

Your journey. Our support.



# Best Start for Baby and You

Supporting my mum and dad



**NHS**  
The Tavistock and Portman  
NHS Foundation Trust

**NHS**  
Central and  
North West London  
NHS Foundation Trust

[camden.gov.uk/camdensurestart](https://camden.gov.uk/camdensurestart)

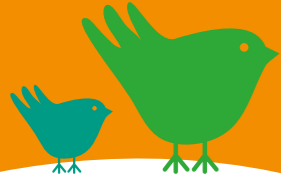




## Best Start for Baby and You Parent-Child Psychological Support (PCPS®)

**"Having a child is considered to be a highly stressful transitional event in life, and one that in some cases can disturb a person's balance. Therefore, all parents of newborns require support. Routine development checks are required in a multi-disciplinary context to integrate growth monitoring, all areas of development including parent child relationship, attachment and parenting, with an explicit component of 'minding the minder'."**

**Dr. M Angeles Cerezo / Creator of PCPS®**



## 1 Aim

**PCPS® promotes infant wellbeing and improves parent-child relationships by supporting parenting for optimum emotional, social and cognitive development.**

- Recognises that parenting an infant requires sustained support and that socio-emotional development is crucial for positive infant mental health and social development.
- Takes a preventative approach by offering parenting support to ALL parents of children aged 3 months to 18 months.
- Promotes consistency and synchrony in parent-child interaction.
- Empowers parents in their parenting practices, supporting them to enjoy the experience of parenting, with an explicit component of 'minding the minder'.
- Analyses the mother-child interaction to provide personalised feedback to promote the best mutual understanding and synchrony.
- Identifies developmental delay or difficulties, enabling referral for additional interventions at an early stage.

## 2 Evidence of Outcomes

- Achieved levels of secure attachment ranging between **72-85%**. This compares to the general population samples of **60-65%**. In areas where families experience multiple challenges secure attachments is as low as **30%**.
- **90% of children** in PCPS® programmes are progressing in line with, or ahead of, global development expectations.
- Parents' sense of competence and knowledge of child development is increased.
- Reduction in parental stress; **95% of participants** fall below the clinical range for stress when their child was 15 months old.

## 3 Advances in the Science of Early Childhood Development

In recent decades, important **advances in the science of early childhood development** have led to a deeper appreciation of the conditions and factors that influence children's development and their life chances as adults.

Infant-caregiver synchrony is the core of the basic template for relationships in the child's mind. In this relationship, the infant brain relies on the parent's mature function to organise its own processes and emotions.

Psychological processes involved in parent-child interactions can alter brain structure and gene expression. If developed properly, this can lead to resilient functioning in adversity later in life.

## 4 PCPS® – Theory into Practice

PCPS® converts the principles from these advances in infant mental health and parenting into a centre-based service for local communities.

[www.pcpsparenting.org](http://www.pcpsparenting.org)

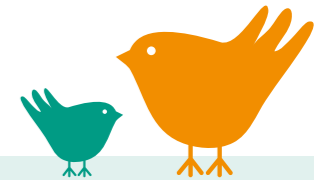
- ✓ **In PCPS® we mind the minders.**  
Being a parent is a big change in life that, due to the required adjustments, is stressful; therefore, parenting a baby needs support.
- ✓ **Prevention and early detection to give children the best start in life.**  
Research has shown that the first years of life are crucial for our children and their future development.
- ✓ **Strengthens parents' abilities in reading the infant's emotional signals in a more attuned way, enabling healthy social and emotional development from the earliest opportunity.**  
Infant-caregiver synchrony and mutual understanding is the core of the basic template for relationships in a child's mind.
- ✓ **Is universal and offered to all newborns and their parents within a given geographical area.**  
Early intervention, support and preventative services are essential for all parents for the wellbeing of their babies.
- ✓ **Uses an individually tailored intervention, including a screening procedure for cases that require more support.**  
There is great diversity among individuals and their circumstances over and above routine assistance, including connecting parents with other services available in the area.

**'Early intervention, support and preventative services for all parents for the wellbeing of their babies.'**

## 5 PCPS® and the Healthy Child Programme (HCP) – Pregnancy and the first 5 years of life

Both PCPS® and the Healthy Child Programme (HCP) are delivered universally and founded on the same principles.

The PCPS® programme provides an opportunity to enrich and further develop the universal prevention and multi-disciplinary early intervention offer (e.g. family support, baby feeding support, stay and play) delivered through Camden's children's centres.



### Changes to the HCP and Integrating PCPS®

- **In 2009, the HCP was adapted in response to the rapid scientific advances** deepening understanding of neurological and child development, as well as our knowledge about what works (effective intervention). This knowledge informs practice and underlines the need to support mothers and fathers during pregnancy, throughout the early years, and beyond.
- **Specifically, the updated HCP sought to reflect the new evidence** about the importance of forming a strong parent-child attachment in the first years of life (especially the first 1001 days).
- **There was a greater emphasis on support for a secure parent-child attachment** and positive parenting. Early interactions directly affect the way the brain is wired and early relationships set the thermostat for later control of stress responses.
- **PCPS® can be formally integrated with the Healthy Child Programme (HCP).** By delivering PCPS®, existing child health clinics and HCP appointments are enhanced and expanded to a new level, to include socio-emotional and attachment components within a multi-disciplinary context.

## 6 What does the Programme consist of?

**Through routine check-ups, the programme identifies developmental delay and difficulties at an early stage, enabling referral for additional support.** The programme is universal, supporting all families, building positive relationships over time. The focus on parents' wellbeing, supported by clinical psychologists brings specialist skills into the universal arena, enhancing prevention and early identification.

- Begins with an **introductory visit** to gather basic information about the baby and the family: Station A.
- **Community-based appointments at 3, 6, 9, 12, 15 and 18 months.**
- During the appointment, **parents visit Station B, C & D.**

### Station A

- All babies in Camden are invited to join by the team administrator. The programme begins with an introductory visit. The family is welcomed, the programme explained, details are confirmed including family history and parental wellbeing. The next appointment is booked.
- The test was designed to present children with an unusual but not overwhelmingly frightening experience.
- The protocols were developed over many years to minimise and mitigate children's distress and the two separation episodes are terminated as soon as either the carer or the practitioner feels that the stress may become too much for a child to cope with.

### Station B

- A physical check is undertaken by the nursery nurse.
- The child's weight/height, nutrition and physical wellbeing are assessed.

### Station C

- Developmental progress is assessed by the health visitor.
- Fine and gross motor skills, language both personal and social using activities/toys.
- The parent and child are filmed playing together. The practitioner leaves the room and a camera records the parent/s and child playing together (free play/parent-child interaction).
- At 15 months the check is replaced by the Strange Situation test to assess attachment.

### Station D

- A psychologist feeds back on the developmental assessment using a strength-based approach, supports parent-child interactions and parenting practices, fostering parent-infant relationship/wellbeing and links families with other services. The recording is analysed and coded to provide evidence of the quality of the parent-infant relationship. This information is used to give feedback to the family and provide additional support/intervention where indicated.
- The coding also provides evaluation data and evidences the impact of the programme across a population.

## 7 Training

The training programme is attended by each team of 3 professionals. This is including basic and specific training relevant to each station within the programme.

### Induction

All staff complete an induction, a 4-hour seminar and station specific online training modules covering:

- Theoretical foundations of PCPS®
- Principles of infant mental health
- Theory into action
- Child development — 12-month journey
- Practice guidelines for introductory visit, service procedure
- Developmental assessment
- Interaction and attachment
- Motivational interviewing.

	Station A (5 hrs)	Station B (10 hrs)	Station C (25–30 hrs)	Station D (25–30 hrs)	Hours (Maximum)
Basic plus	X				20+5
Basic plus		X			20+10
Basic plus			X		20+30
Basic plus				X	20+30

**All staff complete the accreditation process.**

## Additional Notes

**Author of PCPS®;**  
**(Dr. M Angeles Cerezo)**

Dr. Cerezo is Chair of Psychology at the University of Valencia, Spain. In 1990, she developed 'Programa de Apoyo Psicológico P/Materno-Infantil' (PAPMI®) to support parents in their journey.

In September 2000, Dr. Cerezo was granted special permission from the University of Valencia to go to Dublin as a Visiting Professor at Trinity College and The Children's Research Centre, with the specific commitment to adjust and develop an Irish version of PAPMI®.

For three months she studied the Irish context and networks of services for babies and parents, sitting in with a variety of health professionals. By the end of that period a plan was developed for the implementation of the Irish version of PAPMI®, the Parent-Child Psychological Support (PCPS®). In Ireland, the first programme was launched in 2001 and a second in 2009.

### The Strange Situation Test

**Developed by Dr. Mary Ainsworth in 1978.**

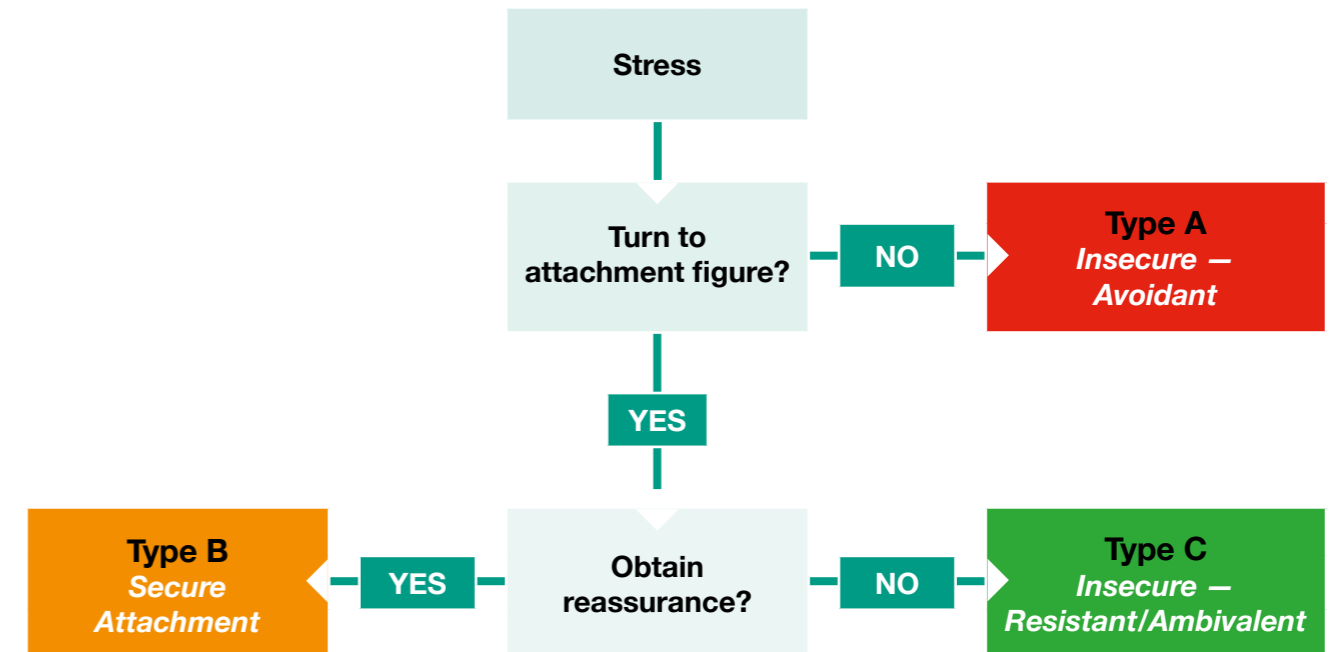
**The Strange Situation is a test to explore childhood attachment patterns,** and designed to gradually increase the child's sense of threat.

This activates his/her attachment system and desire for comfort.

1. The procedure begins with the child and mother in a room where the child is allowed to play and explore alone. A stranger enters the room, talks to the mother, and approaches the child while the mother leaves the room.
2. After a short period, the mother comes back and reunites with the child. The mother and the stranger leaves, and the child is left to play alone.
3. The stranger then comes back and attempts to interact with the child.
4. The mother returns for a second reunion as the stranger leaves.

**Throughout the procedure, the child is observed (four aspects):** play behaviour, reactions to departure and to caregiver's return, and behaviour when the stranger is around.

### Attachment classification and reactions to stress



	Type B Secure Attachment	Type C Insecure – Resistant/ Ambivalent	Type A Insecure – Avoidant	Type D Disorganised
<b>Separation Anxiety</b>	Distressed when caregiver leaves	Intense distress when caregiver leaves	No sign of distress when the caregiver leaves	Seems to have inconsistent ways of coping, may cry during separation, avoids caregiver on return or 'may approach caregiver but freeze'.
<b>Stranger Anxiety</b>	Avoidant of stranger when alone, but friendly when the caregiver is present	Avoids stranger, fear of stranger	Okay with stranger and plays when stranger is present	
<b>Reunion Behaviour</b>	Positive and happy when caregiver returns	Approaches caregiver but resists contact, may push her away	Shows little interest when caregiver returns	
<b>Other</b>	Uses the caregiver as a safe base to explore their environment	Cries more and explores less than other two types	Caregiver and stranger able to comfort child equally well	

# Children's Centres

1a Children's Centre  
1a Rosebery Avenue EC1R 4SR  
**020 7974 7024**

Regent's Park Children's Centre  
Augustus Street NW1 3TJ  
**020 7974 8934**

Harmood Children's Centre  
1 Forge Place NW1 8DQ  
**020 7974 8961**

Agar Children's Centre  
Lulworth, Wrotham Road NW1 9SU  
**020 7974 4789**

Kilburn Grange Children's Centre  
1 Palmerston Road NW6 2JL  
**020 7974 5080**

## Where can you find us?

**Best Start for Baby and You**  
Somers Town Children's Centre Services  
45-47 Polygon Road  
London NW1 1SR

**020 7974 8076**

**[pcpsparenting.org](http://pcpsparenting.org)**

**[camden.gov.uk/camdensurestart](http://camden.gov.uk/camdensurestart)**



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