EVALUATION OF THE PREVENTING NON-ACCIDENTAL HEAD INJURIES PROGRAMME

FOCUS GROUPS WITH PARENTS REPORT

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Impact and Evidence series

This report is part of the NSPCC’s Impact and Evidence series, which presents the findings of the Society’s research into its services and interventions. Many of the reports are produced by the NSPCC’s Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.
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KEY FINDINGS: YOUNG PEOPLE’S VERSION

New parents were shown a DVD about how to look after their babies and what to do when they cry. Parents told the NSPCC how they felt about watching the DVD and if it had helped them.

- Parents remembered watching the DVD.
- The DVD made them think about how babies behave and realise that if babies cry this is normal. They thought that they should ask for help if their babies’ crying got too much for them.
- Parents thought about the DVD when their babies were crying a lot. They remembered that it was ok to put their baby down for five minutes when they were feeling stressed.
- The messages in the DVD were seen as important and parents felt they should be given to everyone.
- Some parents found some things in the DVD upsetting but were still glad they had seen it. They thought everyone should be shown the DVD.
KEY FINDINGS

The Preventing Non-Accidental Head Injury (NAHI) programme involves parents of newborn children being invited to watch a 10-minute DVD shortly before they are discharged from hospital (or at home, following a home birth). The aim of the programme is to make babies safer by raising awareness of the fragility of babies’ heads, helping parents to understand and prepare for the challenges of looking after a baby and providing strategies to help them cope. Some parents who had viewed the DVD took part in focus groups, which explored how parents felt about these messages and the effect they had on them. This report presents the findings from these focus groups. A separate impact report measures the size of the effect on parents.

- The DVD was memorable. Parents particularly recalled the information about the fragility of a baby’s head\(^1\) and the real-life story detailing the impact of non-accidental head injuries on a baby.\(^2\) They also felt the DVD was relevant to them.
- The messages in the DVD were seen as important and parents felt they should be given to everyone.
- Parents described a range of effects from seeing the DVD, such as being more aware of what is typical crying behaviour and feeling that their experiences with their babies were normal. They also talked about how the DVD made them aware that they should ask for help and try to stay calm.
- Parents recalled the DVD when they were feeling stressed because of their babies’ crying. The strategy of taking five minutes out to calm down was well remembered and used. For some parents, having a strategy to use when they were stressed gave them a sense of being more in control.
- Although they remembered the DVD some parents had not thought about the DVD since returning home, either because they had not struggled with their babies; or they had support from other sources; or they had been too tired to listen to the messages when they watched the DVD.
- Some parents described the DVD as hard-hitting, and found some of the content distressing – to varying degrees – when they first watched the film. Those parents who were initially upset said that they could see the value of the film and were still glad they had seen the DVD.

1. The DVD contains computer-generated images demonstrating what happens to a baby when they are shaken.
2. The DVD contains a case study of a child who was injured through shaking.
EXECUTIVE SUMMARY

Background

The Preventing Non-Accidental Head Injury (NAHI) programme is a hospital-based pilot study targeting parents of all newborn infants that aims to reduce the incidence of non-accidental head injuries in babies in the UK as well as to improve parents’ ability to cope when their babies cry. It has been introduced in 24 hospitals and birthing units across the UK.

The intervention is very simple: parents of newborn children are invited to watch a 10-minute DVD shortly before they are discharged from hospital (or at home, following a home birth) and then to sign a form to acknowledge that they have seen the film. The DVD is aimed at both mothers and fathers.

Research into non-accidental head injuries indicates that when parents shake or otherwise inflict injuries on their babies, it is often a reaction to excessive crying (Carbaugh and Gracey, 2004; Shepherd and Sampson, 2000). The DVD seeks to influence the way parents react to their baby’s crying and other times of stress with their baby. The DVD aims to work on a number of different levels. Parents are given information about the dangers of shaking a baby or handling them roughly, and about appropriate coping strategies to use when their baby is crying. When parents use these strategies it is hoped that they will be better able to deal with the frustration caused by crying babies. By providing information and suggested solutions, it is hoped that parents’ confidence will increase.

In the film parents are also given information about typical crying behaviour, which hopefully will help to ensure that they have realistic expectations of how babies normally behave. Ultimately, these changes in knowledge, attitudes and behaviour should lead to parents being better prepared and able to cope, which will ultimately lead to a better parenting experience and a reduction in non-accidental head injuries.

The intervention is based on an educational approach and the health belief model.

The purpose of this approach is to increase knowledge, so that people can develop the skills to make an informed choice. This approach is based on the relationship between knowledge and behaviour. The model argues that it is not enough to give knowledge, but that this knowledge must also feel appropriate to the recipient. This is why parents are given the information about dealing with crying at a key
moment, just before they start to look after their baby. The film also contains advice from other parents, to make sure it feels relevant to the audience.

Methodology

A range of qualitative and quantitative information is being collected to help understand how the Preventing NAHI programme is working. Focus groups have been held with parents to explore the experience of those who have viewed the DVD. Parents were asked about their experience of watching the DVD; how engaged they felt with the messages, and the way the messages were presented. They were asked to reflect on their reactions to the DVD, both initially and after they had returned home, and what impact the DVD had on them. The focus groups also explored what it was like to be a parent returning home with a new baby; parents talked about the support available to them and what strategies they used at times of stress. A study using comparative surveys was conducted to measure the actual effect of the DVD on parents’ attitudes, knowledge and behaviours after they had returned home. These findings are presented in a separate impact report.

Ten focus groups were held in four different areas. Parents who attended had watched the DVD after their babies were born, which was between four and six months before the groups. The groups were held in local NSPCC centres and, in one case, in the hospital where the parents had their baby. Parents were recompensed for their transport costs, and provided with a £10 shopping voucher to thank them for their participation.

Key findings and implications

- The DVD was memorable. Parents recalled particularly the information about the fragility of a baby’s head3 and the real-life story detailing the impact of non-accidental head injuries on a baby.4 They also felt the DVD was relevant to them.

- The messages in the DVD were seen as important and parents felt they should be given to everyone.

- Parents described a range of effects from seeing the DVD, such as being more aware of what is normal crying behaviour and feeling that their experiences with their babies were normal. They also talked about how the DVD made them aware that they should ask for help and try to stay calm.

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3 The DVD contains computer-generated images demonstrating what happens to a baby when they are shaken.

4 The DVD contains a case study of a child who was injured through shaking.
• Parents recalled the DVD when they were feeling stressed because of their babies’ crying. The strategy of taking five minutes out to calm down was well remembered and used. For some parents, having a strategy to use when they were stressed gave them a sense of being more in control.

• Although parents remembered the DVD some parents had not thought about the DVD since returning home, either because they had not struggled with their babies; or they had support from other sources; or they had been too tired to listen to the messages when they watched the DVD.

• Some parents described the DVD as hard-hitting, and found some of the content distressing – to varying degrees – when they first watched the film. Those parents who were initially upset said that they could see the value of the film and were still glad they had seen the DVD.

Recommendations and next steps

Parents remembered some of the main messages from the DVD. For some parents the information was hard-hitting and upsetting to watch, but the messages did get through. Most importantly, some parents thought about the DVD at stressful moments and there is evidence that parents took actions because of watching the DVD, which may have made babies safer – in particular, putting their baby down in a safe place for five minutes when they were stressed and finding it hard to cope.

Not all parents used the messages in the DVD: some felt that they did not need the support, while others felt that they needed more support than a DVD could provide. For these parents further, more intensive interventions may be needed.

Some parents were too tired or busy to concentrate on the messages and might have benefited from seeing the DVD at a different time. From May 2014 the NSPCC will be extending the programme to explore and evaluate delivery in a range of additional community settings, both antenatally and postnatally.

It is important to note that the focus groups provide an understanding of people’s experiences and perspectives, but cannot provide a measure of how much change occurred as a result of parents watching the DVD. A separate impact report presents findings about the amount of impact the DVD had on parents.
Chapter 1: Introduction

This report presents key findings from one component of the evaluation of the Preventing Non-Accidental Head Injuries (NAHI) programme: the focus groups with parents – a separate report looks at the impact on parents using a comparison-group survey. This chapter discusses the background and methods used for the evaluation.

1.1 Background

The Preventing NAHI programme aims to reduce the incidence of non-accidental head injuries to babies in the UK and help new parents cope when they return home. It is a hospital-based intervention, targeting parents of all newborn babies. Parents are invited by midwives or health care assistants to watch a 10-minute DVD shortly before they are discharged from hospital (or at home, following a home birth). They are then asked to sign a form to acknowledge that they have seen the film. Leaflets are given to parents after they view the DVD, providing the details of a website where they can watch the DVD again and find other information. Midwives or health care assistants should be present when parents are shown the DVD for the first time in order to answer questions. The Preventing NAHI intervention draws inspiration from a similar hospital-based intervention in America, which showed a reduction in rates of non-accidental head injuries (Dias et al, 2005).

The intervention has been piloted in 24 hospitals or birthing units in England, Wales, Scotland and Northern Ireland. The first hospital started showing the DVD in January 2012 and each hospital will take part in the evaluation for a period of two years. Many hospitals have decided to continue to show the DVD after this point.

The DVD is shown prior to discharge from hospital because this time is considered the optimum period to reach as many parents as possible, including fathers, and because research from other studies suggests that parents might be particularly receptive to the messages at this time. This is also the same time that the film was shown in the successful American programme. Following feedback from the pilot, the NSPCC will be extending the programme to explore and evaluate delivery in a range of additional community settings both antenatally and postnatally.
The American intervention was based on the assumption that NAHI is often a consequence of caregiver frustration and/or reaction to persistent infant crying (Carbaugh and Gracey, 2004). Therefore the NAHI programme tries to influence the way parents react to their baby’s crying by providing them with knowledge about the dangers of shaking a baby and seeking to influence their attitudes. Information is also provided about strategies to help parents keep calm and to soothe their babies.

The DVD includes real-life testimony from parents about how they coped at home with their babies and the struggles they had, with the aim of showing that parents’ experience of getting frustrated by babies’ crying is normal. One mother talks about her child who was shaken by his father and the very serious impact it had. Experts explain how and why babies are vulnerable to head injuries and the DVD also includes computer-generated sequences to demonstrate what happens to a baby’s brain when he or she is shaken. The ultimate aim is for this knowledge to change parents’ attitudes and behaviours towards their babies, and for this to ultimately result in a reduction in neglect and maltreatment, particularly a reduction in shaking injuries.

The intervention is based on an educational approach and the health belief model. The purpose of this approach is to increase knowledge, so that people can develop the skills to make an informed choice. The model argues that it is not enough to give knowledge, but that knowledge must also feel appropriate to the recipient.

An extension to the programme from May 2014 will mean that the DVD is shown more widely and in different contexts.

1.2 Methods

The evaluation of the programme draws on a range of data collection approaches, including routinely collected administrative data, focus groups, surveys and hospital records. The evaluation stages in relation to the intervention logic model are shown in Figure 1, below.
Focus groups methods

This report presents the findings from the focus groups with parents. Four areas were selected in which to hold the focus groups. Areas were selected where the programme had been running for at least four months. A random selection of parents who had consented to contact and had babies in the appropriate age range (aged four to six months) were approached via e-mail, to ask if they were still happy to participate in the focus groups.

Ten focus groups were held in four different areas at local NSPCC centres and, in one area, in the hospital where the parents had their baby. In total, 40 parents attended the focus groups: 34 mums and six dads. During the focus groups parents were asked about their experience of watching the DVD and how, where, and when it was presented to them. They were also asked about how relevant they felt the messages were to them, how well they remembered them, and to reflect on their reactions to the DVD both initially and after they had returned home. Finally, they were asked about the impact the DVD had on them and more generally about their experience as parents.
1.3 Limitations

It is important to note that the focus groups provide an understanding of people’s experiences and perspectives. They help to identify the factors that contribute to the success – or otherwise – of the DVD in achieving its aims, and to identify outcomes that parents reported from watching the DVD. The focus groups cannot provide an objective test of how much change occurred as a result of the DVD. A separate element of the evaluation – a comparison-group survey – measures the actual impact of the DVD on parents and to what extent any impacts identified can be attributed to the DVD. The results of this survey are presented in a separate report.
Chapter 2: Findings

This chapter presents the findings from the focus groups in seven sections, which explore what made the DVD memorable, the range of effects that parents reported and what it was about the DVD that helped produce these effects. The final section explores the reasons why some parents were less affected by watching the DVD.

2.1 Remembering the DVD

Parents remembered the DVD and felt that it was relevant to them. They felt the messages in the DVD were directed at them and it resonated with their heightened awareness of their new situation and responsibilities.

“I think if you tried showing to the parents before you have the baby, I don’t think it would have the same impact. Because they’ve not had the child, so they don’t know yet. You’re almost a different person within that 24 hours. I was anyway. It’s bizarre.”

(Bristol, mum 4)

Parents felt they could relate to the clear practical information and the tips that were provided by real parents. Parents who were having their second or subsequent child recalled how it felt to have a new baby. It reminded them of their previous experiences and reflected a reality they recognised.

“The fact that you’ve got parents there with experiences, talking to you, explaining what happened to them or how they coped with their baby, or what helped with their baby, it’s quite helpful, real experiences.”

(Liverpool, mum 1)

The content of the DVD is fairly hard-hitting and this also made it memorable. Parents recalled and were moved by the story in the DVD where a baby dies as a result of being shaken. This made the issue of head injury seem very real. Parents also recalled the graphic image of the impact that shaking would have on a baby’s head.
“I think the lady that had her own experience with her son … that had actually been shaken. And seeing someone that had actually happened to, I don’t think you’re aware of the damage it can do. So, that for me was the most memorable thing.”

(Bristol, mum 1)

Using a DVD to convey the messages also made them more powerful than if they had just been communicated through a leaflet. Parents felt the information was more immediate and easier to recall.

“You are just bombarded with leaflets and all kinds but the DVD does have an impact.”

(Leicester, mum 1)

2.2 Making Parents worried?

The difficult story and imagery in the DVD certainly made parents remember the messages, but some parents were upset by some of the content when they first viewed the DVD.

“I watched it in the room and I was just crying for ages afterwards as well. I couldn’t console myself and it was the shaking part. I still think of it now often and I’m quite a calm person.”

(Leicester, mum 1)

Other parents, while acknowledging the upsetting content, did not feel so badly affected.

“It’s not like a horrific video, it’s not, like, traumatised me anyway, but it’s hit home if that makes sense.”

(Bristol, mum 3)

Some parents had found the DVD ‘scary’ because it made them think about the possibility that their babies may cry a lot. Despite these reactions, however, parents could still see the value of showing the DVD. Parents felt it was important to know what it might be like at home with a baby, as this parent explained:
Parents said that they were aware that babies’ heads were delicate prior to watching the DVD; however, they also said their understanding was improved, and they had increased knowledge about what to do to protect them after watching the film.

“But I think in a way I’d rather be prepared for the worst and then end up finding out it’s not as bad as you think it’s going to be, than not be prepared and then you end up being overwhelmed and you end up in the situations where you can’t cope. So I think being prepared for the worst, even though it’s scary, is better.”

(Bristol, mum 4)

Parents felt that the hard-hitting content was justified because of the reality of the risks to their babies.

“It was… It wasn’t pleasant, well it’s reality, some people do those kinds of things, but I think they showed like an x-ray kind of image of showing the effect that it’s having to the baby’s brain and stuff and the neck muscles and that kind of thing. But yeah, it wasn’t nice, but I can see why it was on there.”

(Liverpool, dad 1)

They also said they were glad that there was something available that could help to protect babies from being shaken when their parents were stressed, even if they felt that they would never reach this point themselves.

“At the time I said ‘why did they make you watch that?’ but then later on you kind of went ‘to have that effect on some people’, because although I know I would never ever consider it, maybe there’s a percentage of people that would, and if that makes them stop and take note then it’s worthwhile.”

(Wishaw, mum 1)

Despite the initial upset for some parents, these memorable aspects of the DVD led to a range of impacts on parents after they had returned home with their babies, which are explored in the next section.

2.3 Improved knowledge about fragility of babies’ heads

Parents said that they were aware that babies’ heads were delicate prior to watching the DVD; however, they also said their understanding was improved, and they had increased knowledge about what to do to protect them after watching the film. Parents talked about how babies’ necks were weak, how their heads had to be supported, and spoke about taking extra care. Parents described thinking about the information at times when their baby’s head was vulnerable, such as when a younger child was bouncing on a bed near the baby or
when they were bouncing the baby to soothe them. Some parents, as discussed above, were quite anxious about the fragility of their baby’s head, took the information very seriously, and passed it on to others.

“When I came out, because my husband hadn’t seen it, not that he’s ever hurt the baby but he’s not as calm as me. He’ll get more stressed over things so I was telling him about it and I kept saying ‘even if you shake them a little bit they could go blind’. I kept saying and I told loads of people.”

(Liverpool, mum 2)

It was clear that the imagery from the DVD that showed the impact of being shaken on a baby’s brain, along with the story from the parents, was a key factor in improving parents’ knowledge.

2.4 Feeling less alone

The DVD also helped some parents to understand that it is normal for babies to cry and the feelings that they experienced during this crying were not out of the ordinary. One parent talked about how the DVD made clear that the baby is ‘not trying to wind you up’. Parents talked about how good it felt to know that they were not alone in experiencing challenges and said that as a result they felt less isolated. Any shame they felt at not being able to cope was mitigated by the realisation that their experience was ‘just part of being a parent’ and that they were not failing. This encouraged them to think about asking for help as it lessened their sense of failure, and made their stress feel ‘legitimate’.

“To be fair, I thought about the DVD a few times. I thought ‘you know what, every parent goes through this. It’s not just me,’ and that makes a big difference, to know you’re not just the only one.”

(Leicester mum 2)

Here it was the peer-to-peer delivery of the messages by real parents, as explored above, that made the information more authentic and relevant. Parents also recalled the messages from the parenting expert who talked about how much babies sometimes cry.
2.5 Use of coping strategies

The DVD provides information about strategies for calming crying babies and for coping with stress, and parents had taken on board some of this information. Parents talked about how the DVD had reminded them of the importance of keeping calm and not panicking. They mentioned the advice that they should keep their voice even and remain calm when their baby was crying. Parents also talked about the importance of seeking help from family and friends when they felt like they could not cope. Again, it seemed to be the ‘peer-to-peer’ delivery of the messages that facilitated this understanding.

“I think the main thing for me was that if you feel like you’re not coping, that there is help out there. That was obviously the main message that came across to me, and to not suffer on your own if you think you’re feeling like you’re not coping, to get help.”

(Wishaw, mum 2)

As well as keeping calm and seeking help, parents also recalled the strategy of taking five minutes out to calm down.

“But since then there’s been testing times with her when I’ve been quite stressed and then it’s sprung to my mind, only subconsciously, about it’s OK to put the baby down. Because I think when you’re a new mum you think ‘I’m not doing it right, I can’t just leave you’, but to be told that’s it’s all right to just put them down and walk away I think was key, and you’re not a bad mum if you have to do that kind of thing.”

(Bristol, mum 2)

Parents felt the DVD gave them permission to take time out and leave the baby when the baby’s crying got too much for them. This gave them a sense of control, so that when nothing else was working, they were at least able to do something constructive.
2.6 Impact of DVD at times of stress with young babies

As a result of watching the DVD, parents gained knowledge about the fragility of a baby’s head and what is normal baby behaviour, and had recalled some strategies for helping them to cope, such as staying calm and seeking help. This had led, in some cases, to them feeling more confident and in control. The aim of the DVD was that, armed with this knowledge, parents would go on to change their behaviour when responding to their baby’s crying and at other times of stress, and in some cases this is exactly what seems to have happened.

Parents talked vividly of times when their babies were crying and not sleeping, and when they were struggling to feed them. Interestingly, even when they had not thought of the DVD before that moment, some parents described recalling it at these times of stress. As a result they said they were able to realise that their baby’s crying was normal and respond appropriately by trying to keep calm and using the particular strategy of leaving the baby for five minutes. Parents recalled the details of this strategy very well and talked in the focus groups about how they put it into practice.

“I’ve done that since I’ve watched that film because it’s my first baby as well and she has her days where she’s just kicked off for no reason. I’ve done everything and I’ve just gone out of my mind and you’re in the house all day. My husband doesn’t come in until seven at night and I did just put her in the thing, left her in the room and carried on and then she stopped eventually and went to sleep anyway. It was only 10 minutes – if that – probably, but it seems like hours and from that video I remember thinking ‘just go into a different room.’ You do just think of something else. Your mind goes back, doesn’t it? It’s good.”

(Liverpool, mum 3)

Reflecting on her initial shock at the DVD, and from the perspective of having been at home with the baby for six months, one parent said that the messages of the DVD had been put into context and became more relevant. At a time when she had needed them they had become important:
“Maybe I was a bit naïve going into the process, but I just thought, ‘oh he’ll go for naps, and I’ll do this’, you know, that he’d sort of fit into my routine. I think then when it didn’t happen that way, you think, ‘ooh’ and I think then, when you’re reflecting back on the DVD, you can see how people could get to the stage where they’re doing that. So probably at the time, I was thinking that I’ll never be me, you know, automatically assumed this doesn’t apply to me, but because I’d watched it, I was able to think back to it, to think ‘keep your cool, you know, don’t do anything’.”

(Wishaw, mum 3)

Parents also talked about the importance of understanding the potential consequences of their actions if they lost their temper at times when they were struggling with their baby, and recalled the story of the mother from the DVD and the imagery of the shaken baby:

“I think I’ve only seen it once, and that was the day we were getting out, and the main thing I remember, I think it went into the baby’s head rolling back, as you say, and I think it went into the theory about what this can do, and this kind of played on my mind, especially when it’s like four and five in the morning, and you’ve got a lack of sleep and the baby’s just screaming in your ear, and I can remember going, ‘don’t shake him, don’t shake him’. That’s just something that stayed in my mind, anyway.”

(Wishaw, dad 3)

The father quoted above described in detail the link between what he saw in the DVD and how this had made him think about the vulnerability of his baby at a moment of stress and how, in turn, this led to him responding appropriately and his baby being safer as a result.

2.7 Parents who were less affected by the DVD

Despite the range of impacts on some parents, others said they had not thought about the DVD since returning home and found it more difficult to recall the details of the DVD. These parents said that the emotional and physical impact of giving birth meant they were not ‘in the right place’ to receive the messages at that point. They talked about being ‘shell-shocked’, ‘hormonal’ or simply too tired to stay awake, because they had just had a baby.
"I had Joseph at 4 o’clock in the morning, so I hadn’t slept all of that night, and pretty much all of that next day, and then maybe one or two hours the next night and then I watched the DVD, so I think to see it beforehand would be better."

(Leicester, mum 2)

Also, parents who watched the DVD at their hospital bedside were sometimes preoccupied with getting their babies ready to leave and this resulted in them not giving it their full attention. There was also the bustle of the ward to contend with, which sometimes made it harder to concentrate.

Other parents felt that the DVD couldn’t prepare them for the enormity of going home with a baby and all the challenges that they had faced. These parents talked about overwhelming tiredness and, in some cases, postnatal depression, and felt that the DVD had not addressed these issues.

“I wouldn’t say it prepared me because, I mean, she doesn’t really cry much. It was the tiredness that got me more than the baby crying but there was nothing on the video about tiredness.”

(Liverpool, mum 4)

Other parents felt that they had support and information from other sources and this is what had helped them to cope and prepared them for going home.

“I’ve never really had a reason to think back, but a lot of this stuff you do read, anyway. I mean, I was probably this paranoid first-time mum; read everything, every book, every website, anyway; so a lot of this stuff in the DVD you already know.”

(Bristol, mum 6)

Some parents did not feel that they had moments of stress when they couldn’t manage because they felt that their baby was easier to cope with than some other babies. For these parents the messages of the DVD also seemed less relevant.

“I was quite lucky with Billy that I don’t ever really have a point where I’ve ... it wasn’t very often that I felt like I wasn’t coping with him or anything because he’s quite an easy baby so I’ve been very lucky with him.”

(Bristol, mum 4)
Chapter 3: Conclusions and implications

The theory underlying this intervention is that parents can be given messages at key times in their lives, and if they feel these are relevant to them, they can have an effect on their behaviour and coping and lead to parents coping better and babies being safer.

Evidence from the focus groups suggests that the DVD is effective in achieving these aims. Parents remember watching the DVD and although hard-hitting and upsetting for some to watch, the messages did get through. Most importantly, parents thought about the DVD at stressful moments and the focus groups provide evidence that parents took actions because of watching the DVD that made babies safer, in particular putting their baby down for five minutes, and remaining calm. The focus groups also demonstrate that, even if when parents initially were upset or worried by the messages, when it came to coping at home with their babies, they found them useful. Even for some parents who never reached a crisis point with their babies there is still evidence that parents felt that it was helpful to be prepared for difficult times, and were more comfortable that their babies’ crying and their responses to this crying were normal as a result of watching the DVD.

There were some parents who said they got very little out of the DVD because they did not feel they were in the right place to hear the messages. The NSPCC is planning to show the DVD in other settings, both antenatally and postnatally, from May 2014. These delivery models will be evaluated to explore the effectiveness of such additional delivery models.

Other parents said they did not struggle with their babies, or had support from other areas and therefore did not feel that they used the information from the DVD. Importantly, these parents still saw the value of the DVD in protecting babies, and felt it was something that should be available.

Conversely, some parents talked about how difficult they had found the experience of having a new baby, and although they welcomed the DVD, for them it did not provide enough help. This suggests that the DVD can only be part of a package of support which should be available for new parents to help them cope.

The findings from this report should be considered in conjunction with evidence from the rest of the evaluation, in particular the comparative survey, which provides statistical evidence about the impact of the DVD on different groups of parents, analysing to what extent these are directly attributable to the DVD.
Bibliography


