

# Mental Health for infants and children aged 0-5 years old: a strategy for Lancashire and South Cumbria

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# 0-5 Mental Health Strategy for L&SC

## A two-pronged approach:

### 1. Developing the wider system and universal offer

Recognising and supporting the wide ecosystem necessary to promote and protect relationships between infants/young children and their care givers. Service and workforce development will be tailored to need and will prioritise trusting relationships and physical presence within communities.

### 2. Developing Specialist 0-5 Mental Health Support

Expansion of Blackpool Parent Infant Relationship Service in a hub and spoke model. A staged approach integrating satellite teams of parent infant mental health practitioners into local areas with highest levels of need.

## The voice of infants, young children and their families

Meaningful efforts will be made to listen to and understand the experiences of infants and young children and use these to influence development.

## Valuing relationships

This strategy describes systems that focus on relationships between infants/young children and their care givers and recognises the importance of relationships between people working in this system and with the families they support.

## Principles

### Developing at Place & Scale

This strategy will aim to elevate the system across L&SC whilst also ensuring that services are developed to meet the specific needs of local populations.

### Data

The strategy will be informed by data from across L&SC and will encourage evidence-based development and delivery of services and systems.

## Maryam's story

When I was born my mummy and daddy had a lot going on in their lives. Daddy wasn't around much, Mummy found it overwhelming to look after me and my brothers as well as manage all the cooking and cleaning. It didn't leave her with any time to spend just with me and all our other family live far away. I felt like no one knew I was there. When I needed help or comfort I cried, but they ignored me or shouted. I didn't feel loved.

### Without relationship support

My parents didn't get help to understand how this was impacting me or any support to know what they could change so life carried on like this.

As I got older, I tried to get their attention in different ways. But my energy and emotions sometimes turned into big tantrums. We started to stay at home a lot, and I watch a lot of videos on my mummy's phone.

I find it hard to trust the adults in my life because I don't know how, or if, they will react to me and this feels scary. I am worried a lot of the time. I'm not sure what will happen when I start school next year. I tried nursery but I was so anxious, and I didn't know what to do with my feelings. I got into trouble for hitting and shouting and told off for not playing nicely. I hope someone can help me.

### With relationship support

My parents got help to understand how important their relationships with me are, and how I communicate and show my love to them. They started talking and interacting with me more and learned some new ways to deal with the stress they felt when I cried.

When I got older, I started to experience more feelings and emotions. This was tricky for everyone, but I felt safe showing these emotions to my family because I know now that they love me no matter what. While my siblings were at nursery my parents spent time playing with me and taking me to groups where I could enjoy spending time with other babies and children.

I'm excited to start school next year and to learn new things. Although I didn't like nursery at first, after some time I settled in, and I know with Mummy and Daddy's help I can do the same again at school.

## 2 Introduction

Infants and young children are an important part of our society and our youngest citizens. Infant mental health refers to the emotional wellbeing of the infant which is a direct response to their environmental experiences, predominated by relationships with adults. Infants and young children depend completely upon these relationships with caregivers and these relationships exist as part of a wider community network. These relationship networks need to be valued and supported by our whole health and social care system to support children to thrive [1].

At present, systems in Lancashire and South Cumbria (L&SC) do not provide the extent of support that is needed by the population. The picture is one of limited services and inequity across the geography, with pockets of excellent practice, such as the Blackpool Parent Infant Relationship Service (PaIRS) team and large swathes of the population without access to meaningful relationship support across the spectrum of need.

A complex system of services and organisations support our infants and young children; effective support requires services to be integrated and joined up. To build this whole system effectively, we need to clearly map out how we intend to achieve change, so that all partners are working towards a shared vision, at the same time. Within this context, it is also important to acknowledge and consciously address the health inequalities that exist for the population of L&SC and to recognise that those at risk of health inequalities will come across additional barriers to accessing this limited provision.

This document is intended to provide a clear vision for development. It aims to reflect what is important to infants, children, their families and all those who work hard to support them. Two additional documents have been developed to support this strategy:

- [\*\*Supporting information document\*\*](#)<sup>1</sup> – further information on items relevant to this strategy including information on current levels of provision, family feedback, health inequalities, understanding best practice and increased detail on the principles of the strategy.
- [\*\*Listening to our communities\*\*](#)<sup>2</sup> – a summary of conversations held with targeted community groups to build on existing family engagement findings in support of this strategy development.

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<sup>1</sup> Available online: [https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2025/03/LSC-0-5MH-Strategy-Supporting-Information-Document\\_v1.0.pdf](https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2025/03/LSC-0-5MH-Strategy-Supporting-Information-Document_v1.0.pdf)

<sup>2</sup> Available online: [https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2025/03/LSC-0-5MH-Strategy\\_listening-to-our-communities.pdf](https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2025/03/LSC-0-5MH-Strategy_listening-to-our-communities.pdf)

## 2.1 Mental Health in the early years

It is now well-established that the earliest years of a person's life lay the foundations of wellbeing for their future. The experiences of a child in the first five years of their life have an impact throughout their life course on all aspects of wellbeing, including mental health, physical health and social functioning, as outlined in Figure 1.



Figure 1 - the broad array of outcomes shown to be supported by the quality of parent-infant relationships. From the Parent Infant Foundation commissioning toolkit [19].

The early years are a period of rapid development. Early experiences affect not only a child's wellbeing now but also influence how their bodies and brains develop in the future. Persistent problems in early relationships impacts emotional development which can have lifelong impacts on a range of outcomes. Research unequivocally indicates that attuned, responsive parent-child relationships are at the heart of good developmental outcomes for children.

There is a significant social and financial cost to not supporting relationships in the early years. It is estimated that for every £1 invested in Specialist Parent Infant Relationship support, £13 is saved in public costs and £59 is created in social value. These savings are realised across the health and social care system in services including (but not limited to) Mental Health Services for children and adults, physical health services, children's social care services and the criminal justice system (see supporting information document for further details).

Relationship development may be impacted by a range of factors, such as current adverse circumstances for families or the impact of past adverse and traumatic experiences that can make parenting difficult. Many families require support through a range of thoughtfully sequenced interventions from health and social care and may frequently move between pathways depending on changing circumstances.

Alongside the long term outcomes at both an individual and societal level, it is an unfortunate reality that some infants and young children within our society live in fear and are not well cared for. Infants and children under the age of 5 are a hugely vulnerable group. They are often seen, incorrectly, as emotionally robust and less in need of emotional support. However, recent prevalence data estimates that at least 17% of infants and children under the age of 5 years old in England have a mental health need, and these figures are higher in areas of deprivation which include neighbourhoods of L&SC [2].

The communication methods of infants and young children can be subtle and are often misunderstood, meaning that they can be easily missed or even ignored. The word infant originates from the Latin word *infans*, meaning “unable to speak”. As adults, we have a responsibility to take efforts to understand their communication and speak up on their behalf to make their voice heard.

Providing support for mental health and relationships in the early years is essential to prevent maltreatment and trauma for our youngest members of society now and to support their development in the future.

### **A note about language**

In this document, services are often described as supporting ‘relationships’ for infants and young children, as opposed to the term ‘mental health’. It is important to recognise that it is impossible to support the mental and emotional wellbeing of the 0-5 age group without also supporting the adults who are caring for them and providing for them with the loving relationships they require to stay healthy. This age group requires an approach to mental health that is distinct to other age groups. Adult and adolescent mental health concepts cannot be imposed onto infants and young children.

*“A lady must be psychologically and mentally stable during pregnancy for her child’s mental health depends on her.”*

*“What you feel, your baby feel it too.” – Conversation Participants*

This focus on relationships also facilitates a dialogue on the significance of connections between professionals delivering services together and between service providers and users.

#### **2.1.1 National policy**

The NHS Long Term Plan contains a commitment to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.



There is a ten-year ambition within this plan that states: *“Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it”*.

The Mental Health LTP Implementation Plan sets out the additional funding available to 2023/24 in support of this ambition, however funding is not specifically allocated to mental health provision for 0-5 year olds.

In 2023, the Royal College of Psychiatry [3] described an implementation gap showing that despite evidence to support mental health interventions for children and infants under 5, only a minority receive any support or interventions, and few families receive support to promote healthy relationships and emotional wellbeing in the early years.

A range of services contribute to mental health and wellbeing of infants and young children. Alongside Children and Young People’s (CYP) physical and mental health services, services such as health visiting, parenting support, children’s services and VCSE offers, may all support a family’s needs, with services commissioned across health, social care, public health and others. Commissioners and providers across local systems are expected to plan to meet the needs of their populations.

The UK Government’s Family Hubs and Start for Life programme has set out funding for selected Local Authorities to develop system-wide models of providing high-quality, joined-up, whole-family support services from conception to age 19. The programme has a specific perinatal and parent infant mental health workstream and is currently funded until April 2026.

In L&SC, Blackpool and Blackburn with Darwen Local Authorities were allocated this funding. Lancashire Local Authority has embarked upon a similar model of development, without being allocated national funding.

### 2.1.2 Local policy

L&SC does not currently have a comprehensive offer of specialist mental health provision for children aged 0-5s, as described in the North West Coast Parent Infant and Early Years Relationships Clinical Network paper: ‘Review of Mental Health and Relationship Support Services for families from conception to age 5 across the North-West Coast’ (2022) [4].

The Lancashire and South Cumbria All-Ages Mental Health Strategy (2022) [5] makes a commitment to address this disparity to: *“provide access to a specialist parent-infant relationship service in every area of Lancashire and South Cumbria to make sure mental health support is provided during this critical window of development.”*

The Lancashire and South Cumbria Integrated Care Strategy (2023) [6] states their priority to all children in ‘Starting Well’ and pledge that they *“will give children the best start in life by supporting those who need help the most to tackle health inequalities....and help children and families to be healthy and well, and help our children be ready to start school”*.

In 2023 the NWC PIER Clinical Network produced the ‘North-West Coast Best Practice Service Model for Parent Infant and Early Years Relationship Services’ [7]. This report presents an aspirational vision on how to best meet the needs of families in developing healthy

and secure relationships from conception to age 5, with equitable provision across an ICS area and has been used to inform the development of this strategy.

Since 2015, the National Lottery Community Fund has invested in Blackpool as one of the five A Better Start areas in England. Social and emotional development is one of the three outcome areas of this programme and parent-infant relationship support was identified as a gap in local provision. Part of the Blackpool Better Start funding was the initial two-year pilot and evaluation of the Blackpool Parent Infant Relationship Service (PaIRS).

In 2024, the Blackpool Parent-Infant and Early Years Relationship Strategy [8] set out priorities over a five-year period, to ensure better 0-5 mental health support for both families and practitioners. One of the three key priorities of this document is to expand specialist Blackpool PaIRS service beyond the Blackpool to support families from a wider geographical area.

In alignment with these local approaches, this strategy adopts the Thrive framework [9], which conceptualises mental health need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

It is important to recognise the variation in demographics and geography across the L&SC area and the variation in families' needs that comes with this. The area includes both rural and urban areas that will have varying challenges for populations.

## **2.2 Aim**

The aim of this document is to present a whole system strategy to develop equitable mental health provision to meet the needs of all infants and children from conception to age 5 living in Lancashire and South Cumbria by describing the work that is required to elevate our current services to meet national and local guidance.



## 2.3 Objectives

This strategy will deliver a system in Lancashire and South Cumbria that can offer:

What are we aiming for?	How can we achieve this?	What would success look like?	When will this be achieved?
A system of support for 0-5s mental health across L&SC that is developed with the voice of infants, young children and their carers at the centre.	Development of a system of services that are genuinely accessible, designed with local families at the heart, through active engagement with families and holding the voice of the infant or child central to all activity.	<ul style="list-style-type: none"> <li>Families report that they can access services at a time and place that suits them.</li> <li>Families report that they know where they can turn for support.</li> <li>The families who access services are representative of local population demographics.</li> </ul>	Assessed throughout strategy lifetime.
Comprehensive mental health support is available to all families with children under the age of 5 years old at all levels of need consistently across the L&SC ICS area.	Provision of a universal offer of specific relationship support for all infants, young children and families that encourages positive relationships and secure attachments for the whole L&SC population.	<ul style="list-style-type: none"> <li>A universal workforce that has a consistent baseline training in identifying and supporting parent-infant relationships.</li> <li>A universal workforce that has specialist Health Visitor and Midwife roles in all Places of L&amp;SC.</li> </ul>	Year 5
	Providing the option of specialist intervention when an increased level of support is required.	<ul style="list-style-type: none"> <li>All families within L&amp;SC can access specialist 0-5 relationship support if needed.</li> </ul>	Year 10

What are we aiming for?	How can we achieve this?	What would success look like?	When will this be achieved?
A health and social care system that works collaboratively to facilitate effective and consistent relationship support for families from conception to age 5 across Lancashire and South Cumbria.	Mechanisms that facilitate the sharing of resources such as data, managerial and subject matter supervision, training opportunities and support for professionals across the whole system.	<ul style="list-style-type: none"> <li>Establish a hub and spoke model for provision of specialist relationship support that facilitates managerial and subject matter supervision.</li> <li>Data sharing agreements in place between providers of universal and specialist support to families.</li> </ul>	Year 5
	A trauma informed approach to care. A system workforce that is appropriately trained at all levels of service provision.	<ul style="list-style-type: none"> <li>A universal workforce that has a consistent baseline training in trauma informed approaches to care.</li> </ul>	Year 5
A shared ethos across the system within which relationships are valued across all levels.	Understanding the importance of parent-infant relationships is recognised by everyone. These relationships are considered as the recipient of interventions.	<ul style="list-style-type: none"> <li>Staff are confident to talk about relationships with families and this is normal in routine appointments.</li> <li>Families report that they feel like their relationships are important and considered by the network of professionals who support them.</li> </ul>	Year 5
	Valuing the importance of trusting relationships between families and the professionals who support them.	<ul style="list-style-type: none"> <li>Families report that they have trust in the professionals who support them. They are confident in turning to professionals for support.</li> </ul>	Year 5
	Valuing the importance of the relationships professionals who work together to effectively support families. Understanding that time and resource is necessary to support this.	<ul style="list-style-type: none"> <li>Professionals working in the system feel empowered to invest in their relationships with each other through system collaboration and alignment of messages and objectives.</li> <li>Joint working across services, providers and sectors is commonplace across the system.</li> </ul>	Year 5

Table 1 - objectives of the strategy for 0-5 mental health in L&SC.

## 3 Principles

This strategy is underpinned by four key principles. These form the foundation for a two-pronged approach to build both specialist and universal provision for 0-5 Mental Health support.

### 3.1 The voice of infants, young children and their families

The views, preferences and experiences of the families within the 0-5 age group will be prioritised and held central in every stage of this strategy. Meaningful efforts will be made to listen carefully to understand the experiences of infants and young children through their communications with the adults in their lives and these expressions will be held in mind throughout this development work.

*“It is a big cultural change... we can use our voice, for ourselves and our children.” – conversation participant*

### 3.2 Valuing relationships

This strategy describes services and systems that focus on relationships between infants/young children and their parents or care givers as opposed to the mental health of individuals. This is essential to deliver meaningful interventions in the early years. This strategy will also strive to implement a “think family approach” across the system that values all relationships within a social network around the child. Additionally, this strategy recognises the importance of relationships across the system between professionals and the need for these relationships to be nurtured to create an integrated system that functions in the best interest of families.

*“I felt angry towards my infant, I really couldn’t attach to him... I needed help to make that relationship. And it is so important.” – conversation participant.*

### 3.3 Developing concurrently at Place and at Scale

The local Places within L&SC are unique and distinct from one another and require systems to be creatively developed in collaboration with local populations to meet their specific needs. In parallel, this strategy recognises the opportunity to also elevate the system at scale across L&SC, to reduce the current inequalities in service provision to support 0-5 Mental Health and to reap benefits of a collaborative approach in which resources and expertise can be shared across this wider geographical area.

*“I found the support we have depend of where we live. Like the postcode lottery.” - survey respondent.*

### 3.4 Data

Data and data systems can play a vital role in developing services that are efficient and responsive to the needs of both populations and health care professionals. The strategy will be informed by data from across L&SC and will encourage evidence-based development of services and systems in the future. These systems will be designed to intelligently and routinely collect, analyse and act on data to develop services.

*"I'm not sure if there is no exchange of information [between services] - or probably they are very busy and they could not do it - I'm not sure, but it is not very good."* – focus group participant.

## 4 System wide development and universal offer

As illustrated by the Parent Infant Foundation in Figure 2 below, Specialised parent-infant relationship support services are part of an ecosystem which promotes and protects the parent-infant relationship.



Figure 2 – services, interventions and organisations that can support parent-infant relationships. Taken from the Parent Infant Foundation's Implementation Toolkit, Parent Infant Foundation, October 2019 [10].

Support to develop the wider health and social care system is vital to ensure:

- A proactive and preventative approach to relationship and mental health needs across society.
- The relationship needs of families can be supported by the most appropriate service.
- Specialist parent infant relationship services can remain effective and sustainable by receiving appropriate referrals and working effectively within their surrounding systems.

A range of different intervention and support types should be offered by a system to meet all levels of need within the population. Different types of support are described in Table 2 and aligned to the elements of the Thrive model. This strategy aims to consider all these elements of support across the L&SC system.

	Description	Thrive Model
<b>1. Relationships are promoted universally</b>	The importance of relationships is promoted through universal interventions such as antenatal education groups and routine appointments.	Thriving
<b>2. Relationships and mental health are discussed in routine universal appointments</b>	Universal workforce has appropriate levels of training / awareness to recognise relationship needs and signpost appropriately. Specialist consultation on 0-5 mental health is available locally.	Getting advice
<b>3. Targeted relationship support is available through universal provision</b>	Evidence based, relationship specific interventions available through HV / VCSE / other for mild / moderate needs. Specialist consultation on 0-5 mental health is available locally.	Getting help
<b>4. Specialist 0-2 Mental Health support</b>	Evidence-based, relationship specific interventions delivered by parent infant trained staff where there is specific focus on the developmental and relational needs of the baby e.g. Specialist PIMH service or pathway within CYPMHS	Getting more help
<b>5. Specialist 2-5 Mental Health support</b>	Evidence-based interventions delivered by specialist trained staff where there is specific focus on the 2-5 age group e.g. Specialist MH service or pathway within CYPMHS	Getting more help
<b>6. Specialist support available during crisis response / risk management</b>	Specialist consultation on 0-5 mental health is available locally e.g. through a specialist team or as part of Children's Social Care.	Getting risk support

*Table 2 - approaches to supporting differing levels of 0-5 mental health and relationship needs aligned to the Thrive model of support.*

Universal services form an integral component of the “village” that supports young children and their families. It is essential that these services, and the professionals working within them, recognise the need for parent infant and early years relationships to be “everyone’s business” and part of their role in effectively supporting families so that key messages to families are aligned and consistent.

Recent research [11] has shown that families are welcoming of professionals asking about their relationships with their infants and children. National [12] and local guidance [13] has standardised the practice of Maternity and Health Visiting services asking about maternal mental health at routine appointments. This practice should now be extended to include questions about bonding and attachments [14] and observation of the parent infant bond as



standard. This practice is supported by the findings of the Blackpool Parent Engagement Survey [15] that found that parents were most comfortable having conversations about their relationships with their children with their Health Visitor or Midwife during development checks. The roll out of such an approach will support the development of a system of support that values and understands relationships within young families.

Specialist PIER services will play a key role in nurturing this supportive system. An approach of assertive outreach by the PIER services will help to develop understanding of the service offer as well as support the development of knowledge and understanding of relationship needs within the professional community. Clear referral pathways into and out of specialist services are essential. These will be developed in partnership with universal services and implemented in phases with accompanying communications for all stakeholders.

## 4.1 Universal workforce development

Different levels of training recommendations should be made for different workforce groups, depending on their role within the system. This could ensure consistency of approach across the system. Some of the key groups and indicative levels of training required are suggested in Table 3.

Workforce group	Example roles / services	Suggested training offer (minimum, non-specific)
Family facing workers	Family hub receptionist, GP, Talking Therapy Practitioner, Paediatrician	Standardised baseline training to be promoted: Elearning For Health, Perinatal and Parent Infant Mental Health, Module 1 [16], trauma informed care
Universal services	Community midwife, Health Visitor	Perinatal and Infant Mental Health awareness, Newborn Behavioural Observations (NBO) [17], local pathways, support to mild / moderate needs through provision of individual and group interventions, identification of attachment needs, trauma informed approaches to care, reflective practice
Enhanced universal services	Specialist Health Visitor for PIMH	Training in Video Interaction Guidance (to be offered via universal Health Visiting service), Circle of Security Parenting, Perinatal and Infant Mental Health Train the Trainer, trauma informed care, Compassion Focussed Therapy, reflective practice
	Specialist PMH Midwife	Perinatal and Infant Mental Health Train the Trainer, NBO, Neonatal Behavioural Assessment Scale (NBAS), trauma informed care, Compassion Focussed Therapy, reflective practice

Workforce group	Example roles / services	Suggested training offer (minimum, non-specific)
Early Years (EY) education	Nursery Practitioner, Nursery Manager, Early Years Teacher	Awareness of bonding and attachment, understanding of attachment in the context EY settings and transitions into/between education settings (including school), reflective practice
CYP Mental Health	CYP Mental Health Nurse	PIMH awareness, interventions that could enhance offer to whole family (e.g. COSP), Compassion Focussed Therapy, trauma informed care, Video Interactive Guidance, reflective practice
Social Care	Social worker	PIMHS awareness, understanding of pathways, trauma informed care, Compassion Focussed Therapy, reflective practice

Table 3 – Suggested key groups and corresponding training requirements.

The potential for synergy and overlap with Perinatal Mental Health training needs should be recognised. Where possible, these two workforce development approaches should be aligned for enhanced sharing of resources.

## 4.2 Physical presence of services

Engagement work with families has shown that a physical presence of services within the community is highly valued.

*“As a family it would be lovely to be able to attend somewhere safe for my 2-year-old and daughter to play and for us to get involved too.” – Focus group participant*

The model of a “one stop shop”, a venue that families can access for multiple purposes and services has been suggested as a preferred model. In the current system, Family Hubs are well placed to offer this. These venues can offer a literal ‘secure base’ to families. Psychological security can be gained from families when they are familiar with a location and are confident in going there and interacting with the staff there. This helps to promote and enhance continuity of care through the continuity of the care setting.

*“I went to a children's centre with my youngest... and I was really struggling with her and depression around second child. I found that they were so non-judgemental I just thought of them as friends, but not friends, and I found I could be really open with them and they were really good at picking out what was going well between me and my daughter and they really helped me to bond with her” - Focus group participant*

Providing a safe space such as this can help to promote security in relationships, between professionals and families and within families themselves. Through the co-location, collaboration and integration of services, these spaces can also support relationships to develop between multi-discipline professionals.

## 5 Development of specialist 0-5 mental health support

At present, the only specialist service to support mental health and relationships from conception to age 5 in L&SC is Blackpool PaIRS. This strategy proposes that the Blackpool PaIRS model is developed and expanded across the L&SC ICS area to provide parent-infant relationships support services at the specialist level that is accessible to all families within the area, as proposed in the Blackpool Parent-Infant and Early Years Relationships Strategy [8] and in accordance with the L&SC All-Age Strategy for Mental Health [5] ambition to provide this equitable access.

### 5.1 Initial expansion: hub and spoke model

A hub and spoke model is presented here for the initial expansion of PaIRS beyond Blackpool across L&SC.

It is proposed that satellite sites are established in four additional locations across L&SC, each consisting of at least two practitioners who have completed the Postgraduate certificate in CYP Psychological Trainings working with 0-2 age group [18]. The satellites would be located in areas of high deprivation and high numbers of children going into the social care, prioritised based on highest need over the 5 year period of service expansion, as illustrated in Figure 3.



Figure 3 – Hub and spoke model for the expansion of specialist 0-5 relationship support provision across L&SC.

The workers within the satellites would be co-located and integrated into local services, such as Family Hubs. This would allow the development of the relationships that are necessary between services and professionals to provide a holistic approach to supporting families. It would also ensure that the satellite workers have awareness of the specific needs of the local

community that they are serving and would allow local provision to develop appropriately alongside other services.

In addition to this local base and integration at Place, the satellite workers would be part of the wider PaIRS team and would be overseen by the existing supervision structures for the service, via the central “hub”. This would support a consistent approach to specialist service development across the area, drawing upon the knowledge and experience of PaIRS to date and allowing access to resources such as clinical supervision, line management, peer support, training and leadership from senior psychologically trained staff. In this way, the satellite workers remain part of a multi-disciplinary specialised 0-5 mental health team.

### **Blackburn with Darwen – case study**

Blackburn with Darwen (BwD) was chosen as the first satellite site to Blackpool PaIRS due to the similarly high levels of deprivation and health inequalities within the population. Blackpool and BwD were the two areas of L&SC to receive Best Start for Life funding to improve the perinatal and parent-infant mental health offer through integrated services in and around ‘Family Hubs’.

As part of this programme, two recruit-to-train parent infant therapist roles have been funded by. The band six trainee posts will be held by someone with prior experience in parent infant relationships, such as a specialist health visitor or clinical psychologist. The roles will be hosted by Blackpool Teaching Hospitals as part of the Blackpool PaIRS team who will provide support such as management and specialist psychological clinical supervision. The trainees will complete the 12-month Postgraduate certificate in CYP Psychological trainings programme working with 0-2 year olds.

Alongside this recruitment, a Project Manager has been appointed to develop the BwD system that will surround the satellite team. Staff from across the borough working with parents in the perinatal period (e.g. Health Visitors, Midwives, Maternal Mental health workers etc.) have been provided parent infant mental health training and awareness opportunities and relationships between professionals have been nurtured in support of joint working approaches.

The trainees will be based across the BwD Family Hubs and children’s centre buildings, providing multi-purpose facilities including sensory rooms and clinical spaces across the BwD area, alongside many of East Lancashire’s children and young people’s services, further supporting joint working approaches and referrals into the service.

## **5.2 Developing comprehensive PaIRS teams across L&SC**

Establishing satellite sites across L&SC, as described above, would allow the initial expansion of PaIRS across L&SC and would facilitate some provision within all Places. However, it is important to acknowledge that the capacity within these satellites would be limited and insufficient to meet the needs of all families local to their base.

The Parent Infant Foundation (PIF) recommend a staffing model that could support 5% of the population to access direct parent infant mental health interventions [19]. The model described in this strategy would support approximately 1% of the population in Blackpool and

0.3% of the remaining L&SC population across the satellite hub areas. A significant further expansion would be required to develop the proposed service offer to meet the PIF recommendations. Table 4 below describes both the presented staffing model and the model that would be required for L&SC to meet PIF recommendations.

Role (AFC Band)	Current provision in Blackpool PaIRS (WTE)	Additional capacity across L&SC by 2030 (WTE)	Total capacity across L&SC by 2030 (WTE)	Recommended PIF model across L&SC (WTE)	Additional capacity required to meet PIF model for L&SC
Consultant Clinical Psychologist (B8c)	0.5		0.5	2.06	1.56
Clinical Psychologist (B8b)		0.6	0.6	6.25	5.65
Clinical Psychologist (B8a)	0.5	1.6	2.1		-2.10
Specialist HV and Service Manager (B8a)	1		1		-1.00
Parent Infant Therapist (B7)	2.56		2.56	18.75	16.19
Mental Health Practitioner (B7)		8	8	6.25	-1.75
Assistant Psychologist (B4)		1	1		-1.00
Peer Support Worker (B4)				6.25	6.25
Admin (B4)	0.8	0.8	1.6	6.25	4.65
<b>Total WTE</b>	<b>5.36</b>	<b>12</b>	<b>17.36</b>	<b>45.81</b>	<b>28.45</b>
Total annual staffing cost (estimate based on mid pay scales)	£385,125	£691,613	£1,076,738	£3,049,110	£1,972,372

Table 4 - summary of staffing model for current Blackpool PaIRS and proposed expansion through this strategy compared to recommended model from the Parent Infant Foundation [REF] and the shortfall between the two models.

### 5.3 Specialist workforce development

The highly specialised 0-5 relationship workforce can be extremely difficult to recruit, due to a national skill shortage in this area [21]. The phased approach to service development described above has considered timings necessary for professionals to development skills. Investing in these skills within the L&SC system will grow local parent-infant practitioners with these specific competencies. A positive response to the advertisement of the BwD recruit to train positions in October 2024, where a high number of quality applications were made for the two posts illustrated that there is appetite amongst the local professional community for these opportunities.

The model requires the growth of the workforce using the CYP Psychological Trainings 0-2 recruit to train roles. Qualification within these skills takes considerable time which will need to be incorporated into workforce forward planning for CYP Mental Health.

As the satellite sites continue to be established, the infrastructure of the hub team will also require expansion with additional capacity required in clinical psychology, supervision, management and admin. The development of the service across L&SC will provide opportunities for individuals to progress professionally and further support the retention of the skills and expertise that has been nurtured through PaIRS in Blackpool to date and provide greater continuity of support for families.

*“I had a Health Visitor who then disappeared. Another one come; she went. Then another one come and went. And I was like, 'where do I go now?' There was nothing and then I had nobody coming out to me or even checking on whether she was okay. She was premature, she was tiny... to me there is a gap in that.” – Focus group participant*



## 6 Timescales

The principles and approaches presented in this strategy are recognised as long term investments and developments in the L&SC health and care systems. For this strategy to enable sustainable change, it is recognised that significant time needs to be invested into developing relationships across the system to develop quality services that are integrated into system and hold the voice of our infants and young children at their centre.

The table below suggests a phased approach to the implementation of this strategy:

	Specialist Provision	Universal system development
Year 1 2025/26	First satellite site established in Blackburn with Darwen.	Understand workforce training needs. Agreement of training objectives for all relevant roles within workforce and development of strategy for implementation of training.
Year 2 2026/27	Second satellite site established in Hyndburn.	Implement roll out of awareness training to universal workforce. Training to be staged to facilitate whole system development. Development of information pack for stakeholders around 0-5 mental health and local pathways.
Year 3 2027/28	Third satellite site established in Preston.	Universal Health Visiting and Midwifery workforce to have accessed baseline training.
Year 4 2028/29	Fourth satellite site established in Barrow-in-Furness.	
Year 5 2029/30	All families in L&SC have access to limited specialist provision	Specialist Health Visitors for Perinatal and Infant Mental Health working in all Places across L&SC

*Table 5 - An indicative timeline for the development of specialist and universal provision to support 0-5 relationships across L&SC.*

## 7 Funding

NHS Children and young people's mental health (CYPMH) services are funded across L&SC from the ages of 0 to 25 years, hence funding for 0-5 Mental Health Services is within this financial envelope. Currently there are no national funding programmes planned to specifically ring-fence or increase funding for 0-5s Mental Health.

As presented in this strategy, the 0-5 population requires specific interventions and approaches to caring for their relationship needs which is not currently offered by CYPMH services.

The approach presented in this model, is one of incremental and phased development of services that are sustainable and cost-effective. This approach also helps to prime the system, so that organisations and professionals can be prepared for further development and

change should at any time funding be received from future national or regional investment into 0-5 mental health, with a strategy in place for sustainable investment of funds.

However, it should be noted that the hub and spoke model presented with limited satellite sites are not of sufficient capacity to offer a full specialist 0-5 service to all populations in L&SC. Expansion to this scale would require additional significant investment.

In addition, funding will be required from organisations across the system to support training, awareness raising and joint working approaches.

## 8 Limitations

The limitations of this strategy should be noted and considered for future system level developments.

The hub and spoke model described an approach to developing the existing PaIRS team to provide support in other areas of L&SC. However, it should be noted that the model presented would not create equitable service provision across the ICS area, with Blackpool retaining higher levels of capacity relative to the other Places in L&SC, in terms of both the numbers of families accessing the service and the complexity and severity of need that could be supported. The practitioners working in the satellite sites would not have the specialist expertise and caseload capacity to work directly with babies and young children with the most severe difficulties. Despite having relatively larger capacity, even for Blackpool there remains a shortfall in staffing levels compared to those recommended by PIF [19], as described in Table 4.

The development of the wider system and universal services to better support relationships and mental health for the 0-5 age group is dependent on multiple organisations from across sectors agreeing to this strategy and committing time and resource, particularly in the development of staff capacity and skills.

This strategy does not address health inequalities in detail and does not consider specific needs of babies, young children and families who are at increased risk of relationship difficulties. These vulnerable groups should be considered at Place in the continued development of systems of care.

At the time of writing (February 2025), a new 10 year health plan for the NHS is under development [20]. It is unknown how 0-5 Mental Health will feature in this plan and this national context could impact the development of provision across L&SC.

## 9 Summary

Infants and children need to be supported by a system that values and nurtures their mental health and relationships. This lays essential foundations for lifelong mental and physical health. This strategy presents the shared vision of multiple stakeholder groups for the development of our health and social care system in L&SC to best meet the needs of our youngest citizens over the next 5 years.

The strategy recognises the need for support across the spectrum of need and presents a two-pronged approach for developing both specialist and universal provision.

The development of specialist service development builds on the success of the Blackpool PaIRS, using a hub and spoke model to provide satellite workers in areas of highest need across L&SC. At the same time, universal provision would be elevated through the development of workforce skill across the health and social care system.

All this development work is built on the four key principles of the strategy:

1. Being mindful and purposeful to always represent the **voice of infants, young children and their families** in all aspects of this work.
2. To **value relationships** within families, between families and professionals and across the system that supports families.
3. Understanding the need to **develop systems and services locally at place and at scale** concurrently.
4. Ensuring **data** is used intelligently for the design and development of services and systems.

This strategy presents an assets-based approach that will continue to build on the existing system. The characteristic strengths of existing structures and relationships will be valued and supported to evolve in a way that will position the L&SC system to deliver increased and enhanced provision and be primed to capitalise on any future transformation or funding opportunities. Even without such opportunities, L&SC will continue to sustainably build and develop the system and workforce to better support infants, young children and their families in this significant period of their lives.

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