

**‘Supporting the best start in life’  
Infant Mental Health Framework and  
Action Plan 2015 - 2018  
Consultation Document  
March 2015**

***Promoting positive social and emotional  
development from pre-birth to 3 years.***

## Foreword:

This Infant Mental Health Framework and Action Plan represents a commitment by the Public Health Agency, HSCB and Trusts, as well as academic, research, voluntary and community organisations across NI, to improve interventions from the ante-natal period through to children aged 3 years old.

The Plan has 3 key themes and outlines commitments to action on:

- **Promoting and disseminating evidence and research** on Infant Mental Health to policy makers, practitioners and the wider population. Mental Health is everyone's business; consequently all organisations across all sectors, including all NI Government Departments should be in a position to consider and act on the compelling findings and implications.
- **Informing workforce development** to ensure frontline staff have the necessary knowledge and skills to assess risks to the mental health of infants by early identification of factors associated with parent-infant interaction.
- **Service development** to ensure that universal and targeted services can respond as effectively as possible to maximise the optimal development of newborns and infants, particularly taking account of newborns facing the highest levels of risk and adversity. Given that infant mental health is fundamentally connected to the physical and mental health and wellbeing of the primary caregiver, as well as their ability to parent, service development is as relevant for those providing adult services as it is for children's services. Ideally there should be an increase in interventions that focus on supporting the parent –infant relationship where the parent faces challenges to their own emotional well-being.

## Why is this important?

The publication of the Marmot Review (2010) made a significant contribution to prioritising early years interventions as part of public health policy and practice, particularly the objective of 'giving every child the best start in life'. Of the six policy objectives identified, this was the 'highest policy recommendation' emphasising the Review's life course perspective. The Review also called for an increase in the proportion of overall expenditure allocated to the early years, and emphasised the need to reduce inequalities in the early development of physical and emotional health and in improving cognitive, linguistic and social skills - hence building resilience and wellbeing among young children. The new Public Health Strategic Framework for NI: Making Life Better (2014) makes a clear commitment to ensuring that the theme of 'giving every child the best start in life' will remain a key priority.

Improving long-term outcomes for the whole population begins with ensuring that every child has the best possible start in life, with a focus on ensuring that children who are the most vulnerable and at risk are especially supported. There is now a wide body of evidence which demonstrates that disadvantage for some children

starts before birth and accumulates throughout life. Consequently this Framework considers actions required during pregnancy and up to three years, maximising potential for early intervention. The promotion of positive infant mental health and wellbeing is a cornerstone of this Framework as protecting and nurturing mental health in childhood contributes to productive social relationships, effective learning, and good physical health throughout life.

Becoming a parent and having a newborn is both fulfilling and challenging as new roles and responsibilities emerge within the family. For those facing adversities such as very premature births, domestic violence, mental health problems or drugs and alcohol misuse and for those who themselves have had very difficult starts to their own lives and/or are also living in difficult social and economic circumstances, these challenges can be even more considerable.

When secure attachments are not established early in life children can be at greater risk of a number of detrimental outcomes, including poor physical and mental health, relationship problems, low educational attainment, emotional difficulties and conduct disorders.

A large body of evidence demonstrates pronounced adverse experiences in infancy, including repeated exposure to neglect, chronic stress, and abuse, can be harmful. Such experiences may disrupt brain development and lead to emotional problems and potential life-long difficulties with self-control, engagement in high-risk health behaviours, aggressive behaviour, lack of empathy, physical and mental ill-health and increased risk of later self-harm or suicide. As well as the human cost there are increased economic costs to society in terms of healthcare, child welfare, education, unemployment, policing, juvenile justice and prisons. (It should also be recognised that for some people their mental health conditions are not in any way related to early childhood experiences.)

In contrast to this, warm, consistent, positive, and engaged parenting in a safe and secure environment enables the infant to grow into a child and adult who is more likely to have high self-esteem; strong psychological resilience, empathy and trust; the ability to learn; and reduced risk of adopting unhealthy lifestyle choices.

This Infant Mental Health Framework and Action Plan indicates the need to intervene at as early a stage as possible to support parents, build capacity, prevent problems arising and maximise outcomes for all children and families. We will establish an Implementation Group to oversee the progress of this Framework. We are confident that considerable learning as well as measurable actions can be undertaken to collectively improve outcomes in later life and we must 'support the best start in life' for all babies.

Dr Eddie Rooney, PHA. March 2015.

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## Introduction

### Infant Mental Health: a definition.

Infant mental health is defined by the Association for Infant Mental Health UK as ***‘the study of mental health as it applies to infants and their families’***.

Infant mental health focuses on social and emotional development during the first three years of life for an infant and their family. This includes a child’s ability to form relationships with other children and adults; to recognise and express emotions; and to explore and learn about their environment in a safe and happy way

### Why is it important to consider infant mental health?

A growing body of evidence from the clinical and social science fields shows that the areas of the brain that control social and emotional development are most active during the first 3 years of a child’s life (and particularly active in the early months). Although behaviour can be changed later in life, it becomes significantly harder to do so as a child moves out of the 0-3 age bracket. Careful nurturing of a child’s social and emotional health during their early years is vital to provide them with the skills necessary to form relationships and interact with society later in life. The quality of relationship between a child and their primary caregiver is central to this process.

The following theories form the basis of current discussions around infant mental health:

- **Attachment:** A strong bond between an infant and a primary caregiver is developed through positive and responsive behaviours from the care-giver, including mirrored behaviours, physical contact and proximity. A securely attached infant will have the social and emotional confidence to build relationships and explore the world around them (Barlow and Svanberg, 2009).
- **Self-regulation:** Neuropsychologists have expanded the link between social development theories and neuroscience, including the central importance of self-regulation (Schore, 2004); that is an infant’s ability to regulate its own internal emotional states, soothing itself rather than requiring parental soothing. This then forms the building blocks of healthy external relationships.
- **Building resilience:** Self-regulation is also central to building resilience, which is an infant’s ability to ‘bounce-back’ from difficult or traumatic experiences, and to learn from them. Development of resilience in the first three years of life is essential to dealing with adversities later in life (Newman, 2004)

The key timeframe for healthy attachment and hence healthy social and emotional development is considered to be between **0 and 3 years**, when brain development is in its optimal phase, however it should be noted that these considerations begin long before birth. Development starts during pregnancy and the choices and experiences of the mother during this period can have a significant impact on maternal and infant social and emotional health. Promotion of antenatal bonding with the bump, preparation for parenthood and early detection of antenatal depression are all crucial, and the Midwife can play a key role in this. After birth, key factors such as breastfeeding, skin to skin contact, mirroring behaviours, responsive parenting, and a stimulating play environment can also contribute positively to

overall healthy development and relationship building between infant and caregiver. All parents/carers play a critical role in ensuring good mental health development for their children and in preventing poor developmental outcomes. However if parents are living in adverse circumstances, there are other critical roles and responsibilities required beyond just parents that necessitate provision of additional support and help to them.

## The Current Policy Context

All policy relevant to children in Northern Ireland (NI) falls under the Children (Northern Ireland) Order (1995) which lays the foundations for all those who work with or care for children and young people. Underpinning the Order is the principle that parents should be, whenever possible, supported to bring up their children in their own home. The UN Commission on the Rights of the Child (UNCRC) also recognises the primary role of the family, with article 18 stating that both parents share responsibility for their child and should consider what is best for him or her; however the government is responsible for providing support services to help parents to do this. Likewise, the UN Convention on the Rights of Persons with Disabilities recognises the family as 'the natural and fundamental group unit of society' and should therefore be given the necessary support and assistance.

Health is a key priority right across the policy arena. The current 'Our children and young people: our pledge- A 10 year strategy for children and young people 2006-2016' identifies 'healthy' as the first of the high level outcomes for all children and young people. In addition, as research advances and policy develops, early intervention and support for the antenatal to three years of age period is increasingly highlighted, both here in NI and across the UK, and sets the context for this investment in promoting positive infant mental health. The Delivering Social Change Children & Young Person's Early Action document was released in 2012, building on the 10 Year Strategy and taking forward the NI Executive's commitments through the Programme for Government; Early Years and Early Intervention were identified in this document as a priority area for the NI Executive.

The Child Health Promotion Programme (Healthy Child Healthy Future)<sup>1</sup> is a universal programme delivered to all parents and children in Northern Ireland. It is recognised as being central to securing improvements in child health across a range of issues. Effective implementation by Health Care professionals including GPs, Midwives and Health Visitors will support the development of strong parent child attachments and positive parenting.

The recently published ***Making Life Better: a Whole System Strategic Framework for Public Health (DHSSPS, June 2014)*** takes a life course approach to health and wellbeing, hence one of its key themes is 'Giving every child the best start'. This theme identifies the following long term outcomes:

- Good quality parenting and family support
- Healthy and confident children and young people
- Children and young people skilled for life

In particular the framework recognises the central roles that parenting and family support play in the healthy physical, social and emotional development of children. The implementation of an infant mental health training plan is a key first action of the Framework. Other key actions include the roll out of the Family Nurse Partnership; implementation of the breastfeeding strategy and promotion of universal health and maternity services. All these actions are crucial for healthy infant development, and hence are referenced in this Infant Mental Health Framework and Action Plan.

Alongside this Public Health Framework, early intervention is prioritised in a number of key government strategies, for example DHSSPS '**Families Matter: Supporting Families in**

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<sup>1</sup> Department of Health and Social Services and Public Safety, May 2010, Healthy Child Healthy Future , DHSSPS

**Northern Ireland (Mar 2009)**; Department of Education **‘Learning to Learn: a framework for early years education and learning (Dec 2012)**; and the **Maternity Strategy for Northern Ireland 2012-2018**. The DHSSPS NI is also developing a new ***Protect Life: Positive Mental Health Strategy (due 2015)***<sup>2</sup>, which will have a life course approach with a significant emphasis on infant mental health. Each of these policies recognises that health, social care and education are interdependent in enabling the best possible outcomes for our children and families. Indeed, the Department of Education provides core funding for the Sure Start service across Northern Ireland; this service is underpinned by policy and aims to deliver health, education and parenting support for families with children aged 0-3 in a coordinated way across the most disadvantaged areas of NI.

Various structures are already in place to take forward the key theme of prevention and early intervention. The Children and Young People’s Strategic Partnership is a multi-agency partnership that brings together the leadership of key statutory, community and voluntary agencies, working to improve outcomes for children and young people. Early intervention is one of the key themes of this work. Through the CYPSP, there are currently 5 outcomes groups in place across NI, 23 Family Support Hubs and 26 Locality Planning Groups.

Building on the universal service, a collaborative approach to early intervention funding will be taken forward through the newly established **Early Intervention Transformation Programme (EITP)**, with six government departments coming together alongside private philanthropy, as part of the Delivering Social Change initiative. The programme seeks to:

- Build on the Child Health Promotion Programme and the NI Maternity Strategy to equip all parents with the skills needed to give their child the best start in life
- Provide additional support for families when problems first emerge, out-with the statutory system
- Positively address the impact of adversity on children by intervening both earlier & more effectively if required to reduce the risk of poor outcomes later in life.

The DHSSPS policy document; **‘Child and adolescent mental health services: A service model’ (July 2012)** outlines the stepped care model (see appendix 1) and provides commissioners and service providers with a framework against which to remodel CAMHS service provision. At the centre of this framework is a stepped-care approach whereby; *‘the appropriate level of care is provided at the earliest point that best meets the assessed needs of the infant, child and young person whilst also enabling them to move up or down the steps as their need changes’*. (DHSSPS 2012)

The stepped care model shifts the focus of therapeutic intervention from service description, to the provision of a needs-based service. This model of service delivery is aimed at development of integrated care pathways with a focus on skills-based and evidence-based practice aligned to the needs of children and their families/carers. Care interventions are agreed and delivered at the most appropriate step with movement up or down to other services as clinically required. The model is recommended by the National Institute for Health and Clinical Excellence (NICE) on the basis that it promotes a continuum of care approach.

Some of the key priorities within the continuum of care approach include:

- Support of parents and carers, recommended to continue into the adolescent years, in recognition that it is primarily within the family that the mental health and emotional wellbeing of children is secured.
- Multi-agency interventions across the sectors, with services configured on the principle of 'recovery' within the context of provision of wrap around care for the individual child/young person and their families.
- Better collaborative working with parents/carers, community & voluntary sector, education sector and other organisations.
- Development of protocols between CAMHS services, adult services, the criminal justice system, and youth services and other stakeholders.
- Development of an effective referral process enabling defined and simplified points of entry to specialist services which are integrated with other referral pathways including child and family services.

## **Current Practice**

Set against this backdrop, securing a strategic approach to early child development and family support is a key priority for the Public Health Agency (PHA). To that end the PHA established the Child Development Project Board (CDPB) in June 2010. Through the CDPB, chaired by the PHA and including members from the Health and Social Care Board, Health and Social Care Trusts, academia and the community and voluntary sector, the PHA has taken a strategic life course approach to child development and family support. Working from an evidence based perspective, the CDPB has identified needs of children and young people, aged 0-18, who experience inequalities, and initiated and supported a range of programmes and services to address these needs. The development of an Infant Mental Health Framework is one of the key emerging actions.

This Framework and Action Plan is aimed at supporting parents, Commissioners, organisations who support parents and children aged 0-3, early years practitioners and policy makers. The Infant Mental Health Framework and Action Plan requires an extensive range of organisations and stakeholders to contribute to actions within the specified themes. The PHA and Health and Social Care Board are committed to working closely with Departments, Trusts, Local Government, voluntary and community sector organisations and others, taking a holistic approach to ensure the best outcomes for children and families.

It is important to note that the Framework seeks to build on the considerable successes and good practice being led and undertaken across the statutory, voluntary and community sector on the Infant Mental Health theme and the many family support programmes and services that are currently available.

The Infant Mental Health Association in NI, for example, has undertaken, over a number of years, a considerable amount of awareness raising through bringing UK and international experts to NI to present research and practice as well as policy advocacy on the need for the development of integrated pathways for families and infants in need.

Health and Social Care Trusts have all recognised the importance of focussing on the promotion of positive Infant Mental Health and have organised themselves through various Working Groups to develop integrated actions across Trust Directorates.

The HSCB through the Childcare Partnerships have also been undertaking considerable training and awareness, for example through inputs and dissemination of DVD's from Suzanne Zeedyk as well as events focussing on infancy development.

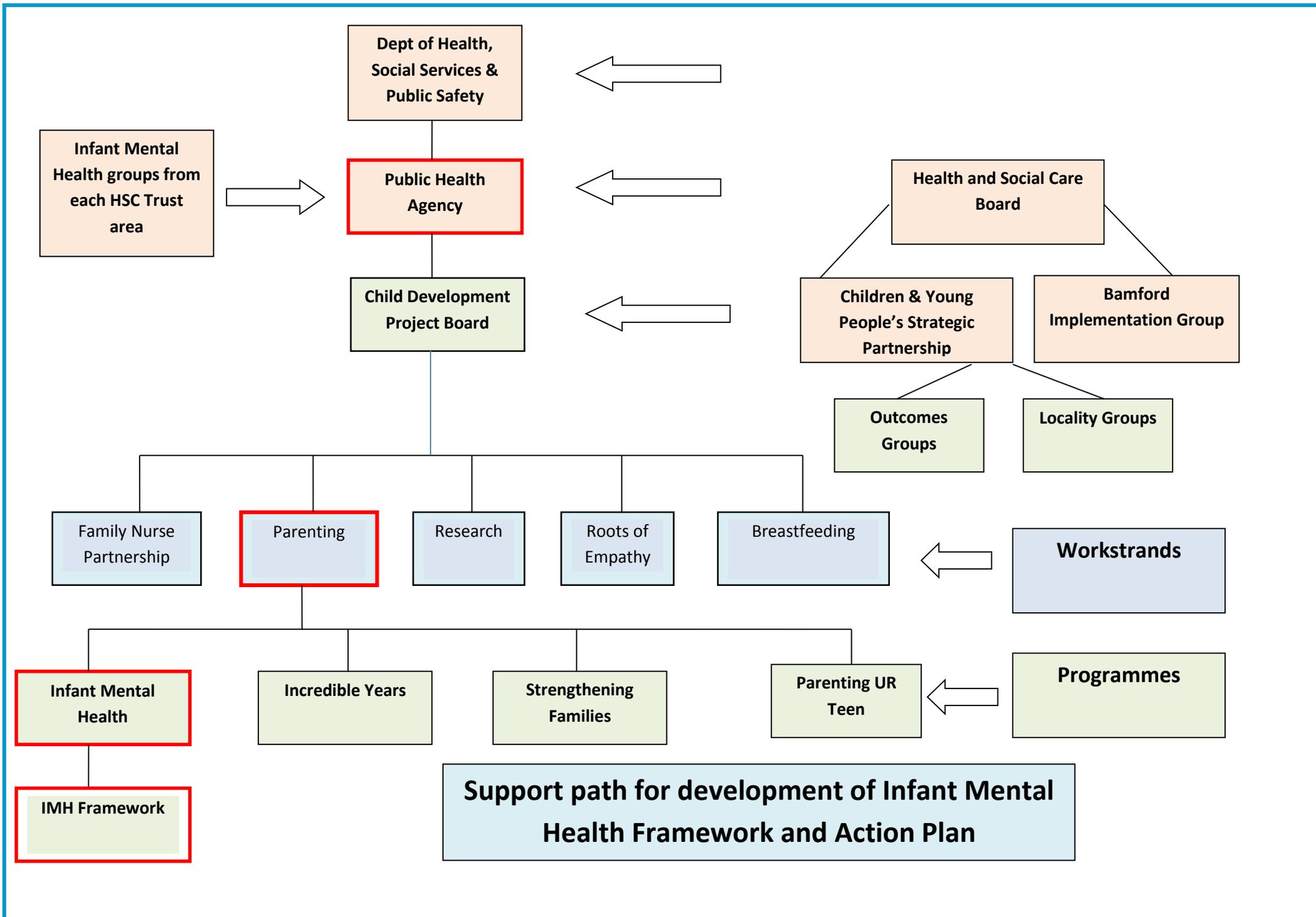
In particular, we acknowledge the essential and wide reaching support that Sure Start provides to families, many of whom are hard to reach and often facing multiple adversities. Tinylife provides support for those who have experienced still birth, miscarriage or premature birth and works alongside healthcare practitioners and families in order to identify and address need. The Lifestart foundation provides an intensive home visiting service to families right across NI, and other voluntary and community organisations, such as Barnardo's NI, Action for Children and NSPCC continue to deliver support and services as well as innovations on the infant mental health theme.

These organisations represent a small sample of those that are well positioned to progress actions on the infant mental health theme and will be critical to the successful outworking of the Framework and Action Plan.

## The Process so far

### To date the following activities have been undertaken to inform this regional Infant Mental Health Framework and Action Plan:

- **Audit Phase 1**- In June 2012 an audit of infant mental health training and resources available in Northern Ireland was undertaken with key policy makers, practitioners and researchers from the statutory, community, voluntary and academic sectors. The aim of this activity was to establish the extent and sources of current training, target audiences, funders and the uptake of training amongst the statutory, community and voluntary sectors.
- **Gaps analysis**- Following on from the phase 1 audit, a similar group of policy makers, practitioners and researchers were asked to identify gaps in the current provision of training on infant mental health
- **Audit Phase 2** - A second phase of the audit was completed in September 2013 which tracked the progress of key infant mental health training developmental areas that were identified in the phase 1 audit and the gaps analysis.
- **Stakeholder engagement** - Since June 2010 numerous seminars have been organised in order to share good practice and provide feedback on the progress made towards the development of this Framework and Action Plan for Infant Mental Health. Key speakers at these events included Suzanne Zeedyk, George Hosking, Dr Bruce Perry, Dr Ian Manion and Professor Terence Stephenson. These seminars were attended by over 500 different delegates from across the statutory, community, voluntary and academic sectors. An outline draft was presented to a workshop of over 150 people and their comments have been incorporated in this Framework.
- **Case study visit to Finland** - In September 2013 a delegation of 25 policy makers, commissioners and high-level practitioners participated in a case study visit to Finland. The primary aim of the visit was to increase knowledge on the early education and early years sector in Finland in order to inform the infant mental health agenda and parenting support in Northern Ireland.
- **Regional Infant Mental Health Planning Group**- This group has been working to inform the production and implementation of this Infant Mental Health Framework and Action Plan as well as providing specialist input on infant mental health for the new 'Protect Life: Suicide Prevention strategy from DHSSPS (in development). Members include the PHA, HSC Trusts, HSCB and DHSSPS.
- **Regional Infant Mental Health Reference Group**- This group supports the work of the Infant Mental Health Planning Group. Members represent the voluntary and community sector, as well as academia.



## Infant Mental Health in Northern Ireland: key statistics

|   |  |
|---|--|
| <b>No. of Births in NI (2013)</b>                               | 24,279 (decrease of 990 from previous year)  |
| <b>No. of Births to Teenage mothers (under 20 years) (2013)</b> | 937 (decrease of 173 from previous year)<br><br>* There is a clear difference in the age profile of mothers by deprivation. In 2012/13, 37% of all mothers aged less than 24 years of age were from the most deprived areas. In comparison, 7% of mothers in this age group were from least deprived areas in 2012/13. |
| <b>Premature or Low Birth Weight</b>                            | 7 premature babies born per day, over 2000 annually, with 1,800 spending time in a neonatal unit. 1.1% of births less than 1,500g in weight- of those births 24% are to mothers living in the most deprived areas.   |
| <b>Postnatal depression</b>                                     | Estimated around 10-15% of women however research has shown that it often goes unreported and could be much higher than this (Source: Royal College of Psychiatrists, 2011)  |
| <b>Child Protection Register (2012)</b>                         | 224 under 1 year of age (decrease of 16 from previous year)<br><br>1,961 in total (decrease of 166 from previous year)   |
| <b>Children Looked After in Care (2012)</b>                     | 117 under 1 year of age (increase of 25 from previous year)<br><br>2807 in total (increase of 163 from previous year)  |
| <b>Smoking during pregnancy</b>                                 | NI total: 15.9%<br>Most deprived areas: 28.5%<br>Least deprived areas: 7.4%  |
| <b>Obesity rates during pregnancy</b>                           | NI total: 49%<br>Most deprived areas: 51%<br>Least deprived areas: 44%   |
| <b>Breastfeeding rate at discharge</b>                          | NI total: 43%<br>Most deprived areas: 27%<br>Least deprived areas: 59%<br>Mothers under 20: 17%  |
| <b>Breastfeeding exclusively at 6 mths</b>                      | Less than 1%   |
| <b>Child poverty</b>  | 22% of children living in poverty, however this varies widely across the region  |

## Infant Mental Health Framework and Action Plan vision

**...that all children have the best start in life.**

**Through the key priority areas of this action plan, the following key objectives will be achieved:**

- Parents and practitioners understand the importance of attachment and the essential elements of positive social and emotional health in infants.
- Parents and practitioners have skills to engage positively with infants to maximise their social and emotional development.
- Practitioners and parents are able to respond to predictors of vulnerability in infants and families and identify early signs of delayed social and emotional development in infants and /or emotional distress.
- Appropriate services are in place and available to respond to identified infant mental health and wellbeing needs across the region, on an equal basis for all.

**In line with current Northern Ireland Government policy, we will be using an outcomes based approach to impact measurement.**

## Baby's key influences

**This Infant Mental Health Framework and Action Plan proposes a whole child approach. It is therefore essential to acknowledge the key people who will play a role in a baby's development. This includes:**

- Parents
- Grandparents
- Siblings
- Wider family circle
- GPs
- Health Visitors
- Midwives
- Other maternity professionals
- Nurses
- Social Workers
- Childcare providers
- Early education providers
- Mother and baby groups
- Community & Voluntary sector groups

## Priority 1: Evidence and Policy

We believe that investment in services must be firmly based on existing and emerging evidence, ensuring best possible outcomes for our children, young people and families. There is an ever growing body of evidence on the impact of adverse pre-birth, baby and infant experiences on later development. There is also a substantial body of evidence on 'what works' to address these needs and to prevent further issues developing.

Our framework for infant mental health includes a commitment to utilising the most up-to-date findings when developing services; and to ensuring that emerging local policy development acknowledges this evidence on infant mental health and the critical nature of the early years. We also aim to ensure that relevant and up to date evidence is disseminated to commissioners, policy makers, practitioners and the wider population in a timely and user friendly manner.

## Evidence and policy: Key Actions

| Key Actions   | Timescale   | Partners                   |
|---|---|----------------------------|
| <b>Support, as appropriate, the strengthening and reinforcement of strategy, legislation, guidance/regulations and policy/programme formulation linked to infant mental health research, evidence and practice through:</b>   |   |                            |
| <ul style="list-style-type: none"> <li>Informing the development of DHSSPS 'Positive Mental health and suicide prevention' strategy' to ensure that infant mental health is comprehensively included. This includes the identification of any equality issues and ways of addressing these.</li> </ul>                  | Input submitted. Document being released for consultation shortly | DHSSPS                     |
| <ul style="list-style-type: none"> <li>Development of a local plan in each Health &amp; Social Care Trust to implement the regional infant mental health strategy that embeds infant mental health approaches. This plan should be incorporated within each Trust's Local Implementation Team's Action Plan.</li> </ul> | Ongoing   | Individual HSC Trust areas |
| <b>Support dissemination of information on key infant mental health issues by:</b>  |   |                            |
| <ul style="list-style-type: none"> <li>Implementation of regional networking events for infant mental health lead practitioners to allow sharing of good practice across HSC Trust areas, as well as across programmes of care.</li> </ul>  | Ongoing- 2 events per year  | Trusts<br>PHA              |
| <ul style="list-style-type: none"> <li>Provision of user friendly information and up to date evidence for practitioners, parents and the wider population, using a common accessible language (including dissemination of IMH Framework and Action Plan)</li> </ul>   | Ongoing   | PHA                        |

|  |              |  |
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| <ul style="list-style-type: none"> <li>Supporting development of Trust level information flyers/booklets and individual communication plans as appropriate, &amp; encouraging Trusts to ensure that their plans consider and address the specific information and communication needs of particular equality groupings.</li> </ul> | Ongoing      | Individual HSC Trusts                          |
| <ul style="list-style-type: none"> <li>Promotion of best practice standards within universal services such as UNICEF UK Baby Friendly Initiative and provide parent resources such as 'UNICEF: Building a happy baby'.</li> </ul>  | Ongoing      | PHA/Trusts                                     |
| <ul style="list-style-type: none"> <li>Dissemination of emerging evidence regarding what's best for baby and family</li> </ul>   | Ongoing      | PHA  |
| <ul style="list-style-type: none"> <li>Establish links with parenting networks to ensure parental engagement on perspectives on Infant Mental Health, and encouraging networks to ensure that a wide range of diverse voices are heard.</li> </ul>   | 2015/16      | PHA/Trusts                                     |
| <ul style="list-style-type: none"> <li>Support for 'Belfast Baby Day'</li> </ul>   | October 2015 | PHA in connection with Re:Play Theatre Company |

## Priority 2: Workforce development

Central to the early identification of infant mental health issues is ensuring that all practitioners working with babies, pregnant or new mothers, fathers (who are often overlooked) and young infants, are fully equipped to promote positive social and emotional learning, as well as to identify the early signs of infant mental health problems and to seek timely help for those families at risk. We understand the need to maximise opportunities for continuity of care and face to face contact with families in order to allow practitioners to build relationships. We acknowledge that this is an ongoing challenge and the focus of a number of other policy developments.

With that in mind the role of this framework is to improve capacity of frontline practitioners across all relevant disciplines, to ensure they have the necessary knowledge and skills to support positive parenting, assess infant mental health and identify issues and causes. In particular, we will target practitioners working in childcare settings, primary health and social care settings (including GPs, Community Paediatricians and Social Workers), and some adult mental health settings (particularly those working with expectant parents). Alongside increasing workforce skills, we understand that practitioners need to have the opportunity to consolidate their new skills, attending appropriate follow up networks and practice sharing sessions, and have the opportunity for regular supervision, hence ensuring maximised impact for children and families.

## Workforce Development: Key Actions

| Key Actions  | Timescale  | Lead partners   |
|--|--|---|
| Audit of current infant mental health training across NI   | Completed  | NCB NI/PHA  |
| <b>Universal (Step 1)</b>  |  |   |
| <p>Expansion of Solihull and Solihull Plus training across the region targeting 1500 health and social care practitioners to complete training and attend practice network meetings. Training for Trainers model used.</p> <p>**Training opportunities open to voluntary and community sector practitioners, and consideration will be given to ensuring equality of access for all **</p> <p>DE also funding the roll out of Solihull training across all Sure Starts in NI</p> | <p>2013-2014: 120 trained staff plus 60 new Trainers</p> <p>2014-2015: 240 trained staff plus 60 new trainers</p> <p>2015-2016: 240 trained staff plus 60 new trainers</p> | <p>Funded by PHA; Training provided by Clinical Education Centre</p> <p>HSCB/Childcare Partnership to progress Solihull training</p> <p>Department of Education</p> |
| Introduce teaching of Solihull Approach to Health Visiting Postgraduate students   | 2015   | PHA/Further and Higher Education Colleges   |
| <p>Expansion of IMH focus within core education curriculum (in particular Undergraduate level) for those providing vocational training for early years (Stranmillis BA (Hons) Early Childhood Studies),</p> <p>Influence development of IMH on curriculum for nursing,</p>   | Ongoing discussions  | Stranmillis University College, Queen's University Belfast, University of Ulster  |

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| social work, midwifery, Health Visiting and psychology.  |   |   |
| Consider the opportunities for roll out of infant mental health training to GPs, Consultants and other key clinicians  | 2015  | PHA In conjunction with NIMDTA  |
| <b>Targeted (Steps 2-5)</b>  |   |   |
| Expansion of child psychotherapy training (Tavistock M7 & M9) for advanced practitioners working across all children's services. On completion, these skilled practitioners will embed learning within their own areas of work and offer advice and support to practitioners working within universal services in order to reduce the need for referral to specialist services.  | <p>2013-2016<br/>Up to 12 funded places offered throughout the Trusts and also via the voluntary and community sector per year.</p> <p>2013-2014, 12 Students are enrolled on the M9 Diploma course.</p> <p>2014-2015 15 places will be offered across the M7 and M9 Diplomas</p> | Funded jointly by PHA and HSCB; Training is delivered locally by the Child and Adolescent Psychoanalytical Psychotherapists in NI (CAPPNI). |
| <p>Further implementation of Video Interaction Guidance Training, increasing from 40 trained Practitioners to 100 by April 2017</p> <p>Opportunities promoted through Directors of Children's Services and Primary Mental Health Teams within each Trust. In addition there will be at least 1 VIG event aimed at highlighting good practice and related evidence of impact.</p> | 2013-2017   | Funded by PHA to 2014/15.; Training is provided by Video Interaction Guidance UK  |

## Priority 3: Service development

### Universal support

First and foremost we understand that building positive social and emotional wellbeing in a child begins at conception, hence practitioners working within universal services are best placed to disseminate information and identify potential infant mental health issues early. This framework therefore acknowledges all current universal provision as outlined in Healthy Child, Healthy Future and the Maternity Strategy for NI, and seeks to add value. However, sometimes despite best efforts, additional issues for families arise and universal support is not enough. For those families, it is essential that appropriate targeted interventions are also in place to allow timely referrals and treatment interventions, thereby preventing issues from escalating.

Service development therefore reflects both universal and targeted support. For all services, both universal and targeted, we recognise the need for **consistency** and **continuity of care**, and a **whole family approach** to interventions. It is particularly important that fathers are recognised as a key part of the family unit. The level of need should be based on the CAMHS Stepped Care model (see appendix 1).

## Service Development: Key Actions

| Key Actions   | Timescale                                 | Lead body   |
|---|---|---|
| <b>Universal Services (Step 1)</b>  |   |   |
| Increase the emphasis on IMH during the ante-natal and post natal period including revised ante-natal parent education content, giving particular consideration to equality of access for all   | 2015/16                                   | PHA via Workstream 1: Early Intervention Transformation Programme and PHA/HSCB through Maternity Strategy |
| Breastfeeding support and guidance through implementation of the Breastfeeding strategy for NI.   | Ongoing                                   | PHA   |
| Expansion and adoption of Baby Friendly Initiative standards including support and advice for breastfeeding and non-breastfeeding mothers   | Ongoing                                   | PHA   |
| Regional coordination of Incredible Years Parenting programme; Expansion of Incredible Years Parents, Babies & Toddlers Programmes (0-3 yrs)  | Coordination programme launched June 2014 | PHA   |
| Commission 5 Early Years Intervention Posts – these will inform the development of interventions and programmes relating to Delivering Social Change/Early Intervention Transformation Programme work on parenting programmes, including those related to Infant Mental Health. | Ongoing                                   | PHA   |
| Revision of guidance on Relationship and Sex Education currently ongoing by DE  | 2015                                      | DE  |

### Targeted Services (Step 2 & 3)

|   |                                |                  |
|---|--------------------------------|------------------|
| Review of maternal mental health provision  | December 2014                  | HSCB/PHA         |
| Include IMH within the development of eCAT for health visiting service so that interventions relating to IMH can be monitored.  | 2015/16                        | PHA              |
| Revise the Perinatal Care Pathway in light of the new Perinatal and Antenatal Mental Health NICE Guidelines 45 (December 2014) and develop proposals to ensure implementation in all Local Commissioning Group areas by addressing gaps in current service  | 2015/16                        | PHA              |
| Identify gaps in our knowledge of data and service delivery and ensuring this information is provided to relevant commissioners, in particular the current antenatal and post-natal data collected from new parents. First action will be to follow up with a sample of women who have indicated a need for support in the antenatal period and to assess the extent of support provided. | June 2015                      | PHA              |
| Continued support for the expansion of Family Nurse Partnership into the Northern and South Eastern Health and Social Care Trusts.  | By 31 <sup>st</sup> March 2015 | PHA              |
| In line with the DHSSPS CAMHS Guidance framework, and the HSCB 'Working Together Learning Development Framework', develop the capacity of CAMHS practitioners to deliver evidence based interventions/NICE approved therapies.  | 2015/16                        | HSCB/Trusts/LIGs |
| Embedding infant mental health approaches within Primary Mental Health Teams in each Trust CAMH Service, in line with the DHSSPS Service Model Guidance for CAMHS.  | 2015/16                        | HSCB/Trusts/LIGs |

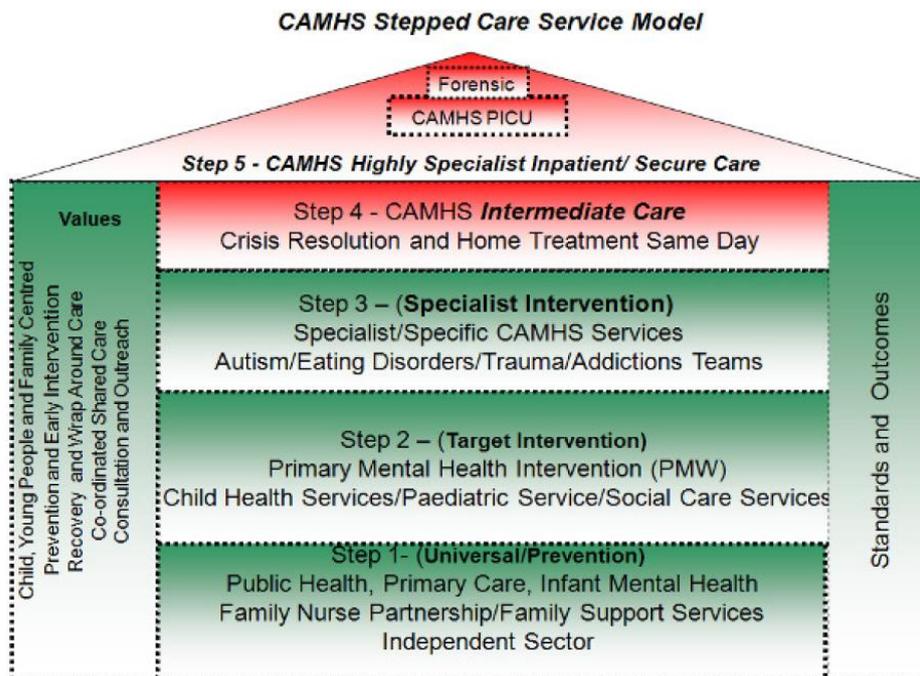
|  |               |  |
|--|---------------|--|
| Introduction of 20 Early Intervention Teams across NI focused on supporting families with emerging problems, including families with newborns and infants. | By March 2017 | PHA/Outcomes Groups/Trusts via Workstream 2: Early Intervention Transformation Programme |
| Introduction of mental health and wellbeing HUBs providing relevant support for target clients including those families and adults with newborns           | 2015/16       | HSCB/Trusts  |
| Expansion of parenting support programmes including those relevant to parents with newborns and infants  | By March 2017 | PHA/HSCB/Trusts via Workstream 2: Early Intervention Transformation Programme            |

## Appendix 1: CAMHS Stepped Care Model

The regional strategy for the development of Psychological Therapy services recommends the adoption of stepped care approaches across CAMHS. This model aims to shift the focus from care interventions based on the service descriptors to a model of care which is needs based.

The model is underpinned by the following:

- Provision of child, young person and family centred care
- Focus on prevention and early intervention
- Provision of recovery and wrap around care
- Embedding coordinated provision
- Active promotion of outreach
- Ensuring services are effective



## References

The following lists some key publications and policy documents which have informed this framework.

Allen, G. (2011) *Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government* HM Government, 2011.

Allen, G. (2011) *Smart Investment: Massive Savings*. London: Cabinet Office

Balbernie, R. (2001). Circuits and Circumstances: the neurobiological consequences of early relationship experiences and how they shape later behaviour. *Journal of Child Psychotherapy*, 27 (3), 237-255

Barlow, J. & Svanberg, P.O. (2009) *Keeping the baby in mind*. Infant Mental Health in Practice. London: Routledge.

Bowlby, J. (1969) *Attachment and Loss*. New York: Basic Books

Centre for Excellence and Outcomes (2011) *Grasping the Nettle: early intervention for children, families and communities*. C4EO.

Children & Young People's Strategic Partnership (2011) *NI Children and Young People's Plan 2011-2014*

Department of Education (2013) *Learning to Learn: a framework for early years education and learning*.

Department of Health, Social Services & Public Safety (2005) *A Healthier Future: 20 year Vision for Health & Wellbeing in NI 2005-2025-Regional Strategy*.

Department of Health, Social Services & Public Safety (2007) *The Bamford review of mental health and learning disability NI*

Department of Health, Social Services & Public Safety (2009) *Families Matter, Regional Family and Parenting Strategy*

Department of Health, Social Services & Public Safety (2010) *Healthy Child, Healthy Future*

Department of Health, Social Services & Public Safety (2012) *Child and adolescent mental health services: A service model*

Department of Health, Social Services & Public Safety (2012) *Protect Life: The NI Suicide Prevention Strategy 2012-2014 (in revision)*

Department of Health, Social Services & Public Safety (2012) *A Strategy for Maternity Care in Northern Ireland 2012-2018*

Department of Health, Social Services & Public Safety (2013) Breastfeeding - A Great Start: A strategy for NI 2013-2023

Department of Health, Social Services & Public Safety (2014) Making Life Better: a whole-system framework for Public Health 2013 – 2023

Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.

Health and Social Care Board (2013) *Transforming Your Care: Vision to action*.

Hogg, S. (2013) *Prevention in Mind. All babies count: Spotlight on Perinatal Mental Health*. NSPCC: London

Hosking, G. & Walsh, I. (2010) *International experience of early intervention for children, young people and their families*. C4EO & Wave Trust, 2010.

Leadsom, A., Field, F., Burstow, P. & Lucas, C. (2014) *The 1001 Critical Days: The Importance fo the Conception to Age Two Period. A cross-party manifesto*.

The Marmot Review (2010) *Fair Society: Healthy Lives. Strategic Review of Health Inequalities in England Post-2010*.

Moullin, S., Waldfogel, J. & Washbrook, E. (2014) *Baby bonds: Parenting, attachment and a secure base for children*. The Sutton Trust.

Nelson, C. A. (2000) *Neurons to neighbourhoods*. J Shonkoff & D. Phillips Eds, Washington DC, National Academy Press.

NI Executive (2011) *Child Poverty Strategy: Improving Children's Life Chances*.

Office of the First and Deputy First Minister (2006) *10 year Strategy for Children and young People 2006 – 2016*

Office of the First and Deputy First Minister (2012) *Programme for Government: 2011-2015*

Schore A.N. (2004) *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale NJ: Lawrence Erlbaum Associates.

Wave Trust (2013) *Conception to age 2- the age of opportunity. Addendum to the Government's vision for the Foundation Years*

Newman, T. With Yates, T. & Masten, A. (2004) *What works in building resilience?* Barnardo's, Barkingside

UNICEF (2013) *The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards*, UNICEF London

UNICEF (2014) *Building a happy baby: A guide for parents*.

*The foundations for virtually every aspect of human development- physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being*

**Michael Marmot (2010)**

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*If we intervene early enough, we can give children a vital social and emotional foundation which will help to keep them happy, healthy and achieving throughout their lives and, above all, equip them to raise children of their own, who will also enjoy higher levels of well-being.*

**Graham Allen MP (Early Intervention: The next steps, 2011)**

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*A young child's experience of an encouraging, supportive, and co-operative mother, and a little later, father, gives him a sense of worth, a belief in the helpfulness of others, and a favourable model on which to build future relationships... by enabling him to explore his environment with confidence and to deal with it effectively, such experiences also promote his sense of competence.*

**Bowlby, J. (1982). Attachment and loss. Vol. 1: Attachment (2nd Ed.). New York: Basic Books**

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Approximately 35-40% of infants are less than securely attached

**Barlow, J. & Svanberg, P.O. (2009) Keeping the baby in mind. Infant Mental Health in practice. London: Routledge.**

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Stress during childhood, , caused by adverse childhood experiences, increases the risk of:

- Alcohol and drug abuse
- Depression and other mental health issues
- Fetal death
- Early initiation of sexual activity
- Suicide attempts
- Chronic ill-health, such as heart, liver or lung disease

**(Adverse Childhood Experiences study, Felitti, V. Et al, ongoing)**

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*The infant's first social achievement, then, is his willingness to let the mother out of sight without undue anxiety or rage, because she has become an inner certainty as well as an*

*outer predictability.* **Erikson, 1963**

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*In the first three years, babies' brains make 700 new connections every second.*

**Charles A. Nelson, Neurons to neighbourhoods. J Shonkoff & D. Phillips Eds,  
Washington DC, National Academy Press, 2000**

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