



Good Beginnings

An Infant Mental Health Strategy for the
Southern Area: 2020 to 2025



'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 Strategy Development Working Group, the National Children's Bureau for their time and support, to those who participated in the scoping exercise and stakeholder engagement workshop and to the parents who advised us in the drafting of the Strategy.

Download this Strategy:

[www.southerntrust.hscni.net/
services/4302.htm](http://www.southerntrust.hscni.net/services/4302.htm)

**For further information or
to access this document
in alternative formats
including braille, audio and
minority languages, email:**

Corporate.HQ@southerntrust.
hscni.net

Contents

Page

Foreword	2
Definition	3
Introduction	4
Vision, Aims, Underpinning Theories	5
Supporting Positive Infant Mental Health	6
Priority Areas	7
Guiding Principles	8
Implementation of the Strategy	8
Outcomes	9
References	9



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. 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. It is also based on 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. These bodies gave information on the range of services they provided which promoted the infant mental health needs of children (pre-birth to three years) and their families. They included details of the service, how to refer and gaps in services.

The views of parents were provided through organisations that have user groups and forums for example, Sure Start scheme, Tiny Life and Centred Soul.

The Southern Trust held a stakeholder event in May 2019 to raise awareness of infant mental health, explore what support services are available in the Southern Trust area, and look at how the Southern Area Infant Mental Health Strategy would be designed.

Almost 100 people representing the statutory, voluntary and community sectors attended and shared their thoughts and ideas under the themes of **'Evidence and Policy', 'Workforce Development' and 'Service Development'**. This provided a wealth of information to help in the development of the Strategy.

The Southern Area Infant Mental Health Strategy 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.



Paul Morgan

Director of Children and Young People's Services/
Executive Director of Social Work, Southern Health and Social Care Trust

“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)

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 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.

“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 Svanberg, 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 (Schoore, 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. Explore what training has been completed and build on this to meet the needs of practitioners across statutory, voluntary and community organisations.
2. Devise a training framework to 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. Explore the possibility of setting up a Southern Area Infant Mental Health Hub make best use of statutory, voluntary and community sector provision, improve working together and provide tiered infant mental health services.
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

A Southern Area Infant Mental Health Strategic Group will be set up by the Southern Health and Social Care Trust and will take forward the key recommendations in this Strategy. This group will be made up of statutory, voluntary and community sector and service user representation.

An action plan will be 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 2020 to 2025.

Outcomes Framework

The Southern Area Infant Mental Health Strategic Group will 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 will be put in place to ensure the voice of children, parents and practitioners are heard and acted on as appropriate.

'Infant mental health is everybody's business'



References

- Barlow, J. & Svanbery, P.O. (2009) Keeping the baby in mind. *Infant Mental Health in Practice*. London: Routledge.
- Graham Allen MP (Early Intervention: The next steps, 2011)
- Infant Mental Health Framework for Northern Ireland, Public Health Agency, April 2016
- Mark Durkan, MP. Frank Field, MP. Norman Lamb, MP. & Tim Loughton, MP. (2013) *The 1001 Critical Days, A Cross Party Manifesto*, www.1001criticaldays.co.uk
- Newman, T. with Yates, T. & Masten, A. (2004) *What works in building resilience?* Barnardo's, Barking
- Perry, B. (2006) *Applying Principles of Neurodevelopment to Clinical work with maltreated and traumatised children*. In Boyd Webb, N (Ed.), *Traumatised Youth in Child Welfare*, Guilford Press: New York
- Schore A.N. (2004) *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale NJ: Lawrence Erlbaum Associates.