkit* provides resources for the commissioning of new parent-infant teams and services, supporting service commissioners to identify and respond to the local needs of families and communities across the UK.⁸⁴

Growing the evidence base

The currently available evidence of the impact of specialised parent-infant relationship teams is highly promising; however, the field of research is not yet mature, and there is room for the scope, scale and quality of the evidence base to grow.

Three recommendations for future research include:

1 More large-scale research into parent-infant focused interventions

Existing evidence from the large-scale studies and meta-analyses of parent-focused interventions is positive. However, in keeping with other fields of psychological and mental health research, more studies are recommended.

Future research could consider a wider range of interventions offered by parent-infant teams and could focus on specific groups such as babies at risk, marginalised and minoritised groups, fathers and partners. Research could track both the short and longer-term impact of parent-infant interventions through cohort and longitudinal studies.

Randomised control trials are seen as the gold standard for evidence to answer the question, 'which interventions work?'

84. Parent-Infant Foundation *Commissioning Toolkit*.



Combining this with other types of evidence, including local service evaluations, help us to build a stronger picture of what works for whom and in what contexts, and includes the views and experiences of families, practitioners and commissioners.

2 More research into the local impact and context of specialised parent-infant relationship teams

The consolidation and expansion of parent-infant teams and the development of the Start for Life Programme and Family Hubs present more research opportunities for assessing the impact of local teams, services and interventions.⁸⁵

Future research could explore the impact of interventions on specific groups of families and the barriers to access experienced by other groups of families. Research could track the longer-term impact of services on babies and families through cohort and longitudinal studies.

Research could take a 'wide-angle' lens by considering the impact of consultation, supervision and training on local systems.

To increase the scale of research, there could be collaboration across different parent-infant teams, together with localities that do not yet have parent-infant teams.

Local teams and services could be further supported to use robust and relevant methods of data collection and evaluation design, using participative approaches which are appropriate and helpful for their service users.^{86, 87}



3 More integration between different types of research

There can be 'gaps' between the strands of evidence featured in this report: large-scale academic research of parent-infant focused interventions and smaller-scale local research and service evaluations.

Future research could combine and triangulate different sources of knowledge to find the most effective ways of supporting babies, young children and their caregivers.⁸⁸

The Parent-Infant Foundation is working with stakeholders to support and develop new research to understand what works for whom and in what contexts.

'When different forms of evidence can "speak" to each other, we can build stronger, more useful knowledge on which we can act.'

Dartington Service Design Lab (2022).⁸⁹

85. *Family Hubs and Start for Life Programme Guide.*

86. The *Measuring What Matters* Report from the Centre of Early Childhood Development in Blackpool considers the range of outcome measures used in specialised parent-infant relationship teams and makes five recommendations for practice.

87. The *Early Intervention Foundation* guide to strengthen service and programme evaluations.

88. See page 12 of the *Early Intervention Foundation* report which recommends that evidence should triangulate different sources of knowledge, including research findings and local data.

89. Dartington Service Lab (2022), *An Integrated Approach To Evidence For Those Working to Improve Outcomes For Children and Young People.*



Appendix: examples of local case studies

Building Attachment and Bonds Service (BABS)

The Building Attachment and Bonds Service (BABS) is a specialised parent-infant relationship team in Mersey Care NHS Foundation Trust which covers areas with some of the highest levels of deprivation in North West England.

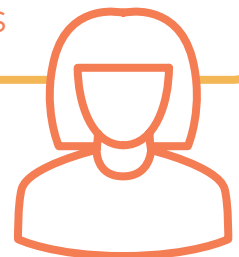
BABS offers psychotherapeutic and parent-infant interventions including parent-infant psychotherapy, video interaction guidance, systemic family therapy, mindfulness-based interventions and attachment-based therapies.

BABS has also developed strong partnerships with social care and works with babies on the edge of care, and supports practitioners working in this area through training and consultation.

A research study in 2022⁹⁰ shows how BABS strengthens parent-infant relationships and the mental health of caregivers.

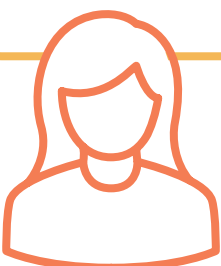
'Because I have got post-natal depression and PTSD [the feelings] just took over... so she's [BABS clinician] been really helpful and obviously pointed me in the right direction and got the right support for me really... And I feel that my bond is much better with [the baby].'

Parent referred to BABS



'This service helped me recover from my traumatic Covid pregnancy and birth and to gain a sense of perspective. The support helped me understand my anxiety and learn to manage it healthily, which has allowed me to bond more with my baby...'

Parent referred to ABC PiP



Attachment, Bonding & Communication Parent Infant Partnership (ABC PiP)

The Attachment, Bonding & Communication Parent Infant Partnership (ABC PiP) is a specialised parent-infant relationship team, based in the South Eastern Health and Social Care Trust area, Northern Ireland. The service has been developed through a strategic partnership between Barnardo's NI, South Eastern HSC Trust and Tiny Life with support from the Parent-Infant Foundation.

ABC PiP is a multi-disciplinary team which delivers three strands of work: direct therapeutic interventions with families (which typically take place in the home), capacity building through training for the local workforce and driving systems change.

90. Briscoe et al, 2022, a mixed method study to explore the maternal impact and outcomes of a building attachment and bonds service ([The BABS study](#)).



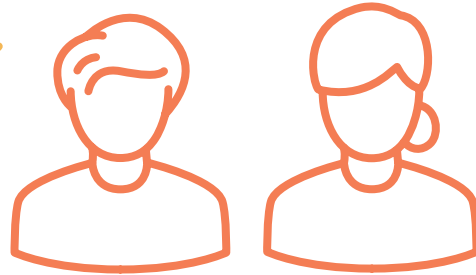
'Without NEWPIP, I honestly don't think I'd be half the mum that I am today. I was anxious, once the pandemic hit, about leaving the house or even going to the local supermarket. Most of the weeks of pregnancy I spent at home and didn't even venture out of the garden. NEWPIP was invaluable for me, it helped calm my anxiety with impending motherhood. Also, once my baby was born and a whole new set of worries set in, the service continued to provide me with mental health support...'

Parent referred to NEWPIP (now Little Minds in Mind)

Little Minds in Mind

Little Minds in Mind (formerly called Newcastle Parent Infant Partnership (NEWPIP)), part of Children North East, is a specialised parent-infant relationship team which supports parents and their babies from pregnancy to two years.

The multi-disciplinary team offers evidence-based interventions such as parent-infant psychotherapy. Stacey, an expectant mother, began receiving support from Little Minds in Mind (then NEWPIP) in early 2020, and she had her baby during the Covid-19 lockdown.



Cardiff Parents Plus

Cardiff Parents Plus is a specialised parent infant relationship team comprising psychologists and parenting practitioners.

The team provides a range of evidence-based interventions for babies and their caregivers, including Video Interaction Guidance (VIG), and they describe how building safe and trusting relationships is the 'golden thread' which runs through the work.

'I understand him [the baby] 100% better. I know him. I am entwined with him and feel like we are telepathic, which feels very calming.'

I don't need to panic, and he doesn't need to panic because he knows I know him.'

Parent referred to Cardiff Parents Plus





Together with Baby

The Together with Baby service launched in May 2019 and supports babies, young children and caregivers in Essex, Southend and Thurrock. The multi-disciplinary team comprises a lead clinical psychologist and five parent-infant therapists whose professional backgrounds include psychoanalytic psychotherapy, art therapy, health visiting and CAMHS mental health nursing.

In a service evaluation, commissioners and referrers spoke of 'a huge gap' in service provision prior to the service with little focus on babies and young children.



'I don't think the infant, as a focus, would have been picked up. I think the parent, or the caregiver, probably would have come into adult services, with whatever struggles they were having, and their difficulties may have been addressed. But I'm sad to say, that probably that parent-child interaction and any of the problems that the baby is going to face due to that, has probably not been considered before now.'

Commissioner

'If we felt a bonding issue was becoming out of our depth, you know, we would then be phoning the Together with Baby service and saying, "We think this mum or dad might need additional support!"'

Referrer

'I look forward to supervision every week as a way to help me process what has happened in the session and why things went the way they did (good or challenging). It gives me space to offload and gain perspective so that I don't need to carry the group with me for the rest of the week. It also helps to remind me that just because there is rupture, doesn't mean there can't be repair, and that helps to boost my confidence as a facilitator.'

Facilitator of the Circle of Security Parenting Group



Parent and Infant Relationship Service (PAIRS)

PAIRS is a specialised parent-infant relationship team in Lambeth which is part of Lambeth Early Action Partnership (LEAP) and South London and Maudsley NHS Foundation Trust. LEAP is part of the National Lottery Community Fund 'A Better Start' initiative and has been funded for ten years to deliver, continuously improve and evaluate a range of services for pregnant women, children aged 0–3 years and their families.

As well as providing direct clinical interventions, PAIRS offers training, supervision and consultation to the wider Lambeth early years workforce including:

- reflective supervision for parenting workers and children's centre practitioners in the borough who facilitate Circle of Security parenting groups
- reflective supervision for midwives and health visitors delivering the Baby Steps antenatal parenting group programme
- consultation with early years practitioners including a joint consultation space with the Lambeth Perinatal Mental Health Team
- training to early years professionals across the borough.



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