Little Minds Matter
Bradford Infant Mental Health service

NHS
Bradford District Care
NHS Foundation Trust

Little Minds Matter: Bradford Infant Mental Health Service

Annual Report

Year 2: August 2019 – July 2020

better lives, together

Better Start BRADFORD

COMMUNITY FUND

family action Building stronger families 150 years

Contents

Acknowledgements
We are grateful for the leadership support we have received from colleagues across Bradford District Care NHS Foundation Trust, including Krystal Hemingway, Ben Lloyd, and Anita Brewin. We would like to thank Nicola Hancock and Kerry Bennett from Better Start Bradford for their continued encouragement. Finally, we would like to recognise Jane Ellis for her diligent data analysis in contributing to this report.

Foreword

I am delighted to share our second Annual Report with you. Little did I know that I would be writing it from home and reflecting on how we have overcome the challenges of a global pandemic! Despite all that has rocked the Little Minds Matter: Bradford Infant Mental Health Service, I am thrilled to say that it has been an extraordinary year for us.

We have recruited almost a whole new team of passionate and enthusiastic practitioners. Together, we have worked hard to refine our pathways and processes. Carefully following a 'say what you do, and do what you say' methodology, we have developed a robust approach for all elements of our comprehensive infant mental health service, clearly articulated in our Service Guidelines. I feel privileged to lead a team that are so motivated to contribute to the continuous improvement of our service, and who have worked so hard to make our new Service Guidelines a success.

The team have applied their reflective, compassionate, and scientific minds to a range of challenges this year. Above all, they have focused on how we can better help babies, their carers, and the practitioners that work with them. I was delighted that the reward to this work has been additional funding and a contract extension.

Our additional funding from the Reducing Inequalities in City programme will mean that we can reach more babies, families, and practitioners than ever before. Our contract extension means that we have guaranteed funding until 2024. Together, this means that we have an invaluable opportunity to evidence our impact and demonstrate the positive outcomes that an infant mental health service can achieve across Bradford.

I look forward to the exciting period of service development that will launch our third year.

Best wishes,

Dr Matthew Price
Principal Clinical Psychologist & Infant Mental Health Pathway Lead

About Us

This is the second annual report for the Little Minds Matter: Bradford Infant Mental Health Service. We are a Better Start Bradford project, delivered by Bradford District Care NHS Foundation Trust as part of Child and Adolescent Mental Health Services. We are funded by The National Lottery Community Fund, with additional funding from the Reducing Inequalities in City programme led by the Bradford District and Craven Clinical Commissioning Group.

Our service launched in 2018 to support the early relationships between babies and their carers. We deliver on this vision by completing four workstreams:

1. Direct Clinical Work
2. Training
3. Consultation
4. Community Engagement, delivered in partnership with Family Action.

This report will cover our achievements and challenges across each of these workstreams over the past year (August 2019 – July 2020).

Service Expansion, Extension and Development

We are pleased that the early indications of our impact have meant that we will continue to provide more services to more families and practitioners across Bradford until 2024.

Reducing Inequalities in City

We have been awarded funding as part of the Reducing Inequalities in City programme (Bradford and Craven CCG) to provide our services across a wider footprint in Bradford. The programme tackles inequalities in health and care across Bradford. This means that in addition to the Better Start Bradford areas of Bowling and Barkerend, Bradford Moor, and Little Horton, we will also be able to support families in the following postcodes: BD1, BD2, BD3, BD5, BD7, BD8, BD9.

This funding has been used to recruit new team members with a diverse skill set that will help us to truly make a difference to families where there is a parent-infant relationship difficulty. Experienced practitioners have been appointed to all new roles and we look forward to commencing our new services from October 2020.

Better Start Bradford Contract Extension

In line with our additional funding from the Reducing Inequalities in City fund, we have secured an early extension to our contract with Better Start Bradford. This means that our funding will continue until the end of the Better Start Bradford programme in 2024. As we know from attachment research: security is important. The security that this extension provides will give us a real opportunity to embed our learning so far and evidence even more clearly the outcome and impact of our services.

Developing the Right Skill Mix

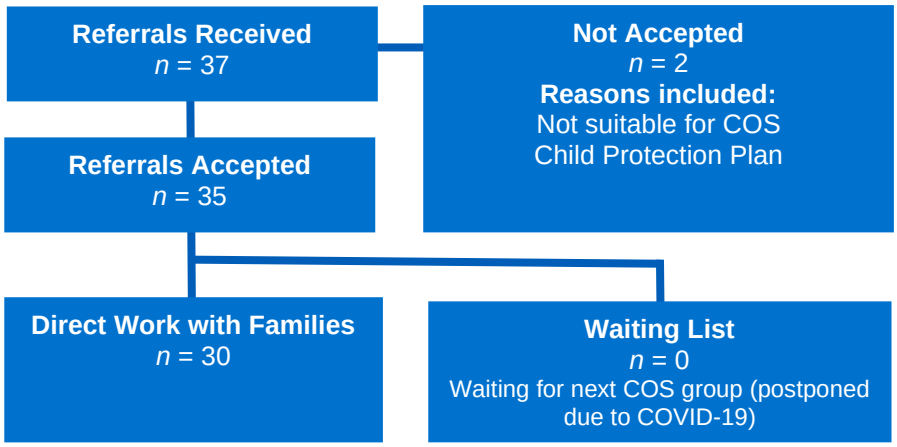
As a specialist service, we have needed a wide range of skills across the team. Our practitioners have needed to work autonomously across all four of our diverse service strands. Moreover, there has been a struggle in terms of leadership capacity within the team; with the Clinical Lead trying to provide operational and clinical leadership internally, as well as strategic leadership to external agencies.

Over the past year we have developed a robust service model, underpinned by greater leadership capacity and more diversity in skill mix and experience. Appendix 1 shows our new organisational charts and how they have changed this year. Although launching this new service structure has resulted in short-term capacity difficulties due to recruitment delays, we look forward to reaping the benefits of this new model going forward.

Direct Clinical Work

We help families who are struggling in their relationship with their baby from conception to age two. Before a referral can be made, the referrer must speak with a member of our team. This means that we begin to engage the practitioner before the referral is made, and the referrals that we see are often appropriate for the service - 95% of referrals were accepted.

We received 37 referrals in our second year. Of these, 95% were accepted for direct clinical work. We provided therapeutic work for 30 families and ended the year without a waiting list.



Our direct clinical work is preventative

The biggest proportion of our referrals come from Health Visitors (32%), followed by Family Support Workers (22%; see Appendix 2 for an overview of all our referral sources).

We have worked hard to work even more preventatively by supporting families and babies antenatally. We are pleased that the proportion of referrals received from Midwives has increased from 8% in Year 1 to 14% in Year 2. This is also reflected in the age of babies at the time of referral to our service. Nearly three quarters were either unborn or 0-6 months (73%). Again, this is an increase from 49% in Year 1 (see Appendix 2 for a full breakdown of ages).

Our direct clinical work reaches a diverse client group

The ethnicity of families accessing our service is broadly comparable with those in the Better Start Bradford areas (see Appendix 2).

The diversity of families who we work with is further demonstrated in the variety of languages spoken. A total of 13 different main languages spoken have been reported by our families. We use interpreters frequently to ensure that we are reaching families in need of our service. Approximately one in three families requires an interpreter – 8% of families speak no English and 21% speak English poorly (21%; see Appendix 2).

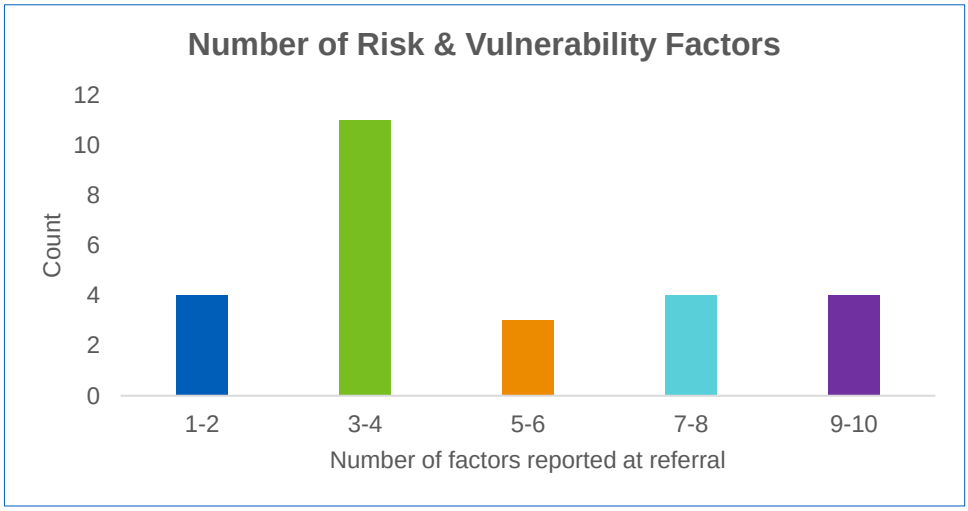
Risk and Vulnerability at Referral

Referrers complete a 'Risk and Vulnerability' checklist at the point of referral (excluding Circle of Security referrals). This explores:

- parental factors, such as experiencing the previous loss of a child,
- infant factors, such as prematurity
- parent-infant relationship factor, such as lack of eye contact.

Families who are referred to our service present with multiple risks and vulnerabilities with families having five on average (*n* = 25). Moreover, nearly a third of the families we worked with had seven or more vulnerabilities (29%). Commonly reported factors included parental experience of mental health

difficulties, violence reported in the family, ongoing lack of support, chronic stress in pregnancy, lack of sensitivity to baby's cries or signals, and negative feelings towards baby.



Therapeutic Interventions

Our multidisciplinary team enables us to offer a broad range of therapeutic interventions to families. The intervention that we offer is tailored to each family based on a clinical formulation developed after a comprehensive assessment. In an attempt to capture the different ways in which we might support families, we have created high level 'treatment categories' that a family could receive. This is not an exhaustive list but it demonstrates that we are able to meet a range of different needs within our service.

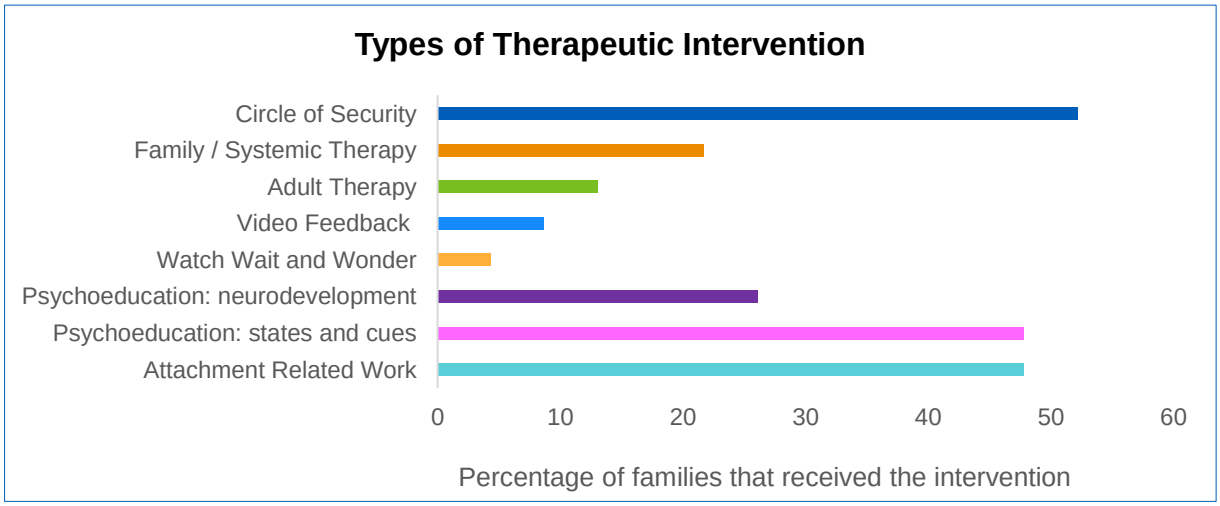
Most families receive at least two forms of interventions from us. Most commonly:

- Attachment related work, e.g. parent-infant therapy (48%)
- Psychoeducation about baby states and cues (48%)
- Circle of Security (52%).

Discharges

We work with families for an average duration of six months (SD = 4 months). This year, we discharged 28 families. Most of these were planned discharges where our therapeutic work was completed and the family's goals were met (46%). Following a comprehensive therapeutic assessment, some families were not ready for parent-infant relationship therapeutic support (39%). Of the families for whom discharge was unplanned, most moved out of our area (7%) and a small proportion did not engage with our service (4%).

We ended our second year with 24 families receiving ongoing care from us.



Outcomes

We have a comprehensive approach to measuring the outcome of our work. This centres on three aspects:

1. Assessing changes in parent-infant relationships using a standardised parent report.
2. Assessing progress towards parent-related goals.
3. Assessing parental evaluation of our service.

Our interventions improve parent infant relationships.

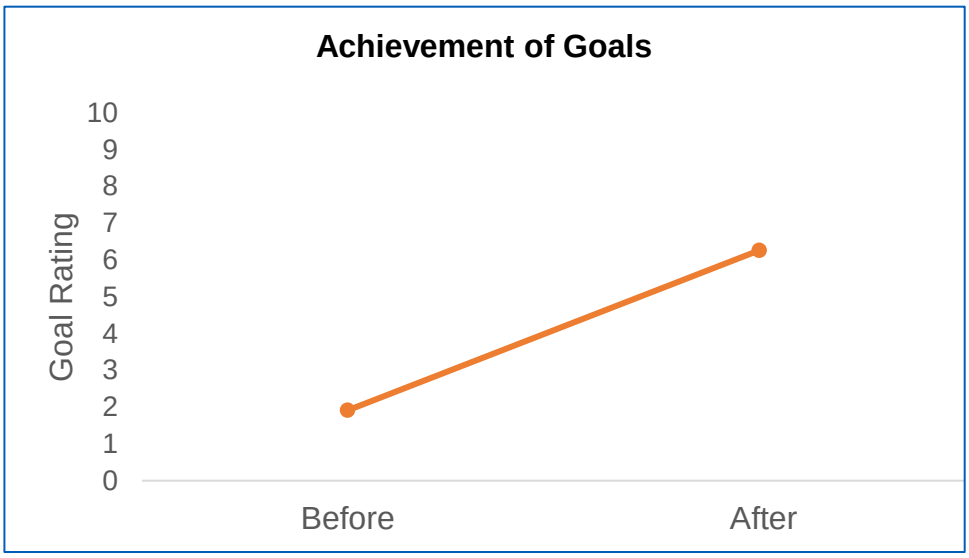
We use the Mothers' Object Relation Scale (MORS) to explore parent-infant relationships. This is a commonly used questionnaire and has been used to measure pre-post differences in infant mental health research. It is designed to assess how a caregiver (mother, father or other) represents their infant's feelings towards them; how invasive or distant, and how warm or cold the infant feels towards the caregiver. It taps into the caregiver's internal working model of their infant, focusing on the part of that model that is about the infant's agency towards the carer (Oates, 2019).

Parents reported greater feelings of warmth following our support (mean scores increasing from 26 to 29, *n = 13*). Parents also reported feeling as though their baby was less invasive (mean scores decreasing from 16 to 14, *n = 13*). This suggests that our interventions help to support parent-infant relationships. We will continue to use the MORS evaluate the impact of our interventions.

Our interventions help parents to meet their goals.

Goal setting is a person-centred approach to measuring progress. It allows parents to decide what improvement would look like for them, and what they would like to achieve during the work. We helped families to work towards a total of 23 different goals.

Observations of completed pre-post goals data suggests that they were closer to their goals by the end of treatment (mean = 6.3) than at the start of treatment (mean = 1.9).



Parents would recommend our service to friends and family.

Families complete a service evaluation questionnaire at the end of their intervention. This enables us to gauge qualitative and quantitative evaluation of areas of strengths and development as a service, from a service user perspective.

Feedback from families is overwhelmingly positive. For example, 93% 'strongly agreed' with the statement 'I am satisfied with the level of support my baby and I received', with 7% 'agreeing'. Moreover, 87% reported that the service Little Minds Matter made their situation 'much better', with remaining 13% reporting that our service made their situation 'better'. All service users reported they were 'extremely likely' to recommend Little Minds Matter to friends or family if they needed similar care.

Feedback from our Direct Clinical Work

I really appreciate the work. I have found we are communicating better as a couple and it has really helped us bond with our baby.
Mum

It has been a great help in the times when I really questioned the relationship between me and my son.
Mum

You have helped me feel confident and made me realise that I do not need to wait for things to happen and I can be part of the change I want to make. Before I thought that language would get in the way but after calling people about my housing situation, I felt that I can ask for support myself. I believe that if I cannot help myself then I cannot help my baby. I feel good about my relationship with my baby.
Mum

What do families think of our service?		
Question		**Average (*n* = 13)**
I am satisfied with the level of support my baby and I received.	Strongly disagree = 1 Strongly agree = 5	4.9
Thinking about my relationship with my baby was helpful.		4.9
I felt understood by my practitioner and this helped my situation.		4.8
Overall, I am happy with the Little Minds Matter Service.		5.0
The service Little Minds Matter offered me made my situation…	Much worse = 1 Much better = 5	4.8
How likely are you to recommend us to friends or family if they needed similar care?	Extremely unlikely =1 Extremely likely = 5	5.0

Circle of Security

Circle of Security is an evidence-based parenting programme designed to be delivered in a small group format. We piloted this group with families in the Better Start Bradford area where there are concerns about the relationship between a parent and their baby (under the age of two).

This year three families completed our first group. The second group was not able to be completed due to lockdown. However, all families have been offered 1:1 Circle of Security delivered online. Feedback for those who completed the first group was positive.

I learnt a lot about myself. How to look after my baby, how to organise her feelings when she is upset or angry. This is very important. Very helpful. I didn't know this before. Big thank to you guys.
Mum

I learnt to 'be with' my child and understand her feelings… This idea has changed everything for me, especially in terms of how I deal with my child's emotions.
Mum

I now know being sad is just as important as being happy. All emotions are important… I really enjoyed coming to this group and it hasn't only helped me with my baby but with other things too. I now see the Circle with most of my relationships. It has also helped [me understand] the way I was parented.
Mum

We will shortly be piloting an online Circle of Security group. This was not possible when nurseries and schools were closed because many of the parents who wanted to access the group had other childcare duties that prevented this.

In our third year we will continue to partner with the Leeds Infant Mental Health Service to jointly evaluate the effectiveness of the Circle of Security intervention for use in infant mental health services. This is an innovative approach to evaluation. We plan to publish this evaluation in a peer reviewed journal once we have sufficient numbers of participants.

Case Example of our one to one direct clinical work offer

Sana and Salim (15 months) were referred for parent-infant relationship support. Sana's own early experiences of being parented were difficult; often her feelings were ignored. When we first met Sana, she felt anxious and found it difficult to manage Salim's feelings, for example; when he was angry or sad.

We were able to offer long-term and specialist support for this family. We worked with Sana to explore her own patterns of relationships and used ideas from Circle of Security to help her better understand Salim's emotional world. Following 20 sessions, Sana reported meeting her goals, improved MORS scores, and reflected positively on our support.

"Talking to Clare has helped me strengthen the bond with my son… You are doing a fantastic job. I wouldn't be in this place where I am without your help. I don't like to think about where I would be, I may not even be here, so thank you!"

Please see Appendix 3 for full details of this case example.
Names have been altered to maintain confidentiality.

Training

As a small team, we aim to have a big impact by building the knowledge and experience of a wide range of health and care practitioners across Bradford. Although Covid-19 prevented our delivery of training, we still provided a substantial contribution to staff training this year.

Our Training Makes a Difference

Our training offer has been independently evaluated by a Psychologist in Clinical Training as part of the Doctor of Clinical Psychology programme at the University of Leeds. This evaluation combined quantitative analysis of evaluation data and qualitative analysis of semi-structured interviews.

Our training positively impacts the practice of those who attend.
One of the key themes that emerged from this evaluation was that practitioners had specific examples of how their practice had been positively changed by the training. For example, practitioners reported being more confident in observing interactions and modelling good parent-infant relationships in sessions with families.

Practitioners also shared their sense of the quality of the training, as the quote below demonstrates.

> It is one of the best training sessions I've ever been on as a Health Visitor. It was really relevant to my practice and I never felt bored as there was a range of learning opportunities. I think all professionals who work with families should receive it as it makes you look out for things that you might not have realised are important. It means that you can support parents before a point where it feels more difficult and you can intervene earlier on.
> **Health Visitor**

A full report from the service evaluation is available on request. We have included some key statistics from our second year below.

Infant Mental Health Awareness Training

Our full-day 'Infant Mental Health Awareness' course focuses on neurodevelopment, attachment, and understanding infant states and cues.

In Year 2, we delivered 11 training courses, training a total of 160 practitioners. The mean number of attendees each course was 15 (range: 4-22). A wide range of practitioners accessed our training, including:

- Better Start Bradford project staff
- Health visitors
- Midwives
- Prevention and early help workers
- Mental health nurses
- Speech and language therapists.

Feedback from our training has been overwhelmingly positive. Of the 152 attendees who returned evaluation forms, 100% told us that it was 'useful' or 'very useful' to their role. Nearly three-quarters reported that it was 'very useful'.

Feedback from our Infant Mental Health Awareness training

Well put together, informative training. As I work in the Bradford MASH, my main role is to screen new referrals to determine if social care need to intervene. The knowledge gained will support this decision-making for infants.

Children's Social Care Practitioner

Excellent delivery throughout and positive use of visuals, exercises, group work to apply / discuss theory to case studies.

Better Start Bradford Project Worker

The content was so engaging and thoughtfully presented. I appreciated the self care slide, this was compassionate. The teachers were so knowledgeable about the topic and this really came through. The wool exercise was a great way to learn.

Trainee Clinical Psychologist

Infant Mental Health in Action Training

Our half-day follow-up training course 'Infant Mental Health in Action' aims to help practitioners put what they have already learned into practice. It helps practitioners to observe the complexities of parent-infant interactions and notice where there may be risks / concerns. We also support practitioners to have difficult conversations about attachment and parent-infant relational difficulties.

In Year 2, we delivered six courses, training a total of 44 practitioners. The mean number of attendees each course was 9 (range: 5-18).

We have received consistently positive feedback for this training. Of the 43 attendees who returned evaluation forms, 98% told us that it was 'useful' or 'very useful' to their role, with 84% reporting that it was 'very useful'.

Feedback from our Infant Mental Health in Action Training

Very well presented. Comfortable. Knowledgeable presenters. Risk factors brilliant. Love the "themes". Great mix of people. Lots of shared learning.

Better Start Bradford Project Worker

Excellent, so informative, reflective and thought provoking. Content excellent, delivery excellent

Children's Social Care Practitioner

Was a good length of time and structured well. Liked the handout of the slides. Felt my contributions were valued

Breastfeeding Support Officer

Bespoke Training Offer

In addition to our core training offer, in our first year we developed personalised training courses to help upskill the early years workforce. This included a training programme for the nursing team at the Neonatal Intensive Care Unit, and training for interpreters who support our clinical work with families.

Infant Mental Health for Neonatal Staff

In Year 2 we delivered two courses of our Infant Mental Health for Neonatal Staff training, training 14 neonatal practitioners in total. Of those who provided feedback (*n* = 13), 100% said the training was either 'very useful' or 'useful' to their role. On average, all participants reported an increased understanding and knowledge of infant mental health, babies' brain development, attachment and parent-infant relationships.

Tuning in to Parent-Infant Relationships

Feedback from our core full and half-day training courses tells us that the activities and case studies are important components. To ensure that these were not lost, we decided to resume them when we can continue to deliver them in person. To compensate for this, we developed a third training course, which is shorter and designed for online delivery. The aim of this course is to compliment and extend our existing course offer.

The course focuses on sharing two key concepts with practitioners: 'being with' and 'attunement'. These are ideas that are introduced in our core training courses and are more fully explored in this 90 minute training session.

So far, we have piloted the training with 21 staff members and volunteer Doulas from the Bradford Doulas project. Of those who provided feedback (*n* = 14), 100% said the training was either 'very useful' or 'useful' to their role. On average, all participants reported an increase in knowledge, understanding and confidence across three domains.

> There is nothing I would seek to change. The training and delivery were excellent!
> **Volunteer Doula**

> I really enjoyed the training. I used the service with the last woman I supported and until then I'd not learnt much about LMM, so it was really nice to see two of the team members and hear more of what you do and why.
> **Volunteer Doula**

Infant Mental Health for Interpreters

Due to our high use of the interpreting service and the specialist nature of our therapeutic work with families, we have designed training for interpreters. This year we have refreshed this training and designed it for online delivery. We look forward to launching this offer in our third year.

Consultation

We use consultation to provide advice, support and guidance to professionals working with families who have a baby under the age of two or who are pregnant. There are four ways through which we deliver consultation (see overview below).

Telephone Triage	Reflective Discussions	Ongoing Consultations	Drop-in Consultation
Advice provided over the phone. This may or may not lead to a referral into the service.	Prearranged, group sessions delivered to teams of practitioners eg Health Visitors or Social Workers.	Regular support for professionals where a referral into our service is not appropriate eg if family are out of area.	Advice, reflections or formulations for practitioners relating to a specific family or a particular theme.

Our Consultations Make a Difference

Our consultation offer has been independently evaluated by a Psychologist in Clinical Training as part of the Doctor of Clinical Psychology programme at the University of Leeds. This evaluation combined quantitative analysis of evaluation data and qualitative analysis of semi-structured interviews with ten practitioners.

We offer a safe space where practitioners feel heard and well supported.
Feedback from all ten practitioners to the independent evaluator was positive. A theme across the interviews was that the consultations were a safe space within which practitioners were able to reflect on their work and feel listened to and well supported.

The consultations were reported to improve practice with families. Three key themes emerged.

1	**More able to use resources**	This points to our practical approach; signposting to resources that may be helpful such as the Ready to Relate cards.
2	**More mindful of the parent-infant relationship**	This refers to giving the infant a voice and ensuring the baby is not lost in the distress of the parents.
3	**More family focussed**	This acknowledges that practitioners felt able to ‘think more widely’ and focus on working collaboratively with the whole family.

A full report from this evaluation is available on request. A breakdown of our quantitative findings from Year 2 are below.

Telephone Triage

Practitioners can call us to discuss any family they are working with where there is an infant mental health difficulty. As part of these calls we assess whether the practitioner wishes to refer a family to our service or are seeking guidance for their own work with families. For this reason, we refer to these calls as telephone triage.

This year we provided 48 telephone triage consultations. At the end of each call we request feedback on whether the calls have been helpful to practitioners. Of those who provided feedback (*n* = 43), 91% of practitioners reported the calls as being 'very helpful' or 'helpful'. Moreover, all practitioners reported that they would be 'very likely' or 'likely' to recommend these calls to a colleague.

Feedback from our Telephone Triage Service

Reflective Discussions

We use a reflective team approach to these sessions, which aim to help practitioners think about their practice and support each other to improve their work with families. The sessions are an opportunity for us to reinforce the key messages from our Infant Mental Health Awareness training.

We delivered 26 reflective discussions sessions in Year 2 to six different teams. Evaluation scores suggest that these sessions have been more helpful this year. The highest ratings were for practitioners finding the consultation helpful and feeling listened to. This indicates that the sessions are meeting their objective of supporting staff. It is particularly striking that scores have increased even though we facilitated these sessions online in the final quarter of the year.

Average ratings out of 5, where 5 is the best possible rating

Question	Overall *n* = 198	Last year *n* = 86	This year *n* = 112
Was the consultation helpful?	4.5	4.4	4.6
Has your understanding improved?	4.0	3.7	4.2
Has your confidence increased?	3.9	3.7	4.1
Did you feel listened to?	4.8	4.8	4.7
How useful to your role was it?	4.5	4.5	4.5

What was helpful?

"It provides the opportunity to sit back and really think about the family as a whole. Being able to freely safely speak in a group does not come naturally and this group does make it a lot easier. I feel safe taking about concerns and always feel supported." **(Health Visitor)**

"Focusing on current impact of historical trauma." **(Perinatal Co-ordinator)**

"Really good to get opinions and feedback and different perspectives on the case." **(Midwife)**

In what way did your understanding improve?

"Helped to remind me to place the infant and child at the centre." **(Health Visitor)**

"Reminder of the importance of just 'being with'." **(Locality Officer)**

"Reminding us that how we parent links hugely to how we were parented." **(Perinatal Co-ordinator)**

In what way did your confidence improve?

"Feel that we can have very open conversations about the complexity of cases we are holding without judgement, and then are able to make informed case management decisions" **(Perinatal Support Service)**

"I feel confident since the reflective discussions and enjoy the feedback and tips on how to approach certain conversations with parents. Being able to process what is going on helps to make better choices when supporting families." **(Perinatal Co-ordinator)**

Any reflection points that are significant to your practice?

"To discuss more with mum about child's view of her family and world. Good suggestions on how to approach difficult topics." **(Health Visitor)**

"When discussing the reflective discussion in team meeting, the team reflected on how they had originally been resistant to these sessions but now valued this time as theirs. So thank you LMM." **(Service Manager)**

"To slow down and take a step back" **(Nursery Nurse)**

Ongoing Consultations

We offer ongoing consultations to practitioners who are working with a family who do not meet the eligibility criteria for our service, but who would benefit from additional support in their clinical work. In Year 2 we provided 14 ongoing consultation sessions.

All of those who provided feedback (*n* = 5) reported that the consultation was 'very helpful' to their reflections and thinking about the issues. These sessions provide an opportunity for practitioners to step back from the family's distress and pause to think about the baby's needs. They also help to facilitate multi-agency working. Please see Appendix 4 for a case example of our consultation offer.

I feel that the reflection enabled me to consider the parent-infant relationship and develop further discussions and considerations with the family and other professionals involved with the family. It was very helpful to strengthening my discussions with Children's Social Care and maintaining the significance of parent-infant attachment in discussions regarding care planning.
Health Visitor

Now I'm working jointly with the health visitor. For example, today I am doing a joint visit and meeting. I will be doing the talking and recording and the Health Visitor will be doing the observations. As we have done the consultations jointly we can work more effectively together to gather evidence for the assessments.
Social Worker

Drop-in Consultations

In Year 2, we have offered 70 drop-in session slots. Utilisation of these slots was varied, with an average slot utilisation of 18%. This is lower than we would like. Those who attended and provided feedback indicated that the sessions were helpful. For example, 100% found drop-in consultation sessions 'very useful' or 'useful' to their thinking and reflections on the issues (*n* = 14).

> This was the most helpful discussion / supervision I have had regarding the challenges of the team. You have the fantastic ability to make me reflect and also it is very affirming re. my feelings and the difficulties
> **Specialist Nurse**

> Good discussion of parent-infant relationship theory, I can now use this with family we have discussed.
> **Health Visitor**

> Lots of ideas on what to 'wonder' with the family.
> **Health Visitor**

To promote utilisation of this element of the service in Year 2, we are going to offer the sessions twice per month for half a day as opposed to once per month for a full day. We will also vary the day on which the sessions are available. We hope this will make the sessions more accessible for practitioners.

Covid-19 Support: Wellbeing Sessions

One innovative way in which we have attempted to support colleagues during Covid-19 is through developing a wellbeing offer. These sessions are a chance for practitioners to share their experiences of work and home during lockdown. The focus is on supporting any difficult feelings that may arise rather than 'fixing' problems.

We have provided 17 wellbeing sessions to Team Leaders and the Safeguarding Team. Colleagues report each week on whether they found the reflective team discussion helpful (on a scale of 1-5, where 5 being very helpful), the average score was 4.3 (*n* = 51).

> I find that there is no awkwardness at these sessions and I can be open and honest - I feel I get support from everyone. I have come to know other team leaders better through these sessions**.**
> **Team Leader**

> Having the time and space to recognise my journey when I would have probably taken for granted the highs and lows and what I have done well and also not so well.
> **Team Leader**

Further evidence of our success and impact with this is that we have been approached by the Senior Leaders of the 0-19 Children's Service to offer a similar wellbeing space. We will report on this in Year 3.

Community Engagement

Our Community Engagement strand is delivered as a partnership between Little Minds Matter and Family Action. We recruited to cover staff maternity leave. Unfortunately long-term staff sickness meant that we have only had a Community Engagement Worker in post for two months. Despite this, we have developed a comprehensive strategy to ensure that we hit the ground running in our third year.

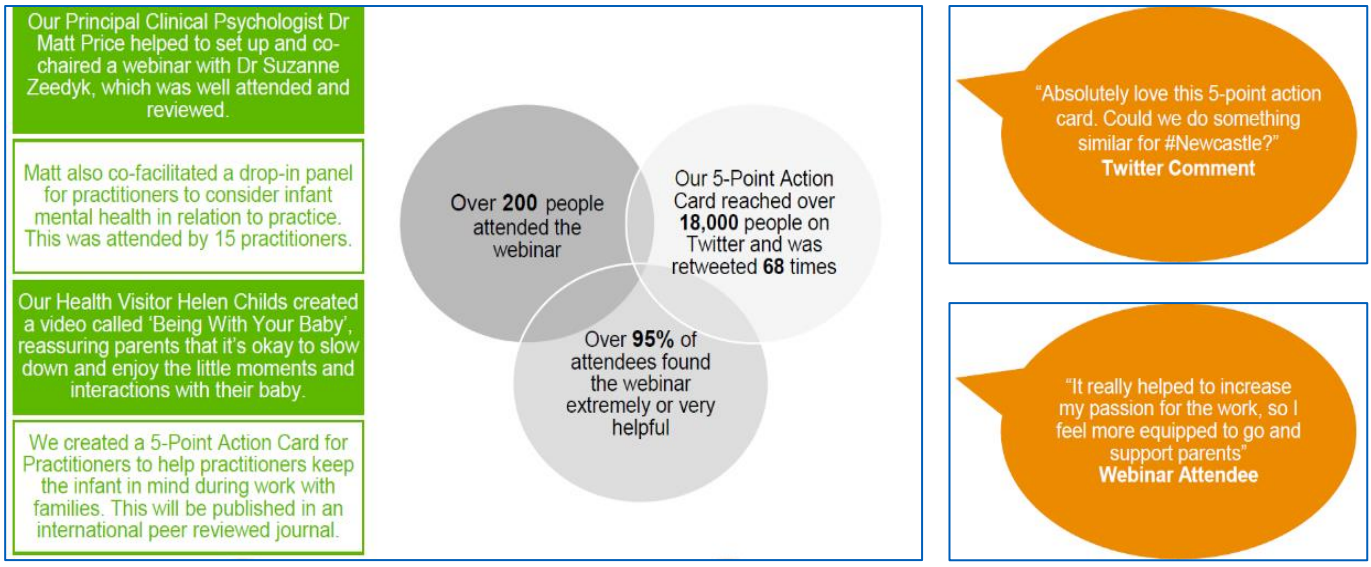
The highlight of our plans includes a digital community engagement offer. This will extend our reach to families who we may not typically speak with. The opportunity to share our key messages and begin a dialogue with a wider audience is an exciting prospect. We are currently engaging with digital media companies to enable us to be truly successful in an ever-evolving online world.

Campaigns

We have harnessed local and national campaigns to share key messages about infant mental health with practitioners and the public. Notably, we played a leading role in Baby Week Bradford 2019 and Infant Mental Health Awareness Week 2020 with Better Start Bradford. We used Infant Mental Health Awareness Week to launch the Yorkshire and Humber Infant Mental Health Hub, sponsored and supported by Better Start Bradford.

Baby Week 2019

Infant Mental Health Awareness Week 2020



Strategic & Leadership Activities

As a service, we play an active role in a range of strategic and leadership initiatives to support developments that may improve the quality of early attachment relationships. This is well recognised as essential activity for specialist infant mental health services.

Systems Leadership Activity

We have worked hard to work in partnership with other services and agencies. To this we have established, led, and / or actively contributed to many ongoing leadership groups across Bradford and beyond.

- Project Leads Meetings, Better Start Bradford
- Referral Pathways Working Group, Better Start Bradford
- Bradford Dads Matter Steering Group, Bradford and Craven
- Breastfeeding Network, Bradford and Craven
- CAMHS Quality and Operations Meetings, BDCT
- Community Partnerships Steering Group, Better Start Bradford
- Integrated Health Meetings, Bradford and Craven
- Integration of Health and Social Care 0 – 5 years, Bradford and Craven
- Parent-Infant Service Network, Nationwide
- Perinatal and Infant Mental Health Special Interest Group for Psychologists, Yorkshire
- Perinatal and Infant Mental Health Steering Group, Bradford and Craven
- Trauma Informed and ACEs Steering Group, Bradford and Craven
- Yorkshire & Humber Infant Mental Health Hub.

We have also contributed to one-off requests for input into strategic reviews, namely:

- Centre for Mental Health Review of Children and Young People Mental Health Services
- West Yorkshire and Harrogate Mapping of Children and Young People Mental Health Services.

Dissemination of Our Service Experience and Expertise

In addition to the events outlined as part of campaigns and community engagement, we contributed to several presentations and papers to share our experience:

Presentations

- ‘Lessons from a new service’, presentation to the BDCT Psychological Therapies Council.
- ‘Data and Infant Mental Health’, presentation to NHS Digital.
- ‘About Little Minds Matter’, stall at the BDCT Annual Members’ Meeting.
- ‘Infant Mental Health Matters’, BCB radio appearance.

Publications

- Price (2019) ‘A Stitch in Time Saves Nine’ – Why a little bit of mental health training goes a long way. Insight Publication.
- Ellis (2020) ‘Perceptions of Pregnancy’ – Our lessons learned from listening. Insight Publication.
- Little Minds Matter (2020) Providing everyday care through a crisis. Telegraph and Argus.

Team Development & Activities

Awards

We are thrilled to have been shortlisted and nominated for several awards that recognise our impact as a newly formed service.

- “You’re a Star Award: Working Together” Bradford District Care NHS Foundation Trust – Finalist. Decision to be announced September 2020.
- National Positive Practice in Mental Health: Children & Young People's Mental Health (CYPMH) Awards 2020. Nominated in category of Parent and Baby / Infant Services. Decision to be announced Autumn 2020.
- “iCare Innovation Story Award” Winner (2020), BDCT.

Skill Development

It is important that we continue to develop our skills as a specialist service. We have invested in a wide variety of courses to ensure that we have the knowledge and skills required to support families and practitioners.

Training Courses Attended

- Video Interactive Guidance
- Circle of Security
- Mind Mindedness
- Keys to Interactive Parenting
- The Transformative Potential of Supervision Dialogues
- Creativity in Crisis? - A systemic orientation to consultation
- The personal is the professional - using personal turning points to invite a deeper understanding of our professional practices.

In addition to our formal training courses, we hold CPD sessions every three weeks. These are an opportunity for team members to share their expertise with the team or to disseminate learning from events they have attended. Topics have been wide ranging, including: cognitive analytic therapy, therapeutic letter writing, infant sleep, and clinical supervision.

Conferences Attended

- Parent Infant Conference (2020)
- Parent Infant Foundation Launch Event (2019).

Developing our Clinical Excellence

We held a team Clinical Excellence workshop to connect about key issues around clinical governance. From this, we agreed together guiding principles about how we would like to run our service. This included a wide range of topics from risk management to outcome monitoring and record keeping. We have since articulated these into comprehensive Service Guidelines to help govern our operating procedures.

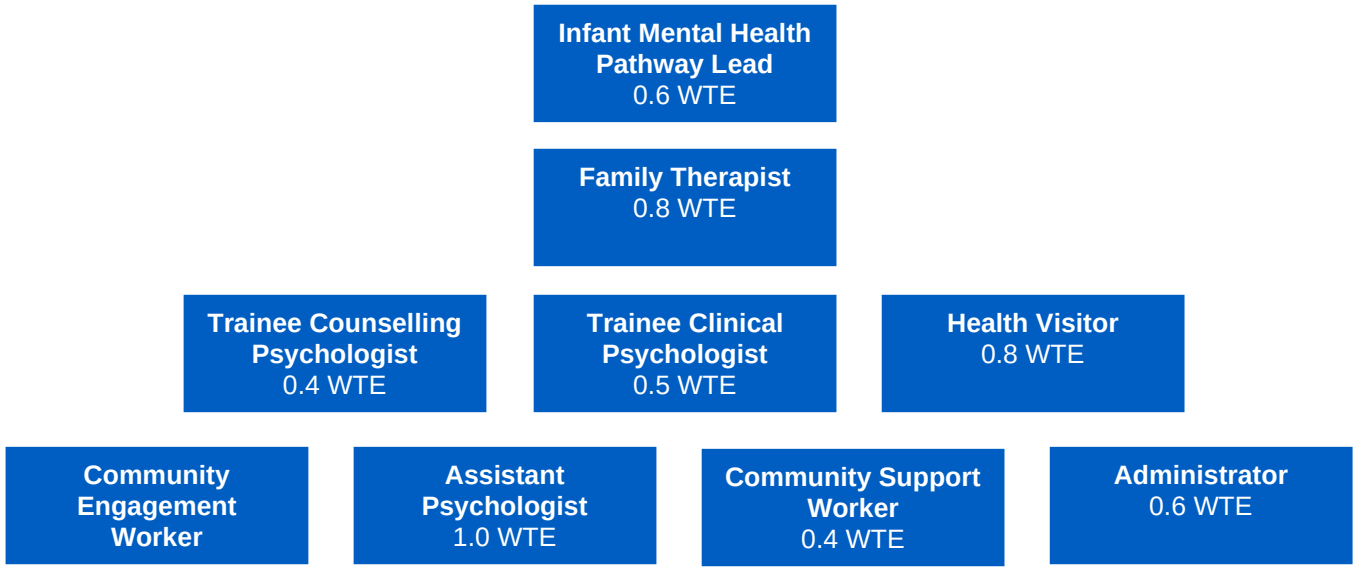
Developing Specialist Training Placements

This year we have also developed an identity as a service that provides training placements to Doctoral students. We have provided three specialist, final year clinical placements to Clinical Psychologists in training as well as one final year placement to a Counselling Psychologist in training. Trainees are integrated across all strands of the service. In addition to bringing additional funding to the Psychological Therapies service area, they also bring fresh thinking, enthusiasm, and additional capacity to our service.

Appendices

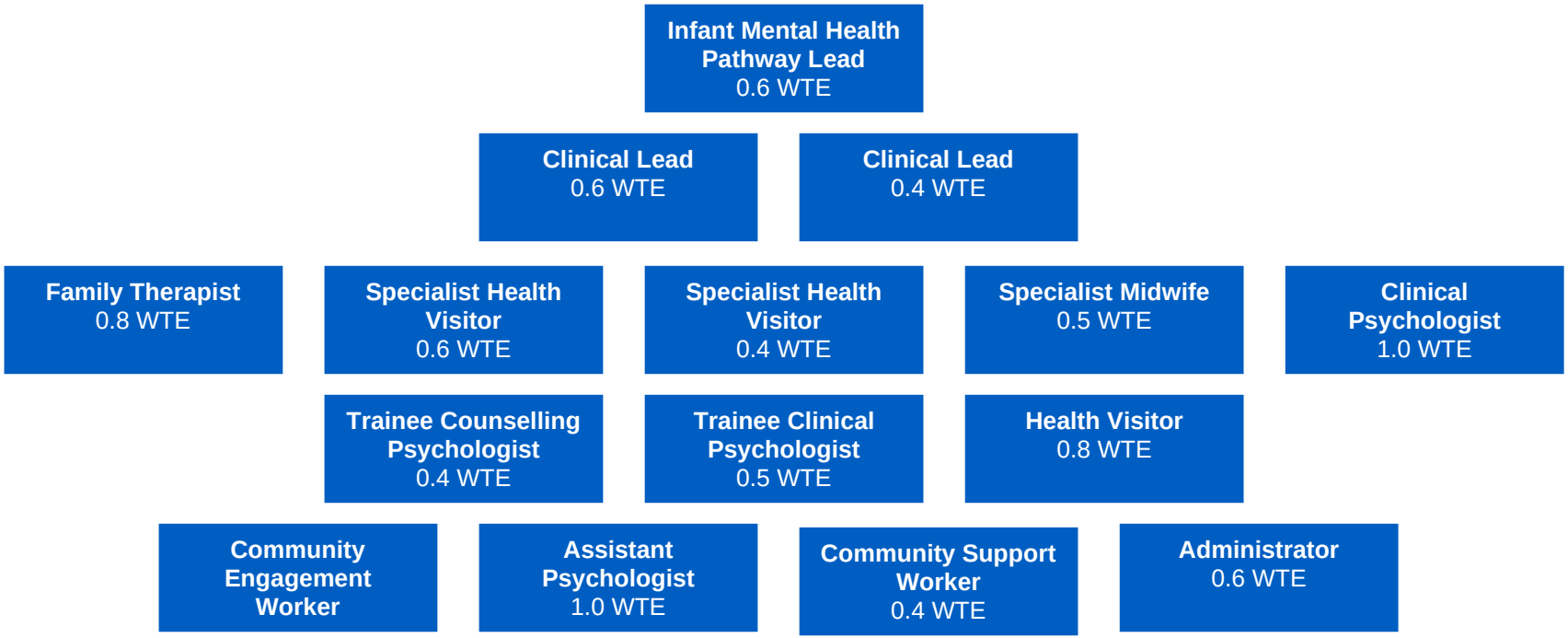
Appendix 1: Little Minds Matter Organisational Charts (Year 2)

Although our team structure has changed throughout the year, the below chart broadly represents our team throughout Year 2.

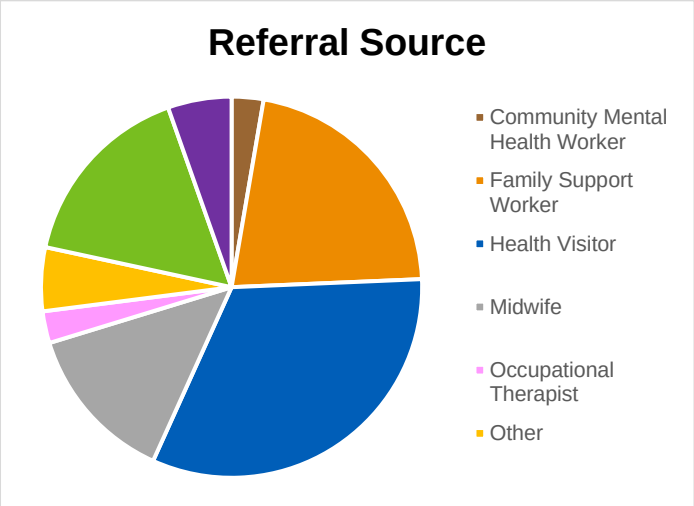


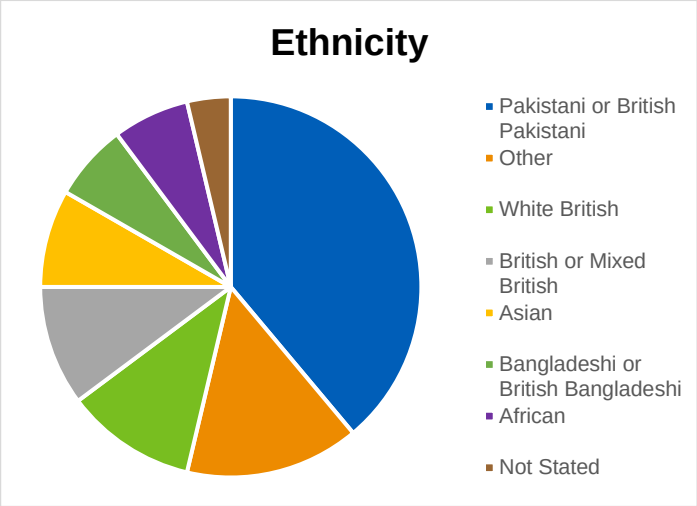
Appendix 1 (continued): Little Minds Matter Organisational Charts (Year 3)

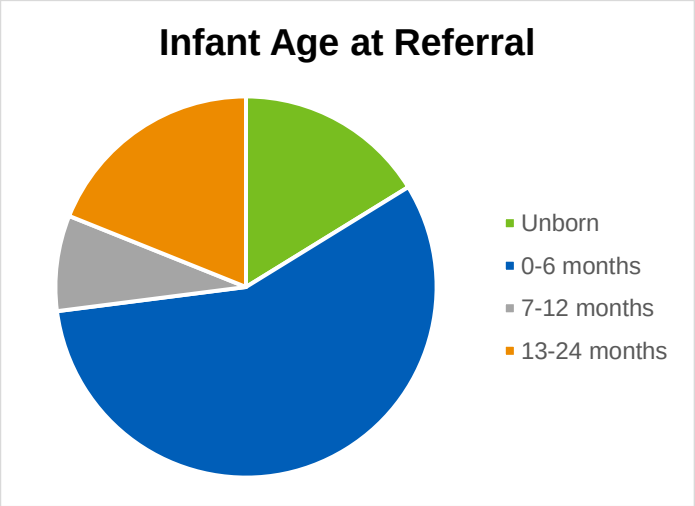
The below chart indicates our new team that will enable us to successfully deliver on our expansion plan in Year 3. Please note that the Clinical lead and Specialist Health Visitor roles are job shares

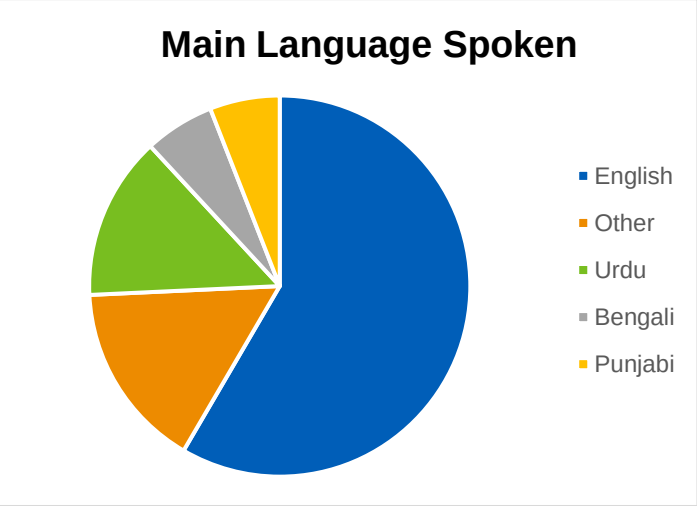


Appendix 2: Breakdown of Direct Clinical Work Referrals and Families









Appendix 3: Case Example – 'Being the Hands to Support the Hands'

Babies need parents who will be a safe pair of hands: comforting them when they cry and supporting them to play and learn. However, becoming a parent is one of the biggest challenges many of us will face. When parents struggle in their relationship with their baby, we can be there as a safe pair of hands for the parents so that they too can be there to support their baby.

I had the privilege of working with Sana and her 15-month-old son. They were referred by the Perinatal Support Service for support with the parent -infant relationship. Sana was feeling low in mood and finding it difficult to connect to her son.

Our understanding of the difficulties

Sana was in an unhealthy relationship when she became pregnant with Salim. She decided to continue with the pregnancy, which resulted in the end of the relationship. Sana relocated to Bradford and had limited support. Sana remained ambivalent about her son through her pregnancy and first year of Salim's life.

I observed a warm relationship between Sana and Salim. Sana was really encouraging of Salim's play. However, Sana found it difficult when Salim became unsettled, I used the Mothers' Object Relations Scale (MORS) outcome measure to assess Sana's perceptions of her relationship with Salim. This corroborated my observations, indicating high warmth (for example, 'my child always smiles') but also high invasion scores (for example, 'my child always winds me up').

Our therapeutic offer

I introduced Sana to the Circle of Security. An intervention that helped Sana to become more aware of Salim's cues and her own feelings. Together, we began to understand a pattern; Salim's request for comfort, activated uncomfortable feelings for Sana and made her irritable. Through Sana's early experiences, she had learnt some feelings are better ignored. When these feelings arose within Sana she felt unprepared and vulnerable.

My open and trusting relationship with Sana, allowed her to feel safe to explore some of these difficult feelings. Engaging with the Little Minds Matter service was a big step for Sana because she had disengaged from other services. I helped Sana engage in our service by being more flexible with appointments and being empathic and understanding when cancelled at short notice. Sana and I also discussed how difficult it sometimes felt to attend our sessions. Giving Sana space to talk about these feelings allowed Sana the opportunity to understand herself and feelings in a more manageable way. Normalising some of the feelings helped to reduce some of Sana's anxiety and helped her begin to process experiences from her past. In turn, this allowed Sana to be more present with Salim and support him to organise his feelings.

The impact of the work

At the end of our work, Sana became more attuned to Salim. This was reflected in Sana's scores on the MORS outcome measure with increased feelings of warmth and decreased feelings of invasion. Sana was able to reconnect with her parents and Salim met his grandparents for the first time. Sana started to think about Salim going to nursery, which had previously felt too overwhelming. Sana's confidence increased and she spoke about wanting to go back to work. Sana feels as though she has achieved her original goal of feeling more connected to her son. She now better understands the nature of the relationship and how this will continue to evolve as Salim grows up.

As we said goodbye, Sana reflected on the support she had received from Little Minds Matter. She shared that she found the support very helpful, reporting that her situation was much improved and that she would recommend our service to a friend.

Talking to Clare has helped me strengthen the bond with my son. Making me feel it is ok for my son to leave me, to go out and explore, but he will still need me. Helping me through difficult times for example my suicidal thoughts. Giving me new techniques to help me calm and keep peace in my head. Keep on doing what you are doing. You are doing a fantastic job. I wouldn't be in this place where I am without your help. I don't like to think about where I would be, I may not even be here, so thank you!

Reflections

Working with parent-infant relationship difficulties is complex. Patterns of relationships are formed early in life and it can be challenging to support families to learn more adaptive patterns of relating. It's hard to break a habit of a lifetime: if you've never trusted someone with your feelings, how do you start to open up with a therapist, whilst also caring for a new baby?

As a specialist service, we were able to offer in-depth, long-term therapeutic support to Sana and Salim. We met for a total of 20 sessions. Our work with Salim involved helping Sana to understand some of her own experiences of being parented were less optimal. This was hard for Sana to reconcile; it took time and great sensitivity.

Added to our existing complexity was the need to complete the work during lockdown due to Covid-19. I was really pleased that Sana continued to engage with the sessions over video.

Without a specialist service like Little Minds Matter, Sana would not have had the experience of the 'hands holding the hands' that helped her to better meet her baby's need. Through this work there were benefits for mum and baby, with improvements in mental health, interpersonal relationships, and positive social change.

With thanks to Dr Clare Randall, Clinical Psychologist, for compiling this case study and to the family for agreeing to anonymously share their story with others.

Appendix 4: Case Example – Wraparound Consultation to Support Practitioners

The road to consultation

Sue (Social Worker) had been directed to us by a Team Manager to access consultation support. Consultation support was offered to Sue initially through a triage call for a family she was concerned about and then through ongoing consultation. All sessions were completed through phone / video calls due to Covid-19 restrictions.

Our understanding of Sue's concerns and the family's difficulties

Sue was working with teenage parents of a 15-month old baby and was completing an initial assessment. There were concerns within the professional network about limited / lack of parental engagement, poor housing conditions, and uncertainty about baby's developmental milestones.

Parents had both experienced difficulties in relationships and had experienced adverse life events in their childhoods, which brought with it a risk of significant impacts on how they relate with others.

Our consultation support offer

The complexity for both the family and Sue's assessment became clear during our triage call. Sue faced a dilemma of wanting to engage and support the family through a Child in Need plan, while also holding in mind her significant concerns about the baby's social and emotional development.

We supported Sue by:

- Reflecting on her observations to date and giving guidance for her observations of baby and his interactions with parents in future contacts.
- Introducing concepts such as the '1001 critical days' and the impact of limited stimulation and interaction on brain development in infancy.
- Considering each of her concerns in turn, thinking about the family and the impact of the family's patterns of relating on the baby.
- Facilitate multi-agency information sharing by linking Sue and the Health Visitor through joint consultation, helping them to jointly consider how to ensure that 'every contact counts'.

Our impact

Sue shared that she found the triage call very helpful as it enabled her to focus on "the critical days – we really don't have long to assess, monitor and review. Time is running out for this little one".

By working with multiple professionals together in the ongoing consultations, we ensured that the baby was held at the center of their individual and collective thinking. Indeed, Sue commented that they can now "work more effectively together".

We helped Sue to consider how she would approach the difficult conversations with parents where she would need to explain and challenge the professional concerns. Sue and the Health Visitor considered together their next steps and how to articulate the level of their concerns to ensure that baby's social and emotional needs were being addressed.

Our combination of offering a reflective space with practical suggestions strikes the right balance for busy practitioners who are working hard to support families. Sue fed back that the "conversations and learning opportunities through the process of the consultation is invaluable".

Taken together, our consultation offer can provide valuable wraparound support for practitioners, and in-turn the babies they support even when we do not work with the families directly.

With thanks to Helen Vincent, Family Therapist, for compiling this case example.