

**May 2015**

**Barnardo's NI response to the Public Health Agency (PHA)  
consultation on the 'Infant Mental Health Framework and  
Action Plan 2015 – 2018'**

**Introduction**

Barnardo's NI works with up to 10,000 children and young people aged 0-21 years and their families. We also work with some young people aged over 21 who are disabled and / or care leavers. Our service delivery is NI-wide via 40 services and specialist programmes and we work in more than 200 schools.

Our specialist services include parental substance misuse, primary schools counselling, supporting pre-school children with autism, and assessment and therapeutic preventative services for families and children aged 0-12 years. We also provide a range of family support through our Sure Start services for under-4 year olds and their families; and outreach community programmes for pre-school children and their parents / carers within our Parent and Infant Project (PIP).

**Early intervention**

Through PIP and Simpson Family Resource Centre we also deliver the South Eastern Health and Social Care Trust Early Intervention Family Support Services in the Lisburn and Ards sectors of the Trust. Barnardo's NI welcomes that this service for children up to 18 years of age is currently being replicated regionally through the creation of an Early Intervention Service in each Trust area as part

of the Early Intervention Transformation Programme (EITP). In our experience these services help to ensure appropriate and timely support for families in need, including signposting to other services at an earlier stage. This approach will have an important role in contributing to positive impacts on both parent and infant mental health.

Early intervention and preventative approaches underpin all our work and, as acknowledged in the consultation document, we have considerable experience working with children in their early years. Barnardo's NI currently co-chairs the Association for Infant Mental Health Northern Ireland (AIMH NI), and is represented on other Infant Mental Health networks, for example, the Belfast and South Eastern Health and Social Care Trust Infant Mental Health & Wellbeing Project Working Groups.

Through our extensive policy, research and practice experience working with children and families we understand the particular risks associated with undiagnosed or poorly supported mental ill-health. This includes for disabled children and young people, especially those with significant learning disabilities, and within families experiencing multiple adversities<sup>1</sup>. We also know that the first three years in a child's life are vitally important and that experiences at this time will impact on social, emotional and cognitive development both in the short and long term.

Barnardo's NI has long advocated for increased recognition (and resources) to meet the emotional and mental health needs of young children and their families. We therefore warmly welcome the

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<sup>1</sup> (i) Webb, M A; Bunting, L; Shannon, R; Kernaghan, D; Cunningham, C; Geraghty, T (2014) [Living with adversity: A qualitative study of families with multiple and complex needs](#). Barnardo's NI, Belfast.  
(ii) Davidson, G; Bunting, L; Webb M A (2012) [Families experiencing multiple adversities: A review of the international literature](#). Barnardo's NI, Belfast.

development of a specific 'Infant Mental Health Framework and Action Plan 2015-2018.' Following consultation with several of our senior practitioners we would like to highlight the additional key points:

### **Vision and outcomes**

Barnardo's NI welcomes and broadly endorses the PHA's draft IMH Framework document and fully supports its vision that all children have the best start in life. However we are very disappointed it is not accompanied by a time-bound, costed action plan with key outcomes. The current plan is overall lacking in the necessary detail and actions and, in our view, should not include actions which have already been completed. Without a timetable, clearly aligned targets and measures it is difficult to understand how the key themes / priorities can be fully and effectively implemented. Barnardo's NI recommends the action plan is revised accordingly and, in order to ensure continuous improvement, is also subject to regular monitoring and evaluation.

A collaborative and joined-up multi-disciplinary / agency approach is vital to ensure common / shared outcomes, the maximising of resources and the best outcomes achieved for all children, including those with complex needs. Barnardo's NI recommends there are explicit actions in relation to this and clear links made to the wide range of Departmental Strategies, Children's Services Planning and relevant service provision within the local voluntary and community sector. In our view there could overall be greater emphasis and information in the Framework on this sector's considerable knowledge, experience and evidence informed practice.

With further reference to linking in with existing Departmental Strategies in order to meaningfully address mental health issues in

the 0-3 age group, one specific example would be in relation to pervasive developmental disorders (PDD)<sup>2</sup>. Pre-school children with PDD often have comorbid conditions such as severe anxiety which can go unrecognised and unmanaged. Of further concern, in our experience some parents of children with PDD will experience higher levels of stress and mental health problems, especially if their child's condition goes undetected and unsupported. Barnardo's NI would recommend there needs to be evidence of an overarching approach to the support of children with PDD and reference in the Framework to links with Strategic Priority 5 of the Autism Strategy (2013 - 2020) and Action Plan (2013 - 2015). We also believe the Framework's overall vision would be enhanced if greater emphasis was placed on the specific needs of children with disabilities.

### **Priority work areas**

Barnardo's NI generally agrees with the three identified priority areas. However we would also suggest consideration is given to developing an underpinning priority focused on raising public awareness about the critical first three years of a child's life.

- **Evidence and policy**

Ensuring that policy, practice and service development are informed by the most robust evidence on child development and mental health is important. As a starting point, the most up to date data and information must be utilised in order to monitor the position of those most at risk of mental ill-health. However one challenge to note is the general lack of disaggregated data collection and analysis in Northern Ireland, and the need for a nationwide mechanism to address this.

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<sup>2</sup> PDDs are characterised by delays in the development of socialisation and communication, of which the most notable is autism.

As previously indicated, and in order to measure success, we believe the Framework needs to be further strengthened by linking the key themes / priorities to specific outcomes. It is also essential to ensure that services developed and implemented have a positive impact through appropriate measurement and continuous improvement. Furthermore, evidence of good practice (and also that which hasn't worked so well) should be routinely shared via the creation of knowledge transfer platforms. In order to further develop the Framework, ensure a more co-ordinated response, and facilitate shared learning and knowledge transfer, the PHA should make clear how it will link in with existing policy, planning and service delivery across agencies and sectors. This includes Departments, Councils, the CYPSP and the voluntary and community sector.

Indeed the children's sector has considerably influenced the development of practice regarding infant mental health and as such should be included in the action to support dissemination of evidence in this area. The literature review within the Framework document is very useful but is mainly focused on international evidence; in our view it needs to take more account of the evidence informed practice and qualitative data gathered at a local level over many years, particularly within early years organisations.

It must also consider up to date and robust local research evidence on mental ill-health and related family issues. For example, Barnardo's NI recently published the findings of an in-depth qualitative study of seventeen families with multiple and complex needs (Webb et al, 2014)<sup>3</sup>. Conducted in partnership with NSPCC, NCB and QUB, the study found that mental ill-health was a prevalent feature, often from childhood, for example:

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<sup>3</sup> See Note 1.

- Over one third of participants in childhood experienced at least one parent with mental health problems.
- Some participants recalled feelings of hopelessness and depression, including suicidal thoughts, from a young age.
- Over three quarters of participants had poor mental health themselves as adults.
- More than one quarter of participants reported they had at least one child whose behaviour indicated problems with emotional well-being / mental health.

The findings of this local NI study supported evidence in the accompanying international literature review (Davidson et al, 2012)<sup>4</sup> that those exposed to multiple adversities in childhood are at increased cumulative risk of negative psychological, emotional and health related outcomes in later life. Barnardo's NI would recommend that infant mental health is given particular consideration in the Framework within the context of families with multiple and complex needs.

While we believe it is important to continue developing and informing the evidence base, Barnardo's NI is also of the view that urgent priority should now be given to implementation and service delivery.

- **Workforce development**

Barnardo's NI broadly welcomes the proposals in relation to workforce development. We agree with the need to up-skill staff and this should be clearly underpinned by appropriate supervision support and continuous professional development.

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<sup>4</sup> See Note 1.

In our view staff should be suitably trained to recognise attachment difficulties, and also equipped with the appropriate knowledge, skills and strategies. However, based on our experience of increasingly working with families presenting with multiple and complex needs, we recommend there should be clearer pathways developed to more specialist support when it is required.

A co-ordinated approach to service delivery and staff training is also essential. On that basis, Barnardo's NI would further recommend the simultaneous 'roll-out' of both workforce and service development.

- **Service development**

Barnardo's NI welcomes the proposed actions related to improving universal and targeted services. More consideration must be given however to ensuring the right balance between early intervention and preventative services for children, for parents and also provision focused on the parent-child relationship. There are also on-going issues which must be resolved around equitable access to services depending on where a family lives.

With regards on-going service delivery, there needs to be greater acknowledgement in the Framework of the local voluntary and community sector's contribution to the infant mental health agenda. As previously highlighted there are many locally developed programmes with considerable expertise, and also new approaches being incorporated into existing evidence-based practice. We are successfully implementing 'Five to Thrive' for example, which is an attachment based approach to positive parenting.

In order to share learning, avoid the risk of duplication, as well as help alleviate the current pressures on available resources, a joined-

up approach is critical. Barnardo's NI therefore recommends that services are developed using a multi-disciplinary model which recognises and utilises the strengths across all sectors.

### **Conclusion**

Alongside many of our colleagues in the voluntary and community sector, and increasingly through the EITP, Barnardo's NI is continuously informing learning and practice in the area of early years and infant mental health. While we have indicated the Action Plan needs considerably further development, overall Barnardo's NI very much welcomes the Framework and its ethos. Understanding the impact of early childhood experiences is essential and we look forward to supporting this vital work as it progresses.

### **For further information, please contact:**

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