NIHR | Public Health Intervention Responsive Studies Teams

PHIRST evaluation of the Nottinghamshire Healthy Families Programme Parent/Infant Relationship initiative (PIRi)

Final Report

August 2024

Nicholas Woodrow, Eleanor Holding, Habiba Aminu, Bronia Arnott, Hannah Fairbrother, Elizabeth Goyder

Background

Evidence indicates that a child's first two years of life are crucial for their development. Infant development is greatly facilitated by parents' awareness of their baby's needs and ability to respond to them promptly and sensitively.

The Nottinghamshire Parent-Infant Relationship Initiative (PIRi) provides support to parents who have been identified as having needs related to strengthening their relationship with their babies. This support is housed within the existing integrated 0-19 Healthy Families Programme and delivered by two specialist practitioners (the PIRi practitioners). Families are identified and referred to the PIRi by health visitors.

Evaluation methodology

PHIRST Fusion has been working to evaluate the PIRi. Funded by the National Institute for Health and Care Research (NIHR), Public Health Research (PHR) Programme, Public Health Intervention Responsive Studies Teams (PHIRST) provide timely and accessible evaluation of public health interventions delivered by local authorities.

The evaluation comprised a mixed-methods approach exploring the feasibility, acceptability and impact of the PIRi programme. The evaluation was co-designed through evaluability assessment workshops with colleagues from the Nottinghamshire Healthy Families Programme and key partners. We undertook descriptive analysis of routinely collected service outcomes data (April 2022 to December 2023 –not including families who were still receiving active PIRi support during this period). We conducted interviews between May and July 2023 with professionals involved in the PIRi (one commissioner, one service manager, two PIRi practitioners and five health visitors). Interviews were also conducted with 14 parents who received PIRi support (13 female, 1 male, 13 white British, 1 Asian Other, age range 26–41, average age 33). Interviews were analysed thematically.

We have provided quotes from interview participants where appropriate to highlight key findings. The percentages included in the outcome data have been rounded for clarity, and therefore may not add up to 100%.

Executive Summary

Key Findings

Overall, the PIRi was perceived as extremely positive and provided various benefits and valued support to parents. All interviewed parents reported that the PIRi support had positively influenced their overall health and wellbeing, especially their mental health, as well as improving their knowledge and confidence in parenting, and reducing stress levels. This was supported by service user satisfaction scores of parents who completed the programme (n=73), with 100% reporting the sessions had made them feel more confident in communicating and interacting with their baby, 100% reporting the sessions had helped respond to their babies' needs better and feel closer to their baby, and 100% reporting they had more knowledge, skills and confidence as a parent from the PIRi.

Interviewed parents discussed how the support they received had improved bonding, connection, awareness and identification of their child's needs, enhancing their relationship with their babies. Supporting this, the PIRi pre- and post-intervention outcome tool assessment scores from parents (n=77) highlights how 81% of parents reported improvements in interacting with their baby, 88% reported improvements connecting with their baby and 65% noted improvements in their mental and emotional wellbeing after receiving PIRi support.

Comparing ASQ-SE scores between babies who received PIRi support (n=69) and babies across Nottinghamshire County more generally (n=6758) showed that in the period 2022-23, 95.65% of babies who received PIRi support scored above the threshold (achieving their ASQ-SE milestones) at their 12-month review, compared to 84.46% across Nottinghamshire County. This suggests a positive impact of the PIRi support in terms of babies achieving social and emotional milestones at the 12-month ASQ-SE review.

The parents we interviewed described PIRi support as accessible (predominantly due to it being delivered in their own homes) and more personalised than many other services. Parents further described the sessions as being relevant, well-paced, easy to understand, well-delivered, and importantly, flexible and tailored to their individual needs. The parents also viewed the support as highly effective in meeting their needs; this was influenced by their perceived involvement in the support, the 1-2-1 nature of the sessions, and the consistency of the same practitioner which supported the development of trusting relationships. Crucial to engagement and perceived effectiveness were the PIRi practitioners' knowledge, skills and approaches. Their flexibility in accommodating parents' preferences (in terms of support sessions and time) and their professional skills (appropriate communication style, visible friendliness, kindness, empathy, and listening abilities) were greatly valued. This also helped remove potential engagement barriers and overcome perceived stigma.

There was a mixed initial awareness and understanding of the PIRi service among parents based on the description/information provided to them by health visitors, this contributed to initial anxieties for some parents when being referred. Health visitors highlighted challenges around their own understanding and awareness of the PIRi (typically the specific support and sessions offered) as an initial barrier to referrals. This lack of detailed knowledge made it difficult to provide clear and consistent information about the intervention to prospective parents. The limited contact time between health visitors and families made the identification of parents who may benefit from the programme difficult. Further, challenges were identified relating to the discussion of sensitive topics around parent-infant relationships due to fears and concerns over potential relationship breakdown between health visitors and families. This, alongside current PIRi staff capacity, and the need to promote the PIRi to health visiting teams and the large geographical context covered by the service, were noted as key challenges for the PIRi practitioners to balance.

Recommendations

Maintaining the current benefits of the PIRi & highlighting these to potential service users

- Parents valued the 1-2-1 approach of the PIRi, and home support that is consistently delivered by the same compassionate staff member. However, delivering such support across a large area was difficult. Staff need time and skills to build relationships and offer flexible, personalised support.

- Flexible, tailored, and supportive approaches were crucial in promoting service engagement and satisfaction in support. Parents particularly valued how support was perceived to adapt and respond to emerging issues they encountered, and how support was co-designed around their needs.

- The findings highlight the importance of promoting valued features of PIRi support when presenting the service to potential service users, and highlighting the benefits support can have for parents and children. This may facilitate uptake and engagement.

Improving understanding of the PIRi service for parents and practitioners

- Our findings highlight the importance of key referral sources being knowledgeable about services and the specific support they offer to identify need and promote engagement. It may be beneficial for health visitors to be provided details on the specific support of the PIRi to help them promote the service to parents, as well as further training and support around how to introduce and have conversations about parent-infant relationship difficulties, as several reported concerns, a lack of confidence and challenges around this.

- Parents' initial anxieties may be reduced by providing clearer information about the specific support offered, using sensitive language and framing when discussing services and support, highlighting benefits to the baby and parent's wellbeing, and emphasising that support is not a reflection of parenting abilities.

- Information (such as flyers, leaflets, a website) may help provide a clear and consistent message to parents - this may facilitate referrals from health visitors and potential acceptance of a referral from parents. Moreover, a heightened understanding of the PIRi may prompt parents to initiate discussions about parent-infant relationships independently outside of health visitor sessions.

- Although it may not be feasible given current staffing levels, embedding a PIRi practitioner within each health visiting team could improve service promotion and offer opportunities to enhance health visitors' comprehension of the service.

Collection and presenting service outcome data

- The service will benefit from identifying and collecting data on other long-term outcomes to assess impact and effectiveness (e.g., tracking and comparing ASQ-SE milestone scores to the two-year review would provide greater evidence of long-term impacts).

- It would be beneficial to look at parents' deprivation scores (e.g., Index of Multiple Deprivation (IMD)) at different stages of the PIRi – i.e., at initial referral, at assessment, and for completion and non-completion. This would help explore if the service is identifying parents from a range of backgrounds, and if some groups (e.g., those from more disadvantaged groups) are having higher/lower disengagement rates at different points.

- Maintaining a record of onward referrals following completing PIRi support would assist in determining the most important services for ongoing support. If not previously known to services, this data could be used to assess if the PIRi is identifying unmet need, and if support is encouraging engagement in services (i.e., family hubs).

Key findings

Service engagement data

Overview of parents who commenced, completed and did not complete PIRi support

- 158 parents commenced PIRi support during the reporting period. Of these 77 (49%) completed support, and 81 (51%) did not. It is important to note, that whilst over half of parents did not complete support, 65 (80%) were noted as not completing due to no longer needing support, and 10 (12%) as having other support in place.

- Table 1 shows that in Year 1 of the PIRi, 78 parents commenced PIRi support, and in Year 2, 80 parents commenced support. It is important to note that Year 1 data reflects a full calendar year, and Year 2 only has nine months of data (April 2023–December 2023). Thus, this highlights a considerable increase in the number of parents being enrolled in the PIRi.

Table 1. Number of parents who commenced, completed/did not complete PIRi support and reasons why

Number of parents who commenced, completed/did not complete PIRi support and reasons why	Entire reporting period [April 2022–December 2023] (n = 158)	Year 1 [April 2022–March 2023] (n = 78)	Year 2 [April 2023-December 2023] (n = 80)
Number of parents who commenced support	158	78	80
Numbers of parents who completed support (% of commenced support)	77 (49%)	38 (49%)	39 (49%)
Numbers of parents who did not complete support (% of commenced support)	81 (51%)	40 (51%)	41 (51%)
Number of parents not completing due to no longer requires support (% of support not completed)	65 (80 %)	33 (83%)	32 (78%)
Number of parents not completing due to other support in place (% of support not completed)	10 (12%)	5 (13%)	5 (12%)
Number of parents not completing due to transfer out of area (% of support not completed)	5 (6%)	2 (5%)	3 (7%)
Number of parents not completing due to no reason/unable to contact/no access (% of support not completed)	1 (1%)	0	1 (2%)

Access to PIRi support

The importance of accessible support and sessions for engagement

- Parents described participation in the PIRi as being extremely easy, primarily due to the flexibility and accommodation of the PIRi service and staff. They noted staff as being easy to reach and contact, accommodating to their needs, and flexible around (re)organising and delivering support. The flexibility of the PIRi service and staff to meet parents' personal circumstances was greatly valued and noted as a key component to participation and continued engagement in support.

> *"[my partner] works shifts, including days and nights, so [PIRi practitioner] worked the sessions around his shifts, and then at one point I had to rearrange, but it was just totally flexible, there was no feeling that it was messing [them] around or that it was making it difficult. If [PIRi practitioner] couldn't have done that, we couldn't have half as much out of the service as we had as [my partner] wouldn't have been there, so it would have needed me to tell him and it all would have been second hand…We could both be involved, and that's what we wanted. I think a lot of the things around having a baby is centred and focused on the mum and the baby, whereas this incorporated the dad as well." (Parent)*

The value and benefit of home support to parents

- All the parents highly valued receiving support in their own homes. This was noted as an important aspect which supported their engagement with the PIRi, enabling them to better engage in the support sessions. Parents felt that receiving the support in their own homes reduced their anxiety at acutely stressful times, allowing them to better focus on the support. This was particularly relevant for those with mental health issues or who had traumatic births.

> *"I would say, I think the benefit of this programme was that someone, like [PIRi practitioner] … can come to my home, because you know in the beginning … I was not ready to go outside from home, and I know there are so many ladies like me who are not ready to go outside because of a complicated birth or because of any reason. So, if we change the venue to somewhere else, I think it's losing the access." (Parent)*

Accommodation to family's needs

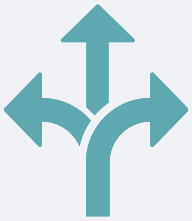
The importance of choice and 'tailored' support

- Parents perceived the support they received to be tailored to their needs and personal situations. They felt included and involved in the design of their support (including the direction and topics of the support/sessions). This collaborative approach fostered a sense of shared ownership and empowerment which was extremely valued and contributed to the perceived satisfaction and engagement with the PIRi.

> *"It made me feel empowered, it made me think about what I needed, and I felt like listened to, rather than them saying we have this work we need to do, it wasn't like a tick-list." (Parent)*

> *"It never felt like a one size fits all where you had 15 minutes and that's it. It was always tailored to us really…When things were mentioned, it was always a case of you can opt-in to this, and we were always involved in the discussions about that." (Parent)*

The flexible structure of the support sessions to accommodate needs



- The structure of the support sessions, which was noted as including a space for reflections, general conversations and issues to be raised, was seen as extremely beneficial. This fed into the perceived flexibility of the sessions and was seen to allow for issues/support to be revisited, and emerging issues to be incorporated and responded to. This enabled the perception that the support grew and adapted to issues experienced during the babies' development, with this being seen as a key benefit of support.

> *"I appreciated how they moved things, and ran the session based on how we both felt was appropriate…It was like we'd have a session and then see what was needed next. And having that time for a general conversation about how things were, would shape what we did next." (Parents)*

> *"We had time for recaps and stuff, so I didn't miss out. The 1-2-1 made sure I got lots of help and that I was doing things right. So, if things were hard to understand, she would know and we would have a break and come back to it. In a group you can't do that. So I liked that flexibility, and I liked how the next session she would ask how I found it, did I remember it all, did I need to go over anything again." (Parent)*

- Further, this flexibility was noted as reducing the need and use of other services (e.g., GPs, health visitors, or 'googling' questions), as it provided the opportunity to ask questions about encountered issues more generally around babies and parents' health and wellbeing.

> *"If I had concerns, I could ask, so I wasn't taking up time from the health visitor or the GP all the time, and it was just nice to have that reassurance from someone" (Parent)*

Importance of the approach and skills of the PIRi practitioners

- The PIRi practitioners were seen to offer a supportive, personalised and tailored approach. Parents noted the practitioners' approaches made them feel listened to and valued. The parents described the staff as going beyond their roles to provide support and information, which was highly valued. It was such perceptions that built rapport, and secured engagement and investment in the sessions from parents.

> *"The whole service just feels very personal, and tailored to you, you just don't feel like a number... All the appointments I'd had following the birth of the baby, and the only appointment I never dreaded was the appointment with [PIRi practitioner], it just felt like it was a relief, I knew [PIRi practitioner] was coming and that I could just talk to her this and this, and ... it felt like a bit of therapy" (Parent)*

> *"I never felt that I have to rush, you know like how sometimes the GP tells you, oh you have ten minutes, tell me all your issues...I never felt I was being rushed, [PIRi practitioner] would listen to me, and she would always ask me do you have any further questions" (Parent)*

Effectiveness of the PIRi

Positive experience of the PIRi and support sessions

- Both the service user satisfaction scores and the interview responses highlighted overwhelmingly positive views of PIRi support. Of the parents who completed the support and filled out a service questionnaire (n=73, see Table 2), all reported the support had made them feel more confident in communicating and interacting with their baby (100%), and helped them feel closer and respond to their babies' needs (100%). Further, all noted how the service improved their knowledge, skills and confidence as a parent (100%), all were happy with the service they had received (100%), and all felt that they had been listened to during the sessions (100%).

Table 2. Service user satisfaction score of parents who completed the PIRi and completed a satisfaction survey.

Parents service satisfaction survey scores Entire reporting period [April 2022– December 2023] (n = 73)	Yes	No
Have these sessions made you feel more confident about how you communicate, interact and play with your baby?	73 (100%)	0 (0%)
Have these sessions helped you to respond to your baby's needs more effectively and helped you to feel closer to your baby?	73 (100%)	0 (0%)
Have these sessions helped increase your knowledge, skills and confidence as a parent?	73 (100%)	0 (0%)
Do you feel that you have been listened to during these sessions?	73 (100%)	0 (0%)
Are you happy with the service we have provided?	73 (100%)	0 (0%)

Benefits of the PIRi to parent-infant relationships and parents'/babies health and wellbeing

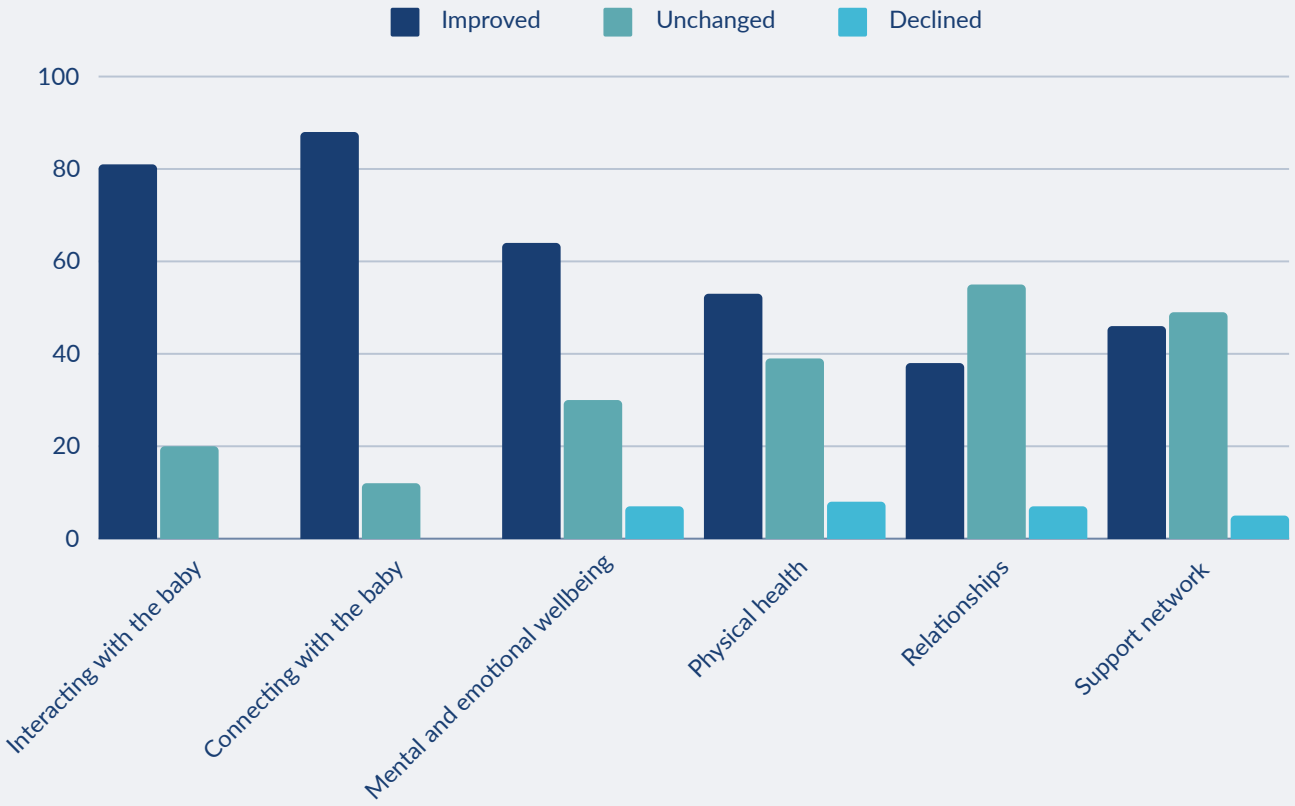
- Both self-reported service outcome data (see Figure 1/Table 3) and the interview responses suggested that PIRi support resulted in a variety of beneficial positive outcomes. Many parents discussed how PIRi support benefitted them in various ways, with outcomes such as reduced stress levels, increased confidence, improved mental health, increased knowledge and skills, improved bonding, connection, awareness and identification of needs and relationships with their babies.

> *"It's [the PIRi] been tremendously useful for building my relationships with [baby name], it's given me a lot more confidence than I set off with, and it kind-of healed me when I didn't know how I would be able to get past how I was feeling about what would happen." (Parent)*

- Crucially, the increased confidence the PIRi support provided was noted by several participants as improving their engagement in other support (such as Children's Centres). Several parents noted they avoided community groups as they were worried their child would be disruptive and they would be judged. However, the PIRi support built confidence which encouraged and enabled involvement in such groups.

- The self-reported pre- and post-intervention outcome data (n=77, Figure 1, Table 3) shows the majority of parents reported improvements in interacting with their baby (81%) and connecting with their baby (88%). Further high levels of reported improvements in parents mental and emotional wellbeing (64%), physical health (53%), relationships (38%), and their support network (46%) were noted.

Figure 1. Outcome tool assessment scores for entire reporting period (April 2022-December 2023) from parents (n=77).



- In addition, there is consistency in outcome scores between parents and PIRi practitioners which adds strength and validity to the positive outcomes identified from the programme (Table 3). The main difference was in 'mental and emotional wellbeing', where practitioners reported greater perceived improvements than parents (90% versus 64%). However, the scores show that the majority of parents saw an improvement in their mental health (64%) and only a small proportion reported their mental health declining (7%) during the PIRi support period. Generally, the interview participants described improvements in their mental health as a result of the programme, including how they felt safe to discuss their issues with their PIRi practitioner. Despite the generally positive outcomes, it may be useful to explore why parents may not perceive as strong improvements in mental health, and whether more specific support for mental health should be provided, or greater signposting of onward mental health support should be provided at the end of the PIRi.

- Based on available data, we looked at the 12-month review ASQ-SE scores for a cohort of babies who received PIRi support in the period 2022-23 (n=69), and compared these to scores for Nottinghamshire County over 2022-23 (n=6758). The ASQ-SE (ages and stages-social and emotional questionnaire) is an evidence-based assessment that is delivered routinely by Health Family Teams at ages 1 and 2-2.5 years. For babies who received PIRi support, 95.65% (n=66) scored above the threshold (achieving their ASQ-SE milestones) at their 12-month review, and 4.34% (n=3) did not. The proportion of babies who received PIRi support who met their 12-month review ASQ-SE milestones (95.65%) is considerably higher than the proportion of babies reaching their ASQ-SE milestones at their 12-month review for Nottinghamshire County overall (84.46%, n= 5708). This suggests a positive impact of the PIRi support in terms of babies achieving social and emotional milestones at the 12-month ASQ-SE review.

Figure 2. % of babies scoring above the threshold (achieving social and emotional developmental milestones) in the ASQ-SE at 12-month review in 2022-23, for babies receiving PIRi support (95.65%, n=66/69) and across Nottinghamshire County generally (84.46%, n=5708/6758)

- A chi-square test was performed to assess whether the proportion of children who scored above the threshold at their 12-month review differs significantly between those receiving PIRI support and those across Nottinghamshire County. Based on the findings, a significantly greater proportion (Chi-squared: p=0.02) of children who received PIRi support achieved their ASQ-SE milestones at their 12-month review, compared to children across Nottinghamshire County who received usual support. Therefore, despite families being identified as having parent-infant relationship difficulties, a greater proportion of babies receiving PIRi support were achieving their ASQ-SE milestone at their 12-month review, than babies in Nottinghamshire County generally.

Table 3. Pre- and Post-intervention outcome assessment score based on number of parents who completed the programme as assessed by parents and PIRi practitioners.

Pre- and Post-intervention outcome assessment score(n = 77) **Entire reporting period [April 2022–December 2023]**	**Parents reported outcomes**			**PIRi practitioners reported outcomes**		
	Improved	Unchanged	Declined	Improved	Unchanged	Declined
Interacting with the baby	62 (81%)	15(20%)	0 (0%)	62(81%)	15 (20%)	0 (0%)
Connecting with the baby	68 (88%)	9 (12%)	0 (0%)	75 (97%)	2 (3%)	0 (0%)
Mental and emotional wellbeing	49 (64%)	23 (30%)	5 (7%)	69 (90%)	8 (10%)	0 (0%)
Physical health	41 (53%)	30(39%)	6 (8%)	42 (55%)	30 (40%)	5 (7%)
Relationships	29 (38%)	42 (55%)	5 (7%)	29 (38%)	42 (55%)	6 (8%)
Support network	35 (46%)	38 (49%)	4 (5%)	35 (46%)	39 (51%)	3 (4%)

Consistency of staff helped develop effective relationships

- The consistency of support from the same practitioner helped build trust and facilitated openness, continuity in support, and engagement – especially when discussing sensitive topics around parent-infant relationships. This consistency of support was noted as a key benefit of the PIRi and was seen as uncommon in other health services.

> *"Having the same person helped me build trust in her and whenever we came back together, we could pick up right where we left off. If it was someone else, you'd need to say it all again, like with the health visitors and that's where I struggled because there was no continuity of information, I was always saying information to different people." (Parent)*

PIRi Implementation challenges

Service information and knowledge among parents and health visitors

- Many parents noted an initial limited understanding of the PIRi based on the description/information provided to them by health visitors. This was noted to have caused some anxiety from parents during the referral process, with some expressing initial concerns around 'feeling judged'.

> *"My first thought was, are they going to report me to social care, because I'm not coping, is that a red flag against my name like I can't look after my baby or something. So it does feel like there is a bit of a stigma around asking for help, but I kind of realised that wasn't the case. [PIRi practitioner] was very supportive, she made it clear straight away I'd done the right thing, I voiced my concern to her ...and she was very much telling me straight, no that's not the case at all, you know, that it was just to help and it's not because anyone had concerns about my baby, she was quite reassuring." (Parent)*

Such anxieties subsided after PIRi practitioners explained the service. It was suggested that providing parents with aids (e.g., information flyers, leaflets, a website) would promote understanding and acceptance of support.

> *"There was apprehension at the beginning because there was not a lot of information around exactly what they can offer, so it wasn't until [PIRi practitioner] came out and explained everything in detail that we realised what we could get, and she did exactly that...probably would have helped if there was a website or something you could go on and look everything up." (Parent)*

- Many health visitors reported during interviews that they felt they were lacking in knowledge about the specifics of sessions provided within the PIRi. This was reported to have made explaining the PIRi to parents sometimes difficult, and was noted as an initial barrier to referrals. It was suggested that more detailed information on the specific support sessions would be beneficial.

"We get a rough idea of what they do. I think it would be beneficial to know more about their sessions, and to know, week by week what they cover with the families. I think that would be helpful, a more detailed description of the interventions." (Health Visitor)

"Maybe having guidance about what they would possibly do within sessions, so broadly, like the baby massage, but what else do they do...So, just general bullet points of what they do in their sessions, knowing full well that they might not do it all, but when you're speaking to clients you can say, well these kind of things are generally on offer, this is what they'll do, and they'll talk to you more in depth, but a few more pointers about what is included sometimes." (Health Visitor)

PIRI capacity and caseload management challenges

- The PIRi practitioners noted there was a considerable amount of work involved in publicising the PIRi (e.g., attending health visitors' meetings to promote the service). This alongside providing 1-2-1 support in parent's homes over a large geographical area, was noted as a key challenge for workload management. The challenges of managing "indirect" (e.g., promoting the service to health visiting teams) alongside "direct" workload (e.g., providing support sessions) should be acknowledged when assessing staff and service outcomes.

"it's hard to cover the distances with just two of us and that limits us to how many visits we can do in a day, so to have more people we could see more people, and it would allow us to work more closely with the health visiting teams and that would allow us to be more visible to them too." (PIRi Practitioner)

Challenges in identification of needs by health visitors

- Health visitors discussed how their capacity, as well as the small number of mandated visits they provide, resulted in limited contact time with families, making it difficult to build rapport and identify those who would benefit from the PIRi. Further, challenges discussing sensitive topics around parent-infant relationship difficulties were reported as a barrier, with confidence around having conversations and concern around relationship breakdown being noted.

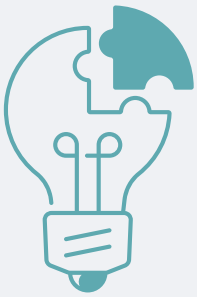
"The birth visit is often just, parents need time, we often go out and the parents are struggling to get to grips with everything, and when you've just had a baby, it's a massive life changing event, and the hormones are all over the place, they're sleep deprived, there's a lot going on a two weeks old, so it's very difficult to identify a problem with a relationship then... And you've got to build that relationship with parents...You don't want to just go in there and say I've identified a need with how they're going to be a mum or dad at that 2-week review, because they may say they never want you to go back, and then you're never going to see them anymore." (Health Visitor)

Key implications and recommendations

Several key implications and recommendations emerged from the evaluation which will be of use to the PIRi service and similar services.

Maintaining the current benefits of the PIRi & making sure these are highlighted to potential service users

- The PIRi is providing positive impacts on parents' health and wellbeing and is seen to be improving difficulties in parent-infant relationships.
- Parents valued the 1-2-1 approach of the PIRi, and home support that is consistently delivered by the same compassionate staff member. Providing this level of support across a large geographical area was time-intensive. It is important to ensure that staff have the time and skills to build relationships and to offer a flexible and personalised service.
- Flexible, tailored, and supportive approaches were crucial in promoting service engagement and satisfaction in support. Parents particularly valued how support was perceived to adapt and respond to emerging issues they encountered, and how support was co-designed around their needs.
- The findings highlight the importance of advertising and promoting valued features of PIRi support when presenting the service to potential parents, and highlighting the benefits support can have for parents and children. This may facilitate uptake and engagement.



Improving understanding of the PIRi service for parents and practitioners

- Our findings highlight the importance of key referral sources being knowledgeable and informed about services and the specific support they offer to identify need and promote engagement. In particular, the evaluation demonstrated the importance of building the knowledge base of health visitors around the PIRi support. It may be beneficial for health visitors to be provided detailed information on the specific support of the PIRi to help them promote the service to parents (including the specific support sessions offered, and the service's potential benefits).
- It would also be beneficial to provide health visitors with further training and support around how to introduce and have conversations about parent-infant relationship difficulties, as several reported concerns, a lack of confidence and challenges around this. Some initial guidance for starting conversations around parent-infant relationships has recently been published by the Department of Health and Social Care: https://www.gov.uk/government/publications/parent-infant-relationships-starting-conversations-practitioner-guide).

- Our findings show how parents' initial anxieties and perceptions of stigma may be reduced by providing clearer information about support, using appropriate language and framing when discussing services and support, highlighting benefits to the baby and parent's wellbeing, and emphasising that support is not a reflection of parenting abilities. Information (such as flyers, leaflets, a website) detailing the PIRi, the specific support offered and the benefits of engagement, may help provide a clear and consistent message to parents - this may facilitate referrals to the service from health visitors and potential acceptance of a referral from parents. Clearer information might foster engagement, mitigate reluctance or concerns regarding stigma, and lead to more suitable referrals for those in need. Moreover, a heightened understanding of the service from information available to parents may prompt parents to initiate discussions about parent-infant relationships independently outside of health visitor sessions.

- Although it may not be feasible given current staffing levels, embedding a PIRi practitioner within each health visiting team could improve service promotion and offer opportunities to enhance health visitors' comprehension of the service. This integration would enable constant awareness of the support and direct discussions on referrals.

Collection and presenting service outcome data

- The PIRi is achieving positive outcomes for parents and babies based on the self-reported and practitioner-assessed outcomes. The service will benefit from identifying and collecting data on other long-term outcomes to assess impact and effectiveness, which were not able to be explored in this evaluation (pre- and post-outcome measures around EDPS; longer-term ASQ-SE outcomes). For example, whilst we intended to look at pre- and post- ASQ-SE scores around PIRi support, this was possible based on the evaluation period and the available data. ASQ-SE scores are not completed before a child turns 8 months old, and following the 12-month review, not done again until the two-year review. Thus, we compared 12 month review scores with overall results for Nottinghamshire County. Tracking and comparing ASQ-SE milestone scores to the two-year review would provide greater evidence of long-term impacts.

- The service data showed that more than half of the parents who commenced support did not complete support. 77 out of 158 parents (49%) who commenced with PIRi support completed support, and 81 (51%) did not. Whilst 65 of these 81 (80%) were noted as not completing due to no longer needing support, service data or follow-up could be improved to capture more detailed reasons for not completing support, including at what point parents disengaged from PIRi support, specific reasons for no longer needing support, and what other support/services have been engaged with. This could help frame outcomes in a more positive light, or help identify how support can be better provided or signposted at different stages.

- Maintaining a record of onward referrals following completing PIRi support would assist in determining the most important services for providing ongoing support. If not previously known to services, this data could be used to assess if the PIRi is identifying unmet need, and also if PIRi support is encouraging engagement in services (i.e., family hubs).

- While it is acknowledged that the PIRi is new and evolving, the evaluation team found that the service data provided was difficult to analyse without the support of the service partners. Due to the ongoing nature of the PIRi support, getting an up-to-date clear picture of the number of people who had been referred in, accepted, disengaged and completed support, with outcome intervention outcome scores, was difficult. The data we received covers a cohort of service users from start to completion of their PIRi support, but there are a greater number of service users who have started support but not finished, and these were missing from our data. Thus, drawing PIRi service data for specific reasons (e.g., looking at numbers accepting support) might yield different results from the data presented in this evaluation report. This discrepancy may create confusion when trying to provide an overview of the service to partners such as commissioners. The service may explore a better way of presenting up-to-date key data in a simple format to aid comprehension and future internal or external evaluation of the service. It may be useful to provide data for each year/the entire programme in a simpler format which covers the following information (see below):
    - Number of parents referred in
        - Number of parents accepted
        - Number of parents declined
            - Number declined due to: pre-existing support in place; specialist / complex needs; parents not consenting; other; and how many are awaiting more information.
    - Number of parents assessed
        - Number of parents accepted for PIRi support
        - Number of parents declined
            - Reasons why declined
    - Number of parents completed support
        - Number of parents not completed and reasons why, at what stage
        - Numbers of parents with ongoing support (support not completed)
        - Staff - Intervention outcome scores from pre/post intervention tool
        - Parents - Intervention outcome scores from pre/post intervention tool
        - Onward referral locations for parents who have completed support
- It would be beneficial to look at parents' deprivation scores (e.g., Index of Multiple Deprivation (IMD), Income Deprivation Affecting Children Index (IDACI)) at each stage of the PIRi – i.e., at initial referral, at assessment (acceptance and not accepted), and for completion and non-completion. This would help explore if the service is identifying parents from a range of backgrounds, and if some groups (e.g. those from disadvantaged groups) are having higher/lower disengagement rates at different points in the programme.

Image Credits

- Person carrying baby while reading Photo by Picsea on Unsplash
- Baby holding person's fingers Photo by Liv Bruce on Unsplash
- Adult holding baby's fingers Photo by Aditya Romansa on Unsplash
- Woman kissing baby Photo by Alexander Grey on Unsplash
- Woman carrying baby Photo by Valeria Zoncoll on Unsplash

This project is funded by the National Institute of Health and Care Research (NIHR) [Public Health Research Programme (NIHR135460/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.