



Evaluation Report for OXPIP's clinical work , 1st April 2010 to 31st March 2011
by Joanna Tucker, Clinical Director

**OXPIP
Rose Hill Children's Centre
The Oval
Rose Hill
Oxford
OX4 4UY**

**Registered Charity 1109956
www.oxpip.org.uk**

1.0 Executive summary

The results from the comprehensive package of evaluation tools introduced over the past year underline the value of OXPIP's work. The therapists have been heartened by seeing figures which confirm their experience of often huge shifts downwards in levels of depression and anxiety in their clients, and shifts upwards in the scale (PIRGAS) measuring the relationships between parent and baby/toddler.

OXPIP's work both individually and in groups has brought about very significant improvements in the relationships between the parents and babies worked with. Parents have been helped to love their babies, and to make sense of their conflicted feelings towards them. For some parents the experience has been life-changing.

Much of OXPIP's individual therapy and group work has been with young single mothers and with mothers suffering from post-natal depression. Research has shown that successfully dealing with post-natal depression is an important factor in reducing subsequent attachment problems and difficulties in learning at school.

Establishing good working relationships with staff in Children's Centres and General Practices where OXPIP projects are based, and with local professionals (particularly health visitors and social workers) has proved crucial to OXPIP's success in helping troubled families. OXPIP's work has been most effective where Children's Centre managers, outreach workers and OXPIP therapists have worked fully in partnership with one another. Introducing troubled clients to therapeutic relationships via Baby Massage Groups and then referring them on to parent-infant psychotherapy with a second OXPIP therapist has been found to be particularly beneficial for clients and therapists alike.

2.0 Introduction

The main aim of this report is to describe the results of OXPIP's work over the past year as measured by the newly introduced evaluation measures.

OXPIP's Trustees and the clinical team recognize the importance of being able to provide quantitative as well as qualitative measures of OXPIP's work which will demonstrate the benefits which derive from the services it provides. In 2010 OXPIP introduced a comprehensive package of tools to evaluate its work, looking at change in the parents, changes in the child, and change in the relationship(s) between parent(s) and child. The package comprises

- **quantitative tools** that are validated and used nationally in psychotherapeutic services such as the PHQ9 and GAD7 which measure levels of depression and anxiety, the Stress on the Caregiving index which looks at factors which predict likely relationship difficulties, and PIRGAS, the Parent-Infant Global Assessment Scale which assesses the degree of disturbance in the parent-infant relationship,
- **qualitative measures**, such as changes seen through observation, and through video clips over time, and case studies, and
- **feedback forms** from both clients and referrers.

2.1 OXPIP Satellites included in this report

This report includes the results of OXPIP's work with families which was completed during the year 1st April 2010 and 31st March 2011.

Profound depression and anxiety and troubled relationships with babies are found across the socioeconomic range, and while most OXPIP projects serve areas which are amongst the worst 20% on the Index of Multiple Deprivation for the whole of the Country, (particularly Rosehill and Littlemore, Blackbird Leys, Barton, and the Bretch Hill area of Banbury¹), our work is not limited to families caught in a cycle of financial deprivation. Emotional deprivation and abuse are experienced in all levels of society.

2.2 Number of Families helped by OXPIP

OXPIP has directly helped more than 225 families in the period April 2010 to March 2011, and many hundreds more through the Consultation OXPIP therapists have provided for other professionals, particularly Health Visitors, and Children's Centre workers. 50 of those 225 families seen by OXPIP have been seen in groups of some kind. About 12% of those families have subsequently moved onto parent-infant psychotherapy.

3.0 Difficulties encountered in the collection of the data

It has become clear that some of the demographic data was not known when the client's other details were put on the data base and that these details were not entered subsequently. It is hoped that slight adjustments in the way data is collected and recorded will mean that next year's figures will be even more comprehensive.

3.1 Difficulties encountered relating to the evaluation tools and their use

These tools were introduced over the first quarter of the year April 2010-March 2011, and not all families seen during this year will have had the quantifiable tools administered to them. Some families dropped out of therapy and did not complete further forms, others failed to return forms at the end of therapy. Details are available for 104 families who finished their work with OXPIP in the year up to the 31st March 2011.

3.2 Appointments offered and attended

1400 individual appointments were offered over the year when both completed and non-completed cases are looked at, of which 982 were attended. This is a 70% attendance rate for OXPIP's work over the year². As in General Practice attendance is worse in areas of higher deprivation.³

The table below shows the spread of appointments attended.

Table 1. to show the number of appointments attended by the 104 families who completed their work with OXPIP between 1/4/10 and 31/3/11

Appointments attended	0	1-2	3-6	7-12	13-20	21-30	31-38	Total
Number of Clients	9	22	32	24	11	4	2	104

¹ The Index of Multiple Deprivation is a combination of a number of indices to give an overall score for the relative level of deprivation across England. Thirty-eight separate indicators are grouped into seven domains, each of which reflects a different aspect of deprivation, such as income, employment, health and education.

² These figures are similar to those for appointments kept with Counsellors in General Practice. Martin E and Mitchell H, A Counsellor in General Practice : a one year survey *Journal of the Royal College of General Practitioners*; 1983, 33: 366-367.

³ Carr-Hill R, Rice N, Roland M. Socio-economic determinants of consultation in general practice based on the Fourth National Morbidity Survey of general practices. *BMJ* 1996; **312**: 1008-1013.

The average number of appointments attended is 7. Five of the families who never came live in the Blackbird Leys area, as do 8 of the 22 families who attended 1 or 2 appointments over the year. OXPIP's experience has always been that Blackbird Leys families are the most difficult to engage in therapeutic work. It should also be noted that some dramatically good results were achieved with other families in Blackbird Leys, particularly through the use of video interaction guidance.

It is important not to assume that nothing was gained by the families who attended only once or twice: some may have had the only experience in their lives so far of being truly attended to, and they may make a decision later to seek more therapy. Some families may have benefitted from being signposted to other services. For others, the practical difficulties of getting to therapy can prove too much (e.g. the distance to the satellite, the number of children under school age, and/or illness in someone in the family), or the pain of looking at their personal emotional turmoil, or considering their relationship with their child may prove too difficult at that time.

OXPIP's experience is that the way a referral is made is crucial: where other professionals such as health visitors, midwives, and Children Centre's staff work closely in partnership with the OXPIP therapist our experience is that families are more likely to keep appointments and more fully engage in the work.

3.3 Social Services Families

The proportion of families referred to OXPIP who have a social worker involved with them is highest in the OX4 regions of Oxford City at around 40-60%, and lowest in rural West Oxfordshire. Most of those families are seen as part of OXPIP's contracted work in Children's Centres. However, social services funds OXPIP to see up to 6 families at any one time who are on "the Threshold of Care". 11 such families were seen by us in the year under consideration.

Whereas 7 out of the 9 of the funded social services families where the work has been completed clearly benefitted from OXPIP's intervention, the changes achieved have not necessarily been sufficient for the children to remain in their parent's care. Despite clear improvements in 3 of these mother-infant relationships, none of these single mothers was able to consistently sustain the changes made, and all continued to be embroiled in violent relationships of one sort or another, as well as having other difficulties which put their children at risk: the OXPIP therapists involved have all supported the Local Authority's action in removing the children from their mothers' care as being in the best interest of the children.

4.0 Baby Massage and Baby Chatting Groups

8 groups in 3 different centres have been run. All 40 mothers have gained from having a therapeutic, benign, and nurturing space where they can meet other mothers and babies, learn new skills, and experience a reduction in stress and anxiety and the opportunity for reflection, which supports bonding and attachment. Profound improvements have been seen in the mothers' relationships with their babies, some of which have been captured on video. The mothers' feedback about what they have gained has been extremely positive. Reductions in levels of depression and anxiety levels are evidenced by many parents having lower PHQ9 and GAD7 scores. One mother from Africa (who had been targeted by Children's Centre staff) scores on the PHQ9 reduced from 19 to 6, and on the GAD7 from 22 to 9. These improvements were confirmed by her verbal and written feedback of now having found a way of playing and interacting with her daughter.

Additional benefits from these groups have been that many mothers and babies have become integrated into other activities at Children's Centres, and those in need of parent-infant psychotherapy for their troubled relationships have been referred on to another OXPIP therapist.

4.1 Watch, Wait, and Wonder Group

A 6 week group was run very successfully in one children’s centre, for 6 mothers and babies. The main aims were to help the mothers to feel more confident in their ability to read their babies’ cues and to understand what might be in their minds. Video evidence confirms that significant improvements were achieved by all of the mother-baby pairs. One mother learnt how to soothe her crying baby through paying attention to his cues: this has been life-changing for her and her baby.

4.2 Birth Preparation Groups

These innovative groups held in Blackbird Leys have focused on the transition to parenthood, coping with uncertainty and stress, and thinking about what babies feel and need. They have been popular and extremely well-evaluated.

5.0 Measuring The Impact Of OXPIP’s Work: Tools Used, Purpose, and Results

5.1 Stress on the Caregiving Index :

OXPIP has been using this tool to help ascertain the level of complexity and disturbance in each client’s past, as research shows that the past is a good predictor of the future. This tool is widely used as a way of predicting which families are in need of therapeutic intervention. It has been found that the presence of 1 major risk factor or 4 to 6 moderate risk factors is significant. It is clear from the data available for OXPIP overall that almost all of the families worked with are highly vulnerable according to this threshold.

As would be expected, the table below confirms that on average the 9 social services funded families have more major and moderate risk factors, and are therefore likely to be more vulnerable, than the other completed OXPIP cases.

Table 2. Average major and moderate risk factors for completed cases

	Average Major risk factors	Average moderate risk factors	Total number of families
Funded social services families	3.7	6.4	9
Other OXPIP families	1.8	4.8	95

5.2 PHQ9⁴ and GAD7 : These self-evaluation measures are administered routinely at the outset of our work, and every 6 weeks or so thereafter, and again at the end of therapy.

- 1) the PHQ9 (Patient Health Questionnaire) which measures degrees of depression,
- 2) the GAD7 (Generalized Anxiety Disorder) which has been developed to facilitate the recognition of symptoms of anxiety, and where necessary,
- 3) a Suicide risk Assessment questionnaire

Table 3: Interpretation of PHQ9 scores		Table 4 Interpretation of GAD7 scores	
1-4	Minimal depression	0-4	No anxiety
5-9	Mild depression	5-9	Mild anxiety
10-14	Moderate depression	10-14	Moderate anxiety
15-19	Moderately severe depression	15 -21	Severe anxiety
20-27	Severe depression		

^{4 4} All therapists who work in GP practices throughout England for the NHS IAPT service (Improving Access to Psychological Therapies) are required to administer these tools at every session

Definition of recovery: A client is said to be in recovery on the PHQ9 and GAD7 if at initial assessment, they achieved 'caseness' by having a score of 10+ and at the last session they score 9 or less.

PHQ9

Table 5 To show changes in severity of depression over the time of the OXPIP therapy, completed work only, where both pre- and post therapy figures are available					
	% of clients with severe depression (PHQ score of 20-27)	% of clients with moderately severe depression (15-19)	% of clients with moderate depression (10-14)	% of clients with mild depression (5-9)	% of clients with minimal depression (1-4)
PHQ9 at start	21%	31%	20%	20%	8%
PHQ9 at end	5%	7%	11%	33%	44%

This table shows considerable improvements in the levels of depression in the families seen. 72% of the mothers/fathers were at least 'moderately depressed' (achieved 'caseness') at the beginning of the OXPIP work, whereas only 23% were at the time the work finished. It is striking that 15% of mothers had improved by 1 depression category, 19% by 2 categories, and 21% by 3.

It is of great importance that the OXPIP work has contributed to a reduction in postnatal depression: Postnatal depression is associated with disturbances in the mother-infant relationship, which in turn have an adverse impact on the course of child cognitive and emotional development^{5, 6}.

Improving maternal mental health alone is rarely sufficient to bring about much needed changes in the mother- baby relationship, whereas targeting the relationship between the mother and baby will frequently bring about a reduction in symptoms of depression and also enhance the mother's sensitivity and responsiveness to her baby.⁷

GAD7⁸

Table 6 To show changes in severity of anxiety over the time of the OXPIP therapy				
	No. of clients with severe anxiety (%) Range 15-21	No. of clients with moderate anxiety Range 10-14	No. of clients with mild anxiety Range 5-9	No. of clients with no anxiety Range 0-4
GAD7 at start	32%	28%	26%	14%
GAD7 at end	12.5%	12.5%	19%	56%

⁵ Cooper, P. and Murray, L. Clinical Review, BMJ VOLUME 316, 20 JUNE 1998

⁶ Sinclair D, Murray L. Teacher reports of adjustment to school of post- nately depressed and well mothers' children. Br J Psychiatry 1998;172: 58-63.

⁷ Health-led Parenting Interventions in Pregnancy and Early Years

Barlow, J., Schrader McMillan, A., et al, Research Report DCSF-RW070 2008, for the Department for Children, Schools and Families. P 70

⁸ The GAD-7 originates from Spitzer RL, Kroenke K, Williams JB, et al; A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22;166(10):1092-7.

The reduction in anxiety levels across this sample is also striking: 60% of mothers/fathers were at least moderately anxious at the beginning of their therapy whereas only 25% were at the end. Three mothers rated themselves as more anxious at the end of therapy than they had at the beginning, perhaps because their treatment was coming to an end.

6.0 Tools To Look At The Relationship Between Parents And Their Babies

As OXPIP's work is essentially relationship-based we have wanted to find measures which looked specifically at relationships. The PIRGAS is one of these.

6.1 The Parent Infant Relationship Global Assessment Scale is a scale divided into 10 categories used to assess the quality of an infant-parent relationship based on a continuum from 'well adapted (range 91-100) to grossly impaired' (range 0-10). OXPIP therapists use this to assign a figure for the level of disturbance in the parent-infant relationship at the beginning and end of therapy.

PIRGAS categories		PIRGAS at start	PIRGAS at end
91-100	Well adapted	0%	4%
81-90	Adapted	7%	36%
71-80	Perturbed	15%	28%
61-70	Significantly perturbed	17%	13%
51-60	Distressed	17%	13%
41-50	Disturbed	23%	3%
31-40	Disordered	12%	0%
21-30	Severely disordered	7%	3%
11-20	Grossly impaired	2%	0%
1-10	Documented maltreatment	0%	0%

This table shows how the distribution of scores has shifted considerably towards the upper end of the PIRGAS range by the end of therapy: only 7% of the families were in the 'adapted' range (81+) at the beginning of therapy whereas 40% were by the end. These figures lend weight to the OXPIP therapists' experience that parent-infant therapy is very effective in bringing about positive changes in parent-infant relationships.

The 3% mother-infant relationships which remained in the severely disordered range at the end of therapy were in families where the mothers dropped out of therapy prematurely.

6.2 CARE-Index⁹ : we have started using an additional quantifiable assessment tool pre- and post-therapy for families funded by social services, where the families agree. The results of these ratings will be available in next year's report. The CARE-Index looks at both parental sensitivity and the child's attachment strategy through a 3 minute video clip of parent-infant interaction pre- and post-therapy. It costs £100 per family to have the two videos independently rated, thus unfortunately making it impossible for OXPIP to have CARE-Index ratings done for all the clients it sees.

7.0 Qualitative data has an important place in any evaluation of therapeutic work. When OXPIP therapists complete an evaluation form for each client they have worked with they describe the changes in the parent and baby related to behaviour, emotional attunement, regulation and mentalisation. These descriptions put the meat on the bones of the quantifiable measures.

⁹ Crittenden, P.M. (2005) www.patcrittenden.com

An example of part of an evaluation sheet is given below, of a single mother who at the start of therapy had fragile mental health and was preoccupied with persecutory thoughts, she lacked support, and her child was subject to child protection planning because of concerns about the mother's aggression. This mother was extremely committed to her OXPIP therapy and attended a large number of sessions with her baby. The therapist used Video Interaction Guidance as one of the intervention tools. The PIRGAS measure at that start of therapy was in the 31-40 disordered range, and at the end of therapy 81-90 adapted.

Observed difficulties in relationship at start:

Mother is preoccupied and not responding sensitively to her baby daughter, it takes her a long time to pick her baby up when she gets distressed (voiced also by other professionals, who expressed unease by this time delay), but then appears intrusive literally 'in baby's face'. Also struggled with breast feeding, had already switched to mostly bottle feeding, but felt upset and guilty about it. Initially little eye contact between them and hardly any vocalisation from mother. Some bizarre face pulling by both mother and daughter.

Quality of parent-infant relationship at close, as observed:

Mother is more sensitive, more affectionate and more in tune with her daughter. She gives her more space to explore and play and shows pleasure in watching her. There are more instances of eye contact and many instances of vocalisation and communication between the two.

There were still incidents when mother was preoccupied and muddled, and forgot about her daughter's needs or when she 'took over', as if she was the child playing, rather than the adult supporting her child's play. But there were many occasions of mutual delight and pleasure in each other's company. She was able to empathise with her daughter and reflect on what it may feel like to be her.

7.1 Video-Interaction Guidance and Video-feedback¹⁰

Video Interaction Guidance has shown itself to be a potent tool in bringing about positive change in parent-infant relationships in a relatively short space of time. VIG principles are being used by all members of the team now to very good effect.

7.2 Referrers feedback forms

Those referrers who have completed forms have been very positive about the help their clients have received from OXPIP.

7.3 Client feedback forms

These have been very positive. A client happy to be quoted, said

"It has helped me cope with the hospital visits my 'special needs' child has and helped me come to terms with the information given to me by his doctors. I then discovered I had personal issues of my own which I have worked through with counselling and that has enabled me to be a happier, focussed mother to my child.

Having been in a mentally abusive relationship I did not feel valued in any way at all. When I started counselling I did not even realise this myself. At times I felt isolated and lonely and could not discuss my feelings with my peers, so knowing I only had to wait a week at a time to unload provided me with a lifeline to keep going instead of going under. OXPIP was so patient and understanding I now feel valued, happy and confident as a person and a mother. I never, ever felt judged but as though I was confiding in a very old and trusted friend.

¹⁰ Velderman et al (2006b) Preventing preschool externalising behaviour problems through videofeedback intervention in infancy. *Infant Mental Health* 27 466 – 493;

8.0 Demographic information : ethnicity, marital status, and benefits

The 2010 figures provided by a local government officer show that 25% of families who attend the Children Centre in Blackbird Leys come from a BME ¹¹group, and 36% in the Barton area. It is apparent that over the past year we have seen a lower proportion of such families than is present in the population, up to a maximum of about 20%.¹² 54% of the families seen by OXPIP were on benefits, and around 40% single parent families.

Joanna Tucker
Clinical Director,
OXPIP
Rosehill Children's Centre
The Oval
Oxford OX4 4UY
01865 778034
07989 253836
Joanna.tucker@oxpip.org.uk

14th July 2011

¹¹ Black and Minority Ethnic

¹² OXPIP now has 2 new projects across Oxford City to target Asian, and Refugee and Asylum seeking women and their babies