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Early Support – Impact on Home Learning

EVALUATION REPORT

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NB; Please note that pseudonyms are used throughout this document to protect confidentiality, in line with University of Portsmouth ethical standards and the terms agreed with PCC Children’s Centres.

1. Introduction: Setting the Scene

This study has been commissioned by Portsmouth City Council (Gill Noble, Service Manager: Education, Early Support) to examine and evaluate the impact on learning at home, and the effect children's centres have on parents' engagement with outcomes through the home learning environment (e.g. early language, dental health, behaviour).

Early childhood is a formative phase during lifespan development; evidence of this can be found in different strands of research from neuroscience to evolutionary theory, and cognitive, socioemotional and developmental psychology. Parents are their child's first and foremost educators, and research consistently highlights the significance of parents in (young) children's lives (e.g. Whalley, 2007). The Plowden Report (Department for Education and Science, 1967) into primary education, found that parents' attitudes towards their children's schooling is more significant in influencing children's performance in schools, than either variations in home circumstances or in schools. These findings have been replicated by more recent studies with a focus on the early years (e.g. see Sylva et al 2010), reinforcing the crucial role of parents in supporting their children's learning. Bastiani (1988;1989; 2003) suggests that working well with parents results in consistent, significant and lasting benefits, e.g. in relation to children's achievement, attitude and behaviour. Moreover, it should be acknowledged that most parents want the best for their children and appreciate practical help in identifying ways in which they can support their children (see also Whalley, 2007).

Children centres play a key role in supporting families, through Universal and targeted parenting classes and resources, e.g. in relation to children's behaviour, language development, as well as providing resources, such as toothbrushes etc. This includes a three-staged approach to 'work and wellbeing' where parents are offered help and guidance in three specific areas, namely their wellbeing and mental health, their day-to-day skills, as well as qualifications. This raises the question to what extent this help and support is having an impact on learning at home.

2. Aims and Outcomes

The research aims of the current project are as follows:

- To gain an insight into whether the facilities and resources offered by the centres make a difference, and what particular activities/resources parents have picked up and applied at home through understanding:

- Parent's perception, in relation to language resources on offer in the setting, as well as whether, and how their understanding and behaviour has changed in regard to children's centre interventions.
- Parent's perception in relation to child behaviour and development, and whether the facilities on offer in the setting have had an impact on their children's behaviour and family life.
- Whether parents use specific resources that are on offer in the setting at home, such as toothbrushes.

3. Summary of design and methods:

The current study utilised a staged approach, with a focus on understanding context, sense making and 'reality' of actions – bringing these together to allow an in-depth analysis. This approach consisted of the following stages:

1. Questionnaires - offered to parents through the children's centres. The questionnaire consisted of six questions – with three questions relating to the home situation of the families involved (number of children; ages of the children; adults living at their address), and three questions regarding the support and resources used and whether this has made a difference at home. See Appendix for the questionnaire.
2. Interviews with parents: the interviews were used to elicit information on how the parents used the resources on offer; whether they applied this in the home environment; and how this was being applied, as well as the impact of this.

4. Participant profile

Data was collected from 'Universal families', as well as families with identified needs (vulnerable parents) – the thinking behind this was to capture the viewpoints of a variety of parents and families that attend sessions at the children's centres in Portsmouth.

Questionnaires were distributed to 339 families, from nine localities (Milton, Southsea, Paulsgrove, Highbury, Fratton, Somerstown, Northend, Northern Parade, Buckland) in Portsmouth. Responses were distributed as follows: Milton 21% - Southsea 17% - Paulsgrove 15% - Buckland 10% - Northend 6% - Fratton 8% - Northern Parade 7% - Highbury 8% - Somerstown 7%. The sample was equally distributed, and the majority of families in the area

as a whole consisted of two adult families, with the mean number of adults in each household being 1.99, and the mean number of children 1.86. See below details regarding ethnicity of the participants.

Ethnicity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White British	232	68.4	85.3	85.3
	White Irish	1	.3	.4	85.7
	Other white background	14	4.1	5.1	90.8
	White & black Caribbean	2	.6	.7	91.5
	White & black African	2	.6	.7	92.3
	White & Asian	1	.3	.4	92.6
	Other ethnic group	1	.3	.4	93.0
	Indian	2	.6	.7	93.8
	Bangladeshi	1	.3	.4	94.1
	Chinese background	5	1.5	1.8	96.0
	Other Asian background	5	1.5	1.8	97.8
	Black African	5	1.5	1.8	99.6
	Arabic	1	.3	.4	100.0
	Total	272	80.2	100.0	
	Missing	System	67	19.8	
Total		339	100.0		

In addition to this we aimed to interview between 10-15 parents from key localities in Portsmouth; however, due to cancellations we interviewed 7 parents. The interviews took place in the children’s centres that the parents were familiar with; the families were accessed through the children’s centre database, as such this was a purposive sample. Six of the interviews were recorded; participant 7 asked for the interview not to be recorded.

The profiles of the seven participants are as follows:

- Participant 1: “Abbie” - single parent fleeing domestic violence, one son aged 3.
- Participant 2: “Helen” two children, aged 4 and 2 years old; BME, single parent;
- Participant 3: “Julie” single parent with 18 months old child;
- Participant 4: “Sarah” two children aged 5 years old and 9 months old; lives with father of the children, who is her fiancée;
- Participant 5: “Bella” married with three children aged 6, 4 and 2 years old;

- Participant 6: “Esther” one child aged 11 and one child of 18 months; older child has severe autism and lives in foster care, mum lives with the father of her youngest child.
- Participant 7: “Gemma” lives with husband and two children aged 8 and 2 years old;

5. Research findings

Below are the key findings from the questionnaires and interviews.

5.1 Questionnaires

The questionnaire consisted of six questions. Whilst the first three questions covered information regarding the home situation of the participants, questions 4-6 had a more specific focus on the facilities, resources and support received from the children’s centre, and how/whether this was used in the home situation. Below we provide summary data for each of the questions, as well as links between factors, such as family size and facilities/resources used.

It should be noted that the majority of families involved in the study, consisted of two parent families with two children; about 15% (roughly 50 of the sample as a whole) of the sample consisted of single parent families. This needs to be taken into account when interpreting the data, also in relation to the resources/facilities used, and the difference this has made at home. Table 1 provides information regarding the support received for the sample as a whole.

Table 1: Support received and whether this has made a difference (whole sample)

Support received:	Yes or No	Has this made a difference to your family at home? Responses below are from people who used this			
		It made a big difference	It made some difference	It didn't make much difference	It made no difference at all
Looking after your child's teeth	Yes: 56.3% No: 31%	36%	50%	13%	0.6%
Relationship support	Yes: 20.4% No: 64%	53%	39%	5%	0
Helping your child's language development	Yes: 35.4% No: 49%	45%	51%	4%	0
How to manage behaviour	Yes: 31.9% No: 51.3	51%	44%	4%	2%
Breastfeeding	Yes: 39.8% No: 44.2%	60%	32%	8%	0.8%

The table above shows that all resources either made a big difference or some difference; especially the breastfeeding support appears to have made a big difference.

However, as the number of single parent families in the sample as a whole is considerably lower compared to the number of two parent families, this may give a false impression of the data. If we take into account that roughly 50 of the participants (out of the 339 who filled in the questionnaires) were single parent families, and look at the data for this particular group, then a different picture emerges.

The data suggests that out of the single parent family sample, 60% (29 in total) received help with their child's language development; compared to 38% of the two-parent families (83 in total). This number is even higher for receiving help when it comes to managing the child's behaviour, with 70% of the single parent families and 32% of the two parent families receiving help here. In addition to this, nearly half of the single parent families indicated that they had received relationship support, compared to only 20% (=42) of the two adult families.

Yet, this trend is reversed when it comes to receiving help with breastfeeding, with 51% of the two-parent families, compared to 36% of the single parent families receiving support here.

Table 2 gives in insight into whether the resources were used at home. As can be seen from the table, just over half of the families used the dental resources at home; language resources were also used in about half of the families, whilst the experience boxes appeared far less popular.

Table 2: Resources used at home

	Regularly used	Used once	Neutral	Might use at some stage	Never used
Language resources, like books	45.7%	8.6%		10.6%	18.9%
Dental (toothbrushes)	56%	7.1%		6.8%	14.2%
Experience Boxes	13%	8%		14.2%	41.6%

The majority of families in the area as a whole lived in two adult families, with the mean number of adults in each household being 1.99, and the mean number of children 1.86. With regard to the application and usage of the resources at home, there appeared to be quite an equal spread, amongst the families and localities; 50% of the single parent families and 55% of the other families indicated that they regularly used the language resources at home. Dental resources (toothbrush) were regularly used by 74% of the single parent's families and 65% of the other families; whilst 24% of the single parent families and 14% of the other families used this as home.

To sum up, it is apparent from the data that whilst there is a significant difference between the single parent and two parent families in support received; there is no significant difference in resources used at home.

For example, the single parent families appeared to receive more support in managing their child's behaviour, as well as with language development and relationships, whilst the two parent families received more support with breastfeeding.

5.2 Interviews

The interviews were used to elicit more specific and detailed information on how the parents used the resources on offer; whether they applied this in the home environment; and how this was being applied, as well as the impact of this. See below for the key findings:

5.2.1 Interviewees' Stories; All names have been changed to protect confidentiality

Case Study; 1 'Abbie'

Abbie's story was of a highly emotional experience of children's centre support. Having fled domestic violence abroad "Abbie" found herself without recourse to public funds and a multitude of complexities surround this case. Owing to the particular nature of Abbie's experience she asked not to be recorded, therefore data is from field notes, with names and fine detail omitted as Abbie requested. It is important we capture Abbie's experience here as it demonstrates a particular angle on centre provision which may otherwise be lost.

When I asked Abbie what children's centre support she had used she replied "everything". When I asked her what difference it had made she replied "Sure start was fundamental to our survival". Abbie then disclosed that she had fled from a European country having endured severe domestic violence and physical abuse towards her 18 month old son, for which her partner had received a prison sentence. Abbie explained how, despite being a British national, she was unable to claim benefits or access a refuge as she had lived abroad for too long. Abbie had some family with meagre means to turn to and resided temporarily with her father. Reportedly, Abbie has still not told any family member her full story. Abbie says her father's home wasn't heated, and when Abbie saw a Health Visitor with her son concerns were raised about her bathing a young child in cold water. Her son also became unwell. The Health Visitor referred Abbie to the Children's Centre, which happened to have a bath, and Abbie reports walking an hour each day to bath her child. Abbie reports centre staff became aware of her vulnerability and began to take action on her behalf to refer her to the social work team. However, as told by Abbie "they could see I was looking after him" and the case was not taken on. Abbie reports that after 6 months the Children's Centre and Health Visitor secured a referral to the Refuge. They also arranged access to the food bank; Abbie states this amounted to 1 bag of tins a month for 3 months. Abbie was able to supplement this through help from her church. Abbie talked about how the centre had given her somewhere to go every day, where she knew they could be warm. Ultimately Abbie was rehoused under the Homeless Act and is now volunteering at a centre closer to where she lives; she states "I just wanted to give something back because I know what it's like". Despite the distance between Abbie and her partner, legal issues still surround Abbie and her child. It was clear that in time, further practical support will be required to help Abbie address these issues. Abbie stated she "lives in fear of being found" and repeatedly returned to the notion that the centres "saved our lives".

A number of points became apparent on talking with Abbie;

The most significant support was of basic necessity; access to water, facilities, and food. Talking about this made Abbie very tearful and the sense of the centre offering a sanctuary was very strong.

Abbie has chosen not to disclose her circumstances to any family, and did not appear to have any social grouping beyond the centre. Abbie reports some centre staff know about her circumstances and she appears confident that they will help her further. Given Abbie's isolation and acute vulnerability it is striking that the centre have given Abbie a safe place to share and process her story. Using the Centre, and latterly becoming a volunteer, has given Abbie a safe place on a daily basis. Additionally Abbie now has a routine and sense of self-esteem amidst her recovery.

Despite the severity of the case, quantitative data such as that presented in the report, would not capture the extent of Abbie's experience, nor the impact the centres have had in her life and that of her little boy. There is a sense that Abbie's case transcends the centre offer of support for Teeth, Relationships, Language development, Behaviour and Breastfeeding. Although Abbie states she used all services, her story reflects that the most meaningful input regarded emotional support, practical help and multi-agency working to achieve future security.

Case Study 2: 'Helen'

Helen is a single parent, with two children, a girl aged 4 and a boy of 2 years old. She is from a BME background and has no family in this country; Helen moved to the Portsmouth area (from a different area in the UK) when her youngest was about six months old. She has been very pro-active in searching the internet for local children's centres, mostly with a view to meeting people, make friends and socialise. As such Helen indicates that she has used children centres across Portsmouth (Milton, Baffins, as well as Somerstown) for quite a while, but feels that the recent budget cuts, and the specific age brackets applied, have affected the sessions and resources available to her:

At that time before the funding was cut they were running a lot more baby groups/children's groups and it was like a group nearly every day and then I brought my daughter to the groups and that's where I met kind of new friends and was able to have a support network here, so I have been using children's centres for a long, long time. It's a shame - because of the funding - that lots of groups have cut now so I can't use the children's centre as much because there are no groups available or groups that are for only for under one year old... Or groups that are under 3 year olds that means I can't bring my daughter so they're not allowed to bring the older sibling and vice versa. Sometimes the older groups you can't bring the too young sibling like if it's 18 months plus..

Friendships and socialising, as mentioned above, were referred to by this participant as the main reason for why she is using the children's centres. Furthermore Helen indicates that without the children's centre she would simply not have any social contact.

I would say kind of friendships - the connection, just actually meeting new people, that's what sums it up because if I didn't go to groups you know my child wouldn't have anyone to play with, they wouldn't know how to play with children. I wouldn't have been able to find any other kind of friends and you'd just be kind of in the house by yourself if it wasn't there

In addition to this, she identifies the Triple P programme as something that she has benefitted from, and that the learning has stayed with her over time. Helen also indicates she has reflected on the programme and become more aware of her responses when managing her child's behaviour:

The positive parenting programme - I think it was a while back when I went to this seminar. It was basically ...workshops on how to deal with toddlers' behaviour in a positive manner. It was a 3-day workshop and it was very useful - kind of reminds you of how to look through a child's perspective and how to deal with slightly challenging behaviour and - you know - hints and tips. So it was useful because you know children ...have certain development periods where it's slightly more challenging like tantrums and selective listening, so yeah, I would say it was really useful it was like a recap of things that actually ...you need to kind of stand back, and made me more aware of my behaviour and it was really useful.

Cooking classes and baby massage were pretty much referred to in one breath as having had an impact on Helen's life as a parent. Again, the long term value of centre intervention is apparent with this family;

When I first moved down here they did cooking and diets which was provided by the centre that was really useful and a cookery course and then just recently ...a hairy dieters cooking course. The first time I did the cooking class which was provided by the centre it was on weaning which was very useful at that time... another the first time parent course. And... baby massage, relaxing the baby, bit more closer, one to one, it was nice because of the social bond and then afterwards you learn about weaning, portion sizes and ways to tell when your baby's ready so that was really useful... and I did it again the second time around with my son because it was nice to try and meet ..babies around similar ages because it's nice to do this same thing, closeness and learn about the technique to relax your baby so yeah it was really useful.

When asked what she would recommend, Helen indicated that she would recommend the Triple P programme, because:

..because that's really helpful with dealing with children's behaviour and usually the Saturday ones because people do kind of struggle to do things on a weekend. They might get bored of the park and it's just nice to have to go somewhere and it's a safe environment

And when asked how to describe the children's centre facilities to prospective parents, she indicated that:

I would just say that children's centre have got a lot of groups that are running and what they do is that someone will be there at the group and they are all really nice and lovely. If you're a kind of shy they will come and say hello and actually welcome you to the group. It's a free place there's going to be lots of toys about, maybe a messy play table and you and your child can have a cup of tea and watch him and relax and you get to speak to other people and your child gets to play with other children as well to.

In addition to the parent support programmes mentioned above, and the cooking classes and baby massage, the participant also referred to the breastfeeding support as a useful resource. Overall, this particular interview created a sense of the children's centre as a practical and supportive resource, providing an opportunity for parent and children to socialise. The sense of this mother needing the children's centre in order to make friends and socialise was very strong, and she indicates she would not have been able to provide social opportunities for her child and herself without it. Helen also spoke of the children's centre providing a safe environment. Another participant spoke of safety in term of the centre "saving our lives". With this case, the sense of safety does not seem to reflect such an extreme circumstance, however, coupled with her need for the centre to provide a social network it maybe that this person has looked to the centre for reassurance and support in both parenting and emotional wellbeing.

Case Study 3 'Julie':

Julie is a single parent with an 18 month old son. She has been referred to the children's centre by her health visitor, due to suffering from postnatal depression. As it stands, she appears to use the facilities, i.e. nurture groups, individual sessions and as well as group sessions almost five days per week. In addition to this, she indicates that resources, such as toothbrushes, books and library have been useful to her. Julie also hints at the willingness of the centre to respond to her particular needs, and clearly expressed her mental health needs:

So yeah that's Monday, Tuesday, Wednesday. Thursday I come to get B weighed in the afternoon because they have health visitors here and it's a clinic and you can come in and get your baby weighed. So I do that like once a month and on Friday I used to go to a group 0-1's ..but I've stopped that now because obviously he's 18 months now. So we stopped that but we stopped that quite late, they let me go on for quite a while.

She also indicates that she uses a number of the facilities at home, for example:

To help me with feeding B because I've had trouble with that. Help me playing with Ben help me get out the flat rather than be cooped up and stay in the flat and get depressed. So for that purpose it's been brilliant as well.

In her discussion regarding the support groups in the children's centre, she also refers to her own problems in certain areas, such as food, having suffered from anorexia herself. As such, groups on managing her child's behaviour, and relationships have been very beneficial to her, whilst at the same time, she tends to avoid certain food related classes. On this front, she highlights how she receives support from a personal care worker in the children's centre, a person who is often referred to as a lifeline by Julie.

Ah yes, yeah, I went to a ...new parents group... Went to a toddler's workshop to help me with Ben sort of becoming a terrible two'sie early ..There was a moving on to solids group but I never actually managed to do that because I've had difficulties eating myself, been anorexic for years but not at the moment but I've got a history of it so it's been quite difficult where food's concerned. So I actually haven't been able to go on that course because I found it too overwhelming but it's there for people you know.

And:

Before you know he was 3 months I wasn't playing with Ben I wasn't, I didn't bond with him. I found it difficult you know very, very difficult. I was in quite a bad place, severely it's helped me so much.

As well as referring to the support she received regarding her specific needs and postnatal depression, Julie also referred to practical resources, like toothbrushes, that were provided by the children's centres, and:

Oh I was going to just mention that actually we were introduced to librarian from Portsmouth library she came round, she gave us some books, she came to one of the groups, basically gave us a lot of information about the library and then she joined us to the library if you hadn't already joined... So we did that with her and she was saying how children can have their books and they won't get fines if they go over.

As with other participants, Julie spoke of using the centre on a routine basis for practical support, but also of her own emotional needs, referring both to her eating disorder, and to post natal depression.

Case Study 4; 'Bella'

Bella is married with three children – three boys, aged six, four and two years old. Bella has indicated that her interest and involvement in the children centre's is twofold; firstly, she

started using this when her eldest was six weeks old, secondly she works as a volunteer in her local children's centre and is involved in organising and facilitating some of the groups:

it feels like forever. We were working it out, we started coming my eldest was six weeks old when I first came and looked. Dragged myself out of my pyjamas ...the world is still out there. So yeah the first time I came to breastfeeding group, that was the first group I came to and it was wonderful. Everyone was so friendly and helpful and I was like right, ok lovely.

Although most of Bella's talk revolves around her voluntary work in the children's centre, and the role she plays in facilitating some of the parent groups, there is also a clear sense that her own and her family's needs have benefitted from attending the children's centres. However, the impact of welfare cuts is also reflected in Bella's interview, as with other participants.

So a long time ago so like six years ago there was so much more provision for us. There were more groups, there was a lot more on so I would say I would come here we'd have: Monday afternoon groups, Tuesday morning breastfeeding group. I think there was one on Wednesday and I think there was one on Thursday so I used to be here all the time.

Obviously we've had the restructure and things have changed a lot in terms of the funding the centre can have and in terms of the groups and now I'm here less frequently. I'm here three times a week actually because we've got a Monday morning group which I help to run, Tuesday afternoon group and then there's gardening club on after school on Wednesday. So my eldest even though he's at school he can still come to gardening club.

As well as helping out when it comes to running some of the groups, Bella has herself benefitted from some of the support offered by the centres as well, such as cooking classes and the Triple P programme. As with other participants, Bella's implementation of strategies at home is evident:

..through the children's centre I've done the parenting courses - they've been wonderful. My eldest one - they did the Boxall school test for him and it showed that he had low self-esteem. So he was in the nurture room at their school to help deal with his feelings and things like that. So I came to the Triple P course here and that was all about supporting him, being positive and how to make him feel better about himself at home and help how to deal with difficult situations with them. So that's something I've really used at home.

A number of the resources and strategies are used at home such as cooking and parenting, however Bella also seems to have been inspired by the creative play opportunities, now reflected in her parenting:

let's think, I think the singing definitely we do a lot of singing at home because it's quite, it's like a perfect toy isn't it? There's no bits to lose, there's no packing away to be done it's wonderful and they really enjoy a lot of singing. What else do they like to do, I'm trying to think... The magic painting, have you tried that? That's wonderful magic painting is a bucket of water and paint brushes and they paint on the wall.

This is the second participant to have talked about the impact of local service cuts. Again, self-esteem issues are raised although this time in relation to the child.

Case study 5 'Esther'

Esther has two sons, one who has been diagnosed with severe autism and is aged eleven years old, and one who is eighteen months old. This mother is in a relationship with the father of her second son. She is not in touch with the father of her first son; she is a victim of domestic violence resulting in her ex-partner (the father of her first child) now serving time in prison. Esther is full of praise when talking about the support she received from her local children's centre – she was referred to the children's centre by a practitioner she identifies as her 'social link' and CAMHS. Although Esther is happy for the interview to be taped, she also makes it very clear that no names should be used in the transcripts etc. – this is part of our ethical documentation anyway, and after signing the relevant forms, Esther is happy for the interview to start. As with all participants, "Esther" is a pseudonym, used to protect confidentiality.

It appears that for Esther the children's centre especially plays in role in supporting her when it comes to managing the relationship between her children, e.g. through the use of the sensory room, and providing a safe environment here:

...he's in foster care at the moment because of my other son. But the centres helping me out with my contact - with my two sons together, it's a safe environment. That's been going on for two years, two and a half years now and it's been valuable for me, really has been and yeah the centre that my youngest one used and it's just across the road so yeah he goes to "play and stay" there every Tuesday

This safe environment, as she describes it, and a place to go with her children, has been a crucial source in helping her heal and get on with life:

I had to put my hands up and say I couldn't cope anymore and that's when things fell into place and that's when I started to open my eyes and everything started to open up yeah.

And:

I was referred but there are millions of people out there that don't know what's going on. It's like if you've got a disabled child, you don't know what's out there until it's too late or you go look it for yourself. You know I was in a domestic violence relationship as well, where he had to be put away. That's another thing; I was completely on my own with my child.

Esther indicates that the children's centre has also helped her manage things at home – here she is referring to the benefits of the group sessions, as well as the reading sessions:

Yeah, my son learnt to walk there, my second son. He's learnt a lot from other children as well in his play group and he's learning to share. It's just amazing watching him grow in the centre and he's bringing it home with him and he's an absolute joy. It's like reading I'm reading books every night time, he likes books and yeah he does take a lot out of that centre.

When asked how she would describe children's centres to other people, she says the following:

It's a safe place where you can go in with your child you know you're going to be safe and there's lots of information in there, guidance, you can meet new people, the staff there are very supportive. Like one of my staff was really supportive to me when I was going through that court case.

Case study 6 'Sarah'

Sarah lives with her fiancé and 2 young children aged 5 and 9 months. Sarah reveals past issues of past isolation and the social benefits of being part of the children's centre came across strongly;

I enjoy them (the groups) but also with 'D' it was a way of getting out of the house because I found it was quite difficult because obviously she was my first baby and we lived in a flat and it was quite isolating being alone with her it was a reason to be out of the house for a certain time because otherwise I'd find it'd get to half past two in the afternoon and we'd still not left the house.

Sarah referred to maintaining children centre friendships made while 'D' was a baby and currently seeing the same people for children's centre groups with her son, T, a very different purpose for being at the centre emerged;

So doing groups with T is an opportunity for me and him to have some time together. And also like there were concerns like when before he was born with his development so it's been an opportunity for us to do stuff. That's going to enhance his development which I found really important.

Well when I was pregnant with T at one point we were told that we had lost him.

And then he came back a week later high risk for having Down's Syndrome and as much as they cleared that within a few weeks they sort of said developmentally we can't guarantee that there are no issues.

And then as he's been born I think because he's a boy perhaps because he's a second baby his development has been significantly in my eyes slower to his big sister's.

So we've definitely been making a point of doing stuff to go out, to enhance his development rather than just sit at home and just be me and him we've been out singing and doing things and giving him opportunities to play because our house isn't massive so if he rolls over he tends to roll into a sofa or a coffee table. In the children's centre he's got a lot more room to play.

Although Sarah speaks of the attention to T's development, further data reveals her own vulnerabilities and need for support. As with several other participants, mental health issues are identified; Sarah's own terminology is that she was "low in mood". In addition however, she also indicated she felt like becoming a first time parent should be easy ("a doddle") because of her professional background in childcare. Throughout her interview, Sarah's narrative indicated her anxieties and need for reassurance; needs which she says have been met through the centre intervention.

Like I really struggled when D was born I was quite, I had quite low mood. I think predominantly then the children's centres helped me by getting out the house just having that opportunity to socialise and talk to people because ...I found it really difficult and she was small so having the opportunity to talk to other people and perhaps realise you're not the only one struggling because they've not slept or worried about crying in a public place - it was really silly stuff.

At the time it was the biggest thing in the world, I can't take her somewhere because she might cry...So I think ...with D it was really beneficial to ..just go and talk to other people and realise you're not on your own.

Because I work because I've got a childcare background I used to manage a baby room in a nursery in X where there was like seventeen babies. Everyone was like "oh being at home with one will be a doddle". And then it wasn't a doddle.

Case study 7; 'Gemma'

Gemma lives with her husband and two sons aged eight and two. Gemma spoke in detail about the changes to her parenting style from having attended key Children's Centre programmes;

I've been on the social toddler workshop which is advertised - that was really good. In fact I wish I had known about that with H because it would have been handy to see things from a different perspective.

Gemma explains..

..it's just with regards to behaviour obviously children's understanding is completely different to yours so if you keep saying "No, no..." ..sometimes it becomes a game, like I get with N if I say "No that's naughty." And he goes "Naughty!" and laughs because it's, you know, a bit of banter ..so it was understanding, getting more down to their level, not talking over them, come down to their eye contact. Trying different tactics like first of all "That's not nice." And ignore or "Let's try something else." or "Be gentle." Rather than "Don't do that." So it's just changing the vocabulary, it has helped not one hundred percent but it's helped with some things.

When asked whether she is able to utilise these skills at home, Gemma explains;

Yeah, there's times, some days you feel a bit it's been a hectic day and your stressed .."No, don't do that!" ..and then you have to (self talk) 'hang on that's not going to work let's try this' and yeah.. it does work. Distraction technique works a lot if he's playing with something he shouldn't be "oh let's have a look at that because that one's a bit dangerous, let's try that." And yeah so it was useful.

As with some other participants, Gemma also talked about the value of volunteering;

"And it's brilliant and it's done me the world of good because I do feel I'm being helpful to others, I've got a purpose, I'm being useful, gets me out the house and I've met loads of friends though it."

For this parent, the resources offered by the centre were significant;

Well for me personally ...there is mums I can talk to, help I can get, I can play with J at the group with different things I might not have at home. So like the messy play and everything else he can have a play with that and it doesn't matter. We have paints and things at home but I'm ..cleaning it all up and I think that's okay we can do all that.

...and you can do so much at home but again the resources are expensive so it's nice to go somewhere and you can make playdoh things that ok we could do at home but again if it's there you can utilise it and there's all the glitter and everything and he loves it. So because he's not at nursery he's getting almost like a nursery experience by doing all these things.

..and the structure where we do have structure at snack time we all sit down, hand gel like he knows hand gel and he always goes "Hands." Because we're cleaning hands so again that's all health and hygiene.

However, there was also a strong sense of the emotional support and confidence Gemma had gained from her Children's Centre. When asked "Do you think this would have been useful to you back then six years ago?" (regarding her eldest child), Gemma replied;

Yeah, I think so because it probably would have helped with my stress levels more so because I would have had a way to let off and I would have had more mummy friends I suppose, because I didn't have so many because I was working and everything so yeah; it would have been. I thought it was for him where actually what I found is the centres are for the child and the parents.

In fact if anything it's more support for the parents.

6. Summary

Like the questionnaire data, the interviews indicate the Children's Centres are making a difference; yet, what the questionnaire data is not able to show is the individual differences between the participants. In other words, the participants referred to similar resources, in relation to managing children's behaviour, as well as other classes, but how this has affected them and impacted upon their lives is very much linked to their individual and personal life narratives and circumstances, explored through interview data.

The data collected from questionnaires paints a different picture from the interview data. In questionnaires, virtually all participants reported the services they had used had made a difference, and up to 60% reported a "big difference" in regard to their behaviours at home. A particularly striking feature of this was the breastfeeding support, although as reported

earlier, this result was only apparent in 2 parent households. It is not clear from the data herein why breastfeeding support is less successful with single parents. Further investigation may be able to tell us more; for example; whether the Breastfeeding is lower in number among single mothers, which would therefore decrease the take up of the service, or whether the experience of being a single parent is less conducive to breastfeeding (see also Donetto et al, 2013). Alternatively, there may be less need for breastfeeding support amongst single mothers for positive reasons, but we are not able to draw this from the data collected in this study. It is notable that the responses noted an actual change in family practices as a result of the input, rather than remaining at a more superficial level of enjoyment.

The use of take home resources was less positive. Of the three resources; support for language, toothbrushes and Experience boxes, the take up for toothbrushes was strongest with 56% maintaining regular use. 54.3% stated they had used language resources, but almost 30% stated they only “*might use them at some stage*”, or had “*never used*” them. The experience boxes had a small rate of home usage; only 13% had “*used regularly*”, 8% had *used once* and 56% stated “*might use*” or “*have never used*”. Because of the nature of the questionnaire, we are not able to conclude why use of resources is patchy. It is notable that toothbrushes, perhaps the item with the most tangible need on a daily basis for families, had a stronger take up than items which are more related to family preferences; reading stories and sharing experiences.

The interview data captures stories of Children’s Centre involvement which appears to transcend the services identified. This refers to the issues of mental health, emotional wellbeing, isolation, low self-esteem and safety which participants identified as being the central feature of their involvement. In fact, from our seven interviews, two were victims of severe domestic violence with both perpetrators serving prison sentences, two others had experienced post-natal depression and one of these also had an eating disorder. The remaining participants spoke about the emotional support the centres provided. Greig & Howe (2001) argue maternal mental health keenly influences children’s ability to comprehend emotional responses in others and conclude links can be made between maternal emotional and social wellbeing and the cognitive development of their young children. Field (1998) concludes activities such as music and massage therapy – two activities identified in the data – improve the interaction between depressed mothers and their children, eliciting greater responsiveness. The available data therefore suggests that dealing with serious social and health issues are central to the families’ presenting need and resulting interventions undertaken in the centres, and that these are likely to be improving social and educational outcomes for families impacted by mental health issues. Furthermore,

children's own emotional health needs were identified in the data, a factor corroborated by Blanshard & Sax (2011) who discuss the apparent increase in children's emotional and mental health difficulties, and acknowledge the connection between maternal mental health and attachment. Additionally, the negative impact of domestic violence on parenting and children's well-being is well documented (Cleaver, Unell & Aldgate 1999, Levendosky et al 2006, Holt et al 2006).

Further to this, a feature of several interviews was the parent's ability to identify, specifically, what had changed at home as a result of Children's Centre intervention. Issues of improved confidence and self-esteem were woven into these stories. One mother reported being able to make decisions alone while her partner was absent, and others spoke of being able to stand back from stressful toddler behaviour and think clearly about how to handle their child. Several participants, who are all long term users of the Children's Centre talked about their mental health issues in the past tense. This may suggest improvement or even recovery during the time of their involvement, and whilst some assertions may be drawn from this data, further research could specifically explore the impact of the Children's Centres in supporting recovery and promoting parenting skills.

Several participants referred to attending the centres several times a week, and noted that it gave them a sense of routine and a social outlet; issues not captured by the quantitative data. However, there were also stories of how the local spending cuts had adversely affected services – that there was now less on offer, and that the impact of this had been felt by centre users. It was also notable that there were no recorded criticisms of any of the Children's Centres in either questionnaires or interviews; every response was resolutely positive in all aspects investigated.

There was a strong sense that the experience of volunteering itself was a seminal experience for some participants. Issues of self-worth and routine featured strongly, and one person spoke of how it might help her gain future employment. Whilst we acknowledge the volunteers are likely to be adding significantly to the services available to families, we conjecture that the experience it offers to the volunteer itself is of deep personal value and significance.

In all, the stories reflect emotional vulnerability and the need for safety and reassurance. In particular, Abbie's case reflected an extreme situation and the responsiveness of two of the Children's Centres in providing for basic human needs of warmth, water and access to food, and critical multi-agency working to achieve a safe environment for the family. All the interviews revealed a deeply significant relationship with the centre, which transcended the core offer.

7. Recommendations

- 1) Use of the take home resources was patchy. Both language resources and toothbrushes did have significant levels of some home use (both over 50%), the use of Experience boxes was low. Data suggests a clear need for Language and Dental (toothbrushes) resources; however, there is clearly a strong element of waste, with almost 30% of language resources and 21% of toothbrushes as yet unused by families. The Children's Centres might wish to consider;
 - a. Reviewing the contents of the Experience Boxes
 - b. Reviewing the delivery/allocation of take home resources
 - c. Reviewing how use of the resources is reinforced through further centre intervention.
- 2) Although use of take home resources was patchy, several people referred to the availability of resources for play in the centre, including affordability and the advantage of not having mess at home.
- 3) Neither Quantitative nor Qualitative data revealed any sense of criticism about the centre provision. However, the impact of local spending cuts had been felt by families and appeared to be noticed mostly by fewer group opportunities. If there is room for expansion at some time, it would appear this may be a useful avenue to explore further. There were also some comments about groups being more difficult to access when activities were age bracketed and not able to take siblings. Although participants related this to the cuts, we suggest it might be possible to consider this within existing arrangements.
- 4) Data for breastfeeding differed significantly for single and two parent families. We recommend that further exploration is required in order to understand this picture fully, and that doing so may help the centre achieve an even stronger breastfeeding support service.
- 5) The stories told appeared more significant than the centre offers of services and take home resources. Although the stories are unique, there are common patterns of participant's own emotional vulnerability and a need for reassurance and "safety" – a word which recurred repeatedly in 3 of 7 interviews. One participant also spoke of her child's low self-esteem. We recommend that the impact of centre intervention on the

emotional needs of parents is given, or retains, high profile in all areas of policy and practice.

- 6) Further to this it is apparent that participants referenced past emotional difficulties and trauma (post natal depression, eating disorders and domestic violence). It may be useful to investigate this in further depth to understand the impact of Children's Centre intervention in supporting recovery and enduring mental health issues.
- 7) The value of volunteering emerged as an unexpected theme in the data, and we recommend that as with point 4, this is given appropriate weight and recognition for the difference it is making in centre users lives.

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