

Flying Start Health Visitors' views of implementing the Newborn Behavioural Observation: barriers and facilitating factors



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What is Flying Start (FS)?

- **Flying Start** is a Welsh Government early years initiative, launched in 2006.
- Targeted programme aimed at improving outcomes for disadvantaged children and their families living within targeted areas across **Wales**.



Flying Start (FS) programme – 4 core elements

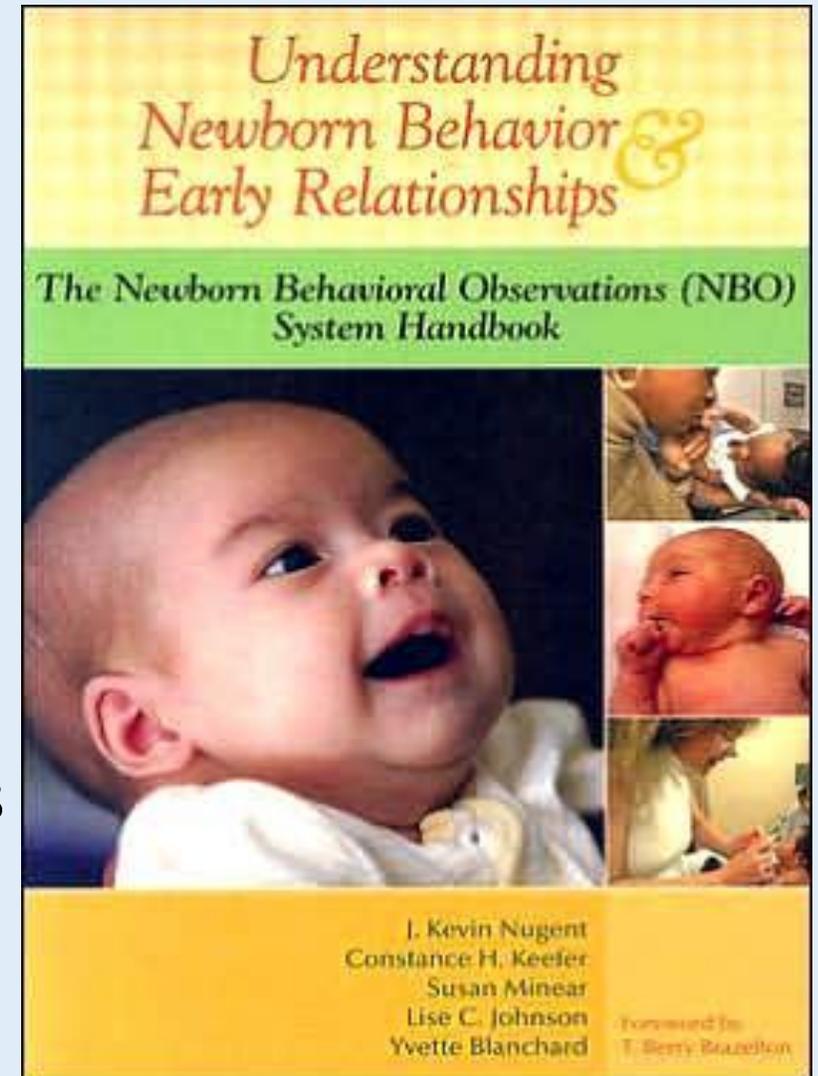
- Parenting support programmes
- Early language development
- Free quality part-time child care for 2 -3 year old children
- **An enhanced Health Visiting service**



The Newborn Behavioural Observation System (NBO)

- An intervention tool to foster positive parent-infant relationships.
- A Brazelton approach – developed from over 25 years of research.
- Especially designed for clinical practice within the community.
- Implemented in the home by FS Health Visitors at the primary birth visit.

(Nugent et al.2007, Brazelton Centre 2014)



Importance of promoting positive parent – infant relationships

- Early experiences are constructed into the bodies and brains of infants from an early age.
- Infants need a safe, secure, sensitive and loving environment in which to flourish for healthy development.
- Low maternal responsiveness and attunement results in insecure attachments and long term issues such as antisocial behaviour, violence and aggression, delinquency and criminality.
- Secure attachment and bonding promotes effective brain development in the infant.



Study aims and purpose

- Evaluate the implementation of the NBO by FS Health visitor.
- Identify FS Health Visitors views of implementing the NBO.
- Examine barriers and facilitating factors to implementing the NBO.
- Make recommendations for future service improvements as part of the FS initiative.



Method

- Questionnaire –
Developed from a review of the literature and audit results of FS Health Visitor record keeping in relation to the NBO.
- Fixed choice questions/option for further comments.
- Likert scale with mixed random positive and negative options.
- Distributed via internal mail to FS Health Visitors trained to implement the NBO (n=13).
- Response rate 92% (n=12).

Ethical approval



- Ethical approval granted by the Local Health Board's Research and Development Research Risk Review Committee.
- Author self funded the project.
- Anonymity, privacy and confidentiality of respondents was protected.



Results

- All respondents (R1 -R12) were female.
- Five Health Visitors with over 10 years experience, three between 5-10 years, 4 between 1-5 years.
- All trained to implement the NBO.
- 11 respondents reported they had received adequate training and felt confident to implement the NBO.
- 58% (N=7) always implemented the NBO.
- 41% (N=5) usually implemented the NBO

Facilitators



“It’s a pleasure to implement the NBO” (R11)

“Increases job satisfaction” (R11).

“Really useful, enhances practice” (R6).

Facilitators cont.,



- All HVs reported parents benefited from the NBO.
- 11 HVs reported the NBO helped to build the practitioner-parent relationship.
- 75% indicated implementing the NBO helped to build the parent-infant relationship.

“Really excellent for enhancing parent-infant bonding” (R6)

Facilitators cont.,



All respondents believed the NBO enhanced parental understanding of their baby's behaviour and how to meet their baby's needs.

“Empowers parents and gives them confidence in caring for their baby” (R4).

“There always tends to be something that the parent is surprised by” (R4).

“Creates astonishment in some parents” (R10).

Facilitators

- Desirability and effectiveness.
- Adequate training and confidence to implement the NBO.
- Implementation of NBO enhances the parent-infant relationships.
- Implementation of NBO enhances practitioner-parent relationship.



Barriers



Not all Health Visitors felt it was necessary to implement the NBO...

“Not completed on premature babies” (R4).

“Sometimes not necessary with multip [multiple] birth mothers” (R4).

Barriers cont.,



“Noisy chaotic household” (R12).

“Time constraints” (R3, R4).

“Language barriers” (R4,R6,R11).

“Other factors taking priority” (R3, R10).

Parents sometimes declined the NBO.

Barriers



Barriers highlighted the need for;

- On-going training
- On-going support
- Supervision/ sharing of experiences
- Reflection on practice

Health Visitors requested teaching and regular updates in relation to attachment theory and identification of problems in the parent-infant relationship.

Implications for Practice



The implications of Health Visitors not implementing the NBO could have a detrimental effect on the health and development of children through not identifying and addressing parent-infant relationship difficulties from the beginning.

- Disorganised relationships and negative parenting styles
- Insecure or disorganised attachments

Recommendations



Develop an NBO champion role within the locality.

- Enhance practice and improve NBO implementation.
- Develop and facilitate NBO information sharing and support sessions.
- Support Health Visitors on a one to one basis through face to face or telephone contact.

Conclusion



- The project evaluated FS Health Visitors views of implementing the NBO within one locality.
- Identified barriers and facilitating factors to the use of the NBO.
- Areas for future development were identified.
- Recommendations based on Health Visitors' needs and evidence reviewed to improve practice.
- An NBO champion could assist in promoting best practice .
- Further evaluation is required to ensure the role of NBO champion is beneficial in enhancing NBO implementation.