

## Nurturing healthy minds together:

Exploring how services and parents can work in partnership to support the social and emotional development of under fives.

June 2020



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# Foreword

Across the UK, there is widespread agreement on the need to increase investment in mental health support at the beginning of a child's life to improve long-term wellbeing.

Accessible and well-resourced services are important but they are not the whole answer.

The small, day-to-day interactions between babies and very young children and their parents and carers can make the greatest difference. So building parent's capacity and confidence on how to increase positive, attuned and responsive interactions with their children can reap mental health benefits for both. Sharing what might traditionally have been seen as 'specialist' knowledge on brain development with families is an important way of enabling them to reach their full potential and identify their own needs for support and advice.

In June 2019, we began working together to explore the evidence base for emotional wellbeing for children from conception to reception, and learn how parents were engaged in service design. Our experience, working with and for families and policy makers across the country, told us that things could and should be better and we were delighted that The National Lottery Community Fund supported us to explore the issue further across the UK.

This report was completed in March 2020, just before the onset of COVID-19. The pandemic

has had an unprecedented impact on the lives of everyone across the world. In the UK, each of the four nations are taking their own approach to lockdown, a phased return to a 'new-normal' and to recovery.

The necessary restrictions on freedom and subsequent changes to daily lives, as well as the economic impact, has been challenging for many families – particularly the most vulnerable. Babies are arriving into this world without the support of their wider family circle, and many parents and children are struggling with their emotional wellbeing. While the full extent of their mental health needs will only become clear in time, it is likely to increase.

Now is the time to seize every opportunity to bring conversations around infant mental health and authentic parental engagement to the forefront of the minds of decision-makers, commissioners, researchers and practitioners across the UK. It is imperative that we don't cut corners and roll back on commitments, but instead we learn together, invest in the child and parent relationship and build a better future.

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# Literature review

## Background

In 2019, the National Children's Bureau (NCB) received funding from The National Lottery Community Fund to explore the published literature and policy developments around prioritising and supporting the emotional wellbeing and mental health of very young children – from conception to reception. The research and policy team at NCB undertook a rapid review of the literature around:

- The extent and nature of mental health support needs in under 5s
- Interventions offered by different providers for families of children aged 0–5 years
- Experiences of families of early years' interventions/programmes
- Models of parental engagement
- Parental knowledge of the social and emotional needs of 0–5 year olds

The review focuses mainly on UK-based literature, but also draws upon relevant international publications. The search approach included academic databases, reference lists of journal publications, and grey literature, e.g. relevant governmental and non-statutory reports from across the four nations.

The review of the literature is followed by an analysis of those public policies which focus on

support for social and emotional development and mental health from conception to age 5 across England, Scotland, Northern Ireland and Wales.

The research for this report was carried out pre-COVID-19. The implications included in this summary report below have been updated in the light of reported experiences across the early years sector between March-May, 2020.

## Need and nature of the problem

We do not have the evidence to reliably estimate how many under 5s are at risk of mental health problems, but routinely collected data can provide a tentative indication of the proportion of children at risk. Current data published in 2018/19 suggests that 7.5% of 2 year olds in England are not developing as expected in terms of personal and social skills (as measured by the Ages and Stages Questionnaire). In 2018, over one in ten (11.7%) 5 year olds in England are not currently achieving their expected personal, social, and emotional learning goals (as measured by the Early Years Foundation Stage Profile). There are differences in the measurement of personal, social and emotional development across the four nations.

Latest prevalence data published in 2018, found that one in eighteen (5.5%) 2–4 year olds in England have a diagnosable-level mental health

problem. However, only 0.8% of 0–5 year olds in England are in contact with secondary mental health services, which suggests a significant gap between need and provision. There is no comparable prevalence data currently available for Northern Ireland, Scotland or Wales.

## Parental knowledge of infant mental health

The majority of parents believe the development of social and emotional skills in early childhood are crucial. However, there are some enduring misconceptions about the concepts of mental health and mental illness. Higher levels of parental knowledge is associated with improved outcomes and positive parenting behaviours. In particular, increased levels of parental mentalization (the ability to understand the mental states (thoughts, wishes, beliefs, and feelings), and underlying behaviours of oneself or others) is associated with the ability to respond appropriately to infants' emotions and feelings. Parental knowledge of mental health is mediated by cultural, contextual and psychological factors – an important consideration when planning and delivering programmes.

## Sources of information, support and what works

In the UK, there is an intention to provide a broad ecosystem to support the emotional wellbeing of babies, infants and their families. However, despite the range of support on offer, consistent provision of services and take-up is often low. As well as the variety of service providers, there are also hundreds of existing interventions and programmes, delivered at different tiers and for different levels of need. The overall evidence base for existing interventions needs further development, and many programmes that are widely used in the UK have yet to receive an established evidence base. There also appears to be more interventions focused on 0–3 year olds, and fewer targeted at families with children aged between 3–5 years. It is a potential concern that support for social and emotional development may tail off beyond three years when children enter nursery and their first year of schooling.

The strength of the evidence is currently weakest for universal interventions, although fewer of these are available and/or evaluated. The strongest evidence exists for intensive

targeted programmes, such as weekly parent-infant psychotherapy and year-long home visiting support. There are few magic bullets or quick wins. In terms of impact on outcomes, even if an intervention is found to be effective for parents (e.g. increasing their knowledge and confidence, positively affecting their mental health), it is not sufficient to assume that children will automatically benefit too. However, it is also important to consider that there may be longer-term benefits for children not captured at immediate follow-up. Where possible, evaluations should try to include a follow-up in early and later childhood.

## What increases the effectiveness of interventions?

Several common factors contribute to the effectiveness of interventions, these include:

**Grounded in supporting the parent-infant relationship:** There are two aspects to the promotion of positive relationships within infant wellbeing programmes: an educational component that teaches responsive and supportive interactions between parent and child, and the modelling of a supportive, nurturing relationship between practitioner and parent. Promotion of secure attachment has benefits for both infant and adult – supporting healthy cognitive and emotional development in infants, improving the bond between parent and child, and also developing and reinforcing core life skills of the parent.

**Increase parents' and professionals' knowledge of infant mental health, acknowledging the capacity to implement this knowledge:** As well as educating about the nature of secure attachment, effective interventions also contain a component that increases knowledge of mental health, such as recognising and regulating emotions – both within the parents themselves and with others. It is also important that educational components are tailored to maximise the implementation of this knowledge. This includes making sessions accessible and interactive for vulnerable or disadvantaged parents and a recognition that different delivery mechanisms may be needed.

**Resourced to support effective parental engagement:** Resource includes sufficient duration of the intervention, frequency and consistency of location and practitioner, as well





as being mindful of caseload and group sizes in the case of group-based programmes. The majority of effective interventions are relatively intensive – taking place for at least three months and up to a year, and across multiple sessions with qualified and skilled professionals.

**Delivered by practitioners with specialist early years expertise:** Work with babies is very different from work with older children<sup>1</sup>. Routine training in parent-infant relationships is not currently offered as part of the core training for many professions, including midwifery, health visiting and clinical psychology. The exception to this is child psychotherapy, where core training covers perinatal and early infancy work, and indeed high-quality evidence has been found for interventions led by child psychotherapists, such as Infant-Parent Psychotherapy.

**Consider the impact of other stressors:** Effective programmes are often offered in welcoming environments, with either the option to be held within the home environment and/or an accessible and calming community space. It is also important to consider stress levels within the practitioners themselves, having responsive supervision, support, ongoing skill development, to manage their own stress so they can help

their clients most effectively.

**Offered within the context of a multi-disciplinary setting/partnership:** Interventions with evidence of effectiveness are often delivered within the context of a multi-disciplinary specialised parent-infant relationship teams. It may well be that the context of where effective interventions are being delivered is driving some of the positive outcomes, as well as the highly-skilled staff that work in these settings.

**Integrated with other services within the local area:** It is important for services to be aware of and to work in partnership with all of the related professionals and services who support families with babies and infants. This includes strengthening links with health visitors, GPs, children's centres, midwives, perinatal mental health teams and many others.

**Respond to local need and address inequalities:** What works best will also depend on local factors such as geography, transport links, population need, and the level of resourcing of other services in the region<sup>2</sup>. Services should be designed so that they can support the needs of the local population. The Parent Infant Foundation suggest a way to commission for local need which includes taking account of the

prevalence of insecure attachment across the general population and making adjustments for local indices of need, including area-level deprivation, prevalence of adverse childhood experiences (ACEs), migration status, etc.

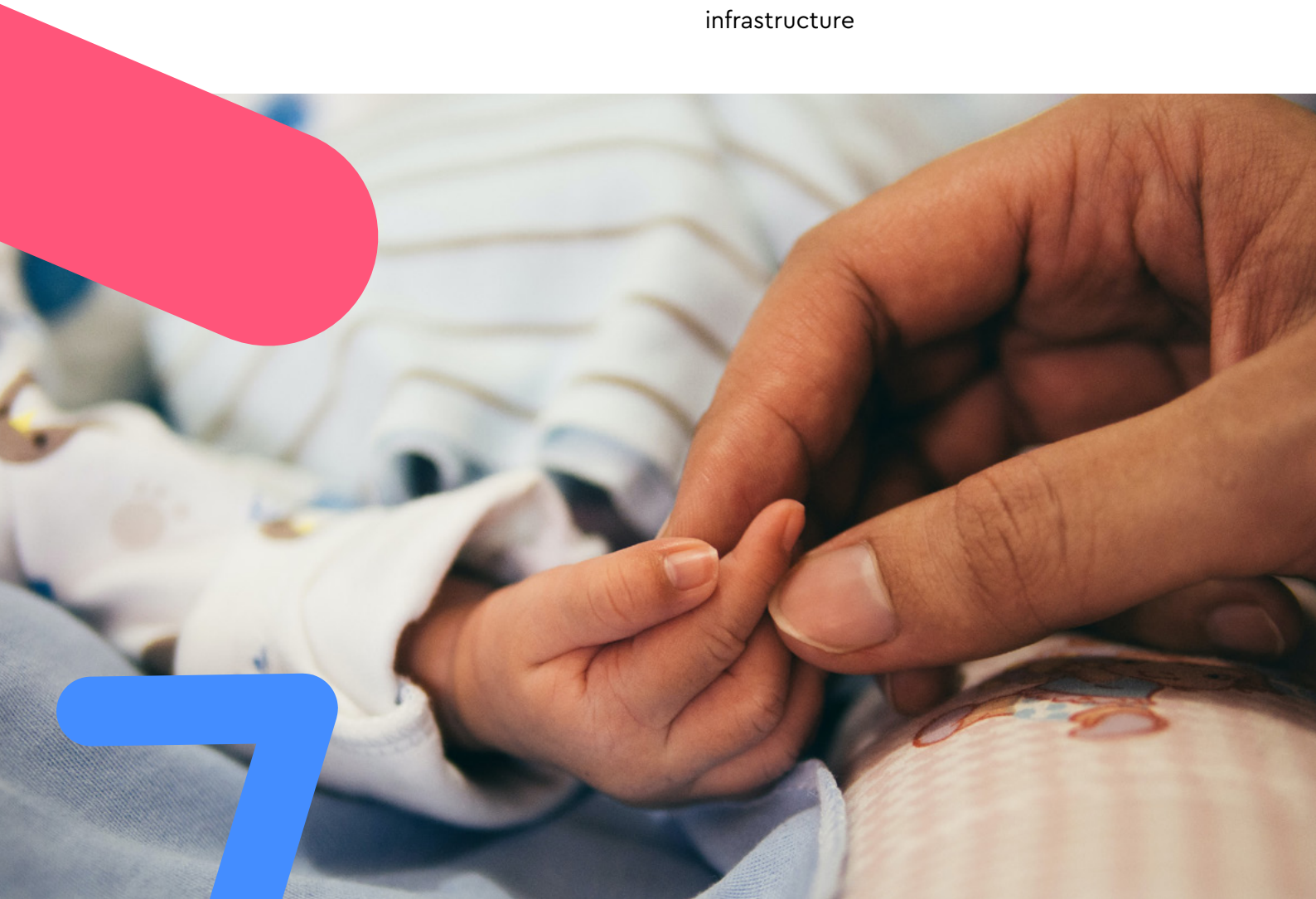
## Parental experiences of support

Engaging with interventions to support infant mental health can be a daunting experience and parents may face several logistical and emotional barriers. Moreover, parents who are reluctant to engage with services are generally more disadvantaged and vulnerable in a range of ways. However, once trust is established, parents value the support and can notice the positive impact on their own mental health, as well as their child's. It is important to remember that not all approaches will work for all families and their children. Strategies to boost engagement include multiple communication channels, well-integrated services, tailored support offers for disadvantaged and vulnerable groups (e.g. peer-to-peer outreach support), and delivery through universal vehicles such as Children's Centres.

## Models of parental engagement

Some of the roles that parents have led within early years and/or mental health services include peer-to-peer support, as parent champions, by taking an active role in their children's treatment, and collaborating with commissioners and practitioners on issues of wider service design and delivery. Effective parental engagement models often include the following conditions:

- Built on mutual trust
- Include opportunities for learning and development
- Asset-based – i.e., respect the value of parents' knowledge, skills and lived experiences
- Culturally responsive and respectful
- Collaborative – parents have an equal voice
- Interactive
- Embraced by senior leaders across the organisation
- Embedded in all strategies
- Sustainable via sufficient resources and infrastructure





## Public policy review

The analysis of public policies across the four nations of England, Northern Ireland, Scotland and Wales explored the priorities and approaches of each of the governments in relation to four areas of public policy that are most central to early years: health services; health visiting and infant health promotion; early education and child care, and; family support and social care; as well as any overarching policies on infants, children and families.

The policy review suggested that early intervention is preferred and also highlighted a gap regarding parent/carer involvement in early intervention approaches, which were largely seen as commissioned services.

Whilst there are variations in detail and delivery, in all four nations there are two main contact points between families of young children and public services. These are:

- Universal health promotion led by health visitors, with targeted interventions for those with additional needs;
- An offer of state-funded pre-school education;

Looking more broadly across the range of support families of young children may need to draw on, there are a number of political priorities that have been pursued in recent years. The following priorities have been pursued to varying degrees in all four nations, potentially impacting on the range or quality of support families can expect to see now or in the

future:

- Improving access to and provision of both perinatal mental health services, and, child and adolescent mental health services
- A move towards integrated commissioning and service delivery;
- Developing the role of early education in promoting social mobility; and
- The recognition of the value of prevention and early intervention to support families who are struggling.

The precise extent to which these priorities are actually translating into the availability and quality of services is hard to ascertain through this policy scoping alone. This is particularly true of the devolved nations, where research and reports scrutinising the implementation of policies appeared to be less readily available.

Furthermore, whilst these universal offers and common priorities may offer opportunities to drive this agenda forward, there are some potential disadvantages in current policies and approaches.

- Whilst the prioritisation of perinatal mental health is welcome, for example, focussing on clinical interventions could limit the reach of support. In the full report, we have highlighted some of the barriers, inherent in delivery of support as a specialist clinical service. Such a delivery model does not address issues highlighted in the literature



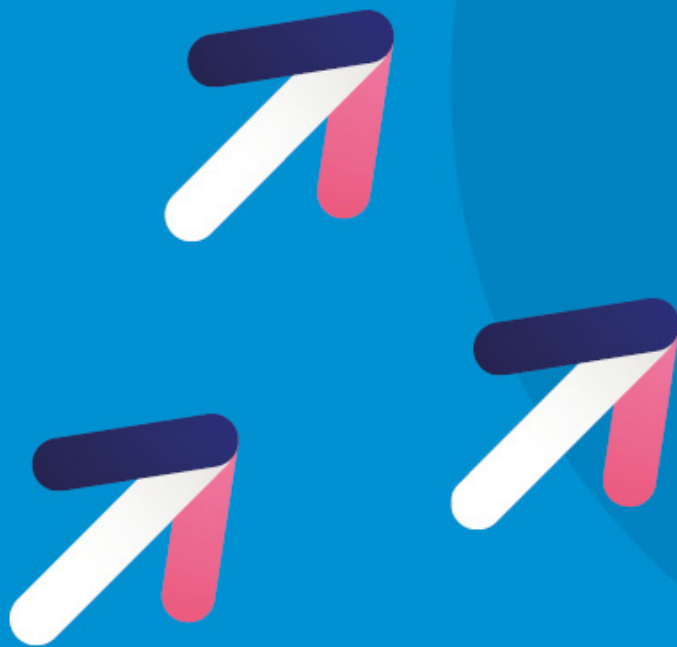
review around parents being informed and empowered to get support when they need it and addressing the needs of the wider family.

- The expansion of Child and Adolescent Mental Health Services across the four nations means that in each of the respective NHS systems there will be significant focus on children and young people's mental health. However, the extent to which this appears to explicitly address the mental health of infants and young children is variable and sometimes unclear. Whether these priorities in relation to CAMHS bear fruit for this agenda will depend on the extent to which the needs of younger children are properly considered in implementation and whether learning from initiatives aimed at older young people is translated across a wider age range.
- Recognition of the role that early education can play in supporting social mobility is likely to mean better access for those who have most to benefit from this service across a wide range of outcomes. However there are two factors which may stymie the contribution of early education, including the free entitlements, to young children's social and emotional development. Firstly, the qualifications of the workforce do not appear to reflect the evidence on the need for knowledge and awareness around mental health highlighted in the literature review or the evidence on the impact qualifications have on quality more generally. Secondly, whilst early years curricula refer to social and emotional development, accountability measures may encourage a narrower focus, on numeracy and literacy, for example.

There are also differences between the four nations in how similar services and initiatives are being delivered, investigation of which could extract crucial learning to inform change in this area:

- A range of models for health visiting are being deployed across the four nations. This diversity provides an opportunity for learning on key implementation issues such as the targeting of additional support, the balance between home visits and other forms of contact, and which evidence-based interventions can be delivered effectively by professionals who may not specialise in mental health.
- It is notable that a range of approaches have been used across the four nations in describing and targeting parenting support. In developing interventions that are able to reach those who will most benefit, and ensure parents maintain a sense of control, it will be important to draw on lessons from these different approaches in terms of service user experience. In particular, this could look at the experience of stigma or being 'judged'.
- There are also notable nuances in the various approaches to strategic integration and partnership working. The overarching children and young people's strategies in the devolved nations have differences in emphasis, for example, with Northern Ireland seeing a focus on rights and Wales seeing a focus on prevention. The scope of more focussed cross-cutting initiatives could also be an area of interest. Northern Ireland is the only part of the UK to have a multi-agency Infant Mental Health Framework. England, by comparison, is notably lacking in formal policy on strategic integration, although there are potentially encouraging developments such as the establishment of Integrated Care Systems by the NHS.

There is a welcome acknowledgement of the importance of promoting mental health, alongside recognition of the importance of social and emotional development in the early years, evidenced in a range of policies across the UK. The extent to which this addresses the mental health of infants and young children, as opposed to that of new mothers and older children, is inconsistent across the four nations and may require further development. Delivery models and the role of respective agencies in addressing this agenda do not appear to facilitate support that empowers parents. There is scope to better engage and equip universal services such as health visiting and early education to improve awareness of mental and social and emotional development. Policies generally promote the provision of mental health services and (particularly in England) family support in a clinical or overly targeted way which may discourage parents to seek support when they need it. Whilst there are elements of the policy landscape in each of the four nations that may help to tackle these weaknesses, the bigger picture suggests that support based on the strengths highlighted in the review of the literature is likely to be more the exception than the rule.



## Implications for research, policy and practice

The findings set out in this rapid review suggest a number of gaps in the literature, as well as several considerations to take forward into policy and practice. The key implications are outlined below with reference to the impact of COVID-19, along with a series of linked recommendations.

### Increase knowledge, skills and confidence to support infant mental health – for the public and practitioners

Data suggests there are prevailing misunderstandings amongst parents when it comes to mental health. We need to build on existing educational campaigns to increase public knowledge and reduce the stigma associated with mental health – shifting the narrative so that infant mental health is seen as an essential aspect of human growth and development.


With COVID-19 bringing conversations around mental health to the forefront, the mental health of children under five should not be overlooked in the debate and government response.

 **Recommendation** – UK governments should develop and deliver an impactful public awareness campaign to dispel common myths about infant mental health

that is culturally responsive and sensitive, and which promotes the use of a common and accessible language.

Effective interventions are often delivered by highly skilled practitioners with specialist knowledge and expertise. However, core training in parent-infant relationships and infant mental health is not currently mandated for many frontline professions, including GPs, midwifery and health visiting (it is usually accessed via additional training) and in the UK, early education and childcare practitioners are not required to have training in child development. It is vital that we increase the knowledge base of all professionals delivering universal interventions as part of their core training.

When lockdown is over, children will resume face-to-face contact with a range of professionals. The ability to identify and support any hidden, known or emerging mental health need will depend heavily on the quality and skill of the workforce.

 **Recommendation** – increase the knowledge, confidence and skills of universal early years' practitioners, including health visitors, GPs and midwives by including a mandatory training module in social and emotional development as



part of their core training. This should include training on how to measure emotional wellbeing using appropriate assessment and screening tools.

- » **Recommendation** – increase the knowledge, confidence and skills of staff working in early education and childcare settings through the UK, developing minimum qualifications and standards for the early education workforce. A mandatory training module in social and emotional development should form part of this core training, with particular focus given to supporting daily as well as more significant transitions.

## Value fathers and partners of women

There is good evidence that the engagement of fathers is highly beneficial for children's social and emotional development – and benefits seen when parents are together or separated. Despite this, fathers are more likely to be overlooked or inadvertently excluded by services supporting children. This was evident when reviewing evaluation studies, which most often included mothers and/or reported on maternal outcomes.

During lockdown, some fathers and partners may have developed a stronger bond with their child with increased time at home. Others may have found that the stressors of lockdown have put strain on the father-child relationship.

Where lockdown restrictions have prohibited attendance at midwifery appointments, births or neonatal intensive care units, family wellbeing may have been negatively impacted.

- » **Recommendation** – UK governments should review their policies and statutory guidance to reflect the importance of engaging fathers in improving child health outcomes, particularly social and emotional development. Paternal outcomes should be measured when evaluating the impact of an initiative or service designed to impact on parental and child health.

- » **Recommendation** – local areas and services should outline how they include fathers and partners of women in their local service provision, including how they will address the barriers to men accessing services and engaging in opportunities for parental involvement.

## Increase the number and quality of opportunities for parental engagement

Although parental engagement opportunities are an increasingly common feature across health, education and social care programmes, there are fewer examples focusing on infant social and emotional development. It is important for parents to have access to a variety



of different engagement models and that these are developed and implemented according to established engagement principles, such as the Dual Capacity-Building Framework for Family-School Partnerships. With the increased focus on and potential re-evaluating of the critical role of parenting within society as a result of lockdown, an opportunity exists to truly value, engage and empower parents.

➤➤ **Recommendation** – increase the frequency and quality of opportunities for parental engagement in infant mental health programmes, developing and implementing these in accordance with established engagement principles.

### Ensure all universal interventions include a strong, evidence-based educational component

Evidence suggests that parental knowledge of mental health, in particular knowledge of infant mental health, child development and the ability to recognise and regulate emotions is associated with positive child outcomes. It is important that all universal interventions include a strong educational component that is asset-based, has been co-developed by parents and has been tested for evidence of effectiveness.

Throughout lockdown, parents have asked

for support in managing the emotions and behaviour of their children. Any resources developed by governments and local services to support parents need to be applicable to the unique needs of children under five.

➤➤ **Recommendation** – boost the effectiveness of universal interventions by including a strong educational component that is asset-based, has been co-developed by parents and has proven effectiveness.

### Address health inequalities to make the most impact on child outcomes


Latest data from the Scottish child health programme collected in 2017/18<sup>5</sup> showed that concerns recorded around children's emotional/behavioural development were highest for children living in the most deprived areas of Scotland and/or were a looked-after child at the time of their 27–30 month child health review.

Common markers of disadvantage have also been linked with low service up-take, including receipt of both formal and informal support<sup>4</sup>. It is important to recognise that engaging with interventions to support infant mental health can be a daunting experience and parents may face several logistical and emotional barriers. Moreover, parents who are reluctant to engage





with services are generally more disadvantaged and vulnerable in a range of ways. COVID-19 and governments' response to it will have impacted vulnerable families the hardest and recovery efforts must be focused on the most disadvantaged.

 **Recommendation** – local areas must prioritise addressing population health inequalities through the provision of sufficient universal services, including a robust health visiting service to ensure families receive all their universal health reviews in order to identify vulnerable infants. Outreach programs, including those led by parents themselves, such as Parent Champions and peer-home visiting programs, should form part of the strategy for reaching groups of families that are hard to engage.

## Prioritise consistency of relationships and the development of trust within all services designed to support parental and infant mental health


The quality of the relationship, also known as attachment, between infant and primary caregiver is essential to developing good infant mental health. The logic model/theory of change that drives many effective interventions for positive infant mental health is primarily centred on improving attachment security.

In order for interventions to be effective, they need to be well resourced to enable practitioners to develop a secure and trusting relationship with families. Trust is at the heart of attachment. The reason that a family has been referred to a service in the first place, may be the very thing that makes it so hard for them to engage. Trust takes time to establish and is more likely with consistency of practitioner but once trust is established within a therapeutic relationship, parents value the support and can notice the positive impact on their own mental health, as well as their child's.

Research shows that women participating in an intensive home visiting programme reported to greatly value the relationships they established with their home visitors and identified a number of ways in which they had benefitted. These included increased confidence, improved mental health, improved parenting skills, improved relationships with others, and changes in their attitudes towards

professionals. These findings highlight that the therapeutic relationship between the home visitor and parents is central to the success of this intervention, and therefore, the need for home visitors to have the necessary personal and learnt skills and qualities to establish such positive relationships.


In some areas during lockdown, staff from community services have become ill or been redeployed to support COVID patients. Health, maternity and specialist services have also been reconfigured for virtual delivery. Virtual delivery as well as changes in staffing can impact on the development of trust between families and professionals.

 **Recommendation** – the Treasury and local decision-makers to provide more investment in frontline, universal services to enable continuity of care for midwives, health visitors, GPs and therapists, where possible. Evaluate organisational processes and policies that focus on staff supervision, wellbeing and retention.

## Provide a personal and integrated support offer for all families

Not all approaches to supporting infant mental health will work for all families. Some families may engage with clinical services whereas others may prefer less formal support, especially if the possibility of stigma and judgement is a concern. It is important that there are a variety of different services and interventions on offer in local areas so that families who need additional help can be identified and supported to choose a tailored support offer that includes treatment and other participation opportunities.

During lockdown, anecdotal feedback suggests that in some cases (but not all) younger parents may engage digitally through platforms such as Facebook and WhatsApp, whereas other families need face-to-face support from highly skilled staff in order to engage.

 **Recommendation** – health commissioners and local authorities should conduct a review of the range of services available in local areas – by level of need, target population, mode of delivery, etc. and work towards the provision of varied local support offers with all services committed to integrated, collaborative working. This should include urgently increasing access to specialist mental health support

via perinatal and infant mental health specialist health visitors, Child and Adolescent Mental Health Services for parents with children under age 5 as well as Specialised Parent-Infant Relationship Teams that can work with families during pregnancy and the first years of life.

## Improve the systems for measuring and responding to infant mental health

Current estimates suggests that ~12% of 5 year olds are at risk for a later mental health disorder. However, this evidence relies on proxy measurement and tools such as the ASQ-3 used in the 2-2.5 year review that do not assess emotional wellbeing in any level of detail. There is also disparity in terms of the measurement tools employed across the four nations, as well as differences in the timing of assessments for social and emotional wellbeing.

Throughout lockdown, families have had restricted access to the community and health visiting services that would normally identify emerging infant mental health needs – at a time where the risks to mental health have increased.

➤➤ **Recommendation** – include a mandatory assessment of emotional wellbeing at the 2-2.5 year health visitor review and review ways to streamline measurement across the four nations.

The latest prevalence study of mental health disorders in 2-4 year olds estimated the current prevalence to be in the region of 5.5% in England, but comparable data is lacking across the rest of the four nations and prevalence may well have increased as a result of the impact of COVID-19.

➤➤ **Recommendation** – make it an urgent priority to gather up-to-date robust prevalence data across all four nations.

## Increase screening opportunities and service provision for children aged 3 to 5 years


When considering vulnerability to poor mental health, research found that hyperactivity/inattention difficulties were more likely to have started by age 3 and persist through to school entry. Emotional difficulties, in contrast, had a greater likelihood of developing between the



period of pre-school and entry to primary school (i.e., between 3 to 5 years). This highlights the need for early screening and identification, and tailored transition processes between early education settings and primary school – particularly important in England where the last mandated health visitor review is required at 2–2.5 years. This can help to minimise further deterioration in mental health particularly where skilled, sensitive staff facilitate parental engagement in these processes and in any support subsequently offered.

Regarding interventions, there appears to be more interventions focused on 0–3 year olds with fewer targeted at families with children aged between 3–5 years. This may reflect decision-makers channelling limited resource to the 0–3 year period, which is evidenced as the key timeframe for establishing and cementing a secure attachment to the primary caregiver. As an additional safety net, it is important that interventions exist and are resourced in the 3–5 year period as well.

As lockdown is eased and finally ends, health visitors will resume face-to-face visits and will need to address any backlog of unmet. It is critical that children up to age 5 years are seen by a qualified professional skilled in identifying the mental health needs of babies and young children to ensure that children starting or returning to education settings have their mental health needs prioritised.


 **Recommendation** – health visiting services should offer at least one face-to-face visit between ages 3–5 years to identify any mental health needs (in particular focusing on emotional difficulties) that may prevent a successful transition into primary school.

## Conduct longer-term follow-ups to assess impact of interventions into later childhood

Many programmes delivered in the UK have yet to receive an established evidence base. Some of the null findings may be due to any benefits not being captured at immediate

follow-up. Where possible, we need to resource evaluations so that they can include a follow-up into early and later childhood.


During lockdown, many interventions have been adapted to operate virtually and it will be important to assess the long term impact of new and existing virtual interventions.

 **Recommendation** – UK Governments to provide adequate funding streams to ensure the feasibility of longer-term follow-up for studies of infant mental health interventions.

## Build in robust processes for ongoing monitoring and evaluation of programmes

It is also important to stress that evidence of effectiveness is not a replacement for ongoing monitoring and evaluation. The fact that an intervention has evidence from a rigorous evaluation conducted at one time and place does not mean it will be effective again. Therefore, ongoing monitoring and evaluation systems needs to be built into all existing interventions.

During lockdown, many services have been adapted to enable virtual delivery. It will be critical to understand the impact of virtual delivery on user- engagement and the development and sustainability of trust within therapeutic relationships. Caution should be applied to substituting face-to-face interventions with virtual ones.

 **Recommendation** – conduct a review of the monitoring and evaluation processes of existing programmes, with the ambition to ensure all programmes have a robust evaluation system in place within the next 5 years. Funding should be made available to disseminate best practice across all regions of the UK.

**The original full report on which this summary is based (written pre-COVID-19) is available on the NCB website.**

# Endnotes

- 1 <https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/#fullreport>
- 2 Ibid.
- 3 <https://www.isdscotland.org/Health-Topics/Child-Health/Publications/2019-04-09/2019-04-09-Child-Health-27m-review-Report.pdf>
- 4 Mabelis, J. and Marryat, L. (2011). Growing Up in Scotland: Parental service use and informal networks in the early years, Edinburgh: Scottish Government



## United for a better childhood

The National Children's Bureau brings people and organisations together to drive change in society and deliver a better childhood for the UK. We interrogate policy, uncover evidence and develop better ways of supporting children and families.

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