

Parent Infant Relationship Resource cards (PIRRC) pilot evaluation

Introduction

Gap analysis identified that health visitors in Bradford District Care Foundation Trust needed training and support to meaningfully deliver High Impact Area 1, Transition to Parenthood, and, in particular, to support the parent-infant relationship. A group of health visitors and the Perinatal and Infant Mental Health Lead for Bradford District Care Foundation Trust (BDCFT), created a Parent-Infant Relationship training package. This training package was delivered to all health visiting team members and received excellent feedback. From this work, health visiting team members wanted a resource to facilitate sharing the mounting evidence around the importance of the parent infant relationship and infant mental health with families and into support their day to day practice (Wave Trust 2016). Key messages that Health Visiting and the Perinatal Mental Health aimed to convey to professionals and parents included that babies are amazing babies, how valuable parents are to their baby as they influence, for example, aspects of neurodevelopment, and the importance of learning to understand and respond appropriately to babies.

Bradford District has a diverse population with a higher than average non-English speaking population (Localstats.co.uk) so the importance of using a visual resource was valued. This was identified in the evaluation feedback when professionals identified that the PIRRC 'would be good for all Health Visitors to use with all interpreters'. It was also decided that a primarily visual resource would generate discussion rather than an expert telling the parent information.

It was a specific aim to develop a resource which was not prescriptive and could be used to respond to the individual family's need as it arose, and versatile so may be used in a variety of settings (home, clinics, groups), and also relevant for use by other professionals. This would ensure families received consistent messages from professionals involved in their parenting.

The PIRRC consists of a set of laminated cards on a keyring, so cards may be taken off and used individually. The concept behind the PIRRC is to capture the key components of positive parent infant relationships and promote better understanding of the infant's internal world so that parents would respond appropriately (Meins et al. 2001; Meins et al. 2012, In Milne, 2018). The PIRRC have a picture of a baby, or baby and parent on one side and brief text on the other, to use as a prompt or guide to conversation. They may be used preventatively to support positive parenting, or as a simple intervention if any extra support is needed for parent infant interactions.

The PIRRC are supported by a number of national documents and pathways. NICE (2014)

~~recommends that health professionals can assess and provide information and treatment for~~

mother-baby relationship issues. The Department of Health (2014) identify that Transition to Parenthood and the Early Weeks (High Impact Area 1), Maternal Mental Health (High Impact Area 2) and Infant Feeding (High Impact Area 3), as essential areas of Health Visiting team input and this resource will assist Health Visiting teams in this service delivery. High Impact Area 1 states: Preventing and intervening early to address attachment issues will have an impact on resilience and physical, mental and socioeconomic outcomes in later life; and High Impact Area 3 identifies the health professional's role in 'continuing to promote bonding and secure attachments between mother and infant'.

The resource specifically addresses areas highlighted by the Maternal Mental Health Pathway (DoH, 2012) including: Promoting positive mental health and wellbeing of mother; Preparing families for parenthood; Promoting the neurological development of child, the negative impact of stress; Promoting positive mother and father relationships; Promoting the importance of parent and baby mental health/attachment; Promoting attuned, sensitive parenting that supports baby's early development; Promoting importance of father and wider family (involvement.) Using the PIRRC antenatally, and in early parenting, further supports preventative work and interventions relating to Adverse Childhood Experiences (ACES (Center for Youth Wellness, 2016). Within this context, Health Visitors and Nursery Nurses within BDCFT are working to bring parent-infant mental health to the centre of all contacts.

Process

The PIRRC were given to all Health Visitors and Nursery Nurses within Health Visiting teams. They received a short training programme to orientate them to using the cards.

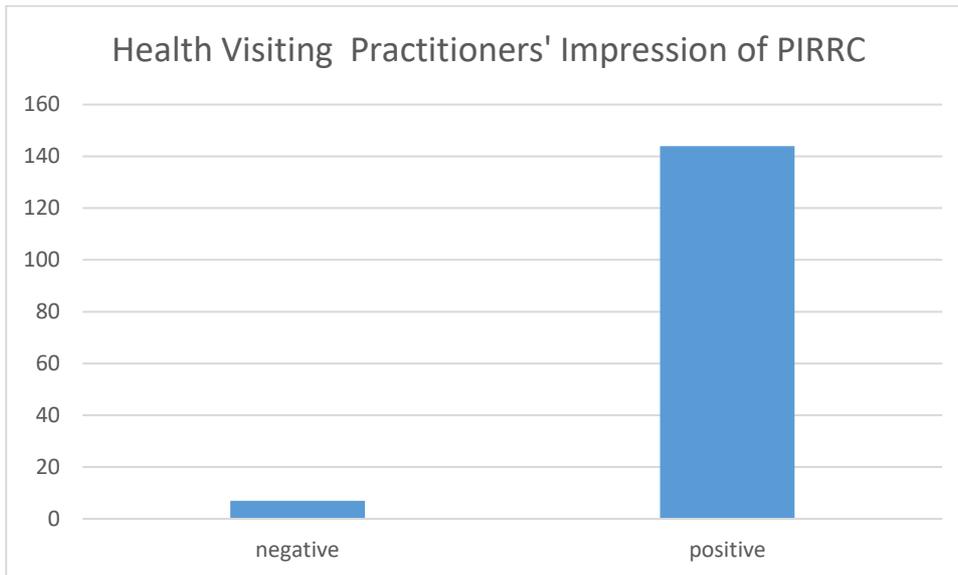
Following the initial training they were given a questionnaire. The results from this formulate the PIRRC initial evaluation as demonstrated below.

The Evaluation Form is available in Appendix 1.

Initial impression of the Parent-Infant Relationship Resource Cards

Health Visitors and Nursery Nurses questioned about the initial responses to the cards were overwhelmingly positive. Of the 151 responses 144 were positive. 7 responses were categorised as negative.

Graph 1: Table to show Health Visiting Practitioners impression of PIRRC



These negative responses focused on the number of cards being 'a lot'. However, the cards are intended to be used in response to individual families' needs and are removable from the keyring to use individually. Feedback described the PIRRC as being 'Very colourful, wipeable, small easy to carry and dismantle'. A family would not be shown every card and cards would be shown that best fit the particular families' circumstance.

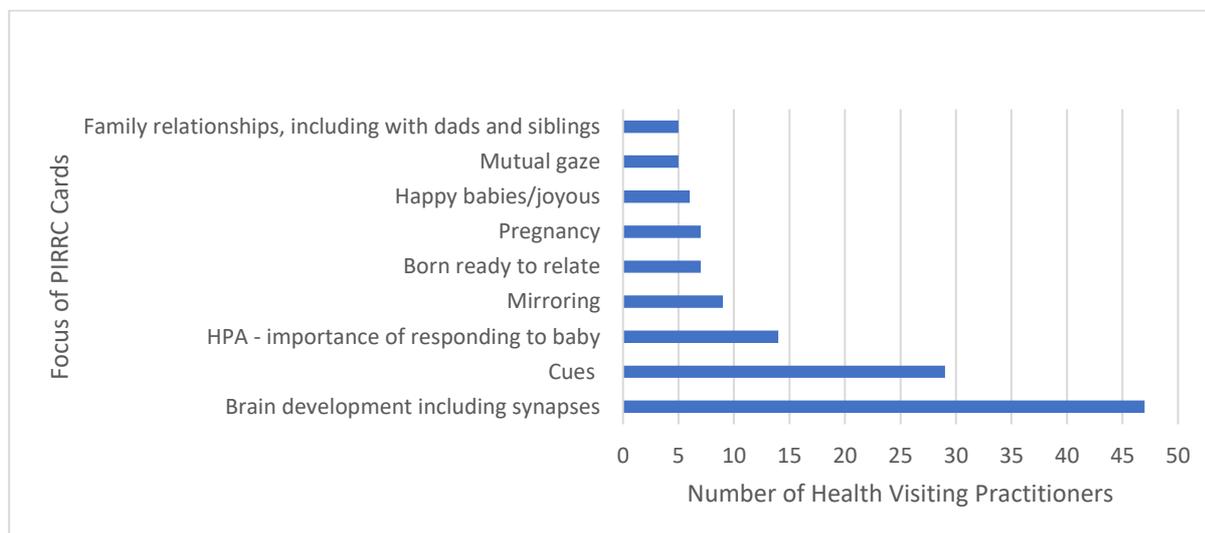
From the initial training session with the PIRRC, professionals were able to identify their use for supporting conversations with families, especially around understanding children and their emotions. Health Visitors could envisage the use of the PIRRC as a 'Trigger for discussion about the parent-infant relationship/how babies are ready to communicate from birth', showing 'clearly how parents can help children feel their emotions are understood'.

The visual aspect of the cards was commented upon positively, with the photos being described as 'very powerful' and 'useful visual learning', being of 'Good size, Clear messages, Good pictures and Easy to use'. Professionals thought that the PIRRC 'means more to families than just words'. The positivity for the PIRRC was demonstrated enthusiastically with feedback such as 'Very impressed, easy to understand', and 'Love them – great visual aid'.

Which cards stood out and why?

Health Visitors and Nursery Nurses varied in their responses to which cards they thought would be exceptionally useful to them in their work with families. However, many health visitors felt that the cards which focused on brain development, including infant's synaptic proliferation, would be particularly useful. As can be seen in the graph below cues were also seen as useful.

Graph 2: Table to show focus of PIRRC cards that health visiting practitioners thought would be most useful in practice



Disengagement cues, including those described as demonstrating infant's experiencing something as 'too much', indicating that it was 'time to change' and 'do not disturb', were identified as particularly useful. Health visitors and Nursery Nurses thought the Time to Change section useful, as 'many parents will not recognise the baby expressions' from this category, and 'Helps parents understand baby has had enough'. Health Visitors thought disengagement cues are less well recognised than engagement cues. Practitioners had felt that disengagement cues were hard to put into words and the PIRRC eased their delivery around this, as follows: 'upset face/too much section –these are hard concepts to explain'.

Health Visitors and Nursery Nurses also identified the cards prompting discussion of the HPA axis as interesting. The PIRRC were identified as validating common issues Health Visitors and Nursery Nurses encountered, such as the 'HPA axis, as leaving baby to cry is a recurring theme', and that questions were 'often asked by parents and (the HPA axis) fits with coping with crying'.

The six categories, Family Relationships, Mutual Gaze, Happy Babies, Pregnancy, Born Ready to Relate and Mirroring make up the first sections of the PIRRC and focus on qualities within the parent-infant relationship. Positive feedback for parents around the importance of identifying and interacting with engagement was described as a 'Joyous moment captured'. In total this section was similarly popular as the second section of the PIRRC cards which focuses on infant cues.

When would the PIRRC be used?

Health visitors and Nursery Nurses believed that the cards could be used in a wide variety of situations. Most commonly health visitors stated that they would be useful at the antenatal visit.

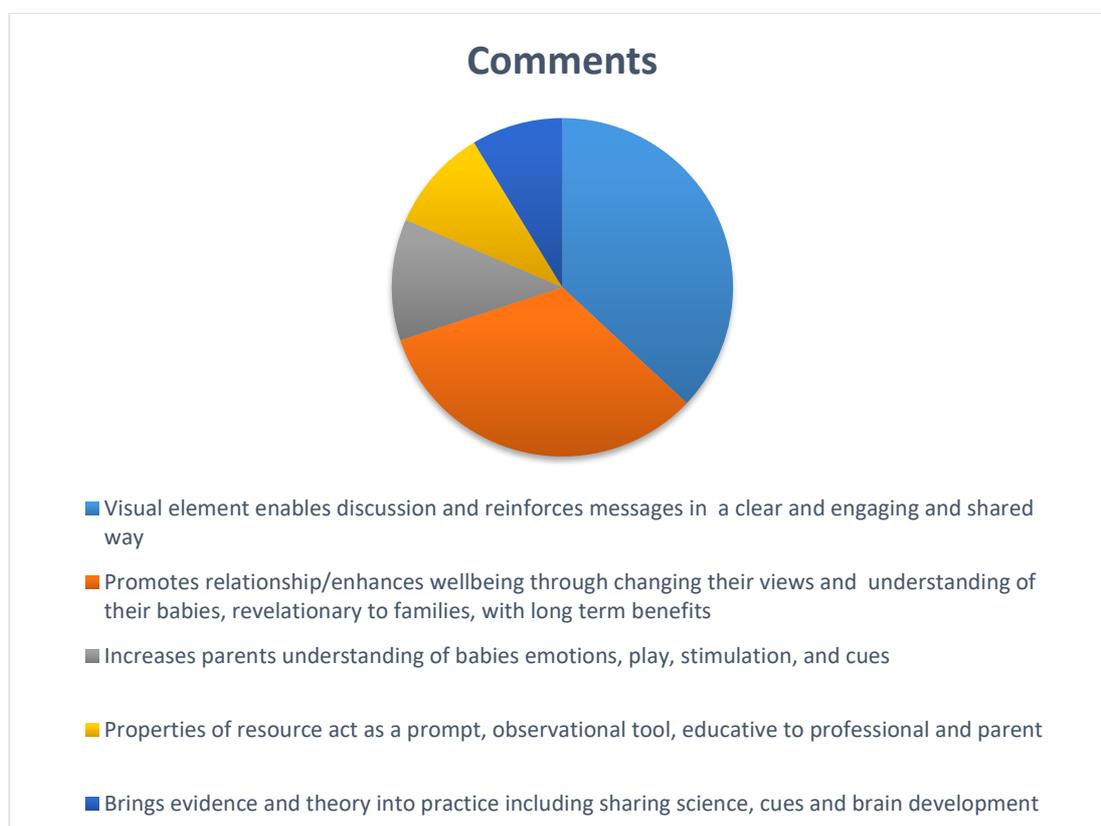
One Health visitor reported, 'The cards make the (antenatal) conversation easier – less stigma attached to asking – makes the client feel less singled out and the cards show it is universal, so people can talk more.' However, health visitors also stated that they would be useful at all visits, clinics and to support specific interventions such as understanding brain development, as identified in quotes, 'helps show parents what synapses are' and 'sharing science with parents'. Generally Health Visiting team members thought the PIRRC would aid understanding infant cues and encouraging positive parenting and interaction between the parent and the baby.

One team also identified that they would use the PIRRC when spoken English was not the common language, stating 'The cards are particularly useful to my team as they are useful as a visual tool when language is a barrier.'

What impact will the PIRRC cards have on your practice?

Health Visitor and Nursery Nurse responses indicated five themes: The visual element, promotion of the relationship, increasing understanding of the baby, the properties of the cards and the cards enabling evidence and theory into practice.

Graph 3: Pie Chart to show the impact Health Visiting Practitioners thought the PIRRC cards would have on their practice



The Visual element was identified by health visitors and nursery nurses as enabling discussion and reinforcing messages in a clear, engaged and shared manner, described as, '*a tool to start discussions and open questions.*'

Research and health visitor's experience has indicated that some parents do not appreciate the expert role of the health visitor and a joint discussion whereby both parent and health visitor share the PIRRC cards may be a more acceptable and engaging method of communication (Delight et al. 1991).

The promotion of the parent-infant relationship was noted by many health visitors and nursery nurses. Responses suggested that the impact health visitors and nursery nurses identified was the enhancement of infant and parent well-being as parents changed their views and understanding of their babies. They felt it brought '*More awareness of babies as 'people*'. It was noted that the relational ability of infants would be revelatory to some families and could invite different interaction between parents and infant with potential long term benefits. It was reported that the cards would 'Improve communication with client', and Improve clients relationship with their child'.

More specific impacts were also identified with understanding of babies' emotions, play, stimulation and cues included in health visitors' responses. The PIRRC offers a 'Different medium to help with discussions and takes away pressure of mum talking about herself/baby'.

The PIRRC prompted responses regarding how they would be used as a resource. These included: as a prompt, as an observational tool, and as educative to professional and parent. This demonstrated that they were multifaceted and could be used to support both parent and professional. In separate interviews with professionals' interpreters also identified that the cards would be useful in enabling them to be more effective in their role as they would be better able to understand the meaning of the visit and messages being conveyed by the health visitor.

Health visitors and nursery nurses also noted that the PIRRC cards communicated evidence-based information in a way '*Sharing science with parents*'. This felt empowering to parents. Health visitors and nursery nurses identified that the PIRRC '*Helps link theory to practice*', for both themselves and families.

Conclusion

In the light of the limited amount of time that health visitors are commissioned to work with families and the financial cuts health visiting faces, every visit counts. Health visitors need to build a relationship and share information as effectively as possible in a way which engages, inspires and has meaning to families. The initial pilot of the PIRRC cards indicates that they would be a useful,

universal tool and the versatility of the cards means they can adapt to different families' needs. Health visitors and nursery nurses have the opportunity to help families recognise how amazing their babies are, that their infants are born ready to relate, seeking companionship (Trevarthen and Hubey 1978; Trevarthen 2001), and are communicating with them. The PIRRC invites families to recognise their baby's potential, and the importance of their role as a companion for their baby, which in turn has positive outcomes for both, with far reaching consequences. The PIRRC brought hope for the Health Visitors and Nursery Nurses, noting '*Better parent infant relationships – hopefully better society*'.

The outstandingly positive feedback from the initial evaluation indicates the need for a further evaluation to substantiate the evidence base for the PIRRC. The need for families to continue to have evidence based effective support and services which can provide essential support in an efficient and individualised manner remains a priority.

References:

Center for Youth Wellness, 2016. White paper on unhealthy dose of stress-the impact of Adverse Childhood Experiences and toxic stress on childhood health and development. Available from:

www.centerforyouthwellness.org

Delight, E., Goodall, J. and Jones, P. W. (1991) What Do Parents Expect Antenatally And Do Babies Teach Them. *Archives of Disease in Childhood* 66 (11), 1309-1314. DoH2012 Maternal Mental Health Pathway. Accessed at: <https://www.gov.uk/government/publications/maternal-mental-health-pathway> 08/10/2018

DoH 2014. Overview of the 6 High Impact Areas. Accessed at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565213/High_impact_areas_overview.pdf 30/09/2018

Local Statistics 2018 accessed at: <http://localstats.co.uk/census-demographics/england/yorkshire-and-the-humber/bradford> 30/09/2018

Meins, E., Fernyhough, C., Fradley, E. and Tuckey, M. (2001) Rethinking maternal sensitivity: Mothers' comments on infants' mental processes predict security of attachment at 12 months. *Journal of Child Psychology and Psychiatry and Allied Disciplines* 42 (5), 637-648.

Meins, E., Fernyhough, C., de Rosnay, M., Arnott, B., Leekam, S. R. and Turner, M. (2012) Mind-Mindedness as a Multidimensional Construct: Appropriate and Nonattuned Mind-Related Comments Independently Predict Infant–Mother Attachment in a Socially Diverse Sample. *Infancy* 17 (4), 393-415.

Milne, E., Johnson, S., Waters, G. and Small, N. (2018) The mother-infant bond: a systematic review of research that includes mothers' subjective experience of the relationship, *Community Practitioner* vol 91 no 07. https://www.communitypractitioner.co.uk/bit.ly/CP_research_milne

NICE 2014. Antenatal and Postnatal Mental Health. Accessed at:

<https://www.nice.org.uk/Guidance/CG45> 06/10/2018 Stern, D. (1998) *The Interpersonal World of The Infant*. London: Karnac.

Trevarthen, C. and Hubley, P. (1978) Secondary intersubjectivity: Confidence, confiding and acts of meaning in the first year. In Locke, A. (editor) *Action, Gesture, and Symbol: The Emergence of Language*. London: Academic Press. 183-229.

Trevarthen, C. (2001) Intrinsic motives for companionship in understanding: Their origin, development, and significance for infant mental health. *Infant Mental Health Journal* 22 (1-2), 95-131.

Wave Trust, 2014. 1001 Critical Days: The Importance of the Conception to Age Two Period.

<http://www.wavetrust.org/our-work/publications/reports/1001-critical-days-importance-conception-age-two-period> 20/10/2018

Appendices

Appendix 1

Parent Infant Relationship Resource Cards - Initial Evaluation

Professionals

Name:

Date:

Team:

Role:

What are your first impressions of the cards?

Did any card(s) stand out for you? Which one(s) and why?

How do you think you will use these cards?

What do you think about the look/feel of the cards?

What may be the benefits?

Would you be willing to be part of a focus groups in the future?

If yes- Name:

Contact:

Any further comments:

References