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Family and Parenting Support in Sure Start Local Programmes

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Sure Start Local Programmes (SSLPs) supported children under 4 and their families by integrating services like early education, childcare, health and family support in specified geographic areas. They were a key element of the government's strategy to tackle social exclusion.

The requirement that SSLPs provide family support reflected a recognition that the family environment and parenting in particular determined outcomes for children. It was also consistent with the messages coming from research that support for parenting was an essential ingredient of programmes to reduce childhood poverty. This study looks at family and parenting support provided and identifies good practice.

Key findings

- ▶ Parenting support was widely provided and there was some evidence that they were effective. Many SSLPs developed their own parenting programmes, however, often using elements of evidence-based interventions but with no guarantee of effective outcomes. In some SSLPs small, sensitive adaptations to meet the needs of local populations (e.g. BME families) were being made appropriately.
- ▶ Few programmes were delivering evidenced-based parenting support, but some SSLPs were doing this well.
- ▶ Home visiting programmes were usually being directed at families with the most complex needs. Some addressed common behaviour problems, but few were providing the intensive evidence-based home visiting programmes that have been shown to improve parenting. Additional training is needed to prepare staff to provide such support.
- ▶ Some SSLPs were providing innovative perinatal programmes aimed at improving attachment. However, many provided traditional parentcraft classes, management of postnatal depression and breast feeding advice, and there is scope for additional training to prepare staff to work innovatively to promote bonding and attachment.
- ▶ There were few programmes aimed at fathers and more were needed.
- ▶ Structured parenting support needs to be provided alongside a broad range of family support that is accessible for all families.
- ▶ In some SSLPs staff acted as gatekeepers for parenting programmes. They believed that nationally recognised, structured programmes would not be suitable for many families, with some programmes not offering them at all, and others 'screening' parents and dissuading them from taking part.
- ▶ Some SSLPs, especially those providing evidence-based programmes, achieved attendance levels in the region of 90%. However, overall penetration of parenting support was low, and insufficient to have had an impact on parenting at a population level.
- ▶ Much more training is needed to ensure that the skills and insight of the staff who were providing the highest quality services in some SSLPs are encouraged widely throughout the early years workforce.
- ▶ Parents typically reported that parenting programmes worked well for them, that they felt safe in participating in them and that they liked the structured nature of courses.
- ▶ Increased demand from Children's Centres for good quality support for parenting means that the skills of the workforce will need to be bolstered in the future.

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Background

SSLPs were established in areas with between 400 and 800 children under four. In total, 524 programmes were commissioned in six stages or 'rounds'. The National Evaluation of Sure Start (NESS) assessed the impact, implementation, community characteristics and cost-effectiveness of the initiative by examining the programmes in the first four rounds. There were 260 of these and the earliest began operating in 2000.

SSLPs were required to provide core services, including Outreach and Home Visiting; Support for Families; Good Quality Play, Learning and Childcare; Primary and Community Health Care and Support for Children and Families with Specialised Needs. These core services overlapped often, especially because SSLPs were supposed to deliver them in a 'joined-up' way.

The requirement to provide Family Support reflected policies expressed in the document *Every Child Matters, in the National Service Framework for Children, Young People and Maternity Services* and in the public health white paper *Choosing Health* about the importance of the family environment and parenting in particular in ensuring that children are able to achieve key outcomes. This was consistent with research showing links between parenting and educational achievement, behaviour problems, criminality and violence, teenage pregnancy, drug and alcohol misuse, and mental and physical health. There was also growing evidence that parenting could mediate the effects of deprivation on outcomes later in life, and therefore support for parenting was an essential part of efforts to reduce child poverty.

Aims of Study

This study is one of several that have been carried out as part of the Implementation Module of NESS. Themed studies provide snapshots of particular aspects of SSLP work, using predominantly qualitative methods to collect

information from a sample of local programmes. The aim of this study was to document the types of family and parenting support provided, to identify good practice. The findings are intended to inform future decision-making about the provision of family and parenting support in Children's Centres, which replaced SSLPs in 2006.

Methodology

The study had three parts:

- a review of the available evidence on what works in family and parenting support;
- a telephone survey of a sub-sample (59) of SSLPs to establish the nature and extent of family and parenting support offered by them;
- case studies of good practice in six SSLPs.

In order to facilitate the grouping of services the following distinction was made:

- **Parenting Support:** services that aimed to enable parents to enhance their parenting. These included formal and informal interventions to increase parenting skills, improve parent/child relationships, the insight of parents, their attitudes and behaviours, their confidence in parenting and so on.
- **Family/Parent Support:** services that reduced the stresses associated with parenting. These typically included informal activities that provided social contact and support, relaxation and fun, as well as programmes to develop confidence and self-esteem in parents themselves – adult learning programmes for example.

Findings

What the Literature Said

Research evidence from the UK and around the world shows that parenting interventions which start early, during the antenatal period, and continue through infancy and early childhood, can produce good outcomes for children. Such evidenced-based programmes are available in the UK.

Characteristics of evidence-based parenting programmes

- Provided by early years practitioners (or volunteers) who have received additional training and who get ongoing support while delivering programmes.
- Aimed at encouraging new ways of parenting or changing established ways of parenting.
- Involve the use of specific methods of intervention with parents, and may use specific techniques to enable parents to parent differently.
- Are goal-driven, with specified objectives to be achieved during the intervention and specific tasks to be undertaken.
- Based in theory and often guided by the use of a manual.

What the Telephone Survey Revealed

In the sub-sample of 59 SSLPs taken from the 150 SSLPs being studied by the Impact Module of NESS, 649 parenting and family/parent support programmes were identified – an average of 11 per SSLP. The majority of the programmes described (about two thirds) were of the support for parenting type, with family/parent support constituting the remaining third.

Parenting Support

The programmes being offered were of four main types:

Parenting programmes, which were intended to improve parent/child relationships and change parent attitudes and practices. A small proportion of these were nationally recognised, using a standardised design, usually based on a manual and with staff trained to develop them, while the remainder were designed locally by SSLP workers and others. The latter sometimes included components taken from standardised programmes, but had no explicit format or training

associated with them. The proportion of the SSLP population which had taken part in parenting programmes was overall quite low, though some SSLPs (particularly those using standardised programmes) reported achieving good attendance (often in the region of 90%) and were providing such programmes on a rolling basis.

Home visiting programmes, were usually directed at families with the most complex problems, but were sometimes being used to address common behaviour problems where families did not want to join a group. Home visits were not being used to provide intensive, one-to-one interventions to families or to deliver evidence-based parenting programmes, and home-visiting staff had not received the kind of training which would enable them to do so.

Perinatal programmes, were usually delivered by health staff and focused predominantly on traditional parentcraft classes, antenatal preparation, breastfeeding advice, postnatal depression support, and baby massage. Some innovative programmes addressed the emotional preparation of parents, but there is considerable scope to improve the training of staff for the delivery of programmes aimed at improving parental bonding and secure infant attachment.

Early learning programmes, some of which comprised standardised interventions, but most had been developed locally, with no agreed structure or specific format. Examples of the standardised programmes included PEEP, Early Start, Share, High Scope, and Story Sacks.

Family/Parenting Support

The programmes being offered by SSLPs were of three main types:

Therapeutic services, which included a diverse range of counselling provision, most of it based on widely tested ways of intervening with individuals to achieve change – cognitive behaviour therapy, family therapy, art therapy.

Adult Learning programmes, which were a small proportion of the programmes reported, were most likely to meet nationally agreed criteria for content and delivery, and included adult education courses, NVQ training, ESOL courses, volunteer training and back-to-work guidance.

General Support, was widely offered by SSLPs. These were the most informal type of programmes with the objective of improving family and parent well-being by giving direct support in the form of activities or respite. The majority were provided universally, but about a quarter of those reported were targeted on particular groups – families with complex needs, teenage parents, fathers etc. Although this support was generally provided by health practitioners or SSLP staff, some was led by others, including volunteers, and outside specialists like benefits advisors or community police officers. This type of support on its own is unlikely to improve parenting.

What the Case Studies Showed

The SSLPs selected for study were all offering innovative services to parents and illustrated good practice. This included:

Focusing on the Relationship between Parent and Child

A focus on the relationship between parent and child suffused all the activities offered to families in some SSLPs, beginning during pregnancy and continuing through toddlerhood and beyond. One local manager described the approach: *“Everything we do is ultimately aimed at influencing the way in which parents parent, every single thing from the minute they [parents] walk through the door hopefully, in the way that we are, the way we talk with parents, and the way that we talk with their children...”* The philosophy and culture of these SSLPs was distinctive, and evident in the emphasis on a relationship between parent and child beginning before birth.

Good Practice in Parenting Support

Some SSLPs provided evidence of a range of ‘good practice’ in relation to the provision of Parenting Support and were distinguished by:

- their primary focus on improving the relationship between parents and children, and helping parents to parent better;
- active support of parenting from pregnancy through toddlerhood and beyond, and often including at least one evidence-based programme;
- use of very clear models or theoretical approaches that clearly informed the way in which all staff within the centre worked with parents to achieve change;
- modelling of good relationships with both parents and children; and the skills and insight of staff, who delivered the programmes effectively through a combination of training, supervision and experience.

Modelling of Good Relationships by Staff

The way staff behaved with one another and with parents, modelled good relationships. Sometimes this included everyone in the SSLP – caretakers, receptionists, administrators and specialist workers from outside organisations working with the programme. Team members were appointed for their willingness to contribute to a common vision as well as skills and experience.

Using a Theoretical Model

The case study SSLPs tended to be underpinned by a clear theoretical model of the best way to work with parents to bring about change, which was often based on early attachment research. For example, in one programme the Solihull Approach was used as a basis for all SSLP activities, and for other work with children and families throughout the local authority.

Good Practice: a 'Whole Programme' Approach

The Solihull Approach is an integrated programme based on three theories about relating and change: psychoanalytic theory, child development theory and behaviourism. The central tenet of this model is that through developing a reciprocal relationship an individual experiences emotional development that supports their capacity to manage their own and their children's behaviour. This can apply to adult relationships and to adults relating to children. The childcare team in this SSLP use the approach in early years settings and in outreach work, modelling the quality of relationship that promotes emotional containment, so that parents can begin to mirror it in their own relationships with their children.

A member of staff in the SSLP described this approach: *"What we do is grounded in good theoretical understanding, so none of us is trying to re-invent the wheel. We're actually trying to do things that we know are effective...how we think about children playing, adults learning...people's emotional lives and relationships. It's grounded in really good theoretical understanding, and that's what makes it work."*

Providing at least one Evidence-based Parenting Programme

Some SSLPs offered evidence-based, standardised parenting programmes on a rolling basis, so that places were available for parents, when needed.

Actively Supporting Parenting from Pregnancy onwards

The active support of parenting from pregnancy onwards encourages parents-to-be to think about their relationship with the developing baby. Case study SSLPs had developed a range of innovative

methods of working with parents, usually in the form of group activities: antenatal groups which emphasise the parent's relationship with the baby; structured groups to help parents communicate with babies and think about them as social beings; groups for parents and young children based on creative activities or early learning.

Good Practice in Recruitment

The case study SSLPs often recruited parents to parenting programmes and other family support activities by taking an active role and using local advertising, leaflets, flyers, newsletters, word of mouth, home visiting and outreach, professional referral and self-referral routes.

Within these SSLPs, recruitment to courses benefited from forward planning and from the time and commitment devoted to it. Where parents were wary or had misgivings about attending a course, support workers were active in encouraging them or offering practical support, such as help with transport or accompanying a parent who was not confident about attending alone.

Do not underestimate parents !

Some SSLP staff and some workers from outside agencies had made assumptions about the willingness of parents to attend courses for the number of weeks required (generally between eight and twelve weekly sessions). One of the features of the case study SSLPs was their belief that parents could benefit from such programmes irrespective of their history, and many staff noted that once programmes had become established, parents were more willing to attend as a result of word-of-mouth recommendation from others who had attended the course. Commenting on this one case study SSLP worker said, *"Some [parents] that have been 'labelled' by other agencies as 'no chance they'll stay the course' have not only stayed but very much benefited from it – some families have even done it twice. We've had mreally good feedback".*

Good Practice in Referral

While SSLPs aimed to provide services on a universal basis, some parents were also 'referred' for parenting support – though this was seen more as a suggestion, or as 'encouragement to attend'. Within the case study SSLPs referrals could arise from numerous encounters between parents and workers. These SSLPs all emphasised the importance of allowing parents a choice, especially if they had been referred by a Social Services department. *"We make it clear to Social Services that we can be part of a care plan and package, and we will offer support and help, but if they don't come we don't coerce them...we don't work in that way."* (SSLP worker). Being seen as non-judgemental was the key to establishing trust with families and preventing negative images of Sure Start Services from developing in the neighbourhood.

Good Practice in Retention

In our case study SSLPs where interventions were being offered as a course, parents not only attended regularly, but did so for long periods. As well as the maintenance of a trusting relationship, the respect and non-judgemental attitudes of staff, parents also enjoyed being part of a group, where they could meet parents with similar experiences, and share and socialise with them.

Parents who had attended courses over a number of weeks felt that the things that had encouraged them to keep attending had been the chance:

- to get to know more people;
- to learn skills;
- to get out of the house;
- to get a break from the children.

Good Practice: Promoting attendance at parenting classes

Good practice in promoting attendance at parenting classes included the adoption of an active strategy to encourage people to continue to attend. If parents missed sessions or appeared to have dropped out, staff would contact them, through visits or 'phone calls, and actively help them to catch up on any missed material (using home visits, personal contact or 'phone support). Home visiting staff (usually family support workers) worked with parents who had expressed interest in a parenting group but, through shyness, lack of self-esteem or mistrust, were finding it hard to do so. Support workers might offer to attend sessions with a parent: *"We can go with the mums to support them until they've got used to a class, so we can sit with them, help them, until they feel confident to go on their own."*

Good Practice in Making Programmes Accessible

Good practice in making programmes accessible included making sure that they were provided in a relaxed and informal manner, including the delivery of evidence-based standardised programmes. Word of mouth recommendation was felt to be a key aspect of recruitment of parents to these kinds of courses.

Good practice also included the use of minor adaptations to programmes in order to meet the needs of specific populations such as BME parents. Such adaptations included translating materials, adapting them to cultural sensitivities and widening discussions to meet the diverse needs of a group.

Good Practice in Training

Case study SSLPs were distinguished by the skills and insight of their staff, and in SSLPs where nationally recognised programmes were

provided, most SSLP staff had received specific training in their delivery. In many case study SSLPs, staff were themselves trainers, and the staff team were able to gain a thorough understanding of the courses offered to parents, the material covered by them, and were in a good position to give accurate information to parents and to identify people for whom support might be helpful. It also helped the SSLP to maintain a pool of trained staff, irrespective of staff movements.

Good practice in training also included ongoing support and supervision for staff related specifically to the delivery and presentation of materials in parenting courses, and also to help with any issues that might arise during the delivery of a course. Regular supervision was provided in addition to line-management and peer support. A health visitor described how this worked in her area: *"...I work for the PCT, so we get monthly supervision here, but all of us have our own clinical supervision and external supervision if you need it. So supervision is taken so seriously here, thankfully."* (Health visitor, SSLP)

What Parents Think about Support

Parents reported that the Parenting Support that had been provided in the case study centres gave them a safe place to discuss parenting issues without discomfort. They valued the chance to share experiences and gain insights from other parents. The structure was valued because it provided clarity and predictability: *"...this week we are going to do this, this week we will do that. And you know what to expect and it is a very comfortable atmosphere and you get to know a lot of other parents as well, just knowing so many other parents makes it more comfortable to live in the area."* (Parent)

Good Practice Examples: *Tuning in to Babies*

Parents attend a two-hour group session where they have structured activities which help them learn about communication with babies. They are encouraged to think about their baby as a social being and to become aware of, and understand, his or her capabilities. One parent said, *"It is all about talking to your baby and recognizing that when they are gurgling or smiling or making faces...they are indicators of your child communicating with you."*

Understanding how Children Learn

One programme promotes awareness of children's very early learning and development on the part of their parents and carers, using everyday activities. During weekly group sessions, leaders demonstrate different ways to share books, songs and rhymes with children, and to talk with them. *"You get a file and every week you learn something new...and you can take it home and it gives you ideas on play. Information on what your child will know at that age and how it will respond to things at that age. The nursery rhymes they will appreciate at that age..."* (Parent)

Conclusions

The provision of family and parenting support in SSLPs varied widely, from very good work to inadequate practice. The good practice was not sufficiently common that it might result in clear benefits in terms of parenting outcomes.

There is a need for an expansion of structured evidenced-based parenting support programmes. Such services will require good inter-agency collaboration and further staff training. Such programmes should be provided within the context of a broad range of child and family support services such as childcare, general family support and adult learning and training services.

Family and Parenting Support in Sure Start Local Programmes

Such embedding of specialised services within the context of more general services facilitates access and reduces the likelihood of stigma. It also fits with the strategy of progressive universalism.

A key lesson for the future is that staff working with families have to be convinced of the efficacy of evidence-based interventions and of the importance of offering these to families.

It was clear from this study that the knowledge and skills of the workforce needed to be bolstered to provide good quality support for parenting, especially to meet the demand that will come from Children's Centres. More practitioners need to be equipped with appropriate skills, especially to help parents develop new ways of parenting. Practitioners with these skills are in short supply and there will be an increasing demand for them.

Training is needed to ensure that the skills and insight of the staff who were providing the highest quality services in some SSLPs are encouraged widely throughout the early years workforce. These good practice examples showed that it was possible to deliver effective family support and parenting programmes, but that there needed to be far more of them.

Further information

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