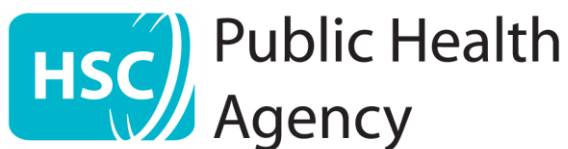




Insights in infant mental health in Northern Ireland

June 2024



Project supported by the PHA



**NATIONAL
CHILDREN'S
BUREAU**

This Insight report has been written by the National Children’s Bureau on behalf of the Public Health Agency, as part of their role to support the infant mental health agenda in Northern Ireland.

Public Health Agency

Established in 2009, the Public Health Agency (PHA) works to protect and improve the health and social wellbeing of our population and reduce health inequalities through strong partnerships with individuals, communities and other key public, private and voluntary organisations. It is a multi-disciplinary, multi-professional body with a strong regional and local presence.

The Agency are committed to both innovation in, and implementation of, work that helps infants, children and young people secure the best start in life. In particular, the PHA are committed to pursuing strongly evidenced programmes that supports early childhood development which will secure improved outcomes for children and families, and the prevention of early onset of poor health and wellbeing.

For more information visit www.publichealth.hscni.net

About the National Children’s Bureau

For 60 years, the National Children’s Bureau (NCB) has worked to champion the rights of children and young people in the UK. We interrogate policy and uncover evidence to shape future legislation and develop more effective ways of supporting children and families. As a leading children’s charity, we take the voices of children to the heart of Government, bringing people and organisations together to drive change in society and deliver a better childhood for the UK. We are united for a better childhood.

For more information visit www.ncb.org.uk

Contents

Introduction	4
Infant mental health in Northern Ireland: history and key developments	5
Defining infant mental health	6
Relevant Northern Ireland policy developments	10
What do we know about the needs of babies, infants and their families?	11
Evidence of what works to best support infant mental health	14
Infant mental health services in Northern Ireland: Case studies of good practice	20
The Attachment, Bonding & Communication Parent Infant Partnership (ABC PiP)	20
Relate NI: Sustaining Healthy Relationships	23
TinyStart Growing Child programme	25
Parent Infant Programme Suite: Home Start & Southern Trust Partnership	27
Solihull Approach in Northern Ireland	32
Connecting through Song: An approach embedded in East Belfast SureStart	35
NSPCC Pregnancy in Mind	38
Star Babies – Northern Health and Social Care Trust	42
Mencap Early Intervention Service	44
Perinatal Mental Health Services - The Incredible Years® Baby Programme, Southern Health & Social Care Trust	46
SIGNETS: Parent-Infant Relationship Team – Belfast Health & Social Care Trust	48
Community Specialist Infant Feeding Support Service – South Eastern Health & Social Care Trust	51
NSPCC Look, Say, Sing, Play – New dads resources	54
Perinatal services in South Belfast SureStart	56
Family Nurse Partnership	59
Women’s Aid Federation: See, Hear, Act Project	63
Mums and Munchkins post natal support group – Perinatal Mental Health Service, Belfast Health and Social Care Trust	65
References and resources	68

Introduction

This Insights publication is intended as a companion document to the PHA [Infant Mental Health Framework and Action Plan](#) (2016), and aims to:

- Summarise key research, policy and practice updates relevant to infant mental health (IMH) priorities in Northern Ireland.
- Provide an opportunity to showcase the wide range of programmes and services working to support infants and their families across the region.

The case studies included are in no way the full picture of activity happening, however provide a flavour of the types of services available, how they are supporting families, and their priorities for future service delivery.

Below, you will find:

- An introduction to infant mental health in NI, including the history and development of the NI IMH Framework and its implementation.
- Definitions relevant to infant mental health, and a summary of the research on the importance of this period to long-term child and parent outcomes.
- Relevant NI policy developments and implications for future infant mental health support.
- A review of the regional data on outcomes for young children and families, demonstrating local need.
- Emerging evidence on what works in service development and delivery to best support infant mental health.
- Case studies showcasing the range of services available across NI, and the ways in which they support infant mental health.

Infant mental health in Northern Ireland: history and key developments

Infant mental health in Northern Ireland has long been a key area of focus for local practitioners and champions of parent and child wellbeing. The work has been driven by individuals and organisations who have for many years been convinced by the growing body of evidence on neuroscience and the critical importance of the first 1001 days for healthy brain development and positive wellbeing.

Following a period of collaborative development and public consultation, in 2016, the Public Health Agency published the Infant Mental Health Framework for Northern Ireland. This Framework, the first of its kind in NI, set out the case for investment in the early years to support positive infant mental health. Included was a three-year action plan, with actions under the following priority headings:

- Evidence dissemination and policy development, raising awareness and supporting the case for change.
- Workforce development, leading to a skilled, confident and supported workforce.
- Service development, to address local need with services informed by emerging evidence.

A key action under this 2016 Framework was the establishment of local infant mental health strategies in each of the five health and social care trusts in NI. This goal has been achieved, and the strategies are led by local steering groups. This Insights report aims to showcase some of the evidence-based,

impactful work happening across the region, aligned to Trust strategies and the overall Framework.

The Association for Infant Mental Health NI (AIMHNI) was a key player in the early and ongoing championing of this work, established by committed individuals and taken forward by statutory, voluntary and community partners. In 2023, AIMH NI, recognising the vast work ongoing across NI and developments in the space, agreed to close the charity, build links with AiMH UK through a new Northern Ireland Hub, and leave the legacy in the hands of newly established collective, the [Stronger From the Start Alliance](#) (SFTS). SFTS is an Alliance of more than 60 organisations from across the community and voluntary sector in Northern Ireland, working together to promote and improve infant mental health.

The Alliance is continually working to amplify the importance of infant mental health by campaigning for meaningful change in policy, practice, and ultimately, life experiences. In 2022, the group launched a [Manifesto](#), detailing the key asks from government for the promotion and improvement of infant mental health in Northern Ireland.

Priorities include:

- Prioritised investment in infant mental health, with a multi-disciplinary, cross-departmental approach to planning, commissioning, delivery and review.
- Investment in research and in outcome data collection and analysis approaches to better demonstrate the impact of services, and where need is greatest.

- Further development of, and investment in, a skilled and supported workforce.
- A well-resourced infrastructure of high-quality, culturally appropriate, evidence-and trauma-informed services to best support the needs of infants and their parents, from universal through to targeted and specialist support.

Through all of the above work, a cross-departmental, collaborative infant mental health regional group, chaired by the Public Health Agency, has overseen the implementation of the IMH Framework and action plan, and supported the development of a refreshed plan to move the work forward from 2024 and beyond.

Defining infant mental health

Infant mental health is talked about using a variety of different terms, including social and emotional development, wellbeing, and attachment security.

[Zero to Three](#) provides the most widely accepted definition, stating that infant mental health is a young child’s “*capacity to experience, regulate, and express emotions, form close and secure relationships, and explore the environment and learn.*”

The quality of early relationships is [crucial](#) to infant mental health, with secure and responsive relationships providing the platform that young children need for healthy social and emotional development.

The importance of infant mental health for life outcomes

Every infant experiences mental health, and should be considered as lying on a continuum between healthy and unwell. Promoting the development of positive mental health during early childhood is key to maximising wellbeing throughout a child’s whole life.

There is [strong evidence](#) suggesting experiences in the first 1001 days of a baby’s life are crucial to later outcomes. During this period, the brain is developing more rapidly than at any other period in life and is particularly sensitive to outside influences. Positive nurture therefore lays the foundations for lifelong emotional and physical health, while [adverse experiences](#) can have lasting consequences.

Through improving infant mental health and strengthening infants’ relationships with their caregivers, children are more likely to be on a positive developmental trajectory. The [Parent Infant Foundation](#) summarises evidence for a wide range of later outcomes that are supported by emotional wellbeing and high-quality relationships in infancy. These include:

- **Emotional and social skills.** Children’s early relationships inform how they perceive themselves and others, and enables them to regulate their emotions and control their impulses. This lays the groundwork for later emotional wellbeing, resilience and adaptability.
- **Mental health.** [Evidence](#) shows that exposure to stress in pregnancy and early life can lead to later mental health problems. Prioritising infant mental health and helping babies to cope with early emotions prevents

escalation to mental health problems, and ensures children develop the behavioural and physiological regulation needed for lifelong wellbeing.

- **Learning.** Having a positive relationship with their caregiver enables infants to feel safe, secure and ready to explore and learn. [Evidence](#) shows that children who have good early relationships, start early education and school ready to learn.
- **Positive behaviour.** Good infant mental health enables children to understand and manage emotions and behaviours and to form positive relationships. As such, it has been [shown](#) to reduce later risky and antisocial behaviour.
- **Parenting skills and approach.** Evidence shows that children's early relationships can inform how they go on to parent their own children.
- **Earning.** [Studies](#) show that good infant mental health increases the chances of babies going on to achieve their full potential in later life, and contributing to society and the economy.

What do infant mental health problems look like?

Infant mental health problems [mostly present](#) as behavioural and emotional problems.

Infant mental health conditions can be [broken down](#) into a range of categories, including behavioural disorders, emotional disorders, attachment disorders, post-traumatic stress disorder (PTSD), sleeping disorders and feeding disorders. Some definitions also include

neurodevelopmental disorders, including hyperactivity disorder and autism spectrum disorder (ASD), and developmental delay and intellectual disability.

What underpins positive infant mental health?

Infant mental health is best understood alongside what is happening in an infant's family and environment.

Early relationships and attachment

There is broad consensus that the quality of the relationship – or attachment – between an infant and a caregiver is fundamental to good infant mental health. The [Royal College of Psychiatrists](#) describes positive attachment as “*the most important protective factor for good mental and physical health.*”

Attachment is [defined](#) by how sensitive caregivers are to the physical and emotional needs of their child, and the degree to which they are able to respond appropriately. Attachment is described as either secure or insecure.

Secure attachment means that caregivers respond to their child in a warm, sensitive and responsive way most of the time. As a result, the child feels confident that their caregiver can meet their needs, they have a safe base to explore their environment, and they seek their caregiver when they feel distressed.

[An Early Intervention Foundation \(EIF\) evidence review](#) showed that where secure attachment exists, children are more likely to experience positive social and emotional development, and have an increased capacity for emotional regulation. This is key to the

development of [adaptive functioning](#) – or the ability to cope with life’s demands.

Insecure attachment is typically split into two main types – avoidant and disorganised. Avoidant attachment is characterised by parents responding to their child in ‘rejecting’ or insensitive ways, which can lead to infants learning to minimise expressing their needs and avoiding or ignoring their caregiver. Where there is disorganised attachment, caregivers are inconsistent and hard to predict, and may respond harshly to their child expressing their needs. In response, infants may either exaggerate their emotions to gain attention, or fail to learn to manage their emotions.

Bonding during pregnancy

Attachment between infants and caregivers begins before birth, as parents and carers can form a bond with their child during pregnancy.

[Evidence](#) shows that the quality of this bond can inform and strengthen the relationship between babies and their caregivers after a child is born. As such, the experiences of the mother during this period have a significant bearing on infant mental health.

Breastfeeding

Breastfeeding can have a number of positive impacts on infant mental health through its influence on [maternal sensitivity](#) over the long-term, [infant attachment security](#) and [reduced behavioural problems](#) in young children.

Involving fathers

There is [strong evidence](#) that father/partner engagement has a

positive impact on children’s development. This includes an impact on cognitive development, vocabulary skills, and children’s mental health and development. Father involvement is also associated with reductions in behavioural problems.

A whole child approach

Beyond the role of parents and carers, a [range of other structures](#) and systems influence a child’s development and contribute to their overall ‘caregiving environment.’ This includes other family members and friends, educational settings, health and social care services and the wider community.

The 2016 [Infant Mental Health Framework for Northern Ireland](#) proposed that a ‘whole child approach’ should be taken to supporting infant mental health, recognising that promoting health development is “everyone’s business.”

Risk factors for poor infant mental health

The [Parent Infant Foundation](#) highlights that though most parents intend to offer their babies the best start in life, “*some live in situations that make this harder.*” Stress factors such as poverty, mental illness, substance misuse and domestic abuse make it harder for parents to support their infant’s development.

Many [attachment-based interventions](#), for example, typically are targeted at parents experiencing difficulties that may limit their ability to care for their children in an appropriate and sensitive way.

[Evidence](#) also shows that children who experience multiple overlapping adversities are even less likely to

experience positive development outcomes, therefore interventions equipped to support complex needs are essential.

The [Royal College of Psychiatrists](#) summarises a number of risk factors associated with increased rates of poor infant mental health for which there is robust evidence. These include:

- **Socioeconomic deprivation.**
This is [strongly associated](#) with an increased risk of poor infant mental health. One [study](#) of children born between 2000 and 2002 for example, found that between the ages of three and five there was a strong relationship between socioeconomic inequality and cognitive, emotional and social development.
- **Pregnancy-related factors.**
[Evidence](#) shows that a range of pregnancy-related factors increase the risk of poor child mental health. These include maternal mental health during pregnancy, as well as smoking/alcohol/substance misuse, prenatal infection, poor maternal nutrition and being overweight. Birth-related risk factors include premature birth, low birth weight, birth trauma and obstetric complications.
- **Adverse Childhood Experiences (ACEs).**
ACEs are also [associated](#) with an increased risk of poor mental health conditions. ACEs can include domestic violence, parental abandonment, a parent with a mental health condition, or being the victim of abuse or neglect. People

who experience adverse childhood adversities are also [more likely](#) to parent negatively themselves later in life.

- **Parental mental health conditions.**
Parental mental ill-health conditions can have a [negative impact](#) on children's intellectual, emotional and social development. This is in part due to the impact of parental mental health conditions on attachment.

Other key risk factors include maternal substance misuse, maltreatment, and other forms of trauma.

The economic case for investing in infant mental health

An [evidence brief](#) from the First 1001 Days Movement summarises the economic case for investment in pregnancy and the earliest years of life, including how early support can lead to reduced long-term costs for public services and increased participation in the economy.

[Evidence](#) specific to infant mental health suggests that "*attachment insecurity is a significant predictor of public cost in at-risk youth*". [One study](#) similarly found that young people who were being sensitively parented by the time they were four-to-six-years-old cost 13 times less than peers who were not sensitively parented during early childhood (including costs to the family).

Other studies are summarised in Parent Infant Foundation's [Commissioning Toolkit](#).

Relevant Northern Ireland policy developments

In recent years there have been several positive key policy developments, bringing an increased focus on early investment, and recognising the long term benefits of positive infant mental health. These developments have been welcomed by and indeed influenced by stakeholders, who have worked to raise awareness of the critical role of the first 1001 days.

[Mental Health Strategy 2021-2031 \(Department of Health\)](#)

This strategy 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 development and needs will be considered as part of CAMHS development. The role that community & voluntary sector organisations play in delivering such services is also recognised.
- The need for specific psychological interventions for infants and very young children is recognised, where there are symptoms of psychological distress.
- A Mother and Baby Unit will be developed to prevent separation in the early days and weeks, where inpatient treatment is required for a mother experiencing mental ill-health. It has been announced that this will be located at Belfast City Hospital and is welcome news after years of campaigning.
- All five health trusts now have specialist community perinatal

mental health teams in place, bringing essential care for expectant and new mothers experiencing mental ill-health.

[Children & Young People's Strategy 2020-2030 \(Department of Education\)](#)

For the first time, parity of esteem is given at strategic level to both physical and mental health in this overarching strategy for children. This reflects a recognition of the impact that emotional wellbeing has on wider life outcomes, and the need to prioritise mental health alongside physical health in funding decisions. Priority actions aligned to the early years include:

- Strengthening antenatal support services
- Increased education opportunities for new and future parents on how best to support healthy physical and emotional development
- Support for maternal mental health and wellbeing
- Promotion and provision of evidence-based parenting programmes

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

This report recommends 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 birth-to-six-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.
- Increased collaboration and service expansion to support assessment, identification and intervention for children with developmental delays or SEN.

[Protect Life 2: Suicide prevention strategy 2019-2024 \(Department of Health\)](#)

The suicide prevention strategy identifies perinatal mental health as an area for enhancement in pre-crisis intervention. A regional perinatal mental health implementation group, led by the Public Health Agency in partnership with Health and Social Care, was established to co-produce an updated service model, including comprehensive community-based services. This is further developed in the new Mental Health Strategy.

What do we know about the needs of babies, infants and their families

It is difficult to reliably estimate the scale of infant mental health need, given the range of presenting issues and lack of a universal measure. In England, the only available [data](#) suggests that one in eighteen (5.5%) two to four-year-olds have a diagnosable-level mental health

problem. There is no data available for birth-to-two-year-olds.

Beyond this, it is [estimated](#) that around 10-25% of young children experience significantly distorted relationships with their main carer(s), increasing their risk of developing mental health conditions, and poor social, emotional and educational outcomes. Rates of poor attachment are highest in families living with stress factors such as conflict, substance misuse, parental mental illness, and exposure to trauma and poverty. Evidence also shows that poor attachment is more likely for [families where there is maltreatment](#), and for [care-experienced children](#).

Infant mental health need in Northern Ireland

In Northern Ireland, determining the scale of infant mental health need is also a challenge, for similar reasons. A 2021 [review](#) by the Office for Statistics Regulation highlighted significant limitations in mental health data in Northern Ireland, including a scarcity of robust data.

The mental health of older children can give some indication of the potential scale of the problem. The Northern Ireland [2020 Youth Wellbeing Prevalence Survey](#) showed that 12% of young people aged between two and 19 experienced emotional difficulties, with significantly higher rates in areas of high deprivation. The survey also found that 12.6% of young people met the criteria for anxiety and depression, around 25% higher than the latest data available for England at the time.

Data on risk factors for infant mental health difficulties

In the absence of definitive data for infants, population-level information can offer an indication of the number of babies exposed to adversity, and who are therefore at greater risk of developing infant mental health difficulties. Table 1 below summarises the latest data available, including known risk factors to attachment and infant mental health difficulties for children born in Northern Ireland.

Table 1: What do we know about infants in Northern Ireland? Key statistics

<p><u>Premature or Low Birth Weight</u></p> <p>6.2% (<2500g)</p> <p>Most deprived areas: 8.4%</p> <p>Least deprived areas: 4.7%</p>	<p><u>Infant mortality rate (4-year average)</u></p> <p>4.4 deaths per 1000 live births</p> <p>This ranges from 4.2 in least deprived areas to 5.3 in most deprived areas.</p>	<p><u>Smoking during pregnancy</u></p> <p>Overall, 10.8% but ranging from 4.1% in least deprived areas to 21.1% in most deprived quintile.</p>
<p><u>Child Protection Register</u></p> <p>2,171 children on the child protection register.</p>	<p><u>Children Looked After in Care</u></p> <p>3,801 children and young people were in care in Northern Ireland.</p> <p>3% were under 1; 19% age 1 - 4.</p>	<p><u>Care placements</u></p> <p>83% placed in foster care</p> <p>7% placed with parents</p> <p>6% in residential care</p> <p>4% other placements</p>
<p><u>Breastfeeding rate at discharge (2022/23)</u></p> <p>51.8% infants fully or partially breastfeeding at discharge.</p> <p>Most deprived quintile: 39.1%</p> <p>Least deprived quintile: 67.8%</p>	<p><u>Breastfeeding at 6 months (figures for 2020/21)</u></p> <p>25.3% infants totally or partially breastfed at 6 months</p> <p>62.4% receiving no breastmilk</p>	<p><u>No. of Births to Teenage Mothers annually (2022)</u></p> <p>436 births to mothers aged 19 and under – 2.3% of all births</p> <p>(ref: Children’s Health in NI 22/23, Public Health Intelligence Unit, May 24)</p>

No change	Getting better	Getting worse
-----------	----------------	---------------

Data sources:

[Children’s Social Care Statistics for Northern Ireland 2022/23 Department of Health, October 2023](#)

[Health Inequalities Annual Report 2024 Department of Health and NISRA, March 2024](#)

[Children’s Health in Northern Ireland 2022/23 Public Health Intelligence Unit, Public Health Agency May 2024](#)

Data on socioeconomic deprivation can also offer an indication of the scale of risk, given its [strong association](#) with child mental health difficulties. Estimates for the number of children living in poverty in Northern Ireland vary. In 2023 [Save the Children](#) estimated that 100,000 children are living in poverty, which is 22% of all children. Families where the youngest child is aged from birth to four are also [more likely](#) to experience poverty (25% risk), though this is a lower rate than England, Scotland or Wales.

Adverse Childhood Experiences (ACEs) are also [associated](#) with an increased risk of adult mental health conditions. Data from the [Safeguarding Board for Northern Ireland](#) suggests that 35-53% of the NI population will have experienced ACEs, and between 6-14% will have four or more ACEs.

Impact of the COVID-19 pandemic

Though exact data is not available, COVID-19 is [recognised](#) to have negatively impacted the mental health of children and young people.

There are also strong indications of consequences for babies and young children specifically. A [survey](#) conducted by the First 1001 Days movement with service providers of birth to two-year-olds found that almost all (98%) said that the babies their organisation works with had been impacted by parental anxiety, stress or depression which was affecting bonding and responsive care. A separate [survey](#) identified that 68% of parents felt their ability to cope with their pregnancy or baby had been affected by the pandemic, and a third believed their

baby's interaction with them had changed.

There is also evidence that COVID-19 has had an impact on known risk factors for developing infant mental health difficulties. This includes a [significant impact](#) on the mental health of mothers, and the quality of their parenting practices as a result. COVID-19's impact on [unemployment, poverty and stress](#) has also increased children's exposure to childhood adversity, which has a negative impact on their mental health. These pressures are feared to have been further exacerbated by the [cost-of-living crisis](#).

The [COVID-19 Marmot Review](#) also shows inequalities in impact, with poorer infants and families more disproportionately affected by COVID-19; this is likely to have amplified the increased risk of infant mental difficulties they already faced.

Overall, the [Parent Infant Foundation](#) has highlighted that more under five-year-olds are *"falling behind expected wellbeing and development outcomes, and many services are reaching a crisis point where they are unable to identify or meet families' needs."*

In 2022, following the COVID-19 pandemic, NCB and PHA undertook qualitative research with practitioners and service providers across Northern Ireland to identify the challenges they were facing. The research found the following in terms of local need:

- Lockdown resulted in many missed opportunities for antenatal support, education, peer support and socialisation, and identification of development difficulties.

- The workforce was under pressure and depleted, and this has risen with increased service demand.
- Parental mental health has been a growing concern, exacerbated by the pandemic, ongoing cost-of-living crisis and growing waiting lists.
- Knowledge of ‘what works’ to support positive infant mental health remains limited - awareness raising for fathers, partners and wider family members is particularly needed.
- There was a recognised need for specialist parent-infant interventions, as well as universal, preventative, and targeted support.

Evidence of what works to best support infant mental health

Evidence shows that effectively supporting infant mental health relies on a number of interrelated factors. These include:

- Building a shared understanding of infant mental health for both professionals and caregivers
- Delivering an integrated whole-system approach to supporting families with different levels of need
- High quality interventions, delivered by professionals with the right expertise.

These are explored further below.

Developing a shared understanding of infant mental health to close the ‘baby blind spot’

Infant mental health is the result of a wide range of factors. As such, a broad spectrum of professionals plays a role in supporting it, whether through prevention, early intervention, or specialist therapeutic support. This includes maternity services, children’s mental health services, social care, GPs, child protection services, early care, and education settings, and is relevant across both statutory and community and voluntary sector services.

Ensuring that these different actors have a shared understanding of infant mental health is therefore fundamental to enabling a coordinated and consistent whole-system response.

However, [evidence shows](#) that there are significant gaps and inconsistencies in different professionals’ understandings of infant mental health. This contributes to what has been termed the ‘baby blind spot’ – where babies and young children’s needs are overlooked.

Research by the [Parent Infant Foundation](#), for example, highlighted that a lack of clarity around infant mental health was a significant barrier to the commissioning of new services to support families. A 2021 [survey](#) of professionals also identified that much professional training does not cover infant mental health, with those who do know about it understanding it in different ways, using different language to refer to it, and using different approaches to address it.

Building a shared understanding of infant mental health is a priority for a range of different organisations. A 2023 [UNICEF](#) toolkit, for example, sets out a framework to help organisations within a local area to develop a shared

understanding.

Parents' understanding of infant mental health is also an important driver of positive outcomes. [Evidence](#) shows, for example, that increased maternal knowledge of child development is associated with improved developmental outcomes and more positive parenting behaviours.

However, there is significant variation in parental knowledge about infant mental health – often driven by [cultural](#) background, education and socio-economic circumstances – as well as parents' ability to put knowledge into practice.

As such, it is [recommended](#) that interventions include a strong education component, as well as being context appropriate and taking account of relevant social and economic factors.

Whole-system, integrated support for infant mental health

There is a range of evidence supporting the use of a whole-system approach to support infant mental health. Given that mental health results from the complex interplay between many environmental factors, whole-system approaches enable holistic action, as well as ensuring that families are able to access timely support appropriate to their level of need.

There are number of ways of describing how different sources of support come together to support infant mental health, on top of the 'traditional' model of universal, targeted and specialist services.

One example of this is a three-tier [continuum of support](#) comprising of:

- **Promotion** of positive mental health and wellbeing in the general population, including raising awareness of infant mental health and promoting protective factors.
- **Prevention** of mental health problems through targeted support for those at greatest risk of developing them.
- **Care** for those who are experiencing difficulties, including early intervention, therapeutic support for those experiencing problems, and continuing care.

Other models include the [Thrive Framework](#), a person-centred approach to delivering mental health services which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Risk Support.

The [Isos Partnership](#) has also recently made the case for specialist expertise to be deployed more evenly across the whole system, with specialists offering light touch support to all services – including those supporting people with low to moderate need - rather than just focusing on those with the highest levels of need.

How different services should work together can also be understood through a 'life stage' [model](#), whereby different sectors come together at different moments to offer universal, targeted and specialist support. For example, preconception mental health care is supported via antenatal classes, midwives, and health visitors; while parent-infant relationship support comes from specialist parent-infant and infant mental health teams, as well as primary care, health visitors, early education,

social care and other voluntary and community organisations.

Whole-system approaches typically rely on shared strategy, outcomes, and integration across all levels of a local system. As well ensuring that families' needs are identified and they can access support, integrated working enables more consistent implementation of services, less duplication of processes, and smoother referral pathways.

A [UNICEF Toolkit](#) outlines a number of conditions that need to be in place for good integrated working:

- Clear partnership arrangements at a strategic level with clarity of purpose, good working relationships, accountability and the ability to drive decisions and actions.
- Strong, committed political and operational leadership.
- A strong understanding of local need based on good data and information sharing between organisations.
- Good relationships with local communities and voluntary organisations within them.
- A culture of learning, creativity and problem solving.

Specialised Parent-Infant Teams

Specialist parent-infant relationship [teams](#) (commonly referred to simply as parent-infant teams) often play a key role within whole-system approaches to supporting infant mental health.

Parent infant teams are typically multidisciplinary, comprising family support workers or key workers, highly

experienced infant mental health practitioners and managers and administrators.

The [Parent Infant Foundation](#) describes how parent-infant teams play two key roles:

- They deliver high quality, evidence-based therapeutic support for those families experiencing the most severe difficulties.
- They act as 'champions' within local systems, support other professionals to understand infant mental health and early attachment, and deliver high quality support.

There are currently around 45 specialised parent-infant relationship teams in the UK. These are distinct from perinatal mental health services in that they focus on both the parent and infant, rather than just the parent's mental health.

The Parent-Infant Foundation has developed a [Toolkit](#) to help with commissioning services to strengthen parent-infant relationships. It includes a number of steps, including establishing local population needs, mapping existing provision, examples of good practice, workforce development and monitoring and evaluation.

The growing evidence base for parent-infant relationship teams is summarised [here](#).

Interventions and programmes to promote and support mental health and wellbeing in the early years.

There are numerous interventions that aim to promote and support infant mental health. These can be universal

(developed for the whole population), targeted at those at an increased risk of developing problems, and targeted at those on the basis of detectable signs of experiencing mental health difficulties.

The evidence base for many of these interventions is still developing. A recent [review](#) of attachment-based interventions for children aged one-to-two, for example, noted that for most interventions evidence came from a single study or was not from a 'gold standard' randomised control trial.

A 2020 [National Children's Bureau](#) evidence review identified several examples of interventions where evidence was particularly robust. The report noted that the evidence base for more intensive targeted programmes tends to be stronger than for universal interventions.

Evidence-based universal interventions include:

- [Family Foundations](#), a 10-week group-based intervention to support the transition to parenthood, including coaching on how to respond more sensitively to their child.

Evidence-based interventions for those at increased risk include:

- The [Family Nurse Partnership](#), a targeted home-visiting intervention for first-time single mothers. Trained nurses / midwives provide new parents with information about child development and strategies for supporting their child's and their own needs.
- [Circle of Security Parenting](#) aims to increase attachment among socially disadvantaged children aged one to

five. It is delivered either in groups or one-to-one and uses video recordings to help parents reflect on how their children communicate and how they can meet their needs.

Evidence-based interventions for those already experiencing difficulties include:

- [Infant-Parent Psychotherapy](#), an intensive psychodynamic intervention focused on increasing parental sensitivity and child attachment security. It is delivered via weekly hour-long sessions with a parent and infant dyad.
- [Watch, Wait and Wonder](#), an 'infant-led' parent-infant psychotherapy where parents are encouraged to play with their baby, and then reflect on and explore their feelings of their interaction. It can be delivered one-to-one or in groups.

In line with the 'whole child approach', a far broader range of interventions feed into promoting protective factors for positive mental health and preventing mental ill-health. These include interventions to support a healthy pregnancy (e.g. to reduce substance use and promote healthy maternal weight), interventions to support breastfeeding, more general parenting programmes, early childhood education and care, social and emotional learning interventions, prevention and treatment of parental mental health conditions, childhood adversity prevention and early intervention, addressing socioeconomic inequalities, and providing information to parents/carers. Further detail on these interventions is summarised by the [Royal College of Psychiatrists](#).

What supports the effectiveness of interventions?

There are a number of [commonly identified](#) factors that contribute to the effectiveness of interventions to support infant mental health. These include:

Upskilling practitioners. Alongside an informed understanding of infant mental health, supporting infant mental health requires specialist expertise. The [Parent Infant Foundation](#) highlights that supporting children’s mental health is very different to supporting adults, and relies on skills like the ability to understand pre-verbal cues and infant emotions, and support parents to provide sensitive and responsive care without judgement. Though specialist staff have many of these skills, a 2020 [National Children's Bureau report](#) highlighted that training in these skills is often not part of core training offers for professions like midwifery or health visiting.

Ensuring interventions are grounded in supporting the parent-infant relationship and centre on improving attachment security. This typically involves education around what responsive and supportive interactions between a parent and child look like, and modelling of healthy relationships between practitioner and parent.

Increasing knowledge of infant mental health. Beyond a focus on attachment, effective interventions typically include a component to increase knowledge of mental health. This can include recognising and regulating emotions both within parents themselves and among others.

Father inclusive practice. Despite the well documented benefits around

engaging fathers, [evidence](#) shows that fathers are more likely to be excluded by services that support children.

[Recommendations](#) to ensure inclusive practice for fathers and partners includes ensuring flexibility in timing of sessions, providing information to both partners, and positively framing partner involvement.

Sufficiently resourced interventions to enable practitioners to develop a secure and trusting relationship with families. Trust is key to driving behaviour changes and is more likely to be achieved if interventions have sufficient duration, frequency and are in a consistent location.

Taking a holistic approach to support families, considering the impact of other stressors / reasons for a family’s engagement with services and offering an individualised programme of support.

Overcoming barriers to access. There are a number of widely recognised [barriers](#) to accessing early years support. These can be split into awareness barriers, accessibility barriers and acceptability barriers. [Evidence](#) shows that some groups – particularly those from disadvantaged backgrounds, recent migrants, those not fluent in English, women under 20 and those who have experienced domestic abuse – are particularly unlikely to access services. There are a range of [strategies](#) for overcoming these barriers and reaching the most vulnerable families, including using multiple communication channels, personalised offers for disadvantaged groups who may be resistant to traditional formats, and well-integrated services.

Trauma-informed practice. [Trauma-informed practice](#) describes a specific

approach to service delivery which recognises the potential for any service user – including the parents of young children – to have been impacted by trauma, and uses this knowledge to develop an informed and responsive service.

A number of organisations [recommend](#) using trauma-informed practice to

support infant mental health and parent-infant relationships, particularly in the context of [psychological distress](#) deriving from the COVID-19 pandemic. A [report](#) by Blackpool’s Centre for Early Child Development offers guidance for both clinical and non-clinical staff working with perinatal women around accounting for psychological trauma in the perinatal period.



Infant mental health services in Northern Ireland: Case studies of good practice

The information above provides a brief overview of the key elements of positive infant mental health, including the risk and protective factors, and what works to best support positive infant mental health. It is clear that it is a complex area, with significant interplay between environmental and social factors, and between the services who have a role to play.

There is a wealth of good practice across Northern Ireland in terms of supporting the development of positive infant mental health. Services operate across all levels of need – from universal preventative interventions, through to specialist intensive support. While it is not possible to include all services taking place across the five health and social care trust areas in Northern Ireland, below you can read about just some of the services available for families in the weeks and months from conception and the first 1001 days. Contact details are included for each, should you wish to learn more.

The Attachment, Bonding & Communication Parent Infant Partnership (ABC PiP)

Overview of the service approach to supporting infants and families

ABC PiP is a Specialised Parent-Infant Relationship team, based in Ballygowan, Co. Down. The service has been developed through a strategic partnership between Barnardo's NI, South Eastern Health & Social Care Trust (SEHSCT) and Tiny Life, with support from the Parent-Infant Foundation. ABC PiP work holistically, as one multi-disciplinary and cross-sectoral team, to deliver three strands of work:

- A direct parent-infant service for families;
- Training and support for other professionals; and
- Engagement with the wider systems in which babies and their families receive services.

The aim of ABC PiP is to enhance the life opportunities and outcomes of infants and their families by improving parent-infant relationships and creating stronger bonds and attachment in the first 1001 days.

The team deliver one to one interventions within the family home and group work to families across the SEHSCT area. Families referred to the service can receive a range of interventions during their time with ABC PiP. Two levels of support are available:

- Tier 1 Support - for parents experiencing issues, such as anxiety and depression, which are impacting on parenting and the infant's social & emotional development, but who have some other positive coping skills or resources available to them.
- Tier 2 Support - for families with more complex difficulties where parenting is significantly impacted by parental wellbeing or stress (e.g. parents with high anxiety and low mood) or by complex trauma history or experience.

What works? Challenges, successes, and lessons learned

Collaboration and communication within and beyond the multi-disciplinary team are critical to ABC PiP's success. Working alongside health visitors, the Specialist Perinatal Mental Health team, SureStart, New Parent Programme for first time mums and the Parent Infant Programme enables our specialist team to agree the 'best fit' for each family and to escalate or de-escalate service delivery as required. In this way, ABC PiP can help ensure that every family receives the right support at the right time, and in the right place.

ABC PiP is committed to enabling parents to have a say in decisions that affect them and their young children. ABC PiP aims to embed parents' expertise in the design, delivery and management of its services and training. That's why ABC PiP dedicates time and resource to co-production activity to shape and develop the service.

This is skilled work. It relies on the creativity, flexibility and playfulness of expert staff in working with parents and infants in ways that work for them, and in acting on the views they share. It's the most joyful of all the service's challenges!

Other challenges relate to the two-year absence of a functioning NI Executive. Progress on the implementation of the Mental Health Strategy is significantly stalled. The Strategy for Maternity Care in Northern Ireland 2012-2018 has not been updated or replaced, despite significant changes in demographics, workforce, and context of maternity care. Our health system is under unprecedented pressures. The impacts of COVID-19 and lockdown continue to be felt and the cost-of living crisis is affecting more families than ever before.

What difference is this making for infants and families?

In the first three years of service delivery, 279 families completed one to one interventions with ABC PiP, and 166 families completed group work interventions. 125 families completed final feedback forms, self-reporting their experience with ABC PiP.

- 98% said they would recommend the service to others.
- 88% felt the service made their situation much better; 12% felt the service made their situation a little better.
- 84% of parents felt their relationship with baby improved a lot; 10% of parents felt their relationship with baby improved a little.

Outcomes data from 54 parents using the [Parent and Baby Star tool](#) demonstrates that the domains of 'mental and emotional health', 'connecting with your baby' and 'support network relationships' were the most positively impacted by service intervention.

Outcomes data from 106 parents using the Hospital Anxiety and Depression Scale shows significant impact on both anxiety (average reported score for anxiety prior to intervention was 13 which reduced to six on discharge) and depression (average reported score for depression prior to intervention was nine, which reduced to average of four at discharge).

“My health visitor referred me to ABC PiP due to health issues which were affecting my relationship with my new baby. ABC PiP were quick to get in touch and keen to help. They helped me to understand the brain development of my child and made it easy to understand. I feel that I have become a better parent and I’m able to bond a lot better with my daughter. I have also learned to recognise the areas I am strongest with and improve on areas I would struggle with.”

“I’m not a tick box exercise. Women want sensitive conversations not checklists. In ABC PIP it felt like a gentler way, a nurturing conversation, a warmth. They’re skilled that way.”

Future service priorities and direction of travel

- Securing long term funding to sustain ABC PiP’s partnership model and maintain effective service delivery
- Sharing practice learning to help facilitate roll out and replication of Specialised Parent-Infant Relationship Teams (the Parent Infant Foundation model)
- Reviewing outcomes reporting for and with families, including the use of standardised measures
- Continuing to build back system change activities as wider systems ‘recover’ from the COVID-19 pandemic and the current cost-of-living crisis

For more information, please contact:

ABC PiP via email: abcpip@setrust.hscni.net

Telephone: 028 9598 8056

Website: www.barnardos.org.uk/get-support/services/abc-pip

You can read the ABC PiP Four Year Learning report [here](#)

Relate NI: Sustaining Healthy Relationships

Overview of the service approach to supporting infants and families

Relate NI is Northern Ireland's largest provider of relationship support. In January 2022, Relate NI began piloting Sustaining Healthy Relationships workshops in the community. These psycho-educational workshops teach people the skills and tools to manage their relationships in a much healthier way and allow people to identify for themselves which areas of relationships require a change in thoughts, attitudes, and behaviours. What is evident is that individuals who do not have healthy relationships modelled when growing up, simply repeat relationship patterns that they have experienced. Through these interventions Relate NI is helping people realise that healthy relationship skills can be developed like any other skill such as learning to drive, cook or learning a new language.

To date Relate NI have delivered workshops to 550+ people from SureStart participants, young adults with additional needs, women's groups, community support workers, health professionals and parents. Workshops include videos, discussion, and activities that can be taken away and used later. Two 90-minute antenatal workshops that focus on infant mental health have been evaluated in house with very positive feedback. They include videos by:

- Prof. Siobhan O'Neill, Mental Health Champion, presents on looking after our children's mental health.
- Phillipa Perry, Psychotherapist, presents on building relationships with our children.

What works? Challenges, successes, and lessons learned

The workshops explore relationships as protective factors in our lives and include all types of relationships as tailored to the needs of the individual groups - from romantic, family, friendships, relationships with ourselves, and with children. The [Gottman Institutes Sound Relationship House](#) is used to explore the skills and tools required to sustain healthy relationships, as well as exploring the four levels of destructive relationship behaviours. The workshops explore relationship stressors, which usually occur during times of transition in people's lives. They also explore relationships with our emotions and how emotional identification is a key component, not only in self-regulation, but in seeing emotions as data and not directives. Conflict resolution, and the skills and attitudes required to do this effectively, are also modelled. Key components to healthy relationships as well as the red flags that are evident in unhealthy relationship behaviours are also looked at.

The only challenges to delivery include:

- If babies attend the session and become upset, it can be difficult for the mums to concentrate, and they may have to leave if their baby cannot settle.
- They may also be unable to attend if the baby is sick.

What difference is this making for infants and families?

The workshops have several impacts for infants and families, including:

- Supporting maternal-foetal attachment
- Supporting women's health and recovery
- Increased parental emotional regulation
- Improved parental-infant attachment
- Improved inter-parental relationship
- Earlier opportunity for intervention for child maltreatment, attachment issues or parental stress
- Development of community networks
- Reduction of parental isolation

Case Vignette

'Joanna' was a young antenatal mother who came to Northern Ireland to live whilst at university. She met her partner in Northern Ireland, and they resided together after graduating. They were isolated with no family support and were experiencing financial hardship with rent and cost-of-living increases. They were also looking for somewhere more suitable to live when baby was born.

The couple attended Relate NI's Sustaining Healthy Relationships workshop via SureStart as part of a few initiatives offered. Coming to the workshops helped normalise some of what they were experiencing in transitioning to becoming new parents. It allowed references to the 'Relationship' handouts they had received, and they reported how they had been able to sit down together and reflect on their relationship, using the handout as a tool to communicate and reconnect. This was a tool they continued to reflect on and use as an intervention when they recognised communication breaking down.

General feedback from workshop attendees;

- Attending this workshop has made me think differently.
- Information was relevant to the healthy relationship themes.
- What I have learned will contribute to my understanding of the area.
- This programme has supported my wellbeing mentally.
- This programme has supported my wellbeing emotionally.

Future service priorities and direction of travel

Healthy family relationships, including inter-parental relationships, are critical to children's life chances. The family support infrastructure in Northern Ireland provides parents, carers, guardians and children with access to invaluable support and services. However more needs to be done to ensure that relational capability is built;

relationships are prevented from falling into states of distress as far as possible; and people are protected at times of crisis such as relationship breakdown. Relationships have a fundamental role in nurturing and maintaining people's wellbeing, as well as the quality of family and community environments.

The quality of attachment with children, family, friends, and romantic partners has important implications across multiple domains in society, including education, employment, health and social care, and criminal justice. However, currently there is a significant strategic gap in policy, in identifying the integral role of healthy relationships across key priority areas. As such, a key recommendation of Relate NI's research is the development of a *Healthy Relationships Strategy*, which would involve a centrally driven, structural approach to embedding the role of relationships within government policy.

Relate NI have many plans for expansion but without funding this opportunity may well be missed.

For more information, please contact:

**Sharon Ramsden, Clinical Coordinator - Infant & Maternal Mental Health
Champion via email: sharon@relateni.org**

**Kellie O'Dowd, Develop Manager & Sustaining Healthy Relationships
Coordinator via email: kellieodowd@relateni.org**

Telephone: 029 90323454

Website: www.relateni.org

TinyStart Growing Child programme

Overview of the service approach to supporting infants and families

The TinyStart Growing Child programme is a home-based, outcomes focused parenting programme. The programme aims to:

- Strengthen the attachment and bond between parent and child.
- Educate parents on how infants develop and learn, empowering parenting confidence.
- Lay the best developmental foundations for a child's whole life.

The first five years of life are crucial to a child's development, including protecting their future mental health. Ensuring the home environment is free from stress, strengthening positive relationships and supporting children's social, emotional, and cognitive development so they feel loved and cared for is key to protecting their mental health and wellbeing. Working with and supporting parents at the earliest opportunity can prevent mental health conditions establishing in children and continuing in adulthood.

The TinyStart programme is delivered across the five Health and Social Care Trusts. Any parent whose baby was born preterm and spent time in neonatal care is eligible to avail of the programme. At the point of referral, the infant must be <1 year old, corrected age, and weighed <1500g at birth. Individuals can self-refer to the programme or be referred by a health professional. Families can avail of the programme until the infant is 3 years old, corrected age.

A Family Visitor (FV) delivers the programme in the family home. Parents receive a 30–60-minute visit each month, where the FV discusses what developmental milestones the infant should be achieving. Through practical learning activities the FV supports the parent-child bond and interactions through illustration of conversation, gestures, language, movement, and play, promoting development of physical, emotional, intellectual, creative, and social milestones. Delivered in this way, the programme is parent-directed and child-centred, empowering parents with knowledge to have confidence in their parenting skills. Any areas of concerns can be highlighted early, and signposting advice provided to address any additional support needs identified.

What works? Challenges, successes, and lessons learned

There are several elements of the programme which have contributed to its success:

- The home-based delivery of the programme.
- The programme has a child-centred approach and is adaptable to the child's stage of development.
- There is a well-developed library of age-appropriate resources to aid learning and delivery, including, books, toys, art materials and learning resources for practical illustration to scaffold learning and encourage all areas of development.

What difference is this making for infants and families?

The impact of the programme for TinyLife families has been positive. Overall themes parents have shared include:

- Increased knowledge of child development.
- Greater confidence in parenting decisions and choices.
- Less stress - more able to cope with parenting challenges and stressors.
- More resilient with better coping skills.
- Strong attachment with their infant.

The programme is evidence-based; [Queens University Belfast initially evaluated the programme in 2021](#), with positive outcomes noted for both parent and child, including increased self-efficacy. The most powerful benefits of the programme are voiced by the parents:

“It definitely made a difference to how we bonded with [our child] ... the happier I was, and the more confident I was with [my child], then the happier we were as a family.”

“The programme has been a lifeline for us. Our eldest child has developmental delay and suspected ASD, when our prem daughter came along we were completely out of our depth and had no idea how to help her meet her milestones being so used to her sibling and his difficulties. The programme helped us give her the best start with confidence, and helped us support her brother too; he is now meeting the same milestones as his sister. The home visits were significant, they helped me concentrate more, and eased my anxiety, I am uncomfortable around people, and a group environment for the programme just would not have worked for us. Thank you for helping our family so much.’

“Having my baby at 24 weeks, I felt that I had let her down and given her a mountain to climb. The TinyStart programme, it gives me confidence in what I do... seeing her progress and develop is brilliant, it’s a bonding experience for us. It makes me feel I am doing right by her, making up for the difficult start she had, strengthening our bond. She’s coming on leaps and bounds... a lot of that is due to this programme and support it provides. The parenting advice and approaches have been great, it gave us a lot to consider as a family and what we feel will work best for us and our parenting style. Being able to have the sessions in our own home was also a relief, not a clinical environment, but in a comfortable, safe space for me and her.’

Future service priorities and direction of travel

The key priority is to secure the longevity of funding for the programme so parents of children born preterm can continue to avail of the support, education and skills provided by the Family Visitors through the TinyStart Growing Child programme.

For more information, please contact:

Jemma Dawson, TinyStart Team Lead via email: Jemma.dawson@tinylife.org.uk

Telephone: 02890 815050

Website: www.tinylife.org.uk

Parent Infant Programme Suite: Home Start & Southern Health & Social Care Trust Partnership

Overview of the service approach to supporting infants and families

The first 1,000 days are the most significant in a child’s development and there is now a wealth of evidence to suggest that supporting healthy parent-child relationships in this time period is key to giving children the best start in life. The neuroscientific evidence demonstrates that the foundations for lifelong health and happiness are laid in the early years and that exposure to early adversity, particularly in the absence of nurturing relationships, can have long-lasting effects on well-being. This period can present some of the most challenging moments for parents, particularly for first time parents, those living with poor mental health, experiencing feelings of isolation,

struggling with financial difficulties and many other related concerns. It is therefore essential that support afforded during this period to parents and infants is timely and responsive to their particular needs.

In the Southern Trust, COVID-19 brought to light some very significant challenges for parents of new-born babies living outside SureStart areas with the initial presentation for many of isolation and the loss of natural supports that otherwise would have been available through family, friends etc. These and other challenges were highlighted by Home Start staff and mirrored the experience of Southern Trust's Social Work, Midwifery and Health Visiting teams supporting parents of babies at this early stage of development.

[‘Babies in Lockdown \(2020\)’](#) highlights the disproportionate impact of COVID-19 and subsequent measures on those pregnant, giving birth or at home with a baby or toddler. COVID-19 has affected parents, babies and the services that support them in diverse ways.

SureStarts provide a comprehensive range of face-to-face support for eligible parents and children from pre-birth until the child's fourth birthday. It brings together health, family support and early education services designed to support children's learning skills, health and well-being, and social and emotional development. Services are offered both in the home and in group-based settings. An equivalent support provision for families in need living outside of the SureStart area is not available in the Trust area.

Programme Development

Initial funding was secured for the development of a Parent-Infant Support Programme for families of parents and babies in response to issues and concerns identified by parents of new-borns and referrers. Home Starts led on the coordination and delivery of the initiative across the Southern Trust area with the support of the local Child Development Interventions Coordinator. It was to be delivered face-to-face in response to concerns identified by mothers around feelings of isolation and the loss of natural supports that otherwise would have been available if COVID-19 wasn't a feature. It was agreed that the programme targeted support to families living outside the SureStart Areas.

Key elements of the agreed programme include:

- Infant Massage x 5 weeks
- The Incredible Years® Baby Programme x 8 weeks
- Sensory Play x 4 weeks
- Sleep support x 2 weeks

The agreed programme objectives are to support parents with infants to:

- Understand baby's developmental milestones, providing confidence to address their needs at various stages of growth and development.
- Increase confidence in parenting skills and enhance relationship with their babies.

- Reduce sense of isolation and stress.
- Work to enhance/improve parent and child's mental health.
- Build up natural supportive connections in their local community through engagement with other parents and with an appreciation of other local support structures available.

The programme has now run for five cycles in each of the four Home Start areas, with funding secured from a range of sources to maintain it in the short term. It was initially established to support up to 12 families on each programme but has consistently run with family numbers beyond that. The demand for places and the level of engagement continues to be high. Parents report significant improvement in their own mental health and social supports, increased confidence in parenting skills, enhanced relationships with their babies and babies thriving and meeting developmental milestones.

The programme is currently undergoing an external evaluation and the initial findings have been very positive to date with 90% of parents rating the programme as excellent.

What works? Challenges, successes, and lessons learned

What works

- A range of interventions are provided in response to need as identified by parents and referrers to the programme (in line with the programme elements as above).
- The service provides early help to families, which often results in no further formal support being needed.
- Peer support opportunities are provided for parents to meet others in similar situations and circumstances.
- The capacity to support families across the Trust area. For example, in each of the programmes facilitated to date, a small number of families have been accommodated in another local Home Start where the dates in their own area didn't suit or where they were geographically closer to another provision.
- Opportunities for Home Start staff delivering on the programme to access evidence-based training initiatives to enable them to effectively support parents and their children.
- Quarterly meetings between Home Starts and the Southern Trust (Child Development Interventions Coordinator) which enables a consistency of approach, mutual support and ongoing collaboration around the challenges of delivery.

Challenges

A key challenge in the early stages was the delivery of face-to-face programmes (in each of the Home Start areas) where COVID-19 was still very much a feature of life. Risk assessments were carried out and mitigations were put in place to ensure that

the required levels of social distancing were maintained while allowing the critical engagements to take place in support of parents and their infants.

Referrals to the programme are increasing as its profile increases. While not a challenge in itself, waiting lists now exist in a number of areas.

In addition, there are ongoing challenges in terms of increased costs for example, venue hire, refreshments, and transport etc.

Feedback from parents and delivery services have identified that the programme would clearly benefit from a physical activity element. This is being explored at present.

Lessons learned

Given the considerable increase in applications to the Parent Infant Programme suite, referral pathways are being revisited along with some refinements around assessed levels of need.

What difference is this making for infants and families?

The programme is seeing a range of benefits for parents.

- Parents are reporting an increased understanding of the importance of communication with baby for baby's brain development.
- Parents are also reporting an increased understanding of baby's developmental milestones at the various stages of development.
- Through the services, parents are supported to consider their own self-care so that they are in a better place to engage with and support their baby more effectively.
- Parents are noting increased confidence for themselves with their babies, babies are thriving and the level of need beyond the programme is very low or not at all.
- Parents who had been signed up for more intense support prior to the programme, have been seen to withdraw application for individual support when the programme concluded.
- There are reports from parents and referrers of significant improvement in parent's mental health, increased confidence in parenting skills, enhanced relationships between parent and baby. Babies are thriving and meeting developmental milestones.
- Parents are also establishing peer support networks through WhatsApp beyond the programme intervention, demonstrating longer term and wider impact.
- Onward support service information has also been provided to parents where requested.

Parents feedback:

"Before attending the group I was incredibly nervous. My anxieties were rising to the surface about how I looked as a new mum. Was I doing everything I could for my baby? What if all these other mums have their lives together and here, I am winging

every day. I was scared I was going to be judged and I was reluctant to expose my vulnerabilities. All of these factors were impacting my mental health and general wellbeing. I could feel myself becoming frantic and overwhelmed, getting frustrated at loved ones. On a scale of 0-5, I was about 2 before group. There is no denying that the Incredible Babies/Parent Infant Programme group improved my mental health. At my current stage in the group, I'd say rate myself a 4 out of 5."

"You have no idea how much this programme has helped me and my baby. I was on the waiting list for intensive support from Home Starts parenting worker, I no longer need it, this programme has answered all my questions, and my anxiety has reduced immensely."

"The support I have received from the other mums on the programme has been my lifeline. They have encouraged me, supported me and made me understand I wasn't the only one. I will be forever grateful."

"I had questioned my attachment to my son - even my health visitor was kind of worried about our bond. This programme has made me realise how much I love him and how much he loves me. We loved the massage; it has brought us so close, and he looks for it every night. We have learned new things that have made me a better mummy."

Future service priorities/direction of travel

The programme is currently the subject of an external evaluation (23/24) which to date is presenting with very promising results. The findings of the evaluation will inform the future of the programme in terms of the model, capacity and coverage. The plan is that the programme will be supported through the Trusts Children's & Young Peoples Services and will be an integral part of service provision for parents of young infants living outside SureStart areas in the Southern Trust.

The agreed programme will continue to be delivered in each of the four Home Start areas. Other avenues to fund a second programme each year are being explored to respond to the increasing demand.

For more information, please contact:

Martina McCooley, Child Development Interventions Coordinator, SHSCT via email: martina.mccooley@southerntrust.hscni.net

Telephone: 028 37564462

Website: www.home-start.org.uk/pages/category/home-start-northern-ireland

Solihull Approach in Northern Ireland

Overview of the service approach to supporting infants and families

From its introduction to Northern Ireland (NI) in 2005 and continued delivery within the context of policy direction: Healthy Child, Healthy Future, 2010 and the Regional IMH Framework, 2016, the Solihull Approach (SA) continues to make a significant contribution to IMH awareness and practice. This has been the result of continued delivery of the SA Foundation Programme to a range of practitioners across children's services leading to integration of the programme by Higher Education Institutions to include in their curriculum as appropriate. It is now delivered by the Clinical Education Centre (CEC) since 2010, Ulster University (Specialist Community Public Health Nursing – Pg Dip) and more recently for midwifery students at Queens University Belfast. There are more than 100 Solihull Approach trainers in NI with many of them actively delivering the Solihull Approach programmes to practitioners across children's services. They join over 100 areas across the UK and beyond, from a training hub in Australia to school programmes in Nigeria and Ghana, as well as consultancy and practice in Barbados, Iceland, Sweden and Malta.

The Solihull Approach uses established, evidence-based theories, including psychoanalytical theory (Containment), child development theory (Reciprocity) and behaviourism to develop understanding of early brain development and the importance of parent infant interactions setting the trajectory for emotional health and wellbeing across the lifespan. You can read more about the model [here](#).

During the pandemic the Solihull Approach team converted face-to-face parent and professional programmes to an online offer. These give access to parents, carers, grandparents and teenagers. The Public Health Agency has purchased a [Multi-User Licence](#) which enables free access to 15 online programmes.

The Solihull Advanced programmes on Understanding Trauma, Brain Development and Attachment, and Working in High Pressure Environments are all available for practitioners through the [Multi-User Licence](#) purchased by the Safeguarding Board NI.

What works? Challenges, successes, and lessons learned

Challenges

There have been several challenges which the team have been addressing, including the need to build on the recent Multiuser Licence webinar by disseminating information on the Solihull Approach resources through schools, nurseries, health visitors, SureStarts along with existing communication channels.

Efforts have been made to improve uptake of free online courses by:

- Offering access to parents and young people on waiting lists for services
- Advertising as workforce development opportunities – for trainees, staff induction and continued professional development.
- Discharge or redirecting to other agencies.

With over 100 Solihull Approach Trainers in NI, the Trainers Network and linking with the Solihull Approach team is a priority. Many do not have the capacity within their role to provide training across disciplines, however, they are an important resource for their area of practice and team communication. A mapping exercise of Solihull Approach delivery across NI (NCB and PHA, 2023) showed that 80% of respondents (c50) had delivered training. Of these, 78% had delivered on four or more occasions with 722 practitioners completing the Solihull Approach Foundation Programme. This year to end of March 2024 there are already 36 new Solihull Approach trainers, reflecting the interest in cascading the programme.

Local coordination of Solihull Approach training has been the cornerstone of sustainability. Where this is coordinated and supported within Trusts' infant mental health plans, it works very well.

Finally, sourcing funding to provide Solihull Approach Resource Manuals to ensure at least one manual between two practitioners during cascade training is critical.

Successes

There have been a number of successes, as summarised below:

- Contributing to workforce development and sustainability by including the Solihull Approach in the following curricula: Specialist Community Public Health Nursing – PgDip at Ulster University, BSc Midwifery at Queens University Belfast and ongoing in-service education delivery by Clinical Education Centre.
- Funding from the Solihull Approach team for two local Solihull Approach NI Consultants in 2023/24 to promote and support new and existing development.
- Establishment of a PHA Solihull Approach Working Group to provide guidance and support for this unique development.
- Continued local funding by PHA and the Safeguarding Board NI for the Multiuser Licence for 2024. This provides continued free access to online courses to parents, carers and professionals across NI.
- The establishment of a Solihull Approach Network of NI Trainers to understand the diversity of their Solihull Approach activity and to support their practice and development.
- Completion and dissemination of results of a 2023 Solihull Approach mapping exercise, demonstrating continued delivery of programmes and areas for development.
- Engagement with the Infant Mental Health Regional Implementation group (Chaired by the PHA and including representation from across Statutory and voluntary services) and many opportunities to promote the Solihull Approach to a range of services in Trusts, community and voluntary organisations.
- Delivery of Solihull Approach for Managers including SureStart Co-ordinators.

Lessons Learned

Throughout, there have been lessons learned, including:

- The importance of continued communication and engagement with stakeholders about the new and existing Solihull Approach offer.
- Solihull Approach is a cost-effective model of delivery. However, Solihull Approach Trainers need [managerial support and time to prepare and deliver the training and embed it in practice](#).
- The need for continued promotion and engagement across sectors who are facing the challenges of budget cuts and uncertainty.
- The importance of reviewing the growth of Solihull Approach training to support trainers in understanding fidelity to the model and embedding the required governance and quality assurance.

What difference is this making for infants and families?

The Solihull Approach has a [significant evidence base](#), both quantitative and qualitative, showing the improvements in the parent-child relationship, child prosocial behaviour, behaviour difficulties, parental anxiety and stress, and practitioner satisfaction.

The impact of Understanding Your Child, the most established and reputed course designed for parents, was assessed by a randomised control trial in 2019 and has been recognised by the Early Intervention Foundation as having a strong evidence base. It was also the first to receive the Government's CanParent award, the only UK accreditation scheme for parent courses.

Parent and practitioner feedback has been positive, with 90% of parents using the online courses saying they would recommend to others. Quotes from parents and practitioners demonstrate the positive impact:

"I now understand when he looks away sometimes when we are interacting and tuning more into his needs and pace". (Parent, Understanding Your Child programme)

"Parents, professionals/teaching staff and young people have all stated that the Solihull Approach has been transformational. They see things from a different perspective, create space and importantly, recognise their own escalation, take ownership of and acknowledge their behaviour and repair after a rupture." (Solihull Approach Trainer)

"My thoughts on delivery of Solihull Approach are that it's like a big dose of therapy for me as a facilitator, but more than that it's how participants quickly realise the huge impact they can have on service users lives and how containment is so powerful for the continued positive mental health of parents and children" (Solihull Approach Trainer)

"I have been delivering a range of Solihull Approach courses for years now within the HSC Clinical Education Centre and can honestly say that I never tire of it. Being a part of another professional's learning journey, discovering both the theoretical components

of the approach and what this means for them to enhance their own professional practice has been a privilege. It has changed my understanding and communication with others when you get to know a person's story and the effects that positive and not so positive life experiences can have on their choices and behaviour". (Solihull Approach Trainer)

Future service priorities/direction of travel

- Further promotion and secured funding beyond 2024 for the 15 Solihull Approach online programmes across children's services, and increased uptake of the multiuser licence.
- Promotion of less-used face-to-face programmes such as Solihull Approach for Managers, Solihull Approach Reflective Supervision.
- Development and support of Solihull Approach trainers via network meetings and refresher days.
- Working with stakeholders to disseminate the Solihull Approach Schools Toolkit (primary and post primary) with key messages and resources on emotional health and wellbeing.

For more information, please contact:

Averil Bassett, Solihull Approach NI via email: averil.bassett@gmail.com

Website: <https://solihullapproachparenting.com/>

To access the multi-user free training please click the links below:

[Parent training](#)

[Professionals training](#)

[Further research and information](#)

Connecting through Song: An approach embedded in East Belfast SureStart

Overview of the service approach to supporting infants and families

Singing has proven health benefits for all members of the population, and singing with your child helps both the adult and child brain to feel calm, experience joy and connect with each other. The mental health of both generations benefit simultaneously from a simple, instantaneous, no-cost intervention.

Connection between children and caregiver and the formation of a positive, attuned relationship are fundamental for healthy attachment, brain development, and fulfilment of learning potential in all children.

[Research has shown](#) that young children's brains find it easier to tap into song than to

conversational speech. Singing gains children's attention and enables connection to occur. Sing-song intonation and rhythm are also particularly helpful in calming a distressed infant.

Save the Children and SureStart centres across Belfast worked together to design the research project. Early years practitioners worked with experts in behavioural change insights, speech and language therapists and music therapists to co-create innovative approaches that would encourage parents to sing to their babies and toddlers.

Antenatal and postnatal support worker at East Belfast SureStart, Jenny, took part in the development of this programme. She was keen to pilot it in East Belfast SureStart's Baby Club (0-6 months), a weekly group with 10-12 babies and mums. The majority of these mums are referred to SureStart via The Northern Ireland Maternity System (NIMATS). Singing had already been part of the weekly session, but Jenny was able to share much more intentionally with new parents, the positive effects singing has on developing brains and why it is beneficial for overall development.

The wider group of practitioners from across Belfast SureStarts also met for reflective workshops. They were able to share challenges and successes of how things were being received in the group. Evaluation took place throughout the initial pilot.

What works? Challenges, successes, and lessons learned

A number of challenges were identified as the pilot progressed.

- Parents often feel anxious, stressed and overwhelmed by responsibilities of childcare and day-to-day living.
- Even small babies are watching screens. One of the challenges was to help parents understand the difference between the benefit of the parent and child interaction as opposed to the baby watching songs on a screen.
- Some parents expressed that they were initially uncomfortable with the idea of singing in front of strangers.
- Some parents had English as a second or other language, and sometimes did not speak English at all.
- Parents in each group are on different starting points on their parenthood journey, depending on their own past experiences, and babies may never have experienced a parent engaging with them in song before.
- Within a group of 10 parents with their babies the only common denominator from week to week can sometimes just be the practitioner.
- Staff need to understand the how and why and encourage parents to practice it.

Successes

The following feedback from a practitioner demonstrates how the approach has changed practice and supported parents and babies:

"I enjoyed having the music therapist in the room at the early stages of the programme as it really did light the fire. She modelled singing and having a go initially, encouraging

practitioners and parents to join in. As long as parents were making eye contact with baby, what they sang didn't matter, the babies responded, delighted by parent's face and voice.

Following the initial training, I am not just delivering the programme, I am now spending more time explaining the rationale/science behind the programme. I am shining a spotlight on non-verbal cues from our babies, the eye contact, the gaze. The back and forth that is so important in early language acquisition. Incorporating discussions about emotional attachment between baby and parent have become a routine part of the group. As we sing, these topics can be naturally raised and questions from parents answered. I no longer rely on the speech and language team to come in and talk about the science but now share the responsibility for that information to get out there to parents.

I find now that I am naturally bringing these discussions about bonding and attachment into other areas of my work. Within the antenatal sessions we sow the seeds of the importance of singing to your bump and starting that emotional bond at this early point. We use songs to help with transition and especially when we see babies are overstimulated and tired.”

What difference is this making for infants and families?

- Parents said that they felt more motivated to sing as they see how it helped them their babies.
- Many parents said the singing in groups lifted their mood.
- Another parent mentioned that initially they felt uncomfortable singing, but just gave it a go and was more prepared to be vulnerable. Overall, she was feeling much more confident:

“And I would have been a bit reticent, I guess to sing in front of other people. Whereas now if he's getting upset, I'll sing to him in the park. I don't care who hears me.”

- This family also commented that sticky moments were less stressful when she sang e.g. as baby's nappy was changed.
- Another parent commented that by tuning into baby's needs, it helped cement the bond between her and baby.
- The variety of videos/prompts etc are really helpful to meet different audience's needs.

Future service priorities/direction of travel

East Belfast SureStart have trained their Family Support team and those facilitating groups in this approach with the intention that it is embedded into all groups. It is bespoke to age and stage of child. It is a programme that will be continually developed within East Belfast SureStart's project and there is an intention to offer this training to local mums and tots groups too.

For more information, please contact:

Seána Kerr, Lead Speech and Language Therapist for SureStart, BHSCT via email: Seana.kerr@belfasttrust.hscni.net

Laura Feeney, Senior Practice and Partnership manager, Save The Children via email l.feeney@savethechildren.org.uk

Tracey Ripley McElvogue, Project Coordinator, East Belfast SureStart via email coord@surestarteast.org.uk

Websites:

www.belfasttrust.hscni.net/

www.savethechildren.org.uk/what-we-do/child-poverty/uk-child-poverty/northern-ireland

www.eastbelfastsurestart.co.uk/

You can read the research report findings [here](#).

NSPCC Pregnancy in Mind

Overview of the service approach to supporting infants and families

Pregnancy in Mind (PiM) is an evidence based preventative mental-health service designed to support mums, dads and partners of pregnant people who are at risk of, or currently experiencing, mild to moderate anxiety and depression during their pregnancy and following the birth of their baby.

PiM is an antenatal group intervention delivered by professionals after the first trimester of pregnancy. Parents-to-be are able to begin the programme between 12 and 26 weeks gestation with an aim to complete the programme by 34 weeks. It aims to protect against the impact of parental anxiety and depression during pregnancy. Through building relationships, knowledge and skills, it helps parents to manage any difficulties they are experiencing.

The ultimate objective of this service is to build parents' capacity to provide sensitive, responsive care to their babies – and help parents keep these skills up postnatally and as their children develop. The programme is underpinned by six core evidence-based themes:

- Mindfulness meditation
- Active relaxation
- Psychoeducation and coping skills
- Social support

- Awareness-raising of foetal development
- Couple and co-parenting relationship (communication and conflict management).

PiM offers a post-natal element which comprises of two check-in sessions following baby's birth and updates from the PiM Newsletter.

What works? Challenges, successes, and lessons learned

From evaluation NSPCC wanted to learn if Pregnancy in Mind improves levels of depression and anxiety, quality of relationship between partners, and parents' relationship with the unborn baby. Based on findings from NSPCC's UK wide evaluation of the first phase of Pregnancy in Mind during 2015-2017, the service model was revised and adapted.

In phase two they carried out a process evaluation of the revised model using a mixed-methods approach. This included semi-structured interviews with programme participants and practitioners, and an analysis of case data. This enabled NSPCC to capture the experiences of mothers and their partners across all the sites delivering the programme.

Key findings:

After participating in the eight-week service, parents-to-be experienced significant improvements in their mental health:

- Participants saw clinical improvements in their anxiety and depression.
- Parents reported being more able to manage their mental health after the programme, using techniques learnt in the group.
- There were statistically significant increases in mothers' connection to their developing baby, with participants attributing this increase to activities from Pregnancy in Mind groups. It is important to note that an increase in parent-foetal connection is expected as pregnancy progresses, so this result can't be attributed solely to the Pregnancy in Mind programme.
- Some parents reported improvements in the quality of the relationship they had with their partner, although this was not statistically significant.
- Parents reported improved communication with their support networks outside of partner relationships.
- Some single parents found the focus on couples' relationships had a negative impact on their mental health.

Recommendations

The report makes some recommendations for changes to practice within Pregnancy in Mind:

- Increase the number of referrals generated by diversifying referral pathways.
- Allocate participants into groups in a way which encourages relationship building

and appropriate sharing of experiences.

- Focus on the inclusion of single parents and other participants that may feel the 'odd one out', for example younger/older parents, first-time parents, or parents from different cultural backgrounds.
- Give more consideration to potential previous trauma that group members may have experienced, and how this might impact on content delivery.
(<https://learning.nspcc.org.uk/research-resources/2020/pregnancy-in-mind-process-evaluation/>)

To comply with COVID-19 restrictions, an adapted version of the NSPCC's face-to-face service was developed using virtual and digital methods. A process evaluation looks at the case data of 186 parents who accessed the adapted March and September 2020. It considers:

- Practitioners' experiences of using virtual and digital methods to deliver the service
- Opportunities and challenges associated with virtual and digital delivery
- Practitioners' views about the adapted service
- Whether there were improvements in parental mental health for those using the virtual service.

Key findings:

Virtual delivery of PiM saw some improvements in parental mental health, and offers some advantages for programme delivery such as geographical reach and developing relationships at a pace that suited anxious parents. There were some difficulties raised by practitioners such as peer-to-peer relationships between parents and how to engage fathers.

Key enablers to successful delivery included teams having well-established local referral pathways and networks, as well as team stability and peer support. The flexibility of the programme provided opportunities for strengthening relationships with parents and providing tailored support, using methods such as one-to-one wellbeing checks.

What difference is this making for infants and families?

Within Northern Ireland, the PiM programme has built strong working partnerships to develop robust referral pathways, meaning that parents who may not reach the threshold for acute mental health support during pregnancy are now given the opportunity for an outward referral to PiM.

Using evidence-based measuring tools, data tells us that improvement in anxiety symptoms has been achieved. For others, their symptoms stayed the same. While some experienced worsening symptoms, engagement with the group and/or practitioner did provide support such as advice, guidance and onward signposting as necessary. Some worsening symptoms were also attributed to the progressing pregnancy and anxiety around the pending birth.

Participants have reported:

"I've walked away with an experience and tools for life!"

"The best thing is that we talk about the baby, not just the mums; everyone else just asks about your anxiety and depression 'how are you feeling' and all that. In group the baby's important even though it isn't born, and I really like that."

Engagement within the group did provide some anecdotal evidence in that some parents created networks of support with other parents which supported them during their pregnancy and beyond.

Future service priorities/direction of travel

NSPCC have undertaken further research to add to their understanding of the virtual model. This research focuses on parents' views and experiences of virtual participation. Feedback from this has shown that some participants preferred the virtual model as this reduced anxiety regarding direct contact with others, whilst others wished for face-to-face to allow more time for creating networks. The PiM model has now been adapted to reflect these outcomes.

NSPCC are refreshing the marketing materials to reflect changes to the model and to ensure the materials are inviting and reach all relevant parents who can access PiM.

In the future, NSPCC hope to do an impact study to help determine whether Pregnancy in Mind achieves its desired outcomes for parents.

For more information, please contact:

NSPCC NI Hub via email: nihubadmin@nspcc.org.uk

Website: www.learning.nspcc.org.uk

References:

[Thomas, E., Johnston, S., McConnell, N. and Belton, E. \(2020\) Pregnancy in mind process evaluation. London: NSPCC.](#)

[McElearney, A. et al \(2021\) Process evaluation of Virtual Pregnancy in Mind during the COVID-19 pandemic. London: NSPCC.](#)

Star Babies – Northern Health and Social Care Trust

Overview of the service approach to supporting infants and families

Star Babies is an enhanced universal home visiting service offered to all first-time parents within the Northern Health and Social Care Trust (NHSCT). Star Babies was introduced within the Public Health Nursing Team as a service development initiative in 2013, in response to evidence of the impact of early childhood experience and relationships on baby brain development and later outcomes. During consultation, local parents indicated the need for more contact with health visitors and a greater focus on nurturing and emotional support, especially with a first baby. A pilot was carried out and evaluated (2013-15) with a phased roll-out across the Trust.

Star Babies is now delivered as part of the universal health visiting service within the Northern Trust for all first-time parents, enhancing the Healthy Child, Healthy Future (HCHF) framework (DOH, 2010). Star Babies builds on good practice and evidence drawn from professions across the UK and is underpinned by strategic priorities in the Trust's Infant Mental Health Strategy (NHSCT, 2017) and the Infant Mental Health Framework for Northern Ireland (PHA, 2016).

Star Babies enhances positive infant mental health by supporting parents across four key themes:

- **Social/Emotional:** Transition to parenthood, parent-infant relationships, activities that support positive attachment, maternal and family mental health, baby brain development.
- **Communication:** baby cues and gestures, communication, baby language development, understanding and responding, everyday activities, stories rhymes and little conversations, book sharing.
- **Cognitive:** Thinking and learning, play and exploration, memory, perception and repetition, problem solving, early experience and interactions, learning and development activities.
- **Physical:** Active play, Movement and physical development, physical skills – balance and body awareness, reducing accidents and minor illness, breastfeeding, healthy weight and nutrition.

The Star Babies framework delivers an additional five home visits within the first year of life, on top of the six core visits as outlined within HCHF. Visits are monthly up to six months, then two monthly up to the one-year review, at which point the family will return to the core HCHF programme. Star Babies is health visitor led but visits can be delivered across the skill mix to include public health staff nurses and child health assistants. Where possible there is consistency within the staff who attend each family. Parents are signposted to additional support and online resources to build their confidence, like early interaction videos and top tips for new dads.

Since its conception in 2013, Star Babies has been delivered to over 10,000 first-time parents in the Northern Trust area.

What works? Challenges, successes, and lessons learned

As with all NHS workforce, turnover of staff, training and keeping teams up to date can be a challenge. As a result of this the Star Babies Toolkit was developed and was reviewed in January 2024. The Toolkit not only explains the Star Babies programme but also provides excellent support and guidance for staff delivering the programme, including practical resources and aide memoires for each additional visit. Star Babies update training is delivered every three years to all staff involved.

What difference is this making for infants and families?

In 2021, Ulster University published a [service evaluation on Star Babies](#) in the Journal of Health Visiting. The study compared outcomes from a cohort of first-time parents who received the enhanced Star Babies program against first-time parents who received the universal core HCHF visits in the first year. The evaluation measured impact of five outcomes; infant feeding, parenting confidence, knowledge of child accident prevention, community engagement, and relationship with the health visiting team. The study concluded that the Star Babies cohort were found to have significant positive outcomes in all five areas when compared to the core HCHF group.

Responses from parents who completed the Star Babies programme included:

“I think star babies is fantastic and I would highly recommend that parents participate”

“Star babies was very important to me as a new parent. It helped to reassure me of my baby’s individual needs”

“It was good to have knowledge of what I should be doing to help my child’s development at each stage”

“Visits were not rushed, there was plenty of time to ask questions and discuss issues.”

“It was good having the continuity of seeing the same health professional at each visit”

Future service priorities/direction of travel

Star Babies is now firmly embedded within health visiting practice for all first-time parents within the Northern Trust. Due to the success of the programme, it is hoped that this good practice could be shared and embraced by other Health and Social Care Trusts across Northern Ireland.

For more information, please contact:

Pamela McBride, Lead Public Health Nurse via email:

Pamela.McBride@northerntrust.hscni.net

Claire Crowe, Trainee Consultant Public Health Nurse via email:

Claire.Crowe@northerntrust.hscni.net

Website: <https://www.northerntrust.hscni.net/>

Mencap early intervention service

Overview of the service approach to supporting infants and families

Mencap's early intervention work in Northern Ireland is delivered within an evidence-informed framework. Based around key themes 'Influencing system change', 'Service provision' and 'Workforce capacity building', Mencap aim to ensure young children with a learning disability, and their families, have better opportunities to access early support appropriate to their needs. Early intervention is essential for children with a learning disability, who have delays in their cognitive and adaptive skills, and are more likely to experience educational, health and social inequalities, and poor mental health.

Each academic year, Mencap provides a specialist learning environment for 52 children aged two-three with significant developmental delay, learning disabilities and/or complex needs, and their families, from across Belfast and South Eastern Health and Social Care Trust.

The Early Years Training Programme provides training about learning disability for childcare providers, addressing gaps in professional knowledge and building workforce capacity.

What works? Challenges, successes, and lessons learned

Mencap has provided early intervention services in Belfast since 1969. In that time, they have learned a significant amount about what works.

Mencap's Early Intervention Framework offers a holistic approach to supporting children and promoting positive mental health.

Influencing systems change: Mencap focuses on service evaluation, feasibility studies, research, continuous improvement, and reflective practice to ensure that they develop and test programmes and services that work for children and families, sharing the learning to influence policy and practice.

Service provision: The onsite team of early years practitioners and allied health professionals allows all services to be provided in one place, meaning less disruption and travel for both children and families. This team provides specialist, tailored support, which is critical for children's development.

The high staff to child ratio (a minimum of one key worker to three children) is important for quality care and better developmental outcomes for children. This is especially relevant for very young children, and also children with a learning disability or complex needs, who require additional time and support.

Mencap's Children's Centre uses [HighScope COR Advantage](#) to measure children's developmental progress across the year in terms of cognitive, physical, and social abilities, including mental health, enabling staff to adapt activities to the interests, abilities and needs of each child.

Each year, the service is oversubscribed. To accommodate those who did not receive a place, the Centre piloted a six-week programme on Saturdays. While Mencap are

unable to provide full services, parents agree the short programme is beneficial for their child.

Mencap delivers the [Early Positive Approaches to Support \(E-PAtS\) programme, developed by the Tizard Centre, University of Kent](#). E-PAtS provides parents with information and practical skills to minimise risks associated with challenging behaviour and support their child's development and life chances. Alongside this, Mencap delivers other skills-based workshops and offers practical support.

Workforce capacity building

Mencap's Early Years Training Programme aims to increase knowledge and understanding about supporting children with a learning disability and their families. Up to 2023, Mencap delivered 50 programmes to over 700 early years professionals, creating partnerships with the Northern Ireland Childminding Association (NICMA), Childcare Partnerships (CCP) and Stranmillis University.

What difference is this making for infants and families?

Mencap's services are making a significant difference to the children who attend and their families.

In 2022-23, 98.3% of family members agreed/strongly agreed that their child's health and wellbeing were supported while attending the Mencap Children's Centre and 94.4% agreed/strongly agreed that they gained practical skills to support their child's learning and development (end of year evaluation). In 2023-24, 100% of family members agreed/strongly agreed that attending the children's centre is beneficial for their child and 93.7% agreed/strongly agree that they feel informed about how to support their child (mid-year evaluation).

"A fantastic all-round facility, providing vital support for children that need it. Caring, welcoming staff that put the needs of the families at the centre of everything they do."
(Parent 2022-23)

"I felt very overwhelmed when I first walked into the centre and just didn't know what to expect. I was soon made feel at ease; with [practitioners] nothing is ever too much bother for them, and they can't help you enough. I don't even know where to begin with how fantastic the girls are that look after my son in his play zone. My son runs through the doors to them, that's a testament of how great they are. His speech therapist and OT go above and beyond for him with their advice and ideas to help him with whatever struggles he's having and accomplish many strengths in his short time at the centre is just amazing. I am forever grateful we were lucky enough to have gotten to be a part of this amazing centre. Thank you 😊" (Parent 2023-24)

Future service priorities/direction of travel

Mencap hopes to continue to expand on the six-week Saturday programmes for children who cannot be accommodated in our Early Intervention Service.

The Family Support Service is taking part in a randomised controlled trial with University of Kent to explore the value to parents of attending E-PAtS sessions.

Mencap aims to develop family support, providing training and workshops based on the needs of families.

The Early Years Training Programme plans to reach more practitioners by expanding training delivery. Mencap have secured funding from Allied Irish Banks to support this and have developed a 'Train the Trainer' approach with NICMA, upskilling some of their staff to deliver courses.

For more information, please contact:

Judith Divers, Early Years Programme Facilitator via email:

Judith.Divers@mencap.org.uk

Website: <https://northernireland.mencap.org.uk/>

More information about Mencap's [Children and Family Services](#) along with briefing papers [Good practice in early development support for children with a learning disability](#) (2023) and [Creating brighter futures](#) (2018)

Perinatal Mental Health Services- The Incredible Years® Baby Programme, Southern Health & Social Care Trust

Overview of the service approach to supporting infants and families

Perinatal Mental Health Services (PNMHS) in the Southern Health and Social Care Trust have successfully embedded The Incredible Years® Baby programme as a group intervention for mothers and their babies. They are currently facilitating their second programme since becoming fully operational in January 2023.

[The Incredible Years® Baby programme](#) is an evidence-based intervention based on theoretical concepts of cognitive and social learning coupled with an attachment and relationship focus. Mothers attend with their babies.

The programme is facilitated in the perinatal parent and baby programme room with access to baby changing, a comfortable room for refreshments and food, and familiarity as many of the mothers have been at the venue before for assessments and reviews.

The programme is facilitated by two group leaders, one of whom is accredited and one who will be pursuing the pathway for accreditation.

What works? Challenges, successes, and lessons learned

Both group leaders have adopted a collaborative approach to facilitation which has been of particular importance for the mothers. Many come with significant feelings of low self-esteem and an absent sense of self efficacy due to their mental health diagnosis and their perceptions of their parenting abilities. Group leaders seek to gently encourage and scaffold each of our mothers as active participants in each session. They use labelled and specific praise of observations of interactions between

mother and baby.

As the weeks progress, facilitators have seen a gradual emergence of mothers being able to notice their babies in new ways. Until this point, many of the mothers may not have had the thinking space to reflect in this way, due to anxiety or low mood alongside a mental health diagnosis. Many describe feeling safe to share their joys and discoveries about their babies, but also their struggles and maybe feelings of ambivalence towards their babies. This sense of psychological and emotional peer support in the group from both group leaders and other mothers, has been a powerful catalyst for fostering an environment where mothers feel validated, affirmed, and heard. For a mother with a moderate to severe perinatal mental illness this is of vital importance. Mothers enjoy a sense of pride when they receive praise and see their contribution being highlighted as a key concept from a session.

Prior to engaging in the programme, home visits are offered to explain the content and structure of the programme. This supports a therapeutic and trusting relationship with the group leaders. When recruiting for the first programme, group leaders reflected on the importance of a mother being ready to engage in a group programme. One mother asked, "Will the other mothers be like me?" This has influenced PNMHS approach and reminds group leaders to balance the need to recruit adequate numbers to establish a functioning group, with remaining sensitive and attuned to where a mother might be in her journey towards recovery.

What difference is this making for infants and families?

Babies are viewed as active and very valued participants in the group. Mothers are supported to focus on both physically and emotionally holding their babies. Closeness and proximity is promoted at a pace that both mother and baby can tolerate. Tiny moments of great importance are highlighted when observed in mother and baby interactions. Group leaders focus on how a mother might: relate to her baby, mirror her baby's reactions, try to read her baby's mind, how a tango dance of reciprocity is observed, how a mother is helping her baby feel safe and secure. These are the building blocks for strengthening relationships between mothers and their babies. Often group leaders observe mothers coming to the realisation that their baby is an emerging little person with their own mind and developing sense of self.

Group leaders support and advocate for the notion of 'good enough parenting'. Mothers will often have set unrealistic expectations of themselves, which can lead to difficulty in coping with uncertainty that often accompanies the transition to motherhood. For example, session one – '*becoming a parent and getting to know your baby*' - offers mothers a sense of great relief in the realisation that there is a process to become a parent. They are not expected to know all there is to know about baby, rather this is a mutual process of both getting to know each other. Mothers welcome the idea of being a 'baby scientist'.

Data reflected a positive impact of the first programme in pre and post measures. In particular the Karitane self-efficacy scale evidenced an increase in mothers' self-efficacy and transition from the rating of severe clinical range to mild clinical range.

One mother in the current programme has shared how she is “*testing out and experimenting*” both new ways of being with her baby and also “*being with herself and her anxiety behaviours.*” She is moving out of her comfort zone while feeling safe to do so in the group.

Future service priorities/direction of travel

PNMHS’ experience of facilitating the programme, observations of mother and infant interactions and data gained from pre, and post measures has been shared regionally with perinatal services in NI. A number of the other teams have now sourced training in the Incredible Years® Baby programme for their staff and plan to offer the programme as a group intervention. PNMHS are also keeping in mind the offer of the programme for dads and partners. One group leader trained in the home coaching model has facilitated the programme in the home to both parents, both of whom have a mental health diagnosis.

For more information, please contact:

Mary Magee, Specialist Health Visitor for Perinatal and Infant Mental Health via email: Mary.Magee@southerntrust.hscni.net

Ursula Tumelty, Clinical Nurse Lead via email: Ursula.Tumelty@southerntrust.hscni.net

Programme information is available to view here www.incredibleyears.com

SIGNETS: Parent-Infant Relationship Team – Belfast Health & Social Care Trust

Overview of the service approach to supporting infants and families

The SIGNETS Team is a specialist service within the Belfast Trust, and the three staff in the team work across all of the Belfast Trust Area. SIGNETS supports antenatal parents from 28 weeks of pregnancy, and parents and primary care givers from birth to 4 years old, with a range of social complexities. The service focuses on early intervention, aiming to promote secure parent-infant relationships and infant mental health, so infants and young children may reach their optimal social and emotional wellbeing.

SIGNETS offer high quality therapeutic support services, working individually with families on a one-to-one basis in the home, or within small group settings in the community. Groups generally facilitate parents with infants, and these are offered over a 24-week period. The groups allow parents to move at a slower pace and focus on supporting and strengthening their relationship with their baby, reduce anxiety and stress, and increase confidence and self-esteem. We provide a nurturing and supportive environment, offering families a pathway that includes baby-led massage,

yoga, and The Incredible Years® Baby programme. The service applies the [Solihull Approach](#) and the [Five to Thrive model](#) throughout their work. As part of the one-to-one work a range of interventions are provided, for example, Video Interactive Guidance (VIG), Brazelton Newborn Behavioural Observations (NBO) and Newborn Behavioural Assessment Scale.

Referrals to the service are from Belfast Trust Health Visitors and the SWAN midwifery service.

The SIGNETS team also offer consultations with all members of the health visiting team. They deliver Solihull Approach two-day foundation training, run monthly Solihull practice sessions, and deliver ACEs training for staff to help them support infants and their families and promote positive infant mental health.

What works? Challenges, successes, and lessons learned

Successes

There are a number of successes for the service:

- Engaging and keeping parents connected, especially hard to reach and vulnerable families, is a strength of the programme. Parents remain engaged for the 26 weeks of the programme, with over 95% completing the whole programme. The only non-completion has been through relocating out of area or a parent's early return to work.
- Feedback from parents from SIGNETS surveys, and also other sources such as Care Opinion, has been very positive and reflects that we are making a difference.
- The team is prize-winning! In 2023, SIGNETS won 2nd place in the Belfast Trust Chairman's Award for 'Innovation in Mental Health and Wellbeing', while in 2022, SIGNETS were nominated as finalists for the prestigious Royal College of Nursing team of the year award.
- The team celebrates parents and babies successes at the end of a programme, and there is ongoing positive feedback from staff about the work we are doing and the support they receive.

Challenges

Despite the successes of the programme, there are always challenges, as summarised below.

- As with many services, it has been challenging to continue to run the programme during a pandemic, including local restrictions.
- Sourcing appropriate facilities within each geographical area within the Belfast Trust, which are accessible and suitable for running the programmes has been a challenge. There are also cost implications for resources, and room hire where needed. Due to resources, the team is unable to facilitate groups in different locations to run concurrently, which would meet a greater need.
- When venues have been sourced, there are also considerations in terms of

delivery of equipment to each location on a weekly basis, and ensuring suitable transport networks for parents travelling to the venues.

- The programme is emotionally and physically demanding for the practitioners due to navigating the various social complexities within the group, including the psychoanalytical nuances emitted within the group settings.

Lessons Learned

There have been a few lessons learned, not least that running programmes continually left staff feeling fatigued. The team now implement a break between programmes.

Additionally, meeting parents prior to the group when parents are not already completing one-to-one work with the service, is essential for relationship building and supports early identification of additional needs.

What difference is this making for infants and families?

In terms of quantitative data, there have been four cohorts of 26 week programmes completed. The fifth cohort is running currently. As above, there has been over 95% attendance at each programme, only non-completion was due to family relocation and an early return to work. 100% attendees completed the full 26 week programme.

Parents have supplied feedback on what the service has meant for them and the benefits they've seen:

"We have enjoyed the baby massage so much and we are so grateful we could take part in it."

"They have created a safe space where it feels ok to be vulnerable and admit sometimes things are really tough."

"Thank you for providing a safe, warm and welcoming environment...Our bond has certainly strengthened, and I feel very confident in my role as mummy."

"It's helped me be the best parent I can be...and made me comfortable having both bad and good days."

"Having my baby son join the SIGNETS baby massage and Incredible Babies is one of the best things I have done for me and my son."

"I was nervous about having my first baby. I struggle with anxiety and feared [that] I wouldn't cope or bond with the baby... [SIGNETS] built up my confidence and taught me so many great ways to spend time with my baby...The SIGNETS team are amazing."

"...from the get-go [SIGNETS] gave me and my little girl a very warm welcome and made me feel exactly where I was meant to be...personally you helped me find my feet the days I struggled most."

Future service priorities/direction of travel

Looking ahead, the team has several priorities to build on the service. There will be ongoing data analysis, both service and programme specific. This will help demonstrate the impact of the service, and inform further developments.

Further service development and implementation is planned for both an antenatal programme with co-facilitation by specialist midwifery services, and 'specific area of need' programmes for families with children ages 1-4 years, for example parents experiencing challenging behaviours.

The team will also continue raising awareness of infant mental health and the parent infant relationship within our services and care delivery systems, promoting multidisciplinary service delivery and ultimately supporting local and national policy changes.

For more information, please contact:

SIGNETS via email: SIGNETS@belfasttrust.hscni.net

Please see [SIGNETS parenting support leaflet](#)

Community Specialist Infant Feeding Support Service – South Eastern Health & Social Care Trust

Overview of the service approach to supporting infants and families

The service sits within the Trust's health visiting service which is a [UNICEF Baby Friendly Initiative](#) Gold Accredited service. The health visiting team are ultimately those providing the more consistent and long term support to children and their families. Discussion and support promoting positive infant mental health and baby brain development starts in the antenatal period via classes, and with midwives and health visitors, and is further supported at each health visiting contact.

The Community Specialist Infant Feeding Support Service aims to support health visiting teams and the families with whom they work with issues presenting relating to infant feeding. The service is available to any family living within the SEHSCT area who is experiencing difficulties with regards to feeding a baby. The referral pathway for the service works well, and good communication is encouraged between the service and referrer to ensure timely assessment, leading to appropriate support with the aim to achieve the best outcome for the baby and family.

The benefits of breastfeeding to both mother and baby are well documented. The hormonal responses involved when breastfeeding can support a reduction in feelings of stress, lower blood pressure, provide calmness and encourage feeling love in both parents and baby. The principles of breastfeeding encourage these hormonal responses, closeness, skin to skin contact, responsiveness, eye contact, engagement, developing understanding of both baby and your own cues/needs to feed and/or

cuddle. This is all important for brain development, social and emotional development as well as supporting the development of secure attachment and therefore promoting positive infant mental health. When there is an issue presenting with breastfeeding any or all of this can be impacted on so early identification, assessment, intervention and support is vital and is one of the main aims of the service.

What works? Challenges, successes, and lessons learned

Being able to visit families in their own home ensures that the service is accessible to all service users living within all areas of the Trust. Where possible and appropriate, joint visits (completed by the Community Infant Feeding Coordinator and Family Health Visitor) work well by not only supporting the family on their feeding journey but also the health visitor in continuing to support the family with feeding plans and/or goals.

Having the capacity to take the time to listen to parents to support, nurture, and build their confidence in feeding provides them with more capacity to nurture, enjoy and build their relationships with their baby.

Challenges have at times presented with regards to facilitating onward referrals, changes within other services, and sometimes, duplication of services. Good effective communication has been key within and across services, as has established and clear onward referral pathways when there is a further need identified.

In this role and in supporting this service, there are always lessons being learned. Audits and surveys provide valuable results and feedback for learning and service development. These also ensure service user input.

What difference is this making for infants and families?

The provision of early support to address issues with feeding has the potential for early resolve and a more positive feeding experience and journey for families as a whole.

If breastfeeding gets off to the best possible start and presents without issue it encourages closeness, responsiveness, engagement, bonding, containment, calming, and positive hormonal responses, which all support baby brain development and promote infant mental health as well as support parental mental health. However, if difficulties arise, worry and stress can impact the whole family. This can greatly impact on the new parent experience and breastfeeding mothers can feel at times that they are doing something wrong and can lose confidence in themselves or their ability to breastfeed. At times the issues presenting can become quite a negative focus, taking away from being able to enjoy getting to know baby, to respond to baby appropriately, and potentially miss out on some lovely interactions with baby.

Below are some pieces of feedback from families. When visited due to the feeding issues presenting, they had lost confidence and were starting to doubt what they were doing, were emotional that feeding wasn't working out, and in some instances dreading the next feed which was impacting on their mood, and at times their interactions with their baby.

"I had the South Eastern Infant Feeding Lead come out and do an assessment at my home last week. I was having a few issues, but her visit saved my breastfeeding"

journey. It gave me heaps of encouragement to keep going as I knew I wasn't emotionally ready to stop breastfeeding". (Social Media Post from a service user).

"It's someone taking the time to listen and encourage, as sometimes half the battle is feeling deflated and that you aren't doing things right but with the support, someone listening and spending time (not just rushing in and out for a ten min appointment) they took their time with me and I never felt rushed or that I was wasting time. I am still breastfeeding and had been on verge of giving up but with this support I am filled with far more confidence and don't know what I would have done without it. Thank you so much" (Service user feedback survey).

"I felt listened to and was provided excellent support at a difficult time in my breastfeeding journey. She gave me a lot of positive affirmations and was complimentary on how far I had come. She watched me feed my son and gave transformative pointers on how to tweak the latch difficulties I was having with him being born with a tongue tie. Alongside that she also gave me confidence that I was doing things well and that I was doing everything right to improve my comfort whilst breastfeeding. I am now nearly 7 months breastfeeding and everything is going great. Services like this in the community are invaluable and I feel very lucky to have been supported in this way at a time when I felt like giving up on breastfeeding" (Service user feedback survey).

Future service priorities/direction of travel

There are a number of priorities for the service to build on the successes above and ensure families can continue to benefit. These include:

- Continuing with a home visiting service within the community.
- Looking at ways in which the service can and should progress.
- Succession planning for the service as well as building a Community Infant Feeding Team that can strengthen the service and provide more effective follow up support for families.
- Maintaining the health visiting UNICEF BFI Gold Award accreditation.
- Collaborative working at all levels and with all relevant services.
- Supporting training needs as appropriate within the Trust's health visiting and public health nursing teams, and out to other teams as appropriate.
- Ongoing encouragement of service user involvement and feedback.

For more information, please contact:

Kelly Leonard, Community Infant Feeding Coordinator, Health Visiting, SEHSCT
Kelly.leonard@setrust.hscni.net

Further information available here: [SEHSCT Feeding Your Baby page](#)

NSPCC Look, Say, Sing, Play – New dads’ resources

Overview of the service approach to supporting infants and families

Look, Say, Sing, Play (LSSP) is an NSPCC campaign launched in 2018 that offers a set of resources and brain-building tips to encourage interaction between parents, carers and babies. Parents and carers interact with their babies all the time without always realising how they are shaping the way their baby’s brain develops. NSPCC have free resources for [parents](#) to use and for [professionals](#) to help promote Look, Say, Sing, Play to parents and carers, such as posters, flash cards, videos and activity session plans. NSPCC run national and local campaigns across the UK to promote the resources and raise awareness of the importance of this issue for healthy development. The campaign is based on the ‘serve and return’ metaphor and brain science research.

Two years after implementing LSSP, NSPCC carried out an [evaluation](#) using a mixed-methods approach. The Institute of Health Visiting and Newcastle University were commissioned to complete this work and produce a report with recommendations. Through this report NSPCC identified several key learning points for delivery and identified audiences that the original campaign launched in 2018 was not reaching.

However, even before the report was completed, NSPCC also knew by working with local communities and partners, that there were challenges in reaching more dads and male caregivers with this type of campaign and messaging. This was something that resonated with what they were seeing in terms of engagement with Look, Say, Sing, Play both locally and nationally. NSPCC knew that sign ups by dads to the LSSP national email journey were much lower and they wanted to understand what was behind this to encourage more men to sign up.

In September 2021 NSPCC undertook focus groups to help inform future LSSP developments to better reach fathers. Three focus groups were conducted with expectant dads; dads with new babies; and dads with older babies up to 2 years old.

Three key recommendations came from this research:

1. Tailor the message to fit the way dads think about parenting, show tangible outcomes of practicing LSSP, and bring to life the “why” do this.
2. Dads are interested in family activities - show tips and imagery that are outdoors and include family.
3. Focus on ideas that are new and imaginative, things that they are not already doing or seeing.

As the world gradually came out of successive lockdowns, the opportunity to test out new bespoke resources with local dads developed and, via the Local Campaigns Team, the LSSP resources were provided to father support workers in Wales for feedback on how the LSSP resources could support dads. It was during this pilot testing that a dad suggested the idea of an activity book, which after further consultation was warmly received as an idea and became part of the pack.

What works? Challenges, successes, and lessons learned

Challenges during the development of the new dad's content included the timeline, which covered coming out of the COVID-19 pandemic and impacted on availability of partners. Also, the low numbers of dads/fathers' groups to engage with who were active at the time. Successes included the relationship with the key group of dads in Wales who drove this forward in terms of ideas and testing and were available to consult with. In terms of lessons learned NSPCC continue to use their local campaigns approach, working alongside national campaigns colleagues, informed by the needs of communities and families, researching, developing, adapting as needed, and allowing time to do so!

What difference is this making for infants and families?

NSPCC continue to receive feedback on the new materials through their national and local campaigns teams' formal and informal evaluations. One young dad said:

'Because I'm always looking for ways to play with my daughter and helping her develop, I find it interesting using silly voices or even singing helps to build the brain. It stands out because you think am I doing it enough?' (Dad of new-born baby girl on why Look, Say, Sing, Play helps)

Future service priorities/direction of travel

NSPCC continue to respond to audiences and communities that the current Look, Say, Sing, Play campaign does not meet the needs of. NSPCC have developed new campaign films for young parents, devolved nations families, and in the three languages of Gujrati, Chinese and Urdu with accompanying translated resources. They are currently translating the parents' information leaflet into Arabic.

NSPCC are working with Project MAMA in Bristol to develop LSSP materials suitable for pregnant refugees, asylum-seekers, survivors of modern slavery and human trafficking and other displaced women. They are also at the early stages of developing new content for neonatal and premature babies and their parents and carers. NSPCC will update the main LSSP pages on NSPCC Learning with new materials, learning and content.

For more information, please contact:

LSSP email - northernirelandcampaigns@nspcc.org.uk

[The Look, Say, Sing, Play new dads resources, are available for free to download from NSPCC Learning](#)

[Activity booklet: Practical resource providing weekly suggestions for activities and reflection.](#)

[Videos: LSSP videos of dads modelling LSSP activities are available on NSPCC You Tube](#)

Perinatal services in South Belfast SureStart

Overview of the service approach to supporting infants and families

At South Belfast SureStart (SBSS), services are available from pregnancy to a child's fourth birthday, with perinatal services being offered by two parent and infant workers antenatally and for the most vulnerable up to child's first birthday. Primarily, new parents are introduced to their local Family Support Worker as soon as possible post birth and encouraged to engage with the SureStart services in the community where they live. This is important for both peer support and ongoing engagement with SureStart services throughout the child's early years.

The underlying approach and ethos of the SureStart team across the board is the same. Services are delivered using the Solihull Approach with a focus on containment and the relationship between the parent and child. Antenatal services provide opportunities to explore any fears or anxieties around pregnancy and the birth in a safe environment, and promote attachment and bonding from the earliest opportunity. While the infant/child is at the core of all SureStart services, parent and infant workers provide holistic support, and use the Outcome Star Assessment Tool as a person-centred approach to support the whole family. This covers areas such as mental, emotional and physical health, relationships, housing and essentials, support networks, connecting with and looking after their baby.

In 2023/24 SBSS had over 200 expectant mothers and partners/fathers registered across the year, with 75% of these parents using at least one service antenatally. SBSS also had 150 infants under one-year-old, and their parent/s, using postnatal services over the year, so in total working with 350 expectant/new parents in the perinatal period.

Antenatal services include:

- 1:1 support (often containment for anxious expectant parents)
- Programmes and workshops open to both expectant parents and birth partners, including Real Birth, Hypnobirthing, Womb to World and monthly Infant Feeding workshops.
- One off workshops and Q & A sessions with a hospital based midwife.
- For pregnant women there is also Antenatal Pilates and Aqua Yoga.

Postnatally, SBSS offer weekly baby cafés in eight different community venues, plus a baby café for Roma mothers and a recently established peer support group for parents with babies aged 0-6 months. Programmes that are offered within these groups include baby massage, sensory and singing activities, Introduction to Solids and one-off workshops along with centrally based activities such as Postnatal Pilates and Parent and Baby swim. Parenting programmes delivered within the project include Nurture/Parenting Puzzle, Solihull and Enjoy Your Baby. Breastfeeding support is available on a 1:1 basis as well as through the weekly breastfeeding group. 1:1 postnatal support is available and as part of this service Family Support Workers will

often access resources for new families in financial distress, including fuel and food vouchers, baby toys and equipment. For expectant and new parents who have experienced/are affected by trauma (particularly birth trauma) the Parent and Infant Workers can offer Rewind Therapy. Positive infant mental health messages and information are embedded within all the services either explicitly or implicitly. All perinatal services are within a family support, non-medical model. Signposting, referrals and co-working with statutory health services such as midwives (including the SWAN team), health visitors, GPs and the Perinatal Mental Health Team are therefore vital components of a holistic model of support.

What works? Challenges, successes, and lessons learned

Establishing an information-sharing system was a game changer; consent is now gained from pregnant women living in SureStart areas at their 12-week hospital appointment to allow some of their information on NIMATs to be shared with their local SureStart project. SBSS receive in the region of 400 NIMAT referrals per year and have developed a range of services over time to reflect this 'demand', using a co-design process with parents. SBSS use this golden opportunity to support parents to begin bonding with the baby in the womb and explore issues such as baby brain development, importance of secure attachments, impact on adult relationships, and the 4th trimester. Perinatal services are continually reviewed based on parent feedback, and building trusting relationships with one main worker at a time who can then be flexible/responsive to arising needs has been key. Additional funding through the STEP project has enabled programme delivery during evenings and weekends, which has increased numbers of fathers/partners registering and attending services. Parent and infant workers have developed programmes such as 'Womb to World' or 'Pre-Birth Workshops' for expectant parents who cannot attend a five-week programme. While attendance at group sessions is encouraged, all services are delivered using a person-centred approach and can be 1:1 basis if required.

Challenges include capacity and the number of programmes and 1:1 support deliverable with just two staff, particularly in evenings/weekends. SureStart has had a reducing budget in real terms so increasingly it is a struggle to retain skilled staff. SBSS avails of opportunity to invest in programme delivery training for the whole family support team so that capacity is increased and the two parent and infant staff have backup. Around 40% of NIMAT referrals in SBSS are from a diverse range of ethnic minority women, some living in contingency accommodation and many with limited English language. Currently, there is no additional funding in SureStart for interpreters. Another challenge is the lower percentage take up in antenatal programmes by white women living in our most disadvantaged/inner city areas as compared to women with higher educational levels/more secure employment pre-pregnancy. In the last 6 months, 2 focus groups were held in two inner city communities with mothers attending baby cafés who had not used antenatal services with some of the feedback already leading to changes in how we promote and deliver antenatal services.

What difference is this making for infants and families?

Parental evaluations take place at the end of every antenatal and post-natal programme. In the last quarter of 2023/24, out of 69 attendees, 63 expectant parents completed evaluations. Their feedback showed that:

- 77% felt that attending the programme had made a big improvement in their attitude towards self, education and future aspirations.
- 69% felt the programme had improved their community connectedness
- 84% reported an improvement in their emotional wellbeing.

Some comments from parents include:

“Personally, I really found the programme educating and informative. More of this should be integrated to enlighten expecting couples. Very impactful programme for me”

“This made me feel so much more connected to my baby”

“I feel more excited than nervous about the birthing experience”

“Being around other women / parents has made me feel less alone. Facilitators are very knowledgeable, and it reassures me there is support in the community”

“I think courses like this are invaluable in the community and providing support to women and families who may not otherwise have it”

The Outcome Star Assessment Tool is used at the beginning and end of each period of support for families who are receiving one to one support from parent & infant workers. Of completed Outcome Stars:

- 100% have reported they have made progress in 1+ of the outcome areas
- 60% in 2+ outcome areas
- 60% have made progress in 3+ outcome areas.

SBSS perinatal services also provide an opportunity to create social and emotional support networks outside of SureStart. For example, a group of parents who attended the Real Birth Workshop supported each other via a WhatsApp group during the early months of parenting. SBSS held a reunion to meet the babies and share birthing stories; the mothers went on to arrange attending their first baby café together and now attend several baby cafes and postnatal programmes. For one mother in particular, an isolated single parent, that advice, companionship and community connection was especially invaluable. This community development/social capital approach is vital.

Future service priorities/direction of travel

SBSS would not be able to provide services to all the antenatal NIMATS referrals received if they chose to register for antenatal services. At this point our focus is on consolidating current services until there are additional resources to expand the current parent and infant team. Within those strictures however, a priority is to reach more families in the antenatal period from the most disadvantaged backgrounds and where

levels of trauma are highest and engagement with statutory services is lowest. SBSS aims to bring more specialist parent and infant services out into the community, 'where parents are at', making them genuinely accessible to families where there are attachment issues/disruptions. SBSS therefore need access to, and investment in, training in areas such as [Tavistock M7: Psychoanalytic Approach](#) and [Video Interaction Guidance](#).

For more information, please contact:

Rhonda Lindsay, Family Support Coordinator via email:
rhondalindsay@surestartsb.org Telephone: 02890942525

Family Nurse Partnership

Overview of the service approach to supporting infants and families

The Family Nurse Partnership is a person-centred, voluntary, preventative intervention programme offered to young first-time parents aged 20 or under. It is an evidence-based change programme, informed by over 40 years of extensive research. It is delivered by specially trained family nurses using a structured programme of home visits starting in early pregnancy and continuing until the child is two years old.

The Public Health Agency (PHA), as license holder, has facilitated a regional approach to implementation of FNP which is offered in the five Health and Social Care Trusts across Northern Ireland. The PHA is responsible for ensuring adherence to FNP fidelity measures and license requirements

The FNP programme integrates attachment, self-efficacy and human ecology theories to achieve three key goals: To improve pregnancy outcomes by improving women's prenatal health

1. To improve pregnancy outcomes by improving women's prenatal health
2. To improve child health and development by reducing the amount of dysfunctional caregiving for infants
3. To improve the mothers' life course by helping them develop a vision for their futures, plan future pregnancies, stay in school and employment.

The programme aims to provide support to families to break intergenerational cycles of poor outcomes. Many young mothers receiving the programme are or have been care experienced or subject to safeguarding services. FNP recognises the specific needs and challenges of young parents, and family nurses will develop a therapeutic relationship with their clients, identifying their strengths in order to support them to achieve their goals and aspirations.

FNP acknowledges that the client is the expert in her own life and using a strengths-based approach focusses on making small changes. Both maternal and children's

emotional wellbeing are a priority and kept under continued review at each FNP visit. The application of theory into FNP practice is supported through regular reflective supervision provided by FNP supervisors, psychologists and safeguarding children nurse specialists.

What works? Challenges, successes, and lessons learned

What works?

Early intervention: The young mother is supported to offer her child the best start for life. Infants are kept central at visits, which is an important factor for motivating and sustaining positive parenting behaviour change. This can often result in breaking the cycle of intergenerational trauma/adversity and disadvantage.

Skilled practitioners with structured supervision processes: Family nurses are specially trained and equipped with the skills to work with young parents in a trauma responsive manner. With regular reflective supervision family nurses are supported to develop compassionate and nurturing relationships with clients, the driving force for transformation, whilst maintaining professional boundaries.

Collaborative working for safeguarding: Family nurses work with high levels of risk and complexity within their caseloads. They work in collaboration with other professionals where there are safeguarding issues and with other voluntary, community and statutory services to ensure that all identified needs are addressed.

Challenges

As with above, there are common and regional challenges.

Complexity of needs of service users: FNP clients are young first-time mothers; many of whom have experienced poor mental health, social deprivation, have been care experienced or on the child protection register themselves. The prevalence of abuse and neglect, mental health issues, homelessness and poverty are significantly higher in the FNP client group than in the general population. In addition, cases are often further complicated by the very nature of being pregnant in adolescence, a complex stage of development in any event.

Engagement/disengagement: The family nurses work hard to engage clients who are often initially resistant to an intensive programme. Some clients who are offered the FNP programme don't accept the place or withdraw consent during the FNP course. For a very small minority there may be difficulty progressing the therapeutic relationship e.g. if using substances/committed to an abusive partner. However, attrition rates are very low and most clients complete the programme.

Access to other services: There can be difficulty in getting the young mums assessed in a timely manner within other services. Mums over the age of 18 have higher priority as per the regional mental health pathway, while younger mums (under age 18) often sit on lengthier CAMHS waiting lists. The family nurses focus on supporting their clients to engage with other services appropriately.

What difference is this making for infants and families?

Younger mothers tend to have poorer perinatal health outcomes and are at a higher risk of mental health issues, such as postpartum depression. Despite this and the other challenges outlined above, FNP clients are supported in their determination to improve their lives and that of their children by voluntarily participating in the FNP programme. Evidence has demonstrated that FNP can result in:

- Improvement in self-efficacy
- Increased take up or return to education and employment
- Reduction in smoking rates in pregnancy and post-birth, and reduction in alcohol and drugs in pregnancy
- Improvement over time in breastfeeding initiation and duration of feeding among younger mothers.
- Fewer hospital attendances for children of FNP clients
- Reduction in levels of abuse and neglect in children
- Reduction in levels of concern in child development
- Reduced behavioural problems.

The therapeutic relationship between the nurse and the young mum is key to achieving the outcomes of the programme and promoting positive infant mental health. Family nurses keep the baby central to all of their interactions with clients, and model respect, genuineness, consistency and dependability. The aim is that the young parent will replicate this and provide their baby with consistent care giving.

“With the help of my Family Nurse, Olivia, I have overcome lots of my fears and anxieties that I felt were taking over my whole life. Looking back, they don’t seem so significant, but when I was going through them, they smothered me. With Olivia by my side, I dealt with them, I was able to become the best mother I could. I have the 2 most beautiful, smartest, kindest and happiest children in the world. I am able to go on with my life knowing that with Olivia’s support, I am a good mother and I am able to give my twins the best start in life they deserve”. (FNP mum, age 18 years, mother of 2 year old twins)

There are benefits not just to the client, but for partners and the wider family. The Family nurse supports the development of the clients’ skills for relating, which benefits relationships e.g., with partners, family members and peers. They are also supported to navigate service provision, something which has become more challenging for all post pandemic and with NHS pressures.

Future service priorities/direction of travel

FNP is now firmly embedded across NI and strong working partnerships with other services have been established and these will continue to develop.

The FNP programme will continue to be offered to the most vulnerable young people

and consideration may be given to expansion of the programme to offer to more vulnerable expectant mums up to the age of 25, since this is the recognised upper threshold of adolescence.

For more information, please contact:

SHSCT	<p>Email: Sonya.quinn@southerntrust.hscni.net</p> <p>Telephone: 07825654269</p> <p>https://southerntrust.hscni.net/service/family-nurse-partnership/</p>
NHSCT	<p>Email: valerie.myles@northerntrust.hscni.net</p> <p>Telephone: 02825641468</p> <p>www.northerntrust.hscni.net/services/family-nurse-partnership/</p>
BHSCT	<p>Email: sineadc.mccavana@belfasttrust.hscni.net</p> <p>Telephone: 02895049553/ 07788906892</p> <p>Email: emmaj.ross@belfasttrust.hscni.net</p> <p>Telephone: 02895044089/ 07825313787</p> <p>www.belfasttrust.hscni.net/services/maternity/supporting-you/family-nurse-partnership/</p>
WHSCT	<p>Email: monica.martin@westerntrust.hscni.net</p> <p>Tel: 02871865115 / 07876338542</p> <p>www.westerntrust.hscni.net/service/family-nurse-partnership/</p>
SEHSCT	<p>Email: Roisin.neill@setrust.hscni.net</p> <p>Telephone: 02890550435</p> <p>www.setrust.hscni.net/service/family-nurse-partnership-programme/</p>

Women's Aid Federation: See, Hear, Act Project

Overview of the service approach to supporting infants and families

WAFNI has adopted a regional approach to Solihull. They implemented a cascading model of training, which includes training and supporting eight staff to train initially in the approach, complete reflective practice over the course of a year, then complete the 'Training the Trainer'. This will allow WAFNI to have capacity to deliver in each of the local areas. They hope by June 2025 to have delivered the training to all Women's Aid staff across Northern Ireland. The capacity building model will create Solihull Champions within the services, and support new staff entering the organisation in the future.

WAFNI have commenced their plan to have all child workers trained on early brain development and sensory processing 'Neurodevelopmental Foundations Training'. This training will be followed up with reflective practice sessions to support workers to embed infant mental health and brain development knowledge into their practice with babies and young children. The training is supporting new services for mothers with babies and young children, including play programmes with an emphasis on sensory play.

What works? Challenges, successes, and lessons learned

Capacity within local projects is very low due to funding. Women's Aid NI do not receive any core funding for children's services. Local projects rely on short term funding from statutory and charity commissioners. This results in a high turnover of staff within children's services and challenges in retaining knowledge and expertise within the projects.

Staff are very receptive to training on infant mental health and brain development. All training completed with staff to date has received very positive feedback, with staff using new knowledge to develop trauma informed approaches to working with mothers and young children.

What difference is this making for infants and families?

Below is some feedback from mums who attended the newly developed play programmes for mums and children (0-3):

"Our kids have gone through the trauma too... if their behaviour is a response to that, there is understanding."

"My little boy is learning how to share and behave with other kids... I think this is really important."

"It really helps his social skills – being around other children... interacting with other children without aggression".

"(B) didn't speak a word when she was 2, this year she has come along leaps and bounds, she is now 3 and happily chats."

"Staff understand children if they have delays or behavioural issues, they understand

that the child may have gone through things, and it may impact on their behaviour.”

We also have positive feedback from staff attending the Solihull Approach Two Day Foundations training:

“Brilliant training, so relevant to anyone working with mums and young children”.

“I think everyone should have this training. It helps make sense of all the relationships you encounter; it is vital knowledge for anyone supporting families”.

Future service priorities/direction of travel

WAFNI would like to continue to build staff capacity and services that support mothers and young children 0-3. We believe this is a priority for our organisation and something we want to create awareness on in the future. Priorities include:

- Continue with the regional roll-out of the Solihull Approach.
- Continue to deliver Neurodevelopmental Foundations training to Women’s Aid children’s services practitioners across NI.
- Continue to deliver the SBNI level 1 & 2 in Adverse Childhood Experiences, and Trauma Informed Practice to Women’s Aid practitioners across NI.
- Develop an early intervention programme for children in the early years that focuses on sensory processing and regulation.

For more information, please contact:

Grainne McHugh, See Hear Act Regional Champion via email:

Grainne.mchugh@womensaidni.org

Website: www.womensaidni.org

Mums and Munchkins post natal support group – Perinatal Mental Health Service, Belfast Health and Social Care Trust

Overview of the service approach to supporting infants and families

The overarching aim of the group is to offer mothers and infants attending the perinatal mental health service the opportunity to come together for peer support in a warm and welcoming group setting in the post-natal period. The group aims to promote infant mental health and support maternal mental health by providing opportunities for parent-infant interaction in a supportive group, as well as social connection with peers, reducing social isolation which may impact negatively on infant mental health in the first year of life.

The group also provides an opportunity for guidance and support on a range of topics relevant to the service users, such as baby brain development, health promotion, sleep support, building routines and other topics to help maintain emotional wellbeing.

A service user led approach is used. Group participants are encouraged to be involved in the planning of group sessions through written feedback questionnaires. This has helped to identify areas of concern or triggering parental anxieties that may be negatively impacting on infant and maternal mental health. This approach also guides facilitators in ensuring the topics explored will be beneficial and tailored to the needs of each group.

What works? Challenges, successes, and lessons learned

Without early identification and support, difficulties associated with maternal mental ill-health during the perinatal period can also affect the mental health and development of infants and children (HEE, 2022). During the early stages of assessment of needs and planning within the multidisciplinary team, it was identified that many service users were keen to attend local 'mums and tots' groups, but due to multiple factors, they were initially reluctant to or unable to attend community and voluntary groups. Contributing factors included particularly high levels of anxiety in the post-natal period, low mood impacting on motivation, a lack of routine, limited supports and/or living in areas of social isolation.

Each of the service users in the perinatal service have a named keyworker who are involved with each prospective attendee and with the group facilitators in preparing the services users to attend. The group is co-facilitated by the specialist health visitor and specialist occupational therapist, who meet with each mum and infant in the home setting prior to the sessions to help reduce initial anxieties.

Access to transport was considered for each attendee. In order to help to reduce barriers to engagement and increase opportunities for mums to engage with their babies in a supported environment alongside their peers, the remit of the group was extended to include any other children (over the age of 1 year and under school age) for whom the mums did not have childcare available. For some mothers, lack of routine

and limited social engagement provided another challenge to consistent attendance. Weekly check-in calls and reminder text messages helped ensure the mums felt supported and less isolated and helped to build a rapport with the facilitators.

What difference is this making for infants and families?

In the final session of each six-week block, group participants are invited to reflect on their experiences within the group. An evaluative feedback form is also provided in the closing session to help inform the direction of future groups and to ensure the needs of the service users, mothers and infants, are being met.

The voices of the mothers below, captures the benefits and the difference they felt attending the sessions has made in terms of the aims of the service. The group set out to help reduce social isolation in the postnatal period which can impact on maternal and infant mental health.

When asked what they felt the benefits were for them in attending the smaller group:

“I enjoyed feeling so safe in an environment. It was definitely worth coming here.”

“Felt safe. Discussed confidentiality.”

“I enjoyed company, speaking to others who are going through what I am”.

The programme aims to provide education on a range of topics relevant to post-natal mums, and enable mums to connect with other mums going through similar experiences in a warm, welcoming space. Mums said:

“I found that everyone sharing tips on their babies on what helps or doesn't i.e. feeding and sleeping.”

“Friendly warm atmosphere. Staff waiting at door.”

“Ice breaker- to get people talking. Toys and great room.”

“Nice size of group.”

The programme aims to build mums' confidence in relation to parenting tasks and bonding with their baby. Mothers were asked to rate statements related to day to day parenting tasks and managing their baby's emotional needs in weeks 1 & 6.

In week 1, 80% of service users either agreed or agreed strongly that organising themselves and baby for the session was stressful. By week 6, 0% strongly agreed, 20% agreed while 60% strongly disagreed, showing an overall positive impact on confidence in parenting tasks and ability to maintain the routine of preparing to attend.

The significant increase in confidence in their ability in this statement was then further reinforced when a number of these mums and babies continued to either remain in contact, meeting up together socially and/or took steps to engage with community and voluntary groups in their area following attendance at Mums and Munchkins, which they attributed to gaining confidence through the smaller group setting.

Future service priorities/direction of travel

Common themes identified throughout the sessions were a need for more support around common and specific parenting concerns in the first six to nine months of baby's life such as weaning and sleeping, and this has been further supported through subsequent programmes.

Co-facilitators and keyworkers felt a longer programme would provide more opportunity to support and educate parents on baby brain development and time to gain more confidence in parenting in the first six months post-natal. Parental feedback also reflected a desire for a longer running programme of support. As a result of this, three members of the multidisciplinary team completed training in the delivery of the Incredible Years-Incredible Babies Programme with a view to provision in Spring '24.

The first Incredible Years® Baby programme within the BHSCT Perinatal Service has been underway having commenced in February '24 with much positive feedback from mothers attending to date.

A lack of support for fathers and partners of mothers with maternal mental health difficulties has been highlighted through the provision of this service and this, too, can impact negatively on infant mental health as paternal post-natal depression can affect 1 in 10 men (NHS, 2022). The team would hope to offer and provide Incredible Years® Baby programme to fathers and partners as well as mothers in the future.

To examine this aspect of feedback in more depth, father/partner questionnaires were devised and provided to service users to analyse current support provision. This scoping exercise will form part of the initial stages of a QI project to identify specific needs and priorities for future service delivery. This will help inform future potential supports for the benefit of both parents' mental health as well as their infants' mental health.

For more information, please contact:

Dearbhla McAleenan, Specialist Health Visitor for Infant & Perinatal Mental Health, BHSCT via email Dearbhla.McAleenan@belfasttrust.hscni.net

Telephone: 028 96150888 (9am-5pm, Tues-Friday)

References and resources

Babies in Lockdown (2021) *No one wants to see my baby*. Available at:

https://babiesinlockdown.info/wp-content/uploads/2021/11/no_one_wants_to_see_my_baby.pdf

Bachmann, J. et al. (2019) 'The cost of love: financial consequences of insecure attachment in antisocial youth', *Journal of Child Psychology and Psychiatry*, 60(12), 1343-1350. Available at:

<https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.13103>

Bachmann, J. et al. (2021) 'A good investment: longer-term cost savings of sensitive parenting in childhood', *Journal of Child Psychology and Psychiatry*, 63(1), 78-87.

Available at: <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.13461>

Barnardo's (2022) *Stronger from the Start Manifesto 2022*. Available at:

<https://www.barnardos.org.uk/sites/default/files/2023-12/Stronger%20from%20the%20Start%20Manifesto%202022%20%28pdf%29.pdf>

Bateson, K., Darwin, Z., Galdas, P. et al. (2017) 'Engaging fathers: Acknowledging the barriers', *Journal of Health Visiting*, 5(3), 126-132. Available at:

<https://eprints.whiterose.ac.uk/111579/>

Blackpool Better Start (2021) *A good practice guide to support implementation of trauma-informed care in the perinatal period*. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2021/02/BBS-TIC-V8.pdf>

Branjerdporn, G., Meredith P., Strong, J., & Garcia, J. (2017) 'Associations Between Maternal-Foetal Attachment and Infant Developmental Outcomes: A Systematic Review', *Maternal Child Health Journal*, 21(3), 540-553. Available at:

<https://libguides.ucd.ie/harvardstyle/harvardprintjournalarticleoneauthor>

British Association for Counselling and Psychotherapy (2023) *Cost of living crisis will cause long term damage to children's mental health*. Available at:

<https://www.bacp.co.uk/news/news-from-bacp/2023/1-december-cost-of-living-crisis-will-cause-long-term-damage-to-children-s-mental-health/>

Cattan, S. et al. (2022) *Early childhood and inequalities, IFS Deaton Review of Inequalities*. Available at: <https://ifs.org.uk/inequality/wp-content/uploads/2022/06/Early-childhood-inequalities-IFS-Deaton-Review-2.pdf>

Choi, K. et al. (2020) 'Promotion of Maternal-Infant Mental Health and Trauma-Informed Care During the COVID-19 Pandemic', *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, 45(5), 409-415. Available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7419279/>

Cicchetti, D., Rogosch, F.A. & Toth, S.L. (2006) Fostering secure attachment in infants in maltreating families through preventive interventions. *Development and Psychopathology*, 18(3). Available at: <https://pubmed.ncbi.nlm.nih.gov/17152394/>

Department of Health (2021) *Mental Health Strategy 2021-2031*. Available at: <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>

Department of Health (2019) *Protect Life 2 – Suicide Prevention Strategy*. Available at: <https://www.health-ni.gov.uk/protectlife2>

Department of Health (2023) *Health Inequalities annual report 2023*. Available at: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2023>

Department of Education (2021) *Children and Young People's Strategy 2020-2030*. Available at: <https://www.education-ni.gov.uk/publications/children-and-young-peoples-strategy-2020-2030>

Department of Education (2021) *A Fair Start – Final Report & Action Plan*. Available at: <https://www.education-ni.gov.uk/publications/fair-start-final-report-action-plan>

Department for Education (2022) *Children's Services Omnibus: Wave 6 Research Report*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1123954/Childrens_services_Survey_Wave_6_Dec22.pdf

Early Intervention Foundation (2015) *Social and emotional learning Skills for life and work*. Available at: <https://www.eif.org.uk/report/social-and-emotional-learning-skills-for-life-and-work>

Early Intervention Foundation (2016) *Family Foundations*. Available at: <https://guidebook.eif.org.uk/programme/family-foundations>

Early Intervention Foundation (2016) *Infant-Parent Psychotherapy*. Available at: <https://guidebook.eif.org.uk/programme/infant-parent-psychotherapy>

Early Intervention Foundation (2018) *What works to enhance the effectiveness of the Health Child Programme: An evidence update*. Available at: <https://www.eif.org.uk/report/what-works-to-enhance-the-effectiveness-of-the-healthy-child-programme-an-evidence-update>

Early Intervention Foundation (2019) *Circle of Security Parenting*. Available at: <https://guidebook.eif.org.uk/programme/circle-of-security-parenting>

Family Nurse Partnership (2024) *Family Nurse Partnership*. Available at: <https://fnp.nhs.uk/>

First 1001 Days Movement (2021) *The First 1001 Days: An age of opportunity*. Available at: <https://parentinfantfoundation.org.uk/1001-days/resources/evidence-briefs/>

First 1001 Days Movement (2021). *Investing in Babies: The economic case for action*. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/06/6.pdf>

Joseph Rowntree Foundation (2022) *Poverty in Northern Ireland 2022*. Available at: <https://www.jrf.org.uk/poverty-in-northern-ireland-2022>

Geddes, H. (2018). 'Attachment and learning – the links between early experiences and responses in the classroom', *The International Journal of Nurture in Education*, 4(1), 15-21. Available at: https://terapia.co.uk/wp-content/uploads/2022/01/geddes_2018-attachment-and-learning.pdf

Hambrick E.P., Brawner, T.W., Perry B.D., Brandt, K., Hofmeister, C., & Collins, J.O. (2019) 'Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children', *Archives of Psychiatric Nursing*, 33(3), 238-247. Available at: <https://pubmed.ncbi.nlm.nih.gov/31227076/>

Harwood, R.L. (1992) 'The influence of culturally derived values on Anglo and Puerto Rican mothers' perceptions of attachment behaviour', *Child Development*, 63(4), 822-39. Available at: <https://pubmed.ncbi.nlm.nih.gov/1505243/>

Health and Social Care (2020) *Youth Wellbeing Prevalence Survey*. Available at: <https://online.hscni.net/our-work/social-care-and-children/children-and-young-people/youth-wellbeing-prevalence-survey-2020/>

Health Foundation (2020) *Build Back Fairer: The COVID-19 Marmot Review*. Available at: <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

Heikkila, K., Sacker, A., Kelly, Y., Renfrew, M.J., & Quigley MA (2011) 'Breast feeding and child behaviour in the Millennium Cohort Study', *Archives of Disease in Childhood*, 96(7), 635–42. Available at: <https://pubmed.ncbi.nlm.nih.gov/21555784/>

Hogg, S. (2019) *Rare Jewels: Specialised parent-infant relationships teams in the UK*. Parent Infant Partnership United Kingdom. Available at: <https://parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/#fullreport>

Hogg, S. & Mayes, G. (2022) *Casting Long Shadows: The ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them*. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2022/11/F1001D-Casting-Long-Shadows-FINAL-NOV-22.pdf>

Hogg, S. and Moody, J. (2023) *Understanding and supporting mental health in infancy and early childhood– a toolkit to support local action in the UK*. UNICEF UK. Available at: <https://www.unicef.org.uk/wp-content/uploads/2023/04/Understanding-and-supporting-mental-health-in-infancy-and-early-childhood-A-toolkit-to-support-local-action.pdf>

Hogg, S. (2024) *Rethinking specialist services: The “two triangle” model*. Available at: <https://www.isospartnership.com/blog/two-triangles-model>

Hughes, K. *et al.* (2017) 'The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis', *The Lancet Public Health*, 2(8), 356 – 366. Available at: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext)

Hyde, L.W. *et al.* (2020) 'An Ecological Approach to Understanding the Developing Brain: Examples linking poverty, parenting, neighbourhoods, and the brain', *American Psychologist*, 75(9), 1245-1259. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8167378/>

Institute for Fiscal Studies (2021). *Home learning experiences through the COVID-19 pandemic*. Available at: https://ifs.org.uk/sites/default/files/output_url_files/R195-Home-learning-experiences-through-the-COVID-19-pandemic.pdf

Kohloff, J. *et al.* (2022) 'Attachment-Based Parenting Interventions and Evidence of Changes in Toddler Attachment Patterns: An Overview', *Clinical Child and Family Psychology Review*, 25(4), 737-753. Available at: <https://pubmed.ncbi.nlm.nih.gov/35982272/>

Linde, K., Lehnig, F., Nagl, M. & Kersting, A. (2020) 'The association between breastfeeding and attachment: a systematic review', *Midwifery*. Available at: <https://pubmed.ncbi.nlm.nih.gov/31830673/>

Longe, D. (2023) *Engaging Dads, supporting women*. Available at: <https://www.rcm.org.uk/news-views/rcm-opinion/2023/engaging-dads-supporting-women/>

Lotto, C.R., Altafim, E.R.P. Linhares, M.B.M. (2023) 'Maternal History of Childhood Adversities and Later Negative Parenting: A Systematic Review', *Trauma Violence Abuse*, 24(2), 662-683. Available at: <https://pubmed.ncbi.nlm.nih.gov/34342253/>

National Children's Bureau (2020) *Nurturing healthy minds together: Exploring how services and parents can work in partnership to support the social and emotional development of under-fives*. Available at: https://www.ncb.org.uk/sites/default/files/uploads/attachments/20200603_NurturingHealthyMinds_FULLREPORT_v1_0.pdf

National Children's Bureau (2021) *Trauma-informed practice in early child development: Insights from The National Lottery Community Fund's A Better Start Programme*. Available at: <https://www.ncb.org.uk/sites/default/files/uploads/attachments/ABS%20Insight%204%20-%20Trauma%20Informed%20Practice%20-%20FINAL%20lo-res.pdf>

National Institute for Health and Care Excellence (2015) *Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care*. Available at: <https://www.nice.org.uk/guidance/ng26>

National Institute for Health and Care Excellence (2021) *Antenatal Care*. Available at: <https://www.nice.org.uk/guidance/ng201>

NHS Digital (2017) *Mental Health of Children and Young People in England*. Available at: <https://files.digital.nhs.uk/A5/B0F9A8/MHCYP%202017%20Preschool.pdf>

NHS Education for Scotland. *Infant Mental Health – Good Practice Guidance for Practitioners and Services*. Available at: <https://www.matrix.nhs.scot/infant-mental-health-good-practice-guidance-for-practitioners-and-services/>

Northern Ireland Executive (2023) *Children’s Social Care Statistics for Northern Ireland 2022/23*. Available at: [https://www.northernireland.gov.uk/news/childrens-social-care-statistics-northern-ireland-202223#:~:text=at%2031%20March%202023%2C%2022%2C875,by%20the%20Police%20\(37%25\).](https://www.northernireland.gov.uk/news/childrens-social-care-statistics-northern-ireland-202223#:~:text=at%2031%20March%202023%2C%2022%2C875,by%20the%20Police%20(37%25).)

Northern Ireland Statistics and Research Agency (2022) *Birth Statistics*. Available at: <https://www.nisra.gov.uk/publications/birth-statistics>

NSPCC (2021). *Attachment and child development*. Available at: <https://learning.nspcc.org.uk/child-health-development/attachment-early-years/>

Office for Statistics Regulation (2021) *Review of mental health statistics in Northern Ireland*. Available at: <https://osr.statisticsauthority.gov.uk/publication/review-of-mental-health-statistics-in-northern-ireland/>

Parent-Infant Foundation (2020) *Infant Mental Health: Briefing for Commissioners*. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2020/06/PIF-NHSCC-Briefing-1.pdf>

Parent-Infant Foundation (2021) *The Baby Blind-spot: First 1001 Days Report shows babies’ needs overlooked in COVID response*. Available at: <https://parentinfantfoundation.org.uk/the-baby-blind-spot-first-1001-days-report-shows-babies-needs-overlooked-in-covid-response/>

Parent-Infant Foundation (2021) *Where are the infants in children and young people’s mental health?* Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/06/PIF-Where-are-the-Infants-in-CYP-MH-26-May.pdf>

Parent-Infant Foundation (2023) *Parent-Infant Relationships (PAIR) Commissioning Toolkit*. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2023/01/Parent-Infant-Relationships-PAIR-Commissioning-Toolkit-17-JAN-2023.pdf>

Parent-Infant Foundation (2023) *The impact of parent-infant relationship teams*. A summary of the evidence. Available at: <https://parentinfantfoundation.org.uk/wp-content/uploads/2023/09/Impact-of-teams-report-FINAL-Sept-2023.pdf>

Penna, A.L. *et al.* (2023) ‘Impact of the COVID-19 pandemic on maternal mental health, early childhood development, and parental practices: a global scoping review’, *BMC Public Health*, 23(1), 388. Available at: <https://pubmed.ncbi.nlm.nih.gov/36823592/>

Pote, I. *et al.* (2019) *Engaging disadvantaged and vulnerable parents: an evidence review*. Available at: <https://www.eif.org.uk/report/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review>

Public Health Agency (2016) *Supporting the Best Start in Life: Infant Mental Health Framework for Northern Ireland*. Available at: <https://www.publichealth.hscni.net/publications/infant-mental-health-framework-northern-ireland>

Public Health Agency (2023) *Children's Health in Northern Ireland 2021/22*. Available at: <https://www.publichealth.hscni.net/sites/default/files/2023-05/RUAG%20Childrens%20Health%20in%20NI%20-%202021-22%20-%20FINAL.pdf>

Reiss, F. (2013) 'Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review', *Social Science and Medicine*, 90, 24-31. Available at: <https://pubmed.ncbi.nlm.nih.gov/23746605/>

Robinson L.R. *et al.* (2022) 'A Systematic Review and Meta-analysis of Parental Depression, Antidepressant Usage, Antisocial Personality Disorder, and Stress and Anxiety as Risk Factors for Attention-Deficit/Hyperactivity Disorder (ADHD) in Children', *Prevention Science* (published online ahead of print). Available at: <https://pubmed.ncbi.nlm.nih.gov/35641729/>

Royal College of Psychiatrists (2023). *Infant and early childhood mental health: the case for action*. Available at: <https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/College-report-CR238---Infant-and-early-childhood-mental-health.pdf>

Sabates, R. & Dex, S. (2012) *Multiple risk factors in young children's development*. Available at: <https://cls.ucl.ac.uk/wp-content/uploads/2017/04/CLS-WP-2012-1.pdf>

Safeguarding Board for Northern Ireland (2018) *Developing trauma informed practice in Northern Ireland: Key messages*. Available at: <https://www.safeguardingni.org/sites/default/files/2020-11/ACEs%20Report%20A4%20Feb%202019%20Key%20Messages.pdf>

Save the Children (2024) *Northern Ireland*. Available at: <https://www.savethechildren.org.uk/what-we-do/child-poverty/uk-child-poverty/northern-ireland>

Schore, A.N. (2001) 'The effects of early relational trauma on right brain development, affect regulation, and infant mental health', *Infant Mental Health Journal*, 22(1-2), 201-269. Available at: <https://www.eif.org.uk/report/what-works-to-enhance-the-effectiveness-of-the-healthy-child-programme-an-evidence-update>

Scottish Government (2023) *Mental health and wellbeing strategy*. Available at: <https://www.gov.scot/publications/mental-health-wellbeing-strategy/pages/4/>

Sitnick, S.L., Galán, C.A., & Shaw, D.S. (2019). Early childhood predictors of boys' antisocial and violent behaviour in early adulthood. *Infant Mental Health Journal*, 40(1), 67-83. Available at: <https://pubmed.ncbi.nlm.nih.gov/30576588/>

Slade, A. & Sadler, L.S. (2019) 'Pregnancy and Infant Mental Health'. In Zeanah, C.H. (ed.) *Handbook of Infant Mental Health Fourth Edition*. New York: Guildford Press, 25-40. Available at: <https://massaimh.org/wp-content/uploads/2020/02/Chapter2PregnancyandInfantMentalHealth.pdf>

Stoiber, K.C. & Houghton, T.G. (1993) 'The relationship of adolescent mothers' expectations, knowledge, and beliefs to their young children's coping behaviour', *Infant Mental Health Journal*. 14(1), 61-79. Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1002/1097-0355%28199321%2914%3A1%3C61%3A%3AAID-IMHJ2280140106%3E3.0.CO%3B2-U>

Straatman, V.S., Lai, E., et al. (2019) 'How do early-life factors explain social inequalities in adolescent mental health?', Findings from the UK Millennium Cohort Study, *Journal of Epidemiology and Community Health*, 73(11), 1049-1060. Available at: <https://pubmed.ncbi.nlm.nih.gov/31492761/>

van Ijzendoorn, M.H., Schuengel, C. & Bakermans-Kranenburg, M.J. (1999) 'Disorganized attachment in early childhood: meta-analysis of precursors, concomitants, and sequelae', *Development and Psychopathology*, 11(2), 225-49. Available at: <https://pubmed.ncbi.nlm.nih.gov/16506532/>

Watch Wait and Wonder (2024) *Watch, Wait and Wonder: An Infant or Child-Led Intervention Aimed at the Troubled Parent-Child Relationship*. Available at: <https://watchwaitandwonder.com/>

Weaver, J.M., Schofield, T.J., & Papp, L.M. (2018) 'Breastfeeding duration predicts greater maternal sensitivity over the next decade', *Developmental psychology*, 54(2): 220. Available at: <https://pubmed.ncbi.nlm.nih.gov/29083214/>

Wolpert, M. et al. (2019) *THRIVE Framework for System Change*. Available at: <https://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf>

Zero to Three (2001) Definition of infant mental health. Washington, DC: Zero to Three Infant Mental Health Steering Committee.

This report has been produced by the National Children's Bureau, on behalf of the Public Health Agency.

June 2024