Parent-Infant FOUNDATION

Options Appraisal:
Scottish Centre of Excellence for Infant Mental Health

Horizons Research

Contents

Introduction

Background and context

This report sets out the findings of an Options Appraisal exploring key questions around the vision for a proposed Scottish Centre of Excellence for Infant Mental Health. This vision has emerged on the basis of a strong and growing international evidence base attesting to the importance of focusing on the emotional wellbeing of babies and young children, and is being developed in the Scottish context following several years of progress with regards to specialist provision in this area.

The context to the work is informed by the wealth of evidence which now exists in relation to the importance of infant mental health and associated issues such as perinatal mental health. As set out internationally by bodies such as the Harvard Center on the Developing Child[1] and UNICEF[2], and in the UK by those such as the First 1001 Days Movement[3] and the Department of Health and Social Care[4], mental health in infancy and early childhood is known to have wide-ranging impacts across a number of key areas over the lifecourse. These include the development of capacities for language and emotional regulation in early childhood, engagement in school and the development of healthy relationships in later childhood, and eventually in adulthood the likelihood of experiencing mental and physical ill-health or facing problems in relation to crime and addiction.

Looking at the Scottish context in particular, it is also clear that infant mental health is a policy area with regards to which, particularly in the past few years, there have been important signs of progress. 2019 saw the establishment by the Scottish Government of the Perinatal and Infant Mental Health Programme Board to oversee the improvement of and investment into perinatal and infant mental health services across Scotland. As part of the Programme Board, an Infant Mental Health Implementation and Advisory Group was also set up in 2019 to lead on the development of infant mental health provision, while in 2021 a Voice of the Infant subgroup was also established. The Scottish Government also invested £18 million between 2019 and 2022 into services related to perinatal and infant mental health, including £3.2 million towards the implementation of new infant mental health provision. As a result, by December 2022 there were seven health boards in Scotland with new specialist community infant mental health provision and a further seven where this was in development, compared to zero statutory services of this kind in 2019.[5]

Within the context, the present Options Appraisal seeks to assess which of a range of potential options for a new Scottish Centre of Excellence for Infant Mental Health has the most potential to support the continuation of this progress and momentum, and to promote the rights and improve the emotional wellbeing and mental health of the youngest children in Scotland.

1 Center on the Developing Child (2013), Early Childhood Mental Health (InBrief).
2 UNICEF (2017), Early Moments Matter for every child.
3 Parent-Infant Foundation, First 1001 Days Movement - Evidence Briefs. Accessed 18/7/23.
4 Department of Health and Social Care (2021), The best start for life: a vision for the 1,001 critical days.
5 Scottish Government (2022), Perinatal and Infant Mental Health Services: Update. Pg 6.

Methodology and report structure

The Principle Research Objectives for the Options Appraisal were:

To identify and appraise the **options for a new Scottish Centre** of Excellence for Infant Mental Health (working title);

To **recommend** a preferred option for the new Centre;

To summarise the supporting evidence and set out a **concise rationale** for the preferred option;

To identify any **risks and mitigation strategies** associated with the preferred option.

Other questions for consideration were:

- Why now? Is the system ready to embrace and use a national centre effectively?
- How will it affect wider systems change in such a way as to merit significant investment?
- Will additional investment in more support for all health boards be effective?
- When will the system be 'mature'? What will success look like?
- What are the implications for the time commitment for charitable funding?
- Age Range: 0-2, 0-5 or other?
- How can we best incorporate arts and creativity initiatives?
- Infants Voice and participation: when and how
- Parent participation: when and how
- Affiliated to a University? Which one(s)?
- Project planning support: how much is needed?

A mixed methods approach approach was taken to meeting the research objectives for this work, involving the following stages:

- Preliminaries - initial discussion with Reference Group
- Development of a theory of change and change story
- Initial Literature Review - semi-structured interviews and focus groups with key stakeholders
- Analysis and options appraisal
- Secondary literature review
- Final insights and next steps

Summary of findings

In relation to the **Principle Research Objectives** for the study:

Four potential ideal-type Options were identified and appraised as to their potential to achieve the Centre's vision and long-term outcomes. **These were:**

A standalone, independently constituted Centre;

An academic institute within a University;

A community embedded model based on developing an existing local project;

A hub and spoke model.

Overall, a **blended hub and spoke model** emerged as the Option with the most potential to meet key 'conditions for success' in the current Scottish context.

A hub and spoke model would include a central hub coordinating and supporting the provision of local infant mental health-related services in a given area; a network of local partner organisations and services ('spokes') working directly with local infants and families, each coordinated and linked together via the central hub; and a growing network of additional regional spokes across the rest of Scotland, growing and developing the reach of the Centre over time based on where there is willing local leadership, partnership and system maturity.

The hub and spoke model scored highly across most of the 10 'conditions for success' identified for the Centre: particular strengths include its potential to support the work of Infant Mental Health teams, its likely ability to take advantage of and catalyse local system partnerships, and its suitedness to the task of achieving both local relevance and national significance.

In practice, the 'ideal-type' hub and spoke model drawn up for the purposes of the Options Appraisal could be combined with other elements of other models to create a blended hub and spoke model better suited to making a positive impact in today's Scotland.

In particular, the incorporation of strong formal links to a University (or universities) should be considered to improve the model's prospects of success in relation to research and practice development.

In relation to the **other questions** for consideration:

The evidence strongly indicates that there is a large unmet need for infant mental health provision in Scotland and across the wider UK, with the growing body of evidence around the implementation gap in this area recently summarised in the Royal College of Psychiatrists' landmark 'case for action' on infant and early childhood mental health.

The experiences of other countries indicate that Centres of the kind proposed can play a key role in strengthening, promoting and coordinating support around infant mental health. The example of Norway, with its Regional Centres for Children and Young People's Mental Health (RBUPs), is particularly instructive in this respect.

Building upon and taking advantage of the investments that have already been made in infant mental health and other related areas in Scotland was a key concern amongst those who participated in the engagement phases of the work. It was widely agreed that the development of a Centre would be a positive next step in building upon this progress, and in catalysing further progress around the early years in Scotland.

System maturity emerged as a key consideration in relation to the question of the location of the Centre, with local willingness, partnership and energy seen as crucial to enabling the Centre to make a positive impact. One way in which system maturity could be gauged across different parts of the country would be for local partnerships or collaborations to be invited to submit expressions of interest for involvement in the Centre, drawing on the approach taken by the National Lottery Community Fund in selecting areas for inclusion in the A Better Start programme.

Funding similarly emerged as a key theme in much of the engagement work - while most of those engaged expressed a preference for a mixed funding model incorporating both (local and national) government funding and other/ independent sources of funding, the issue of the currently-constrained nature of local and national government finances has grown in salience over the duration of the study.

Overall, the balance of opinion amongst those engaged with was that the Centre should adopt an age-range of 0 to 5 rather than 0 to 3, with caveats expressed including that the Centre should also include the pre-birth stage within its remit and that the Centre should not go any higher than five as the upper limit so as to ensure its strong focus is on infants and the first few years of life.

The infant voice, parent participation and arts and creativity initiatives also emerged as important aspects of the evidence-based practice and principles that should underpin the Centre. Ideas to arise in these respects included giving parents/families a voice on a collaborative steering group for the Centre, and working with nursery nurses to explore creative ways of enabling the participation of infants.

Chapter one: Initial literature review

To begin with, an initial literature review was conducted in relation to the context within which the Options Appraisal is taking place. This chapter summarises key evidence around the current infant mental health landscape in Scotland, the importance of infant mental health, and the level of need and the implementation gap, before concluding by discussing the case for a Centre of Excellence for Infant Mental Health within this context.

The infant mental health landscape in Scotland

There are a wide range of services, academic institutions and organisations with relevance to infant mental health in Scotland.

Firstly, as of January 2024, there is now specialist Infant Mental Health provision in place in 11 of Scotland's 14 Health Board areas, with services in development in the remaining three areas. For the most part, these services take the form of multidisciplinary teams providing specialist interventions in infant mental health, made up of professionals such as Child Psychotherapists, Psychologists, Social Workers, Nurses, Parent-Infant Therapists and Occupational Therapists. However, it should be noted that these are new services, all of which have been set up in the years since 2019, and therefore may still at present be somewhat fragile and not fully established. These specialist IMH services are also unevenly distributed across Scotland, with more rural Health Boards less likely to have specialist IMH services in place as of the last Scottish Government update report.[6]

Secondly, departments across several of Scotland's universities carry out research and hold expertise which is highly relevant to the vision for the Centre. At the University of Dundee, for example, the Mother and Infant Research Unit undertakes research in relevant topics of interest including infant feeding and perinatal mental health, while the Art at the Start project explores the impact of engaging with art upon infant wellbeing, development and attachment relationships. At the University of Edinburgh, the Childhood and Youth Studies Research Group at Moray House brings together expertise in a number of relevant areas including early learning, childcare and early childhood transitions, while the Early Years Research, Policy and Practice Group aims to increase knowledge and understanding around children's rights and contribute to the development of a stronger, more confident and skilled early childhood workforce in Scotland. The University of Glasgow, meanwhile, offers courses in understanding infant mental health and development, as well as hosting relevant research projects such as the Centre for Developmental Adversity and Resilience.

There are also a wide range of third sector organisations in Scotland who provide services and are involved in research related to infant mental health, including the Parent-Infant Foundation, the NSPCC, Starcatchers, Barnardo's, Children 1st and Aberlour. Since 2020, £2.5 million has been allocated to a total of 34 charities through the Perinatal and Infant Mental Health Fund to provide support to families from conception to age three.[7] A full directory of third sector perinatal and infant mental health services in Scotland can be found on the Inspiring Scotland website.[8]

The importance of infant mental health

There now exists a strong body of evidence attesting to the importance of mental health in infancy and early childhood, with the wide-ranging impacts of infant mental health across the lifecourse set out internationally by bodies such as the Harvard Center on the Developing Child[9] and UNICEF[10], and in the UK by those such as the First 1001 Days Movement.[11] Most recently, in October 2023 the Royal College of Psychiatrists published a landmark 'case for action' on infant and early childhood mental health,[12] endorsed by organisations including the Parent-Infant Foundation, the Anna Freud Centre and Institute of Health Equity.

In essence, the core finding of this growing evidence base is that the early years are a period of uniquely rapid brain growth and development, in which the environments and relationships experienced by babies play a key role in shaping the architecture of their developing brains, as well as their sense of self and understanding of the world.[13] Infant mental health and emotional wellbeing, then, provides an essential foundation for healthy social, emotional and cognitive development during the first few years of life, as well as playing a crucial part in supporting development in fundamental areas such as the formation of friendships and coping with adversity in later childhood and through to adulthood.

During this period of rapid development, however, we are also particularly susceptible to harmful or negative experiences - meaning that any stress, trauma and other mental health problems experienced in infancy can have long-lasting negative effects. The absence of a nurturing relationship with a caregiver, for example, can cause infants to experience difficulties in regulating their emotions, with long-term impacts regarding physical and mental health; while the development of disorganised attachment relationships during early childhood can also negatively impact later emotional wellbeing in a wide range of ways.[14]

6 Scottish Government (2022), Perinatal and Infant Mental Health Services: Update.

7 Inspiring Scotland (2023), Perinatal and Infant Mental Health Fund: Fund Update Report September 2023.

8 Inspiring Scotland (2023), 'Perinatal and Infant Mental Health Third Sector Service Directory.' Accessed 30/10/23.

9 Center on the Developing Child (2013), Early Childhood Mental Health (InBrief).

10 UNICEF (2017), Early Moments Matter for every child.

11 Parent-Infant Foundation, First 1001 Days Movement - Evidence Briefs. Accessed 18/7/23.

12 Royal College of Psychiatrists (2023), Infant and early childhood mental health: the case for action.

13 Parent Infant Foundation, The First 1001 Days: Evidence Brief Series.

14 Parent Infant Foundation, The First 1001 Days: An age of opportunity.

The level of need and the implementation gap

Infant mental health conditions can manifest themselves in a variety of ways, including through *"behavioural difficulties such as tantrums, relationship difficulties, developmental delay, social withdrawal or eating/sleeping difficulties".*[15] A 2021 meta-analysis of international evidence finding the prevalence rate of any mental health condition to be 20.1% amongst children aged 1 to 7,[16] while a 2022 evidence review found evidence indicating likely prevalence rates of infant mental health issues of between 16% and 18%.[17]

Efforts have also been made to assess the level of need around infant mental health in Scotland based on the analysis of relevant population-level factors. A 2021 needs assessment carried out in NHS Lanarkshire provided an assessment of the level of need for an infant mental health service based on an analysis of local data in relation to several areas linked to the risk of infants' developing mental health disorders, including data on healthy pregnancies, healthy early relationships, safe and stimulating environments and signs of concern. In relation to physical and mental health during pregnancy, for example, the needs assessment highlighted that 2,453 women in Lanarkshire disclosed mental health issues at their antenatal booking-in appointment in 2019, amounting to 36% of expectant mothers; while with regards to safe and stimulating environments, 879 domestic abuse referrals were made to social work services by police concerning children under the age of 3. In addition, in 2018/19 1,153 children in Lanarkshire were identified as having a developmental concern at their 27-30 month review, amounting 17% of the 6,613 infants assessed.[18]

There is also evidence to suggest that the level of unmet need in this area may have been further increased in recent years by the combined impact of the Covid-19 pandemic and the cost-of-living crisis. A 2021 report by the First 1001 Days Movement, for example, identified a range of 'hidden harms' experienced by babies and young children during Covid-19 lockdown, including an increased likelihood of exposure to traumatic experiences, risks of harm to development from restricted social interaction, and risk of increased parental stress, less responsive parenting and harms to caregiving relationships.[19] A 2023 report by Inspiring Scotland, meanwhile, found charities in the perinatal and infant mental health sector in Scotland reporting a consistent increase in demand for services and a rising complexity of cases, with the cost-of-living crisis forcing many of these charities to increase the practical and financial support they offer to families.[20] Finally, Public Health Scotland statistics on early childhood development reveal increases between 2020/21 and 2021/22 in the proportion of Scottish children with a developmental concern at all three child health review points (13-15 months, 27-30 months, and 4-5 years old).[21]

Despite this strong evidence base, it is clear that in the UK at present there is an under-provision of specialist support services focused on infant mental health. The RCP's

15 Royal College of Psychiatrists (2023), Pg 17.

16 Vasileva M, Graf RK, Reinelt T, Petermann, U and Petermann F (2021) Research review: A meta analysis of the international prevalence and comorbidity of mental disorders in children between 1 and 7 years. Journal of Child Psychology and Psychiatry, 62(4): 372–81.

17 Scottish Government (2022), Infant Mental Health Evidence Review. Pg 5.

18 NHS Lanarkshire (2021), Assessing the Need for an Infant Mental Health Service in NHS Lanarkshire.

19 Reed, J. and Parish, N. (2021), Working for babies: Lockdown lessons from local systems. Pg 14.

20 Inspiring Scotland (2023), Perinatal and Infant Mental Health Fund: Fund Update Report. Pg 13.

21 Public Health Scotland (2023), Early Child Development Statistics Scotland 2021/22.

2023 case for action report, for example, found that *"only a minority of under 5s with mental health conditions are identified or receive treatment"* in the UK at present.[22] The Parent-Infant Foundation's 2019 report *Rare Jewels* found there to be only 27 specialised parent-infant teams in operation across the four nations of the UK,[23] and further found that in many parts of the UK there was little if any mental health provision at all for children aged two and under, with CAMHS services in some areas simply not accepting referrals for those aged two and under. Other reports in recent years such as the House of Commons Health and Social Care Committee's report on the first 1000 days of fife have also found significant variations across the UK in the prevalence of different kinds of early years support for families, including around infant mental health.[24]

The Royal College of Psychiatrists, meanwhile, argue that the implementation gap in this area amounts to a breach of children's fundamental rights, including the right to the best possible mental health as set out in Article 24 of The United Nations Convention on the Rights of the Child (UNCRC).[25] This breach, moreover, has wide-ranging and long-lasting impacts, resulting in *"population scale preventable suffering… and associated economic costs."*[26]

From an international perspective, it is also clear the UK (including Scotland) scores poorly across many indicators of childhood wellbeing and development in comparison to other wealthy countries. A 2020 UNICEF report, for example, ranked the UK at 27 in a league table of 38 rich countries with regards to child wellbeing outcomes. The UK scored particularly poorly with regards to outcomes relating to mental wellbeing: for instance, only 64% of 15-year-olds in the UK reported a life satisfaction of over 5 out of 10, compared to 90% of 15-year-olds in the Netherlands. For some outcomes looked at by UNICEF, the data is disaggregated according to the four nations of the UK: this data suggests that, from an international perspective, Scotland's performance regarding child wellbeing outcomes is broadly similar to that of the other parts of the UK, and well below that of comparable countries such as Denmark, Norway and Switzerland.[27]

22 Royal College of Psychiatrists (2023), Pg 9.

23 Parent-Infant Foundation (2019), Rare Jewels: Specialised parent-infant relationship teams in the UK.

24 Health and Social Care Committee (2019), First 1000 days of life. HC 1496.

25 Royal College of Psychiatrists (2023), Pg 9.

26 Ibid, Pg 16.

27 UNICEF (2020), Worlds of Influence Understanding What Shapes Child Well-being in Rich Countries.

Why a Centre?

Within this context, there are several reasons to believe that a Centre of Excellence for Infant Mental Health has the potential to have a strong positive impact on the development of infant mental health provision in Scotland, and consequently upon outcomes experienced by babies, children and young people in the years to come.

Firstly, a Centre would have a large potential to contribute towards the Scottish Government's ambitions and policy priorities in this area. Through the Early Child Development Transformational Change Programme, the Scottish Government seeks to reduce the proportion of children with developmental concerns identified at 27-30 month review by a quarter by 2030 (from 18% to 13.5%).[28] A Centre of Excellence for Infant Mental Health could play a key part in bringing about progress in several of the impact areas identified by the Scottish Government in this respect, including by increasing awareness and knowledge with respect to the importance of early childhood development and parent-infant relationships, supporting the workforce to have the knowledge and confidence to help create baby and family friendly environments, and helping build upon and optimise the investments that have already been made in infant mental health across Scotland.

More broadly, evidence from other UK and international contexts suggests that Centres of this kind can play a key role in strengthening, developing and coordinating specialist early years and infant mental health services of the kind we now have in Scotland. In the UK, the Centre for Early Childhood Development in Blackpool provides one example of a Centre set up with the aim of building on local expertise to catalyse a greater system-wide focus on the early years, undertaking a range of research, service design, communications and community development activities.

A look at the example of Norway is also instructive in this respect. Norway is an example of a country that regularly outperforms Scotland and the wider UK with regards to key metrics of child wellbeing and development, and indeed which tends to place close to the top of international rankings in these domains: in the aforementioned 2020 UNICEF rankings, for example, Norway is ranked at position three out of 38 in a league table of rich countries' performance across a range of child wellbeing outcomes, compared to position 27 for the UK.[29] A recent Churchill Fellowship report on best practice in parent-infant psychotherapy, meanwhile, identified several recommendations relevant to infant mental health provision in the UK, based on models of good practice observed by the author on trips to Sweden, Norway, Michigan and California.[30] In the case of Norway, the author identifies the Regional Centre for Children and Young People's Mental Health (RBUP) in Oslo as playing a key role in ensuring the strength and cohesion of infant mental health provision in Norway (even in comparison to Sweden, with its renowned system of child healthcare provision), and in disseminating training and good practice throughout Norway, the rest of Scandinavia and internationally.

28 Scottish Government (2023), Early Child Development Transformational Change Programme.
29 UNICEF (2020), Worlds of Influence Understanding What Shapes Child Well-being in Rich Countries. Pg 11.
30 Osafo, Y. (2021), Observing Best Practice in Parent-Infant Psychotherapy.

The author of the Churchill Fellowship report describes the Centre being the unifying force holding together Norway's national vision for infant mental health, providing a *"clear model for working with the parent-infant relationship"* and ensuring that professionals remain skilled, networked and trained in useful and relevant tools.[31] The report further concludes that *"Norway has demonstrated to the world that the mental well-being of a nation requires the establishment of a 'Centre that holds' together the work of infant mental health; disseminating training and good practice at grass-roots level."*

Further information on Norway's Regional Centres for Children and Young People's Mental Health, as well as on various other forms of infant mental health-related Centres currently in operation in the UK and internationally, can be found in Annex A of this report. The next chapter sets out a theory of change and logic model describing in more detail the rationale for a Centre of Excellence in the current Scottish context, drawn up on the basis of early engagement with stakeholders in October and November 2023.

31 Osafo, Y. (2021), Pg 23.

Chapter two: Change Story and theory of change

Scottish Centre of Excellence

The overall vision for the proposed Scottish Centre of Excellence for Infant Mental Health is of a beacon offering quality interventions, focussed energy and a transformational set of activities around infant mental health, which will help Scotland own and address fundamental social and policy challenges and set a course to a better future. As set out below, there are a range of inputs, activities and partners with key roles to play in making this vision a reality, and in helping catalyse progress towards a variety of positive short and long-term outcomes and changes in practice.

Firstly, looking at the inputs which make this vision viable in the Scottish context, there is the strong and growing evidence base attesting to the importance of the emotional wellbeing of babies and young children, and the wide-ranging positive impacts effective services can have over the lifecourse. In Scotland in particular, there are also several policy drivers which accord well with the vision, such as GIRFEC, The Promise, the Scottish Government's focus on children's rights and the Early Child Development Transformational Change Programme. Crucially, this also includes the growing investment in infant and perinatal mental health services which has taken place since 2019 and the specialist teams now in place in Health Boards across Scotland as a result, whose work the Centre would seek to complement and support. Finally, and perhaps most importantly, in Scotland we have a growing group of highly engaged and motivated people across the public, philanthropic, third, academic and creative sectors who recognise the fundamental importance of infant mental health as a policy issue, and are willing to put energy and commitment into helping Scotland become an exemplar of transformational excellence in this area.

Next, there are a variety of activities associated with the proposed Centre in this vision with significant roles to play in bringing about progress towards positive outcomes. The Centre would provide a high-quality environment for pregnant families, young parents and infants to visit, play and interact, offering intensive and specialist interventions and evidence-based relationship support alongside a range of fun, innovative and creative experiences for infants. In addition, the Centre would act as a hub for leading academic research in the field of infant mental health, connecting with partner institutions internationally and developing a strong policy and advocacy function to embed research and good practice into wider policy development in Scotland and help consolidate and strengthen the infant mental health provision which already exists. The Centre's activities would also reflect a strong focus on workforce development, providing bespoke consultation, training and development opportunities to practitioners and the wider workforce across Scotland in relation to infant mental health. A strong community focus would be evident across all of these activities: the Centre

The importance of the emotional wellbeing of babies and young children

would be open and accessible to all those affected by or holding an interest in the work it undertakes, including infants themselves and those in deprived communities, and would be a locus for community-based expertise rooted in the experiences of everyday life.

The Centre would be multidisciplinary in its approach, and would work to encourage collaboration between all those working in infant mental health and related areas. It would be inclusive in its ethos, and would seek to bring along and involve as wide and diverse a group of partners as possible. Key partners would include: the families and infants in Scotland whose lives would be directly impacted by the work of the Centre; those with clinical expertise in infant mental health in the NHS and the Scottish third sector; local authorities, particularly in relation to work around child protection; senior leaders in the NHS and across the wider public sector; those providing funding to the Centre; academic partners from key institutions including the University of Dundee, the University of Edinburgh and the University of Glasgow; and a range of creative arts specialists and arts organisations working creatively with young families.

In this vision, the combined effect of these activities is to catalyse a sense of joy, excitement and creativity around the early years of life, celebrating the natural joy of new life which infants represent. There would also be a feeling of pride that we in Scotland have managed to create a beacon of excellence in relation to early years support, one which is looked at internationally as an exemplar in research and practice excellence and transformational potential.

In the short-term, the activities of the Centre would contribute towards several outcomes. The evidence-based interventions provided by the Centre, as well as the presence of a high-quality environment for infants to interact in, would make a contribution even in the short-term to meeting the large unmet need for such interventions which currently exists in Scotland, with positive consequences for the mental health of those infants impacted directly by these aspects of the Centre's activities. The workforce development activities would create a greater sense of confidence amongst Scotland's public services and all those working to support the mental health of babies and young children and prevention of social and emotional harms. In addition, the existence of the Centre would act as a physical representation of the investment and priority that we as a country have chosen to give to infant mental health, contributing to a greater awareness of the importance of emotional wellbeing in the early years and the benefits that come with this. The research activities of the Centre would also contribute towards the building of a greater understanding of the overall level of need that exists nationally around infant mental health, as well as supporting the creation of a solid policy and research base to underpin implementation plans in the sector.

Next, the Centre would help to embed a range of positive changes in practice around infant mental health, which would in turn be pivotal to bringing about the long-term outcomes associated with the Centre in this vision. The Centre would work to bring about a greater tendency amongst people living and working in Scotland to see the world from the perspective of infants, and to understand the ways in which public services and other aspects of Scottish society affect the emotional world of infants. Furthermore, the Centre would help give practitioners the feeling that they have the permission to think and act with infants' interests at the forefront of their minds, and would encourage the use of creative methods of ensuring that the voice of infants is taken into account when decisions are being made which affect their lives. Importantly, the Centre would also encourage conversations to raise awareness of infant mental health and parent-infant relationships in key areas such as social work, as well as of the evidence base that exists in these areas, and would help consolidate existing specialist infant mental health provision in Scotland.

Finally, the activities of the Centre of Excellence would contribute towards a range of long-term outcomes, with positive impacts relevant across many of the longer-term challenges Scotland faces

SCOTLAND'S OVERALL EMOTIONAL WELLBEING WOULD BENEFIT STRONGLY FROM THE GREATER FOCUS ON INFANT MENTAL HEALTH

as a country. By working to improve the quality of relationships between adults and infants, the Centre would contribute to the creation of better emotional environments for children to learn in as they progress through the early years, with positive consequences in key domains of early childhood development such as speech and language. This would in turn have continuing positive implications for children's attainment once they enter formal education, with evidence suggesting that the emotional environments children inhabit in their early years have a significant influence upon later educational attainment. Relatedly, the work of the Centre would have the effect of helping to bring education and mental health services closer together, as recognition grows of how interlinked these aspects of children's lives are in the early years, as well as helping bring about a greater understanding of what children's rights mean in practice in relation to infants.

Looking further into the longer-term, in this vision we see the positive impact of the Centre with regards to parent-infant relationships and early childhood development eventually bearing fruit across a variety of outcomes later in the lifecourse, including by helping to reduce the prevalence amongst Scotland's adult population of harmful behaviours such as offending, problem alcohol and drug use, and domestic abuse. The evidence shows that getting the crucial building blocks right in relation to infant mental health and early childhood development would also have a strong financial return by making future public spending in Scotland more impactful in key policy areas such as health, education and justice, and by contributing to higher incomes later in life. The evidence also suggests that, in the long-term, Scotland's overall emotional wellbeing would benefit strongly from the greater focus on infant mental health that the Centre would bring about, with early childhood development closely linked to later-life outcomes around emotional regulation, interpersonal relationships and mental wellbeing - helping Scotland to heal emotionally as a country from the impacts of intergenerational trauma, and putting future generations in a better position to meet the challenges of the future.

Ultimately, the combined effect of the activities, short-term outcomes, changes in practice and long-term impacts described in this theory of change would be to move us closer to realising the overall vision for the Centre of Excellence for Infant Mental Health outlined at the beginning: that of a beacon which offers quality interventions, focussed energy and a transformational set of activities around infant mental health, helping Scotland own and address fundamental social and policy challenges and set a course to a better future.

vision

Beacon offering quality interventions, energy and a transformational set of activities to help Scotland own and address fundamental challenges

Long term outcomes

- Better emotional environments for early childhood development and learning
- Strengthening of parent-infant relationships and improved infant mental health
- Improved educational attainment and reduced impact of socio-economic disadvantage
- A reduction in harmful behaviours, eg, offending, alcohol, drugs
- Bringing mental health and education services closer together
- More impactful public spending in key policy areas
- Improved resilience and better mental health outcomes throughout the lifecourse
- Understanding and working through children's rights

Changes in practice

- Talking about infants
- Using the voice of infants
- Seeing our work and the wider world through the lens of infants
- Tap into the emotional world of infants
- Evidence to support decision-making & consolidate existing IMH provision
- Permission to act with infants' interests in mind

Short-term outcomes

- Sense of confidence in the workforce
- Contributing to our emotional wellbeing as a country
- Helping meet large unmet need for early childhood interventions in Scotland
- Understanding what we need by way of research
- A solid policy and research underpinning for implementation plans

Reaction

- Catalysing the joy and creativity of early years - enjoying the 'natural joy of new life'. Fostering pride
- The creation of a holistic early years model in Scotland. Something that is an international beacon

Who with

- NHS Clinical expertise
- Local authorities and communities
- All those with an interest in the Centre's work
- Infants & families
- Public sector leadership
- Funders
- Academic partners

Activities

- Embed a strong community focus, with expertise rooted in and accessible to local communities
- Provide the wider workforce with bespoke training and development opportunities
- Offer interventions to improve the quality of relationships between parents / babies and infants
- Develop a strong advocacy/policy function to help embed good practice and consolidate existing IMH provision
- Mapping the whole workforce through, eg, GIRFEC, The Promise etc
- High-quality interventions offered to families toimprove the emotional wellbeing of vulnerable children in Scotland
- Provide an outreach specialist service to support mental health issues of young children
- Set up an international research hub within the centre to collect and publish research evidence from the work of the centre
- A Centre that offers a high-quality environment for infants, parents and those who are pregnant

Inputs

- Energy - through a small but growing group of motivated people
- Children's rights and other policy drivers
- Good evidence base behind us - a convergence of evidence to make this happen
- No previous model offers us a unique chance to create something new and purposeful
- Specialist IMH teams now in place across Scotland

Chapter three: Developing the success factors and potential models

Introduction

Next, in December 2023 and January 2024, a total of seven semi-structured interviews were carried out with relevant stakeholders to explore our initial research questions and assist with the drawing up various models and criteria by which to assess the ambition for a Scottish Centre of Excellence for Infant Mental Health (the question list used for these interviews can be found at Annex B).

The interviews involved a total of 12 participants from across the third sector, universities, funding organisations and statutory health services in Scotland, each with their own knowledge and experience and providing their own unique perspectives around infant mental health and the potential role of a new Centre. Here, we provide a summary analysis of the key themes to emerge from the interviews, including areas which emerged as strong points of agreement and consensus between participants, and on the other hand areas where some of the perspectives we heard to a certain extent differed or conflicted with each other. On the basis of the early engagement work and the initial literature review, we then set out 10 conditions for success for the Centre to realise the ambitions set out in the Theory of Change, and draw up four potential ideal-type models describing different forms a Scottish Centre of Excellence for Infant Mental Health could take in practice.

Emerging themes from engagement work

The importance of early intervention and infant mental health

Firstly, there was a strong consensus with regards to the importance of early intervention and infant mental health, with participants generally supportive of the broad ambitions around this set out in the Theory of Change document. Participants highlighted the increasing focus given to infant mental health in Scotland in recent years, partly as a result of the growing evidence base that has been amassed internationally regarding the lifelong impacts of early intervention. Participants situated infant mental health within the broader policy landscape in Scotland, for example as it relates to The Promise, UNCRC implementation, and increasing investment in closely linked areas such as perinatal mental health and whole family wellbeing.

Infant mental health was also highlighted by some as an area with particular significance within the present economic context, with the potential to act as a source of much-needed hope and optimism. In a situation in which children's services and broader mental health services are overstretched, and in which the state of public finances makes large-scale additional investment in these areas unlikely in the short-term, infant mental health is an policy area with regards to which comparatively modest levels of investment in the here-and-now have the potential to bring about transformative positive change in the longer-term, helping to improve outcomes and reduce social disadvantage in Scottish society.

The need for a dedicated Centre

Participants were also united in seeing the value of having some form of Centre of Excellence for Infant Mental Health in Scotland, particularly in order to consolidate and build upon the progress which has been made in recent years. Participants highlighted that, while specialist IMH teams are now in place or in development across all parts of Scotland, this provision is new and in some ways fragile. Having a central body which included in its remit the strengthening and coordinating of IMH provision in Scotland was seen as something which could be hugely valuable in developing this provision and in strengthening links between services in different parts of the country, particularly given the closure of the Perinatal and Infant Mental Health Programme Board.

Several participants also underlined the importance of having a Centre which is dedicated specifically to infants, particularly in increasing the prominence of infants in national policy debates and in drawing greater attention to the rights, needs and experiences of infants. The Centre would thereby also act as an important advocate for further progress and investment in infant mental health, and help ensure greater consideration of infants in policy development in relevant areas such as health, education and social work.

The role of the Centre in workforce development

Participants similarly saw a key role for the Centre in workforce development around infant mental health, for example providing training in areas such as parent-infant psychotherapy. Importantly, this role would extend to the 'infant mental health workforce' understood in its broadest sense as everyone whose work brings them into contact with infants. Participants emphasised the value of having a Centre which adopts an inclusive, cross-sector approach to infant mental health, promoting the understanding that infant mental health is 'everybody's business' across relevant areas including early years education, the third sector, social work and the broader health sector.

This could involve providing training on key topics such as the science of early brain development and the importance of parent-infant relationships, as well as facilitating events dedicated to facilitating networking and the sharing of learning with regards to infant mental health across different sectors. It was highlighted that having a better-trained and more self-confident workforce with regards to infant mental health, both in the specialist IMH workforce and the broader workforce of everyone who works with infants, would in turn be likely to drive further energy and activity around infant mental health and parent-infant relationships in Scotland. The Centre could also play an important role in assessing the size and depth of the specialist and broader IMH workforces in different parts of Scotland, and consequently in informing decision-making around future-planning to meet the need for IMH provision across the country.

The importance of evidence-based practice, involving infants and families

In addition, participants were in general agreement around several further points pertaining to the principles and practices underpinning the Centre. The importance of putting infants first was highlighted by several participants, which should be reflected in the age range the Centre focuses its activities towards. While participants expressed views in favour of both 0 to 3 and 0 to 5 as possible age groups catered to by the Centre, on balance participants were more likely to favour the greater flexibility provided by a 0 to 5 age range. However, five was described as the upper limit of the age range the Centre could focus on while still being seen as an infant service, and no participant in the interviews expressed support for a wider age range than this.

Participants were also in favour of building in the participation of infants, families and communities into the Centre's activities. Ideas mentioned during the interviews included giving parents/families a voice on a collaborative steering group for the Centre, and working with nursery nurses to explore creative ways of enabling the participation of infants. In addition, participants highlighted the evidence base around the links between arts and creativity and infant mental health, providing an avenue for the sharing of rich experiences between parents and infants and encouraging the building of strong attachment relationships.

The role of direct service provision in the Centre's approach

One issue with regards to which there was less consensus between the interview participants was with regards to the extent to which the direct provision of infant mental health services should be an important part of the Centre's model. For some interviewees, directly providing IMH services would be crucial to ensuring the Centre's legitimacy, and to providing the Centre with the authority to advocate and lead around infant mental health more broadly. For these participants, adopting a place-based approach involving both service delivery and wider influencing would also have a beneficial impact in terms of enabling the Centre to attract funding from a wide range of sources. Participants of this view also made the case that having a Centre which provided a highly visible exemplar of what excellent provision can look like in this area would help with making the political case for further investment into infant mental health.

Other participants, however, felt that any specialist services directly provided at the Centre would be accessible to only a small proportion of infants even of the local area in which it was situated, and felt that the Centre could better maximise its positive impact by becoming a hub focussed on training, research and coordination, working to connect existing services effectively and to ensure specialism and expertise in infant mental health are available to people in all parts of Scotland. It was argued, for example, that by shaping and leading on a broad programme of training around parent-infant relationships, and enabling shared access to this expertise amongst all relevant practitioners, the Centre could potentially help drive a wider cultural shift around infant mental health in Scotland which would have a broader and more equitable positive impact than direct service provision.

Finally, other interviewees expressed views which can be categorised as falling between the two above perspectives, emphasising the importance of a community-based approach but also making national coordinating and influencing a key part of its role. One participant, for example, felt that the direct provision aspect of the Centre could be undertaken by local partners rather than the Centre itself, enabling the Centre to focus more on bringing partners together and connecting and influencing nationally.

Bringing about wider systems change across Scotland

The issue of direct service delivery ties into another issue on which differing perspectives were heard during the interviews, namely that of the best way the Centre could go about catalysing wider systems change around infant mental health in Scotland. Some participants resonated with the idea, as set out in the Theory of Change, of the Centre as a beacon for infant mental health in Scotland, which demonstrates what best practice could look like around IMH and spearheads innovation, providing a model to which organisations in other parts of Scotland could look to and learn from. For others, however, this model would create a risk that the Centre would attract a disproportionate amount of people and activity around IMH to one particular area, meaning that the Centre would have an inequitable impact in terms of geography and potentially distracting from specialist services already in place elsewhere in Scotland.

Of interest, one participant discussed the image of a 'network of beacons' as something that the Centre could aspire towards, using the imagery of a network of beacons along a coastline which can each see, recognise and guide each other. By developing a number of 'beacons' around a central 'hub', perhaps differing in terms of thematic focus, it was felt that the Centre have a more equitable geographical impact and maximise its reach across different parts of the IMH landscape in Scotland. On a similar note, another participant highlighted a 'hub and spoke' model as offering the potential to enable the Centre to build into its practice an understanding of multiple different local communities across Scotland, which could be important in helping the Centre be seen as a truly 'national' one given the wide range of social, economic and cultural contexts experienced by communities in different parts of the country. As seen in the literature review in Annex A, the case of Norway provides an example of a country which has adopted a regional hub-based model for its Regional Centres for Child and Youth Mental Health and Child Welfare.

Research activities and links to universities

Several participants also expressed views relating to the importance of research and links to universities in the Centre's activities. Research was seen as an important prospective area of activity for the Centre, in terms of evidencing the impact of IMH provision in Scotland, sharing and disseminating the latest research

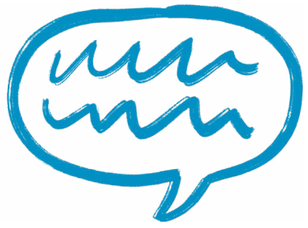
around IMH internationally and carrying out new research into areas where there remain gaps in our knowledge and understanding. In addition, a research function was seen as being crucial if the Centre is to develop a truly innovative approach to infant mental health, and as an important aspect of the kind of holistic approach participants were keen to see the Centre adopt. Relatedly, universities were highlighted by some as institutions in which people are free to think creatively and innovatively about infant mental health and what service provision in this area can look like, as well as being well-placed to act as neutral ground for bringing together different people and organisations with an interest in infant mental health.

This is closely linked to the question of whether or not the Centre itself should be located within a university (as seen in the literature review in Annex A, many other IMH-related centres in the UK and internationally are based at universities). Some participants highlighted the status of universities as stable institutions which are not going anywhere in the short or medium term, and which could therefore be well-suited to providing a secure base for the Centre to operate from. Situating the Centre in a university would also ensure a strong link to academic expertise around infant mental health and related subject areas. At the same time, several participants (including some who expressed support for this idea) were keen to stress the importance of avoiding an 'ivory tower' situation, in which the Centre becomes too closely associated with academic activities at the expense of practice. In a situation in which the Centre was based at a university, these participants expressed the support for the principle of having the Centre steered by a group of people which incorporated practice and community expertise as well as the voices of parents and infants themselves.

Funding considerations

Finally, the importance of securing viable long-term funding, ideally from a mix of sources including government, also emerged as a theme in many of the interviews. The ambitions of the Centre were highlighted as linking in well with many of the priorities of independent funders in Scotland, including in terms of its focus on addressing early childhood adversity and reducing inequality in the longer-term. However, if the Centre was able to secure funding from government as well then this would have the effect of demonstrating the likely relevance of its activity of the Centre in influencing the national policy picture and spending decisions around the early years, which in turn may make it a more appealing target for investment amongst some independent funders.

The example of the Blackpool Better Start Partnership, and their associated Centre for Early Child Development, was cited in several of the interviews as an example the Scottish Centre could learn from, including in relation to funding. Along with the four other Better Start partnerships in England, Blackpool Better Start was formed on the back of a ten-year (2015 to 2025) programme of funding from the National Lottery Community Fund, and provides an example of a Centre which combines a local, place-based approach to transforming early years provision in Blackpool with activity aimed at influencing and driving change at the national level. The approach the NLCF took to allocating the funding for the Better Start Centres was to invite bids from local partnerships across the country, which had the advantage of demonstrating the areas in which



there was already energy and activity with the potential to be catalysed and built upon with regards to the early years. This was cited as an approach which could be taken to identifying a potential location (or locations) for an infant mental health Centre in Scotland, potentially incorporating particular stipulations around issues such as local collaboration to ensure key ambitions for the Centre are realised.

Conditions for success

From this initial round of interviews, discussions and analysis, it was possible to identify what respondents reported would be the critical success factors if the centre was to ultimately realise the ambition set out in the theory of change. These critical success factors were: -

Critical success factors

1. The centre should have the status to strongly advocate and promote the rights, needs and experiences of infants;
2. The age range the Centre should focus on should be 0-5;
3. There should be open access and participation of infants, families and communities in the Centre's activities;
4. The role of the centre must be unique and should not duplicate the work of other organisations or efforts;
5. The centre must be *'locally relevant and nationally significant'*. This phrase recognises the duality of what most interviewees thought the centre should do, ie, it should be open and accessible to the local community - with direct support to local families wherever it is geographically situated and whoever is providing it - and it should also be nationally recognised for undertaking research, training, coordination and policy work;
6. The centre should dovetail and support the work and network of the Infant Mental Health Teams. The centre should add capacity and coordination where appropriate;
7. The centre should have a strong coordination role with national and international bodies around practice development, supporting research into policy and practice across Scotland;
8. The centre should seek to catalyse local system partnerships to support early years support in IMH;
9. The centre should have a mix funding model, including government funding, but not solely funded by government;
10. The centre should have a strong role in supporting the wider public sector through workforce development, training and development of resources.

Emerging models to appraise

Based on the first literature review and the round of interviews, we then sought to broadly describe four potential models to appraise against the emerging ten conditions for success. These are a standalone model, an academic institute model, a community embedded model, and a hub and spoke model. It is important to note that the models as described below are 'pure' or 'theoretical' models, intended to bring out in more detail the practical implications of focusing on different priorities amongst those which have emerged in the engagement and research work so far; in practice, it would be possible to combine attributes from two or more of the models.

The visual below provides one way of thinking about the differences between the four models, in relation to two of the broad tensions which during the early engagement phase: firstly, the balance the Centre should strike between direct practice and more academic-oriented work; and secondly, the extent to which the Centre should focus on primarily on achieving local relevance or national significance.

Most participants in the early engagement phase felt that the Centre would ideally be able to combine national significance with local relevance, and carry out work of value across both the academic and practice spheres. Nonetheless, the form and structure the Centre takes are likely to have a strong influence on the extent to which the Centre does in fact achieve these ambitions, and the models described below are intended to help stimulate thinking around the kind of model that best meets key conditions for success in the current Scottish context.

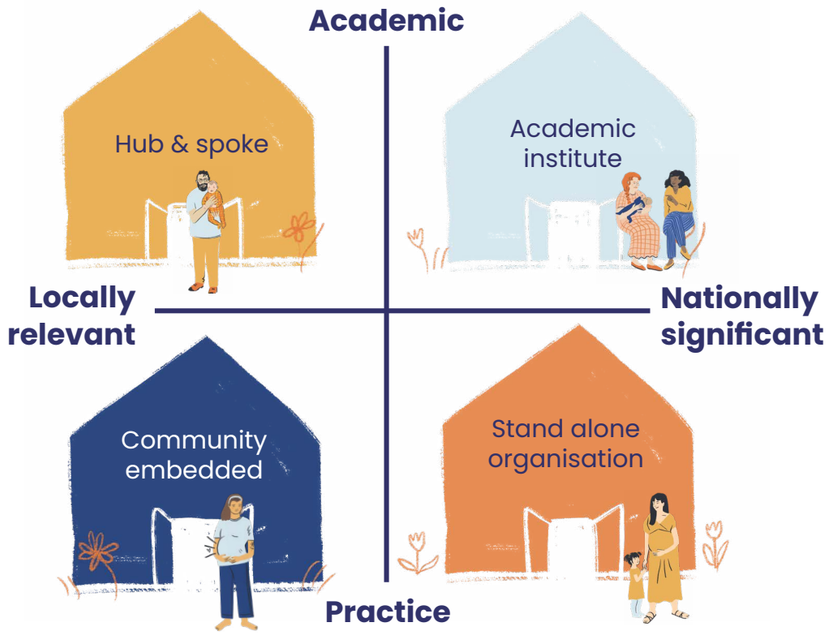


Figure 1: Visual depiction of the four ideal-type models.

Model 1:

An independently constituted centre

A first option would be for the Centre to adopt a standalone, independently constituted model. Key features of this model would include:

- A **'one stop shop' approach**, in which a wide range of activities is carried out directly by the Centre and is accessible to the IMH workforce and wider public directly through the Centre;
- The Centre having its **own premises**, in which the majority of its staffwould be located and from where the majority of its activities would take place;
- The Centre being governed by its **own board** responsible for key governance decisions and setting overall strategic direction.

While a Centre adopting this model would retain the ambitions around partnership and wider system collaboration which have emerged as key priorities for stakeholders during this work, ultimately the most important distinguishing feature of this model in relation to the other three is the operational independence the Centre would have. As suggested in the visual, this would ideally provide the Centre with a level of freedom to innovate and influence conducive to the Centre achieving a high level of national significance and relevance, potentially including through the direct provision of services to infants and families.

Examples of this kind of model include:

- The Anna Freud Centre, London
- The Erikson Institute, Chicago
- Institut Petite Enfance - Boris Cyrnulnik, France

Model 2:

An academic Institute within a university

A second option would be for the Centre to take the form of an academic institute within a university. Key features of this model would include:

- The Centre being physically located **within a particular department** at a Scottish university, such as a Department of Psychology;
- The Centre being **governed according to University rules** and procedures, and undertaking its work within the broader rubric of the University structure;
- A strong representation of **academic experts and specialists** in infant mental health amongst staff;
- A **broader board** of national and international affiliates and Fellows being brought together to support and advise on the Centre's work, providing representation to a diverse range of practitioners (and to infants and families themselves) in the operation of the Centre.

A Centre adopting this model would have strong built-in links to academic research in infant mental health, enabling the Centre to develop a reputation as a locus of expertise in this area. The many other university-based centres related to early intervention and child wellbeing would provide a natural network of peers and potential collaborators, as well as providing the Centre with the opportunity to build up a significant international reputation over time for its work in this area. The Centre's university-based premises would also act as a venue for bringing together the wider infant mental health community in Scotland, for purposes such as knowledge-sharing seminars and the provision of training opportunities.

Examples of this kind of model include:

- The Centre for Early Intervention and Family Studies, University of Copenhagen
- The Centre for Family Research, University of Cambridge
- The Centre on the Developing Child, Harvard University
- Great Ormond Street Institute of Child Health, University College London

Model 3:

Community embedded (developing an existing local project into the national centre)

Alternatively, the Centre could be based on growing and/or developing a local project that is already existing in a community in Scotland. Key features of this model would include:

- The Centre being **based in an accessible community location** where local infants and families directly access support and services;
- The Centre taking as its starting point a particular **already-existing project or organisation in Scotland**, and seeking to grow and develop this to meet the Centre's ambitions;
- The Centre uses the **services it directly provides** as the basis for building expertise and developing a broader suite of activities, including workforce development and policy advocacy and influencing.

In this model, as seen in the visual, there is a particular focus on practice and on local relevance. With its strong emphasis on providing services directly within the local community it is situated, there is relatively less focus in this model on having a broad nationwide impact at first; over time, however, a Centre of this kind would hope to become a beacon of good practice in relation to support for infants, thereby achieving a growing national significance through the example it sets to other communities in Scotland as what it is possible to achieve when working with infants and families.

Examples of this kind of model include:

- Bromley by Bow Centre, London
- Parent Infant Centre, Philadelphia

Model 4:

Hub and spoke model

Finally, another potential option identified for the Centre is that of a hub and spoke model. Key features of this model would include:

- A **central hub** coordinating and supporting the provision of local infant mental health-related services in a given area;
- A **network of local partner organisations and services** ('spokes') working directly with local infants and families, each coordinated and linked together via the central hub;
- A growing network of **additional regional spokes** across the rest of Scotland, growing and developing the reach of the Centre over time based on where there is willing local leadership, partnership and system maturity.
- A strong **research function** aimed at generating insights and sharing learning across all of the Centre's spokes, for example in relation to evaluating impact.

A Centre adopting this model would place a premium on achieving local relevance through its work in partnership with those providing direct services locally, for example through research, evaluation, service design, workforce development and community engagement activities. Key partners would in turn be closely involved with the day-to-day work and operations of the Centre, ensuring strong links to infant mental health practice. Over time, the Centre would ideally come to achieve a strong level of both local relevance and national significance, encompassing a wider range of regional spokes and national partners while sharing learning and innovative practice with the potential for broader implementation across the country.

Examples of this kind of model include:

- Blackpool Better Start / Centre for Early Child Development
- Regional Centres for Child and Youth Mental Health and Child Welfare (RKBU Central, RBKU North, RBKU South and RBUP East and South), Norway

Chapter four: Appraising the Options

After the development of the four models, a discussion was held with the project Reference Group on 22nd February 2024 to appraise each of the emerging models against what people regarded as the critical success factors to promote the rights and improve the emotional wellbeing and mental health of the youngest children in Scotland. In addition to this, individual Optional Appraisal exercises were completed by a number of stakeholders following the Reference Group meeting.

This was not an exercise that could be done as a precise science - there are, of course, a number of potential variations and hybrid models which could also be considered. However, at a high level, the models to emerge from this study are sufficiently different in characteristics to enable us to appraise each one in turn against the success factors. While there are real-life examples of Centres broadly corresponding to each one of these ideal-type models working well in practice, suggesting that each one can work well and make a positive impact in the right circumstances, the purpose of this exercise was to help increase our understanding of the relative potential strengths and weaknesses of each model in relation to the the particular context of today's Scotland. The results of the completed Optional Appraisal exercises are collated and presented in Table 1 on the next page.

Critical success factor	Model 1: Independently constituted centre	Model 2: Academic Institute within a university	Model 3: Developing an existing local project into the national centre	Model 4: Hub and spoke model
1	72	62	62	62
2	72	72	57	67
3	62	39	72	72
4	62	57	42	48
5	57	48	43	67
6	57	43	52	72
7	57	67	39	58
8	57	43	58	72
9	62	62	53	62
10	62	57	43	62
Average score	**62**	**55**	**52**	**64**

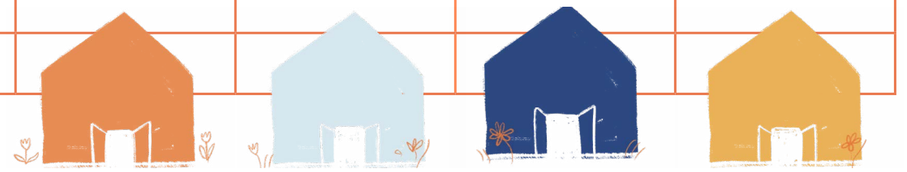


Table 1: Composite results of completed Options Appraisal exercises **(darker colour = stronger combined score).**

Critical success factors

1. The centre should have the status to strongly advocate and promote the rights, needs and experiences of infants;
2. The age range the Centre should focus on should be 0-5;
3. There should be open access and participation of infants, families and communities in the Centre's activities;
4. The role of the centre must be unique and should not duplicate the work of other organisations or efforts;
5. The centre must be *'locally relevant and nationally significant'*. This phrase recognises the duality of what most interviewees thought the centre should do, ie, it should be open and accessible to the local community - with direct support to local families wherever it is geographically situated and whoever is providing it - and it should also be nationally recognised for undertaking research, training, coordination and policy work;
6. The centre should dovetail and support the work and network of the Infant Mental Health Teams. The centre should add capacity and coordination where appropriate;
7. The centre should have a strong coordination role with national and international bodies around practice development, supporting research into policy and practice across Scotland;
8. The centre should seek to catalyse local system partnerships to support early years support in IMH;
9. The centre should have a mix funding model, including government funding, but not solely funded by government;
10. The centre should have a strong role in supporting the wider public sector through workforce development, training and development of resources.

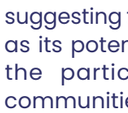
Analysis of Options Appraisal Exercise results

The results of Options Appraisal exercise shed light on the different perceived strengths and weaknesses of the four models. While, overall, Model 4 (Hub and Spoke) achieved the highest average score (64) and Model 3 (Community Embedded) the lowest (52), each individual model was considered to be the strongest or joint-strongest of the four for at least one of the 10 critical success factors. Model 4 (Hub and Spoke) received the highest or joint-highest score for six critical success factors; Model 1 (Standalone Centre) received the highest or joint-highest score for five success factors; Model 2 (Academic Institute) received the highest or joint-highest score for three success factors; and finally Model 3 (Community Embedded) received the joint-highest score for one success factor.

Model 1: Standalone Centre scored highest of the four models for success factors 1 and 4, and scored joint-highest for factors 2, 9 and 10. This indicates that this model was seen as particularly strong with regards to having the status to strongly advocate and promote the rights, needs and experiences of infants, and in developing a unique role which does not duplicate the work of other organisations or efforts. Indeed, Model 1 was the only model which received a score of higher than 50 for every individual success factor, and did not receive the lowest score for any success factor, suggesting that a Standalone Centre was seen as having the potential to meet all of the success criteria to a satisfactory degree in the right circumstances. However, one area of relative weakness was success factor 8, for which this model received the second-lowest score. This indicates that this model was seen as having less potential than the Community Embedded and Hub and Spoke models with regards to catalysing local system partnerships around early years support in infant mental health.

Next, **Model 2: Academic Institute** scored highest of the models for success factor 7, and joint-highest for factors 2 and 9. This model's area of highest relative strength, then, was seen as the

development of a strong coordination role with national and international bodies around practice development, supporting research into policy and practice across Scotland, with the Academic Institute model scoring markedly higher than any other model in this respect. The model was also seen as having a relatively high amount of potential with regards to securing a mixed funding model, including government funding but not solely funded by government, and in focusing on an age range of 0 to 5. By contrast, Model 2 received the lowest score of the four models for success factors 3, 6 and 8, receiving its lowest score of 39 for factor 3. This model was seen as relatively weak, then, with regards to ensuring open access and the participation of infants, families and communities in the Centre's activities, as well as in dovetailing and supporting the work and network of the Infant Mental Health Teams.



Model 3: Community Embedded received its highest score (and the joint-highest score of the four models) for success factor 3, suggesting that this model's key strength was seen as its potential to bring about open access and the participation of infants, families and communities in the Centre's activities. However, this model also received relatively low scores for several of the success factors, scoring lower than any other model for factors 2, 4, 5, 7, 9 and 10. The model scored lowest for factor 7, indicating that this model was seen as having less potential than the other models with regards to having a strong coordination role with national and international bodies around practice development, supporting research into policy and practice across Scotland. After this, the model also received a particularly low score for factor 4, suggesting that this model was seen as having less potential than the others in the development of a unique role which does not duplicate the work of other organisations or efforts.

Finally, **Model 4: Hub and Spoke** scored highest of the models for success factors 5, 6 and 8, and joint-highest for factors 3, 9 and 10. This model was seen as best-placed, then, with regards to achieving the balance of local relevance and national significance that most interviewees thought the Centre should seek to achieve. The Hub and Spoke model scored considerably higher than any other model in relation to dovetailing and supporting the work and network of the Infant Mental Health Teams, adding capacity and coordination where appropriate; and catalysing local system partnerships around early years support in infant mental health. Model 4 also received a perfect score (72, along with Model 3) for ensuring open access and participation of infants, families and communities in the Centre's activities, making this another area of perceived strength for this model. While this model did not score lowest for any of the success factors, it received its lowest score of 48 for factor 4, suggesting that the hub and spoke was seen as relatively weak in comparison to Models 1 and 2 with regards to having a unique role and not duplicating the work of other organisations or efforts.

Further considerations

In addition, participants in the group and individual Options Appraisal exercises raised a number of additional points meriting further consideration going forward.

Firstly, with regards to critical success factor 2: "The age range the Centre should focus on should be 0-5", the importance of the Centre also taking into its remit the pre-birth stage from conception to birth was one issue highlighted by participants and acknowledged as an important consideration in the development of the Centre.

Furthermore, in relation to critical success factor 9: "The centre should have a mix funding model, including government funding, but not solely funded by government", participants emphasised the currently highly-constrained state of the finances of local and national government, an issue which has grown in salience over the course of this study. The implications of this will be necessary to consider as proposals for the Centre are progressed in further detail.

Finally, participants highlighted both the usefulness of the Optional Appraisal exercise and the need it highlighted for further consideration to take place of how different aspects of the four 'ideal-types' might be combined in practice. For example, one participant felt that it would be useful to further explore and discuss ways in which Models 3 and 4 might relate to existing Infant Mental Health teams in Scotland, while another expressed a preference for a Hub and Spoke model in which the 'Hub' took on several of the features associated with Models 1 or 2.

Recommending an Option: a blended Hub and Spoke model

Looking at the results of the Options Appraisal exercise as a whole, alongside the findings of the literature review and the key emerging themes of the engagement work, we are now in a position to draw some conclusions as to which (blend of) proposed models for the Centre appears to have the most potential to meet the ambitions set out in the Theory of Change. Overall, a **blended Hub and Spoke model** which seeks to incorporate specific key strengths of the other three models emerges as the Option most suited to enabling the Centre to make as positive an impact as possible in the current Scottish context.

Benefits of a Hub and Spoke model

Firstly, as seen above, the Hub and Spoke model emerged as the highest-appraised Option from the Options Appraisal exercise, receiving both the highest overall average score and the most top scores for individual success factors of any of the four models. The Hub and Spoke model was seen as particularly strong in relation to **supporting the work of Infant Mental Health teams**, which emerged as a key concern amongst many of the stakeholders engaged over the course of this work. Collaboration with existing local services is an important component of this model, in which a central Hub seeks to coordinate, grow and strengthen a network of local partner organisations and services working directly with infants and families.

The Hub and Spoke model also emerged as by some distance the highest-scored Option with respect to **catalysing local system partnerships**, which was similarly seen as a high priority by stakeholders. Participants in the interviews, for example, pointed out that previous ambitious initiatives aimed at improving early years support (such as the National Lottery-funded A Better Start programme) have allocated investment on the basis of where there is already a degree of local leadership and collaboration in relation to the early years, and consequently a readiness and capability to make the most of any new investment. This kind of approach in the Scottish context would see a central Hub identified in a part of the country where there already exists a local energy and willingness around infant mental health, which would in turn work to increase overall system maturity through a collaborative, partnership-based approach.

Crucially, the Hub and Spoke model was also assessed as the model most suited to being both **locally relevant and nationally significant** - accessible and open to the local community, while also nationally recognised for undertaking research, training, coordination and policy work. In the engagement work, the geographical reach and impact of the Centre emerged as a key issue amongst several participants. Indeed, hub and spoke-style models were highlighted (unprompted) by two participants in the engagement interviews as having the potential to enable the Centre to achieve a more equitable geographical impact than a single-location model, maximising its reach across different parts of the IMH landscape in Scotland and enabling it to build over time a reputation as a truly 'national' Centre.

A blended approach: incorporating aspects of other models

While the Hub and Spoke model emerged as the most-highly appraised 'ideal-type' model overall, there were particular elements of the Options Appraisal with regards to which other models were assessed as having greater potential. Considering these once again alongside the learning from the other stages of the work, it is possible to identify some specific elements of these other models which could in practice be combined with those of the hub and spoke approach to create a 'blended hub and spoke' model for the Centre.

Firstly, with regards to success factor 7 ("the centre should have a strong coordination role with national and international bodies around practice development, supporting research into policy and practice across Scotland"), Model 2: Academic Institute scored notably higher than any of the other models in the optional appraisal exercise, including the hub and spoke model. Given the strong consensus that emerged during the engagement phase around the importance of both workforce development and research activities amongst the Centre's proposed activities, there is a strong case for building in aspects of Model 2 to the preferred model to increase the potential strength of the Centre's approach in relation to research and practice development - in particular, **strong built-in links to a university** (or universities).

In practice, one way of achieving this would be through situating the central coordinating 'hub' of the Centre at a University in Scotland - as seen in Chapter One, there are several Scottish Universities at which there exists energy and expertise in areas of close relevance to infant mental health, including in the Mother and Infant Research Unit at the University of Dundee and other related research groups at the Universities of Edinburgh and Glasgow. Alternatively, if the central hub were not located at a university, a strong formal partnership could nonetheless be developed between the Centre and a particular university (or universities), along the lines of the collaborative links in place between the Anna Freud Centre and University College London.

Secondly, in relation to success factor 4 ("the role of the centre must be unique and should not duplicate the work of other organisations or efforts), Model 1: Standalone Centre scored considerably more highly than the Hub and Spoke model, with Model 1 also outperforming Model 4 with respect to success factor 1 ("the centre should have the status to strongly advocate and promote the rights, needs and experiences of infants"). This links in to another theme to emerge from the engagement phase of the work: the need for the Centre to play a visible and influential role in the national policy landscape, raising awareness of the importance of early intervention and infant mental health across different parts of Scottish society. In practice, aspects of Model 1 could be incorporated into the preferred model with the aim of **increasing its uniqueness and status to advocate for infants** and increasing its freedom to innovate and influence, including the Centre being governed by its own board responsible for key governance decisions and setting overall strategic direction.

Finally, it is relevant to note that, with regards to success factor 3 ("there should be open access and participation of infants, families and communities in the Centre's activities"), Model 3: Community Embedded scored joint-highest of the four models (along with the hub and spoke model). Aspects of Model 3 which could be built into the preferred model to **ensure its openness and accessibility to infants and families** including situating one or more 'spokes' in accessible community locations where local infants and families directly access support and services, and the Centre using the services it is directly involved in the provision of as the basis for building expertise and developing a broader suite of activities.

Next steps

This piece of work was designed to articulate a shared sense of ambition for the centre and then appraise various models of delivery. This was based on a literature review and interviews with key stakeholders. Recommended next steps include: -

The emerging findings should now be **shared** more broadly with other stakeholders within the system to gauge support for the preferred option, perhaps including a survey. This is important to maintain momentum and shared ownership of the Centre's development.

There should now be a **systematic mapping and engagement** of the relevant workforce, to share progress and ensure forward momentum.

Based on the findings of this options appraisal, the Reference Group should seek to **hold focussed discussions** with Scottish Government colleagues and with potential funders.

The Reference Group should then move from this Options Appraisal towards the development of a **Feasibility Study and Business Case** around the preferred option.

Annex A

Examples and models of IMH-related centres

IMH-related centres in the UK

The landscape around infant mental health in Scotland, including key organisations and services, was summarised in chapter one. Looking at the rest of the UK, there are a number of Centres and other institutions related to infant mental health that a new Centre of Excellence in Scotland would likely wish to learn from and/or collaborate with.

The Anna Freud Centre in London provides direct support to children and families as well as providing training and carrying out research around child mental health. This includes a range of services and research projects directly related to infant mental health: for example, the Early Years & Prevention Department offers therapeutic support for under-fives and their parents/carer(s), while also hosting relevant research projects such as the Parent-Toddler Group Adoption Project.

The Tavistock and Portman NHS Foundation Trust, also based in London, similarly combines direct service provision with training, education and research activities around mental health. Some of these are particularly relevant to infant mental health: for example, the Trust provides a whole family perinatal support service offering psychological therapy to families during pregnancy and with children up to the age of five, while the family therapy and systemic research centre promotes and supports research in family therapy.

As in Scotland, there are also a number of academic centres across the rest of the UK whose research interests are of close relevance to infant mental health and parent-infant relationships. These include the Centre for Family Research at the University of Cambridge, the Great Ormond Street Institute of Child Health at University College London, and Babylabs at universities including the University of Oxford, the University of Plymouth and Birkbeck, University of London.

There are also Centres across the UK which focus on early childhood and early childhood development more broadly. In Birmingham, for example, the Centre for Research in Early Childhood carries out research and workforce development activities around early childhood and early years provision. In Blackpool, meanwhile, the Centre for Early Childhood Development acts as the research and development hub of the Blackpool Better Start Partnership, and aims to ensure that the workforce family and community services have opportunities to increase their understanding of babies' brains and early child development. Recent contributions include a good practice guide to support trauma-informed care in the perinatal period, and a report outlining the findings of a survey gathering views around the design of a new parent-infant team in Blackpool. Finally, in 2021 the Princess of Wales launched the Centre for Early Childhood to drive awareness and action around the importance of the early years. The Centre is a part of the Royal Foundation, and focuses its activities on promoting research, facilitating collaboration, and developing campaigns to inspire change in relation to early childhood development.

IMH-related centres in Europe

Looking across Europe as a whole, there are a number of Centres in countries such as France, Italy, Norway and Denmark whose activities encompass infant mental health.

In France, the Institut Petite Enfance - Boris Cyrnulnik carries out a range of workforce training and development activities relevant to infant mental health, seeking to bridge the gap between the latest research evidence on early childhood and professional practice in areas such as attachment, cognition and education.

In Italy, the Centro Studi Martha Harris has locations in Florence, Bologna and Palermo, and has the primary aim of providing high-quality academic training in clinical and community work with children and adolescents. The Centre was established to apply the Tavistock Model of child psychotherapy in the Italian context, and continues to hold strong links to the Tavistock Centre in London, as well as offering a number of courses relevant to infant mental health and parent-infant relationships.

Norway, meanwhile, has four Regional Centres for Child and Youth Mental Health and Child Welfare (RBUPs/RBUKs) each covering different parts of the country, which were established in the 1990s to support the mental health of children and young people and develop expertise in psychiatry, psychology, social work, education and other disciples relevant to child mental health. These Centres each have slightly different structures and focuses - for example, RBKU Midt in Central Norway is affiliated with the Norwegian University of Science and Technology in Trondheim, while RBKU Vest in Western Norway is a department of the Norwegian Research Centre (majority-owned by the University of Bergen). Each Centre incorporates a strong focus on promoting infant mental health in their region, playing key roles in implementing Norway's national strategy for investment in infant and toddler mental health and providing training in key national initiatives such as the parent-baby interaction initiative. RBUP Øst og Sør (based on Oslo, and covering Eastern and Southern Norway) also has a particular focus on infants' and young children's mental health, with a multidisciplinary group undertaking service support, teaching, knowledge dissemination and research in this area.

In addition, in Denmark the Center for Early Intervention and Family Studies is based at the Department of Psychology at the University of Copenhagen, and combines theoretical and applied research on the mental health of children aged 0-6 with resources for parents, early detection, and preventative interventions. The Centre organises its activities into seven focus areas, which are:

- National Competence Development;
- Pregnancy - universal and indicated interventions;
- Family start - universal interventions;
- Early detection of vulnerable children infants and preschool children;
- Indicated interventions;
- Wellbeing, play and learning; and
- The role of fathers.

Some of the Centre's projects are particularly relevant to infant mental health. For example, the Copenhagen Infant Mental Health Project is a collaboration between the Centre, Copenhagen City Council and health visitors in Copenhagen aimed at promoting the mental wellbeing of parents and infants by improving the ability of health visitors to identify infants who show indicators of emotional distress.[32] Furthermore, a number of the Centre's activities combine research with the provision of support to parents and infants. The Understanding Your Baby project, for instance, involves 200 health nurses from 10 Danish municipalities and 1300 first-time parents. Nurses collect the data for the project from the first-time parents, who receive both the usual care they would receive as well as the Understanding Your Baby intervention, in which they are supported to understand their child's behavioural communication and provided with tools to help them meet the social and emotional needs of 0-1 years olds. An online library of accessible videos based on scientific knowledge about infant social and emotional development has also been created as part of the project.

IMH-related centres in the rest of the world

Finally, looking at the rest of the world, a number of prominent Centres stand out as having a strong relevance to infant mental health.

The Centre on the Developing Child at Harvard University has become renowned since its establishment in 2006 both for its scientific research around early childhood development and its efforts to change the policy and practice landscape to better support childhood development. Early childhood mental health is an area of significant focus for the Centre, which has carried out research into topics including the ways in which mental health problems can manifest in young children and the impact of toxic stress in the early years on brain architecture and development.

The Yale Child Study Centre, based at the Yale University School of Medicine, was established in 1911 and carries out multidisciplinary research into children and families, provides clinical services in hospital-based and outpatient settings, and works with schools and other community-based organisations to improve the mental health and wellbeing of children and young people. The Centre's Infancy and Early Childhood Team specialises in working with families who have children under the age of five, while other programs such as the Gesell Program in Early Childhood also have a strong relevance to mental health in the early years. In addition, the Before and After Baby Lab focuses on research to increase understanding of parent and child development in the pregnancy and postnatal period, and aims to use their prenatal findings to reliably identify families who may need additional support and guidance.

The Erikson Institute in Chicago is a graduate school in Chicago which specialises in early childhood development, education and social work. The Institute was initially established in 1966 with the aim of providing training and education in early childhood development to those who work with or on behalf of young children. Over time, however, its activities have broadened, and in 2019 the Institute opened a new Center for Children and Families which provides assessment and treatment services to children from prenatally until age 8, including around early childhood mental health.[33][34] The Institute also offers a specialist Infant Mental Health Certificate program available to practitioners who work with infants and toddlers, as well as undertaking research and policy activities with the aim of influencing policy development and leadership in relation to early child development. Finally, the institute provides a range of additional community services to families living in and around Chicago.

In Australia, meanwhile, the Centre for Community Child Health - based at the Royal Children's Hospital Melbourne - is another example of a Centre that provides research and training activities relevant to infant mental health with service delivery. The Centre was founded in 1994 and has a strong focus on early intervention, prevention and the wider community factors which influence children's health, development and wellbeing. Examples of its impact include initiating and delivering the Victorian Infant Hearing Screening Program, through which nearly all newborns in the state of Victoria are screened to detect hearing loss, establishing the Centre for Research Excellence in Childhood Adversity and Mental Health, and contributing to new evidence on the first 1,000 days of life.[35] The Centre also has 'Mental Health for Life' as one of its six priority impact areas, provides Developmental-Behavioural specialist clinics relevant to infant mental health, and provides training and development around engaging with parents and parent-infant relationships.

Conclusion: different types of IMH centres internationally

Considering the various IMH-related Centres highlighted in this chapter, it is possible to categorise each example into one of four broad categories: (i) Standalone Centres; (ii) University-based Centres; (iii) Health and Social Care Organisation affiliated Centres, and; (iv) Regional Centres/Hubs. While the divisions between each type of Centre are not always clear-cut - for example, the Anna Freud Centre is cited as an example of a Standalone Centre, but maintains strong institutional links to University College London - a brief description of each broad category is nonetheless illustrative in helping demonstrate the ways in which IMH-related Centres can differ from one another, and consequently in helping us begin to think about the potential implications of different Options in the Scottish context.

(i) Standalone Centres

Firstly, several of the above centres can best be understood as *standalone centres*: those which operate independently, and are not formally part of a larger institution such as a university or a healthcare organisation. These often have a specific focus or mission related to infant mental health or child development, and may receive funding from a variety of sources - such as donations, public grants, and private funding.

32 Vaever, M. S. (2023), Putting the socioemotional development of the infant on the agenda in primary care – Implementation of the ADBB in Denmark. Royal Foundation Centre for Early Childhood.

33 Erikson Institute (2019),'Erikson celebrates the grand opening of its new mental health clinic in Little Village'.

34 Erikson Institute (2023), Pediatric Mental Health Services. Accessed 29/11//23.

35 Centre for Community Child Health (2022), Every child, every community. Pg 2.

These centres may provide services, training, research or a combination of these, centred on their specialised focus, with the flexibility to design programs and interventions tailored to specific needs or populations. Of the centres discussed above, the Anna Freud Centre stands out as a clear example of a standalone centre, notwithstanding its strong links to partner institutions such as University College London. The Anna Freud Centre describes its mission as being *"to close the gap in wellbeing and mental health by advancing, translating, delivering and sharing the best science and practice with everyone who impacts the lives of children and families",* and its approach involves a wide range of research, evidence and collaboration-based activities.

(ii) University-based Centres

Secondly, a number of the centres discussed above can most accurately be categorised as *university-based centres*: those structured as a part of or hosted by a university or other academic institution. These centres are typically closely Involved in research and academic scholarship in the field of infant mental health, as well as

often providing educational programs and training for students and professionals in relevant areas. They may also offer clinical services, which can serve as training sites for students, with the activities and resources they provide generally likely to be integrated with broader academic goals and initiatives.

The Centre for Early Intervention and Family Studies in Denmark provides one example of a university-based centre amongst those discussed above. This centre is based in the Department of Psychology at the University of Copenhagen and, as discussed earlier, combines theoretical and applied research relevant to infant mental health with the provision of resources and preventative interventions. Closer to home, the Centre for Family Research at the University of Cambridge is similarly based in the Department of Psychology, and specialises in conducting research and running seminars in a range of relevant areas such as childhood development, parenthood and family relationships.

(iii) Health and Social Care Organisation-affiliated Centres

Thirdly, some of the centres highlighted are *Health and Social Care Organisation-affiliated Centres* - in other words, those which are affiliated with larger health or social care organisations, such as NHS trusts or government health departments. These centres often provide services which are integrated into broader health systems, and may be closely involved with the implementation of large-scale regional or national policy programmes. They are typically more focussed on service provision and aligning with broader public health objectives, although - just as some university-based centres also carry out direct service provision - they may also carry out or be closely involved with research and/or training activities.

The Centre for Early Childhood Development in Blackpool provides one example of a centre which is affiliated to a health / social care organisation - in this case, acting as the research and development hub of the Blackpool Better Start Partnership. The Centre consists of research, service design, communications and community development teams, and its research is closely linked to the wide range of family and early years services provided through Blackpool Better Start. The Centre for Community Child Health in Australia also falls into this category, undertaking a range of research, training and service provision activities under the auspices of the Royal Children's Hospital in Melbourne.

(iv) Regional Centres/Hubs

Finally, some IMH-related centres internationally can be described as *Regional Centres/Hubs,* serving as central points for services, research, or training in a specific geographic region. These may coordinate activities and programs across a network of sites or services, and are often involved in policy development, advocacy, and cross-sector collaboration within their region. They also may oversee quality control, standards, and professional development across the region, and can provide a link between national policies and local implementation.

Amongst the IMH-related centres looked at above, the four Regional Centres for Child and Youth Mental Health and Child Welfare (RBUPs/RBUKs) in Norway fit most closely with this category. The four centres are RKBU Central, RBKU North, RBKU South and RBUP East and South, and - as discussed above - each regional centre has a slightly different structure and focus tailored to the region it covers. The four Centres are also closely involved with the implementation of national policy measures around infant mental health in their respective regions, and incorporate a range of research, training, teaching and service provision activities.

Annex B

Parent-Infant Foundation Options Appraisal - interview questions

1. Have you had a chance to look at the theory of change for the proposed Centre of Excellence for Infant Mental Health? If so, do you have any thoughts or reactions you would like to share?

2. Do you feel the vision, activities and outcomes in the theory of change capture the key things a Centre of Excellence for Infant Mental Health should be trying to achieve? If not, what else is it important for us to consider?

3. In practice, there are various different forms a Centre of Excellence for Infant Mental Health in Scotland could take. For example, it could be a standalone Centre based in a central physical location, it could be a part of or affiliated with a larger or partner institution, or it could take the form of a network of regional initiatives.

    a. What criteria do you feel it is important for us to consider when appraising different potential models for the Centre of Excellence?

    b. In the current context in Scotland, what kind of model do you feel would best enable the Centre to achieve its vision and make a positive impact?

4. Thinking about you / your organisation, are there any opportunities you see for potential collaboration with the Centre?

5. Thinking about the wider landscape in relation to infant mental health in Scotland, do you feel the system is ready to use and embrace a national centre effectively?

6. In what ways could the Centre help bring about wider systems change in such a way as to merit significant investment?

7. What age range do you feel the Centre should focus its activities towards? (0 to 2, 0 to 5 or other)

8. Are there any considerations you feel we should be aware of in relation to the funding of the Centre?

9. Do you have any thoughts as to how infant participation, parent participation and/or arts and creativity initiatives could best be incorporated into the work of the Centre?

10. Finally, do you have any other thoughts you would like to share with us at this stage?

parentinfantfoundation.org.uk