Barnardo's Core Priority Programme in Mental Health and Wellbeing

Final evaluation report
South Eastern Trust strategic partnership

MENTAL HEALTH FOUNDATION

August 2024

MENTAL HEALTH FOUNDATION

EVERYONE DESERVES GOOD MENTAL HEALTH

About us

Mental health is one of the most important foundations for a healthy and long life.
We believe no-one living in the UK should be deprived of the opportunity for good mental health because of who they are, the community they come from or where they live.

For more information,
visit mentalhealth.org.uk

Acknowledgements

For further information and resources regarding this programme, please visit our website at **https://www.mentalhealth.org.uk/our-work/research/barnardos/ our-work-barnardos.**

Recommended Citation

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Key abbreviations used

CAMHS: Child and Adolescent Mental Health Services

CPP: Core Priority Programme

CYP: Children and young people

EH: Early Help

IMH: Infant mental health

MHF: Mental Health Foundation

MHWB: Mental health and wellbeing

SET: South Eastern Health and Social Care Trust

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About the programme

In 2019, Barnardo's established the Mental Health and Wellbeing Core Priority Programme (MHWB CPP).

This work formed part of Barnardo's Corporate Strategy 2016 – 2025, which aimed to take a more strategic approach to creating better outcomes for children.

Three place-based strategic partnerships were formed, each bringing together partners from Barnardo's, local authority, Child and Adolescent Mental Health Services (CAMHS), education and the third sector, with the aim of improving the mental health and wellbeing of babies, children and young people through a whole systems approach.

This report

- The Mental Health Foundation and the University of Strathclyde were commissioned as evaluation and learning partners for the programme in September 2019.

- In this report, we summarise insights from the evaluation of the MHWB CPP, funding for which came to an end in mid-2024. The report includes our learnings across three strategic partnership areas, with a summary of programme progress from the South Eastern Trust partnership.

Purpose

Through significant investment into each of the three partnerships, Barnardo's aimed to explore how changing the system could reduce the number of babies, children and young people requiring Tier 3 or 4 mental health support in the long term.

Strategic partnerships

1. North Tyneside Strategic Alliance

Partners

Barnardo's and North Tyneside Council

Focus

5-15-year-olds and the transition between Tier 1, 2 and 3 support; neurodiversity

Investment

Approx. £1.25m

2. Renfrewshire

Community Mental Health and Wellbeing Strategic Partnership

Partners

Barnardo's and Renfrewshire Council

Focus

5-15-year-olds and the transition between Tier 1, 2 and 3 support

Investment

Approx. £1.5m

3. South Eastern Health and Social Care Trust

Attachment, Bonding & Communication Parent Infant Partnership (ABC PiP)

Partners

Barnardo's, SET, Tiny Life and Parent-Infant Foundation

Focus

Infant mental health and supporting relationships in the First 1001 Days

Investment

Approx. £550k

Programme summary

Our approach and progress

Our evaluation approach was guided by a theory of change framework underpinned by a systems thinking perspective. Creating sustained change in complex systems requires a systems thinking perspective that recognised and identifies the relationships and dependencies between different actors and parts of a system in order to form the broader whole. Such a perspective requires considering the boundaries of and interactions within a system as well as identifying levers that influence other components and being aware of the various mindsets and worldviews present among system members.[1] Understanding how the wider system operates helps to better understand the role of the MHWB CPP partnerships within that overarching system. This relationship can then be described through a theory of change that describes how the partnerships' actions are expected to interact with and influence the broader system, producing short-, mid-, and long-term impacts.

● 2019-20

Sep 2019   **Evaluation and Learning Team commissioned**

Jun 2020   **Scoping reports for three partnerships are published**

Included situational analysis for each strategic partnership to gain understanding of the wider context within which the partnerships exist, outcome data available and existing engagement structures within each partnership (including 15 strategic interviews)

Feb - Aug 2020   **Theory of Change workshops in each partnership area**

Mar - Aug 2020   **Publication of two literature reviews** to support local responses to the pandemic 'an overview of evidence-based interventions for children and young people experiencing bereavement, loss and grief' and 'impacts of lockdown on the mental health and wellbeing of children and young people.

[1] Foster-Fishman, P. G. and Behrens, T. R. (2007)

2021

Jan 2021   **Systems change seminar (online) attended by 50 participants**

Presentation to Barnardo's conference on lessons learned

May - Jun 2021   **Baseline evaluation report published and online learning event for the three partnership areas**

Included information from Theory of Change workshops, learning seminar, 26 in-depth interviews, provider training survey (n=54), partnership documentary analysis, governance meeting observation, intervention mapping and analysis of secondary data from within each partnership area

2022

Jun 2022   **Publication of journal paper**
'Developing a theory of change methodology to support the evaluation of a place-based systems change interventions to support child and adolescent mental health and wellbeing.' *Evaluation 2022*, Vol. 28(4) 466-483

Dec 2022   **Phase 2 evaluation report published**
Utilised a case study approach within each of the partnership areas. In North Tyneside focused on Early Help-CAMHS pilot, in Renfrewshire on Non-Violent Resistance (NVR) model and in South Eastern Trust the Attachment, Bonding and Communication Parent Infant Partnership. Data included 44 in-depth interviews, monitoring data analysis and wider partnership documentary and governance meetings analysis.

2023-24

Mar 2023   **Presentation to Barnardo's conference**

Jun-Aug 2023   **Theory of Change workshops to review and update**

Aug 2024   **Final evaluation report published**

Report structure

This report is structured into two integral parts, each focusing on a different lens reflecting systems change and strategic partnerships. Together, these parts form cohesive narrative that underscores the transformative potential of partnerships in driving systemic change.

Part one: The Building Blocks

Part one serves as a foundational exploration into the building blocks of systems change, diving deep into the insights gleaned from the five-year evaluation process. It highlights key learnings, strengths, and challenges encountered by the partnerships, and outlines recommendations to enhance the process and impact of systems change.

Part two: South Eastern Trust insights

Part two shifts to assessing the progress within each strategic partnership area, supported by data from programme deliveries, interviews, and practitioner feedback. This section evaluates the impact on infant and families by illuminating the tangible outcomes of collaborative efforts. It offers stakeholders a clear understanding of achievements, challenges, and areas for further growth towards systems change within the strategic partnership area.

PART ONE:
THE BUILDING BLOCKS

The Building Blocks

This part highlights five key building blocks identified through the experience of the MHWB CPP partnerships as essential for achieving systems change in infants, children and young people's mental health and wellbeing. These building blocks incorporate insights and lessons learned from all partnership areas and outline recommendations for sustainable, long-term change.

The five building blocks will be outlined in the following structure. Under each building block, key themes that emerged as crucial aspects contributing to the success of local partnerships were highlighted.

Building Block One — 01
Shared vision for the model of early intervention and prevention

Building Block Two — 02
Effective partnerships

Building Block Three — 03
Co-production

Building Block Four — 04
Sustainability

Building Block Five — 05
Understanding progress through shared outcomes

Building Block One

SHARED VISION FOR THE MODEL OF EARLY INTERVENTION AND PREVENTION

01

Having a shared vision of what work should entail and what success looks like is essential for any successful partnership or systems change initiative.

This is particularly true for the CPP partnerships, as they brought together a diverse range of stakeholders with a variety of roles, responsibilities, and interests.

There are a number of enabling factors that support development of a shared vision. The theory of change process is helpful in guiding conversations about how different parts of the system work together. As understanding of the larger system grows and improves, through improved communication and partnership working, it is also important to regularly revisit and revise the theories of change so they reflect new understandings and priorities and thus stay relevant. The Barnardo's MHWB CPP had a clear focus on early intervention and prevention with significant investment put in to seed fund new and innovative ideas some of which went on to be mainstreamed.

The evaluation found language, communication, and decision-making structures are all important to develop and maintain a shared vision for systems change. Different stakeholders with different priorities and responsibilities naturally use different language, so developing a common language helps to ensure all partners are talking about the same thing. Different stakeholders also naturally see different parts of the system with more detail than others, so sharing information across partners helps promote a shared vision. Finally, establishing processes for collective decision-making encourages buy-in and support of the vision from all partners. The evaluation found these factors were all supported by the third sector investment, which gave partnerships permission to work differently than their normal roles typically support, and enabled a specific focus on capacity building.

Although participation from a range of interests is necessary for systems change work to succeed, it also makes maintaining a shared vision a challenge. People may have competing priorities and agendas due to their day-to-day responsibilities. The evaluation found that there is a constant tension between service delivery and programmes and systems-level work, which made it difficult at times to maintain a systems lens focus. Inconsistent staffing and leadership also made it difficult to maintain a shared vision over time. Clear communication, both within the partnership and spreading key messages to the wider workforce, was also a challenge. Finally, the lack of a clear goal at the start of the partnerships meant that it took time to develop a shared vision of what systems change work meant.

Theory of Change

From the outset the three partnership areas had a strong commitment to shift towards a holistic model of early intervention and prevention embedded within the community. They helped to establish a shared vision across their partnership through a robust and collaborative theory of change.

The theory of change process was helpful in guiding conversations about how different parts of the system could work together and develop a shared understanding of the role partnerships can and should play within a larger system.

In some instances, the theory of change helped to keep the partnership focused and on track, helping to guide whether a specific approach or intervention would help to progress the goals that were agreed.

"For strategic partnerships that are there for a purpose, and it's a big purpose, it's a transformational purpose, then we have to know what we're all heading for."
Renfrewshire

"I think it's the hearts and minds stuff, which is really hard. I think sometimes you can't quantify that, but actually bringing people along with you is often the biggest challenge, isn't it, when you're looking at systems change and theories of change? I think there has been a shift in people's thinking and ways of working because of that."
North Tyneside

"The vision, yes, I think it's fair to say it changed partly, because different people came in with different ideas and new ways of working, which was good, and I think also it changed because we learned and we listened. We listened and watched what was going on around us, and then we adapted and changed to suit that, but the overall vision of making outcomes better for babies by doing these three things, we stuck to that."
South Eastern Trust

Within the CPP partnerships the theory of change process was not revisited in as timely a way as originally planned. This was largely due to the wider context within which the partnerships were delivered. This included significant disruption during the COVID pandemic and related lockdowns; in many areas key partners had to pivot their focus temporarily away from the partnerships. Wider structural changes that were taking place, and changes in leadership, also impacted on planned work and the pace at which programmes were embedded.

"During COVID their focus on priorities had to change. Their focus on priorities became COVID vaccinations. All of their focus went to that, so at those times we maybe lost a bit of that closer communication and leadership at that level."
South Eastern Trust

"When you're working with multiple partners and you're looking at systemic change, I think you need to be able to work with that level of uncertainty. You can't mitigate against everything that might happen within certain parts of that system."
Barnardo's

"I think having the systems change, that people were involved with writing, producing at the beginning, and then when we refreshed it I think people feel some ownership over it."
North Tyneside
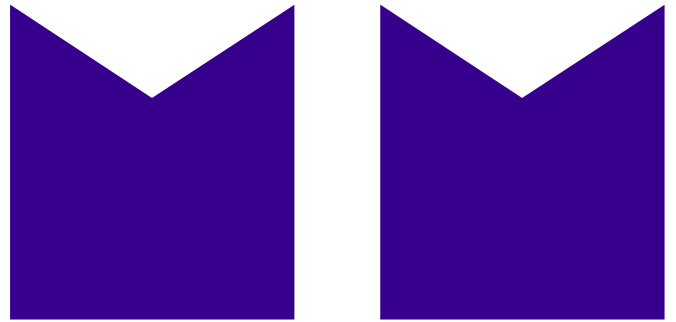
Language, communication and decision-making structures

It was felt that Barnardo's laid down a challenge around shared language from the outset across the partnerships.

This was welcomed but recognised as not an easy goal with language clearly tied into the culture and paradigms of different professional bodies and parts of the system (social work, education, health, etc). However, there was agreement that a lack of shared language is deeply unhelpful for children, young people and families.

"The second bit is about the power of language and how professionals use language to disempower people that we work with and support. I think, for me, one of the real challenges that Barnardo's has given us, and when I say us, I'm talking about the collective partnership, is about our use of language."
Renfrewshire

"For me being able to look back and see how different parts of the system are working much more effectively together and what the benefits are for children, young people and families trying to navigate through those systems. I don't think I envisaged at the start, that the systems were so complex and how challenging it was for families to try and navigate their way to support."
Barnardo's

Examples of teams jointly delivering training and support sessions were seen as important to help develop shared language. One significant success across the partnership was the move from deficit to more strengths-based language. An example of this is in the programme of work around neurodiversity in North Tyneside. This has been a more recent development with a strong focus on strengths; one it was felt wouldn't have been possible without the previous work that had taken place to develop a shared vision within the partnership.

"We're talking much more about wellbeing, less around mental illness."
North Tyneside

"It's definitely less deficit-driven, or child-deficit driven, and also parental-deficit driven, as well. We have much more of a recognition of the stresses that parents themselves are under, and how that impacts on their child and impacts on their self-esteem. Yes, I definitely feel, in the vast majority of situations, the language is shared [...]."

Renfrewshire

Finally, establishing processes for collective decision-making in the partnerships was found to encourage buy-in and support of the vision from all partners. Each partnership area had different governance systems which changed over time often in response to wider developments such as REN10 in Renfrewshire.

"I think that there's a bit of disconnect between what's happening and the teams being aware of that, so we're sending information through to them, but actually in terms of referring kids or signposting kids, that's been a bit of a challenge for us."
Renfrewshire

Services developed

Within the partnerships the focus on prevention involved investment in early intervention services and a transition of strategic partnerships towards a focus on the family.

This involved a focus on the child, and on supporting parents and carers, building relationships and capacity, and developing a community around caring for the mental health and wellbeing of babies, children and young people. Part of the challenge of systems change is supporting recipients of early intervention services to be responsive to this kind of relational, familial and community model of support. A good example of a preventative model is the Early Help model in North Tyneside, which aims to reduce unsuitable CAMHS referrals by addressing issues earlier and providing intervention to prevent families from being discharged back into the system without support. This highlights where systems change can be effective.

Another effective preventative approach is the ABC PiP programme in the SET locality, which focuses on improving parent-infant relationships through strengthening attachment during the First 1001 Days and activities that promote positive bonds and professional development in mental health for both parents and their babies. Additionally, the NVR programme in Renfrewshire not only trained teachers in classrooms but also ran parent groups to ensure that learning was applied within the home.

"NVR's focus is to reduce that distress behaviour within the classroom, but also to support parents to reduce the distress behaviour within the home environment as well."
Renfrewshire

Capacity building

A focus on capacity building is seen as a core component in helping to extend the vision across different levels of the system; also in promoting joint team and cross department learning.

Each partnership had a strong focus on capacity building. This has been a significant part of the investments made and has provided an opportunity to build a shared vision 'in practice' alongside the strategic level.   As a model the capacity building approach has broadly been seen as a success, particularly where training has been multi-agency/ department.   This has helped to create a shared language and vision across the system.

Although challenges remain, particularly around the high turnover of staff, changes in leadership and competing priorities. There has also been recognition that some teams have further to travel as professional identities and culture can historically be embedded in a more medicalised model.

"We've got people who sit on our partnership, partners from health, who still use very medicalised language and like to put things in boxes. We've got the social work service who I think are on a journey too, particularly through our work with young people and the Promise influenced by again, this work stream".
Renfrewshire

"Our relationship with CAMHS has absolutely, hugely improved...now it's very much collaborative decision-making."
North Tyneside
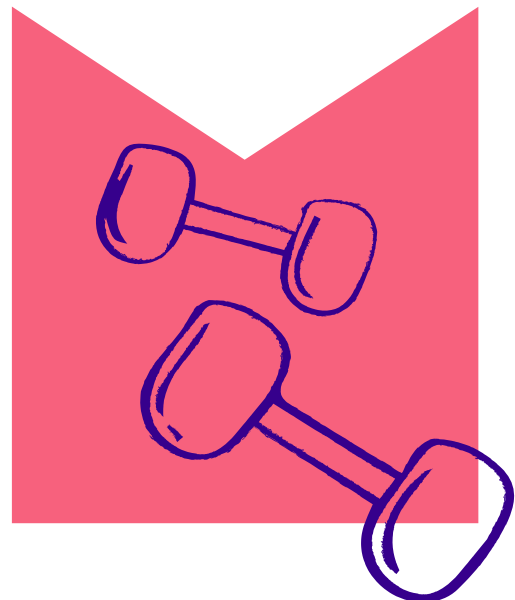
Recommendations

01

01 Develop a theory of change early in the process to understand how the system operates and what the partnership hopes to achieve within that broader system.

02 Regularly update the theory of change as goals and understanding change. The theory of change is only useful in supporting a shared vision if it is dynamic and reflects current priorities and knowledge.

03 Work to develop shared language with families at the heart of this.

04 Innovate and take risks but don't be afraid to stop doing things. More isn't better.

05 Invest in models that build capacity across the system

Building Block Two
EFFECTIVE PARTNERSHIPS

02

Effecting systems change requires that all parts of the system are involved and engaged in the process, with the right people around the table and representation from all relevant sectors.

Strong partnership working needs to be modelled from the top with multi-agency governance groups and buy-in from leadership and staff at all levels of delivery.

Representation across the system is hard to establish and maintain. Some partnerships found membership weighted more towards the local authority, with representation more difficult in mental health, primary care, and third sector organisations. COVID-19 also made participation in the partnerships more difficult for people in certain roles. Staffing changes within organisations can mean that membership within partnerships is not consistent. When good representation of the whole system is established, it can create challenges as well as opportunities, as some stakeholders have competing interests or operate with different models of care.

The findings highlighted several critical factors:

- Success in partnership working and systems change is driven by transparency, collaboration, and a shared vision;

- Effective communication between partners is essential for fostering a relational approach that facilitates systems change;

- A strong governance group structure, with representation from partners across the system, is crucial in supporting systems change;

- Funding models can either support or hinder effective partnership working, particularly when third-sector partners are encouraged to compete rather than collaborate.

The evaluation findings also recognised that third sector facilitation helped support the representativeness and overall functioning of the partnerships. Third sector facilitation meant that the partnerships weren't owned solely by one department or an individual part of the system. Barnardo's brought resources, new ideas and perspectives, and access to broader networks. Barnardo's was also able to help strengthen the knowledge and evidence base of the partnerships.

Representation and buy-in

Having the right people around the table was recognised as crucial for systems change.

However, in practice there were varying degrees of success in establishing the partnerships including consistent governance groups. Where this worked well partners were able to learn from each other and understand new approaches, it also helped to establish a shared language.

Another key factor was ensuring that all the right partners were represented around the table, were clear on their role and what their contribution to the partnership was. In some instances, the connection between organisations was challenging and/or the value of the partner was not communicated well enough. This linked to some concern that the internal communication within the partnerships was not always clear, and there was a confusion over roles and how the work of different teams fitted into the overall vision for systems change. The pace of change was also highlighted, with a recognition that working in partnership takes a longer time.

A major issue identified in partnership working within the strategic partnerships was the competing needs and tensions between different partners. This was exacerbated by reported competition for funding, especially within the voluntary sector, that can hinder collaboration in the pursuit of systems change and can reinforce the cycle of unsustainable interventions being delivered.

"How you can commission or partner with the third sector, I think we've brought a lot of learning to the table on that... I think we've challenged a lot across the system in terms of why are people traditionally delivering services the way they deliver them? Why are certain partners not working together? Why is there not more responsibility given to the voluntary sector to deliver early intervention and prevention support?"
Barnardo's

Leadership

The importance of strong leadership was emphasised at all stages throughout the evaluation.

Some areas benefited from consistency in leadership whilst others struggled as a result of significant change. Leaders within every partner organisation were crucial to instill confidence in their team that the partnership was worth their time and effort thus ensuring maximum participation.

Across the evaluation it was evident that Barnardo's was central to the development and drive of the strategic partnerships. This included not only the significant financial investment into the partnership areas but their ability to ask questions and take risks in a way that a statutory organisation may find difficult. It was apparent, especially in the early stages, that there was a lack of clarity on the role of Barnardo's and the vision that the partnerships were trying to establish.
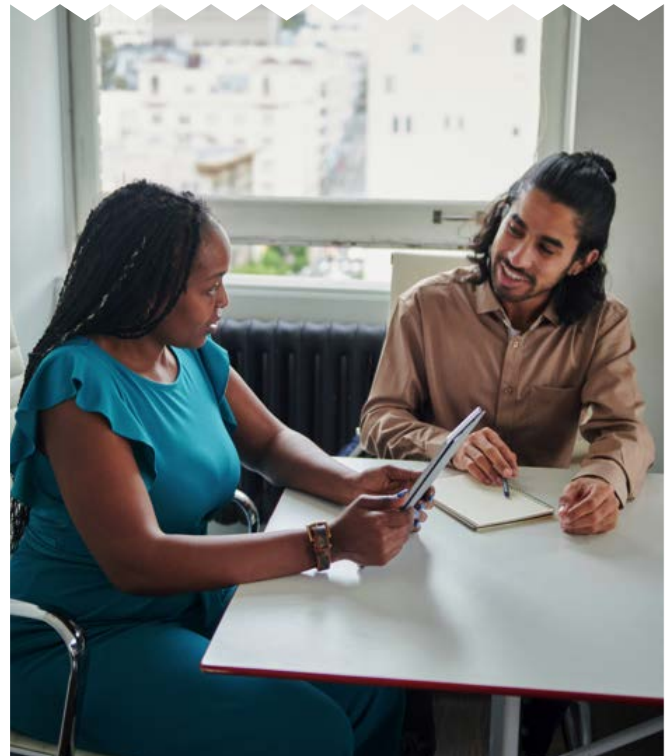
"I think people have been confused about what Barnardo's role is. We've been frustrated at points. I don't think they articulated really well [the benefit of Barnardo's coming in]. We've been able to bring that funding to be creative. It's given people the permission to do things differently. We've been able to make that link, between statutory partners and the wider voluntary sector. So I think across the partnership areas, it's never just been about Barnardo's."
Barnardo's

Recommendations

02

01 Aim for representation across all relevant sectors and roles and establish long-term partnership structures

02 Third sector facilitation of partnerships can help prevent any one organisation or department from being viewed as the 'lead' thus supporting joint ownership

03 Work with local authorities to establish a collaborative commissioning approach to overcome funding competition.

Building Block Three
CO-PRODUCTION

03

Co-production with service users, carers and local communities is an essential aspect of a successful systems change approach.

All partnership areas had an outcome and indicators related to co-production. This co-production is seen in terms of both service design and service delivery. The evaluation findings highlight many examples of co-production but also suggest that progress on this has been variable across partnership areas.

There is evidence of a positive shift towards the principles of co-production amongst stakeholders. This includes many service providers using the language of empowerment and a move amongst stakeholders from the idea of 'doing to', to 'doing with'.

There is also more of a collective rather than an individualistic focus on support throughout the strategic partnership areas, which Barnardo's have played an important role in developing. Having a focus on parental empowerment and community support in meeting the needs of the child, rather than simply an individualistic focus, is an important development in ensuring children, young people and families are at the heart of systems change. This has been a key element of many of the programmes that have been developed through the CPP.

Given the variable nature of co-production work across the partnership areas, it is important to identify the factors that enable the success of co-production work. Key factors in advancing a co-production agenda includes:

- Having a dedicated role to lead participation work within the partnership.

- Being able to tap into existing participation structures within local areas.

The presence of these structures provided a platform on which to build further co-production initiatives and can ensure that babies, children, young people and parents are supported and can effectively contribute to what tends to be adult and professionally focused structures .

There are also a number of barriers to advancing co-production highlighted in the evaluation. One was the presence of different ideas amongst stakeholders about what co-production looked like. Some partners believed that co-production or participation needed to involve a transfer of ownership, whereas other partners had a more tokenistic view of co-production.

Understanding of co-production

Across the partnerships and at different time points there were different ideas amongst stakeholders about what co-production means and looks like in practice.

Some partners believed that co-production or participation needed to involve a transfer of ownership, whereas other partners viewed it more as consultation to shape and improve service delivery. None of the partnership had young people or families directly involved in governance groups but all had examples of engagement and feedback loops into specific services and projects. Some areas also had more strategic links with youth participation structures within local authorities.

"I remember hearing a comment in the early stages... one strategic lead saying 'Well, what do families know about developing services? We develop services and they access them'. Now, even when you're having conversations at steering group meetings partners are talking about co-production. They're talking about how to design services, whether that's partnership across the system with different parts or ensuring that children and young people's voices are at the centre of that. I think there's been a huge shift".
Barnardo's

Having a shared understanding of co-production will allow for structures to be put in place to allow this to be built in. Alternatively, where there isn't a clear and shared understanding of co-production, there can be confusion and teams are less likely to build it into their work.

"I think at the beginning we probably didn't really realise exactly what co-production was and if you're going to do it properly, what that actually meant. I think, if I'm being honest, none of us understood that."
South Eastern Trust

"I think there's still work to do on that [youth voice]. I know things, like when our team go into schools and things, we try and seek the child's voice now more, but I think that still needs to be more to be able to address how we do delivery... It's there, but probably needs to be strengthened a little bit more."
North Tyneside

Embedding co-production

Across the partnerships there was recognition that embedding co-production takes time and expertise.

At different times across each partnership there was a dedicated post/capacity for participation and co-production. This allowed the partnership to create specific programmes with a co-production focus. This had varying levels of success for a variety of factors including most of the posts being time limited. In South Eastern Trust having a dedicated role was recognised as providing time and expertise for the wider team to be trained and to gain a better understanding of what co-production is and how to use it in their work.

"She guided us through and guided our parents. It just brought a real richness to the work and a real richness to the service."
South Eastern Trust

Another enabling factor was being able to tap into existing participation structures within the partnership. This included structures that were established within local authorities and/or health services.

"We heard from families really well at the beginning, and they helped us to design and develop some of our interventions".
Renfrewshire

It was also highlighted that it is important to be purposeful in your ask when engaging with parents, children and young people. Recognising that their time is precious so being clear about what you want their input into and ensuring that input will make a difference.

"We have to be aware that we are asking quite a lot from people who may have a lot on their plate as well. It's about potentially making sure that the points that you want them to engage are really, really meaningful, and maybe they can't be ongoing all the time. That can be too much of a pressure".
Renfrewshire
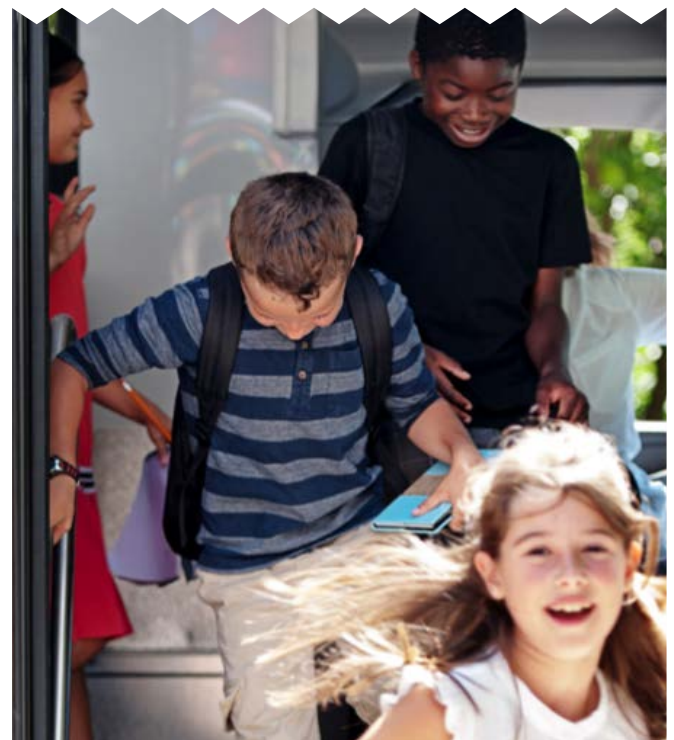
Recommendations

03

01 Share best practice on co-production across the partnership areas, in order to identify how to progress co-production within the wider CPP.

02 Make the case for dedicated participation/co-production workers.

Building Block Four
SUSTAINABILITY

04

Given the time-limited nature of Barnardo's CPP funding, the issue of sustainability is a concern for all the partnership areas.

The findings suggest that the focus needs to be on how to achieve long-term, sustainable change rather than developing short-term initiatives.

This issue of sustainability relates to three key areas. The first incorporates funding and the ongoing implementation of individual programmes within the system, the second relates to behaviour change and prevention within the programmes themselves. Finally, sustainability relates to alignment into local area and regional strategies and the emergence of processes that help to forge strong and lasting relationships between different parts of the system and embed the ethos and principles of the partnership; in this instance to encourage investment in early intervention and prevention approaches.

There are several enabling factors for sustainability within the CPPs. The fact that sustainability was built in from the start as an objective and part of the original Theory of Change is a real strength in ensuring the partnerships promote sustainable systems change. Also, as highlighted above many of the individual programmes have sustainability as a key

aspect of how the programme is delivered in terms of sustaining change through building capacity within the sector for that particular approach.

However, there are also a number of barriers to sustainability. A major issue is funding and ensuring the continuation of the work once the investment is gone. There are also challenging external factors such as the cost-of-living crisis and pressures of local authority budgets to fund services. The ability to sustain change is also very dependent on individual partnership leads championing sustainability. If there is a change in personnel, this may reduce the likelihood of achieving long-term sustainability, particularly if that change is at senior leadership level. Similarly significant changes in local structures or commissioning priorities can be a challenge.

Mainstreaming

The investment made by Barnardo's was viewed within two of the partnership areas as an opportunity to seed fund new and innovative ideas, to review the effectiveness and impact of these programmes, and then 'make the case' for those viewed to be successful to be funded via mainstream sources (local authority or health).

There are examples of successes within Renfrewshire and North Tyneside. The lack of mainstream funding available for ABC PiP is a significant blow to that partnership area, not least because of the success around sustainability in other areas including capacity building and strategic influencing.

Although Barnardo's made a long-term commitment to each of the partnership areas how that money was invested raised some challenges. This included the annual agreement on the amount of funding to each partnership and with hindsight a suggestion that the financial model should have built incrementally year on year. This reflects the view that the early stages of the partnership perhaps required less financial investment when there was less activity taking place with more emphasis at the early stage on establishing the wider aspects of the partnership such as building a shared vision, Theory of Change, getting the right partners around the table and establishing clarity on the role and responsibilities of different partners.

"For ABC PiP it's a bit bittersweet because we can see the really good success the service has had. So it's so frustrating that there's not a continuation of funding to support that service or to mainstream it."
Barnardo's

"I think the biggest successes for me are keeping everything on that strategic level, so it hasn't just become an operational ask and providing us with the space to explore things and test things out. So, for me the biggest successes from my point of view are the fact that we've mainstreamed posts and added to them."
North Tyneside

Capacity building

As outlined previously capacity building was a significant area of investment across all the partnership areas.

This is viewed as a crucial part of sustainability in terms of building the capacity of practitioners around specific techniques and preventative approaches in addition to providing parents, children and young people themselves with the tools and approaches to make significant changes in their lives and support and enhance their mental health and wellbeing.

"I think across the partnerships has been building that capacity in the workforce to be able to respond. So that's part of that legacy work that will continue in the partnerships."
Barnardo's

Examples of capacity building can be found across the partnership areas. This includes Five to Thrive training in ABC PiP, NVR training in Renfrewshire which aims to support behaviour change in a sustainable way, so that parents are equipped to deal with challenging behaviours, sustain change and prevent further problems in the long run; also Sleep Well in North Tyneside to promote positive sleep hygiene techniques. North Tyneside have invested not only in training but in ongoing support for implementation with the view of building reflective practice to help embed new way of working. This can be seen in the investment in Schwartz Rounds and School Supervision.

"When we have the training with social work, education, and health, we can see that health visitors are using the language or using some of the skills of NVR to support parents, but then potentially, if they need a more high-intensity input, then they are signposting them. There's more of a community approach, and there's more of a shared language, and there's more of a shared ownership".
Renfrewshire

"I think through the training and support and education we've delivered into the workforce, those messages around attachment and early relationships are more mainstreamed, and the fact that all of our health visitors have completed Five to Thrive. I think the likes of the health visitors in our MDTs, our multidisciplinary teams, will certainly be able to continue some of this work."
South Eastern Trust

There is a dual question as to how the programmes are supporting sustained change for practitioners, babies, children, young people and families, as well as being self-sustaining as a programme. Ultimately the programmes and initiatives taken forward by the partnerships aimed to better support end beneficiaries and equip parents and young people with new skills and techniques to better manage and support their mental health.

Relationships and structural changes

Another key aspect of building sustainable approaches for prevention and early intervention is ensuring that the vision and ethos of the partnership is embedded within local strategy documents.

The importance of the partnership governance models being embedded into the existing systems for reporting was also raised in the evaluation.

"I think that strategic buy-in is there because we've invested so much already, and it's part of the strategies. So, all of the strategies that have been refreshed, this is part of what we're looking at. So, we're just refreshing the Early Help strategy now... So, I think we've got a really good strategic framework around that now to build on the partnership working that we had, but yes, a more strategic buy-in."
North Tyneside

An example of this wider strategic influencing was a core aspect of the work taken forward by ABC PiP partnership. Chaired by the partnership the Stronger from the Start is an alliance of more than 60 organisations from across the community and voluntary sector in Northern Ireland, who work together to promote and improve infant mental health.

"The success of that [Stronger From The Start] I think has been very real, and we have seen real change as a result of that. One of those would be having infants mentioned in the mental health strategy, where in the first draft they weren't. Since the reformation of our assembly and executive, there's language in there around the first 1001 days and the important stuff that wasn't around before."
South Eastern Trust

"I think a lot of the success that's come out of NI, is building that capacity in the system to be able to respond. I think that the policy and influencing work that they've done has been significant... I think that real traction and buy-in across the system to want to do things better for babies in terms of infant mental health."
Barnardo's

One of the opportunities that the partnerships offered was for people to work with partners that they may not have had the opportunity to before or that they may not have thought to work with. The establishment of these relationships can support greater understanding of how each partner works and how they approach obstacles, thus making future working relationships easier to build.

Recommendations

04

01 Build in plans for sustainability at the start of programme and partnership development.

02 Consider sustainability across the three areas highlighted: securing mainstream funding and ongoing delivery/expansion of programmes; capacity building of practitioners, parents and young people; influencing and aligning in to local and regional strategy and embedding in to existing governance and engagement structures.

Building Block Five

UNDERSTANDING PROGRESS THROUGH SHARED OUTCOMES

05

One of the most important findings to emerge from the evaluation is the need to develop a clear plan for understanding progress in systems change.

The evaluation has generated not only important data on the impact of the partnership but also provided useful insights on how to evaluate systems change within a strategic partnership programme. This involves the use of different forms of data mapping to assess the impact of partnership activity on different beneficiaries, including policy-makers, practitioners and service providers, family carers and young people.

There are several enabling factors for understanding progress:

- First, making effective data collection and data sharing a priority. Strategic partnerships have successfully integrated this into their Theory of Change process.

- Second, aligning the Theory of Change outcomes with a clear evaluation framework that includes identified indicators and utilises a range of data sources. It is important that these data sources are realistic and, where

possible, embedded in existing or developable processes.

- Lastly, working with partners to identify the joint benefits of collecting monitoring and evaluation insights, and determining who is responsible for collecting monitoring data with agreed milestones for reporting.

There are significant barriers too. One is the challenge of measuring system-level progress when many service providers would prefer to focus on programme impact. This is problematic when the data collected is different across individual programmes. This makes it difficult to aggregate and assess systems change. Finally, while partnership building in data collection is a crucial enabling factor, the absence of a clear plan from the start makes it very challenging to understand progress.

Quality of data

As part of the evaluation, a review of data collected by each partnership was undertaken. This helped to identify the extent to which partnerships could report on progress against each of their identified outcomes.

This process highlighted the challenges in reporting progress at a systems level. Most of the data was very specific to individual programmes or 'owned' by different services such as CAMHS or the local authority. In some instances, being able to access routinely collected data, such as CAMHS waiting lists, was challenging particularly when it was reported at a regional level but needed at a more local level – for instance a local authority boundary. There weren't clear mechanisms for data to be shared centrally in a timely way and there was often a lack of clarity on individual responsibilities to collate data and report back.

"I think people being quite protective of some of the data and viewing the work that's happening from a kind of deficit and not from the benefits it will bring."
Barnardo's

In addition to gathering statistical data there was recognition of the importance of wider experiential insights. This included feedback from practitioners on the ground as well as parents, children and young people themselves. Having clear mechanisms to gather and reflect on this data, and to give it status, was felt to be important.

"So, some of the changes that have happened, we know should have made a big impact. Some schools are saying that the system isn't working for them. So, we need to understand that from a different perspective. It might just be we haven't got the comms to them right, and they don't know A, B and C and that would make an impact to them, or we think what we've put in place should have that impact and it hasn't because of something they need to tell us about."
North Tyneside

Evaluation framework and wider benefits

The evaluation framework was recognised as an important tool in helping to identify the information required to evidence impact across the partnership.

"I think the evaluation framework we needed earlier. I think it's really good that we've got that now, but I think that would have helped focus people earlier."
North Tyneside

The evaluation also flagged wider benefits of data collection including supporting decision-making and utilising data gathered for other purposes, such as to be able to make the case for the work being taking forward within the partnership area.

"We've started to use the data to ask ourselves other questions, to be much more strategic."
Renfrewshire

"Actually having that data has benefitted us. So when we go to [the] Scottish Government to do a presentation, it will be a good amount of data that we've got to demonstrate what we've done in Renfrewshire. Yes, I don't have any issue with it. I think, because we're actually using it."
Renfrewshire

Recommendations

05

01 Develop a plan for measuring impact at the design stage and ensure this is part of the Theory of Change with an aligned evaluation framework.

02 Work to agree on a small number of core indicators that are collated across programmes. This can complement programme specific data whilst providing insights into impact across the system.

03 Where possible identify routine data collection that can be used as part of a suite of indicators aligned to the systems change.

PART TWO:
SOUTH EASTERN TRUST INSIGHTS

South Eastern Trust insights

The strategic partnership between the South Eastern Health and Social Care Trust and Barnardo's NI (with support from Parent-Infant Foundation and Tiny Life) was launched in January 2019 with a focus on Infant Mental Health, specifically, the first 1001 days of a child's life.

This section provides findings of programme insights and the partnership outcomes across the five years of delivery (January 2019 – June 24), which will be presented in the following outline:
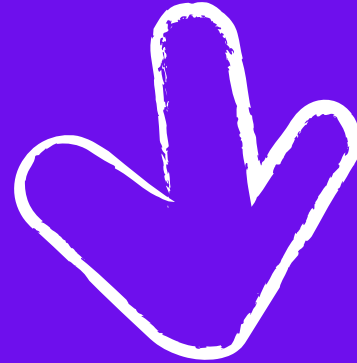
01 CONTEXT

02 SOUTH EASTERN TRUST'S THEORY OF CHANGE

03 EVALUATION FRAMEWORK

04 DELIVERY AND INSIGHTS

Context

Demographics

South Eastern Trust has an overall population of 368,364 (NISRA, 2023). Of this population 115,143 are in the overall Barnardo's age range of 0-26 and 11,862 are in the targeted age range for SET ABC PiP service delivery of 0-2.

The number of live births in SET up to March 2023 was 3,583 which was 18% of all live births in Northern Ireland. The rate of breastfeeding was 53.7% in 2023.

In 2017/18, 2.4% of all births were infants born to teenage mothers; this is lower than the national average or 3.0%. Rates of breastfeeding at discharge are higher in SET (50.2%) than the national average (46.9%). Levels of smoking during pregnancy are lower in SET (12.6%) than the national average (13.8%).

South Eastern Trust Health and Social Care System

Currently, health and social care services are commissioned by the Department of Health and delivered by Health and Social Care Trusts. The South Eastern Health and Social Care Trust covers the area south of Belfast, including the Ards Peninsula, and serves a population of approximately 370,000.

The South Eastern Health and Social Care Trust published its Infant Mental Health (IMH) strategy in 2019 with three core aims:

- To review systems related to IMH, identifying strengths and gaps in provision.

- To build capacity in the IMH workforce through education, training, and support.

- To provide a specialist IMH service.

In January 2019, a strategic partnership focusing on Infant Mental Health, particularly the first 1001 days of a child's life (pregnancy to age 2), was launched between the SET and Barnardo's, with support from the Parent-Infant Foundation and Tiny Life. This partnership emphasises strengthening relationships, supporting attachment, bonding, and communication between parents and babies.

The Attachment, Bonding and Communication Parent Infant Partnership (ABC PiP) is the central programme highlighted in the SET locality case study. Staff from strategic partners work holistically, as one multi-disciplinary and cross-sectoral team, to deliver three strands of work: a direct parent-infant service for families; training and support for other professionals; and engagement with the wider systems in which babies and their families receive services.

South Eastern Trust Theory of Change

The Theory of Change, developed in partnership with Barnardo's and facilitated by the University of Strathclyde and the Mental Health Foundation, is a framework for describing how the partnerships aim to influence the broader system through their activities (Weiss, 1995; Weiss, 1997). It represents how a programme or intervention's short and mid-term outputs are expected to influence long-term outcomes, including the indicators that provide feedback on performance and the assumptions that the causal story relies upon.

The figures on the next page showcase the Theory of Change that was strategised for the SET partnership area.
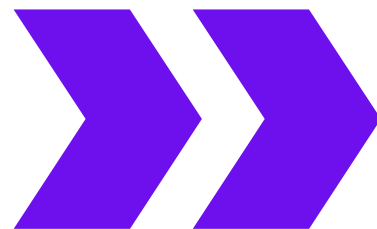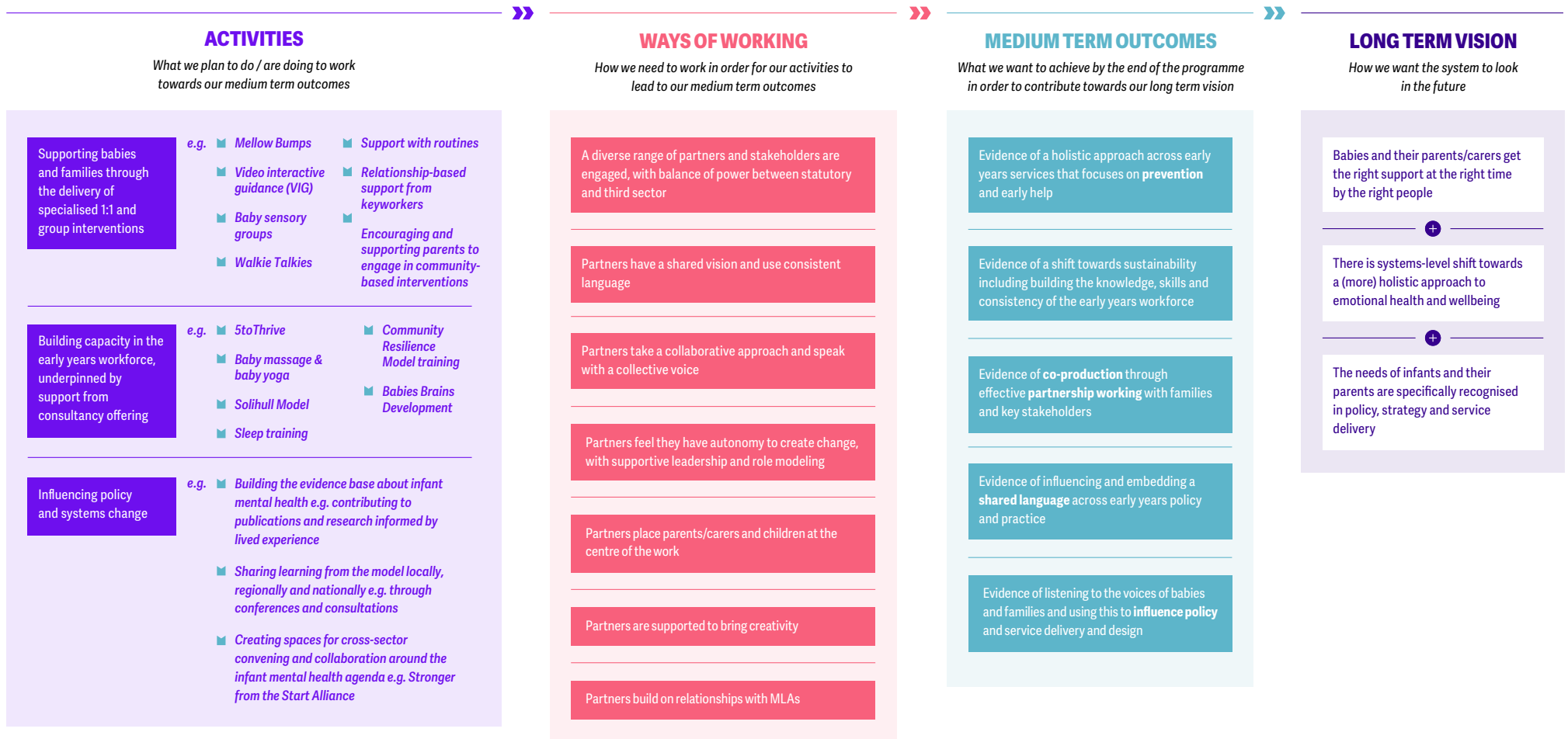
Figure 1. Sout Eastern Trust Theory of Change

ACTIVITIES
What we plan to do / are doing to work towards our medium term outcomes

Supporting babies and families through the delivery of specialised 1:1 and group interventions

e.g.
- Mellow Bumps
- Video interactive guidance (VIG)
- Baby sensory groups
- Walkie Talkies
- Support with routines
- Relationship-based support from keyworkers
- Encouraging and supporting parents to engage in community-based interventions

Building capacity in the early years workforce, underpinned by support from consultancy offering

e.g.
- 5toThrive
- Baby massage & baby yoga
- Solihull Model
- Sleep training
- Community Resilience Model training
- Babies Brains Development

Influencing policy and systems change

e.g.
- Building the evidence base about infant mental health e.g. contributing to publications and research informed by lived experience
- Sharing learning from the model locally, regionally and nationally e.g. through conferences and consultations
- Creating spaces for cross-sector convening and collaboration around the infant mental health agenda e.g. Stronger from the Start Alliance

WAYS OF WORKING
How we need to work in order for our activities to lead to our medium term outcomes

- A diverse range of partners and stakeholders are engaged, with balance of power between statutory and third sector
- Partners have a shared vision and use consistent language
- Partners take a collaborative approach and speak with a collective voice
- Partners feel they have autonomy to create change, with supportive leadership and role modeling
- Partners place parents/carers and children at the centre of the work
- Partners are supported to bring creativity
- Partners build on relationships with MLAs

MEDIUM TERM OUTCOMES
What we want to achieve by the end of the programme in order to contribute towards our long term vision

- Evidence of a holistic approach across early years services that focuses on **prevention** and early help
- Evidence of a shift towards sustainability including building the knowledge, skills and consistency of the early years workforce
- Evidence of **co-production** through effective **partnership working** with families and key stakeholders
- Evidence of influencing and embedding a **shared language** across early years policy and practice
- Evidence of listening to the voices of babies and families and using this to **influence policy** and service delivery and design

LONG TERM VISION
How we want the system to look in the future

- Babies and their parents/carers get the right support at the right time by the right people

+

- There is systems-level shift towards a (more) holistic approach to emotional health and wellbeing

+

- The needs of infants and their parents are specifically recognised in policy, strategy and service delivery

Celebrating and sharing successes of families and workforce

Evaluation framework

The Evaluation Framework was developed to complement the work of Theory of Change.

It encompasses key medium-term outcomes that define the specific achievements it aimed to reach by the end of the programme. These outcomes are essential steps toward realising the long-term vision.

Tangible indicators have been mapped out under each outcome to help assess them comprehensively from different perspectives. The following section of this report highlights the various evidence collected from different sources, demonstrating the progress in achieving these outcomes.

However, it is important to note that the limited amount of data collected for each programme, coupled with the absence of research capturing the impact of strategic partnerships on end-user beneficiaries due to the early termination of funding, presents challenges in drawing robust conclusions or conducting detailed assessments of the programme's effectiveness. This data insufficiency impedes accurate measurement of progress against the pre-aligned indicator framework and identifying areas for programme improvement.

01

Early intervention and prevention

Evidence of a shift towards a holistic model of early intervention and prevention

02

Sustainability

Evidence of a shift towards sustainability including building the knowledge, skills and consistency of the early years workforce

03

Co-production

Evidence of co-production through effective partnership working with families and key stakeholders

04

Shared language

Evidence of influencing and embedding a shared language across early years policy and practice

05

Influencing policy

Evidence of listening to the voices of babies and families and using this to influence policy and service delivery design

DELIVERY AND INSIGHTS

Outcome One

EVIDENCE OF A SHIFT TOWARDS A HOLISTIC MODEL OF EARLY INTERVENTION AND PREVENTION

01

There has been a notable shift in the awareness and implementation of early intervention and prevention practices, particularly in infant mental health. This transformation spans various stakeholders, from frontline practitioners to politicians. There is now more awareness of trauma-informed practice and a common language around early intervention and the crucial first 1001 days of a child's life. One staff member attributed this shift to the strategic partnership's efforts in raising awareness and building capacity.

"There has been more awareness of trauma-informed practice, which is at the essence of ABC PiP, and there certainly has been more awareness around infant mental health."
SET partnership member

"Even with our politicians, we're seeing more and more awareness of them around early intervention. We had a number of political meetings before and after Christmas. We obviously heavily stress the need for early intervention in all of those meetings. We're hearing it more and more in the assembly chamber, as well. So, I do think the messages begin to get through.
SET partnership member

"All that awareness-raising work and capacity-building work, absolutely, because of the way the strategic partnership was structured, allowed for that."
SET partnership member

Another staff member highlighted a positive outcome of this heightened awareness: an increase in referral volume and the complexity of cases received. This suggests that more families are seeking and receiving help, albeit within an increasingly pressured system.

"The other thing we've noticed, as well as the (increased) volume, is the complexity of the issues. Across the board, that's the case. [...] because life has generally become much more complex post-COVID, but also with the cost-of-living crisis and the impacts that we're continually seeing."
SET partnership member

Participants stressed the need to maintain advocacy for early intervention despite financial and systemic pressures. Early intervention is crucial for long-term benefits but often faces budget cuts due to its perceived non-urgent nature:

"Unless people really understand the total complete value of those, then the temptation is that you continue to firefight and you continue to put your money into crisis response."
SET partnership member

"Families are under pressure, the systems are under pressure, we're under pressure, and financial constraints are everywhere."
SET partnership member

PROGRAMME IN HIGHLIGHT:
ABC PiP

ABC PiP is a specialised Parent-Infant Relationship Team that delivers one-on-one interventions to families experiencing difficulties and needing direct support within the SET area.

The team provides direct, one-on-one interventions to families primarily within their homes, to minimise barriers to accessing support. Parents and infants can also participate in various group activities organised by the team. The focus on home-based support helps families who might struggle to attend community services due to parenting difficulties, mental health stigma, or lack of local service provision.

The primary aim of the ABC PiP is to improve the life opportunities and outcomes of infants and their families by enhancing parent-infant relationships and fostering stronger bonds during the critical First 1001 Days (from pregnancy to age 2). The team also emphasises early prevention and intervention, recognising the importance of addressing issues early in a child's life to prevent more severe problems later on, promoting healthy development from the start. The team also assists families in addressing broader issues such as poverty, cost-of-living challenges, lack of social networks, and a sense of belonging.

Since its launch in 2019, the ABC PiP has completed 314 cases from 722 referrals, with 34 more currently active. ABC PiP is one of only two specialised parent-infant relationship teams in Northern Ireland. The programme is jointly funded by Barnardo's NI and the South Eastern Trust. Staff from both organisations deliver direct services to families at Tier 1 and Tier 2 levels. Tiny Life provides additional expertise, especially for parents and babies affected by prematurity and traumatic pregnancies or births.

Figure 2. ABC PiP Interventions Data (2019-2024)

- 722 **Referrals**
- 314 **1:1 Intervention**
- 166 **Group Work**

Referrals and delivery

Since 2019, the number of referrals and interventions delivered by ABC PiP specialists has remained stable each year. Particularly, from January 2023 to March 2024, the team handled 132 referrals, successfully completing 35 cases. Out of these, 34 referrals were declined by the family, 18 families disengaged from the process, and 34 cases are still active. The consistent yearly numbers highlight the team's ongoing efforts and the challenges they face in family engagement and case completion. Figure 3 presents the overall data for referrals from 2019 to 2024.

Several factors contributed to families declining or disengaging from the service. Some families initially agreed to a referral, mistakenly believing the service specialised in birth trauma. Upon learning this was not the case, they felt the support did not meet their needs and subsequently declined. Other families were referred as a scattergun response to need and, by the time initial contact was made, they had already started receiving assistance from other services, and had too much on.

In some instances, families reported being unaware of the referral and felt it was not appropriate for their situation. There were also cases where families saw significant improvements in their circumstances between the time of referral and the initial contact, often due to early intervention for issues such as feeding or mental health, which quickly resolved their problems. Some other families were escalated by the team to the Perinatal Mental Health Team for further support.

Additionally, there were families who initially agreed to engage but did not participate consistently and eventually disengaged. Referrers noted that these families often had challenging life circumstances and wider barriers to engaging with services. This made it difficult for a number of services to engage with them. Overall, these varied circumstances illustrate the complexities of the referrals and cases managed by the team, as summarised in Figure 3.
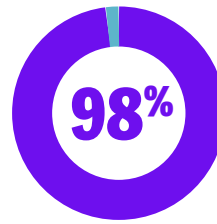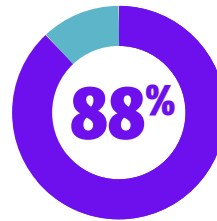
Figure 3. ABC PiP Referrals data (2019-2024)
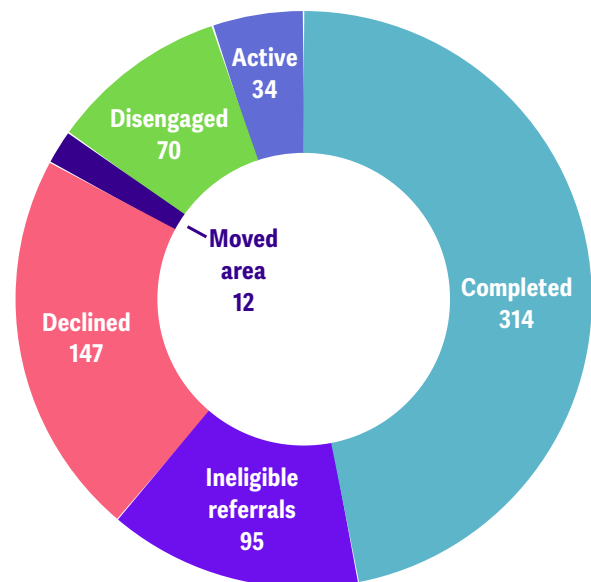
Feedback from participating families has been overwhelmingly positive. Data from the most recent survey, which included 84 parents, is presented in Figure 4, with direct quotes provided on the following page.
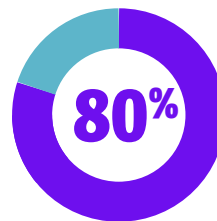

Figure 4. Family Feedback Scores (n=84)

98% of families would recommend the service to others

88% felt the service made their situation much better

80% of parents felt their relationship with their baby improved a lot

End-user feedback

Comments collected from parents who received support from the service.

"Very thankful to have had space to feel valued as an individual and heard, following a very difficult IVF run up and birth by emergency section, (it) was most important to have had someone I could contact if needed that gave me the strength to keep going on a difficult day."

"I feel I have come a long way from June last year. I still have good and bad days but I feel more confident being able to deal with the bad days. She has been so helpful towards me and my family. She has helped me find myself again and for this I am forever grateful."

"It has helped me to tune in with how I'm feeling about things and given me resources to manage my anxiety."

"It was the best programme for my situation, I'm so grateful for her and her support."

"A very useful service that I feel so fortunate to have been able to use. She has been so kind, funny and approachable throughout. It has really helped improve my situation."

"I have throughly enjoyed my experience with the service. At times when I have been expecially anxious and worried, being able to talk and express how I am feeling I am extremely grateful."

Measuring outcomes

Finding the 'right' outcome measurements for use in specialist parent-infant relationship teams continues to be the subject of practice and academic reviews.

Previously, both the **Parent Baby Star**[2] and the **Hospital Anxiety and Depression Scale**[3] have been used to chart and understand the factors impacting their wellbeing and caregiving capacities. From November 2023, **MORS**[4] has been adopted to replace the STAR measurement, aiming to better capture the more intensive work with families.

Figure 5. Parent Baby Star Scores in 2019-2022 (n=54) and 2023 (n=13)[5]
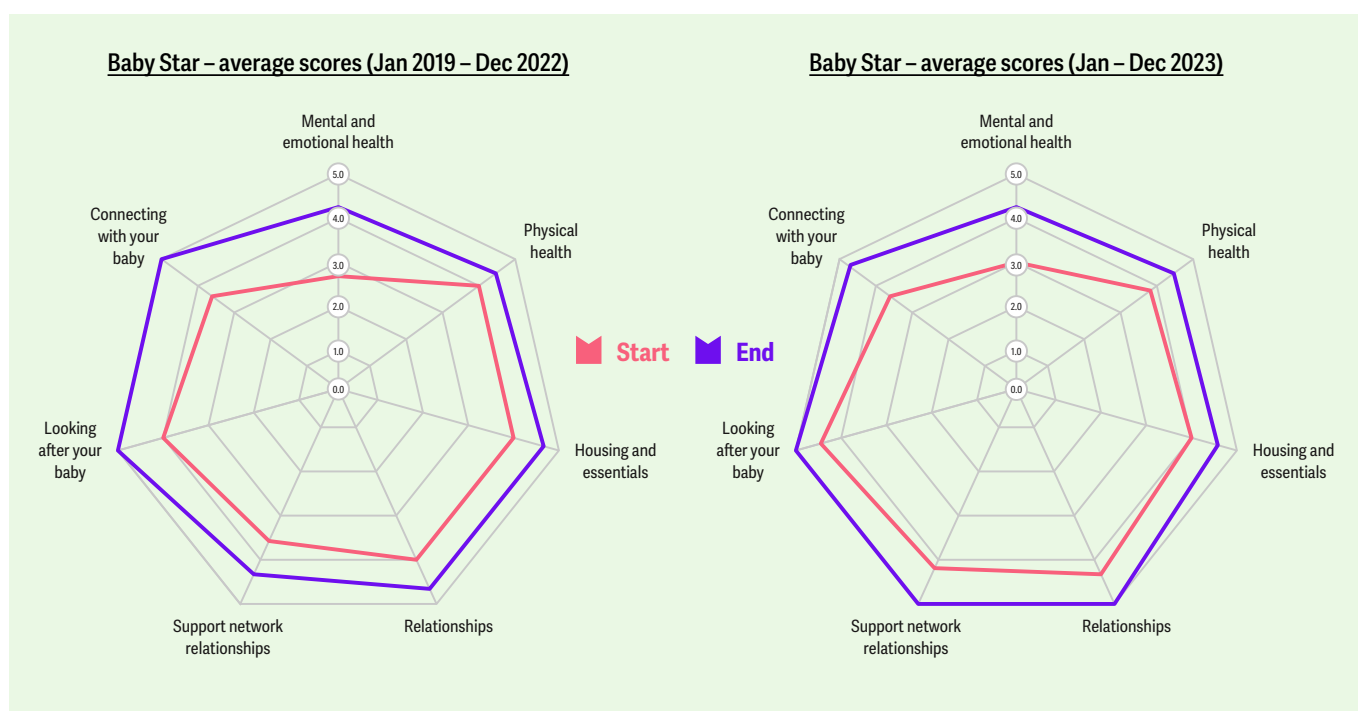
- Overall, both in 2023 and during 2019-2022, all categories across the STAR measure showed improvement following the intervention service.

- Baseline scores in 2023 were higher in all aspects compared to 2019-2022, except for the Physical Health category.

- Post-intervention scores in 2023 were significantly higher than those from 2019-2022, particularly in the categories of 'Support Network', 'Relationships', and 'Looking after your baby'. However, this improvement may be attributed to higher baseline scores.

The Hospital Anxiety and Depression Scale (HADS) is employed to assess parents experiencing significant mood difficulties. Data collected from 13 parents revealed an average anxiety score of 14 prior to intervention, which decreased to 6 upon discharge. Similarly, the average depression score dropped from 7 before the intervention to 3 at discharge, indicating substantial improvements in mood and emotional wellbeing following the intervention.

Figure 6. Hospital Anxiety and Depression in 2023 (n=13)[5]

Pre   Post

	Pre	Post
Anxiety	13.92	6.46
Depression	6.54	3.08
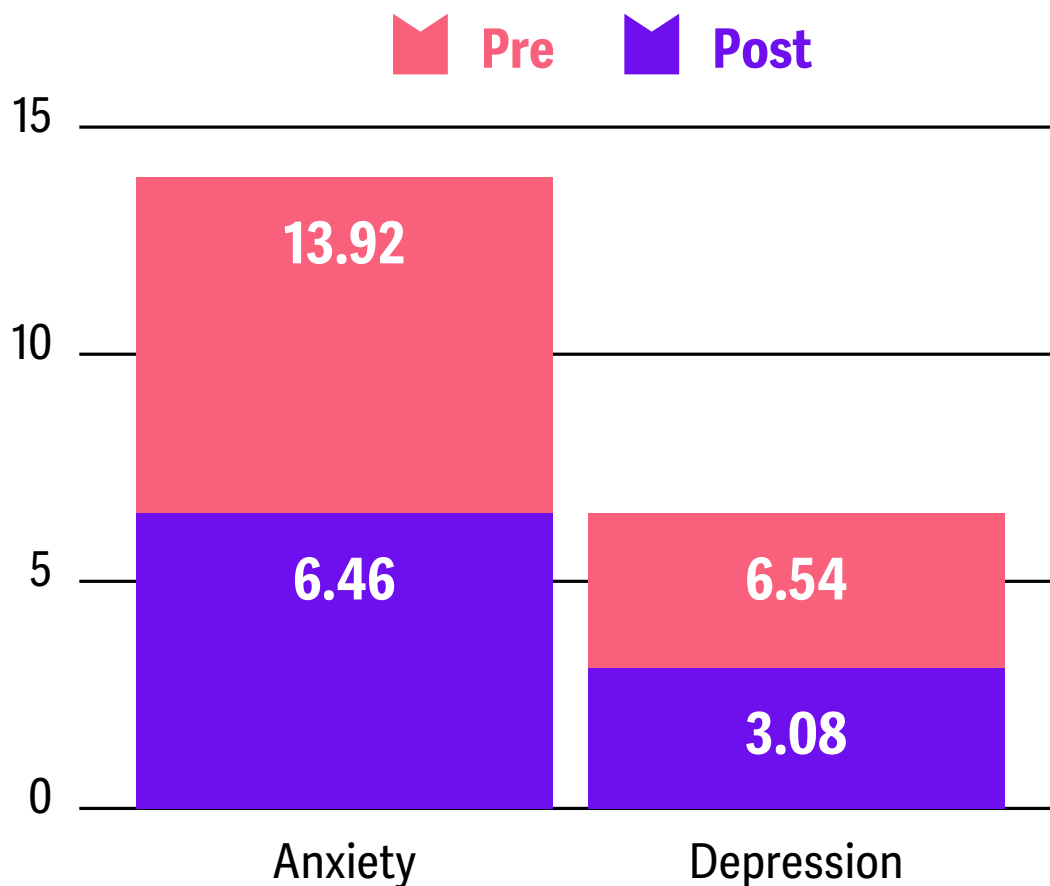
[2] More info can be found at https://www.outcomesstar.org.uk

[3] Snaith, R. P. (2003). The hospital anxiety and depression scale. Health and quality of life outcomes, 1, pp. 1-4.

[4] Oates, J. (2019) Mors-SF: Scoring and interpretation, Parent Infant Foundation.

[5] The low survey participation resulted from staffing challenges, including a team member's extended sick leave and subsequent retirement, which led to some clients not being followed up.

Outcome Two

EVIDENCE OF A SHIFT TOWARDS SUSTAINABILITY INCLUDING BUILDING THE KNOWLEDGE, SKILLS AND CONSISTENCY OF THE EARLY YEARS WORKFORCE

02

Capacity building

The partnership leverages its expertise to assist the local workforce in understanding and supporting parent-infant relationships, identifying issues as they arise, and taking appropriate actions. Workforce capacity building is achieved by providing training opportunities to practitioners across the SET in three core programme areas: Five to Thrive, Community Resilience Model (CRM), and Baby Massage. The team ensures that practitioners with the most significant influence on infant wellbeing are informed of best practices, have access to information, tools and interventions, and consistently communicate key messages to families.

"Some of our trainings are very well attended, so the idea of the Five to Thrive and the community resilient model, and how people are using them and adapting them is really nice to see, too."
SET partnership member

"Even that being in the workforce, so when people see babies and their parents now and they feel there's something maybe not right, they have tools there that they can use to start to address it."
SET partnership member

The success of training programmes like Five to Thrive and the CRM highlights strong workforce engagement and capability development, which ensures a lasting impact. One member highlighted the role of key leaders having been instrumental in driving initiatives like Stronger from the Start. The training has equipped the workforce with practical tools and increased awareness to address early developmental issues, ensuring ongoing support for families.

"There's a whole steering group behind Stronger from the Start. The Children's Services Manager chairs it and has driven so much of it. So, it's really about trying to get someone to step into those shoes with that same level of time and commitment, and the knowledge base, as well. That's authority and reputation within the voluntary and statutory sectors."
SET partnership member

"I think through the training and support and education we've delivered into the workforce, those messages around attachment and early relationships are more mainstreamed, and the fact that all of our health visitors have completed Five to Thrive. I think the likes of the health visitors in our MDTs, our multidisciplinary teams, will certainly be able to continue some of this work."
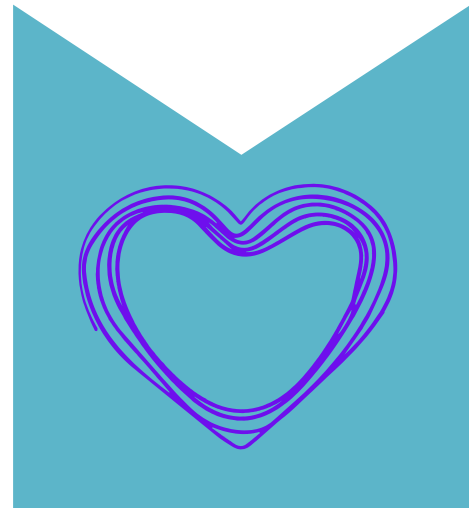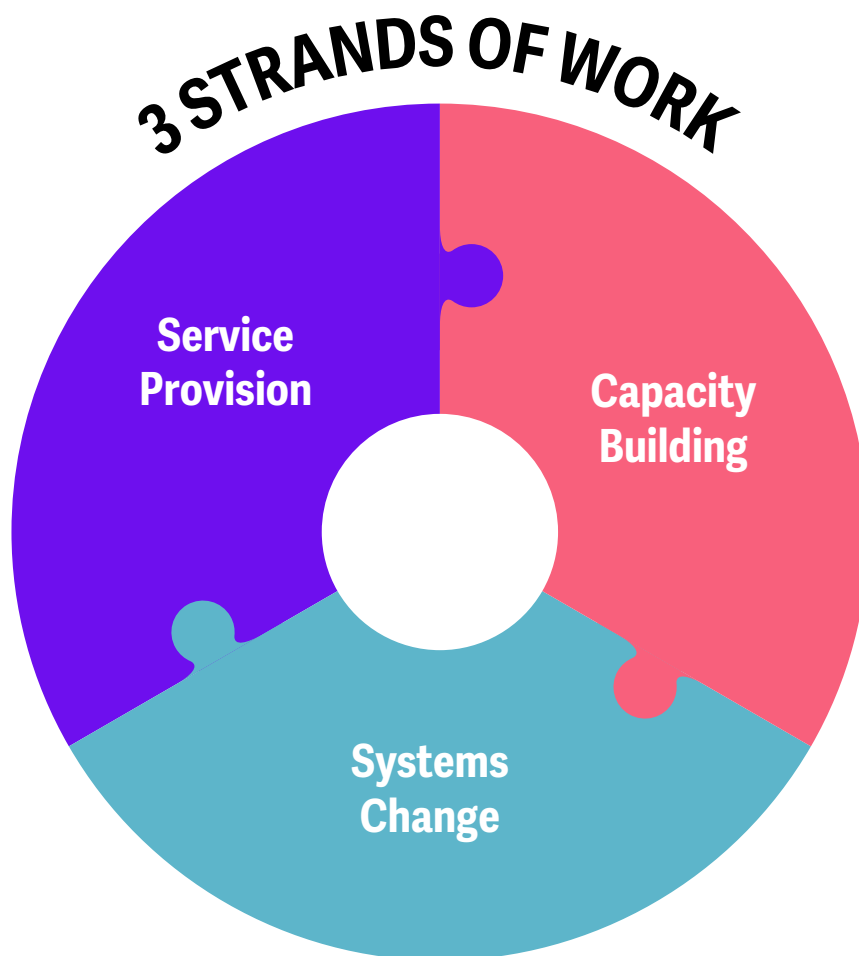
SET partnership member

Figure 7. ABC PiP 3 strands of work

I THINK WE'RE GOING TO HAVE TO KEEP PUSHING. WE CAN'T BE COMPLACENT. THERE'S A HUGE LEGACY IN TERMS OF WORKFORCE TRAINING, AS WELL. THAT LEGACY WILL CONTINUE.

SET PARTNERSHIP MEMBER

1,133
Total trainings

567
Five to Thrive

207
Community Resilience Model

73
Baby Massage

Other projects

Solihull	54	**Training delivery to parents**	135
ABC PiP bespoke training	233	**Expert contributions to conferences and events**	36

Sustainability challenges

Sustainability remains a critical challenge, exacerbated by external factors such as the political environment, COVID-19, and economic pressures. Moreover, changes in senior management have introduced additional layers of complexity, affecting the partnership's ability to maintain a consistent vision and strategy over time.

"The political environment, COVID, cost of living, I mean, those were all challenges that we could never have foreseen in 2019. [...] I think probably the sustainability bit is the only one that we really didn't achieve that we set out to achieve, and I don't think that was through lack of effort.. I think the structures just weren't there to enable that to happen."
SET partnership member

"I think one of the challenges for us was the changes in the senior management, [...] both on the Trust side and the Barnardo's side. That has made it quite difficult, not everybody's vision is going to be exactly the same. I suppose because with strategic partnerships it's not set in stone, so you're always evolving [...] you're always evaluating, is this the way we should be doing this or not?"
SET partnership member

"Our workload dramatically increased over COVID. The way we worked dramatically increased, and how we worked as well. Lots of other specialist services were redeployed and we weren't. In fact, we were allowed to recruit bank staff for a while, because our need was so great with our parents."
SET partnership member

Foremost among participants' concerns is the security of funding, which remains a significant obstacle despite their sustained efforts. The partnership faces ongoing difficulties in securing reliable financial support to expand their impact and sustain their initiatives.

"You can have all the best plans in the world. If there's no financing behind them you can't make them a reality. So, I think we're still in a very difficult financial situation in Northern Ireland and across the UK [...]. Until that piece is solved, it will be difficult for us to make progress, even if we can win over the hearts and minds."
SET partnership member

"Yes, funding (is the biggest challenge). [...] I don't even know how long we're in now, five years in, and funding is still an issue, and how tiny the service is. It would be lovely if we could recruit some more people, but we can't. We are looking at different funding, but things are just so tight at the minute everywhere, aren't they?"
SET partnership member

And with financial constraints come more challenges for the early intervention approach despite recognition of its importance. Staff reduction can hinder the progress made so far and affect the whole systems change.

"I think there's still some scepticism around intervening at that very early age. It's not because of the theory or practice, it's because of finances. [...] I do think they tend to be further down the priority list."
SET partnership member

"I'll use an expression that sometimes the early intervention prevention can be like the soft pickings. It can be the easy ones to take away. [...] I think in this current climate, change is happening, but it's happening slowly."

SET partnership member

Looking foward, ensuring continuity and effectiveness in the systems change work remains crucial. "I'm trying to work out who else is going to be best placed to continue that legacy and ensure that the systems change work continues" reflects a participant, highlighting the ongoing need for strategic planning and sustained efforts to navigate the complex landscape of funding and political dynamics.
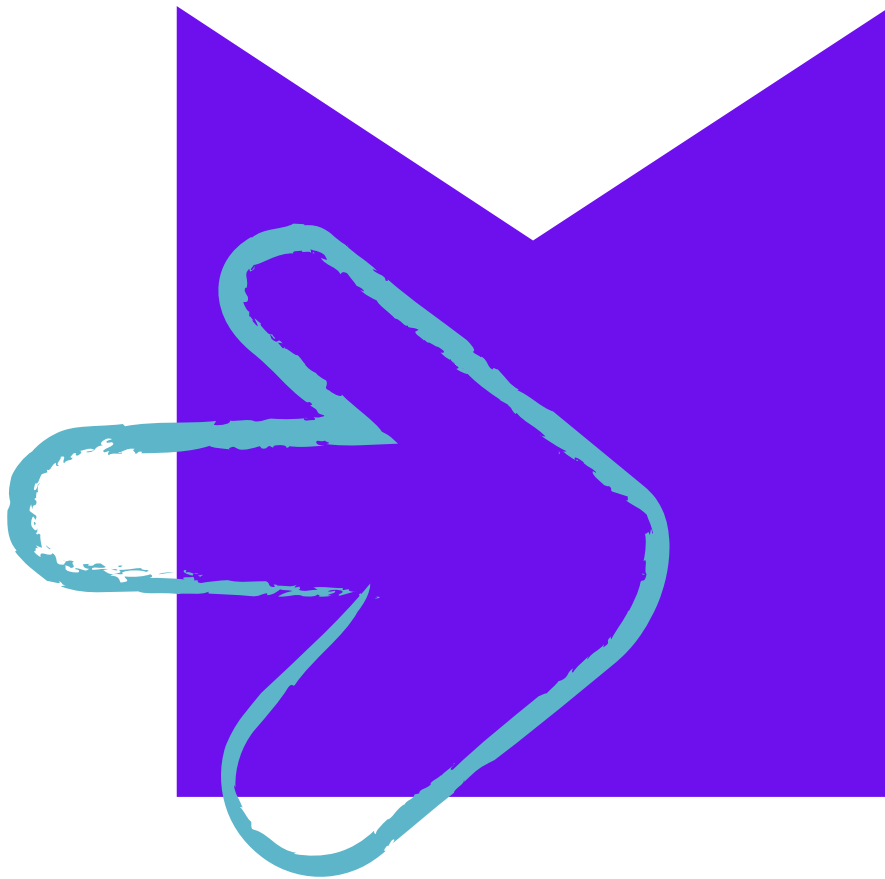
Outcome Three

EVIDENCE OF CO-PRODUCTION THROUGH EFFECTIVE PARTNERSHIP WORKING WITH FAMILIES AND KEY STAKEHOLDERS

03

Empowering parents' voices

Feedback from partners collectively illustrates a deep commitment to the inclusion and empowerment of parents and babies in shaping and enhancing the service. By placing significant importance on the voice of the families, the programme ensures that parents and babies are not just passive recipients but active participants and leaders in their own support networks. This is evident through initiatives driven and ideated by parents themselves (e.g., various parent groups). The team's adaptability in response to parental feedback, particularly in refining evaluation tools, highlights a responsive and iterative process aimed at meeting parents' needs more effectively.

"Yes, that's something that we're working on now (co-designing with parents), the example of the running groups, and their attendance, and level of engagement. Then we would have self-referrals, people would phone and say, 'You helped my sister,' or 'You were involved with my cousin,' which is really good. [...] It is hard to totally involve parents, for confidentiality and governance, but certainly we do adapt and listen to parents' voices."
SET partnership member

"We use our evaluation tool at the very end, but trying to find a tool that can gauge or judge parents' attachment and bonding, that has been really difficult. We have changed several times, because parents have told us they haven't liked what we're using."
SET partnership member

"I would say voice and influence is something we've always been strong on, but when we did the training on co-production, I think that helped us to understand how you maybe move that to the next level with parents. We 100% embedded that ideology and methodology in everything that we did. We had a really strong group of parents - past and present - who we continued to talk to and listen to right throughout the service and we still are now. We very definitely changed the service design and service delivery based on what they were telling us."
SET partnership member

Parents are encouraged to share their experiences and successes, both within their communities and publicly, thereby advocating for the programme and extending its impact. However, it is important to ensure the right platform for sharing, maintaining confidentiality and making parents feel comfortable.

"If people are in times of crisis, sometimes, that's not really the best time to ask them what could we be doing better or whatever."
SET partnership member

"I think we need to be quite protective of parents at the same time as well. I thought the four-year learning event idea was a good idea, because you had a lot of parents there who were all in the same boat, and you're not singling out people or their personal story."
SET partnership member

"If we had not had our parents and they had not been prepared to come on that journey with us, we would not have achieved what we have achieved. A lot of it is down to their voices keeping us right. "
SET partnership member

Partnership working

The establishment of partnerships has successfully brought together statutory and voluntary organisations to address areas of need and create a more integrated way of working. Several participants expressed how this collaborative effort has demonstrated that these bodies can work well together. One participant highlighted that the partnership's success is partly attributed to recognising and valuing each partner equally.

"We (Barnardo's) have been valued as a really equal partner by the trust in this. [...] I think that's been a real key to the success. A lot of the senior people within the Trust, as well, who've been so open to the partnership, and really valued Barnardo's contribution, as much as we've valued the contribution of the Trust."
SET partnership member

"I think we've really demonstrated how this model can work really well and could be scaled up and work at a regional basis in Northern Ireland and well beyond."
SET partnership member

"We do bring together statutory and voluntary organisations to look at our work, to look at areas of need, and for a more joined-up way of working. That has been quite good."
SET partnership member

There has been much progress in sharing and learning across partnership. The collaborative learning environment helped partners understand each other's roles and contributions better, fostering a more cohesive and effective partnership. Furthermore, a focus on systems change has been recognised as a major strength. The systemic approach and shared commitment to it ensures that the impact of the partnership extends beyond immediate outcomes, aiming for long-term effects.

"[...] the infant mental health special interest group that brought the operational people together, has worked really, really well. That's been about sharing, learning, ensuring we're not duplicating."
SET partnership member

"I do think one of the big strengths has been the fact that there was a focus on systems change. So, that's obviously non-negotiable."
SET partnership member

"ABC PiP is coming to an end, but the work that ABC PiP has done and the legacy that I believe it has left will mean that will continue in a different form."
SET partnership member

Despite these strengths, challenges persist. Operational efficiency remains a concern, as noted by one member:

"For me, just the volume of meetings and things that were structured around the partnership, just a lot of the time, it didn't feel like we were ever making a lot of progress."
SET partnership member

Outcome Four

EVIDENCE OF INFLUENCING AND EMBEDDING A SHARED LANGUAGE ACROSS EARLY YEARS POLICY AND PRACTICE

04

There is a consensus among partners on using consistent and strength-based language regarding infant mental health. The focus shifts from deficits to capabilities, empowering parents by acknowledging and leveraging their existing strengths, while reducing the stigma associated with mental health issues. Participants highlighted how clinical terms such as "infant mental health" can evoke discomfort and uncertainty among parents. Instead, they advocate for more nurturing and inclusive language centred on "attachment, bonding, and communication" between babies and their caregivers. This approach aims to reassure parents and caregivers, emphasising healthy relationships and developmental milestones rather than focusing solely on potential issues.

"Even the word infant mental health, parents hate it. So you would use words like attachment, and bonding, and communication."
SET partnership member

"I think that's part of the shift away from infant mental health to talk of parent-infant relationships. If you're told your baby is going to an infant mental health service, you'd probably think, 'Oh, my God, what's wrong with my child?' Whereas, even the name of the service itself, it's about attachment, bonding, and communication. Pushing home those messages and talking about the child's developing brain. All the things that we can do to encourage them to set them on the right path, and then all the science that goes with it, as well."
SET partnership member

Partners also underscored the importance of using consistent language and approaches across different contexts, whether it's in clinical settings or community support services. Feedback affirms that everything from assessment tools to the Community Resilience Model is designed to identify and build upon the strengths of individuals and families. By ensuring that everyone involved uses the same language — and strength-based, it endorses the message and awareness around infant mental health, helping parents to avoid self-blaming and view themselves and the situation differently.

"It is just helpful and useful that the people coming in to talk to you about your baby are using the same language."
SET partnership member

"It's all strength-based. Because our clients are so critical on themselves, they don't need anybody else to be."
SET partnership member

"I can definitely say the language being used now is 100 per cent strength-based. [...] all of the training that we have done, all of the support that we've given, has been about that strength-based model. Like the Five to Thrive, Community resiliency model - it's all about meeting the parent where they're at and then building on that and giving them tools and practical things that they can do, particularly around things like baby massage. It's very practical, but the evidence shows it really improves that bonding and attachment. Everything we have brought in is completely strength-based and is being used."
SET partnership member
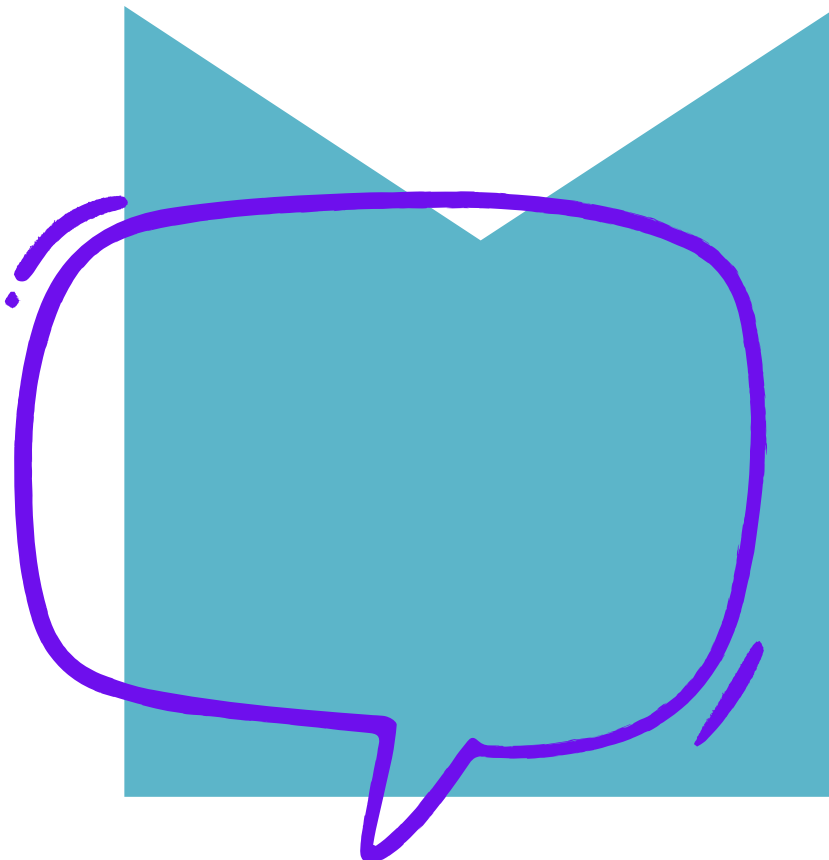
'Speaking up for babies'

The first 1001 days, encompassing pregnancy and the first two years of a child's life, are recognised as a critical period for laying the foundation of a child's future health, well-being, and development. Programmes in the South Eastern Trust area, including ABC PiP, Barnardo's Parent and Infant Programme (PIP), and SET New Parent Programme (NPP), emphasise the importance of ensuring that both infants' and parents' voices are heard and respected in the design and delivery of services.

One key method employed by ABC PiP is Video Interactive Guidance (VIG), which helps parents recognise and interpret their infants' non-verbal communication. By recording and reviewing interactions, parents gain insight into how their babies express their needs while becoming more aware of their own communication patterns. This strength-based approach fosters a deeper connection and healthier attachment. In addition to VIG, Baby Massage is used across three programmes to further enhance parents' ability to tune into their babies' responses. By observing how infants react to different massage strokes, parents can better understand their babies' likes and dislikes, thus strengthening the parent-infant bond.

These programmes report positive outcomes, with case studies showing that VIG has led to significant improvements in parent-infant relationships. Parents who initially struggled to connect with their infants or misinterpreted their behaviours have learned to better understand and respond to their babies' needs. This not only strengthens the emotional bond but also supports the infant's development of a secure sense of self and emotional resilience.

[6] More information can be found at https://www.barnardos.org.uk/northern-ireland/influencing/stronger-from-the-start

"I felt so guilty when I realised what they were trying to tell me...I thought they were just being annoying but they just wanted loved. VIG has opened my eyes and my ears".
Mum RM

"I never even thought of them as being aware of what's going on, you just think babies are babies and they don't need much. Now I know, through using VIG that babies are talking to us much more than we realise".
Mum AJ

The team in SET continuously assesses infants' responses to the approaches offered, ensuring that the infant's voice is heard and addressed alongside that of the parent.

Furthermore, the Stronger from the Start Alliance (SFTS)[6] has been instrumental in ensuring that infants' voices are included in the broader conversation around infant mental health. Through productive meetings with key figures and ongoing advocacy, these efforts are gaining wider recognition. The 'Children at the Table' Coalition and the Northern Ireland Commissioner for Children and Young People (NICCY), alongside many others, now incorporate strengths-based language that highlights babies' voices in their discussions, reports, and commitments.

Outcome Five

EVIDENCE OF LISTENING TO THE VOICES OF BABIES AND FAMILIES AND USING THIS TO INFLUENCE POLICY AND SERVICE DELIVERY DESIGN

05

The programme has laid a strong foundation for ongoing advocacy by engaging with local leaders, involving stakeholder groups and practitioners in the conversation around infant mental health. Also, ensuring that experienced advocates are involved in the agenda. Since the inception of the service, awareness around infant mental health has significantly increased, fostering an atmosphere that values early intervention and nurturing baby-parent relationships. This broader awareness is crucial for creating a supportive environment for infants and their families. The Stronger From The Start Alliance has been a key avenue for this advocacy work among policy leaders.

"I think the fact that babies are on the mental health strategy is a massive one. [...] The programme's held in such high regard that, if anybody is putting together anything in relation to parent-infant relationships, infant mental health, in the next number of years, I don't think you would look much further than revisiting that work."
SET partnership member

"The idea of the voice of the infant, and the amount of interest, and the groups, and community support has definitely increased. "
SET partnership member

Participants also recognised the importance of individual staff members' knowledge, skills and credibility in driving policy advocacy. One interviewee highlighted that the programme's success is partly due to the partnership representative' active participation and credibility in steering groups, conferences, backed up by evidence of service delivery which provides practical examples to support policy advocacy. Whereas, another participant suggested that the nature of SFTSA of building extensive networks, including cross-border collaborations, has facilitated shared learning and strengthened the programme's influence on policy, potentially extending its impact beyond regional borders.

The success of these efforts is evident: while infant mental health was not initially on the agenda in Northern Ireland, it has now gained significant attention, including direct reference to infant mental health within the national mental health strategy. Partners agree that although much work remains to be done regardless of the difficulties of the political and economic environment, there is confidence in the capable people in place to continue these efforts and further advance the conversation on infant mental health.

"I think that's really been driven by our leader and her role in Stronger from the Start and getting it on the agenda. Through this role, having the time to go and sit on a lot of steering groups, network, and conferences and be visible. Having that operational service delivery behind you. [...] That blend of a practitioner with policy knowledge, and knowing the right doors to knock. Having a service to be very proud of, as well, really helps in terms of selling the message. You're not just talking the talk, you've also proven that it can be done."
SET partnership member

"I think the conversations are happening. I think the fact that we've been able to speak to those local leaders, like our mental health champion and Stronger from The Start [...]the fact that that work has started and will continue after ABC PiP - that's the important part of this. There's lots of work to be done, but there are very capable, experienced people in place now who can continue to have those conversations and continue to influence on behalf of babies. That advocacy and lobbying, I know will definitely continue."
SET partnership member

"We're connecting to see what leaning we can take from each other, and these would be other specialist services. We did also attend a cross-border initiative, which was good, so we're learning from each other down there, because it's very different how down in Dublin works compared to us needing funding, because it's private healthcare down there."
SET partnership member

References

1. Foster-Fishman, P. G. and Behrens, T. R. (2007) 'Systems change reborn: Rethinking our theories, methods, and efforts in human services reform and community-based change', *American Journal of Community Psychology*, 39(3-4), pp. 191–196. DOI: 10.1007/s10464- 007-9104-5.

2. NISRA (2023) *2022 mid-year population estimates for Northern Ireland, Northern Ireland Statistics and Research Agency.* Available at: https://www.nisra.gov.uk/publications/2022-mid-year-population-estimates-northern-ireland (Accessed: July 2024).

3. Oates, J. (2019) Mors-SF: *Scoring and interpretation, Parent Infant Foundation.* Available at: https://parentinfantfoundation.org.uk/wp-content/uploads/2021/12/MORS-SF_scoring-and-interpretation.pdf (Accessed: 29 July 2024).

4. Parent and Baby Star [online]. Available at: https://www.outcomesstar.org.uk

5. Snaith, R. P. (2003). *The hospital anxiety and depression scale.* Health and quality of life outcomes, 1, pp. 1-4.

6. Weiss, C. H. (1995) 'Nothing as Practical as Good Theory: Exploring Theory-Based Evaluation for Comprehensive Community Initiatives for Children and Families', in Connell, J. I. et al. (eds) *New Approaches to Evaluating Community Initiatives: Concepts, Methods and Contexts.* Washington: The Aspen Institute, pp. 65-92.

7. Weiss, C. H. (1997) 'How Can Theory-Based Evaluation Make Greater Headway?', *Evaluation Review*, 21(4), pp. 501–524.

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