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## CALL TO ACTION

# Getting it right for under-fives: An eight-point plan for an early years strategy

Children and young people's mental health and wellbeing has rightly been on the UK governments' agendas over the last few years. New policies and increased funding have the potential to make real change and enable many more young people to lead psychologically healthy lives. But while these developments are welcome, the British Psychological Society (BPS) is concerned that the youngest children, those aged under five, are consistently overlooked.

The early years are an important time for child development. The quality of the care babies, toddlers and young children receive significantly impacts their psychological wellbeing and resilience. We know that a failure to support physical health and psychological wellbeing can have a significant impact on the rest of a child's life. This has been recognised in Scotland, Wales and Northern Ireland where approaches to the early years are more developed than they are in England.

A more holistic approach to the early years, including a recognition of the importance of support during pregnancy, is required that ensures equal focus is given to the physical and psychological wellbeing of every child under five and their family or carers. By intervening early and promoting positive wellbeing and development, we can prevent future challenges and improve the lives of children and their families.

Preschool children of parents with poor mental health are three times more likely to have a mental health difficulty than children whose parents have good mental health<sup>1</sup>.

Perinatal mental illness affects up to 20 per cent of new and expectant mothers<sup>2</sup> (and up to 25 per cent in women in urban, diverse areas<sup>3</sup>) and around 10 per cent of new fathers<sup>4</sup>.

Research has shown that adults with poorer health outcomes were more likely to have experienced adverse childhood experiences<sup>5</sup>.

The BPS has developed this call to action to UK governments to develop and fund a cross-departmental under-fives strategy that will ensure all children receive the care and support they need to flourish and thrive. This briefing sets out the core elements that should underpin a comprehensive under-fives strategy.

CALL TO ACTION

## A HEALTH AND WELLBEING STRATEGY FOR BABIES, TODDLERS AND YOUNG CHILDREN

The BPS is calling on the government to develop a cross-departmental under-fives health and wellbeing strategy as a priority for 2020.

### 1. A CROSS-DEPARTMENTAL, MULTI-AGENCY APPROACH

A comprehensive under-fives strategy needs to take a cross-departmental approach and bring together all government bodies with responsibilities for areas of relevance to early years. This should be led by the Department for Health and Social Care and include the DfE, Department for Work and Pensions and Ministry of Housing, Communities and Local Government.

This holistic approach needs to be reflected in implementation at a local level, with a genuinely multi-agency approach developed for early years support. Central government can do more to support and incentivise local integration of services and to remove barriers to integration. Common outcomes targets and dedicated funding streams that can easily be aligned/pooled are helpful. This will enable a truly child-centred approach that incorporates the shared knowledge and expertise of all local agencies that work with children and families in the early years.

To be most effective, there is a need for a more family-focused approach that explicitly supports involving fathers and addresses the increased levels of couple conflict and family breakdown in the early years. This can be done, for example, through couples therapy and co-parenting interventions, building on the Reducing Parental Conflict work led by the DWP. This would strengthen the universal health visiting service which plays a crucial role in prevention and the early identification of families that would benefit from targeted support. This has been starkly highlighted during the Covid-19 pandemic when the identification of vulnerable families/referrals to safeguarding have reduced – yet non-accidental injuries and crisis calls for domestic abuse have increased. Children 0–2 years are particularly at risk<sup>6</sup>.

#### Appoint a dedicated Early Years Minister

The early years are a crucial time in every child's development, yet there is no dedicated Early Years Minister. Responsibility is currently split across two ministers in the Department for Education (DfE) who have briefs that cover a wide range of other important policy areas. Policy is not only fragmented within DfE – Policy for children 0–5 years is also fragmented across numerous other government departments including Department of Health and Social Care (DHSC), Department of Work and Pensions (DWP), and the Ministry of Housing, Communities and Local Government (MHCLG).

To provide the strategic direction, increased resource and support is needed for every child to flourish, it is vital the government provides focused leadership at a central level.

A dedicated Early Years Minister must be appointed as a priority. They should be tasked with:

- The development and implementation of a comprehensive under-fives health and wellbeing strategy.
- Creating an Early Years Leadership Board, formed of sector experts, including psychologists. The Board would advise on the strategy, monitor progress and hold the government to account on delivery. The DfE has already undertaken this approach with the creation of a SEND (special educational needs and disabilities) System Leadership Board and a Residential Care Leadership Board. Early years should be given the same priority as these other crucial service areas.

Appointing an Early Years Minister would send a strong message on the importance of providing the right support in the early years and ensure this group is given the policy prominence in government it has been missing.

## 2. INVEST IN PSYCHOLOGICALLY INFORMED EARLY YEARS WORKFORCE

To deliver the step-change needed in early years and move to a focus on prevention and wellbeing, a central component of any strategy must be a strengthened role for psychologically informed early years practitioners at different levels of the workforce. Investment needs to include psychologists to provide consultation, supervision and support to health visitors (HVs).

Health visitors cannot be expected to deliver an expanded strategy alone. The number of health visitors in England has decreased by a third over the last four years<sup>7</sup> and the Institute of Health Visiting has reported that at least 27 per cent of health visitors are responsible for 500 or more children<sup>8</sup>. These high caseloads must be reduced. Instead, health visitors need to be working within a prevention-focused system that proactively supports families' psychological wellbeing. The system should enable early identification of vulnerability and where they can refer families to targeted psychological support from appropriately trained psychologists with a speciality in working with families and children in their early years.

Babies and toddlers may come into contact with a range of practitioners including family support workers, early help workers, nursery staff, stay and play workers at children's centres, speech and language therapists, nursery nurses, as well as health visitors. These regular contacts are opportunities to identify where there are difficulties in the nurturing relationship or where mental health difficulties may be arising, and to offer support, either directly or through signposting to relevant services. They are also opportunities to foster skills, strengths, and resilience, to build on what is working well, as is the case with Video Interaction Guidance (VIG) interventions. Health visiting services need the capability and capacity to ensure that services are widely accessible to the local population and support engagement by all groups. We need to:

Address the needs of those who do not currently experience easy access to services.

Identify barriers to service uptake and solutions to reduce the number of 'invisible' children.

Funding to train universal services practitioners would make a significant impact on children's wellbeing. For example, the Emotional Literacy Support Assistants (ELSAs) intervention programme provides school staff with a good level of understanding in psychological theory to move towards positive change with children and young people. ELSAs are a good example of the positive change that can happen when school staff work with children in their natural contexts, having knowledge underpinned by psychological theory and research<sup>9</sup>.

The importance of early years practitioners in supporting child development is under-recognised and under-valued. A key consideration should be investing in roles such as home liaison officers, play workers and community nursery nurses, they can also support the work that health visitors, educational psychologists and speech and language therapists do, at a different level. This can be very effective in terms of support and also cost effective. Higher salaries would attract more skilled practitioners.

Strengthening the workforce requires investment in more psychologically informed practitioners, building on the existing expertise of educational and clinical psychologists. This could be achieved via:

An investment in the early years workforce to expand health visiting numbers, including the appointment of specialist infant mental health visitors.

Incentivising or mandating providers to ensure that all health visitors complete the required number of face-to-face contacts with a focus on the quality of the contact, improving outcomes and reducing inequalities.

Including more explicit training on early mental health and the parent-infant relationship in health visitor qualification training so they are equipped to identify where families may need additional support and where appropriate be able to refer them on to evidence-based psychological support.

Creating a national CPD training programme for qualified health visitors on early mental health and the parent-infant relationship.

### 3. RINGFENCE FUNDING FOR COMMUNITY-BASED SERVICES

The strategy and its implementation must have a community focus, rather than just supporting families in the home environment. Support in the family home is important, but psychological wellbeing for children and their families is best supported by engagement with other people and feeling part of a local community.

The Health and Social Care Committee found that ‘Mothers often reported feeling isolated during the early years of their child’s life, especially if they lived in rural areas or did not have family close by... Many mothers described children’s centres as a lifeline’<sup>10</sup>.

Therefore the 0–5 strategy must focus on the development of services and interventions based in local communities, supported by ringfenced funding that can offer both social support/activities for parents to spend quality time with their children and to make relationships with others in their community. The commitment to Family Hubs in the Conservative Manifesto is welcome, but this programme must be developed with a focus on inclusivity and intersectionality, recognising that families from different cultural and socio-economic backgrounds and with different life experiences will need different support. For the Family Hubs programme to be a success, it must be co-created with families to increase engagement, with an explicit commitment to engaging fathers and reducing any stigma.

### 4. MAKE PSYCHOLOGICAL WELLBEING A FOCUS FOR HEALTH VISITOR SESSIONS

The only current central approach to early years, in England, is the Healthy Child Programme which was first developed in 2009. Led by health visitors, the programme seeks to support positive early development for all children. It rightly recognises the need to promote social and emotional development in the early years and to support parents with their psychological wellbeing, particularly regarding perinatal mental health. However, this is far outweighed by the focus on physical health. Mental health and psychological wellbeing is largely only considered in the programme’s universal service offer in relation to parents, rather than the child themselves. The health visiting service has also faced significant cuts to its public health grant and workforce losses in recent years, which has limited its capacity to deliver the Healthy Child Programme in full in the way it was originally intended. This means it does not make sufficient impact on psychological wellbeing in the early years.

It is essential that a new cross-departmental strategy seeks to review, update and strengthen the Healthy Child Programme by taking full account of the psychological wellbeing and development of children in the early years, including emotional distress and poor emotional health. The BPS supports the Health and Social Care Select Committees, First 1000 Days of Life recommendations. A revised Healthy Child Programme (included as part of a new under-fives strategy) should focus on ‘recognising that the physical health and mental health of a baby’s parents, and the strength of their relationships with each other and their child, are important influences on their child’s health’<sup>11</sup>. This is necessary to achieve true parity of esteem.

The new strategy should require that all health visitor visits should consider the psychological wellbeing of the child, the parent-child relationship and parental mental health. A focus on psychological wellbeing should happen regardless of whether or not a parent or the child themselves is struggling with their mental health. A truly preventative approach must be embedded across the whole strategy so that this support is provided universally, rather than interventions only happening when challenges emerge.

Key findings from these sessions should be made available to all relevant local agencies, including education and social services. The strategy should also be clear on how families can access/be referred for additional visits if needed to ensure the best possible support for every child.

## 5. INCREASED ACCESS FOR FAMILIES TO EVIDENCE-BASED PARENT-CHILD RELATIONSHIP AND PARENTING INTERVENTIONS

Parenting support should be a crucial element of any under-fives strategy, with support offered to prospective parents before a child is born. Providing sensitive and effective models of parenting support has been a focus for a number of early years strategies, including the Irish Government’s First five strategy. The strategy should be based on the principles of proportionate universalism, providing a service to all families with increased support to vulnerable families at risk of the poorest outcomes.

The strategy should direct local authorities, health visitors, parents and all other agencies working with families to a range of evidenced programmes that can be implemented according to the needs of individual families and the wider local community, as described in the Early Intervention Foundation’s (EIF), guideline *Foundations for Life: What works to support parent-child interaction in the early years?*<sup>12</sup>

## 6. CHAMPION THE VALUE OF PLAY

A core part of a child’s social and emotional development, as well as their physical development, is the opportunity to play. This is recognised by Article 31 of the United Nations Convention on the Rights of the Child, which states the right of all children to have rest and leisure, to engage in play and recreational activities and to participate in cultural life and the arts. Therefore, the right to play must be drawn out as a strong feature of any new under-fives strategy.

From a psychological perspective, being able to engage in active play, in a home environment as well as in education or community settings, is crucial for flourishing, good mental health, and social development. Play can help children: ‘increase their self-awareness, self-esteem, and self-respect; improve and maintain their physical and mental health; ... allow them to increase their confidence through developing new skills; ... provide opportunities for developing social skills and learning; ... and build resilience through risk taking and challenge, problem solving and dealing with new and novel situations’<sup>13</sup>.

It is essential the strategy sets out the value of play. Play is about having adults who have the time and capacity/confidence to play. Services can do a lot to support parents to play with their children as part of good quality interaction. The Healthy Start Happy Start trial, based at Imperial College London, has showed how health visitors can use Video-feedback Intervention to Promote Positive Parenting (VIPPP) to support play in order to improve young children's social and emotional outcomes.

## **7. REDEFINE SCHOOL READINESS TO INCLUDE EMOTIONAL WELLBEING AND OVERALL PSYCHOLOGICAL ADJUSTMENT**

The strategy should maintain the current focus on ensuring children become 'school ready', but it must be clear that this is not just about educational attainment. It should also focus on reducing inequalities and improving outcomes for identified need considering the social determinants of health. Psychological resilience, emotional and social development are equally important aspects of school readiness. Much greater emphasis must be placed on educational settings being ready to receive children, which are crucial to a child being able to flourish and thrive at school.

Child development is not just about chronological age – children will develop at different rates and with strengths in different areas. These strengths should be recognised and celebrated by families, health visitors and schools. The strategy should set out a strengths-based approach to supporting child development and school readiness rather than focusing primarily on perceived deficits<sup>14</sup>. This is a more psychologically healthy approach and is much more likely to support a child's self-esteem and emotional resilience.

This approach is more inclusive for children with SEND or complex medical conditions. Specific support must be provided for these children and their families, recognising the challenges they may be facing but also celebrating the developments their child achieves. Local services can be a crucial source of support in this respect, providing opportunities for parents to speak to other families facing similar challenges and helping them to feel included in their community.

## **8. FOCUS ON ATTACHMENT AND EARLY YEARS MENTAL HEALTH IN CAMHS**

At the core of any under-fives strategy should be a focus on attachment with clear support structures set out to help ensure secure attachment for all children. There is significant psychological evidence of the value of healthy attachment in the early years and the detrimental impact poor attachment can have on a child's emotional and social development<sup>15,16,17</sup>. This is most prevalent in families living in poverty, although attachment problems can occur in all socio-economic groups<sup>18</sup>.

Parents/carers should be able to access as early as possible, preventative and supportive interventions prior to specialist CAMHS services. The Health and Social Care Select Committees First 1000 Days of Life inquiry found that 'healthy attachment and preventing or mitigating the impact of stressful or traumatic experiences in childhood... depends on involving the whole family. All health professionals... need to understand a child's health and development in the context of their family environment<sup>19</sup>.'

There is a myriad of circumstances within which a close and loving relationship might be disrupted or difficult. This includes inequality, poor housing, social exclusion, oppression (structural or otherwise), discrimination, and poverty. Improving these is essential for a successful under-fives strategy.

Practitioners working in universal services must identify parents who may struggle to form secure attachments. This requires a workforce with sufficient capacity and capability to work in

partnership, using asset-based approaches to enable parents to talk about any difficulties they are experiencing. Fear, stigma and shame are known barriers to eliciting need which are reduced through the development of a trusted therapeutic relationship over time between the parent and the health visitor.

Midwives and health visitors should access appropriate interventions early on – to prevent poor attachment and ensure healthy, psychologically positive attachment. Families should be able to access evidence-based assessment and intervention from their health visitor to support the parent-child relationship, their child's mental wellbeing, as well as their own.

For the most complex case work, specialist mental health support will be required and it is important that there are multidisciplinary teams led by specialist psychologists and parent/infant psychotherapists to deliver this. Early years 0–5 CAMHS provision is essential. The Parent Infant Foundation's report *Rare Jewels* highlights the lack of provision for babies and toddlers. For example, 42 per cent of Clinical Commissioning Group (CCG) areas in England's CAMHS services will not accept referrals for children and their carers aged two and under. Furthermore, data collected showed that in 36 per cent of areas where CAMHS were reported to accept referrals for young children and could provide data broken down by age, no children aged two or under were accessing the service. CAMHS should include specialists in both 0–2 and 2–5 (parent-infant work is a distinct specialism that requires different skills)<sup>20</sup>.

**The BPS calls on the government to act urgently to develop a comprehensive 0–5 health and wellbeing strategy, incorporating the core elements set out in this briefing. We will support policy makers to make this strategy a reality, and ensure all children are able to thrive and flourish.**

## ABOUT THE BPS

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The British Psychological Society is the representative body for psychology and psychologists in the UK. We are responsible for the promotion of excellence and ethical practice in the science, education, and practical applications of psychology. We have over 60,000 members and subscribers across the UK, ranging from students to qualified psychologists.

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