Children North East

Little Minds in Mind

Impact Report 2023 - 2026

children-ne.org.uk
Charity number: 222041

Funded by
Newcastle City Council

With your help, we won't stop until every baby, child and young person has the happy, healthy start in life they deserve.

We are Children North East

Children North East is a large children's charity based in the North East of England, with work extending across the UK.

Our Vision

All babies, children and young people are given the chance to grow up happy and healthy.

Our Ambition

We want all babies, children and young people to grow up feeling:

- Safe and loved
- Resilient to the challenges they may face
- Valued and confident

What We Do

Children North East delivers services, support and initiatives that provide a platform for babies, children, young people and families to work through issues and take action, and give them the tools to reach their full potential.

We campaign on issues and challenge those in positions of influence who make decisions affecting the lives of babies, children and young people.

Our Values

We have a strong children's rights ethos and believe that real social change is achieved when those who are, or have, experienced issues lead the change.

Equality

- We treat people with dignity and kindness
- We embrace individuality

Empowerment

- We initiate, encourage and motivate
- We give a hand-up, not just a hand-out

Building relationships

- We work together to make a difference
- We are reliable, open and transparent
- We listen

Little Minds in Mind

At Little Minds in Mind, we offer support to pregnant women and their partners, and anyone caring for an infant up to two years old, to help with bonding and attachment.

We work with families who may be experiencing a range of difficulties which could impact the developing relationship and bond between them and their baby. Our focus is on the infant's mental health, and we provide a safe, non-judgemental and supportive space for parents and carers to really observe and understand their baby while processing any difficult feelings they may be experiencing.

We also provide education and advice on how to promote healthy brain development and understand how babies communicate and experience the world around them.

"Little Minds in Mind have offered individually tailored support, with a strengths-based approach, to a number of families I have referred to their service over the past year.

The interventions and support offered engage service users in a unique way due to the creativity of the practitioners' delivery. The positive outcomes of this way of working are evident as parents present with increased understanding of the importance of attachment and bonding with their babies from pregnancy and beyond the critical 1001 days.

A fabulous service."

Father and Male Carer Coordinator, Barnardo's

What We Do

Connected Beginnings
Connected Beginnings is a one-to-one therapeutic psychoeducation programme for expecting parents. It focuses on early bonding, attachment and emotional preparation, and encourages the parent-infant bond pre-birth.

Being a Baby
Being a Baby is a one-to-one postnatal therapeutic psychoeducation programme, focusing on brain development, early bonding, attachment, play, getting to know your baby, and understanding the baby's cues.

Supporting Neurodivergent Parents
Following feedback from neurodivergent parents that they found some parenting guidance difficult to understand and apply, we co-created one-to-one Connected Beginnings and Being a Baby programmes specifically informed by their needs.

1:1 Therapeutic Support
Little Minds in Mind offers the only bespoke parent-infant relationship service in the North East. Sessions explore parent wellbeing, parent-infant relationships, difficult parental feelings, communicating with baby and understanding their cues. These sessions provide 'containment', whereby staff provide emotional support and stability to a parent helping them feel calm, understood and held, so that they can then respond sensitively and contain their baby's distress and big emotions.

"I am so emotional, for the first time I feel seen and heard."
Quote from a neurodivergent parent accessing our support

Parent-Infant Psychotherapy
This is a unique, specialised therapeutic service that supports attachment between parent and their infant, underpinned by psychodynamic, attachment and neurodevelopmental theory. It aims to promote good infant mental health and strengthen the parent-infant bond. Little Minds in Mind is the only organisation offering this free service in the region.

Video Interaction Guidance (VIG)
VIG is strengths-based video intervention tool that enables parents/carers to understand their baby and improve communication. It involves recording short interactions between baby and caregiver, then micro-analysing the footage and playing this back to the families for reflection together using a therapeutic approach.

Therapeutic Drop-ins
These are open access drop-ins available at Family Hubs from pregnancy to the baby's second birthday. Services include psychoeducation and advice about parent-infant bonding.

Professional Training
We deliver specialist, fully accredited infant mental health training. This is available to all staff working with babies, children and families in Newcastle. Our training in split into three levels, and can be delivered face-to-face and online.

A Parent's Story

Written by a Mam who received support from Little Minds in Mind.

'I met Halema at a Well Baby Clinic and didn't know what Little Minds In Mind was but was interested based on the name. I have autism and had some anxiety about how my social struggles and sometimes lack of facial expressions might impact my new baby and their mental health. Halema was very kind and reassuring so I went along to one of the sessions and have been attending on and off now for about a year.

Showing up to that first session, there were some nerves but Halema is one of the most genuine, gracious, warm-hearted women I have ever met and she put me straight at ease. LMIM has been the most beneficial and impactful service I have utilised since my baby was born 17 months ago. I have learned so much about myself as a parent, what my baby needs, what is behind his behaviours, developmental stages, attunement and attachment, school readiness and so much more.

Halema has been working with me to film me interacting with my baby and plays it back for me to highlight where I have moments of attunement and showing me how connected me and my baby are. It has given me so much more confidence in myself as a parent and assurance that I am doing well with it all. She is just the best listening ear and a wealth of knowledge and is able to reassure me when I feel anxious about my baby or myself as a parent. I am so pleased that I met her that day and had the courage to go up and enquire about the service because I believe LMIM has changed the trajectory of my parenting journey in a positive way.

I am very grateful to Halema and the service overall and would highly recommend it to any new parent – even if you don't have any concerns around mental health, it's a fun play session for babies and I guarantee you will come away having learned something new about your baby.'

A Parent's Story

Written by a Mam who received support from Little Minds in Mind.

I don't even really know where to start because Little Minds and Mind has honestly changed everything for me.

When I first came to them, I was in such a bad place. I felt lost, overwhelmed, and if I'm being honest, I didn't feel like myself at all anymore. I just knew something had to change. I decided to be completely open, even about things I'd never said out loud before, and that's what made the difference.

I was never judged, not once. I always felt comfortable, safe, and actually listened to. Mandy and Anna are just genuinely amazing people they care so much and you can feel that.

We went into things I didn't even realise were affecting me, like past trauma and how it was coming out in my relationship with my children. There was a point where I genuinely thought my child hated me, and that feeling is horrible to even admit. But Mandy showed me something so simple, a video, and it completely changed how I saw everything. The love was always there. I just couldn't see it at the time. That moment will stay with me forever.

Since starting this journey, I feel like I've found myself again. Not just on the outside, but deep down. It's like I've reconnected with a part of me that was buried for so long - the love that had been pushed down since my own childhood. I didn't even realise how much I'd lost that part of myself until I started to feel it come back.

I'm happier, I've got more patience, and I actually take care of myself now. I've even lost weight because I finally feel like I matter, too. I feel like me again, and I didn't think I'd ever get back to that.

My relationship with my children is completely different now in the best way. We're closer, calmer, and I feel like the mum I always wanted to be.

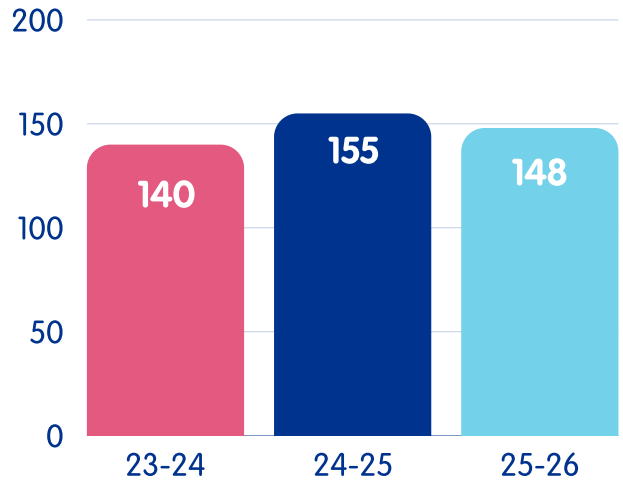
I honestly don't know where I would be without them.

Thank you, Mandy and Anna.

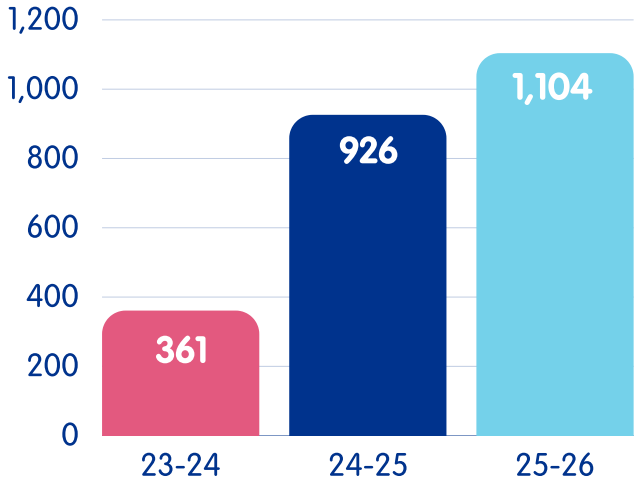
Service Reach

Little Minds in Mind has seen consistently high referrals each year and increasing levels of service delivery. To support this, three additional staff were recruited in 2024 - 25.

Number of Referrals by Year



Attendance by Year



Service Appointment Attendance

46 Conected Beginnings

1,393 1:1 Therapy

554 Being a Baby

106 VIG

292 Drop-In

2,992 Appointments offered

2,391 Appointments attended

83.5% Engagement Rate

Little Minds in Mind Impact

Clinical Outcomes

The service achieved substantial improvements in parent mental health. Participants reported almost halving their levels of anxiety and depression by the end of support, with over 90% showing measurable improvement. The service reached a diverse population of parents from across Newcastle and surrounding areas, demonstrating both effectiveness and accessibility*.

Anxiety (GAD-7)

The Generalized Anxiety Disorder 7-item scale (GAD-7) questionnaire is used as a screening tool and severity measure for generalised anxiety disorder and consists of seven clinically relevant questions which focus on the patient's feelings and experiences.

The GAD-7 score is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of 'not at all', 'several days', 'more than half the days', and 'nearly every day', respectively, and adding together the scores for the seven questions.

Scores help guide further evaluation or referral to a mental health professional, with cut-off points of 5, 10, and 15 indicating mild, moderate, and severe anxiety, respectively.

Measure	Score
Average starting score	11.7
Average final score	5.5
Average reduction	6.2 points

An average starting score of 11.7 falls within the moderate anxiety range, while the average end score of 5.5 is close to the mild anxiety range. This suggests that many participants moved from clinically significant anxiety symptoms towards lower levels of distress.

Depression (PHQ-9)

The Patient Health Questionnaire (PHQ) is a diagnostic tool for mental health disorders used by health care professionals designed to evaluate depressive symptoms over the past two weeks in adults and young people aged 13 and older.

The questionnaire helps clinicians quantify depression severity, monitor treatment response, and identify patients who may need further psychiatric evaluation.

The PHQ-9 consists of nine items, each corresponding to a symptom of depression. Each question is scored from 0 ("Not at all") to 3 ("Nearly every day"), and the total score is the sum of all nine items, ranging from 0 to 27.

***Clinical outcome data included in appendices.**

Measure	Score
Average starting score	11.1
Average final score	5.2
Average reduction	5.8 points

The average parent/carer entered treatment with symptoms consistent with moderate depression and finished treatment close to the mild symptom range, demonstrating meaningful improvement.

Improvement Rates

Outcome Improved	Score
PHQ-9	92.4%
GAD-7	90.9%

The overwhelming majority of parents experienced a reduction in symptoms of anxiety and depression during therapy. Over 90% of participants demonstrated improvement on standardised mental health measures, highlighting the effectiveness of the service in supporting parental wellbeing.

Improvement Rates by Gender

Gender	Average PHQ-9 Improvement	Average GAD-7 Improvement
Female	6	6.4
Male	2.3	1.7

Women represented the majority of service users (95.5%). Significant reductions in anxiety and depression symptoms were observed among female participants, with average improvements of 6.4 points on the GAD-7 and 6.0 points on the PHQ-9. While positive outcomes were also recorded for male participants, the number of men accessing the service was too small to support meaningful comparison between genders.

Improvement Rates by Ethnicity

Group	Average PHQ-9 Improvement	Average GAD-7 Improvement
White British	6.0	5.9
Other Ethnic Backgrounds	5.6	6.9
Not Stated	5.0	6.3

Improvements in anxiety and depression were observed across all ethnic groups. However, the number of individuals from specific ethnicities other than White British was too small to support meaningful comparison. Parents from other ethnic backgrounds achieved outcomes comparable to White British participants, suggesting that the service was effective across a diverse population. Average improvements in anxiety symptoms were slightly greater among participants from other ethnic backgrounds, while improvements in depression symptoms were broadly similar across groups. Findings for the "Not Stated" category should be interpreted with caution due to smaller numbers.

Improvement Rates by Age Group

Age Group	Average PHQ-9 Improvement	Average GAD-7 Improvement
Under 25	4.6	5.6
25–29	8	7.9
30–34	5.7	5.7
35+	5.8	6.4

Positive outcomes were observed across all age groups. The strongest average improvements were reported by parents aged 25-29 years, who experienced reductions of 8.0 points on the PHQ-9 and 7.9 points on the GAD-7. However, substantial improvements were evident across every age category, suggesting that the psychotherapy intervention was effective for parents at different life stages.

Outcome Star

Change in the parent-infant relationship was measured using three of the nine outcome areas of the New Mum Outcome Star:

- Looking After Baby
- Baby Development
- Connecting With Baby

Participants were asked to rate themselves across a five-point scale.
1 – Stuck: The parent/carer faces significant challenges in this area, is struggling to cope, and is not yet able to or ready to accept help.

2 – Starting to engage: The parent/carer acknowledges the issues or difficulties and is beginning to accept support from a professional or their family nurse.

3 – Trying for yourself: The parent/carer is actively trying to develop new parenting or life skills and take independent action, though it remains difficult or inconsistent.

4 – Finding what works: The parent/carer is learning how to manage this area of their and their baby's life effectively, establishing consistent patterns that work for them.

5 – Self-reliance: The parent/carer looks after themself and their baby well, is completely organised, and is capable of managing this area of life independently*

Overall Average Change

Domain	Average Improvement
Looking After Baby	1.33
Baby Development	1.46
Connecting With Baby	1.49

Outcome Star data demonstrated meaningful improvements across all three measured parenting domains. Participants showed the greatest gains in "Connecting With Baby" and "Baby Development", suggesting improvements in parental confidence, attunement and understanding of infant development. Positive outcomes were observed across different age groups, genders and ethnic backgrounds, indicating that the intervention was effective for a diverse range of parents.

Outcomes by Gender

Gender	Looking After Baby	Baby Development	Connecting With Baby
Female	1.40	1.52	1.52
Male	1.00	1.11	1.33

Positive outcomes were observed for both genders with female participants demonstrating larger average improvements across all three domains. However, the male sample is relatively small, so differences should be interpreted cautiously.

***Outcome Star data included in appendices.**

Outcomes by Ethnicity Group

Ethnicity Group	Looking After Baby	Baby Development	Connecting With Baby
White British	1.11	1.44	1.5
Other Ethnic Backgrounds	1.43	1.47	1.43
Not Stated	1.44	1.44	1.67

Outcome Star data showed positive improvements across all ethnic groups. Again, the number of individuals from specific ethnicities other than White British was too small to support meaningful comparison. Parents/carers from White British backgrounds and those from other ethnic backgrounds experienced broadly comparable gains in Looking After Baby, Baby Development and Connecting with Baby. Improvements in Baby Development were almost identical across groups, suggesting that the intervention delivered consistent benefits regardless of ethnic background. Overall, the findings indicate that the service was accessible and effective for a diverse population of parents.

Outcomes by Age

Age Group	Looking After Baby	Baby Development	Connecting With Baby
<25	0.8	1.6	1.8
25–29	1.3	1.35	1.25
30–34	1.35	1.4	1.6
35+	1.45	1.55	1.55

Positive improvements were observed across all age groups with improvements broadly consistent across ages.

***Outcome Star data included in appendices.**

Case Study: Parent-Infant Psychotherapy

Kara, John and Tom (names changed for confidentiality)

Kara, her partner, John, and their baby son Tom, were referred to Little Minds in Mind. Kara had mental health difficulties, including feeling low and anxious since Tom's birth. However, these were below the threshold for perinatal support. Baby Tom was over one, meaning that the Perinatal Team would no longer be able to support the family.

Through conversations with the Perinatal Team and Kara, the therapist learned that Kara had experienced low mood and anxiety since the birth of her first child and was now feeling overwhelmed and isolated. John had a difficult relationship with his parents which affected his confidence with the children. John's mental health was very poor, he'd been diagnosed with depression just a few months earlier which led to him withdrawing and not engaging with Kara or the children.

He felt that he did not know how to be a father and that the family would be better off without him. When he was caring for the children, he easily became angry and shouted or was dismissive of their feelings.

Kara had struggled with managing the children on her own, whilst also feeling worry and anger towards John. The children were showing signs of anxiety and the parents wondered if their older daughter (5) was neurodivergent as she had sensory difficulties and did not like to be with her father on her own. Tom was also very resistant to being cared for by his father and would cling to his mother if this was attempted. To support the family, the therapist offered a programme of 16 weekly parent-infant psychotherapy sessions.

Supporting Dad to Support the Family

During support, they discussed John's relationship with his own father, who was abusive and his mother who struggled with alcohol and drug misuse. During his childhood, he had witnessed domestic abuse and had been emotionally neglected by his caregivers, he grew up repressing his feelings and learning to be very self-sufficient.

As a result, the needs and demands of the children felt overwhelming. He needed them to grow up quickly and learn independence, as he'd had to learn as a child. This meant that the children did not feel secure in his presence as he required more of them than they were ready for, and were therefore seeking all comfort and reassurance from their mother. Sessions with John explored his relationships and feelings regarding father figures. He felt abandoned and hurt, and frustrated that no one had ever acknowledged his feelings. Instead, he'd been expected to just 'get on with it'.

Measuring Progress*

Little Minds in Mind uses a bespoke tool called Strengths and Difficulties Inside the Parent-Infant Relationship. Developed in house by a psychotherapist, it allows the family and therapist to form a shared understanding of the parent's experiences, in both qualitative and quantitative terms. The tool asks adults to rate their experience as parents across fields such as empathy, caring, and coping with parenting. This creates a total score out of 100, with a high score being optimal. The tool enables conversations around why someone has given the score they have, and what might be needed to move the score upwards.

***Scale was introduced in 2025. Outcome data not included in this report due to the low sample size at this time.**

At the beginning of the programme, John scored himself at 27. By the end of the work, he scored himself at 69, indicating significant improvement.

The therapist also used the PHQ-9 and GAD-7 tools to assess Kara's mental health. Her scores indicated moderate to severe distress at the beginning of the work (PHQ-9 = 24; GAD-7 = 18). By the end of the programme, these scores had reduced dramatically, indicating mild distress in keeping with the demands of parenting small children (PHQ-9 = 5; GAD-7 = 5).

Impact

Through the sessions, John began to see how his childhood experiences and expectation to 'just get on with it' affected his relationship with his own children. He became much more attuned to their emotions and understood them as the vulnerable children that he'd once been. Rather than identifying with the uncaring and unsafe adults of his childhood, he learned to identify with his own vulnerable self and relate this to his children.

Both children became more relaxed around John, and the therapist was able to observe more pleasure and playfulness in the children and John when they were together. The children also began to eat and sleep better and the concerns about neurodivergence disappeared.

The parents began to think together about the children's needs and were child-centred in their approach to family life. The children appeared to feel safer as a result, beginning to explore more at home and in nursery, and to begin to play and engage happily with their father. John took over bed and bath time and often cared for the children on his own through the day. The therapist was also able to observe that the bond between them had become significantly better. John now feels much more confident in his ability to be a father.

John is far more understanding of the needs of his children and is more in touch with his own emotions, having built a coherent narrative of his own childhood that enabled him to break the cycle of emotional abuse and neglect.

Kara feels more supported by John, and the children are more relaxed and able to learn through play. They're no longer concerned that their eldest daughter is neurodivergent, and understand that her challenging behaviour was related to anxiety.

The parents were both very grateful for the support they received, and shared that the reflective, therapeutic parenting sessions with a parent-infant psychotherapist had saved both their marriage and relationships with their children. John was encouraged to consider accessing further therapy for himself and consented to a referral into Talking Therapies. John also began to engage with friends who had children and took comfort from the peer support around him.

Parent Voice

John sent the following email to our service: "Thank you for all your support during a challenging time. Your kindness, care and understanding have made a real difference to our family, and we are deeply grateful. We truly appreciate everything you have done for us."

Kara commented on how transformation this work was, she had felt like a single parent prior to LMIM support and now felt confident that her and John were building a safe and loving family unit for their children to grow up in.

Infant Voice

We believe that, if Tom could let us know how he feels, he might say that his dad was around all the time now. He plans fun things for them to do together and he enjoys being with them. His mammy isn't stressed out and they do things together as a family. Life feels more relaxed, he's not worried anymore by the atmosphere in the house, and he can get back to playing and growing up healthy and happy.

Case Study: Video Interaction Guidance (VIG) and the Benefits of Supporting a Neurodivergent Parent and Her Baby.

Bethany and Baby Maddison (names changed for confidentiality)

Bethany, a first-time mam, and her baby son, Maddison, first engaged with Little Minds in Mind (LMIM) when Maddison was seven months old. Bethany later received an autism diagnosis, and was navigating both a new understanding of herself and the transition to parenthood.

Bethany shared that her autism affected her experience of larger groups, her interpretation of micro-expressions, and her confidence in reading social cues. These challenges became more pronounced as she cared for her baby, particularly during times of crying, big emotions, and night-time distress.

Initial Engagement

Bethany first met her LMIM practitioner at a Well Baby and Family Clinic held at a local Family Hub, where they regularly facilitated a therapeutic play drop-in, promoted the LMIM service and networked with colleagues from other organisations. Bethany was curious about LMIM and asked the practitioner several thoughtful questions. She was interested in attending one of our therapeutic play groups and chose to attend one at a centre closer to her home.

Overview of Support

Over the following year, Bethany accessed a combination of LMIM therapeutic support and Video Interaction Guidance (VIG).

Through discussion between Bethany and her practitioner, they decided that support should focus on:

- Recognising and understanding Maddison's cues and crying
- Responding to night-time distress
- Building confidence in reading facial expressions and gestures
- Parental containment
- Psychoeducation around infant mental health, early brain development, attunement, reciprocity, and maternal mental health.

Bethany's support included:

- 8 LMIM therapeutic support sessions
- 3 cycles of VIG
- 6 Parent Shared Review sessions

All sessions were delivered in a neuro-affirming, strengths-based manner. Care was taken to work at Bethany's pace, reduce anxiety, and ensure that she felt safe, understood, and respected throughout the process. Her practitioner also ensured that the 'voice of the infant' was captured and centred within the work.

Video Interaction Guidance

Once a trusting relationship had been established, VIG was introduced. The practitioner explained how VIG focuses on positive moments of interaction and attunement, rather than difficulties or deficits. During the process, the practitioner would take a video of a few minutes of interaction between Bethany and Maddison. The practitioner would then analyse the video; editing it to create short clips highlighting moments of connection, responsiveness, and attunement between Bethany and Maddison.

During review sessions, Bethany and the practitioner would watch and reflect on these together, identifying Bethany's strengths and creating new ideas together.

Bethany approached the process with openness and curiosity, alongside natural apprehension about watching herself on video. Together, Bethany and the practitioner agreed a VIG 'helping question': What am I already doing to promote my bond with my baby?

Outcomes and Impact

Bethany described feeling surprised and deeply reassured when watching the videos. She was able to recognise her own micro-expressions, warmth, and responsiveness, and see how Maddison was clearly responding to her. This was particularly meaningful given her long held worries about communication and emotional expression linked to her autism. Bethany reported that VIG significantly improved her confidence as a parent and reduced her anxiety and stress. She felt better able to understand Maddison's emotions and trust her instincts, describing the experience as 'transformative'. She reflected that gaining this self-awareness enabled her to meet her baby's social and emotional needs more confidently and with greater enjoyment.

Parent Voice

Bethany shared the following feedback:
'LMIM has been the most beneficial and impactful service I have used since my baby was born… Seeing moments of connection between me and my baby through video has given me so much confidence and reassurance that I am doing well as a parent.'

Infant Voice

If Baby Maddison could talk, we believe she'd tell us:
'My mammy looks at my face a lot more now. She has slowed right down and takes time to wonder what I am trying to tell her. Little Minds in Mind really helped my mammy to understand me and I love our relationship now.'

Professional Training

Children North East offers three levels of CPD accredited Infant Mental Health courses for all staff working with babies, children and families in Newcastle.

Level One Training: It's All About the Bairns! An Introduction to Infant Mental Health

This half-day course enables practitioners to understand what is meant by the term infant mental health, and to be able to use this knowledge to identify possible risks or problems. It explores factors which impact a baby's emotional wellbeing and enables participants to identify risk factors affecting infant mental health, advocate for babies and signpost or seek additional support when necessary.

Level Two Training: Infant Mental Health - Understanding Babies and Putting Theory into Practice

This two-session programme builds on existing knowledge for a deeper understanding of infant mental health. Participants are encouraged to think about what it is like to be a new baby and a new parent/carer. It explores how the parent/carer's relationship with the infant influences infant mental health, and related academic theories regarding attachment, child development and psychoanalysis. It shares best practice when promoting infant mental health and advocating for babies, providing practical tools to help practitioners to assess the quality of parent-infant relationships and how to sensitively communicate with parents/carers and colleagues.

Session 1: Infant Mental Health and Understanding Babies
Session one explores what is meant by the term *infant mental health* and why it is so important. The session covers what it is like to be a new baby and a new parent/carer, how the parent/carer's relationship with the infant influences infant mental health, and related academic theories including attachment, child development and psychoanalysis.

Session 2: Infant Mental Health and Putting Theory into Practice
Session two explores best practice and what to consider when promoting infant mental health and advocating for babies. Participants gain skills and practical tools that enable them to assess the quality of parent-infant relationships and sensitively communicate about this with parents/carers and colleagues.

Level Three Training: Early Intervention with Parents and their Babies

This is an intensive ten-week training course for professionals working to promote infant mental health and development, accredited by the Association of Infant Mental Health. The programme explores theory and practice from the field of child development and psychoanalysis to enable practitioners to reflect on and enhance their own work with babies, infants and their parents/carers. It emphasises the thoughts and feelings of babies and parents/carers, both conscious and unconscious; the significance of the parent-infant relationship and the early weeks, months and years; and Infant Observation as a tool for understanding.

The course explores psychoanalytic concepts to enrich reflective practice on work with babies and their caregivers, and the intergenerational aspect of difficult parent-infant relationships and poor infant mental health.

Training covers intervention and the practitioner's role, and the socio-political case for intervening in the early years and promoting infant mental health, with a reading seminar included in each session. In the first half of the programme, students apply theoretical concepts to their own work, building a practical understanding of infant mental health. In the second half, students apply these concepts to an infant observation within their own practice, and present their findings to the group.

Training Reach

111 professionals from diverse backgrounds attended training across the three levels.

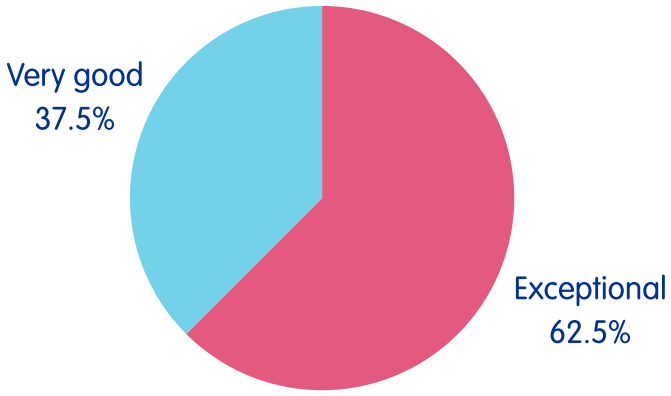
Training Attendance	Count
Level 1	77
Level 2	55
Level 3	10

Training Attendance by Professional Sector	Count
Early Years	31
Local Authority	14
Local Authority SEND Outreach Service	7
NHS 0-19	10
NHS Perinatal	1
Primary School	1
Voluntary Sector	47

Training Evaluation

Evaluation was initially carried out by emailing participants a form link following training. This resulted in no evaluations returned. This process has since been refined to sharing a QR code link during training sessions, resulting in 16 returned evaluations.

Overall Training Rating



Selected Evaluation Comments

What Did You Find Most Useful?

- It was helpful to understand how infant mental health can be woven into my role.
- I feel it was a good reminder to always make sure that the baby's voice is heard.
- Sessions on observation really developed my confidence.
- Thinking about the fourth trimester and the changes for both mothers and fathers.

One Thing I Have Learned

- About matrescence and patrescence and how to normalise difficulties parents will have.
- To consider the baby in every situation.
- How to broach conversations with parents when there isn't much of a relationship yet.
- When looking through the lens of potential additional needs, it is important to take other factors into consideration when supporting behaviours.

What Action Will You Follow Up with in Your Work?

- Creating a safe space for mothers and babies to strengthen their connection and support them where needed.
- Referring back to the relationship building with babies and how this can relate to the children I work with.
- I will implement this in my workplace and will pass on information to my colleagues.
- Carry an awareness of the implications of infant mental health into the interactions with the children I work with as possible triggers for certain behaviours.

Training Feedback

'I've worked with babies in a nursery setting for many years, so I was unsure whether the Level 1 would be appropriate. I was wrong – this training was fascinating. Over the years, I've learnt a lot about child development and the impact of trauma but this was completely different. It's certainly got me hooked and wanting to learn more - I hope to sign up for the Level 2 soon.

I found it so interesting to learn about the importance of bonding and "good enough" parenting in relation to infant mental health. I had no idea that babies are born with so many feelings, needs and ways of communicating, it was really fascinating and I will use this in my practice moving forward.'
Level One Participant.

'I really enjoyed the Infant Mental Health Level 2 course, it was very informative and Mandy was a brilliant trainer, very knowledgeable and passionate about what she does. It has given me the confidence to talk to a parent I will be starting to work with soon about discussing her relationship with her three children and to talk to her about their births and her thoughts on each one.

I am definitely going to recommend this course to my colleagues.'
Level Two Participant.

'This training was unlike anything I've ever done. The academic reading was so interesting and challenging but Anna and Matthew were able to help us make sense of it all. The seminars discussing the papers were so thought provoking. Everyone engaged and we learnt so much; just sat in a circle, not a PowerPoint in sight - just a group of passionate practitioners, learning and sharing experiences (personal and professional).

I was a little daunted at the thought of carrying out an Infant Observation, but the course facilitators really put all of us attendees at ease and shared examples so we knew what to focus on.

I expected to just learn about infant mental health, but what I gained was far more than that. I gained an understanding of being a human, how experiences stay with us throughout our lives and are passed down to our children. That our relationships shape us, and continue to shape us as we enter into parenthood.

I learnt that the unmet infantile needs of parents often act as an invisible barrier to them recognising and meeting the emotional needs of their own babies.

I discovered that babies are capable of, and feel, extreme, intense emotions, such as annihilation and terror. Babies are born with inherent survival skills and they seek human connection long before they are laboured. The parent-infant relationship is fundamental to how a baby experiences the world and maps out their whole life. As practitioners working in this field, this level of knowledge is essential to really make a difference and improve the life chances of the babies we work with.

Babies are fascinating and deserve to be understood on a deeper level like this.'
Level Three Participant.

From Your Baby...

Some days are really tough
and that's okay.
It's brave, not weak,
to say you're tired, to cry, to speak.

Take deep breaths, eat some food,
take a walk, share how you feel.
Let others help. They want to be
a lifeline for both you and me.

When you are rested, I am rested too.
When you are held, I feel held too.
Your peace and wellness shape my world to be.
Your mind, your heart, they matter most to me.

I love to hear your voice.
Read me a story, sing me a song.
It makes me feel I truly belong.

Because when you heal, when you feel light,
my little world shines twice as bright.
You are my home, my first embrace,
and in your joy, I thrive, I grow.
Safe in your love, forever so.

A Parent's Story

Written by a Mam who received support from Little Minds in Mind.

'The sessions with Little Minds in Mind have had a truly meaningful impact on both myself and my daughter. They helped me to better understand my daughter's emotions and behaviour, and most importantly, to view the world from her perspective rather than just my own. This shift in understanding has been incredibly powerful and has changed the way I respond to her on a daily basis.

The use of diagrams and clear explanations really helped me to understand how her mind processes thoughts, emotions, and experiences. Things that once felt confusing or overwhelming began to make sense, and I was able to recognise why she reacts the way she does in certain situations. This understanding has helped me approach her emotional needs with much more patience, empathy, and confidence.

The support also gave me a clearer understanding of how I should help her when she is feeling emotionally overwhelmed. I now feel better equipped to respond calmly, supportively, and in a way that reassures her rather than adding to her distress. These sessions didn't just give information - they gave me practical tools that I can carry forward as a parent.

In addition, the sessions allowed me to work through trauma that we may have been holding onto as a family. Having a safe, supportive space to acknowledge these feelings, understand them, and learn how to overcome them has been incredibly healing. I felt listened to, understood, and never judged, which made all the difference during such an emotional journey.

I am extremely grateful for the care, understanding, and compassion you showed throughout. Your support has made a lasting impact on our lives, and I truly believe it has helped strengthen both my confidence as a parent and my daughter's emotional wellbeing. Thank you for everything you have done for us - it has meant more than words can say.'

Appendix 1: Referral Demographics

Gender

Gender	Count
Female	391
Male	39
Not Stated	5
Total: 435	

Age

Age	Count	Age	Count
15	2	32	20
17	3	33	21
18	9	34	20
19	6	35	20
20	11	36	11
21	10	37	15
22	12	38	6
23	13	39	12
24	15	40	8
25	11	41	3
26	14	42	3
27	18	43	4
28	16	44	1
29	18	47	1
30	19	65	1
31	16	Not Stated	96
Total: 435			

Ethnicity

Ethnicity	Count	Ethnicity	Count
Afghani	1	Indian-Tamil	1
African	3	Indian-Telugu	1
Albanian	1	Indonesian	1
American	1	Iranian	4
Arab	2	Kurdish	1
Arabian	1	Latvian	1
Asian	3	Maurician	2
Asian British	4	Mixed - Asian	1
Asian British / Bangladeshi	12	Mixed - Other Ethnicity	6
Asian British / Chinese	2	Mixed - White / Black British	1
Asian British / Indian	4	Nepali	1
Asian British / Pakistani	8	Nigerian	2
Asian Chinese	4	Not Stated	73
Bangladeshi	20	Other Ethnic Group	4
Black African	1	Pakistani	13
Black African / British	11	Romanian	3
Black British	1	Serbian	1
Bosnian	1	Spanish	1
Brazilian	1	White - Albanian	1
British African	1	White - Other	3
Bulgarian / Moroccan	1	White / Black Mixed African	1
Eritrean	1	White / South African	1
Gambian	1	White British	218
Indian	5	White Other	4
Total: 435			

Postcode and Index of Multiple Deprivation

Postcodes Confirmed to be Within the Most Deprived 20% of Areas in England

Postcode	Count of Postcode	Index of Multiple Deprivation Decile	Postcode	Count of Postcode	Index of Multiple Deprivation Decile
NE12 8JL	1	2	NE48SD	1	2
NE13 7EF	1	2	NE48TS	1	1
NE15 6BG	2	1	NE49YD	1	1
NE15 6BU	1	1	NE5 2XF	1	1
NE15 6NL	1	1	NE5 3ET	1	2
NE15 6QH	1	2	NE5 3LQ	1	1
NE15 6RZ	1	1	NE5 3PN	1	1
NE15 8AQ	2	1	NE5 3PT	1	1
NE15 9AT	1	2	NE5 3UD	1	2
NE15 9FR	1	2	NE5 3XH	1	2
NE15 9HP	1	2	NE5 3XN	1	2
NE156QD	1	1	NE5 4AG	1	1
NE156TD	2	1	NE5 4AS	1	1
NE28 8LF	1	2	NE5 4BW	1	1
NE3 3JP	2	2	NE5 4LR	1	2
NE4 5BE	1	1	NE5 5JH	1	2
NE4 5HU	1	1	NE6 2EG	1	1
NE4 5JL	1	1	NE6 2JD	1	1
NE4 5NS	3	2	NE6 3EN	1	2
NE4 5NX	1	2	NE6 4XT	1	2
NE4 6JF	1	1	NE62LD	1	1
NE4 6PN	1	1	NE62NW	1	1
NE4 6RZ	1	1	NE62PA	1	1
NE4 8QA	1	1	NE62UL	1	1
NE4 8TS	1	1	NE63AN	1	1
NE4 9AQ	1	2	NE63SA	1	1
NE4 9QS	1	1	NE63UF	1	1
NE48EA	1	2			
Grand Total					**61**
% of total in 10–20% most deprived postcode districts/neighbourhoods in England					**14**

Due to changing recording requirements, full postcode data is not available for all referrals. However, Index of Multiple Deprivation can be reasonably estimated based on available data.

Postcodes Assumed to be Within the Most Deprived 20% of Areas in England

Postcode	Count of Postcode	Index of Multiple Deprivation Decile
NE15	41	*
NE15 6	1	*
NE15 7	2	*
NE4	87	**
NE4 4LR	1	**
NE4 6	6	**
NE4 7	1	**
NE4 9	1	**
NE5	44	***
NE5 1	1	***
NE5 2	2	***
NE5 3	5	***
NE5 5	1	***
NE6	43	****
NE6 2	1	****
NE6 3	2	****
NE6 5	2	****
Grand Total		241
% of total likely to be in 10–20% most deprived postcode districts/neighbourhoods in England		55

* The NE15 postcode district (covering areas such as Benwell, Scotswood, Newburn, Lemington and Throckley in west Newcastle) is generally regarded as one of the more deprived postcode districts in the North East.
While there is no single official IMD score for an entire postcode district, deprivation data for the neighbourhoods (LSOAs) within NE15 show that many fall into the most deprived 10–20% of areas in England, particularly around Benwell and Scotswood. Newcastle City Council's poverty and deprivation analyses consistently identify west Newcastle as having some of the highest levels of deprivation in the city.

** NE4 (covering areas such as Benwell, Elswick, Arthurs Hill and parts of west-central Newcastle) is generally regarded as one of the most deprived parts of Newcastle upon Tyne.
Based on postcode-district deprivation summaries that aggregate LSOA-level IMD data to postcode districts, NE4 falls in the most deprived national band, roughly equivalent to IMD Decile 1–2 (the most deprived 10–20% of areas in England).

*** The NE5 postcode district (covering areas such as Kenton, Cowgate, Westerhope and parts of West Newcastle upon Tyne) is generally considered to be more deprived than the England average.
Using the English Indices of Multiple Deprivation (IMD), the neighbourhoods within NE5 are mixed, but a large proportion fall within the most deprived 10–30% of areas in England, with some pockets among the most deprived 10% nationally. Newcastle's west end is consistently identified as one of the more deprived parts of the city.

**** The NE6 postcode district (covering areas including Byker, Walker, Heaton, St Peter's Basin and parts of east Newcastle upon Tyne) has significant deprivation overall, although it is more mixed than NE15 because it contains both highly deprived neighbourhoods and some relatively less deprived areas.
Based on neighbourhood-level Index of Multiple Deprivation (IMD) patterns across NE6, the average deprivation level for NE6 is approximately IMD decile 2–3, meaning it falls within the most deprived 20–30% of areas in England overall.

Postcodes Not or Unlikely to be Within the Most Deprived 20% of Areas in England

Postcode	Count of Postcode	Index of Multiple Deprivation Decile	Postcode	Count of Postcode	Index of Multiple Deprivation Decile
NE1	5	Mixed/unknown	NE3 4PW	2	3
NE1 2	2	Mixed/unknown	NE33DH	1	9
NE12	1	Mixed/unknown	NE33UB	1	4
NE13	9	Mixed/unknown	NE4 9AU	1	6
NE13 7	1	Mixed/unknown	NE4 9HH	1	3
NE13 9	2	Mixed/unknown	NE4 9RS	1	5
NE13 9DP	1	6	NE4 9UQ	1	7
NE15 7DA	1	9	NE49LN	1	5
NE15 8JU	1	4	NE49NQ	1	3
NE15 8LA	1	4	NE5 1XB	1	9
NE15 8TA	1	6	NE5 2EN	1	5
NE15 9RW	1	4	NE5 2JH	1	4
NE2	11	Mixed/unknown	NE5 2PH	1	4
NE2 4	1	Mixed/unknown	NE5 2SB	1	3
NE2 4DE	1	6	NE5 5BS	1	4
NE26 4	1	Mixed/unknown	NE5 5EA	1	4
NE3	38	Mostly outside top 20%	NE51EZ	1	7
NE3 1EG	1	10	NE51UT	1	9
NE3 2	1	Mostly outside top 20%	NE55DU	1	4
NE3 2DQ	1	6	NE65DH	1	4
NE3 2DU	1	10	NE7	8	Mixed/unknown
NE3 2EZ	1	5	NE7 7	1	Mixed/unknown
NE3 2HY	2	5	NE7 7AU	1	10
NE3 2NU	1	Mostly outside top 20%	NE7 7LA	1	6
NE3 3	1	Mostly outside top 20%	NE7 7NN	1	10
NE3 3PH	1	3	NE7 7RL	1	3
NE3 4HN	1	10	NE7 7TA	1	9
NE3 4NU	1	7	NE77TD	1	7
			NOT STATED	5	
Grand Total					**131**
% of total					**30**

Appendix 2: Clinical Outcomes

Ethnicity	Post Code	Gender	Age	Initial PHQ	Initial GAD	End PHQ	End GAD
Asian British / Pakistani	NE6 3TH	F	29	15	10	10	5
White British	NE5 2XA	F	26	17	10	10	7
White - Other	NE6 2PA	F	30	5	9	1	2
Not stated	NE4 7UL	F	33	6	1	1	1
Mixed - Other	NE2 1AY	F	26	8	14	1	5
White British	NE15 8HP	F	33	14	15	12	13
White British	NE12 9RG	F	29	6	10	5	5
Black African / British	NE4 6UU	F	43	20	18	13	8
White British	NE15 6TS	M	22	7	9	4	7
White British	NE6 3UF	F	36	15	21	18	21
Asian British / Bangladeshi	NE4 8SD	F	37	2	6	2	3
White - Other	NE3 4NU	F	33	6	11	1	5
White British	NE4 8EA	F	21	9	10	5	7
White British	NE3 3DH	F	31	7	6	4	3
Asian British / Bangladeshi	NE4 6TB	M	36	1	2	0	0
Not stated	NE4 8PY	F	Not stated	5	6	1	1
Asian British / Bangladeshi	NE4 6TB	F	27	5	5	0	0
White British	NE3 4HN	M	30	3	1	0	0
White British	NE3 3HU	F	34	10	1	1	0
White British	NE6 5BY	F	34	10	5	7	10
White British	NE3 4HN	F	31	10	17	4	6
Other ethnic group	NE4 5LQ	F	31	5	10	1	3
White British	NE4 8HG	F	31	4	11	0	0
White - Other	NE3 2RB	F	31	16	13	5	5
White British	NE5 3XB	F	33	10	14	2	4
White British	NE5 3XH	F	26	20	20	1	4
White British	NE13 9DP	F	25	7	12	4	5
White British	NE3 1XB	F	25	20	21	11	14
White British	NE7 7TD	F	40	18	19	12	14
Not stated	NE5 2RU	F	36	10	12	7	4
Asian British / Indian	NE15 6BY	F	41	25	18	15	11

Ethnicity	Post Code	Gender	Age	Initial PHQ	Initial GAD	End PHQ	End GAD
White British	NE5 5HQ	F	19	19	17	14	18
White British	NE5 1FA	F	30	8	12	13	13
Black African / British	NE6 1UG	F	31	7	7	7	5
White British	NE5 5HX	F	22	11	10	9	3
Mixed - White / Black Carribean	NE6 2JW	F	22	12	16	8	8
White British	NE5 4HH	F	22	11	8	5	4
White British	NE3 5NY	F	36	11	6	3	2
White British	NE6 5YA	F	33	8	9	3	3
White - Other	NE3 1RY	F	35	19	18	5	7
White British	NE4 9	F	26	15	10	1	3
Asian Chinese	NE3 2	F	36	4	6	1	4
White British	NE5 3	F	28	7	13	5	10
White - Other	NE7 7	F	32	10	11	1	1
White British	NE3 3	F	32	7	6	4	3
White British	NE4 8	F	32	4	11	0	0
White - Other	NE2 2	F	Not stated	4	15	5	10
White - Other	NE3 2	F	31	16	13	5	5
White British	NE5 3	F	26	20	20	1	4
White British	NE13 9	F	24	7	12	4	5
White British	NE3 3	F	32	20	20	15	12
White British	NE6 2	F	23	9	15	3	6
Mixed - Other	NE2 1	F	27	8	14	3	2
White British	NE3 2	F	31	9	9	4	4
British Asian / Pakistani	NE5 3	F	35	11	13	3	2
White British	NE7 7	F	34	11	10	6	5
White British	NE6	F	31	22	17	6	6
White British	NE4 8	F	33	13	10	10	9
White British	NE5 1	F	34	18	20	7	7
White British	NE15 7	F	30	6	4	3	2
White British	NE5 3	F	20	17	17	9	6
White British	NE4 8	F	33	13	10	12	10
Not stated	NE15 9	F	31	10	14	2	2
White British	NE6 5	F	40	14	15	1	4
White British	NE5 5	F	34	24	18	5	5
White British	NE5 5	F	40	10	12	4	3
Count: 66							

Appendix 3: Outcome Star

Ethnicity	Post code	Gender	Age	Outcome Star Initial			Outcome Star Final		
				Looking After Baby	Baby Development	Connecting With Baby	Looking After Baby	Baby Development	Connecting With Baby
Asian British / Pakistani	NE6 3TH	F	29	3	2	2	4	3	4
Asian British / Bangladeshi	NE2 1UJ	F	29	1	1	4	4	3	5
White British	NE5 2XA	F	26	1	1	1	3	3	3
White British	NE6 5NU	F	28	4	4	4	5	5	5
White British	NE15 6TS	M	22	2	2	1	3	3	3
Asian British / Bangladeshi	NE4 8SD	F	37	3	4	3	3	4	3
White Other	NE3 4NU	F	33	3	3	3	3	3	3
White Other	NE3 4NU	M	32	3	3	3	3	3	3
Not stated	NE15 6TQ	F	26	4	4	4	5	5	5
Asian British / Bangladeshi	NE4 8TS	F	26	3	2	3	5	4	4
Asian British / Bangladeshi	NE4 6XL	F	26	3	3	3	4	4	4
Asian British / Bangladeshi	NE4 8TS	M	26	2	2	2	2	2	2
White British	NE4 9CP	F	35	3	3	3	5	5	5
Asian British / Bangladeshi	NE4 6TB	M	36	4	4	4	5	5	5
Not stated	NE4 8PY	F	Not stated	4	4	4	5	5	5
Asian British / Bangladeshi	NE4 6TB	F	27	4	4	4	5	5	5
White British	NE3 4HN	M	30	4	4	4	5	5	5
White British	NE3 3HU	F	34	4	4	5	5	5	5
White British	NE3 3HU	M	42	4	4	4	5	5	5
White British	NE3 4HN	F	31	4	4	4	5	5	5
Asian British	NE15 7DR	F	35	4	4	4	5	5	5
Other Ethnic Group	NE4 5LQ	F	31	3	3	3	5	5	5
White / Black Mixed African	NE3 2EZ	F	33	3	3	3	5	5	5
Asian British / Chinese	NE3 2HQ	F	34	4	4	4	5	5	5
Asian British / Pakistani	NE15 6BG	F	30	4	4	3	5	5	5
Asian British / Bangladeshi	NE4 5JL	F	43	3	3	3	5	5	5
Mixed - Other	NE15 6QH	F	29	3	3	4	4	4	4

Ethnicity	Post code	Gender	Age	Outcome Star Initial			Outcome Star Final		
				Looking After Baby	Baby Development	Connecting With Baby	Looking After Baby	Baby Development	Connecting With Baby
White British	NE6	F	21	2	2	2	3	4	5
White British	NE5 3XB	F	33	3	3	3	4	4	5
Asian British / Indian	NE15 6BY	F	41	2	1	1	4	4	4
Asian British / Bangladeshi	NE4	F	34	2	2	2	3	3	3
Black - Other	NE4	F	48	3	3	3	5	5	5
Mixed - Asian	NE6 2NW	F	26	2	2	4	3	3	5
White British	NE3 1UR	F	35	3	3	3	5	5	5
White British	NE3 4PX	F	39	2	2	2	4	4	4
White - Other	NE3 5TA	F	32	3	2	2	5	5	5
Not stated	NE3 3QR	F	31	3	2	2	5	4	5
White British	NE5 3QF	F	28	3	2	3	4	4	4
White - Other	NE2 4AU	F	32	2	2	2	5	5	5
Arab	NE5 3AY	F	29	3	3	3	5	5	5
Not stated	NE5 3AZ	F	37	3	3	3	5	5	5
Not stated	NE4 8DU	F	29	4	4	4	5	5	5
White British	NE6 5NX	F	19	3	2	3	4	4	4
Asian British / Indian	NE15 6BU	M	Not stated	3	3	3	5	5	5
Asian British / Bangladeshi	NE4 6XP	M	32	2	2	2	4	4	4
Not stated	Not stated	F	Not stated	3	2	3	5	4	5
Asian British / Indian	NE15 6BU	F	30	3	3	3	5	5	5
Not stated	NE4 8QH	F	22	3	3	3	4	4	4
Asian British / Bangladeshi	NE15 6QJ	F	30	3	3	3	5	5	5
Asian Brit Pakistani	NE4 9UJ	F	Not stated	3	3	3	4	4	4
Not stated	NE5 3BJ	F	40	3	3	3	4	4	4
White British	NE2 4AN	M	25	3	2	2	4	4	5
Not stated	NE4 5BA	F	31	2	2	1	4	4	4
Asian British / Bangladeshi	NE4 6XP	F	27	2	2	2	4	4	4
White British	NE4 5PH	F	20	4	2	2	4	4	4
White British	NE6 5DN	F	34	4	2	3	4	2	3
White British	NE4 6EJ	F	39	2	2	2	3	3	3
Count: 57									

Contacts

Get In Touch

Infant Mental Health Enquiries and Referrals: LMIM@children-ne.org.uk

Therapeutic Enquiries and Referrals: therapeutic.services@children-ne.org.uk

Media: communications@children-ne.org.uk

Get In Touch

Head Office

89 Denhill Park,
Newcastle upon Tyne,
NE15 6QE

Tel: 0191 256 2444

Graingerville (Therapeutic)

4 Graingerville North,
Westgate Road,
Newcastle upon Tyne,
NE4 6UJ

Tel: 0191 273 3997

Cowgate (Community Hub)

Cowgate Centre,
Houghton Avenue,
Newcastle upon Tyne,
NE5 3UT

Tel: 0191 2727 824

Gateshead Hub

14 Regent Terrace,
Gateshead,
NE8 1LU

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