



~~2022!~~

SIMH-DC ~~2021~~
WINTER LEARNING DAY

2. Theories of Change:
Why and How

Rachel Fraser
Parent-Infant Foundation in Scotland

What are we aiming for?

"create a multi-agency model of infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma"



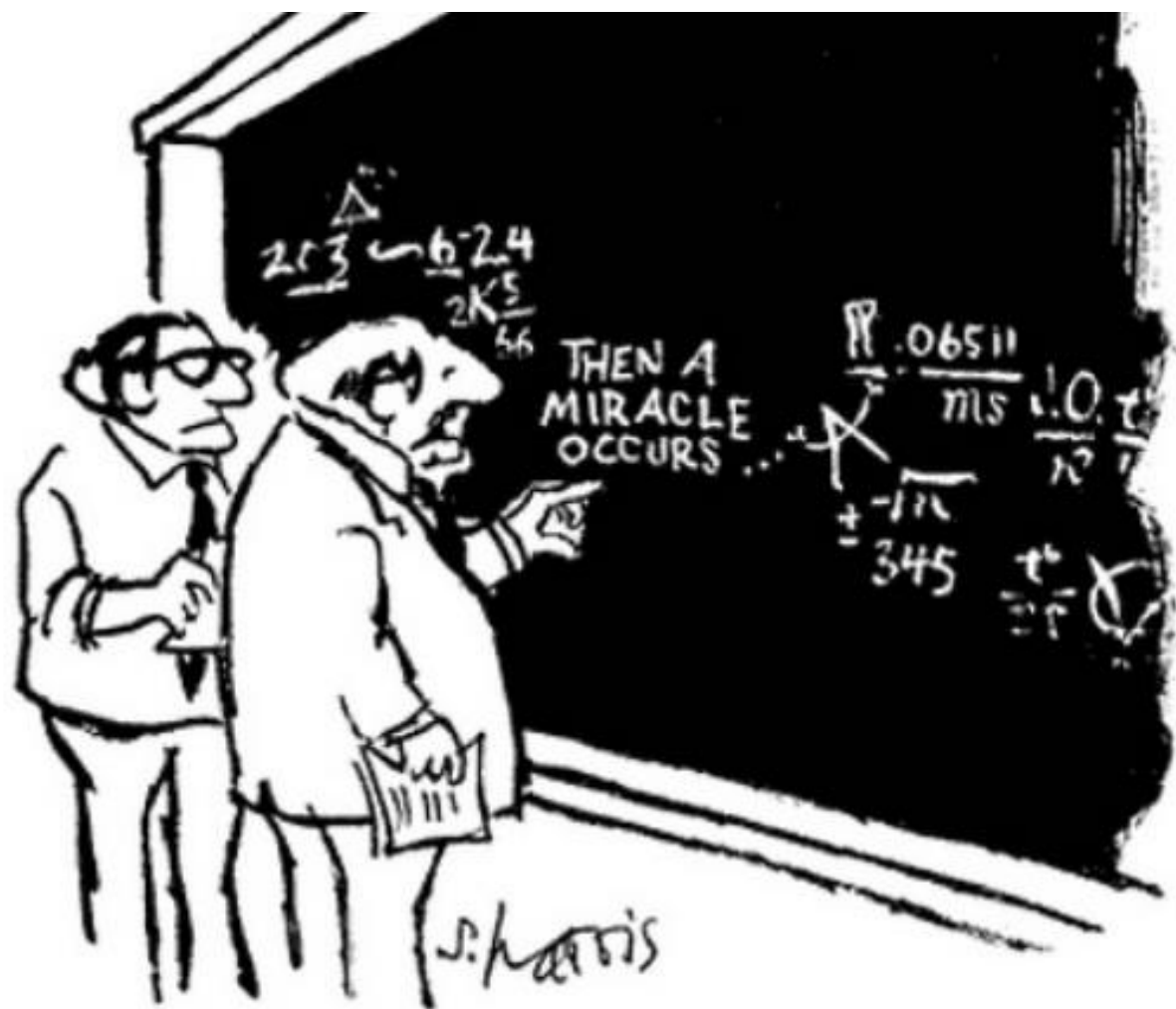
SG Programme for Govt 19/20

- Shared definition and understanding of what IMH is and why it's important
- Positive parent-infant relationships are nurtured and supported
- Prevention of relationship difficulties (and all that come with them downstream)
- Early intervention in Universal services, clear pathways to specialist help

Overarching Principles

- Motivated people! From across services and including families (steering group)
- Understanding of local need and national priorities
- **An overarching vision (nationally and locally) and its aims (Theory of Change)**
- A skilled workforce
- Clear pathways & robust governance structure
- Sufficient funding
- **Sustainability**
- An understanding of what's needed at Board level to move forward, and how to measure/track that





"I think you should be more explicit here in step two."

Filling in the 'missing middle'



Theory of Change is essentially a description and illustration of how and why a change is desired and expected to happen in a particular context.



Explaining between what a program or change initiative does (*its activities or interventions*) and how these lead to desired goals being achieved.



It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur.

When you have a complete Theory of Change, you will have:

- A clear and testable hypothesis about how change will occur that not only allows you to be accountable for results, but also makes your results more credible because they were predicted to occur in a certain way
- A visual representation of the change you want to see in your community and how you expect it to come about
- A blueprint for evaluation with measurable indicators of success identified
- An agreement among stakeholders about what defines success and what it takes to get there
- A powerful communication tool to capture the complexity of your initiative

You can use your theory:

- As a framework to check milestones and stay on course
- To document lessons learned about what really happens
- To keep the process of implementation and evaluation transparent, so everyone knows what is happening and why
- As a basis for reports to funders, policymakers, boards



How might we work on a ToC in IMH?

- A theory of change articulates crucial details about why your IMH provision is necessary and what it aims to achieve.
- It can look very different, doesn't have a set template, but should seek to clarify some essential questions:
 - Why is IMH service needed in your area and who is it for?
 - What will it provide?
 - What conditions (inputs) are needed to achieve this?
 - What are the short (first), medium (1st+ second) and long (1+2nd + third) outcomes you're seeking to achieve



ToC is for complex models

- Create clinical change (healthy babies and therapy)
- Create professional change (better identification of distress in babies, difficulties in the P/CIR)
- Create system change (seamless pathways for families in the perinatal and EY period)
- Create societal change

You might have several ToC or find a way overlay/ inter-weave them



Clinical Change: Working Forwards High Level

- What do you want to change? What's the problem?

15% of babies have such difficulties in the parent-infant relationship that it comprises their future health, wellbeing and development

- What is your solution?

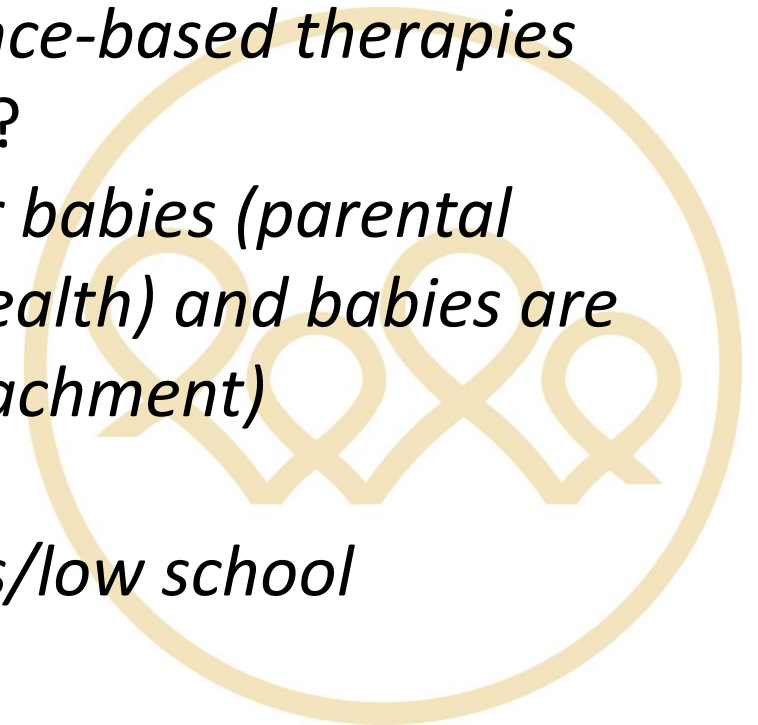
Improve the parent-infant relationship through evidence-based therapies

- What changes do you see by the end of your work?

We see an improvement in how parents relate to their babies (parental sensitivity), improvement in parental mood (mental health) and babies are more likely to look for comfort from their parents (attachment)

- What's the value to society as a whole?

Fewer babies experience child mental health problems/low school readiness/ etc etc



Working Backwards: Expanding

- How could we make that happen?

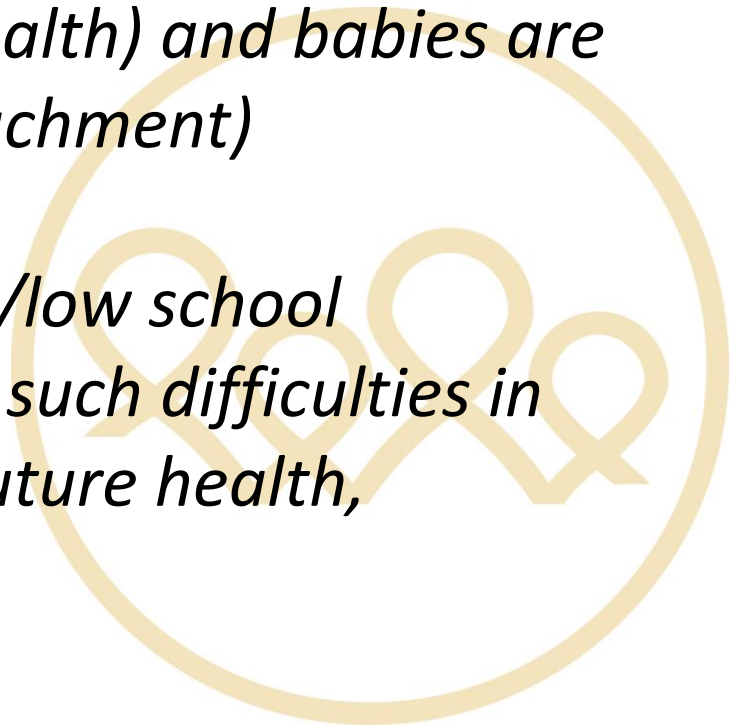
Improve the parent-infant relationship through evidence-based therapies

- What would that look like

We see an improvement in how parents relate to their babies (parental sensitivity), improvement in parental mood (mental health) and babies are more likely to look for comfort from their parents (attachment)

- What do we want to achieve?

Fewer babies experience child mental health problems/low school readiness/ etc etc, and fewer than 15% of babies have such difficulties in the parent-infant relationship that it comprises their future health, wellbeing and development



INPUTS

O.S
FTE
"CAROL"

TARGET
GROUP

EVERYONE

ACTIVITIES/
STRATEGIES

HOME
VISIT

CONVERSATION

MEETINGS

THEN...

THE
MAGIC
HAPPENS

OUTCOME

WORLD
PEACE


An example of a system-level Theory of Change: the impacts of specialised parent-infant relationship teams on a local system

The problem

- At least 15% of new babies experience complex or persistent relationship difficulties with their parent/carer(s). Without specialised help these unresolved problems can undermine a range of life outcomes and families may require future specialist interventions including in the most severe cases, a child being taken into care
- Unresolved parent-infant relationship difficulties can be passed on to future generations of parents leading to inter-generational distress and additional high costs to the public purse
- The complex and persistent nature of some parent-infant relationship difficulties are beyond the scope of universal or typical early help support, and need specialised, multi-disciplinary intervention

Contributing Factors

- Frontline practitioners may lack confidence or awareness to identify early relationship problems and provide or refer families to appropriate support
- The right kind of specialised help may not be available locally
- Local leaders, including commissioners, may be unaware of the importance of parent-infant relationships or face a lack of local strategic co-ordination in supporting the work

What P-I teams do

- A variety of direct therapeutic work to address and improve the difficulties in the parent-infant relationship
- Training, consultancy and campaigning to raise public and professional awareness and improve workforce capacity to protect and promote the parent-infant relationship
- Act as "systems champions" by facilitating local networks and working with local leaders and organisations to improve awareness, co-ordination and decision-making

Short term outcomes

- Improved parent-child attunement and interaction (a direct outcome of work with families and an indirect outcome of work with other professionals)
- Improved capacity for the public and professionals to identify and support babies and their parents
- Improvements in how organisations work separately and together, so that babies can receive timely and appropriate support

Medium term outcomes

- More children benefit from a sufficiently secure and nurturing relationship with at least one parent/carer
- Local cost savings as fewer children need to be referred to speech therapy, early help, children's services, CAMHS, paediatrics, or special educational needs services for problems rooted in parent-infant relationships

Long term outcomes

- More children experience better social, economic, physical and mental health outcomes across the lifecourse
- Fewer children move into the Looked After system
- Fewer children need mental health support as older children or adults for attachment-related difficulties
- Fewer families experience the transmission of parent-infant relationship difficulties into the next generation

An example of a clinical-level Theory of Change

The problem

- Not every child has access to a sufficiently secure relationship with at least one permanent adult carer

How the problem develops

- Unresolved parental traumas from the past ("ghosts in the nursery") or present can be translated into parental states of mind that get played out in maladaptive ways and these damage the interactions with the baby
- Aspects of the parent's behaviour can lack sensitivity or capacity for appropriate responsiveness leading to distress in the baby
- Aspects of the baby's behaviour can trigger unresolved traumas in the parent, leading to stress or lack of pleasure from parenting

How we can change this

- Address the states of mind and interactional behaviour of the parent that negatively impact the baby. Give meaning to why these occur and how they can be changed
- Improve reflective functioning and parental capacity to provide emotional regulation for their infant
- Improve infants' capacity to engage confidently and feel secure with parent

Activities

- Offer families a variety of direct therapeutic approaches (with the parent-infant dyad but sometimes also with the family triad, the parental couple without the baby and/or with parents individually) which:
 - Address parental unresolved traumas, current stressors, anxieties and risk factors
 - Support parents' strengths to improve parental sensitivity, mentalisation and reflective functioning
- Signpost and facilitate contact with a range of other services which can address current stressors (such as housing, financial stress, substance misuse, parental conflict/relationship strain)

Short-term outcomes

- Decreased traumatising behaviour by the parent towards the baby, reduced sense of stress with the baby, improved parental empathy, consistency and motivation
- Parent and infant feel safe with each other, improved warmth in the interaction, improved attunement and more developmentally appropriate interactions
- Improved infant invitation and initiation of interaction with adults including parents
- Improved assessment and support of the family's needs, child protection issues and the parent's capacity to change

Medium-term outcomes

- Improvements in parent's capacity to sustain emotional and behavioural self-regulation
- Quality of parent-child relationships for indicated child and siblings is improved
- Child is more relaxed, with improved social and emotional development
- Improvements in parents' openness to trusting relationships with helping professionals and in the effectiveness of professional assessment and support

Long-term outcomes

- Improved likelihood of child securing better physical and mental health, social, emotional, cognitive and language development
- Reduced risk of child needing referral to speech therapy, early help, children's services, CAMHS, paediatrics, or special educational needs services for problems rooted in parent-infant relationships
- Reduced risk of transmission of parent-infant relationship difficulties into the next generation

THEORY OF CHANGE

Relationships



Human Capital



Financial Resources



Information



ASSUMPTIONS

- All communities & voices are equal
- Individuals have the ability to change institutions and systems
- Our team lives by its values

PRE-CONDITIONS

- Need for accountability exists
- Political/civic space to operate
- Communities willing to participate
- Partnerships to facilitate change




COALITION BUILDING

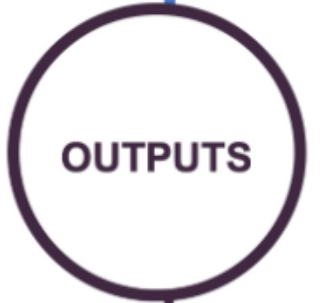


KNOWLEDGE & SKILLS

COMMUNITIES FOR CHANGE

ACTIVE, ENGAGED CITIZENS
&
RESPONSIBLE LEADERS

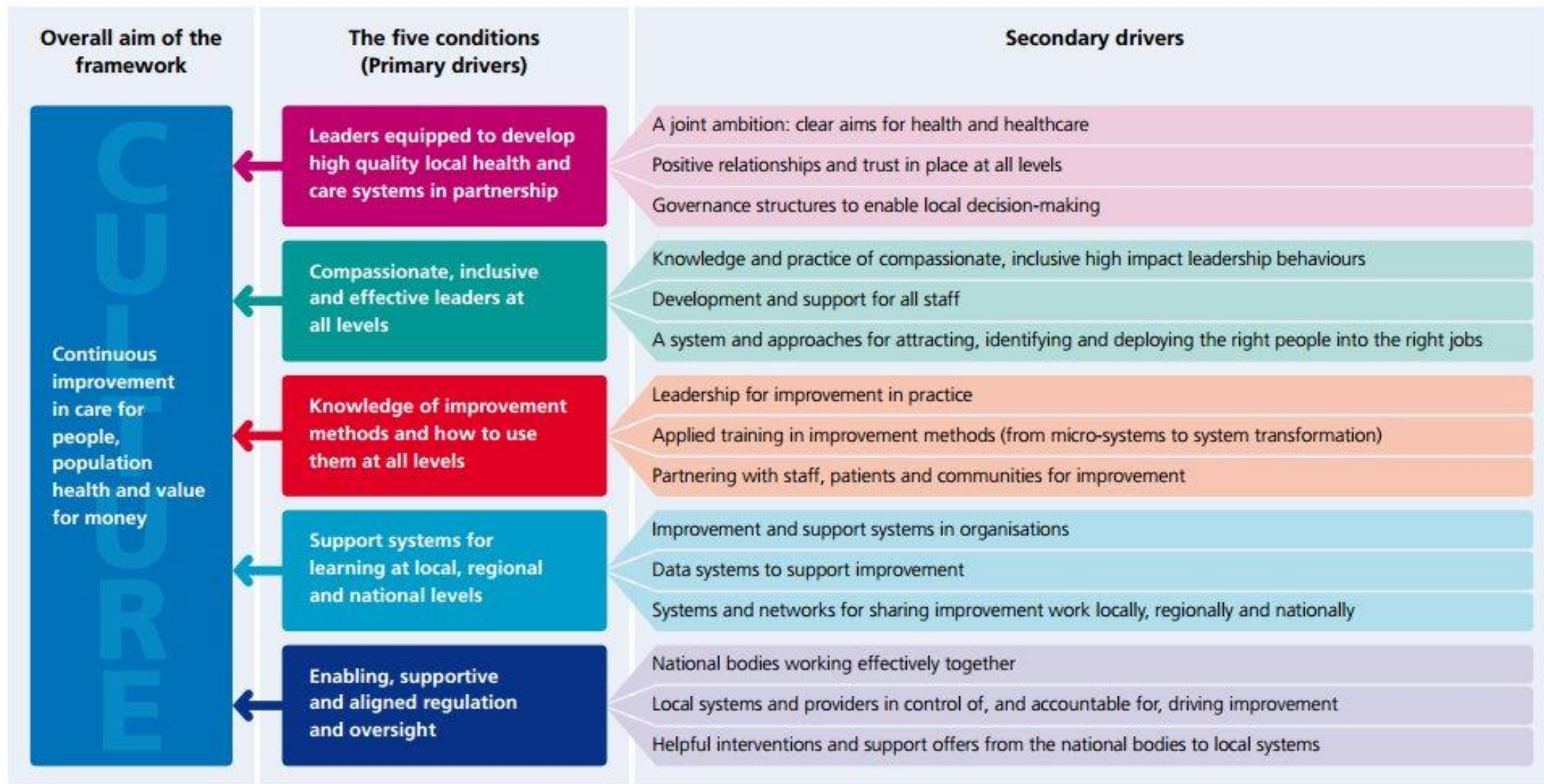
-  CAMPAIGNS
COLLABORATION HUBS
-  INCUBATORS & TRAINING
FEEDBACK MECHANISMS
-  MULTI-STAKEHOLDER INITIATIVES
POLICY CHANGE



OUR IMPACT

MORE INCLUSIVE &
ACCOUNTABLE SOCIETIES

CROSS CUTTING THEMES:
ADAPTIVE LEARNING | GENDER EQUITY | SUSTAINED ENGAGEMENT



Some resources

- Check out [How to build a Theory of Change](#) by *NCVO Knowhow
- www.theoryofchange.org
- www.parentinfantfoundation.org.uk Toolkit



2022!

~~SIMH-DC 2021~~

WINTER LEARNING DAY