Little Minds Matter
Bradford Infant Mental Health Service

Working across cultural boundaries

Little Minds Matter: Bradford Infant Mental Health Service

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Welcome & introductions

- Your name
- Your role
- Where your team is based
- Anything else helpful or interesting to know!

Plan for the workshop

- Not here to teach or impart ‘expertise’ – we are not experts but on a continual learning journey ourselves.
- Naming our whiteness and positions of privilege.

1. Our service context
2. Why is it important to think about working across cultural boundaries in infant mental health?
3. Helpful models & frameworks
4. Applying learning – in clinical practice
5. Applying learning – at service level
6. Reflections & feedback

Who we are

- We launched in summer 2018 as a Better Start Bradford project, funded by the National Lottery Community Fund, and delivered by the local NHS Trust.
- In 2023, we expanded both in size and reach following additional funding from the integrated care board (ICB) and the Start for Life programme.
- Our contract has recently been renewed until March 2026 with additional funding from children's social care.
- We work with parents/carers in pregnancy and with babies up to the age of 2.
- Our team comprises: four administrators, a support worker, two specialist health visitors, four clinical psychologists, a specialist midwife, a midwife, two therapeutic social workers, an assistant psychologist, and a systemic family therapist & service lead. We also currently have two trainee clinical psychologists on year-long placements with us.

Our context

- Bradford is an ethnically, linguistically, and culturally diverse city in the north of England. It is home to the second largest British Pakistani population in the UK and in the last decade has welcomed some of the highest numbers of refugees in the country. Over 150 languages are spoken here.

- Bradford is one of the most deprived local authority areas in the country (MHCLG, 2019). It has high rates of poverty and has the second highest levels of child poverty of any other local authority area (The Health Foundation, 2023).

What do we mean by ‘culture’?

Language matters.

It is important not to make assumptions that we all have a shared definition of the words we are using.

What comes up for you when you hear the word ‘culture’?

What do we mean by ‘culture’?

Culture is made up of the behaviours, beliefs, and ways of interacting that people learn as part of a community.

It helps to create a shared group identity through common traditions and social patterns.

Culture exists at many levels: microcultures like family of origin, community traditions, and macrocultures like dominant societal norms.

A focus on ethnicity here – a shared sense of identity within a group based on common cultural traditions, language, or heritage.

Why is it important to think about working across cultural boundaries in infant mental health?

1

Sociocultural contexts to parenting

2

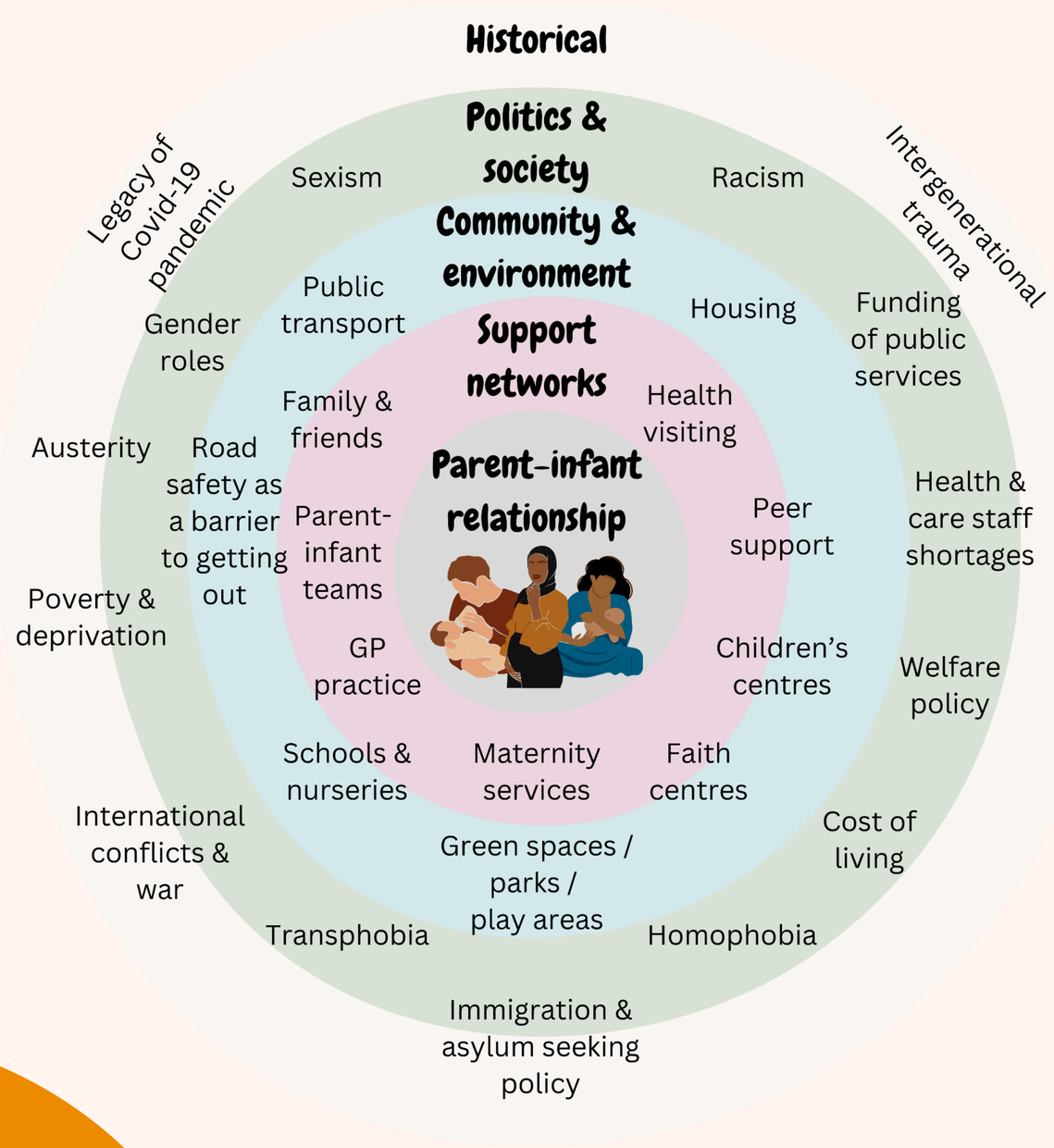
Health inequalities

3

Trauma-informed care

1

Sociocultural contexts to parenting



1

Sociocultural contexts to parenting

- Parenting practices are deeply rooted in culture at all levels – family of origin, geography, ethnicity, religion, etc.
- Ideas about sleeping, feeding, emotional expression, and discipline can vary widely between communities.
- There is no single ‘correct’ approach or ‘one-size-fits-all’ support for families.
- Critical approach to the ‘evidence base’, outcome measures, etc. we use as research often privileges Western cultural norms and values, misrepresenting these as universal. Research is also heavily reliant on ‘WEIRD’ (western, educated, industrialised, rich, democratic) samples.

2

Health inequalities

- Huge disparities in health outcomes persist for marginalized groups, particularly for those from minoritised ethnic backgrounds and those living in the most deprived areas, who face structural barriers in accessing healthcare and can experience care and support that is not culturally attuned. This perpetuates inequalities and adversity.

- These are pronounced in the perinatal period, for example:
  - MBRRACE report found that Black women were 2.8 times more likely to die during or up to 6 weeks after pregnancy, and Asian women were 1.7 more times likely to die during the same period (Felker, et al., 2024).

  - In the postnatal period, women from minoritised ethnic backgrounds and those living in more deprived areas were less likely to be asked about their mental health, to be offered treatment, and to receive support than White women and those living in the least deprived areas. (Redshaw & Henderson, 2016; Harrison, et al., 2023).

  - Women from minoritised ethnic backgrounds had much lower access to community mental health services and higher percentages of involuntary admissions than White British women. However, women from minoritised ethnic backgrounds had fewer non-attendances/cancellations of appointments than White British women, which suggests the problem is with access not utilisation.(Jankovic, et al., 2020).

Pair of ACEs

Adapted (with permission) from Ellis, Dietz, and Chen (2022)

Adverse childhood experiences

Incarceration

Homelessness

Physical & emotional neglect

Emotional & sexual abuse

Domestic violence

Divorce

Substance abuse

Mental health difficulties

Adverse community environments

Poverty

Violence

Poor housing quality & affordability

Lack of opportunity, economic mobility, & social capital

Community disruption

Racism & discrimination

3

Trauma-informed care

- Many families from minoritised ethnic backgrounds have histories of trauma, whether from war, migration, and structural racism and discrimination.
- Working in the perinatal period and with parent-infant relationships offers a window of opportunity to explore intergenerational stories, trauma, and patterns.
- Assumptions, rigid policies and practices, or culturally insensitive approaches can result in families being re-traumatised.

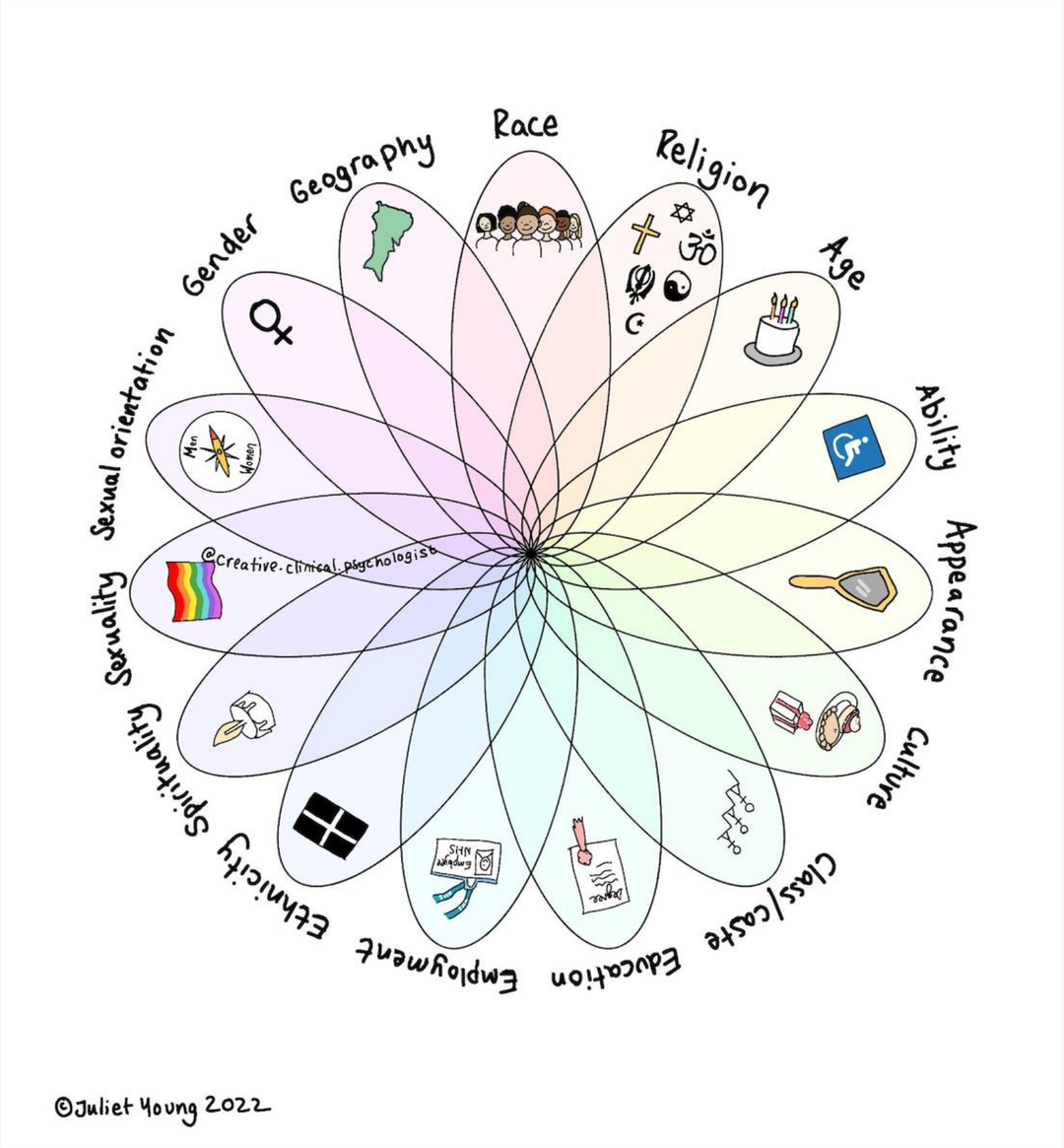
The ‘social graces’

The 'social graces’ or GGRRAAACCEEESS framework (Burnham, 1992, 1993; Roper-Hall, 1998), is a tool used in various fields like social work and therapy to understand social differences, power dynamics, and biases.

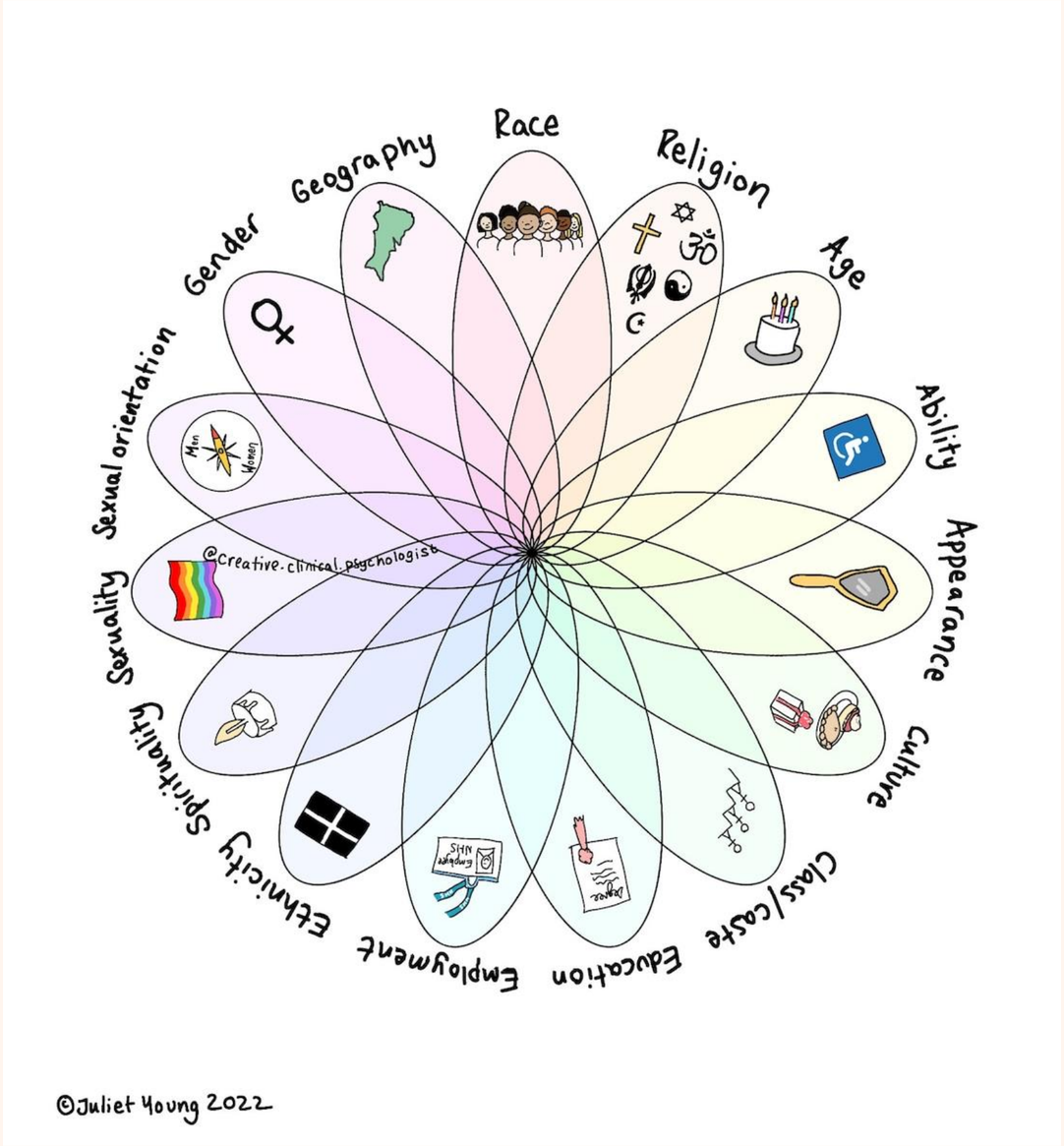
It is an acronym that represents various aspects of identity and social location, including gender, geography, race, religion, age, ability, appearance, culture, class, education, employment, ethnicity, sexuality, and spirituality.

It can help individuals and practitioners to reflect on their own biases and how different aspects of identity can influence power and privilege.

The ‘social graces’



The ‘social graces’

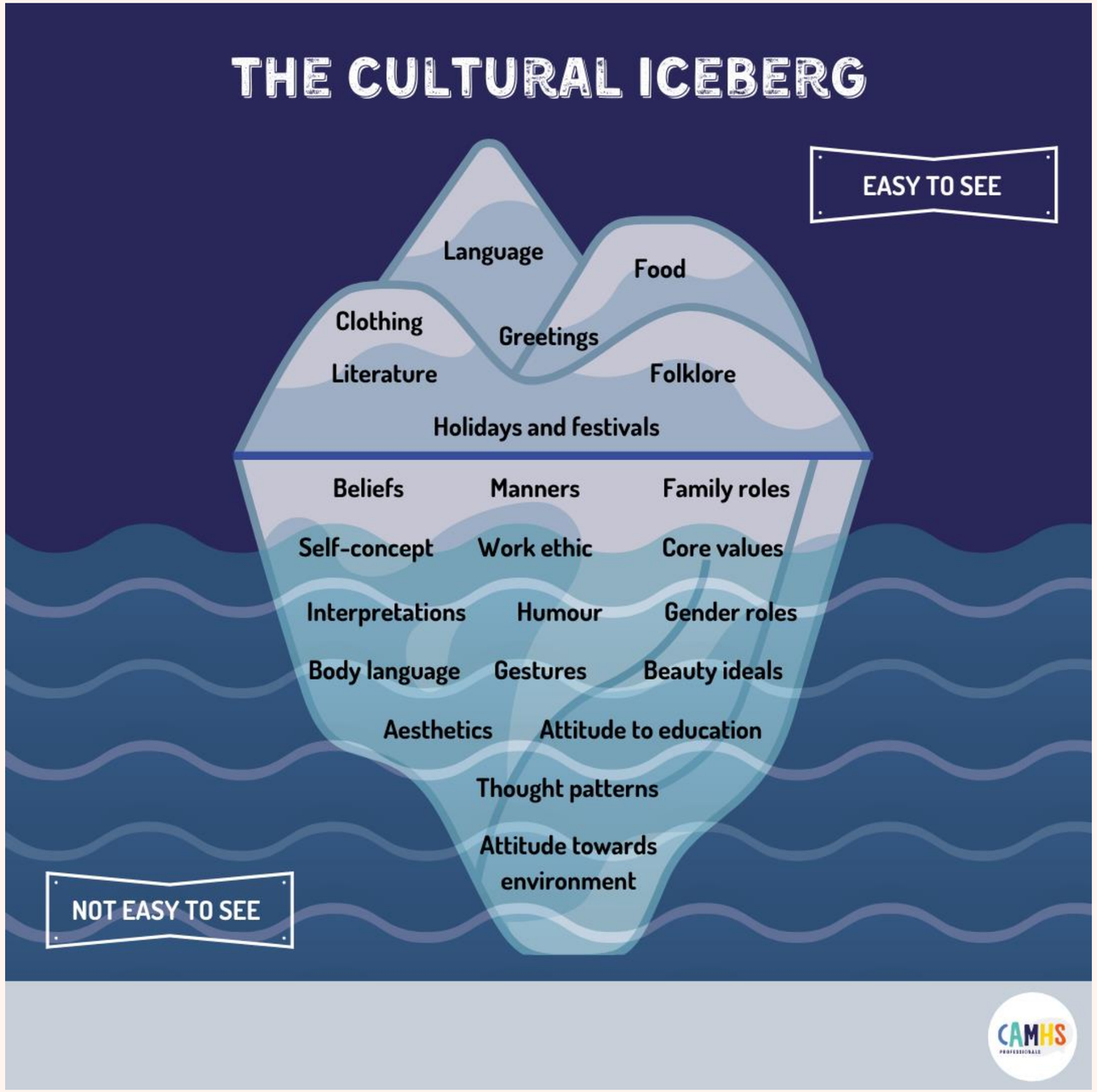


What can we see?

What can we ask?

Which ‘graces’ bring me power and privilege?

Which ‘graces’ bring me difficulty or discomfort?


THE CULTURAL ICEBERG
EASY TO SEE
Language
Food
Clothing
Greetings
Literature
Folklore
Holidays and festivals
Beliefs
Manners
Family roles
Self-concept
Work ethic
Core values
Interpretations
Humour
Gender roles
Body language
Gestures
Beauty ideals
Aesthetics
Attitude to education
Thought patterns
Attitude towards environment
NOT EASY TO SEE
CAMHS

Intersectionality

Intersectionality (Crenshaw, 1989) considers how race, class, gender and other characteristics ‘intersect’ with one another and overlap.

The coexistence of characteristics can change how we experience them.

Intersecting and coexisting oppressions can change and amplify each other.

Intersectionality

The concept of intersectionality has since been broadened beyond its initial framework of race and gender. It now includes a wide spectrum of social classifications, such as: socioeconomic class, sexual orientation, age, physical or intellectual disabilities, and other dimensions of individual identity.

Intersectionality emphasizes that different dimensions of identity are not isolated from one another; instead, they intertwine and overlap in intricate ways, resulting in distinct advantages or disadvantages, benefits or harms.

Impacts on infant mental health and parent infant relationship

- Access to support and solidarity?
- Experience of oppression and discrimination?
- Demographic and experience of families?
- Demographic and experience of IMH Team?

Cultural Humility

- Cultural humility involves self-exploration and self-critique – alongside a willingness to learn from others.
- Honoring the beliefs, customs, and values of others (even if they differ from our own?)
- It means acknowledging and accepting difference.
- Consider the impact of parent-infant work?

Invitation to self-reflexivity

- Which social graces stand out to you, in your life?
- Which of your social graces stands out to you, in your role?

- Have any differences or similarities in social graces been apparent in your work with families?
- What do you do differently when there are similarities?
- What do you do differently when there are differences?

- Which graces do you feel most comfortable and uncomfortable discussing with families?
- How might families experience the similarities or differences?

Owning our social graces

- Important to have an awareness of the power we hold as 'professionals'
- Be aware of experiences of oppression or lack of voice entitlement that may further impact the power imbalance in a therapeutic relationship
- Collaborative approach to working with families
- Don't 'know' too soon!
- Maintain a curious lens – if you think you 'get it' or understand, you may have turned off curiosity
- Ask yourself why you are asking questions you're asking?
  - Data collection for commissioners
  - Data collection to inform service development and delivery
  - Personal curiosity
  - Clinical value

Service level work

- Our service is underpinned by trauma-informed, social justice values, and places emphasis on respect for diversity, and the importance of community, participation, and empowerment.

- We are motivated to contribute to addressing inequalities in Bradford and better meet the needs of its diverse community and the challenges it faces.

- Understanding our current service provision in terms of reach, access, and quality for marginalised communities is an important first step towards this.

- Improving population health fellowship with the integrated care board (ICB).

- Year-long service development project to improve the sensitivity and attunement of Little Minds Matter to sociocultural context.

Service level work

- Two-part project:
  - critically examining current service provision and understand the ‘service journey’ for families from minoritised ethnic backgrounds.
  - gaining qualitative data through open-ended survey questions from Bradford parents on what is important to them, their babies, and their communities, the difficulties they may encounter in getting their and their babies’ needs met, and community strengths and resources.

- Will form part of an ongoing body of work that will shape and inform service delivery in a range of areas:
  - recruitment strategy/process
  - referrals/direct clinical work
  - community engagement strategy
  - service documentation and literature
  - training packages

Service level work

- Accurate data monitoring enables services to meaningfully interpret data and plan service delivery and resource allocation in a way that is responsive to the local community.

- It can provide a baseline for ongoing service evaluation, ensuring service development is not based on assumptions, and

- It allows services to identify where there are inequities in access, outcomes, and support and to take steps to further understand and address these.

- It is much more meaningful when combined with qualitative data – input from families to help explain the ‘why’ behind any emerging patterns.

- Data collected can provide evidence for commissioners and could contribute to broader policy learning and systems transformation.

Reflections & feedback

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