



**Little
Minds
Matter**

Bradford Infant Mental Health Service



Bradford District Care
NHS Foundation Trust



Little Minds Matter: Bradford Infant Mental Health Service

Fourth Annual Report August 2021 – September 2022

Not to be shared without permission



Contents

| | |
|--|-----------|
| Contents | 2 |
| Foreword | 3 |
| About Us | 4 |
| Direct Clinical Work | 5 |
| Overview..... | 5 |
| Referrals | 5 |
| Risk and Vulnerability at Referral..... | 6 |
| Therapeutic Interventions | 7 |
| Endings..... | 8 |
| Training | 11 |
| Infant Mental Health Awareness Training | 11 |
| Bespoke Training..... | 12 |
| Consultation | 13 |
| Telephone Triage..... | 13 |
| Attachment Matters Drop-ins | 14 |
| Ongoing Consultations | 14 |
| Reflective Discussions..... | 14 |
| Community Engagement | 15 |
| Direct Community Engagement..... | 16 |
| Digital Community Engagement | 16 |
| Strategic and Leadership Activities | 16 |
| Influencing the local system..... | 16 |
| National Campaigns | 17 |
| Team Development & Activities | 18 |
| Offering High Quality Clinical Placements | 18 |
| Clinician Skill Development | 19 |
| Appendices | 20 |

Acknowledgements

I would like to thank the wonderful Little Minds Matter team for their continued dedication and passion, throughout the challenges of the work we do. I am also grateful to Sadie Booker and Dr Jennie Robb from Bradford District Care Trust for their support and faith in all we do and the Reducing Inequalities in Communities team for their support and funding. Finally, as always, a huge thank you to the team at Better Start Bradford, especially Nicola Hancock and Kerry Bennett for their belief in our work, support and tolerance of our continued innovations!

Foreword

Perhaps understandably for a service that focuses on babies and their development, the Little Minds Matter service continues to grow and change. We have expanded our team further this year, welcoming new administrators and expanding our leadership capacity.



I have been lucky enough to re-join Little Minds Matter this year, after two years away working in another service. Personally, it feels like coming home and I am fortunate to lead such a wonderful team. The team are passionate and dedicated to supporting the babies, families and professionals of Bradford. They continue to be innovative in their work and this is evident in all that we have achieved this year.

We have spent time this year looking to the future, contemplating the end of our Better Start Bradford and Reducing Inequalities in Communities funding in 2024; what this means for us as a service and how we can continue to support the Best Start in Life for Bradford's babies.

As we look forward, one of the initiatives that excites us is Start for Life. As one of the 75 areas pre-selected for additional funding we are discussing with the Local Authority what this means for the Little Minds Matter Service and the babies of Bradford.

As I have reviewed the data and written this report, I have been delighted to notice just how much progress the team have made, both during my time away and during this year. The feedback we receive across all of our strands is overwhelmingly positive and it is clear that we deliver on our aim to support the families and professionals of Bradford, while being the voice of our babies.

Best wishes,

A handwritten signature in black ink that reads "C. Dunster-Page".

Dr Charlotte Dunster-Page

Principal Clinical Psychologist and Infant Mental Health Pathway Lead

About Us

This is the fourth 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 (CAMHS). We are funded by The National Lottery Community Fund, with additional funding from the [Reducing Inequalities in Communities programme](#); a Bradford District and Craven Clinical Commissioning Group (now the West Yorkshire Integrated Care Board) Strategy.

Little Minds Matter launched in summer 2018 and works to support early relationships between babies and their carers. We deliver this vision by working across four strands:

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

A note on reporting dates and data

In our previous annual report, we detailed our expansion as part of the Reducing Inequalities in Communities Programme, which began in October 2020. Since that date our funding has come from both Better Start Bradford and Reducing Inequalities in Communities. To simplify our data reporting, our reporting years were realigned meaning an interim period was created from August to September 2021, with the new year commencing in October 2021. Therefore, this annual report will note our challenges and achievements during the period from August 2021 until September 2022 (14 months).

About Better Start Bradford

Better Start Bradford works with expectant families and families with children aged 0-3 in Bowling and Barkerend, Bradford Moor and Little Horton to help give children the best possible start in life. To do this they have developed and commissioned a range of innovative projects, all of which address one or more of the following themes:

- Social and emotional development
- Language and communication
- Health and nutrition

Working alongside a host of local partners – both organisations and individuals – Better Start Bradford aims to leave a lasting legacy for children, families and the whole area.

About Reducing Inequalities in Communities

Little Minds Matter is now benefitting from additional funding from Reducing Inequalities in Communities (RIC). The RIC programme is a movement of people and projects who are working together to reduce health inequalities and close the health gap in central Bradford; so everyone can live healthier, happier and longer life's. RIC has a dedicated workstream for projects supporting mental health for infants, children and young people who live in the following postcodes: BD1, BD2, BD3, BD5, BD7, BD8, BD9. In order to clarify the areas that Little Minds Matter works within a map has been created ([Appendix 1](#)).

Direct Clinical Work

Overview

We offer both individual and group therapeutic interventions to families from conception to a child's second birthday. We support families where there is a parent-infant relationship difficulty and those with risk factors that suggest a difficulty may occur in the future. We work with families requiring a small amount of support (Universal Plus level) and those requiring extended therapeutic and community interventions (Targeted and Specialist levels, Figure 1).

Figure 1
Therapeutic Interventions offered within Little Minds Matter

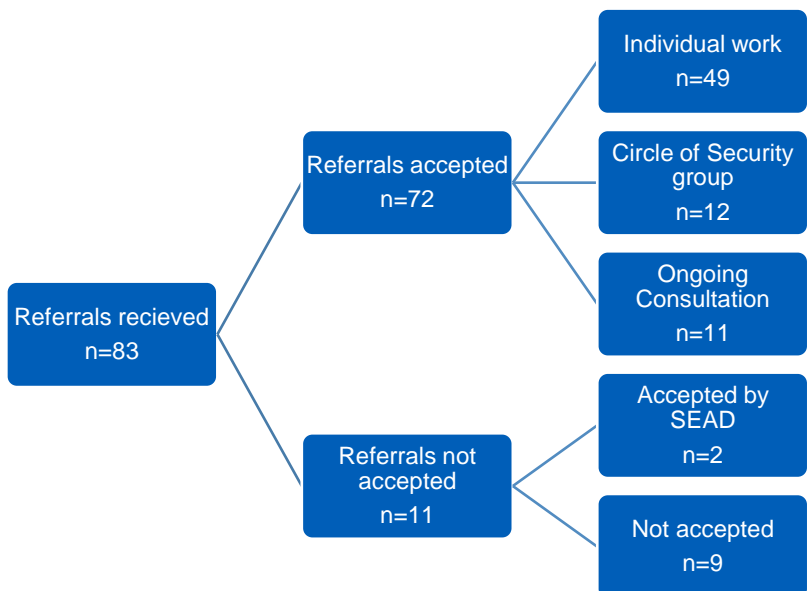


Referrals

We continue to work with most of the families referred to us, having accepted 72 of the 83 referrals received (Figure 2). This is an average of 5.9 referrals per month over the 14-month period, compared to an average of 4.3 referrals per month last year.

Despite the increase we have seen in referrals, we continue to respond quickly. Families accepted for individual work waited an average of 19 days between allocation and assessment session. A smaller proportion of families were seen within two weeks compared to last year (37% versus 53%). Families accepted for our Circle of Security groups waited slightly longer (average of 32 days), due to the fixed start dates, however, 73% of families were seen within one month.

Figure 2
Number of referrals received by Little Minds Matter this period



The Better Start Bradford and Reducing Inequalities in Communities geographical areas significantly overlap, therefore 23% of our referrals came from this overlapping area (Figure 3).

Referrals for families who were outside of our eligible areas were accepted for Ongoing Consultation (n=9, see [Ongoing Consultation section](#)), accepted for Circle of Security groups (n=2, see [Circle of Security section](#)), or not accepted into Little Minds Matter (n=2).

Referral sources and self-referral pathway

Little Minds Matter launched our self-referral pathway in June 2022, to coincide with Infant Mental Health Awareness Week. The introduction of a self-referral route intends to widen access to our service, empowering families to reach out and seek support. This may particularly benefit families who do not have regular contact with a healthcare professional, or whose healthcare professional may not be familiar with Little Minds Matter.

For the initial launch of the pathway, we created a promotional poster and easy read leaflet with brief information about the service ([Appendix 2](#)). In developing the poster and leaflet, we sought feedback from families in community settings to ensure the tone was appropriate and the key messages were communicated clearly. During Infant Mental Health Awareness Week, posters and leaflets were distributed to GP practices and community locations.

Although a relatively new initiative, we have already received four enquires for a self-referral and are working therapeutically with families as a result. We hope to increase uptake of this offer through further advertising and community engagement in the coming months. Our professional referrals come from a variety of professional sources, with Health Visitors providing the most referrals (34%), followed by midwives (14%).

Family demographics

Bradford is a diverse community and the families we work with reflect this, collectively speaking at least seven different primary languages. At least 15% of referrals stated that the family would benefit from using an interpreter.

Little Minds Matter accepts referrals from conception to a baby's second birthday and this year 63% of our referred babies were unborn or under six months of age (Figure 4). While most (71%) of the referrals for pregnant women came during their final trimester, we also received referrals for women much earlier in pregnancy. This move towards earlier referrals is something we encourage in the knowledge that babies cannot wait.

Risk and Vulnerability at Referral

When making a referral, professionals complete a Risk and Vulnerability checklist. This asks the professional to consider factors that relate to the adult, the infant and the parent-infant relationship. As

Figure 3
Geographical locations of referred families

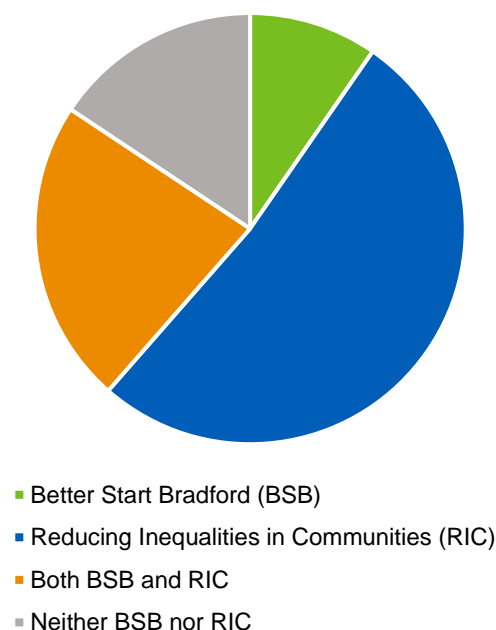
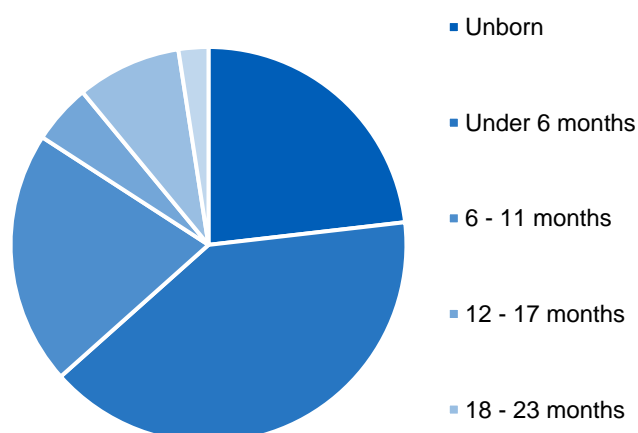


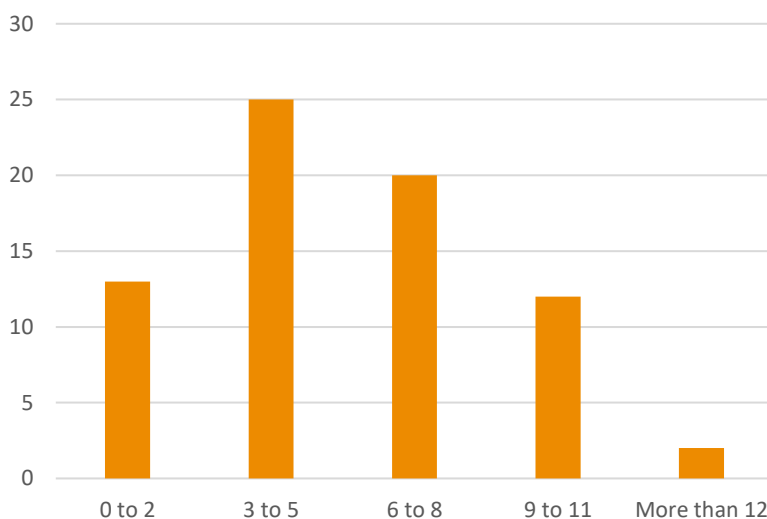
Figure 4
Age of baby at time of referral



in previous years, the families who were referred to us often had multiple risks and vulnerabilities. The average number of factors was 6 (range 0-15, Figure 5). All of the most commonly reported factors related to the adult:

- History of mental health problems (n=65)
- Ongoing lack of support / isolation (n=38)
- Chronic stress during pregnancy / ambivalent about pregnancy (n=30)
- Acute family stress / recent significant life event (n=28)
- Current / historical experience of abuse, neglect or loss (n=27)
- Inadequate housing (n=24)

Figure 5
Number of Risk and Vulnerability Factors for referred families

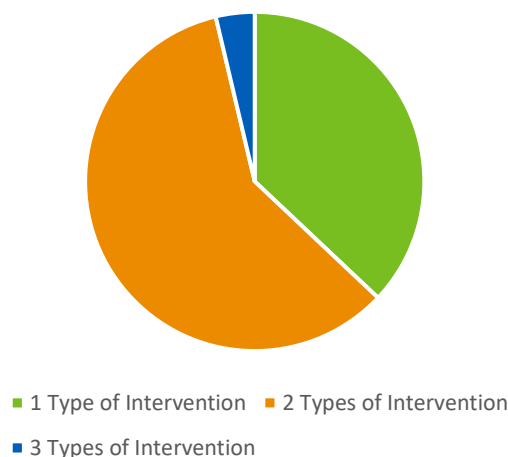


Three of the factors above: a history of mental health problems; chronic stress in pregnancy / ambivalence about pregnancy; and acute family stress / recent life event were also within the most five commonly reported factors last year. Last year we reported that referrals indicating a lack of support / isolation had increased to 13% and this year it has again increased to 46% of referrals. We hypothesise that this is related to long term impact of the COVID-19 pandemic.

Therapeutic Interventions

The Little Minds Matter team is a skilled multidisciplinary team which is able to offer a wide variety of clinical interventions to suit a family's needs. Our clinical interventions are categorised into three groups, although all our interventions are based on a personalised formulation following an assessment. We utilised all three types of intervention this year, with almost all families (89%) being offered attachment-based work. In addition, 59% of families received psychoeducation on baby development and behaviour and 22% received adult or systemic therapy. All families who received adult or systemic therapy also benefitted from interventions of a different type. Due to the complex nature of the difficulties the families we work with face, we frequently offer more than one type of intervention, working in an integrative way to meet the needs of families (Figure 6).

Figure 6
Number of intervention types offered to families



A case study is included at the end of the Direct Clinical Work section as an example of the interventions we offer and the feedback received.

Circle of Security

The Little Minds Matter team have been offering the Circle of Security Programme since Year One as well as using the materials to support the learning of professionals in training and consultation.

Circle of Security is an evidence-based group parenting programme and we have returned to face-to-face groups this year. We have received positive feedback about this change with the quote, across, coming from the evaluation where parents were asked 'what did you find most useful from attending the group'.

The fact that it was a group session that was in person

This year we have offered three group programmes to a total of 12 families. As Circle of Security is predominately designed as a group intervention, we aim to offer this group format to families. However, sometimes families are unable to attend a group due to childcare restrictions and we have previously

I liked being able to ask questions where I felt that someone was hearing what I was saying and not just offering a solution. I feel that I got a lot of help with understanding my child's behaviour. I now see the Circle of security everywhere.

offered it on an individual basis. To increase accessibility to, we started offering a creche facility to families who had no alternative childcare. We have since only needed to offer Circle of Security on an individual basis to one family, whose learning needs made attendance at the group difficult. This is more time efficient and beneficial to families, who have the opportunity to meet other families in a similar situation.

A further two clinicians accessed the Circle of Security training this year. We are excited to now be able to offer places on the group to families living outside of our usual geographical area for clinical interventions. Families living in our ordinary area will be prioritised for the group and we hope that fuller groups will improve the experience for the families attending. In the coming year we hope to increase the number of groups we offer and to tailor groups to specific populations, for example fathers, young parents, or those who speak the same language.

Trauma interventions

To better meet the needs of the families that we work with, two of our clinicians have attended training in trauma interventions: Child-Parent Psychotherapy and Eye Movement Desensitisation Reprocessing (EMDR). Child Parent Psychotherapy (CPP) is a relationship-based intervention for treating childhood trauma. EMDR helps people recover from traumatic events in their lives. Although EMDR is solely done with parents, as opposed to entire families, by offering such interventions within the team we can respond to significant parental emotional distress in a timely way in the knowledge that babies can't wait. We are also in a position to hold the baby in mind during our adult interventions. This in turn supports the parent-infant relationship.

In the short time since training in these interventions, we have offered these to six families (two in collaboration with the Specialist Early Attachment and Development Team), demonstrating the need for these interventions.

Endings

Discharge from our care

We discharged 34 families from our care this year, 68% of which were a planned discharge. A large minority (44%) of discharged families followed an assessment during which the clinician and the family felt that the service or time was not right for parent-infant interventions. Some of these families received an extended assessment and therefore are likely to have received some low-level interventions, such as psychoeducation and validation of their experiences. We are aware that sometimes this is sufficient for families.

In my experience [clinician name] was best for me because when we met then I learnt how I spend my life, how I can manage my baby and my pain. Now I think positive, I learnt from [clinician name] life is beautiful and how to spend the best time with my baby and this has made my pain better. I learnt that we're not alone.

The mean duration of interventions offered to families was 6.2 months (range 2.5-11.2 months). This data suggests that we are meeting our aim for person-centred care; that discharge is dependent on a family's needs, engagement and wishes. We ended this period with 27 families receiving a service from our team, which is slightly more than in previous years (last year = 23).

Family outcomes

We aim to continually improve the service that we offer to families and therefore assess our therapeutic work in a variety of ways, including outcome measures; movement towards parent-set goals; and through parent evaluations.

We utilise the Mothers' Object Relation Scale (MORS) to explore the parent-infant relationships in cases where the infants have been born and the Mullers Prenatal Attachment Inventory if the referral is for a family who are expecting a baby. We use these measures with all carers, despite the use of the term mother. In the MORS the parent answers questions which indicate how they feel their infant feels about them, giving scores of warmth (or coldness) and separation (or invasion). During this period, caregivers reported an average increase in warmth scores and a decrease in invasion scores (Table 1), which is the hoped-for direction, following care from Little Minds Matter. Not all families complete mid-intervention measures; families will be invited to do so if they are attending consecutive interventions, for example, individual therapy and then the Circle of Security group.

Table 1

Changes on MORS scores for families receiving care from Little Minds Matter

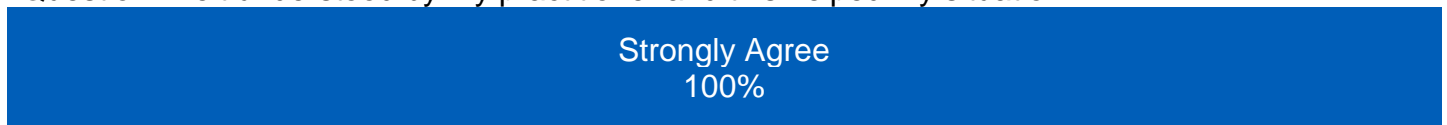
| | Pre-intervention to mid-intervention difference (n=4) | Pre-intervention to post-intervention difference (n=15) |
|----------|---|---|
| Warmth | +10.5 | +4.2 |
| Invasion | -0.3 | -1.3 |

We also support parents to set their own idiosyncratic goals, which helps us to tailor our interventions to parents' wishes and ensure we are measuring the change they wish to see. On average families moved 6.3 points (from 1.5 to 7.8), on a scale of 0 to 10, when comparing pre-intervention and follow-up scores. This data includes two families who have rated their goals following at least one intervention from us and remain open and accessing another intervention. 81% of families had rated themselves as 7 or above at the latest self-assessment.

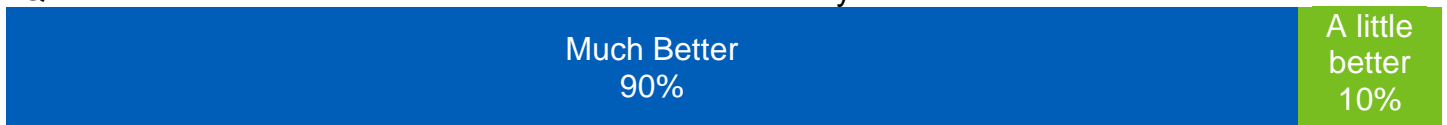
It helped to talk about my childhood and how I was parented. [clinician's name] is very empathetic and a good listener. I used to think that my baby didn't like me. Now I know that she loves her mummy.

We also ask families to complete a service evaluation at the end of their care episode and the feedback this year was entirely positive.

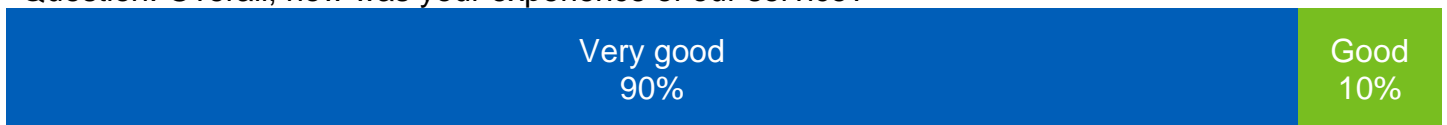
Question: I felt understood by my practitioner and this helped my situation



Question: The service Little Minds Matter offered made my situation...



Question: Overall, how was your experience of our service?



Case Example of Clinical Work with parents ‘Fatima’ and ‘Ali’ and their unborn baby.

The family were referred to Little Minds Matter because of worries about their baby’s arrival due to previous losses that they had experienced. They were seeking some emotional and practical support in preparation for their baby’s arrival. The work of Little Minds Matter included providing a space for Fatima and Ali to think about the anxiety and grief that they were experiencing, as the family did not want their difficulties to have an impact upon the relationship with their unborn baby.

This case was joint worked with a Specialist Midwife and Trainee Clinical Psychologist. We worked with Fatima and Ali to explore the impact of their past experiences and were able to provide a validating space where they could process what they had been through. We completed a genogram with the family to highlight their support networks and reflect on what aspects of relationships they wished to take forward. We also provided psychoeducation on attachment and bonding for the family to strengthen the parent-infant relationship.

After our sessions Fatima and Ali reported that they had completed their goals and felt understood and validated. This was reflected in the family’s responses on our service evaluation questionnaire:

“talking about our emotions and feelings with specialists who understand what we are going through was very, very beneficial. It has really helped us through a difficult time”.

When asked if there was anything that LMM could have done differently, they responded:

“no everything you have done for us was far above our expectations. We could not have imagined a service that could help us so much so I have no suggestions for how this could be better”.

Fatima and Ali ended the work with positive reflections on the space that LMM had provided for them reporting that they

“just want to say thank you so much and to encourage you to continue to do the good work that you do. It has had such a positive impact on our lives and we wish this for other families in our situation so please continue to do the good work, it means so much.”

Due to the involvement from LMM, this family were provided a safe base from which they could start to build trust to explore their difficult emotional experiences alongside strengthening their bond with their unborn baby.

Names were altered to maintain confidentiality and details kept to a minimum for anonymity.

Training

Offering Infant Mental Health training to professionals, volunteers and students is a vital part of our role at Little Minds Matter. Through our interactive training days we support the Early Years workforce to consider the importance of the first 1,001 critical days. Although we have hoped to return our training to face-to-face delivery throughout this year, it remains a virtual offer due to Infection Control Guidance. This continues to result in lower completion of our feedback forms despite having tried numerous ways to collect this vital feedback.

Infant Mental Health Awareness Training

Our core full-day Infant Mental Health Awareness training supports attendees in developing their knowledge of baby brain development, attachment and meeting infants' needs. In this 14-month period we've delivered training to 121 participants over eight events. Four of these events were aimed at Children's Social Care clinicians, although a small number of practitioners from other organisations joined these events. The mean number of attendees on each course was 15, with a range of 10 to 20 attendees.

I feel that all the information has been relevant and informative. It was delivered well by the facilitators who I felt were knowledgeable, thank you.

Community Nursery Nurse

The training was very interesting, it covered a wide range of content and was very easy flowing. I enjoyed taking part in this training and I have learnt new knowledge regarding infant mental health and how this is developed throughout pregnancy.

Student Nurse

We continue to receive fewer completed evaluation forms due to the virtual delivery (53% completion rate). Feedback has remained positive with 98% of attendees reporting that the training was 'Very useful' (n=33) or 'Useful' (n=19). Since the launch of our Infant Mental Health Awareness training, almost 600 people have attended.

Infant Mental Health in Action Training

Our Infant Mental Health in Action Training is available as a follow-on to those who have already completed our Infant Mental Health Awareness Training. It is a half-day training event and aims to help attendees put their knowledge into practice through the use of videos and discussions, building their infant observation skills. We support attendees to think about the conversations that are needed with families who are struggling with their parent-infant relationship.

The presentation around how to observe parent infant relationships in a positive way, not coming across as judgmental but at the same time being aware of safeguarding signs. The discussion around resilience was really beneficial and what this means to us in our work.

Better Start Bradford Project Worker

The trainers were really knowledgeable and shared their expertise in a really inclusive and engaging way. Thank you for an informative session.

Early Years Worker

...Good enough parenting' and how parents don't need to get it right every time. And won't.

Safeguarding Worker

During this 14-month period we have delivered the training to 42 participants, over five separate events. The mean number of attendees on each course was 8, with a range of 4 to 12 attendees. Completion rate for the evaluation forms was 40% and the feedback continued to be positive with 100% of

attendees reporting that the training was 'Very useful' (n=13) or 'Useful' (n=4). This coming year we hope to engage more clinicians in the Infant Mental Health in Action training and are exploring the current barriers to this.

Bespoke Training

The Little Minds Matter team also recognises the need for bespoke training for some individuals and teams. This enables those teams to access our training in a way that is most relevant to their work. In previous years we have reported on the Infant Mental Health Awareness Training for Trainee Clinical Psychologists, Infant Mental Health Awareness Training for Neonatal Staff and Tuning into Parent-Infant Relationships training, all of which have been delivered once in this 14-month period.

Infant Mental Health Awareness for Trainee Clinical Psychologists

This bespoke training is delivered to the Trainee Clinical Psychologists at the University of Leeds, in collaboration with the Leeds Infant Mental Health team. Collaboration with other specialist parent-infant teams is something we strive to do, to improve national awareness and working alongside our closest neighbours is part of this. Of the 25 Trainee Clinical Psychologists who attended the training day, 80% completed evaluation forms. These trainees rated their knowledge of four infant mental health related domains and indicated an increase in such knowledge after the training, compared to before. All attendees reported that the training was 'Very useful' (n=12) or 'Useful' (n=8) to their role.

Really clear, full of important and digestible content

Infant Mental Health and Emotional Care Planning in Neonatal Units

Continuing from last year, we have delivered this bespoke training to five clinicians working on Bradford's Neonatal Unit and received evaluations from three. Capacity difficulties on the unit have meant this training has paused and we aim to restart this when possible. Like attendees on other Little Minds Matter training, these professionals stated that the training was 'Very Useful' (n=2) or 'Useful' (n=1) and reported an increase in knowledge across four infant mental health related domains.

The whole training was very informative and interesting

Tuning into Parent-Infant Relationships

This 90-minute training was created in response to requests for training made during the pandemic. Practitioners wanted training that would help them "tune in" to a child's needs and assist their understanding of a child's thoughts and how to respond to how they are feeling and behaving. The training helped us to stay connected to the workforce while our core training offer was paused due to COVID-19. We received positive feedback from the training, so continued to offer it until November 2021.

Seventeen clinicians attended our final live Tuning into Parent-Infant Relationship training event and ten completed their evaluation forms. Of these participants, 90% reported that the training was 'Very useful' (n=5) or 'Useful' (n=4).

The training was really good and I loved all the interactions and discussion amongst participants.

Since our core training packages have restarted via virtual delivery, we no longer offer this training. However, we did not want to lose the progression and impact that this training had made. An opportunity became available via the BDCT Innovation Hub to transform this training into a digital offer and this work continues.

Spotting the Signs and Risks of Parent-Infant Difficulties Webinar

Little Minds Matter were approached by Cwm Taf Morgannwg Early Years Transformation Programme, in response to recommendations in the "Securing Healthy Lives" report (Parent-Infant Foundation), to deliver some training around spotting the risks and difficulties in parent-infant relationships. A two-hour

webinar was delivered on two separate occasions and a recording of the webinar was made available to those unable to attend live. The interactive webinar covered a brief summary of the importance of parent-infant relationships, how to identify parent-infant difficulties in everyday practice, how to have sensitive conversations with families, signposting and other forms of help.

Forty-five people attended the session and 56% completed evaluation forms. All participants rated the training as 'Extremely Useful' or 'Useful' and, on average, participants rated themselves as more knowledgeable after the webinar than before. A full analysis of the feedback is provided in [Appendix 3](#).

Voice of the Child training

An audit of SystmOne notes within the 0-19 Service suggested a need for training to increase knowledge and confidence around recording the Voice of the Child. Our Specialist Health Visitor developed this training alongside colleagues in the 0-19 service. The training has been well received and clinicians report that it has impacted on their practice. A summary of the training and evaluation can be found in [Appendix 4](#).

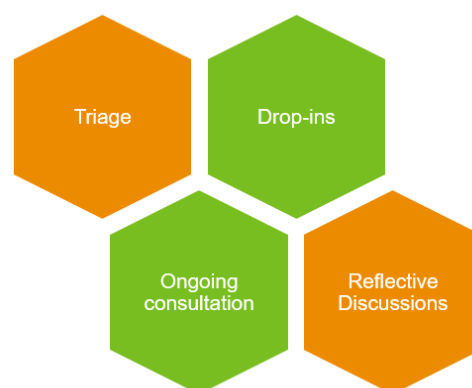
The case studies were really useful, it has helped me feel more confident in my documentation.

Consultation

We offer four types of consultation to professionals, volunteers and students who are working with families: Triage; Attachment Matters Drop-ins; Ongoing Consultation and Reflective Discussions.

We facilitated a total of 219 consultation sessions this 14-month period, compared to 214 last year, meaning a comparative decline. We offered more Ongoing Consultations (increase of 1), Reflective Discussions (increase of 14) and Drop-ins (increase of 13) and fewer Triages (decrease of 23).

We no longer require clinicians who are making a referral to triage with a Little Minds Matter clinician first, although many choose to do so. We also are, where possible, directing triage calls into drop-in slots to enable a lengthier and planned discussion via video call.



Telephone Triage

Any individual working in a professional capacity with a family can call us to discuss the family's needs. Often, but not always, these calls are to discuss a referral into our team. On other occasions professionals call us for signposting information. We provided a total of 45 triage calls during this period and of the professionals who provided feedback at the end of the call, 93% reported that the triage session was 'Very helpful' (n=11) or 'Helpful' (n=3). Similarly, all reported that they would be Very Likely' (n=12) or 'Likely' (n=3) to recommend the service to a colleague.

[Clinician's name] listened to the situation with the woman I wanted to refer. She seemed very skilled at picking out the relevant information and supporting me to make a plan moving forward, reflecting on the woman's individual needs and how we could meet them. Her guidance was very trauma-informed and I felt well supported as a professional. She was very informative re what key information to include in the referral form and the process re referral meetings.

Clinician working in the third sector

Attachment Matters Drop-ins

We offer drop-in sessions to answer any queries or offer support to professionals working with families. This period we have offered 105 drop-ins, 13% of which have been attended, which is a slight decrease from last year. We have recently changed these sessions, moving from a half-day once per month, to two individual sessions per week, to better meet the needs of busy professionals. We hope that this, alongside offering the drop-in sessions when clinicians call for triage, will increase the take-up of drop-in sessions next year.

It has been really helpful for me to talk to you about this family today. I feel more confident about how to approach my work with this family.

Health Visitor

The clinicians who attended and completed evaluation forms for the drop-ins reported the sessions to be helpful, with 89% rating the sessions as 'Very Useful'. Furthermore, 89% of attendees reported that their understanding of parent-infant relationships improved and that they felt more confident working with parent-infant relationship difficulties.

I felt some anxiety on how to tackle a visit and discuss bonding, attachment without wanting to be critical of a Mum who had her own emotional needs, I felt a little stuck in this approach. This reflective space helped me look at the dynamics in the family, organise my thinking and approach - thank you.

Health Visitor

[Clinician's name] was amazing, so kind and patient, I didn't feel silly for asking for support and advice. It's made me realise how important it is to get advice and to learn from other people's experiences and knowledge. I learnt how to see things in a different light and to see things from the child's point of view and what the child might be thinking or feeling and why they are feeling/thinking something.

Health Visitor

Ongoing Consultations

When we receive a referral for a family who is outside of our criteria for direct clinical work, we often offer ongoing consultation to the professionals already working with the family. We also offer this when there are complexities in the professional network, for example numerous individuals involved or differences in approaches. In this period we provided ten ongoing consultation sessions, relating to six families.

Of those who completed evaluation forms, all reported feeling listened to by the Little Minds Matter clinicians. All attendees also reported that the support was helpful (including 67% who reported it to be 'Very Helpful') and finding it useful to their role (including 67% who reported it to be 'Very Useful').

It was invaluable to be offered a space to be able to share feelings and frustrations about the case with other professionals working the case. It was useful to be encouraged to reflect on these and also to see things through the eyes of the child and how she may be feeling and that my role may have had some positive impact on her.

Children's Social Care Clinician

Reflective Discussions

Our Reflective Discussions continue to be received positively and to impact the lives of the babies of Bradford. We utilise a reflecting teams approach for these sessions and offer them to teams of practitioners to support their work with families.

During the height of the COVID-19 pandemic we established Wellbeing sessions for leadership teams within the 0-19 service; midwives; and the safeguarding team. One of these sessions continued to run until summer 2022, when changes in staffing and organisational structure meant the sessions ended. We are in the process of establishing similar sessions for midwives and midwifery team leaders. Data on all these sessions is included in this Reflective Discussion section.

It enabled everyone to have a say and be listened to. It brought up points that I had not thought about that I will use for the future.

This period we have offered 59 reflective discussions, supporting eleven teams. All participants who returned evaluation forms stated that they found the session helpful, including 63% who found it 'Very Helpful'. Similarly, 63% of attendees reported that the session was 'Very Useful' to their role.

The sessions always remind me to keep the Infant in mind, and to look at things from their point of view. It made me think about the longer-term impact of maternal mental health problems on the emotional development of the child.

Better Start Bradford
Project Worker

I really found it useful to be given time and a safe space to reflect. Also, it was good to explore all aspects of how Mums, babies and families are affected by things.

Better Start Bradford
Project Worker

I have a better understanding of the factors which can impact parent-infant relationships and the issues these can bring up.

Adult Mental Health
Clinician

This year we had a powerful example of how our work can positively impact on a baby's life. Following a Reflective Discussion, the Little Minds Matter clinicians wrote a statement from the Voice of the Child. The clinician who discussed the family took the statement to the Child Protection Case Conference. They felt that the statement provided clarity for other professionals as well as having an emotional impact. As a result, other professionals started to think more about the child's experience. The conference chair agreed, contacting the clinician after the Conference to discuss the statement further and the impact it had made during the meeting. Ultimately the child was removed from their parent's care as non-accidental injuries were found.

The clinician who brought the family to discuss has provided positive feedback regarding their experience, both to the professional completing the Safeguarding Practice Review and with the Care Quality Commission. The clinician reported that they 'really valued' the Reflective Discussion and feels their practice has improved due to it. They shared that the model we utilise 'inspires others to consider the family and this leads to thinking differently'. More feedback from the clinician is included in [Appendix 5](#).

Community Engagement

Our Community Engagement strand is delivered in partnership with Family Action, who also deliver the Perinatal Peer Support Service within the Better Start Bradford Area. We have been joined by a new Community Engagement and Community Support Worker this year who has had great success in shaping this new, combined role. This strand involves both direct interactions with the Bradford Community and our Digital Campaigns.

Direct Community Engagement

The team, especially our Community Worker, have spent time with the community this year both as part of organised campaigns (see '[National Campaigns](#)' for more information) and as part of everyday community life. We have visited a number of groups and community hubs including: My Baby and Me group delivered by the Perinatal Peer Support Service; HENRY Starting Solids Workshop; Story and Rhyme Time sessions; outdoor play sessions run by Better Place Bradford and Womenzone Community Centre. We have also facilitated workshops for refugees adjusting to their new life in Bradford, which included sharing key messages on baby states and cues in a culturally sensitive way.

In addition, when we have developed new resources this year we have consulted with the community around the style and wording of these. An example of this is our self-referral pathway poster ([Appendix 2](#)).

Digital Community Engagement

Our Digital Engagement, through Twitter, Facebook and Instagram has continued to grow throughout this period. Our Community Worker has led on the organising and creation of this content, creating more capacity for our other clinicians.

We post content around babies' brain development; the importance of early relationships; and activities to support bonding, to both Facebook and Instagram. We utilise Twitter for professional-to-professional content. Reaching out to communities and professionals through social media allows us to connect with more families, spread our key messages and be part of the movement to change how society thinks about raising babies. We seek to make our key messages accessible and culturally attuned to the diverse area of Bradford.

We tailor our digital publications to National Awareness days and Campaigns (such as Infant Mental Health Awareness Week) and provide information on local family-friendly activities. We have also re-published the Moments That Matter campaign and plan to do so each summer.

We publish in excess of 20 unique posts / tweets and have engagements with over 8,000 accounts each quarter. Currently we have over 1,100 followers between Facebook and Instagram. Further data regarding our digital reach can be found in [Appendix 6](#).

Strategic and Leadership Activities

The Little Minds Matter team are a passionate group of highly skilled clinicians and support staff. We engage in a variety of activities with the aim of disseminating our key messages around the importance of early relationships and infant mental health.

Influencing the local system

Our experienced and skilled team are actively part of strategic and leadership activities that help keep the voice of the baby in mind. We work in partnership with many services and agencies and have been involved in, or lead, 26 groups across Bradford (see [Appendix 7](#) for full list).

Award

- Employee of the Month in CAMHS – Little Minds Matter team for “*fantastic effort, brilliant ideas and wonderful passion this Infant Mental Health Awareness Week*”.

Presentations

- Bennett & Dunster-Page (2022), *Better Start Bradford & Bradford Infant Mental Health Service*, South-East Perinatal Mental Health Services
- Dunster-Page in collaboration with Cliffe, Handley & Milne and (2022), *Parent-Infant Services within BDCT*, BDCT Executive Broadcast
- Dunster-Page (2022), *Infant Mental Health Awareness*, BCB radio
- Ingram (2022), *Early Attachment Observation video*, BDCT Virtually Clear Conference
- Price (2021), *Perinatal Mental Health in Dads*, ITV Calendar News
- Price (2021), *Partnership Working to Support Little Minds*, Institute of Health Visiting Conference
- Randall & Gibson (2022), *Introduction to Infant Mental Health*, Child Special Interest Group
- Shand & Loftus / Childs & Dunster-Page (2022), *Introduction to Infant Mental Health*, Early Years Alliance
- Swan (2021), *An Introduction to Little Minds Matter*, Reducing Inequalities in Communities Birth Stage Projects

We have also spoken at a number of team meetings to ensure our key messages are known and teams are aware of the work we do ([Appendix 8](#)).

Research

We have been involved in three research studies this year. In the last annual report we explained that we had commissioned a Service Evaluation Project from the University of Leeds to explore service user experiences of direct clinical work. Beth Carrington (Psychologist in Clinical Training) has since completed this work and found positive self-reported experiences of Little Minds Matter, including positive outcome measure data. Most families were discharged following meeting their therapeutic goals, in line with Little Minds Matter's person-centred approach. A full summary can be found in [Appendix 9](#).

I'm stronger with [my baby] and glad someone could hear my voice

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

In addition, we have been approached by a PhD student who is working in collaboration with Born in Bradford and is exploring the possibility of a link between mild to moderate mental health problems during the perinatal period and infant routine outcome measures. We are offering our expertise and assistance in the completion of this valuable research.

Finally, our Child Parent Psychotherapy (CPP) trained clinician is involved in research exploring the experiences of families receiving CPP as an intervention for childhood trauma. This issue is of particular importance because CPP originates from the USA and it is important to understand how UK families experience the intervention.

National Campaigns

National campaigns are powerful at bringing together likeminded services and individuals to provoke change within the system. We have been involved in activities during Safeguarding Week, World Breastfeeding week and Maternal Mental Health Awareness Week, including having stalls and activities within the community and live sessions on social media. The two awareness weeks that we focus on annually are Baby Week and Infant Mental Health Awareness Week.

Baby Week 2021

Our team was involved in the Better Start Bradford Baby Week in November 2021. Our Specialist Midwife was on an expert panel following the screening of 'In Utero', a film exploring life in the womb and its lasting impact on human development, behaviour and the state of the world. Our Specialist Health Visitor and Health Visitor delivered 'I am here, can you hear me?' training to 29 professionals. This training evolved into The Voice of the Child training (see [Training Section](#) and [Appendix 4](#) for more

details). Finally, we also delivered a session to Foster Carers entitled 'Why Foster Carers matter to Little Minds', introducing them to the concepts of Infant Mental Health and the 1,001 Critical Days concept.

Infant Mental Health Awareness Week 2022

During Infant Mental Health Awareness Week (13th to 19th June 2022) we increased our reach both to families and other services working with families. We reached over 50 families directly through two events, visited over 35 GP surgeries to share information about our self-referral offer, presented to over 50 BDCT professionals and reached over 3,000 accounts on social media. See [Appendix 10](#) for a summary of our activities.

Team Development & Activities

Offering High Quality Clinical Placements

One of Little Minds Matter's key objectives is about upskilling the workforce in the importance of parent-infant relationships and the needs of babies. As well as training existing staff, we are passionate about offering clinical placements to individuals in training.

We have now offered eight placements to Doctorate-level Trainee Psychologists, with Beth Carrington (right) and Becca Gibson (below) recently completing their placements. A full summary from both Trainees can be found in [Appendix 11](#).



I have thoroughly enjoyed my time with Little Minds Matter. The varied opportunities that this placement provides is great as you can develop a range of skills including consultation, training, direct clinical work, and thinking about community engagement. The team is very reflective and supportive, and they have helped me to grow in confidence. I have recommended this placement to peers and would not hesitate to do so again.



Becca joined us as a first-year Psychologist in Clinical Training and has provided a summary of her experiences for a placement that is more frequently taken as an elective placement by third-year trainees. As part of this summary Becca stated that *"Infant Mental Health was not really in my awareness before starting placement here, but now I feel my whole way of thinking about relationships (both parent-infant and other relationships) has changed. It has helped me understand the language infants use to communicate and led to me thinking more widely about attachment. I*

have been struck by how valuable the work is for families in supporting those early relationships, normalising experiences and raising awareness about infant mental health."

This summarises exactly what the Little Minds Matter team aims to achieve through the placements we offer.

In addition to the longer placements we offer to psychologists, we also offer a virtual placement to any students (nursing and allied health professionals) interested in learning more about Infant Mental Health. This involves an introductory training event alongside pre-training and post-training learning. To date 62 students have accessed this virtual placement, further increasing the knowledge of infant mental health in the emerging workforce.

Of the 27 participants who completed the evaluation form, 74% found the training 'Useful' (n=3) or 'Very useful' (n=17). Participants rated their knowledge and understanding of infant mental health, brain development and specialist parent-infant teams prior to and following the placement. On average, students rated each domain at less than four out of ten prior to the placement and greater than seven out of ten following the placement.

Clinician Skill Development

Little Minds Matter is a specialist service and it is vital that clinicians remain up to date with the evidence-base for the work that we do. The team frequently attend training events, conferences and webinars individually, then disseminate this information to the rest of the team through our Continuing Professional Development sessions. This year we have had a particular focus on trauma therapy, with clinicians training in Child-Parent Psychotherapy and Eye Movement Desensitisation and Reprocessing (EMDR), as well as biologically normal infant sleep, with all clinicians attending training from the University of Durham's Baby Sleep Info Source (BASIS).

Training Courses Attended

- Attachment Narrative Therapy
- BASIS Normal Infant Sleep Course
- BASIS SIDS and Sleep Safety Course
- Child-Parent Psychotherapy
- Circle of Security
- Every Sleep a Safe Sleep pilot
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Introduction to Internal Family Systems
- Lyndsey Hookway Baby Sleep Course
- Resilience Workshop
- Restorative Supervision Training
- Systemic Practice Training

Conferences / Workshops Attended

- Act as One Better Births Festival
- Association of Family Therapy
- Bradford University Maternity Voices Partnership
- Evidence based intervention in the first 1001 days Webinar, PEDAL Centre
- Parent-Infant Foundation Network Day
- Shared Learning Event with Domestic Abuse Specialists
- Yorkshire and Humber Clinical Network Perinatal Mental Health Webinar with Dr Alain Gregoire

Appendices

Appendix 1. Map showing where Little Minds Matter offers support to professionals and where the service works directly with families



Bradford District Care
NHS Foundation Trust

Map showing where Little Minds Matter offers support to professionals and where the service works directly with families

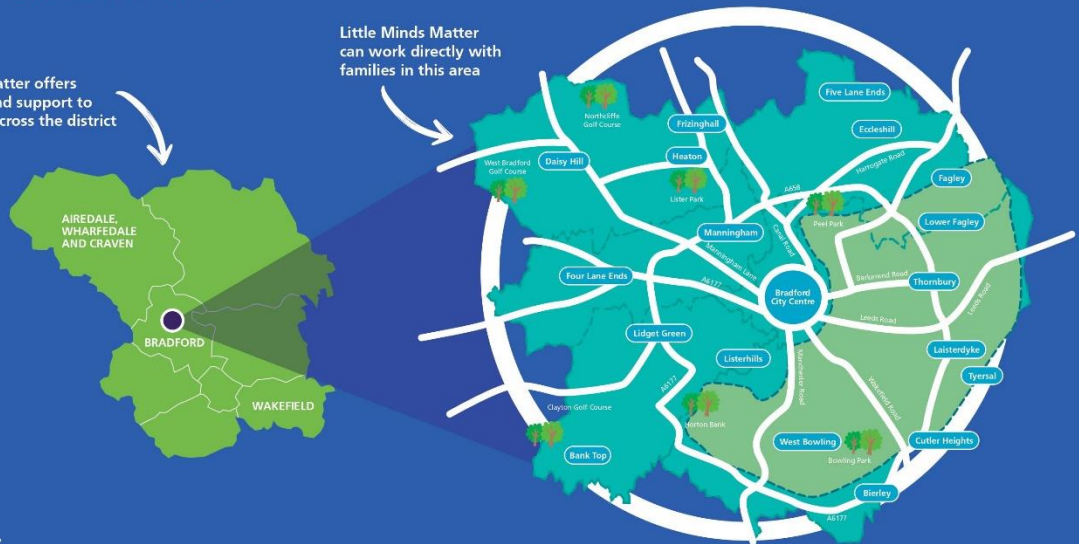
Little Minds Matter offers consultation and support to professionals across the district

Little Minds Matter can work directly with families in this area



Little Minds Matter
Bradford Infant Mental Health service

Little Minds Matter is a Better Start Bradford project working in Bowling and Barkerend, Bradford Moor and Little Horton. It has also received some additional funding through the Reducing Inequalities in Communities (RIC) programme to support families across Bradford City.



RIC areas

Families who live in or have a GP in BD1, BD2, BD3, BD5, BD7, BD8, BD9

Better Start Bradford areas

Families who live in Bowling and Barkerend, Bradford Moor and Little Horton

To check if a family is eligible in the Better Start Bradford area, please scan the QR code:



Appendix 2: Self-Referral Pathway Poster and easy read leaflet



Are you having a baby?
Do you have a baby under 2?

We are here to support you

Having a baby is a big change and can be challenging. You might ask for support for different reasons...

Feeling sad or worried

Having a difficult pregnancy or birth

Struggling to connect with your baby

Finding it difficult to calm your baby



We can support you if...

You live in:

Bowling or Barkerend, Bradford Moor, Little Horton

OR

Your home or GP's postcode starts with:

BD1, BD2, BD3, BD5, BD7, BD8 or BD9



Contact us Monday to Friday for an initial friendly chat on:

07766 568 407

LMMsupport@bdct.nhs.uk

If emailing us, please send only your name and phone number and we will call you back



Little Minds Matter
Bradford Infant Mental Health Service



Having a baby can make you feel happy, sad, or worried.



People ask for support from Little Minds Matter for different things.



Feeling really sad or worried.

Finding it difficult to calm your baby.



Feeling like your baby doesn't respond to you.

Struggling with your feelings towards your baby.



Difficult birth.

Having a hard pregnancy.



Would you like some support?



We can support you if you are pregnant or have a baby under 2 years old.

We can support you if:

Your home is in Bowling and Barkerend, Bradford Moor, Little Horton.

OR

Your home or GP postcode starts with BD1, BD2, BD3, BD5, BD7, BD8 or BD9.



We want to help make things better for you and your baby by meeting with you, at home or elsewhere. One way we could support you is by talking to you.



Sometimes we can use play to help.

Contact us Monday to Friday for an initial friendly chat.

Call Little Minds Matter on

07766 568 407

Or e-mail **LMMsupport@bdct.nhs.uk**

If e-mailing us, please send only your name and phone number and we will call you back.

Appendix 3: Feedback from Cwm Taf Morgannwg Early Years Transformation Programme Webinar

At registration, attendees were asked to rate their knowledge of parent-infant work. A scale of 0-10 was used (0 indicated very limited knowledge and 10 indicated very knowledgeable). Prior to the training the average score was 5.8. Following the training the average score had increased to 7.2. This can be seen in Figure 7 below left.

People were asked to rate how useful the training was to their role and all rated the training as 'Extremely Useful' or 'Useful' (Figure 8 below right).

Figure 7
Knowledge of parent-infant work pre and post training

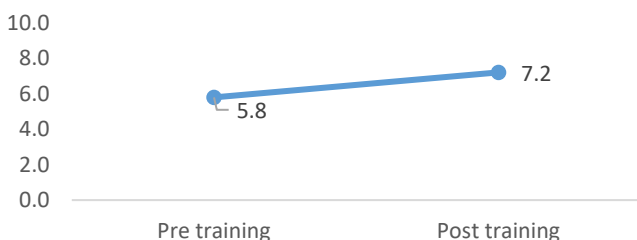
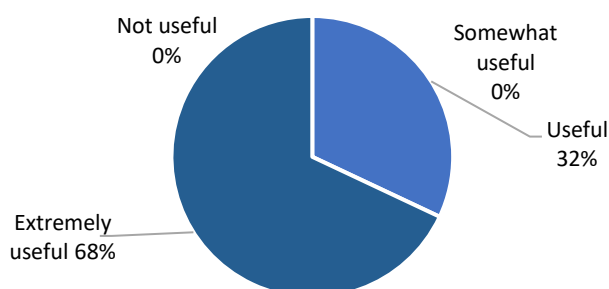


Figure 8
Attendees rating of how useful the training was to their role



We asked attendees for one thing they would take away from the training. People commented on the: videos, signposting, how to make observations, how to have open discussions, importance of strength-based assessments, importance of curiosity and building positive relationships with parents, importance of thinking about how babies communicate, including when they are distressed. These comments gave us confidence people were really engaged in the session and taking what was most helpful to them.

We asked for anonymous comments to describe the training and these are displayed in the pictures below in Figure 9 and Figure 10.

Figure 9
Words used by attendees to describe the first webinar



Figure 10
Words used by attendees to describe the second webinar



Appendix 4: Summary of the Voice of the Child training development and evaluation

Voice of the Child Training Summary Little Minds Matter and Children's Services BDCFT



Little Minds Matter
Bradford Infant Mental Health Service

Why have we developed Voice of the Child Training

As part of the Covid-19 strategy within BDCFT a "dip sample" audit of S1 records in the family health module was completed. The results of this highlighted that the Voice of the Child was not being documented well across the multidisciplinary team. As a result, a group of people within BDCFT, including Lorraine Ingram - Specialist Health Visitor at Little Minds Matter and Edwina Lintin - MESCH implementation lead, developed Voice of the Child training for children and young people.

What is the Training and how is it delivered?

The training is 4 hours long and is currently delivered as a live training over Microsoft Teams, although we recognise, and feedback tells us that the best mode of delivery would be face to face in person. The training gives an overview of the theory underpinning the Voice of the Child and why it is important that all professionals recognise the child's lived experience and how they are communicating their needs. The training also uses case study examples and gives practitioners a chance to practice documenting what they observe.

How has this evaluated so far?

We started the roll out of this training in March 2022 to the leadership team across children's services. Since then, I have been involved in delivering four more sessions. In total together we have trained 81 practitioners in children's services and Edwina has delivered a session to the school immunisation team, another 21 practitioners. The training has been well received and we intend to roll this out across Health Visiting and other services over the next 6 months, with the help of a team of practitioners from BDCFT. Feedback tells us that the training has helped them to feel less anxious about documenting the child's voice.

"The case studies were really useful, it has helped me feel more confident in my documentation"

"It would be helpful to have more time to discuss examples from practice"

better lives, together



Bradford District Care
NHS Foundation Trust

Appendix 5: Feedback from clinician utilising Voice of the Child statement in a Child Protection Case Conference

Attending the Little Minds Matter sessions has changed my clinical practice in safeguarding children, particularly around how I use, and feel about using, the Voice of the Child Statement. [Clinicians' names] reflective sessions are so useful, the sessions allow much needed space and time to focus on one family, and to hear feedback from other professionals with different ideas and viewpoints. This reduces my professional stress and gives me confidence that I am doing the best job that I can for the child. I like the way that the sessions are structured and are facilitated. The feedback summaries are so helpful, they give me clarity and help me to form a plan of care for the child. I have [Clinicians' names] reflective feedback as a template that I use to formulate my Voice and the Child statements.

I feel so much more confident in using the Voice of the Child Statement because I have seen how powerful it can be, having observed how other professionals have responded when I have shared them. I have stopped worrying about writing these statements, I used to feel uncomfortable writing down what the child would say about their life and experiences and I used to worry about how I could defend what seemed like just my opinion. I used to edge around the process by writing "I feel like baby would say.....". The Little Minds Matter sessions and reflective feedback summaries have encouraged me to stop worrying about this. My Voice of the Child statements are rooted in what I observe of the child's experience and I incorporate all of my Health Visiting training and skills when I write them.

Appendix 6: Summary of social media reach

| | Twitter | Facebook | Instagram |
|--|---------|----------|-----------|
| Total reach Tweet impressions / accounts reached | 58,820 | 25,352 | 3,407 |
| Reach of top post Tweet impressions / accounts reached | 3,400 | 2,674 | 300 |
| Total followers / page likes | 428 | 673 | 490 |

Appendix 7: Strategic groups attended or led by Little Minds Matter

1,001 Critical Days Workstream
 ACEs, Trauma and Resilience Early Years Sub-Group
 ACEs, Trauma and Resilience Steering Group
 ACEs, Trauma and Resilience Workforce Sub-Group
 Acting on the Act (Children as Victims of Domestic Abuse)
 Better Births Every Baby Matters Group, Bradford District
 Better Births Health Inequalities Group, Bradford District
 Better Births Perinatal Mental Health Clinical Forum
 Bradford Dad's Matter
 Bradford District Breastfeeding Network
 Bradford Breastfeeding Service Design Workstream
 Dame Andrea Leadsom, Visit to Bradford
 Family Hubs and Start for Life Development Day
 Maternity Voices Partnership
 Parent-Infant Foundation Networking Groups
 Perinatal and Infant Mental Health Special Interest Group (iHV)
 Perinatal and Infant Mental Health Steering Group
 Perinatal Care Pathway in CAMHS
 Project Leads Meetings, Better Start Bradford
 Quality and Operations Meetings 0-19 Service
 Quality and Operations Meetings CAMHS
 Start for Life Operational Board
 Trident Wave Resilience Project Launch
 Yorkshire and Humber Infant Mental Health Hub
 Youth in Mind in City Project Leadership, Reducing Inequalities in Communities
 Voice of the Child Workstream

Appendix 8: Meetings attended with teams / key individuals to share information on Little Minds Matter service

0-19 Staff Nurse meeting
 Airedale Community Midwives team meeting
 Canopie App
 Children's Social Care – Learning and Development
 Early Intervention in Psychosis
 East Children's Social Care Team
 First Response Service
 Improving Access to Psychological Therapies Service
 Liverpool Parent-Baby Service
 MyPlan Perinatal Support
 South 0-19 Team / business meeting
 University of Bradford, Social Work Course

Appendix 9: Summary of Service Evaluation

Exploring the Successes and Barriers to Engaging Families in Parent-Infant Relationship Work with Little Minds Matter by Beth Carrington (Psychologist in Clinical Training)

This service evaluation aimed to evaluate the direct clinical strand of Little Minds Matter during the first two years of the service opening (2018-2020). A mixed-method approach was used, where outcome measure (Mothers Object Relations Scale; MORS) and service evaluation questionnaire data were analysed, along with qualitative analysis of one telephone interview and analysis of written feedback from families. The results from the service evaluation questionnaire data showed positive self-reported experiences with LMM, all 21 families were happy with the service and agreed that LMM had improved their situation. Outcome measure data showed pre-to-post intervention improvements, mostly regarding increases in how warm parents/caregivers perceived their baby to be towards them. However, all but one participant experienced no reliable change on the Invasion subscale (parents perceiving infants as invasive or distant towards them). Most families were discharged due to meeting their personal therapeutic goals, reflecting a person-centered service approach. From the quotes, it appeared as though LMM are skilled in creating a safe base for clients which ultimately has shown to promote independence which in turn has increased parental/caregiver confidence. There were also wider relational changes seen such as improved marital and wider familial relationships, possibly reflecting transferable relational knowledge and skills or possibly a different way of viewing relationships. There are limitations with this evaluation which need to be acknowledged before interpreting the results. These include a small sample size which limits generalisability, response bias as the evaluation is based on families who had a positive experience, and the lack of voice from disengaged clients. Nevertheless, the direct clinical work strand of LMM has shown positive outcomes in improving parent-infant relationships from the sample included in this evaluation.

Appendix 10: Summary of our reach and impact in Infant Mental Health Awareness Week 2022



Little Minds Matter
Bradford Infant Mental Health service



Bradford District Care
NHS Foundation Trust

Infant Mental Health Awareness Week 2022

Little Minds Matter Public Engagement Report

Infant Mental Health Awareness Week was held from 13th to 19th June 2022. This is a summary of our activities and reach during the week



For more information contact us on 01274 251 298 or littlemindsmatter@bdct.nhs.uk

better lives, together



Appendix 11: Summary of placements from Trainee Clinical Psychologists

Becca

I joined Little Minds Matter as a first-year trainee clinical psychologist and was a little nervous after being told it was an unusual choice for a first year placement with it being such a niche area, but I didn't need to worry. Despite much of the work being from home currently, the team have been really welcoming, friendly and supportive, going out of their way in the first few weeks to meet individually with me to introduce themselves, and I've felt welcomed like a full member of the team from the start.

Infant Mental Health was not really in my awareness before starting placement here, but now I feel my whole way of thinking about relationships (both parent-infant and other relationships) has changed. It has helped me understand the language infants use to communicate and led to me thinking more widely about attachment. I have been struck by how valuable the work is for families in supporting those early relationships, normalising experiences, and raising awareness about infant mental health. It isn't only the direct clinical work that is of value, but the team work across three other strands to ensure the widest possible reach for the information they disseminate – consultation, training and community engagement. With the scope of direct clinical work being limited to certain postcodes, the importance of the other strands is huge, to help other professionals help the families the service cannot directly reach themselves.

The LMM team work incredibly hard across each of the strands to ensure the greatest number of families are reached and that information about infant mental health is shared widely. The team are passionate about what they do and this shows in their work. The only thing I wish was different for LMM is the scope of the area they work directly in, and their currently uncertain funding going forward. LMM is a hugely beneficial early intervention service that should improve relationships from those early days and critical period, and hopefully ease referrals into older CAMHS services further down the line.

For me personally, the placement at LMM has enabled me to work on a variety of competencies necessary for my training, that would be likely more difficult to get in other settings, for example, consulting with other professionals and delivering training. I have been given the opportunity to develop both of these competencies in a safe environment and been supported by other staff to do so effectively. LMM has been a brilliant placement in terms of getting direct clinical experience, but also a much broader range of experiences than is often available at other placements. I will take the knowledge and skills I've gained on this placement forward with me throughout training and beyond.

Beth

For me, I couldn't have chosen a more supportive placement for my final year. The LMM team have provided me with feelings of safety and connection which has helped me to jump in with both feet. Standing back and thinking about my journey on this placement, I think I have started to develop who I want to be as a clinical psychologist as I have connected with the ways of working and values that are inherent in this team. I have valued spreading psychological mindedness throughout the strands of the service who work with professionals across various areas, to widen the reach and awareness of infant mental health. I have connected with the values of providing preventative care and providing flexible services to ensure people can access support amidst adversity.

I was always interested and drawn to attachment and thinking about early experiences throughout services where I have previously worked and been on placement. It has felt exciting to be able to be in a service where this is the focus of the work during the crucial time of 0-2 years old. Tuning into parent-infant relationships has been a skill I have tried to develop over the time on this placement. This has been difficult when in the room, and I reflected at the start on how hard I found it to think about the relationship, whilst being engaged in the conversation – there is so much to hold in mind! I found joint working very important for my development and confidence. Not only in thinking about infant development, but also I have learnt ways to engage parents/caregivers and infants in the room. I feel a lot more comfortable with this now and less self-conscious.

Little Minds Matter have given me space to develop clinically and regarding my PPD. I have grown in confidence with working in an integrative way by holding a number of psychological models in mind. I have also really valued the additional reflective supervision space that was provided for me, where I could think about aspects of my development. This has felt particularly important as I have had space to start to process the ending of the course and transition into a qualified role. It has been a pleasure to work with the LMM team and it has gone by so quickly! I am looking forward to staying in contact and utilising their support as I transition into my qualified role. This team have really made me feel like a professional who adds value, and I am grateful for this as I will continue to fight imposter syndrome!