

## Why babies' first relationships matter: The value of Parent-Infant relationships in the UK

Parliamentary briefing

February 2026

### Summary

- Secure parent–baby relationships build resilience and promote long-term wellbeing. Specialised parent–infant relationship teams are multidisciplinary services that provide intensive, relationship-focused support for parents and babies experiencing difficulties in early bonding and attachment.
- Our new report, *Why babies' first relationships matter: The value of Parent-Infant relationships in the UK* explores the economic and social benefits of specialised parent–infant relationship teams.
- Insecure or disorganised attachment is linked to poorer outcomes later in life. Up to 45% of UK babies may experience insecure or disorganised attachment, with higher prevalence in families affected by poverty, trauma or parental mental health difficulties.
- Despite their proven effectiveness, there are only 51 parent–infant teams in the UK, meeting an estimated 1.5–6% of need.
- New modelling suggests a strong social return on investment: between **£6 and £10 saved for every £1 invested**, with potential lifetime benefits of **over £40,000 per child**. Scaling services to reach 28,800 families each year could generate a **£1.15 billion cost saving opportunity per year, realised over the lifetime of those seen**.
- Centre for Mental Health and Parent-Infant Foundation are calling for a national commitment to scaling specialised parent–infant relationship teams, with a clear target for reaching a defined proportion of babies by an agreed date.

### Understanding the scale of insecure attachment in the UK

Evidence shows that insecure attachment in early childhood imposes significant and lasting costs across health, education, social care, and the wider economy, while secure early relationships deliver lifelong benefits. Insecure attachment arises when children experience inconsistent, unresponsive, or frightening caregiving, leading to difficulties in emotional regulation, trust, and forming stable relationships.

UK and international evidence indicate that approximately 55–60% of infants develop secure attachment, 25–30% develop insecure attachment, and around 15% develop disorganised attachment (when parents or carers are simultaneously a source of comfort and fear, often due to abuse, neglect or unresolved trauma).

Overall, it is estimated that 40-45% of all new births experience some form of insecure attachment, highlighting the scale of the challenge and the potential impact of early, targeted support.

### **What parent-infant teams do and why they're important**

Parent-infant teams are specialised services that provide intensive support for early parent-child relationships, particularly where there is a risk of insecure attachment, parental mental health difficulties, or early adversity. Early parent-infant relationships are foundational to a child's emotional, cognitive, and physical development. Teams typically work with families experiencing more severe relational or mental health difficulties that cannot be addressed through universal services.

Their work spans prevention, early intervention, and targeted therapeutic care. They undertake structured assessments of parent-infant relationships, direct dyadic or group interventions, and support early identification of difficulties across the wider system. Parent-infant teams also provide workforce development, training, and consultation to embed relational practice across health, social care, and early years services. Through multi-agency collaboration, they aim to improve an array of child and family outcomes and reduce pressure on statutory services such as CAMHS and child protection systems.

Despite clear evidence of their impact, access to parent-infant teams across the UK remains extremely limited. As of 2025, only 51 teams are operational, collectively able to support between 4,400 and 6,500 families per year. Parent-infant teams are funded and located across different parts of the system, including Child and Adolescent Mental Health Services (CAMHS), Best Start Family Hubs and the voluntary sector<sup>1</sup>.

### **The economic impact of parent-infant teams**

Parent-infant teams generate significant economic value by improving early parent-child relationships, which in turn strengthens outcomes across health, social care, education, and wider public services. Evidence suggests that specialised support for each child can yield lifetime benefits of over £40,000, with interventions producing an estimated return of £6-£10 for every £1 invested, depending on the outcome measured. These figures demonstrate a strong business case for investing in early relational support.

Expanding parent-infant teams to reach more families could deliver substantial cost savings. Our modelling indicates that extending support to 28,800 families each year could create a potential £1.15 billion per year, realised over the lifetime of those seen.. These savings reflect broad impacts on education, employment, mental health, criminal justice, and healthcare, highlighting both the economic and societal value of scaling these services.

## Our recommendations

To improve families' mental health and wellbeing, this report sets out a series of recommendations for policymakers, to strengthen and expand parent-infant relationship teams and improve service commissioning and planning:

- A national commitment to scaling specialised parent-infant relationship teams, with a clear target for reaching a defined proportion of babies by an agreed date
- Adopt a strategic, co-ordinated approach to developing the specialised workforce required to deliver specialised parent-infant relationship teams at scale (Strategic workforce development)
- Develop a Modern Service Framework for children and young people's mental health as part of the implementation of the 10 Year Health Plan with clear expectations around the provision of mental health support for under-5s and their families
- ICBs in England to embed the inclusion of specialised parent-infant relationship teams in commissioning as core element of population health and early intervention
- Strengthened local assessment and accountability of local authorities in England, to assess existing parent-infant relationship provision through their Joint Strategic Needs Assessments (JSNAs)
- Development of a national outcome framework or national core dataset, enabling consistent measurement of outputs and outcomes across specialised parent-infant relationship teams, which would facilitate comparative learning.

## How can you support us?

You can play a crucial role in ensuring that every baby has access to the specialist support they need:

- **Write to your Health and Wellbeing Board and ICB**

Ask them to embed specialised parent-infant relationship provision in their strategic commissioning plans as a core part of population health and early intervention. Encourage your local Health and Wellbeing Board to assess current provision and the needs of babies in their Joint Strategic Needs Assessments (JSNAs), identify gaps and inequalities, and work closely with ICBs to strengthen local provision.

- **Write to Ministers**

Contact the Secretary of State for Health and Social Care and the Minister for Mental Health, urging them to adopt our recommendations to scale and strengthen parent-infant teams nationally.

- **Raise the issue in Parliament**

Host a debate or table parliamentary questions to highlight the urgent need for investment in early relational support. Example questions include:

1. How will the Government ensure multi-year investment, national leadership, and statutory guidance to support consistent access to specialised parent-infant relationship teams?
2. Will the Government commit to embedding parent-infant relationship teams within the emerging national network of Best Start Family Hubs, making specialised early relational support a universally accessible service?
3. What steps is the Government taking to ensure local commissioning bodies assess existing provision of parent-infant relationship support, and address gaps and inequalities through their strategic planning processes?

#### **About Centre for Mental Health**

Centre for Mental Health is an independent charity. We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health. By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all.

#### **About the Parent-Infant Foundation**

Our vision is of a UK which all parents and carers are supported to create sensitive, nurturing relationships with their babies to lay the foundation for lifelong mental and physical health. We are the only national charity driving the growth and quality of parent-infant teams across the UK.

**If you would like to arrange a meeting to discuss any of the information provided in this briefing further or require any additional information, please contact Kadra Abdinasir at Centre for Mental Health at  
[Kadra.Abdinasir@centreformentalhealth.org.uk](mailto:Kadra.Abdinasir@centreformentalhealth.org.uk)**

<sup>i</sup> <https://parentinfantfoundation.org.uk/our-work/imhaw/who-is-holding-the-baby/>