



Better Start Bradford Innovation Hub

Findings of the Implementation Evaluation of Little Minds Matter July 2023

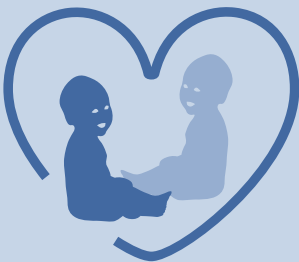
This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford (BSB) and the Little Minds Matter project. The document provides an overview of the Little Minds Matter project performance and findings from the implementation and enhanced evaluation including an interpretation of these findings by BSBIH. 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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Produced for Better Start Bradford



Executive Summary

Project background

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 to ensure that services are aware of the importance of infant mental health and are confident utilising the services which they offer.

Adjustments were made to the delivery of the service during the COVID-19 Pandemic: training and consultation were paused before being offered online; direct clinical work moved to online provision immediately and remained online whenever restrictions were imposed on face-to-face contact.

The service was commissioned as part of the Better Start Bradford Programme (BSB) from the 1st of April 2018, additional funding was provided by the Reducing Inequalities in Communities Programme (RIC) from the 1st of April 2020, which expanded the geographical reach of the direct clinical work.

Aims of the evaluation

Little Minds Matter has received:

- a standard implementation evaluation to see if it can be delivered as it was designed to be, and if it is acceptable to stakeholders and parents/carers and
- an in-depth qualitative evaluation to explore how well Little Minds Matter has integrated into the early years system

This report provides details of project delivery from launch in June 2018 to March 2023.



Key findings of the evaluation

Strand 2: Training



90%

Little Minds Matter provided Infant Mental Health Awareness (IMHA) training to 702 practitioners, 90% of their target. Training rates reached target in years 1 and 2, but were lower in the following years.

Only 45% of those receiving training came from the priority workforce (those working most closely with infants, children and families, e.g. midwives, health visitors, nursery nurses).

99% of trainees expressed high levels of satisfaction with the training.



45%

Qualitative findings suggest that significant pressures upon some of the priority workforce may have limited the time that practitioners such as Midwives and Health Visitors have for training. In addition to this the training appears to work well for those from a health care background but practitioners working in the voluntary and charitable sector found that the training was quite in depth and beyond what might be required for their remit. There was, however, consensus in the qualitative work that this training addressed a need for improved knowledge of infant mental health, and the training was positively received by those who attended.



Executive Summary

Key findings of the evaluation

Strand 3: Consultation

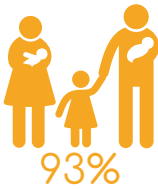


Little Minds Matter provided 535 consultation sessions to practitioners, this was 76% of their target. The Health Visiting team was the main service to access consultation services. Consultations were viewed with high satisfaction levels by those who used the services.



The qualitative evaluation found that this service was highly valued by practitioners who found the accessibility of the Little Minds Matter team a key facilitator in their ability to support families where they had a concern about parent-infant relationships. In addition to this although accessing reflective discussions could be challenging for teams they were identified as beneficial to practice and promoted openness about challenging work in general team discussions.

Strand 4: Clinical Work



Of 192 families referred, Little Minds Matter assessed 182 families for direct clinical work, reaching 93% of their target. In the first two years, the rate of assessed families was low, but in the final 3 years the target was met.

YR1: 62%
YR2: 86%
YR3: 100%
YR4: 138%
YR5: 121%



However, only 96 (53%) of families who were assessed went on to attend at least one session. Families who complete satisfaction questionnaires report positive experiences of the support they received from the project, however these numbers are low and may not fully reflect the experiences of all service users.

The qualitative evaluation found that practitioners felt that there were many challenges to working with families who have concerning parent-infant relationships, and within mental health generally, due to high levels of stigmatisation.

Recommendations

There is evidence of a need for an infant mental health service across the Bradford district and practitioners and families that have engaged with Little Minds Matter are very positive about the service, and there appears to be a benefit to the early years system.

The effectiveness of the service remains unknown, but as there are no alternative evidence based services that could be considered, we would recommend that Little Minds Matter continues to be commissioned but with some adaptations:

- The service should be available across the District, whilst ensuring equitable access for all.
- The training offer needs to be adapted to ensure that more of the priority workforce are able to undertake the training – these changes could be co-produced with service providers and/or practitioners to ensure they are effective.
- A better understanding of the level of demand for the consultation service is required, we do not currently have sufficient understanding of why targets for this were not reached and whether further awareness raising in the workforce is required.
- A better understanding of the low uptake of the intervention after assessment is needed, and whether there are any inequalities in access and/or acceptability of the services on offer (the numbers are too small to do this quantitatively). Some consultation would be useful, and co-production of services might be required.
- The service provision as a whole should be reviewed again once the systems evaluation has completed in 2024.

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 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.

Little Minds Matter 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 for the whole community around the importance of infant mental health delivered by Family Action

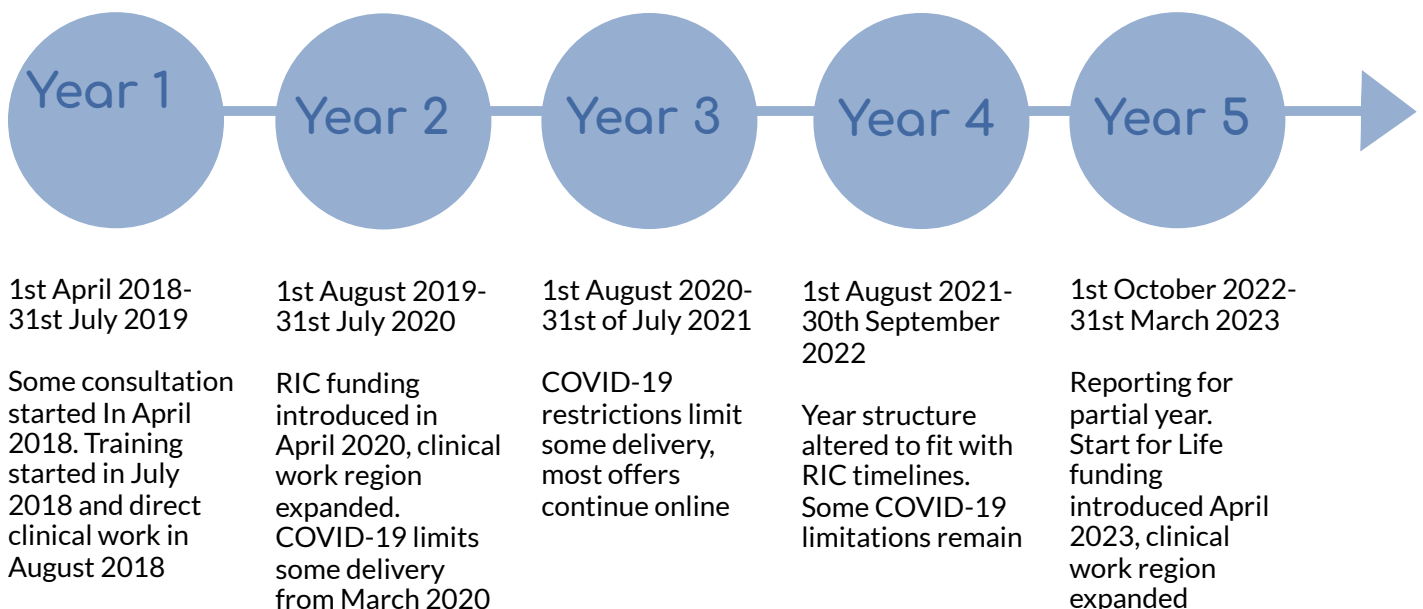
Strand 2. Training for professionals working with families to raise awareness of infant mental health

Strand 3. Consultation, support and guidance for key professionals working during pregnancy or with families with under twos 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 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.

The project was commissioned by Better Start Bradford (BSB) on the 1st April 2018, although activity started gradually over the first year of the project. In April 2020, the project received further funding from the Reducing Inequalities in Communities (RIC) programme which expanded the geographical reach of the direct clinical work, see the Timeline below for more details.

Timeline



Project background

COVID-19: Impact on the project

During the COVID-19 pandemic the project experienced a number of challenges to providing their service. Although there were no changes to targets for Little Minds Matter there was an impact on the delivery of training, consultation and the direct clinical work with families. The team put in contingency measures to ensure that they could still deliver to target and continue service delivery by moving much of the delivery online.

The Strand 2 Infant Mental Health Awareness training offer was paused in March 2020, and restarted online in September 2020, and returned to face to face delivery in April 2023. Infant Health Awareness in Action training and bespoke training was also limited in this way. The online training impacted on the delivery of more practical aspects of training and the collection of satisfaction data.

The organisation of the Strand 3 consultation has altered over time, in part due to changes in provision during COVID-19. Consultation sessions have been offered as online or face-to-face depending upon local restrictions, however most often practitioners consult Little Minds Matter remotely as this is more convenient.

The Strand 4 direct clinical work with families was offered remotely from 23rd March 2020 until the summer of 2021, when face-to-face working was re-introduced, dependent upon specific restrictions placed during local periods of lockdown.

Aims of the Evaluation

Strands 2, 3 and 4 of the Little Minds Matter intervention have received an implementation evaluation over 56 months of delivery from June 2018 until March 2023. Strand 1 was not included in the evaluation because it was not feasible to evaluate community awareness within this context.

Little Minds Matter has received a standard implementation evaluation and an in-depth qualitative evaluation. This evaluation aims to understand how well the project has been implemented, including whether each strand was delivered as it was designed to be, and whether participants (staff in strands 2 and 3, and parents/carers in strand 4) engaged and were satisfied with the service. The qualitative evaluation is underway which aims to explore how well the intervention is embedded into the early years system. Interim findings from this evaluation are provided in this report, the full evaluation report will be ready for the end of Summer 2024.



- This report provides details of the project's performance over the 56 months of delivery (June 2018-March 2023) and targets have been adjusted to this timeline. Previous reporting has included annual
- figures which have not always related to a 12 month period (see timeline figure on page 3). For
- consistency we have continued to use these 'annual' figures, but we focus our interpretation on the overall performance from the full 56 months of delivery.

Data Quality



The project worked closely with the BSBIH to develop appropriate data capture and interpretation for Little Minds Matter. The data provided by the Little Minds Matter team has consistently arrived on time throughout the project and has been complete.

There have been some small challenges with identifying the priority roles for training and the roles of referring or consulting practitioners to understand which services are engaging with the different strands of Little Minds Matter.

Evaluation Findings

Strand 2: Staff Training

The annual performance targets set for strand 2 were the number of staff trained (168 per 12 months; 784 over 56 months), that 75% of these staff would come from the priority workforce (predefined as those working most closely with infants, children and families, including: practitioners from Better Start Bradford projects, Midwives, Health Visitors and Nursery Nurses, Nurses, those from Early Help, Social Workers and Psychology Workers), and that >80% of staff who accessed the training had a median satisfaction score of >4.

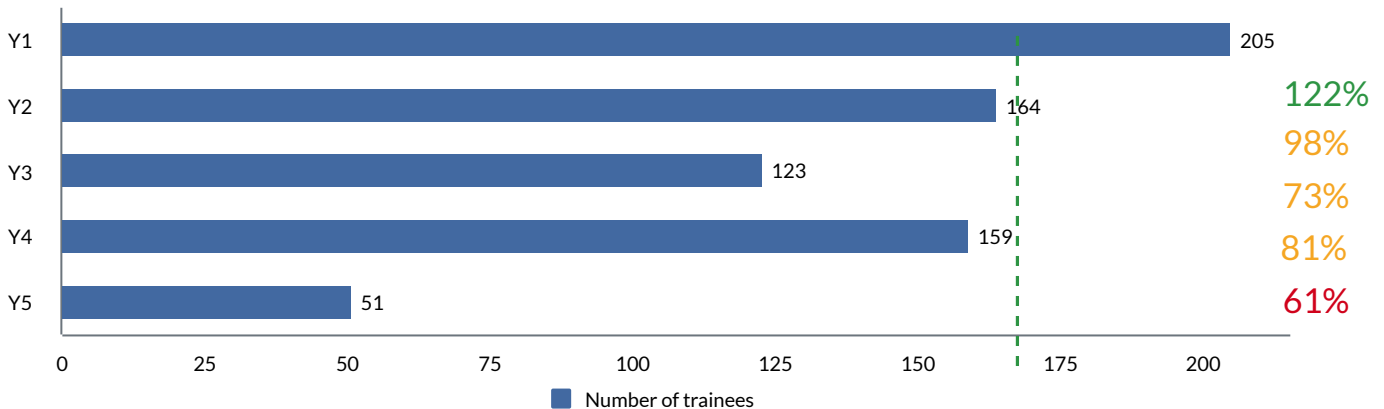


702 early years workforce trained

In total, 702 practitioners (90% the recruitment target) received Infant Mental Health Awareness training, placing the project in **AMBER** for this criteria.

The chart below shows that, in year 1 the project reached their target, in year 2 it reached 98% of the target, but in years 3-5 the numbers reached were lower. The impact of paused training delivery during COVID-19, and then the transition to online delivery, will have contributed to the lower numbers in year 3.

The number of practitioners receiving Infant Mental Health Awareness Training per year



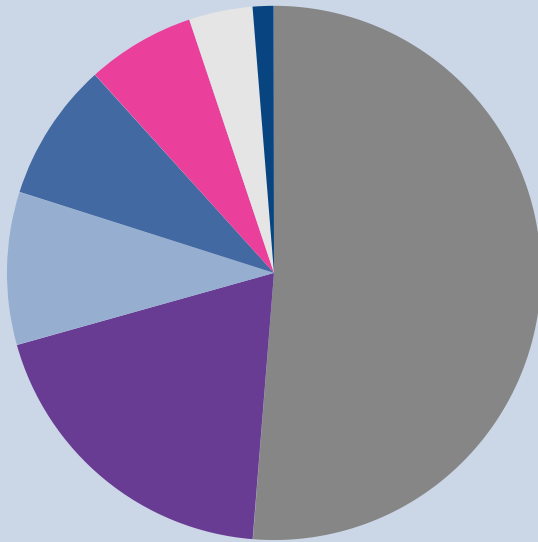
Overall 315 of 702 (45%) of trainees were from the priority workforce, placing the project in **RED** for this progression criteria. The priority workforce was predefined as practitioners from BSB projects, Midwives, Health Visitors and Nursery Nurses, Nurses, those from Early Help, Social Workers and Psychology Workers. In years 1 and 2 this was closer to target, but over time more trainees came from the non-priority workforce explaining the overall red level. Although the Infant Mental Health Awareness training was originally targeted at a specific section of the early years workforce it was accessed more widely across the early years workforce than originally anticipated. BSB projects accessed the training more than other groups (136 of 702 trainees). Shown below is a breakdown of the staff who have accessed the training over the duration of the project.



45% of trainees from priority workforce

Strand 2: Staff Training

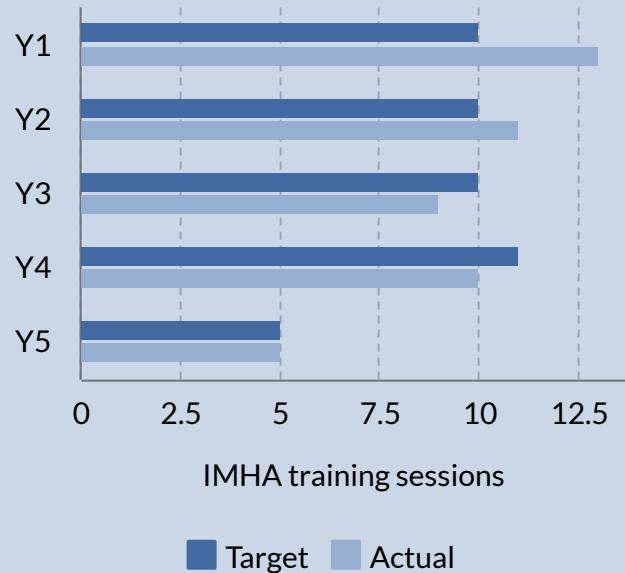
Staff trained (% of total trained)



- Non-priority (51.28%)
- Better Start Bradford Projects (19.37%)
- Health visitors (9.26%)
- Prevention and Early Help (8.4%)
- Midwives (6.55%)
- Unknown (3.85%)
- Priority group (1.28%)

Number of training courses delivered each year

A delivery target of 10 Infant Mental Health Awareness (IMHA) training courses a year was set, 48 have been provided over the 56 month time period which is more than the target of 46 session delivery target. Targets were reached in most/some years with more training courses running in year 1 than in other years.



246 out of 702 (35%) attendees completed and returned satisfaction questionnaires, response to the satisfaction questionnaire decreased during online delivery despite prompts from trainers to encourage completion. Overall, 99% of trainees rated the project as 4 or more out of 5, placing the project in **GREEN** for this criteria.

Other training provision

Over the duration of the project Little Minds Matter provided additional training, including a session which followed on from the day long Infant Mental Health Awareness course called Infant Mental Health-In Action training which contained practical elements. 156 practitioners went on to do this training over the time that it was offered. The majority of trainees were Better Start Bradford project staff (49, 31%) and members of the non-priority workforce (48, 31%).

Little Minds Matter have also worked in collaboration with other groups of professionals to provide bespoke training sessions. These include:

- Annual training provided to Trainee Clinical Psychologists, which is a shorter tailored version of the awareness training.
- Training to the Neonatal team was tailored to include specific parent-infant concerns which might occur on the neonatal ward.
- Additional shortened training has been offered to trainee medics, midwives, early years alliance and interpreters among others.

Evaluation Findings

Strand 3: Consultation

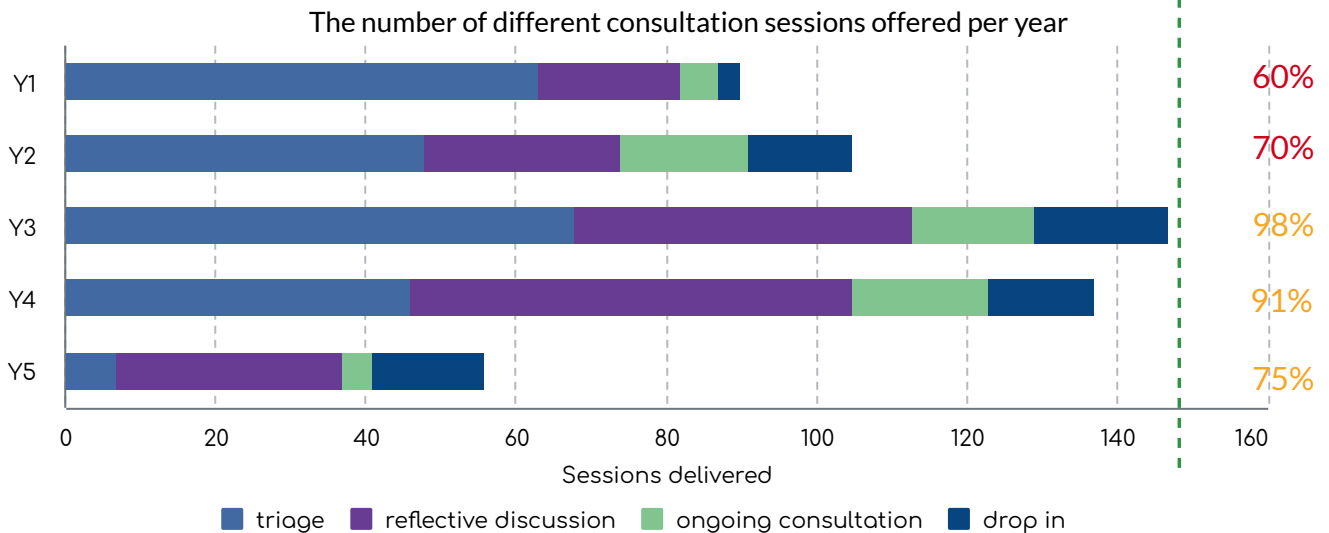


535

Consultations undertaken

The target performance criteria set for the consultation strand was to provide 150 sessions of consultation, support and guidance to practitioners each year, a total of 700 sessions over 56 months. Overall, 535 consultation sessions were delivered, 76% of the target, placing the project in **AMBER** for this criteria.

The breakdown of the consultation sessions per year is shown in the graph below. In years 1 to 3, the most common type of consultation was Triage, however in years 4 and 5, reflective discussions became the most common type of consultation. The number of drop in sessions has remained constant throughout the service delivery.



Staffing capacity

Little Minds Matter had a target of 8.3 whole time equivalent clinical staff to provide consultations. From 2018-2022 the number of staff employed varied between 6.85-7.45, by July 2022 Little Minds Matter had employed the target 8.3 WTE clinical staff.

Consultation Offer

Triage

Triage sessions were designed to be short discussions over the telephone with a team member to signpost to other services or advice and guidance to practitioners about referring into the service.

Ongoing Consultation

Ongoing consultation may consist of one or a series of meetings, between an assigned LMM clinician and practitioners that all work with a specific family with complex needs. This may include Social Workers, Health Visitors and members of other teams.

The aim is to provide a reflective structure to a complex situation and ensure the baby is held in mind by all professionals.

Drop-in

Drop-in clinics were originally booked sessions with two staff members with more discussion about what will work best for the family in terms of supporting their relationship. These were designed to be face-to-face this changed during the COVID-19 pandemic, and now these usually occur remotely for convenience.

Reflective Discussion

Reflective Discussions are organised sessions for teams of practitioners to engage with two of the Little Minds Matters clinicians to talk about a case or an issue. The Little Minds Matter clinicians guide the team in reflecting on this case.

Evaluation Findings

Strand 3: Consultation

Consultation provision: Triage

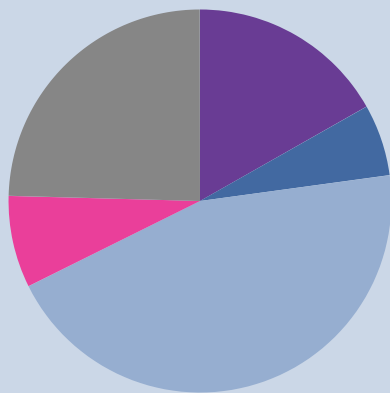
Overall triage was the most common form of consultation- with 232 sessions over the duration of the project. Health visitors were the professionals that used triage most often (45%). Triage was the first part of the Little Minds Matter project to become operational with the first triage happening in April 2018.

34%

of Practitioners who engaged in triage consultations had attended at least 1 of the Little Minds Matter training sessions.



Practitioners were asked about how satisfied they were with the triage consultation service. Of the 147 (63%) practitioners who responded, 94% found the triage consultation helpful or very helpful and 99% agreed that they would be likely, or very likely, to recommend the triage consultation.



- BSB projects (16.81%)
- Social Workers (6.03%)
- Health Visitors & Nursery Nurses (44.83%)
- Midwives (7.76%)
- Other (24.57%)

Consultation provision: Drop-in Clinic

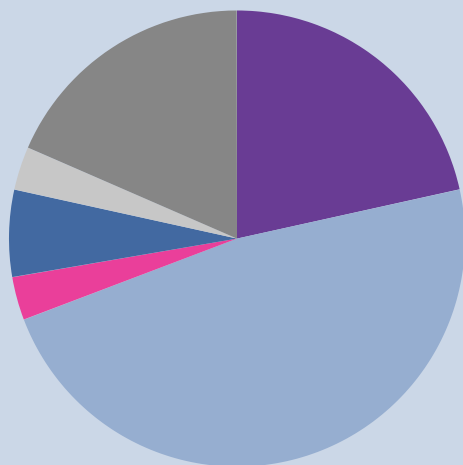
In total, 65 drop-in sessions were held. This service was most often used by Health visiting teams (47.7%). Drop-ins were the last form of consultation to start, this work did not start until June 2019.

48%

of practitioners who engaged in drop in sessions had attended at least 1 of the Little Minds Matter training sessions.



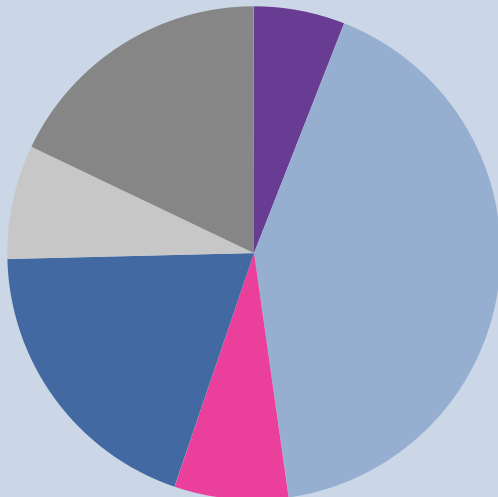
Practitioners were asked about how satisfied they were with the drop-in consultation service. Of 52 respondents, 96% found the session helpful, or very helpful.



- BSB Projects (21.54%)
- Health Visitors (47.69%)
- Midwives (3.08%)
- Social Workers (6.15%)
- Psychologists (3.08%)
- Other (18.46%)

Strand 3: Consultation

Consultation provision: Ongoing Consultation



- BSB Projects (5.97%)
- Health Visitors (41.79%)
- Midwives (7.46%)
- Social Workers (19.4%)
- Psychologists (7.46%)
- Other (17.91%)

Ongoing consultation work started a few months after the project began in August 2018. Over the duration of the project 60 ongoing consultation sessions have taken place, relating to 24 unique families however only 9 families lived in the BSB area and 3 of these were registered with a RIC GP. Of the remaining 15 families 1 was from an unknown location and the others were outside of the BSB and RIC areas. Ongoing consultations ranged from 1-8 sessions per family with most families having between 1 and 3 sessions.

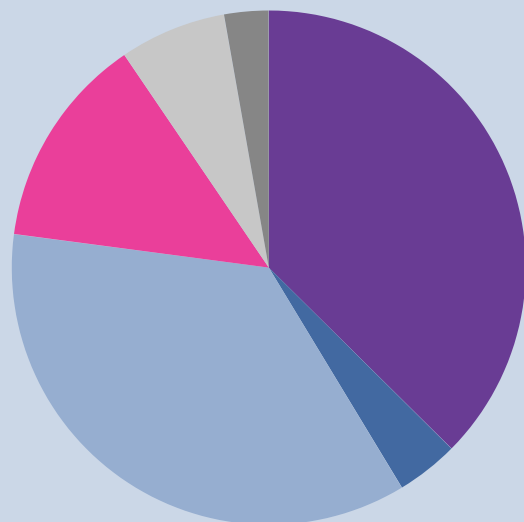


Practitioners using this service were asked how satisfied they were with the ongoing consultation service. Of 21 respondents, 95% found these consultations helpful, or very helpful.

Consultation provision: Reflective Discussion

Over the duration of the project Little Minds Matter delivered 179 reflective discussion sessions. 213 sessions were scheduled, however 28 were not attended or cancelled by the team, an additional 6 were cancelled by Little Minds Matter. Some teams engaged in reflective discussions together to share learning and experiences.

The majority of reflective discussions were held with Better Start Bradford project teams (37.4%) and health visitors (35.8%).



- BSB Teams (37.43%)
- Social Work Teams (3.91%)
- Health Visiting and 0-19 Teams (35.75%)
- Midwifery Teams (13.41%)
- Psychology Teams (6.7%)
- Other (2.79%)

70%

of practitioners who engaged in reflective discussions had attended at least 1 of the Little Minds Matter training sessions.



Practitioners were asked about how satisfied they were with the reflective discussions of 358 respondents, 94% found the discussions helpful or very helpful.

Evaluation Findings

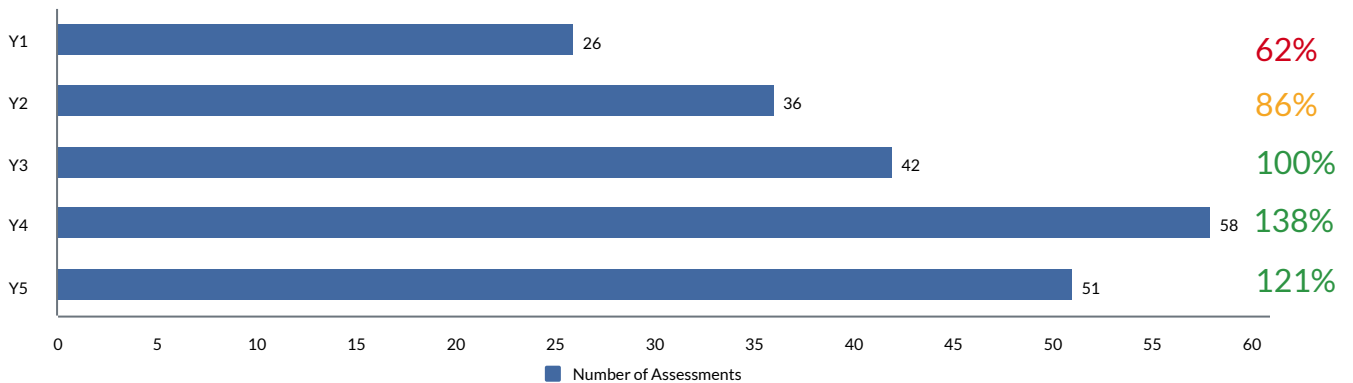
Strand 4: Direct Clinical Work



The target performance criteria for direct clinical work was the number of families who had an initial assessment completed (42 per year, 196 over this reporting period). In total 182 families completed an assessment placing this project in **AMBER** for this progression criteria. However, the figure below shows that, whilst the targets were not met in the first two years, they were achieved in years 3-5.

196 Families
assessed

The number of families assessed per year



Only 96 (53%) of the 182 families who were assessed went on to attend intervention.



Therapeutic Intervention offer

Families may be offered a wide range of interventions which are tailored according to their changing needs. Little Minds Matter have expanded the range of therapies that they offer over the duration of the project. Some families may access a range of interventions numerous times, others may only require a few sessions to see a benefit.

Universal Plus

- Circle of Security
- Health Visiting and Midwifery
- Community Engagement Support
- Adult Therapy e.g. CBT
- Psychoeducation
- Watch, Wait and Wonder
- Watch me Play
- Baby Massage

Targeted

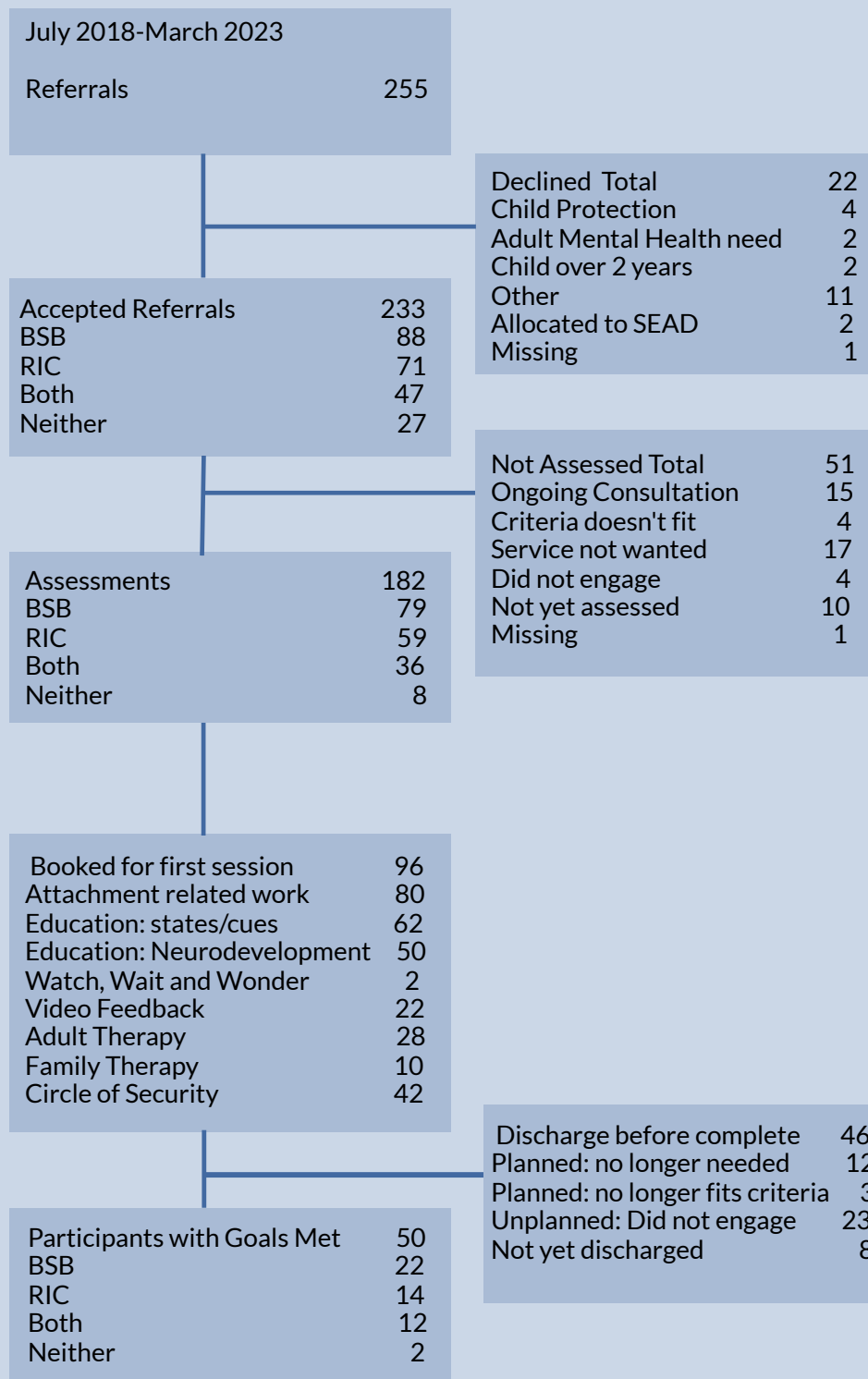
- Offer as Universal Plus and:
- Trauma Therapy including Eye Movement Desensitization and Reprocessing
- Video Interaction Guidance
- Theraplay
- Family Therapy
- Cognitive Analytic Therapy
- Dyadic Developmental Psychotherapy

Specialist

- Offer as Targeted and:
- Child Parent Psychotherapy

Strand 4: Direct Clinical Work

Over the duration of the project Little Minds Matter received 255 referrals for work with families and 182 (71%) of these referrals had an initial assessment. 96 (52%) of those who had an assessment then accessed the clinical interventions. Presented below is the flow of participants from referral to completion.



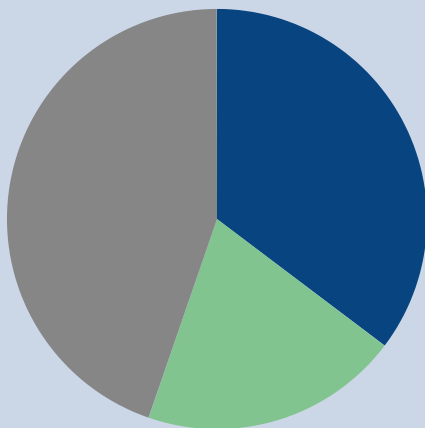
Strand 4: Direct Clinical Work

Demographics of families

Families who took part in the direct clinical work included 35% from an Asian Pakistani background and 20% of White British ethnicity. There were too few participants from other ethnicities to report on separately. There are more White British and less Asian Pakistani participants receiving Little Minds Matter than the general population of 0-3 year olds in the Better Start Bradford areas, however we would not expect these to match as the project is targeted rather than universal. It might, however, indicate a greater need in the White British population compared to the Asian Pakistani population. This requires further exploration.

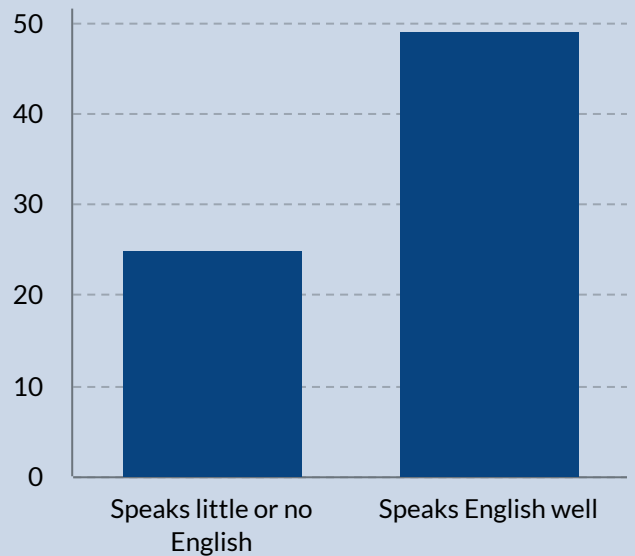
56% of the infants were boys. 34% of the infant's parent/carer speak little or no English.

Infant Ethnicity

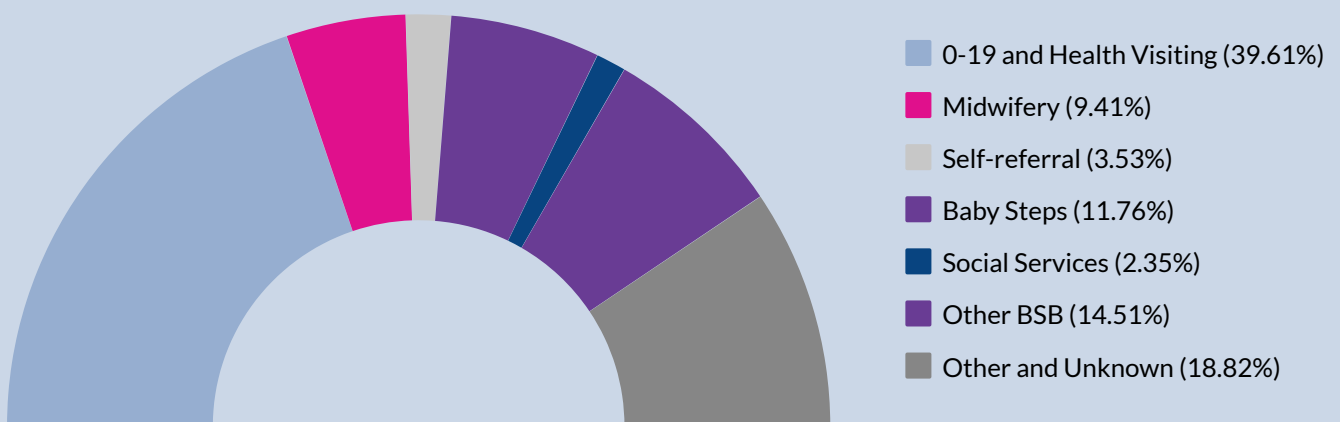


■ Asian Pakistani (35.29%)
 ■ White British (20%)
■ All other (44.71%)

Adults spoken English



Referrals into Little Minds Matter



40% of all referrals came from health visitors, and 26% were from Better Start Bradford projects (12% from baby steps).

Satisfaction

What did families say about the support they received?



Satisfaction targets for the direct clinical work related to the proportion of families who received a median satisfaction score of 4 or more, with a target of 80%. Only 21 unique families completed a satisfaction questionnaire which is a small proportion of those in the intervention and means that these findings might not reflect the views of all families involved. 100% of respondents rated the project as 4 or more out of 5, placing the project in **GREEN** for this criteria. Over the duration of the project Little Minds Matter have used paper and online versions of the questionnaire to try to boost response rates.

This is a great service. The help I have received has enabled me to make changes in how I interact with my children. I had come to a point where I was thinking of giving up. Little minds matter has helped me gain another perspective of my experiences and traumas. I have gained a lot of strength in myself as a result of the work I have done with this service.



Thank you Little Minds Matter for your help and support.

The Circle of Security was very helpful in helping me to understand my baby's needs and enables me to respond quickly. I feel this is going to help me build a more secure, positive relationship for my son which is very important for me.



Being able to talk about my feelings openly without judgement. I found that my sessions were very helpful and helped me understand my feelings better.

Systems Change Evaluation

Qualitative findings

An enhanced evaluation of Little Minds Matter is currently underway. This is using a systems approach to understand the extent to which Little Minds Matter has become embedded within the early years system since the service was launched in 2018. Specific research questions are:

1. What the early years system looked like before the project was implemented
2. Exploring changes that have happened in the early years system since the project was implemented
3. The ways in which the project has become embedded in the system
4. The facilitators and barriers to successful implementation of the project
5. Whether Little Minds Matter has increased the knowledge and understanding of infant mental health in the early years workforce.

Data is being collected at two time points, data from the first time point has been collected. The table below describes participation and data collection. This report includes the emerging key themes from preliminary analysis of the first round of data collection.

Group...	Participants are from...	Methods...	Number involved...
Group 1	Service Design	1-1 interviews	4
Group 2	Little Minds Matter team	Focus Group	11
Group 3	Early Years Service Workforce	1-1 or dyad interviews	22

The complexity of the early years system

The Bradford Early Years System was described as complex, and has seen a number of changes since the Little Minds Matter project was designed and developed. In addition to this there are other services which cater for young families in the area:

"I know this (the relationship between LMM and the early years system) is probably evolving and changing, because I think the landscape is constantly evolving and changing so, you know, there's a waxing and a waning that goes on"

"(There are) overlaps between services and how we kind of work that out, so SEADs (Specialist Early Attachment and Development Service) and SMABs (Specialist Mother and Baby Service) and 0 to 19 being the other three kind of services within BDCT that all kind of sit within that inner circle... maternity services being a different Trust."

Participants highlighted the need for increased awareness of the other services within the early years system, including raising awareness of Little Minds Matter and what the service does, to ensure that services were all aware of what each provide.

"I think first and foremost it's knowing about the service and it's about knowing about what the service can offer and it's then about having the time to actually access these things, the training, consultation..."

Enhanced evaluation

Qualitative findings

The complexity of the early years system

The system was also seen as being under pressure, with many services feeling stretched and unable to provide the support that they would want to give to families. In addition, it was felt that services don't always work together or communicate well, which creates challenges in reaching those families who really need support.

"What we have seen over the years is a significant decrease in offer across services and really, really stretched services. So what's available to families in Bradford, Airedale and Craven, which is the area we cover, is massively depleted really and see increasing isolation of mothers and families and babies and bigger and bigger gaps."

"I guess it could be seen as lucky in a sense that a lot of the families we work with at BD4 aren't at that level and don't seem to need that level of help. Similarly, we're trying to crack areas where people do need that, because actually that's what it's about. We love our families that come but obviously a part of our work is we want those families that aren't doing so great, we want to get in there and help them."

Participants across groups emphasised the need for a service like Little Minds Matter in Bradford, and for the team and to consider how it would be sustainable for the future

"...looking at sustainability to help them (Little Minds Matter) plan for what changes might be coming, and what they might need to respond, if they're going to retain their place, to find new funding, become part of an existing system."

Infant mental health knowledge and service need

Participants identified that before Little Minds Matter there was a gap in knowledge about infant mental health and a gap in infant mental health provision. The need for this service was identified by a large number of those interviewed.

"We didn't feel like anybody in the early years workforce understood the specific nature of infant mental health, and they would conflate perinatal mental health and attachment together unhelpfully."

"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."

Enhanced evaluation

Qualitative findings

Infant mental health knowledge and service need

Infant mental health was seen as a priority by participants who noted that it should be a key aspect of provision and part of the prevention agenda when working with young families and for better mental health in the district.

"We're wanting to prepare ladies and prepare the babies and give them the best footprint for the rest of their lives"

" If you're a new mum, I think sometimes there's no book that says this is how you're going to feel, so I think it's that reassurance that Little Minds Matter give to the families that we work with and that we signpost onto Little Minds Matter, that there is somebody out there, that it's fine to feel how you're feeling and if you're feeling low or you're feeling you're not sure whether you're doing it right and having that reassurance."

Training was viewed differently by participants, most of those who had attended training valued it and believed it improved their practice. However, those from voluntary groups had found the training was more than they needed, in particular when they have limited time for training.

"...it was really engaging, it was really informative. There was quite a lot of, you know, a range of different professionals in the room from other services in Bradford and, yeah, I learnt, I learnt a lot."

"The training as it was, no... it's too much... but then to say, to give up a full day when sometimes they only have that one day I think maybe an hour or two's training to say, hey, this is who we are,... So as it was presented at the time, no, but if it was presented in that way, then, yes, it would be great."

Facilitators to Implementation

Involvement with the Better Start Bradford 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 families.

"Working with Better Start Bradford I interact with obviously all those projects, so the perinatal service, all kinds of, whatever's in the Better Start Bradford umbrella."

" (There are) mums that we've worked with where we've been able to provide that really holistic support. I think you only get that with that working together collaborative approach, make sure mums get the right support at the right time and that's the same for families going forward."

Enhanced evaluation

Qualitative findings

Facilitators to Implementation

Consultations were viewed as a positive part of Little Minds Matter provision, in particular the open and accessible way in which the Little Minds Matter team interacted with those contacting them for advice. Reflective discussions were not always easy for staff to attend, due to pressures on their own service delivery, however these were seen as a positive, safe space to come together and talk and this fed into wider practice.

"If we felt that Little Minds Matter's service was the most beneficial at this time we would ring the service and talk to somebody over the phone about the family and the reason why we're thinking about making a referral, for them to give us feedback about either if it is a good referral to make to their team or if they could give us any advice on their side about another route for our families"

"I think it was a nice debrief, the practitioners that were involved, because they discussed a case in particular that they were worried about. So it was time to kind of talk about it, talk about worries... it wasn't so much saying, maybe you should do this, maybe you should do that, it was just kind of, it felt like we were sharing a problem and it's a problem halved, it was a little bit like that."

"I think reflection is a huge part of being a midwife, so I think that we'd actively encourage that sort of, yeah, as much as we could."

Challenges to Implementation

In addition to the challenge described earlier about the complexity of the early years system, participants also reported finding the geographical limitations of Little Minds Matter to be difficult, although the expansion of the area following RIC funding helped to improve this a little.

"Whenever we do want to contact them or we'll refer people it's really easy, there's lots of advice given. The only barrier is wanting if refer people that aren't in the area. Little Minds Matter do what they can to work around this by providing us with the support. However, sometimes that's not enough and the person just needs to access Little Minds Matter"

Most Participants described the referral process as straightforward and the information required as easy to access, however this was not always the case. Some participants struggled to access and complete forms and at other times declined referrals left practitioners confused.

"...just the referral form was quite lengthy and once it was all done I, I can't remember why it was not taken on and maybe then it should have been a bit clearer."

"I think the last couple of times that people have done it, they've been declined... So, yeah, so that was just something that we were querying, because we thought we were, I think they thought they were referring people that met the criteria, but then it got declined by Little Minds, and I think that sometimes leaves us a little bit confused."

Conclusion of findings

The Little Minds Matter service has trained 702 practitioners on infant mental health awareness, meeting 90% of the set target. The service reached its target in years 1 and 2, but failed to meet this target in years 3-5, in part due to a suspension of delivery early on during the Covid-19 pandemic.

The service aimed to ensure that 75% of staff that received the training were in the priority early years workforce, however, overall only 45% was achieved. The qualitative work highlights the strain within the early years system which could explain why the priority workforce have not been able to attend a full day training session. The Voluntary Sector workforce also noted that a full days training was not seen as necessary for their work. Little Minds Matter have since created a range of training offers which might better suit some sectors, and/or be more accessible for those with limited capacity. Nevertheless, there was consensus in the qualitative work that this training addressed a need for improved knowledge of infant mental health, and the training was positively received by those who attended.

Health visitors were the main users of the Strand 3 consultation sessions, suggesting again that there is a willingness by the priority workforce to engage with this service. However, the number of consultation sessions undertaken by the service fell short of the set target, with just 76% of the target completed. The reasons for this need to be further explored – it could be that there is less demand for these consultations than anticipated, or it could be that some practitioners are not aware of, or are not using, the service on offer.

A number of consultations were also sometimes used by practitioners to discuss families in the wider Bradford district. Practitioners in the qualitative interviews noted the difficulty of having a geographical restriction on the access to the service, highlighting a need for infant mental health support across the district. Practitioners also described the consultations as welcomed by the workforce, and which made them feel supported and empowered in their work.

Of 233 accepted referrals for strand 4, direct clinical work, 182 families had an assessment completed, which was 93% of the target set. However only 96 families received therapeutic interventions, only 53% of those assessed. The small number of families that completed satisfaction surveys were very satisfied with the service that they received. Families who engage with direct clinical work may not be representative of the BSB and RIC populations. Understanding of the reasons why families do not go onto engage with direct clinical work is essential.

Evidence review



The Rare Jewels report published in 2020 [1] described the importance of services to support Infant mental health, and Little Minds Matter aims to address this gap in service provision. There is no evidence of effectiveness of the Little Minds Matter service, although some of the individual therapeutic interventions do have an evidence base: This includes Watch, Wait and Wonder (EIF Level 2+) and Circle of Security (EIF Level 2+) [2] and EMDR (Eye Movement Desensitization and Reprocessing) (NICE guidelines for trauma support) [3]. Video Interaction Guidance is now recommended in the National Institute for Health and Care (NICE guidelines) [4].



Using the Early Intervention Foundation evidence scale as a framework, at the beginning of delivery, the Little Minds Matter service was judged by the Better Start Bradford Innovation Hub to be at step 1 of 10 (NL2), and now is judged to be at Step 3 of 10 (NL2).

There are no alternative evidence based interventions available that could be delivered in place of this service.

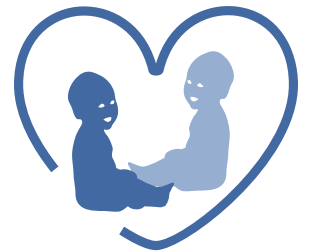


1. parentinfantfoundation.org.uk/our-work/campaigning/rare-jewels/
2. EIF Guidebook: html.guidebook.eif.org.uk
3. nice.org.uk/guidance/NG26
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Recommendations for Practice

There is a clear need for a service that supports infant mental health across the Bradford District. Practitioners and families that have engaged with Little Minds Matter are very positive about the service, and there appears to be a clear benefit to the early years system. The effectiveness of the service remains unknown, but as there are no alternative evidence based services that could be considered, we would recommend that Little Minds Matter continues to be commissioned but with the following adaptations:

- The reach of this service should be District whilst ensuring equitable access for families.
- The training offer should be adapted to ensure that more of the priority workforce are able to undertake the training – these changes could be co-produced with service providers and/or practitioners to ensure they are effective.
- A better understanding of the level of demand for the consultation service is required, we do not know if the reason the service did not meet it's target is because there is less need than anticipated, or practitioners do not know about the service, or the service itself doesn't have enough capacity to deliver more consultations.
- A better understanding of the low uptake of the intervention after assessment is needed, and whether there are any inequalities in access and/or acceptability of the services on offer (the numbers are too small to do this quantitatively). Some consultation would be useful, and co-production of services might be required.
- The service provision as a whole should be reviewed again once the systems evaluation has completed in 2024.



Recommendations for Evaluation

We would encourage Little Minds Matter to continue with their excellent data capture and reporting to ensure continuous exploration and review of the implementation of this service, including equity of access across families and the workforce.

The next step for evaluation is to complete the systems change evaluation (due Summer 2024).

To enhance the evidence levels of this project an in-depth evaluation of the direct clinical work would be recommended. This could include looking for improvements in parent-child relationship from the start to the end of the service using the Mothers Object Relations Scale (MORS) measure, and/or further qualitative work to explore the experience of direct clinical work and influence this has on families feelings about their parent-infant relationships.

An effectiveness evaluation using a randomised controlled trial would not be ethical, but it could be possible using quasi-experimental methods. However, to do so, the number of families receiving the service would need to be much larger than at present. If Little Minds Matter becomes a district wide offer then the opportunity to do this evaluation should be considered.

