

The golden thread

A Case for Developing Specialist
Parent-Infant Services in Wales

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Introduction

This paper has been developed by the Parent Infant Foundation, Wales Perinatal Mental Health Implementation Network, and NSPCC Cymru, with input from Parent Infant Network Cymru. It provides the evidence base for increasing parent-infant relationship support during the First 1000 Days to make sure that every baby in Wales has the best start in life. This includes why parent-infant relationships matter, what existing parent-infant relationship support looks like and where existing services sit strategically.

The paper calls for Welsh Government to develop equitable and accessible Specialist Parent-Infant Relationship teams across Wales that will offer direct therapeutic work for families most in need and to help upskill the early years workforce to support early relationships for all families.

Central to this is implementing national clinical parent-infant leadership to drive forward developments in services and ensure that parent-infant relationship support is a core component running through all early year's agencies, services and professions.

This paper offers nine recommendations to bring this vision to life and to develop equitable Parent-Infant Relationships Services across all seven regions. In doing so, this paper aims to support the ambition in the draft Mental Health and Wellbeing Strategy to explore options to develop Specialist Parent-Infant Relationship teams in Wales.





Section One

Why parent-infant and early relationships matter

A time of rapid brain development

The evidence regarding the importance of the First 1000 days (from conception to age two) is irrefutableⁱ. It represents a critical period during which a baby's brain is developing at a rapid rate and is uniquely susceptible to a range of relational and environmental factors – both positive and negative.

The parent-infant relationship and other key relationships during this time are particularly impactful and play a vital role in mental health and well-being throughout infancy, childhood and into adulthood; along with improved physical health and other important life outcomes (e.g. healthy relationships, school attainment, economic stability). A 'good enough' relationshipⁱⁱ with at least one adult, ideally the primary

caregiver, can help prevent, protect and mitigate against a number of adverse childhood experiences. Indeed, a baby with more secure ongoing relationships is better able to weather adversity as they develop throughout life alongside the clear benefit of maximising their potential.

However, if safe and reliable caregiving relationships are absent or mis-attuned to a baby's needs, or there are issues in the quality of care provided, they can be vulnerable to experiencing adversity, trauma, abuse and neglect. These impaired relationships impact both the immediate realities for babies, as well as leading to potential lifelong difficultiesⁱⁱⁱ including physical health, mental health, education, employment and relationship issues.



The level of risk that early adversity brings for the future may well be hidden, because babies might appear to be functioning well, and it takes expert training to identify difficulties in early relationships. The cost (financial, societal, individual) of not acting to improve a baby's life chances through supporting these essential relationships is significant.

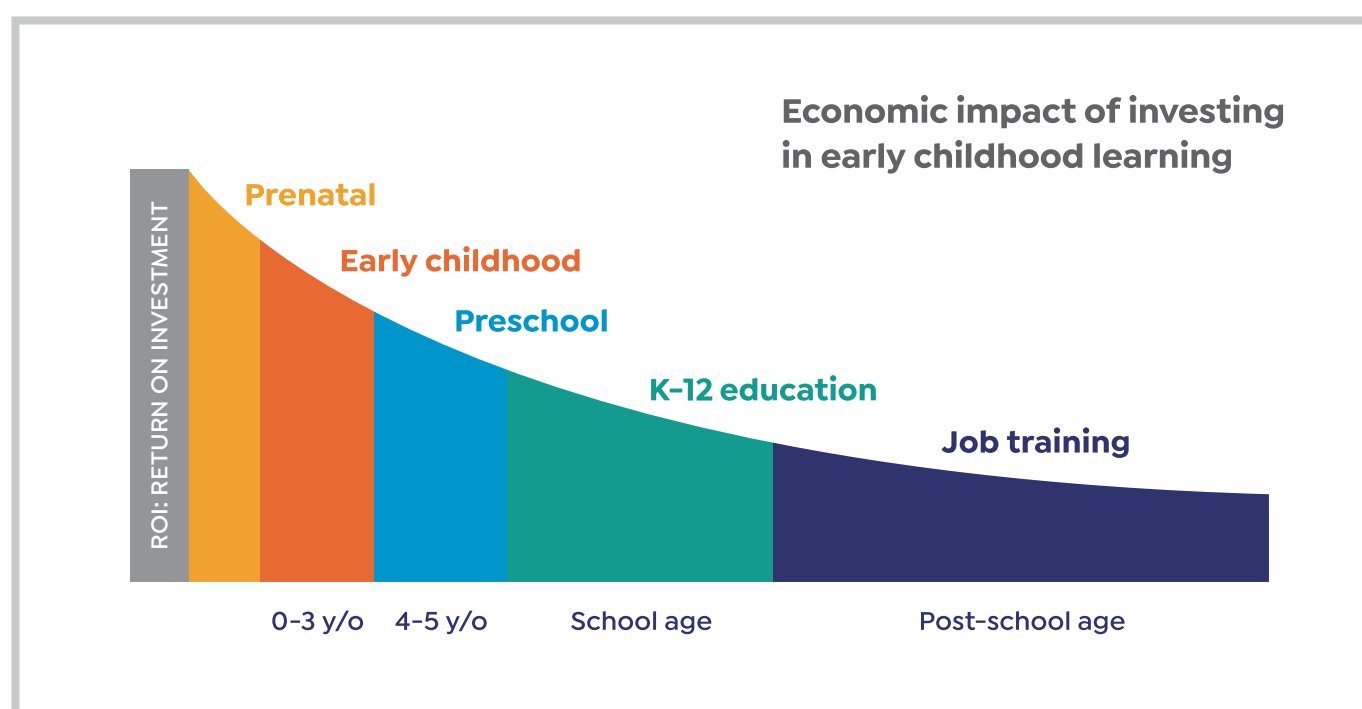
Indeed, there is a strong economic argument for investing in early childhood, as effective support for families in the earliest years brings savings to the public purse through reduced costs for public services and increased participation in the economy^{iv}. As demonstrated by the Heckman Curve^v, early investment, targeted at where it is needed the most, makes more economic sense than later interventions in childhood and throughout adulthood, which are often less effective and more costly^{vi}. However, it is important to remember that babies have a right to the best childhood now, not just because of the risk that adversity brings for their future.

Unfortunately, for some babies, it is too late. Babies under the age of 1 are more likely to be killed by another person than any other age group of children and young people^{vii}.

This is largely due to their dependency on caregivers and the increased likelihood of being in environments where risk factors are present. It is the vulnerability unique to their stage of development that places them even more at risk, and why a focus on supporting positive relationships with parents and caregivers is so urgent.

This urgency, however, is not reflected in how services are organised and resourced. Across the UK, babies do not have equitable access to specialist mental health support, and the services that do exist are very limited^{viii}. It is encouraging that Welsh Government has a focus on prevention in its Programme for Government^{ix}, a commitment to ensuring that babies have the best start in life^x, and a new Minister for Children with responsibility for early years and adverse childhood experiences, and a Minister for Mental Health and Wellbeing with all age responsibility.

However, in order to realise the rights of babies, Welsh Government should commit to increasing parent-infant relationship support, to maximise the potential of this developmental period, alongside minimising the clear risk of harms.





Section Two

What specialist parent infant relationship support looks like

Specialist Parent-Infant relationship Teams

Specialist Parent-Infant Relationship teams^{xi} are multi-disciplinary teams with expertise in supporting and strengthening the important relationships between babies and their parents or carers. These services can support families dealing with intergenerational trauma and a range of other issues that put parent-infant relationships at risk (for example, domestic abuse, parental ill health, mental health and disability, prematurity, birth trauma, physical and developmental issues for the baby).

Teams work with babies and their primary caregivers, including parents, foster carers, grandparents or others who may be providing this role. Parent-Infant Relationship teams generally work at two levels^{xii}:

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

These two tiers of activity mean that, when Specialist Parent-Infant Relationship teams are functioning effectively, and embedded within their local system, they can help to promote healthy relationships for all babies in their locality through working with other services and offer early and effective intervention to those most at risk. As such they operate as both specialist and early intervention services^{xiii}.

As explored in more detail in Section Four, strategically Specialist Parent-Infant Relationship teams sit in a wide variety of organisational settings and operate slightly differently according to local factors. However, Specialist Parent-Infant Relationship teams have a number of key elements in common:

- they are clinically led by psychology and/or psychotherapy
- they have the baby and the parent-infant relationship as the key focus of the work and reason for referral
- they are multi-disciplinary made up of a range of professionals that have additional specialist training in infant mental health and relational interventions
- the direct therapeutic work focuses on the relationship between baby and parent/carer
- half of their work is focused on supporting the wider early years network through training, supervision and consultation



The difference Specialised Parent-Infant Relationship teams can make

Research has identified three key areas of impact for Specialist Parent-Infant Relationship teams^{xiv}.

- Strengthening relationships between babies and their caregivers**

Evidence shows that 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. This is important because the quality of the parent-infant relationship is linked to a range of later outcomes.

- Improving the mental health of caregivers**

Evidence suggests that levels of anxiety, depression and stress in caregivers can be significantly reduced through involvement with a Specialised Parent-Infant Relationship team. The mental health of caregivers, both in pregnancy and postnatally, can impact their ability to understand and respond sensitively to their child's needs.

- 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.

In addition, the evidence indicates that teams work across the whole system to strengthen and support the skills and interventions delivered by antenatal and early years services in health, education, social care and third sector. This whole systems approach aligns with the principles of the NYTH/NEST Framework^{xv} that is already embedded in Wales.

The current picture of provision across the UK

Services that focus specifically on parent-infant relationships have been rare despite the substantial evidence base both for the need to intervene during this critical period, and the impact of the interventions these services deliver^{xvii}. This is often attributed to the 'baby blind spot', a concept which illustrates how baby's needs are commonly overlooked in policy, planning, funding and service development^{xviii}.

There are now 47 dedicated Parent Infant Relationship Service's across the UK, with three teams in Wales (G-PIMHS, Cardiff Parents Plus, and Wrexham and Flintshire Early Years CAMHS service). However, demand far outweighs current service provision, and the Parent-Infant Foundation have been calling for the development of 400 specialist services in England alone to meet the current need.

A growing recognition of the need to invest in Parent Infant Relationships

In recent years, Scotland^{xix}, England and Northern Ireland^{xxi} have recognised the importance of developing Parent-Infant Relationship services at a national level along with strategic leadership and investment. This is alongside investment in other services which offer some degree of parent-infant relationship support including Perinatal Mental Health services^{xxii}, Maternal Mental Health, and psychological support in Neo-natal units.

In Wales, the Mental Health and Wellbeing Strategy offers an exciting and timely opportunity to cement the commitment to the First 1000 days by developing equitable specialist parent-infant relationships support for babies and their families most at risk across Wales.



Section Three

Specialist Parent-Infant Relationship Services in Wales: Current Provision

Establishing Need

Van Ljzendoorn et al's (1999) meta-analysis estimates that at least 15% of babies in the general population present with disorganised attachment^{xxiii}. This figure has been replicated in more recent studies reinforcing its robustness as an indicator of need for babies who would benefit from specialised parent-infant relationship support. Although there is an absence of Wales wide data, the 'Securing a Better Start' report undertaken by Cardiff and Vale Partnership Board^{xxiv} concludes there is no evidence to suggest this region would be any different in estimating that 15% of babies would benefit from specialised parent-infant relationship support. The Securing Healthy Lives Report^{xxv}, in the Cwm Taf Morgannwg Region suggests that the need for specialist parent-infant intervention in that area is nearer to 20% of babies. It is likely that this enhanced level of need could be seen in other areas of Wales which share a similar demographic.



Specialist Parent-Infant Services in Wales

Each region in Wales is at varying stages towards developing Parent Infant Relationship Services. As described below, this ranges from supporting universal services to promote the importance of early relationships through to more established Specialist Parent-Infant Relationship teams, like G-PIMHS, Cardiff Parents Plus and Wrexham and Flintshire Early Years CAMHS service.

Gwent Parent Infant Mental Health Service (G-PIMHS)

Gwent Parent Infant Mental Health Service (G-PIMHS) consists of a multidisciplinary team of therapists (Parent-Infant / Child psychotherapists, psychologists & music therapist), mental health practitioners, specialist health visitors and admin support. It is an NHS community health team sitting within public health nursing within Aneurin Bevan University Health Board that works closely with the five local authorities in Gwent, i.e. Newport, Monmouthshire, Caerphilly, Blaenau Gwent and Torfaen. The team accept referrals from a wide range of professionals for parents antenatally up until their child is 2 years old. It is an early intervention and prevention service working to strengthen the parent-infant relationship via specialist interventions.

The team offers brief and longer-term individual and dyadic work with the parent and infant (this is for both mums and dads and/or primary parental figures) using a range of psychotherapeutic interventions, video interactive guidance work and Watch, Wait

and Wonder (WWW). The Team also offers specialist groups e.g. Play and Development (consisting of psychoeducation, WWW and mindfulness); Circle of Security Parenting (COSP) and a Compassion Focused Group. The team also offers consultation, training and reflective practice to the Health Visiting and Early Years Workforce including Dads' support workers to enhance knowledge, understanding and practice. It works from an attachment informed perspective and follows the principles of the NYTH/NEST framework.

Cardiff Parents Plus Psychology Led Service (0-5)

Parents Plus Psychology-Led Service is a multi-disciplinary team, made up of psychologists and psychology-led practitioners, located within Cardiff Parenting Services in Cardiff City Council as part of the Early Help Offer. The team works with families across Cardiff who are pregnant and/or who have young children under 5 years of age. The team have expertise in supporting and strengthening interactions and relationships between babies/young children and their parents (this includes foster carers, grandparents or others who may be in this role). It is a non-statutory service, who work in partnership with families to deliver personalised psychology informed interventions in the family home.

The service focuses on building relationships, promoting parental understanding of their child and helping parents to respond in ways that have been shown to promote child development and wellbeing. The service delivers targeted interventions and more specialised therapeutic work with families experiencing more complex and/or enduring difficulties with early relationships. The service also offers training, consultation and/or clinical supervision to help the wider workforce to understand and support parent-infant relationships.

Wrexham and Flintshire Early Years CAMHS

Early Years CAMHS works closely with the health visiting service to deliver specialist mental health assessment and interventions



with babies and young children within their families from birth until 7 years of age, with a focus on the parent-infant/child relationship. The established NHS team within the East area of Betsi Cadwaladr University Health Board sits within CAMHS and is developing an integrated service model with health visiting, child development and neurodevelopmental services, in line with the NYTH/NEST framework. The service has worked on strengthening the parent-infant offer within the 0-2 age range and is engaged with local stakeholders to strategically support the development of parent-infant relationship support across the early years network.

The multidisciplinary team is psychology led and consists of therapeutic practitioners from clinical psychology, social work, health visiting, child psychoanalytic psychotherapy, art psychotherapy and nursery nursing backgrounds. The team aims to offer early specialist mental health intervention to support and strengthen parent-infant/child relationships to support optimal development and emotional wellbeing across childhood and into adulthood.

The service works in partnership with early years services to offer a range of psychological and psychoanalytic interventions, including Video Interaction Guidance (VIG), Circle of Security (CoS), Watch Wait and Wonder (WWW). The service provides easy access to expertise through consultation to health visiting, flying start, social workers and parenting workers, and training and supervision to the wider system in evidence-based interventions to the local workforce.



Parent-Infant developments in other regions

Cwm Taf Morgannwg – Partnership Development

Following on from the Securing Health Lives report^{xxvi} Cwm Taf Morgannwg are using the NYTH/ NEST Framework at a regional level to develop Parent Infant Relationship services. They are at an early stage of implementing a Nurturing Families Service which focuses on specialist consultation, pathway development and training to support the early years workforce. As part of this work 'Baby Voice' has been co-produced to ensure that a rights-based approach is used in service development.

Hywel Dda – Perinatal Mental Health

Hywel Dda has employed Parent Infant Relationship specialists in the perinatal mental health team and developed a range of interventions for those parents who access their service who are also experiencing significant difficulties in their relationship with their baby. They are exploring the possibility of expanding the service to also offer support where the main presenting concern is in the relationship between baby and parent. This is facilitated by the Perinatal Team currently sitting within CAMHS strategically and being embedded in children's services.

Swansea Bay and Powys

Swansea Bay and Powys are at an early stage in considering what parent-infant relationships support would meet local need.



Section Four

Where should Parent Infant Relationship Services sit strategically?

Across the UK, specialist Parent-Infant Relationship Services have developed through a range of different routes. Consequently, there is no one clear provider or model of service provision, but rather a wide variety of service designs delivered in a range of settings and systems. This includes Parent-Infant Relationship Services being situated within the NHS, local authorities, social care and the voluntary sector.

The majority of specialised Parent-Infant Relationship teams are located in the NHS, usually in public health nursing or CAMHS. Some areas have commissioned new Parent-Infant Relationship teams while others have expanded their existing services to incorporate parent-infant support (e.g. ring-fenced resource for babies and very young children in CAMHS or recruiting parent-infant therapists in perinatal mental health services).

We can also see this diversity in the services in Wales, where the three teams are situated in different strategic areas; Public Health Nursing (G-PIMHS), CAMHS (Wrexham and Flintshire Early Years CAMHS), and a Local Authority system (Cardiff Parents Plus). The conclusion amongst experts in the field is that there is no 'ideal' or 'one size fits all' approach; and there are potential advantages and limitations associated with all options.

Advantages and disadvantages in approach

It is both a strength and a potential challenge that Parent-Infant Relationship Services have relevance across health, social care, education and the third sector, and there is no one clear model of provision. On one hand, this is a real advantage as it reflects the broad range of stakeholders, professional contributions and multi-agency nature of this vital work. Indeed, it is the breadth and depth across the whole system that is critical to the success of Parent-Infant Relationship Services and the impact that teams can make.

It is important that the perception, scope and potential impact of Specialist Parent-Infant Relationship Services are not narrowed by aligning them to one profession or agency (for example in mental health or social care or public health nursing), or by attaching them to a specific level of intervention (universal, targeted, specialist).

This is particularly important as there is a risk that families in need will be missed if specialist services are sitting in one place. This risk to access for families becomes even more heightened as the babies most in need are often described as 'quiet' or 'good' and do not necessarily present as having a difficulty to the untrained or inexperienced eye. Parents can also feel considerable stigma associated with admitting they are struggling to bond with their babies. This means that professionals with expertise in the field may need to gently help families to identify difficulties and seek support.





The development of trusting relationships with providers of services across the system, such as midwifery, health visiting, and community hubs are therefore crucial in helping families to build up the courage to seek help^{xxvii}.

On the other hand, this can also be challenging as there is no clear professional or commissioning guidance for these services. There is also the risk that in this 'broad and open' approach, no one agency, service or profession takes ownership in leading the development of these Specialist Parent-Infant Relationship Services.

Options for expanding specialist parent-infant provision in Wales

In Wales, the learning from across the UK can be used to consider where best Specialist Parent-Infant Relationship services should sit strategically and who should have oversight and leadership for this work. Based on existing evidence, there are a number of options for Welsh Government to consider;

- Placing Parent-Infant Services within Public Health Nursing or Early Years Services where families have the strongest relationships during the First 1000 Days.
- Expanding Perinatal Mental Health services to also include Specialist Parent Infant Relationship Services
- Expanding, adapting and upskilling CAMHS to deliver parent-infant relationship support

It is beyond the scope of this paper to provide a detailed options appraisal for service development in each of these settings, and one of our key recommendations is for Welsh Government to consider commissioning an independent options appraisal to provide the evidence base for determining where Specialist Parent-Infant Relationship teams should sit strategically in Wales, especially if one of the above is to be considered.

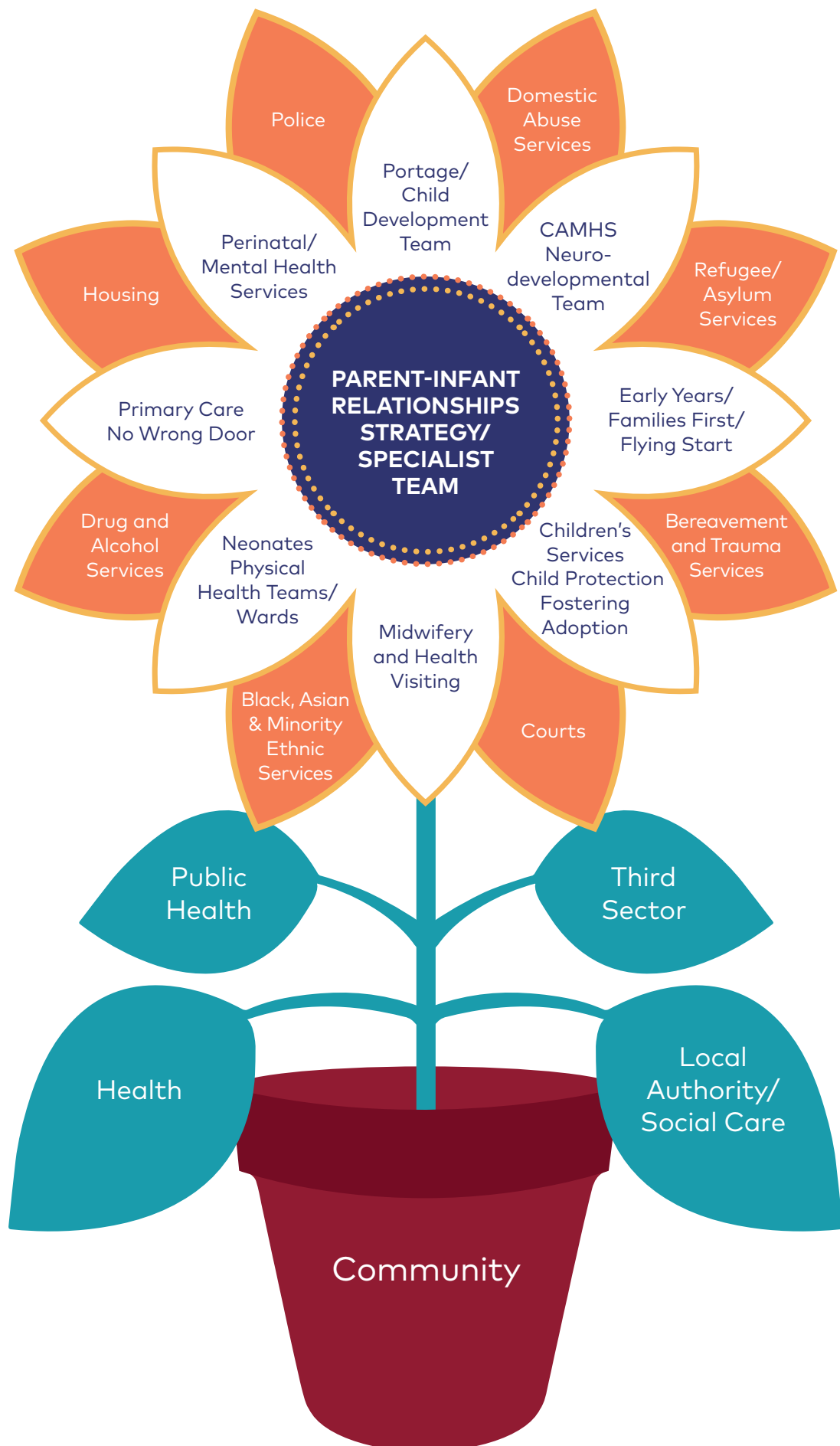
Developing a partnership approach to Parent-Infant Relationship support

With that being said, we recommend that Welsh Government take this opportunity to adopt an innovate 'joined up' strategic focus on the first 1000 days, based on multi-agency working. This would include investing in Parent-Infant Relationship Services across Wales, which would sit at the centre as the 'golden thread' supporting all agencies, services and professions working with families in the early years.

The flower diagram below demonstrates this concept, with Parent-Infant Relationship Services sitting at the centre and connecting and supporting all services that support parents during the first 1000 days. The intention of a strategic approach that focuses on the First 1000 days across all partner agencies would be to ensure that Parent-Infant teams develop in response to their local context, and that they are not limited to the constraints imposed by their settings or funding streams. Rather they will be able to draw on the strength of this variability to inform the national picture.

In Wales we already have the NYTH/NEST Framework^{xxviii} which facilitates a partnership approach to service development that recognises the whole system. All aspects of the NYTH/NEST Framework support the broad, multi-agency working that Parent-Infant Relationship Services require, along with core values and elements that help them function effectively and efficiently. It provides a useful tool for bringing a partnership approach to supporting parent-infant relationships together.







A number of key elements are needed to establish this partnership approach to supporting parent-infant relationships;

1. Strategic leadership

It is critical to establish a strategic national leadership role in parent-infant relationship support, to drive forward developments in specialist services across Wales, bringing multi-agency partners together across the system to better support families, and to help raise awareness of the importance of parent-infant relationships.

2. Further investment in communities

As highlighted in the NYTH/NEST Framework^{xxix}, community is the foundation for all services in the First 1000 days, and a core component of a whole system approach to support mental health and well-being for babies and their families. Locating parent-Infant relationship support within local communities enables it to become embedded in day-to-day practice, acting as the 'golden thread' running through the 'tapestry of care and connection'. Further investment in 'community hubs' and 'place based support' is an essential component to supporting new families so they can access a range of joined up services to support the healthy development of babies.

3. Shaped by the needs and perspectives of babies

Services must be designed around what babies need to flourish, rather than trying to fit babies and their needs into existing services and models that might not be effective. This is an important shift towards placing the perspective and lived experience of babies (baby voice) at the centre of everyone's work across the First 1000 days. There is innovative work in Scotland^{xxx}, and work underway in Wales^{xxxi} that can be drawn on to put the voice of babies at the centre of service development and practice.

4. Co-production with parents

National and local forums and robust mechanisms for co-production should be established for services to work with parents with lived experience to design, commission and develop Parent-Infant Relationship Services, as outlined in the NYTH/NEST framework^{xxxii}.

Section Five

Recommendations for developing equitable Parent-Infant Relationship Services in Wales

The Parent-Infant Foundation, the Wales Perinatal Mental Health Implementation Network, and NSPCC Cymru, with input from the Parent Infant Network Cymru (PINC) have developed nine recommendations for Welsh Government to develop equitable and accessible Specialist Parent-Infant Relationship teams across Wales. These recommendations would represent a clear commitment from Welsh Government to parent infant relationship support and a focus on the First 1000 days.

- 1 Commit to **developing a whole system graduated offer for babies** (from conception) and their families that provides a continuum of **support from universal through to specialist support in every area**. This requires the development of equitable and accessible Specialist Parent-Infant Relationship teams across Wales, and **clear pathways** showing how they fit with and support existing early years services.
- 2 Commission **an independent options appraisal** to determine where Specialist Parent-Infant Relationship teams should be best placed to sit strategically within Wales.
- 3 **Establish a National Clinical Parent-Infant Relationship leadership role** to drive forward progress and oversee the development of these services across all levels of need, supported by Regional Partnership Board and Health Boards Champions.
- 4 **Develop a set of National Standards** for Parent-Infant Relationship Services in Wales, that are aligned with the NYTH/NEST Framework.
- 5 **For the Minister for Children and Social Care to act as the cross government Strategic lead** for the First 1000 days, with responsibility for establishing and **coordinating a cross governmental group** on improving outcomes in the first 1000 days.
- 6 **Enhance workforce training and development at every level** (universal, targeted and specialist), to upskill the early years workforce to better support parent-infant relationships.
- 7 Ensure the forthcoming **mental health core dataset includes a subset on infant mental health**, to help capture the demand for Parent-Infant Relationship Services.
- 8 **Use the learning from the Baby Voice project^{xxxiii}**, to enable babies to be better considered in policy development and decision making across Welsh Government.
- 9 Commit to **further investment** in local community hubs for all families, so they can access a range of joined up services, **to support the healthy development of babies and young children**.



Conclusion

Parent-Infant Relationship Services as the golden thread

The evidence is clear that supporting families in the first 1000 days gives babies the best chance of having a happy and healthy start to life, while increasing the likelihood of them having positive outcomes throughout their life course.

This paper has shown that Specialist Parent-Infant Relationship teams that are embedded at the centre of the early years system, can act as both a specialist and an early intervention service, by offering effective specialist interventions to those families most at risk, and by promoting healthy relationships for all babies, through their joint working, training

and supervision to universal early years services in their locality. It also identifies gaps in provision, with only three Specialist Parent-Infant Relationship teams operating in Wales.

This paper calls on Welsh Government to commit to developing equitable and accessible Specialist Parent-Infant Relationship teams across Wales, supported by national clinical parent-infant leadership to drive forward developments in services and ensure that parent-infant relationship support is a core component running through all early year's agencies, services and professions.



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- xxvii. The importance of a whole system approach where services weave a 'tapestry of care and connection' to make support accessible, flexible and non-stigmatising, was identified in the evaluation of 'A Better Start', a ten-year programme of work focussed on early years services. For more information, see Blake, L (2024) Working with families to support early childhood development Learning from the evaluation of A Better Start. National Centre for Social Research. Available at: [National Evaluation of A Better Start | National Centre for Social Research \(natcen.ac.uk\)](#). Accessed – 25/09/24.
- xxviii. Welsh Government (2023) *NEST framework (mental health and wellbeing): introduction*. Available at: [NEST framework \(mental health and wellbeing\): introduction | GOV.WALES](#). Accessed – 25/09/24.
- xxix. Ibid.
- xxx. Scottish Government (2023) *Voice of the Infant: best practice guidelines and infant pledge*. Available at: [Voice of the Infant: best practice guidelines and infant pledge – gov.scot \(www.gov.scot\)](#). Accessed – 25/09/24.
- xxxi. The Baby Voice Project has been established by Children in Wales and Swansea University and aims to develop guidance and resources to enable Babies voice and rights to be recognised, valued and utilized to support their care and development and wider service and policy development.
- xxxii. Welsh Government (2023) *NEST framework (mental health and wellbeing): introduction*. Available at: [NEST framework \(mental health and wellbeing\): introduction | GOV.WALES](#). Accessed – 25/09/24.
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