



**Needs, challenges, successes and priorities for infants,
their families and those who support them**

**A scoping study to inform a refreshed Infant Mental
Health Framework**

Prepared for the Public Health Agency by NCB, April 2022

Introduction

This report summarises the findings from a range of research activities undertaken to support the refresh of the Public Health Agency's Infant Mental Health Framework, and inform the next phase of delivery. Key themes are summarised below, along with implications for consideration in developing a refreshed Framework and Action Plan.

Research activities included the following:

- Survey on needs, challenges and priorities (75 respondents, representing a wide range of statutory and voluntary sector organisations)
- Targeted organisational survey on significant achievements (8 respondents – including Health Trusts, Sure Starts and IMH membership body)
- Focus groups with key stakeholders (50 participants representing practitioners, parents, commissioners and policy makers)
- A review of strategic and policy developments
- Summary of emerging research on infant mental health

Headlines at a glance

Needs of infants and families, and challenges faced:

- The impact of the Covid-19 pandemic on infants, including the labelling of 'COVID-babies', the opportunities for socialisation that have been missed and the resulting increased incidence of developmental delays.
- The impact of Covid-19 pandemic on families, in particular isolation, financial pressure, rising domestic violence, illness and many other issues.
- Poor parental mental health (exacerbated by the pandemic), difficulty in gaining appropriate access to support services, and the ongoing impact of stigma in seeking help.
- Further education and awareness raising is needed on infant mental health (including attachment and bonding), with increased reach to include fathers and wider family members.
- The need for a full range of services, from universal to specialist, to support differing needs, with infant mental health knowledge embedded at appropriate levels.
- The need for access to quality childcare and early education, with IMH knowledge and trauma-awareness embedded.

Challenges for services and the workforce:

- The pandemic has left the workforce depleted and under severe pressure, and this is set to increase as demand for services increases post-lockdown.
- There is a lack of sufficiently long-term funding and limited workforce capacity to build services, and attract and build capacity for the workforce.
- There remains a lack of joined up working from Departments, with silos still obvious, which hinders true collaboration on the ground.
- There are long waiting lists, difficulty accessing services & unclear pathways with complicated referral procedures.
- Increased investment is needed in building the local evidence base for 'what works' in supporting infants and their families.

Biggest achievements:

- Development and delivery of a wide range of evidence-informed services to support infants and their parents, with evident impact.
- Influencing policy and policy makers – e.g. as evidenced in the Mental Health Strategy, Protect Life 2, and A Fair Start.
- The launch of all Trust-level Infant Mental Health Strategies, and their implementation through local strategy groups.
- Developments across the workforce to support infant mental health through training and capacity building, including Solihull, M7/M9 and other opportunities.
- There is a wider increased awareness of the importance of infant mental health – reaching new audiences with key messages.
- There has been successful continued service delivery during the Covid-19 pandemic with adaptations made to services where possible.

Future priorities:

- Joining the dots between local & regional infant mental health strategies, & other strategic developments, to provide equality of opportunity for all babies.
- Promotion and awareness raising of infant mental health through a public awareness campaign to address perceived gaps in general knowledge.
- Increased focus on supporting dads, particularly post-pandemic.
- Now more than ever, embedding trauma informed practice for all.
- Committing to local research on needs and on impact of services. What do local practitioners actually need to know?

- Research to understand the longer term impacts of the pandemic on infant development for local children.
- Ensure a focus on mild to moderate need, alongside development of specialist services
- Make use of available population and service impact data to ensure services meet local needs.
- Consideration of future workforce needs, capacity and education, and potential opportunities for recruitment.
- Recognition of COVID-19, the pressures facing services and the workforce, and allowing time to rebuild, reset and heal.
- Making time to clearly include the voice of service users in service development, delivery and strategy.

Summary of stakeholder survey findings:

Needs, challenges and priorities.

Section 1 Family Needs

Q. What do you think are the biggest needs for infants and their families currently in supporting positive infant mental health?

1. Parental mental health and access to support (including importance of trauma informed professionals)

Support for parental mental health was raised as an important issue for families. Availability of counselling and support groups provided by trauma informed professionals, and care by consistent professionals during pregnancy were both suggested as way of promoting parental wellbeing. Availability of specialist services was also raised for families in need of more targeted support. Respondents highlighted that these services should ensure they do substantial outreach work with families who may not know about what services are available to them, particularly those from ethnic minority backgrounds.

"Children need their parents to be emotionally available to them. Parents need access to professional help quickly when a difficulty arises."

"Specialist IMH services using evidenced based therapeutic interventions."

2. Education on infant mental health (including attachment and bonding)

Respondents thought information about infant mental health should be more readily available for parents. Respondents suggested that this should include explanations of attachment theory and how to bond with your baby using accessible language. Practical suggestions for how to promote infant mental health were also welcomed, along with explanations of how infant mental health impacts on later development.

"Lack of understanding as to how families can impact infants mental health in a positive way. We need more in relation to public health education and how this can be done quite easily. It does not need to cost money, so look for straightforward easy messages for families and promote the positive LONG term impact IMH can have and don't dwell on the negatives."

3. Impact of Covid-19 pandemic

Respondents felt that the impact of the Covid-19 pandemic has been significant for babies and families; especially the increased isolation people have faced because of the restrictions and the knock-on effect on parents' own mental health. It was expressed that the pandemic has increased pressures on services supporting families which has meant they have had to wait longer to receive help in a timely manner, including for parental mental health issues. It was also voiced that the pandemic has placed more families under financial pressure.

"Pressure of COVID-19 on parents. Financial pressures, access to appropriate services in a timely manner - health, education etc."

4. Impact of the environment, including poverty

The increasing numbers of families living in poverty and other environmental strains such as poor housing and family breakdowns were raised as important issues affecting infant mental health. This links to the above point on the impact of Covid-19 and the increased financial instability families have been facing, as more families are living in poverty.

"Impact of poverty, inequalities and global pandemic and the expectations on new parents to be nurturing and 'baby minded' when support structures are diminishing and pressures on families and services are building."

5. Access to childcare and early education

Access to affordable and high-quality childcare and early years education was also raised as an important need for infants and families' wellbeing, as well as early emotional and social development. Respondents raised the high cost of quality childcare as a strain on families' resources.

"Children need access to other children so they can play and develop positive social and emotional skills. Parents need occasional time and space to themselves to focus on their own positive emotional health; this has a positive knock on effect on their emotional availability to their children. Access to high quality childcare and early years provision."

6. The need for a full range of services, from universal to specialist, to support differing needs

Respondents raised the need for a full range of services to support infant mental health, including universal service and specialist targeted services. This is because individual families will have different levels of need, and it is vital that sufficient services are in place to meet the full range. It was also expressed that services should be delivered by trained professionals, including midwives and health visitors.

"At the heart of this is the need for well-resourced, universal care supported by evidence-based targeted interventions, together with specialist infant mental services for babies and young children at most risk. It's about ensuring the system, as a whole, addresses infants needs and those of their parents/carers. Early support for vulnerable families that enhances parent's wellbeing and supports the parent-infant relationship is crucial."

Q. What do you think are the key contextual drivers and barriers impacting this?

1. Lack of access to mental health services

Respondents raised the difficulties accessing mental health support services as a barrier to having infant and parental health needs being met. This included having access to supportive professionals at the right moment. The specific needs of mothers experiencing mental health challenges and the lack of access to counselling or other supportive services was voiced as being an issue for parents. Respondents felt this led to increased chances of infant mental health problems because opportunities for early intervention with parents experiencing challenges are missed. Respondents also raised the issue of generational trauma and the impact on parents, which in turn can affect infant mental health.

"Barriers: No specific commissioning for specialist IMH services, IMH services and perinatal mental health provision connectivity; provision of perinatal mental health services across the stepped care model, including mild to moderate perinatal mental health needs, access to psychological therapies in maternity."

2. Lack of funding and limited workforce capacity

A number of respondents joined up the dots between lack of funding and commissioning of services and a workforce increasingly under strain due to issues with capacity. This cut across both universal and targeted services for supporting infant mental health. Health visiting and midwifery were specific professions respondents felt were under intense pressure. They linked funding and workforce problems to wider issues in the economy and increased financial pressure.

"Deficits in universal service workforce e.g. midwifery & health visiting combined with extreme pressures on service delivery & competing demands."

3. Hard to access services

Respondents thought a key barrier was accessing information about the range of infant mental health services which are available to them. In addition to this, it was felt that there was not enough consultation with families about the kinds of services they would benefit from being able to access. It was thought that improved consultation with families would help address barriers, along with increased awareness raising about services which already exist, including for perinatal mental health.

"Availability of groups, classes and activities. Difficulty accessing information, lack of access to services and lack of access to professionals."

4. Parents' lack of awareness about Infant Mental Health

Respondents felt there was a gap in parents' knowledge about infant mental health. This included information about healthy pregnancies and the effect of stress and substance misuse

on unborn babies. They also thought a lack of education about attachment was an important issue because of how critical it is to early social and emotional development.

"Lack of knowledge of the importance of attachment on infant mental health."

5. Impact of the Covid-19 pandemic

The impact of the pandemic was felt to have had a significant impact on families' and infant mental health. Many babies and toddlers have only known life living under the various restrictions and associated impacts of the pandemic. They have missed home visits from professionals and access to group activities. Lockdowns and restrictions on social contact mean that extended family support has been harder for families to access. Families have had to live more isolated lives in comparison to prior to the pandemic which has an impact on infant mental health.

"Covid restrictions, covid fears, knock on effects of isolating. 0-3 is such a narrow time space, babies who have lived their whole lives to date under the 'covid cloud' need to know about normalcy."

6. Financial pressure on families

This links to the above findings regarding the impact of the Covid-19 pandemic and the increased stress families have faced as a result. Specifically, the impact of increased unemployment and the reduction in Universal Credit were mentioned as concrete examples of more families living in poverty.

*"Financial pressures - unemployment, reduction in benefits."
"Covid pandemic. Government policies re Universal credit."*

Section 2 IMH Evidence and Policy

Q. What do you think has been the biggest achievement under this area for your organisation?

1. Development of evidence-informed services to support infants and their parents

Many respondents expressed that an achievement had been the development of evidence-informed services to support infants and their parents. Respondents mentioned a variety of services and programmes which had been established, such as infant mental health/ CAMHS service, a "star babies programme", sure start, and services which support families in their own homes. It was also raised that services such as "baby massage" and "lockdown babies" continued to be delivered despite the Covid-19 pandemic, and some respondents noted that a universal care approach had been adopted within the context of infant mental health.

"There has been an infant CAMHS service accessibly to children 0-3 and their families"

2. Training for parents, practitioners, and professionals

Respondents mentioned that an achievement has been the provision of training to support both parents, practitioners, and professionals. Some respondents specifically praised the teaching of Solihull.

"We have developed training clusters for parents. settings and a website with loads of fabulous resources as well as providing tailored interventions."

"It has increased the amount of training available to professionals. It has highlighted core, evidenced based training approaches that make a difference."

3. Impacting policy and policy makers

Some respondents raised that an achievement has been the increased awareness of the importance of infant mental health by policy makers. One respondent mentioned that they have published research which has informed policy relating to perinatal mental health in Northern Ireland.

"Our focus in Northern Ireland has been our influencing work in respect of babies and their parents. NSPCC NI published research in 2018 in partnership with the Royal College of Midwives and the Community Practitioners and Health Visitors Association on those professionals' experiences and perspectives in relation to perinatal mental health care in Northern Ireland. The report generated important evidence which has informed the development of policy and services in respect of perinatal mental health care in NI."

4. Developments in the workforce to support infant mental health

Respondents mentioned that their organisations have adapted their workforce in order to attend to and support infants' mental health. Some concrete examples include the creation of a specific Parent-Infant Mental Health Support Worker, the development of a specialist Infant Mental Health team, "mental health champions", and collaboration with other organisations. Respondents also highlighted that an achievement has been a focus on the client/ nurse relationship and the development of common tools/ models for the collection and collation of outcomes data from Sure Start.

"The creation of a specific "Parent-Infant Mental Health Support Worker" with responsibility for expectant parents, and those with babies up to the age of 12 months."

5. Increased awareness of the importance of infant mental health

Respondents noted that an achievement has been the increased awareness of infant mental health across organisations and professionals working in the early years. Some respondents voiced the need to promote positive infant mental health and the importance of it. One respondent highlighted the importance of evidence from reports relating to Covid-19 and its impacts on families and children.

"It has brought the concept and importance of IMH into the consciousness of professionals in the early years."

"Awareness raising of Infant Mental Health across the organisation- via training, participation in a range of working groups across Northern Ireland and overall supporting staff and practitioners to understand and support mental health across the life span."

Q. What do you think has been the biggest challenge under this area for your organisation?

1. Impact of Covid-19

Respondents raised that Covid-19 had made providing services and completing home visits a challenge. Respondents highlighted the focus on critical clinical care (such as ICU) due to the pandemic, and that it has resulted in staff being pulled out of their main roles and responsibilities. Difficulties due to the increase in clients' mental health needs over the past couple of years were also noted.

"COVID – 19 has been a major challenge - to remain focused on supporting Infant Mental Health when there are many other competing demands can be difficult but sharing the work load regarding this has been a huge help."

2. Lack of awareness by policy makers and the general public

Respondents mentioned that getting politicians and policy makers to understand the importance of infant mental health, alongside the overall lack of awareness of the area, had been a challenge. The lack of awareness and understanding of the impact of Sure Start was noted as a particular example, and respondents raised that they felt demoralised that this was the case despite their efforts over many years to collect and collate evidence. The need to promote areas of good practice and to educate policy makers, politicians and the public about infant mental health was stressed. It was argued that infants need to be pushed to the top of the agenda, and that the current lack of prioritisation of infant mental health linked to the lack of services in this area.

"We believe that there is a requirement for a greater focus on establishing what the specific needs are of infants in Northern Ireland and a firm commitment and actions to meet these needs, particularly the needs of our most vulnerable infants. As already highlighted, there is a need to educate policy makers, politicians and the public about infant mental health, and particularly to recognise that infant mental health problems do not solely arise in the context of perinatal mental health issues, in the same way that not all cases of perinatal mental health difficulties lead to infant mental health problems. Infant mental health as priority in its own right must be addressed, starting from the antenatal period. To date there has been a lack of prioritisation of infant mental health and a lack of development of and therefore availability of services."

3. Lack of resources and funding

Respondents raised that a lack of resources and funding to support infant mental health had been a challenge. Specific examples included no specialist infant mental health provision, no availability for follow up, high numbers of referrals and a lack of staff to support this, not having a health visitor, a lack of midwives, and not having the confidence or money to take part in play therapy training.

"Families not having that relationship with health visitor case load not having a health visitor. Not enough midwives to work in our service"

"Implementing support on the ground due to funding"

4. Inequality in service provision

Respondents suggested some families are prioritised over others when it comes to gaining access to services that support infant mental health. Specifically, respondents raised that young mums under the age of 18 are not prioritised the same as mums over the age of 18, and that arrangements of Sure Start and health visiting services have resulted in some families not getting universal home visiting services. Respondents expressed the need to reduce stigma.

"Areas where this no access to Surestart and where health visiting services are targeted for the most needy means that all families who need support are not getting universal home visiting services"

5. Need for research and training

Respondents raised the need to stay on top of research and to look at realistic ways to educate staff, particularly as we come out of the pandemic. However, respondents mentioned difficulties staying up to date with research and attending training due to the demands of working in the early years. It was also raised that there had been challenges relating to staff who have indirect contact with children, but still attend courses, to value their own input in the promotion of positive infant mental health.

"Staff in early years services are so busy with the excessive demands of their job that that they often do not have the time they need to keep up-to-date with research and attend training. We need to develop an organisational plan to take the Strategy forward and embed it in everything we do in the early years."

Q. What do you think should be priority for a refreshed IMH framework under this area?

1. An understanding of the specific needs of babies and families during the pandemic

Respondents felt that the new refreshed strategy should include acknowledgement and mitigation measures for the impact of the Covid-19 pandemic on infants and families. Increased pressure on families' lives and the increase in mental health difficulties more broadly means more families will need support. The impact on babies and young children may not be

fully known for some time which means that it is vital that the strategy plans account for this. Maternity services and antenatal support have been disrupted by the pandemic. Action plans will need to account for the disruption experienced by families during the pandemic.

"The impact the pandemic has had on mental health in particular and then how this will impact on IMH for many families and how best we can intervene and help."

2. Improved systems and ways of working

Respondents felt there was a need to establish an understanding of the full spectrum of needs of infants and families in NI, particularly the most vulnerable, for example, those in contact with children's social care. Establishment of Infant mental Health Teams in each Trust was also suggested as a way of meeting local need more effectively. Linked to this, respondents raised the need for better information sharing between professionals and teams to improve multiagency working. It was suggested that improved systems and multiagency working would reduce individual Health Visitor caseloads and enable improved early intervention with families.

"IMH Team in each trust. Full roll out of multi-disciplinary team approach (health visitor caseloads reduced) to allow for regular targeted prevention interventions and enhanced parenting support for all."

3. Workforce and service planning

Respondents thought more strategic planning of services and the workforce would contribute to improved experiences of families. A common suggestion specifically was increasing the number of Health Visitors and providing them with specialist training on perinatal mental health. It was expressed that future service planning should include a focus on the programmes, services and interventions that are already in place in NI, and how they can be further embedded, funded and improved to ensure maximum impact, rather than commissioning only new services or approaches.

"Focusing on the programmes, services and interventions we have already in NI and how these can be further embedded, tweaked, funded and operationalised to maximise impact (as opposed to the next new thing)."

4. Value perinatal and early years family support services

It was voiced that the updated strategy should contribute to awareness raising about the importance of the first 1000 days. All children 0-3 years old should be able to access support to enable them to thrive. Combined with this, increased access to adult mental health services for parents and carers should be prioritised. Specifically, it was suggested that workshops should be developed for parents and carers from the antenatal period onwards to provide information about infant mental health and how to promote it.

"Focus on first 1000 days!!! Ensuring everyone understand the importance of investing in this."

Section 3: Workforce Development

Q. What do you think has been the biggest achievement under this area for your organisation?

1. Staff training and adoption of new programmes

The most commonly reported achievement was specific staff training and the successful roll out of new programmes supporting infant mental health. Respondents were very enthusiastic about Star Babies and the Solihull Approach. More broadly respondents noted a success to greater awareness in the workforce and training in trauma informed approaches.

"Introduction of the Star Babies Model - Star Babies is an enhancement of the universal Child Health Promotion Programme offered additional regular health visiting and family support from the antenatal period until the baby is 12 months of age."

2. Expanding workforce

In addition to improved staff training and new programmes, respondents reported investing in additional skilled team members as another key achievement, as well as the introduction of new teams. This included family support workers and baby programmes. Having individuals in posts who were qualified in child development and supporting parents was reported as invaluable.

"Having a person in the Parent-Infant support role who is qualified in infant and child development (Level 3, 4 & 5 qualifications have been completed) and has already been working in a Parent-Infant capacity elsewhere in the organisation - this means that they have already developed knowledge and relationships with the families the organisation is working with and supporting."

3. Working successfully during the pandemic

Another commonly reported achievement was organisations continuing to work and deliver support to families throughout the pandemic. Respondents noted that this had taken its toll on staff, but it had been really important to continue to deliver help to families in need.

"Working throughout the pandemic, doing home visits although the flip side is that this took its toll on staff."

Q. What do you think has been the biggest challenge under this area for your organisation?

1. Funding and limited workforce capacity

The most commonly cited challenge for respondents related to not having enough funding and resources. This cut across both universal and targeted infant mental health services. The lack of continuity of care for midwives and health visitors was identified as a barrier to

identifying infant mental health problems at the earliest stage, and it was suggested that increasing the numbers of professionals in these roles could contribute to being able to provide continuity of care. Other responses noted they did not have enough members of staff to deliver all the required work to meet the mental health needs of infants and families. It was conveyed that waiting lists for CAMHS and mental health services could also be significant.

"Resourcing. Providing support to children with needs in this area; our Early Years Inclusion Service is chronically under-resourced so we are not able to meet the need in this area."

2. Impact of Covid-19 pandemic

Respondents noted Covid-19 pandemic to be a significant barrier in supporting infant mental health. The lack of face to face interaction makes building relationships and identifying issues more challenging for organisations. The demand from families has also substantially increased since the onset of the pandemic. Another challenge reported by respondents was the redeployment of staff, reducing capacity further.

"COVID - 19 - redeployment of staff resources to focus on emerging needs and new ways of working."

Q. What do you think should be priority for a refreshed framework under this area?

1. Universal messaging across NI and more training/education opportunities about infant mental health

Respondents thought there should be more opportunities to receive training in infant mental health and that there should be universal messaging across the country regarding infant mental health. They also thought it should be included in the curriculum to enable knowledge to become more embedded in society. It was emphasised that leaders and government need to recognise infant mental health as a priority.

"Universal messaging regarding infant mental health across Northern Ireland. On line access to training - wider selection. Links educational institutions and award bodies to ensure that infant mental health is part of the taught curriculum."

2. Improved join up of services and departments

Respondents thought that improved cross departmental working would lead to better join up and delivery of services. They also thought better joined up working would promote more early intervention with infants and families. Respondents expressed that as part of improved joined up working, an assessment of the specific needs of infants and their parents in NI would help to inform the service planning on a strategic level. It would also contribute to workforce planning and development. Specifically, respondents felt that Health Visiting roles and other infant mental health services should be developed together.

"Cross departmental working so that early intervention can be provided."

3. Addressing funding and workforce development

Respondents felt addressing funding and staffing issues were of central importance. Adequate funding would enable staff to complete training specific to infant mental health. It was suggested there should be a requirement for baseline qualifications in order to take on a role supporting parent and/or infant mental health, and that anyone who works with children and families should have some form of training about infant mental health. The use of a workforce competency framework could also help make clear what individual roles involve and are responsible for. Specific programmes such as the Solihull approach were referenced. More broadly increased staffing levels and increased numbers of midwives and support workers in the community were also thought to be important.

"Adequate funding to allow staff to complete training specific to infant mental health. A requirement for baseline qualifications in order to take on the role of a Parent-Infant Mental Health support role."

Section 4 IMH Service Development

Q. What do you think has been the biggest achievement under this area for your organisation?

1. Training and new programmes

The most commonly cited success respondents reported were regarding increased training opportunities for staff and learning opportunities for parents. Staff training had been provided online and that was reported as a key success. Some respondents reported practical training sessions for staff which included support and advice. Others had received specific courses such as "Theraplay" and "Calm Plans", along with the already Solihull programme. One respondent had introduced specific mental health workshops, targeted at improving parental awareness about infant mental health.

"Staff training has led to better understanding of IMH. Staff are aware of referral pathways and local support systems for families."

2. Improved knowledge of infant mental health

Linked to increased training as described above, respondents reported a greater level of understanding about infant mental health and supporting families. They reported that understanding and awareness across members of staff had evidently increased, which meant they were better able to identify issues and to provide support. They were also able to make

referrals to other services when needed. One respondent had reshaped their service to increase delivery and engagement of parents during pregnancy and the first year of life.

"Increased awareness and understanding on Infant Mental Health across the staff team."

3. Successful delivery during the Covid-19 pandemic

Respondents recognised the challenges of delivering during the Covid-19 pandemic and were proud that staff had continued to deliver support to families who needed it. Staff adapted their ways of working to keep in contact with families and maintain relationships despite the difficulties involved.

"Supporting all families throughout COVID - 19 without a break in service - creating innovative ways to keep in contact - garden gate visits and via online platforms."

Q. What do you think has been the biggest challenge under this area for your organisation?

1. Service referrals and level of demand

A key challenge raised by respondents was around a lack of services to refer infants and families to. Combined with that, many services which are in place were reported as having extremely long waiting lists. This included Child and Adolescent Mental Health Services (CAMHS), which were referred to as overloaded and unable to take further referrals. Respondents noted that there are significant numbers of children presenting with additional needs at 2.5 years but who do not get the support they need until later in childhood, and that opportunities for early intervention are regularly being missed.

"Services for families once identified are poor. Wait lists for specialist services are very long so a child might well be identified as having need at 2.5 - 3 years but not get help from a suitable professional until they are 8 years."

2. Covid-19 pandemic

Respondents raised that Covid-19 pandemic is an ongoing challenge and has an impact on the amount of support organisations can provide to infants and their families. Staff are having to balance competing pressures on their time and have also had to deal with redeployment of team members without anyone to replace them. Remote working due to the pandemic was also raised as another challenge that had been experienced.

"Capacity to deliver with competing pressures – Covid."

3. Keeping a focus on infants' needs

An issue raised by respondents was the need to ensure a specific focus on the most vulnerable infants and their parents or carers. This should also include an acknowledgement of the infant's specific needs, and make sure there is balance between infants and parents or carers. The issue of creating programmes which suit larger groups of infants and families was also raised as an issue, along with running them with parents where babies are present.

"A key challenge is to ensure a focus on the most vulnerable babies, infants and their parents/carers. There is also work to be done to ensure that there is a firm emphasis on the needs of the baby/infant, rather than solely on the parent/carer."

Q. What do you think should be priority for a refreshed framework under this area?

1. Targeting vulnerable groups

Respondents highlighted that the system as a whole should address infants needs and those of their parents or carers. Investment should be based on need and be evidence based. Early intervention with vulnerable families should be prioritised and services should prioritise the parent-infant relationship. Respondents raised particular groups who should be targeted for additional support beyond what is available through universal provision. This included:

- Parents age under 18.
- Mothers or carers experiencing post-natal depression or psychosis.
- Respondents recommended more research into mother and baby units in NI as there are not currently any in the country.
- Support for parents or carers whose young children are showing traits of Autism.

"As per our responses above, it is about ensuring the system, as a whole, addresses infants needs and those of their parents/carers. Investment should be based on need, sufficient to meet the need identified and firmly evidence based. Early support for vulnerable families that enhances parent wellbeing and supports the parent-infant relationship is crucial."

2. Strategic improvements across the country

Respondents thought strategic improvements would help create a better functioning system of support for infant mental health. The strategic developments should be based on research with families and professionals about what works. Respondents argued this should include a clear multiagency framework, including education and health, and set out clear expectations about service delivery and funding. It should ensure that all Trusts are supported to progress

in supporting infant mental health and established specialist support. Universal provision must form part of the core offer and services which have been affected by Covid-19 should be fully reinstated as a matter of urgency.

"A clear framework of what is expected for organisational delivery so that there is consistency across all services."

Section 5 Impact of COVID-19

Q. How has COVID-19 impacted the families and/or infants you work with?

1. Increased safeguarding concerns

Respondents noted increased safeguarding concerns about infants since the onset of the pandemic. While reporting of issues went down initially, demand is now increasing at scale. Reports of domestic violence increased during lockdowns and the NSPCC reports that rates of serious harm against babies increased by a fifth in England and that calls to their helplines saw increases in reports of all forms of child abuse. They do not currently know enough about the rates in of abuse in NI.

"Child protection concerns dipped but now emerging at scale."

2. Impact on parents and carers mental health

Respondents raised that the pandemic had a significant impact on parents' mental health and wellbeing. They have faced increased isolation and being cut off from previously existing support networks, such as extended family and friends. It has also been more difficult to access supportive services for mental health such as counselling. Many families have been under greater financial pressure or have been pushed into poverty. The specific experiences families went through while giving birth during the pandemic are reported to have been traumatic, due to not being able to have support in hospital during labour and appointments such as scans.

"Increased isolation/lack of access to key services/ increased anxiety/increased continence, sleep and behaviour issues/more complexities in families - breakdown, domestic abuse, safeguarding, mental health issues."

3. Impact on infant development

Respondents reported concerns about infant development because of the pandemic. Many infants were not able to receive home visits by professionals, a key way of picking up concerns and beginning early intervention. Infants have missed out on opportunities to spend time with other children which may have affected their social and emotional development. For toddlers', respondents felt the pandemic had compounded already existing developmental difficulties.

"Face-to-face contact in the early stages of Covid will have impacted on some children's needs being identified and addressed by services."

Q. How has COVID-19 impacted services you deliver to these families/ infants?

1. Remote support

Many respondents highlighted that Covid-19 has resulted in restricted service delivery due to support becoming remote. Respondents raised that this has increased waiting lists for those needing direct support and has meant that some services have been prioritised over others. It was also noted that virtual support is less personal than face to face support, which is needed for sensitive issues. Furthermore, it was conveyed that clients do not engage meaningfully with telephone consultations and are discharged when they are difficult to reach, and that programmes on zoom have lost their appeal. Respondents also raised concerns regarding safeguarding due to families not being seen face to face, and argued that the remote delivery of services is linked with the issue of under resourcing in the early years. Some respondents highlighted more positive aspects of virtual services and that it has encouraged the development of alternative methods of support. This particularly relates to classes for antenatal parents, who have been able to complete the classes in their own time. It was also acknowledged that for some children and families a virtual or hybrid offer remains more appropriate, rather than a one size fits all approach.

"Had to move to telephone, online and 'garden gate' (for delivery of resources) during lockdowns. Currently, hybrid as Zoom continues to work for some and Covid still a threat (e.g. some antenatal mums and dads prefer being online in the evenings). However, in the main face to face in homes and in groups is vital and some services such as VIG were stalled completely until home visits could resume."

2. Increased demand for services

Respondents highlighted that there has been an increased demand for services due to Covid-19. This particularly relates to families struggling with mental health issues, and respondents noted that there is a lack of resources to meet this increasing demand.

"we have more families struggling with mental health issues, not enough services to sign post too, and not able to access a health visitor"

3. Increased staffing pressures

Respondents raised that there has been increased pressures relating to staffing because of Covid-19. Covid-19 has resulted in staff being deployed to acute services and removed from services which support infant mental health to help vaccinate, despite demand for services rising due to increased needs. It was mentioned that organisations were left on their own despite requesting support and multiagency decision making. It was also commented that the

constant changes in guidance was difficult to follow, and that at times wearing a mask had been a barrier.

"Created additional pressures in relation to staffing due to redeployment and demand due to increased needs."

Q. Where should the focus of IMH promotion and improvement be in the recovery phase?

1. Services to support parents

Many respondents raised that there should be a focus on services to support parents' mental health and wellbeing, particularly in pregnancy and the postnatal period. Respondents also voiced the importance of providing early intervention, information and support groups to parents and families, and directly speaking with parents to find out what their needs are. Special provision of programmes to support young families was also highlighted as key.

"As emphasised throughout our responses, preventative and early support for vulnerable families that enhances parents wellbeing and supports the parent-infant relationship is crucial."

2. Re-establishment of face to face services

Respondents emphasised the importance of re-establishing face to face services and supporting parents and infants outside the home. It was conveyed that there should be a focus on building relationships and trust back with parents and carers in the community who did not attend online programmes, and in providing home visits for families who have missed out due to Covid-19.

"Focus on building relationships back up with parents and carers in the community who did not want to attend online programmes, ensuring that we are reaching them all and bringing them back into centres where possible."

3. Increase in funding and resources

Respondents raised that there should be an increase in funding and resources to support child care settings and infant mental health services, such as SureStart. It was highlighted that issues relating to staffing should be resolved, and that there should be a focus on recruiting specialist staff roles to help provide additional support and guidance. Respondents also conveyed the need for resources to support staff's own mental health and wellbeing.

"More resources so that families get the support they need when they need it."

4. Campaigning/ increasing awareness

Respondents voiced the need for public campaigns to raise awareness and promote positive infant mental health, particularly relating to the importance of attachment and talking to and

playing with your child. Such messaging needs to be a priority area so that it can impact both present and future generations. It was also highlighted that an increased awareness and understanding of the impact of Covid-19 on children and families is required, and that this should be recognised by all government departments and recovery plans.

"Ensuring government (all departments) understand the challenges for families with infants that Covid exacerbated and that they are not invisible in recovery plans. That we need to address issues such as housing, childcare services and family income."

Q. Please share any additional comments you think should be considered for a refreshed IMH Framework.

1. Promotion and awareness of infant mental health

Respondents commented that a refreshed Infant Mental Health Framework should ensure that infant mental health remains at the top of the agenda and continues to grow in momentum. This should include listening to and responding to the voices of parents, extended families 'on the ground' around their lived experience; particularly those who do not or cannot fill in online surveys etc. Respondents also suggested ways of raising awareness about infant mental health, such as the creation of an early year's development book for parents and carers, and improved education about infant mental health in schools.

"Infant mental health should remain at the top of the agenda and the current momentum should continue to grow."

2. Specialist services

Respondents highlighted that a refreshed Infant Mental Health Framework should pay attention to the provision of specialist services for children with additional needs and young parents. These services should adopt a holistic approach to focus on how a child's additional needs impacts upon the whole family, and should make sure that early intervention is utilised.

"Focus on whole family and also special needs and how this impacts child, parents and siblings"

3. Consideration of workforce

Respondents commented that a refreshed Infant Mental Health Framework should include consideration of workforce; especially a focus on multi-agency working and multidisciplinary knowledge. It was also stressed that staff should be offered support for further professional development, with correct pay banding and recognition of therapeutic services. Furthermore, it should be ensured that staff are qualified and have the knowledge needed to drive forward education on the importance of promoting positive infant mental health.

"Multidisciplinary knowledge on trauma and the impact this can have on children. Taking advice from colleagues across the water especially Scotland and the use of the

Shannari resources which help focus family's using simple languages. More professionals should be offered further professional development with correct pay banding and recognition of therapeutic services eg yoga, mindfulness and play therapy and integrating this in a trauma informed way to help educate children in managing their emotions as early intervention."

4. Recognition of Covid-19

Respondents highlighted that a refreshed Infant Mental Health Framework should recognise the impact of Covid-19; including reflections on some of the positives learnt from the pandemic and how to move forwards as restrictions ease.

"Recognition of the impact of COVID and then how best to move on in a positive way , also remembering some of the positives from the pandemic"

Summary of findings: Focus groups

The following section summarises discussions at focus groups with key stakeholders, including parents, practitioners, policy makers and commissioners. Focus group participants were asked to consider the current needs for infants and their families; gaps in knowledge; and challenges and priorities for workforce development and service delivery.

What do we know about the needs of infants and their families currently?

The past two years of life have been significantly impacted by the pandemic. While parents and practitioners were asked to reflect on needs in the wider sense, the pandemic has exacerbated existing needs, and brought ones, and therefore colours all discussions. Current needs are summarised below.

Infant developmental delays

This is a significant concern for all interviewed. Parents are extremely concerned at the potential impact (short and long term) of the pandemic on their child's development, including social, emotional and physical. Those children born during the pandemic have been labelled 'COVID babies' (which in itself is worrying for parents in case the label means they are treated differently). Concerns are varied:

- There are common reports of separation anxiety, as infants have been at home constantly with one & often two caregivers, therefore are unused to meeting other people, or being separated from primary caregivers. Many reported a noticeable lack of eye contact or engagement with strangers.
- It is important to note that as with everything, there are very different experiences for all and some families are doing better in lockdown. Many parents were able to spend more time with their babies/infants than they would have pre-lockdown, due to Furlough, closure of services/pre-school settings etc. This has been a huge benefit for some, and parents and practitioners report instances of very strong attachments between parent/child.
- Masks have prevented babies and infants from engaging with facial expressions, which are a key part of emotion and communication development. Some babies have reacted negatively to seeing faces without masks as they are unused to this.
- Reduced access to structured activities and restricted movement has meant many infants have missed out on physical activity to support fine and gross motor skills. Some have had no access to play space, or toys/equipment that would have helped them to develop these skills. In general, parents and practitioners feel physical activity has significantly reduced for infants during the pandemic.
- Speech and language delays are being identified at an increased rate as children start to come back into contact with services. The daily social experiences and interactions with staff in early years settings, with health professionals, with wider family and with other children all support language and communication skills, and these have been severely curtailed.

- Opportunities to identify developmental delays have also been curtailed. Some parents reported little/no visits from their health visitor, and many children have missed their 2 – 2.5 health visitor review, a key screening opportunity, while access to GP services as the first point of call for parents with concerns has also been impacted. These are both critical points at which to provide early intervention where delays were identified.

Getting an appointment with a GP is a real challenge, and we [parents] feel guilty about 'bothering' the GP. How many parents are ignoring concerns? What's slipping through the net in terms of health or developmental concerns? I've learned over the past year that if I have concerns I really need to stand up and push for a response, which may not be possible for a parent who is struggling with mental health issues or has no other support. (Parent)

- There has been an increase in behavioural issues observed, which parents and practitioners feel in part is due to frustration at communication difficulties.
- There have been significant increases in statutory assessments and Statements of Special Educational Needs over the last number of years, particularly for children with significant behavioural needs and there are gaps in provision to meet their needs.
- Overall, these delays and additional needs will impact school readiness, which will pose difficulties for services further down the line. We don't yet know what the lasting impacts will be, and this in itself is a concern for staff who will need to support families.

"Even in pre-school settings the impact of two years of COVID and the lack of socialisation, we don't really know yet the longer-term implications are going to be... it is hard to imagine that those two years would not have had some sort of impact". (Practitioner)

Parent mental health and wellbeing concerns

Mental health of parents and wider family is an immediate concern for practitioners and parents, given the difficult two years of the pandemic. Parents are also trying to navigate their way through lockdown and the traumas of the past year, many on top of giving birth and the difficulties faced there. Rates of reported domestic abuse have been steadily rising since the beginning of the pandemic, bringing concern for parents, the unborn child and infants/older children. There are also concerns at increased rates of alcohol abuse and the potential impact this can have on a child.

There are numerous reasons which may lead to parental wellbeing concerns, including:

- lack of opportunities to engage with peers and services face to face therefore missing critical emotional and practical support.

- Lack of support from wider family due to shielding and periods of isolation. New mums have missed out on support from their own parents, visits from friends and family during the early days and months.
- Difficulty accessing mental health services during lockdown.
- The wider global situation currently and the anxiety this brings - *There is a general culture of fear, now added to by situation in Ukraine.*

The news is grim and this impacts parent wellbeing, which impacts child wellbeing. (Practitioner)

- There is huge concern at the impact of changes to maternity services during the pandemic. Appointments were often rushed, with potentially no time to talk about mental health/wellbeing. Partners were not allowed into appointments or in run up to birth, and many new mums felt very vulnerable. One mother shared her own personal experience of giving birth during lockdown:

I was shielding in the late stages of pregnancy to stay safe, didn't see anyone, and had to go to appointments alone without my partner. The baby was underweight & delivered early, my partner was only with me for labour and then partner had to go home after the birth so it was a very lonely experience. It was a really tough time. Had this of been my first child, I would have really struggled to cope. (Parent)

The antenatal process should be special and memorable, but it has been rushed through with the bare minimum and an underlying atmosphere of fear. That is bound to have had an impact on families. (Practitioner)

- Many dads felt very isolated during the antenatal period as they were excluded from appointments. All agree that a much bigger focus on dads, including their role in supporting infant mental health, and in supporting their own wellbeing, would be welcome.
- There are specific concerns for families newly arrived in Northern Ireland, without wider family support or networks. Many of these families are vulnerable, at risk of increased developmental delays and isolated due to not having English as their first language.
- Despite efforts, there remains a stigma in discussing mental ill-health. Some parents report a fear of discussing their issues in case it puts their family life at risk or raises flags with social services. Parents need supported to raise the perinatal mental health conversation or any concerns without fear of judgement or repercussions for their child.

Growing poverty and adverse childhood experiences

Perhaps the most pressing concern is the rising cost of living and growing poverty for families, as a result of increased fuel, food and amenities. In line with Harlow's hierarchy of needs, food and shelter take priority over social and emotional nurturing.

- Adverse childhood experiences were already prevalent, and have been made worse. Families don't usually have one specific issue but multiple and complex issues.
- The basic needs of children are not being met. However, for some parents the focus on meeting daily needs may lead to neglect of the social and emotional needs of a child.
- Poverty also increases anxiety and stress for parents, and in some households may lead to an increase in violence, abuse or neglect.
- There are high numbers of children's referrals, looked after children and children on the Child Protection Register.
- There is anecdotal evidence that many families are suffering post-traumatic stress, & more so where the birth experience has been traumatic.

"Poverty is one of the greatest stressors for a parent, with an increase in stress comes an increased risk of abuse and physical violence even towards children. (Practitioner)

"The impact of poverty, it is off the scale. It is not the families that we would necessarily expect to be struggling... having a very very significant impact, particularly where the basic needs are not being met and everything else is nearly squeezed out. I am very concerned that if parents are struggling to literally meet the day to day needs of their children physically, how do they then cope with the emotional and social needs of the children." (Practitioner)

Where are the gaps in knowledge and how should we be communicating key messages?

While the language of infant mental health is well accepted by practitioners across services, there is some concern that the language is a barrier for parents, who struggle to understand what it means in practice. The preference is to continue to use the terminology, but to invest in better understanding what supporting infant mental health means in practice for parents, and how this fits within the wider context of the family, for example a new baby in a family where an older child has complex needs.

The term 'infant mental health' is not well understood. There is a need to contextualise the definition within a whole-family model in relation to the home environment and interaction with the other family members. (Practitioner)

"People struggle with the term 'mental health' for adults generally, and I would say that they really struggle with the word 'infant mental health. There needs to be a bigger drive, if that is the language that we are sticking with ... and have a good definition of what that means." (Practitioner)

- Infant Mental Health remains 'everyone's business' and as such efforts should be stepped up to disseminate the key messages on what IMH is and how it can be supported in practice. There is strong support for a public health awareness campaign

to do this. This may also include information on mindfulness and techniques to deal with anxiety for parents and children, to address wellbeing concerns.

- It is agreed that there is plenty of information out there, however a central repository would make it more accessible. Some Trusts are developing their own 'PageTiger' sites to collect evidence in one area.
- For parents, there is information overload which may mean they are missing the main messages. Parents would like simple messages on what IMH is in real life, for them, how they can support it, and what they can do that is low cost or no cost. The messages should stress that it is quality time, rather than money spent, that makes the difference.
- Knowledge targeted specifically at dads, with messages tailored to highlight their role and how they can support infant mental health, is a critical next step.
- It was noted that in expanding messaging more widely, prominent community workers may be an ideal target audience. They have huge influence in many areas and are key to sharing information and getting messages out to those who might not normally be involved in discussions. This may be particularly useful to influence dads. In some communities, a cultural shift is still needed away from the traditional 'dad as breadwinner, mum as caregiver'.
- The critical contribution of early years services should be recognised – they are not just 'day-care' facilities and provide support for social and emotional development and early education.
- While there is a significant amount of research available, there is a gap in terms of implementation of programmes and services in the local context, and this should be a priority.
- What do we actually know about infants and their families? Data development and data sharing is critical to ensure services are relevant to the families who use them. However data protection and GDPR is a barrier. Data gaps have been identified including children's' developmental milestones, teenage births and others, and this requires more work to identify and plug gaps in knowledge. This need for better data sharing is highlighted in A Fair Start (2021).
- Practitioners raised the issue of the link between infant mental health and perinatal mental health. It would be useful to clarify the connections and differences, and how the two agendas align.

What are the key workforce issues and priorities?

The level of need which will present at early years settings when things are fully open again.

- As has been the case over the past two years, vacant posts and redeployment have left staff teams depleted right across the region. As normal services resume all round, capacity should be revisited and recruitment efforts stepped up.

- Early years workforce will need time to heal, reflect and rebuild after what has been a particularly traumatic and difficult time for them. They continued to keep services afloat where they could, and many are experiencing compassion fatigue/burnout.
- Most staff remain motivated and eager to continue to support staff, but are tired. Many found the experience 'demoralising' with staff reporting feeling 'undervalued'. Looking ahead, it will be important to recognise the work of the early years sector, and in particular the voluntary and community organisations who have continued to support families throughout.
- There are some examples of good practice in supporting staff wellbeing (such as the Compassionate Leadership training). Staff wellbeing will be a priority ahead.
- While most organisations have internal structures such as supervision and staff wellbeing initiatives, there is some concern for organisations who rely on volunteers, including as leaders, and what support they have access to.
- Staff are currently 'pulled in fifty different directions' reacting to need. For many, they are looking forward to the chance to be proactive & innovative again after having had to be reactive for so long.
- The overall increase in level of need from families has meant a lot more responsibility and pressure on staff to identify and provide support. They are having to have more difficult conversations with parents that they perhaps haven't had the training for, which is leading to increased stress and anxiety.
- Frontline practitioners often struggle to access the evidence that is relevant to them, and would appreciate support in interpreting it to inform their practice. However they also need the headspace to reflect on what they have learned and put this into practice.
- Despite availability of staff training, there are huge capacity issues which are preventing uptake. Non-essential training is currently pushed aside to ensure that essential services are delivered.

The staff that are there are catching their tails all the time. It is hard to introduce something else for staff to do, whether it be knowledge which will help them to do what they are already doing. It is not capacity in the workspace, it is head space for staff to take time and reflect. (Practitioner)

There is a need for foundation training for staff who work initially with pre-school children that they are speaking a common language and there is a common philosophy in regard to child development, attachment, nurture and trauma... a practice evidence base, fidelity to those gold standard programmes in the advice that we are giving to parents and settings. (Practitioner)

I think we need to get better at making things more fun and enjoyable ... if we can grip them in a different way I think we will see a different outcome... It is knowing what is out there and thinking differently about the delivery of information to people so it is not boring". (Practitioner)

The bigger research picture doesn't change, so we need to think about what staff really need to know & how it can be applied to the areas that really need it & make a difference to lives. (Practitioner)

- There has been significant effort put into training staff, in particular through the Solihull Approach. Practitioners would like to know what how do we know if this is making a difference? What is its reach, and what impact is having on practice, and on children and families? A training and competency framework would also provide much needed guidance on the level of knowledge by each level of staff.

It is almost like I feel as if we have no foundation from which to determine the road that we have travelled, we have no starting point. I hope that within the revised framework that this is a key priority. It we had a training and development framework that an appreciation of the level at which a staff member needs to be trained to carry out their role effectively. (Practitioner)

What are the priorities and gaps for service development?

As face to face services begin to open up, most services are focused on reshaping their offer to meet the new and emerging needs of infants and families. There is concern that there will not be sufficient capacity to meet the scale of needs identified above. Many early years and pre-school settings will be the first service contact many children have had, and this will be the first opportunity to identify delays. This brings an increased burden to already overworked staff.

- Services are seeing a massive increase in referrals and fear this is only the beginning of issues being uncovered. SENCO roles are being developed/expanded pending concerns on developmental delays and increasing referrals for additional support.
- There will be a need to try to reengage those families who have lost contact during the pandemic. There is a core of families who have maintained contact and are happy to attend services, whereas those who haven't stayed in contact may be more concerning with more pressing needs. Some families are still frightened to come out, therefore a different engagement approach may be needed.
- Future services will need to focus on rebuilding resilience in parents and children, coping skills, self-regulation, and in addressing the social/separation anxiety and potential speech, language and developmental delays. Children starting school in September will have had significant disruption to their early education and so addressing issues in early primary years should be a big focus.
- A trauma-informed approach for all will be more important than ever considering the impact of the pandemic.
- Parent mental health is a huge concern, and many services will be focused on providing parent 'me time' and parent support groups rather than just a parent

programme – as this is what parents need at the minute to allow them to then support their children.

- Services are also starting to focus on providing opportunities for toddler engagement to address the lack of social opportunities throughout the pandemic. Many services have or will be capping their numbers to enable quality engagement and interaction and allow staff to spend the time needed with each parent/child.
- Early years settings will continue with the practical support they began during the pandemic, for example putting together play packs to engage families. These were much appreciated by families.
- The already well-documented issues of long waiting lists for specialist services continue to cause concern, and indeed have been exacerbated.
- Will staff in private day care provision have the knowledge/experience to pick up on developmental delays that would have previously been identified by health/education professionals? And are they appropriately aware of services and referral processes to get support?
- There is a need to spread the reach of infant mental health key messages to practitioners working more broadly with families, ensuring a common language. Examples include in preschool and primary education settings; social work; housing executive; NI guardian Ad Litem; family courts and wider justice professionals working with families. Further investment in Solihull, with expansion to other sectors, is one way to do this, ensuring consistency of messaging.
- There is learning to be taken from developments during the pandemic, and many services will consider a blended approach moving forwards, while also remaining aware of vulnerable families, potential inability to access online activities, and the need for face to face interaction. Opportunities to share good practice will be appreciated as all services address similar challenges.
- Pathways between services remain unclear. While local services are familiar with one another, it is not clear how they can and do establish connections to ensure smooth transitions for families moving between and within services. Many noted that there still remains a need to embed a continuum of support from pregnancy through to school age.

Fundamentally we need to streamline what happens between health and education and ensure a good flow of communication... and ensuring the same messaging.

It comes back to co-ordination and collaboration and a continuum of support from pregnancy to a child starts school and transition between services. We have all these fantastic projects and programmes happening, but they are not really connected, they are still quite disparate... we should have a circle of support around that age group, with everyone very clear about what help is available at each stage and how information is passed on. (Practitioner)

- There is a need to standardise the pre-school day, ensuring quality provision and targeted support for all two-year olds, regardless of their circumstances.
- Parents and practitioners are keen that opportunities for parents to inform services are expanded and that coproduction models are further embedded in everyday practice. Asking parents what they need is the best way to ensure services address those needs. Service user involvement would also help bridge the knowledge gaps identified above.
- The short-term funding model common across the voluntary sector does not allow for programmes to be fully established, capacity building and resources to be invested in, and results in high staff turnover. Long term funding is essential.
- The reliance on GPs to be the first point of contact and to make referrals is seen as a barrier to effective support. Many would like to see the return of community based services, delivering services where people are at, rather than expecting them to travel. This would help address lack of engagement, particularly for those in rural or disadvantaged communities.

Significant achievements

A wide range of specific and general significant achievements were highlighted throughout discussions – some of these are highlighted below.

- The IMH framework as a starting point in raising the profile of IMH and the embedding of a common language and the broad acceptance as an areas of policy focus, as evidenced in A Fair Start (2021) and at Stormont.
- SureStart is widely acknowledged as having been a 'lifesaver' for parents during the pandemic. For many practitioners and parents, expanding this to wider areas, or indeed seeing it become a universal service would be a dream. Parents and practitioners expressed concern for how families living in small or rural communities have coped during the pandemic if they don't live in a Sure Start area.
- The Sure Start 'Nurture Programme' and antenatal 'Welcome to the world' version, was mentioned by many parents as being one of the best programmes they have attended. This has helped them to build skills to recognise their child's emotions, and their own, and to cope with these.
- BHSCT CYGNETS programme achieving formal accreditation from the Parent Infant Foundation in February 2022.
- ABC PiP and outdoor programmes within SEHSCT.
- Raising the profile of IMH through workforce development, including the embedding of Solihull training, social work engagement in the M9 programme
- The creativity of teams delivering parent and infant programmes adapting to online delivery to ensure service delivery and promote IMH awareness.
- The greater availability of high-quality evidence-based parenting programmes regionally, enhancing parental engagement.

Priorities and wishes for future IMH work across NI

- There is a lack of evidence of departments and agencies working together, and this is much needed now more than ever. How is the Children's Services Cooperation Act being implemented, and how can it better support regional IMH work? The Early Intervention Transformation Programme was an excellent example of cross-departmental budget sharing, resulting in significant service development.
- A Department for Children, with one strategy from pregnancy to 18, and a joint funding stream to deliver it, would be ideal!
- While individual Trust IMH strategies are welcome and have led to a wealth of excellent practice, many feel there is a regional disconnect and would like to see a more joined up approach across Trusts. This would streamline services, reduce duplication and promote consistency of approach, while balancing the ability of each locality able to deliver services and undertaking actions particular to their areas.
- Celebrate successes, and showcase the voices of parents and children who have received services, and how services impact real lives.
- Invest in longer term funding to allow services to build their capacity and provide continuity of care for their service users.
- Recognise and acknowledge the efforts of the voluntary and community sector in supporting families, particularly through the pandemic, and continue to invest in supporting practitioner wellbeing and capacity.
- Think outside the box and look to other countries to see what they are doing. What new and creative ideas can we come up with to better support our families?

Infant mental health: emerging evidence

Impact of the environment, including poverty

The Covid-19 pandemic has increased existing inequalities, with more families now living in poverty and recent research has predicted poverty rates in NI will continue to grow in 2022.¹ In 2021 the Trussell Trust reported that there has been an 89% increase in food bank parcels given out across the UK.² Alongside food insecurity the pandemic has also highlighted the inequality in home learning environments, which have an important impact on children's development.³ Research has identified that the most significant impact has been felt by families who were already living in poverty, who have been put under even more extreme financial pressure. The refreshed framework should take account of the increased stresses many families are experiencing and include an understanding of the specific impact poverty.

Impact on parents and carers mental health

The pandemic had a significant impact on parents' mental health and wellbeing.⁴ They have faced increased isolation and being cut off from previously existing support networks, such as extended family and friends. It has also been more difficult to access supportive services for mental health such as counselling. The peri and post-natal period have been disrupted due to Covid-19 restrictions, including women and pregnant people having to attend appointments alone.⁵ Additional stress has been put on families when they have been avoiding catching Covid-19 during pregnancy, either through anxiety or increased isolation.⁶

Hard to access services

Throughout the pandemic it has been harder for families to access support services, both universal and targeted.⁷ Routine appointments with Health Visitors have been missed, including important developmental checks for babies and children in the early years. Opportunities for early intervention have been lost and there is likely to be a backlog of need once a full range of services resumes.⁸ The new framework should ensure the guidance recognises the likelihood of increased needs and develop mechanisms for referring them to services in a timely manner.

¹ <https://www.bbc.co.uk/news/uk-northern-ireland-60306360>

² <https://www.trusselltrust.org/2020/06/03/food-banks-busiest-month/>

³ <https://www.niesr.ac.uk/blog/covid-19-impact-on-early-years-education>

⁴ <https://www.ox.ac.uk/news/2021-01-19-parental-mental-health-worsens-under-new-national-covid-19-restrictions>

⁵ <https://www.belfastlive.co.uk/news/health/ni-maternity-covid-19-restrictions-19145830>

⁶ A Better Start – responding to COVID-19 Insights from The National Lottery Community Fund's A Better Start Programme (2021). National Lottery Community Fund and the National Children's Bureau. Page 12.

⁷ A Better Start – responding to COVID-19 Insights from The National Lottery Community Fund's A Better Start Programme (2021). National Lottery Community Fund and the National Children's Bureau. Page 20.

⁸ <https://www.nurseryworld.co.uk/news/article/backlog-and-virtual-visits-are-impacting-health-checks>

Working successfully during the pandemic

Despite the multiple negative impacts of the pandemic, many early years services have adapted well and put measures in place for virtual support and delivery. Being able to support families in a more flexible way through the use of video calls and online workshops/activities has been a positive outcome for some organisations working with families. Blackpool A Better Start has found increased uptake for their remodelled virtual Baby Steps programme, with more families signing up than ever before.⁹ Lambeth Early Action Partnership reported parents were more open to sharing during online therapy sessions than they had been in person.¹⁰ Future service planning should take account of the benefits of offering some services virtually, particularly as a way of targeting harder to reach groups.

Gender inequality

Research has found that gender inequality has increased since the onset of the pandemic, placing particular stress onto mothers. Mothers are 1.5 times more likely to have lost or quit their job and more likely to have been furloughed than fathers.¹¹ Mothers are also more likely to have taken on more household and childcare duties than fathers during their working hours. Approaches to supporting families should use an intersectional lens, including considering the impact of gender on family life.

Related to this, calls to the National Domestic Abuse helpline increased by 25% during the first lockdown, and the majority of callers were women.¹² It is thought that increased isolation and being stuck in the home led to increased abusive behaviours by perpetrators. Approaches to identifying and combatting domestic abuse are an important aspect of supporting families.

Trauma informed practice

Trauma informed approaches have become an increasingly popular way of reducing the negative impact of child adversities and supporting child mental health outcomes.¹³ Research on children's social care teams in England has found that trauma informed care is widely used and perceived to add value to children's social care, with better treatment decisions and improved family engagement being the most prominent benefits.¹⁴ However, no single definition of trauma-informed care currently exists, and there is a need to develop a clear and

⁹ A Better Start – responding to COVID-19 Insights from The National Lottery Community Fund's A Better Start Programme (2021). National Lottery Community Fund and the National Children's Bureau. Page 18.

¹⁰ Ibid

¹¹ A Better Start – responding to COVID-19 Insights from The National Lottery Community Fund's A Better Start Programme (2021). National Lottery Community Fund and the National Children's Bureau. Page. Page 6.

¹² <https://www.refuge.org.uk/25-increase-in-calls-to-national-domestic-abuse-helpline-since-lockdown-measures-began/>

¹³ <https://www.eif.org.uk/report/trauma-informed-care-understanding-the-use-of-trauma-informed-approaches-within-childrens-social-care>

¹⁴ Ibid

consistent understanding of trauma - informed care to increase consistency of the approach and maximise the positive outcomes.¹⁵

Integrated provision to support maternal mental health

Before the Covid-19 pandemic many women experienced problems accessing support from mental health services due to high demand. This demand increased substantially during the pandemic and is expected to remain high.¹⁶ Research has found that an integrated approach where midwives and health visitors are trained in perinatal mental health, and are better able to sensitively ask women about their mental health, assess their needs, and offer or arrange psychological interventions could save the NHS £52 million over a 10 - year period; with a total net benefit of £490 million over 10 years, when additional health-related quality of life improvements are accounted for.¹⁰ To deliver this scaled up provision Governments across the UK would need to invest £123.8 million, including £4.6 million in Northern Ireland.¹⁰

Supporting the Parent- Infant Relationship

Difficulties in the relationship between babies and their parents, if left unaddressed, can store up problems for the future and drive demand in late intervention services, such as children's social care and CAMHS.¹⁷ Thus, early childhood intervention generates significant cost savings and supports resilience, health, and wellbeing across the life course.¹¹ Research in three local authority areas in South Wales found that parents rated the quality of parent- infant relationships with their baby as the third most important influence on child development and suggests that children under two are experiencing the most significant parent- infant relationship difficulties.¹¹ Support for parent-infant relationships should be a key consideration of the refreshed IMH framework.

¹⁵ Ibid

¹⁶ <https://maternalmentalhealthalliance.org/wp-content/uploads/economic-case-increasing-access-treatment-women-common-maternal-mental-health-problems-report-lse-2022-mmha.pdf>

¹⁷ <https://parentinfantfoundation.org.uk/wp-content/uploads/2022/02/Securing-Healthy-Lives-FINAL-ENGLISH.pdf>

Infant Mental Health: an update on relevant policy developments

Introduction

The Infant Mental Health (IMH) Framework was published in 2016 by the Public Health Agency, following substantial engagement with key stakeholders, as well as public consultation. Since then, there have been positive local and national policy developments which have implications for a refreshed IMH Framework to lead the next phase of this important work. Yet the context within which these developments sit has changed significantly since the Framework launch. While support for babies, infants and their families has always been critically important, the unprecedented COVID-19 pandemic has refocused efforts on prevention and early intervention to address new or increasing risks. While it will be some time before the long-term impact of the pandemic is known, evidence already suggests a number of areas for concern, including:

- The rising cost of living, increasing fuel poverty and increased reliance on food banks for many families on top of already unacceptable child poverty rates, set against the evidence on the links between poverty and adverse childhood experiences.
- Concerns for parental mental ill-health driven by isolation, job uncertainty or losses, loss of loved ones, illness and anxiety, amongst other factors;
- Increased pressures within the home and the rising incidence of domestic violence, putting young children at risk of witnessing or experiencing abuse and impacting parental wellbeing;
- Pressures facing services as they seek to continue delivery of essential support to infants, parents and their families within the constantly changing environment they find themselves in.

It is clearly a critical time to take stock of the new and exacerbated needs of infants and their families, and to ensure that strategic developments and emerging services address these needs. This paper summarises the key strategic developments, and implications for consideration.

Summary of relevant Northern Ireland strategies since 2016

The following relevant strategies have been launched:

- [NI Programme for Government –Delivery Plan 2019 and consultation document 2021](#)
- [Protect Life 2 Suicide Prevention Strategy 2019-2024 \(Department of Health\)](#)
- [Children & Young People's Strategy 2020-2030 \(Department of Education\)](#)
- [Children & Young People's Strategic Partnership Action Plan 2019-2021](#)
- [A Fair Start: Final Report and Action Plan May 2021 \(Expert Panel on Educational Underachievement in Northern Ireland\)](#)
- [Mental Health Strategy 2021-2031 \(Department of Health\)](#)

- [Building Forward: Consolidated COVID-19 Recovery Plan July 2021 \(NI Executive\)](#)

Northern Ireland Programme for Government 2016-2021, and Outcomes Delivery Plan 2019

The NI Programme for Government (PfG) was first launched for consultation in 2016, not long after the IMH Framework was published. Since then, there have been several draft iterations, including delivery plans and annual reports.

The PfG details a number of high-level outcomes, for children, families and communities in Northern Ireland, requiring departments, agencies and organisations to work together to achieve, and additionally, associated indicators through which to demonstrate progress.

The most relevant outcome (& associated indicators) to infant mental health is:

Outcome 12: We give our children and young people the best start in life

- % babies born at low birth weight
- % children at appropriate stage of development in their immediate pre-school year (data in development – original proposal to use of ASQ data collected during 3-year review, however data collection has been significantly impacted by COVID-19 over the last two school years)

Relevant delivery plan commitments focus on improving health in pregnancy, child development and quality of education. Within this, actions include:

- Delivery of Getting Ready to Learn programme in pre-school settings to promote early child development messages – a programme that was informed by the work of the IMH Regional Group.
- Continue roll-out of 3+ review collaboratively with health visitors and pre-school settings to identify children at risk of not reaching developmental milestones, and intervening early to provide support – again, directly informed by the IMH Regional Group.
- Delivery of targeted interventions for 0-4 year olds (including Sure Start, the Pathway Fund and Toybox project).
- Continue to deliver Family Nurse Partnership to support young, first time mums.

Following public consultation (March 2021), an updated Programme for Government Outcomes Framework is currently in development.

Protect Life 2: Suicide prevention strategy 2019-2024 (Department of Health)

Within this updated suicide prevention strategy, perinatal mental health has now been identified as an area for enhancement in pre-crisis intervention. This was an action in the IMH Framework, directly informed by the work of the IMH Regional Group.

- The strategy reflects on the existing lack of specialist perinatal mental health services, with current support guided by the Integrated Perinatal Mental Health Care Pathway but provided by general mental health services.

- A regional perinatal mental health implementation group, led by the Public Health Agency in partnership with the Health and Social Care Board, was established to co-produce an updated service model, including comprehensive community-based services. This is further developed in the new Mental Health Strategy (see below).
- Beyond this, the strategy contains a range of actions to facilitate suicide prevention in general, which have the potential to influence practice within antenatal services. These include:
 - Strengthening evidence, improving data collection, and sharing opportunities to better understand local needs and 'what works' to address and prevent suicide.
 - Upskilling of frontline practitioners with knowledge and capacity building (a key priority of the IMH Framework).
 - Increasing general suicide awareness through public education campaigns.
 - Enhancing community capacity to support those with mental ill-health, and the families and friends of those who have died by suicide.

Children & Young People's Strategy 2020-2030 (Department of Education)

Outcome: 'Children and young people are physically and mentally healthy' (updated from 'healthy' in the previous version).

This gives parity of esteem at strategic level to physical and mental health. This is of critical importance in building a recognition of the impact emotional wellbeing has on wider life outcomes, and the need to prioritise mental health alongside physical health in funding decisions.

Infancy and the early years are a priority within this outcome area, with a range of commitments including proactive prevention from pre-natal period onwards; prioritising increased knowledge and awareness raising for parents and families; early intervention and support where needs identified; and development of trauma-informed services. Specific areas of focus include:

- Strengthening services which support healthy pregnancies (including maternity care, postnatal services, health visitors and baby clinics)
- Increasing parental knowledge on 'what works' to support healthy child development and positive emotional wellbeing, including diet & nutrition, the promotion of breastfeeding, and an understanding of the role of responsive and sensitive parenting.
- Support for maternal mental health and wellbeing, recognising the impact this has on infant wellbeing.
- Promotion of evidence-based parenting programmes which demonstrate improved outcomes for babies and young children.
- Alignment to existing strategies and programmes of relevance to babies and young children, including the Maternity and Breastfeeding Strategy; the Infant Mental Health

Framework; and the Family Nurse Partnership and the Getting Ready for Baby programme.

Outcome: Children and young people enjoy play and leisure

The role of early play, from birth onwards, in healthy social and emotional development, as well as physical development, is reflected in this outcome. In the early years, commitments focus on:

- Equipping parents and carers with the skills and knowledge to support early play, from birth onwards, and linking to existing projects including DE's [Play Matters](#) project.

Northern Ireland Children & Young People's Plan, 2019-2021 (CYPSP)

Alongside the Programme for Government and the Children and Young People's Strategy, this plan aims to promote collaboration in the planning and delivery of services for vulnerable children and their families. Underlying the plan are key principles of prevention, early intervention and whole-family support. Strong links are already in place with the PHA and Trusts as active members of CYPSP and each of the 5 Outcomes Groups, and the plan aligns to outcomes identified in the new Children's Strategy.

A Fair Start: Final Report and Action Plan May 2021 (Expert Panel on Educational Underachievement in Northern Ireland)

An expert Panel was appointed by the Education Minister in September 2020 to consider the links between educational underachievement and socio-economic background. A key recommendation of the report is the redirection of focus to the early years to ensure that from pregnancy and beyond, children are given equal opportunities to achieve their full potential. Relevant actions include:

- Increased policy and investment focus on the learning and development of 0-6-year olds.
- Increased support for babies born pre-term.
- A review of early years staff pay and continued professional development to reflect the role and importance of the skills required.
- Enhancement of services in the antenatal period, including getting ready for baby/toddler.
- Support information sharing between services to facilitate smooth transitions.
- Collaboration between appropriate services to support assessment, identification and support for children with developmental delays or SEN, and expansion of EA Early Years SEN Inclusion Service to facilitate appropriate support for children with additional needs.

Mental Health Strategy 2021-2031 (Department of Health)

The recently published Mental Health Strategy 2021-2031 for the first time takes into consideration the mental health and wellbeing of the youngest children, and commits to ensuring that infant mental health is 'on the agenda'. Key priorities include the following:

- Infant mental health will be considered in relation to development of mental health services, and their needs considered as part of CAMHS development. Importantly, the strategy recognises the role that community & voluntary sector organisations play in delivering such services.
- There is specific mention of the need for specific psychological interventions for infants and very young children, where there are symptoms of psychological distress.
- Where inpatient treatment is currently required for a mother experiencing mental ill-health, the absence of mother and baby units, and the impact that separation of mother and baby in the early days can have on attachment, has long been a concern, and was highlighted in the IMH Framework. For the first time, there is a commitment within the strategy to develop a much needed regional specialist perinatal community mental health service, which will bring essential care for expectant and new mothers experiencing mental ill-health.

Building Forward: Consolidated COVID-19 Recovery Plan July 2021 (NI Executive)

COVID-19 has had a widespread impact on lives across the globe, and the full extent to which children and families have been affected will take time to emerge. The NI Executive's COVID-19 recovery plan states four 'recovery accelerators', including:

- Sustainable economic development,
- Green growth and sustainability,
- Tackling inequalities,
- Health of the population.

A number of priority actions will impact families with young children. These include:

- Generating jobs for those most impacted, increasing social housing supply, and tackling food poverty– child poverty rates in NI were high pre-COVID, and many disadvantaged families have struggled more than ever throughout the pandemic.
- Delivery of universal and targeted services for babies and their families has been disrupted throughout lockdown. The plan commits to a programme of reform within Children's Community Social Services to address challenges, as well as enhanced delivery of existing targeted Early Years interventions to support children and families facing disadvantage who have been impacted most during this period.
- Investment in the health and social care workforce to better support the population.

- The plan recognises growing rates of mental health problems among parents in most deprived areas, and commits to support the planning and delivery of mental health services through the new Mental Health Strategy.
- General promotion of positive health and wellbeing through a focus on outdoor recreation.

Central to the delivery of the COVID-19 recovery plan will be collaboration across departments and sectors, and alignment to existing strategies including the Programme for Government, to ensure best use of funding and maximise impact.

Family and Parenting Support Strategy (Department of Health) – In development

There remains opportunity to influence the development of this refreshed strategy, replacing 'Family Matters'.

Policy implications and next steps for Infant Mental Health priorities across Northern Ireland

Since the publication of the Infant Mental Health Framework in 2016, two key policy documents have been launched – the revised Children's Strategy, and the Mental Health Strategy. Both strategies specifically highlight the critical importance of infant mental health, and commit to supporting and building on a range of existing services for infants and their families, as well as the much called for development of specialist perinatal mental health services across Northern Ireland.

Messaging in the IMH Framework remains current, and the three overarching themes continue to fit well with more recent developments – indeed, these are reflected in the new strategic commitments.

Looking ahead to a new phase in the work to support infant mental health, including a refreshed IMH Framework and implementation of new strategic developments, consideration should be given to the following priorities:

- Acknowledging the positive progress made across Northern Ireland to support infant mental health, informed by the IMH Framework, and significant achievements of the wide range of people and organisations who have a role to play, across the voluntary and statutory sectors. This work has undoubtedly influenced the wider strategic direction for services across Northern Ireland.
- Continuing to build and share evidence and learning to inform the implementation of recently launched strategies, and to inform development of the new Family and Parenting Support Strategy.
- Facilitating, as required, engagement for and by policy leads with stakeholders on developments on the 0-3 agenda e.g. A Fair Start recommendations.

- Identifying where new collaborative opportunities can be harnessed to maximise planning and delivery efforts across all relevant strategies, groups and organisations who are working to support positive infant mental health.
- Supporting and informing the Trust-led Infant Mental Health Groups in addressing related infant mental health workforce development, good practice dissemination and service development opportunities.
- Reviewing the range of relevant impact data being collected or reported on across aligned strategies, identifying formal opportunities for data sharing mechanisms to make best use of this to inform practice, and considering where additional data is still needed to address gaps in knowledge.
- Informing COVID Recovery Planning to take account of the impact of the pandemic on families with 0-3-year-olds, and taking opportunities to restore and renew universal and targeted services.
- Informing the [Future Planning Model – Integrated Care System](#) being introduced in Northern Ireland, and in particular highlight the evidence associated with the First 1000 Days and related infant mental health agenda.

Implications for consideration in a refreshed Infant Mental Health Implementation Plan

There is widespread evidence of the IMH Agenda in Northern Ireland being strong, led by the PHA IMH Framework and supported by many committed individuals and organisations within health, education, social care, the voluntary and community sector and beyond. It is an important time to reflect and acknowledge the efforts and achievements.

However, needs have changed since the Framework was launched, and in particular since the pandemic. There is widespread concern that we do not yet know the impact of the pandemic on babies and families. Many infants have only experienced lockdown life and missed out on vital socialisation opportunities. Fathers have been unable to attend antenatal appointments and services, and home lives have been disrupted. Rising poverty is also of increasing concern.

The table below sets out key achievements against the themes of the 2016 Infant Mental Health Action plan, and identifies areas where priority could be given in the next phase of the implementation of the Infant Mental Health Framework and Action Plan.

2016 IMH Action plan commitments	Progress to date	Considerations for the next phase of work
<p>Evidence and policy</p> <p>Action Plan activities included the following:</p> <p>Strengthen IMH strategy, legislation, and programmes based on IMH evidence, including:</p> <ul style="list-style-type: none"> • Informing a new mental health strategy for NI 	<p>Achievements include:</p> <p>Evidence</p> <ul style="list-style-type: none"> • Dissemination of IMH evidence continues to a wide audience, through a range of key groups and organisations, e.g. IMH Regional Group membership, AIMH (NI) and the Stronger From the Start Alliance, who have recently launched an IMH Manifesto. 	<p>Areas for consideration:</p> <p>Evidence</p> <ul style="list-style-type: none"> • Commitment is needed to local research – both in understanding the local needs (particularly following COVID pandemic) and in local impact, building the evidence base for what works in local service delivery. • The audience for IMH messages should be expanded to include other professionals supporting young children and families, such as GPs and wider health professionals, family courts

<ul style="list-style-type: none"> • Developing local Health Trust IMH strategies • Supporting dissemination of IMH messaging and evidence through events, networking and resource development • Promotion of best practice standards within universal services such as UNICEF UK Baby Friendly Initiative. 	<ul style="list-style-type: none"> • IMH Awareness Week 2021 was very successful and collaborative planning is underway to make 2022 similarly successful. • A wide range of resources have been developed to identify and collate evidence and good practice, and share key messages of IMH with wide-ranging audiences. • Since the IMH Framework was launched, there have been lots of local and regional events, with visiting and local speakers, to disseminate evidence and good practice. <p>Policy</p> <ul style="list-style-type: none"> • The influence of IMH work on policy is clear, as summarised in the attached policy paper. • Protect Life 2: suicide prevention strategy was launched 2021 with the inclusion of infant mental health/ prevention & early intervention recognition. • NI Mental Health Strategy for the first time recognises infants and their families, following lobbying 	<p>and the justice sector, childminders and early years staff.</p> <ul style="list-style-type: none"> • Increasing knowledge and awareness for community workers and volunteers may also be an important route to gaining the trust of those not engaged in services. • There remains a widespread concern that parents are not yet informed on the basics of infant mental health, in particular the positive actions that can be taken to strengthen and build good mental health (with a focus on low cost or no cost activities). A widespread public awareness campaign to reach all parents, not just those attending services/receiving support, would be beneficial. • Focused effort to involve dads in IMH messaging, resources and services is an important next step in educating and supporting parents, particularly given the impact of the pandemic. • There is no shortage of evidence-based resources, therefore efforts would be appreciated to collate and increase visibility (e.g. via a central resource hub) <p>Policy</p> <ul style="list-style-type: none"> • Making connections across the regional policy landscape and harnessing opportunities brought
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	<p>and engagement from across the statutory and voluntary sectors.</p> <ul style="list-style-type: none"> • The importance of perinatal mental health, and the linkages with IMH, is also gaining traction in policy and practice. • All Trusts now have an IMH strategy in place and implementation ongoing through regional IMH strategy groups. • IMH is a central theme on a range of other organisational strategies and drivers. 	<p>by recent policy developments (in particular the DoH Mental Health Strategy & A Fair Start).</p> <ul style="list-style-type: none"> • Informing the Future Planning Model – Integrated Care System, being introduced in Northern Ireland • Joining the dots between the local and regional IMH strategies should now be prioritised. There is clearly lots of work ongoing, however there is concern that this is disjointed and therefore missing opportunities for collaborative delivery. • Further effort is needed to identify what we know about infant needs and child development, to establish data sharing systems and use the data to inform strategic developments.
<p>Workforce development</p> <p>Action Plan activities included the following:</p> <ul style="list-style-type: none"> • Expansion of Solihull Approach, Solihull Plus and 'Train the Trainer' training; targeted Tavistock M7 & M9 courses for advanced practitioners; and Video Interaction Guidance training for relevant practitioners across the region. 	<p>Achievements include:</p> <ul style="list-style-type: none"> • Child Development Intervention Coordinators are in place and supporting the implementation of evidence-based practice & capacity building of staff across all Trust areas. • Training roll out is acknowledged as a significant achievement for many, Examples include Solihull approach, trauma-informed practice, Incredible Years accreditation and peer coach training, & Five to Thrive. Good practice is spreading beyond health, 	<p>Areas for consideration:</p> <ul style="list-style-type: none"> • Building on the success of training to date, there is a need to expand the audience of key messages beyond the 'usual suspects'. Suggestions include GPs, education professionals, childminders and day-care providers, family court officers. Adequate funding would also allow staff to take up training opportunities. • It would be useful to take stock of the scale, reach and impact of Solihull Approach roll out, and consider opportunities to consolidate and coordinate the next phase.

<ul style="list-style-type: none"> • Influence the development of infant mental health content on third-level curriculum courses across relevant subjects. • Create opportunities to educate parents, families and practitioners across clinical, educational and other relevant fields on infant mental health. 	<p>to social work, education, AHPs, and even the criminal justice system and others.</p> <ul style="list-style-type: none"> • A Train the Trainer model for Solihull training has been a success in broadening reach. • Tavistock M7/M9 training has brought much-needed specialist skills for those working directly with children and families. • Overall, practitioners have an increased awareness of the importance of IMH • It is important to acknowledge the work of the early years workforce and their resilience and efforts during the pandemic to continue to support families. 	<ul style="list-style-type: none"> • Consistency in IMH training could now be considered, for example through an IMH skills framework to define the key skills and knowledge required at each level of practice. • An overall focus on trauma informed practice will benefit both practitioners and service users, and will be much needed post-pandemic. • The workforce is under unprecedented pressure currently due to pandemic redeployment, illness and service changes, leading to concerns over staff wellbeing. Therefore, Initiatives to support staff wellbeing would be appreciated. • More staff are needed across all services – Recruitment drives from school onwards, & investment in 3rd level educational places are much needed to attract the necessary skilled and committed workforce. • Revisit actions to embed IMH knowledge in third level education curriculum, and consider how IMH knowledge could be embedded in the primary/post-primary curriculum.
<p>Service development</p> <p>Action Plan activities included the following:</p> <ul style="list-style-type: none"> • Development of evidence-based and accessible ante-natal parent education, 	<p>Achievements include:</p> <ul style="list-style-type: none"> • Successful development and delivery of evidence-informed services to support infants and their parents. Many examples of good practice in service delivery are 	<p>Areas for consideration:</p> <ul style="list-style-type: none"> • Future services will need to focus on rebuilding resilience in parents and infants, coping skills, self-regulation, and in addressing the social/separation anxiety and potential speech, language and developmental delays.

<p>breastfeeding support and guidance</p> <ul style="list-style-type: none"> • Expansion and adoption of Baby Friendly Initiative standards • Development, expansion, training, accreditation and delivery of parenting programmes, including IY & FNP • Development of CDIC role • Revision of existing guidance and provision, including RSE, maternal mental health provision and the Perinatal Care Pathway • Identify gaps in knowledge of data and service delivery • Develop the capacity of CAMHS practitioners and Primary Mental Health Teams • Introduction of 5 Early Intervention Teams across NI, and mental health and wellbeing HUBs to support families with new-borns. 	<p>evident, with IMH messages and evidence clearly embedded in universal and targeted services.</p> <ul style="list-style-type: none"> • EITP Programme, Getting Ready for Baby & Getting Ready to Learn are noted examples of transformative work to support infants & their families. • Family Nurse Partnership continues to provide much needed support for young families, as does Star Babies (NHSCT) and other regional approaches. • I-CAMHS (SHSCT), ABC PiP (SEHSCT) & SIGNETS (BHSCT) also noted as significant achievements in supporting parent-infant relationships. • The services provided through Sure Starts have been a lifeline for many families throughout the pandemic. • Most services have adapted delivery, embracing new technology and approaches to continue to support families through the pandemic. 	<ul style="list-style-type: none"> • There is still a need to review the range of services, ensuring needs are addressed from universal through to specialist, and consider the linkages and pathways between these, and the fidelity of delivery. • Parent mental health and wellbeing is an increasing concern and should be considered in wider service delivery, as should support for vulnerable groups. • Services which provide support for parents themselves, rather than parent and child, build capacity for the parent to support their child. These peer support and networking opportunities are critical given the isolation of lockdown. • Toddler socialisation opportunities are also considered essential to address isolation concerns. • There is a need for increased focus on services for those with mild to moderate needs, as these are the parents/infants who appear to slip through the cracks due to lack of contact with services. • Support for fathers should be prioritised – highlighting their critical role in IMH development, recognising the difficulties they've faced during lockdown, providing opportunities for peer support, encouraging wider engagement with services.
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	<ul style="list-style-type: none"> • There are various examples of specific roles being developed within services with an IMH focus (e.g. IMH Champions, Parent-Infant Mental health support workers) 	<ul style="list-style-type: none"> • Services continue to suffer from short term funding, and many services struggle with high staff turnover due to lack of job security. This means they are unable to invest in building staff capacity and service development. Opportunities for longer term funding could be explored. • The voice of service users must be heard more clearly in all service development and delivery to better target services to needs. Opportunities for coproduction should be identified. • In COVID Recovery Planning, there are lessons to be learned from lockdown service delivery changes – what can be kept, and what needs to be rebuilt? • It is timely to review available impact data from services, consider how this can be collated/shared and used to better inform services and plan more strategically across services. • Waiting lists remain long, and there is concern that services will not be able to meet demands for places following the pandemic. Existing services require additional capacity to meet these needs.
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