



Wellbeing for Wee Ones

Mapping of parent-infant intervention and support services in Scotland

Key Theme Summary Report

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EVERY CHILDHOOD IS WORTH FIGHTING FOR

The Significance of Infant Mental Health

- Infant mental health refers to babies' social and emotional development in the first years of life.
- Good infant mental health is nurtured when young children experience positive, consistent, safe and attuned relationships with their primary care-givers.
- Good infant mental health contributes to the development of empathy and the capacity to self-regulate, and the capacity to make and sustain relationships in later life.
- When these relationships are absent or mis-attuned, babies are particularly vulnerable to abuse and neglect, the negative impact of which can be significant.
- Supports and interventions which strengthen parent-child interactions during these early years can improve the parent-child relationship and reduce the risk of abuse, and promote recovery.

Looking after infant mental health in Scotland: our case for change.
A summary of research evidence (2016) NSPCC: London

Introduction

This NSPCC report has been written in partnership with the Perinatal Mental Health Network Scotland (PMHNS). Its focus is on the provision of mental health and support services in Scotland for children under 5, and specifically for babies and those aged under 3 years. It primarily seeks to map services provided by local authorities and third sector organisations, in order to complement and add to information previously published. In 'Rare Jewels: Specialised parent-infant relationship teams in the UK' (2019)¹, PIP-UK (now the Parent-Infant Foundation) reported on specialist infant mental health services. Services delivered in relation to perinatal mental health services were described in 'Delivering Effective Services' (2019)². Previous reports by the NSPCC which have specifically addressed service delivery in Scotland include 'Getting it right for mothers and babies' (Galloway and Hogg, 2015)³. The NSPCC has also recently launched a campaign calling for perinatal mental health support for every mum and baby, and investment in infant mental health services so that every child and family gets a fair start⁴.

Background

The Scottish Government's Mental Health Strategy (2017)⁵ included, among its objectives, the setting up of a Perinatal Mental Health Managed Clinical Network. The network began its work in April of that year, and in March 2019 published 'Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services'⁶. This included two recommendations focussing on early parent/carer-infant relationships:

Recommendation 10: NHS Boards should ensure that perinatal mental health services identify a parent-infant mental health lead who will coordinate evidence-based interventions and provide clinical expertise to the specialist team. This resource may be provided on a regional basis.

Recommendation 17: NHS boards should ensure that all parents, and parents to be, are made aware of third sector counselling and support services which exist in their area and how to access them, including individual and couple counselling and support for the parent-infant relationship.

¹ <https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/#fullreport>

² <https://www.pmhns.scot.nhs.uk/wp-content/uploads/2019/03/PMHN-Needs-Assessment-Report.pdf>

³ Galloway, S. and Hogg, S. (2015) Getting it right for mothers and babies: closing the gaps in community perinatal mental health services. London: NSPCC.

⁴ <https://www.nspcc.org.uk/what-we-do/campaigns/fight-for-a-fair-start/>

⁵ <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

⁶ ibid

Current policy landscape

Support for infant mental health service development has also been reflected in consecutive Programmes for Government:

“All infants, and their parents, who have significant disruption of the parent-infant relationship or impaired infant development, should have access to specialist infant mental health services, wherever they live in Scotland” (2018-19).

“Make £3 million available to support the establishment of integrated infant mental health hubs across Scotland. These will create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma” (2019-20).

A number of other policy and practice initiatives provide the foundations for new developments. These include the Best Start Five Year Plan for Maternity and Neonatal Care, delivery of the Universal Health Visiting Pathway, and the rollout of Family Nurse Partnership. The Perinatal Curricular Framework developed by NHS Education for Scotland and PMHNS gives details of competencies required by professionals working at different levels, and is supported by the delivery of training, for example, Solihull training to Health Visitors across Scotland.

The Independent Care Review⁷ recently recommended that new and expectant parents should be given the opportunity to access universal attachment based parenting education alongside antenatal care. It also stated that Scotland must realise its commitment to early intervention and prevention by increasing the availability of holistic family support services.

The Infant Mental Health - Implementation and Advisory Group has been set up as part of the Scottish Government Perinatal and Infant Mental Health Programme Board to develop a model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, perinatal mental illness, parental substance misuse, domestic abuse and trauma.

Each Health Board/Integrated Joint Board now has an **Executive Lead responsible for the delivery of Perinatal and Infant Mental Health**.

Aims and purpose

The aim of the mapping exercise was to:

- understand the existing landscape of support for the parent-infant relationship at a local level.
- conceptualise the potential pathways into specialist infant mental health services.
- help to identify local issues which will inform the development of specialist infant mental health services.

⁷ <https://www.carereview.scot/destination/independent-care-review-reports/>

Project outputs

This paper provides a detailed overview of the scoping and mapping exercise that was undertaken by NSPCC Scotland and the Perinatal Mental Health Network Scotland. It also reports on some of the high-level themes identified through the course of the project.

Individual scoping and mapping reports have been produced for the newly appointed Perinatal and Infant Mental Health Executive Leads and lead clinicians in each Health Board/Integrated Joint Board area. These reports are intended to be a helpful starting point for gathering further information about existing service provision and local pathways to support.

Methodology

The starting point for scoping services and initiatives in each locality was desktop research and online searches of local authority, third sector and NHS websites with the following search terms:

- Infant mental health
- Family support services
- Early years support services/ parenting programmes
- Attachment

Local strategic groups are currently in the process of drafting new Children's Services Plans for the next reporting cycle (April 2020 – March 2023). Existing Children's Services Plans and Annual Progress Reports were consulted to help develop a better understanding of important contextual information and local strategic priorities between the period of 2017 – 2020.

The recently published Children's Services Plans Review and Strategic Engagement 2018-2019 exercise and summary report⁸ was also consulted.

Early telephone conversations were held with a representative from the Family Nurse Partnership in each Health Board to ask for details of any local services and enquire about local need.

An attempt was also made to engage with someone involved in the coordination or direct delivery of family support or family learning activities in each locality area.

Identified third sector organisations were asked to complete a short survey questionnaire. The questionnaire was administered via telephone or was self-completed and returned. Due to time pressures only a few surveys were completed via face to face interviews.

Most survey respondents were managers or team leaders. Some of the larger third sector

⁸ <https://childreninscotland.org.uk/wp-content/uploads/2019/07/Childrens-Services-Plans-Reviews-and-Strategic-Engagement-2018-2019-summary.pdf>

organisations opted to coordinate their responses internally. This was commonly the case for the organisations that had several different services throughout Scotland.

Individual services which responded were also asked for details of any other relevant services that they were aware of in their local area.

When identified services did not respond to the survey or when services were only identified at a later stage in the mapping exercise service information was sourced online.

It should be noted that an extensive mapping exercise of maternal mental health services in the NHS Greater Glasgow & Clyde board area was recently undertaken by the Mental Health Improvement Team. A similar exercise was also undertaken by Glasgow City Council to aid the development of their new Family Support Strategy. To avoid duplication both mapping projects have been used to inform this current exercise.

Scope and limitations

The timescale for this mapping exercise was limited. In the context of a call for action and resource allocation, it was agreed that this work would be completed within a 3-month period (Oct – Dec 2019).

Best efforts were made to identify all relevant services. However, it must be acknowledged that the completeness of the mapping exercise is contingent upon the responses received (or not received) from the organisations and networks with whom we made contact and the deficiencies of online directories and websites in terms of being regularly maintained.

Provision by statutory social work services was included when we were made aware of this.

Special efforts were made to ensure that data for each Health Board area and Local Authority was as complete as possible. The information presented in this report and the individual Health Board reports reflects the information supplied.

KEY THEMES & REFLECTIONS

Strategic priorities

- Only a few local authorities have published policy documentation specifically around mental health and wellbeing in the early years. These appear to be relatively new publications.
- Not all Children's Services Plans refer to the needs of infants specifically though many do refer to early intervention and the need for integration of services.
- There is also still a tendency to talk about and prioritise actions around the physical health, growth and development of infants rather than considering their distinct mental health and wellbeing needs.
- Improving outcomes for children and young people with experience of care is a clear strategic priority across Scotland.
- Whilst infants identified as being at risk or who enter the care system within the earliest years of their life represent a high proportion of children who experience care in Scotland⁹, there appears to be less of a focus on improving their mental health outcomes. Current strategic aims and priorities appear to be more closely aligned to helping older care experienced children access child and adolescent mental health, further education and throughcare services.
- Greater priority should be placed on supporting both parents and professionals to understand early childhood development so that they are better equipped to interpret behaviour and provide more responsive care and appropriate services.

Voice and experience of infants

- The majority of Children's Services Plans promote the views of local children, young, people and families in relation to determining strategic priorities.
- It is evident that a wide range of strategic engagement and participation activities/events were held with children, young people and the wider community during the course of current service planning.
- However, more effort is required to ensure that the needs of infants are properly considered, understood and reflected in local priorities, policies and practice.
- There is little evidence of true co-production.



⁹ <https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/pages/3/>

Universal provision

- A wide range of universal early years parenting support services are available throughout Scotland, ranging from the delivery of Bookbug, Parents Early Education Partnership (PEEP), Stay & Play and Infant Massage sessions to locally developed resources and group programmes.
- The mapping exercise found evidence of a wide range of practical classes and information workshops for parents of young children e.g. weaning workshops, sleep, routine and baby first aid classes. However, there is currently a lack of support and advice around mental health and wellbeing for new parents.
- Practical classes and workshops are most commonly offered as part of pre-determined activity programmes, held at set dates and times, rather than as rolling programmes of support or distinct family support services.
- Professionals note that access to existing provision can be challenging for some families. Not all parents or carers feel able or are ready to attend activities in group or community based settings. Transport is also a key problem, particularly in remote areas of Scotland.
- In rural areas parent and toddler groups appear to provide an important source of peer support for parents and carers of young children.

Maternity, Family Nurse Partnership and Health Visiting services.

- Midwifery assessments provide an opportunity to identify concerns about maternal mental health and bonding. In some areas midwives are able to refer women to perinatal mental health services.
- Antenatal classes also provide a key opportunity to address the importance of early relationships.
- Health professionals such as Family Nurse Practitioners and Health Visitors have a significant opportunity to engage with parents to be and families with very young children.
- Family nurses described the Partners in Parenting Education (PIPE) and DANCE tools as valuable resources for supporting discussion around parent-child interactions during infancy.
- The addition of Health Visiting Assistants appears to be a beneficial resource, allowing time for more concentrated 1-1 work with families based on identified individual need.
- With the right training and support these health practitioners could provide a key referral pathway into specialist infant mental health services. Their role affords a unique opportunity to identify early concerns about any difficulties an infant may be experiencing within the context of their primary caregiver relationships which may be putting their emotional development and wellbeing at risk.

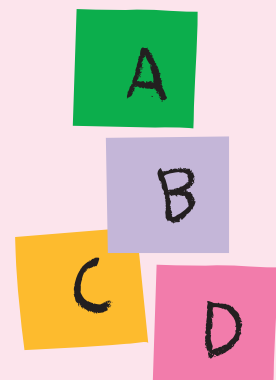


Statutory parenting, family support & learning teams

- Local authority parenting, family support and learning teams differ significantly in terms of scope and remit.
- Very few local authorities have a specific programme of targeted support for parents/carers with children aged 0-3 years. Existing provision tends to be offered on a more universal basis.
- However, there is evidence of some universal programmes being offered in a more targeted and tailored manner to meet the specific support needs of parents with young children e.g. PEEP groups for parents with low mood; an under 1s group for families that Health Visitors have identified as requiring some additional support.
- Triple P and Incredible Years are the most commonly delivered parenting programmes in Scotland.

Early years centres/family nurture approach (mostly statutory, some third sector)

- Early years and family nurture centres promote a more multidisciplinary approach to supporting children and families within the communities that they live, e.g. close working relationships with Health Visiting and Speech and Language Therapy services.
- Centres appear to have well established links with both statutory services and other local community service providers.
- The specific focus on the early years age range means that there is naturally a greater focus on early childhood development and attachment.
- Provision offered at local early years/family nurture centres can range from universal provision to support attachment, through to early interventions to support parent-infant relationships, where individual need has been identified.
- Families are also able to access a range of practical information and resources from centres e.g. advice on benefits, budgeting, cooking classes. Practitioners can also help families to access food banks and housing support.
- The ethos and approach of early years and family nurture centres appears to reduce stigma and encourages involvement from the whole family and wider community.



Third sector provision

- Third sector organisations play an important role in supporting families experiencing a wide range of adversities. Services are generally able to support families on a longer- term basis than statutory services can (with the exception of early years/family nurture centers), thus forming key and lasting relationships with families.
- Third sector services can provide invaluable practical support to families around the tasks of daily living, particularly those that help to alleviate some of the pressures associated with living in poverty (for example, housing support, income maximisation, budgeting and meal planning).
- Despite their vital role in local communities the majority of third sector services are dependent on short term and fragmented funding.
- Whilst very few third sector services are designed specifically to support the parent/ carer-infant relationship or to exclusively work with the 0-5 age range, these services are important as they can facilitate access to more specific therapeutic help to promote more attuned and responsive parent-child relationships.
- Community based perinatal and befriending services appear to present a key opportunity to support parents who are struggling with their emotional health and wellbeing or who have been diagnosed with a low to moderate level of perinatal mental illness to increase their self-esteem and build confidence in interacting with their baby.
- A few third sector organisations were also found to be delivering play therapy sessions. It should be noted that graduates of the British Association of Play Therapists (BAPT) accredited MSc in Play Therapy will have completed specific modules in relation to attachment and early child development as well as 20 weeks of hourly infant observations, in the family home.¹⁰



¹⁰<http://www.withkids.org.uk/what-we-do/msc-play-therapy>

Specialist provision

Infant mental health



- Only one specialist infant mental health service, delivered in partnership by NHS Greater Glasgow & Clyde, Glasgow City Council and NSPCC Scotland, was identified during the course of this current mapping exercise. This was a previously known service.¹¹
- This specialist infant mental health service works with the birth parents and foster or kinship carers of children aged between 0 and 5 years old who are - in local authority care for the first time where there are court proceedings because of maltreatment.
- The multidisciplinary infant mental health team consisting of psychology, psychiatry, social work and family liaison practitioners provide intensive relationship-focussed assessments and therapeutic interventions with the child, their birth parent(s) and current primary caregivers. The overall aim of the service is to promote improved infant mental health and inform decision making whether through reunification or permanent care away from home.¹²
- Despite there only being one specialist infant mental health service in Scotland there are individuals in some local areas who are particularly interested in infant mental health and who are keen to develop service provision in this area.
- The mapping exercise revealed some pockets of delivery of parent-infant interventions such as Parent-Infant Psychotherapy, Video Interactive Guidance (VIG), Circle of Security and Mellow Parenting.

Perinatal mental health

- Two regional mother and baby Units (MBUs) provide inpatient care for mothers and their babies and in this setting the early relationship is supported. However, specialist intervention to support the developing relationship is not often offered.
- Some areas have specialist community perinatal mental health services which rightly focus on treating mothers' mental illness. These services also present an important opportunity to support a mothers' relationship with her child.



¹¹ <https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mentalhealth/research/projects/best/theteamsinvolved/glasgowinfantandfamilyteamgift/>

¹² <https://learning.nspcc.org.uk/services-children-families/infant-and-family-teams/>

Concluding comments

This exercise identified some areas of good practice, with support services being delivered by the third sector alongside more specialist services in a couple of areas. It is important to recognise and acknowledge that services considered as universal or targeted sometimes included practitioners delivering quite specialist intervention such as Video Interaction Guidance. However, these services are not found uniformly across Scotland, with some areas having a paucity of resources. Concerns about sustainability when funding is not permanent may underpin a reluctance to develop new projects in some parts of the country.

Most services do not specifically address the mental health needs of infants or children under the age of 2 years. One exception is the multi-agency specialist project in Glasgow which is referred to on page 10.

At a planning level, Children's Services Plans and Local Mental Health Strategies as described by Integrated Joint Boards have a major role to play in promoting joint working and integration. This is more evident in some areas than others. Few prioritise infant mental health despite the recognition that intervention at this crucial time to support the carer-infant relationship supports the development of good adult mental health.

The way forward

The Scottish Government's commitment to the development of infant mental health services has led to the creation of the Perinatal and Infant Mental Health Programme Board and the Infant Mental Health Implementation and Advisory Group. These groups will work closely with Health boards and Integrated Joint Boards. Local planning and delivery will be led by named executive officers who will bring together local stakeholders and providers. Services will be designed to meet local needs and build on strengths in coproduction with experts by experience (parents and carers).



The shared ambition is to

- Develop dedicated therapeutic services for families with young children within a tiered approach to the promotion of infant mental health, with prevention and early intervention being prioritised.
- Ensure timely access to these specialist infant mental health services through the development of clear care pathways.
- Deliver infant mental health assessment and intervention within a relational family support model.

Steps that are required include:

- Better integration of health and social care services to promote multi-agency working.
- Greater coordination of existing resources at a local (statutory and third sector) level.
- Provision of additional tools, training and resources to frontline staff in universal and secondary services to ensure sufficient awareness and capacity to identify more acute infant mental health needs in a timely manner.
- Collaborative work to develop effective care pathways.

This NSPCC report has been written in partnership
with the Perinatal Mental Health Network Scotland (PMHN).

A special thank you to everyone who participated in the scoping and mapping exercise.

[nspcc.org.uk](https://www.nspcc.org.uk)

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Photography by Tom Hull 2017. The child and adult pictured are models