PART 4: A SOCIO-ECOLOGICAL MODEL OF MENTAL HEALTH IN INFANCY AND EARLY CHILDHOOD

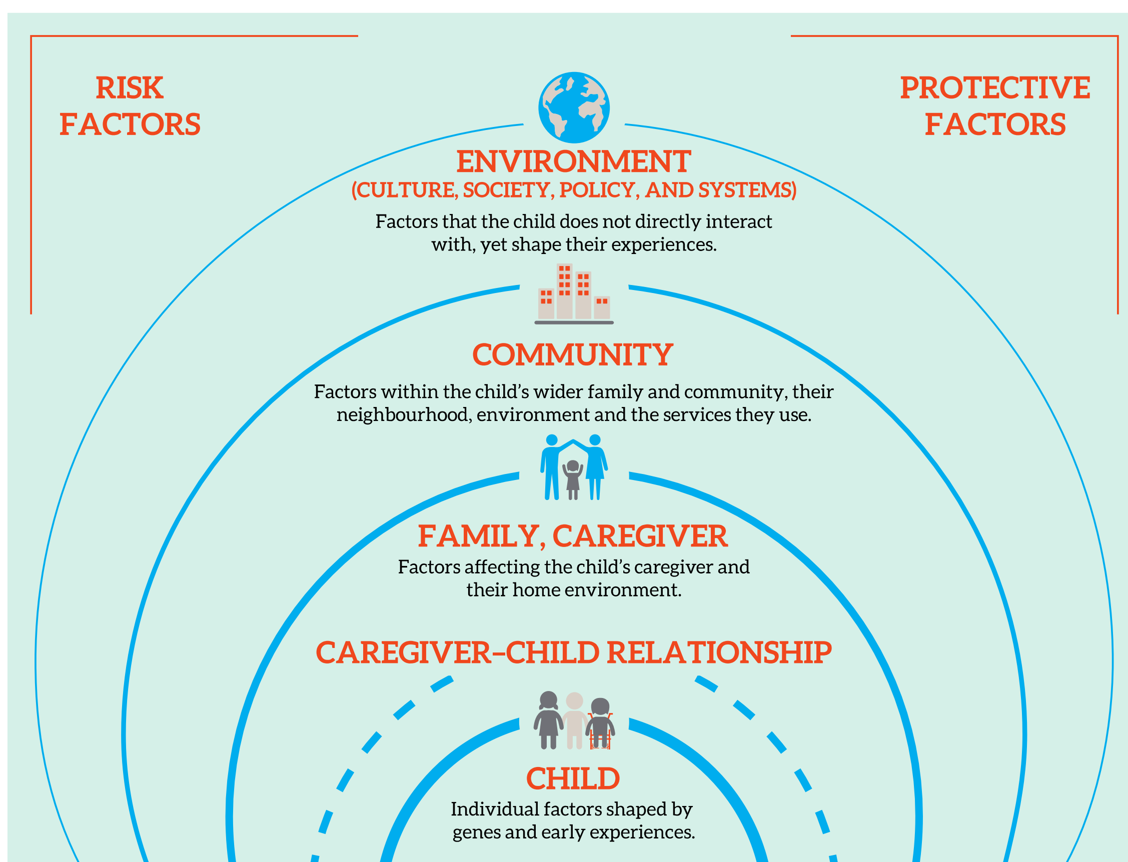
This section depicts a socio-ecological model of mental health, describing how mental health results from the complex interplay between many individual and environmental factors. This section presents case studies, prompts for discussion, and interactive exercises. It might be used to help local partnerships to understand the different ways in which they can promote and protect mental health, including the role that different services, across sectors, can play.

Mental health is impacted by a complex system of factors that act at different levels.

Mental health occurs as a result of a complex interplay between many individual and environmental factors, such as a baby or young child's own capacities and characteristics, the quality of their relationships, and the communities and environments and society they live in. **Understanding the different factors that influence mental health is important to identify how different organisations and services can be involved in promoting mental health in local systems.**

This socio-ecological model describes the levels of a baby or young child's world, that each shape (and interact to shape) their mental health from pregnancy through childhood. This model illustrates the importance of networks of people and structures that surround a child safeguarding their wellbeing and supporting their optimal development as outlined in UNICEF's Global Mental Health and Psychosocial Support (MHPSS) Framework[28], and UNICEF's State of the World's Children report[29]. This toolkit highlights relationships as a distinct level because they are so critical to mental health in this age group[30].

A socio-ecological model of mental health in infancy and early childhood



The spheres of influence on babies' and young children's mental health and development are dynamic and evolve throughout pregnancy and childhood. They also interact with one another. For example, a child's individual characteristics may shape their experiences ("nature" influencing "nurture") which can in turn influence their wellbeing: Some children have a propensity to cry excessively early in life, which can make it harder for parents to provide sensitive and responsive care, particularly if they are also experiencing other factors such as poverty, which place them under considerable stress[31].

At each level of a child's world there are **RISK FACTORS** that can reduce the likelihood that a child will be mentally healthy, and **PROTECTIVE FACTORS** that are likely to promote mental health or mitigate the effects of risks[g]. Examples of risk and protective factors can also be found in UNICEF's global multi-sectoral operational framework on mental health. None of these factors are deterministic, but they do increase or

[g] Risk factors in childhood can be known as adverse childhood experiences (ACEs). Sometimes this term refers to ten specific risk factors, and in other cases it can be used more broadly to describe different sorts of adversity. More detail is given in the key concepts section.

decrease the likelihood of a child being mentally healthy. The extent to which risk and protective factors influence a child's wellbeing and development depend on factors such as their exposure, context, and timing. Different factors may affect children differently depending on their characteristics, circumstances and context, and developmental stage.

To support babies' and young children's mental health and development, local systems should work together to reduce risk factors and build protective factors at all levels of a child's world. Some risk factors can be modified through interventions, in other cases, support can be targeted to mitigate the impact of risk factors on children's mental health – this might be called secondary prevention or early intervention.

Experiencing an accumulation of different risk factors is a strong predictor of poor outcomes[32,33]. Research shows that understanding which children face a number of different risk factors is a better way to predict poor outcomes than identifying any single risk. Therefore, it is important that local systems do not consider risk factors in isolation, but understand which children and communities are facing multiple forms of adversity. This requires services to work together and share information.

The following part of this toolkit will expand on each level of the socio-ecological model, describing more about risk and protective factors, and giving examples of interventions which can promote babies' and young children's mental health.

Useful resources

Socio-ecological models of mental health

- UNICEF's Global Multisectoral Operational Framework and Brief on the Social Ecological Model, aim to support developing prevention, promotion and treatment programmes to improve the mental health and psychosocial wellbeing of children, adolescents and their caregivers globally.
- NSPCC's All Babies Count: Protection and Prevention of Vulnerable Babies (2011) and the Harvard Centre for the Developing Child's Foundations of Lifelong Health report (2010) both contain versions of socio-ecological models of early child development.

Suggested action

Use these questions to think about how you can catalyse a whole-system response to babies' and young children's mental health.

- What local structures and partnerships should lead work to improve babies' and young children's mental health and development?
- Do these structures and partnerships bring together all the relevant partners who act at different levels of a child's world? If there are gaps, how might this be addressed?
- As you read this section of the toolkit, consider which organisations have data about the risk and protective factors affecting babies and young children in your local area? Are there ways to share and analyse data to understand which babies, families and communities are experiencing an accumulation of risk factors?

Level 1: the influence of child-level factors

The likelihood that a child will be mentally healthy now and, in the future, can be influenced by characteristics of the individual child, such as:

- biological factors (e.g. genetics)
- physical factors(e.g. birthweight, or presence of a disability)
- psychological factors (e.g. cognitive ability, temperament, or neurodivergence)[34].

Each child's individual characteristics shape the world around them – for example, adults might respond differently to babies depending on their temperament, gender, or appearance. Individual characteristics can also mediate how other factors in the world affect a child. A child's genes, for example, may influence how sensitive they are to adversity and how responsive they are to support[35].

Individual characteristics can be the product of genes, babies' environment in utero, postnatal early experiences or a combination of these things. A child's biology can be influenced by their environment even before birth[36]. For example, maternal stress during pregnancy can influence the baby's developing brain and body, shaping how they respond to stress and increasing the likelihood of mental health problems later in childhood[37, 38].

Babies' and young children's developing brain and body, including their stress-response systems, are shaped by their early environments. This can influence their ability to deal with challenging sititatons, and can increase the risk of later mental health problems. Babies and young children whose environments are repeatedly harmful or threatening to them (for example, if they are exposed to violence and/or significant adversity), and who do not have nurturing relationships, experience prolonged periods of intense stress and distress. This is known as **toxic stress** and can create **latent vulnerability,** which means a greater risk of experiencing challenges later in life[h].

Local health services including maternity and neonatal services, health visitors, GPs and voluntary sector services, can play a critical role in reducing risk factors in the child, through, for example, ensuring more women have healthy pregnancies. These services can also put support in place to mitigate the impact of individual risk factors on children's relationships and development, as illustrated by the case studies below.

[h] Toxic Stress and Latent Vulnerability are explained in the **key concepts** section. There are excellent resources on these issues produced by the UK Trauma Council.

Examples of interventions to address factors influencing individual children

An example with some evidence of impact

Newborn Behavioural Observation

The Newborn Behavioural Observations (NBO) system is a tool designed to help parents and practitioners observe babies together. By reflecting together on babies' signs, movements and responses to stimuli, practitioners and caregivers can learn more about who babies are and what they like and dislike. Observing behaviours can show the babies' strengths and the kind of support they need. It may, for example, help professionals to offer individualised guidance to parents whose babies may be more sensitive and harder to soothe.

Professionals from a range of backgrounds can be trained to use the NBO, which can be used with babies between birth and three months old. Some examples of NBO use include:

- A neonatal nurse in a NICU with a baby and parents before discharge
- A health visitor on a home visit to carry out the new birth visit
- A midwife or maternity support worker as part of postnatal care
- Psychologists working with families in the early years.

Results from evaluation show that the NBO has benefits for parents and for babies, including those facing a range of challenges, and it can strengthen important parent-infant relationships.

An example with some evidence of impact

FICare - supporting babies in Neonatal Intensive Care

Babies who are premature or unwell after birth may have to spend time in Neonatal Intensive Care (NICU). This can have an impact on the emotional health of both the parents and the babies.

Family Integrated Care (FICare) enables parents to be partners in their babies' care in NICU. The programme aims to facilitate collaboration between parents and the NICU staff, to promote parent-infant interactions, and to build parent confidence. Parents are taught and supported to care for their baby in the NICU, including feeding, bathing, administering medicines and tracking growth. Parents also take part in medical rounds which helps them understand and participate in care decisions for their baby.

Research suggests that babies cared for under the FICare model in NICU have less stress and better health outcomes compared to those cared for primarily by staff, and that FICare decreases parent stress and improves breastfeeding rates. A randomised control trial in Canada found that babies who had experienced FICare had fewer internalising and externalising behaviour problems at 18 months.

An example of putting this into practice

UNICEF UK Baby Friendly neonatal programme

The Baby Friendly Neonatal programme helps professionals to provide sensitive and effective care and support for parents enabling them to make an informed choice about feeding and so improve the short- and long-term health and wellbeing outcomes for all babies, including the most vulnerable. Around 1 in 7 babies born in the UK each year are admitted onto neonatal units, meaning that many parents are adapting to parenthood in a highly technical environment with the anxiety and stress that comes with having a premature or sick baby.

Supporting parents to build a close and loving relationship with their baby is complex, and the Baby Friendly standard of involving ‘parents as partners in care’ on the neonatal unit has started to change the culture from seeing parents as visitors to valuing them as true partners in their baby’s care. The Baby Friendly standards have been successful in supporting health professionals to overcome many of these barriers, thus enhancing the parent-baby relationships. These include:

- Unrestricted access for parents to be with their baby
- Supporting families to provide comforting touch at any time, including during procedures
- Prolonged skin contact/kangaroo care
- Positive touching/holding
- Talking/singing/reading to the baby.

Level 2: The influence of the caregiver-child relationship

Nurturing relationships, particularly the relationship between the child and their parents or primary caregiver(s)[i], are arguably the most significant protective factor for the mental health of babies and young children. Children need at least one adult who can provide consistent, sensitive, responsive, and appropriate care to enable them to be mentally healthy[39].

Sensitive, responsive, consistent relationships support current wellbeing and future development in several ways: these relationships help children to learn how to experience, manage and understand their emotions, and feel safe and secure to explore the world around them[j]. Early relationships provide a template for children's

An example
Infant feeding and mental health

Alice (Mum to Alfie 3 months old) suffered with anxiety during a very difficult pregnancy. Alfie was born prematurely and spent several weeks in the neonatal unit. Both high levels of maternal stress in pregnancy, and premature birth are known **risk factors** for later mental health problems.

Alice was encouraged to offer Alfie lots of skin-to-skin care and was supported to breastfeed. Skin-to- skin can help facilitate breastmilk production and breastfeeding. It also builds closeness and bonding for parent and baby. These are **protective factors** known to help mental health through reducing stress, supporting parent-infant relationships.

For more information see:

- The evidence and rationale for the UNICEF UK Baby Friendly Initiative standards.
- Insert on infant feeding and parent-infant relationships.

[i] Primary caregivers are typically children's parents, but in some cases babies and young children may be in the care system or may spend significant periods with other family members, other trusted adults or childcare professionals. Cultural differences also influence who cares for child, in collectivist cultures, a child might be cared for by a wider network of family and friends.
[j] The examples on page 20 show *in italics how grown-ups support* babies' and children's mental health.

expectations in later relationships. These relationships also help young children to develop their sense of self and support the development of language and cognitive functions[40,41,42]. Alongside providing sensitive, nurturing care, caregivers can support early wellbeing and development through engaging in stimulating activities with babies and young children (such as play and book sharing), practicing responsive feeding in infancy (and making the most of mealtimes for connection for young children), and through using consistent, sensitive, and non-harsh approaches to discipline[k].

Sensitive, nurturing relationships can "buffer" babies and young children from external adversity in the world around them. For example, a tiny baby in a home where there is overcrowding and conflict between adults, whose parent can hold them close and soothe them, may not experience the same level of toxic stress as a result of this environment compared to a baby who doesn't receive this responsive care[l]. Conversely, a baby in a home free from violence may still experience high levels of toxic stress if he or she does not have a caregiver able to help him to feel safe and secure, and to respond when he cries or is hungry.

As a child gets older, they experience more of their own world directly, rather than mediated through the interactions with their caregivers. Babies and young children also have relationships with other adults and peers beyond their primary caregivers, and these wider networks grow and become more significant as they get older. However, relationships with parents and other primary caregivers continue to be important to mental health across the early years.

Most parents want to do the best for their child, but when they experience stress, particularly in the absence of support, this can make it harder for them to provide their babies with the nurturing care they need. Local systems can support early relationships by reducing the pressures and stresses on parents and improving their capacity to provide sensitive nurturing care[43].

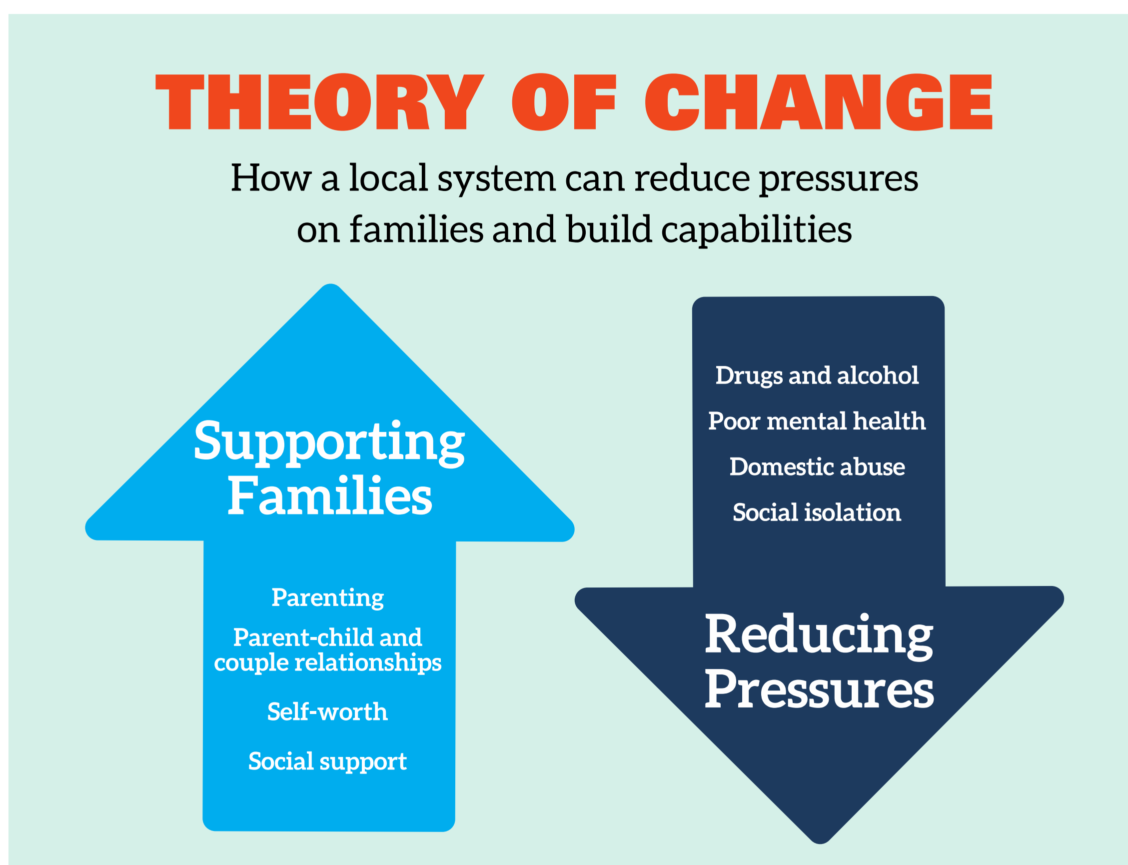
Parenting support should be made available to **every** parent/caregiver including mothers, birthing parents, and fathers; foster carers and others playing the caregiver role such as grandparents and kinship carers. Adopting common language and approaches to supporting early relationships across services will mean parents get

[k] Sensitive discipline refers to responding to a child's behaviour and setting rules and boundaries in way that is sensitive to the child's needs. It also involves explaining commands, prohibitions or refusals to the child, and in doing so, paying attention to the perspectives and feelings of other people who might be harmed by the child's behaviour.
[l] It should be acknowledged that if the parent/caregiver in this scenario is experiencing trauma and distress it may be harder for them to be attuned and responsive to their babies' needs.

consistent and reinforcing messages from different universal, targeted and specialist services. Part 5 discusses a whole-system approach in more detail.

Whilst stresses on adults impact early relationships, evidence suggests that sometimes addressing these stress factors is not sufficient to improve children's outcomes, and services need to attend directly to the quality of early relationship as well[44,45,46]. Universal services like maternity services (including midwives) and health visiting can do a lot to promote sensitive, nurturing relationships. Some families experiencing complex and persistent challenges may need specialist help, such as that provided by specialised parent-infant relationship teams. In some cases, if a parent cannot provide the care that babies need, child protection services may need to intervene and remove the child from the family temporarily or permanently.

Reducing pressures and building capabilities



This model from the Blackpool Better Start Strategy shows how a local system can reduce pressures on families and build capabilities.[47] Other factors to consider to reduce pressures and support families include access to safe housing, adequate food, employment, financial literacy, and others.

Examples of interventions to support caregiver-child relationships

A local example

Five to Thrive – Universal information for parents

Five to Thrive is an approach that helps practitioners across different services to deliver a consistent, science-based approach to parents and families, and to reinforce positive interactions between adults and children. The approach centres around five key activities, which are seen as the "building blocks for a healthy brain". These are: Respond, Engage, Relax, Play and Talk.

KCA Training provide face-to-face and online learning for practitioners to understand and apply the Five to Thrive approach, alongside a range of resources such as printed, online and digital guides, posters and other tools which can be shared with parents.

Since 2014, KCA has licensed the use of Five to Thrive to more than 50 different organisations from top tier local authorities to individual nurseries and schools.

An example with some evidence of impact

Targeted support for early relationships

The Healthy Start, Happy Start research study tested the impact of a targeted intervention where health visitors used video feedback to support parents to interact with their babies and toddlers in a sensitive and responsive way.

The study used an intervention called Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) over six home-based sessions. VIPP-SD involves practitioners filming parents playing with their children and providing focused feedback. Robust research shows that VIPP-SD supports both parent-infant relationships and infant mental health

Targeted support for early relationships (continued)

The programme was offered to families with children aged between one and two who were exhibiting some behavioural problems as part of a randomised control trial.

Follow up studies five months and two years after the intervention found that children in families who received VIPP-SD had lower levels of behavioural problems[a]. A five-year follow up is now looking at whether this impact has been sustained.

A local example
Specialised support for early relationships

Leeds Infant Mental Health Service is a small, multidisciplinary specialised parent-infant relationship team. The team is led by a consultant clinical psychologist and includes a Family and Systemic Psychotherapist, and infant mental health practitioners from a range of professional backgrounds, such as health visiting and social work. All are highly trained with specialist expertise in supporting early relationships. The team offer a range of direct therapeutic support to families experiencing persistent difficulties in early relationships, as well as specialist consultation, reflective case discussions and training to the wider workforce across the city. Caregivers and professionals are positive about the service.

Families who use the service directly often have difficulties in their early relationships, as well as additional concerns such as parental mental health problems, unresolved loss/trauma, domestic violence and social care involvement. The team are trained to deliver a range of interventions, including evidence-based manualised programmes. Each family will receive a tailored package of support that caters to their needs. For example: video-informed work, alongside Watch me play!* to support the parent-infant interactions and relationship.

*Watch Me Play is an approach that promotes child-led play, individual attention from caregivers, and talking with babies and children about their play. Caregivers are asked to provide age-appropriate toys and their undivided attention in a quiet environment for regular short times two or more times a week.

Suggested action

Mapping parent–infant/child relationship support

You may wish to do a mapping exercise with local partners to consider the quality and reach of relationship support in your local area. Questions to ask might include:

- Are professionals across universal services (maternity, health visiting, early childhood education and care) giving families information, advice and encouragement to support relationships and promote skills for nurturing, responsive care across pregnancy, infancy and early childhood?
- Is the language and approach consistent across services?
- Do professionals have access to training, advice and support to enable them to respond appropriately if they have concerns about early relationships?
- Is additional targeted support available to families for whom universal advice and support may not be sufficient or suitable? Consider families facing disadvantage and adversity; families in marginalised communities; and families where parents may not be babies' primary caregivers.
- When services are working with adults, are they asking whether they have a caregiving role and signposting or referring parents for support with early relationships where appropriate?
- Are there clear pathways to additional support when professionals or families identify concerns about early relationships?
- Is there sufficient, high quality targeted and specialist support to respond to additional needs?
- What do you know about local parents' experiences of the information, advice and support on offer? Are there opportunities to get more insights from families to improve local support?

The case study of understanding needs in Birmingham, shown on page 80, is an example of a local area who have done this sort of mapping exercise specifically for babies and toddlers. Similar work was also conducted by the Parent-Infant Foundation for Cwm Taf Morgannwg in Wales and by NSPCC in Scotland.

Useful resources

For professionals

- The Parent-Infant Foundation's Development and implementation toolkit for specialised parent-infant relationship teams (2019), and commissioning toolkit (2022) are useful resources for any local area wishing to establish a specialised parent-infant relationship team. They include information on understanding need; mapping local provision; evidence-based intervention; workforce development and measurement and evaluation.
- The Early Intervention Foundation has further resources on healthy relationship support for parents of children with behaviours that challenge.
- UNICEF Caring for the Caregiver Package (CFC) focuses on enabling front-line workers to promote caregivers' mental health. CFC provides front-line workers with skills and activities to address barriers by encouraging self-care, partner and family engagement, and problem-solving barriers to resources.

For parents

- UNICEF's Parenting Hub brings together some of the world's leading experts to support parents with helpful tips, insights and facts.
- The BBC's Tiny Happy People page has lots of ideas for parents about bonding with their baby.
- The Institute of Health Visiting has a downloadable leaflet on Making Sense of your Baby and Getting to Know Your Baby.
- The Association of Infant Mental Health has a webpage about getting to know your baby.
- Ready Steady Baby has ideas for parents about bonding during pregnancy.

Useful resources

Infant feeding and early relationships

The UNICEF UK Baby Friendly Initiative is an evidence-based, staged accreditation programme which works with public services to better support families with feeding and developing close and loving relationships so that all babies get the best possible start in life. The programme is recognised and recommended in numerous government and policy documents across all four UK nations, including the NHS Long Term Plan and National Institute for Health and Care Excellence (NICE) guidance.

The UNICEF UK Baby Friendly Initiative supports maternity, neonatal, health visiting and children's centre services to transform their care and works with universities to ensure that newly qualified midwives and health visitors have the strong foundation of knowledge needed to support families. This is done by:

- Setting standards which provide a roadmap for sustainable improvements
- Providing training and personalised support to help services implement the standards
- Assessing progress by measuring the skills and knowledge of health professionals, and interviewing mothers to hear about their personal experiences of care.

For further information:

- UNICEF UK Baby Friendly Initiative website
- About Baby Friendly accreditation
- Relationship building resources
- Baby Friendly training courses

Level 3: the influence of family, caregivers and the home environment

Babies' and young children's caregivers – particularly their parents or primary caregivers – their homes, and immediate environments are important for their mental health. Access to adequate nutrition, stable and safe housing, and to toys and enriching environments (sometimes known as the 'home learning environment') are all protective factors at this level. Housing quality matters, not only for babies' and young children's physical health but also for their mental health. Living in a home that is too small or that is inadequately heated is associated with greater difficulties in social and emotional development[48]. Children in poverty, especially those in temporary accommodation, refugees and sylum-seeking families are particularly at risk of living in environments that put their mental health at risk.

When a child spends time with other caregivers outside the home, including formal childcare and early education settings, they are also part of this immediate environment. The quality of childcare and early education, including the relationships that children have with adults in those settings, are key to mental health for all babies and young children who use these settings. Early childhood education and care can support a child's mental health through providing the opportunity to develop relationships with trusted adults, sometimes remedying the absence of such relationships in the home environment. Evidence shows that high-quality early childhood education and care experience is related to better social, emotional and behavioural development[49,50].

Because caregivers are so important, factors in their lives also shape the world of the child for better or worse. Parental factors, such as untreated mental health problems, unresolved trauma[m], or experiencing violence in the home are all risk factors to the child's mental health, whereas parental wellbeing, family-friendly employment and positive couple relationships can be protective factors

Maternal mental health problems in pregnancy and the first year of life are known as perinatal mental health problems and can have particularly significant impacts on children's wellbeing and development if the right support is not in place. Maternal mental health problems can influence a child's developing mental health through several mechanisms, including exposure to stress hormones in the womb, and through its impact on the maternal-child relationship and interactions.

[m] This might be trauma from the parent's past, such as a history of childhood adversity. It may also be trauma relating to their journey to parenthood, including pregnancy loss or birth trauma.

Paternal mental health can also impact on a child's wellbeing and development, and there is a growing recognition of the need for mental health support for fathers and partners of the birthing parent, including through targeted services.

When mothers or birthing parents have moderate or severe perinatal mental health problems, specialist perinatal mental health services have the specific expertise required to work with parents, babies, and their families in the perinatal period. Once a child is over two, families are not eligible for specialist perinatal mental health services, but it is important that adult mental health services still recognise that people in their care may be parents or caregivers and may need support in their parenting role. In these situations, it's also important that services work together to understand and support the needs of children in the adults' care.

The extent to which factors in parents' lives influence a child's mental health in infancy and early childhood depends significantly on the extent to which parents are receiving support, and whether these factors impact the parent-child relationship and the parent's engagement with positive activities with the child. For example, when parents are mentally healthy, and when the family have toys and books at home, the parent and child are more likely to engage in play and learning activities that support the child's wellbeing and development[51,52].

Services can support babies' and young children's mental health through both providing quality mental health services to improve parents' mental health or to address other challenges in parents' lives (reducing stresses) and through support to repair and strengthen parent-child relationships and ensure the baby receives sensitive, responsive care (increasing capabilities).

Local services can support families to create the best possible world around the child by ensuring that all families can access safe, secure housing; nutritious food (e.g., via infant feeding support), access to toys and stimulating activity in and out of the house, and access high-quality and affordable childcare and early education. Integrated working between services, and with voluntary and community sector groups can ensure that support reaches the most vulnerable and marginalised communities.

Useful resources

Perinatal and parental mental health

- Prevention in Mind (NSPCC 2013) describes what perinatal mental health is and why it matters.
- The Maternal Mental Health Alliance's Resource Hub contains a range of reports and resources for local commissioners and service leaders who wish to improve support for mothers with mental health problems and their families.
- Earlier this year, the Maternal Mental Health Alliance also released a new briefing on domestic abuse and perinatal mental health.
- Dads Matter UK works with Dads and partners to support their mental health and relationships. They provide a list of resources and advice, including on access to support.
- The Institute of Health Visiting and the MMHA have produced a new interactive evidence review to support local action on perinatal mental health.
- The Royal College of Psychiatrist's Guidance CR232 sets out recommendations for the provision of services for childbearing women.
- The charity Our Time provides advice and support across the UK, including through Family Hubs, to support children and young people who have parents experiencing mental health problems.

Examples of interventions to support families and caregivers

A local example

Home-Start Camden and Islington's support for families

Home-Start Camden and Islington provides support and practical help to parents of children under five. A volunteer, who has parenting or childcare experience themselves, regularly visits a family in their own home, offering support for as long as it is helpful or needed.

Raffy* was three when his older sister was diagnosed with blood cancer. His mother became very stressed and anxious, and had to spend a lot of time looking after his sister and attending visits. Due to the pandemic, she was scared to leave the house or have any professionals enter her home, so Raffy's family became quite isolated.

Their Home-Start volunteer started supporting Raffy's mum with weekly video calls, which provided a vital outlet that allowed her to express herself and learn coping mechanisms for the feelings she was struggling with. Home-Start helped the family to mix again, starting with monthly outdoor meetups with their volunteer, and then engagement with other services like the children's centre. They also helped to secure a nursery place for Raffy, so he had more opportunities to socialise and play.

*All names have been changed.

A local example

Daniel's Den overcoming risk for families

Daniel's Den is a Brent-based parent and toddler charity that supports families and communities through parent-toddler groups and other activities. Many families who use Daniel's Den have limited space to play and access to toys at home.

Weekly parent-toddler groups offer opportunities for families to play, craft and sing together and to develop relationships with others in their community.

Daniel’s Den overcoming risk for families (continued)

‘The Net’ is a Daniel’s Den project currently running for asylum-seeking families residing in a local hotel. Families have limited resources, living on an allowance of £8 per week and sleeping in one room.

Samaan* is a very lively two-year-old who comes to the group with his father. They are in the hotel because they are fleeing violence in their home country. Samaan and his father enjoy coming to the weekly group sessions, as well as other activities such as a community picnic. At the Net, Samaan can enjoy a selection of toys, crafts and activities and can play in a way that he can’t within the confines of their hotel room.

Samaan’s father has a very positive experience of the group and has also found parents from his home country to make friends with. The family can also access donated toys and clothes from families within the Daniel’s Den community.

*All names have been changed.

A local example

Let’s Talk Together in Hounslow – supporting early education and childcare

Let’s Talk Together (LTT) is a programme to ensure early education and care settings provide an exemplary environment in which babies and young children can have meaningful conversations which support both their emotional and language development.

Practitioners are supported to reflect in detail on their interactions with babies and children and the environment they provide, learning more about how they can actively develop good communication skills using an emotionally connected {relational} approach.

LTT has been running in Hounslow for over nine years and is funded by the Early Years Education Team.

The programme involves regular training and on-site support visits. Video interaction feedback is used to give practitioners the opportunity to reflect deeply on how they work with the children in their care.

Let’s Talk Together in Hounslow – supporting early education and childcare (continued)

Settings also create a working action plan which includes ratings of confidence and competence of the LTT setting on different elements of the programme. Progress data on children’s communication development is collected twice a year to inform planning.

Over 50 settings are involved in the programme. Regular “cluster meetings” enable LTT leads from settings to share practice and reflect on their progress.

Suggested action

Keeping the baby in mind

Across your local area, there may be a range of services that provide families and communities with access to support, housing, food, and other essential items. But babies and young children have unique needs, which are overlooked.

Working with local partners, especially in the voluntary and community sector, you may wish to map out what support exists in your local area to ensure all families can access:

- Adequate nutrition
- Opportunities and resources for play and early learning
- Essential goods, such as nappies and warm clothes
- Safe and secure housing.

Ask yourselves:

- Does this support meet the specific needs of babies and young children at different stages from birth to age five?
- Are families aware of and accessing this support? Is it reaching all those who need it?
- What more can be done to support marginalised families and those facing disadvantages to access the resources that their babies and children need?

Useful resources

Early childhood education and care

- The EIF and PEDAL Early Years Library helps early childhood education practitioners support young children's social-emotional development, by providing a comprehensive set of evidence-based strategies and activities which can be integrated into everyday practice.
- Improving the early learning outcomes of children growing up in poverty: a rapid review of the evidence (2018) contains a review of the evidence about how to support parent-child relationships and the wider home-learning environment in the early years.
- The Education Endowment Foundation has brought together a new Early Years evidence store, and toolkit to help support professionals to make decisions about the creation of learning opportunities, including personal social and emotional development.
- Early Years in Mind is a free online network for early years practitioners. The network provides easy to read and easy to use guidance on supporting the mental health of babies, young children and their families.
- Language as a wellbeing indicator (EIF, 2017) describes how language supports mental health in early childhood.

Level 4: the influence of community-level factors

A range of further factors within the child's wider family and community environment can influence mental health in infancy and early childhood. These include social factors (such as wider family and community networks), economic factors, cultural factors, and the characteristics of neighbourhoods (including access to green space, safety and security of neighbourhoods, facilities, and clean air).

Community-level factors determine whether babies and young children can access positive activities, such as a playground, play groups, and high-quality, affordable early education and childcare. They also influence whether their parents can access formal services and informal support. Young children living in poverty face increased risk factors and may have less access to the high-quality services and support that might mitigate these risks[53,54,55].

Regardless of an individual family's circumstances, the neighbourhood they live in has an independent influence on children's outcomes. For example, social factors such as safety, social cohesion and collective efficacy[n] influence early childhood wellbeing and development through their influence on parents' access to resources to support their development, parental wellbeing, and parenting behaviour[56].

Local decision-makers can strengthen community-level protective factors by considering babies', young children's, and families' needs in the design of communities, parks and public spaces, in transport policies, and in the location of services. The voices, experiences and needs of all citizens - including the youngest – should inform decisions about local infrastructure and the design of services.

[n] Social cohesion refers to the sense of solidarity and the quality of relationships in a community. Collective efficacy refer to the a shared belief that, through unified efforts, the community can overcome challenges and achieve goals.

Example of an intervention addressing community-level factors

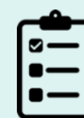
A local example

Transforming parks to welcome children

Blackpool Better Start has invested £1.8 million into developing and improving green spaces and play resources for babies and young children across the town. During consultation with families, Blackpool parents voiced concerns about not having safe, welcoming places to for their children to play. The investment was used to improve 15 green spaces for the community.

In Revoe Park consultation with local families led to three disused bowling greens being transformed into a natural play space and a community garden being created. A disused pavilion was transformed into an Early Years Park Ranger (EYPR) Base, and regular Park Ranger and Forest School activities now take place in the community garden for babies and children. The park has become a welcoming area that local residents take pride in and value.

Before the renovation, George Banford Park's early years play zone was in a secluded location and rarely used. There was visible evidence of drug paraphernalia, equipment was often vandalised, and antisocial behaviour was common. Consultations with families, and understanding the community's needs and wants, resulted in the relocation of the early years play zone to a more accessible and visible space, and the addition of a pram park.



Suggested action

Seeing the world through babies' and young children's eyes

You might want to organise for a group of local decision makers to get out into a community(s) in your local area to consider first-hand how it is experienced by babies, toddlers and their families, to generate new insights and perspectives. Use data about your local area to focus on a community where you know families with babies and young children with higher levels of need might live.

You could perhaps hold a regular meeting in a community venue and spend an hour before the meeting exploring together. Use this opportunity to build relationships and develop new ideas together about families' experiences. During the time you could:

- Talk to families about their experiences*. What can they tell you about their communities? What do they like and not like? How do they feel in their local environment?
- Observe where babies, young children and their parents are, and where they are not? What can this tell you about families' preferences and needs?
- Try taking a buggy or pushchair with you, can you access public transport and facilities? Can you move freely around the space? What facilities are in "pram pushing" distances of where families live?
- Visit places parents with babies might go, such as the GP surgery or park, is there useful information and advice available? Would parents in this community know what other opportunities there are for them and their children to access positive activities and support nearby (particularly free and low-cost options)?
- Get down to the height of a small child (under one meter tall) and take photos of what the world looks like from that perspective (or give children cameras and ask them to do this). What new insights do you get about the built environment and public space when you see it from a child's perspective?

*Any conversations with families in the community should not just be with the adults. With help and permission from caregivers, adults can reach out to children and find out their views too.

Level 5: the influence of the wider environment (culture, society, policy and systems)

Babies, young children, and their families will be affected by regional and national policies and circumstances, and by the values and practices of their wider cultures and societies. They will be exposed to different economic, social, and environmental factors and might benefit from different support, services and social policies, depending on the region or nation they live in. While local decision makers may not determine national policies or conditions, they can nevertheless help to mitigate their impacts and support parents to take advantage of the opportunities they create.

As with every aspect of the socio-ecological model, the impact of factors in the wider environment on babies' wellbeing and development is mediated by factors at other levels. For example, the impact of the COVID-19 pandemic and resulting national lockdown policies on babies and young children varied depending on family circumstances and the presence of other protective factors, and local systems took different actions to mitigate the impact of these national policies[57,58].

A UK example

#ShapingUs campaign changing social attitudes

The Princess of Wales' #ShapingUs Campaign aims to shine a spotlight on the importance of the first five years of a child's life, to build public understanding of the importance of infancy and early childhood . The campaign hopes to generate support for focusing our collective time, energy, and resources to build a supportive, nurturing world around the youngest members of our society and those caring for them.

An example

Employment policies

Parental leave and pay policies, and their take-up by families, have an impact on babies' and young children's relationships and development. There is international evidence to suggest that take-up and length of paternity and maternity leave are associated with parental sensitivity and the quality of parent-infant relationships, with knock on impacts on children's development.

Parental leave and pay policies are determined at a national level, but local services can make decisions about their own leave, pay and flexible working policies, and can support and encourage local employers to adopt family friendly policies.

Social and cultural factors, such as expectations of children (including gender expectations), and societal views on child rearing practices and family make-up, influence children's health and development in different ways both directly and indirectly. These expectations and values may be consistent across a region or nation or may vary between communities. Babies and young children might be parented differently in different cultures, which influences their expectations and needs. For example, some babies and young children may be used to being looked after by multiple caregivers, or to being kept physically close to their caregivers and may respond differently to other experiences based on these early experiences and expectations. When a families' culture and practices differ from the expectations of their wider society, this might influence factors such as parental confidence and wellbeing.

Some models of mental health include an aspect of 'spiritual wellbeing' which can be influenced by the religious or spiritual views and practices of a child's family and community. More information on spiritual wellbeing can be found in the key concepts section of this toolkit.

Factors in the wider environment can create structural inequalities which mean that the resources and experiences necessary for to be mentally healthy are not equally distributed according to ethnicity, gender, income, geography, and other factors[59].

Poverty results in a constellation of risk factors for children, increasing their risk of poor mental health through a number of different mechanisms. Poverty disproportionally affects babies and young children, particularly those in families

where someone is disabled, there is a single parent, or who are part of a racially minoritised community[60,61]. Babies and young children from households living on low incomes, and those with parents in receipt of benefits relating to low income and disability, are more likely to have mental health problems than other children[62].

A local example

Little Village

Little Village supports families with babies and children under five living in poverty in London. The charity runs a baby bank network, collecting, sorting and passing on pre-loved clothes and equipment, and donations of new items such as nappies and mattresses, to families who are dealing with poverty. Alongside daily essentials, Little Village aims to provide appropriate pre-loved books and toys with all baby bundles, to support families with play and in book sharing and reading, which are critical for babies' and children's development.

Little Village supports parents who use the baby banks through a dedicated signposting and guidance team, who offer over the phone and in-person advice and links to other services on issues including money, benefits and housing. The charity also advocates on behalf of families with other professionals or external organisations such as local councillors, housing office and the Citizens Advice Bureau.

Many of Little Village's services are delivered by volunteers from a wide range of backgrounds. The charity's volunteering opportunities not only enable parents to support their communities and build connections, but also to build skills and experiences that might help them to secure paid work in the future.

The charity also works to reduce poverty in the UK, by working with families to share their stories and campaign for change at a systemic level.

National policies relating to employment, benefits, and housing influence child poverty levels, as do national economic conditions. Local services can help to address poverty by supporting parents to find appropriate employment and to access benefits they are entitled to. Local services can also mitigate the impacts of poverty on babies and young children, for example through offering services that reduce parenting stress; support the home learning environment and can help families to buy warm clothes and nutritious food.

Families from racially minoritised groups are affected by structural inequalities that can have significant impacts on outcomes for children. For example, Black women are significantly more likely to experience physical and psychological trauma and poor outcomes during pregnancy and birth in the UK[63], and Black children are less likely to attend early education and childcare, and are less likely to be healthy and reach their potential as a result of a range of structural factors[64,65].

Discrimination is a risk to mental health and is intersectional in nature (interacting with other characteristics such as race, gender, ethnicity, socioeconomic status, or sexual identity). Discrimination in society can impact on the stress experienced by families and on the assets available to them (for example the levels of formal and informal support they receive). Young children from racially minoritised communities and/or those who experience physical disability, illness, developmental disabilities, and/or are neurodivergent may also face multiple forms of discrimination both from peers, adults and the wider world.

Negative racial stereotypes can lead to children from racially minoritised communities developing a negative self-image, even in the preschool years[66], and children can face exclusion from peers. Services that support families with babies and young children, particularly within early childhood education and care, can support young children to develop a positive relationship with their racial identity[o, 67].

Services can be more inclusive for all children, and avoid discrimination, by adopting a neuro-affirmative approach. This involves expecting that young children will have varying needs and having the resources and capacity to cater for these needs as part of the “business as usual” operation of the service. A neuro-affirmative approach is a commitment to being inclusive; to accept that all individuals are different and that neurodivergence will exist within service users; and to be ready to accept, understand and adapt to the needs of each individual child.

Ultimately, addressing the core drivers of discrimination in society will be key to supporting mental health. Whilst such discrimination exists, services, communities and families can mitigate its impact by addressing discrimination or prejudice in settings

[o] The way in which parents and professionals teach children how to navigate the often contradictory messages about race, and teach them about their own racial identity is called racial socialisation.

and communities in their local area and supporting protective factors, such as ensuring children receive sensitive, nurturing care from caregivers who understand their needs and individual circumstances. In early childhood settings, the EYFS (2021) ‘seeks to provide equality of opportunity and anti-discriminatory practice, ensuring that every child is included and supported’.

Professionals and services are also shaped by the world in which they operate. Working with babies, children and families requires individuals and organisations to reflect on their own culture, values and beliefs, and on the impact of systems of oppression such as racism, classism, sexism and ableism in order to provide diversity informed, culturally attuned services.

Useful resources

Additional reading on addressing structural inequalities

- Anna Freud Centre guidance on helping young children to think about race in the early years for both practitioners and parents supports early years practitioners and those supporting young children to understand how race and racism impacts children in infancy and early childhood, and start to think about ways to support racial socialisation during this vital period. This also includes links to further reading including 'Racial Socialisation as Resistance to Racism, the Early Years' and 'Reflecting on anti-bias Education in Action: The Early Years'.
- Anna Freud Centre have also produced guidance to support children as they develop their own identity: Supporting families from diverse communities.
- The Early Intervention Foundation have published a report on 'Improving family support services for minority ethnic families' exploring the experiences of families in accessing and receiving support and opportunities for support services to improve this.
- UNICEF report on gender inequality in early years settings
- Anna Freud Centre have produced guidance for services that support families with young children on supporting parents with learning difficulties or disabilities. They have also recently published a guide to neurodiversity in the early years.
- The Family Hubs network have also published an article with guidance and case studies on supporting Family Hubs to be accessible for parents with disabilities.
- Famly (Tembo, Benham, 2022) have published a series of articles around heteronormativity in early education and care and the importance of recognising and addressing heteronormativity in policies and practice.
- Shaddai Tembo sets out the need to think more about race and racism, LGBTQ+ equality and the role of men in early years, looking specifically at the Scottish context in: More work to do: thinking through equalities with young children in Scotland.

Understanding problems that babies and young children experience

Mental health occurs along a complex continuum, and all babies and young children will have mental health that sits somewhere on that continuum. Some babies and young children may be mentally healthy across all domains, while other babies may exhibit problems with specific aspects of mental health, such as regulation of their emotions or behaviour.

All babies and young children struggle to manage their emotions and exhibit behaviours that challenge at times. It is expected that all children might exhibit 'internalising' behaviours such as becoming withdrawn, feeling anxious, crying, or having trouble sleeping from time to time or during some phases of development. They may also sometimes exhibit 'externalising' behaviours like aggression (hitting, biting, kicking), destructiveness, temper tantrums, noncompliance and/or impulsivity. It's important that babies and young children have the care of the adults around them to respond appropriately to these difficult times. For most children these behaviours are a normal part of development or are transient problems and are not, in and of themselves, a cause for concern in terms of their mental health.

Some young children may show emotional or behavioural problems[p] that can be more significant, particularly if they are more extreme, persistent across different contexts, cause more significant distress and/or stop children being able to play, interact and learn. Babies may have regulation problems that affect sleeping or eating, lead to excessive crying, or that lead them to be very quiet, withdrawn and compliant.

Significant and persistent issues should prompt professionals to be curious about what is happening for a child and to investigate further to understand their development, their relationships, and their experiences (without stigmatising children that may not conform to the normal expectations). Professionals should be aware that a baby or young child's emotional or behavioural problems may be the result of neglect or maltreatment at home, in which case, alongside supporting the child, professionals should follow safeguarding procedures. For more information on safeguarding, please refer to NSPCC guidance.

[p] More information on mental health in under 0-4 year olds can be found in Centre for Mental Health's 2018 briefing on this age group.

Causes and persistence of problems

Problems in regulation, behaviour and emotion may be due to factors at any of the levels described in the socio-ecological model impacting on the baby or young child's immediate experiences and relationships. The same external behaviours might indicate different underlying factors in different babies or young children. While some problems may be the result of a child's biology or a developmental condition, others might be an adaptive response to situational factors and the child's experiences, but both none-the-less can cause difficulties for the child. Regular contact with children, and a holistic understanding of their development, relationships and home environment are important to addressing the nature and cause of any emotional or behavioural problems they may display.

Some problems in early childhood, such as excessive crying, may resolve as the child develops and do not indicate underlying problems in regulation. However, these problems may still have consequences for the child, for example through their impact on the developing parent-child relationship and adults' perceptions of the baby[68].

Persistent regulation, behavioural and emotional problems, as well as very passive or overly compliant behaviours, should be taken seriously BOTH because they are preventing children from thriving now, and because acting to address problems that emerge in early childhood may reduce the risk of poorer outcomes later in life. Delays in diagnosis and appropriate support for young children who have additional needs, such those who are neurodivergent or who have communication and interaction needs, can exasperate or increase the risk of mental health problems[69]. It's therefore important that babies and young children are supported to get the help they need when they need it.

An illustrative example

The need to think holistically about a child's needs

A nursery setting may find that a child regularly struggles with managing their emotions and is aggressive towards other children. There are strategies that the setting may put in place to help the child to understand, manage, and communicate their emotions and regulate their behaviour. But unless professionals across services work together to understand a child's home environment and relationships, they may miss other vital elements which will help to understand and manage their behaviour.

Understanding whether the behaviour is unique to the childcare setting or persistent in other contexts may tell practitioners more about whether the behaviour is due to the child's wider environment; individual characteristics, or an unmet need in the setting itself.

It is important to be curious about the child's home environments. Perhaps this toddlers' parents are experiencing a high level of stress which makes it harder for them to respond to their needs? Perhaps the child doesn't have a safe, secure place to sleep at home or has been exposed to abusive relationships or arguments between their parents? Perhaps the home environment is supportive and safe, but there remain emotional problems which could signal another unmet need, or neurodivergence?

Working across services to understand and address the causes of regulatory, social, emotional and behavioural problems is not only key to supporting the toddler's mental health but will also ensure that underlying issues – which might include safeguarding issues – are detected and addressed.

Prevalence of regulation, behavioural and emotional problems

The absence of consistent and effective approaches to screening and assessment makes it hard to estimate the proportion of babies and young children who are mentally healthy. The Mental Health of Children and Young People in England survey has made important progress in extending its work to include younger children (2–4-year-olds), but as this is pilot data, there remains uncertainty about prevalence. Best estimates from the international literature suggest that mental health problems in very young children are likely to be of a similar prevalence to those of older children and adolescents (10-15%)[69]. A study in Copenhagen suggested that 16-18% of 18-month-old children had mental health problems, most commonly disturbances of emotion, behaviour, eating and regulation. Parent-child relationship disturbances were found in 8% of the population[70].

The most widely used measure of child development currently used in UK health services is the Ages and Stages Questionnaire. Data provided by local authorities in England suggests that significantly fewer children are reaching the expected levels of development on the ASQ-3, falling from 84.1% pre-pandemic to 80.9% post-pandemic. The proportion of children experiencing difficulties with personal-social skills increased from 7.1% in 2018–19 to 9.2% in 2021–22[71]. These trends speak to the impact of the pandemic on young children's development and wellbeing[72].

Scenarios to support local discussions

These examples show transient or persistent issues with babies' and toddlers' emotional, behavioural and social wellbeing and development. They are provided to help local services to understand the provision and pathways of care for babies in their local area to identify gaps or opportunities. When reading each example, consider would this baby or toddlers' problems be identified? How would services understand what is happening for them? How would they receive appropriate support?

I am 9 weeks old. I'm very quiet and subdued. My caregivers haven't shown me much interest or responded to my cries so I've stopped making as much noise. I am not spoken to and spend a lot of time in my car seat. I don't seek out eye contact with adults in the way other babies my age do.

I am 4 months old. I cry a lot and grown-ups find it very hard to soothe me. I struggle to settle for feeds. I do not like being put down. I wake often at night and do not sleep easily during the day. My grown-up is getting very distressed about my crying and is also exhausted because we wake up so much.

I am 7 months old. My grown-up is very anxious, particularly around food. I'm very interested in food, watching what people eat and reaching out. But my grown-up gets upset when I do that. She says things like I am not ready yet and might choke, or that my hands might be too dirty.

I am 14 months old. I am happy playing with bricks and cars and pushing my fire engine. I don't point at things or make eye contact with grown-ups or other children.

I spend a lot of time with all the grown-ups and other children in my household and wider family who love me very much. I don't go to nursery or playgroups. My health visitor spoke to mum on the phone when I was 10 months old, and we won't see her again until I am two.

I am 18 months old. When I get frustrated with other children, I can bite and hit. My grown-up used to take me to play groups and to other people's houses to play, but now she is so anxious about my behaviour that we stay at home a lot.

I am two. I'm just started nursery and I really don't like it. I get very distressed when we start to get ready to go and cry a lot in the car, when we arrive and when my grown-up leaves. I've started to cling onto my grown-up more at home and don't let her leave my sight – even to go to the toilet. If my grown-up goes out I cry and sob and try and get the babysitter to call her, so she does not go out as much anymore. At bedtime I'm refusing to go to sleep unless my grown-up stays with me.

I am nearly three. I love running around, jumping and climbing. I live in a very small flat and the neighbours told my grown-ups that I am very noisy when they are trying to rest. So my grown-ups try and get me to sit still and watch TV. I love our local park, but we can't afford wellies and warm coats so we only go there on good weather days.

I'm am four. My grown-up and I have moved around a lot, and other people have lived with us at different times. At pre-school I'm very reserved and don't play much with other children. I have developed a good bond with my key worker and am very anxious to leave her, particularly if different adults come into the setting.

I am very jumpy and startle easily. When something goes wrong, like I spill my drink, I get incredibly upset and am hard to console.

I am four-and-a-half. I am very chatty and playful and particularly love dinosaurs. I find it hard to sit still. I fidget a lot and don't focus on tasks. I struggle in circle time at pre-school because I can't wait my turn and keep talking, interrupting people, and moving around. My swimming teacher told mummy I couldn't move up to the next group because I won't follow instructions.