NSPCC

Looking after infant mental health: our case for change

A SUMMARY OF RESEARCH EVIDENCE

EVERY CHILDHOOD IS WORTH FIGHTING FOR

Photography by Jon Challicom.
The people pictured are models.

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Foreword

Abuse derails childhood, but it can be prevented. That's why the NSPCC is here. That's what drives all our work, and that's why – as long as there's abuse – we will fight for every childhood. We help children rebuild their lives, and we find ways to prevent abuse from ruining any more.

Looking after the infant mental health of young children in care who have experienced abuse or neglect is key to ensuring that they can recover and reach their developmental milestones.

By intervening early with infants, their birth parents, and their foster carers, we can make sure children are nurtured through their relationships with their care givers. Even when families are going through incredibly difficult times – like battling addictions or overcoming mental health problems – with the right help, offered early enough, children can thrive.

I invite you to join us in fighting for every childhood by supporting our case for change to transform trajectories for young children in care.

Peter Wanless
Chief Executive NSPCC

The quality of children's attachment relationships is fundamental to their development, and should be of primary concern to all those working to support vulnerable infants. Looking after infant mental health means working with care givers to understand and address the quality of children's relationships. For young children in care the impact of trauma, compounded by placement instability, can leave a lasting imprint on their lives unless intervention is early and evidence based.

This case for change presents an eloquent argument for prioritising the mental health needs of young children in care, to mitigate the impact of early trauma and set children on positive pathways into adulthood. Let's hope it is a step towards ensuring that children and their families get the support they deserve.

Professor Peter Fonagy
Chief Executive
Anna Freud Centre

Introduction

When a young child experiences abuse or neglect and ends up in care, their health and their future can be profoundly damaged. But, if they are given safety, stability and the right support early on, they can recover from this trauma and get back on track.

This document shares NSPCC's 'case for change' about the importance of looking after infant mental health. We have drawn together a wide range of evidence from research and practice, from the UK and internationally, to tell what we hope is a compelling story.

It is not a simple or straightforward story: it has many different, interconnected parts which highlight a wide range of complex issues. These are issues facing young children and babies in care, their parents and foster carers, as well as other professionals working with children, the family courts and decision-makers in the wider health and social care system.

Across this wider system we have vastly under-estimated the importance of looking after infant mental health. We must rethink the way we work together – across disciplines and agencies – to put the health and well-being of young children in care and the quality of their future life outcomes at the heart of decision-making.

By highlighting the fundamental importance of looking after infant mental health, we want to build awareness and understanding, and to create change for the better. For our case for change to be effective, it has to provoke positive action. We want whoever reads it to take on board the key messages and the evidence, and to think about what they can do to change things for the better.

Find out more about the importance of looking after infant mental health, and what you can do to get involved, at nspcc.org.uk/infantmentalhealth.

Case studies of practice

To support action, we are developing a better understanding of practical, evidence-based solutions which lead to better outcomes for children and their families.

We have created case studies which describe The New Orleans Intervention Model, Pause, The Family Drug and Alcohol Court (FDAC), The Children's House and Parents Under Pressure. Download the set of case studies at nspcc.org.uk/infantmentalhealth

OUR HEADLINE CASE FOR CHANGE

Children who experience maltreatment and grow up without positive and stable relationships, like children who end up in care, are at greater risk of mental health problems and other poor outcomes throughout their lives.

Very young children are particularly vulnerable to abuse and neglect, and the negative effects of trauma on a young child's development can be profound. The importance of looking after their mental health is well-evidenced.

There is hope of recovery for maltreated babies and infants in care, but the earlier this happens the better.

Stable relationships really matter, but many children who are in care get moved from one placement to the next, or returned to a home that can't support them well.

Foster carers need specialist support in order to give children the best care possible.

And more needs to be done to help birth parents learn to care for their children – those they have now and any they may have in the future.

Despite all the evidence, services designed to identify and look after the mental health of babies and infants are virtually non-existent.

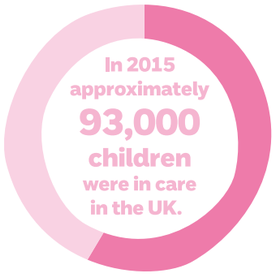
The effects of poor mental health are damaging not only for the child as they grow up, but also to society as a whole.

We believe the issues and problems highlighted here can be prevented.

Looking after the mental health of every infant in care means:

1. Understanding their individual needs
2. Giving them sensitive and nurturing care as quickly as possible
3. Supporting them to recover from trauma through the use of effective, evidence-based interventions

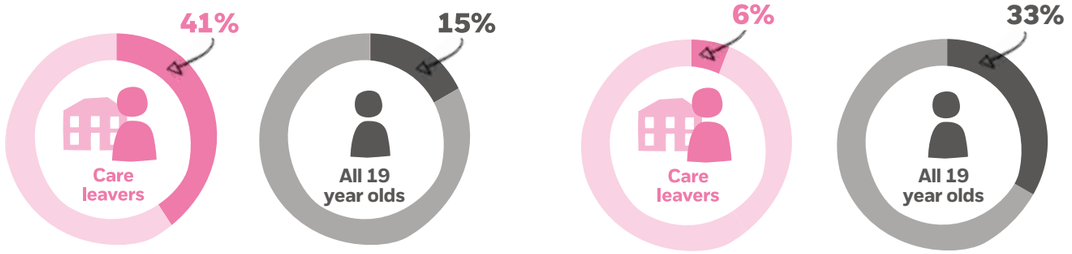
Children who experience maltreatment and grow up without positive and stable relationships, like children who end up in care, are at greater risk of mental health problems and other poor outcomes throughout their lives.



In England and Wales more than 60% of children are taken in to care because of abuse or neglect.

×4 Children in care are four times more likely than their peers to have a **mental health difficulty.**

×6 And are six to seven times more likely to have **conduct disorders.**



In 2015 approximately 93,000 children were in care in the UK.[1] In England and Wales more than 60% of children are taken in to care because of abuse or neglect.[2]

Studies from across the world highlight the prevalence of mental health issues for these children compared to those who are not in care. These problems with mental health and emotional wellbeing are created by both children's experiences before care and the impact of living in the care system.[3] [4]

Children in care are four times more likely than their peers to have a mental health difficulty. They are at increased risk of behavioural problems and are six to seven times more likely to have conduct disorders.[5] Conduct disorders are behavioural problems that last over a long period of time and can affect the ability to lead a normal life. Children with the poor self-control associated with these disorders are more likely to be involved in crime as adults, and adults who were aggressive as children commit more than 50% of all violent offences.[6] [7]

As they become adults, maltreated children are at increased risk of poor physical health such as cardiovascular disease, as well as further mental health issues such as substance abuse and suicide.[8] [9] Adolescents with conduct disorder have a ninefold increase in all-cause mortality.[10]

Children in care are also less likely to do well in school and more likely to be unemployed than others their age. As a group they lag behind children in the general population on a number of measures of educational attainment, including grades, literacy and numeracy test scores, attendance and exclusions.[11] In England, at age 19, young adults leaving care are more than twice as likely to not be in education, employment or training (41% compared to a national average for 19 year olds of 15%) and only 6% of those who have been in care go to university, compared with around a third of all 19 year olds.[12]

Early trauma takes its toll on adult health

A research team surveyed 8,629 adults, asking if they had a history of adverse childhood experiences (ACEs) such as abuse, neglect, and traumatic experiences like witnessing domestic abuse. The study found that adults who remembered such experiences were likely to remember more than one incident. These individuals were also more likely to suffer cardiovascular disease.

The likelihood of an adult developing cardiovascular disease increases with each ACE in early years, with those recalling seven or eight ACEs three times more likely to suffer cardiovascular disease than peers without such experiences. Diabetes, obesity, stroke, hypertension, and some forms of cancer have also been linked to early trauma. Adverse experiences are most common in the first three years of life, making the wellbeing of very young children a critical concern.[13]

Very young children are particularly vulnerable to abuse and neglect, and the negative effects of trauma on a young child's development can be profound. The importance of looking after their mental health is well-evidenced.

Babies and infants are entirely dependent on carers for their physical and emotional wellbeing. When they are subject to emotional abuse, neglect or physical harm the impact is especially damaging. Unfortunately, very young children are particularly vulnerable to harm.[14]

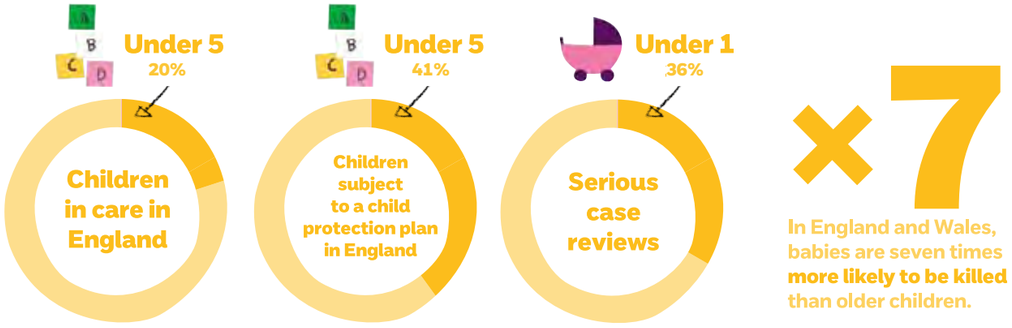
Twenty percent of children in care and over 40% of children subject to a child protection plan in England are under five years old.[15] Babies are at higher risk of violence and death, with over a third of all serious case reviews involving the death or serious abuse of a child relating to a child under one.[16] In England and Wales, babies are seven times more likely to be killed than older children.[17] The perpetrators of violence are almost always parents and, although there is no definitive explanation for this high incidence, frailty and total dependence are significant. The very real demands and stresses placed on a family by a young baby are also almost certainly a factor.[18]

Babies do not exhibit the classic symptoms of mental illness or disorder, yet research has shown that infants have been found to experience depression as early as four months old and babies can experience serious psychiatric disorders, including those related to attachment and traumatic stress.[19]

Neurological and psychological research now highlight more clearly than ever before how critical the first months and years are to a child's development; providing the essential foundations for future learning, behaviour and health. During this time the building blocks of a baby's mind are being put in place, with new connections that form the permanent architecture of the brain being created at a rate of 700 per second.[20]

Within the context of stable and supportive relationships, challenges such as meeting new people create healthy stress for young children, which in turn forges good brain development. But 'toxic stress' caused by trauma, abuse and neglect disrupt the architecture and chemistry of the brain.[21] The brain can become severely damaged in these early developmental stages, with lifelong consequences for the child.[22]

Significant adversity impairs development in the early years of life, and the more adversity a child faces, the greater the odds of a developmental delay. Risk factors such as maltreatment have a cumulative impact, with studies showing that maltreated children exposed to as many as six additional risks face a 90-100% likelihood of having one or more delays in their cognitive, language, or emotional development.[23]



Developmental delay is common in children who have been neglected

A baby's babbling is an instinctive effort to interact with the world around it in order to learn. When a carer gives a meaningful response such as talking, facial expressions, and gesturing, connections form in the baby's brain. These "serve and return" interactions form the foundation for crucial areas of the baby's brain development, such as language, behavioural control, motor skills, memory and emotion.

Stimulation from a nurturing carer is the crucial bedrock for a child's future development. Without mastering basic interactions, a child can't progress to more complex learning. For example, learning what it means when a carer points to an object and says its name is the first step to developing language, complex sentences, and, eventually, reading and writing.

When an infant lacks this healthy stimulation their ability to learn language, social interaction and other complex behaviour is compromised. Neglect and unhealthy stimulation, such as abuse, derail a child's development.[24]

The science of toxic stress and its effect on brain development

Activation of the body's stress management systems produces a variety of physiological reactions. These include an increase in heart rate, a rise in blood pressure, and elevated blood levels of stress hormones (eg. cortisol) and proteins associated with inflammation (eg. cytokines). Such responses prepare the body to deal with threat and are essential to survival.

Healthy development depends on the capacity of these systems to ramp up rapidly in the face of stress, as well as their ability to ramp back down and return to baseline when they have done their job. When these physiological responses remain activated at high levels over a long period of time, they can have adverse effects on developing brain architecture, which weakens the foundation upon which future learning, behaviour, and health are built.[25]

There is hope of recovery for maltreated babies and infants in care, and the earlier this can happen the better.

All children need positive experiences and good relationships with carers to form the basis of lifelong mental health.[26] The relationship between the primary caregiver and a child, and the parents' capacity to provide love, care and nurture, are of critical importance.[27]

Experiences of stability, of loving attachments and nurturing have an exceptional effect on the recovery of the developing brain. When infants who have suffered neglect or maltreatment are placed with loving carers, whether family or not, they demonstrate rapid, healthy brain development that is comparable to peers who aren't in care.[28] [29]

So a stable and loving placement for a young child in care can undo neural damage caused by neglect. And evidence suggests that when high quality caregiving is combined with added interventions, targeted either directly at the child or indirectly (through the carer or around the child) this can also positively effect children's wellbeing.[30] But evidence shows the importance of it happening in infancy. It is during this time, when neural connections are still being made at a rapid rate, that the effects of traumatic stress can be undone and children in care have the chance to catch up with the social, emotional and intellectual progress of other children their age.

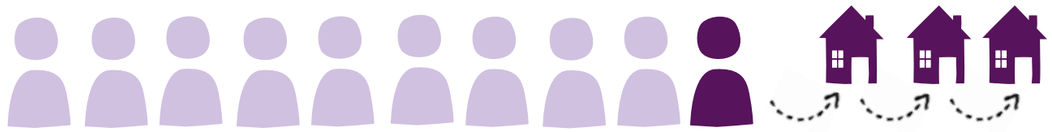
Recovery from the effects of early maltreatment can be rapid and remarkable if safe nurturing care is achieved early enough - ideally in the first year of life[31] – and because the window of opportunity for this kind of recovery is small, early identification and focused intervention are imperative.[32]

Promoting resiliency through parent-child relationships

'There is evidence that clinical treatment and service intervention approaches promoting resiliency through the parent-child relationship are the most effective vehicles to recovery from trauma because parental functioning predicts both child resiliency and child response to trauma.'[33]

Photography by Tom Hull.
The people pictured are volunteers.

Stable relationships really matter, but many children who are in care get moved from one placement to the next, or returned to a home that can't support them well.



One in ten children in care in England experience three or more placements in a year.

Just as stable placements and relationships can help children in care recover from trauma, so unstable placements can make problems worse.

One of the most robust predictors of poor outcomes for children who are maltreated is placement instability and 'drift' whilst they are in care.[34] [35] In England in 2014-15 almost a quarter of children in care moved placements twice[356] and one in ten experienced three or more placements.[357]

Children who have poor mental health when they enter care are most likely to experience this placement instability, which creates a damaging multiplier effect as their experiences of instability worsen their mental health.[38] Recent research shows that a substantial proportion of children who were involved in the child welfare system from an early age because of abuse and neglect had chronically unstable placements across their childhood, and that this contributed to poor long term physical and behavioural wellbeing.[39]

Placements often end prematurely when foster carers cannot cope with a child's behaviour or feel they are unable to meet the child's needs. Foster carers can find it difficult to fully understand and properly respond when children's emotional and behavioural needs are challenging, and may become overwhelmed and exhausted. The lack of professional support for foster carers dealing with these placements can leave them feeling isolated and helpless,[40] and when these placement breakdowns do occur they can have a devastating impact on both the foster carers and the children concerned.

The Children Act 2004 reemphasises that the first permanence option for children in care is return to a parent. In line with this, returning home is by far the most common outcome for children in care, but it has a low success rate and there is significant evidence pointing to the poor outcomes for many children who do return.[41] [42]

A third of children leaving care return home.

And a third of those who return home are back in care within five years.

The cost of failed reunification of children returning home from care.

A third of children leaving care return home, but 30% are back in care within five years.[43] [44] For some children, returning home from care is the best possible outcome, but research shows that for many others this can result in further abuse or neglect.[45] In one study, 82% of children went home from care to parents with a history of domestic violence, alcohol or drugs misuse, or exposure to inappropriate sexual activity, and 60% went to a parent with mental health problems. And that is not the end of the story, because after their returns break down, many children (62%) are returned home again. A third of the children in one study experienced two or more failed returns and this is strongly related to poor outcomes.[46]

Care planning involving multiple agencies, and including social workers and healthcare professionals, is needed to give infants in care a better chance at a stable, nurturing home from their first placement.[47] However there are currently no widely-used, evidence-based interventions to help social workers and the legal profession make more timely and secure permanency decisions.

Rethinking mental health care for looked after children

Tarren-Sweeney argues for ten principles to make children's mental health services more effective for looked after children. Among his principles are:

- Staff should be highly trained and skilled in specialist knowledge
- Care should shift from acute to preventative, with long-term engagement and monitoring
- Mental health care should be integrated within the social care milieu

Early care delivered by expert staff capable of assessing the needs of looked after children, formulating a care plan with social care services, and monitoring children post-care would make for a more effective model of service delivery.[48]

Foster carers need specialist support in order to give children the best care possible.

Children's challenging behaviour and foster carers' lack of confidence in managing this behaviour are the two most common causes of placements being disrupted.[49] Foster carers are often required to look after children who have significant behavioural and emotional challenges, and to do so while balancing the needs of other children and their family.

The national shortage of foster carers means some local authorities may be overburdening carers by asking them to accept children with needs they are ill-equipped to deal with, and providing inadequate support to carers even in these difficult circumstances.[50]

Whilst it is reasonable to expect that foster carers demonstrate higher standards of parenting than parents, it is also vital they receive advice and support to develop the enhanced parenting skills required to meet the behavioural, developmental and therapeutic needs of the children in their care. All foster carers need to be attuned and responsive to every child they care for. They need a good theoretical understanding of attachment development and of the impact of trauma, separation and loss. Crucially, they need to understand how to translate this theory into practice and increase the therapeutic quality of the parenting they provide.[51] [52]

Specialist advice and support for carers

'All too often referral to mental health services and/or the provision of specialist parenting support does not happen until problems have emerged that are overwhelmingly challenging for parents and for social care professionals. The provision of specialist advice for the carers at an earlier stage might help to increase security for a child at risk of developing attachment insecurities due to previous experience of neglectful or abusive parenting. Rather than wait for this insecurity to reveal itself through challenging behaviours and crisis within the foster family, parenting support can be provided to help the child connect with and experience a foster carer as sensitive and nurturing.' [53]

Working with foster carers to deal with young children's attachment behaviours

Studies have shown that, with the right interventions, foster carers can be successfully supported to develop trusting relationships with young children in their care.

'Young children who enter foster care experience disruptions in care and maltreatment at a point when maintaining attachment relationships is a key, biologically based task. In previous research, we have found that young children experience challenges as they form attachments with new caregivers. They tend to push their new caregivers away, even though such children are especially in need of nurturing care. Further, many caregivers do not respond in nurturing ways when their children are distressed, which we have found is problematic for young children in foster care.'

An intervention was designed to help caregivers provide nurturance even when children do not elicit it, and even when it does not come naturally to them. Forty-six children were randomly assigned to either the experimental intervention or to an educational intervention. Children whose parents had received the experimental intervention showed significantly less avoidance than children whose parents had received the educational intervention.[54]

Reactive Attachment Disorder in children in care

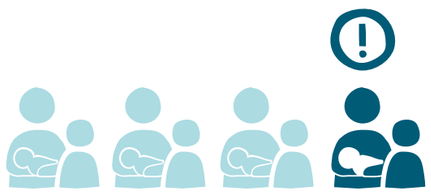
Young children who are abused or neglected are at increased risk of developing Reactive Attachment Disorder (RAD), a disorder that has two contrasting clinical patterns:

1. Inhibited: children are emotionally withdrawn, show limited or no response to social interactions with caregivers, fail to form bonds, and are hypervigilant.

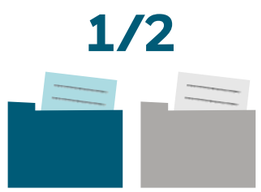
2. Disinhibited: children are indiscriminately social, seeking nurturing and bonding indiscriminately, and are willing to "go off" with strangers.

Looked after children are at high risk of exhibiting RAD after traumatic experiences at home. It is crucial to address these difficult behaviours with nurturing care, especially as RAD can develop into behavioural problems, such as aggression, later in childhood.[55]

And more needs to be done to help birth parents learn to care for their children – those they have now and any they may have in the future.



A quarter of all children in care proceedings in England have mothers who have had a previous child removed.



In over half of these cases local authorities applied for care of the child within the first year of his or her life, and in many cases within the first month.

A successful return home from care is one of the best steps a looked after child can take. However, it's all-too-common for children to return to homes and face the same neglect and abuse which caused them to be taken into care in the first place, and many reunions break down. Support that helps vulnerable parents to develop healthy, nurturing relationships with their children is needed in order to protect children who are already in care, as well as their future siblings.

Research shows that the breakdown of returns home is often related to parents having continuing difficulties with alcohol and/or drugs misuse, or ongoing relationships with violent partners.[56] Care practitioners struggle to support families in these situations, often because the parents' problems are hidden from them.[57]

A lack of support for parents and deficits in social care case management have also been shown to drive the breakdown of reunions between children in care and their parents.[58]

Providing support for the parents of children in care is particularly important because maltreatment is a recurring problem within families – the siblings of children in care face a high chance of being maltreated themselves.

Recent research indicates that a quarter of all children in care proceedings in England have mothers who have had a previous child removed, and in over half of these cases local authorities applied for care of the child within the first year of his or her life, and in many cases within the first month. Between 2007 and 2014 nearly 25,000 infants were subject to legal proceedings before they were a year old.[59]

Many of the women who have their children removed have experienced very difficult childhoods themselves and are then severely emotionally damaged when their baby is removed. After a child is removed from her care, a mother is unlikely to get the required level of help to bring about the changes needed to overcome her problems because agencies are under no statutory obligation to provide comprehensive post removal support.

"Recurrent care proceedings are a serious social problem, with some children destined to be born into care from the moment they are conceived. This is not fair on those children. We need to look to parenting programmes to actively disrupt this pattern and help a parent increase their child's life chances next time they are pregnant – and their own."[62]

Anthony Douglas, Chief Executive of Cafcass

1 in 4

mothers return to the family court

This increases to 1 in 3 for young mothers (under 24)

These mothers are caught up in a cycle of family court proceedings.

The result is a devastating cycle of family court proceedings for these mothers, with almost one in four women returning to the family court (this figure increases to one in three for young mothers) and many women becoming pregnant shortly after, or even during, care proceedings taken against their previous children.[60]

'There are compelling reasons to suggest that adequate support and services should be provided on return home from care – both in terms of positive outcomes for children and prudent use of public resources. However, research shows that this support is often currently not provided.'[61]

Young mothers most likely to return to family court

Professor Karen Broadhurst and researchers at Lancaster University analysed data from the Children and Family Court Advisory and Support Service, looking at the rate of mothers of looked after children going through recurrent proceedings. They also examined the ages of the mothers.

The research found that young mothers are disproportionately represented among this group; over a third of first time cases involved women aged 24 or under, and women aged 16 to 19 were particularly likely to come into contact with the family justice system multiple times.[63]

Despite all the evidence, services designed to identify and look after the mental health of babies and infants in care are virtually non-existent.

The mental health needs of young children are largely overlooked in the current system. Typically, their mental health is not routinely assessed and, although a good mental health service for children and young people should start at birth, most local areas have no such services available and start provision at the age of five.[64] [65]

Research has shown that when screening and assessment programmes are introduced, the proportion of under fives in care being identified as having social, emotional, or mental health difficulties rises significantly, in one study from 10% to 67%.[66]

Effective therapeutic support is vital if children who have been abused and neglected are to overcome their experience and rebuild their lives, yet 98% of professionals working with children report a lack of such support. Too often services are available only to children with chronic problems, or those that are suicidal or self-harming. Children who don't show such obvious signs of mental health difficulties are not considered a priority, even if they have been abused.[67]

Commissioners of health and social care services acknowledge the benefits of intervening early to solve problems, and government is calling for a greater focus on mental health, but significant budget cuts for children's mental health services have been the harsh reality in recent years.[68] Squeezed by budget pressures, children's social care providers are forced to act as emergency services: instead of intervening early and working with children, parents and carers to prevent problems developing, they respond only when they become more serious.[69]

Therapeutic support is vital if children who have been abused and neglected are to overcome their experience and rebuild their lives.

Photography by Jon Challicom. The child pictured is a volunteer.

More effectively meeting the mental health needs of all children in care

An NSPCC research report sets out how the mental health needs of all children in care could be met more effectively and makes recommendations for strengthening policy frameworks and services. In summary, these are that:

- Key aims of care planning should include early intervention to ensure that children do not remain in damaging family environments; securing stable placements that meet children's emotional needs, and to facilitate access for children and their carers to services that support good mental health and emotional wellbeing.
- Local authority looked after children teams should ensure that children and young people receive a specialist assessment of their emotional and mental health needs on entry to care, with access to follow up services as appropriate.
- Health and wellbeing boards should ensure that looked after children in their local authority area have access to dedicated mental health services with specially trained staff as part of a multi-agency approach.
- Dedicated mental health services for looked after children should have a broad focus on building resilience rather than a narrow focus on symptom reduction. Direct therapy with the child is only one of a range of possible interventions.
- Commissioners and service providers should ensure that eligibility for mental health support is not restricted to children in stable placements.
- Commissioners and service providers should ensure that looked after children, their carers and relevant partners from health and social care are involved in the process of designing and developing mental health services that are accessible and meet looked after children's needs.[70]

The effects of poor mental health are damaging not only for the child as they grow up, but also to society as a whole.

Local authority spending on children in care in England

2012/13

£3.4 billion

£1 billion spent on residential care placements for children with the most severe needs (average annual cost of £131–£135k per child)

Annual spending in England and Wales on late intervention

Largest single items:

- The costs of children who are taken into care
- The consequences of domestic violence
- Welfare benefits for 18-24 year olds who are not in education, employment or training (NEET)

Nearly £17 billion

Investing early to provide the right support to children, their parents and carers, could reap significant long-term rewards for society.

Local authority spending on children in care in England rose to £3.4 billion in 2012/13, £1 billion of which was spent on residential care placements for children with the most severe needs (at an average annual cost of £131-£135k per child).[71] The costs of failed reunifications between children and birth parents is particularly high – with total annual costs of £300 million, or £61,614 annually for each child that returns back into care from home.[72]

But the cost of supporting looked after children does not end with their care. Children's early experiences can have long-term impacts on their emotional and physical health, social development, education and future employment. Children that experience maltreatment are also more likely to experience problems in later life which can have a wider social impact and lead to significant long-term costs to the public purse.[73]

When a child is abused or neglected, and when they experience mental health difficulties, poor physical health or engage in anti-social behaviour or offending as a result, it is costly to intervene. Rather than directing money into preventing problems occurring in the first place, we mostly spend public money on 'late intervention'.[74]

Nearly £17 billion per year is spent in England and Wales by the state on late intervention, with the largest single items being the costs of children who are taken into care, the consequences of domestic violence, and welfare benefits for 18-24 year olds who are not in education, employment or training (NEET).[75]

Conversely, relatively little is spent on early intervention. A recent report takes financial data from local authorities and assesses trends in local spending on early intervention in recent years. It shows that between 2010-11 and 2015-16 spending by local authorities on early intervention services for children, young people and families has fallen by 31 per cent in real terms. In the same period, the central government early intervention allocation to local authorities fell by 55 per cent in real terms. And the trend is set to continue, with the central government early intervention allocation being reduced by a further 29 per cent in real terms between 2016-17 and 2019-20. [76]

31% fall in spending by local authorities on early intervention services for children, young people and families in real terms.

Between 2010-11 and 2015-16

-31%

Yet the research evidence is clear: intervening early to improve the mental health of young children is one of the most cost-effective ways of improving mental and physical health, and national productivity as a whole.[77] And that to tackle poor mental health in the youngest children, we need to invest in enhancing their existing relationships.[78]

Looking after the mental health of every infant in care means comprehensively understanding their individual needs, ensuring they achieve sensitive and nurturing care as quickly as possible, and supporting them to recover from trauma through the use of effective, evidence-based treatments.[79]

Early intervention still not seen as "core business"

A House of Commons Select Committee into Children's and Adolescents' Mental Health Services (CAMHS) found that spending on early intervention had been reduced or cut altogether in many Local Authorities because it is generally not seen as "core business". With local authorities under pressure to reach targets, spending tends to be on mental health services which achieve immediate and tangible results.

'The focus of investment in CAMHS should be on early intervention–providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services.' [80]

The long term costs of early conduct disorder

Children in care are six to seven times more likely to have conduct disorders and children who develop a conduct disorder at an early age are ten times more costly to the public sector by the age of 28 than other children. They will impose additional lifetime costs on society as a whole of around £260,000 per child. The long-term costs of antisocial behaviour are so severe that early intervention programmes need only to have modest effects to end up saving more than they cost.[81]

Endnotes

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