

PART 5: SECURING A WHOLE-SYSTEM APPROACH

This section describes what a whole-system approach to supporting babies' and young children's mental health might look like and the characteristics needed in local areas to achieve this. It contains links to frameworks and toolkits that you can use to assess and strengthen local partnerships in your area.

To increase the likelihood that every baby and young child will be mentally healthy now, and throughout their lives, there must be a whole-system approach to drive action at all levels of a child's world, and ensures every baby, young child and their family gets the support that works for them and is appropriate to their needs⁷³.

There are many different models, such as the one in the table below, that describe the different elements and levels of the system that influence babies' and young children's mental health. Local systems will adopt the models that work best for them. A whole-system approach involves looking at all of these levels of the system holistically, to ensure there is a strategic and integrated approach.

This way of working (for 0–2-year-olds) has been endorsed in England through the Family Hubs and Start for Life programme guidance for local authorities which recommends cross-sector and multi-disciplinary governance structures, strategies across perinatal mental health and parent-infant relationships, and identifying shared outcomes for families to influence decision-making at the ICS level⁷⁴.

Services that support babies and young children in local areas can often be underresourced, and undervalued, and delivery is patchy regionally⁷⁵. That is why UNICEF UK's [Early Moments Matter campaign](#) is calling for a National Baby and Toddler Guarantee, asking for the government to resource and deliver a nationally recognised suite of accessible, high-quality services for babies and young children in every area.

Continuum of support^a

Levels of support		What this looks like in practice
Promotion	Promotion of positive mental health and wellbeing	<p>There is strategic, joined-up local action to increase protective factors in the population, so that more babies and young children are mentally healthy.</p> <p>This would also include improving awareness and understanding of how to support babies and young children's mental health in the population and destigmatising mental health issues.</p>
Prevention	To address risk factors	<p>There is targeted support in place for families to minimise risk of and prevent mental health problems from arising, particularly for those experiencing adversity and at greater risk of developing mental health problems.</p>
Care	Early intervention	<p>There are timely, appropriate interventions in place when babies and young children experience adversity and/or problems relating to their mental health to prevent these problems from escalating or becoming entrenched.</p>
	Treatment or therapeutic support to treat or manage problems and reduce their impact	<p>There is early identification, assessment, and appropriate treatment when babies and young children are experiencing problems, such as emotional, behavioural or regulation problems, or relational trauma (including abuse and neglect), to provide therapeutic support to address these issues and mitigate their impact on the child's longer-term wellbeing and development.</p>
	Continuing Care	<p>There is ongoing management, support and treatment to address persistent problems. This should include support for the young children and their parent(s) or caregivers.</p>

These different levels of intervention can be used to think about how to address risk and protective factors at each level of the baby or child's world. For example, premature birth is a risk factor for mental health problems.

^a Adapted from UNICEF '[Continuum of MHPSS needs](#)' model, 2019.

Primary prevention activity related to this might be action to reduce smoking and alcohol use in pregnancy, and to increase folic acid intake , so that fewer babies are born prematurely. Family Integrated Care, discussed in Part 4, is an example of early intervention or targeted support, which aims to mitigate the impacts of prematurity on the babies' wellbeing and development.

Psychologists on neonatal units can provide therapeutic support, and parent-infant relationship support to families who feel that their experiences have impacted on their wellbeing and relationships.

Alongside the three-tier model described above, there are other models which local areas find useful when thinking about the whole system of babies, children and young people's mental health provision. Two such models – NEST and iThrive are described in more detail below.

Adopting a trauma-informed approach across a whole system will support efforts to improve babies' and young children's mental health. Trauma-informed practice aims ensures practitioners are aware of how trauma can negatively impact individuals and communities and improves "the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use⁷⁶". Trauma-informed practice includes 6 principles; safety, trust, choice, collaboration, empowerment, and cultural consideration.

Examples of whole-system approaches for supporting babies' and young childrens' mental health

An example

The THRIVE Framework for system change



The [THRIVE Framework for system change](#) (Wolpert et al., 2019) is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families that was developed through a collaboration of the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. It conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and the promotion of mental health and wellbeing across the whole population.



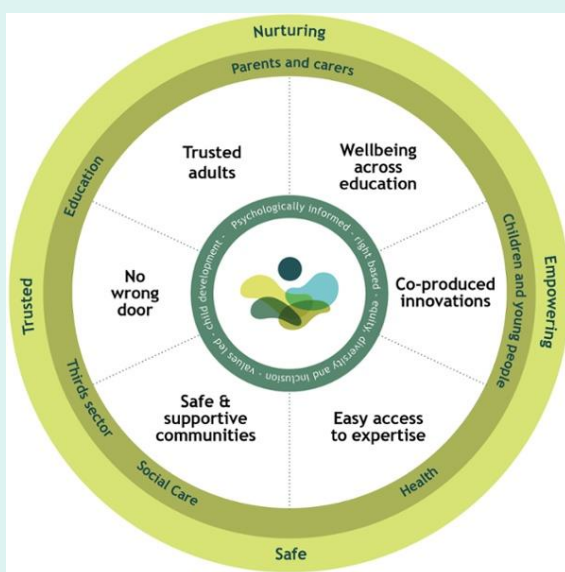
The [THRIVE Framework for system change](#), Wolpert et al., (2019)

An example

The NYTH or NEST Framework



The [NEST Framework](#) is a planning tool for Regional Partnership Boards that aims to ensure a whole-system approach for developing mental health, wellbeing and support services for babies, children, young people, parents, carers and their wider families across Wales. It was co-produced by the Together for Children and Young People (T4CYP2) network and a wide range of stakeholders.



The NEST Framework, Together for Children and Young People and NHS Wales Health Collaborative

Effective prevention, promotion and treatment of mental health in early childhood must be underpinned by a well-trained, well-resourced and well-supported workforce. [Part 7](#) describes the skills, capacity and support required across the workforce.

An effective whole-system approach needs to be supported by robust analysis of local need. There also needs to be clear pathways of care so families can receive timely and appropriate support as they need it. [Part 8](#) sets out ways that local systems can understand risk factors and needs.

Multi-sector working

Integrated work between different agencies and across sectors, at all levels of the system from strategic planning and commissioning to front line delivery, is key to improving outcomes for all children. Well-integrated early years services and systems can help ensure babies', children's' and families' needs are identified, and that they can access additional support in a straightforward and timely way. Other positive effects include: increased understanding, trust and cooperation between services; better communication and consistent implementation of services; less duplication of processes across agencies; more user involvement in shaping services; more early identification and up-stream support; and a smoother path from universal to targeted and targeted to specialist support⁷⁷. Conversely, when services are not joined up, babies' and children's needs may be less visible and more likely to "fall through the net."

Bringing services, commissioners, and service users together to effectively create, deliver and sustain a whole-system approach to promote, protect and improve babies' and children's mental health, requires certain conditions to be in place. These include:

- Clear partnership arrangements at a strategic level with clarity of purpose, good working relationships, accountability, and the ability to drive decisions and action.
- Strong committed political and operational leadership.
- A good, dynamic understanding of local need based in data, insights from communities and clear feedback loops between frontline services and strategic leaders. A culture and clear processes to support sharing information across and within organisations.
- Good relationships with local communities and with voluntary and community organisations that work within them.
- A culture of learning, creativity and problem solving⁷⁸.

It is important to note that whilst promoting mental health in early childhood forms an important part of preventing mental health problems in adolescence and adulthood, it will not alone be sufficient. Some children will need repeated support throughout their lives. However, when children have effective early support, it can make later intervention even more effective⁷⁹. An joined-up approach can ensure that children can transition between different services as they grow up (for example, moving from parent-infant relationship services to children and young people's mental health services).

^r Partnerships to drive action on mental health in 0-5s might be part of a local integrated care board, health and wellbeing board or similar local partnership arrangements.

Examples of multi-sector working

A local example

Salford's integrated approach



In Salford there are a range of services work together to support families during pregnancy and the early years of life, and there is a whole-system approach to early help and school readiness. A network of “Salford Family Hubs” in local communities offer a range of universal and targeted support including Antenatal support, Child’s Health, Early Help, Play Sessions, and Parenting support. Locality based teams are based within the family hubs and are made up of staff from various professional backgrounds including Early Help, Parenting and Health Practitioners.

Family hubs are co-produced community provision, and each one is tailored to meet the unique needs of its local community. Community Workers employed by Salford Community and Voluntary Services (CVS) help to link family and community organisations with family hubs, and to facilitate joint working. In some hubs, community groups might run the coffee and chat or stay and play groups.

The Early Years and Early Help teams in the local authority are integrated into the Family Partnership team and work closely at a strategic and operational level with the health visiting service. Training and workforce development happen jointly to prevent professionals “thinking in silos”. Professionals are trained in the Five to Thrive and Solihull Models* to support the development of secure, sensitive relationships within families.

A “transformation midwife” has been recruited by the local authority to help to integrate maternity services into local work to improve infant mental health. A range of other services also work with the local authority to support families with babies and young children, these include Home-Start (which offers a Baby Bonding programme), Dad Matters (which works directly with fathers) and a Specialised Parent-Infant Relationship Team.

***The Solihull Approach works with practitioners to support emotional health and wellbeing in children and families. It brings together three core psychological constructs of containment, reciprocity and behaviour management, with the aim of helping parents understand their child's behaviour in the context of their development and the parent-child relationship.**

A local example

Manchester joint working



Greater Manchester has a whole-system approach to perinatal and parent-infant mental health. This involves universal services, peer support, parent-infant mental health services, IAPT (talking therapies), perinatal and parent-infant and perinatal specialist services all working together with a shared approach and understanding.

This mothers' story shows how local services work together: Cindy* was very anxious early in her pregnancy and she was referred to the community mental health team and the Early Attachment Service (a specialist parent-infant service). Alongside working with these services, Cindy saw her midwife and health visitor regularly. Both had been trained in baby bonding, and encouraged Cindy and her husband, Andy, to reflect on and engage with their growing baby.

Cindy engaged well with services but remained anxious. The specialist perinatal mental health team diagnosed her with severe anxiety, prescribed medication and visited Cindy regularly. Her anxiety continued to worsen and the services working with Cindy all decided that she should be admitted to the Mother and Baby Unit.

Andy began to experience anxiety and low mood. He was referred to the IAPT service where he was fast tracked under the "Babies Can't Wait protocol" and received six sessions of CBT. Andy was also connected with Dad Matters (part of Home-Start) where he received one-to-one peer support sessions and antenatal group sessions with other dads-to-be.

The Early Attachment Service continued to see the family in the Mother and Baby Unit, where they worked close with the staff team and helped both parents think about their baby and about becoming parents. Cindy's midwife and health visitor also visited them in the Unit.

Manchester joint working (continued)



When the baby was born, the health visitor visited the family and supported them to get to know their baby using the NBO. After four weeks, Cindy and her baby were discharged. The Mother and Baby Unit, Specialist Perinatal Team, Early Attachment and midwifery and health visiting teams worked closely together to ensure the family were well supported at home.

The family continued to receive support from the Perinatal Team and Early Attachment Service, which provided weekly parent-infant psychotherapy. Andy was signposted to a local dad's group which he took his daughter to at the weekends.

Cindy received regular visits from the Health Visitor who registered her with a universal postnatal group called Early Start. Cindy felt welcome at the group; she made friends with other parents and learned about other activities for her family in the local area.

***All names have been changed.**

Useful resources

Whole-system approaches and multi-sector working



- [The Family Hubs and Start for Life programme: local authority guide](#) includes guidance to support a whole-system approach to infant mental health, parent-infant relationships and perinatal mental health.
- The [Early Intervention Foundation \(EIF\) maternity and early years maturity matrix](#) has been developed as a self-assessment tool to support local areas to take a system-wide approach to improving outcomes for children and families. EIF have also developed a [guide to population needs assessments](#) for local areas and Family Hubs.
- The Working for Babies: [Lockdown Lessons from Local Systems](#) and [Listening to local voices for a better recovery](#) capture lessons from the pandemic about the characteristics of local systems which enable effective, joined-up responses to babies' and families' needs.
- [Beyond Boundaries](#) looked at local partnerships across London to understand what effective integration across early years systems and services look like for babies, young children and their families.
- The [Early learning communities' toolkit](#) provides a guide to improving children's early learning outcomes across local systems.
- Chapters 11 and 12 of [Improving The Early Learning Outcomes Of Children Growing Up In Poverty: A Rapid Review Of The Evidence](#) describe the conditions needed in services and systems to support the effective implementation of evidence-based practice and services.
- The MMHA's [Mums and Babies in Mind Pathway Assessment Tool](#) helps local partners rate their perinatal mental health offer against national standards to identify strengths and gaps where more work is needed.
- The National Lottery Community Fund's Better Start Programme have pulled together a report on [Trauma-informed practice in early child development](#).