

Blackpool Better Start

Measuring what Matters

Dr Karen Kinloch, Research & Evaluation Office
Melanie Farman, Development Manager,
Blackpool Centre for Early Child Development



Blackpool Better Start

Webinar objectives

1. Increased knowledge of the outcome measures landscape
2. Increased understanding of the factors around the selection and use of outcomes measures for parent-infant work
3. To reflect on and share your experiences and thoughts in light of the research

Blackpool Better Start

- 45 million pound strategic investment from the National Lottery Community Fund
- Improving the lives of 0-4s across the town (approx. 9000 babies)
- Partnership approach – community led, commitment from senior leaders
- Interrupting the intergenerational cycle of poor outcomes
- Improving speech and language, diet and nutrition and social and emotional development outcomes
- Underpinned by systems change
- Driven by the Centre for Early Child Development



Our Pledge

1. Our families, communities and workforce will have opportunities to understand how babies' brains are built and will champion the importance of early child development.
2. **Our families, communities and workforce will be supported to achieve their potential, and to have positive mental health and wellbeing.**
3. All babies and children in Blackpool will be offered high-quality early years education and experiences and will have access to safe parks and areas for play.
4. **Our families will have the right support at the right time and will feel seen, heard and cared for.**
5. **Together, the Partnership will lay the foundations to enable the Better Start approach to continue, influencing policy and practice through evidence and changing the way we work long-term.**

Blackpool Parent Infant Relationship Service



Pledge 2



Pledge 4



Pledge 5

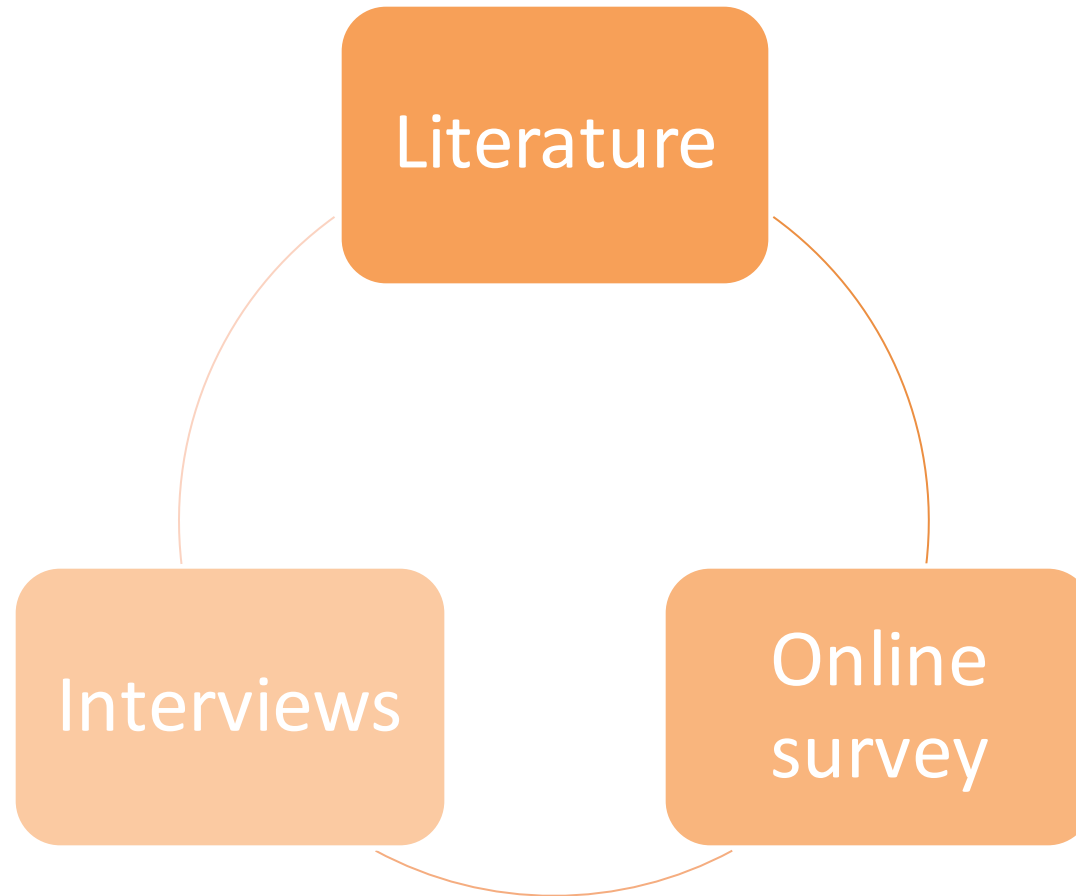


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What was needed?



What we did



Reviewing the literature

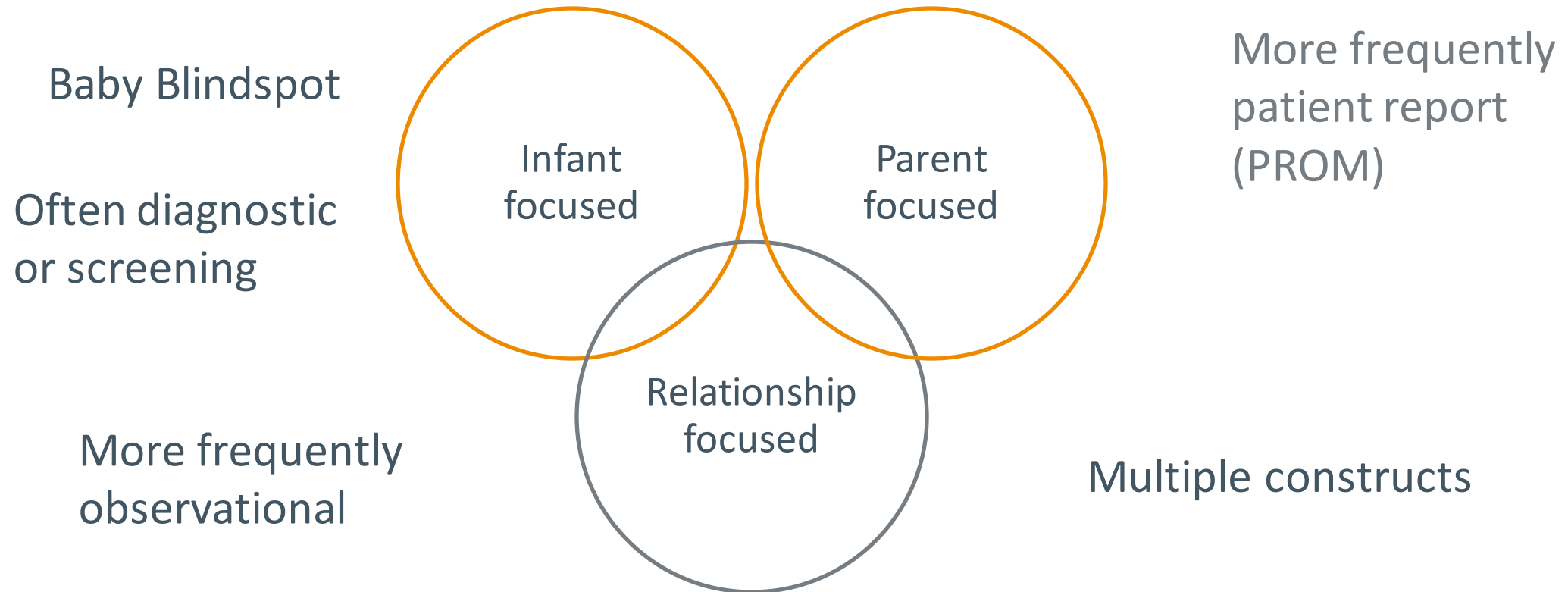
The review included:

Published guidance and policy

Published evaluations of Specialised Parent Infant Relationship Teams

Peer reviewed journal articles reporting research and evaluation of interventions for PIR and IMH (Infant Mental Health)

Findings from the literature



Paucity of evidence

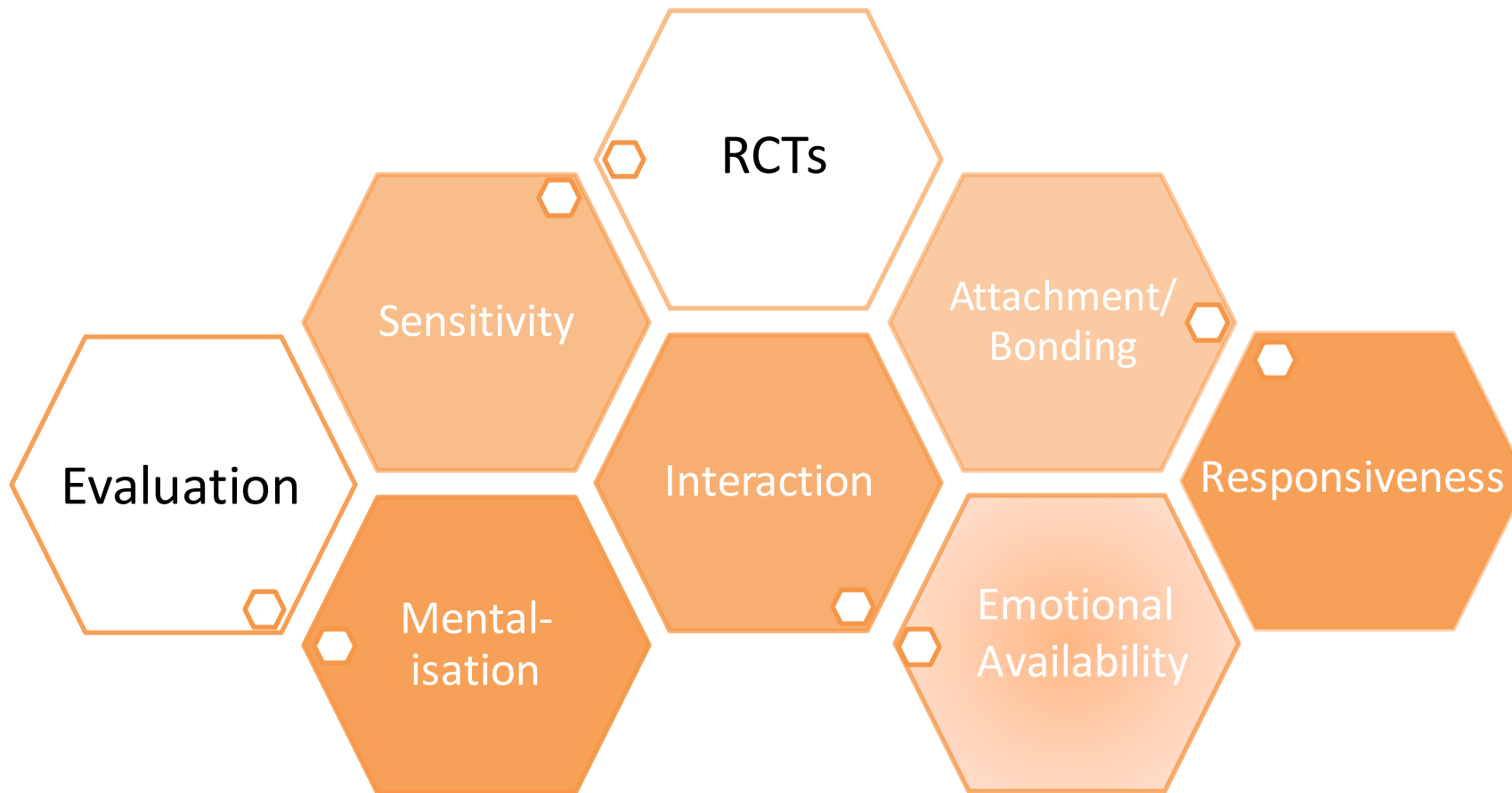
“There is very limited evidence base in support of the reliability and validity of measures designed to assess the quality of mother–infant interaction and their suitability for routine clinical practice. (RCPsych, 2016)

“There is currently insufficient evidence to make recommendations about the use of a specific measure of parent-infant relationship”. (IHV, 2021)

Systematic reviews of measures did not provide strong evidence to support any particular measure.

McLuckie et al., 2019; Pontoppidan et al., 2017; Szaniecki and Barnes, 2016 Lotzin et al., 2015; Gridley et al.2019; Trombetta et al. 2015; Wittkowski et al., 2020

The complexity of measuring the relationship



Hearing from practitioners

Online Survey

Shared through PIF Network

July – September 2021

Mixed method

48 complete responses

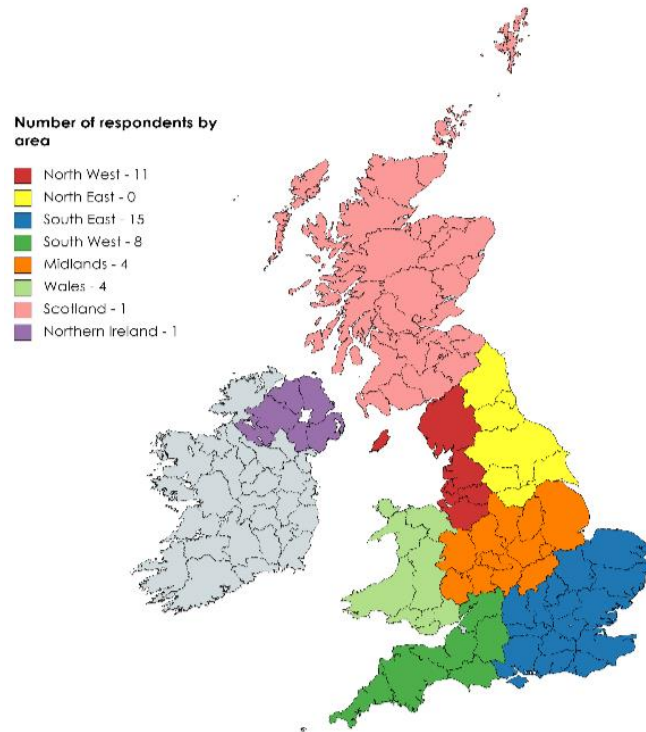
Subset of survey respondents

September – November 2021

Semi-structured telephone
interviews

8 respondents

Hearing from practitioners - who



Which measures are used?

Top 3

1. PHQ-9
2. GAD7
3. MORS



More frequently used?

- Parent reported
- Parental mental health (PHQ-9, GAD-7, CORE-10)
- Parent perception of relationship (MORS, PBQ, SDQ)
- Individualized feedback (Goal based outcomes)



Less frequently used?

- Clinician observation
- Measures of attachment
- Interviews
- Infant focused outcomes



Themes from the qualitative data

- 1) Looking for the Holy Grail - measuring complexity, simply.
- 2) Quantifying the worth of the work
- 3) Seeing change - the importance of the visual
- 4) Measures as a therapeutic tool
- 5) Feeling the burden – time and space to complete measures
- 6) Towards shared understanding and practice
- 7) Thinking long term

Themes from the qualitative data

1) Looking for the Holy Grail - measuring complexity, simply.

“So I’ve been working with the team for six years now, since 2015, and it’s just an ongoing discussion and headache really to try and find something.” (P05)

“it would have to be something that’s very simple, straightforward and just capturing the sort of key things that we know that are important.” (P03)

A generic measure often doesn't seem to capture the very individual work we do with individual families. (Survey)

Themes from the qualitative data

2) Quantifying the worth of the work

you're just selling it to commissioners, you know, it would help us validate if you've got a tool as to why we're going in (P03)

It's sad that there's just so much onus on what number they were at the beginning and what number they were at the end rather than everything else that they mean. (P01)

Charity based services constantly face closure because it's so difficult to demonstrate clear objective outcomes despite rich qualitative data. (Survey)

Themes from the qualitative data

3) Seeing change - the importance of the visual

*(there is) therapeutic benefit for clients to 'witness' their progress in black and white!
(Survey)*

it would be a change in terms of how I observe the parent/infant relationship. So that I would be seeing a parent that's moved towards being more attuned, more relaxed, in the interactions with their infants (P04)

it would be useful just recording some of those observations of parent/child interactions would be very helpful (P03)

Themes from the qualitative data

4) Measures as a therapeutic tool

When I complete ROMS with each family we look over and discuss them together to help ensure they are correct and they can be a great conversation starter for some more difficult questions. (Survey)

“So something like KIPS which we used we thought it was a useful tool but not necessarily as a measure. Using video, video work was actually therapeutically useful but not necessarily measuring.” (P06).

All the tools we use therapeutically, so even the HADS. (P07)

Themes from the qualitative data

5) Feeling the burden – time and space to complete measures

“I am sure it would be really useful but it (CARE-Index) doesn’t seem like it would fit in time-wise to use that routinely with the families that we see” (P05).

(there is the) difficulty of finding time to input data and the space to go through questionnaires when parents who are newly referred are often in desperate states.
(Survey)

it’s really hard to stop the flow, the therapeutic flow and say, “Sorry, but we have to do these measures (P06)

Themes from the qualitative data

6) Towards shared understanding and practice

Lack of general recognition in society, and even amongst professionals, of the meaning of the term "Infant Mental Health". It is hard to assess a factor the constituents of which are not generally agreed upon. (Survey)

We have tried several different outcome measures and would like to be consistent and use an approach that is more universally acceptable. (Survey)

What it does is helps practitioners to think about agreeing on intended outcomes with the families that they support, and using those to measure progress. (P02)

Themes from the qualitative data

7) Thinking long term

The plan...is to go back and do a follow-up because obviously what we want to see as well is, did this intervention last, you know? Was there a kind of sustained change over time in terms of the quality of that relationship and those outcomes (P04)

Pressure to provide outcomes data before progress is always observable (Survey)

Well we'll get trained in this and next year it'll be something different. It's just bonkers.(P01)

Learning points/Recommendations

1. No magic solution
2. Seeking clarity
3. Capturing observation
4. Working together
5. Thinking long term



Measuring What Matters

Scoping Review:

The current use of outcome measures by Specialist Parent-Infant Relationship and Infant Mental Health Services

Centre for Early Child Development



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For more information

If you would like to receive a copy of the published report please click on the link:

<https://forms.gle/pvBPC3nhHAoYR62U6>



Created collaboratively

Thank you to:

The team at Centre for Early Child Development

The Parent Infant Foundation

Dr Karen Bateson

All the practitioners who gave their time and shared their experiences with the research team.

For more

information contact

Karen.cecd@nspcc.org.uk

melanie.cecd@nspcc.org.uk

Thank you for listening



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