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### A Longitudinal Study of the Grassroots Project 2013-2015

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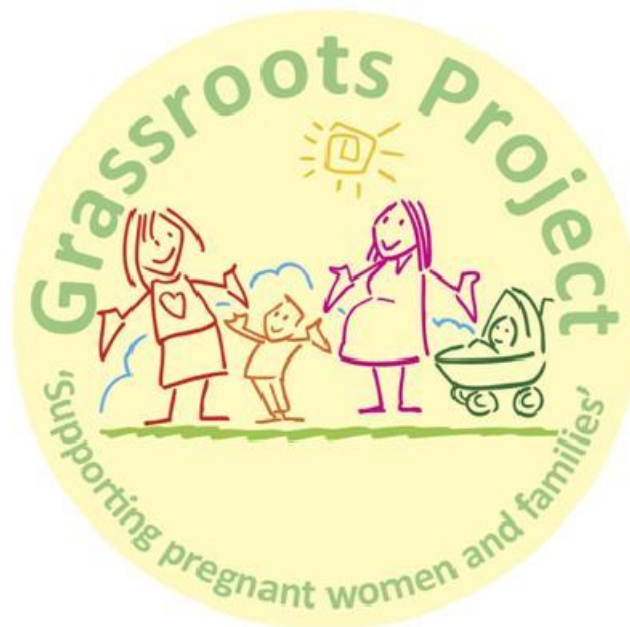
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# A Longitudinal Study of the Grassroots Project 2013-2015



## Research Report

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*Parents most in need of family support services are often the least likely to access them. Evidence suggests that engagement can be improved by: accessible venues and times for service delivery; trusting relationships between staff and users; a 'visible mix' of staff by age, gender and ethnicity; involving parents in decision-making; and overcoming prejudices concerning disabled parents, parents with learning difficulties and parents with poor mental health.*

**David Utting, Joseph Rowntree Foundation, 2007**

*"I always know there is somebody there that's always gonnae be there.... to talk to if I need it.... I don't feel as isolated that way... but since {names two member of Grassroots staff} have come into my life..and got me involved in this group...I am not always depressed.. .I have days when I love to go out and talk to people, have a laugh...and be a normal 24 year old...they've saved my life...its hard to say how but they have just been amazin'..."*

#### **Case Study 5 - Ruth**

*Experience shows that parents develop both confidence and the ability to cope and find solutions to their individual situations, when they have good quality support and a positive relationship – a friend, a family member, a member of the community or a professional.*

#### **Building Parenting Capacity in Lanarkshire – A Guide for Practitioners and Managers, 2012**

*"...they don't realise how all this stuff is helping. I've went from being really low, depressed, not bonding with my wean to in the first six months in Grassroots I was laughing, I was making friends, I was bonding with her and she was learning stuff, I was learning stuff – it was just absolutely brilliant. It might look all fun and games, but all of those fun and games are actually really, really helping you"*

#### **Case Study, 3 - Wendy**

## **1 Executive Summary**

### ***1.1 The Grassroots Approach***

Funded by BIG Lottery until March 2015, Healthy Valleys' Grassroots Project aims to improve the health outcomes for disadvantaged children and families living in Clydesdale. The Grassroots project was conceived as a systematic family support programme to address the needs of vulnerable families with children (aged 0-5). It has a two-pronged approach:

1. **Intensive Parental Support Programme** which supports pregnant women, dads to be and other kinship carers in need of support to attend ante natal and post natal appointments
2. **Family Educational Support Programme** for vulnerable family members that will offer a range of learning and development opportunities. Our volunteer development programme underpins the work of the Grassroots Project.

### ***1.2 The Research Approach***

This report records the results of longitudinal research (from January 2013 – March 2015) that has been carried out by the University of the West of Scotland to inform evaluation of the programme for funders, for future project planning and for potential roll-out of the grassroots model.

The overall aim of the study was to demonstrate how the Grassroots project has made a difference to project beneficiaries through a close examination of the two family support approaches and an assessment of the efficacy of the process.

### ***1.3 Participant Profiles***

Research for this report shows that exposure to two or more risk factors (financial stress, mental illness of the parent, instability of relationship of parents, substance misuse, maltreatment and being a premature baby) is “disadvantageous to future child development and adult outcomes”.

It is evident from this study that Grassroots both target and reach a group of parents who are vulnerable in this way yet, in many cases, isolated from or unlikely to engage with other formal support structures.

This vulnerability may in part be due to variables of adverse social and economic indices (poverty) and complexities related to factors such as depression, anxiety and social isolation. Routinely this report found that such vulnerability is also a function of rurality 1) expressed as difficulties Grassroots participants experience with public transport and

an absence of personal transport to ensure effective access to services; and 2) expressed as a function of Grassroots' parents with new children who become vulnerable (routinely as a result of isolation, anxiety and depression) being dispersed through the Clydesdale and Nethan valley and potentially becoming isolated from social and professional networks.

Contemporary research literature accessed in this study speaks to the continued relevance of the Grassroots project, to the priorities they are addressing with parents and their children in the rural area and to the vital lifeline Grassroots afford to parents and families - not just in terms of the immediate crisis and response but also in terms of projected future benefits and well-being ; evidenced in beneficiaries clearly developing capabilities in confidence, knowledge and parenting skills.

#### ***1.4 The Impact On Beneficiaries***

This Research report was informed by a series of project outcomes

- Vulnerable parents and carers are better able to cope for the arrival and aftercare of their baby
- Vulnerable families with children under 5 will be more confident and capable parents/carers
- Vulnerable families have improved relationships, both within the family unit and their local community

The evidence from analysis is that these outcomes have been significantly accomplished. All of those Grassroots beneficiaries who contributed to the research process identified impacts consistent with these outcomes being met.

The benefits of involvement in Grassroots are multiple. Each of the participants exemplified a multi layered and complex set of impacts: first in terms of benefits for them (eg improved bonding and nurturing, knowledge, certification, confidence and well being); second in terms of benefits for their partner or extended family (eg improved socialising and communication); third in terms of benefits for the child (improvements in attachment, learning and communication, nurturing, socialising and well being); and fourth in terms of shared benefits for the family unit as a whole (eg socialising, confidence, cooking and baking, reduced anxiety and stress). Each of these impacts appear to be cumulative and mutually reinforcing.

### ***1.5 Beneficiaries Experiences Of The Project***

Routinely, in representations made to the researchers, parents portrayed the adversity of the position they were in prior to engagement with Grassroots. This was then contrasted with the positivity of improvement in their lives once involved with Grassroots. The impact of being involved for some (though not all) can be defined as transformational. All of the participants did however relate to a range of benefits that may be summarised as residing:

- In improvements in self confidence;
- In the provision of personal support to attend appointments and project activities;
- In the reduction of isolation and in the creation of social networks
- In the provision of information and advice to meet personal needs.
- In improved parenting with regard to learning, communication, nurturing and play
- In greater resilience and wellbeing

Communication with the project staff and volunteers appears to be constructive open and friendly. Indeed staff and volunteers are often commended for their willingness to listen, being described as non-judgemental and being supportive and helpful.

Participants in the study welcomed the range of means by which they can contact staff and staff can contact them (phone, text, mail, and on-line via Facebook).

The openness of staff including volunteers, their informality and the empathy with which they engage was evidence throughout the interview process and, though often implicit, underpins successful working relationships. These friendly and informal characteristics are clearly significant to participants and may be a central feature of the Grassroots process.

### **Programme Tools and Methods**

Grassroots appears to fit with European mainland traditions of parenting programmes in which assets are recognised and developed, empowerment is a feature and in which principles of community development may be identified. This is distinct from parenting programmes, favoured for example in England and Wales and in Scottish Local Authorities like Glasgow, which tend to be more formalised, deficit based, remedial and individualised.

The health promoting, assets basis and community development principle that underpin the Grassroots programme are couple to a client focussed engagement that complement wider inter agency partnerships. We deduce a principled approach to co-production

that sits at the heart of a range of Scottish Government priorities for public services and citizen engagement. However this principle may be more directly articulated and expressed as a means of amplifying the credibility of the Grassroots approach over other approaches to working with vulnerable parents and children.

The two strands of Grassroots practice are closely interwoven and as such respondents in interview did not always distinguish one from the other. For example the family impact star featured explicitly only when raised by researchers. Parents in interviews were however clear about reflection and evaluation as part of their engagement with project staff. In feedback and in observation of activities, trajectories for each of the case study participants can be generally and positively mapped as progression against the features in the family impact star.

***Intensive parenting support*** appears systematically to engage vulnerable parents, to develop knowledge and skills and to connect parents and their families to a wider social and professional network (of which Grassroots staff are one component).

***The Family Educational Support programme*** has been evidenced as supporting confidence building, ameliorating the effects of isolation and anxiety and in allowing for the creation of a Grassroots community in which beneficiaries communicate, socialise, learn and develop.

The report finds that the flexible, informal, responsive and social principles of Grassroots provides its core philosophy and demonstrably underpins effective engagement. This approach therefore effectively serves the needs of the beneficiaries, the rural area and the wider policy concern to support parents with young children.

### ***Conclusions And Recommendations For Future Development***

The evidence of this longitudinal research process is that the Grassroots project and project staff including volunteers are fulfilling essential policy aspirations of the Local Health Board, Local authority and Scottish Government as evidenced by application of resources and expertise to priorities that may be located with GIRFEC, The Parenting Strategy, Children's Services planning structures of South Lanarkshire council, and The Early Years Framework.

Grassroots/Healthy Valley will be required for future practice to consider the impacts and requirement of the roll out of the Children and Young People Bill. There are potential opportunities to position Grassroots practice relative to these developments, to build additional responsive services for parents and families and secure funding in



response to these new demands. There is a however a strategic need to consider implications, develop a training response and build such provision into future strategy.

Despite significant success, Grassroots development is confined by its current short-term resources and relatively small staff group – sustainability is therefore a significant concern especially if there is a wish to capitalise on the investment thus far.

Researchers have seen evidence of an effective approach to working with vulnerable parents and families in the rural area, led effectively by the current staff group and that clearly meets the complex needs of a vulnerable population in the target area. It is recommended that the principles and practices that inform the work of Grassroots be funded for the medium to longer term to capitalise on its initial success and to allow the roll out of what could and should become a national demonstration programme in the light of the renewed policy priorities of the Scottish Government.

## **2 Introduction and Background**

### *2.1 Healthy Valleys Principles and Foundation*

Healthy Valleys delivers a range of community led health developments that seek to reduce health inequalities in various locations across rural South Lanarkshire. Successful in identifying and engaging with 'hard to reach' groups within rural South Lanarkshire, Healthy Valleys aims to reduce health inequalities and promote positive lifestyle change. At the heart of Healthy Valleys is a community development approach to working with people and communities. It has been demonstrated that by bringing local communities, individual groups and agencies together, real and effective change can occur.

On the basis of local intelligence from multiple sources, including project staff, Healthy Valleys project data, partners and external agencies; a specific priority was attached to developing a project to address the needs of vulnerable families with children (aged 0-5). The joint principles informing Healthy Valleys activities – characterised as health promotion, community development and assets based support work - informed the creation of Grassroots which aims to respond to and support disadvantaged children and families living in Clydesdale.

Funded by BIG Lottery until March 2015, the Grassroots Project aims to improve the health outcomes for the most economically and socially disadvantaged in Lanarkshire living within the rural area. The project targets vulnerable pregnant women and vulnerable families, with children under 5 years old, who are lone parents, kinship carers, step families, who are deemed disadvantaged and/or at risk of experiencing and/or affected by a range of issues such as : -

- Substance Misuse
- Domestic Violence
- Poor Mental Health
- Homelessness
- Teenage Pregnancies
- High/Low Body Mass Index (BMI)
- Families at Risk/Child Protection Cases
- Isolated/no family or social circles

- Poor obstetric history with high risk pregnancy (lost babies/still births/complicated births/disabled children)

Though the characteristics in the above are separately delineated, it is recognised that they may not be discrete phenomena, may be interconnected and may often be experienced by parents and families as complex multiple impacts (Sabates & Dex, 2012).

Conceived as a systematic family support programme to address such needs Grassroots utilises a two-pronged approach:

1. **Intensive Parental Support Programme** which supports pregnant women, dads to be and other kinship carers in need of support to attend ante natal and post natal appointments
2. **Family Educational Support Programme** for vulnerable family members that will offer a range of learning and development opportunities. Our volunteer development programme underpins the work of the Grassroots Project.

It has consequently been reported by Healthy Valleys that during the 2 year pilot, the Grassroots Project supported vulnerable and disadvantaged pregnant women and their families, improving their ability to nurture and nourish their babies and children. Prior to engagement many had poor physical or mental health and were isolated, vulnerable or at risk.

Though provision of support services has been systematised in the interests of beneficiaries and to allow routines of evaluation and review, it was agreed that independent longitudinal research (from January 2013 – March 2015) would be initiated to inform evaluation of the programme overall for funders, for future project planning and for potential roll-out of the grassroots model. This longitudinal approach was specifically intended as an impact study

- to evaluate the difference the Grassroots Project has made on the lives of Project beneficiaries
- and to initiate objective (external) examination of the 2 approaches vis:- Individual Intensive Support Programme and the Family Education Support Programme.

### 3 Research Aims and Objectives

The purpose of this longitudinal study of impacts was to assess progress in line with project outcomes *and* flag up any areas of concern during the lifetime of the project. The longitudinal research, through interim evaluation reports to the Healthy Valleys management team, was also used to inform subsequent funding applications to build for sustainability in the medium to longer term.

The overall aim of the study therefore was:

*To demonstrate how the Grassroots project has made a difference to project beneficiaries through a close examination of the two family support approaches and an assessment of the efficacy of the process.*

The project outcomes that informed the subsequent research and data gathering were expressed by Grassroots as:

- Vulnerable parents and carers are better able to cope for the arrival and aftercare of their baby
- Vulnerable families with children under 5 will be more confident and capable parents/carers
- Vulnerable families have improved relationships, both within the family unit and their local community
- To consult with Project beneficiaries to gauge level of involvement, detailing what programmes and training opportunities undertaken and the difference made.
- To provide a final evaluation report on the findings throughout the 3 year funded Project outlining future opportunities

The research needs that this proposal seeks to address were interpreted therefore as:

1. The provision of a close evaluation of the two core approaches
2. To review project records and systems in the interests of creating baseline profiles
3. To adopt a longitudinal approach with beneficiaries as a means of assessing impact
4. To evaluate project beneficiaries experiences of the Grassroots project
5. To draw conclusions and make recommendations

## 4 Methodology

A qualitative and ethnographic process (Bryman, 2012), the research offered a systematic way of gathering information on participants' experiences over time (Punch, 2009; Robson 2011). By using a mixed methods approach (Saunders & Tosey, 2012) findings were generated through a series of prompted interviews and observations on which recordings, transcripts and fieldwork notes were maintained. When collated together over time these differing sources provided a rich data set. Through systematic analysis of this data, themes were identified to inform analysis of experience and impact (Denscombe, 2007; Cresswell, 2014). This information was supplemented by desk based statistical analysis (Grassroots Reports) and by examination of selective and relevant literature (Aveyard, 2010).

To meet the aims of this longitudinal research, data was gathered in several discrete sessions over a two-year period. Data was generated through field notes, interview of project staff, focus group with volunteers, multiple interviews with individual participants, observation of a range of programmed activities and in-depth case study interviews.

The underpinning principle of this approach was to amplify and value participants' experiences and to lend their voices to a systematic programme evaluation. As such dialogue was actively encouraged, rather than participants 'simply being perceived as objects of scrutiny' (McCulloch, 2007, p. 12). Interviews were conducted at a time that was convenient to the participants and were organised usually in the home area or in a mutually agreeable space. Arrangements were made in conjunction with Grassroots staff.

Secondary level data was gathered through content analysis of documentation provided by Grassroots (including online resources) and included a review of selective literature (Aveyard, 2010); reviewing theoretical principles; and analysis of policy contexts.

The findings are therefore based on a qualitative ethnographic approach (Bell, 1999; Bennet & Kahn-Harris, 2004). The researchers were introduced to participants by Grassroots staff and therefore carried their imprimatur. Consequently, having met participants on several occasions over two years, trust and informality was established. Data gathering was effectively from an 'insider' position (Hodkinson, 2005) linked to the cumulative and every day experiences of Grassroots' participants that they were prepared to share with the researchers. The process enabled close observation and

facilitated participants to give their personal views and perceptions of the Grassroots programme *and* its impact on them and their family over time.

### ***Individual Interviews***

The criteria for selecting individual participants was those 'whose main credential is [was] experiential relevance' (Rudestam & Newton, 2001, p 93), meaning that they had direct experience of involvement in the Grassroots programme. In this instance 'experiential relevance' meant that they had first hand experience of Grassroots as a beneficiary. Participants for the in-depth case study approach were identified following initial interviews and observations. Drawing on or extending the data captured through observations, individual interview and case study involved participants in a process that was like peeling an onion. Engagement over time and reiteration of questions assisted in building nuanced and elaborated insight. Interviews for case studies were recorded for transcription and thematic analysis to explore the detail and to identify emerging themes (Hart, 2007).

### ***Ethical Considerations***

Though having the final say on selection/sampling, researchers were however sensitive to the expertise of Grassroots staff who were best positioned to determine whether there were sensitivities to be observed and therefore whether a particular beneficiary should or should not be approached to be involved in the study.

Adopting the notion of ethical symmetry (Christiansen & Prout, 2002) we have approached this research/evaluation from a position that views Grassroots participants not as objects of research but as co-participants in the research process, stressing their competency and agency (Sime, 2006, p 1). Given the relatively small sample group within the project, participants' names were changed and specific details omitted during reporting to protect participants right to anonymity. All participants gave informed consent and were advised that they could withdraw this consent at any stage. After interviews were transcribed and collated, content analysis of the various documents was used to identify categories that could be analysed (Cargan, 2007). The emerging themes from each participant were individually identified in the first instance but care has been taken through allocation of pseudonyms that no individual person could be identified by a general readership of this report or its extracts.

Never-the-less the intimate nature of project activity (ie in relatively small numbers and groups), and the relationships among participants (kinship and friendship) presents an ethical difficulty in fully disguising each individuals contribution. Unusually the locale

and target group create conditions under which the various elements of the story being told may, despite best efforts, lead to participant identification. Every step has however been taken to anonymise reported data whilst retaining the authenticity of the analysis. Participants will have access to the full report via the Healthy Valleys project base.

The researchers, as experienced community workers, operated in a deliberative yet informal manner seeking to put participants at ease whilst facilitating a structured data gathering process. A rigid set of questions were not employed privileging dialogue, questioning and conversation. This semi-structured interview method Though having set question areas provided a means of maintaining some consistency whilst facilitating and reinforcing participants as stakeholders in the data gathering process.

All of the observations and interviews took place in familiar locations associated with the Grassroots programme. Participants were therefore familiar with the spaces, were assisted in accessing them when required (eg by provision of transport) were confident in using the facilities and were, after being put at ease in initial introductions, clearly comfortable in meeting with researchers. The creation of an informal and non-threatening environment helped participants to relax and be more open to discussion. Though it was clear that researchers may uncover potentially sensitive issues (Blaxter, Hughes & Tight, 2001) sensitising (for participants and researchers) had already taken place in the Grassroots process with the Grassroots staff. The combined effect was the early creation of trust and the collection of a rich data set that both determined and exemplified the findings and best practice included in this report.

### ***Data Analysis***

The inductive nature of this study suggested coding should happen after data collection. This is known as open coding where, 'the researcher forms initial categories of information about the phenomenon being studied from the initial data gathered' (Robson, 2002, p. 194). Data (in the form of transcripts and field notes) was coded simply using coloured pens to identify selective categories of information. The process of refining and grouping coded data together to create categories generated themes that, when combined, showed a range of assets, needs, experiences and aspirations of Grassroots participants in the Clydesdale area. Responses in the form of transcripts and field notes were analysed through simple inductive coding (Boyatzis, 1998) meaning the themes were generated from the data provided, rather than from existing theoretical ideas. The literature on this general inductive approach confirms:

*The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by structured methodologies.*

(Thomas, 2006, p.238)

A convenient and efficient way of analysing qualitative data, this enabled findings to be linked both to the experiences and visions of participants involved **and** to Grassroots objectives, rather than seeking to prove a specific theoretical perspective. As such, the narratives generated for case study and other interviews carry authenticity and are descriptive of individual life experience *and* of participant experiences of practices in the Grassroots setting. Although findings may not be replicable to other projects, they were derived from an examination of how these participants narrated their life experiences, how the engagement with Grassroots developed and consequently, how they were changed or otherwise by their experiences. The findings illustrate progress in the promotion and improvement of well being, reductions in parenting or familial stress, and emerging resilience obtained in part from social activity for both parent and child. They therefore offer an indication of the extent to which engagement strategies, responsive programming and learning processes (all exemplified in Grassroots) may be adapted to achieve such positive ends in other similar settings.



## 5 Context

### *Rurality, Pregnancy and Parenting*

Recent figures provided by the Scottish Neighbourhood Statistics state that the population of South Lanarkshire as a whole is about 313,800 (South Lanarkshire Council, 2013, State of the Environment Report) this represents a 1.8% increase on the 2001 Census figures. The area Grassroots works within is considerably rural with 20% of South Lanarkshire's total population living in an area which accounts for 80% of the authority's land mass. Whilst there are a total of 50 settlements in the area, 50% of these have a population of less than 500 people. A core issue for parents and children in the area is transport, mobility and isolation given that mainstream services tend to be provided in the main population centres (such as Lanark).

As a key part of the social welfare infrastructure in the Clydesdale area, Healthy Valleys through the Grassroots project contributes to fulfilling outcomes for parenting, maternal and infant health and mental health by utilising community development principles. Building on a model developed by Morgan and Davies (2007), an asset-based approach has been identified as a way of tackling health inequalities and supporting human flourishing:

...by recognizing that traditional epidemiological risk factors approaches to health development such as programmes on smoking cessation, healthy eating and physical activity are insufficient on their own to ensure the health and well-being of populations

Morgan, Davies and Ziglio (2010, p ix)

The then Chief Medical officer has highlighted the importance of taking a community based approach that is focussed on asset models rather than simply identifying needs on the basis of perceived or real deficiencies, suggesting that:

An assets approach to health and development embraces a positive notion of health creation and in doing so encourages the full participation of local communities in the health development process

Burns (2009, p.12)

Comparing parenting support as a field of social policy, Daly (2013) examines developments in England, Germany, France and Italy. She found the need to recognize diversity in definitions and programmes and therefore to differentiate between programmes that aim to support more general family purposes and those oriented to

teaching parents skills in childraising. Outwith England, which featured intervention and (re) training through notions of standardized parenting the other countries featured greater diversity and had “deeper roots in education for family and social life and (in which ) interventions tend to be more tailored and home grown’. To this extent Grassroots appears to be more closely located in a European mainland tradition and may indeed take this model to new levels in the explicit embedding of the project in a wider community development ethos.

Broadhurst (2012, p305/6) in building critique based on family support practitioner perspectives, advocated localism in response to perceived moves toward more formalized and marketised practices in governmental and local authority practices. She countered this by outlining a philosophical underpinning to practice that is based on the work of Educational Philosopher John Dewey. In evoking principles of the reflective practitioner, reflective practice and responsive relationships with beneficiaries she articulates a principle that is essentially non judgemental, grassroots and Grassroots ie the respondents in research were unequivocal in commending the empathy, access and non-judgemental nature of support form Grassroots staff and volunteers. Broadhurst also supported our evidence of Grassroots methodology by highlighting Dewey’s belief in the transformative potential of the human being (both Grassroots practitioners **and** participants)’ in their capacity to take action for change which in turn connects to the community development principles underpinning the wider Healthy Valleys ethos

In this sense, promoting good health begins where parents and their children are, not where society or health services would like them to be. The process of mapping health assets in a community has been suggested as a starting point for building trust between health professionals and local communities (Morgan and Ziglio, 2007). Combined with the concept of salutogenesis (Antonovsky, 1996) which is focused on generating health, as distinct from, pathogenesis which is focused on disease and its development. This brings a more holistic view of parenting and family support into focus and seeks to engage the population in a more empowering manner.

There is evidence of these forms of engagement in the Healthy Valleys and Grassroots process, indeed some participants in the evaluation process at interview and case study stages were keen to represent their experiences to inform future strategy, planning and funding. Also like Parsons et al (2003) empowerment is evidenced in several respondents aspiring to become volunteers and put something back, to become paid workers and in some cases to initiate and develop other services/activities in their home areas. This community development impact is consistent with Katz et al (2007,

p.19 ) who report that such important findings in their own study provide robust empirical evidence that “empowerment and participation of parents in programme development and management can lead to improved outcomes for families.’ It is perhaps a future objective for the programme to articulate such developments as specific aims and provide a means of securing the involvement in the more strategic aspects of the Grassroots project. This would also enable the creation of a mechanism for more explicitly implementing and accounting for such processes. However, as they correctly point out, although regarded as good practice consulting and involving parents does not of its self provide evidence of effectiveness.

The World health organisation is among a number of national and international bodies that have policy and political interests in parenting and families. Principles articulated in the undernoted from WHO inform and underpin a wide range of governmental policy responses:

*“the nurturant qualities of the environments where children grow up, live and learn – parents, caregivers, family and community – will have the most significant impact on their development. In most situations, parents and caregivers cannot provide strong nurturant environments without help from local, regional, national, and international agencies”*

*(WHO, 2007)*

The Scottish policy environment which contextualises the work of Grassroots is centred on the National Performance Framework (Scottish Government, 2007; Refreshed 2011) within which there are specified national outcomes related to the avoidance of negative pathways in the early childhood years (Campbell, 2012). These are:

- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- We have tackled the significant inequalities in Scottish society
- We live longer healthier lives

It has been argued that that there is a firm commitment from Scottish Government to shifting the balance of public services towards early intervention and prevention (Bradshaw et al, 2013, p.19). This is evident in a range of initiatives focussed on “improving parenting capacity through the delivery of parenting support and education”

(Hutton et al 2008). Grassroots represents a tailored, holistic and community development approach that sits on a spectrum at the opposite end of which are more structured and formalised programmes such as the Triple P programme – a behavioural family intervention programme stratified over five levels of intervention (Sanders et al, 2008). Indeed Grassroots is also representative of aspirations for developments in co-production as articulated by the Joint Improvement team which is co-sponsored by the Scottish Government, COSLA and NHS Scotland (Loeffler et al. 2013. P.9). Participants, beneficiaries, or clients in this model of practice are actively considered as innovators, as critical success factors, as resources, as asset holders and as community developers (Bovaird and Loeffler, 2012). The aim in this is to ensure that public services are built around people and their communities and places the person at the heart of the service influencing its design and implementation exemplified as:

- An assets approach
- Built on equal partnerships
- Having an approach that is ‘do with , not to ‘ the people

An early years task force was established in 2011 and followed by the establishment of an early years Collaborative; a national Parenting Strategy was published in October 2012 (Scottish Government, 2012). Drawing from extensive research the strategy is set up to address a range of needs that both emphasise the merits and amplify the validity of Grassroots work:

- Ensure all parents have easy access to clear, concise information on everything from pregnancy to the teenage years and beyond
- Offer informed, coordinated support to enable parents to develop their parenting skills, whatever their need, wherever they live, whether they live together or apart
- Take steps to improve the availability of – and access to – early learning, childcare and out-of-school care, taking into account parents in rural areas and those who work irregular hours
- Provide targeted support to families facing additional pressures that impact on day-to-day parenting
- Acknowledge and address the wider issues that can affect parents’ abilities to provide a nurturing environment and care for their child.

(Scottish Government, 2012, p.7)

Each of these frameworks is underpinned by policies that are consistent with the principles of Getting it Right for Every Child (GIRFEC), which is a distinctively Scottish approach to improving outcomes for all children (Scottish Government, 2010). They are also linked to a wide range of other social policies. The Early Years Framework (EyF) (Scottish Government, 2008) published by the Scottish Government in Autumn 2008, recognised the significance of a child's early years to their development and made a commitment to a resource shift from crisis intervention to prevention and early intervention at the Local Authority level.

GIRFEC embodies a set of child wellbeing indicators that are parallel to and exemplified in Grassroots practices vis:

- Safe – protected from abuse, neglect or harm
- Healthy – experiencing the highest standards of physical and mental health, and supported to make healthy safe choices
- Achieving – receiving support and guidance in their learning, boosting their skills, confidence and self-esteem
- Nurtured – having a nurturing and stimulating place to live and grow
- Active – offered opportunities to take part in a wide range of activities, helping them to build a fulfilling and happy future
- Respected – to be given a voice and involved in the decisions that affect their wellbeing
- Responsible – taking an active role within their schools and communities
- Included – receiving help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn.

Endorsed by the GIRFEC programme executive (2012) and covering the whole of Lanarkshire the parenting support strategy for practitioners and managers highlights in the foreword how

*'building parenting capacity is central to our plan for Getting it right for every child in Lanarkshire (GIRFEC). It is also at the core of our Early Years Framework and embraces a range of key national policy drivers.'*

Connecting to the Early Years Framework, the document emanates from the Children's Services planning structures of both North and South Lanarkshire councils. Consistent with Grassroots operating principles the strategy emphasises the benefits of valuing the role of parents, recognising the societal, social and health benefits of sound attachment

in early years and developing an assets based approach that values both the experiences of parents and the resources within their communities (Foot & Hopkins,2010).

Working to meet these outcomes Grassroots is directed by an appreciation of a series of risk factors which equate with those obtained in the Milenium Cohort Study (MCS), (Sabates & Dex, 2012, p.8) and that may strongly hinder successful development – vis: as financial stress, mental illness of the parent, instability of relationship of parents, substance misuse, maltreatment and being a premature baby.

Drawing from their research in the (MCS) study they have produced a table that sets out indicators of risk (and variables) and which may hinder successful child development vis:

<b><i>Type of Risk</i></b>	<b><i>Variable identified in MCS</i></b>
Depression	Either the mother or partner often feels depressed
Physical Disability/Longstanding illness	Either the mother or partner has a long standing illness that limits daily activities
Substance Misuse	Mother smoked during pregnancy
Alcohol	At least one of the parents is at risk of alcoholism (risk of alcoholism is defined as consumption of over 14 units (women) or 21 units (men)of alcohol per week
Domestic Violence	Either mother or partner often gets in violent rage
Financial Stress	The family finds it quite difficult or very difficult to manage financially
Teenage Parenthood	The mother is (was) a teenage mother (under 20 years old) for their first born child
Worklessness	Neither mother or father in paid work or on leave from paid job
Basic Skills	Either the mother or partner lacks basic skills which limits their daily activities

A major indicative study of children aged 3 and 5 (Sabates & Dex, 2012) found large developmental inequalities for children living in multiple risk households compared with the rest of the children. Among the literature drawn to identify with these inequalities are the following and the summarised findings:

<b>Source</b>	<b>Summary Findings arising from Multiple Risk Households</b>
Sabates & Dex, 2012	Children living in families with multiple risks are more likely to have long-term disadvantageous cognitive and behavioural consequences.
Feinstein and Duckworth, 2006	1958 and 1970 British birth cohort members found poor cognitive development in children was associated with a high probability of leaving schooling at the minimum school leaving age
Sabates et al, 2007	Having few if any educational qualifications
Blundell et al, 2005	A low wage in adulthood
Feinstein and Bynner, 2003	Behavioural and emotional problems during childhood have been associated with a higher probability of living in a workless household during adulthood
Feinstein and Sabates, 2006; Collishaw et al, 2007	Higher likelihood of criminality
McCulloch et al, 2000; Maughan et al, 2001	A range of measures of family adversity during adulthood

Sabates and Dex's classification though selective is useful in the context of this longitudinal study of Grassroots in that it provides an objective means to appraise the risk factors involved in project targeting of beneficiaries; it provides a mechanism for appraising data to assess the degree to which such risk factors have been evidenced; and it provides a mechanism to identify with individual and multiple factors in the context of the star evaluation tool and the projects consequent responsiveness. Conclusions may then be drawn about the project's response in the context of these risk factors and the projected or actual impact on children's development.

Sabates and Dex (2012, p.22) concluded that these types of risk factors "can be disadvantageous to future child development and adult outcomes". Further they identify young children facing two or more of these risks (as was common among the Grassroots participants in this research) as the priority for policy makers wishing to safeguard children.

Risk factors clearly informed Grassroots targeting and were prominent in the rationale by staff for programme involvement. Client records at the project show how common such characteristics are and how in many cases multiples of risk are evident. In interview many of the participants revealed for themselves how these factors were manifest in their own lives and the impact these had on well being, self esteem and confidence and how often the result was a creeping isolation and an inability to cope with every day life including childcare.

All of their research outcomes speak therefore to the continued relevance of the Grassroots project, to the priorities they are addressing with parents and their children in the rural area and to the vital lifeline they afford to parents and families - not just in terms of the here and now but also in terms of projected future benefits and well-being. Grassroots specifically mitigates against these clusters of risk factors and therefore has the potential to ameliorate adverse future outcomes - though this impact could of course not be closely measured in the context of this longitudinal and qualitative research. Evidence however suggests that the impact of Grassroots involvement will be beneficial in the medium to longer term for individual children, individual families and for their communities. A characteristic of case study subjects is that the referral to Grassroots, and the subsequent intervention provided a life-line. It is evident from this study that Grassroots both target and reach a group of parents who are vulnerable and, in many cases, isolated from or unable to engage with other formal support structures.

## 6 Findings and Analysis

Bradshaw et al (2013) in their comprehensive analysis of data arising from their study of *Birth Cohort 2, Growing up in Scotland* (for the Scottish Government) provide a comprehensive and complex range of analysis. Amongst these there are detailed chapters on parenting and parent support. In the interests of brevity the report is not cited in detail here. However, three factors become clear in their analysis:

1) those most disadvantaged, younger parents, parents of lower educational level and income were more likely to find it harder to ask for formal help;

2) that negativity about parenting, lack of social support and family disadvantage adversely affects wellbeing and child development

and 3) that appropriate forms of parenting support like Grassroots can compensate for negative indices and provide benefits of social networking, information giving and sharing and development of confidence and well-being.

It is clear therefore from this, that even at the most basic level of analysis, the activities of Grassroots staff with the target population provides a potential catalyst for resilience. Indeed in the absence of the project almost all of the participants in the study indicated they would in all probability have persisted with low self-confidence, isolation for them and their child and associated issues of depression and poor mental health.

*Co-Production for Health and Wellbeing*



Grassroots adopts a parent and child-centered approach, building response to assessment made by staff following initial referral usually from Health and Allied professionals such as the health visitor. As an extension of an assets based approach Grassroots exemplify a model of co-production (Loeffler et al, 2013) in that the emphasis is on a public service that focuses on prevention and independence. This builds on the assets that people have (residing in knowledge, skills, experience, friends, family and communities) that can be brought to bear to support their health and well being for parents and children.

Following referral there is a process of assessment by Grassroots staff seeking to devise a tailored response (an individual family action plan) in which the characteristics and needs of the client are identified through conversation with them. This is often the beginnings of an open and informal relationships that both establishes the parent and child centered nature of the Grassroots approach and reassures the client that efforts will thereafter be made through the intensive parental support programme and Family Educational Support Programme to support, inform and encourage participation.

Reviewing progress is undertaken on a one-one basis using a tool devised by Grassroots – the family impact star. This is a graphic device which aims to structure analysis, reflection and feedback against eight characteristics. Each of these characteristics form one point of the star along which there is scale 1 -10.

## Grassroots Impact Star

Parent \_\_\_\_\_ First  Review

Date of completion \_\_\_\_\_ Completed by \_\_\_\_\_

9 - 10 Effective parenting  
7 - 8 Finding what works  
5 - 6 Trying  
3 - 4 Aware  
1 - 2 Stuck

Number of Children

Parenting Skills

Mental and Emotional Well Being

Self esteem and confidence

Ability to cope under pressure

Community Engagement and Participation

Control and decision making

Social Networks and Family Relationships

Relationships with statutory agencies

This tool allows Grassroots staff to refer to the eight characteristics and to participate in dialogue with the parent to assess how they score themselves against each. This therefore provides a central focus for reflection (on the part of the parent and on the part of the member of staff) and for evaluation in taking the star as an overview of where the person is against the collective of these characteristics. The researchers did not observe the star in use by project staff but did refer to it in the interviews for the case studies. It was at this stage that, although parents were comfortable in referring to such appraisal, they themselves did not directly refer to the star by name nor did they appear to distinguish two discrete components of the process vis Intensive Parental support and the Family Educational Support Programme. It appears that to most of them each of these processes and their associated activities (regardless of who was involved with them) represented one package in which they were engaged. That this

distinction is not articulated by them did not appear to diminish their reflection on the impacts of Grassroots on them nor to affect their expressions of regard for each aspect of their involvement in Grassroots

To this extent the Grassroots programme is flexible and responsive. Whilst it does offer common programme elements and keeps a systematic record of programme activity it differs in key respects from standardised top-down parenting support programmes. There is a well-balanced mix of activities that provide opportunities for parents to meet, to learn, to play and to join with their children who also meet, learn and play. The informal education that characterizes a number of the programme activities such as first aid, food hygiene, baby massage and cooking and baking is indicative of an effective approach to learning that is social, engaging and fun. Beneficiaries that were observed and interviewed all spoke highly of these activities. Some admitted initial reticence and reluctance to become involved but indicated as a matter of routine how they gained from the activities both in terms of learning, socially and in confidence development.

The ingredients that were evidenced across the longitudinal study and which provide its unique selling point are summarized in the following:

<b>Staff dispositions</b>	friendly, open, supportive, trustworthy, accessible
<b>Staff availability</b>	on-line, by text, by phone
<b>One-one</b>	opportunities to meet in confidence to review progress and to raise and discuss issues, concerns or make suggestions
<b>Group Activities Programme</b>	Classes, demonstrations, activities and visits
<b>Social activities</b>	Family outings and trips in which parents and children join in
<b>Volunteers</b>	In which volunteers form close working relationships primarily around on-one work and offering transportation and support to attend appointments and activities
<b>Inclusiveness</b>	In which there is a grassroots community that once joined leads to participation, shared experiences and friendship

### **The Role of Volunteers in Grassroots**

Although not central to this study, Volunteers are clearly critical to the success of the Grassroots model and require to be continuously, recruited, trained and supported to equip them with the necessary skills and knowledge to engage in essential interventions. The recruitment of local people as volunteers who subsequently take such a central role in the implementation of the service is both a challenging and unique characteristic of Grassroots. Indeed feedback from participants consistently highlight the positivity of relationships and centrality of their role in support (especially in accessing health services, making appointments and in transportation across the rural area). In the course of the research we were minded therefore to engage with volunteers in the light of their central role and to tap in to their intelligence about beneficiaries.

### **Volunteers' Focus Group**

The detailed outcome of the focus group are summarised here but can be found in appendix 1.

Volunteers, as participants in a focus group to draw on their perceptions of the beneficiary experience, were enthusiastic and assertive in representing the positive impact of Grassroots. The focus group was structured but even in general informal discussion their close experience of working with and empathy for beneficiaries was confirmed.

Of the twelve ways in which they detailed how Grassroots meets priorities for beneficiaries, eight relate to the alleviation of isolation through the building of communication and social contact with others. This signifies important consensus and significance for this aspect of Grassroots function for beneficiaries. It is clear that the experience of pregnancy and early childcare for some people is a period of loneliness and anxiety that, when paired with the physical manifestations of pregnancy, child birth and post natal effects, can contribute further to pre-existing experiences of stress or depression (this was also emphasised by beneficiaries in many of the case-study interviews). The social aspect of the volunteer role appears also to be a fundamental aspect of the Grassroots ethos.

Asked to consider how Grassroots may improve for beneficiaries, participants provided eight suggestions. Three of these related to facilities/amenities and were all related to the position in which Grassroots activities almost always take place in general purpose or shared community premises. Four further improvements related to the process of listening to and engaging with beneficiaries and an underlying sense that some

volunteers do not always have the opportunity to see a working relationship through to the end point. A further improvement was suggested on the pattern and distribution of engagement for beneficiaries that was seen to be uneven from one year to the next.. There was a suggestion that this detracted from the experience for some beneficiaries and led to some frustration.

The resilience of volunteers was emphasised – particularly in sustaining relationships, working through issues and continuity of support. The benefits of the strong relationships engendered through Grassroots were seen as beneficial over other statutory services and was lauded by the group

Participants provided a sound exemplification of the learning and socialising process that takes place for example in the cooking group. This promoted a collective discussion and agreement in which banter, conversation and a sense of achievement were all identified as by-products of the cooking (and other activity programmes) yet essential to the fun and well-being on which the programme depends.

### **Interviews/Case studies**

Typically, according to the literature, families who are living in chaos and with crisis, do not normally participate in educational workshops. However, the Grassroots project has demonstrated that positive and stronger relationships have been developed and with the support and encouragement of the development workers and volunteers, families in turn become more involved and are enthusiastic to participate. In part this is down to the motivational efforts of Grassroots staff. In part this is due to the community development and assets based philosophy that underpins Healthy Valleys as a Health Promotions project. The report – A Glass Half Full (2010) - recognises that health inequalities persist and endorses an assets based response that is exemplified in the operating principles of both Grassroots and Healthy Valleys. These principles are encapsulated in the following quotation from the report:

*Some of the most powerful influences on behaviour change are family and neighbours, and a collective sense of self-esteem, helping people believe that it is possible to take actions to improve health and well-being.*

*(Foot and Hopkins, 2010, p.9)*

It is the resilience exemplified in this statement that we witnessed repeatedly in interviews with participants and which may be key to the success of the Grassroots

approach. Friedli (2009) addressing the significance of resilience in wellbeing and mental health linked her research the importance of policies and actions. Grassroots is consistent in attending to the priorities that she identified for action vis:

- An engagement with social, cultural and economic conditions that support family and community life
- Education responses that equip parents and children to flourish emotionally
- Developing partnerships between health and other sectors to address social problems that may be a catalyst for psychological distress
- And reducing policy and environmental barriers to social contact

(extracted from Friedli, 2009, p.iv)

Methodologically the aim of the case-studies is to develop a rich data set based on Grassroots' participant experiences that ultimately (and longitudinally) illuminate the effectiveness of the Grassroots process. Researchers, in the light of prior contact or observations of Grassroots activities, suggested a number of potential participants. Grassroots staff involvement in the selection of interviewees maximised sensitivity and ensured that their insight was brought in to play. For example one prospective participant was not pursued given insider knowledge about current issues of well being concerning that individual.

Using a semi-structured interviewing approach, researchers have subsequently recorded five complete interviews/case studies. Whilst structured research interviews tend to rigidly adhere to fixed questions in a fixed order, the semi-structured interview process allows for greater flexibility in that, although the same key areas are addressed for each participant, greater scope is afforded for a more naturalistic conversation on the part of the researcher. This allows the pursuit of other points of interest that may arise from the responses of participants. Interviewees are positioned more sympathetically as unique and responsive subjects within a qualitative study.

We are able to report that respondents have highlighted a wide range of positive impacts that are consistent with the Grassroots impact Star. Interviews incorporate close reflections on the circumstances of stress and isolation existing prior to involvement and are routinely contrasted with narratives of inclusion, support and improved wellbeing through participation in the project. Aspirations for the future generally show strong elements of personal resilience, care and ambition for the child and deep appreciation for the Grassroots support process.

Interviews to inform case studies were developed to build a more detailed picture of Grassroots participants and their lives. Background detail was sought to create a personal context –sketching family history and their roots in the Clydesdale area. Questions were set to elaborate on the degree to which participants had a network of family, friends or connections within their community. This context assisted in building the narrative that related to their contact with and involvement in Grassroots – aiming to illuminate their conception of activities and why they were involved in them. Conclusions may then be drawn which can be correlated with the star evaluation tool. Additional questions assisted in drawing out evaluative detail about the impact of these activities. Participants were asked to consider how life might have been in the absence of Grassroots. Looking forward, opportunities were provided both to project for themselves 5 years on from now and to consider if there were areas in which Grassroots could be developed or improved. The intention across interviews is to build a profile for each individual, to identify with themes that are represented across the case studies and to use this data to inform the longitudinal evaluation of grassroots in preparation for the final report.

The detailed case-studies which follow embody the core themes and principles that have been drawn to inform conclusions.

# ***Case Studies***



# Case Study 1

**Name:** Grace

**Age:** 22

**Grassroots Participant:** 2yrs

**Beneficiary Status:** Young Mother with child under three

## *Background and personal context*

Grace has daughter Fiona, aged 2 1/2 . She currently lives with her partner in a small town in Clydesdale and has lived there for around 3 years. Though she comes from elsewhere in South Lanarkshire (in 2 larger towns) she spent some time in care as a child. She and her partner had been living in a nearby market town but as a result of violence and threats of violence in the course of her pregnancy they were rehoused (following a spell in supported accommodation). Initially support was provided by Integrated Children's services and by a charitable Housing association. Neither she nor her partner is currently in employment.

## *Connections and networks*

In part because of the care background, and in part because of the violence that led to being rehoused, Grace has limited social networks from her past. Indeed she asserted that it was partly as a result of this unstable upbringing that she was keen to cut ties and make a clean break and concentrate on her daughter. Grassroots have organised a number of activities and events in her current home area (in the community) through which she has made a number of friends and has people she can talk to.

## *Grassroots involvement and impact*

When she moved to her current tenancy Grace's health visitor put her in touch with Grassroots staff. Initially Grace said she was a bit scared and nervous and didn't really know why she was going along or what to expect. However she said they were really welcoming and non-judgemental...'that was a big part for me..it was quite easy goin'.. not too structured or strict or that...so it was easy for me to meet them...so I went to young mums first, then after that I went on the trips and the cooking stuff and Fiona (her daughter) was just getting weaned so the weaning was good cause...I didn't have my mum or that so I got support from there.'

Grace's partner Alan also came along to activities and they routinely attend as a couple. Grace has been involved in a number of activities including Mothers and toddlers, book bug activity and buggy walks.

### **Benefits**

If we didn't have Grassroots Grace explained that her Life would be quite dull and quite isolated....'cause it was through Grassroots that I met other people in (my home town)...and I think if we didn't have that we would be able to make friends as easily.. I wouldn't be able to go forward... and its all of us.. like Fiona goes to the soft play but also she goes like into the crèche.. which means she doesn't sort of cling to us all the time....so it's a good stepping stone for her to go to nursery....

In her own words Grace talked about the benefits of being involved in Grassroots:

'My confidence...erm.. I suffer from depression an'.. I would find that before they came along I was like...didn't want to get out of bed or go out the house or anything but when I got involved in Grassroots I found I was able to do things that gave me a purpose.. and things I enjoy.. it brings me out of my shell... I learn what I like [ researcher note: *as in Grace understands more about what she likes to do rather than having a free choice on what to learn about*] and erm.. how to do stuff.. its also good to learn to be part of a group...I only every worked on my own.. and no I've learned to work in a group and be part of things...I would have always stayed back and not got involved...

You learn about things like cooking and like.. when you're on benefits it helps you to budget and to realise that you can still cook a good meal and be good wi' money 'n' stuff...like before I wasn't good wi' money and couldn't budget properly but now I can do that.. it means we're left wi more money for stuff and if Fiona needs anything we've got money ..we can always provide it for her .'

I've got a lot of good advice on how to be a mum.....and like.... our benefits were a bit....mixed up at the beginning and they helped with who to go to and who could fix it for me,....my CPN (Community Psychiatric Nurse) . Discussing depression and medication Grace suggested the Grassroots had quite a lot to do with her improvements as opposed to mediation playing the major role.

'With Healthy Valleys a lot of my depression goes away.. cause I don't think about it ...I'm to enjoying stuff...but I know my tablets do a lot at well but the two together mean that I don't feel so down all the time'

### **Future aspirations – five years on**

Maybe more family activities...n' stuff....I'm stuck for things to say...but its just so that the children are more included teaching arts and crafts...like for me to be learning Art and craft and to be teaching Fiona how to do things how to do things...at the same time...obviously not cooking with them but maybe something simple like baking.. or erm...just like fun stuff where they can learn...

In 5 years time Grace alluded to aspirations about being in employment and being a role model for Fiona:

'..Hopefully (I'll be ) in a good job.. or doing some sort of voluntary work.. by trying to set up a good role model for Fiona when she's older.. I think some children follow in their parent's footsteps like..not all but some children.... if their parents aren't working.. their children think that's normal....so that when she's older and has her own house and her own family and she can say.. I've worked for a living...and not had to rely on benefits or been unemployed and stuff..

Grace connected these aspirations to her experience in care and to breaking expectations people may have had for her:

'Yeah....cause being in care with the workers an' that....they help you understand it.. where, like....I know that if I was with my mum and dad it would be completely different story. I think....cause outwith the care stuff.. people thought I would be on drugs with alcohol or be in prison a lot...and like cause my mum wasn't so good at being a mum.. I got judged on what she did.. but now I can say I'm looking after my little girls and not being judged...

I would like to go to college and I think Healthy Valleys people can help me to get onto courses.. the qualifications I could do.. or fill in the applications an stuff.. I think the people at Grassroots could help me with all that..

Grace was asked to quantify her experience to indicate in percentage terms the degree of influence Grassroots has played in her experiences

'its about 80%..I'd be lost without Grassroots....and I think I might have turned to a different path when I was feeling low.

## Case Study 2

**Name:** Yvonne

**Age:** 45

**Grassroots Participant:** 2 years

**Beneficiary Status:** Grandmother

### *Background and personal context*

Originally from a nearby market town Yvonne lived in a small village (close to the market town) for 25 years. Yvonne's father was a shepherd and she describes herself as being from country stock. She has an affinity with rural life. In part this is reflected in her current home where she and her husband have lived for the past seven years. Isolated from amenities the house is 3 miles from the nearest hamlet and then a further 3 miles off the main road. She describes the location as picturesque and says she 'fell in love with it the day they saw it and I really love being there'. One of 4 former forestry houses, she describes it as being 'in the middle of nowhere'. Yvonne explained that due to a depressive illness (agoraphobia) she suffered for some 20 years, that she was content to find a place where she didn't have to be around other people. There are however a small number of neighbours with whom the family are very friendly. 'Its just a beautiful, little, quiet, quaint place to live.'

### *Connections and networks*

Though retaining limited family connections to the nearby market town (her father and mother in law and brother) her long-term illness whilst living nearby precluded the development or retention of a wider network of friends and associates. 'We came away from all of that...we didn't really integrate back then because I was really ill...really bad depressive illness...for 20 odd years'. Yvonne however feels that they have integrated into the small community in which she now lives. She is an active member of both the church guild and Women's Royal Volunteer Service both of which have monthly attendance at meetings. Yvonne and her husband are both regular churchgoers.

Mobile phone signal is effective and Internet access, though limited to .5 MB is accessible 'Facebook's a big contact tool for me'. A car is essential for any activities away from the house. Yvonne's husband is the only driver in the household but works 6 days a week as

a sales rep. The nearest bus stop is 3 miles away and only two buses run per week day (11.00am and 6.00 pm).

### ***Grassroots involvement and impact***

Ruth (Yvonne's daughter) was 22 when she had her son prematurely (10 weeks early). Ruth had been living with Yvonne throughout the pregnancy. "We were running up and down to the hospital and then we got him home and it was the health visitor coming and it was the health visitor who suggested Grassroots'

The baby being born early, Ruth as a single mother and living in an isolated environment we knew there were going to be a lot of hospital appointments for the baby... 'the Health visitor suggested Grassroots and they introduced us to (Names Grassroots worker). ...They came to the house...and we had the home baking!! '

'(We had an) Initial conversation, made the contact and arranged to come to an activity... then they introduced us to their driver (names the volunteer) who came out and became our volunteer driver/come support system...but she left at the beginning of this year ...it was too much for her...but I still keep in touch with her.'

Ruth's 22, new baby, in the cottage and she was feeling very isolated, she was feeling very isolated and wasn't very well. She suffered from depression.. she's been in an abusive relationship that they had known nothing about.. he tried to kill her when he found out she was pregnant..so she's been through a lot....and that was another part of why they introduced Grassroots.

### ***Benefits?***

If we didn't have Grassroots we would just be plodding along as per..probably not doing much, stuck in the house, (Names grandson) would probably be a very withdrawn child and not be able to interact with other kids..there's no other child his age at the cottage. Ruth would probably be still ill...she is still ill but she's getting better (because of Grassroots). (I would) Just (be) the same old me but probably wouldn't have the confidence that I've got now...because its brought my confidence on as well

Healthy valleys and Grassroots have been a fantastic thing for us. They knew what she (Ruth) was going through it was all in the one..between her **and** the baby being 10 weeks early and she was ill ..they knew the background.

She had lots of appointments to go to between herself and the baby – (Names Grassroots Grassroots Volunteer) would come out and take us to them and to anything Grassroots had on (...stress management course etc we went to everything) – Grassroots has been a

fantastic thing for us ..good for the whole family...its been a godsend for Granny (Yvonne referring to herself) . It is about family. I'm the glue of this family. I was automatically included in the various activities and appointments. Automatically included, Wonderful.. 'Granny you can come too.'

Early doors we did the stress management classes, both got ...food hygiene and food safety certificate both have first aid, for all the other things like massage courses, community cooking,, It's a fantastic thing just to join in...even my husband enjoyed the community cooking...he said I'm no going to that...but he was told to just come along ...and he thoroughly enjoyed it.. meeting some of the young fathers and having a laugh with them in the kitchen, thoroughly enjoyed it ..that's the only thing he's done...some of the trips he's done...the zoo or something...when he's managed to take time off work and come to them with us. Things have taken place all over...in Douglas, in Rigside and in the Fountain in Lesmahagow.

Yvonne notes the great pleasure she derives from the Grassroots experience 'seeing all of the weans growing up and meeting all of the young mothers.'

For her daughter Yvonne says...'She gets exactly the same, its getting her out and about and getting her confidence levels up, she's actually starting to integrate with some of the young mothers. They added me on facebook so they can keep in touch with Ruth (Ruth doesn't want to be on Facebook herself due to previous abusive relationship). Ruth needs that socialising as well, just as much as (names grandson) because there is nobody her age out at the cottage no friend to go and have coffee with ... She's got friends that she's made here (Grassroots) that she can go away and do things. She's learnt a lot since coming – food and hygiene, first aid... all good if she wants to get a job.

Describing the process of teaching and learning in food and hygiene – Yvonne illustrates how it was all very social and then..a test. It took a big bit of courage but I knew she (Ruth) wanted it...mother (Yvonne) had to knuckle down as well...We'll both get it then!!

As for her grandson, she is emphatic in saying 'he loves it, absolutely loves it. It gets him to integrate with other kids which he doesn't get out our way. At home he was very much...played on his own, didn't really come and want to read books or anything...but when he is here (at grassroots) he comes and wants to read books. Grassroots had something on for 2 weeks solid, more or less out every couple of days and lots of things to do with kids...from then on he comes in and mixes with the kids now, he doesn't have that fear...before that he would only want to sit on your knee you would put him down and he would be desperate to get back up on your knee.. Since the 2 weeks solid he'll go

away and play now and he'll leave your side, and thoroughly enjoys it. Soft play, cooking and chat in Rigside – toys and things were out and one parent would stay in with the kids whilst the other went in and cooked...he got to play with the other kids in here. Just the free flow of running about and playing with the other kids. I feel socialising for William is a very important thing because that's something he's not going to get out at the cottage where we live.

It cost nothing not a bean...everything is free and an absolute fantastic thing in this day and age because there will be kids who have never been to a fairground before or a zoo but through Grassroots they get to see it. I had never been to soft play before and now we go on a regular basis.. outwith healthy valleys

The staff are very much like friends, anything that's coming up they're on the phone telling you what's coming up and giving you the opportunity if you want to go to it or not...and we say yes to everything, we say no to nothing but blows. I think that we'll be the only family that says yes to everything, they know they're guaranteed when they phone us that we are going to come.

(Names two Grassroots staff) – They're not pushing something down your throat. A Health visitor will come in and say to the young women you should do it this way you should do it that way and make the young women feel am I doing it right?...they are just friends and extension of your family...if Ruth's feeling down she knows she can phone (Grassroots staff) at any time of day or night and know that they are there to talk to ..not the same label or stigma.....she can open up to them about anything... they respond and (there's) no stigma, they do anything that they can...they're like one of my family.

***Future aspirations – Five years on..***

Grassroots is a very big part of our lives. It really has been and if I could drive or Ruth could drive we'd put back in what we've got out we certainly would...that's our goal in order we are going to try and learn to drive so that we can put back in what we have got out of it...I would love to volunteer for them I'm actually miffed that it stops when he (William) is 5...you don't want it to stop when they're 5 its been such a part of their lives up until they're 5 why should it stop? You would like it to carry on until they're older. If only they didn't have to stop when they're 5..that could be something they could look into...it all comes down to money doesn't it. There should be similar programme for pensioners...Ruth will move in to the new house (adjacent to Yvonne's own house and currently being renovated) and its great to have my grandson growing up next door to me.

## Case study 3

**Name:** Wendy

**Age:** 19

**Grassroots Participant:** 2.5 years

**Beneficiary Status:** Young Mother with child under three

### *Background and personal context*

Originally from another town in catchment area Wendy indicated that there was a complex story to tell about where she is from. Moving around quite a bit, including a period living abroad, she left home at 16. She has now lived in one of the largest towns in the Grassroots catchment area for the past 6 years. Since leaving the parental home at 16 she has had her own tenancies.

When she was 16 she lived with her daughter's father but broke up when she was pregnant. At which point she moved back home to her mothers house in the town. However, though her mother could drive her to some ante-natal appointments, she too did not keep in good health and was often too unwell to drive. It was following one protracted trip on her own to an appointment (involving two scheduled buses and attendant waiting time) that the health visitor alerted Wendy to the possibility of support from Grassroots.

Turning 17 whilst pregnant she was effectively on her own and trying to make hospital appointments which were at the local market town some way off. After the birth of her daughter, Wendy suffered from post-natal depression - exacerbated in part due to being lonely and isolated and in part having sole responsibility for a new baby. In her own words she described it as "At that point I was really really low and depressed". "I was in a bad place..I was... awe, I was, I was so lonely and depressed and I just wanted friends, people about me."

Isolation arose partially from her movement away from her previous circle of friends - in part since most of them did not have new baby, in part since she felt she had new responsibilities and in part since she recognised it was not longer appropriate for her to hang about the park and going drinking with all of her pals. "So when I got asked to go out with my pals I had to say no because I had her to look after. So I just drifted away from all of may pals."

### *Connections and networks*



Although living alone with her daughter, Wendy has familial connection in the same town (her mother, older sister (15 years her senior), aunt and a nephew) with whom she is close and for which reason she wants to stay here. She feels she has her family around her. Although still feeling like an incomer, since she moved back with her mum she does feel settled. Having a baby did mean that Wendy moved away from a previous circle of friends and characterised this as “I had to grow up my responsibilities changed”. Although there was one person from the group who also had a baby around the same time whom she has grown closer to and who is also now Grassroots beneficiary – following Wendy’s advice.

### ***Grassroots involvement and impact***

Wendy first became involved with Grassroots following referral from a health visitor.

“I was down at (the nearby market town) seeing the health visitor she mentioned Grassroots and mentioned the volunteer side of it first and she said I could get help for getting to appointments to the hospital for scans and stuff...that to me ...that would have been a great help to me...so that’s when I first signed up. Then someone from Grassroots came out to see me and explained everything to me. So I started out from the volunteer side of it... getting picked up and that...and then after I had my daughter that’s when I found out about all of the other things they did and I was getting invited to like group meetings and that and we were talking about things we could do...like trips and all that.”

The volunteers came with their own transport, picked me up, took me to my appointment, either waited on me or I’d say come in with me and wait, and then they’d take me back home.

Wendy also had support from another volunteer who helped her out as she explained...

“I broke my wrist..it was hard trying to push a buggy and all that..it was actually (names volunteer)..she picked me up and took me to hospital ..that was a great help to me as well – cause I couldn’t push her about (indicating her toddler daughter) and all that with one arm.”

After the birth of her daughter Grassroots staff came out and visited Wendy and she felt that they quickly and correctly assessed her isolation and depression, “I wasn’t getting out the house with my wee girl and this and that. They noticed I was depressed before I knew I was depressed, they could pick up on that, you know yourself how you can look at someone and you can tell they’re depressed – even if they don’t know.” At this point she was made aware of the other programmes that Grassroots had on offer and invited to a small meeting in her local community centre. Though lacking in confidence Wendy

was willing to become involved as a proposed antidote to her loneliness and depression. “And from there that’s how I started to get my confidence back beginning to feel better about myself, meeting new people.”

Wendy was able to articulate how if she needs support or advice she can turn to one of the two project staff at grassroots by phone, text or facebook page. At the point of the interview in March 2014, Wendy had been involved in 25 active engagements with Grassroots – including one-one meetings, introduction meetings, training activities family activities.

The first activity she participated in was baby massage. Wendy spoke very highly of this activity in that it was an individual benefit to her, a benefit to her daughter but also served a social function in meeting other mothers in the same situation.

“that was good..met other mothers there in the same situations as me..and it was relaxing it made you forget everything that was going on out there, it was in this room , all relaxed just me and my baby doing things and that really helped me, it helped me to bond with her as well because I had had post-natal depression as well, it helped me to form a bond with her as well. Em If I hadn’t found out about Grassroots, all the thing they could do, if I never knew about they baby classes and things I don’t feel I would have bonded with her as quickly as I did. They helped me.”

### ***Benefits?***

“See if people, this is a big thing, if people outside if I tell them aw we’re doing this with Grassroots we’re going a trip we’re going to soft play we’re going to the zoo they’re going like that.. that’s bloody brilliant I wish I had a wean. They just think Aww you’re just getting all of this free stuff , do you know what I mean you’re getting days out and all that for free, but they don’t realise how all this stuff is helping. I’ve gone from being really low, depressed, not bonding with my wean to in the first six months in Grassroots I was laughing, I was making friends, I was bonding with her and she was learning stuff, I was learning stuff – it was just absolutely brilliant. It might look all fun and games, but all of those fun and games are actually really, really. helping you

“Em...{Long pause}..I’ve got a lot of confidence...I’m not really a confident person but I don’t know I met a lot of good friends through Grassroots, other mothers and we’ve got a lot in common and when we’re in a room together and that we just...I’m in a comfort zone I can be who I am I don’t need to be (tails off) well I don’t know...just my confidence used to be a way down here (indicating with a low hand gesture) but now its

up here (indicating with a much higher hand gesture) mixing with other people who have the same problems as me...”

Wendy articulated the social impact of becoming involved in that she described a transition from prior patterns of socialising and a previous friendship group, to a new pattern of socialising and a new and different network of friends and acquaintances.

“Yeah Most of the group (at Grassroots activities) I didn’t know before. That’s the thing me being a mum at 17, I mean, none of my pals were mums apart from (names friend). So that was another thing I really had to forget about all of my old friends and focus on getting friends who had children so we had the same interests – but I didn’t know anyone around my age, round about me that had weans. But by joining the group I’ve met friends, different ages, some of them are a lot older than me but we became really close friends and I mean they’ve been in the same situation not really having many friends or their parents and that. Its been good making new friends that have got all of the same interests and responsibilities as what I have.”

“I don’t know where I would be ...em...Grassroots and all the things I went to its helped me to become a better mum going to book club sessions, do you know about them going to things like that I wouldn’t have known about any of them...if someone had said to me do you want to come to bookclub I wouldn’t have known (what it was) if I asked them what it was and they said we sit in a circle and I would have been like that No!! ..but actually going through Grassroots she (her daughter) absolutely loves it, I enjoy it and again its bonding time as well and its helped her develop, she’s constantly singing and she’s learning all of these new words from hearing songs and that, its been absolutely brilliant. And if I never had Grassroots, half of the stuff I wouldn’t know about. I wouldn’t have known who to find out from, I wouldn’t be speaking to all of the people I speak to now. I think I would still be in the house depressed, I don’t know what I would be doing with myself. Even just now if I’ve not got anything on at Grassroots I ‘m sitting in the house I struggle for what to do...I like to be busy now.

Discussing the extent of her involvement Wendy highlights a number of activities vis:

“Its all changed this year now, last year I was getting invited to everything, but this year you only get invited to things that they think could benefit certain people cause here’s so many people in Grassroots and there are not enough spaces in each activity for everybody so they ask you to the ones that are going to benefit you. So I was going to another book bug session because they know that that benefits me...so it’s not the same, before I was going to a lot of things but this time I’m not going to as much”

### ***Future aspirations – Five years on..***

As part of the winding up of the interview and given her daughters patience throughout there was some general discussion in which Wendy was able to contextualise the progress made given her capacity to plan confidently for the future for both her and her daughter.

**Researcher** ..what the next stage is in terms of nursery education?

**W** ..I'm scared of her going to nursery, I've been that used having her to myself every day 24/7 I don't know what I'm going to do once she goes to nursery

**Researcher.** The book club we talked about earlier is interesting because all the research points to the development of literacies skills through songs, nursery rhymes and play and pays off when it comes to the reading that they will get at school...

**W** ..That's paying off already like at book bug they'll sit at the end and read a book and all that and she absolutely loves reading books, and all the voices and that so at the last book bug I went to I got a library card and we're going to the library every week and we're getting books and we're sitting at night and reading books and she loves it. (with consummate pride) she's learning..picking up new words from the books she's picking up words through the songs she absolutely loves it. (both try unsuccessfully(!) to get her daughter to sing a song! (both laughing!!))

**Researcher** That's great...What about the future...there comes a point where you're moving on...and (names daughter) is moving on...where do you see your self in five years?

**W.** Well through Grassroots its not just been soft play and things like that..there's been courses that I've been able to do ... I couldn't pay to do myself. There's food hygiene courses and that and I did my first aid course and when I did the first aid course I thought I like this and its made me ever since I was pregnant liked the whole pregnancy thing and what was going on and when I did my first aid I decided I was really interested in being a nurse. So because I did that first aid course its made me think right that's what I want to do so when she goes to nursery its made me want o apply for college and study nursing so if it hadn't been for grassroots I don't think I would have known what I wanted to do for myself in future either. So its helped me know what I want to do for a job.

**Researcher.** Where would you study?

**W** Motherwell college, I've looked into it. She could go into the nursery or I can put her into the college nursery and from college I'll study and then from college go to uni and so on...

**Researcher.** Its almost like you're building a portfolio?

**W.** The other thing is I've decided that I want to look for a job at the moment. Try and work part-time. With me being a high school drop-out, and getting pregnant so young and all the rest of it I don't have much of a CV..and the first aid course, hygiene courses they've given me stuff to add to my CV as well so that I can look for a job in the future. So that's been a really big benefit to me. And the good thing is that when I did the course they put a crèche on for me so I could take her with me, she was getting watched, I could relax and do my course and then go see her at the end.

**Researcher.** ..and do you think that's important

**W** ...Aye..

**Researcher.** I guess if they didn't have the crèche it makes it much more complicated...

**W.....**it does, because if I was to go and look into a course myself somewhere they don't put crèches on 9 time out of ten they don't and so I would be stuck..without someone to watch her I wouldn't be able to do the course..Grassroots always makes sure that you've got a creche there to take your wee one with you and that's a really, really really good thing. I really benefit from that.

**Researcher.** Where do you think she'll be in five years time?

**W.** I think she's going to be a wee pop star..I actually think that for her age she is really really smart, all the things she says, och you need to see her, she's acting shy just now but in the house she's so smart and a lot of the stuff she's learned and picked up through grassroots. ..I think she's going to be a wee brain box when she goes to nursery and school and I hopefully – to her daughter- you stick in at it! See my phone, a year old and she could go on my phone, unlock it and press the apps, knows how to work it all...

Daughter playing with phone mimes taking a photo

**W.** ...she was saying '*say cheese!*' She's not even two yet... and she can count as well, she can count to five. She actually learned to count at through a song at book bug....I can see I've learned that much by going to (Grassroots) groups and that we take them home and do it at home whether its painting or drawing in the sand or things..

Wendy confirmed that she was aware that the Grassroots funding was limited and though she was emphatic in expressing regret at this she reflected on how her experience through Grassroots has contributed sufficiently to her resilience and confidence that she has transferrable skills and knowledge that she aims to employ.

“I mean, Grassroots is only funded for another year and if there is no more funding then there’s no more Grassroots which I’m upset about but at the same time if it was to end I’ve learned so much – I know about book bug classes, I know where they are, I know where other things are held I know how to find out about everything now and if I want to know about something I know I can always talk to (names two Grassroots Staff Members)... {paraphrases} look how did you get in contact about that group we did, how can I find out about how I could do that again.

So if it finishes I can still do all of the things I can do now. The only thing is the money thing but I want to get a job.. and going to college and things and sorting all of that out and if it finishes I know there are a lot of people in the group that I will remain friends with. Indicating toward her daughter..She’ll be going to nursery when she’s three, so in another year..

## Case Study 4

**Name:** Olivia

**Age:** 33

**Grassroots Participant:** 2.5 years

**Beneficiary Status:** Mother with two children under three

### ***Background and personal context***

Olivia is originally from Eastern Europe and moved to South Lanarkshire around 6 years ago to find work. After a short tenancy with a private landlord in the market town in which she and her husband had found work in a care home, they moved to a public sector house in a small former mining village. Although friends tried to dissuade them from moving there both appreciated the countryside setting and the small community. However, in the beginning Olivia found life very challenging, in part since she was not speaking very good English at that time. In the absence of personal transport there was little to do with her son (4 or 5 months old at that time) and apparently few groups she could participate in. She felt very homesick, lonely and with gathering depression. In addition when they initially moved in their garden shed was broken into on two occasions adding to a sense of insecurity. Though she noted that she has nice neighbours most of her friends are work colleagues who live elsewhere in South Lanarkshire and she recognised the growing isolation of her and her son and the need to meet other people.

### ***Connections and networks***

Initially, though she had some contact in Eastern Europe with her husband's parents and a few of her own friends, this contact was irregular. Whilst staying at home to look after her new son she began to lose regular contact with former work colleagues. At that time her husband was going out to work so she spent a lot of time on her own and around the family home.

Eventually Olivia took her son to a local mothers and toddlers group, and participated until he started at the local nursery school. She now has a second child. When asked about interests or hobbies she replied..." I like sport but its difficult now...(with the children)....hmmm I like to play sport, like badminton or go swimming in Lanark...but now its difficult you know...I have full hands...

### ***Grassroots involvement and impact***

Olivia states that her first hearing about Grassroots was memorable and clearly thinks warmly of what is transformative moment in her time in Scotland. Her son was around 4 months old and a health visitor had made a visit. Olivia was describing her sense of isolation and loneliness to the health visitor at which point the health visitor made her aware of Grassroots and the programme of support they could offer.

“because it was a difficult time for me....so when the Health Visitor said this could help you to make things better, to meet people.....to just change your life to be honest...then I said yes.. I will come no problem at all...and I was happy!”

“...my first trip was to Mother and Toddlers group and eh..that was a joy...we got more trips with Grassroots and more things we could do .. and that was a big change for me..(Emphatic) this was a big change for me.. it was hard for me.. (Big beaming smile when recalling this first contact)..i don't know if you can understand me.. I was feeling very lonely...I had no friends from work...stuck in the house with a small baby...so I was homesick, lonely maybe a bit depressed after having the baby...I was feeling I needed to do something then... we come to meet other mums.. to share my experience with.. even just speaking with someone nice...you can just feel better!”

“...Grassroots ... they keep us busy.. even if I stay at home on my own with the children there is always something to do.. like baby massage...I have good contact with other mums.. I feel I have friends so if I have any problems.. for example a few weeks ago I had a problem with breast feeding (I have mastitis, you know) and so I spoke with someone (in the group) whose daughter had the same problem and she gave me some information that was useful.”

From first becoming aware of Grassroots in late 2010 she was recruited to attend groups with other mothers and to go on trips. This she noted was very good for her and her son, reducing isolation and stress, building friendship and social contact and for practicing her English. Since then she has participated in a wide range of activities in the Grassroots programme including baby yoga, SLRTC paediatric first aid, healthy weaning, Royal Environmental Health Institute for Scotland Food and Health Training and range of family trips. (a total of 63 discrete engagements in Grassroots activities to the Autumn of 2013).

Olivia explains her sense of inclusion since she started out at Grassroots to the extent that she no longer feels homesick, She now has more friends in Scotland now than in her



homeland in Eastern Europe. In addition to her regular involvement in Grassroots activities and the wider social circle Olivia has now also begun as a volunteer in the Hospital in Wishaw

“I also have contact with Breast feeding support team in hospital in Wishaw.. because I am volunteering now... they gave me leaflets asking for volunteers to support breast feeding mums..and I thought I can do that cause I am breast feeding and then,.. like when my second son was born I know how to avoid problems because of the training....but what has happened to me with the mastitis you know even if its not very good ...just now its mostly Eastern European mums because they need me to support them, with speaking the language...”

Reflecting on her experiences in Scotland Olivia acknowledges the support Grassroots has offered her and her family. She reviews her early experiences of loneliness and isolation and acknowledges the strain that it put on her family and that as a consequence had it not been for Grassroots she would probably have returned to Eastern Europe, that would have put strain on their relationship since her husband is employed and settled here. She is clearly delighted with the opportunities that have been afforded to her through Grassroots.

***Future aspirations – Five years on.***

Olivia is now confident enough to consider a college course, perhaps building on her qualification as a physiotherapist obtained in Prague. Her experiences at Grassroots are clearly influential and she would like to study to be a nursery nurse or a midwife. She commends Grassroots and would like to put something back..

“I would like to be a volunteer with Grassroots because I think I want to give back something of what I got from them...and so I want to give other people that...to be a volunteer with them... because I think they do very good things”

With regard to the future of Grassroots, Olivia is wholeheartedly supportive of the types of programmes and activities that have assisted her and her family. She would however like to see more purely social activities where mums meet other mums and, since she likes baking and cooking, more family events in which people come together to share their food.

## Case Study

**Name:** Ruth

**Age:** 24

**Grassroots Participant:** 1.5 years

**Beneficiary Status:** Young Mother with child under three

### *Background and personal context*

Ruth is a lone parent with a young son of twenty months.

She moved with her parents to a remote former forestry house in 2007 a house that, although part of small hamlet, was several miles from the nearest shop and from other services or amenities. Ruth moved out of the family home when she was 17 ½ about six months after they had moved to the remote house. She intended to return to her job as a care assistant and moved away to a market town in Dumfries and Galloway.

“I had a great job as a care assistant and the life I wanted.. and that lasted until I got into a relationship and then everything started to go down hill...”

When she became pregnant her then partner became violent toward her forcing her to flee and return once again to the family home. Although awaiting the completion of house of her own adjacent to her parents' property, she is striving to be independent and to have some social contact with others of her own age and of her sons age. However the abusive relationship both affected her mental health and resulted in her avoiding social contact due to lack of confidence and for fear of further assault from her former partner.

*“I’m terrified of going back into a village.. I am not a good judge of character...and I always seem to end up with the wrong type people and so although being back with mum and dad.. and sometimes I feel like I’m being a wee lassie again...but who doesn’t when they are back home or feel down... but I feel that when I am with my mum and dad....I rely on my mum and dad so much.. if I didn’t have them, I probably wouldn’t be able to do half the things I have done”*

However she also identified the dependency that this entailed and recognised that she needs to build up her confidence further since “ nine time out of ten I am with my mum, I don’t leave her side when we are out”.

### ***Connections and networks***

The limitations in telephone signal and failings in internet connectivity are clearly an isolating factor. In the absence of preplanned activity Ruth had limited opportunities to engage in social activities or even day-to-day routines that those in urban centres may take for granted.

*“I think the nearest shop is about 8 miles...The only way I can get out of the house is if my dad is there (to drive).. however he works on week days...at the weekend we go up to a nearby town to my grans...but other than that its Grassroots that gets me out.. I don't really have any hobbies.. go out a walk with the dogs and the wee man but that's about it.. We get snowed in in the winter...”*

### ***Grassroots involvement and impact***

Ruth was referred to Grassroots by her health visitor when her son was about 4 months old. Prior to this she largely remained at home and was afraid to leave or mix with people. Grassroots matched Ruth to a volunteer who undertook driving duties to ensure that she could fully participate in activities and other appointments.

*“When I first got referred...{names son} was still in hospital 'cause he was early...when I first met everybody...I was a different person....really shy...nervous...I wouldn't say boo to a goose, if it walked passed me...I was..... so...shut down from everybody...crying 24/7 more or less....whereas after getting involved 'n' meeting other mums who are in the same sort of situation as me...and trying to do it alone...it makes you realise that you aren't the only one out there going through it...and you need to start opening up and being able to trust people.. and Grassroots have just been fantastic.. the girls there...{names two member of staff}..they are just fantastic.. I don't know how to explain i..t they have given me back my life.. they have more or less saved me.. I go to activities.. I go to everything going ...that I can get to.”*

Ruth made it clear in her responses that she would be lost without Grassroots. She contrasted her emerging confidence and willingness to participate with her previous state of isolation, anxiety and withdrawal.

*“For me...I'd be lost without them.. I'd be sitting in the house day after day doing absolutely nothing. .and I'd still be the same nervous wreck I was then... but I think its more about the people we meet...they are all so open and willing to come over to talk to you, even when they don't know you.... being able to make that conversation with you.. helps you to feel so at ease...knowing that people won't judge you for who you are and what you have been through... none of that matters.....to them you are just another normal person that's trying*

*to do the best for their child and they just want to be there to make sure that you are alright and you are doing everything OK if you know what I mean?"*

Ruth perceives her previous behaviour to be something other than normal, not to be able to communicate with others and be yourself. She describes herself previously as an emotional wreck until Grassroots came into her life. She became emotional in interview when describing how low she felt before – wondering if life was worth living. She recognises that the negativity of her past still plays a part in shaping who she is and can still get her down. However she *contrasted this with her new self-belief since becoming involved in Grassroots.*

*"I always know there is somebody there that's always gonnae be there.... to talk to if I need it.... I don't feel as isolated that way...like before...I wouldn't open up to anybody and what was going on with me...stayed with me [emphatic] and it just constantly ate away at me, just knocking me down....but since {names two member of Grassroots staff} have come into my life..and got me involved in this group...I am not always depressed.. I have days when I love to go out and talk to people, have a laugh...and be a normal 24 year old.. I can have my fun and not have to worry about anything...I'm not getting judged or anything...whereas, before I always felt I was....an' they've just .. they've saved my life...its hard to say how but they have just been amazin'..."*

### **Benefits?**

Ruth narrates a number of experiences in which she gains confidence, socialises, meets other mums, has her son meeting other children, overcoming isolation, learning, acquiring qualifications, cooking and baking.

*"They put me on a first aid course and food and hygiene course so that I have stuff behind me.. so if I ever go out to work again I'll have something.. they did a cook and chat recently which was amazing...it was fantastic.. like all people from all different areas came in and some helped to cook in the kitchen.. it was a good laugh we people in the kitchen you get to know people when cooking...and then while were eating together and chatting.. everyone was just having a laugh... Some of the ones with weans would stay with the kids...like parents looking out for each other and their kids...while the rest would come and cook and then we all got together at the end around a big table in the big hall.....it was brilliant....we got to learn how to make new things and some of it was yummy...and getting to know about all of the different people who were there...actually make some good friends, which I something I've not had in a long time...so its been good for meeting new people and just bonding n' stuff..."*

Learning to cook featured highly in Ruth's conversation. The extension of this was that the cookery was a group experience introducing her into activities but also into new social networks. These experience also had the additional benefit of involving her son meaning that he not only took part in the socialising, he benefitted from the sense of well being engendered in his mother and amongst the group of parents as they ate and socialised. She recognised that she was more outgoing than previously and much less shy. Significantly Ruth was emphatic in noting that the combination of these things made her a better mum. The most significant aspect of the benefits of involvement related to her engagement with her son and developing skills, knowledge and confidence that had been absent:

*"Well I can cook better...I can communicate with people a bit better...erm...they have actually helped me be a better mum...doing some of the activities we have done its made me realise that I don't need to be so shy with things for {names her son}.. like playing with him and not feeling awkward...whereas at the start I felt quite awkward.. even just singing a song to him...I felt stupid...but going to the book bug... and hearing some of the songs they sing and that.. and he loves it.. so I sing to him and even reading to him.. I read to him all the time...but before I would never have done that..."*

#### **Future aspirations – Five years on..**

What has happened at Grassroots has clearly developed Ruth's confidence. She also credits her parent with supporting her and contributing to this confidence building

*"they have built my confidence up..and now that I am a mum myself... I want him (her son) to be confident.. I don't want him to be shy.. I want him to jump in with both feet and if he wants to do it..then do it... "*

To assist in overcoming her isolation Ruth is determined to learn to drive and to get a job. Grassroots was also credited with building her confidence sufficiently to arrange to meet her cousin socially (for a pub meal) the first time she has done so for three years. She is ambitious to take her new found confidence and seek a return to the world of work...

*"building my confidence.. I'd love to get back into caring...but I need to get the driving sorted first.. but if the caring doesn't work.. I'd just to anything.. to get out and earn a bit extra money"*

A motivation to obtain her driving licence is that she would consider volunteering for Grassroots and putting something back in for others in the rural area who also need

support. She is content enough at this time to be planning ahead and having aspirations for herself, for her son and for the wider community.

“...in 5 years I should be driving...and you never know...might even be volunteering for Healthy Valleys and Grassroots...fingers crossed... Grassroots has played a massive part in getting my life back...it’s hard to find the words...they have played so much a part of my life...its just been fantastic.. because of them I have been able to do so many things..and actually go back to being the old me.. where I am happy a lot of the time....so because of them.. In five years time I hopefully will have my goals and be at them if that makes sense [reaching them? ] Yeah...”

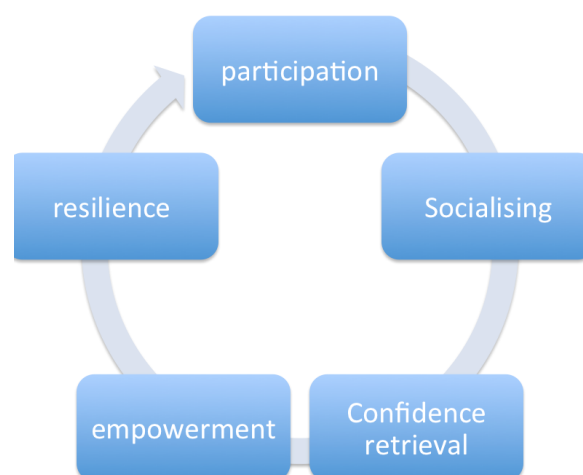
## 7 Conclusions and recommendations

7.1 Interviews, on which the case studies are based, reinforce provisional observations in our interim reports that key benefits of engagement in the project reside

- In improvements in self confidence;
- In the provision of personal support to attend appointments and project activities;
- In the reduction of isolation and in the creation of social networks
- In the provision of information and advice to meet personal needs.

Interviews, that were individual and discrete, also reinforced the multiple benefits of involvement. Each of the participants exemplified a multi layered and complex set of impacts: first in terms of benefits for them; second in terms of benefits for their partner or extended family (eg grandmother); third in terms of benefits for the child; and fourth in terms of shared benefits for the family unit as a whole. These benefits reside in a complex matrix of confidence building in part from encouragement and support from Grassroots staff and volunteers; in socialisation which reduces isolation; in accruing skills and qualifications; in being part of a group. Each of these impacts appear to be cumulative and mutually reinforcing, developing what we would describe as a virtuous cycle in which a connection and reinforcement may be deduced between aspects of participation, socialising, confidence, empowerment and resilience: (even in the face of further set-backs).

Figure 1: Virtuous Cycle



With reference to fig 1, it is the interactions with staff, central to enacting this process, who become the catalyst for each staff, supporting participants in such a way that each of the five characteristics in this process provide a dynamic through which change becomes possible.

It is emerging that trajectories for each of the case study participants can be generally and positively mapped as progression against the features in the family impact star. An excerpt from field notes (Observation of soft play) which all case study participants have experienced, is provided in Appendix 3. This type of experience appears therefore to reinforce both the detail and general tenor the points made in interview and case study about the impacts of the Grassroots experience.

**7.2** However it is essential that this research report enters a number of caveats in the interests of context and balance:

1. Grassroots engages with families often with pre-existing and complex needs not all of which may be ameliorated through involvement in the programmes on offer;
2. Where beneficiaries embark on new plans or have wider engagement with the community or with other services this may be connected to positive experiences (of confidence building, information giving or skills developed) through engagement at Grassroots. However a causal link between access to the programme and such developments has not been evidenced in this study and would be difficult to obtain without further detailed research;
3. The change of habits and perspectives that underpin ambitions for transformative change may be influenced through the mechanisms of the Grassroots programme. However each participant is unique (physiologically, psychologically, socially) and may continue to encounter issues of poverty, mental health or debilitating environments, the dynamics of which mitigate against transformative change as a result of engagement in Grassroots.
4. Grassroots contributes, uniquely, to addressing need in a specific locale and with this specific target group. However, a range of other statutory agencies also overlap these interests. As such Grassroots is only one part of a wider partnership of public bodies that includes health visitors and other allied health professionals, social work and education.

It is clear never-the-less that the implementation of Grassroots programme of work with individual and families has progressed significantly in the past two years, with the 2 full-time members of staff and 14 volunteers engaging together to support around 30



families. In terms of multiple need (and project targets), Grassroots is reaching some of the most disadvantaged families in the rural area and setting out to meet their support needs. For those parents who contributed to interview, case study or were part of group observations their involvement in individualised and group programmes was universally reported as having a positive impact- for example in their mental health, assisting with the problems they experience as parents and enhancing the quality of their parenting and their consequent relationship with their child.

### ***7.3 Participant Profiles***

Research undertaken to inform this report shows that exposure to two or more risk factors (from for example financial stress, mental illness of the parent, instability of relationship of parents, substance misuse, maltreatment and being a premature baby) is “disadvantageous to future child development and adult outcomes”.

It is evident from the case studies that Grassroots both target and reach a group of parents who are vulnerable in this way yet, in many cases, isolated from or unlikely to engage with other formal support structures.

This vulnerability may in part be due to variables of adverse social and economic indices (poverty) and complexities related to factors such as depression, anxiety and social isolation. Routinely this report found that such vulnerability is also a function of rurality 1) expressed as difficulties Grassroots participants experience with public transport and an absence of personal transport to ensure effective access to services; and 2) expressed as a function of Grassroots’ parents with new children who become vulnerable (routinely as a result of isolation, anxiety and depression) being dispersed through the Clydesdale and Nethan valley and potentially becoming isolated from social and professional networks.

Contemporary research literature accessed in this study speaks to the continued relevance of the Grassroots project, to the priorities they are addressing with parents and their children in the rural area and to the vital lifeline Grassroots afford to parents and families - not just in terms of the immediate crisis and response but also in terms of projected future benefits and well-being; evidenced in beneficiaries clearly developing capabilities in confidence, knowledge and parenting skills.

### ***7.4 The Impact On Beneficiaries***

This Research report was informed by a series of project outcomes

- Vulnerable parents and carers are better able to cope for the arrival and aftercare of their baby
- Vulnerable families with children under 5 will be more confident and capable parents/carers
- Vulnerable families have improved relationships, both within the family unit and their local community

The evidence from analysis of case studies is that these outcomes have been significantly accomplished. All of those Grassroots beneficiaries who contributed to the research process identified impacts consistent with these outcomes being met.

The benefits of involvement in Grassroots are multiple. Each of the participants exemplified a multi layered and complex set of impacts: first in terms of benefits for them (eg improved bonding and nurturing, knowledge, certification, confidence and well being); second in terms of benefits for their partner or extended family (eg improved socialising and communication); third in terms of benefits for the child (improvements in attachment, learning and communication, nurturing, socialising and well being); and fourth in terms of shared benefits for the family unit as a whole (eg socialising, confidence, cooking and baking, reduced anxiety and stress). Each of these impacts appear to be cumulative and mutually reinforcing.

### ***7.5 Beneficiaries Experiences Of The Project***

Routinely, in representations made to the researchers, parents portrayed the adversity of the position they were in prior to engagement with Grassroots. This was then contrasted with the positivity of improvement in their lives once involved with Grassroots. The impact of being involved for some (though not all) can be defined as transformational. All of the participants did however relate to a range of benefits that may be summarised as residing:

- In improvements in self confidence;
- In the provision of personal support to attend appointments and project activities;
- In the reduction of isolation and in the creation of social networks
- In the provision of information and advice to meet personal needs.
- In improved parenting with regard to learning, communication, nurturing and play
- In greater resilience and wellbeing

Communication with the project staff and volunteers appears to be constructive, open and friendly. Indeed staff and volunteers are often commended for their willingness to

listen, being described as non-judgemental and being supportive and helpful.

Participants in the study welcomed the range of means by which they can contact staff and staff can contact them (phone, text, mail, and on-line via Facebook).

The openness of staff including volunteers, their informality and the empathy with which they engage was evidence throughout the interview process and, though often implicit, underpins successful working relationships. These friendly and informal characteristics are clearly significant to participants and may be a central feature of the Grassroots process.

## **7.6 Grassroots Programme -Tools and Methods**

Grassroots appears to fit with European mainland traditions of parenting programmes (Daly, 2013) in which assets are recognised and developed, empowerment is a feature and in which principles of community development may be identified. This is distinct from parenting programmes, favoured for example in England and Wales and in Scottish Local Authorities like Glasgow, which tend to be more formalised, deficit based, remedial and individualised.

The health promoting, assets basis and community development principle that underpin the Grassroots programme are coupled to a client focussed engagement that complement wider inter agency partnerships. We deduce a principled approach to co-production that sits at the heart of a range of Scottish Government priorities for public services and citizen engagement. However this principle may be more directly articulated and expressed as a means of amplifying the credibility of the Grassroots approach over other approaches to working with vulnerable parents and children.

The two strands of Grassroots practice are closely interwoven and as such respondents in interview did not always distinguish one from the other. For example the family impact star featured explicitly only when raised by researchers. Parents in interviews were however clear about reflection and evaluation as part of their engagement with project staff. In feedback and in observation of activities, trajectories for each of the case study participants can be generally and positively mapped as progression against the features in the family impact star.

***Intensive parenting support*** appears systematically to engage vulnerable parents, to develop knowledge and skills and to connect parents and their families to a wider social and professional network (of which Grassroots staff are one component).

***The Family Educational Support programme*** has been evidenced as supporting confidence building, ameliorating the effects of isolation and anxiety and in allowing for

the creation of a Grassroots community in which beneficiaries communicate, socialise, learn and develop.

The report finds that the flexible, informal, responsive and social principles of Grassroots provides its core philosophy and demonstrably underpins effective engagement. This approach therefore most effectively serves the needs of the beneficiaries, the rural area and the wider policy concern to support vulnerable parents with young children.

### **Sustainability and Future Development**

There is however a major issue in sustainability and building on the immediate project base through secure funding for the medium to longer term. The scale of the geographic area covered is a significant challenge and suggests a wide distribution of potential and actual clients. There are also limitations on staff and pressure of uptake that mean there is limited opportunity to conduct detailed follow up and data gathering of those completing the programme with Grassroots.

Referrals to the project may be random and difficult to predict but can reach a peak of seven per day. This suggests a recurring demand for the services Grassroots offers and for the outlet that it provides for health visitors and other health and allied professionals. It is evident that those who come into contact with vulnerable pregnant mothers and their new families value Grassroots and that this resides in recognition of the unique support structure it affords to such parents.

Despite significant success, Grassroots development is confined by its current short-term resources and relatively small staff group – sustainability is therefore a significant concern especially if there is a wish to capitalise on the investment thus far. Nearing the end of the current funding cycle, researchers are concerned that the expertise and experience gained by the current staff group cannot be guaranteed. It is natural that staff will begin to look to the wider jobs market and this potentially threatens continuity and stability. An early indication of renewed funding would be highly desirable.

Among matters that will require further project consideration (if future development is anticipated) is a response in the form of a strategy to accommodate the provision of the Children and Young People Bill (2014). Through the enactment of Bill Scottish Government are proposing the following

- to increase the entitlement to 475 hours per year pre-school education for 3 and

4 year olds to a more flexible provision of a minimum of 600 hours early learning and childcare per year for all 3 and 4 year olds and looked after 2 year olds

- to introduce a duty on public bodies to notify the child's named person if there are concerns that a parent or carer's situation might get in the way of the child's wellbeing
- to extend Corporate Parenting duties to most public sector bodies so that our most vulnerable young people get the support they need when they need it.

This brings both potential *threat* (from increased activity and possible competition for resources for this work) and potential *opportunity* (capitalising on the success of the Grassroots model to draw in new resources to sustain the work). Indeed the national parenting strategy provides a possible direction of travel by emphasising expectations vis

- working with Community Planning Partnerships (including the Early Years Collaborative) and their members to embed the GIRFEC approach, with increasing evidence of the core components being put into practice;
- embedding the role of the 'Named Person' to support a child's wellbeing;
- incorporating the GIRFEC national practice mode into the Red Book given to parents by health visitors after the birth of every child to record progress;
- alongside Scotland's first ever Child Poverty Strategy, recognising the need to support parents on low incomes.

(Scottish Government, 2012, p.17)

There are potential opportunities to position Grassroots practice relative to these developments, to build additional responsive services for parents and families and to secure funding in response to these new demands.

### ***Conclusions And Recommendations For Future Development***

Researchers have seen clear evidence of an effective approach to working with vulnerable parents and families in the rural area, led effectively by the current staff group and that clearly meets the complex needs of a vulnerable and dispersed population of parents and families. It is recommended that the principles and practices that inform the work of Grassroots be funded for the medium to longer term to capitalise on its initial success and to allow the roll out of what could and should become a national demonstration programme in the light of the renewed policy priorities of the Scottish Government.

In seeking to have an “embedded” Grassroots strategy it may be appropriate to: focus in particular on the issues around Children and Young People’s Rights in line with the UN Convention on the rights of the Child (UNCRC) and the proposal to place a duty on public bodies to ensure that all statutory planning and assessment relating to the child’s wellbeing is brought together in a plan. It is the current strong position of Grassroots as a leading player in this field – with a tried and tested model - that creates an opportunity both for in-house development (within rural South Lanarkshire) and also for rolling out the model of practice to other areas if funding can be secured.

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# Appendix 1

## **The Role of Volunteers in Grassroots**

Although not central to this study, Volunteers are clearly critical to the success of the Grassroots model and require to be continuously, recruited, trained and supported to equip them with the necessary skills and knowledge to engage in essential interventions. The recruitment of local people as volunteers who subsequently take such a central role in the implementation of the service is both a challenging and unique characteristic of Grassroots. Indeed feedback from participants consistently highlight the positivity of relationships and centrality of their role in support (especially in accessing health services, making appointments and in transportation across the rural area). In the course of the research we were minded therefore to engage with volunteers in the light of their central role and to tap in to their intelligence about beneficiaries.

## **Volunteers' Focus Group**

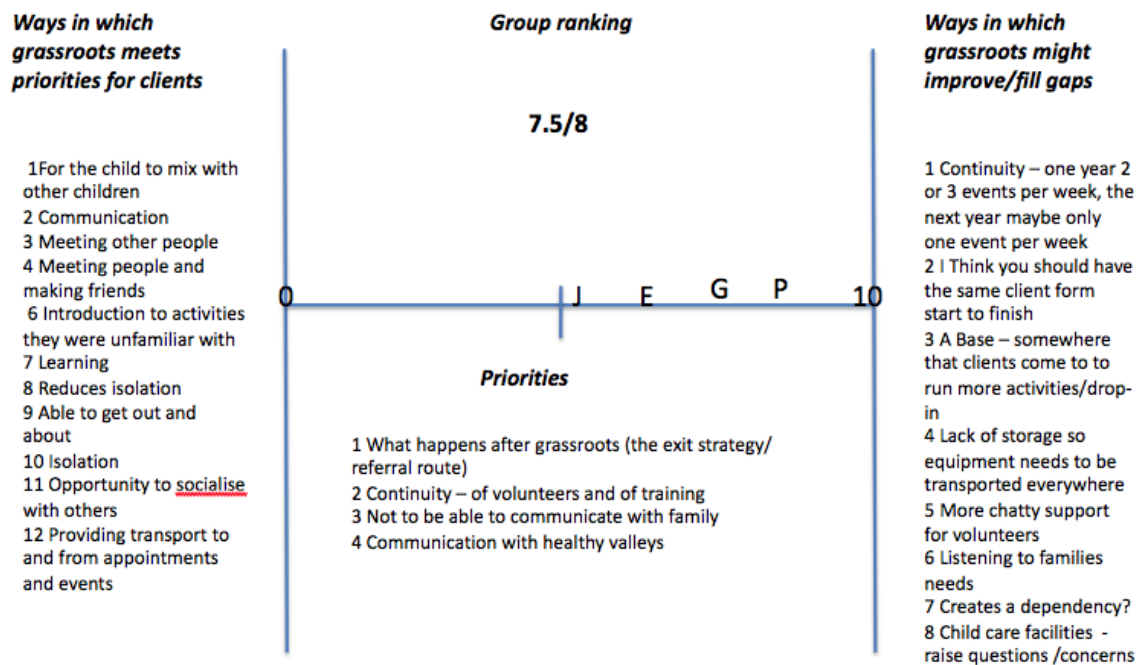
Volunteers, as participants in a focus group to draw on their perceptions of the beneficiary experience, were enthusiastic and assertive in representing the positive impact of Grassroots. The focus group was structured but even in general discussion their close experience of working with and empathy for beneficiaries was confirmed.

Researchers explained that they were primarily interested in the beneficiary response to Grassroots and that questions posed were predominantly designed for the volunteers to reflect on their experience with clients and use this as the basis for response and discussion.

Using a participant appraisal exercise (The *H form*) participants were taken systematically through a process of collective reflection. The *H form* uses a piece of paper (flipchart) that is subdivided using a large H (or rugby post configuration). This gives an area to the left of the H (routinely used to collate affirmative comments using post-its); a space to the right of the H (routinely used to collate questions or issues using post-its); the cross bar that is used as a continuum or scale from 0 on the left (being lowest assessment) to 10 on the right (being highest assessment) and on which each participant is asked to indicate their score as an assessment of the project; the space below the cross bar into which a number of priorities can be drawn following discussion on the comments posted on the right hand side of the H; and the space above the cross

bar in which the group make a collective assessment - a score they can all agree based on the comments and discussion engendered by the appraisal process. IN summary the response by volunteers is represented in the undernoted.

**Fig 1 – Responses to the H Form**



This participant appraisal exercise generated a number of responses from the four participants each of which in turn formed part of discussion within the focus group – sharing and clarifying ideas and comparing experiences. Each of the four women live in the catchment area for Grassroots and were recruited trained and allocated to support particular beneficiaries. Three of the participants were fairly experienced and had supported more than one beneficiary one volunteer was relatively new and had more limited experience. As an unintended consequence participants commented positively on the opportunity provided to have this kind of general discussion about their shared engagement in what they all see as a much needed and highly relevant programme.

Of the twelve ways in which they detailed how Grassroots meets priorities for beneficiaries, eight relate to the alleviation of isolation through the building of communication social contact with others. This signifies important consensus and significance for this aspect of Grassroots function for beneficiaries. It is clear that the experience of pregnancy and early childcare for some people is a period of loneliness and anxiety that, when paired with the physical manifestations of pregnancy, child birth and post natal effects, can contribute further to pre-existing experiences of stress or depression (this was also emphasised by beneficiaries in many of the case-study

interviews). The social aspect of the volunteer role appears also to be a fundamental aspect of the Grassroots ethos.

Asked to consider how Grassroots may improve for beneficiaries participants provided eight suggestions. Three of these related to facilities/amenities and were all related to the position in which Grassroots activities almost always take place in general purpose or shared community premises. This has created issues around transportation and storage of equipment required for particular sessions. Connected to this issue was a perceived need to have a Grassroots base that not only addresses some of these concerns but that would also provide a focal point for participants and volunteers - though there was also a linked concern about having a more 'physical' identity and presence (an underlying theme here being the need for additional resources). There was also a sense in which some of the child-care facilities in use could be more specialised and certainly improved. Four further improvements related to the process of listening to and engaging with beneficiaries and an underlying sense that some volunteers do not always have the opportunity to see a working relationship through to the end point. A further improvement was suggested on the pattern and distribution of engagement for beneficiaries that was seen to be uneven from one year to the next. There was a perception that having worked hard to achieve a high level of engagement with beneficiaries attending a number of activities in a given period, the next phase of engagement might see a drop off of the number of activities on offer. There was a suggestion that this detracted from the experience for some beneficiaries and led to some frustration. For the project management there were also two matters which related to information and communication within the project and to volunteers but also an urge to have more informal discussion and sharing events.



### ***Priorities for Action***

On discussing the breadth of the pros and cons exercise participants were asked to identify 3 or 4 priority actions. On the basis of field notes we interpret these to be

1. A need to clarify for volunteers (so that they may communicate effectively to beneficiaries) what happens beyond Grassroots involvement. Ie for beneficiaries what is the exit strategy and which agencies are they referred to to meet continuing support needs at that point. Suggestion that there be wind-down period eg for 6 months informal contact beyond the grassroots contact
2. Finding a way to allow volunteers to follow through consistently with a beneficiary to an endpoint in the interests of continuity for the beneficiary and for the volunteer. This was connected to a priority attached to a need for training, and specifically training that allowed volunteers to share and debate their practice and experiences.
3. The procedure of volunteers not being able to contact beneficiaries was raised alongside the procedure that volunteers could not go in to beneficiaries' home. In part this was representation of the overlap in roles for volunteers who inevitably get to know clients very well ie counsellor /friend/volunteer/confidant..
4. There was an urge to improve communication at the organisational level eg in ensuring timings and arrangements for meetings were communicated accurately and effectively (described as a function of the pressure of workload on volunteer coordination). Beyond this there was an underlying concern to build dialogue and social contact between volunteers and between volunteers and other staff at Grassroots/Healthy Valleys. There was some discussion of how communication could be improved – though mobile signal was sometimes a problem communications by phone call or answer machine message were seen as more effective

Asked to rate the Grassroots process for participants out of ten four differing scores were given that were subsequently rationalised in to one (7.5/8). Each of the volunteers were asked however to explain their individual score resulting in the following explanation:

<b><i>Personal Score out of Ten</i></b>	<b><i>Rationale for the score ie why not a 10</i></b>
<b>7.5</b>	Needs central premises in which to more effectively develop services. There was strong feeling that the identity of Grassroots was underplayed since it had to be a temporary tenant in a number of different venues; and that a central project base might support more sustained contact with parents
<b>8</b>	Needs continuity of services to see a family through. There was feeling 1) that there could be greater continuity in volunteering allowing individuals to work consistently with particular people; and 2) that for some beneficiaries it was not clear what happens after Grassroots if they still have support needs and have an established support process.
<b>6</b>	This score was provided mainly 1) to reflect the relative inexperience of the volunteer and 2) due to a residual concern about creating dependency over independent action on the part of beneficiaries
<b>8.75</b>	Healthy Valleys is good but is overstretched, needs bigger profile. This score was given to indicate concern that Grassroots should have more sustainable resources so that it could do more work (which everyone joined in on in discussion and gathered unanimous support)

### **Sample from Field Notes**

- The resilience of volunteers was supported/emphasised – particularly in sustaining relationships, working through issues and continuity. The benefits of the Grassroots relationships ring loud and clear over other social services and was lauded by the group...: “we are not them (eg social work)”
- Participants provided a sound exemplification of the learning and socialising process that takes place for example in the cooking group. This promoted a collective discussion and agreement in which banter, conversation and a sense of achievement were all identified as by-products of the cooking and other programmes yet essential to the fun and well-being on which the programme depends.
- An underlying issue was explored regarding clients who have alcohol or drugs related dependencies – around the question of whether volunteers should be appraised of all aspects/issues/characteristics know to Grassroots. It was noted that the privacy of the client may conflict if the volunteer experiences/uncovers

issues re drugs abuse/bipolar disorder. From the above there was sense that volunteers may be exposed - this moved on to Volunteer training explanations (a suggestion being that if more info is given to volunteers it may better prepare them for their role). Also an acknowledgement that meetings take place once a quarter – but that these could be more regular and, like this focus group (which was praised) more open/chatty.

- E Gave a sound exemplification of the learning and socialising process that takes place for example in the cooking group. This promoted a collective discussion and agreement in which banter, conversation and a sense of achievement were all identified as by-products of the cooking and other programmes.

## Appendix 2

### Research Schedule

<b>Task</b>	<b>Period</b>
Commence Research	January 2013
Interim Report 1	June 2013
Interim Report 2	November 2013
Interim Report 3	May 2014
Final Draft Report	November 2014
Conclude Research Process	March 2015

## **Appendix 3**

### **Field Notes: Observation of Grassroots Soft Play Sessions Lesmahagow**

#### ***Parenting Skills***

In both observations parenting skills were evidenced: in manifest care and attention, in communication and talk with children, in encouragement and support to children, in encouragement to play together, in an ability/willingness to get down in the play area with children to play, in the topics and sharing of parenting experiences. Diligence and attentiveness were observed, conversation and talk were positive and there was a cooperative feel. NB despite expectations not all participants knew each other prior to taking part

#### ***Mental and Emotional Well Being***

The overall experience for children appears to be engaging and great fun. There is evidence of a mutually reinforcing wellbeing (absence of crying or distress, smiles, laughs, shared wonder and joy, mainly relaxed body language). There is clearly a social benefit from participation for both adults and children. Indeed some parents (particularly from outlying areas) talked about their concerns about their child being isolated from opportunities for social play in the absence of this experience.

#### ***Ability to cope under pressure***

The introduction to the facilities and to the group (and being observed/potentially exposed to others) is clearly a big step for many parents. For some it is their first visit to the centre, for others their first use of soft play. Some parents and their children were required to meet new people. Though coping was evident, some group facilitation may therefore be pertinent here. Though there did not appear to be obvious pressure points (eg screaming children/unruly children/possessiveness/criticism) there were some occasions where individuals may have felt isolated/reserved/unsure of themselves/unsure of protocols) – these have the potential to act as barriers or disincentives.

#### ***Control and decision-making***

As a drop in facility, parents appeared to be comfortable with the arrival, settling-in, participating and withdrawing process. On both occasions people arrived and departed in accordance with their own schedule and appeared readily to engage and withdraw.

The play was free flow and the area stimulating and safe – parents appeared to be content with required levels of control and decision-making.

### ***Relationships with statutory agencies***

Becoming familiar with the centre, its amenities and coming into contact with its staff were observed. For some this was a first use of such amenities and demonstrably boosted aspects of confidence and experience.

### ***Social Networking and Family Relationships***

The socialising involved in this experience was probably its strongest suit. There are multiple opportunities for discussion, sharing and modelling (all evidenced). The sharing of anxieties was evidenced and in response the swapping of experiences and advice emerged from the close proximity inferred by being in the soft play zone and ball-pool. In some cases there was a playfulness and lack of inhibition (leading to a conversation that their should be an adult version of the soft play area!). Contacts were exchanged among some participants and experiences compared.

### ***Community Engagement and Participation***

Use of local amenities, building social networks and the potential for extra-grassroots contact were in evidence.

### ***Self Esteem and confidence***

Though lacking a benchmark, there appeared to be evidence of a process where initial reticence was replaced by tentative conversation (usually around children but also around grassroots programme) and then in some instances more engaged and prolonged chatting. Both children and parents appeared to gain in confidence. Though impacts on self-esteem are difficult to judge from these observations alone, it could be deduced however that taking a step from isolation (as some participants said) into the group in which there was social interaction would have some impact on indices of self esteem (a sense of kinship/belonging/wellbeing appeared to emerge from the shared activity and experiences in Grassroots).