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PHIRST Fusion Evaluation of Nottinghamshire Healthy Families Programme's parent-infant relationship initiative (PIRi)

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- Background and explanation of the parent-infant relationship initiative (PIRi)
- Evaluation methods and findings

First 1001 Days Movement

20:20 Vision
Seeing the world through babies' eyes
#IMHAW2020

What is Infant Mental Health? Why does it matter?

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life.

Sensitive, responsive and trusted relationships are fundamental to infant mental health. Parents and caregivers help babies to learn how to experience, manage and express their emotions, and to feel safe to explore the world.

Although children's futures are not determined by the age of two, severe and persistent problems in early relationships and emotional development can have pervasive and lifelong impacts on a range of outcomes.

Because the first 1001 days are a period of rapid development, early experiences affect not only babies' emotional wellbeing now but also influences how their bodies and brains develop.

Good infant mental health:

- enables young children to **feel safe and secure**, ready to play, explore and learn as they enter early education and school;
- increases the chances of babies **achieving their potential** in later life and **contributing to society and the economy** as adults;
- lays the groundwork for children's ongoing **social and emotional development**, including resilience and adaptability - key competencies that will help them to **thrive**;
- helps children to **develop behavioural and physiological regulation** which are linked to lifelong physical and mental health and wellbeing;
- gives babies the **skills to form trusting relationships** which are essential for living a healthy and fulfilling life.

It's very important to **promote emotional wellbeing and development** and to provide support to families if they experience difficulties in parent-infant relationships.

Good infant mental health promotes positive outcomes throughout a person's life and influences how they parent their own children. **Investing in infant mental health pays dividends for generations to come.**

https:/1001days.org.uk/resources

Investing in the emotional wellbeing of our babies is a wonderful way to invest in the future.

- Giving children the best start in life.
- Improving the mental and physical health of the next generation.
- Reducing risky and antisocial behaviour and the costs they bring.
- Building a skilled workforce to support a thriving economy.
- Creating a compassionate society.

The **first 1001 days**, from conception to age two, is a period of rapid growth. During this time **babies' growing brains** are **shaped by their experiences**, particularly the **interactions** they have with their parents and other caregivers. What happens during this time lays the **foundations for future development**.

Early relationships between babies and their parents are incredibly important for building healthy brains.

I need **a secure relationship** with at least one sensitive, nurturing caregiver who can respond to my needs.

Supporting my parents and other important people in my life to develop this relationship will give me the best start in life.

Stress factors such as domestic abuse and relationship conflict, mental illness, substance misuse, unresolved trauma and poverty can make it harder for my parents to provide me with the care I need. The more adversities that my family experiences, the harder it can be to meet my needs.

Healthy social and emotional development during the first 1001 days:

- Lays the foundations for lifelong mental and physical health.
- Means I feel safe and secure, ready to play, explore and learn.
- Leaves me ready to enjoy and achieve at school, and progress in the workforce.
- Enables me to understand and manage my emotions and behaviours; which means that I can make a positive contribution to my community.
- Gives me skills to form trusting relationships and to be a nurturing parent myself; sowing the seeds for the next generation.

Tackling adversity + supporting early relationships healthier brains + better futures

References and further information can be found on **https:/1001days.org.uk/resources**

First 1001 Days Movement

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[Infographics - Parent-Infant Foundation]

Background to the Parent-infant relationship initiative (PIRi)

- Health visitors undertake five mandated contacts with new parents at key stages of development.
- Nottinghamshire County Council identified an opportunity to further support the parent-infant relationships
- Developed and piloted a targeted parent-infant relationship intervention (PIRi) within the Healthy Families Programme.

Parent-infant relationship initiative (PIRi)

- PIRi aims to support parents with identified need to strengthen their relationship with their baby.
- Families referred by health visitor following completion of a Brazelton Newborn Behavioural Observation (N-BO) assessment.
- PIRi team provide an initial assessment and up to six sessions of support, aimed at:
  - ❖ strengthening parent-infant relationships
  - ❖ Promoting secure and responsive relationships between parents and their babies
  - ❖ Promoting healthy brain development and infant mental health
- Delivered by a parent-infant relationship practitioner (specialist health visitors) = sits within the health visitor service
- Key outcome measures = Parent feedback survey, pre and post intervention survey, ASQ, Edinburgh post-natal depression score

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PHIRST Fusion Evaluation of the parent-infant relationship initiative (PIRi)

Evaluation Aim

To explore the **feasibility**, **acceptability** and **effectiveness** of the Nottinghamshire Healthy Families Programme Parent/Infant relationship initiative (PIRi).

To explore:

- whether the PIRi is perceived as an acceptable and beneficial approach from the perspectives of parents and practitioners,
- and to what extent the PIRi support is effective for improving parent-infant relationship outcomes for parents.

What we did

Mixed-methods evaluation

Primary qualitative data (interviews with parents + professional stakeholders)

- 9 interviews with professional staff (PIRi team and Health Visitors)
- 14 interviews with parents (13 female, 1 male)

Routinely collected quantitative service outcome data

- A self-reported parent and practitioner-moderated pre- and post-outcome tool
- service user satisfaction survey
- ASQ-SE

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Key Findings

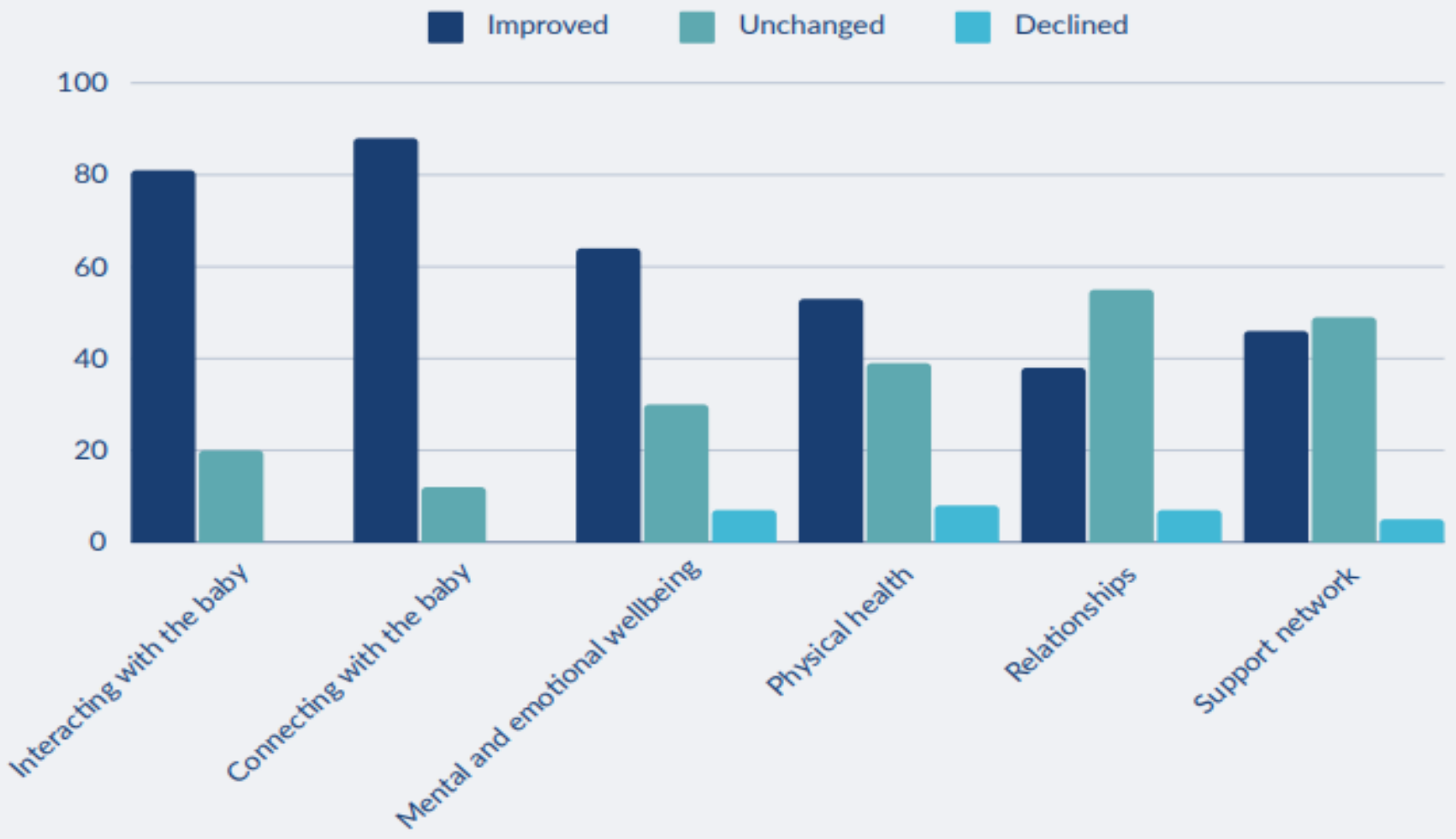
Key findings

Overall, the PIRi was perceived as extremely positive and provided various benefits and valued support to parents.

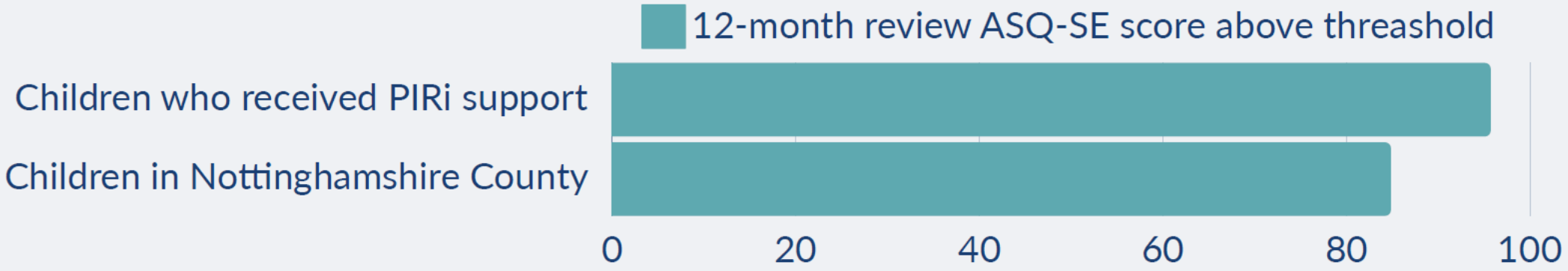
Parents reported overall improvements in:

- health and wellbeing (especially mental health)
- confidence in communicating and interacting with their baby
- parenting knowledge and confidence
- Improved bonding, connection, awareness and identification of baby's needs
- Improved relationship with their baby

Parents outcome tool assessment scores % (n=77)



Babies' social and emotional milestones (ASQ-SE data at 12 month review)



PIRi 95.65% VS Nottinghamshire County 84.79%

This suggests a positive impact of the PIRi support in terms of children achieving social and emotional milestones at the 12-month ASQ-SE review.

Key findings

Parents described PIRi support as:

- Accessible
- Flexible/tailored to their individual needs.
- Well-paced and easy to understand

The PIRi practitioners' knowledge, skills and approaches were crucial in supporting engagement

Key findings

PIRi Implementation challenges

There was a mixed **initial** awareness and understanding of the PIRi service among parents + Health visitors highlighted challenges around their own understanding and awareness of the PIRi = **initial referral barrier**.

- Lack of knowledge made it difficult to provide clear and consistent information to parents
- Limited contact time between health visitors and families made identification of needs difficult
- Concerns around the discussion of ‘sensitive topics’ and potential relationship breakdown between health visitors and families

Time promoting the PIRi and the large geographical context covered by the service, were noted as key challenges for the PIRi practitioners to balance.

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Key implications and recommendations

Maintaining the current (valued) benefits & 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**.

Flexible, tailored, adaptive and supportive approaches were crucial in promoting service engagement and satisfaction in support.

To facilitate uptake and engagement, it is important to advertise and promote valued features of PIRi support when presenting the service to potential parents, and highlighting the benefits support can have for parents and children

Improving understanding of the PIRi service for parents and practitioners

Importance of **key referral sources being knowledgeable** and informed about services and the specific support they offer = clear and consistent messages

Providing health visitors with **training and support around how to introduce and have conversations** about parent-infant relationship difficulties + the PIRi support

Embedding a PIRi practitioner within health visiting teams could improve service promotion and offer opportunities to enhance uptake of the service.

Collection and presenting of service outcome data

The PIRi is achieving positive outcomes for parents and babies – it would 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 at the two-year review).

It would be beneficial to look at parents' **demographics** (e.g., ethnicity, deprivation scores (e.g., Index of Multiple Deprivation (IMD)) **at each stage of the PIRi – i.e., at initial referral, at assessment (acceptance and not accepted), and for completion and non-completion**.

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Questions?

see: https://phirst.nihr.ac.uk/evaluations/piri/

This project is funded by the National Institute of Health and Care Research (NIHR) [Public Health Research Programmed (NIHR133202/PHIRST)]. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care

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Children and young people's perceptions of a planned outdoor High Fat Sugar Salt (HFSS) advertising restriction

Dr Samantha Garay, Dr Kelly Morgan, Dr Elinor Coulman, Professor Frank de Vocht and Sian Harding (PPI rep)

PHIRST Insight

Rebecca Stewart (CVUHB), Sam Chettleburgh (Cardiff Council), Andreas Pieris-Plumley (Vale of Glamorgan Council)

Wider Team

The problem

- The UK is projected to be Europe's most obese country by 2030
- Advertising is recognised as an influential driver of behaviours and eating patterns
- There is currently no regulation of food and drink advertising across council-owned sites in Wales

The solution

- To implement a policy to restrict advertising of High Fat Sugar Salt (HFSS) foods and drinks on council owned sites e.g., bus stops

- The planned policy is for two regions of Wales – Cardiff and the Vale of Glamorgan

About the evaluation

- Co-produced evaluation design
- Involved various partners
  - CVUHB
  - Cardiff Council
  - Vale of Glamorgan Council
- 15-month study duration

About the evaluation

We aimed to evaluate:

1. Public perceptions of HFSS advertising and the planned policy changes
2. Barriers and facilitators to implementing the policy
3. Potential impacts of policy implementation

About the evaluation

Resident survey

Resident interviews

Stakeholder interviews

School focus groups

Local authority mapping data

About the evaluation

Public involvement imbedded in study management, conduct and dissemination

- PHIRST Insight PPI representative Sian Harding (Retired Teacher)
- Youth Council Group members
- Primary School pupils

Findings: Participation

- Invited schools across Cardiff and the Vale of Glamorgan
- Seven focus groups conducted
  - 5 primary schools
  - 2 secondary schools
- 49 young people aged 9-14 years participated

Findings: Awareness of advertising

- High level of awareness of adverts perceived to be HFSS
- Aware of advertising close to home, on the way to school, on busy roads and in the town centre.
- Able to easily describe advert content i.e. deals, price, new product promotions and brands

Findings: Influences of advertising on behaviours

- In general, participants reported that seeing advertising they considered to be HFSS made them want to try those products
- A few believed the adverts had no influence
- Young people would often buy HFSS products that they had seen advertised
- Many children reported asking their parents for the advertised HFSS products

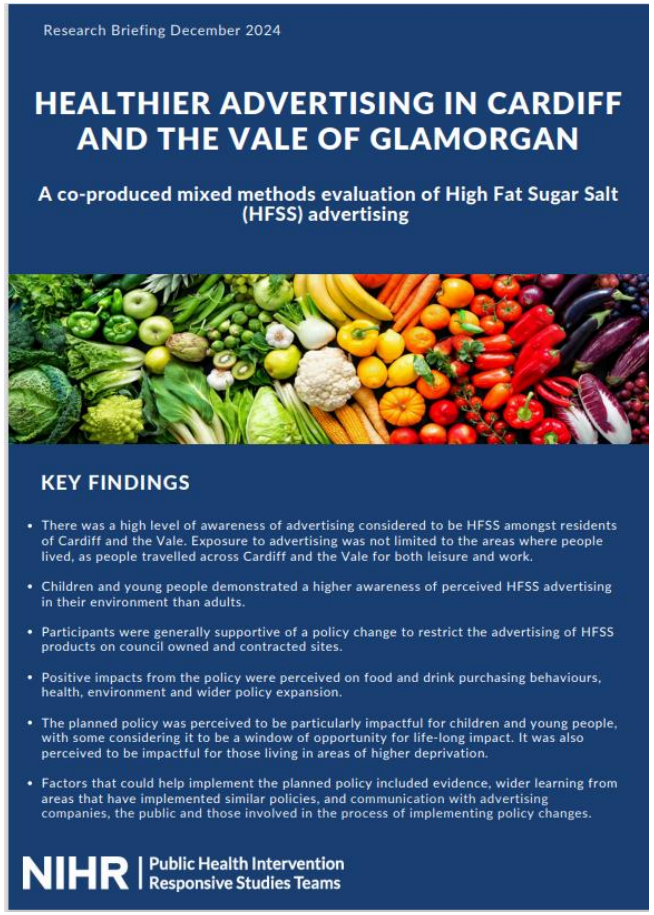
Findings: Perceived impacts

- CYP were generally positive towards a HFSS policy change
- Perceived impacts included:
  - People eating healthier foods
  - Less temptation to eat HFSS products
  - Improved fitness
  - Increased revenue for businesses selling healthier foods

Conclusions & learnings

- CYP are highly aware of perceived HFSS advertising in their local area
- CYP are generally positive towards changes to HFSS advertising and recognise impacts that may arise
- Evidence from CYP provides strong support for policy implementation
- A range of PPI engagement is crucial when conducting any work with CYP to ensure their voice is heard and the research is relevant
- Allow plenty of time and flexibility when conducting any research involving schools

Find out more



https://phirst.nihr.ac.uk/evaluations/healthier-advertising-in-cardiff-and-vale-of-glamorgan/

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This study was undertaken by Dr Samantha Garay, Dr Elinor Coulman, Professor Frank de Vocht and Dr Kelly Morgan from PHIRST Insight, a collaboration between the Universities of Cardiff and Bristol.

We are grateful for the support of the Study Management Team; Rebecca Stewart, Sam Chettleburgh, Andreas Pieris-Plumley and Sian Harding.

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PHIRST Spring seminar:
Improving outcomes for babies, children and young people (0 – 25 years)

Improving the mental health of 16-25-year-olds in Central Bedfordshire:
A mixed methods evaluation of a complex intervention

Dr Jessica Taripre Oha

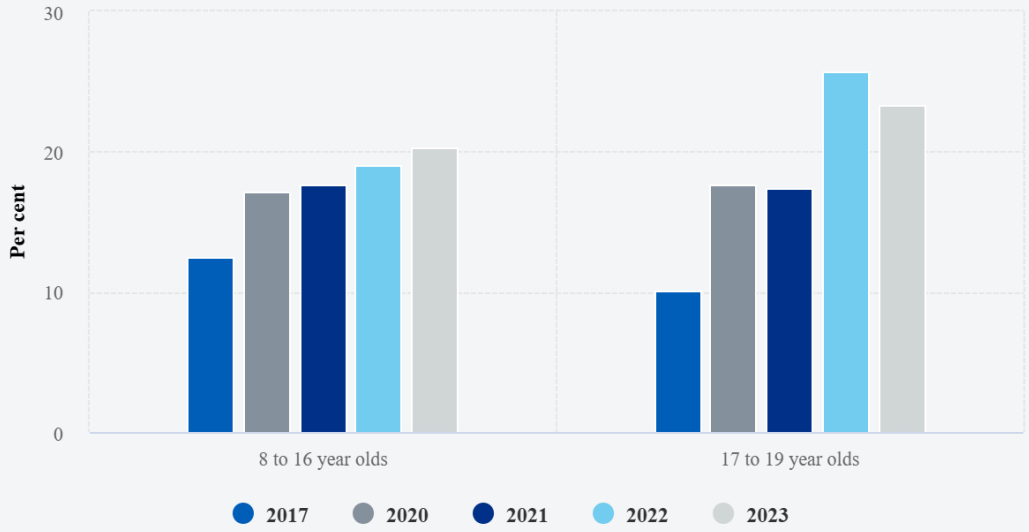
Senior Research Fellow

PHIRST South Bank

The Public Health issue - nationally

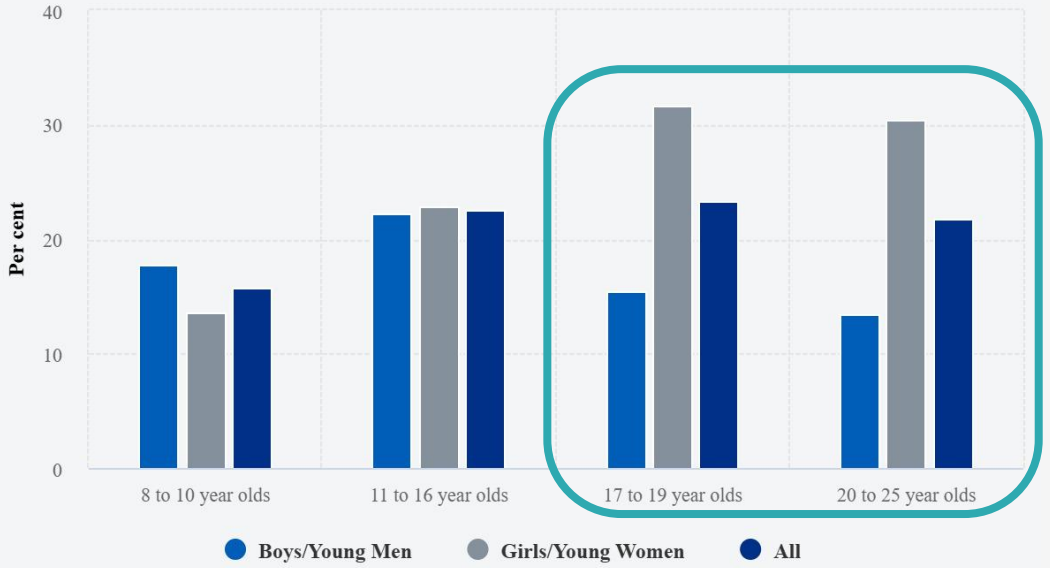
Increasing over time from childhood…

Figure 1.2: Percentage of children and young people with a probable mental disorder, by age, 2017, 2020, 2021, 2022 and 2023



…into adulthood.

Figure 1.1: Percentage of children and young people with a probable mental disorder, by age and sex, 2023



Living independently

Leaving education

Managing personal finances

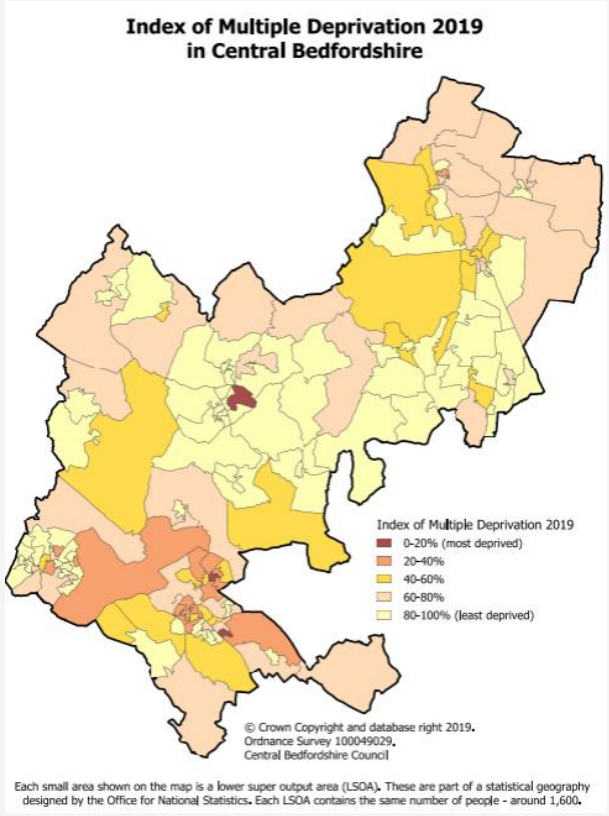
Starting work

➔ Specific challenges for mental health support service access & engagement.

Data source: NHS England, 2023

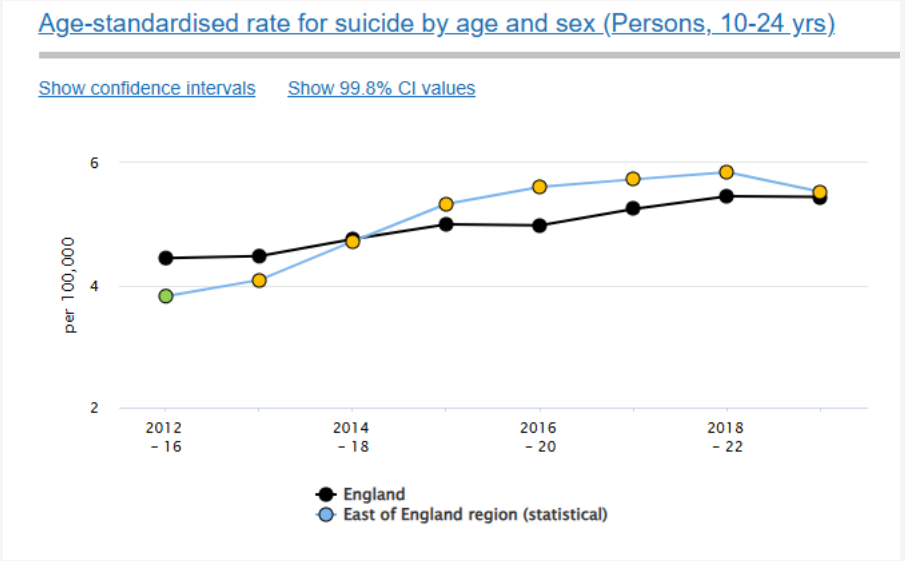
The Public Health issue - locally

Pockets of deprivation



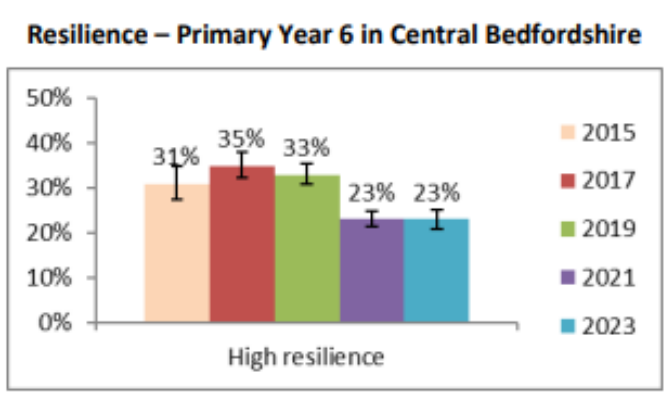
Data source: MHCLG, Indices of Deprivation – Index of Multiple Deprivation, 2019

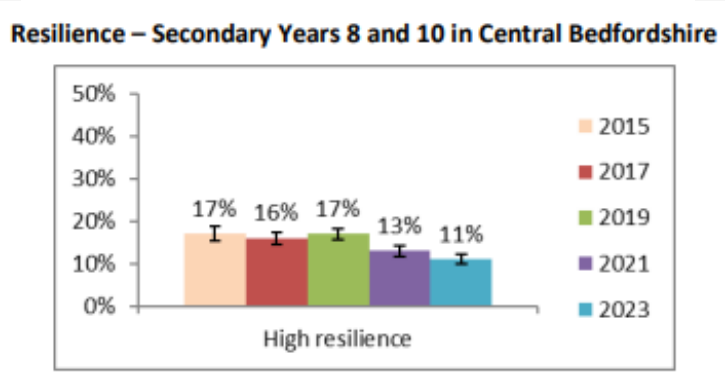
Deterioration in some mental health & wellbeing indicators (incl. suicide & self-harm)



Data source: Office for Health Improvement and Disparities, Public health profiles, 2025 https://fingertips.phe.org.uk/

Decline in school pupils less likely to report high resilience and happiness





Data source: Schools Education Unit, 2023

Specific focus on supporting those 'most in need' of for mental health support:

- Young people from ethnic minority backgrounds
- Young men and young people from socially and economically disadvantaged backgrounds

The local government intervention

Aim: To improve the mental health of young people in Central Bedfordshire most in need, incl. young people from ethnic minority backgrounds, young men and young people from socially and economically disadvantaged backgrounds (‘most in need’).

Upskilling the workforce

Wellbeing Navigators

Building Resilience in educational settings

Community Collaboration hubs

The PHIRST evaluation

Aim: To assess intervention **implementation** (fidelity, dose & reach), understand **mechanisms of impact** and explore the **influence of context** on an intervention to support the mental health needs of 16 – 25-year-olds during **key life transitions**.

Co-developed intervention **Logic Model** with intervention stakeholders

➔ Framework for exploring implementation, mechanisms of impact & influence of context

Intervention development

Qualitative **interviews** and a **Focus Group Discussion** with Young People, community and local government staff incl. public health team and data analyst (n = 9)

Intervention delivery

- ➔ Qualitative **interviews** with local government public health staff (n = 2)
- ➔ **Statistical analysis** of service-level KPI data
- ➔ A **cost impact analysis** including an interview and FGD with intervention workstream leads and local government public health staff (n = 4)

Lived experience of intervention

Qualitative **interviews** with Young People taking part in the intervention (using photo-elicitation), and a workstream delivery lead (n = 12).

Data analysis

- Within-group repeated measures & post-hoc sub-group
- Descriptive cost analysis
- Collaborative thematic analysis using a hybrid inductive/deductive approach

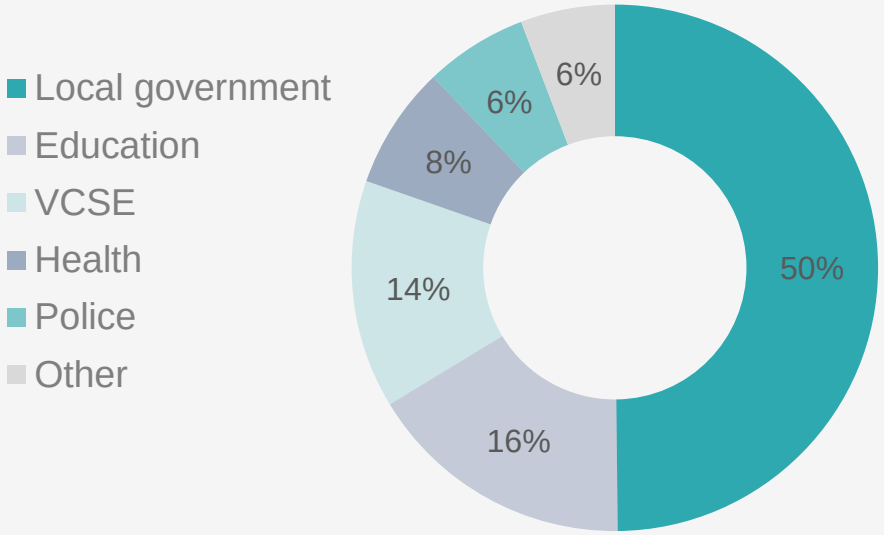
Data synthesis

- Triangulation of quantitative KPI & cost data with qualitative themes
- Logic model used as a framework for exploring intervention impact

PPIE panel of 6 young people local to the intervention location supported throughout.

Finding #1: Facilitated greater access to support

Diverse number of professionals trained (n = 707)…



…however, capacity constraints affected implementation in educational settings.

> …regardless of what, I suppose, the evidence base is telling us… being slightly **more realistic** about the **capacity [of schools] and the place that our educational settings are in** at the moment
>
> ***Building Resilience***

> After completing the training, this has given me more confidence in myself, knowing what I am doing to support the young people I work with is appropriate and where to sign post them if needed or call for emergency help.
>
> ***Upskilling the workforce***

Favourable costs with scalability potential.

Intervention benefits - relative to the costs incurred - **compared favourably to NICE thresholds** for decision making around funding interventions.

- Typically set between **£20k – 30k**
- Cost per engaged participant in this intervention was **£252 - £3,952**.

Finding #2: Improved readiness for life transitions

Statistically and clinically significant improvements in satisfaction with mental health post intervention

Satisfaction with…	**Pre-intervention Dialog score**	**Post-intervention Dialog score**	**Change**	**Effect size** (magnitude of change using Hedges' correction)
Mental health	2.82	4.88	2.06	1.13
Physical health	4.14	4.58	0.44	1.24
Job/Academic situation	3.88	5.02	1.14	1.65
Living situation	4.76	5.35	0.58	1.43
Leisure activities	4.58	5.32	0.74	1.52
Family/Partner	4.73	5.44	0.71	1.37
Friendships	4.76	5.38	0.62	1.53
Personal safety	5.14	6.38	1.24	1.38

Finding #3: Highlighted considerations for improving reach and engagement for those most in need of support

Summary: Intervention implementation

Fidelity, dose & reach partially met

- **High levels of engagement** & **objectives met** for 2/4 intervention workstreams
- **Potential for scalability** due to cost effectiveness of workstreams with high levels of engagement
- **Breadth of professions engaging** with workforce training

…but…

- **Time** needed to establish collaborative Community Hubs
- **Limited capacity** of educational settings to engage
- **Perceived disconnect** between intervention workstreams
- **Conservative reach to** those most in need of support

> *These **strands didn't really tie in very well, I didn't feel there was a strong tie between any of them** … it was by serendipity rather than actually a conscious planned thought-out process that how are all these going to work together? I just think we could have made more efficient and effective use of the funds available if there had have been a bit more of a better thought-out plan.*
>
> ***Community Hub***

> *How do we genuinely get to those young people with the most inequalities?*
> ***Building Resilience***
>
> *Where are the young people that really could do with support that we don't know about?*
> **Wellbeing Navigators**

Summary: Mechanisms of impact & Influence of Context

Mechanisms & Context facilitated access, promoted engagement and acceptability

- **Cross-sector involvement**: Good coverage of support across transition points.
- **Continuity of relational support** to support sharing, engagement and a sense of belonging.
- **Use of third spaces**: chosen, engaging, community spaces. Spaces which support YP to express themselves.

> *We talk about first, second and **third spaces**, the first potentially being a home and then second is your school or education, and then your third being **your chosen space**... your third space is **sometimes your most important one** because it's the only one that's chosen...*
>
> ***Community Hub***

Considerations – mechanisms

> *It's about **making a space** where they [young people] **can talk** about it and those **lived experiences are shared** and instantly then you **feel seen, you feel heard, you feel validated**...*
>
> **Community Hub**

Conclusion

Our evaluation reinforces the need for **responsive, inclusive & impactful** mental health support for YP **navigating key life transitions** to be:

- ➔ Multi-layered
- ➔ Multi-sector
- ➔ Adaptable
- ➔ Focussed on building trust & relationships with communities
- ➔ Allow sufficient time to build collaborations
- ➔ Sustainably resourced.

Considerations for policy & practice

Extending the 'whole school approach' to other educational settings (e.g., colleges, workplaces offering apprenticeships, universities) to address gaps in mental health provision at key transition points

Strengthening community-based interventions to increase the reach of support services to young people most in need who may not typically engage with traditional services (e.g., care leavers, LGBTQ+ youth, young carers, neurodivergent young people)

Designing future mental health interventions with young people & alongside robust evaluation frameworks to deepen understanding of the 'how' and 'why' an intervention may have worked.

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Thank you from PHIRST South Bank

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+ Sources for further information

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To found out more about this evaluation:

To found out more about PHIRST South Bank:

Animation: