



Good Beginnings

Infant Mental Health Strategy for the
Southern Area: 2026 to 2030



Infant mental health is everybody's business

Acknowledgements

This Strategy acknowledges the existing good practice and achievements across the statutory, voluntary and community sectors in the area of infant mental health and the many effective family support programmes and services that are currently being delivered across the Southern area.

Thank you to the members of the Southern Area Infant Mental Health Strategic Group for their input into the development of the Strategy and for the ongoing work delivering to the key priorities of the Strategy.

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"At least one loving, sensitive, responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life."

(The 1001 Critical Days, 2013)



Foreword

The first three years of a child's life is a critical time in child development due to rapid brain growth during this period. Early childhood experiences and the quality of the relationship between parents and their children have a major impact on positive healthy development and mental health throughout life.

While being a parent is very rewarding it is also demanding. Some families face additional challenges such as premature births, domestic violence, mental health difficulties or drug and alcohol misuse. Parents may have had a challenging start in their own lives or live in difficult social and financial circumstances.

It is important that support services work together with families to prevent difficulties or, where needed, provide support at the earliest possible stage.

The Regional Infant Mental Health Framework (IMH) for Northern Ireland was published by the Public Health Agency in 2016 and is due to be revised in the autumn of 2025. Representatives from the Southern Trust were instrumental along with other stakeholders in the development of this Strategy.

The Southern Area Strategy takes account of the Regional IMH Framework for Northern Ireland.

The first Strategy 2020-2025 was also informed by the learning from two separate scoping exercises carried out in the Southern Trust area between January and March 2019. One related to services within the Southern Health and Social Care Trust and the other, to a wide range of service providers from the voluntary, community and other statutory organisations.

The revised Southern Area Strategy for 2026-2030 has been informed by the work of the Strategic Group and represents a commitment by statutory, voluntary and community organisations to promote positive infant mental health from the ante natal period (conception) through to children aged three years of age.

I am confident that this Strategy will provide the guidance for organisations to work together on a shared approach that will support parents and carers in helping their children thrive.



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Infant Mental Health: a definition:

For the purposes of this Strategy, infant mental health is defined as:

"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."

(Infant Mental Health Framework for NI, 2016)

Introduction

“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 wellbeing.”

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

The Regional IMH Framework for Northern Ireland sets out why it is important to prioritise infant mental health as ‘everybody’s business’. The capacity and skills of a wide range of services, agencies and professionals is central to providing preventative support, including identification, early support and signposting.

The evidence from neuroscience shows that the brain develops at a significant rate during the first three years of life. The brain in those early weeks, months and years changes in response to the environment. Careful nurturing of a child’s social and emotional health throughout their early years is vital to support healthy brain development. The quality of the relationship a child has with their parent or carer shapes their brain development and how they experience themselves, others and the world for the rest of their lives.

In the absence of positive healthy relationships, a child may experience a range of difficulties in later life such as, poor physical and mental health, difficulties in building and sustaining strong and healthy relationships and struggling at school. For some people their mental health difficulties are not related to early childhood experiences and it is not always inevitable that early childhood trauma leads to mental ill health in later life.

There is a need to further promote positive social and emotional development throughout infancy and childhood and provide new evidence-informed interventions and support for families within the context of their homes and communities to ensure that children and young people get the best start in life. The Department of Health has progressed a draft Children and Young People Emotional Health and Wellbeing framework to support service improvement and partnership-working across health, education

and other key services and agencies, including working collaboratively with the community and voluntary sector. This CYP Framework Emotional HWB framework will align with and supports the Infant Mental Health Framework for Northern Ireland.

In addition the SHSCT vision and Strategy 2023 adopts a whole life approach including supporting children and families to have a positive and healthy start in life to support positive health outcomes and improved resilience during childhood and adulthood. The strategy recognizes the need to enable targeted approaches to support children and families based on a collaborative, person centered multiagency approach.

“ We know that 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.”

(*Infant Mental Health Framework for NI*, 2016)

There is a growing body of evidence that with the right support at the right time, parents and carers can be helped to give their child the best start in life.

Taking account of what research tells us and what we know locally, this Strategy sets out three priority areas in line with the Regional IMH Framework:

1. Evidence and policy
2. Workforce development
3. Service development

The Strategy also outlines what needs to happen in each of these areas, which will be included in a Southern Area Infant Mental Health Action Plan.

Vision, Aims and Underpinning Theories

Vision

To ensure that **all** children have the best start in life by prioritising and supporting the development of positive, social and emotional wellbeing.

Aims

- Children will have the best start in life and the wellbeing of their parents/carers is central to this.
- Parents and those who work with families in the Southern area recognise the importance of infant mental health and how to best respond to the young child's needs.
- Parents are informed, feel able to ask questions and can put the parenting advice they are given in place to support the development of their child.
- Future parents and other family members know the importance of baby brain development and responsive nurturing care.

Underpinning theories

Attachment – refers to the quality of a child's primary relationship with their caregivers. The nature of this relationship forms a 'blueprint' or internal model for all future relationships.

A securely attached infant will have the social and emotional ability to build relationships and explore the world around them and then form healthy relationships when they are older (Barlow and Suanberg, 2009).

Self-regulation – is an individual's ability to regulate or manage their own internal emotional state, soothing themselves when distressed. The only way of learning to self-regulate in a healthy way is through 'co-regulation'. This means having a regulated adult available to soothe a baby when they are distressed. Through these experiences of co-regulation, a child will gradually learn to self-regulate. This then forms the building blocks of healthy relationships (Schore, 2004).

Building resilience – is an individual's ability to 'bounce-back' from difficult or traumatic experiences, and to learn from them. Adequate nurturing relationships in the first three years of life and protection from harm and abuse builds an individual's resilience and is essential to dealing with adversities later in life (Newman, 2004)..

Supporting Positive Infant Mental Health

This Infant Mental Health Strategy proposes a holistic approach to children and families where infant mental health is **everybody's business**. This means that practitioners across a wide range of organisations including health, social care, education, community groups and voluntary

organisations can have a significant influence over a child's social and emotional development in partnership with parents, siblings, wider family circle, and the local community.

The Strategy places the child and their needs at the centre of their world.



Priority Areas

The three priority areas for improving infant mental health through this Strategy aim to build on the valuable supports already provided to children and families by statutory, voluntary and community sector organisations.

Priority One: Evidence and policy

It is essential to use the most up to date findings when developing services. Local policies should take account of what is known about infant mental health and how it can affect later life.

Key recommendations:

1. Gather information about service provision. Identify what is working well and what needs to be done to improve existing services and address gaps in these.
2. Service improvement and development initiatives regarding infant mental health will be guided by government policy and local trends.
3. Agree a common language around infant mental health (in line with Northern Ireland framework) that is clearly understood by practitioners and parents.
4. Explore creative, easily understood ways to share learning about good practice.
5. Focus on the positive – ‘messages of hope, not guilt’.

Priority Two: Workforce development

Ensure that all practitioners working with babies, pregnant or new mothers, fathers 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.

Key recommendations:

1. Build on the significant training and development opportunities that have been developed and afforded to practitioners across all sectors during the first 5 years of the Strategy with e.g Solihull, IMHOL (Infant Mental Health Online) and the M7 Tavistock programme
2. Ensure that practitioners who provide services to families of children pre-birth to three years are trained to the appropriate level.
3. Explore ways to support practitioners to embed training into everyday practice through mentoring, supervision and coaching.

Priority Three: Service development

Service providers should be supported to develop their capacity to identify and meet the additional needs around infant mental health. This will require a clear referral pathway into services to identify appropriate support, along with an increased service capacity to meet this need. Workforce development and service development must therefore go hand in hand.

Key recommendations:

1. Use local knowledge and expertise and engage with those who know best. The voices of children, parents and practitioners must be heard in finding out what works and what is needed, ensuring they have every opportunity to help improve and shape services.
2. Strengthen mapping of services already completed to identify gaps and use this information to develop services which can work with children and families at all levels of need from prevention through to intervention services.
3. Build on the work of services that have developed during the first term of the Strategy (2020-2025), working to ensure that need is addressed at the earliest possible stage. Examples include Perinatal Infant Mental Health Services, Home Starts Tiny Steps Service for parents/infants outside Sure Start areas
4. Continue the promotion of the UNICEF UK Baby Friendly Initiative which supports breastfeeding and the parent infant relationship as a model of best practice.



Guiding Principles

The following principles will underpin work by everyone involved to drive the Strategy forward:

- An approach that takes account of all aspects of a child's life.
- An approach that supports the needs of parents/carers in their own right to enable them to recognise and respond to their child's needs.
- A prevention and early intervention approach.
- Parents, families and services working together.
- An approach based on what research tells us works.

Implementation of the Strategy

The Southern Area Infant Mental Health Strategic Group was established at the onset of the first Strategy in 2020 by the Southern Health and Social Care Trust. This group is made up of statutory, voluntary/community sector and service user representation and works with the chair to reflect on and implement the key recommendations of the Strategy.

Action plans are developed based on the key recommendations of the Southern Area Infant Mental Health Strategy. The plan will be reviewed annually, and actions taken forward during the lifespan of the Strategy – from 2026 to 2030.

Examples of key developments during the first term of the Strategy (2020-2025)

Workforce development

- Extensive expansion of the Solihull Approach training as the key conduit for the delivery of Infant Mental Health messages to Social Work, Allied Health, Early Years, Education Authority, Youth Justice & C & V sector partners. Range of statutory, voluntary and community sector partners working closely together on the delivery.
- Uptake on Tavistock M9/M7 programmes and Infant Mental Health Online (IMHOL) training amongst a range of disciplines and sectors
- Infant Mental Health Panel (IMHP) providing specialist consultation to social workers and partner professionals working with children aged 0-5 years who are experiencing, or are at risk of, significant developmental and emotional harm.
- Expansion of iCAMHS consultation, referral and training model to include Midwifery, Neonatal Services, Sure Starts and Home Starts, working to support families at the earliest possible stage.

Service Developments

- In the Southern Trust area, 8478 children aged 0-3 are registered with our Sure Starts. In 2025, DE funding expanded the reach of Sure Start, allowing children & families outside current wards, subject to criteria to register and avail of support services.
- Tiny Steps-19 week programme of support for parents and infants resident outside Sure Start Areas, delivered by our 4 Home Starts and supported by the SHSCT. This programme has been piloted, evaluated and is now integrated across the Trust
- Increased range of evidence based parenting programmes for families of children in early years and across the age spectrum

- Southern Trust Perinatal Team-operational since April 2022. The multi-disciplinary team provides wraparound care for women in the perinatal period who require support for moderate to severe mental illness, working closely with colleagues in maternity, health visiting and other related disciplines. The team embeds a Think Family approach, keeping baby very much in mind.
- Pathway established to notify Health Visiting / Family Nurse Partnership where a parent with a child/ren under 5 years of age is admitted as an inpatient to adult mental health services. This enables Health Visitors and Family Nurses to provide early follow up support to the parent or carer looking after the child/ren at home and to support the relationship between the child and the parent receiving care.

Outcomes Framework

Going forward the Southern Area Infant Mental Health Strategic Group will continue to implement a framework that evidences measurable outcomes (based on indicators at population level such as percentage of low birth weight babies; educational achievements; mental ill-health trends and performance measures at service level such as trained staff; timeliness and appropriateness of referrals; accessibility to a range of services; family satisfaction with infant mental services) to support the development of high quality services and make positive differences to children and their parents.

Arrangements are in place to ensure the voice of children, parents and practitioners are heard and acted on as appropriate.



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