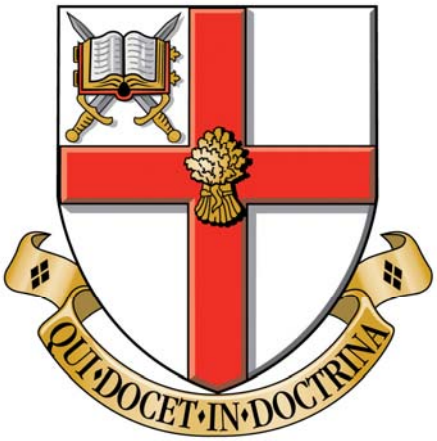

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Service Evaluation of Parent Education in the Blacon Sure Start Area

Conducted as part of the evaluation of
Blacon Sure Start

Centre for Public Health Research
University College Chester

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Chapter 1
Introduction

1.1 National policy background to the study

Sure Start is a major Government programme aiming to reduce the disparity between outcomes for children living in poverty and the wider child population. It was set up after the 1998 Comprehensive Spending Review on services for young children. This review revealed that children living in poverty were more likely to: do less well at school; become involved with the criminal justice system as they approached adolescence; and become parents as teenagers. This also revealed that children living in poverty were less likely to be employed in young adulthood. The Review also highlighted that services for young children were geographically patchy, of mixed quality and generally unco-ordinated, with very little money spent on the under four age group. The Review concluded that early co-ordinated and sustained provision for this age group, could make a significant difference to child outcomes.

It is anticipated that Sure Start will play a crucial role in the Government's ambitions to halve child poverty by 2010. Furthermore, Sure Start is also a major contributor towards the Government's aim of delivering opportunity and security for all. It is envisaged that this will occur through enabling parents to work, as well as tackling education and health inequalities by supporting child health development and early education, thereby creating better outcomes for children, parents and communities. Sure Start's aim is:

> "To work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they can flourish at home and when they get to school, and thereby break the cycle of disadvantage for the current generation of young children (Sure Start, 2001, p.3)."

The earliest years in life are therefore regarded as the most important for child development. All Sure Start services are expected to contribute to achieving Sure Start's objectives, which are:

> - to improve social and emotional development, in particular by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties;
>
> - to improve health, in particular by supporting parents in caring for their children to promote healthy development before and after birth;
>
> - to improve children's ability to learn, in particular by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure early identification and support of children with special needs;
>
> - to strengthen families and communities, in particular by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.
>
> (Sure Start, 2001, p.4)

Within these objectives, Sure Start also outlines several key principles for local programmes to work towards. These are guiding principles which draw on perceived best practice and are reproduced below.

1) Working with parents and children
Every family should get access to a range of services that will deliver better outcomes for both children and parents, meeting their needs and stretching their aspirations.

2) Services for everyone
But not the same service for everyone. Families have distinctly different needs, both between different families, in different locations and across time in the same family. Services should recognise and respond to these varying needs.

3) Flexible at point of delivery
All services should be designed to encourage access. For example, opening hours, location, transport issues and care for other children in the family need

to be considered. Where possible we must enable families to get the health and family support services they need through a single point of contact.

4) Starting very early
Services for young children and parents should start at the first antenatal visit. This means not only advice on health in pregnancy, but preparation for parenthood, decisions about returning to work (or indeed, starting to work) after the birth, advice on childcare options and on support services available.

5) Respectful and transparent
Services should be customer driven, whether or not the service is free.

6) Community driven and professionally coordinated
All professionals with an interest in children and families should be sharing expertise and listening to local people on service priorities. This should be done through consultation and by day-to-day listening to parents.

7) Outcome driven
All services for children and parents need to have as their core purpose better outcomes for children. The Government needs to acknowledge this by reducing bureaucracy and simplifying funding to ensure a joined up approach with partners.
(Sure Start, 2003)

The associated Public Service Agreement (PSA) targets (Sure Start, 2002) aim to achieve, by 2006 (for fully operational programmes) an increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development and to increase the number of children with normal levels of language and literacy. In addition to this the allied Service Delivery Agreement (SDA) targets aim to promote greater parental understanding of, and engagement in, children's development and to help parents to support their children's healthy development before and after birth.

Parenting has received increasing attention in recent years with the establishment of initiatives such as Sure Start, parenting orders and the National Institute for the Family and Parenting. It has been described as "the least prepared-for occupation" (Hicks and Williams, 1981), despite the family continuing to play the role of the chief socialiser of children.

Supporting parents formally emerged onto the agenda following the production of the Government consultation document 'Supporting Families' (Home Office, 2003). This document acknowledges that good parenting benefits us all and provides children with the best possible start in life (Home Office, 2003). The report sets out guidelines for targeting the greatest areas of need and highlights Sure Start as the most suitable initiative to take this forward.

The Sure Start Unit states that it is committed to offering advice in relation to preparing for parenthood, because research shows that what happens in pregnancy and immediately after birth can affect a child and a family for many years after (Sure Start, 2001). This very early period can help lay the foundations for individual health, well-being, cognitive development and emotional security not just in later childhood but also in adult life. Furthermore, outcomes for children can be strongly determined by early experiences with care-givers when patterns of attachment are put in place (Einzig, 1998).

Sure Start has been criticised for being a service which is only accessible to women (National Evaluation of Sure Start (NESS), 2003; Policy Research Bureau, 2000). Sure Start policy states that there is a need to involve fathers and male carers in parenting programmes, and that this is important. NESS carried out a piece of research concerning fathers in Sure Start (NESS, 2003). The report considered various aspects of male involvement in Sure Start, including attitudes of staff, attitudes of fathers/male carers, barriers to male involvement, and programme approaches to father/male carer involvement. The study revealed a strong maternal focus within the majority of local Sure Start programmes, in the form of a lack of male staff presence and female-orientated services. Although programmes welcomed the involvement of males, they were largely unsure about ways to encourage male participation (NESS, 2003). The report made several recommendations concerning ways in which local programmes could be more

father-focussed and encourage male involvement across the service. The main recommendations were:

1) to increase the visibility of male workers at all levels, to make the Sure Start environment male friendly;
2) to ensure early programme focus on involving fathers where father involvement is deemed desirable;
3) to collect quantitative information on father attendance at Sure Start activities to provide a baseline and to monitor progress;
4) to broaden programme 'office hours' opening times to include evenings and weekends;
5) to develop outreach Sure Start strategies to engage fathers pre-natally and around childbirth;
6) to increase the provision of 'father-focussed' services – building on men's interests (e.g., carpentry, sports or 'fathering');
7) to provide guidance for programmes on strategies/approaches for encouraging father involvement in collaboration with specialist fathering practitioners and voluntary sector partners;
8) to develop sensitivity to the needs of different groups within the community of fathers: lone fathers, sole carers, estranged or separated fathers, disabled fathers, fathers working shifts, fathers from minority ethnic and faith groups, as fathers with differing experiences and different requirements may respond best to services tailored for them;
9) to utilize mothers/female partners as potentially important facilitators of fathers' involvement in Sure Start activities;
10) to use mixed gender practitioner group leaders to model collaborative working between men and women;
11) to carry out local evaluations of the impact of father involvement in Sure Start on child, maternal and paternal well-being.

(NESS, 2003, p. iv-v)

Typical antenatal and postnatal classes for new parents have been shown to be unsuccessful in assisting the adjustment to parenthood (Policy Research Bureau, 2000) as they largely focus on helping women prepare for childbirth and the practical aspects of looking after a baby. As a result of the work of organisations such as The Parents in Partnership Parent Infant Network (PIPPIN), methods are changing to include emotions of male and female parents/carers towards their new baby and each other. PIPPIN has been working alongside Sure Start in many parts of the country, to support parents and help services achieve their targets (Policy Research Bureau, 2000).

1.2 Local background to the study

The Blacon area lies in the North West part of the city of Chester, in Cheshire. Blacon Sure Start covers the CH15 postcode area, which is an area of 1.2 square miles. Blacon is served by Cheshire West Primary Care Trust (PCT). It is estimated that there are around 850 children aged 0-4 years living in the area (Chester City Council, 2004a).

Blacon Hall and Dee Point (both wards covered by Blacon Sure Start) were ranked 1st and 5th respectively in an Index of Multiple Deprivation of Cheshire Wards (Chester City Council, 2004b). In addition to this, both areas also ranked in the top 10% of English Wards of multiple deprivation (Chester City Council, 2004b). As well as covering the wards of Blacon Hall and Dee Point, Blacon Sure Start also includes a small part of the Sealand Ward in its catchment area.

Figure 1.2.1 Blacon Sure Start Area CH15

(Supplied by Blacon Sure Start, courtesy of One Voice for Blacon.)

1.3 The Development of the Blacon Sure Start Parent Education Service

The desire to carry out this service evaluation derives from a combination of anecdotal evidence and monitoring data specific to Blacon Sure Start. Prior to the Sure Start midwives coming into post, the local programme reported that parent education classes had been poorly attended in the Blacon area, and this was something that the local programme wanted to address. An antenatal parent education questionnaire was carried out with a sample of 30 women in the area (between April and September 2003), to establish the type of service they would value. As a result of this, it was concluded that parent education in this part of Chester required reshaping, in order to improve attendance and retention figures.

Poor and infrequent attendance at antenatal services is common in deprived communities. The Government document Every Child Matters (DfES, 2003), states that antenatally vulnerable women are more likely to delay booking with a midwife and also more likely to exhibit sporadic attendance at appointments.

The Sure Start midwives were responsible for developing the pre-birth classes, following the realisation that parent education was poorly attended in Blacon. The Sure Start midwives were initially asked to explore how Blacon Sure Start might approach making parent education accessible to the eligible population. They did this by holding a meeting with local parents registered with Sure Start, during which they explored what information would be useful to have during pregnancy and the early postnatal period, as well as the time and days of sessions. This meeting was held on 23rd January 2003, an agenda of the meeting can be found in Appendix 1. A copy of the minutes of the meeting were not available. A questionnaire was also administered to parents between April and September 2003. A copy of this questionnaire can be found in Appendix 2.

Following the meeting and the analysis of the questionnaires, an audit report was produced by the Sure Start midwives, in conjunction with the Clinical Audit

Facilitator from the Countess of Chester Hospital. Key factors which emerged from this report have been extracted and are displayed below.

- 75% of parents who completed the questionnaire were planning to attend parent education sessions.
- The most popular sessions of choice were: aqua natal classes (11.4%); mother-craft sessions (18.6%); couples evenings which focus on the father's role (11.4%); preparing for parenthood (11.4%); and the tour of the hospital (11.4%).
- Of those who stated that they were not planning to attend pre-birth classes the most common reasons given were: working/attended classes previously (14.3%); partner unable to attend (14.3%); not interested (28.6%); not aware of any classes (14.3%).
- People were asked if they would have attended an information session concerning the importance of good health prior to a planned pregnancy, and 50% responded that they would have.
- 57% stated that a partner/friend or family member would be attending the classes with them.
- When asked about the most suitable time of day for classes the highest response was for evening classes (46.4%), and the preferred location was for a local clinic (57.1%).

Two part-time midwives were recruited to work exclusively for Sure Start. They were not allocated a caseload of clients, but instead relied on referrals from community midwives to establish their client base. Following their appointment, planning began around how the midwives might make parent education accessible to parents and how the service may be re-orientated. The responses to the questionnaires were used by the Sure Start midwives in the design process of the parent education programme in Blacon Sure Start. During the consultation with parents other suggestions were made regarding the content of the sessions, for example some attention to dental health was an area which many parents raised as important. The midwives then designed a programme of pre-birth sessions, during

which they approached the physiotherapist and health visitor and asked them to become a part of the programme. The health visitor and physiotherapist were given a brief idea of what to cover in their session but then developed this independently.

It was presented to community midwives, not as something new which would be better than the existing model but that it had been identified that the existing model was not attracting many people in the Blacon area and an opportunity had been created to try something new. Issues such as changes in the way the service is delivered, changes in the content of what is delivered and changes in context (for example location and timings) were all considered, as all of these issues may influence accessibility.

The perception of the health professionals working in the area is that the Blacon Sure Start midwives have re-orientated the approach to parent education. They have taken what they have described as a 'medical model' of parent education and, by altering the way the service is delivered, believe they have transformed it into a 'social and emotional model', which focuses on building on people's strengths rather than identifying weaknesses, and, furthermore, focuses on both biological aspects of pregnancy and birth and the social and emotional aspects of becoming a parent. There is also some suggestion from Blacon Sure Start staff that they have successfully engaged male parents/carers. This service evaluation will explore this perceived shift in service orientation, with specific reference to any impact on service users which may have occurred as a result of this.

The midwives have also condensed the information which is traditionally delivered over six sessions, into four sessions, in an aim to increase attendance. Furthermore, the sessions operate on a rolling programme throughout the year, enabling clients to slot into another session, should they miss a week.

1.4 Aims and objectives

This study is exploratory in nature and designed to evaluate the approach that the Blacon Sure Start midwives have adopted to improve parent education skills in the eligible population. The objectives of the service evaluation are:

- to describe the service;
- to analyse available monitoring data about service usage;
- to identify how participants are recruited to, and retained within, the service and how these processes may be improved;
- to consider how people are referred into the service and how the service providers are acting as referrers to other Sure Start or other local services;
- to identify benefits of the service to users (both children and parents/carers);
- to analyse how the service is meeting Sure Start objectives;
- to examine the extent to which Sure Start principles underpin the work of the service;
- to draw conclusions about the performance of the service and make practical recommendations for improvement;
- to provide feedback of evaluation findings to relevant staff to enable reflection and service development.

1.5 Structure of this report

This report is organised into a number of chapters. Chapter 2 presents a review of the relevant literature concerning parent education and Sure Start's involvement in this. Chapter 3 details the study design and methods used during this investigation. Chapter 4 concerns the presentation of the findings, Chapter 5, the discussion of these findings and finally, Chapter 6 outlines the recommendations which have emerged from this study.

Chapter 2
Review of the literature

2.1 Introduction

Parenting has been described as "a multidimensional, multi-skilled activity for which there is no pay, [and] no time off" (Einzig, 1998, p.95). Good parenting provides children with a promising start in life and can improve a child's health, success at school and prospects later in life. It also reduces the risk of major social problems such as offending, truancy and drug use (Home Office, 2003).

The new Labour Government has placed much focus on the importance of parenting, and made clear its commitment to raising standards of parenting.

> "This government has given a high priority to parenting in its social exclusion and criminal justice agendas, and clearly considers the promotion of good parenting as a significant tool in fostering social cohesion" (Henricson, 2003, p.3).

Whilst essential to the healthy and successful development of a child, good parenting skills are not something that people are born with, or indeed inherit: parenting has to be learnt (Einzig, 1998). Many parents need support with their children's health, education and welfare and many parents may also require advice and guidance about how to raise their children (Einzig, 1998). Britain has a meagre history where support for parents is concerned, especially by comparison with the parental leave schemes, childcare provision and the general hospitable approach towards children, which is found in other European countries (Einzig, 1998).

For a long time the provision of support for parents has not matched their needs (Home Office, 2003). There has been a gap in available support during the early years (between birth and school) and, furthermore, there has been a lack of information concerning more general parenting support. The Government has begun to tackle these issues by developing: the National Family and Parenting Institute - to provide helpful guidance and develop parenting support; the National

Parenting Helpline – to offer advice to parents and act as a signpost to local services; an enhanced role for health visitors – which strives to embrace the whole well-being of parents and their children; and Sure Start – to assist children to grow up with the skills they need to make the most out of school. It is anticipated that these initiatives, alongside better financial support for families, including: up-rating of Child Benefit; the introduction of Working Families Tax Credit; the New Deal for Lone Parents; and the Education Maintenance Allowance Scheme, will contribute significantly towards supporting parents (Home Office, 2003) and encourage them to raise their children in a positive way, without receiving instructions from the state about how to care for their child's development (Home Office, 2003).

2.2 Issues of definition

There are a number of different phrases and words used for parent education. Parent education, it appears, is freely replaced with the terms 'parentcraft', 'parenthood education', 'parenting education' and 'antenatal parentcraft'. Parent education may also be delivered as part of an antenatal or postnatal programme. It is not the intention of this evaluation to define the service that is provided by Blacon Sure Start, however, it can be stated that within the Local Programme parent education appears to be used as an umbrella term to describe the services discussed in this report.

Despite the various words and phrases used, all these terms appear to relate to the same kinds of service provision and thinking. Most parenting education programmes combine some or all of the following: information giving; learning skills; sharing experiences with peers and a facilitator; and the creation of opportunities for parents/carers to reflect on how they were parented and consider how this may impact on their care-giving (Einzig, 1998). Parent education comprises an array of supportive and educational activities that help parents-to-

be and parents/carers to better understand their own emotional needs as well as those of their infants.

Parenting education has been defined as "a course, training programme, information source or counselling service to help parents parent their children" (Henricson, Katz, Mesie, Sandison and Tunstill, 2001, p.3) which should support the totality of family relationships for the benefit of children. Whilst primarily focussed on improving children's lives, parent education programmes have also been shown to improve maternal psychosocial health (Barlow, Coren and Stewart-Brown, 2001).

2.3 Developments in parent education

The origins of parent education can be traced back to the period following the industrial revolution, when antenatal care was developed to meet the needs of a growing number of middle-class women who found themselves increasingly cut off from their neighbours both physically and emotionally, as a result of growing affluence (Nolan, 1997). Nannies and servants who often came with this affluent lifestyle also meant that middle-class women were increasingly de-skilled in everyday childcare (Nolan, 1997; Nolan, 1999). For working-class women, there was no provision until the 1920s when Labour Municipal authority antenatal clinics were established, however still many received no antenatal care (Young and McConway, 1995).

Gradually more and more women were unable to access information about their bodies and mothering, which had traditionally been provided via the mutual support and shared wisdom accessed by women living in small communities (Nolan, 1997). In response to this situation, The Women's League for Health and Beauty was founded in 1912. This group provided a model for antenatal classes in the NHS and for the early work of the National Childbirth Trust (NCT).

Thus, women turned towards midwives and other health care professionals for support. The Midwives Code of Practice (UKCC, 1998) states that one activity of a midwife is to provide a programme of parenthood preparation. Midwives are seen to have a key role to play in helping parents adjust to early parenting (Nolan, 1997). Growing numbers of midwives have become involved in leading antenatal classes; it is not now the province of a few specialist midwives.

Classes are increasingly held in community settings (Nolan, 1999) rather than in hospitals. In some places, there is a choice between women only and couples classes, and between daytime, evening or weekend sessions. Some areas also operate drop-in facilities. Classes for teenagers are also now more widespread; the Young Mums Midwives Project at Hammersmith Hospitals NHS Trusts is an example of this (Hammersmith Hospitals NHS Trust, Undated) and in a few areas there are successful programmes on antenatal care for minority cultures and faiths. The Queen's Medical Centre Nottingham has developed a wide-ranging approach to parentcraft, including evening couples courses, weekend couples courses, refresher courses, storks courses (for couples expecting more than one baby) and regular antenatal exercise classes (Queen's Medical Centre, 2004). A team of parentcraft workers deliver this care.

Whilst there have been social and political moves towards preparing parents better for parenthood, resources have not always matched the rhetoric. Schott, for example states that, few midwives receive formal training about how to lead classes, and, as a result, what develops tends to be a chiefly 'lecturing' style as opposed to interactive learning (Schott, 2003). This is often the result of classes being overcrowded and difficult to manage in any other form (Schott, 2003). However, in areas of deprivation attendance is likely to be less, in theory making small group work more feasible.

The arrival of a new baby can be a shock for even the best-prepared parents, but for families under stress, the increased responsibility can take them to breaking point (Inman, 2001). Many Sure Start programmes are working to help families deal with the challenges of parenthood. Billesley Sure Start is taking an innovative approach to antenatal care. Mindful of the slow uptake of some of the other services on offer the team decided to consult with parents to establish exactly what kind of service they wanted. Users wanted evening parentcraft classes based in non-NHS locations and a drop-in facility. The service found that by changing the venue and timing of the sessions, as well as making the sessions more interactive, they succeeded in engaging a much wider range of people (Inman, 2001). A study of Greater Glasgow's Maternity Services (MatNet, 2003) also found these factors to be of significance.

2.4 An example of a model of parent education: How PIPPIN supports Sure Start

The emotional needs of babies and their parents or carers is an area which has only relatively recently emerged as an issue for consideration. In order to better understand the significance of this, PIPPIN has been considered in greater detail in this section.

PIPPIN was set up in 1993 in response to findings of research (Parr, 1996) which examined the psychological needs of new parents. It was revealed that existing antenatal classes were failing to meet the emotional needs of parents and infants. As a result of this, a different approach was established. Group meetings and home visits during the antenatal and postnatal period were set up and evaluated over time. PIPPIN's aim is to maintain and improve the emotional health and resilience of families through one of the most critical stages in people's lives, that surrounding the birth of a new baby.

Evidence suggests that the early emotional experiences of babies and children matter, as does how parents and babies connect with each other from birth.

Attachment theorists argue that the nature of the bond which develops between an infant and his or her care-giver is crucial to the development of a child. Studies of child development have shown that securely attached children develop more positively across a range of indicators, than children who are insecurely attached (Stone, 2003). One reason which is given for the significance of early childhood experiences is that the developing child internalises his or her experiences as they learn, therefore if a parent or care-giver responds in a cold or inconsistent way towards the child, the child may experience some difficulty in developing future social and emotional relationships. An effective way of supporting this early bonding is by helping to build a strong two-way attachment between babies and their main carers (Policy Research Bureau, 2000).

The traditional approach to antenatal and postnatal care focussed on assisting women to prepare for the practical aspects of looking after a baby and childbirth. There was little or no mention of feelings and emotions and the impact that parenthood can have on an individual or couple. PIPPIN aims to address this omission, by introducing feelings and the needs of the baby into PIPPIN lead classes. Questions relating to the effect of the birth on parents, the emotions relating to crying and how fathers feel about the arrival of a baby at home are explored (Policy Research Bureau, 2000). PIPPIN bases its approach on encouraging and supporting parents to care for the emotional needs of their baby and partner.

Sure Start workers who have been trained by PIPPIN are incorporating the PIPPIN approach into existing and new parenting classes (Policy Research Bureau, 2000). PIPPIN's aim is to ensure that all parenting classes are run by professionals who have attended the appropriate training required, in order to make a difference to parents. PIPPIN aims to validate this by offering training and support programmes for all who work with children and families.

PIPPIN's approach is one which is a non-prescriptive programme, focussed on parent-parent and parent-infant relationships. This method has formed the basis of developments in parenting classes around the UK. It encompasses several strands, for example:

- involving fathers and significant others;
- assisting parents in identifying for themselves positive parenting styles which encourage sensitive and nurturing parent-infant interactions associated with secure attachment;
- empowering families to recognise and manage their own parenting problems;
- reducing family isolation (Policy Research Bureau, 2000).

In terms of how PIPPIN's approach assists workers in contributing to achieving the Sure Start objectives, there are many strands to this, thus these have been organised in the table below (Table 2.4.1). This illustrates the ways in which PIPPIN contributes towards local programmes (those involved with PIPPIN) achieving the objectives.

Table 2.4.1 PIPPIN's contributions to the Sure Start objectives

Sure Start Objective	Delivery Target	Delivery Target	Delivery Target
Improving social and emotional development	Caring for mothers with postnatal depression – PIPPIN offers specific training to those working with mothers at risk. In addition parenting classes based on PIPPIN can help mothers deal with any concerns they may have.	Contact with all parents within the first two months following the birth – PIPPIN runs modules on infant observation and home visiting to support Sure Start workers with this.	Reduction in children re-registered on a child protection register – PIPPIN programmes support early bonding and promote healthy attachment, parents who have been offered PIPPIN services may be less anxious and may use a wider repertoire of coping skills.
Improving health	Parenting support and information for all – parenting classes based on the PIPPIN approach promote emotional resilience, parents may consequently be more sensitive to their babies needs and more child-centred in their attitudes.		
Improving children's ability to learn	It is widely reported that children who have a greater developed sense of empathy arising from secure attachments are more open to learning – parenting classes based on PIPPIN's approach focus on raising self esteem and confidence, which should in turn promote secure attachments.		
Strengthening families and communities	75% of families reporting personal evidence of an improvement in the quality of services providing family support – 85% of parents who have attended parenting classes based on PIPPIN's approach reported satisfaction and an improvement in mainstream provision (Policy Research Bureau, 2000)		

PIPPIN may be a valuable tool in supporting Sure Start staff in reaching their targets and delivering high quality services to parents, carers and children, as it has been stated that PIPPIN will be a key priority in the development of children's policies (Blunkett, 2001). It is claimed that after six months, parents who have

attended parenting classes based on PIPPIN's approach display significantly more satisfaction with their relationships with their infants and their partners, and lower levels of anxiety and depression and increased sensitivity to the emotional needs of their infants, than experienced before commencing the classes (Policy Research Bureau, 2000). PIPPIN's approaches appear to be well researched and validated, and their work is highly regarded (European Regional Council of the World Federation of Mental Health, 1998).

2.5 Fathers: are services addressing their needs?

Research suggests that despite cultural ideals of caring fatherhood, and the labour wards opening their doors to the 'new man' at the end of the 1980s, the father as provider and breadwinner remain powerful sources of identity, particularly for working class men (Warin, Soloman, Lewis and Langford, 1999).

However, changes in employment and family structure and the growing multi-ethnic and multi-faith character of Britain are creating new socio-economic and cultural contexts for negotiating what it means to be a father. Fatherhood, it could be said, is currently undergoing a process of reconstruction and transformation (NESS, 2003). Whilst the traditional dimensions of the 'good father' (NESS,2003, p.5), who provides for the material welfare of the family still exists, it does so now alongside practices which have previously been considered maternal tasks, such as bathing infants. In fact, fatherhood has rarely been as prominent as it is now; media coverage of high profile fathers (from the prime minister to sporting icons) has challenged traditional ideas about the role of a father (Symon, 2001). These men's public display of their involvement with their young children, alongside research which has highlighted that children have better outcomes when they have close contact with two parents (Lewis and Warin, 2001), have lead to the expectation that men should be involved not only throughout pregnancy and childbirth, but also throughout the child's life.

While parentcraft sessions have tended to focus heavily on the labour period, there is a growing realisation that this is a small part of parenthood. Consequently there has been a much greater focus on the needs and expectations of fathers-to-be. A UK-wide study of fathers-to-be (Singh and Newburn, 2000) found that while most felt involved with the pregnancy, a third wanted to be more involved. Men also wanted more classes and a focus on postnatal issues.

Since the cross-Government Ministerial Group on the family was formed in 1998, several practice and policy developments have been promoted to support involved fathering (Ghate, Shaw and Hazel, 2000) These have included: young father's parenting programmes (alongside teenage pregnancy strategies); programmes supporting contact between fathers and children; and the development of contact centres providing places for children to meet with non-resident fathers. These moves, combined with the provision of paid paternity leave which came into force in April 2003, have helped to raise the profile of fathers in contemporary Britain.

Despite this increased provision for fathers, there have been a host of factors which have prevented fathers engaging with services like family centres. A study commissioned by the Joseph Rowntree Foundation in 1999 (Ghate, Shaw and Hazel, 2000), explored these barriers. Ninety fathers were included in in-depth interviews, as were mothers and centre staff (13 centres in 7 local authorities took part in the study). This study identified a range of impediments to full-scale father involvement in services:

- cultural and social barriers included: traditional, gender-stereotyped attitudes to child care as 'women's work'; father's negative attitudes to services as potentially interfering and threatening;
- family and individual barriers included: practical difficulties regarding opening hours of family services; father's sense of shyness about being with new people; and, in cases where female partners were already using

the service, they regarded it as 'their space' and discouraged their partners from attending;

- family centre barriers included (these were the most widely reported): negative attitudes towards working with men; non-inclusive referral systems, which only considered women and children to be clients; a lack of male workers; the universally female-dominated and highly feminised environments of family centres; sexual teasing and harassment of male users; occasional expressions of hostility or anti-male feeling by women users and staff.

(Ghate, Shaw and Hazel, 2000).

It was also noted that family centres were doing some good work which could be considered 'enabling'. Some centres were encouraging the presence of fathers and male staff, some were being proactive in their strategies to encourage men to use the centres by making home visits to families, and others were creating opportunities for men to mix with other men in the centres and working at increasing the appeal to fathers through setting up social and sporting events as part of centre provision.

It was also noted that being a man with a potentially higher level of need (e.g. a lone father, a main carer, or a man wanting access to children living apart) was in fact an enabling factor, as was having a partner who actively encouraged involvement with the family centre (Ghate, Shaw and Hazel, 2000).

Barriers to father/male carer involvement were also the point of focus of a study carried out by NESS (2003). This study built on work which was done in the first Implementation Module National Survey in 2001. Twenty five local Sure Start programmes were selected for this study, which incorporated: observation; in-depth interviews with programme managers, other staff members, mothers/ female carers and fathers/male carers; and data from

each programme was also collected and analysed. The key findings of this report are outlined below.

1) Attitudes towards father and male involvement in Sure Start: whilst the majority of programme staff and service users stated that they welcomed more father and male involvement in Sure Start local programmes, the drive appeared to be something that was left until a programme was well established, it was not something that was dealt with or thought through when a service was becoming initially operational.
2) Fathers and family life in Sure Start local programme areas: one of the clearest findings from this study was the importance which fathers placed on fatherhood. All of the fathers interviewed stated that being a father was important to them and that their children were a vital part of their lives. According to parents, long working hours and maternal gate-keeping often had an effect on the degree of father involvement in childcare.
3) Father/Male carer involvement in Sure Start: the majority of programme staff stated that there were generally low levels of father and male carer involvement in their Sure Start programme. When fathers were present in Sure Start programmes their engagement tended to centre around certain types of activities. In particular this included a preference for fun and active sessions. Father involvement in programme management was higher, but this was rarely at board level.
4) Male staff involvement in Sure Start: programme staff typically reported that there were few male members of staff working at their Sure Start programme and the majority of managers found it difficult to recruit male staff. Where male staff were employed, very few were in roles working directly with children.
5) Main identified barriers to male involvement in Sure Start local programmes: a number of key barriers were identified, these included –

> Sure Start opening hours were often not suitable for working fathers; Sure Start programmes were female orientated environments; fathers and male carers had a lack of knowledge about Sure Start; and services often displayed highly gendered ideas towards childcare.
>
> (NESS, 2003).

Many of these findings echo those of the study commissioned by the Joseph Rowntree Foundation, and the identified barriers appear to be plentiful. Many recommendations for local Sure Start programmes emerged from the NESS report; these ranged from increasing the visibility of male workers, to developing outreach Sure Start strategies to engage fathers pre-natally and around childbirth. Other recommendations included increasing the provision of 'father-focussed' services and the evident need to develop a sensitivity to the needs of different groups, such as lone fathers, fathers working shifts and fathers from minority ethnic and faith groups.

There are several examples of good practice where engaging fathers is concerned. Some projects, like Denaby Main and Conisbrough Sure Start have developed the role of the 'Male Inclusion Worker' (Denaby Main & Conisbrough Sure Start, Undated), in response to an apparent lack of support and services for young fathers. The role of this post is to engage directly young fathers and encourage them to engage in play and care with their children. This service provides cross-cutting support to all four Sure Start objectives, although more specifically it supports objectives two and four.

Fathers groups have also been established in some Sure Start areas, like those in Telford and Wrekin Sure Starts (Borough of Telford & Wrekin, 2003). These groups offer a chance for fathers to get together and share help and advice on parenting. The local council considers this to be an excellent new development which recognises the influence of a positive male role model in childhood. There

are also examples of successful initiatives in Northern Ireland (Gallagher, 2002), which have succeeded in incorporating men into parentcraft classes. Such services have focussed strongly on the male parent/carer during classes, to escape from the day classes of past which were geared solely towards women. The Well Women's Centre in Northern Ireland engages fathers when women attend their booking in appointment. This is thought to be a successful approach because many fathers report that this is the time they feel the most motivated (Simpson, 2004).

2.6 Conclusion

The literature has shown that family life has been heavily subjected to scrutiny in recent decades. A substantial number of men and women now enter parenthood not knowing what to expect, or without the self-awareness to cope with the normal and natural changes they encounter (Hicks and Williams, 1981; Page, 2002). The development of comprehensive methods to support and raise awareness of the emotional aspects of parenting, is perceived to be key to the advancement of these skills. This is in-line with Government and professional recommendations that all new parents receive appropriate, non-stigmatising and effective support for early parenthood.

It appears evident from the literature that the significant cultural change required to enable the successful promotion of parenting has begun, and many examples of good practice in this field are apparent. However, parents are not a homogenous group. One clear message that emerges from the literature is that there is no one type of approach that suits everyone. For example, evidence suggests that black and minority ethnic parents have a slightly different attitude towards receiving information than the generality of white parents, being more open to the need for information and guidance regarding parenting (MORI, 2001a). The way in which information is communicated is at least as important as the content, and it appears that most parents would prefer to rely on informal, local

networks for support, rather than more distant and formal services (MORI, 2001b). Later this year the Government will publish the Children and Maternity Services National Framework (NSF) which will inform local services.

It appears that there is no single formula for providing effective support for parents. Therefore it can be concluded that layers of support that are inclusive and responsive to local communities are likely to meet the needs of diverse groups of parents and families. Evidence suggests that there is a need to boost the practical and emotional support for parents immediately before and after birth, as this can be an overwhelming time. It has been suggested that multi-disciplinary teams are required to address this (Nolan, 1997; Page, 2002), based in community settings, which places Sure Start programmes in a good position to deliver such services. It has also been highlighted that there is a need to engage teenagers actively as well and respond to their needs, as services have often been inadequate in this area (MacLeod and Weaver, 2002). Furthermore, the recommendations of the NESS report state that fathers, particularly teenage fathers' needs should be considered and services should become more father-friendly. This may be facilitated by The Charter Initiative (Fathers Direct, 2004), currently being developed by Fathers Direct, in conjunction with a number of public and private sector bodies. This three-year initiative aims to make it possible for fathers to work flexibly and thus engage much more easily in family life and share the responsibility of childcare.

Finally, the literature suggests that consideration of emotional issues around parenthood, coupled with learning the practical skills of looking after a new baby provides for a well-rounded approach. Preparation for birth and for parenthood may be important factors within this. The transition to parenthood as well as parenthood itself are not fixed objective realities. Instead they can be described as changeable social constructs which will in turn reflect changing gender patterns

and wider social phenomena. Programmes may wish to take this into account when developing services within parent education.

Chapter 3

Study design and methods

3.1 Introduction

This was a case study, exploratory in nature and designed to evaluate parent education initiatives in the Blacon Sure Start area. This type of approach focuses on circumstances and dynamics and is a suitable approach for exploring multifaceted social settings, typically utilising several methods of data collection (Bowling, 2002). As this study made use of both service user and provider opinion and quantitative monitoring data on the uptake of services by local people, a combination of quantitative and qualitative research methods were used. It is often useful to combine these methods in social research, particularly when the study seeks to provide a description of a service and the extent to which it is utilized (Kumar, 1999).

Quantitative research methods, by definition deal with quantities and have been used in this study to provide a description of service activity. Qualitative methods are useful when a researcher wishes to describe a service or observed situation and record accounts of different opinions people have about an issue (Kumar, 1999). Qualitative methods describe social phenomena in words rather than numbers and are therefore valuable when exploring viewpoints.

This study combined the following methods of data collection:

- routinely collected monitoring data about service usage and referrals;
- semi-structured interviews;
- observation.

3.2 Monitoring data

All available data relating to the parent education programme were identified. This included:

- data currently recorded in a book and stored at Blacon Sure Start, regarding those who have been invited to, and attended, parent education pre-birth sessions;
- another book containing similar data on those who attended parent education sessions in Blacon prior to Sure Start commencing the service;
- data currently held on the Blacon Sure Start local programme database regarding contacts from the Breastfeeding Group and the Bumps 'n' Babes group;
- referral data, detailing referrals from community midwives to the Sure Start midwives in Blacon;
- data concerning the total number of births within the eligible population (Blacon CH15) from 2001 to 2004, and at the Countess of Chester Hospital, from 2002 to 2004;
- data on feeding methods and rates of breastfeeding, both from the infant feeding unit at the Countess of Chester Hospital which relates to all births (April 2001 – March 2004), and from Blacon Sure Start which relates to the eligible population (January 2001 – April 2004) ;
- data on the uptake of the smoking cessation programme at Blacon Sure Start;
- evaluation data, relating to forms completed by those who have attended pre-birth classes, from Blacon Sure Start;
- data contained in an audit carried out by the Blacon Sure Start midwives during the service user consultation exercise prior to implementation.

3.3 Semi-structured interviews

Semi-structured interviews were selected as the most appropriate approach to exploring the perspectives of both service providers and users. Semi-structured interviews were carried out with a variety of stakeholders involved with parent education services in Blacon. A variety of professionals and parents were interviewed. Interview schedules can be found in Appendix 3 and 4 respectively.

Semi-structured interviews were selected because this method provides a loose structure, which utilizes open-ended questions that define the area to be investigated, but which will allow the interviewer or the interviewee to deviate in order to pursue particular areas in more detail. This type of interview focuses strongly on the interviewee's point of view, going off on tangents is often encouraged as this gives insight into what the interviewee deems as relevant and significant (Bryman, 2001). This approach to questioning is not restricted to particular questions, rather it allows the opportunity to ask new questions that follow up interviewee's replies and is therefore by nature flexible.

The sampling method was purposive. Purposive sampling is a deliberately non-random method which is often used in qualitative work. It seeks to select people who have knowledge of a subject which is of value to the research process (Bowling, 2002). Purposive sampling constitutes a judgement by the researcher as to who can provide the best information to achieve the objectives of the study.

A full list of those interviewed can be found in Appendix 5. In order to achieve a detailed picture of the programme and to obtain a range of perspectives several service providers and service users were interviewed. A total of eight professionals involved with this service provision were identified and these included those involved in directly providing a service and those involved in overseeing it, from both a Sure Start and midwifery service perspective. In

addition to this 11 parents (three males and eight females) were interviewed about their opinions of the service they had experienced.

The researcher approached each professional to request their participation and consent to interview. The parents however, were approached by one of the professionals who already had contact with them. This was something which was decided between the researcher and the staff at the programme. It was decided that it would be less threatening for parents initially to be approached about the research by a member of staff with whom they were familiar. Staff then asked each parent if they would be happy for the researcher to contact them by telephone to arrange an interview and explain the research. Each interviewee was asked to sign a consent form (see Appendix 6) and read a Participant Information Sheet (see Appendix 7).

The interviews with both professionals and parents explored their experiences and perceptions of the parent education services in the Blacon Sure Start area. Professionals were asked: to describe the service they provide; to describe how their work links with other Sure Start services; to identify, where appropriate, how the service is meeting Sure Start objectives; to identify, where possible issues concerning the ability to mainstream the parent education programme; to identify the benefits for service users; to identify any advantages or disadvantages of the approach to parent education in the Blacon Sure Start area; and, where appropriate, to reflect upon how the current service compares with past provision. Parents were asked: to describe their participation in parent education; to describe, from their perspective, the benefits of the service; to explore what was useful and not so useful about the service and whether and how the service could be improved.

With the permission of respondents all interviews were audiotaped. After the interviews all of the audiotapes were transcribed. A thematic analysis was carried out, with data being coded by theme.

3.4 Observation

Observation work was carried out on all four parent education sessions provided by the Blacon Sure Start midwives. In addition to this, observation was carried out on the Breastfeeding Support Group and the Bumps 'n' Babes Group. Observation also took place on a one-off session, which was a party to celebrate National Breastfeeding Week and a year anniversary of the Breastfeeding Support Group. Sessions were observed in order to gain an insight into the day-to-day approach to parent education, the dynamics of the group, and to examine to what extent sessions were working towards the Sure Start principles.

This was a simple observation exercise in which the researcher played a non-intrusive role. The observation was able to capture the mood of the session, which would have been disrupted by a formal interview. Observation can be regarded as a useful tool for learning about the interaction in a group and ascertaining the functions performed by a worker (Kumar, 1999).

The observation involved the researcher making notes, in order to record a narrative description of the selected sessions. This was useful as it allowed the researcher to record a description of the interaction within the session. Brief notes were made whilst the observation took place and then more detailed notes were made following the observation session.

3.5 Research ethics

The ethical issues inherent in this project, for example access to data and contact with professionals and parents for the purpose of interviewing, were covered under an existing ethics application to South Cheshire Local Research Ethics

Committee (LREC), which was approved in December 2003. Contact was made with the relevant LREC to inform them of a change in researchers involved in the work.

Chapter 4

Presentation of the findings

4.1 Introduction

This chapter begins by describing the service offered to parents-to-be and parents by Blacon Sure Start professionals, with particular reference to the service provided by the Sure Start midwives but also services provided by other key members of staff involved in parent education. This chapter also presents the quantitative data which were retrieved by the researcher, concerning parent education in Blacon. These data include: contact and referral data; infant feeding data; and smoking data. In addition, this chapter presents the findings in relation to professionals' perceptions of the services offered to support parents and families, and parents' perceptions of their experiences of this service provision, which were collected during the interviews. Finally, also included in this chapter are the findings from the observation exercises.

4.2 Description of the service

The service which Blacon Sure Start provides in terms of parent education involves several strands and several professionals. The key element of the parent education programme is the pre-birth classes, which are also the focal point of this evaluation. However, the programme also integrates other Sure Start groups including: Bumps 'n' Babes; the Breastfeeding Support Group; and the Pop-in. Detailed descriptions of the content of these sessions and services are provided in Table 4.2.1, and a copy of the information leaflet advertising the service provided by the Sure Start midwives can be found in Appendix 8. The pop-in is not given much attention in this report, as it does not directly form part of the 'education' provision. However, it does provide another opportunity for local parents to informally access advice and support.

The table below shows the times and days of the groups and sessions, which staff are involved with particular groups and sessions, and the aims and the content of the groups and sessions offered as part of parent education within Blacon Sure Start.

Table 4.2.1 Characteristics of the service

Service	Staff Involved	Time and Day	Aim	Content
Breast Feeding Support Group	Sure Start Midwives x 2 Sure Start Nursery Nurse (the Nursery Nurses attend the group on alternate weeks to provide support)	Wednesday 12-1pm (weekly) Drop-in	To give mothers who are breastfeeding information and emotional support and mothers-to-be an opportunity to talk to people who are breastfeeding.	An informal peer support group with on-hand advice from Sure Start Staff.
Pre-birth Session 1	Sure Start Midwives	Wednesday 1-3pm (once a month) Structured session	To give parents-to-be emotional support, practical advice and information on a range of topics.	Feelings about attending the group; healthy eating (parents and baby); oral health promotion; smoking cessation; breastfeeding and safe formula feeding.
Pre-birth Session 2	Sure Start Midwives	Wednesday 1-3pm (once a month) Structured session	To give parents-to-be emotional support, practical advice and information on topics associated with labour and birth.	Preparing for labour and birth; pain relief; normal and complicated birth; ambulation and positions for labour and birth and the emotions surrounding these issues.
Pre-birth Session 3	Physiotherapist from the Countess of Chester	Wednesday 1-3pm (once a month) Structured session	To offer parents-to-be practical advice, and ways of coping with the physical and emotional demands of labour and birth.	Relaxation 'Laura Mitchell method'; breathing awareness; pelvic floor exercises; continence issues.
Pre-birth Session 4	Sure Start Health Visitor	Wednesday 1-3pm (once a month) Structured session	To give parents-to-be information around life with a baby and the impact this will have on their lives.	The role of the health visitor; the basic care needs of a baby and early bonding; information on cot death; safety in the home; consideration of feelings and emotions (including postnatal depression); the role of the father and the wider family.
Bumps 'n' Babes	Sure Start Health Visitor, 2 x Sure Start Nursery Nurses and a volunteer worker	Tuesday 1-2.30pm (weekly) Drop-in	To provide an informal support mechanism for parents. To promote parent-infant bonding.	Baby massage, on-hand advice from health visitor and nursery nurses; peer support

4.2.1 Pre-birth classes

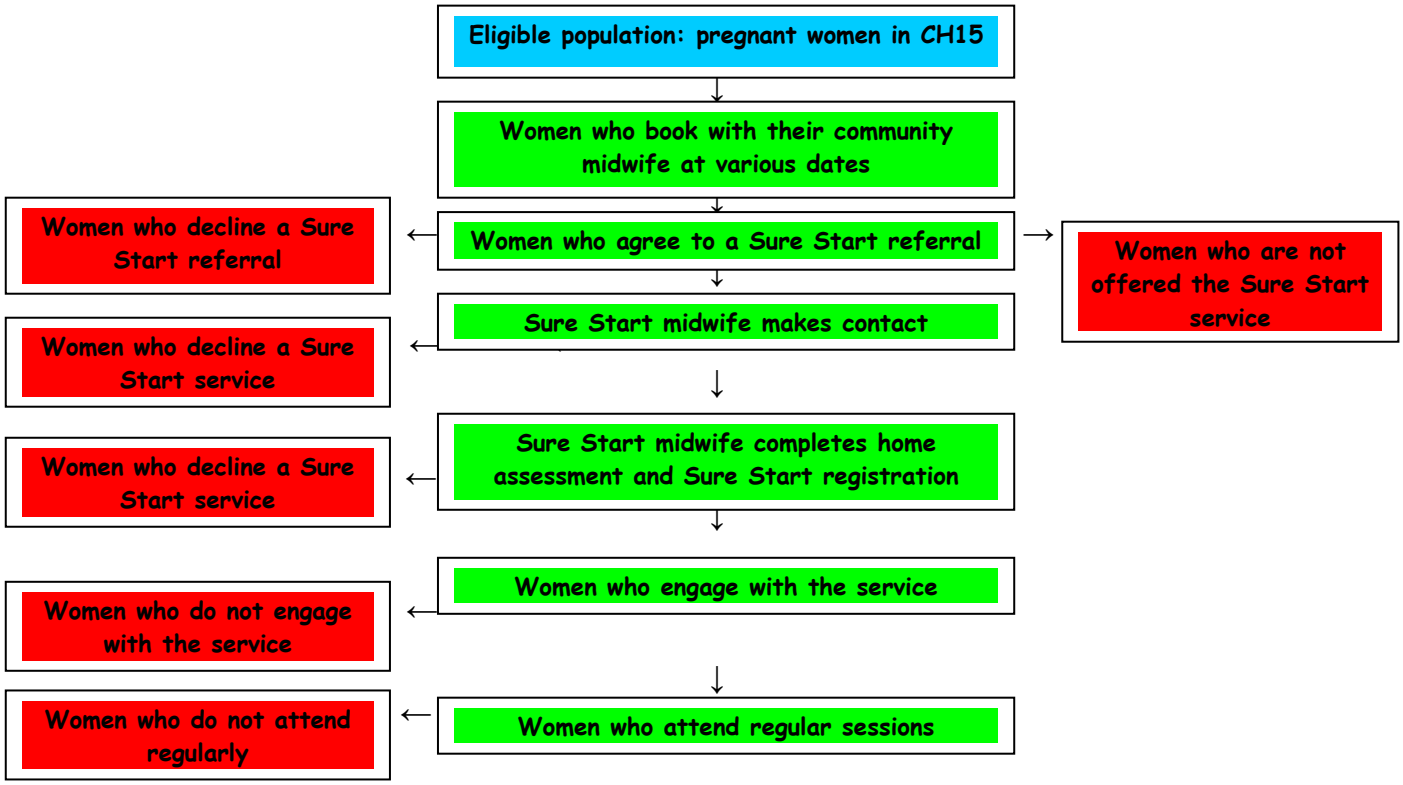
The pre-birth classes are run on a rolling four-weekly programme throughout the year. They are coordinated by the two Sure Start midwives, who also designed the format of the programme. The first two sessions are run by the midwives themselves, the third session is taken by a physiotherapist from the Countess of Chester Hospital, (who specialises in antenatal and postnatal care of women), and the fourth session is run by the Sure Start Health visitor.

The four-week programme is subject to change and development frequently, in response to suggestions from staff and clients, and is regularly updated to incorporate new ideas and resources, as well as adapted depending on the size and nature of the group. There is an outline for each session, which is more or less followed each week. The midwives have created a resource file which is held at Blacon Sure Start. This file contains the outline for each session and examples of the literature which is used. The chief purpose of the file is as a point of reference in the case of staff absence.

Whilst the Sure Start midwives are employed by Sure Start, they are jointly managed by the Blacon Sure Start Manager and the Community Midwifery Manager. The Sure Start midwives initially rely on the community midwives for recruiting their clients as they do not carry a caseload themselves. It is the role of the community midwives to refer all women in the Blacon Sure Start area at their first booking visit (with permission). For those who do consent, contact is established with the pregnant woman to make an appointment for a home visit. This process is illustrated in figure 4.2.1.1., this also details every section of the process when women may be lost, highlighting the need for proactive management and good cooperation between Sure Start midwives and community midwives. During the home visit an antenatal assessment is carried out and the Sure Start midwives also take the opportunity to promote their sessions and other Sure Start initiatives. The assessment is not a physical examination, rather it focuses

on the overall needs of the women, any existing children and the family as a whole. A copy of this assessment can be found in Appendix 9.

Figure 4.2.1.1 Diagram to show how the Blacon Sure Start midwives caseload is established



With respect to the pre-birth classes, some women will choose to attend other sessions out of the CH15 area (for example near their place of work), and some will not wish to engage at all. Home pre-birth sessions are offered as an alternative to engaging in the group setting, however due to the time consuming nature of this, it is only usually possible for the midwives and health visitor to be involved in these. It is not feasible for the physiotherapist to visit clients in their homes, due to pressures of time and resources.

Invitations are handed out at the time of the assessment and also posted to clients as reminders. These are small, coloured cards, with informal and friendly wording, a copy of which can be found in Appendix 10.

4.2.2 Breastfeeding Support Group

This group has been running for just over a year. When the Sure Start midwives came into post a further requirement of their role was to form a breastfeeding support group in Blacon. This was initially held at Blacon clinic, before moving to Dee Point Mobile.

The group runs weekly, on a Wednesday from 12.00-1.00pm, directly before the pre-birth classes. Often this will run into the time allocated for the pre-birth class and clients are able to mix with each other. The group is an informal gathering of people, and a peer support group, with advice from the midwives and the Sure Start Nursery Nurses (who have received training on this subject). There are two nursery nurses at Sure Start who take it in turns to support the group, each attending on a weekly basis.

As with the pre-birth classes, the Sure Start midwives are able to offer home visits to those women who have particular problems with breastfeeding. They have devised a certificate for clients who breastfeed their babies for six and 12 weeks. A copy of these can be found in Appendix 11. These are designed to be a reminder of the importance of breastfeeding and as a reward for their achievement.

Clients are informed of the group at their antenatal Sure Start assessment. In addition to this the fact that the group precedes the pre-birth sessions means that expectant parents are reminded of the group and they receive a message that the support does not cease after the birth. Health visitors in the area also advertise the group, and inform clients of the support available. Furthermore, sessions are also advertised in the antenatal clinic and on the postnatal ward at the Countess of Chester Hospital, and by community midwives. Sure Start midwives also personally invite all local women by telephone following delivery.

4.2.3 Bumps 'n' Babes

This group is run by the health visitor and the nursery nurses on a weekly basis. Sessions run on Tuesdays from 1.00-2.30pm at Dee Point Mobile. This group was designed to bring together expectant parents and those with new babies, but is largely attended by postnatal women and their babies. A further reason for the development of this group was to avoid alienating those who were feeding their babies by artificial means, and to provide a network of support for this group of people. The group is however, attended by breastfeeding women also.

Although predominantly a peer support group, these sessions also offer baby massage. The health visitor and one of the nursery nurses are trained in this capacity. This is offered as a means of addressing postnatal depression, something which Sure Start is aiming to reduce, in line with the PSA target. The sessions are however offered to all those attending the group.

Clients are recruited by professionals informing them of the group at antenatal visits and pre-birth classes, although this group is not on the same day as the pre-birth classes, so there is no interaction with expectant parents. The clients are also reminded of the group during contact with other Sure Start staff postnatally, such as contact with the health visitor or nursery nurses.

4.2.4 Pop-in

The Pop-in is a group run by the Sure Start nursery nurses and the health visitor. It is run on a weekly basis, Thursdays from 9.30am to 11.30am at Dee Point Mobile. The Pop-in is an opportunity for parents to get together with their babies and young children and provide peer support. The staff are on-hand for advice and there is also an opportunity for a baby weigh-in.

Staff create an atmosphere suitable for play and encourage the parents to play with their children. They will also play with the children, as well as offering advice to parents.

Clients are recruited to this group by staff informing them on a regular basis during other contacts and, in addition to this, clients also arrange to meet each other at the group. It is a very informal setting and clients are encouraged to come and go as they wish.

4.2.5 Loan scheme

The Sure Start midwives have also put in place a loan scheme to assist parents-to-be and parents in the Blacon Sure Start area with aspects of having a baby which are often costly, and others items which Blacon families may not ordinarily have access to. This scheme has gradually expanded and currently encompasses the following:

- birthing balls for use during pregnancy (no cost);
- 'TENS' machines for pain relief during pregnancy and labour (£5 charge for the pads, no charge for the machine);
- maternity swimming costumes for aqua natal classes (no charge);
- baby car seats for transporting new babies from hospital (no charge);
- breast pump for use in the postnatal period (£5 charge for pump set).

Clients are able to arrange to borrow these items through the staff and collect them from a group or from the Sure Start base. The staff will also deliver items to people's homes and collect them after use if required. This scheme is regularly promoted during the pre-birth classes.

4.2.6 Smoking cessation

Both Sure Start midwives are fully trained to give smoking cessation advice and support. Smoking during pregnancy and around small children is something which is

addressed during the antenatal home assessment. Expectant mothers who smoke are offered a package of support and invited to join a smoking cessation programme, whilst those who do not wish to adhere to this are offered advice and given information during the visit.

The Sure Start midwives have devised a certificate to award clients when they have reached four weeks without smoking. A copy of this can be found in Appendix 12. This was designed as a reward for clients and to be a reminder of their success.

4.3 Data about births and referrals

This section shows the data which were retrieved regarding the number of births in Blacon and the referral rates into Sure Start by Blacon community midwives.

4.3.1 Number of births in Blacon CH15

Data were available concerning the number of births in Blacon since 2001. Table 4.3.1.1 below details these figures. 2001 and 2002 saw similar figures for the total number of births. In 2003 the figure dropped (by 20 births). Whilst there is only data available for the first four months of 2004 at present, if births in Blacon continue at the same rate it is reasonable to suggest that the total births for 2004 will be similar to 2003 figures.

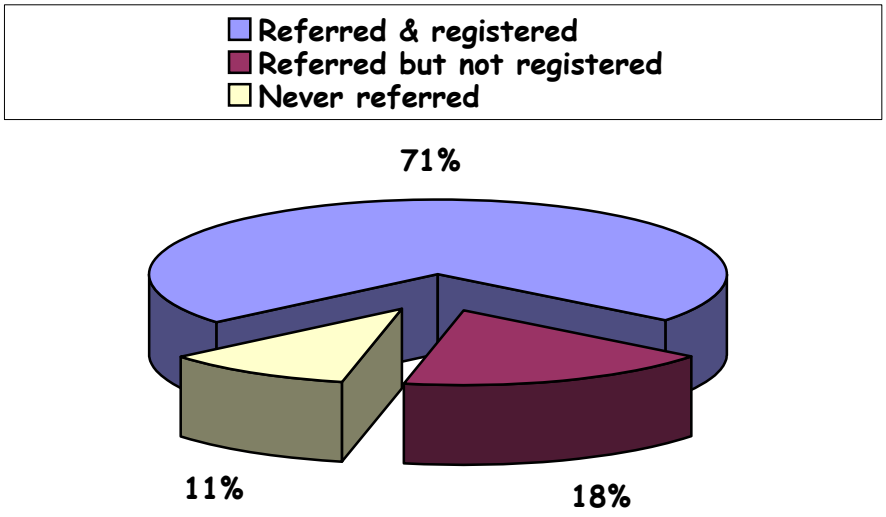
Table 4.3.1.1 Total number of births in Blacon CH15 by year

Calendar year	Total number of births
2001	182
2002	185
2003	165
2004 (up to April)	56

4.3.2 Referrals into Sure Start by community midwives

The Blacon Sure Start midwives rely on referrals from community midwives in the area in order to establish their client base. Figure 4.3.2.1 below shows the percentage of women referred as a percentage of the total number of births[1] in Blacon (190) between April 2003 and May 2004 (a 14-month period). The majority (71% or 136) of pregnant women in Blacon agreed to be referred to Sure Start. However, an additional 18% (34) never registered (despite being referred) and 11% (20) were never referred. It is not clear from the data whether those that were never referred declined Sure Start services. It would be useful for this information to be recorded in the future, in order to establish the true extent of non-referrals, and the extent to which 'vulnerable' women are accessing services, as discussed in Every Child Matters (DfES, 2003).

Figure 4.3.2.1 Referrals to Sure Start by Blacon community midwives: April 2003 – May 2004



It is not possible to say of those who were referred but did not register, how many were contacted by the Blacon Sure Start midwives and how many were not, as reliable data relating to this was not available. It would be useful to consider

[1] Births have been used here because the data relating to the number of pregnancies was not reliable.

this data alongside referral data in the future, to determine the reach of the programme and to try and understand why some women who are referred do not register.

4.4 Data on attendance at pre-birth sessions before and after the introduction of Sure Start

This section examines data retrieved on attendance at pre-birth before the Sure Start service was established, including data on attendance at post-delivery reunions. Data are also presented on attendance at Sure Start pre-birth sessions, both as total figures since the programme began and as a break down of sessions group by group. Furthermore, data are also presented on reasons given for non-attendance at these sessions, as are evaluation data of the pre-birth sessions.

4.4.1 Attendance at pre-birth sessions prior to Sure Start

One of the key reasons for re-designing parent education in Blacon was due to the reported low levels of attendance at parent education sessions previously in the area. Figure 4.4.1.1 below, and Table 4.4.1.1 show attendance figures at pre-birth sessions before the Sure Start service was put into place. At the time, parent education was delivered over six sessions and not on a rolling basis; there were, on average, four groups each year.

Records date back to November 1996, up to December 2002. It is not known what provision was available for pregnant women between January 2003 and the commencement of the Sure Start provision in April 2003. It appears from the data that parent education was better attended in November 1996, than in later years. Between November 1996 – December 1997, of the 45 women who attended any sessions 73% (33) of women who attended pre-birth did so for four or more sessions. By 1999 the numbers of women attending four or more sessions had fallen to 15 (44%). During 2000, this figure fell again. There were only four women (18%) recorded as attending four or more sessions. In 2001 there was a further

drop off, with none of the 26 women attending four or more sessions. 2002 followed a similar pattern, whereby no one attended more than two sessions. This trend may be indicative of the fact that the programme of sessions was not successful in terms of engaging and retaining women.

Figure 4.4.1.1 Attendance at pre-birth sessions in Blacon CH15 prior to the Sure Start service

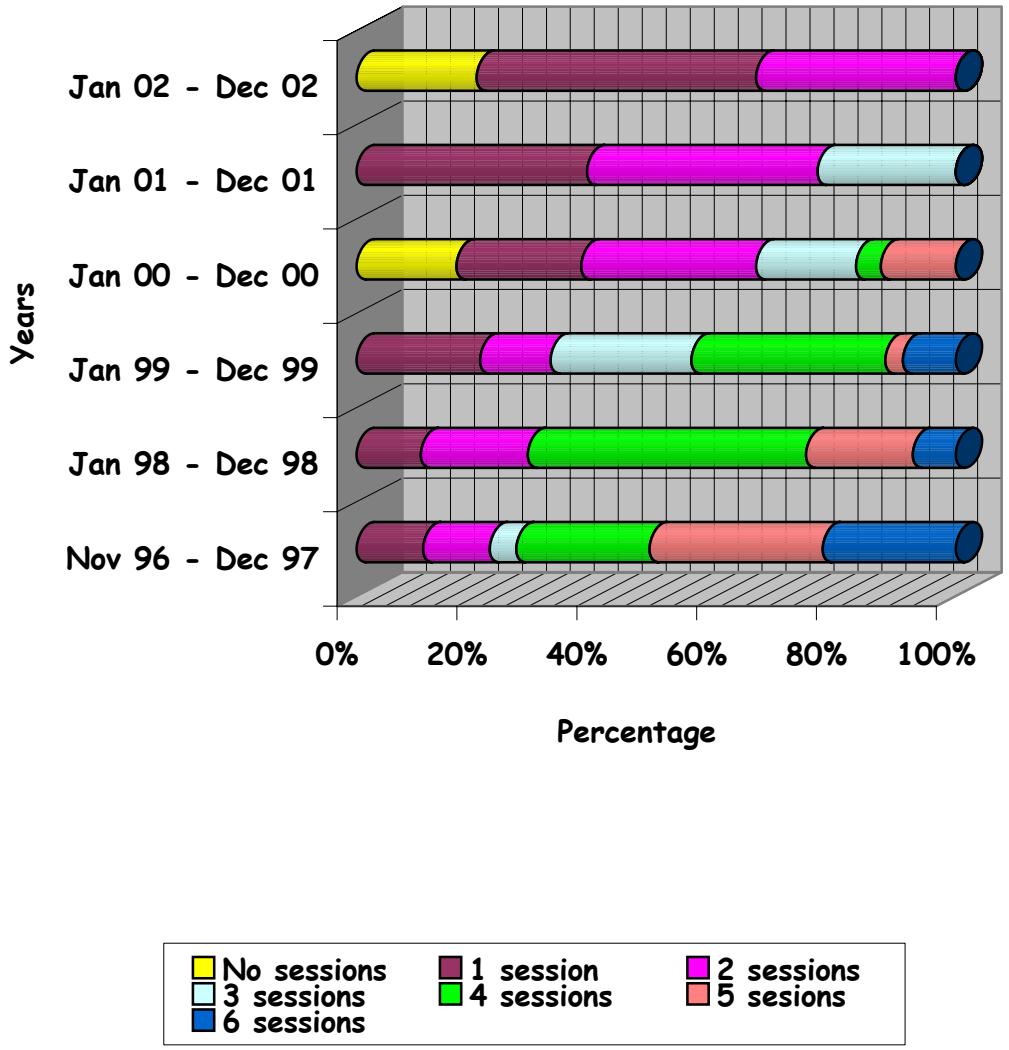


Table 4.4.1.1 Attendance at pre-birth classes prior to the Sure Start service (numbers of women followed by percentages)

Sessions attended	Nov 96 - Dec 97	Jan 98 - Dec 98	Jan 99 – Dec 99	Jan 00 – Dec 00	Jan 01 – Dec 01	Jan 02 – Dec 02
6	10 (22%)	2 (7%)	3 (9%)	0 (0%)	0 (0%)	0 (0%)
5	13 (29%)	5 (18%)	1 (3%)	3 (13%)	0 (0%)	0 (0%)
4	10 (22%)	13 (46%)	11 (32%)	1 (5%)	0 (0%)	0 (0%)
3	2 (5%)	0 (0%)	8 (24%)	4 (16%)	6 (24%)	0 (0%)
2	5 (11%)	5 (18%)	4 (12%)	7 (29%)	10 (38%)	7 (33%)
1	5 (11%)	3 (11%)	7 (20%)	5 (21%)	10 (38%)	7 (47%)
0	0 (0%)	0 (0%)	0 (0%)	4 (16%)	0 (0%)	3 (20%)
Total	45	28	34	24	26 **(14% of total births in 2001)**	17 **(9% of total births in 2002)**

The other noticeable feature of this data concerns the total number of women in Blacon attending pre-birth sessions. These decreased steadily between 1996 and 2002. Furthermore, given the total births in Blacon over the last three years (see Table 4.3.1.1), it is apparent that there were many pregnant women who were not accessing the service at all. Table 4.4.1.1 also illustrates that only a small number of pregnant women came to any pre-birth classes.

4.4.2 Attendance at post-delivery reunions

One of the main differences between the two approaches to parent education is that the service which existed before Sure Start, offered a post-delivery reunion for those attending the sessions. At the time this research was carried out, Blacon Sure Start did not offer this.

Table 4.4.2.1 below shows the attendance figures at the reunions over six years. Although the pattern is variable, there is some indication that the reunions were better attended early on, with 42% (19) of women attending between November 1996 and December 1997. There was a drop off in 2000, down to 8% (2), the

figures for the other time periods were not dissimilar, with an average of 27% of those invited to the group over the six years attending the reunion.

Table 4.4.2.1 The number of attendances at post-delivery reunions

Year	Number attending	
Nov 96 – Dec 97	19	(42%)
Jan 98 – Dec 98	5	(18%)
Jan 99 – Dec 99	11	(32%)
Jan 00 – Dec 00	2	(8%)
Jan 01 – Dec 01	6	(23%)
Jan 02 – Dec 02	5	(33%)

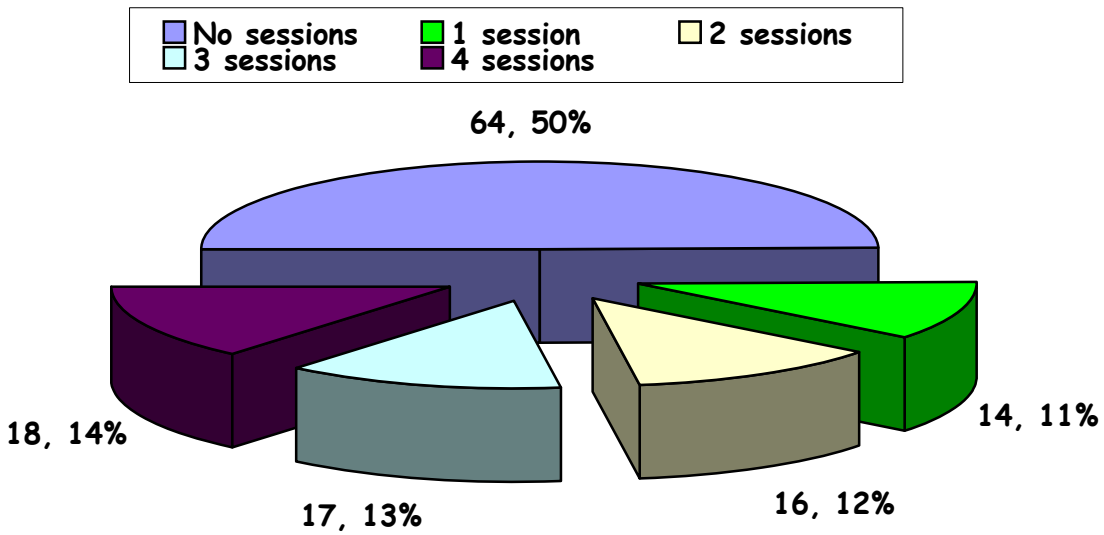
4.4.3 Attendance at Sure Start pre-birth sessions

Data were also retrieved on attendance at the pre-birth sessions currently being provided by Blacon Sure Start. These sessions run on a rolling basis throughout the year and contain four classes. Figure 4.4.3.1 overleaf shows the number of sessions attended by those invited to the classes.

The data begins in April 2003, which was when the programme commenced, and for the purpose of this research has been examined up to April 2004 a 13-month period), which was the period of time for which data was available. The data show that of those invited (n=129), approximately half did not attend any sessions during the year. A slightly larger percentage of people attended three and four sessions, than attended only one or two sessions. The main difference between Sure Start figures and the pre-Sure Start figures is as follows:

- the number of women who accessed parent education (irrespective of the number of sessions attended) between April 2003 and April 2004 was higher (n=65) than the figures from any of the previous six years.

Figure 4.4.3.1 Attendance figures for Sure Start pre-birth classes: April 2003 – April 2004



In terms of the numbers of women invited to parent education, it was not possible to draw comparisons between the service offered before Sure Start and the service which is currently on offer, due to a lack of robust data (it was not possible to distinguish between the number invited and the number attended). However, Sure Start figures relating to this were available, and showed that during a 13 month period (April 2003-April 2004) Sure Start midwives invited 129 women to pre-birth classes. It may be useful to use this figure as a baseline, against which future figures can be compared. This will enable the programme to track the reach of the service in terms of its success in engaging and retaining women in parent education.

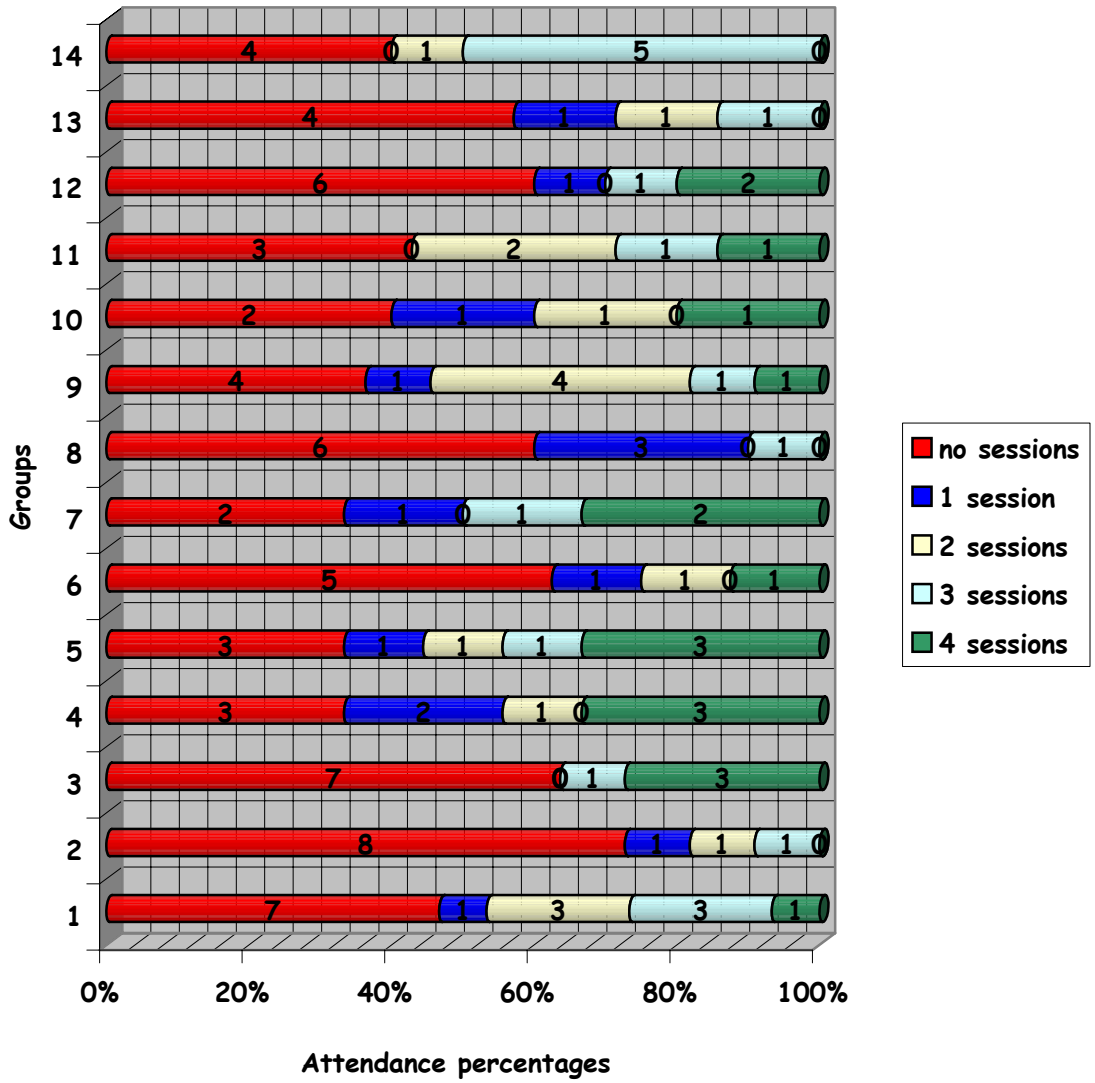
4.4.4 Attendance at Sure Start pre-birth sessions by group

For the purpose of this evaluation 14 different groups of women were examined, which spanned the time from when the parent education sessions began (April 2003), up until April 2004. During this time the minimum number of pregnant women invited to a course of pre-birth sessions in any one month has been five and

the maximum has been 15. The average number of invites to each course of sessions has been nine. The number of people invited to each session is dependant on the number of pregnant women at any one time. However, this figure is also dependant on the number of referrals received by the Blacon Sure Start midwives at any one time. It has not been possible within this evaluation to consider referral dates to Sure Start alongside monthly uptake of pre-birth sessions, but this may be something the programme wishes to consider in the future in order to target interventions more effectively and achieve early engagement with parent education.

In order to try and plot where clients may be lost from pre-birth classes, data were examined on the numbers from each group of women who attended each of the sessions; Figure 4.4.4.1 overleaf shows this. It is apparent that there has consistently been a percentage of women who have not attended any sessions. Patterns of attendance appear to be variable, at some point each of the sessions has been poorly attended. What is evident, is that most of the losses occur at the beginning of the programme of sessions, because many invited women never attend any sessions. It may be the case that if women attend one session, they are more likely to attend others. Therefore, getting this population to the first session is critical and raises the issue of how the parent education programme is presented to women at their first contact with the Sure Start midwives. It would also be of interest to collect data relating to the numbers of first time and non-first time parents who attend parent education in Blacon, in order to establish whether this is has an impact on attendance at sessions.

Figure 4.4.4.1 Attendance at pre-birth sessions by group

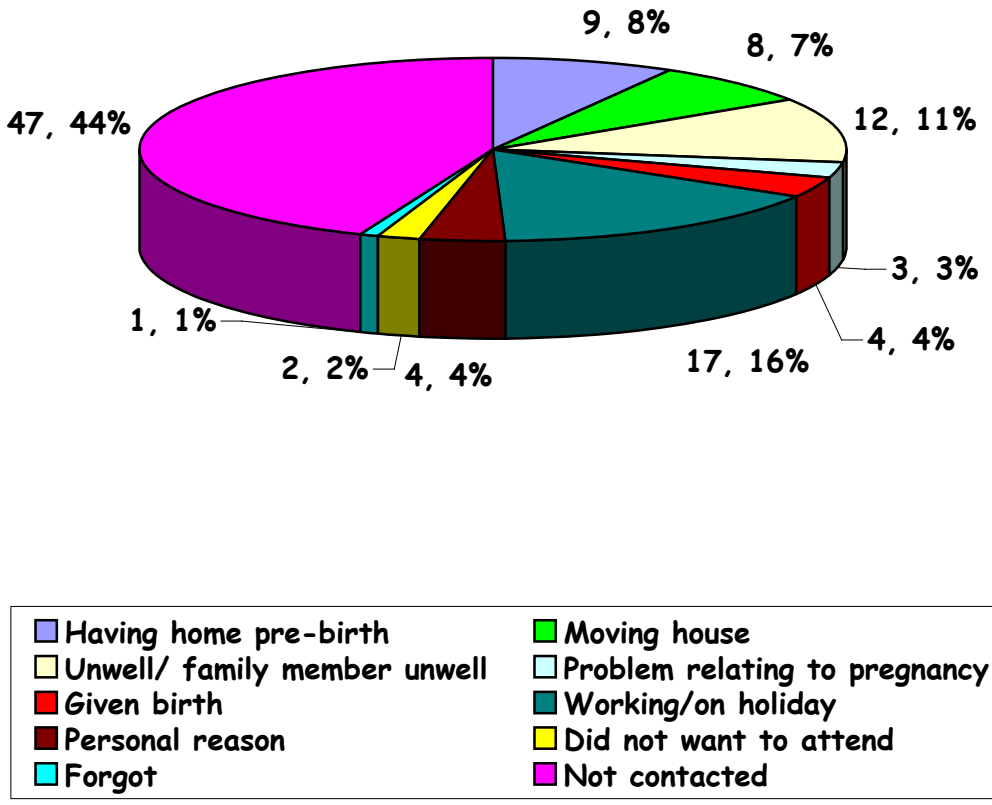


4.4.5 Reasons for non-attendance

Since the Sure Start pre-birth classes began, where possible the midwives have contacted clients to find out why they did not attend the sessions and encouraged them to attend the next available session. Figure 4.4.5.1 overleaf shows the reasons given by clients following a non- attendance.

There are several reasons offered for non-attendance, however almost half (44%) of the women invited are recorded as not being contacted.

Figure 4.4.5.1 Reasons given for non-attendance at pre-birth sessions (numbers, percentage)



4.4.6 Evaluation data for pre-birth sessions

At the end of session four of the pre-birth parent education programme, all clients are asked to complete an evaluation form, based on the sessions they have attended (see Appendix 12). This form was devised by the Blacon Sure Start midwives, and has been used since the programme began. Between the commencement of the programme and May 2004, a total of 39 evaluation forms were completed. Those who did not attend the final session, did not complete an evaluation form.

Table 4.4.6.1 overleaf shows the responses to the questions asked of clients, in percentages. Answers were given by circling 'yes'/ 'no'/ 'unsure' and there was a small section at the end of the form for additional comments. Ten clients added comments into this section. Some of these have been used to illustrate the more general comments, and are also shown below.

Table 4.4.6.1 Evaluation form responses from clients April 2003 – April 2004

Question	Yes	No	Unsure
Did you find the sessions useful?	100% (39)	0% (0)	0% (0)
Was the room comfortable?	97.4% (38)	0% (0)	2.6% (1)
Was the time of the session a good time?	87.2% (34)	10.2% (4)	2.6% (1)
Were the sessions too short?	2.6% (1)	97.4% (38)	0% (0)
Were the sessions too long?	0% (0)	97.4% (38)	2.6% (1)
Did you enjoy meeting new people?	97.4% (38)	0% (0)	2.6% (1)
Did you find the person running the session approachable?	100% (39)	0% (0)	0% (0)
Were you able to hear everything clearly?	100% (39)	0% (0)	0% (0)
Were the visual aids clear?	100% (39)	0% (0)	0% (0)
Did you learn anything new?	94.8% (37)	0% (0)	5.2% (2)
Have you enjoyed the sessions?	100% (39)	0% (0)	0% (0)
Would you recommend these sessions to other people?	100% (39)	0% (0)	0% (0)

Several clients made additional comments on the evaluation forms. Two clients commented on the length of the sessions, requesting that they be extended. One client wrote:

> *"I think that it could have been a bit longer, I enjoyed meeting people and we learnt quite a bit".*

Two other clients requested evening sessions, considering the time of the sessions to be an issue. Finally, four other clients made positive comments about the nature of the sessions and how they had benefited. One client wrote:

> *"Enjoyed the sessions, nice to sit and talk".*

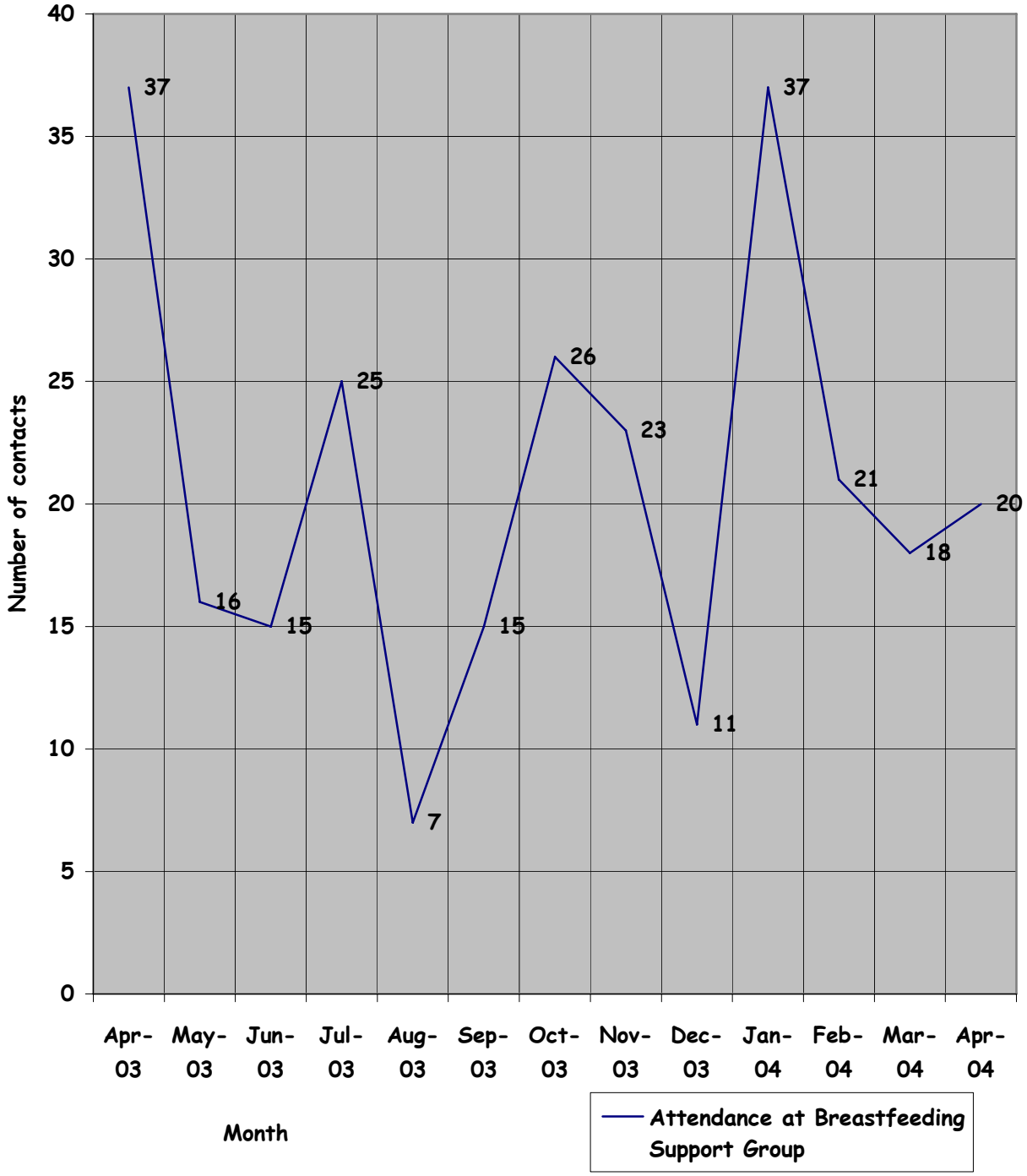
4.5 Data on attendance at Sure Start parent education groups and activities

This section considers data which were retrieved on attendance at the Breastfeeding Support Group and Bumps 'n' Babes. In addition to this, data are also presented on the uptake of the smoking cessation programme and quitting rates.

4.5.1 Attendance at the Breastfeeding Support Group

Data were available from the commencement of the programme, which covers a period of 13 months from April 2003 – April 2004. Figure 4.5.1.1 overleaf shows the trend in attendance at the Breastfeeding Support Group over this time period. Attendance was at its peak at the outset of the service in April 2003 and again in January 2004, when the figure for each of these months was 37 contacts. The lowest recorded attendance was in August 2003, when the total number of contacts at the group during that month was seven. The average number of contacts at the Breastfeeding Support Group each month over the 13-month period was 21. It has not however, been possible to identify how many clients have attended the group on a weekly basis, nor has it been feasible to ascertain how many different clients have accessed the service during this time. This Figure shows total numbers of contacts and not total numbers of clients.

Figure 4.5.1.1 Attendance at the Breastfeeding Support Group April 2003 – April 2004

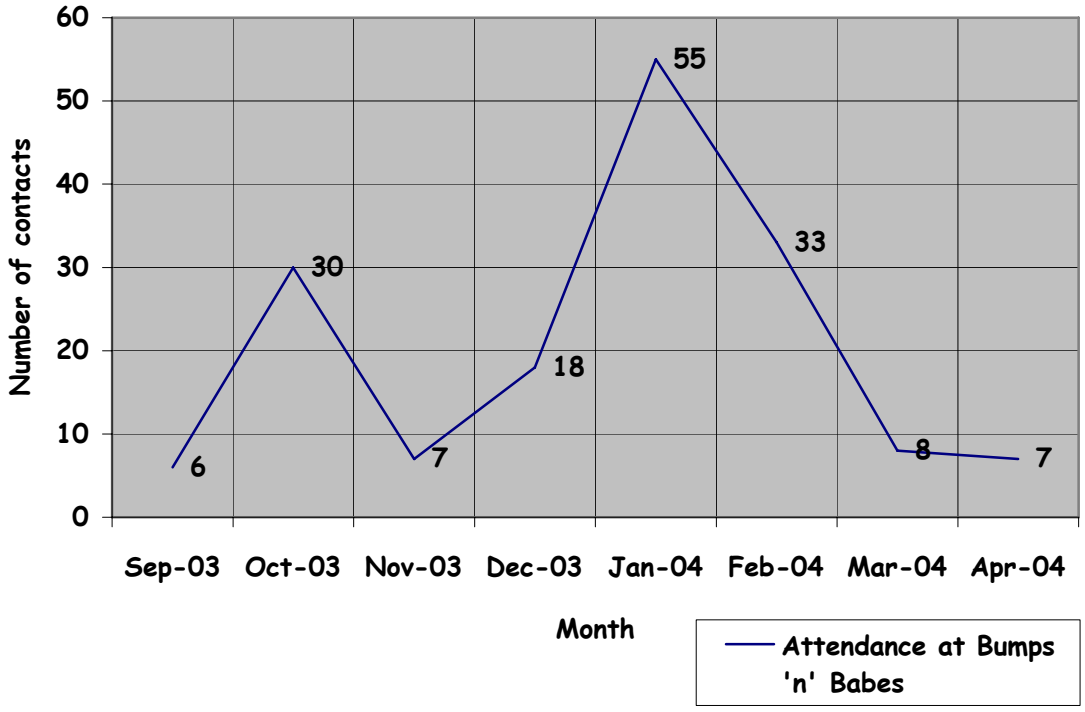


4.5.2 Attendance at Bumps 'n' Babes

Data was also available from the start of this group and covered a time scale of eight months from September 2003 – April 2004. Figure 4.5.2.1 displays the contact data for Bumps 'n' Babes. Attendance figures at this group were small when the service was first established with six contacts in September 2003. This increased to 30 the following month in October 2003. Attendance was at its highest in January 2004, when 55 contacts were recorded during the month, before this figure fell again, dropping to seven clients in April 2004. The average monthly figure at Bumps 'n' Babes over the eight-month period was 21 contacts each month.

As with the data from the Breastfeeding Group, it is neither possible from this to comment of the total number of clients accessing the service nor, the total weekly contacts.

Figure 4.5.2.1 Attendance at Bumps 'n' Babes
September 2003 – April 2004

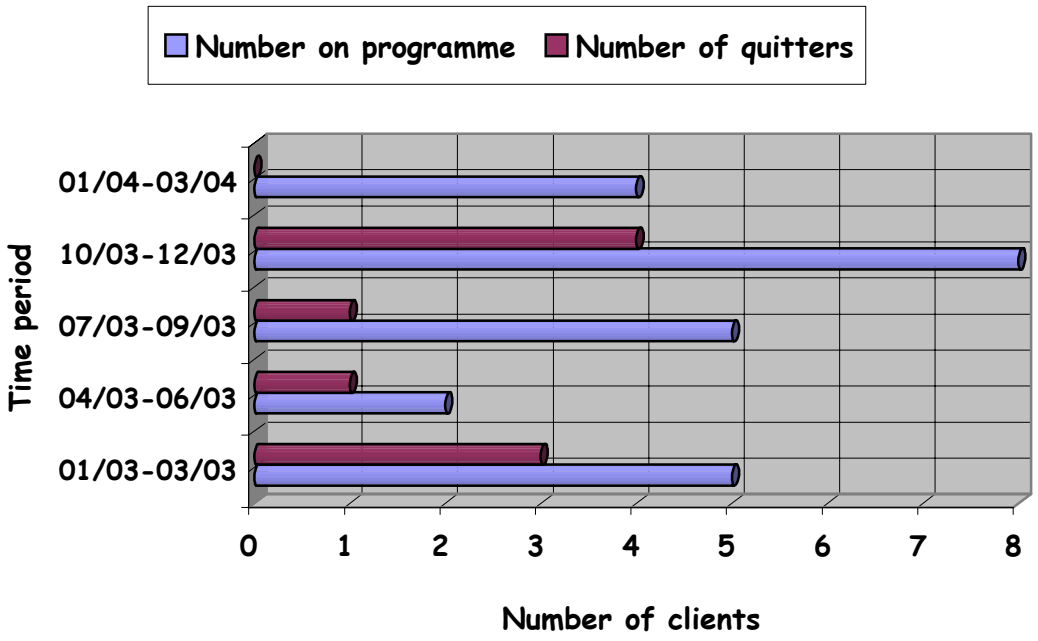


4.5.3 Smoking Cessation

Data were also collected on smoking cessation. It was not possible to access data on this from the Countess of Chester hospital during the research, and it is therefore not possible to draw comparisons before and after the introduction of the Sure Start parent education service. Figure 4.5.3.1 below shows the number of pregnant women who have taken up the service at Blacon Sure Start and those who have quit smoking whilst on the programme.

The data shows that out of 24 people on the smoking cessation programme, less than half of those, 9 (38%) have quit smoking. It was not possible to clearly establish how many women registered with Sure Start and engaging in parent education were smokers, therefore it is not possible to state how far Blacon Sure Start have gone in achieving the six percentage point drop in mothers of newborn babies living in the area who have given up smoking completely during pregnancy. This is set out as a target under objective two of the Sure Start objectives.

Figure 4.5.3.1 Details of the smoking cessation programme in Blacon



4.6 Data on patterns of feeding pre and post Sure Start

Data were retrieved from the midwifery database on feeding methods at birth, both before Sure Start and since the service began. These figures are collected at delivery. Figure 4.6.1 and Table 4.6.1 below shows feeding methods at birth since 2001. 2001 and 2002 figures are very similar. There were exactly the same percentage of babies breastfed over the two years, and almost the same percentage artificially fed. Both years saw more babies artificially fed and in 2002 there were a small number who were fed by mixed methods.

By 2003 the percentage of breast-fed babies had increased and there were more babies who were breast fed than artificially fed. So far, in 2004 there have been significantly more babies artificially fed than breastfed. If this trend continues, it is possible that 2004 will see a shift towards artificial feeding, similar to that seen in 2001 and 2002.

Figure 4.6.1 Feeding methods at birth in Blacon 2001 - 2004

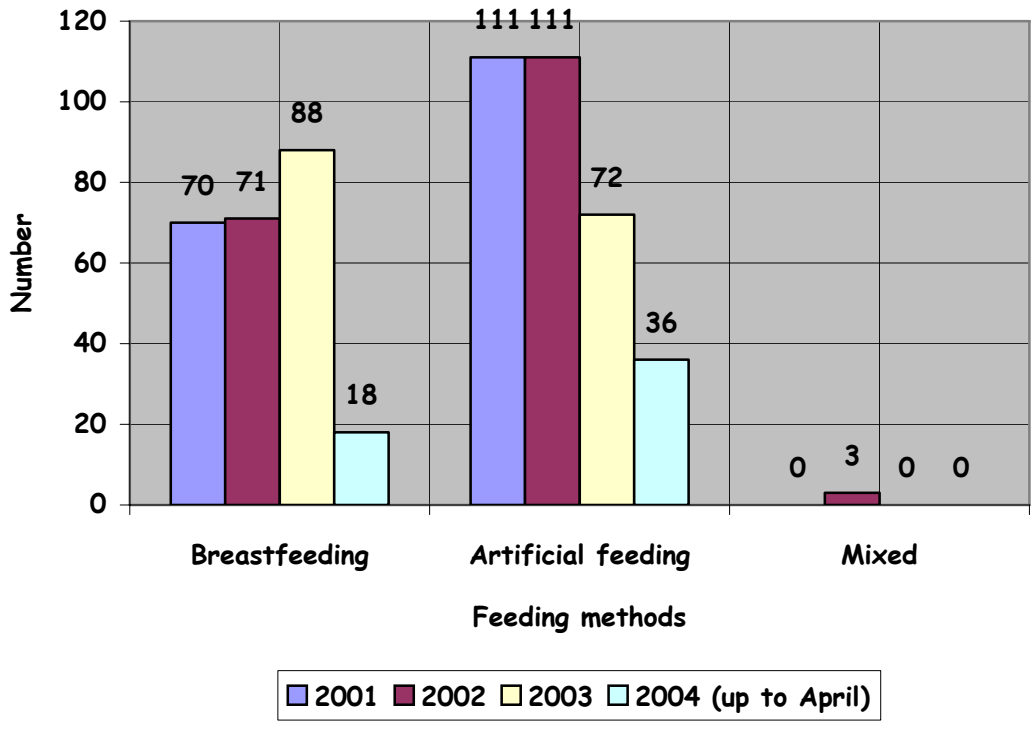


Table 4.6.1 Feeding methods at birth in Blacon since 2001 shown as a percentage of births in Blacon

Year	Breastfeeding	Artificial feeding	Mixed
2001	38%	61%	0%
2002	38%	60%	3%
2003	53%	44%	0%
2004 (up to April)	32%	62%	0%

In addition to the breastfeeding rates at birth, data have also been collected at 28 days and also (since 2003) seven days. Table 4.6.2 below shows breastfeeding trends since 2001. The most noticeable factor when considering these figures is the decline in those that were still breastfeeding at 28 days, compared with at birth. The percentage who initiated breastfeeding in 2003 was greater than the two previous years, as was the figure at 28 days, where there has been an 8% rise. Each year around half of those who initiated breastfeeding have continued to 28 days. Possibly most interestingly of all is the 2003 figure for 7 days. This shows that there was a greater decline in the rates of breastfeeding during the first seven days than in the following 21 days. Whilst increasing the rate of breastfeeding has been dropped as a national target within Sure Start, Blacon have retained this as a local target. Therefore, it is crucial that detailed data relating to breastfeeding rates be recorded.

Table 4.6.2 Women breastfeeding in Blacon since 2001 as a percentage of live births

Calendar year	Birth	7 days	28 days
2001	70 39%		33 18%
2002	71 38%		33 18%
2003	88 55%	50 31%	41 26%

Data were retrieved from the midwifery database at the Countess of Chester hospital on the percentage of babies fed by various methods who were delivered at that hospital. Tables 4.6.3 and 4.6.4 overleaf show this information alongside

the same information from Blacon from April 2002. The data from the Countess is recorded by financial year which runs April to March. Given this, Blacon data have, for the purpose of comparison been presented in the same time period here, which explains the difference in breastfeeding rates from those figures previously mentioned. In 2000, the breastfeeding figures at birth for England and Wales were 71% (Hamlyn et al, 2002). Both sets of figures fall below this, despite the figures from the national study being four years old. The most recent statistics show that Blacon figures are almost 25 percentage points lower than the national figures. Given that the national figures are four years old, it is possible that given the annual rise in national figures, these are now higher, indicating an even greater difference.

Table 4.6.3 Feeding methods at birth April 2002 - March 2003

	Breastfeeding	Artificial feeding	Mixed
Blacon CH15	**56%**	**43%**	**1%**
Countess of Chester – all births (2898: 4% not recorded)	**62%**	**33%**	**1%**

Table 4.6.4 Feeding methods at birth April 2003 - March 2004

	Breastfeeding	Artificial feeding	Mixed
Blacon CH15	**47%**	**53%**	**0%**
Countess of Chester – all births (2984:3% not recorded)	**64%**	**32%**	**1%**

4.7 Themes from semi-structured interviews with professionals and clients

This analysis is based on the narratives generated by the semi-structured interviews. During May and June 2004 a total of 19 interviews were carried out. This included interviews with eight professionals involved in providing parent education through Sure Start, or overseeing this service. Also included were

interviews with 11 parents who had used the service. This figure incorporated those who had attended all pre-birth sessions and been actively involved in the other postnatal groups, those who had received home pre-birth, and those who had only attended two of the pre-birth sessions. These interviews took place in the clients' homes.

Fourteen broad themes emerged from the transcripts: the venue; the resources used; the benefits for service users and issues to address (in relation to all services); the contribution to Sure Start objectives; the Sure Start approach; the inclusiveness of the parent education programme; the design and maintenance of the parent education programme; mainstreaming; follow up of clients; communication with mainstream services; ways to expand; and male involvement. These responses were combined as one data set, in order that these themes could be explored in greater depth. Quotations from the interviewees are used in this report to illustrate these themes. Each respondent was given an interview number, which is shown after the quotation.

4.7.1 The venue

Professionals and parents were asked about their feelings regarding the venue for the groups, namely Dee Point Mobile. The majority of professionals thought that the venue was adequate for what they required and that they had made a good use of the space and resources to create a welcoming atmosphere. One professional commented:

> *"The atmosphere which has been created is very friendly and staff have used the space well…it is ideal that it is not a clinic because people associated that with prescribed times…it is in a school that is well respected" (7).*

Parents, when asked their opinions of the venue, were also complimentary and commented on the cleanliness and homely nature of the Mobile. They also made frequent references to their level of comfort whilst at the groups. One parent stated:

"The place is comfortable…it is, how you say, cosy…and they are always welcoming" (10).

Despite both staff and clients generally speaking very positively about the location of the Mobile and the set up, there were points raised about its size, its specific location within Blacon and other practical issues. Many staff commented that it was not centrally located within the Sure Start area, and therefore did not attract people from certain parts of Blacon. One professional stated:

"It is not very central…when you have got a new baby it is more difficult to get out…I think they just don't bother coming because it is too far" (6).

Some staff felt that this factor had, in addition to not attracting new people to the service, also sometimes deterred other existing clients from continuing to attend. One professional commented:

"We did have the breastfeeding group in Blacon Clinic when we started and when we moved…we almost lost 50% of the mummies because they didn't want to come this far" (3).

Some clients also found the distance they had to walk to the venue problematic, particularly later on in the pregnancy. One respondent remarked:

"I only attended two…because I was really tired. It's like quite a long way to walk…so I didn't bother" (14).

Professionals in some cases considered the venue problematic during the pre-birth relaxation class taken by the physiotherapist. These problems were twofold, one issue being specific to the location, with one professional remarking:

"As it is a portacabin in the middle of the playground it can interfere with relaxation, if there is a playground activity outside" (8),

and another being more concerned with the limitations of the venue, with regard to what is on offer to support the sessions. One member of staff highlighted the need for a crèche, commenting:

"My reservation about the venue…is that when we need a crèche it is not on site…it can be a problem in the relaxation class…I am hoping when we get a central place in Blacon it will be much better" (3).

The size of the room was an issue for some parents, particularly when groups were well attended. One parent stated:

"For the baby massage they need a bigger place so you can have all your mats and you're not crammed together. Sometimes when there are loads it is a bit crammed" (13).

At present the size of the room does not appear to be an issue which is raised often, and it currently appears adequate in terms of the numbers attending groups. However, should the service expand and succeed in engaging more local people, the size of the venue will need to be addressed by the programme.

4.7.2 Resources

There was considerable praise and interest from both professionals and clients in the resources used by the Sure Start team to deliver parent education sessions and support parents in post-natal groups. These included: a large food pyramid, which is used by staff and clients to display proportions of food types for a healthy diet; videos showing different types of births; everyday food and drink items from supermarkets with sugar cubes attached to display the amount of sugar in each item; a birthing sack containing items associated with birth and labour; word cards; and pictures. Staff and clients commented on the way in which information is given in sessions, which was considered by professionals to be the key variant between the approach of Blacon Sure Start and mainstream services. The style of the resources and the approach adopted with these was considered appropriate for the client group. One professional commented:

"I have found the resources absolutely fantastic. Everything is in layman's terms…not complicated. There are lots of pictures" (5).

Clients also considered the visual aspects of the classes to be of benefit and appreciated the fact that messages were reinforced with visual aids. One parent commented:

> *"The information…was in a way I could understand. Pictures…not medical terms…that would have scared me" (9).*

Several parents also remarked on the way visual aids assisted them in retaining information. Particularly mentioned were the cubes of sugar attached to baby juices and food items during the dental health section of session one. Every parent interviewed mentioned how surprised they had been by the amount of sugar in these items. One parent said:

> *"I was surprised at the amount of sugar in supposedly unsweetened drinks…I certainly wont be giving him those" (12).*

The mix of resources was also considered to be of benefit when delivering sessions, several staff commented on the mix of professional resources and hand-made resources and the richness this brought to sessions. One professional remarked:

> *"We have got an absolutely fantastic birthing bag…it is a story sack that one Sure Start mummy made for us…we actually have a baby in a bag of membrane, it is just so visual" (3).*

The atmosphere created by using such unique tools was also thought to be lively and parents applauded the way professionals used alternative methods to convey often daunting subjects. One member of staff stated:

> *"I don't know whether I was surprised or horrified by the fact that somebody was able to knit a placenta and a uterus and produce them for use. I think it is a fantastic concept and to use humour to get across some very difficult and scary messages I think that works really well…I certainly think that the tools…have been great at reducing barriers" (7).*

Whilst there were no direct criticisms of the resources used within parent education, one parent remarked that some of the resources that are used now in the sessions would have been useful when she attended. Despite this, she

acknowledged that this was inevitable and resources are bound to improve over time:

> *"I have seen things that they are using now in pre-birth sessions which would have been useful in the sessions I attended…but it is just evolving all the time and the stuff looks excellent" (12).*

4.7.3 Benefits to clients and areas for development: pre-birth sessions

Benefits of the pre-birth sessions were highlighted by staff and clients alike. Staff considered that involvement in pre-birth classes was not just about preparing clients for labour and the first stages of parenthood, but that it is also a way of introducing clients to Sure Start and often the first step to engaging a family. One professional stated:

> *"The parent education is a very small part of the rest of their journey with Sure Start…it can have a massive impact on their lives...we hold the keys to getting people into the programme" (3).*

The Sure Start midwives reported that their approach is inclusive, and this was also thought to be of benefit to clients. They stated that the fact that women who intend to bottle-feed are respected and offered some guidance is imperative. One respondent commented:

> *"We don't discriminate against the bottle feeders…we have an NHS booklet we hand out…and we show a super video called "The Baby's Choice" where the baby is delivered onto mummy's tummy and…does skin to skin…there are very big guidelines about not to talk about bottle feeding at all…but we want people to be safe… we have a good relationship with the girls at the Countess and they will do one-to-one feeding demonstrations, so we can pass that information on to the bottle feeders" (3).*

The other factor which professionals sometimes considered to be of benefit to clients was the design of the programme. It was suggested that the shorter length of the course is more attractive to people than it has been in the past and that this enabled clients to commit to learning with greater ease. One professional stated:

> *"It is a shorter course so we are targeting things. We are targeting what they need the most so as not to overload them" (8).*

On the subject of the design of the programme, staff also considered the rolling four-week pattern of classes to be of significant benefit to clients. The possibility of being able to offer a client another date for a class, should they miss one was expressed as valuable. One member of staff stated:

> *"The design of the programme is such that if someone misses a week it is possible to slot them into the next session because the programme is rolling" (3).*

In terms of outcomes for parents, some staff stated that although they may not be able to measure this in a scientific way, they had witnessed many changes in their clients following the sessions. Staff were clear about the benefit of the sessions to clients. One professional stated:

> *"What we hope is that we have given them some coping skills for labour and satisfactory birth experience and that they are well informed and relaxed" (8).*

The benefits which parents reported as being significant were diverse. Many parents appreciated the reassurance and support they received from the sessions, particularly around the fear associated with giving birth and certain methods of pain relief. As a method of reducing the fear of the unknown, many also welcomed the availability of labour instruments, which they were able to handle. One client commented:

> *"When the midwives at the hospital were working around, I felt the things were not new to me. I had been taught for example, if the water doesn't break and they want to do it manually, what sort of instrument they use" (10).*

The quality of the information was also praised by clients, some highlighting the difference between their most recent experience and other pregnancies. One client stated:

> *"It was my second baby and it was all different second time around…the first time round they didn't really say what to expect. They just made you figure it out for yourself really" (9).*

The attention to detail and the systematic way that information was often conveyed was also thought to be helpful. This was considered to be a useful

mechanism for enabling clients to digest the information which they had received. One client responded:

> *"Talking in detail about the labour process was the most valuable… it was like this is the first stage…this is the second stage and so on… I had a text book labour…it was useful because it made it all fit into my head better" (12).*

Clients also reported that the staff prepared them, not only for 'text book' deliveries but also made clients aware of what to look out for when they considered that something was wrong. One client remarked:

> *"When I was having the pains I just kept remembering the positions to cope with labour…I knew something was wrong because they taught me what to do to give myself pain relief and they didn't work so I knew something was wrong…so I rush to the hospital… If they didn't tell me that I would have waited" (10).*

Many clients also valued the availability of equipment which they could borrow. This appeared to be a popular service amongst those interviewed and a service which was considered beneficial. One parent stated:

> *"They lent me a birthing ball which I used at home and they lent me out a tens machine which I used during the delivery…it was totally invaluable" (12).*

Clients also appreciated the interaction with those at the Breastfeeding Support Group and with other clients attending the pre-birth sessions. This appeared to offer the client a more experiential element to the learning. One parent stated:

> *"Getting the opinions of other people who had already had kids… that is probably the biggest thing I got out of it" (11).*

Those clients who had received home pre-birth sessions reported being very appreciative of this service. They had largely received sessions at home because they did not feel comfortable about attending a group or because they were unable to attend. One respondent stated:

> *"It was the timings…I used to have hospital appointments…so she said she was coming out personally…it was really useful" (15).*

The timing of sessions was also considered an issue, with some parents suggesting that evening classes would have been more accessible. This was particularly an issue for two clients who worked until late into their pregnancies.

The length and format of the sessions was praised however, particularly the fact that there was a break half way through each session. One client remarked:

> *"It breaks it up because if you just sat there and somebody is talking to you for a length of time then you do switch off, you know because you can only sort of concentrate for so long…and then you start switching away from it" (16).*

In addition to feeling prepared for labour, many clients also valued the preparation which they received for early parenthood, including the information they received about safety issues. In particular, many clients valued the final pre-birth session, looking at the responsibilities of parenthood, feelings and emotions and safety. One parent commented:

> *"All the after stuff was really useful…cot death…safety stuff…the right room temperature…cause no one really tells you about that kind of stuff…I didn't have a clue what to do if a baby got burnt but now I know" (17).*

Despite clients generally finding sessions informative, there were occasions when the content of the sessions was considered to be lacking, and some development required. One client commented that:

> *"They were very general in the beginning, very, very, general. I didn't get a huge amount out of them…not unhelpful but they didn't do a huge amount in the beginning" (11).*

4.7.4 Benefits to clients and areas for development: Breastfeeding Support Group

Many parents expressed positive views about this group and the benefits they had gained from attending. Parents appreciated the amount of support they had received when attending the group and welcomed the positive encouragement and the methods used to convey these positive messages. One client stated:

"I went to the Breastfeeding Group when he was only five days old…it is a place to go…I end up feeding him there and talking to the midwives…there is a lot of encouragement all the time. They have this six-week certificate to dish out and that kind of thing which is really good. You feel a real sense of achievement that you are doing something you should be proud of" (12).

The fact that the pre-birth sessions ran straight after the group enabled some clients to observe the end of sessions, which they said made them feel more comfortable about attending the group when the time came. Parents also stated that the peer support at the group was also of benefit to clients. Some considered this to be an important aspect of why they had persevered with breastfeeding, one parent stating:

"The group was one of the biggest things to keep me breastfeeding because I was able to see that I wasn't the only person who had struggled" (11).

Several clients commented that they would not have continued to breastfeed, had it not been for Sure Start, and that they certainly would not have breastfed for as long as they had done without the constant encouragement. Many clients welcomed the home-based breastfeeding support which they had also had.

Despite the Breastfeeding Group appearing to have a positive impact on those who had accessed the service, some staff expressed the need for a change in the style and length of the group. It was suggested that the group should be transformed into a baby café[2], and that this, providing it was in a suitable location, would assist in expanding the group and achieving more local recognition. One professional stated:

"I want Blacon to be a baby café…it is a patented name…that will help mainstreaming…but it has to be in the right place" (3).

[2] A Baby Café is a patented name which is often used to describe a breastfeeding support group. The Baby Café is a drop in centre for pregnant and breastfeeding mums and their supporters. The Baby Café name is being registered to ensure all Baby Café drop in centres run along similar principles.

Furthermore, the view was expressed by some professionals that the one hour length of the group each week was not adequate and that this may have prevented some people from accessing the service. One member of staff commented:

> *"I think the Breastfeeding Group…could do with being a bit longer. I think two hours and then they don't have to come for the whole time, they can just pop in" (6).*

4.7.5 Benefits to clients and areas for development: Bumps 'n' Babes

There was a great deal of positive feedback regarding this group and the informal atmosphere which is generated, from both clients and professionals. Clients reported that they were relaxed at sessions and considered the environment to be non-judgemental. One parent stated:

> *"They always said you can bring the baby screaming or not…it was somewhere I could go and not be too self conscious about being an inexperienced mum" (11).*

Staff also highlighted the importance of this group, particularly for first time parents. The informal and non-threatening approach towards these parents was raised by professionals and several stated that this group had had a noticeable impact on some women. One commented:

> *"Just to talk over issues with somebody who understands, I think has a massive effect on their self esteem" (6).*

The baby massage element of the group was also appreciated by clients. Many stated that this promoted a sense of well-being and was useful because they could take what they had learnt and use the methods at home. One parent stated:

> *"It's really good because I have postnatal depression and it just helps with that…. it calms us both down" (13).*

The timing of this group was a problem for some. Some clients found themselves frustrated because they wanted to attend but could not always make the times. One parent suggested:

> *"It would be good if they did it at different times…you know had the sessions on different days sometimes" (15).*

4.7.6 Father/male carer involvement

Through discussing the involvement of fathers and male carers with the parents who were interviewed, almost all respondents identified barriers to their involvement. Many of these barriers were practical ones, related to the timing of the sessions. One respondent stated:

> *"He came to one of the classes…but he was working so he couldn't attend the rest" (11).*

This was a common difficulty which emerged regarding availability to attend the sessions, many men appeared to be working during the daytime and were therefore unable to access the service, resulting in small numbers of men often attending the groups. This then appeared to have a knock on effect in some cases on men who were available for the sessions, as some reported being uncomfortable at sessions without other men present. Some also thought that the sessions did not focus enough on the role of the male. One parent remarked:

> *"My husband came to the first one but there were no other blokes that came along so he didn't come to the other ones because he felt a bit uncomfortable…I think it was more geared towards the mums" (12).*

This appeared to be an issue for several fathers, with men often remarking on the need to engage several fathers at one time. It was stated by one father that some men experienced anxiety about being in a room of women with little male support. One father commented:

> *"If there hadn't been other blokes there I wouldn't have gone… you're put off by it, you're just thinking it'll be a group of women all chatting and you're just sat there the only one" (18).*

Some highly motivated clients found their own ways around these issues and enrolled on other courses which they perceived to be more inclusive and at more convenient times. One parent stated:

> *"We went to NCT classes and he came because they were on a Saturday and they were specifically for couples" (12).*

For other clients this was not an issue and several of those who did attend the sessions stated that they would still have attended if they had been the only male in the group. These fathers all recognised that they were an important part of the process and that life with a new baby was going to affect them as well as their partner. One male respondent stated:

> *"Obviously it was going to affect me as well…but I would have gone even if I was the only bloke, it just isn't an issue for me…I was there to support and to learn" (16).*

Men who had attended the pre-birth sessions were highly complementary about the level of involvement they had had in classes. Many respondents valued the amount of input and the level of encouragement they had received from staff. One father commented:

> *"When I first got there I thought…at the risk of sounding sexist a woman's thing you know what I mean…but I think it's good for me personally and I'm sure the other dads must have thought the same cause they kept coming back…they actually involved the men…we had to get a baby ready for bed" (16).*

Often fathers had been surprised at the content of sessions. Some had expected a style of service delivery consistent with more traditional methods and were delighted to witness what were described by one father as more 'modern methods' of supporting parents-to-be and conveying important information. One father remarked:

> *"You just imagine sitting behind the Mrs going huh huh…that's what you expect and it just wasn't like that…if it had of been I wouldn't have gone" (18)* .

4.7.7 Contribution to achieving the Sure Start objectives

All of the professionals interviewed remarked that the parent education programme contributed to achieving all of the Sure Start objectives. It was stated that the programme is driven by these objectives and goes a long way towards ensuring that each objective is targeted. One professional commented:

"The main thing it does is improve health. It gives individuals knowledge about health issues which will affect them…it gives them direct access to sources to help them give up smoking in pregnancy… I think that improving social and emotional development again is about supporting early bonding, which our groups do…and they help bring families of similar circumstance together so they can support each other. It is improving children's ability to learn if you are improving the basic parenting of the parents" (1).

4.7.8 The Sure Start approach

Many professionals, when asked how Sure Start differs from mainstream services responded enthusiastically, with ways in which their practice and approach to clients had changed since joining Sure Start. Professionals largely reported that clients responded well to them because the service operated on an informal basis and because of its flexibility. The lack of uniform was considered a factor in creating informality and also to have been successful in reducing barriers. Professionals working within Sure Start identified how the programme enables them to work with pregnant women in a different way from previous approaches, one worker stated:

"It certainly enables you to think completely differently… looking underneath what you do is just fantastic…it is a community thing rather than a woman who is pregnant. It is very enlightening… I feel like I have been flicked on" (3).

In addition to this, other staff offered opinions concerning why they feel the Sure Start way is the only way to work successfully with families. Some staff expressed the view that this was a new way of thinking, whilst others considered these ideas to be old ideas that had been reintroduced as positive methods of working with deprived communities. One professional commented:

"Sure Start for me gives you the opportunity to go back and work with the family unit and to have a number of different professionals doing that…it is about changing the way we view children…and their parents and their community…and to try and make linkages between them all so people become dependant on their communities and themselves" (7).

Despite Sure Start being put in place by the Government to improve outcomes for children, families and communities in disadvantaged areas, some staff commented that they felt it was unhelpful to portray Sure Start in this way. Some staff stated that this can create an instant mistrust amongst clients and prevent some people engaging with the service. One professional remarked:

> *"I don't ever say we are working in areas of social deprivation and looking at inequalities in health because that is not necessary…just that Blacon is a large area with very few services and we are here to redress the balance" (3).*

The elasticity which was spoken of by one professional, in terms of how Sure Start operates, was praised. Staff commented that this enabled them to adapt methods of service delivery in the same way when offering individual sessions. It was stated that staff are able to modify sessions depending on the mood of the group and the language abilities of clients, instead of covering one subject in one way to every group of people. One professional remarked:

> *"It looks at the community and the family in a holistic way…also Sure Start allows you to have a go…it gives you lots of professional freedom and flexibility" (1).*

Furthermore, the staff mix within Sure Start was thought by many to be extremely valuable. In particular, the relationships between staff involved in parent education were considered to be crucial to the success of the programme. One staff member commented:

> *"Midwifery and health visiting working together is paramount… your midwife gets you going and your health visitor keeps you going" (1).*

In addition to this, the working relationships amongst all staff was highlighted as being critical in operating the programme smoothly. One professional stated:

> *"It is like a jigsaw. We are helping one another's sessions" (8).*

4.7.9 How inclusive is the parent education programme?

Many professionals stated that parent education had successfully engaged what are often referred to as 'hard to reach groups'. Staff were generally pleased with

the level of this involvement and commented that they had engaged many different people, including: foreign nationals; those whose first language was not English; disabled people; male carers; people with learning difficulties; very young girls; and people who have never accessed services before, despite already having children. One professional commented:

> *"We have been surprised because we have had people come that we never thought would come…very, very young parents, people on their third or fourth baby" (2).*

Often staff referred to methods they had used to engage these people. One professional remarked on the need to go to people's houses and take them to the groups. Whilst this was considered time consuming, staff generally thought that it was worthwhile if it assisted that person in engaging with the service and with local people. Other staff remarked on the success which they had had in accessing some particularly 'hard to reach' people in their homes. Here, staff were referring to those people who have, for various reasons often associated with areas of deprivation, very chaotic lives. Such lives, often made it difficult for people to manage day-to-day activities and plan tasks. Despite some staff expressing that they had successfully engaged such people at home, it was not always considered successful. One member of staff in particular thought that despite the fact that people were receiving information in this way, the availability of this service may have been contributing to some clients continued exclusion from the community. It was stated that:

> *"Home pre-birth is great but it still isolates people…how do you get people to come that don't want to…sometimes you have to accept that there are some that will never come…that is hard…we see these people but they remain socially isolated" (3).*

Whilst fathers and male carers have attended the groups, both pre-birth and the post-delivery groups, some staff still thought that the parent education programme had not successfully engaged men. However, it was also pointed out that this was more of a programme-wide issue and that the staff involved in parent education had contributed to a large degree towards encouraging men to

become involved with Sure Start and raising the value of this with other professionals, both within and beyond Sure Start.

4.7.10 The design and maintenance of parent education

Staff referred frequently to the fact that they had consulted with parents prior to setting up the parent education programme, and thought that this had been a significant reason for the positive feedback which they had received. The Sure Start principles set out that a programme should be community driven and professionally coordinated. Whilst all staff considered the service to have been community driven when it began, many stated that they thought this aspect had now been lost and there was a need to involve parents in any re-design or developments. One professional commented:

> *"Parents and parents-to-be should always be involved with the design of the service…we should always be asking people "is this of benefit to you?", "do you want to come back?" it should be developed in this way" (7).*

Some staff saw the need for a high level of community involvement in the design and maintenance of the support groups in particular. One stated:

> *"Having health professionals do things initially but eventually handing it over to parents within the community, experienced parents to help educate other parents, this would help bring Blacon people together" (8).*

The original design of the pre-birth sessions was, although based around views of the parents consulted, considered by some staff to have been established without close professional integration. One professional commented that:

> *"We didn't sit down altogether and actually plan it from start to finish" (1).*

Suggestions were offered by staff as to how this could be improved in the future. There was a request that the service needs to be more jointly worked between different professionals and jointly reviewed. One worker stated:

> *"I think formal meetings to catch up would be useful every so often" (2).*

The maintenance of parent education within Blacon Sure Start also raised several more practical issues among respondents. The need to promote the service among the community and with mainstream services was considered essential for the success of the programme, as well as raising awareness of mainstreaming issues. However, staff had found that time constraints have often prevented them from achieving this. One professional stated:

> *"It is difficult to keep up with what we are all doing, let alone filter it out to everyone" (1).*

The paperwork created by the service was also considered to play a role in this, one worker remarked:

> *"We have to manage our own show as well as run it…we could do with some admin support…and more space" (3).*

A further practical issue which several staff referred to was the fact that they were required to spend a large amount of time setting up and then clearing away after each session. One professional stated:

> *"We haven't got a cleaner at the moment and that takes up a lot of our time" (2).*

Time constraints were also thought to be of consequence in respect of the home visits which were carried out antenatally. Despite requiring a significant amount of time, they were thought to be essential. One worker stated:

> *"It takes a long time, but if we don't visit people we don't have any clients" (3).*

4.7.11 Mainstreaming

The interviews with professionals raised the issue of mainstreaming and how this could be taken forward with parent education. Some thought that the service was not ready to be mainstreamed, on the basis that it requires sessions and groups to be more interrelated and linked week by week. One professional stated:

> *"I think we have got a little bit more reviewing to do before it is mainstreamed…we need to be a little bit more cohesive" (1).*

Despite this, staff predominantly considered mainstreaming to be a critical element of service development and necessary if it was to remain as a service for everyone, as set out in the Sure Start principles. One professional commented:

> *"It is at a point where it needs to be more integrated into the mainstream services…there is a danger that it has become very particular to Sure Start…there has been some discussion about how to integrate another professional into that" (7).*

Some professionals appeared to fear what would happen when Sure Start funding ceases and expressed concern for the local community. One professional remarked:

> *"When Sure Start funding goes then it will be, well what was the point because it changed for two or three years and the change hasn't been sustained,…it can't work in isolation from mainstream services" (4).*

Possible steps towards mainstreaming were offered by some and emphasis was placed on the need for staff to be cautious about how they approach other agencies about this. It was stated that whilst care should be taken to ensure the work of mainstream staff is not devalued in its current form, every effort should be made to promote new ideas and ways of working. One worker commented:

> *"I would like this to be taken on by all the community midwives …not to change what they do but to adopt bits that have worked well and introduce it to their own services…use what we have done in Blacon as a template…and this needs to be co-ordinated" (7).*

Some staff held the opinion that mainstreaming had already begun to some extent and suggestions were also made as to how this could be exploited. One worker stated:

> *"It has to be mainstreamed. I mean we already have had mainstream midwives taking our programme and trying it out… that has started to happen already…if we can encourage more community involvement that is another way forward as well" (2).*

Despite mainstreaming of this service being largely considered necessary, a point was made regarding the design of the service. One professional stated that the

model was very specific to the area and therefore may not be successful if used on a wider scale. It was commented:

> *"Any service you deliver should be tailored to that community… Blacon adopted what was done everywhere else and it didn't work… so why should the Blacon model work anywhere else" (4).*

4.7.12 Follow up of clients

This issue was central to the responses of many professionals. Almost all professionals interviewed commented on the lack of follow up within parent education. Follow up was regarded as being central to the future design and delivery of sessions. One professional remarked:

> *"I am not sure about the overall follow up. It would be useful to look at parents who have had babies to say, well what was useful? What else would you have liked? To actually feed the future sessions" (1).*

Ideas concerning suitable and interesting ways of doing this were put forward. One worker suggested:

> *"There is no reunion…they miss a valuable bit of information and an opportunity for those women to come together again… because some will come back with positive stuff that needs feeding back, or they may want to discuss something…they haven't got the final piece of the jigsaw to say, well I was in labour and it didn't work, or you didn't tell me that, or whatever" (4).*

It was recognised that follow up was essential if the programme is to be outcome driven, as set out in the Sure Start principles. However, staff were not confident that they were doing enough in this area. One worker stated:

> *"Maybe they have hated it and we just haven't asked the right questions…maybe we are not measuring outcome at all" (3).*

Whilst it was considered essential to follow up those clients who had attended the service, many staff also pointed to the need to follow up those who had not attended, again to assist any future service re-design and the approach of staff. One professional commented:

"I would like to see more evaluation of who attends…who drops off and who is not attending at all and then find out why these people are not attending" (7).

4.7.13 Communication with mainstream services

Staff reported that at times they have had high levels of dissatisfaction with the overall relationship between Sure Start and mainstream midwifery services. Staff were often frustrated by the nature of the system whereby mainstream midwives in the area act as the 'gatekeepers'. One professional stated:

"I think the community midwives hold the key to a lot of what we do…some women don't get referred until 36 weeks" (3).

The process of referral has left Sure Start staff concerned on occasions when it has become apparent that individuals have been 'missed', that is to say not offered the Sure Start service. One worker commented:

"The clients are referred by the community midwives…quite when this happens has not been tightened yet…they are looking at a general consent form…therefore it will be automatic consent to be referred to Sure Start and people won't be missed" (3).

Some staff thought that the reason they had experienced problems with mainstream services not always engaging with Sure Start was due to the self sufficient capacity which Sure Start can often portray. One worker remarked:

"It needs to be owned by other professionals…presented to other people so they want to be a part of it…because it will only exist in one moment of time and learning won't be translated anywhere else if not…it should always be an outward process" (7).

4.7.14 Ways to expand the service

Several suggestions were made of how the parent education service could expand. Often staff thought of innovative methods to impart information to clients. One professional stated:

"…using exercise as another way of giving information...we have done the aqua-natal course…it doesn't matter where you are or what you are doing as long as you are giving information" (2).

Staff frequently mentioned the need for evening sessions and acknowledged that the lack of these at present was a barrier for many local people, particularly men. However, staff also highlighted the fact that currently provision was not available for this, in the form of a safe and secure place to operate sessions.

4.8 Observation

This analysis is based on the researcher's observations of the parent education, Breastfeeding Support Group, Bumps 'n' Babes sessions, and the breastfeeding party. The purpose of the observation exercise was primarily to ascertain how far parent education sessions are underpinned by to the seven Sure Start principles. An observation schedule can be found in Appendix 14. During May and June 2004 observation of the following sessions was carried out:

- the breastfeeding party (to celebrate National Breastfeeding Awareness week and the first year anniversary of the group);
- all four pre-birth classes;
- the Breastfeeding Support Group;
- Bumps 'n' Babes.

Each of these groups was held in the same location, the Dee Point Mobile at Dee Point School, with nearby parking facilities. This is located in the playground at the school, and is surrounded by a metal fence, with a gate at one end for access. It is necessary to cross the playground to reach the Mobile. There is a ramp up to the building to enable easy access for prams and wheelchairs. Inside there are toilets and baby changing facilities, there is also a small kitchenette, (with a lockable door) an open space play area, and what is referred to as a 'messy play area' for older children. There are sofas and other chairs around the room, and the area is bright and colourful. One of the most noticeable factors with the displays was the frequency with which fathers are mentioned, for example, there was a sign up in the Unit which read "Sure Start welcomes dads".

The sessions which were observed involved a variety of staff. Whilst the pre-birth classes and the two groups involve key staff (both Sure Start midwives, both nursery nurses and the health visitor), the breastfeeding party was attended by the majority of the Sure Start staff, some staff from mainstream services and volunteer workers.

With the exception of the breastfeeding party, which utilised the entire Mobile Unit, sessions predominantly use the far end of the Mobile. A semi-circle of rigid chairs is created around two large sofas, and the groups assemble there for discussion and informal conversation.

Each of the pre-birth sessions directly followed the Breastfeeding Support Group. On each occasion there was some overlap between the sessions and some interaction between the group of breastfeeding women and pregnant women. At all sessions, drinks were offered as people arrived and again half way through each session, when there was usually a 10-15 minute break. At the breastfeeding party there was also food offered. On occasions, there was music playing softly in the background.

The style of the sessions was informal and the exchange of information was multi-directional. Interaction and the transference of information was from professional to client, client to professional, and client to client. Where there were men present in the group, they interacted with both other men, other women and the professional, in addition to supporting their partner.

At almost all times during the observation of the sessions there was discussion and interaction in the ways described above. The exception to this was during session three when the physiotherapist was discussing the pelvis. The terminology used to discuss this was medical and often complex, the women were not vocal

during this part of the session. It should be pointed out that the sessions which were observed involved many different groups and combinations of people.

At all of the pre-birth classes the staff spent a few minutes outlining the plan for the session. Whilst the sessions appeared planned and structured, they were also flexible in their approach. Staff appeared content to digress and address points raised by the group, but were also skilled at returning to the schedule to ensure all aspects of the session were covered. The atmosphere created was one in which clients appeared comfortable to ask questions and share experiences. Ice breaking activities were often used as methods for relaxing people and setting the mood of the group which could be described as informal and safe.

The clients who attended the groups on the days when the researcher was observing varied. At the breastfeeding party there were 13 Sure Start families and this included two fathers. At the Bumps 'n' Babes group there were three mothers with their babies, (this was an unusually small group, the average number of women being seven). On the day in which observation was carried out at the Breastfeeding Support Group, there were two mothers with their babies. However, on the three other occasions there were six women at each group. Due to the rolling nature of the programme the researcher did not observe the sessions in order; the sessions were observed as four, one, two, three.

The group observed in session four, contained four couples and two additional women. The dynamics of the group were buoyant and individuals interacted well. The males were as involved as the women and at one point were asked to work together as a group to prepare a baby for bed. The other group, observed in sessions one to three, were three women, of a mixture of ages. On occasions two of these women brought a female relative with them for support. Interaction was also positive in this group and an intimate atmosphere was created possibly due to the small numbers. At times, clients brought their other children to the classes.

When this happened children were able to occupy themselves with the toys and crafts.

Several key points emerged from the observation, which are listed below.

- The methods used by the staff to convey their messages all appeared to be well received and prompted discussion and laughter amongst the groups;
- The groups were able to use the resources to perform mock practical tasks as well as to learn about the function of certain items and to de-mystify others;
- During the baby massage session the member of staff who led the group performed the same movements on a doll, whilst directing the group. At all times when dolls were used, staff handled them as if they were real babies, often cuddling them and reinforcing the message that the clients should do the same;
- Medical language was rarely used in the sessions, and where it was, terms were also expressed in lay terms, to ensure clients had understood what had been said. This was with the exception of session three which at times used medical language without further explanation;
- Sessions were very practical in their delivery. In addition to clients being asked to perform certain tasks, they also took part in various forms of physical activity. For example, in session three, clients were required to perform pelvic floor exercises, breathing and relaxation exercises and other movements designed to reduce the pain often felt during pregnancy and labour. All these tasks were well received and clients appeared to enjoy these elements of the class;
- At all times during physical activity staff were sensitive to clients' limitations and diverse needs. Clients appeared to be grateful for new ideas and suggestions and a lively atmosphere was created;

- In all groups clients appeared keen to share their experiences, knowledge, and fears with professionals and other clients, issues being freely discussed at all sessions;
- Staff were skilled at summing up what had been covered in each section and at filtering questions into further discussion. Often information leaflets were given to clients at the end of the sessions to reinforce messages;
- On each occasion when a session finished staff reminded clients of the next class and other activities that were available, in addition to frequently encouraging female clients to bring their male partners along to the groups;
- Staff regularly asked clients if they had enjoyed themselves and if they had learnt anything.

Following these observational activities, it can be stated that these services appear to be working hard towards the Sure Start principles. The pre-birth sessions and the other groups are working with both parents-to-be, parents and children and also engaging other family members in activities. In addition to this services are inclusive and designed for everyone, even if staff have not successfully engaged all groups of people. The location of the building may have some responsibility for this, as it is not centrally located within Blacon. Staff appeared sensitive to the diverse needs of individuals.

Principle three relates to services being flexible at the point of delivery. Having observed several sessions, with various clients and staff members, it is reasonable to state that this appears to be the case with regards to the content of the sessions and the consideration of individual need. Contact at these sessions commences during pregnancy and therefore starts early with the family, as identified in the principles. Staff are respectful and the service is transparent and appears to be open to both criticism and praise. Finally, whilst the sessions are professionally coordinated they appear to be community driven at some level.

Staff listen to suggestions of clients, respond to requests and are enthusiastic when parents want to involve themselves in the design of resources.

Chapter 5
Discussion of the findings

5.1 Introduction

The findings of this evaluation are discussed here in relation to the objectives of the study and in light of the literature reviewed in Chapter 2. In particular, focus is placed on improving access to the Blacon Sure Start Parent Education Service, as a way of engaging more clients in the future. Furthermore, specifically within this, attention is centred on improving access for those vulnerable clients and those who have previously not accessed services.

5.2 Changes in parent education – towards a Sure Start approach

In light of the literature reviewed it is evident that the provision of parent education in Blacon has made some moves towards the significant cultural change required if parenting is to be successfully promoted. The approach adopted in Blacon operates in a community setting and in an informal, non-threatening, non-medicalised way. There is a strong emphasis on the emotional needs of a baby, and there is a strong element of emotional support provided to clients, be that at home, over the phone or in a group setting. In this respect the Blacon Sure Start programme has much in common with PIPPIN, as described in Chapter 2.

The literature indicates that consideration of emotional issues, coupled with learning practical skills for caring for a baby provides for a well-rounded approach. This appears to be a balance which the Blacon programme has achieved in terms of its service delivery. Professionals have stated that this has been made possible by the flexibility with which Sure Start generally, and Blacon Sure Start in particular, allows employees to work.

Despite these positive moves towards change, there remain areas identified for development. The literature highlights the need for, and availability of, a variety of styles of approach to engage parents. It is stated that services should be

inclusive and responsive in order to meet the needs of a diverse group. This may involve providing options such as specific couples classes, evening or weekend classes and special provision for teenagers and those for whom English is not their first language. Provision at Blacon Sure Start, despite encouraging all eligible local people to attend, only offers services in one location, on one day, and at one time (this excludes home visits), and these do not take place during evenings or weekends. However, Blacon Sure Start has demonstrated a commitment to improving this by offering home visiting and drop-in style support groups. The professionals involved in providing this service in Blacon are, as stated in their interviews, aware of a need to alter the times and days of the service if they are to engage as many local people as possible. However, currently a lack of safe premises and staff availability is preventing this service expanding. It is likely that this is a limiting factor in extending access to particular client groups such as fathers.

PIPPIN was described in the literature as a service which is highly regarded nationwide in terms of supporting Sure Start services in achieving their objectives. PIPPIN focuses on the positive development of parent-parent and parent-infant relationships and claims to have created positive outcomes for those parents involved. Blacon Sure Start parent education programme does not currently work with the PIPPIN model; indeed staff had not come across this approach before. Despite the programme in Blacon not working directly with this model, there are elements of it present in their current model of service delivery. Examples of this are the focus which is placed on developing secure and positive attachments between parents and infants and the self-esteem and confidence which is developed.

Also evident in the literature was the importance attached to the way in which information is communicated. A study by MORI (2001b) found that the way in which information is communicated is at least as important as the content, and

that most parents preferred to receive this information via an informal local network of support. Provision for clients at Blacon Sure Start is delivered in an informal way, resulting in the creation of informal local networks amongst clients. Indeed, this is the atmosphere created by the groups, as parents and professionals reported. Furthermore, the way in which this information is communicated to parents is something which was particularly referred to in the interviews by both professionals and clients alike. Many clients commented on the ability of staff to convey messages about pregnancy, birth and early parenting through a variety of media. Particularly favoured were the visual and practical aspects of the sessions. Parents stated that these factors assisted them in engaging with the group, absorbing information and retaining it. Staff discovered that their methods were well received. Some staff mentioned the ability of these methods to reach a wider audience (for example visual methods enabled those with poor English language skills to understand better), whilst others considered it innovative to use humour to convey difficult and often frightening messages. This is therefore an example of how the Sure Start midwives have re-orientated the approach to parent education in Blacon, and highlights the importance of the way in which information is communicated.

The literature also indicates that multi-disciplinary teams (Nolan, 1997; Page, 2002) are required if effective parent education is to be delivered. It has been suggested that this approach would be the most successful at providing the layers of support necessary to meet the needs of diverse parents and families. This is certainly the approach adopted by Sure Start generally, and indeed the case within the Blacon team. Within parent education clients come into contact with several professionals including: midwives; health visitors; nursery nurses; volunteers; and, a physiotherapist. In addition to this, due to the nature of the service and the Sure Start approach, clients have the opportunity to access other professionals within the team, should they feel the need to.

5.3 Engaging diverse groups – working outside the box

The literature reviewed in this study highlighted that apart from a few individual projects, nationally, services had struggled to engage fathers in parent education. The literature pointed towards the need for services to become more father-friendly and to take on board the recommendations of the NESS report (NESS, 2003) to activate this.

Blacon Sure Start parent education programme has made steps towards these recommendations. Staff reinforce positive messages of fatherhood in the pre-birth sessions, and the role of the father in supporting the mother and caring for the newborn. When clients attend without male partners, staff encourage the women to bring their partners to the next session. When male partners do attend sessions, they are made to feel welcome and encouraged to take part in activities. Staff working within parent education at Blacon Sure Start report that they reinforce the importance of male involvement within the programme as a whole, by raising the issue with other staff members.

The Blacon service has room for improvement in relation to the practical recommendations of the NESS report. For example, the report highlighted that services should be sensitive to the requirements of different fathers. It was stated that provision should be made for fathers working shifts and other working patterns involving long hours. At present Blacon Sure Start only offers the parent education sessions on weekdays around mid-afternoon. Many parents interviewed reported that they found this problematic and the professionals involved with providing this service consider this factor to be their main barrier in attracting fathers. Currently however, there are no resources to provide such an extended service.

The need to involve teenagers in parent education was also illuminated in the literature. Services have often been inadequate in this area (MacLeod and

Weaver, 2002). Blacon Sure Start has engaged teenagers in parent education both within the group setting and on a home visiting basis. Figures relating to the number of teenagers that have engaged with the service were not available, nevertheless it is apparent from the interviews that this age group are engaging to a degree.

During the interviews with professionals, they were asked how successful they considered the parent education programme to have been in engaging 'hard to reach groups'. Many respondents initially revealed which groups of people they considered to be 'hard to reach' and these included: men; teenagers; foreign nationals; those who had never accessed services before; disabled people; and people with learning difficulties. Professionals revealed that at some time all of these people have accessed the service, and, on the whole, considered the parent education programme, and the staff involved in providing the service, to be highly sensitive to people's varying needs. By offering an outreach style service in the form of home visiting, the Sure Start midwives have demonstrated a commitment to this.

Observation of sessions and discussions with clients revealed that the service works hard to provide sessions which can be understood by a variety of people, with varying levels of understanding and language levels. The visual nature of the sessions and the 'hands on' practical style are indicative of this commitment. Coupled with this was a willingness by staff to talk one-to-one with a client and provide extra support should that be required. In addition to this the Mobile Unit has disabled access.

Despite these positive steps there are areas that could be improved. During the observation it was noted that on occasions clients are required to use their reading and writing skills to complete quizzes and questionnaires and the evaluation forms. However, staff report that they are sensitive to varying needs

and that the activities delivered in the groups vary according to the abilities of the group. In addition to this staff will provide support in this area if necessary.

5.4 Referral, recruitment and retention

The aims and objectives of this report set out to identify how participants are recruited to, and retained within the service, and how these processes may be improved. This section considers how people are referred into the service and how the service providers are acting as referrers to other Sure Start or other local services.

In terms of referral to the parent education service, local community midwives are the primary source of referral. Precisely at what stage of a pregnancy this occurs has not been confirmed. The expectation is that all community midwives should refer all eligible women at first contact. However, this has not been the case with 11% of Blacon women not being referred between April 2003 and May 2004. The Blacon Sure Start midwives rely on the referrals from community midwives to establish their client base. If there are women who are not being referred, it will reduce the extent to which the local programme in general, and this service in particular can achieve maximum participation of local clients and attendance at sessions. It is possible that some of those who were not referred specifically asked their midwife not to contact Sure Start. If this has been, and indeed continues to be a factor, it would be useful for Sure Start to be informed of this, in order that the programme can take this into consideration when considering the reach of the service. This also raises the issue of why women should refuse contact from Sure Start, it is possible that these women may be those who are most in need.

Some staff reported dissatisfaction and frustration with the present referral system. There were concerns about women being 'missed' and not being offered a service which they were entitled to. Staff highlighted a need for better communication with mainstream midwives, as a way of reducing this occurrence.

Furthermore, it was highlighted that currently a new referral form is being designed which will be completed at booking. This form will contain a section on Sure Start and should therefore mean that there is an automatic referral to Sure Start and, in theory, that no pregnant women in Blacon should be 'missed'. It will be necessary for any new system which is devised to be rigorous if the programme is to achieve Sure Start Service Delivery Agreement Target (SDA) ten, which states that: all families with new born babies in Sure Start local programme and Children's Centre areas to be visited in first two months of their babies' life and given information about the services and support available to them. It may also be important to consider the way in which Sure Start services are presented to women by community midwives, as this may be a factor in women deciding whether or not they wish to be registered. In order to ensure that Sure Start is portrayed in a positive light within the community, an additional point was raised concerning the need to lift the profile of Blacon Sure Start and work closely with other professionals outside the service, with particular reference to translating the learning from Sure Start.

The figures show that between April 2003 and May 2004 18% (34) of women, although referred by their community midwife, never registered with Sure Start. It is possible that these were people who simply refused the service when contacted by the Sure Start midwives, although this is not clear as this information has not been recorded in sufficient detail. What is clear is the need to record unambiguously those who have been contacted and those who have not and the reasons behind any non contacts, in order that any future consideration of recruitment of clients will be accurate. This also emphasises the importance of early booking. Ideally, Blacon Sure Start should not only engage an increasing proportion of pregnant women over time in parent education, but that first contact should be early in pregnancy.

For those who receive a home visit from one of the Sure Start midwives, an invitation to the pre-birth classes is given to them, along with information on other Sure Start services available. This, according to those clients interviewed, is a positive way of initiating contact with service users. Staff consider the lack of uniform and the informal approach they adopt to be essential in engaging clients.

Clients are reminded, (often by telephone, sometimes by mail shot) of pre-birth classes and actively encouraged to attend. Staff are also proactive in encouraging male partners, or indeed other close friends or family members to attend groups. However, there have been many women who have not attended any pre-birth sessions. Figures show that approximately 50% (64) of those invited to pre-birth sessions over 12 months did not attend at all. There may have been several reasons for this, some of which emerged during the interviews and others which have been highlighted in data showing reasons given for non attendance. Examples of these are the distance to the service for some and the time and day of the sessions. The service may need to consider issues such as these if more clients are to be recruited to the programme, and if the programme is to successfully achieve the Sure Start SDA targets related to this area of service provision. These are outlined below:

- **11.** Information and guidance on breastfeeding, nutrition, hygiene and safety available to all families with young children in Sure Start local programme and Children's Centre areas.
- **13.** Ante-natal advice and support available to all pregnant women and their families living in Sure Start local programme and Children's Centre areas.

In relation to the Breastfeeding Support Group and Bumps 'n' Babes, clients are also informed of these groups antenatally by the Sure Start midwives and reminded of sessions at pre-birth classes by all staff members. The fact that

pre-birth directly follows the Breastfeeding Support Group appears to be a positive factor in clients' perceptions of the service, adding an experimental element to the learning process. Clients are able to witness breastfeeding in action and talk to breastfeeding mothers about their experiences. Furthermore, clients have reported that the visibility of the Breastfeeding Support Group during their attendance at pre-birth was a factor in their participation in the group.

The issue of retention of clients appears to often be a problematic one. In relation to the postnatal groups, it seems that staff rely on the encouragement they offer clients at the end of the sessions to attend the following week and the expectation which is attached to this. It has been reported that clients also arrange to meet other clients there, utilising the session as a social gathering. This has been facilitated by the creation of a venue suitable for peer support. It may be useful for staff to provide clients at pre-birth sessions and others who have recently given birth but not attended pre-birth sessions with a leaflet containing information about group times, in order to maximise attendance and create a more inclusive service.

Factors relating to retention, may simply be associated with the 'problems of everyday life'. Clients who value the services sufficiently will attempt to combat these difficulties, but this may not always be straightforward for individuals. All professionals working in this area can do is make access to services simple and offer clients a valuable and supportive experience. In addition, the proactive approach to encouraging retention is likely to be more successful than a more passive approach to service delivery.

Retention within the pre-birth sessions appears to have been challenging. The data have shown that during 12 months, only 18 women out of a possible 183 attended the complete pre-birth programme, which, when compared with birth rates in

Blacon, is only 10% of the total number of births during this time. The staff appear to encourage clients actively to return to the sessions, by reminding them each week. However, it is likely that for many people in the area, whilst pre-birth classes may be considered important and valuable, they have competing demands on their time and may not therefore, always be able to prioritise these sessions.

Professionals commented on the chaotic nature of the lives of many of their clients and stated that they were aware that this was a factor involved in retaining individuals to the programme. All the clients interviewed emerged as being motivated and considered pre-birth learning to be both important and useful. Of those interviewed who did not attend all sessions, the reasons given were of a practical nature – for example, the distance was too great to travel in later pregnancy; or personal reasons – for example, ill health or ill health of a family member. These factors are universal, in as much as they could impact on anyone.

The interview material generated from professionals points towards this, some arguing that only motivated clients attend sessions, therefore raising concerns about the lack of information and support received by those who are not able to prioritise parent education. People's lives are complex, and it is not always possible for people to give attention to issues which others think they should. In this sense it is important for professionals to clarify what factors they can influence (such as the time, location and style of delivery) and to build on these, therefore making the access and use of services as uncomplicated for people as possible.

The staff involved in providing the programme have made visible steps to tackle some of these issues, by often providing transport, offering home pre-birth and additional support. Nevertheless, there are limitations to this in terms of staff time and availability to provide such a responsive service. It may be helpful if

provision was created to extend this outreach approach, in order that more clients could receive valuable information. Inevitably, there will always be some who will not engage for a variety of reasons as detailed in this study, however by creating a service which is as inclusive and responsive as possible, this can be minimised. In addition to this, if numbers using the service are increased to the point where there is a critical mass, there may be opportunities to influence community norms. In this sense it then becomes the norm for Blacon residents to attend Sure Start parent education, and not the other way around as currently occurs.

Referral to other Sure Start professionals from the parent education service was reported as being a smooth process, enabled by access to a multi-disciplinary team. Staff have commented on, in particular, the closeness of the working relationship between midwifery and health visiting within the team. Staff are keen to draw on each other's skills and the team were reported to have a high degree of interaction and effective communication. This has the advantage of providing a coordinated, cohesive and consistent programme of parent education that spans the antenatal and postnatal period.

With regard to referring beyond Sure Start, staff reported the need for Blacon Sure Start to operate an outward process of information sharing. This includes utilizing the skills of professionals outside the core Sure Start team when needed. Staff have developed links with, for example, the parent education facilitators at the Countess of Chester Hospital and with the local team of health visitors. However, there are improvements which could be made in this area. There is a danger that within a multi-disciplinary team such as Sure Start, an attempt is made to tackle all issues internally. It may be the case however, that by opening the service up and referring more frequently to other services, Blacon Sure Start may indirectly raise their profile and encourage wider professional acceptance and involvement. This in turn may help influence mainstreaming discussions.

Finally, the issue of follow up should be mentioned. In addition to concerns over the retention of clients, some professionals raised a degree of unease at the lack of follow up which currently occurs within parent education. This relates to the extent to which clients are contacted by staff following attendance at groups and sessions, and asked about what they found useful, what they would have liked more information about, and in what form they would have found this helpful, in order that their comments may influence future service delivery. Although some clients are followed up informally at postnatal groups and others are seen by staff at home visits, currently there is no other form of follow up.

At the time of this research there was no reunion for those women who attended pre-birth sessions, as occurred pre-Sure Start in Blacon. When carried out in the past, reunions were attended by, on average, 27% of those who attended pre-birth. Whilst this figure may not be considered impressive, should Blacon Sure Start develop this idea, it would not only create an opportunity for clients to build on their relationships with each other and maintain supportive local networks, but it would also offer staff the opportunity to discover what clients found particularly helpful and if there was anything they felt the programme lacked. This would offer a sound basis for the development of the programme and enable staff to gauge the effectiveness of their intervention.

In addition to this is the issue of evaluation. Sessions are currently evaluated by using a brief questionnaire, designed by the Sure Start midwives and administered by the health visitor at the final pre-birth session. Until now this information had not been extracted from these forms and although staff had read the responses, these had not been acted on. This highlights the importance of collecting and using evaluation data to inform service development.

It would be useful if this form was redesigned and administered postnatally (either during a reunion class, home visit or community event) and the purpose of

the form explained more clearly to clients. Currently the fact that the form is given to clients during a pre-birth class means that information regarding how valuable the service was is being missed. Only when clients have delivered their baby and spent the initial few weeks as a parent will they be able to reflect on the extent to which the information they received has been beneficial.

The other area which professionals currently considered to be largely unaddressed is that of following up those who have been referred and registered but not accessed the service, in order to establish why they have not attended. This would, in turn, inform service development. This may be a further way of evaluating the service currently on offer and developing the responsiveness and inclusiveness required by the Sure Start principles. However, in order to achieve this, time would have to be allocated to collect this information, evaluate it and act on it.

5.5 Service usage

A further aim and objective of this report was to analyse available data about service usage, as outlined in the Chapter 3 and presented in the data section of Chapter 4.

Attendance at pre-birth sessions can be considered on two levels: those who accessed any pre-birth sessions; and the total number of sessions these clients attended. Taking the issue of access first, it is apparent that over the 12 months in which the Sure Start service has been operating a total of 65 women have accessed pre-birth sessions (36% of the eligible population). Prior to this service being in operation, a maximum of 45 women in 1996/97 (around 24% of the eligible population) accessed parent education in Blacon in any one year, (the earliest data available), with only 15 (8% of the eligible population) women in Blacon accessing the service in 2002. Therefore, the current provision for parent education is engaging more local women than in recent years.

In terms of numbers attending each of the sessions, the other difference between the earlier model and Blacon Sure Start, aside from the content and delivery of sessions, is the number of sessions. There has been a reduction in the number of sessions on offer, from six down to four. Despite better attendance at all sessions in 1996/97, the pattern shows that over six years, only 15 women attended all six sessions. In addition to this the data shows that few women attended more than four sessions, and more recently when looking at figures from 2000/01 few women attended more than two sessions.

The Sure Start model of four sessions appears to have had more success, with 18 women attending all four sessions, although this is only around 25% of all those that attended pre-birth over the last 12 months. This is a significant improvement on previous years in terms of those who have completed the course. Nevertheless, when considered alongside Blacon birth rates, this remains a small proportion.

Figures relating to the numbers of women invited to pre-birth sessions have been considered. Since the Sure Start parent education service began, 129 women have been informed about pre-birth sessions and invited to attend. Figures prior to the Sure Start service were unavailable, and therefore it was not possible to draw comparisons in this area.

Attendance at the Breastfeeding Support Group and Bumps 'n' Babes has also been highlighted by contact data which was retrieved. The figures for the former show that over 13 months the Sure Start midwives have recorded a total of 271 contacts with women attending the group. The group experienced its highest attendance figures in its first month (April 2003), and also in January 2004. The lowest attendance figures relate to August 2003 and December 2003. A possible explanation for these low figures is that these times are holiday periods and reported as being the two months when Blacon Sure Start is its quietest.

Bumps 'n' Babes figures demonstrated a slightly different pattern of attendance. The group recorded 164 contacts over eight months but was slow in attracting clients initially, with the smallest number of contacts (6) in the first month. November 2003, March and April 2004 were also low points in terms of numbers of contacts. The highest recorded figure was for January 2004, as with the Breastfeeding Support Group. This cannot be explained in relation to holiday periods, and therefore it would be interesting for the programme to monitor attendance patterns closely in order that other explanations may be developed and worked with.

As the data for both of these groups relates to the number of contacts and not the number of different clients attending the service, it is not possible to demonstrate the percentage of the eligible population who have accessed these groups. Neither is it possible to identify the percentage of those who have accessed pre-birth sessions, and gone on to engage with the Breastfeeding Support Group and Bumps 'n' Babes. It would be useful for the programme to be able to report on such relationships, in order that the reach of these services can be measured.

Reasons offered by clients for non-attendance at pre-birth sessions were analysed. Whilst almost 50% of those who did not attend sessions were either not asked a reason why, or did not offer a reason, some interesting issues emerged from those who did give reasons. The data shows that the most common reason for non-attendance was that an individual was working or on holiday. The second most common response was that a person was either unwell themselves or that a family member was unwell. Given these responses it appears necessary for the programme to consider offering classes at times more convenient to local residents who may be working late into their pregnancy. Furthermore, the nature of the rolling programme is such that it should be possible for an individual to slot into the following group should they miss a session. It is likely that this is not

always possible at present due to a combination of late booking by women in the local area, late referrals into Sure Start by community midwives and/or difficulty in Blacon Sure Start midwives completing home assessments early enough in a pregnancy to make this feasible.

The numbers of pregnant women joining the smoking cessation programme which is run by the Sure Start midwives, shows that less than half (38%, 9) of the women on the programme have quit smoking. It would be interesting to consider this information in greater detail and establish, firstly, the level of uptake of this service and, secondly, examine the methods used by the Sure Start midwives, in order to ascertain what methods work well and which areas require further development. This would in turn inform service delivery in this area, and assist in establishing how well Blacon Sure Start are meeting the target set in this area.

In addition to data on service usage, information was also retrieved from the transcriptions of interviews concerning service usage. Respondents comments relating to the venue were generally positive, although there were some concerns from professionals and clients regarding the location and the size of the venue. Given this it would be beneficial for the programme to examine closely the postcodes of those people who have attended the sessions in order to establish if there are specific areas of Blacon that are not currently being reached. This would then enable the programme to plot a more suitable location for premises from which to operate the service. This would require a data collection system to be established.

Of those people who had used the service, and from the point of view of the professionals involved in providing the service, there was considerable praise for the resources used. It appears that staff have achieved a workable balance of practical activities and teaching style, indeed this was witnessed during observation of the sessions. Whilst this appears to work well currently with the

small and intimate groups which attend, staff should be mindful that changes may need to be made if more service users engage with parent education. This is a fundamental tension that is integral to the target of engaging a larger proportion of pregnant women.

5.6 Benefits to service users

As set out in the objectives of this study, it was important to consider what the benefits of the parent education service offered by Blacon Sure Start have been for service users. The benefits of the service were identified during both the professional and parent interviews.

Both groups identified benefits of the pre-birth sessions, Bumps 'n' Babes and the Breastfeeding Support Group. With regards to pre-birth, professionals saw one of the key benefits of this service as being a means of engaging families with Sure Start. In addition to this, the design of the programme (in particular operating on a rolling basis) was considered by professionals to be of benefit to clients, in terms of accessibility. By operating the service in this way, it is envisaged that more service users will be able to engage with the pre-birth sessions, as more sessions are being offered throughout the year; and that those clients who may miss a session are able to attend the same session four weeks later. This may be considered as an example of how the Sure Start midwives have re-orientated the delivery of parent education.

Clients identified many benefits of the pre-birth sessions. They all valued the reassurance and support that the sessions offered, and many found that they particularly benefited from a reduced level of fear regarding labour following the sessions. The detailed information on pain relief was also said to have benefited many, as was the loan scheme. All these factors demonstrate a commitment by the Sure Start midwives to re-orientate the delivery of parent education.

A further example of this re-orientation relates to the provision of home pre-birth. For those service users who, for a variety of reasons, received home pre-birth sessions, this was reported to be of considerable benefit. Whilst only small in number, the availability of this service meant that some people who may not have received any professional advice or guidance around pregnancy and childbirth were exposed to similar provision as those attending in the group setting.

A further benefit for clients has been the increased access to information on breastfeeding and the encouragement which has been offered to breastfeed. Many clients reported that they would not have breastfed if they had not been involved with Sure Start and several stated that they would not have continued breastfeeding for as long, had they not had the consistent reassurance and support from staff. This positive approach to breastfeeding was witnessed during observation and the fact that Blacon Sure Start offered a party to celebrate National Breastfeeding Week and the first year anniversary of the Breastfeeding Group is also a reflection of this.

Breastfeeding figures for 2003 in Blacon show that some improvement in breastfeeding rates at delivery were achieved, with a rise of 15% percentage points from 2001. However, initial figures for 2004 suggest that it is unlikely that this has continued, with initial figures falling 21% percentage points from 2003 figures. It would be useful for staff to consider reasons why this may be the case and necessary for the programme to work hard to maintain the increase of 2003. Furthermore, there continues to be a drop in the figures of those women who continued to breastfeed after seven days (a 24% drop in 2003) and an even greater drop in those who were still breastfeeding by 28 days (a total drop of 29% in 2003). This highlights the need for more support and encouragement particularly during the first week of pregnancy to enable breastfeeding to become established and continued support for at least the first month.

There have been many benefits for service users identified in this report, ranging from clients reporting that they enjoyed meeting new people, to a perceived increase in knowledge of pregnancy and early parenthood. The area which the programme should work on from now on is making the service accessible to all and increasing the numbers of people who engage, in order that these benefits can translate into the wider Blacon community.

5.7 Service contributions to the Sure Start objectives

As outlined in the aims and objectives, this study set out to analyse how the service is meeting Sure Start objectives. In order to achieve this it is necessary to consider each objective in turn, and to what extent each of these is currently being accomplished.

Objective 1: improving social and emotional development

It is apparent from the interviews with professionals and clients and the observation of the sessions, that for those people in Blacon who have been involved with the parent education programme, be that pre-birth sessions, the Breastfeeding Support Group or Bumps 'n' Babes, the service has had a positive impact on their social and emotional development, and therefore could have impacted on the social and emotional development of their unborn child. For some people, this impact has been reported as being significant.

The clients interviewed all reported social and emotional benefits in attending the sessions, irrespective of the amount of contact or type of contact they had had with staff. These benefits showed in small ways, for example many clients appreciating the opportunity to engage with other local people and widen their social circle; and in greater ways, such as clients who had previously felt very excluded from the Blacon community through personal shyness or a language barrier, being encouraged to access services and actively receiving support to overcome their difficulties. Often practical solutions had been offered, such as

providing transport. At other times, assistance in this area was more subtle in the form of a phone call or a home visit to reinforce positive parenting messages.

The professionals interviewed all considered the service to be contributing to achieving this objective, and reported that this was being done in a variety of ways. One example which was mentioned was that the service supports early bonding between parents/carers and their babies. This is achieved in a variety of ways, such as: through baby massage; actively promoting breastfeeding and welcoming breastfeeding during sessions; and also through the positive messages, style, and delivery of pre-birth sessions which focus on how life with a baby will be for parents. It was remarked that this positive image which is conveyed to parents alongside practical advice and support, goes a long way to achieving this target. It is envisaged that by improving the social and emotional development of the adults caring for children, the programme will in turn contribute to the healthy development of the children in Blacon.

From the observation of these sessions it was apparent that social and emotional development of children and the adults that care for them is at the forefront of the work of the service. Staff constantly reassured clients when anxieties arose. In addition to this, staff actively encouraged early bonding and promoted the importance of this, particularly through breastfeeding. This was achieved in a variety of ways, some already mentioned above such as baby massage. Possibly just as significant however, was the way in which staff handled dolls, played with babies and children and were keen to address all needs. Reinforcement of early bonding messages in the way in which staff carried out these tasks was observed.

There are two key issues which remain however: firstly, the overall number of people receiving the service, which has already been discussed, and secondly, the number of males receiving the service. The number of male partners who have attended sessions has been small so far. Therefore, whilst the service may be

having a positive impact on several mother and child relationships, there have been few couples who have experienced this. For those who have accessed the service as a couple the experience has been a positive one, but the small numbers remain a concern.

Objective 2: improving health

The nature of the sessions and their content can be said to contribute positively towards achieving this objective. The pre-birth sessions tackle issues such as dental health and nutrition, to assist parents in making sensible choices about their child's diet as they are growing up, as well as improving parents general knowledge of these areas, enabling them to make informed choices about their own diet and that of the entire family. Many parents reported that they have actively taken these messages on board, commenting on the usefulness of the information on dental health and stating that they would now think very carefully about the foods and drinks they gave to their children. In this way the service contributes encouragingly to this objective.

Session four within pre-birth also contributes strongly to this objective by providing parents with some of the necessary information they will require to promote healthy development in their child after birth and deal with health related issues. In particular, issues such as cot death are focussed on, as well as how to deal with accidents in the home. Many clients stated that they valued this part of the programme, claiming that they had no prior knowledge of these issues and that they were grateful for the information.

In the antenatal period this service also contributes to achieving this objective through the availability of advice and support on smoking cessation. Even if clients do not wish to join the smoking cessation programme, they are offered advice and information on the subject. In this way the programme is contributing to

improving the health of the mother, unborn baby and other family members, should clients act on the advice and support offered.

The health and comfort of the mother is also particularly addressed in the pre-birth session which is taken by the physiotherapist, where methods of relaxation and ways to relieve pain associated with pregnancy, labour and the post-natal period are all tackled. Many clients reported that they found this session of benefit to their overall sense of well-being.

Health issues are also addressed postnatally, within the Breastfeeding Support Group and Bumps 'n' Babes. Breastfeeding is actively encouraged and clients are made aware of the benefits of breastfeeding for both mother and child, but in particular the health benefits for babies are emphasised (this was apparent during observation). In considering the 2003 feeding figures, this appears to have had some impact on the local population with figures for breastfeeding being higher than those for artificial feeding. Baby massage at Bumps 'n' Babes has been provided weekly and has been actively working towards reducing the percentage of women in Blacon who experience post-natal depression, and assisting those with the condition to work through it.

In relation to breastfeeding figures, whilst the 2003 figures showed a rise in the number of women in Blacon breastfeeding, figures for Blacon are around 20% lower than the total figures of those recorded at the Countess of Chester Hospital, and around 25% lower than national breastfeeding rates from four years ago. However, this is to be expected when considering breastfeeding rates in deprived communities.

It is evident from this discussion that there are many ways in which the service is contributing to achieving the objective of improving health. However, as previously mentioned the key issue appears to be related to numbers accessing the service.

In terms of how successful the programme has been in targeting postnatal depression, some clients have reported that the baby massage sessions within Bumps 'n' Babes, have helped them to relax. However, with the average number using this service each week, being no more than four, it is possible that there are many women in the area with postnatal depression who are not accessing the service. It was not possible to obtain data on postnatal depression in Blacon, however, it would be useful for the programme to consider this in relation to the reach of the baby massage classes in particular and parent education in general. Furthermore, it would also be valuable for the programme to develop other approaches to support women with postnatal depression. It is likely that mothers who experience postnatal depression are less likely to engage with services that could help them than other pregnant women, yet have greater needs.

Objective 3: improving children's ability to learn

It can be argued that the service contributes towards this objective in several ways. Firstly, in engaging families in the service before their children are born, it is likely to be easier to encourage involvement in other groups and activities as their children grow. This was regarded as highly influential by some staff and a key way of encouraging families to access Sure Start services related to positive child development at a later stage.

In addition to this, it was observed that the environment in which this programme delivers its service is one conducive to promoting early learning, enjoyable play and language skills. Highly quality toys and games were available for use, suitable for both babies and older children, a craft area was also available for older children. Parents frequently commented on the quality of these resources and staff considered that they were a valuable addition to the service. The availability of these resources allowed staff to demonstrate age appropriate play. Another issue which is covered in the sessions is that of dummy use with children; staff advise

parents on when a dummy should and should not be used, and how these can hinder language development.

Although the Blacon Sure Start midwives hope that by encouraging parents to attend pre-birth, more will then continue to use Sure Start services, it is too early to confirm whether this is happening. It would be interesting to revisit this at a later date to evaluate how effective the pre-birth programme is at engaging Blacon families in all that Sure Start has to offer.

Objective 4: strengthening families and communities

For those families that access pre-birth classes and the other groups, these offer the opportunity to talk to other local people and families in similar circumstances. Within this setting local people are able to share their experiences, advice and fears with others from their community, thus strengthening ties and improving communication. This was evident during the observation, when the researcher witnessed exchanges of this nature. Furthermore, many clients commented on relationships which they had formed with others at the group and the value which they placed on the opportunity to share experiences.

Staff create opportunities for clients to share experiences and form friendships by providing a break half way through the pre-birth sessions. This is also facilitated by the informal atmosphere which is created at all sessions and groups alike.

Although these are positive steps which have been made, there are other issues to consider. Whilst those attending Dee Point Mobile may have experienced these opportunities, those who have received pre-birth sessions at home have not. A concern expressed by one professional during the interviews was that, although these people may have received the information they required, they have remained socially isolated from the Blacon population. However, the intention

behind the home visits remains positive, that by supporting women in this intimate way, they may, in time, overcome anxieties and gain the confidence to engage in services at a later date.

5.8 Are Sure Start Principles underpinning parent education in Blacon?

The Sure Start principles have been developed to guide programmes in their service provision. They have been developed from drawing on best practice in early education, childcare and Sure Start local programmes. There are seven principles, each of these is considered below in the light of the service offered from parent education at Blacon.

1) Working with parents and children: It can be said that the parent education programme at Blacon offers clients a range of services, and, furthermore, by engaging with the service antenatally local people are able to witness other services on offer and access the support of any member of the team should they require. Services are said to be family orientated, and to meet the needs of all family members, although the experience of clients has often been that the service is more female orientated in its approach. This has particularly been an issue with regards to the timing of sessions.
2) Services for everyone: The service in question, and the staff involved in service provision appear to be aware of this and have added additional aspects to the service as need arises. An example of this is the availability of the home visiting service to those who are unable to attend the group sessions for whatever reason. The service has emerged as one which endeavours to be as inclusive as possible, within the limitations of the resources and time available. Nonetheless, the timing of sessions remains a barrier for many.
3) Flexible at the point of delivery: The parent education programme at Blacon appears to be struggling with this in several ways. Whilst the service is often able to arrange transport for clients, and offer home visits

to some clients, the opening hours and the location of the service continue to be barriers towards the involvement of the wider Blacon community. Furthermore, the lack of crèche provision at Dee Point Mobile has been highlighted as a problem by some professionals, particularly during the relaxation classes.

4) Starting very early: During the antenatal home visit the midwives discuss all of the services on offer from Sure Start and provide each client with their own colourful information pack. In addition to this those who attend pre-birth classes receive information on pregnancy and early parenthood and for those who do engage with the service, staff are able to offer onward referrals as need emerges. Respectful and transparent: Blacon professionals consider that their service is both respectful and transparent. The programme is open and honest about what they are trying to do for local people and amenable and receptive to community suggestions and questions.
5) Community driven and professionally coordinated: The parent education service began with a strong element of community involvement and this has continued informally. Staff were observed asking clients what they had enjoyed about sessions. Staff also reported that they take note of activities which have been particularly well received and the type of group this was with, in order that they can gauge the suitability of activities and match them with groups. A more structured evaluation of each session should take place in order that staff can develop service delivery alongside community aspiration. Furthermore, a more 'joined up' approach to working alongside community midwives would also aid this.
6) Outcome driven: It is apparent from observing the sessions and talking to professionals that staff involved in providing the service have this as their focus. The transcripts revealed strong passions and desires to improve outcomes for not only children, but the Blacon community at large. Whilst this may be the aspiration of professionals it does not appear that they are

able, as yet to measure these outcomes. Indeed it is too early in the life of this programme to measure many of these outcomes. This is however something which the programme should grasp in order that they can clearly identify what outcomes the service is working towards and how these can be measured at a later date.

5.9 Mainstreaming issues

Mainstreaming is an issue which emerged as a theme in the interviews with professionals. The term mainstreaming has been described as a 'bottom-up' approach, from which it is hoped that learning and knowledge will spread from localised and short-term pilots, that find themselves on the edge of mainstream services, to mainstream programmes (HMSO, 2004).

With reference to the mainstreaming of the parent education programme in Blacon, many professionals considered this to be a crucial element of the future provision of the service. Concerns were raised regarding the longevity of the programme should mainstreaming not take place in the near future. Barriers to this were, however, identified. Some staff expressed concerns regarding the mainstreaming of the service, responding that the Blacon model had been designed specifically for the Blacon community and it is possible therefore that this model would not succeed in other areas. However, it would be useful to look more closely at mainstreaming this model of service delivery before ruling this out, as aspects of the service may be adapted to mould with other communities.

Other professionals stated that they had witnessed the informal beginnings of mainstreaming already, with several mainstream professionals adapting the model used in Blacon and incorporating this into their sessions. This was particularly evident where there were severe time constraints or staff vacancies in areas locally. It was also reported that there has been some discussion about how a

mainstream midwife may be incorporated into the service to begin this process formally.

Some staff remarked that they did not consider the programme to be quite ready to be mainstreamed in its current state. It was suggested that the team should review and tighten their style and delivery prior to this process beginning. However, some professionals, whilst acknowledging that the current service may not be a perfect service, expressed a desire to roll out some of the early successes of Sure Start Blacon. One idea that emerged was that all community midwives should be presented with a template of what has been used in Blacon and be free to use and adapt elements of this programme and incorporate it into their sessions. Also highlighted however was the need for caution and sensitivity if this occurs, so as not to alienate the very professionals the programme requires to transfer the learning and share 'what works'.

It has been stated that there is a widespread view that the major barriers towards mainstreaming relate to the aligning of resources and the limits which central government places on these (HMSO, 2004). This view was certainly evident in the responses from some professionals interviewed as part of this study, many focussing on how 'lucky' Sure Start was to have such resources and how difficult it is for mainstream midwifery services to work effectively without the same quality and quantity of resources.

In response to such concerns it has been argued that these aspects (with the exception of specific issues relating to pooling resources) are mainly technical issues which can be overcome (HMSO, 2004). However, barriers which have been identified as the key components are those relating to individuals' perspectives and organisational cultures. These obstacles, it has been stated, should be worked through, whilst ensuring the perspectives of key figures are placed at the centre of any change (HMSO, 2004).

With regard to how mainstreaming of the parent education service can be taken forward in Blacon, there are several points to consider. Firstly, there is a need to consider the recommendations of this report and review current service provision, including developing the evaluation process to establish 'what works'. Secondly, if staff involved with the programme can find ways to disseminate their methods and successes to mainstream midwives, health visitors and nursery nurses, this will help inform wider discussion on service development. Thirdly, the role of individual leaders such as midwifery, health visiting and programme managers should be considered fundamental to the mainstreaming schedule. Fourthly, when these key enthusiasts have signed-up to the mainstreaming agenda, there should be some alignment of planning processes in order to establish the most effective way of allocating resources. It has been argued that whilst important, such a step should form part of a performance management system if plans are to be translated into action (HMSO, 2004). Fifthly, effective partnership working can be a vehicle for exploring mainstreaming, as well as providing opportunities for sharing learning and ideas. Regular platforms to share information might facilitate the mainstreaming process and reduce professional anxiety.

5.10 Conclusion

This report has provided a detailed description of the parent education service and analysed available data about service usage. The report has identified how participants are recruited to and retained within the service and how referral processes operate, which included suggestions of ways in which these processes can be improved. The report has also identified the key benefits to service users and analysed how the service is meeting the Sure Start objectives. Alongside this, the study has also considered to what extent Sure Start principles underpin the work of the service, and examined how the service has re-orientated the approach to parent education.

It is apparent that for those people involved with the parent education service, it has been a positive experience. This applies to staff involved in service provision and service users alike. There has been a successful exchange of ideas and in a variety of ways and through a variety of media, which has been well received and refreshing to many. However, it is necessary to speak to those who do not attend to establish areas of the service which may require further development in order to maximise attendance.

Initiatives around breastfeeding, smoking cessation and postnatal depression are all incorporated into the programme and staff actively promote these issues. There has been positive feedback from clients in two of these three areas, namely breastfeeding issues and support available for those suffering postnatal depression.

Despite the experiences of those who have used the service being overwhelmingly positive, it is evident that this service is accessed by a small number of people. Whilst a significant improvement on previous attempts at parent education in Blacon (particularly in recent years), numbers accessing the service remain small. It is apparent that a significant factor in this concerns the lack of provision for working parents, and the fact that the service does not operate from the centre of Blacon. Furthermore, it should be acknowledged that it takes time to establish services and dramatic changes will not happen overnight.

Chapter 6
Recommendations

It is evident that there is lots of enthusiasm and hard work contributing to this service. Given this, every effort should be made to channel this effort into future service development. Many of the recommendations which follow rely on a much enhanced data collection system to allow this information to be used to manage actively case loads, seek out problems (such as non-attendance) and quickly take action to address them. This is a service which continues to develop and, as such, it is likely that some of the issues discussed below have already received attention since the fieldwork was carried out in June 2004.

On the basis of the findings presented in this report the following key issues have been identified for consideration by the service providers and those working in partnership with the parent education programme at Blacon Sure Start.

Data collection systems

1) Information about those who do not attend pre-birth sessions, including the reasons for non-attendance, is required if attendance is to be increased.
2) Data collection and storage processes will need to be developed to ensure that information can be easily extracted and analysed, in order that service activity data can be monitored, and the reach of the programme examined. This will need to involve the use of standardised forms, preferably in electronic format and not hand written paper-based systems. It would be particularly useful to record data relating to the postcodes of women who attend sessions, the booking dates of women and the outcomes for women who are referred but do not register.

Improving access to parent education

3) The time, location and day of the programme of sessions will need to be reviewed, alongside developments in accommodation and staff resources, in order to maximise the reach of the programme and particularly enable those groups currently excluded such as working fathers.
4) The programme may wish to consider extending the outreach element of the service, in line with staff resources, in order to increase the possibility of engaging more 'hard to reach' groups, and demonstrate a commitment to further flexibility of service delivery.
5) The referral process from mainstream community midwives will need to be clarified, and consensus will need to be reached between Sure Start and the community midwives about the referral process from first booking. The aim should be to make a seamless process in which women are encouraged to engage with the local programme.
6) Provision for children during relaxation classes may need to be reviewed, in order to allow women with children to fully participate in sessions.
7) Blacon Sure Start midwives will need to aim to assess women earlier, to enable attendance at any missed sessions. It is likely that additional support will be required to achieve this in practice and achieve the early engagement which is required.
8) An information leaflet concerning details of the Breastfeeding Support Group and Bumps 'n' Babes could be produced and circulated to clients antenatally and in the first few weeks after birth, in order that staff can be proactive in relation to the promotion of the service.
9) Sure Start midwives may wish to consider a post-birth reunion to follow up those who have attended pre-birth sessions. This would allow for evaluation of the service, by creating an opportunity for clients to reflect on aspects of the service which they found helpful and those which they did not.
10) The evaluation form would benefit from being re-designed and administered at the post-delivery reunions. The purpose of evaluation

should be explained to clients, the fact that their views are valued emphasised, in order to maximise the opportunity for service development based on user views.

11) Staff could consider developing ways of reducing the written elements within pre-birth sessions, or indeed simplifying this process, in order that the process is as inclusive as possible.

Improving the quality of parent education

12) Staff involved in the delivery of the service might consider engaging in PIPPIN training. This would provide an opportunity for further learning about how the emotional aspects of parenting can be integrated into service provision.

Working towards Sure Start targets

13) Methods used within smoking cessation will need to be reviewed and the reach of this service examined, if progress towards Sure Start targets is to be made.

14) In line with the above recommendation, staff may wish to consider developing a smoking cessation support group for successful quitters, in order that local people have a source of on-going support.

15) The drop in 2003 breastfeeding rates currently recorded for 2004 will need to be examined. The programme may wish to consider widening the support available for mothers during the first week following delivery, to address the fall in breastfeeding rates during this time and up to 28 days.

16) The programme should identify clear outcomes to be worked towards and develop ways of measuring these outcomes, in order that service provision can be monitored over time and the service sustained.

Sustainability and mainstreaming

17) The programme could focus on engaging key stakeholders in order to make the mainstreaming vision a priority.

18) Given the emphasis that is being placed by Government on mainstreaming of innovation in local Sure Start programmes, structured processes will need to be put in place so that a dialogue can be established amongst key stakeholder groups.

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Appendix 1

Agenda for community meeting

Appendix 2

Questionnaire used to assist service design

Appendix 3

Interview schedule: professionals

Appendix 4

Interview schedule: parents

Appendix 5

List of interviewees

Appendix 6

Consent form

Appendix 7

Participant Information Sheet

Appendix 8

Information leaflet

Appendix 9

Antenatal assessment

Appendix 10

Invitation to pre-birth

Appendix 11

Certificates for breastfeeding

Appendix 12

Certificate for smoking cessation

Appendix 13

Current evaluation form

Appendix 14

Observation Schedule