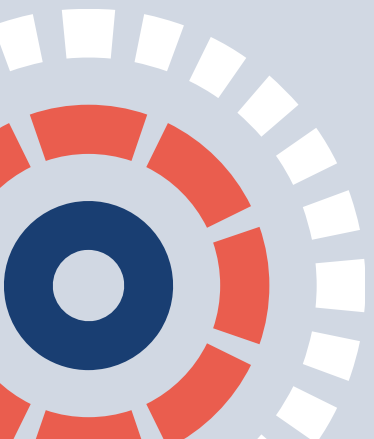
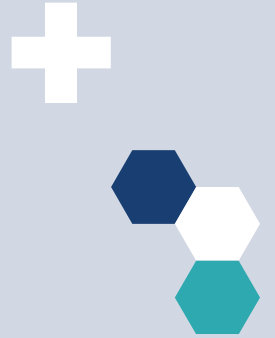


PHIRST Fusion Evaluation of Nottinghamshire Healthy Families Programme's parent-infant relationship initiative (PIRi)



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





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.



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.

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.



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>

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.



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>



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)

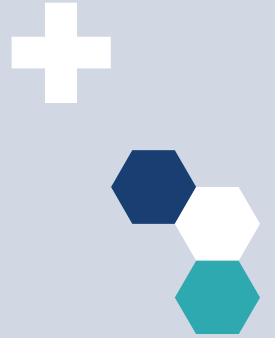
- PIRi aims to support parents with identified need to strengthen their relationship with their baby.
- Families referred by health visitor following completion of a Brazelton Newborn Behavioural Observation (N-BO) assessment.
- PIRi team provide an initial assessment and up to six sessions of support, 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



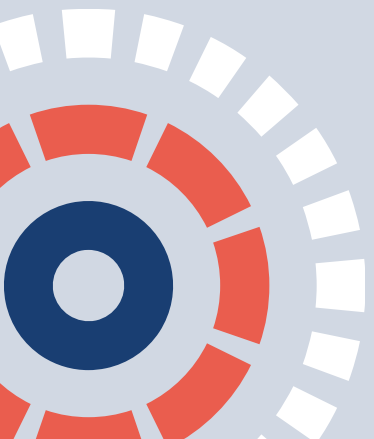
You are NOT alone

If your baby is under the age of 4 months, you relate with the above statements and would like support with strengthening your connection with your baby, help with understanding what your baby is trying to tell you or support with interacting and playing with your baby.

There is support available



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

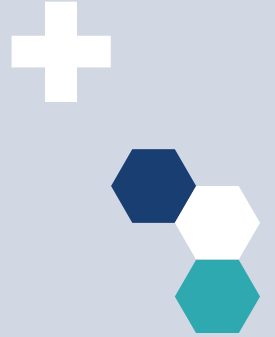
Mixed-methods evaluation

Primary qualitative data (interviews with parents + professional stakeholders)

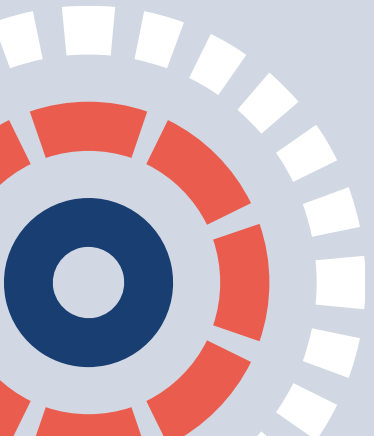
- 9 interviews with professional staff (PIRi team and Health Visitors)
- 14 interviews with parents (13 female, 1 male)

Routinely collected quantitative service outcome data

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



Key Findings



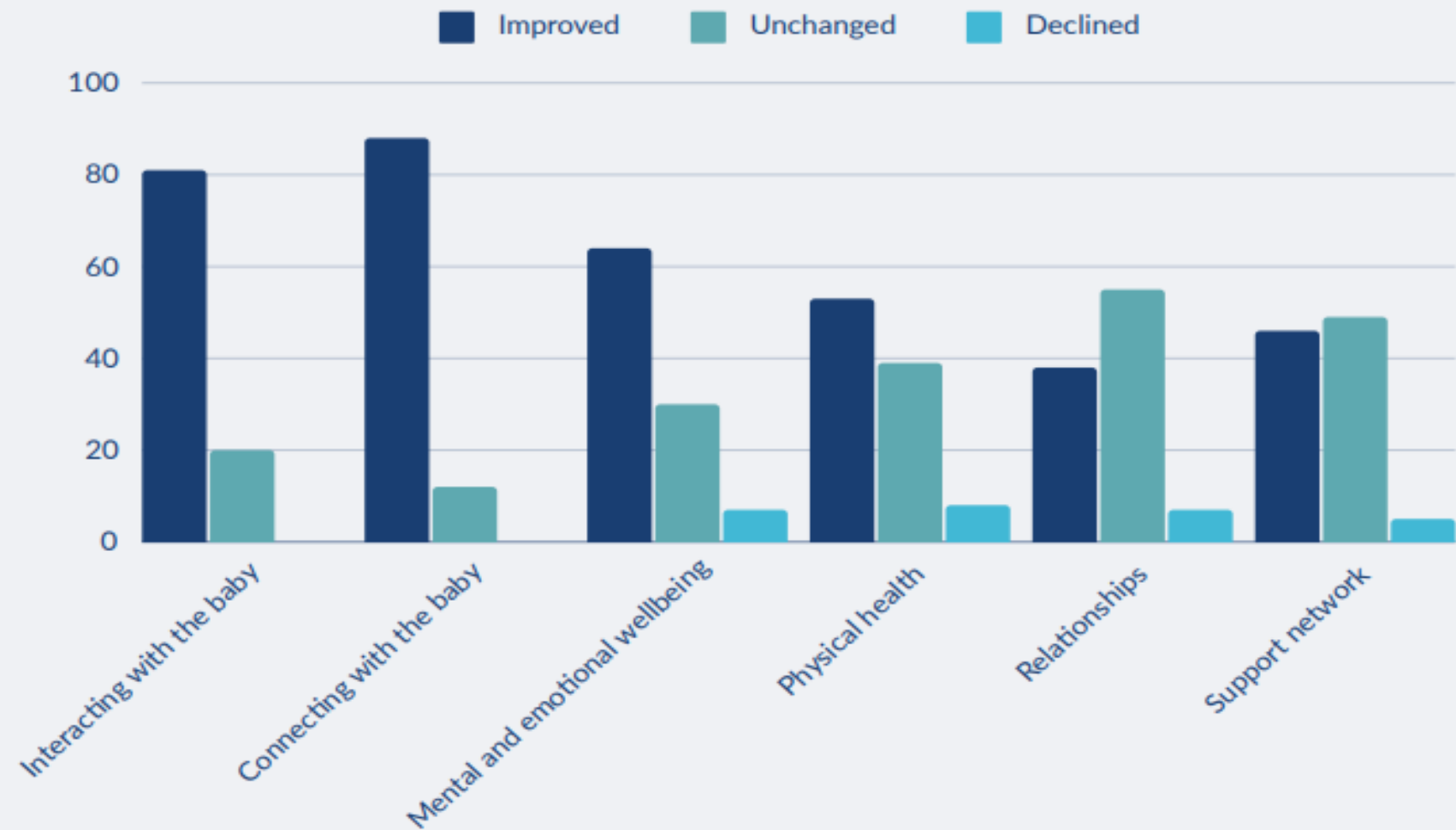
Key findings

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

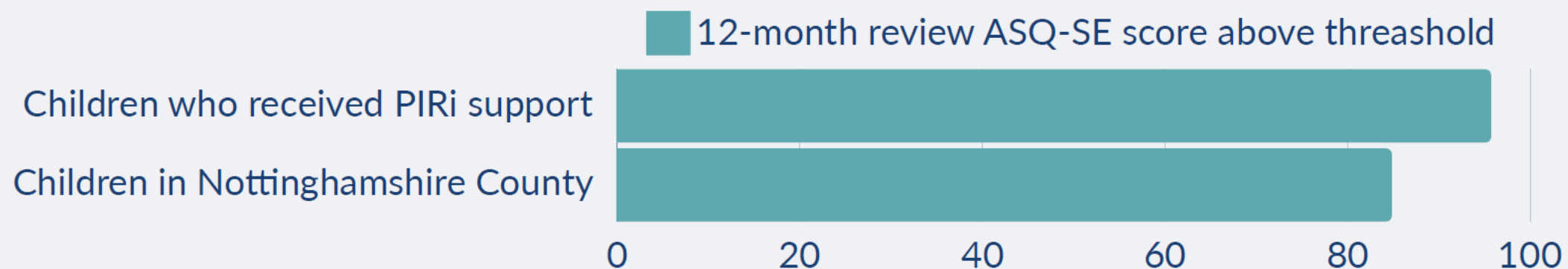
Parents reported overall improvements in:

- 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

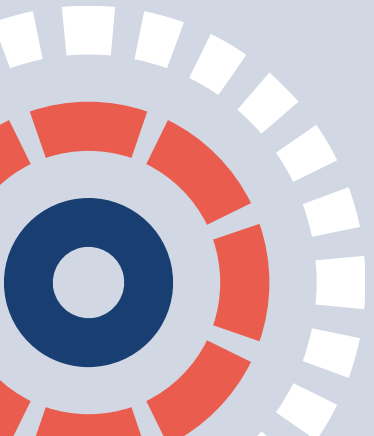
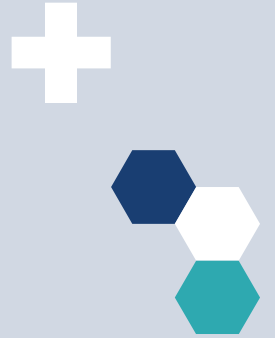
PIRi Implementation challenges

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.

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.**

Questions?



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

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