

Working Together: Parent-infant work and Children's Social Care

Little Minds Matter: Bradford Infant Mental Health Team

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Parent-Infant Foundation Network Day

14th January 2025

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Little Minds Matter

Bradford Infant Mental Health Service

Objectives and Setting the Scene: Who we are and what we do?

Infant Mental Health and children's social care: What are the factors that can impact?

Tuning into the needs of a baby: What can Social Workers do?

Developing skills and knowledge in social work and the family courts

What next? Plans for the future?

Summary and reflection



**Little
Minds
Matter**

Bradford Infant Mental Health Service

Julie DGLISH, Therapeutic Social Worker

- Problem Solving Court Social Worker
- Social Worker in Child and Family Team
- Therapist in drug and alcohol treatment services

Sarah Gallagher, Therapeutic Social Worker

- Problem Solving Court Social Worker
- Social Worker in Child and Family Team
- Emergency Duty Team Social Worker
- Approved Mental Health Professional

About Little Minds Matter

What
?

A preventative service to promote healthy early attachment relationships by supporting families with a baby under the age of two and the practitioners that work with them.

How?

Training

Delivering infant mental health training to the workforce, helping them to better understand infant mental health and to identify difficulties in the families they support.

Consultation

Providing specialist advice, support and guidance to practitioners who are struggling to support families where there is a parent-infant relationship difficulty.

Community Engagement

Sharing key messages about infant mental health and wellbeing to the diverse community of Bradford.

Direct Clinical Work

Providing support to families where there is a need of specialist therapeutic input, such as parent-infant psychotherapy, specialist assessment of the parent-infant relationship etc.).

Criteria

- Parent/caregiver is struggling to bond with their baby.
- Baby is showing signs of distress.
- There are concerns over the quality of interactions between parents and babies.

Take care of yourself...



“Young children experience their world as an environment of relationships, and these relationships affect virtually all aspects of their development.”

Harvard Centre for the Developing Child

Infant Mental Health

“Positive infant mental health is intrinsically linked to the quality of the relationship between the infant and the parents, the two are almost one and the same”

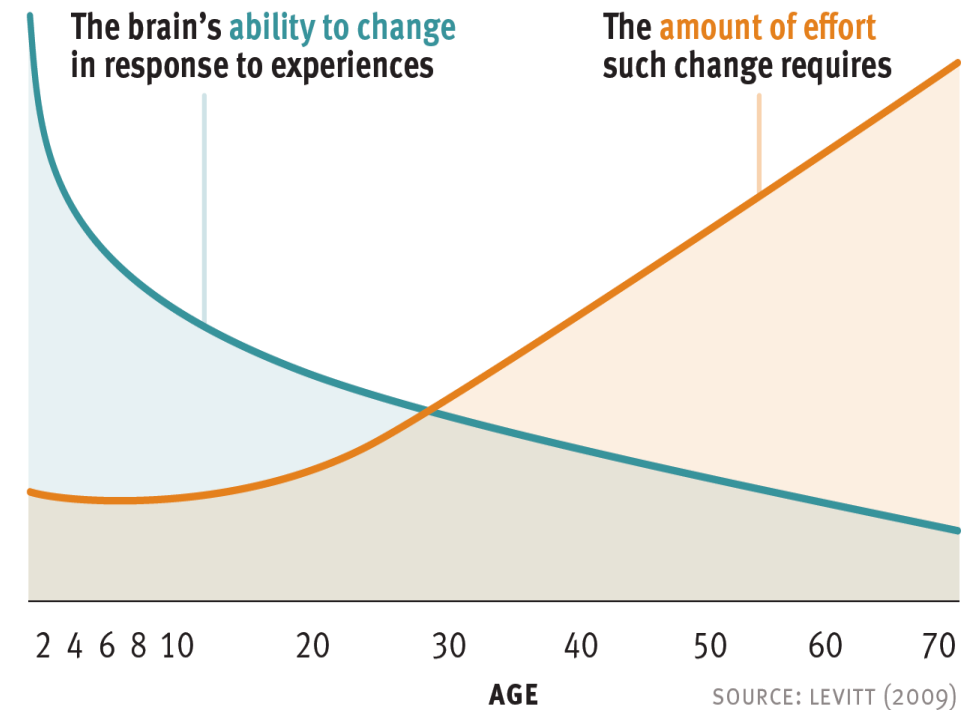
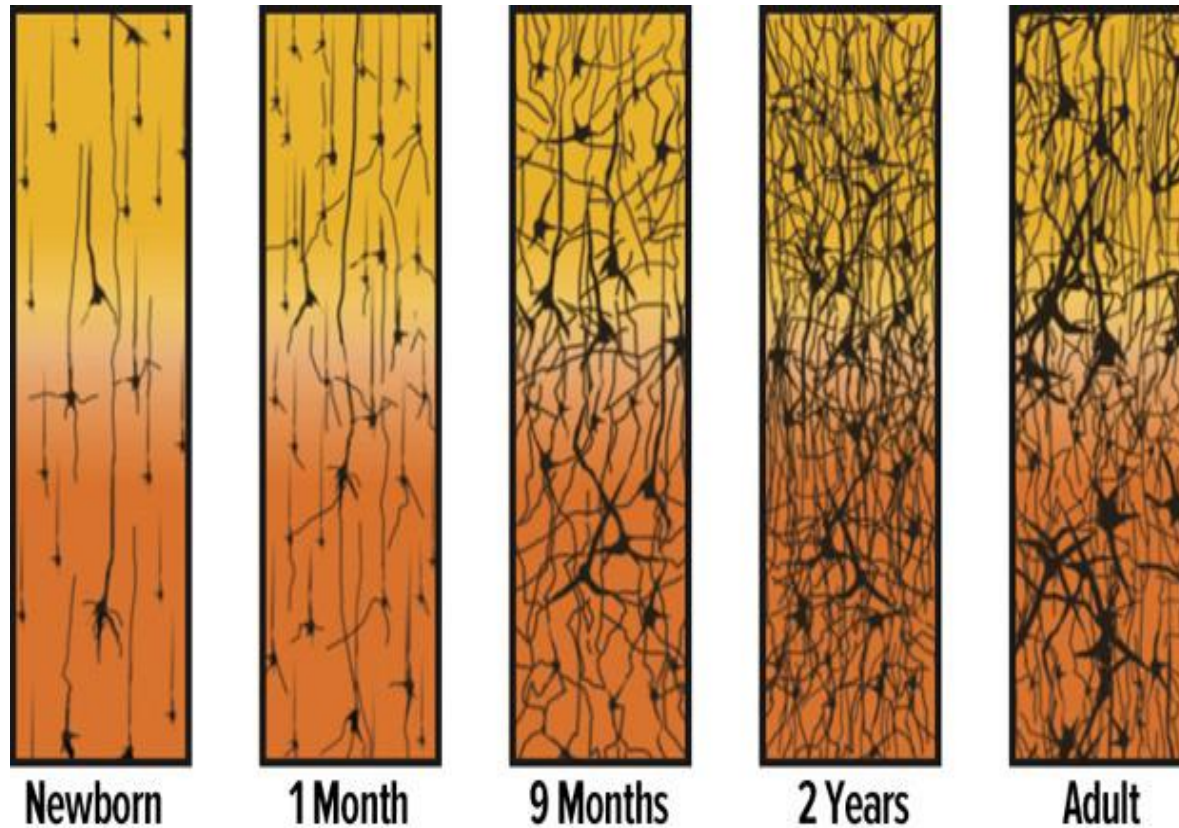
(Rare Jewels, Parent Infant Foundation UK)

Parenting that promotes a positive parent-infant relationship is:

- Responsive
- Sensitive
- Supportive
- Consistent

We know that one consistent healthy positive relationship with an adult is vital to a baby's healthy brain development.

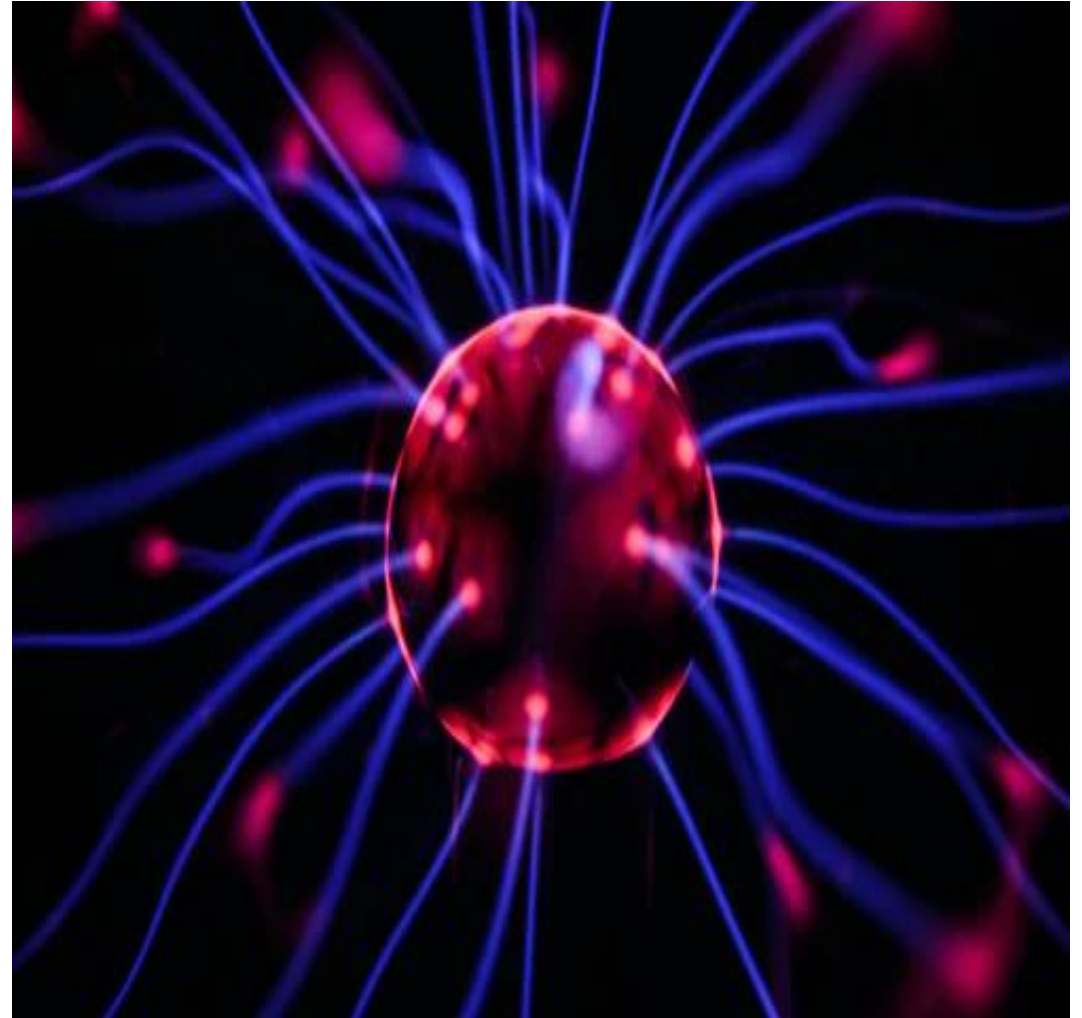
The first 1001 days of life, from conception to age 2, is a time of unique opportunity and vulnerability.



SOURCE: LEVITT (2009)

How does stress affect the brain

- Everyone is equipped with a stress response that helps us to respond to threats and keeps us safe. This is also known as the ‘fight or flight’ response. In times of stress the hormone cortisol is released.
- Oxytocin, also known as the ‘feel good’ hormone, plays an important role. When a baby is soothed by a parent, oxytocin is released, which helps baby to feel calm and connected.
- Babies who receive responsive care, learn to regulate their emotions more easily as they have had their caregiver available to help them manage their feelings.
- Toxic stress is the type of stress that causes a lasting response in the body. Where a baby does not have enough support from a caregiver, their body can’t turn off their stress response.
- We know that experiences before and after birth, especially in the child’s first 1001 days, can have long term impacts on a child’s emotional health



ADVERSE CHILDHOOD EXPERIENCES: The impact of ACEs on infants, children and adults

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.

Examples of ACEs: Physical abuse; Sexual Abuse; Emotional Abuse; Living with someone who abused drugs; Living with someone who abused alcohol; Exposure to domestic violence; Living with someone who has gone to prison; Living with someone with serious mental illness; Losing a parent through divorce, death or abandonment;

How Common are ACEs?

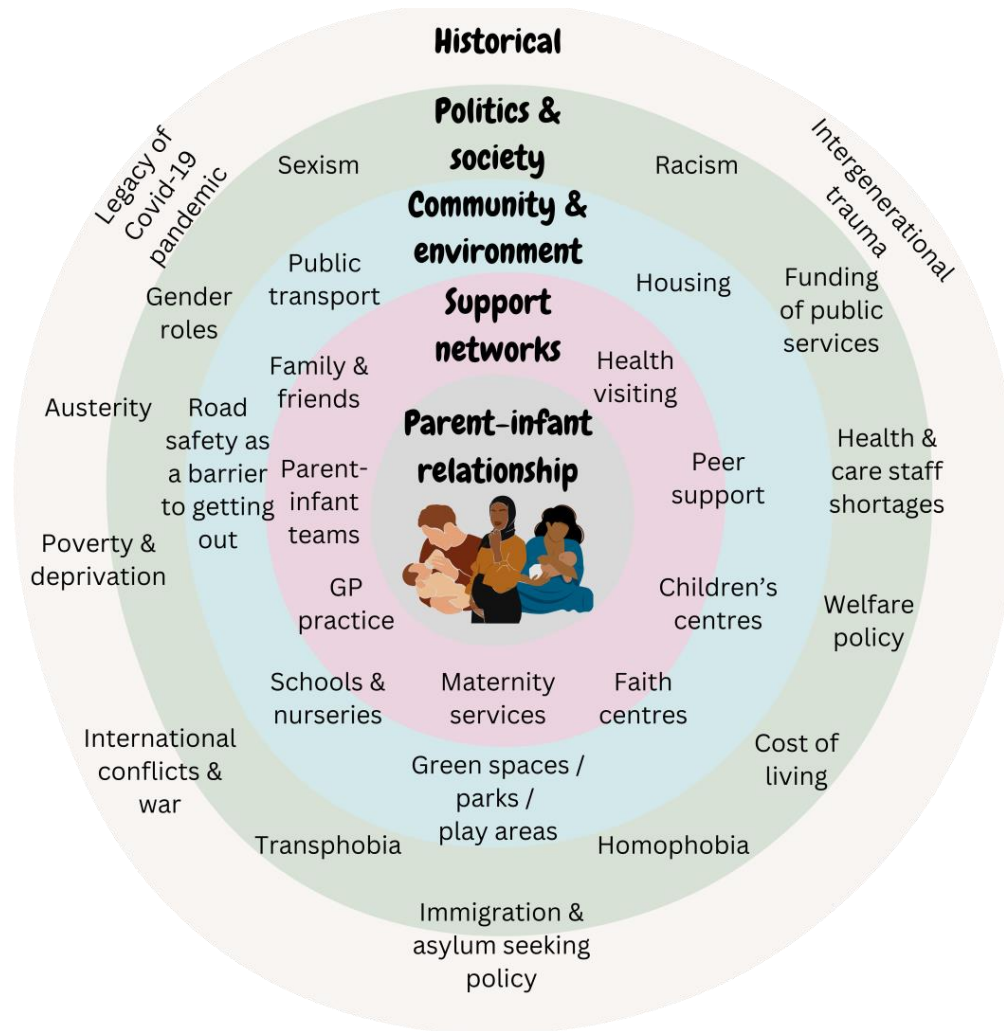
In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACEs (Bellis et al, 2014)

Trauma and the 'Pair of ACEs'



When we consider the impact of trauma on attachment and the parent-infant relationship, it is important to hold in mind adverse childhood experiences, which are often rooted in adverse community environments.

- **The social, political, and cultural contexts to parent-infant relationships and child development**



- Holding in mind the wider context is essential for sensitive consideration of attachment and the parent-infant relationship.
- For instance, the impact of poverty; barriers to being able to safely access outdoor spaces; experiencing racism; difficulties accessing high quality healthcare services due to under-resourcing, and so on.
- Looking at the image, please consider how each contextual factor influences and/or impacts on attachment and the parent-infant relationship.

What are some of the factors that impact on parent child relationship and Infant mental health?

- Parental mental distress, domestic abuse and/or drug and alcohol using.
- Generational trauma/ attachment history/ epigenetics
- Parenting assessment and care proceedings
- Babies coming out of parent's care
- Family time and contact arrangements

This is not an exhaustive list!

What are we doing?

- Providing training to social work students, ASYEs and Children's social workers.
- Work with social workers, child protection unit, independent reviewing officers and courts – to support professionals understanding of infant mental health (on the decisions and interventions they offer).
- Work with courts (solicitors, judges, CAFCASS) to consider infant's experience of proceedings and care.
- Work with specialist services to ensure that parents are supported (mental health and talking therapies, drug and alcohol services, domestic abuse support)
- Consider parents experiences of being parented: positive and negative templates and impacts.
- Work with One Adoption/ Fostering agencies.
- Sit on panels and consultations – to maintain a focus on experience and voice of the infant

Pre-birth Panel



A turning the curve plan for the district will aim to: reduce the number of children who need to become looked after; where it is in the best interests of children, carry out targeted work with the family so children can go home; and reduce expenditure on costly external placements.

Bradford Children's Services Improvement Plan 2022 – 2024 Improving the lives of children and young people and creating the conditions for success

[Doc B Appendix 1.pdf](#)

Pre-birth Panel

- Considers every pre-birth assessment in Bradford.
- Chaired by service managers and attended by health, safeguarding midwives, CPU, specialist services and allocated social worker/team manager
- PB Panel is not decision-making panel – or supervision – but pulls services together to track pre-birth assessments. What are the risks and needs of the family?
- Early days – but indications are that Pre-birth panel is reducing the number of babies coming into care and improving collaboration, planning and support.
- LMM invites referrals - but also asks professionals and services to consider the experience of unborn baby? (e.g., what do we know about the impacts of mental distress, trauma and transition, drug and alcohol using and parental domestic abuse on unborn babies?)

Professional Consultations

- Regular meetings for professionals around the child (social workers, health visitors, midwives, probation, housing, CAMHS, mental health services, specialist services)
- Not decision making or supervision sessions

BUT

- Space to collectively consider and reflect on the experience of babies.
- Support professionals working with most vulnerable families.
- Highlight and encourage voice of the child and bringing child centred perspective to practice.

Little Minds Matter Training to Social Workers

- LMM is part of ASYE training offer
- However, existing social workers need support to better understand and implement IMH theories and knowledge
- Relevant for pre-birth and infants subject to plans and proceedings – but also to children throughout their childhoods and beyond.
- Focus on the importance of early intervention – and baby brain development/ attachment relationships.
- Support social workers to understand and endorse infant's experience and voice of the child.

LEARNING OUTCOMES

After attending we hope that you will:

- understand who we are what we do
- understand which IMH theories and thinking inform our work
- understand some of the strengths and difficulties in multi-agency (child safeguarding and IMH) working.
- consider the potential difficulties and traumas experienced by the infants we work with (during infancy and for the duration of childhood and beyond).
- have an understanding of the wider social, political, and cultural contexts to parent-infant relationships and child development.
- hold babies in mind when supporting families and making plans and decisions for children.
- feel more confident in how to draw on your observations of parent-infant interactions to inform how you capture the voice of the infant.
- Share ideas and reflections

Advising and working with courts

- Experience of children's social work and Problem Solving Courts
- Again – highlight risks of focusing on parents not babies
- This is very emotive. The courts see parent's distress – but not always the impact on infants (and unborn babies)
- Role of Children's Guardians/ CAFCASS
- Decisions about contact and family time is parent led?
- Voice of the Child

We provided keynote speech to Private Law Conference in Leeds (May 2024)

Little Minds Matter promotion at Family Law Event (November 2024)

Child contact and Family-time

- How do we hold baby in mind when we are parents?
- Can this be led by parents' needs and disputes/distress? This can be a very emotive period – parental separation or baby has come out of parent's care.
- Important to hold baby in mind when considering frequency/arrangements for shared care/contact.
- Baby cues – are these correctly read and responded to?

Section 1(1) of the Children Act 1989, when a court determines any question with respect to the upbringing of a child, or the administration of a child's property or the application of any income arising from it, **the child's welfare** shall be the court's "paramount consideration".

The Child's Voice

- All children have a voice; whether they are pre-birth, pre-verbal, non-verbal or do not speak English
- Professionals working with children have a responsibility to recognise and make sense of what children are thinking, feeling and communicating
- When we talk about the Voice of the Child, it is important that we reflect what we observe in our contacts, not just what parents, carers and children directly say



The rights of the child and what it means for practice

The UN Convention has led to the development of legislation and policies to support the wishes and feelings of children being paramount in what we do.

Working Together (2015) states
"every assessment MUST be informed by the views of the child as well as the family".

" There is a danger that we only listen to those children and young people who can easily tell us their views."

Research in Practice (2016)

Summary: the importance of early attachment and investing in infancy

- National Institute of Health: The quality of the infant-parent attachment is a powerful predictor of a child's later social and emotional outcome.
- The importance of infancy is highlighted in the following words, published by the World Health Organisation, relating to the social determinants of health: “Research now shows that many challenges in adult society – mental health problems, obesity/ stunting, heart disease, criminality, competence in literacy and numeracy - have their roots in early childhood.”
- Research on Adverse Childhood Experiences (ACEs) highlights the impact of children’s early experiences on later outcomes, and the importance of having a good enough attachment with a safe and responsive adult to moderate the impact of trauma.
- Children with secure attachments are more likely to develop emotional intelligence, good social skills and robust mental health (Howe, 2011).

Plans for the future?



- Work with midwifery and hospitals to plan and support parents and babies coming into care.
- Work with connected carers and LA foster carers to support babies who have coming into care.
- Working with Family Centres/ contact centres – to support professionals supervising family-time.
- Work with One Adoption/ Fostering agencies.
- Work with courts mediations services – to avoid proceedings (where possible)
- Make IMH training mandatory for social workers.
- Promote consultations and reflective discussions to social workers

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Delivered by:
Little Minds Matter: Bradford Infant
Mental Health Team

Any questions or reflections?

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