



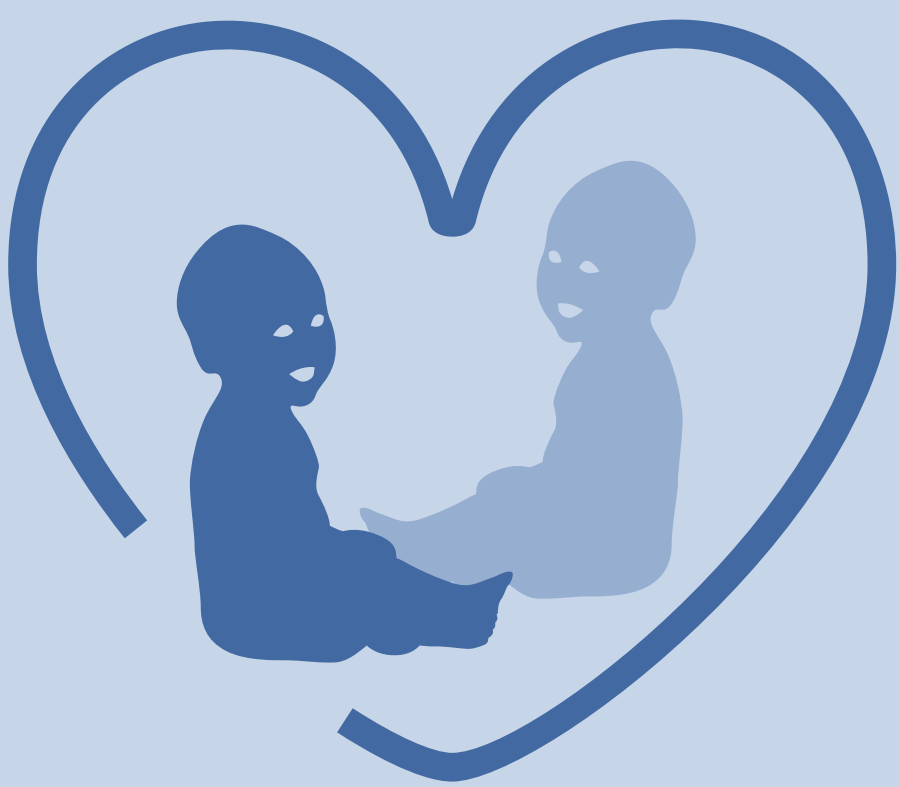
Better Start Bradford Innovation Hub Findings from the Qualitative evaluation of Little Minds Matter October 2024

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford (BSB) and the Little Minds Matter project. The document provides an overview of findings from the enhanced evaluation of Little Minds Matter. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

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Executive Summary

Project Overview

There is evidence to show that the quality of the parent-infant relationship, infant mental health, and children's longer term social and emotional development are closely linked. There is however, a lack of evidence-based interventions that support the parent-infant relationship and/or protect against poor infant mental health. There are also gaps within the existing mental health services, with most services not accepting referrals for children under 2 years.

The aim of the Little Minds Matter project is to enhance infant mental health and nurture parent-infant relationships by raising awareness (strand 1), providing training (strand 2) and consultation support (strand 3) to those working with families with young children, and undertaking direct clinical work with families (strand 4). Success of this project depends on it being embedded within the existing early years system in Bradford. This means that relevant projects and services within the system have an awareness of infant mental health and the services offered by Little Minds Matter, and have support and opportunities at both an organisational and systems level to interact with the service. This may range from staff being encouraged and supported to participate in available training, accessing or understanding how to access support through consultation, and an awareness of referral pathways and organisational processes which include Little Minds Matter as a referral option for families.

The service was commissioned as part of the Better Start Bradford Programme (BSB) from the 1st of April 2018, with additional funding from the Reducing Inequalities in Communities Programme (RIC) from the 1st of April 2020, which expanded the geographical reach of the direct clinical work. While Little Minds Matter continues to be delivered in Bradford, the BSB contract ended in May 2024.

Aims of the evaluation

A qualitative evaluation of Little Minds Matter was undertaken by the BSBIH over 18 months between summer 2022 and winter 2023. A systems approach was used to understand the extent to which Little Minds Matter embedded within the early years system since the service was launched. Three main objectives were to establish:

1. whether Little Minds Matter had embedded within the system
2. what the barriers and facilitators were to the project embedding within the system
3. whether knowledge and understanding around Infant Mental Health changed across the workforce

Methods

Interviews and focus groups with the project service design team, the Little Minds Matter team, and service managers and practitioners from across the early years system were conducted at two time points; summer 2022 and winter 2023.

Relevant services were identified from an early years system map developed with the project service design team prior to recruitment to the research project (see page 5).

Key Findings

Embeddedness: Despite working within an increasingly complex, changeable and pressured system the project has embedded well within the early years system. However, there were a number of challenges to implementation and full embedding of the service.

Barrier and facilitators to the project embedding in the system: Practitioners specifically mentioned a number of barriers:

- concerns that the design and development of new services does not always fully consider the capacity of existing services to engage and the implications for existing provision where remit may overlap
- difficulties in navigating pathways and services for families
- perceived competition between services causing tension that hindered collaborative working
- lack of capacity to prioritise non-mandatory training for those working within overburdened services

Expanding the geographical reach of Little Minds Matter has increased engagement and further embedded the service as practitioners have fewer barriers to referring families.

Collaborative working, positive experiences with the project, and an improved sense of job satisfaction for practitioners have further facilitated the embedding of Little Minds Matter.

Changes in knowledge and understanding: Awareness and understanding of Little Minds Matter and infant mental health have grown across the early years system in Bradford since the service was introduced. Parent-child relationships and infant mental health are now seen as an important focus for the early years workforce, and this was seen as largely due to the work of Little Minds Matter.

Elements of the service: All elements of the service were valued by participating practitioners.

- Training supports practitioners to remain mindful of parent child relationships and infant mental health in their work and makes it more likely that they would go on to access consultations
- Consultations are a particularly impactful element of the service for practitioners, for their work with families and their ability to manage how that work effects their own emotions and mental health.

Recommendations

For Little Minds Matter:

- **Adapt the training offer.** This should include work with the voluntary sector to develop a shorter, less intensive training which focuses more on awareness raising and effective signposting. As well as continuing to develop bespoke training packages in collaboration with services providing more tailored learning for them to draw upon.
- **Continue with a flexible approach to consultation work.** The current offer is highly valued and while reflective discussions remain challenging for some to access, they are beneficial. LMM should continue to work with services to explore how they can support access across the system.
- **Make further adaptations to referral processes.** Adaptations to date have improved accessibility for practitioners, however some challenges remain for those with less capacity. LMM should continue to consider how forms can be simplified so they are easily (and quickly) completed.

For the system:

- **Continue to fund LMM:** The service is clearly valued and supports practitioners across the system to effectively support families. Sufficient funding to continue this work and further embed the service is needed.
- **Develop a clearly defined pathway.** The workforce would benefit from a clearly defined mental health pathway for the early years describing service remit and boundaries to support practitioners to navigate the system for families.
- **Set up a process to ensure all new services are able to embed.** This is facilitated by a service design process that incorporates key stakeholder involvement, mapping of existing services and remits, and consideration of capacity implications, as well provision of longer contracts/periods of funding.

Project background

Project purpose and function

Infant mental health relates to how well a child develops socially and emotionally from birth to age three. There is evidence to show that the quality of the parent-infant relationship, infant mental health, and children's longer term social and emotional development are linked. There is however, a lack of evidence-based interventions that support the parent-infant relationship and/or protect against poor infant mental health. There are also gaps within the existing mental health services, with most services not accepting referrals for children under 2 years.

The Little Minds Matter (LMM) project aims to address this gap, by offering therapeutic support for the parent-child relationship at any time from pregnancy up to 24 months post birth *and* to influence the wider early years system to raise awareness of infant mental health in the community and empower professionals to confidently identify issues and support parents within their usual practice.

LMM is a locally developed service with two providers (Family Action and Bradford District Care Trust) offering four strands of the service which comprise a number of interventions but are intended to collectively improve infant mental health in the BSB area. The four strands are:

Strand 1 - Community messaging: Messaging for the whole community around the importance of infant mental health delivered by Family Action

Strand 2 - Training: Training for professionals working with families to raise awareness of infant mental health

Strand 3 - Consultation: Consultation, support and guidance for key professionals working with pregnant women/expectant parents or with families with children aged 0-2 years to enable them to support families where there are concerns about the parent-infant relationship, but not enough to warrant a referral into the clinical part of the service.

Strand 4 - Direct clinical work: Work with families who are identified as having parent-infant relationship problems. This incorporates provision of a variety of psychotherapeutic, psychological and psychosocial treatments and parenting interventions in the home and community settings.

As a complex project, the success of LMM depends on it becoming embedded within the existing early years system in Bradford. This means that relevant projects and services within the system have an awareness of infant mental health and the services offered by LMM, and have support and opportunities at both an organisational and systems level to interact with the service. This may range from staff being encouraged and supported to participate in available training, accessing or understanding how to access support through consultation, and an awareness of referral pathways and organisational processes which include LMM as a referral option for families.

The service was commissioned as part of the Better Start Bradford Programme (BSB) from the 1st of April 2018, with additional funding from the Reducing Inequalities in Communities Programme (RIC) from the 1st of April 2020, which expanded the geographical reach of the direct clinical work. While Little Minds Matter continues to be delivered in Bradford, the BSB contract ended in May 2024

Evaluation

Aims of the evaluation

A qualitative evaluation of LMM was undertaken by the BSBiH over 18 months between summer 2022 and winter 2023. A systems approach was used to understand the extent to which the project embedded within the early years system since the service was launched. Three main objectives were establishing:

1. whether LMM had embedded within the system
2. whether knowledge and understanding around Infant Mental Health changed across the workforce
3. what the barriers and facilitators were to the project embedding

This report will describe the implementation of LMM within the early years system in Bradford, the barriers to and facilitators of that implementation process, and the extent to which understanding of Infant Mental Health has changed in the Bradford early years system during delivery of the LMM service. More detail about this evaluation can be found in the study protocol which can be found here: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0286835>.

Methods

Interviews and focus groups were conducted at two time points; summer 2022 and winter 2023.

Participants included people who were involved in the design and delivery of the service or were working as service managers and practitioners in the early years system. Relevant services were identified from an early years system map developed with the project service design team prior to recruitment to the study (see Figure 1 on page 5).

It was hoped that participants at time 1 would also take part at time 2. While this was sometimes the case, there were instances where the services contributed data at both times, but the individual participant was different. Some organisations only took part at either time 1 or time 2 (Table 1).

Group No.	Group description	No. at Time 1	No. at Time 2
1	Service Design	4	n/a
2	Little Minds Matter team	11	18
3	Early Years workforce	22	18

Table 1: Participant numbers at each time point

Bradford's Early Years System

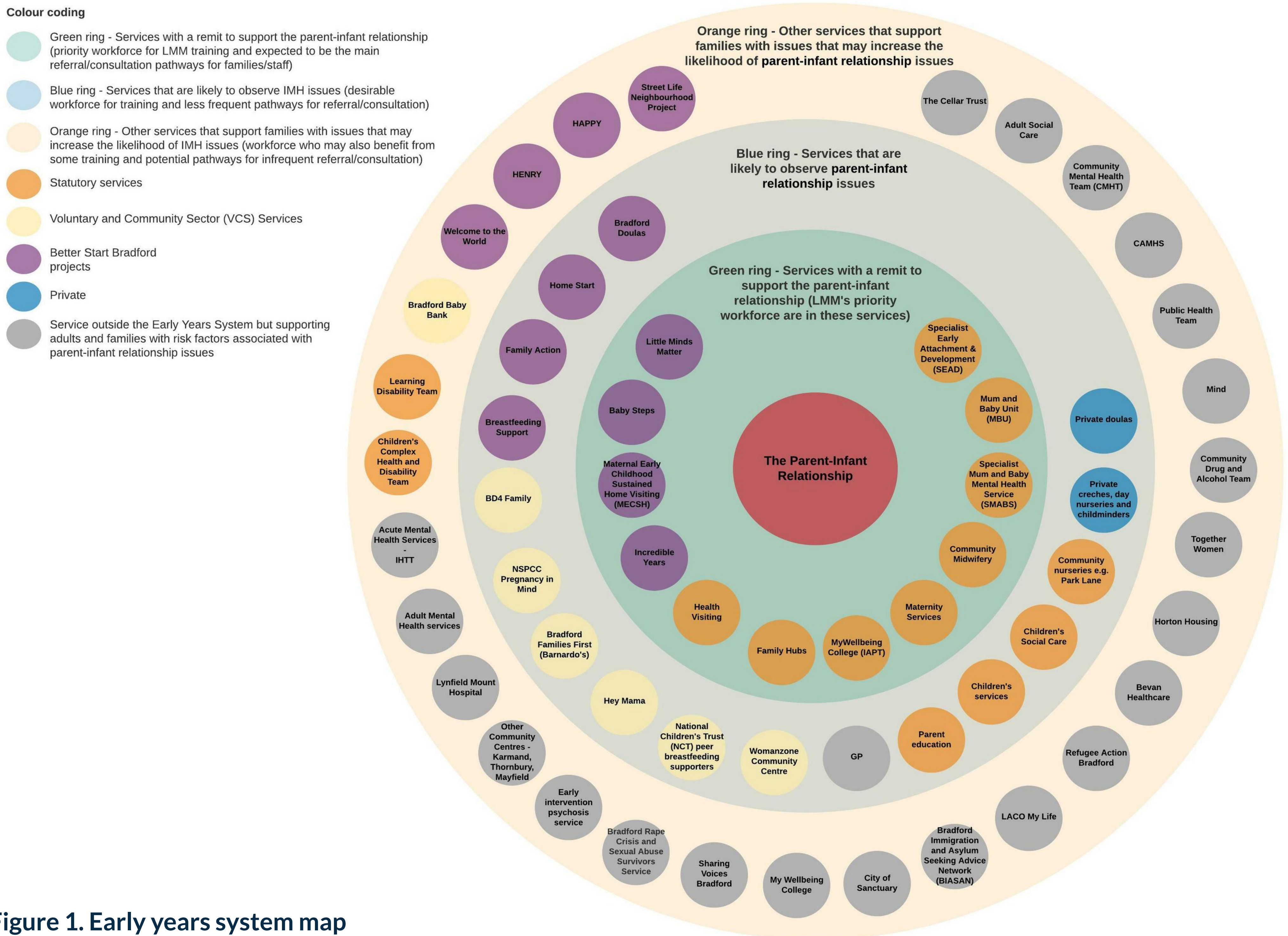


Figure 1. Early years system map

The system map was developed with participants from Group 1 at time 1.

The services in the green central circle are those considered to have a specific remit that includes directly supporting families with parent-infant relationships. These represent services that are highest priority for LMM training and most likely to engage with the consultation service and to refer families for direct clinical work.

Those in the grey circle work with families to a degree that they could be expected to observe issues relating infant mental health and so are also likely to benefit from LMM training, and may also access consultation and the referral pathway for families.

Finally, the outer orange circle includes those services that support families with issues that that are risk factors for infant mental health and so may also benefit from training as well as understanding the availability of consultation and referral pathways in the event that they become relevant.

Findings

Had Little Minds Matter embedded in the system?

Qualitative interviews and focus groups were conducted with 37 participants at time 1 and a further 36 at time 2. Below are some of the key themes identified during analysis of the qualitative data.

Embedding of the service

Participants from the service design and LMM groups identified the need for the project to become embedded within the early years system to fully support promotion of good infant mental health.

Early challenges

Embedding new services in the system was felt to be challenging when practitioners were used to existing pathways and services. The system could be difficult for practitioners to navigate, particularly given changes over time, changed remit, services being decommissioned or changing names. For some the introduction of the project was perceived as overlapping with other existing services which added to confusion..

Embeddedness

It was apparent by time 2 that LMM was increasingly known by practitioners in the workforce. Their presence supporting practitioners and families was well thought of and welcomed by the early years workforce. There also appeared to be greater engagement with some sectors, such as children's social care, than previously described.

Elements of the service

The strands of the project were seen as interacting. Those who had received training were felt to be more confident in identifying a parent-infant relationship concerns, and subsequently managing that concern through consultation with, or referral on to, Little Minds Matter.

Training was generally viewed positively by participants. Most who had attended training valued it and believed it improved their confidence in their practice. Others described the benefits of more bespoke training packages that they worked on collaboratively with Little Minds Matter. However, those from voluntary groups had found the training was more than they needed, in particular when volunteers or practitioners have limited time for training.

Consultations were viewed very positively with specific mention of the open and accessible way in which LMM operated. Reflective discussions were not always easy for staff to attend, due to pressures on their own service delivery, however these were seen as an encouraging and safe space to come together and talk, and this fed into wider practice. Importantly, this then impacted on how practitioners were able to manage their own feelings in response to more challenging cases they were working with.

... when I was in clinical practice you get used to certain services that have worked well for you, or certain routes, and they come to mind first really. But sometimes that can be a bit [at the expense of]... newer things that maybe you've not tried, or maybe you didn't know about..."

"I think it's relatively new to some services, and I think it's really well embedded with health visitors and midwives [and that's] to do with the specialist practitioners on the team already, that actually they're able to make those links..."

Findings

Had knowledge and understanding around Infant Mental Health changed?

Being able to refer families to **therapeutic intervention** was seen as positive by many participants who felt reassured that they were doing the best thing for a family. However, those involved with designing and running the service were concerned that pressures in the system meant that practitioners were choosing to refer rather than consult and work with a family themselves with the support of LMM.

Changes in awareness, understanding and confidence

A "baby blind-spot"

Participants described the need for a service like Little Minds Matter in Bradford, identifying a gap in provision for babies in existing mental health services before the project was commissioned.

As well as the baby blind spot in mental health services identified at time 1, participants also described a lack of awareness of and knowledge around infant mental health.

Infant Mental Health is 'everyone's business'

Many participants described how Little Minds Matter had addressed the gap in provision and that awareness of infant mental health had grown since Little Minds Matter was introduced.

There was greater confidence in practitioners' descriptions of infant mental health and this increase in knowledge and focus on parent infant relationships was often attributed to the work of LMM. It was apparent that many practitioners, including those from universal services, believed that promoting good relationships and bonds between parents and their babies was a key part of the work of the early years workforce.

Sustaining the change

To support sustainability of this shift in awareness, knowledge and confidence, working with students was identified as an area where a prevention model with specific attention to the parent infant relationship could be embedded into education and training of the early years workforce. Suggestions were also made about how to further integrate the service including combining different training offers across the system that cover parent child relationships and infant mental health. This was felt to reduce fragmentation and reduce confusion and burden for the workforce.

"There wasn't an infant mental health service, so there wasn't any team providing specialist and focused support for 0 to 2's. There was a baby blind spot."

"we do consider it as being part of our work. For me, infant mental health is around the bonding of the child and parents, understanding the baby's cues, understanding what baby's needs are. The maternal mental health and the impact of postnatal depression and how that can affect baby's mental health. And, like I say, bonding with them, attachment."

"I would like to see happen, is that the promoting First Relationships maybe, when we do the MESH training, could that Promoting First Relationships be integrated within the Little Minds Matters training so they deliver that training and it's all brought together rather than people doing Little Minds Matters training here, Promoting First Relationships here, Ready to Relate here. It's all very fragmented, and if we want these things to embed we have to bring them together"

Findings

What were the barriers and facilitators to the service embedding?

Barriers to embedding

Pressures and tensions within the system

Participants highlighted that the early years system in Bradford was under increased pressure, with many services stretched and with practitioners unable to provide the support that they would want to give to families. This decreased capacity in universal provision had worsened over time while practitioners felt that more and more need was presenting in Bradford.

At time 1 some services were less able to engage with LMM than others due to specific pressures at an organisational level such as lack of capacity/time for non-mandatory training and growing workload pressures.

It was felt by some that services don't always work together or communicate well, which creates challenges in reaching those families who really need support. At times this appeared to be due to pressures to secure funding and the perceived competition for this amongst teams which could hinder collaborative working. While progress had been made in this area it was acknowledged that there was still room for improvement

Referral processes

Most participants described the referral process as straightforward. However, this was not always the case, particularly at time 1 with some struggling to access and complete forms and others finding their referrals being declined which caused confusion. Over time the development of the self-referral process for families was seen as a positive step in opening up the Little Minds Matter offer but for those with less capacity the process can still be onerous.

Limitations in reach

Practitioners reported finding the initial geographical limitations of the BSB area as creating challenges for them. Following additional funding from the RIC and the Start for Life programmes LMM was able to accept referrals for families across the wider Bradford District. This was believed to be highly beneficial for families and a significant factor in further embedding LMM in the system. This was because practitioners no longer had to consider postcode as part of eligibility for the therapeutic offer.

"I think that also shows that one of the challenges... one of the issues we've got is the capacity in the system around us has dropped massively. I thought it was bad last time we had the focus group but it feels [increasingly] that way..."

"that [the Funding process] can create a sense of competition where there doesn't need to be and a sense of services trying to position themselves to get continued funding and there is only so much money... that doesn't necessarily facilitate positive relationships with other services because it can feel like competition rather than coming together for joint work."

"the biggest challenge is it's very much kind of based on postcode and it doesn't cover the whole of Bradford. There are lots of people I would say that come up where we think a referral to Little Minds Matter would be amazing but they just don't meet the inclusion criteria which is really sad really and can feel quite difficult."

Findings

What were the barriers and facilitators to the service embedding?

Facilitators to embedding

Collaborative working and effective communication

Involvement with the BSB programme was seen as a great opportunity and a facilitator to interaction between the different projects. Collaboration between other services in the early years system was also identified as something which was beneficial to practitioners and families.

In addition to working collaboratively with other services like Health Visiting and Talking Therapies, there were also benefits identified in building new, and cementing old, relationships. LMM described how they worked hard to build connections with social services by employing therapeutic social workers.

Sustained communication was something which practitioners identified as something which LMM would need to focus on to promote continual engagement. Participants highlighted the need to continue to increase awareness of the available services within the early years system, including LMM and what the service does, to ensure that services were all aware of what is provided.

Positive experiences

Many participants described how their positive experiences with little Minds Matter had an influence upon the way they worked with families, and that this promoted re-engagement with the project and had a beneficial impact upon their job satisfaction and wellbeing in the workplace. This was a strong theme which promoted embedding of the service.

"I think that Little Minds Matter being not just part of Better Start, but part of the Care Trust has really helped with the link with other health services, such as health visiting"

"I think social care is the service that we've developed links most recently with and that's because there's now two therapeutic social workers in the team..."

"whenever I'm talking about Little Minds I always describe it as you know, a really friendly, warm, welcoming kind of compassionate service and that's one of the reasons why I signpost a lot [to LMM]... you always get a lovely email back or it's, someone always really friendly to speak to, if they can't help they'll guide you and support you in what can be done, I don't think anyone's ever had a bad experience in kind of communicating with Little Minds, which really helps ..."

Conclusions

Awareness and understanding of both the service and infant mental health has grown across the early years system since the introduction of LMM.

Parent-child relationships and infant mental health are now seen as an important focus for the early years workforce, and this was seen as largely due to the work of LMM. The service has actively worked to engage parts of the system considered to be 'priority' such as midwifery, health visiting and social services in an effort to embed the service within the system.

The project has embedded well despite the system being changeable and becoming increasingly challenging over time.

There were early challenges to embedding, some relating to system and organisational pressures, and others relating to the 'fit' of the service within existing pathways. Practitioners specifically mentioned:

- concerns that the design and development of new services does not always fully consider the capacity of existing services to engage and the implications for existing provision where remit may overlap
- difficulties in navigating pathways and services for families
- perceived competition between services causing tension that hindered collaborative working
- lack of capacity to prioritise non-mandatory training for those working within overburdened services

Collaborative working was viewed as a key facilitator to implementation and there were many examples of where this had worked well but there was an acknowledgement there was still room for improvement.

Expanding the geographical reach of LMM increased engagement and further embedded the service as practitioners had less eligibility barriers to consider when referring a family for clinical work. Collaborative working, positive experiences with the project, and an improved sense of job satisfaction for practitioners have further facilitated the embedding of Little Minds Matter.

All elements of the service were valued by the early years workforce.

Training supported practitioners to remain mindful of parent child relationships and infant mental health in their work but there was a question around the pitching of the current training offer for some of the voluntary sector organisations. LMM themselves acknowledged that further adapting and tailoring of their training offer could make it more accessible to a broader audience.

Engaging with training increased the likelihood of accessing consultations, which was seen as a particularly impactful element of the service for practitioners, both for their work with families, but also their ability to manage how that work affects their own emotions and mental health.

Direct clinical work was also seen as valuable, however, the LMM group highlighted a tendency for some practitioners to refer families for therapeutic intervention when this wasn't appropriate, seemingly because of a lack of capacity to work with families via consultation.

Recommendations

For Little Minds Matter:

- The existing LMM training offer may not be appropriate work for the entire early years workforce. While those with a clear remit that includes parent-infant relationships require more in-depth training, those in voluntary roles may benefit from something shorter and less intensive which focuses on awareness raising and practical support with signposting.
- Creating bespoke training packages in collaboration with some services may be beneficial for practitioners by to providing more tailored learning for them to draw upon.
- LMM should continue their flexible approach to consultation work. The quality of support offered and its accessibility are highly valued by practitioners across the early years system. While reflective discussions remain challenging for some service providers to access, they are beneficial for the practice and wellbeing of practitioners. LMM should continue to work with services to explore how they can support access across the system.
- Adaptations to the referral process have improved accessibility for practitioners, however some challenges remain for those with less capacity. LMM should continue to consider how forms can be simplified so they are easily (and quickly) completed.

For the wider system:

- The service is clearly valued within the system and supports practitioners to feel knowledgeable and confident in their work supporting families to foster positive parent-infant relationships. Further funding would ensure LMM are able to continue this work and should be sufficient to facilitate further embedding to strengthen pathways for practitioners and families.
- The workforce would benefit from a clearly defined mental health pathway for the early years. This might include a centrally accessible system, or single point of access, but should describe service remit and boundaries to support practitioners to make informed decisions about the best support for families.
- For new services like Little Minds Matter, aiming to create whole systems change, commissioners should:
 - undertake detailed mapping with existing services to establish 'fit' in the system, identify potential overlap and points of conflict, and develop clear pathways for families.
 - consider long term funding to improve chances of full embedding.
 - work with stakeholders to establish capacity implications for the target workforce and organisations to better understand what support can be provided by the system to promote engagement.

