

***Starting Well, Starting Now***  
**Infant Mental Health  
Conference**

05<sup>th</sup> March 2026

# Event Welcome!

Dr Claire Dorris  
Assistant Director for Northern Ireland  
National Children's Bureau

# Introduction and Context Setting

Emily Roberts  
Interim Director of Nursing & Allied Health  
Professionals

# Infant Mental Health Action Plan Refresh

Emily Roberts

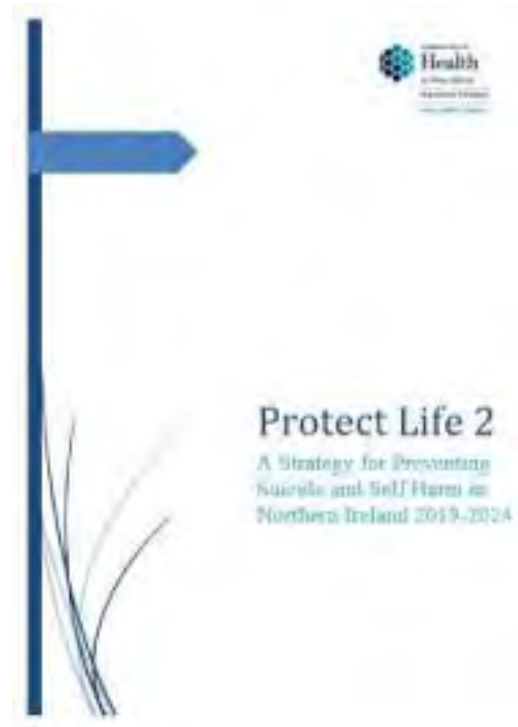


# Context

- Excited and pleased to be here to launch Northern Ireland's refreshed Infant Mental Health Framework and Action Plan.
- Reaffirms a commitment by the Public Health Agency as a collective with health, education, early years, government and community organisations to improve interventions from the ante-natal period through to babies aged 3 years old.
- Key speakers will provide evidence of the importance of offsetting risk to babies during a critical stage of early childhood development
- Since the introduction of Northern Ireland's first Infant Mental Health Framework in 2016, awareness and understanding of infant development have grown significantly across sectors. This progress has been supported by the expansion of services, strengthened workforce development, and the emergence of innovative practice across health, social care, education, and community settings.

# Context

- The refreshed 2026 Framework builds on this progress, placing renewed emphasis on cross-sector collaboration and highlighting how infant mental health connects with wider public health priorities, including reducing inequalities, embedding trauma-informed practice, and preventing long-term health difficulties.
- It also reflects growing recognition of how early relationships and parental wellbeing — particularly during the perinatal period — shape lifelong health, development, and resilience
- The updated Action Plan aims to support consistent, coordinated delivery across health, education, and community services, ensuring families can access the right help at the right time, especially during pregnancy and the first 1,000 days



Emerging NI government policy now recognises the critical importance of the early years, and commits to action...



# Infant Mental Health: Links Across PHA Strategic Themes



## Starting Well

## Living Well

## Ageing Well

## Mental Health and Learning Disability

### Early Years (incl. Breastfeeding)

- First 1,001 days critical (Shonkoff & Phillips, 2000).
- Breastfeeding builds bonding (Jansen et al., 2008).
- Programmes improve outcomes (Olds et al., 2007).

### Obesity & Physical Activity

- Self-regulation shapes appetite (Anderson & Keim, 2016).
- Bonding influences feeding (Ventura & Birch, 2015).
- Play boosts wellbeing (Carson et al., 2017).

### Sexual Health

- Secure bonds → safer intimacy (Simpson & Belsky, 2008).
- Adversity → risky behaviour (Felitti et al., 1998).
- Confidence supports choices (Jackson et al., 2012).

### Tobacco Control (+ Cancer Prevention)

- Smoking harms foetus (Huizink & Mulder, 2006).
- Passive smoke ↑ stress (Leonardi-Bee et al., 2008).
- Cancer disrupts families (WHO, 2020).

### Health Inequalities

- Deprivation harms IMH (Cooper et al., 2019).
- Stress lowers outcomes (RCPsych, 2021).
- Inequalities widen (Shonkoff, Boyce & McEwen, 2009).

### Ageing Well

- Early care builds reserve (Hertzman & Boyce, 2010).
- Adversity → chronic illness (Felitti et al., 1998).
- Security lowers loneliness (Mund et al. 2020).

### Wellbeing / Protect Life

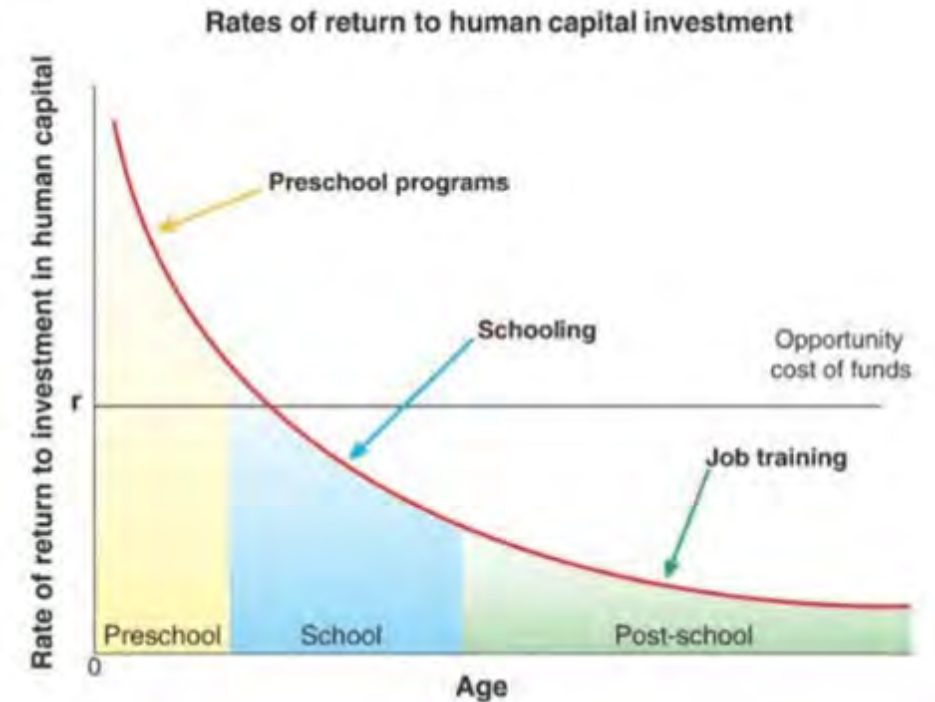
- Secure attachment builds resilience (Center on the Developing Child, 2010).
- Adversity ↑ suicide risk (Felitti et al., 1998).
- Early support aids regulation (NICE, 2020).

### Substance Use

- Prenatal exposure harms brain (Behnke & Smith, 2013).
- Misuse disrupts attachment (Suchman et al., 2006).
- Neglect risk ↑ (Grummitt et al., 2022).

# 1. Early years investment delivers the highest return on public spending

- Economic theory and empirical evidence demonstrate that the rate of return on public investment is **highest in the earliest years** of life and declines as intervention occurs later.
- **Nobel Laureate Professor James Heckman's** human capital framework shows that early cognitive, social and emotional skills increase the productivity of later learning and reduce the need for costly remediation, a relationship summarised by the **Heckman Curve** (Heckman et al., 2012).
- Peer-reviewed cost-benefit analyses of high-quality early childhood programmes for disadvantaged children estimate **annual social rates of return of between 7% and 10%, with some comprehensive birth-to-five programmes achieving returns of approximately 13% per annum** (Heckman et al., 2012)



The Heckman Curve shows that investing in early childhood delivers the highest economic return, with the value of investment declining as children grow older.



## 2. UK programme evidence confirms early years investment produces net fiscal benefit



\* UK-specific evidence demonstrates that early years investment can generate net positive fiscal returns, not merely long-term social benefit. The Institute for Fiscal Studies' evaluation of Sure Start Children's Centres estimates that **every £1 of public spending generated £2.05** in total long-run benefits, accruing to both government and individuals (Institute for Fiscal Studies, 2025).

\* The IFS analysis attributes these benefits to improved health outcomes, reduced hospitalisations, improved educational attainment and reduced later service use, and explicitly notes that the estimate does not fully monetise productivity gains or wider wellbeing effects, **indicating that the £2.05 figure is conservative** (Institute for Fiscal Studies, 2025).

### 3. The cost is already substantial in Northern Ireland

The Early Intervention Foundation quantified the economic consequences of late intervention in Northern Ireland and estimated the annual short-run cost to the public **sector at £536 million, equivalent to £1,166 per child per year** (Early Intervention Foundation, 2018).

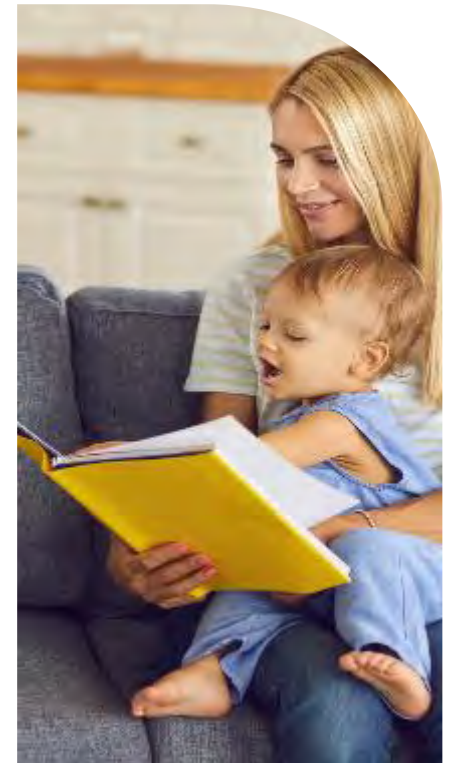
EIF identified the largest drivers of this cost as child protection and safeguarding, domestic violence and abuse, youth economic inactivity, and behavioural and mental health problems, **all of which are associated with high unit costs and statutory demand** (Early Intervention Foundation, 2018). This demonstrates that late-intervention costs are current, recurring and embedded, rather than future or speculative pressures.



## 4. Prevention offers material fiscal leverage even at modest scale

Given the estimated £536 million annual cost of late intervention in Northern Ireland, even small reductions in escalation pathways produce material fiscal benefit.

**A 1% reduction in late-intervention demand equates to approximately £5.36 million per year in avoided public expenditure, while a 5% reduction equates to £26.8 million per year, based on EIF's cost baseline (Early Intervention Foundation, 2018).**



EARLY  
INTERVENTION  
FOUNDATION

## 5. Audit bodies explicitly support early intervention as a value-for-money approach

The Northern Ireland Audit Office has stated that there is a strong economic argument for investing in long-term preventative measures, noting that although benefits may accrue over time, early intervention could **reduce future economic and social costs significantly** (Northern Ireland Audit Office, 2024).

NI Audit Office: prevention is fiscally rational

This audit position aligns with established UK value-for-money principles that prevention **represents better use of public funds** than late, reactive intervention (Northern Ireland Audit Office, 2024).



Northern Ireland  
**Audit Office**

## 6. Evidence-based early interventions demonstrate strong cost-effectiveness



**The  
Incredible  
Years<sup>®</sup>**

An Empower Community Care Organization

- Longitudinal evaluations of evidence-based parenting and early intervention programmes demonstrate substantial long-term cost savings. A major evaluation of the **Incredible Years parenting programme estimated a return of £4.57 for every £1 invested** over the life course, driven by reduced crime, improved employment outcomes and lower public service use (Gardner et al., 2017).
- A synthesis of international evidence indicates that some parenting and early intervention programmes can generate savings of up to **£15.80 for every £1 invested** (Nystrand et al., 2020).



# Overview of Evidence

Evidence	Key financial figure	Why this matters
Early childhood investment (economic returns)	<b>7–10% annual rate of return; up to ~13% p.a.</b>	Highest-return point in the life course; later spend less effective (Heckman et al., 2012)
UK integrated early years services (Sure Start)	<b>£1 invested → £2.05 total long-run benefits</b>	Demonstrated net positive return in UK programme (Institute for Fiscal Studies, 2025)
Cost of late intervention – NI (total)	<b>£536 million per year</b>	Large recurring, avoidable public-sector cost (Early Intervention Foundation, 2018)
Cost of late intervention – NI (per child)	<b>£1,166 per child per year</b>	High unit cost once needs escalate into statutory systems (Early Intervention Foundation, 2018)
Financial leverage of prevention (NI)	<b>1% reduction ≈ £5.36m per year</b>	Marginal improvements generate multi-million-pound savings (derived from EIF baseline; EIF, 2018)
Audit and value-for-money perspective (NI)	<b>Early intervention reduces future costs significantly</b>	Cutting prevention increases medium- and long-term fiscal risk (Northern Ireland Audit Office, 2024)

# Conclusion

Taken together, evidence from Nobel-level economics, UK fiscal evaluation, audit bodies and Northern Ireland-specific cost analysis demonstrates that early years investment is associated with **high economic returns, demonstrable fiscal benefit, and significant cost avoidance**, particularly when contrasted with the substantial and recurring costs of late intervention already borne by the Northern Ireland public sector (Heckman et al., 2012; Institute for Fiscal Studies, 2025; Early Intervention Foundation, 2018; Northern Ireland Audit Office, 2024).



Reducing early years funding is therefore highly likely to result in **cost shifting** rather than genuine savings, increasing medium- and long-term expenditure across statutory services and undermining value-for-money objectives (Northern Ireland Audit Office, 2024).

# Bibliography

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- Vlahovicova, K. et al. (2017) Parenting programmes for the prevention of child physical abuse recurrence: A systematic review and meta-analysis. Clinical Child and Family Psychology Review. Available at: <https://link.springer.com/content/pdf/10.1007/s10567-017-0232-7.pdf>



# Conference Opening

Mike Nesbitt MLA  
Northern Ireland Health Minister

# Personal Impact Story

Caitlin McCloskey  
MAS Young Mum's Project (WRDA)



Led by



# Launch of the Infant Mental Health Framework and Action Plan

Maurice Meehan  
Strategic Lead for Health and Social Wellbeing  
Improvement, Starting Well, PHA



Public Health  
Agency

# Refresh Plan

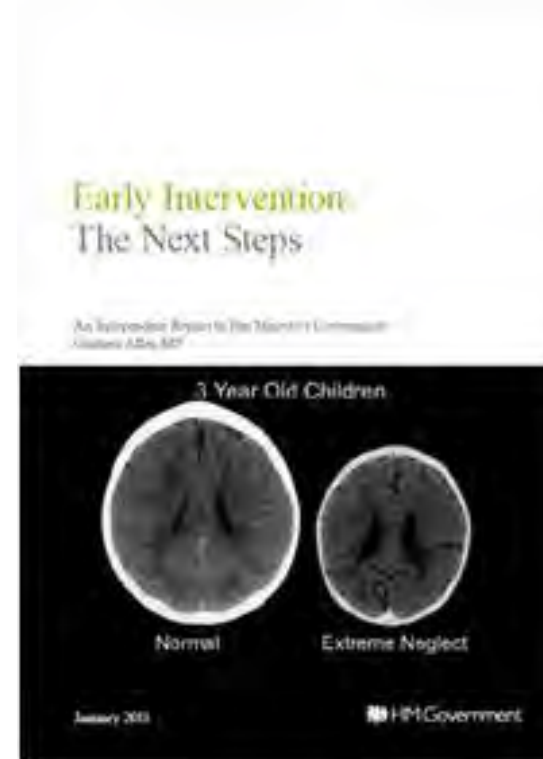
Maurice Meehan

Strategic Health Improvement Lead Public Health (Starting Well)

# The starting point

“All who care about realising the potential of our babies, children and young people need to work together and take the pathway to a long-term Early Intervention culture”

Graham Allen MP  
January 2011



# The journey so far...



2025/ 26

Refreshed IMH Action Plan

2016+

Implementation & Progress

2022 - 2024

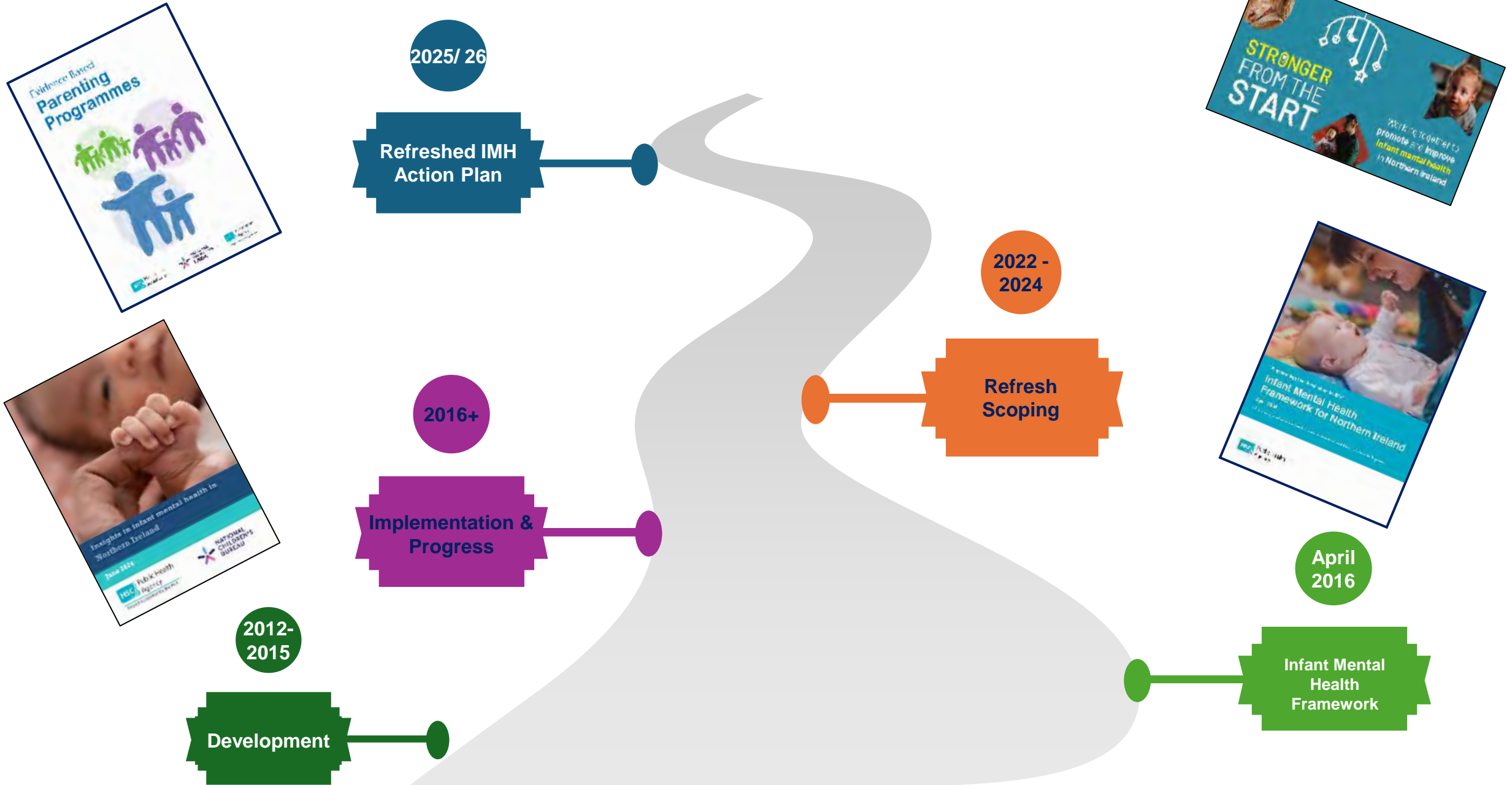
Refresh Scoping

April 2016

Infant Mental Health Framework

2012-2015

Development



# Infant Mental Health Plan 4 Lenses



# Public Health Lens

DEATH



Life Course

BIRTH




Public Health Wales, 'The Welsh Adverse Childhood Experiences (ACE) Study' (2016)



Parent Infant Relationships (PAIR) Services Commissioning Toolkit (2023), Parent Infant Foundation

# Framework vision and outcomes


Parents and practitioners, and the wider population, better understand the importance of attachment and the essential elements of positive social and emotional health in infants.



Parents and practitioners have improved skills to engage positively with infants to maximise their social and emotional development.



Practitioners and parents are better 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 with clear referral pathways and are available to respond to identified infant mental health and wellbeing needs across the region, on an equal basis for all.

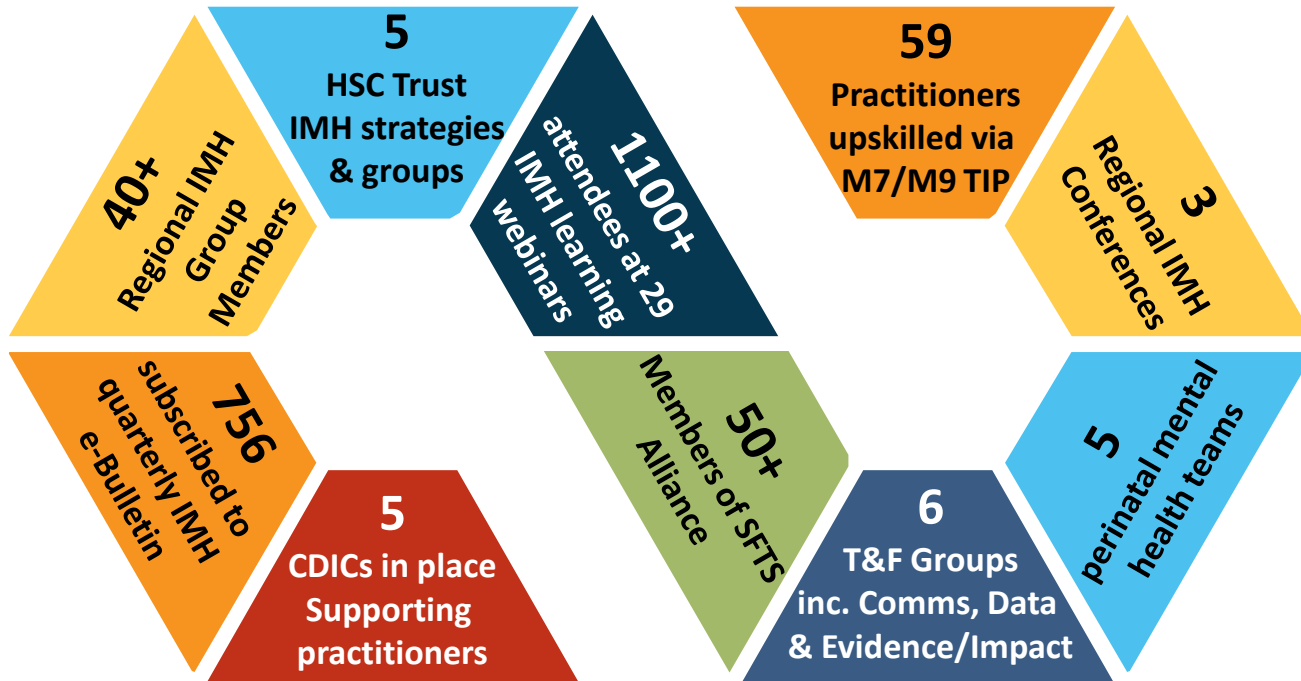
# Key Priorities – the three pillars

Evidence &  
Policy

Workforce  
Development

Service  
Development

# Developments since 2016...



# Next steps & a call to action

Maurice Meehan

Strategic Public Health 'Health and Social Wellbeing Improvement Lead (Starting Well)'







*‘Do what you can, with what  
you have, where you are,’*

Theodore Roosevelt

**Scan the QR code to read  
the Framework!**



# Break!

Please don't forget to check out Seminar Room 1 for display stands of IMH Best Practice in Northern Ireland