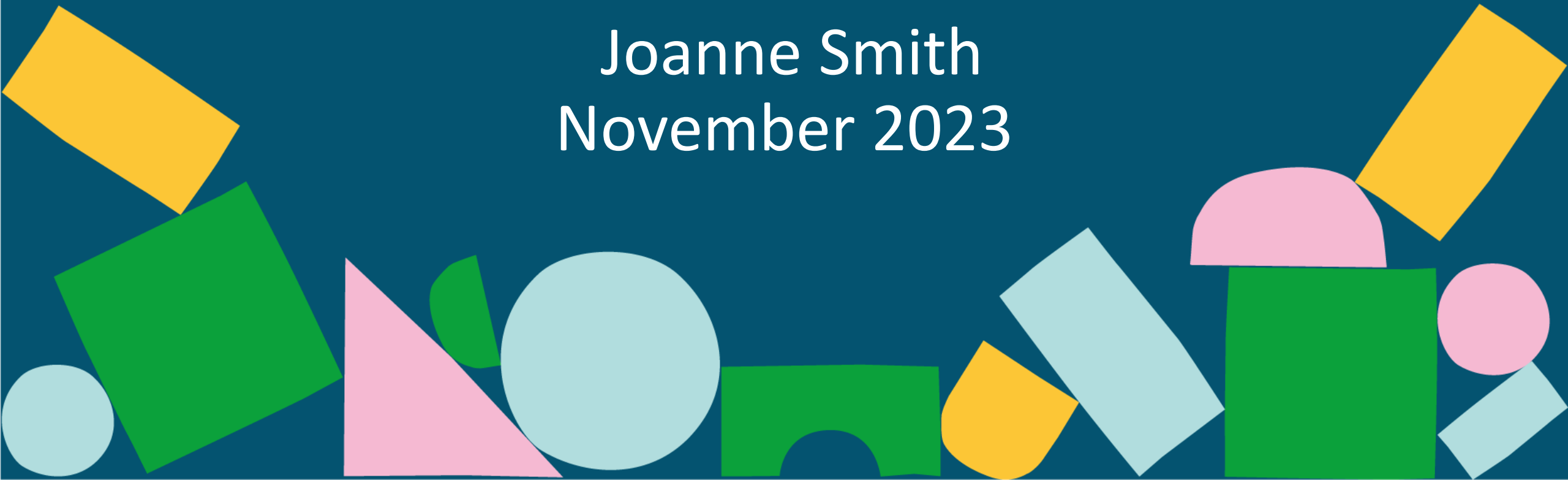


NSPCC

Putting babies at the heart of
Children's Services Planning

Joanne Smith
November 2023





Applying what we know

- The case for prioritising ECD uncontested
- Evidence is overwhelming: investing in the early years creates emotionally healthier, happier children, families & communities
- Yet, as a society, we don't behave as if this is the case

The Baby Blindspot



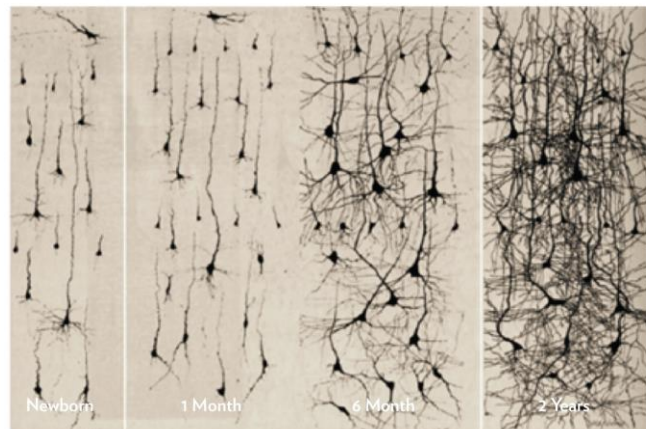
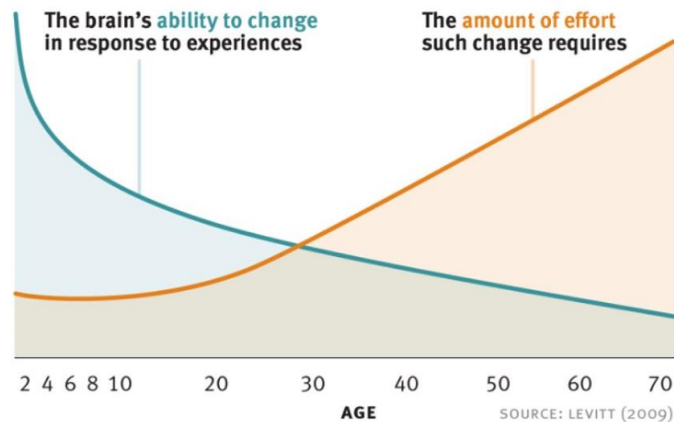
- **Promise:** emphasis on ‘lived experience’ moved us away from non verbal children. 50% of all children in Children’s Hearing System under 2 years
- **UNCRC:** Doesn’t sufficiently differentiate the needs of infants from those of older children - WHA of IMH
- **Children’s Service Plans:** Broadly speaking, plan’s strategic priorities inc. mental health and wellbeing, UNCRC, Promise, engagement/ improvement, COVID recovery. Early Years was less a focus, w. exceptions



“The major obstacle to suitable care for children is neither practical difficulty nor lack of knowledge. It is that, whatever level of intellectual understanding may [exist], the appropriate sense of urgency and alarm is missing.”

James Robertson, 1970





DRAMATIC GROWTH OF NEURONAL ARCHITECTURE FROM BIRTH TO 2 YRS
 Source: "The Pediatricians Role in Addressing Childhood Poverty", David Keller

- **Babies need safety, belonging and love**
- **1 million new connections form every second in a baby's brain**
- The **basic architecture of the brain provides the foundation** for future learning, behaviour, and health (80% by 3)
- **Parents are uniquely motivated to make positive changes, but can't always access support**
- It's a time of **opportunity and vulnerability**





“Young children experience their world as an **environment of relationships**, and these relationships affect virtually all aspects of their development.”

Harvard Centre for the Developing Child



Ambitious EY Policy

ACES movement; VRU (2005); Ground-breaking EY Framework (2008); Pathways for Vulnerable Families (2011); EY Collaborative (2012) Early Child Development change prog (2023)

Result = generous suite of EY entitlements:

Enhanced Health Visiting Pathway (2015), P/IMH expansion (2019), ELCC expansion (2021), Scot Child Payment(2021)

Yet, inequality remains stubbornly high



Early Child Development Change Programme

- ECD address increase developmental concerns, 27/30m (impact of COVID skewed by socio-economic status)
- Gulf in outcomes btw least & most deprived remains static despite GIRFEC 'Whole System' approach

Difficult Qs:

Are we offering the right help? right families? right time?

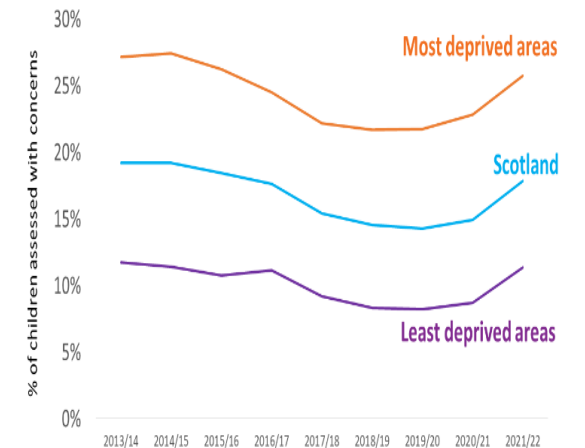
What is having an impact? Essential features? Scalability?

What is having little/no impact? Need to do differently? **Timing, Skills Mix, Scale, Intensity?**

Does evidence inform Whole Family Wellbeing Fund allocation as a key component of Children's Services Planning?



Developmental concerns at 27-30 month review



Prioritising early relationships

No single policy will tackle inequality in the early years

Evidence > investment in IMH sets the foundations for later competencies

If we're not getting the foundations right, later spend i.e. ELCC, education, intensive family support will not be optimised (gulf in outcomes remains fixed)

Innovative approaches/creative partnerships fundamental if we want to make progress, break cycles of poor outcomes. Need to align scientific evidence with lived experience

The new Scotland-wide multi-agency model of IMH provision, *“to meet the needs of families experiencing significant adversity” must sit at the core of Children’s Services Planning to deliver provision of holistic whole family support*



Infant Mental Health (Relational)

Infant Mental Health is a babies' social and emotional development in the first years of life

Good IMH is nurtured when children experience positive, consistent and attuned relationships with their carer

It contributes to the development of empathy, the capacity to self-regulate, and to make & sustain relationships

Strengthening parent-child interactions improves the relationship > reduces the risk of poor outcomes > promote recovery in both parent/ carer and baby


Transformation in a challenging context

Leverage points to maximise impact:

- ◆ Shared understanding of IMH across policy, practice, families, communities
- ◆ Universal expansion of ELCC, a wider package of EY support
- ◆ NES Perinatal and IMH curriculum framework/UoG under/post grad IMH
- ◆ Results of seminal BeST trial study imminent
- ◆ Scottish Centre for Expertise in IMH underway
- ◆ Skills and resources are there – they do exist!!

How do we harness emerging expertise to ‘move the dial’ towards prevention and more effective early support?




Building a local 'early years ecosystem'



Assessing the Need for an Infant Mental Health Service in NHS Lanarkshire



#Keeping the Promise to Infants, 0-3 Years
Susan Galloway and Rachel Love
April 2023



Wellbeing for Wee Ones
Mapping of parent-infant intervention and support services in Scotland

Key Theme Summary Report

February 2020
Rachel Love & Dr Anne McFadyen

EVERY CHILDHOOD IS WORTH FIGHTING FOR



Next steps

1. Strengthen pre-birth assessment to mandate, earlier, preventative, relationship-focused support
2. Share learning from the 'EY Relational Health' Needs Assessment to inform Children's Services Plan's JSNA with Human Economic Cost Modelling
3. Implement 'Keeping the Promise to Babies' report so CSPPs drive innovative local partnerships with families, communities and systems

A dark teal background with a green triangle pointing to the right and a pink circle to its right. The text 'Questions and comments' is written in white on the green triangle.

Questions
and
comments