

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

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 be 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 relationships (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.

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Tavistock and Portman NHS Foundation Trust

Tavistock Centre Provision

Clinical

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.

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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.

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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.

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Camden MALT

I am the Team Manager of the Complex Assessment Team which 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.

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Haringey: First Step – Tavistock Clinic

First Step is a service commissioned from the Tavistock which provides psychological health screening and intervention to children and young people in care in Haringey and is informed by psychoanalytic CPT understanding and approaches.

Our work is particularly relevant to the First 1001 days issues as this service model provides unique opportunities to work alongside social workers, foster carers, contact supervisors and parents to support babies and young children in care.

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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.

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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.

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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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Southwark: Social-emotional Under 4's Screening and Intervention Project (S.U.S.I.)

In both a pilot project (2010-11) and follow up feasibility study (2014-17), an infant mental health assessment and intervention was developed and delivered in an assertive outreach approach to vulnerable populations of babies, young children and their parents/families from a community CAMHS team base in Southwark.

Target populations included children aged 0-3 years who were: Looked After; on a Child Protection Plan; and children of parents engaged with mental health services. Key findings from the assessments included a high level of identified need across the groups with higher than average concerns relating to the child's social-emotional development, attachment and parent-child relationship, general child development and parental stress, depression and anxiety. The assessment informed a targeted intervention to promote the social-emotional development of the infant or young child and their relationships and attachment to their main caregiver(s).

High uptake of the assessment and intervention showed its acceptability and relevance to families, and preliminary outcomes from those completing the intervention showed positive outcomes post-intervention and at 12 months follow up. This was not a controlled trial as the team were aware of the challenges of engaging the most vulnerable families and the model was designed to be deliverable in the community context of multi-agency work.

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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 Cancer¹ 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.

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¹ https://childpsychotherapy.org.uk/sites/default/files/documents/Babies%20with%20serious%20illness_1.pdf

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.

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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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Infant Parent Perinatal Service - Oxfordshire

A small nurse led mental health team covering Oxfordshire working with parents in the perinatal period who are experiencing, or are at risk of experiencing, mild - moderate mental health difficulties. These include: parent-infant relationship difficulties, depression and low mood, anxiety and panic attacks, post-traumatic stress disorder, obsessive compulsive disorder, and eating disorders related to pregnancy or following their child's birth and up to the first year in the baby's life.

The service is multi-disciplinary and includes two community psychiatric nurses, sessions with psychotherapists and a consultant nurse / child psychotherapist who is the clinical lead.

IPPS works closely with midwives and health visitors, as well as with GPs, mental health services, social services, obstetrics, children's centres, addiction services, and non-statutory organisations.

IPPS attends a monthly perinatal meeting at the J.R to discuss women who are either currently under IPPS or who may be referred by obstetrics to IPPS, to ensure relevant information is shared between services.

IPPS provides a consultation line for clinicians looking for advice regarding possible referral to this service, sign posting to other services or treatment advice. IPPS undertakes teaching and presentation sessions about perinatal mental health, also micro-skills workshops and it has provided clinical supervision for health visitors providing courses for women experiencing post natal depression and for the clinicians in the Family Nurse Partnership. All referrals are screened by clinicians to assess the suitability of IPPS the focus of referral should be specific to pregnancy/birth/baby, some referrals may be signposted to other services.

IPPS offer treatment tailored to the individual case, this may include individual therapeutic sessions for either parent (eclectic, CBT and psychotherapeutic approaches), couple work, and parent-infant work including Video Interaction Guidance, an evidence based, NICE recommended, treatment for the Infant-Parent relationship.

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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 BTTPP 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 mother's 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 of 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.

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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.

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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

