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The Association of Child Psychotherapists' response to the Health and Social Care Committee Inquiry into the First 1000 Days of Life

About the ACP

The Association of Child Psychotherapists (ACP) is the professional body for Psychoanalytic Child and Adolescent Psychotherapists in the UK. Child and adolescent psychotherapy is a core NHS profession with members completing a four year full-time training in NHS child and adolescent mental health services. This includes extended training in infant observation and child development. This enables them to develop high level competencies and to provide specialist psychotherapy across a range of settings to some of the most vulnerable infants, children and young people in society. Psychoanalytic Child and Adolescent Psychotherapists have a key role in supporting other professionals who work with infants, children and young people, and their families, across the health, care, education and justice sectors. The ACP is responsible for regulating the training and practice standards of child and adolescent psychotherapy and is an accredited registered of the Professional Standards Authority (PSA).

Publication and Queries

We are content for our response, as well as our name and address, to be made public. We are also content for the committee to contact us in the future in relation to this inquiry.

Please direct all queries to:-

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Health and Social Care Committee Inquiry into the First 1000 Days of Life

SUMMARY OF ACP RECOMMENDATIONS

ACP recommendations in relation to national strategy and spending

1. There is need for the development and implementation of a national strategy from conception to age 2 that enables joined-up strategy and investment, both across Whitehall and at a local level. This should encompass universal services for all families but, crucially, recognise the need for specialist services appropriate to the complex challenges faced in providing services to the most vulnerable families.
2. There should be greater recognition and investment in the highly specialist workforce that is required to assess and treat emotional and mental health difficulties in parents and infant, as well as their role in training, supervising and support those working in universal services.

ACP recommendations for a high-quality evidence-based approach to service provision for the first 1000 days of life

1. All CAMHS should include specialist provision for the early years of life including parent-infant psychotherapy and support for staff in universal services working with families and carers of infants. The competence framework for child and adolescent psychoanalytic psychotherapists developed by the ACP is a starting point for such services.
2. CAMHS resources should include specialists with appropriate training and expertise such as child psychotherapists to provide training, consultation and supervision to professionals and practitioners in children's centres, early years services, primary care and third sector to improve early identification, early intervention and development of integrated multi-agency care pathways
3. The funding of perinatal mental health services by the government should be expanded to include parent-infant psychotherapy or other proven service models that address the needs of infants and young children whose parents are experiencing moderate to severe mental difficulties in the perinatal period.
4. Adult psychiatric services that are expanding mother and baby units and community perinatal mental health teams should ensure that their workforce is equipped with training in child development and parent-infant relationships and have competence to understand the emotional state and needs of the infant.
5. Better integration of adult perinatal mental health services with CAMHS and the inclusion of child psychotherapists and parent-infant psychotherapists within dedicated perinatal mental health teams
6. Dedicated provision for young parents, especially those who have been looked-after in childhood, to try and interrupt the transgenerational transmission of severe attachment difficulties
7. The expansion of specialist perinatal and infant mental health Health Visitor posts and Specialist Perinatal Midwives in all maternity services
8. Acton to increase understanding that the needs of the infant as a unique individual need to be recognised and any sign of withdrawal or delay addressed as quickly as possible.

ACP RESPONSE TO QUESTIONS RAISED BY THE INQUIRY INTO THE FIRST 1000 DAYS OF LIFE

1. Support for the aims of the inquiry

1.1. Recognition of significance of adverse early experiences and opportunities to address them

The ACP welcomes the Health and Social Care Committee inquiry into the First 1000 Days of Life. As frontline clinicians, working across health and social care, ACP child psychotherapists have always recognised and understood the central importance of the early years of a child's life, from conception to age 2, as being vital to their ongoing physical, mental and emotional health and development. We have been encouraged that, in recent years, the importance of the first 1001 critical days, and the impact of adverse experiences during that period, have been increasingly recognised both by national policy makers and local service commissioners and providers. Yet, as the committee acknowledges, there is still much work to be done and still significant harm occurring during these critical days that has far reaching and serious outcomes for individual children, their families and for us as a society. As the terms of reference for the inquiry note, preventing these adverse childhood experiences could reduce hard drug use by 59%, incarceration by 53%, violence by 51% and unplanned teen pregnancies by 38%.

The evidence for the crucial importance of the period from conception to age 2, and thus the need to provide effective services that ensure the wellbeing of the child and family during this period, is well known and has been described in many publications and reports. We would particularly refer to the evidence gathered together in the volume edited by Penelope Leach[1].

1.2 Focus on specialist expertise to reduce harm and support positive developmental

The ACP's response draws on our detailed understanding of the factors that may promote or hinder healthy child development, our intensive training in infant observation, and also from our experience as frontline clinicians of what high quality services in the early years should look like. The focus of the response is on what is needed in terms of specialist expertise and interventions to prevent and reduce harm or to support a return to a more positive developmental trajectory. This is in the context of an understanding that investment and development is required across a range of universal and targeted services, to which child psychotherapists and other specialist clinicians are able to make a contribution. Examples of such work are provided in Appendix 2.

2. National Strategy and Spending

2.1 The vital importance of joined-up policy in the first 1001 days

The inquiry asks questions about national strategy, current spending and barriers to investment. The ACP wishes to emphasise the point that, perhaps more so than in any other area of public policy, joined-up planning and investment is especially important, but also equally challenging, in the early years. The determinants of good child development are complex, multiple and cut-across many individual, relational and social factors. There are therefore potentially multiple divisions and splits through which policy-making and investment focused on the baby's wellbeing and the parent-infant relationship can fall. Individual services may focus on the needs of the mother, or perhaps the parental couple, others may focus on the needs of the infant, but these are often not brought together. Similarly, some

[1] Leach, P. (Ed.) (2017). 'Transforming Infant Wellbeing: Research, Policy and Practice for the First 1001 Critical Day', Routledge.

services might focus on physical health needs, some on emotional and mental health needs (of mother or child but rarely both simultaneously) and others on social and economic circumstances. Because these factors are all connected and inter-related, focusing on one risks losing sight of the whole. This means that some problems and opportunities will be 'invisible' if they do not fit with the remit of the service.

Problems of invisibility
For example, a member who works as a volunteer for a charity (offering six sessions of subsidised work for children and families to try and avoid worsening problems having to go to over-loaded CAMHS) spoke to a local GP surgery to explain the sorts of referrals with which they could help by offering parent-infant work. She reports being 'very shocked' to learn that many GPs no longer see their mothers-to-be or their mothers and babies post-delivery where they could spot difficulties of this type. Their care is separated off under health visiting but there is no liaison with GP's. Her view was that health visitors might not notice these issues in the way a GP might because they are overloaded with severe safeguarding work.

2.2. The vital importance of joined-up service delivery in the first 1001 days

No one organisation takes responsibility or ownership of the whole situation as it relates to parent-infant development within its social context. As such, resources are potentially wasted in not taking opportunities for addressing the needs of the family in a co-ordinated manner. Individual services may make decisions that make sense in a narrow context but not when considered in relation to their wider impact, such as the long-term impact of cuts in health visiting or Children's Centres. A truly joined-up system that understood the likely outcomes of these cuts, both in terms of their impact on individual families and on the socio-economic costs to this generation and beyond, would never have made such a decision.

2.3 Impact of the loss of Children's Centres

Specifically in relation to Children's Centres, the ACP wishes to highlight our members' experience that cuts have seriously affected the availability and accessibility of preventative universal services as well as targeted services delivered from them. For mental health services in the community this has serious consequences in terms of acceptability, engagement and delivering services in a non-stigmatising environment. Cuts have also reversed the progress that had been made since the expansion in Children's Centres in relation to social isolation, take up of universal parenting programmes and in providing access to more specialist services such as those provided by child psychotherapists.

Impact of loss of children's centres on specialist care
In one London borough, the number of children's centres was reduced from 11 to 3 'hubs' between 2015 - 17. This meant that a local parent-infant psychotherapy service that had been delivering therapy to families across the borough was unable to provide this within reasonable distance of people's homes. This created further obstacles to engagement and stretched family budgets with additional transport costs.

This is just one example of how changes to a universal community service have knock-on effects for specialist mental health services and thus adverse consequences for those children and families who are most in need and have the most complex difficulties. Our ongoing experience is that it is often those families with the most complex and hard to address needs, who require specialist, possibly intensive or long-term support, who are repeatedly failed in local service 'transformations'.

3. ACP recommendations in relation to national strategy and spending

1. There is need for the development and implementation of a national strategy from conception to age 2 that enables joined-up strategy and investment, both across Whitehall and at a local level. This should encompass universal services for all families but, crucially, recognise the need for specialist services appropriate to the complex challenges faced in providing services to the most vulnerable families.
2. There should be greater recognition and investment in the highly specialist workforce that is required to assess and treat emotional and mental health difficulties in parents and infant, as well as their role in training, supervising and support those working in universal services.

4. Local provision: barriers and concerns

The scope, scale and current performance of provision for First 1000 Days of life, including universal and targeted approaches.
Barriers to delivery (e.g. workforce shortages, financial constraints on councils)

In this section we raise some key issues about local delivery that impact on the provision of effective services.

4.1 Child psychotherapists' role in infant mental health services

ACP registered child psychotherapists, with their in-depth training in early social and emotional life, and in infant observation, are key professionals in the multi-disciplinary early years field, both in terms of direct work with infants and families, and in training, supervising and consulting to a wide range of professionals and agencies in health, social care and the third sector. Undertaking sustained and intensive work with infants and parents continues to be a major element of child psychotherapy training. All child psychotherapists at the point of qualification will have the ability to offer either psychoanalytically informed perinatal and parent-infant work, family work or group work[2]. This is a core element of the competence framework for child and adolescent psychoanalytic psychotherapists developed by the ACP[3].

4.2 Impact of the loss of under-5s provision in CAMHS

However, the last decade of cuts and down-banding in CAMHS and other settings which employ child psychotherapists has hit the profession and has impacted on our ability to provide the direct work, training and consultation which used to be possible. We refer the inquiry to our recent report 'Silent Catastrophe: responding to the danger signs of children and young people's mental health services in trouble'[4]. This demonstrates that the downsizing and re-design of many services has led to a loss of clinical leadership and specialist services and a shift towards more crisis-led and short-term interventions, primarily with adolescents. This often diverts resources from early intervention, infant and under-5s services. In the survey which informs the report, ACP members describe services having very little capacity to undertake in-depth work with children who have been traumatised or abused and often no early intervention with infants and under-fives. One case study in the report states:

[2] The specific competences that are developed during the training in relation to psychoanalytically informed perinatal and parent-infant work are listed in Appendix 1 to this submission.
[3] https://childpsychotherapy.org.uk/competence-map-child-and-adolescent-psychoanalytic-psychotherapists-point-qualification
[4] https://childpsychotherapy.org.uk/news/acp-report-silent-catastrophe

Case Study: loss of under-5s CAMHS
Senior staff are not able to work to their competencies to meet the needs of CYP referred to the service. For example, the Trust has stopped all work with under-5s. A senior CAPt has a long-standing supervision relationships with health visitors dealing with some very severe needs. When they have done all they can and need additional support they try to refer to CAMHS but are told that this isn't necessary. The children need specialist intervention, are often in care, and exhibiting very difficult behaviour. The understanding of child development and mental health in the system has deteriorated.

4.3 The adult psychiatry focus of perinatal mental health service investment

The government's recent investment in NHS perinatal mental health services[5] is to be welcomed. However, NHS England has stipulated that this is earmarked for adult psychiatric services to expand mother and baby units and create community perinatal mental health teams in more parts of the country, but not for parent-infant psychotherapy or other services that address the needs of infants and young children whose parents are experiencing moderate to severe mental difficulties in the perinatal period. This means that provision is still very patchy and inadequate. PIP UK[6] is one organization that is trying to address this and child psychotherapists are well represented in most PIP UK teams, and its work is strongly influenced by a psychoanalytic understanding of child development. In many areas there is no dedicated PIP provision or other models of effective early intervention. These gaps mean that parents and infants in most parts of the country do not have access to services that can address relational/attachment and developmental difficulties at an early stage, as well as providing training and consultation to professionals and practitioners in primary care, early years services and adult mental health teams. These difficulties are often associated with parental mental ill health, domestic abuse or substance abuse; and prematurity, disability and physical illness in infants.

4.3 Lack of attention to the needs of the infant in perinatal mental health services

An additional concern about the focusing of perinatal resources in adult service providers is that they primarily attend to the mental health of the mother, with less attention given to the emotional state and needs of the infant. Help focused on the mother is to be welcomed, but the need of the baby in the first 1001 days is urgent: what is needed is an approach that treats the mother and baby in relation to one another, recognizing and responding to developmental difficulties that might be emerging in the baby as well as working with the mother in relation to her difficulties; and that treats the mother and baby in the context of their family, community and other agencies – a approach that is at the heart of good CAMH services. Child psychotherapists consider the health of the mother and baby in relation to each other, as a dyad, and not in isolation.

As such, the input of child psychotherapists into mother and baby units can help provide training and consultation to members of staff whose training in child development and parent-infant attachment may be limited. The ACP is concerned that few of the people working in perinatal services have specialist training in infant and child development, or in understanding attachment relationships, and as such this aspect of the work is likely to be undervalued, to the detriment of the mother-infant relationship and hence the baby's wellbeing. It is known that the majority of costs (72%, see Bauer et

[5] https://www.england.nhs.uk/mental-health/perinatal/
[6] https://www.pipuk.org.uk/

al., 2014[7]) arising from maternal depression relate to adverse outcomes in respect of the child, rather than the mother.

4.4 Competency in recognizing the needs of the infant

'The Competency Framework for Professionals working with Women who have Mental Health Problems in the Perinatal Period'[8] was commissioned by Health Education England (HEE) from the Tavistock & Portman NHS Foundation Trust. This document was produced by an expert reference group which included an experienced child psychotherapist. The framework is underpinned by an idea of there being a "perinatal state of mind" which should be common across the workforce. The three elements are identified as the Mother, the Baby and the Mother-Baby Couple.

At the acute end of perinatal services for seriously ill mothers, adult psychiatry is clearly a priority. We have already mentioned the contribution child psychotherapists can make to the wellbeing of the parent- infant couple (also including fathers/family). In our view, the particular needs of the infant can sometimes be overlooked if there are serious concerns about a mother's state of mind. This is troubling to child psychotherapists who are trained in infant observation and who recognise that babies need "live company" from the outset in order to engage with the world of relationships; to play and to learn. Child psychotherapists are very well placed to identify early signs of emotional withdrawal and developmental delay. This kind of lively interaction may be offered by father, other family members, friends, voluntary bodies etc. It does not necessarily mean another drain on statutory services, but the danger does need to be recognised.

5. Local provision: what child psychotherapists contribute to high-quality services

What a high-quality evidence-based approach to service provision would look like for the First 1000 Days of life.

In response to this inquiry the ACP has gathered examples from around the country of the many ways in which child psychotherapists are contributing to effective services in the first 1001 days. These examples are provided in Appendix 2 and cover the full range of provision in many different types of service.

In this section of the response we describe just some of the ways in which child psychotherapists can help children and families in the first 1001 days of life.

5.1 Provision of specialist assessments

During the perinatal period and the early years of a child's life brief therapeutic interventions are often highly effective and can reduce the likelihood of problems becoming chronic, and far more difficult and expensive to address. A specialist assessment by a child psychotherapist will explore the issues that may contribute to the presenting symptoms in the infant, and the parent's thoughts and feelings about their relationship with their baby in the context of wider family relationships. Experiences in the parents' own childhood which resurface in the transition to parenthood can seriously disrupt the process of bonding with the baby. Specialist training in the establishment of a baby's early relationship

[7] Annette Bauer, Michael Parsonage, Martin Knapp, Valentina Iemmi & Bayo Adelaja. (2014). The costs of perinatal mental health problems: Report summary, Centre for Mental Health and London School of Economics.
[8] https://www.hee.nhs.uk/our-work/mental-health/perinatal-mental-health/competency-framework-perinatal-mental-health

with its parents and how this contributes to subsequent development equips child psychotherapists to identify and understand these kinds of difficulties and to think with the family about the kind of intervention which is likely to be helpful for them.

Case example: Beatrice[9]
Beatrice is a young mother who was referred with her four-week-old baby Leone to the Parent Infant Psychotherapy project in a CAMH Service. Beatrice had disclosed to her perinatal psychiatrist that she did not love her baby. She suffered from severe depression throughout her pregnancy and since the baby's birth was expressing suicidal thoughts and described herself as 'a very bad mother'. She found Leone's crying very hard to bear. She and Leone were seen for weekly sessions and sometimes Leone's father, Orson, also attended. During the sessions Beatrice was able to explore her experience of feeling unloved and abused by her own mother, which has in turn, coloured her own parenting. She was helped to observe her baby and think about what she might be communicating. Beatrice and her partner had time to reflect on the changes in their relationship since Leone came along. Gradually Beatrice grew in confidence and found that she was able to respond more readily to her baby. Leone in turn became less fretful and began sleeping better at night. After only six sessions Beatrice said: "I love looking after her now. I never thought I'd feel like this. I want to have the kind of relationship with Leone that I never had with my own mum."

5.2 Provision of therapeutic interventions

Child psychotherapists working with the under-fives use a variety of approaches for which there is a growing evidence base[10],[11]. Interventions typically involve the baby or young child as a crucial partner in the therapeutic work and both parents are encouraged to participate in sessions whenever possible. Mothers and fathers have the opportunity to talk over their thoughts and feelings about the pregnancy, labour and the developing relationship with the baby. They are helped to make links between the developing relationship with their child and their own experience of being parented. This is because, in the context of the intense feelings and vulnerability felt by parents of new-borns, aspects of past relationships are often unconsciously rekindled and have a way of repeating themselves, despite parents' conscious wishes to do things differently and better with their own children. Exploring the relationship between the parents and extended family is also crucial to understanding and modifying difficulties between parent and infant. This may relieve distressing symptoms in the infant and enable a shift in the parent-infant relationship which can then take a different developmental path. One of the many strengths of such work is the rapid pace of change that is possible in the early stages of a baby or young child's life. While some cases will need weekly work over an extended period of time, these tend to be in the minority and many families will benefit significantly from a relatively brief intervention and/or an intervention which does not require weekly appointments after the initial phase of engagement and assessment.

5.3 Work with young parents who are/have been looked after

Child psychotherapists have a particularly important role in working with the complexity of young parents who themselves are looked after or adopted, and with vulnerable, traumatised and

[9] The case studies included in this submission are fully anonymous and appropriate permissions were gained at the time they were produced.
[10] Barlow, J. et al, (2010) Health-Led Interventions in the Early Years to enhance Infant and Maternal Mental health: A Review of Reviews'. Child and Adolescent Mental Health, Vol 15, (4) 178 -185.
[11] Nick Midgley, Sally O'Keeffe, Lorna French & Eilis Kennedy. (2017). 'Psychodynamic psychotherapy for children and adolescents: an updated narrative review of the evidence base', Journal of Child Psychotherapy 43 (3) pp. 307-329.

abused parents more generally, and their babies. In addition to infant/parent psychotherapeutic work, including work being undertaken in residential children's homes, a key part of the child psychotherapist's role can be representing the rights and needs of the infant and infant/parent relationship to other professionals, such as in relation to safeguarding processes. The training of child psychotherapists provides an in-depth knowledge of child development and the needs of the infant, enabling them to recognise and advocate the needs of babies and parents in these complex situations.

5.4 Consultation and training

As well as direct work with the infant and family, child psychotherapists have an important role in providing consultation and training to other professionals working in primary care, Children's Centres and Early Years settings. Through this work they help professionals involved with the family gain insight into the child's view of the world and what the child's behavioural symptoms may reveal about underlying anxieties. These ways of disseminating the understanding gained from the in-depth training of the child psychotherapy profession help to build the capacity of the children's workforce to understand and respond to the mental health needs of infants, young children and their families and to identify those families who will need referral to Specialist Child and Adolescent Mental Health Services.

Case example: Ahmed
Ahmed is 18 months old. The health visitor (HV) asked for a consultation with the child psychotherapist because Ahmed screamed if he felt his mother was too far away and physically need to firmly grip her at all times, even during the night. The HV relayed that the parents are refugees from a war-torn country with no extended family. The father worked long hours away from home. The mother said she became pregnant here because she was lonely. The child psychotherapist explored with the HV what the child's behaviour meant for this mother. The little boy was frightened that his mother would disappear out of his reach, despite his mother's constant reassurance. Through discussion they understood this little boy's need to physically hold on to his mother might be linked with his mother's own depression at the loss of her country and family which meant that she was not emotionally available for him. The HV was then able to attend to the mother's loneliness and depression and helped the parents to come together as a parental couple and support each other. This enabled the parents to feel better about separation, and the mother became more responsive to Ahmed who then became less clingy. The parents were then able move Ahmed into his own cot.

Many child psychotherapists are actively involved in providing supervision, training and CPD for the wider perinatal workforce. This work ranges from University validated, postgraduate programmes in infant observation and Infant Mental Health to the delivery of brief courses and CPD. One current example is the planning and delivery of Action Learning Sets for Perinatal Champions, commissioned through the Tavistock and Portman NHS FT.

6. The ACP's recommendations for a high-quality evidence-based approach to service provision for the first 1000 days of life

1. All CAMHS should include specialist provision for the early years of life including parent-infant psychotherapy and support for staff in universal services working with families and carers of infants. The competence framework for child and adolescent psychoanalytic psychotherapists developed by the ACP is a starting point for such services.
2. CAMHS resources should include specialists with appropriate training and expertise such as child psychotherapists to provide training, consultation and supervision to professionals and

practitioners in children's centres, early years services, primary care and third sector to improve early identification, early intervention and development of integrated multi-agency care pathways

3. The funding of perinatal mental health services by the government should be expanded to include parent-infant psychotherapy or other proven service models that address the needs of infants and young children whose parents are experiencing moderate to severe mental difficulties in the perinatal period.
4. Adult psychiatric services that are expanding mother and baby units and community perinatal mental health teams should ensure that their workforce is equipped with training in child development and parent-infant relationships and have competence to understand the emotional state and needs of the infant.
5. Better integration of adult perinatal mental health services with CAMHS and the inclusion of child psychotherapists and parent-infant psychotherapists within dedicated perinatal mental health teams
6. Dedicated provision for young parents, especially those who have been looked-after in childhood, to try and interrupt the transgenerational transmission of severe attachment difficulties
7. The expansion of specialist perinatal and infant mental health Health Visitor posts and Specialist Perinatal Midwives in all maternity services
8. Acton to increase understanding that the needs of the infant as a unique individual need to be recognised and any sign of withdrawal or delay addressed as quickly as possible.

COMPETENCE MAP FOR CHILD AND ADOLESCENT PSYCHOTHERAPISTS AT THE POINT OF QUALIFICATION

Specialist applications and interventions

1. Ability to offer psychoanalytically informed Perinatal work

1.1 Knowledge

1.1.1 Ability to draw on knowledge of the emotional and psychological changes which take place in the antenatal period

1.1.2 Ability to draw on knowledge of the psychological impact of childbirth and the tasks of adjusting to being a parent

1.1.3 Ability to draw on knowledge of the impact of the birth experience on babies and their physical and emotional needs in the early months of life

1.1.4 Ability to draw on knowledge of the importance of parents' own experience of being parented and how this impacts on their parenting of their child/children

1.1.5 Ability to draw on knowledge of the possible impact of pre-existing mental health difficulties on the mental health, physical health and wellbeing of mother and newborn and the development of the parent/infant relationship

1.1.6 Ability to draw on knowledge of the role and contribution of fathers/co-parents and other family members in the pre-and post-natal period

1.2 Application

1.2.1 Ability to think about the mother's needs, the infant's needs and the mother-infant relationship as three distinct but inter-related areas of concern

1.2.2 Ability to use psychoanalytic observational skills to make an assessment of the emotional health and wellbeing of the mother and infant and of their developing relationship

1.2.3 Ability to think about the father/co-parent's needs, and the relation of their needs to those of the mother and newborn, and to use psychoanalytic observational skills to assess the health and wellbeing of the father/co-parent and their relationships to mother and the newborn

1.2.4 Ability to help parents to think about how their mental health and wellbeing may impact on the infant's experience, and how this can best be addressed

1.2.5 Ability to reflect on and manage the emotions in oneself arising from working with mothers, fathers and infants in difficult circumstances

1.2.6 Ability to bring a psychoanalytic perspective to the wider work of perinatal services and to offer supervision, consultation and training as appropriate

1.2.7 Ability to help colleagues and other professionals to manage, understand and process their own emotional responses

1.2.8 Ability to refer the mother, father or other family members to appropriate specialist services when required

1.2.9 Ability to support parents following perinatal loss, premature delivery or when a baby has a disability

1.2.10 Ability to enhance communication between services and encourage greater awareness of the complexity of working with parents and babies during the perinatal period

2. Ability to offer psychoanalytic infant mental health and the early years interventions

As above (perinatal competencies) plus:-

2.1 Knowledge

2.1.1 Ability to draw on knowledge of normal stages of development (0-5) and relevant child development research

2.1.2 Ability to draw on knowledge of attachment theory and the importance of early attachment

2.1.3 Ability to draw on knowledge of psychoanalytic theory of personality development

2.1.4 Ability to draw on knowledge of factors which can interfere with healthy development

2.1.5 Ability to draw on knowledge of factors which inhibit the capacity to play, to learn and to make relationships

2.1.6 Ability to draw on knowledge of the ways in which family dynamics impact on the internal world of the infant or toddler

2.2 Application

2.2.1 Ability to use psychoanalytic observational and clinical skills to make an assessment of family relationships and, in collaboration with the family, to develop a formulation about the difficulties which have brought about the referral

2.2.2 Ability to contain anxiety in parents who are worried about their child's development

2.2.3 Ability to help parents to observe and reflect on their children's experience and to become interested in the possible meaning of their play/behaviour

2.2.4 Ability to facilitate communication between parents and their children where necessary

2.2.5 Ability to support parents in exploring their ideas and reaching their own solutions wherever possible

2.2.6 Ability to make a specialist psychoanalytic contribution to the multidisciplinary team and multi-agency network.

2.2.7 Ability to recognise when it might be necessary to refer to a different professional or another agency

2.2.8 Ability to offer supervision, consultation and training on aspects of infant mental health and early years

EXAMPLES OF WORK CURRENTLY BEING UNDERTAKEN BY ACP REGISTERED CHILD PSYCHOTHERAPISTS IN A WIDE RANGE OF EARLY YEARS AND PERINATAL SERVICES

1. NATIONAL CENTRES

Anna Freud National Centre for Children and Families

The Anna Freud National Centre for Children and Families (AFNCCF) delivers direct services, training and supervision for families and early years practitioners and canvasses for infant mental health provision through policy-related initiatives. The child psychotherapists are instrumental in the development and delivery of the following:

Individual **parent infant psychotherapy** is commissioned by the Camden LA/CCG for 60 families per year, delivered by team comprising 2.4 WTE Highly specialist child psychotherapists. Parent Infant psychotherapy is indicated for families with difficulties in the emerging relationship between parent/s and infant with a special emphasis on the baby also as a participant. **Community based group-based work**, also bringing the baby to the fore, is provided in universal settings such as health visiting clinics and Children Centre baby groups, through a skills-cascade model of training and supervising local staff.

The AFNCC runs two major **training programmes**: a BCP accredited, 18-month specialist training in psychoanalytic parent infant psychotherapy, for child psychotherapists and clinical psychologists and, in collaboration with the Tavistock and Portman NHS Trust, the International Training School for Infancy and Early Years (ITSIEY) – taught mainly by child psychotherapists – to upskill the workforce of allied professionals. ITSIEY, in collaboration with the Association for Infant Mental Health (AIMH-UK), has developed the IMH competency framework which will launched publicly this Autumn.

Other **short courses and supervision programmes** for professionals working with babies and young children include, introductions to infancy and toddlerhood and group work with babies and toddlers. Examples of recent **canvassing for early years provision** by AFNCCF CAPs are submission to the 1001 Days cross party, participation in the CYP-IAPT 0-5 planning group, expert submission to court on the impact on refugee infants of separation from their carers.

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Parent Infant Partnership UK

Parent Infant Partnership (PIP) UK supports and contributes funding towards the development of local specialist infant mental health services (PIPs) for babies aged zero to two (the first 1001 days, which includes pregnancy). These PIPs provide psychotherapeutic services in local communities for babies and their rerlationships (with their main caregiver i.e. mother, father, foster carer, adoptive parent, grandparent). PIP UK also campaigns nationally for the recognition of infant mental health and the need for specialist parent-infant relationship support.

PIP UK has helped to develop services across the UK, within which there are 5 ACP child psychotherapists providing parent-infant psychotherapy as part of multidisciplinary teams.

Contact: Robin Balbernie robin.balbernie@gmail.com

Tavistock and Portman NHS Foundation Trust

Clinical Services

In Community CAMHS and specialist teams e.g. Fostering, Adoption and Kinship Care Team, Refugee Team:

1. Parent Infant Psychotherapy to include working with pregnant women and mother's/carer's of infants under 2 years.
2. Individual psychoanalytic psychotherapy for children under 5 at a frequency of 1, 2 and 3 times a week, depending on complexity and severity.
3. Psychoanalytically informed parent work.
4. Tavistock Brief Under 5 Model.

As well as:

5. Outreach provision to Children Centre's across the Borough of Camden.
6. Outreach provision to some nurseries and reception classes in Camden.
7. Returning Families Project which has an emphasis on work with small children and their mother's due to the demographic of families returning from Syria (funded by the Home Office).
8. Specialist Assessments and interventions for children under 5 with neuro-developmental disorders in the Lifespan Team out of Camden and Mosaic in Camden.
9. Court Assessment Service providing specialist mother and baby/infant assessments for the family courts.

Training

1. National Centre for training Child and Adolescent Psychotherapists for whom the perinatal period, parent-infant work and working with children under 5 is a key component.
2. Provision of Working with Infants and the Early Years: A Psychoanalytic Observational Approach (M9).
3. Tavistock Joint Collaboration with the Anna Freud Centre on the delivery of the ITSIEY Modules (International Training School for Infancy and the Early Years).
4. Infant Mental Health Workshop.
5. Trauma and Early Development Workshop.
6. Training of Perinatal Champions.

Supervision/Consultation

1. Supervision of Child Psychotherapists working in Children Centres.
2. Supervision of trainees across disciplines e.g. Psychiatry, Psychology, Educational Psychology and Social Work.
3. Consultation to staff working in Children Centres.
4. Consultation to staff working in nurseries.

5. Consultation to the Local Authority around placement planning for LAC children undertaken by the Court Assessment Team**.**

Contact: Kathryn Fenton KFenton@tavi-port.nhs.uk

2. LONDON

Bexley CAMHS Perinatal Service

Bexley CAMHS Perinatal Service is a specialist resource within the Bexley CAMHS Under Fives Team (Oxleas NHS Foundation Trust). Our patient is the infant (unborn and up to the age of one), and our focus is the relationship between infants and their parents. Multi-agency and multi-disciplinary thinking/working is central to our approach. Alongside direct clinical work, the role of child psychotherapy is proving crucial in helping professionals across the Borough to hold in mind the experience of the infant, and the infant/parent relationship in the most complex perinatal cases. For example:

• I facilitate a monthly multi-agency case discussion forum which brings together health visitors, midwives, clinicians from adult mental health services and social care. Professionals are encouraged to bring perinatal cases for discussion, and the forum aims to hold in mind the experience of the infant and the infant/parent relationship, as well as reflecting on the particular emotional demands for professionals working in the perinatal period.

• I provide individual consultations to professionals across the borough including midwives, health visitors, social care and adult mental health clinicians. These consultations help professionals to hold in mind the experience of the infant and the infant/parent relationship.

• I have a case load of complex families with significant and severe difficulties in the infant parent relationship. I deliver infant parent psychotherapy interventions. Where possible, this clinical work is delivered jointly with other clinicians and agencies across the Borough thereby building capacity and expertise in an infant and infant/parent centred approach. For example, this has provided an opportunity for clinicians from CAMHS and AMHS to work together; I am currently co-delivering a treatment of weekly infant parent therapeutic sessions with a clinical psychologist from an adult psychosis team.

• My clinical work aims to hold in mind the infant in the most complex of cases, whilst also representing the needs of the infant, and infant/parent relationship in the professional networks.

Contact: Ben Yeo ben.yeo@nhs.net

Camden Children's Centres

I work in Children's Centres in Camden, in an under-fives / perinatal CAMH service commissioned by the local authority. My clinical time is in the Young Parents Team which sits within the CAMHS. This is an outreach team with most cases referred during pregnancy or the first year. Parents seen are under 25. Most have complex histories with experiences of having been LAC, or of being on child protection plans. Past (and sometimes present) experiences of parental mental ill health, sexual abuse and exploitation, substance misuse, significant social and educational disadvantage, domestic abuse and neglect are common. Less common, but also present are experiences of gang involvement, trafficking, and dangerous paths to refuge in the UK. The transition to parenthood – brutal even for some who have not encountered such difficulties – takes place in these landscapes. The challenge is huge for these

young parents. Work can be slow, and engagement can be tricky. For patients who have experienced relational trauma, and who are in the grip of the intensity of early parenthood, learning to trust cannot be rushed. This pertains as much as it does to learning to trust and make sense of the baby's communications as it does my own, and their own feelings and thoughts both as the parents they are now, and the children they once were. My role is most often to provide a safe and consistent therapeutic space for parents and baby in which to facilitate reflection on the past and the present, in an effort to support these parents to develop a sense of confidence and control over the future and the quality of their family relationships. I work in an applied manner, drawing on my trainings as a child, adolescent and parent-infant psychotherapist, and link up with colleagues within the CAMHS and the local authority very regularly.

Contact: Siobhan Carolin siobhancarolin@clara.co.uk

Camden MALT

I am the Team Manager of the Complex Assessment Team with is comprised of 8 sessions of CPT and 5 sessions of an Child and Adolescent Psychiatrist. The CAT team used to be MALT (Multi agency liaison team) which was reorganised in July 2016 into a number of other teams. There were about 16 people at MALT with different backgrounds—i.e. family therapists, psychologists, nurses, CPT, Adult psychiatrist and Child and Adolescent Psychiatrist. Other than the psychiatrist and myself no one from the MALT team agreed to do family assessments for Court which is what the CAT team does for Camden Social Care. We see whoever is referred—this could be a mother before giving birth; mother or father shortly after the birth of the new baby; or children from any age 0-18 but obviously older adolescents are rarely referred beyond the ages of 14-15. Many of the mothers we see have Personality Disorders. Usually we are asked to provide a court report and we act as independent expert witnesses and will be required to give evidence in Court following our assessment.

Primarily we are concerned with 'can this parent parent?' The assessments fundamentally look at the gap between whether the parent is capable of changing in order to meet their child/children's needs. This work often means we have to be able to tolerate and think about the consequences of being in touch with how disturbed and cruel parents can be with their babies/children. In order to do so one really needs a good training which can allow us to explore and tolerate these difficult areas of relationships. We often note the extent to which other professionals cannot respond to our findings which can be so difficult that they do not want to think about these areas. We can find ourselves under attack for saying (or observing) things that others really don't want to hear or don't perhaps feel adequately trained to respond to. We would describe our approach as 'child-centred' and an important part of our work is the capacity to be in touch with pre-verbal infant feelings/behaviour which also entails being able to tolerate often intolerable counter-transferences.

It may also be important to point out that the main multi-disciplinary centres that did Court assessments are now gone—the Monroe, the Marlborough, a service at Paddington Green. I believe some assessments are still done at the Anna Freud, GOSH and the Maudsley. There are a few independent private clinicians that still do more limited pieces of court assessments but not usually of families but rather an individual psychiatric assessment of one of the parents as requested. Psychologists do not tend to be psychodynamic in their approach and rely heavily on 'measures' to make recommendations.

Contact: Lynne Amidon lynne.amidon@mac.com

Islington CAMHS

I am a child and adolescent psychotherapist at Islington CAMHS. I have been in the service for 8 years but have recently got a new job (4 x 8a sessions) in the under 5's team. I'm delighted about this. We have a big under five's service at Islington but previously it has always been purely a clinical psychology service with the occasional band 7 child psychotherapist joining for a year or so. I have generally supervised the child psychotherapists in that team and they have often felt that the work they end up doing is generic and that they have not much chance of progression so move on. I feel really hopeful that with these new 4 8a sessions I can now bring a bit more of a child psychotherapy perspective into the service.

The Islington CAMHS under-fives team offers a service into all the children's centres in the borough so a named clinician is available there to offer up to 5 sessions to referred parents. If parents/children need more than this they are referred into the main CAMHS clinic. I am hoping to create more of a pathway into child psychotherapy/parent-child psychotherapy. The link worker in the children's centre offers training, consultation and reflective practice groups to staff in the centre and surrounding nurseries. And also workshops to parents.

Our under 5's team also offers a number of parenting groups, Incredible Years, and we have a parent and baby psychology service offering referred parents/babies weekly sessions up to 8 months. Currently this is just staffed by psychologists but I offer a monthly psychoanalytic consultation to their team meeting so they can think about their cases from a psychoanalytic perspective. I also offer weekly supervision to midwives, health visitors and support workers who run a 6 week Solihull Approach Antenatal Parenting Group to parents in the borough.
I am responsible for bringing the Solihull Approach more into the borough and have a training organised for 50 health visitors, family support workers, early childhood practitioners. I am also offering a monthly reflective practice group for outreach workers/early childhood practitioners. We have a service called Growing Together which works with parents and their children under 5 where both present with mental health difficulties. There is one child psychotherapist in that team offering psychoanalytic parent work and parent child psychotherapy. I supervise this person.

Contact: Lucy Alexander lucy.alexander@nhs.net

Lambeth Parent and Infant Relationship Service

Lambeth Parent and Infant Relationship Service (PAIRS) is a new parent-infant psychotherapy service. We are one of five national sites funded by the Big Lottery Better Start programme and are part of Lambeth Early Action Partnership (LEAP). PAIRS aim to support infant mental health by addressing difficulties in parent-infant relationships helping parents understand and attend to their baby, and support parents as they adjust to parenthood. PAIRS is the first team of its kind in south London.

PAIRS offer an escalator model of intervention. Individual parent-infant work is offered to parents and infants with complex difficulties and where there may be concerns within the professional network, where usually the parents have complex histories, or life events that place the parent-infant relationship at risk; parents. The therapeutic model is psychodynamic psychotherapy. In an effort to

support engagement, appointments can be in parents' homes, children centres or GP practices. We also offer two group programmes; "Together time" which is a psychotherapeutic group based on 'Wait, Watch and Wonder' principles and organise and supervise Circle of Security groups which is a group programme based on attachment principles. Finally we deliver awareness training on infant mental health and offer a consultation and supervision for other professionals.

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MOSAIC (Camden's integrated service for disabled children and their families)

At MOSAIC two qualified child psychotherapists, one trainee and one honorary psychotherapist work in the Child Development Team (CDT) for Under 5s. Our work includes:

- Emotional support for families whose child had recently been given a disability diagnosis.
- ASD assessment: standardised (ADOS and ADI) and more open assessments (CAMHS wellbeing)
- Support for families during and after diagnosis
- A clinic set up and run by child psychotherapy that sees children who are under 30 months and referred to CDT for ASD assessment. In this clinic we have very early contact with children who will be assessed for ASD helping to: ensure the assessment starts from the child's own strengths and needs, respond to parental anxieties, in some instances offer a play based assessment instead of or alongside a standardised assessment when more appropriate.
- Monthly parent child work supervision including CPT team above and sometimes clin psychologist.
- Monthly reflective team space provided by child psychotherapy and clin psychology to full CDT multi-disciplinary team including social work, SLT, OT, Physio, health visitors, key workers, trainees in CAMHS.
- Assessing and setting up under 5s cases for intensive CPT work by trainees in and out of the MOSAIC team.
- Parent child developmental psychotherapy following brief intervention model of work.

Contact: Adele O'Hanlon AO'Hanlon@tavi-port.nhs.uk

For some 10 years now I've been seeing 18-month-olds at risk of autism, together with their parents. The aim has been to engage them, to address the parents' anxieties, and to think together with them about what helps their children to engage and what seems to be counterproductive. This means that the emotional aspect of the children's condition is addressed very early, which helps them to reach whatever might be their ceiling and helps the parents to support them. The parents value the opportunity to process their feelings about the interventions their child is being offered.

I do this (on an honorary basis) at the Tavistock and at Camden MOSAIC, where Adele O'Hanlon is introducing it as part of service pathways.

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OXLEAS NHS FOUNDATION TRUST

Bexley Under 5s Service Bexley CAMHS

- Band 8a 0.5 sessions Child & Adolescent Psychotherapist for 0-5 years of age at time of referral
- Band 7 0.5 sessions Perinatal Child & Adolescent Psychotherapist for pre-birth- 1year at time of referral
- Band 7 0.5 sessions Perinatal Clinical Psychologist for pre-birth - 1 year at time of referral

A tier 3 service accepting referrals from midwives, paediatricians, health visitors, social workers, nursery workers , educational psychologists, Adult mental health services and GPs for infants/children and their parent/carer where there has been significant relational trauma that has become or may become an obstacle to the infant/child's development eg: domestic violence, mental health, looked after teenager pregnancy.

- infant/child-parent psychotherapy - brief , medium and long term
- consultation to professionals in the community- MIND, Midwives , health visitors, perinatal GP
- monthly consultation group - at Queen Mary's hospital - attended by Paediatrician, both Child Psychotherapists , Clinical Psychologist, Educational Psychologists, Early Years Advisor, Lead Health Visitor (currently vacant).

This consultation group has been running for over 15 years, chaired by the 8a CAPT and is place to bring cases that need a multi-agency perspective to ensure that the services being offered are paced and matched according to the families' need eg: there may be significant concern that a child is presenting with ASD and yet there are serious concerns as to the understanding of the child's experience of trauma , then the paediatrician and the CAPT liaise closely.

- monthly consultation group - specifically for perinatal cases , group included MIND clinician, Clinical Psychologist from Adult Mental Health, health visitors , midwives

Both consultation groups are striving to have a Social Care presence at every meeting, this had been the norm up until 4 years ago but only happens occasionally now and is a great loss to the multi agency thinking

Early Intervention Team Greenwich CAMHS

- Band 8b Child & Adolescent Psychotherapist - supervisor and 2/3 looked after teenage parent-infant/child psychotherapy cases a year (brief and medium term) - referrals from social workers , GPs et through single point access route - Greenwich CAMHS and weekly consultations to Greenwich Social Care
- Band 7 0.5 - sessions Child & Adolescent Psychotherapist - brief infant/child psychotherapy , consultation to peri-natal mental health-visitor lead, supervision and co-working Solihull parenting programme , consultation and support to Children's Centres and Nurseries

Greenwich CAMHS is developing a pathway for parent-infants/children that need further intervention at a tier 3 level to access parent-infant/child psychotherapy

Randolph Beresford Early Learning Centre in White City

Last year I worked with Inge Pretorious at the Randolph Beresford Early Learning Centre in White City, London W12. I set up a Monday morning Mother and Baby group from 9:15-10:45 am at the affiliated Family Support Services Childhood Drop-in Centre. In addition to the actual group, I gave consultations and helped refer parents from this group to; either further parent guidance services with Inge

Pretorious at Randolph Beresford, psychotherapy at Hammersmith CAMHS and also couples for psychoanalytic psychotherapy at Tavistock Relationships.

Using regular mother baby groups, as a means of referral for vitally needed psychotherapeutic services seems effective (in addition of course to the value of the actual group itself). Pregnancy, delivery and the early months are challenging for everyone. Neighbourhood groups like this help reduce isolation and act as an early catchment for psychotherapeutic intervention.

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St Mary's Hospital, Paddington

I have an Honorary Contract (1 day a week) with Central and North West London NHS Foundation Trust working in Perinatal Psychiatry at St Mary's Hospital, Paddington. I offer weekly psychotherapy to women patients who have a history of mental illness and who are either pregnant or have recently given birth. Patients often attend with their newborn/infants and work is offered for the first year of life.

Expectant mothers are highly anxious and have been requesting that I observe them during labour and birth. I am currently in discussions with the Head of Service as I am considering a Clinical Doctorate in this area of work.

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Therapeutic intervention for infants and young children in care:

Evaluation of training in the 'Watch Me Play!' approach, Funded by the Tavistock Clinic Foundation

Watch Me Play! (WMP) is a model of therapeutic intervention for young children that has been developed in a specialist mental health service for children in care. The WMP approach focuses on enhancing child-led play in foster placements. It is informed by practice-based evidence from mental health services for children in care, child development and infant mental health research, and feedback from multi-agency colleagues.

Observing with undivided attention and child-led play are complementary: observing with warmth and interest helps to facilitate the child's play; as the child's play becomes more focused and meaningful, it becomes more possible for workers to remember and think about the child's communications. Interaction and communication between the child and carer may be enhanced and increased attunement between carer and child may help to reduce conflicts over behaviour and routines.

In this study, a half-day training workshop in WMP offered in seven settings across the UK was evaluated. Responses from 114 individual evaluation forms and 6 focus groups were analysed using Content Analysis. Following the workshop, 95% of respondents rated WMP as useful for their current work and 95% of respondents felt confident to try the approach. A full report is available on request.

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Wandsworth CAMHS Under Fives Therapy Service

NHS Wandsworth CAMHS Under Fives Therapy Service is a South West London and St Georges Trust NHS CAMHS Tier 2 therapeutic service offering early intervention and preventative work to children under five years old and their families. It was started by Wandsworth Local Authority in 2010, staffed by Child Psychotherapists, with some additional NHS Transformation money since 2016. At present, the team is multi-disciplinary (Child Psychotherapy, Family Therapy, Art Therapy, Clinical Psychology) with 3.2 fte staff to cover the whole of Wandsworth for the Under Fives population. The clinicians are based in Wandsworth Children's Centres. The aim is to reach the most vulnerable families, we work flexibly in the community to improve access and reduce stigma, including home visits and school observations.

We work in partnership with Health Visitors, GP's, Developmental Paediatricians based at St Georges Hospital, Social workers, and Nursery Schools. The team offers mental health Consultations and Training for the multi agency network. The service target groups are vulnerable children under 2 year old and pre-school children at risk of poor outcomes. It aims to encourage healthy development, promote secure attachment relationships, resilience and emotional well-being.

Treatment:

The most common presenting problem at referral were behavioural difficulties. However, after assessment, clinicians considered that attachment issues and anxiety were the underlying issues. The Under Fives service offers individual parent and child work and group interventions: includes family therapy, psychology, art therapy, child psychotherapy, Video Interactive Positive Parenting. We co-run an Anna Freud Parent Toddler group held in central Wandsworth for ease of access, previously a Parent as Partners group was very helpful to parents. Clinicians consider that improvement to goals has been a combination of therapeutic work, working in partnership with the multi- agency network and offering continuity of care.

Complexity:

- 83% (159) children presented with complex issues with 3 or more agencies involved in their care. 240 TAC's were convened/attended by the team, 80 more than last year.
- Safeguarding: 24 children were subject to a Child Protection plan (12%), 41 CIN
- 29% (62) children were exposed to domestic violence.
- 58% (122) of the children were living with a parent with mental health difficulties, 12 children experienced both parents as having mental health difficulties
- Housing issues were critical in 64% (122), an increase from last year.

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University College London Hospital

UCLH have a 0-2 year Feeding Clinic which is supported by a consultant paediatrician, a dietician from the neo-natal unit and a child psychotherapist. We also have access to a speech therapist. Referrals come from GP's and health visitors locally. Most of the referrals have a psychological component. Parents and babies are seen initially by the multi-disciplinary team and then if the main difficult is psychological the child psychotherapist will offer sessions as appropriate. This is an important service

solving difficulties in the feeding relationship and often preventing the difficulties from becoming entrenched.

We also work in the Paediatric cancer service, see ACP leaflet for Babies with Cancer[12] which is given to every parent of a baby diagnosed with cancer at Great Ormond Street Hospital. At UCLH we offer a service to the children and parents of babies with cancer treated here. One of our guiding principles is the importance of talking to babies. This helps babies feel more contained as well as parents when they are in a state of deep shock. Encouraging staff to talk to their baby patients is also helpful as it reduces trauma experienced by these infants who must endure unpleasant treatments. We work with young people treated for cancer as infants and have seen the lasting impact this difficult disease can have on a person's long-term mental health. Appropriate and inclusive attention to an infant's psychological needs can reduce the long term negative psychological impact on children.

Contact: Jane Elfer janeelfer@gmail.com

3. SOUTH OF ENGLAND

Dorset Healthcare University Foundation NHS Trust

Two research pilots are being undertaken to ascertain the extent of Early Intervention currently being offered in this Region and what the barriers are to this being seen as a vital part of CAMHS work. We have 2 Child Psychotherapy trainees conducting this research, as part of which families are being seen for Parent Infant Psychotherapy using the 6 session model delivered at the Tavistock for many years. This is also being used in the Perinatal service but their frustration is that work stops at one year without a service to refer onto so developing a pathway into CAMHS for the Under 5's is vital.

A multidisciplinary focus group across Dorset includes primary care sector colleagues , Health Visitors etc and our Perinatal service to try and understand what services are being offered (virtually none). This initiative has developed out of an increased awareness that CAMHS work is mainly focused on high-risk adolescents despite us being commissioned as a 0 to 18 service. We have the expertise to offer early intervention to mothers and young infants but are not able to offer it despite our primary care colleagues feeling desperate for support with the more complex families. We would like to be able to develop a pathway from Perinatal and Community services into CAMHS for families at the earliest of stages in order to try and prevent the need for CAMHS later in a child's life. The cost of which is now well documented by Public Health England.

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Doctoral Research Study taking place in Dorset NHS Healthcare Foundation Trust

An evaluation of parents' experience of parent-and-infant psychotherapy (PIP) within CAMHS, following discharge from Perinatal Services: A mixed method enhanced evaluation study to improve and guide understanding of service-user experience and inform future provision.

Aims and significance

[12] https://childpsychotherapy.org.uk/sites/default/files/documents/Babies%20with%20serious%20illness_1.pdf

Department of Health and NHS England policy, and the 1001 critical days of a child's life study, are clear about the benefits of Early Help and intervention for children's mental health. Child and Adolescent Mental Health Service (CAMHS) serve infants, children and adolescents 0-18 years. I have noticed, over my two-year placement, there appears to be an under-referral to and/or under-use of CAMHS as an under-fives mental health resource. This contrasts with anecdotal accounts of significant numbers of mental and medical health professionals working with children under five years old, and their families, where there is an idea there are limited resources available. In order to understand this, I want to evaluate brief work with parents of infants experiencing mental health difficulties impacting on their family, and who have completed work with perinatal services, through PIP within CAMHS, to find out what meaning and value parents might place on their experience of treatment provision and service.

My aims are multi-layered. My primary aim is to understand parents' experience of PIP in CAMHS, and the impact on their family. My secondary aim is to analyse parents' experience of CAMHS' care pathway and, treatment provision and delivery. The significance of the study would be to inform future provision and make improvements to CAMHS care pathways, treatment provision and service delivery, in order to meet infant mental health needs, and promote best practice and early intervention policy recommendations. My study is an exploration of service-user experience directly related to informing knowledge, practice and service provision in the interests of early help and intervention in this critical period of a child's life.

Benefits for participants

I hope the potential benefits to participants are multi-layered: Namely, that participants benefit

1. from PIP treatment in a real sense of it transforming their infants' and their everyday lives
2. from my enhanced interest their experience which could, in itself, have additional therapeutic benefit to their family
3. on an altruistic level, knowing they are helping develop PIP treatment for fellow parents/families with infants experiencing difficulties impacting on their mental health
4. by knowing CAMHS' practitioners are interested in providing good CAMHS transition, delivery and service development and, as service-users might gain confidence in any future contact.

Contact: Jennie White jenniewhite@sky.com

East Sussex Healthcare NHS Trust, Integrated Health Visitors and Children's Services

I have been working on an honorary basis for 18 months offering parent-infant psychotherapy for a key-worker service in Hastings, seeing mothers with or without their children. The youngest child so far has been 10 months old, the oldest 5 years, and I also work with pregnant women in the service. The problems that they have to manage range from intergenerational abuse and neglect and periods in care, long term mental health problems, substance misuse in their partners and parents, and domestic violence. I see them for periods from two to three sessions to over a year—after they have been discharged from the service but still need support. Usually I see 4 to 5 women a week on two days in a local independently funded family centre.

A few years ago I trained as a couple therapist with Tavistock Relations, so couple relationships form quite a large part of the work. The service seems to value the input particularly for the most complex cases, and have asked me to contribute to some of their learning about mental health issues in their

clients. The child psychotherapy approach adds depth to the overall perception of the mother infant/child interaction which is fed back to the key worker. The approach works therapeutically with both children and mother simultaneously where a key worker feels unconfident to 'fine tune'. Issues around serious mental health problems in the parents can be spoken about in relation to how the young child/baby is managing it. The exchange I have with the key workers seems to give them more confidence to work with the clients as well.

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North Middlesex University Hospital NHS Trust

Psychological and emotional support on Sunrise Neonatal Unit

Patient contact

Our child psychotherapists and child psychotherapy trainees offer psychological and emotional support to the parent infant dyads on the neonatal unit. We provide parents the space to think through the emotional experience of the events that led to their baby being admitted on the unit, but also to reflect about their emerging parental identity within a distressing and stressful context.

We work with the parent infant dyads by the cot side but are also able to offer parent sessions in the quiet room on the unit. The type of support offered depends on patient need and patient choice. We attend the neonatal unit for patient contact on average four days a week. We are also available on an ad hoc basis if the need arises. We are able to meet with families throughout their whole stay on the unit and are also able to follow them up as outpatients if it is warranted.

Other activities

Further to patient contact the input offered by the child psychotherapy team takes place in various ways and these are listed below:

- Attending psychosocial meetings in a consultative role on weekly basis
- Provision of teaching on relevant emotional and psychological issues to the ward population
- Staff support consisting on work discussion around the emotional challenges of the work on staff group
- Rolling out of the Scrap Book project that engages parents in documenting their baby's development (delivered by an MSC student, supervised by a child psychotherapist)

Case examples involving typical themes, not based on specific cases.

Case 1 involved a single mother of a premature baby, born following multiple miscarriages. An interpreter was needed. The mother was helped to manage a sense of helplessness brought about by her having to stand back to allow the medical team to look after the sick baby. Sessions focused on working through the loss of the previous pregnancies, the trauma of the early birth, keeping the current baby in mind and supporting her to form a bond with him following fears that he would die.

Case 2 involved sessions with both parents of a baby born at 24 weeks with a poor prognosis. The parents were supported through this trauma, helping them to stay present and connect with their baby in order to give her the best possible chance of developing. The junior doctors were emotionally supported and helped to think through their communications with the family when delivering painful information.

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Surrey Parent Infant Mental Health Service

In Surrey there is a well established Parent Infant Mental Health Service (PIMHS) that has been running since 2004 . It is staffed by child & adolescent psychotherapists and specialist health visitors(4.1 WTE). The contract is delivered in partnership with health visitors. There is good support by CAMHS commissioners. The Service is based on psychodynamic ways of working, particularly using infant observation as a tool to inform verbal reflection. There are two main components of this service:

1. Clinical Interventions.

• Group baby massage for mild to moderate mental health problems in parents. Delivered by health visitors and nursery nurses in partnership with outreach workers from Children's Centres; PIMHS staff deliver some groups and supervise the facilitators.

• Individual Massage for women and babies too unwell to be in a group: delivered by specialist health visitors and sometimes child psychotherapists as part of the intervention.

• Parent – Infant Psychotherapy delivered by the child psychotherapists

• Video Interactive Guidance (VIG) provided by Specialist Health Visitors.

Apart from baby massage all other interventions are available across the perinatal period, antenatally and postnatally. We use MORS-SF, PHQ9 and GAD 7 as outcome tools for all work with individuals. Clinical supervision for staff is provided by the Consultant Child Psychotherapist.

2. Teaching and Training:

• The service runs 3 workshops a year on Attachment and Brain Development and The Importance of Touch and non verbal interactions. This is for anyone in Surrey working with families in the perinatal period. (Social Care, Maternity, Early Years, 0-19 teams).

• Introduction to Infant Observation courses; each course runs for 7 weeks. It includes reading psychoanalytic literature and two members of the course presenting a 10 minute observation of a parent and baby.

• Training in Baby Massage: provided externally.

• A Supervision group is also provided for specialist foster carers who have a mother and baby placed with them.

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4. MIDLANDS AND NORTH OF ENGLAND

REGIONAL CENTRES

Birmingham Trust for Psychoanalytic Psychotherapy

Training in Infant Mental Health - at BTPP I am the co-ordinating tutor for a 5 week training programme for early years workers, we focus on the early infantile experience and their work-cases, and practice infant observation to gather understanding of the infant's emotional experience in relation primary carers. Our students come from a wide range of practice: nursing, children's centres, midwifery

, Health Visiting, Birthing Charities , Psychiatry/Psychology, Social Work, Teaching. We offer this training twice a year and have so far had full houses! We have found lots of interest and need . We offer bursaries to low income workers. https://btpp.space/

I trained in Parent/Infant Psychotherapy at Oxpip and was the Clinical Lead at NorPIP for 3 years, practicing and supervising lots of ongoing Parent/Infant work in a very socially deprived area, often with families recognised as children in need. Now I am in independent practice I continue to see infants and parents in need and offer Parent/Infant Psychotherapy, sometimes referred by Social Care and sometimes from birthing groups or G.P in communities. There is a great need for specialist Psychotherapy in the community for mothers experiencing postnatal anxiety , depression and bonding difficulties.

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NSCAP Clinical Services, Leeds

Yorkshire and the Humber Mother and Baby Unit

NSCAP Clinical Services which is a part of Leeds and York Partnership Foundation NHS Trust have since 2010 been involved in providing consultation and training to staff at an 8-bedded in-patient Mother and Baby unit. (York and Humber Mother and Baby unit).

Work includes:

• a weekly psychoanalytically-informed reflective practice group open to all staff who work at the unit facilitated by two child and adolescent psychotherapists. This is an open forum supporting the development of staff's capacities to emotionally process psychological distress and disturbance in acutely unwell mothers and their infants; to develop understanding of and capacity to work with the mother-baby relationship; and to embed reflective practice within clinical practice.

• A further weekly reflective practice group for the community perinatal team is planned to begin in Autumn 2018.

• Programmes of learning for all staff on infant mental health including for example early relationships between infant, mothers, fathers and the wider family; infant and parent personality development within the context of ordinary and compromised mental health. This training draws on a range of psychoanalytic theory, developmental psychology and neuroscience with outcomes in reference to the competency framework for professionals working with mothers who have mental health problems in the perinatal period (Tavistock 2016)

Further developments of this collaboration are planned to begin from January 2019 including one Child Psychotherapist present on the mother and baby unit for one day a week to further embed psychoanalytic thinking within the unit and to develop clinical applications of infant observation contributing to the care and understanding of mothers and babies in their care

Contact: Laura Liddell lauraliddell@nhs.net

I contributed to the work of a regional perinatal unit staff group for seven years in a consultative capacity in my role at NSCAP in order to provide the following:

- An introductory training to IMH to all staff members of the in patient and outpatient service - 18 hours. Over time, this has enabled the baby's experience and the baby's needs to become more

visible; enabling the painful impact of a mothers disturbed states of mind on her infant eg retreating into long periods of sleep, not feeding etc to be considered in more detail.

- A weekly staff group to consider the complex presentations of mothers and babies and the unsettling thoughts and feelings which working with extreme vulnerability and disturbance inevitably evoke. The weekly session provided a forum to piece together fractured states of mind particularly when the birth off a baby triggers past trauma for the mother. Developing ways to relate extremely attentively to mother and baby to address generational trauma and extreme anxiety. Considering how staff may become over identified with the baby or a parent and how conscious and unconscious states of mind ie. paranoia, mania, are communicated by individuals or different task groups within the staff. Becoming aware of these dynamics enables understanding of these 'knots' which any work group is subject to.
- Brief Individual work with a mother and baby with the focus on the mother baby relationship. The experience of pregnancy, birth and the transition to becoming a parent may be extremely unsettling particularly when there are experiences of neglect and abuse in the parent's own childhoods. An opportunity to make sense of this 'story of events in an ordinary way ie without pathology, is extremely valuable.
- Working with staff that were interested to learn how to naturalistically observe a mother and baby - in order to encourage a space within which a developing curiosity in each about the other, can take place without being frightening or overwhelming for anyone, mother, baby or staff member.

I have also spent six years delivering a brief, intensive IMH 13 week course to a wide range of different early years professionals with positive research findings from participants re their learning outcomes and changes to practice. A development out of this is a new 12 week course looking at formulating a response to neglect, aimed at a wide range of early years professionals to help identify and respond effectively to such concerns.

Contact: Sumi Cannon sumicannon@icloud.com

LOCAL SERVICES

Kirklees, West Yorkshire

I work in a co-located post in Kirklees West Yorkshire. There is currently no under-five provision in local CAMHS however my post is situated in the local authority. I provide an under-five service for children in care and cared for under special guardianship (SGO) arrangements. The importance of the early intervention for early year's children has been brought about by my specialist training. Before I was employed this type of work was not available. I offer carer-infant psychotherapy, carer sessions with a psychoanalytic approach and consultation with the network to think about placement planning for infants. I provide the necessary training to foster carers to draw attention to the importance of emotional development during the early years. I have a role in working with foster carers, SGO and perspective adoptive parents to facilitate the thinking around the many transitions that take place when moving on to permanence in these areas.

Wendy Lewis wend64@yahoo.co.uk

Leeds Child Space

Impact North Ltd is a social enterprise in Leeds, founded in 2013 and led by child psychotherapists (ACP). Child Space was a grant-funded, pilot project, 4 hours per week for one year, delivered in a Children's Centre by one psychoanalytic child psychotherapist. The aims were:

1) to improve the quality of early attachment relationships, prevent escalation of difficulties and develop cognitive, emotional and social capacity in children aged 0 – 5

2) to increase capacity in the early years workforce to understand and support child development and mental health needs

Uniquely, Child Space involved the baby or young child as an important relational partner in the therapeutic work and, wherever possible, both parents were encouraged to attend.

14 families were referred in total, by health visitors, family outreach workers and learning mentors. 12 families attended the service. Presenting concerns ranged from anxiety and depression to maternal health problems, attachment issues, sleeping difficulties and other behavioural difficulties exhibited by the child. Families attended an average number of 5.5 sessions.

Outcomes for parents/children:

1) an average overall improvement of 52.2% in overall parental confidence scores was measured. The highest improvements were recorded for children with behavioural difficulties (123% and 54%).

2) Typical comments re change: "My relationship with my child – given me a better insight into how he deals with challenges", "Better understanding of [child] and his development", "More understanding of the possible reasons behind my child's behaviour."

Outcomes for referrers:

1) Development of professional practice through consultation; greater understanding of the value of parent-child work; accessible, local support for parents with mental health difficulties and appreciation of the transformative impact of more individualised support than standard parenting group approaches.

The Child Space project cost approximately £6510 i.e. an average of £542.50 per family. No families were subsequently re-referred for support from the Children's Centre. Unfortunately, no further CCG/local authority funding is available to continue this service.

Contact: Mary Lindley lindleym01@gmail.com

North West Boroughs Healthcare NHS Foundation Trust

Halton & Warrington

In 2017 the Trust Child and Adolescents Psychotherapists recognised the importance of perinatal care and the lack of specialist service delivery in this field within the locality. Working collaboratively the Child and Adolescent Psychotherapists developed a model of perinatal care which gained the support of the Commissioning Teams across the Halton and Warrington localities. Close links were made with locality health visitors, CAMHS services and adult mental health teams. The model developed is underpinned by Infant Observation and a psychoanalytic theoretical framework. The model encompassed intensive case work, (frequency of visits in the first two weeks) alongside brief work. Families were offered up to 10 visits in total.

The model involved:

• Referral of babies up to six months of age and their parents (referral forms clearly stated it was not instead of adult mental health).
• No referral waited more than 5 days before telephone contact was made.
• If postnatal, a visit took place within the first week.
• In keeping with NICE guidelines all referrals were offered to be seen in the clinic or their own home. All mothers chose their own home.
• Frequency of appointments: Families were offered 3 appointments within the first six working days, they were offered two appointments the following week, and one the week after.
Up to a further four appointments were offered and these could be spaced out in accordance with need. They sometimes involved a joint visit to a Children's Centre
• Collation of Outcome Measures: Outcomes included GAD7 and PHQ9, as these were generally taken anyway by the HV as part of the referral process, so it dovetailed with their current practice. We included PIR-GAS, Rosenberg self-esteem measure, Goal, KARITANE which focussed on the relationship between mother and baby, and CHI, patient comments.
The success of the pilot has enabled the development of 2 part time Band 8a substantive Child and Adolescent Psychotherapy posts. We are pleased to report the substantive posts were successfully recruited into, 04.09.18.

Wigan Tier 3 CAMHS
The undertaking of perinatal work at Wigan CAMHS is in its infancy. The Consultant Child and Adolescent Psychotherapist is currently working in the Mother and Baby Unit and has recently begun to work with the clinical lead for Perinatal Care in the Wigan area to help develop future services.

Contact: Julie Boardman Julie.Boardman@nwbh.nhs.uk

Stockport's Infant Parent Service

I work full time in Stockport's Infant Parent Service offering a wide range of psychoanalytically informed interventions. I work with parents antenally and with parents and infants and young children up to five, with young children in foster care, children in transition, children accessing Children's Centres, Pre-school nurseries and starting in Nursery and in Reception. I work with midwives, health visitors, social workers, early years workers and other key professionals directly and indirectly,, I teach and provide individual and group supervision I supervise, for example, a group for Women who have had a number of children removed from their care, one in Stockport and one in Tameside, a mother and baby Nurture Well Group provided by IAPT / Adult Mental Health.

The work is varied and challenging in different ways. The work illustrates vividly the contribution Child Psychotherapy can make in this area. Also available is a report on a research project conducted in a Children's Centre in a Priority One area in Stockport. The Report reinforces the need for early intervention and describes something of the experience of a Child Psychotherapist in an Infant Parent Service.
Contact: Christine Chester christine.chester1@nhs.net

Worcestershire Under Fives' Clinic

In the county of Worcestershire we have an Under Fives' Clinic, largely based upon the Tavistock model of working with Under Fives'. We are based within the CAMHS service, open to infants and children

aged 0-5 years. We will initially offer a consultation to the professionals currently involved with the family; these can include nursery, nursery SENCos, health visitors, family nurse partnership, speech and language therapists, paediatricians, social workers, home start. We would then offer an initial 'choice' assessment appointment with the parents/carers to think about their concerns, the presenting difficulties and developmental history. If they are appropriate for further work within the clinic, we would offer a further 6/7 'Partnership' appointments, working with both the parents/carers together in the room with the child – working together to understand how the child's behaviour communicates their underlying emotional difficulties and how these can be talked, thought about and expressed in an ordinary way, empowering the parents to be able to notice and understand too. We will review following these sessions and extend the work if necessary. Each appointment is 50 minutes in duration and approximately every two weeks. We would be seeing approximately 16-20 families at any one time, but hope to expand this in line with demand and the employment of two further psychotherapists.

We work closely with Paediatricians, Health Visitors and Perinatal Psychiatry to ensure appropriate cases are identified and offered the support they need.

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5. WALES AND SCOTLAND

Aneurin Bevan Health Board

The contribution of Child Psychotherapists to work with early years in S. E. Wales

There has been significant input into Infant Mental health, and work with the Parent/Child relationship, in the area covered by the Aneurin Bevan Health Board. This began in 2010 as a result of training offered by a CPT with an interested Community Paediatrician to health visitors, social workers and midwives. This resulted in the development of a parent/infant intervention, based on the "Watch, Wait and Wonder" model in one area (Monmouthshire) funded by "Families First", a Welsh Government initiative. The success of this pilot led to the development of 2 part-time child psychotherapy posts within the Welsh Assembly's "Flying Start" programme.

In addition to direct work with parents and children (aged 0-4 and antenatally) the CPTs offer supervision and consultation to a range of professionals, including health visitors, family support workers, clinical psychologists, social workers, CPNs. We have also provided training to a wide range of professionals from the public and third sector services, including the peri-natal mental health team, health visitors, school nurses, nursery nurses and childcare workers.

Training has included:
A short infant observation course; the development of mental health in the under 5's; an introduction to infant mental health; infant mental health and attachment; a psychodynamic approach to work with toddlers/nursery age children; working with parents who suffer mental ill health and parents with personality disorders, understanding young children's behaviour in a group setting. More recently, we have collaborated with the attachment service to run a 2 day training for all health visitors, LAC nurses and school nurses working across the Aneurin Bevan Health Board specifically looking at the early developmental roots of attachment, emotional development and early developmental trauma.

We have written an Infant Mental Health Strategy for the Health Board, and are currently working to develop a multi-disciplinary Parent/Infant Mental Health service to provide a specialist provision throughout the Health Board. This has gained wide support across the health board, children and families services and from Public Health Wales.

We are now working with a local university to further develop a longer infant observation and infant mental health course as an essential module in the training of counsellors and therapists and with a view to becoming a module in further trainings to the early years workforce.

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Glasgow Infant and Family Team

I was seconded to a pilot project called the Glasgow Infant and Family Team (GIFT) for 2 years, a service for under-5s who had been accommodated, which assessed the relationship between child and birth parent, and foster parent, and made a decision in relation to return home or go for adoption. This service also provided child-parent psychotherapy (CPP) which I practiced there at that time. Since returning full-time to the NHS and now 2 days teaching, I have not (yet) been able to develop a CPP service, as I would wish to, due to lack of time. However, that desire is there. I also provide supervision to professional colleagues, which includes thinking about early years, as I know my senior colleagues in Glasgow do too.

We have an Observation course in Scotland, delivered by Human Development Scotland, which provides seminars on infant and young child observation. The course is attended by professionals from health, education and social work and promotes a psychoanalytic way of thinking about child and personality development.

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