An Evaluation of the Northamptonshire Baby Room Project© Parents' Course – Impact on Parents

By Suzanne Richer

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School of Education
The University of Birmingham

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ABSTRACT

Previous research indicates that early childhood experiences, such as responsive parenting and the home learning environment, influence child outcomes including emotional, social and cognitive development. Recent government policy calls for support for parents to enable them to improve outcomes for their children. In particular, support for parents during pregnancy and in the first five years of children's lives has been recommended, in order to maximise the positive impact on children's development, based on evidence of increased neural plasticity during the first three years. Few established parenting programmes focus on families with children under five years of age. The Northamptonshire Baby Room Project© Parents' Course is a Local Authority course designed and run by Educational Psychologists for parents of babies under twelve months. It aims to provide information and evidence from research on how babies' brains develop in the first year and how early experiences can impact on later development, whilst giving parents ideas and resources to improve the home learning environment. This evaluation aims to measure what impact the course has on parenting self-efficacy using the TOPSE (Tool of Parenting Self-Efficacy) questionnaire, the impact on parents' knowledge of baby brain development using a scaling tool, and any impact on parents' practice following course completion through a focus group. Parents were also asked what factors might impact on their engagement in the course. The data gathered indicates a positive impact on parenting self-efficacy, knowledge gained and parenting practice. Further conclusions around the importance of course venue and setting are also discussed, along with implications for future courses.

CHAPTER ONE: INTRODUCTION AND LITERATURE REVIEW

1.0: Introduction

This review considers previous literature and research into the effects of early parenting on child outcomes, with reference to whether early intervention parent courses can enable parents to provide more stimulating and nurturing environments for their children and positively impact on their development. Developmental psychology paradigms of maturation versus learning are applied to consider how far child development can be affected by improving parenting skills or whether development is pre-determined by biological and genetic factors, before the evidence for environmental influences on neurodevelopment are reviewed. Finally, the content of a new parents' course is explored for its potential value in teaching new parents about how they can support infant brain development.

1.1.0: Theories of Infant Development

Developmental psychology indicates that developmental change results from an interaction between biology (genes) and environmental factors (experience) (Santrock, 2001; Oates and Grayson, 2004; Slater and Lewis, 2007). The debate continues though, as to how far biological and genetic factors might influence the cognitive, physical and social progression of each child, and how much the early environment, experiences and family relationships could affect the development of these skills.

The extent to which genetic and environmental factors contribute to development might depend on the area of development being studied, for example, physical characteristics such as height are more dependent on genes (90%) than intelligence (around 50%), and yet both still have the capacity to be

significantly affected by changes in environmental conditions (Kagitcibasi, 2004). Other aspects of development, such as psychiatric disorders, could be as little as 20% genetically determined (Rutter, 2006), suggesting that the relationships and environment experienced could affect the mental health and wellbeing of children.

Research around development in the first five years has highlighted the importance of early experience on the development of the infant brain, suggesting that effects of childhood environment, including caregiving, sensory stimulation and social interaction, interact with 'neurodevelopmental processes' to govern the functional organisation of the brain (Perry, 2002). It is thought that whilst neurons are present at birth, they are not organised into functional systems until experience allows these to move, connect and specialise (Perry, 2002). Whilst there may be some 'timetable' of sequential brain development, where the brain organises systems from least to most complex over time (from brainstem to cortical areas), neurodevelopmental processes are also thought to either require or be sensitive to organising experiences, for example, socio-emotional development is believed to be highly sensitive to caregiving in the first 18 months, after which it is difficult to reverse the impacts of neglect (Tronick and Weinberg, 1997).

1.2.0: The Role of Parents in Child Development

A wealth of research over the last 70 years suggests that early experiences can affect a child's development, and that infants are capable of learning from an early age (Osofsky, 1979). The impact of parenting or parenting style on early and later development has been debated, with some evidence for a major role of parents in infant development (Ainsworth et al., 1978; Bornstein, 1989; Landry et al., 1997) but some arguing that there is little evidence for parents' influence on later behaviour or outcomes (Rowe, 1994; Harris, 1998).

Harris (2002) attempts to separate the effects of genetics and environment by looking at research from behavioural genetics, where studies of adopted children, fraternal and identical twins can indicate the contribution of genes to development. Such research concludes that once genetics are accounted for, home environment provided by parents has little effect on personality, intelligence or mental health of children. Although Harris suggests that no more than half of variance is predicted by genes, she feels that parenting cannot explain the other half. Harris uses 'group socialisation theory' to suggest that peers and the environment outside the home impact on development more than parenting. For example, children from migrant families who learn English tend to speak with the same accent as their peers, not with a combination of parents' and peers' accents, suggesting that early behaviour learnt at home is not necessarily transferred to other contexts. Harris believes that parenting can affect children's behaviour in the home, but has little effect on later outcomes outside the home.

Rowe (2002) similarly uses twin and adoption studies to infer that parenting contributes little to child personality and intelligence. He argues that similarities between parent and child behaviour are most likely genetically caused, and that even parenting could be genetically influenced, meaning the role of parenting in child development has been over-emphasised. Rowe, too, suggests that the environment outside the home may contribute most to development, for example he cites evidence that children adopted into middle-class families achieve above poorer families, but suggests that the school and peer group impact on achievement more than parenting. The primary difficulty with arguments around the nature-nurture debate is the methodology available to study child development. Separating genes and environment entirely is impossible, and manipulating environment in an experimental sense would be unethical in human studies. Behavioural genetics is often limited to highly specific populations (adopted children and twin studies) where parenting may not be typical or representative and environment cannot be controlled. Rowe (2002) and Harris (2002) do not seem to address a broad spectrum of areas of development, but instead focus on personality and intelligence which are often poorly defined and understood concepts (Eysenck,

1952). If parenting contributes as little to long-term child outcomes as Rowe and Harris believe, then parenting interventions would be ineffective, however a wealth of evidence predicts that early parenting could impact on social, emotional and cognitive development.

Maccoby (2002) argues that parenting is one of a number of factors influencing a child's development, but that in the first year it is the most influential, since the infant spends most time with parents. She describes the 'person x environment' interaction, where environment affects each individual differently, according to personal and genetic factors, and uses this to explain how siblings can appear to be differently affected by similar parenting.

Possibly the best evidence for the role of parents in child development comes from parent intervention studies (Borkowski et al, 2002), where a range of parent programmes designed to change parenting styles, relationship quality and responsiveness have had a significant effect on children's social, emotional and cognitive development compared to control groups. If early parenting had little effect on child outcomes, then theoretically, altering parenting style would not result in long-term benefits to children.

1.2.1: Parental Influence on Cognitive Development

Ramey et al. (1984) and Brooks-Gunn et al. (1993) took a nativist view (maturation rather than learning) and believed that cognitive development in the first year followed a set path and was not at risk from environmental deprivation, suggesting that intervention programmes for healthy children would be more beneficial during middle childhood than in the first year. However, more recent research has revealed how very early experiences can affect cognitive development. Rutter et al. (1998) and Beckett et al. (2002) followed Romanian orphans who had been exposed to extreme neglect before being adopted into the UK. They found that lack of stimulation, toys, nurturing and interaction severely impacted on the cognitive abilities of these children, but that adoption before 6

months of age resulted in rapid recovery and normal cognitive functioning in school, whereas later adoption meant incomplete social and cognitive development. This research might appear to support early intervention to improve cognitive development, however it is not made clear what specifically affects cognitive development; whether it is interaction with adults, toys and objects to play with, or simply care and attention. Additionally, evidence from severely deprived infants in other countries cannot easily be applied to UK children, for example there could be a stimulation 'threshold' below which cognitive development is impaired, but with lower-risk infants being less effected by early experience, meaning interventions with the majority children have little or no effect. Cognitive impairment in deprived infants does not necessarily prove a positive relationship between early care and cognitive development.

As early as 1949, Hebb concluded that experience was an essential 'mediator' of neural development and information processing, contradicting earlier 'maturation' theories of intelligence as pre-determined and fixed, but without the evidence from brain imaging or longitudinal studies to confirm his theory. A review by Freeberg and Payne (1967) outlines the significance of parenting on cognitive development. They suggest that parental interaction, communication and joint attention contribute to increased cognitive functioning and IQ scores in pre-school children, which persists into middle childhood and academic achievement. The basis of these conclusions, however, is incomplete, as the research involves correlational data, sometimes with comparison between two groups. It is impossible to separate effects of parenting 'behaviours', such as interaction, from general attitudes, inherited characteristics or community environment using correlational data. It is, for example, possible that parents who communicate more with young children are themselves more educated, have higher IQs, seek better education and live in environments that support children's cognitive development. Descriptions of parenting are also vague, with few specific references to what aspects of parenting impact on particular areas of development.

More recent research has attempted to do this with some success. Landry et al. (2006) consider the concept of 'responsive' parenting, meaning parents who are attuned to an infant's needs and respond to them with positive affection and high levels of warmth, finding that this can support a child's learning. Much of their evidence is from descriptive data, linking responsive parenting behaviours with children's advanced cognitive skills, with few experimental studies, meaning that other variables such as income, education level and sensory stimulation were not controlled. However, one parenting intervention study supports a causal role of responsive parenting, as parents showing greater gains in responsive behaviours effected greater gains in their young children's learning, in both normal (representative of the UK population) and high-risk children (identified by risk factors such as deprived locality or parent's mental ill-health) (Landry, 2008).

Tomasello and Farrar (1986) similarly talk of 'cognitively responsive behaviours', for example giving attention to a child's interests, responding to them, showing joint engagement and giving rich verbal input, which could facilitate higher levels of learning by scaffolding or structuring a child's skills. Although this suggests that parent input could support cognitive development, it is very difficult to see how far genetic factors predict the cognitive development of a child and what impact parent involvement could have, beyond the negative outcomes observed from highly deprived infants.

There is still relatively little known about the effects of parenting on brain development, synaptic formation (connections between neurons) or their relation to specific cognitive skills (Dawson et al., 2000), however there is broader evidence for the effects of parent interaction and communication on language acquisition in early childhood.

1.2.2: Parenting and Language development

Tomasello (1988) claims that even very early interaction between a mother and baby can scaffold the beginnings of language development. Joint attention between caregiver and child, even with

non-linguistic focus such as a picture book, helps an infant to share meaning with an adult, and these processes are important for infants to start to isolate meaningful units of speech. He argues, however, that control and direction by the adult reduces the shared attention and meaning, making it more difficult for infants to learn labels, suggesting that entering into a child's focus or interest is more effective in teaching vocabulary. He also finds joint attention to be important in developing early conversation, as behavioural turn-taking leads to two-way interaction and verbalising.

Early parenting, or more specifically parent-infant interaction and communication, have been found to be linked to children's language development, for example, time spent in joint interaction in the first 18 months predicts later vocabulary growth (Carpenter et al., 1998; Laakso et al., 1999) and those children who are better at joint-attention and engagement at 14 and 15 months seem to develop language more quickly than others (Mundy and Gomes, 1998; Carpenter et al., 1998). Other research highlights the 'reciprocal' or responsive nature of interaction, as Landry et al. (2006) did, linked to cognitive development. Infants of more responsive mothers, who reply to their infants' gestures and verbalisations, reportedly develop syntax more rapidly, talk sooner and may reach a 50 word vocabulary sooner (Snow et al., 1987; Tamis-LeMonda et al., 1996). Once again, though, experimental research is sparse, meaning most data is correlational, which cannot infer causation. It is possible that mothers and children who interact well have pre-existing characteristics, such as good quality attachments, high IQs and good communication skills, which would also predict language growth. Conversely, a child who has inherited a language difficulty might be less likely to engage with a mother or request joint attention, suggesting that later development is not a function of early parenting but more innate.

There is some experimental evidence for a causal relationship of parent behaviour, concluded from interventions designed to increase or alter parent-child interaction leading to gains in linguistic and cognitive skills compared to control groups (Mahoney and Powell, 1988; Moella, 2000), however these studies have been with delayed or at risk children rather than typically developing children.

Much of the research tends not to acknowledge the dangers of attributing children's linguistic skills to parenting in a direct causal way, for example, where speech and language difficulties or social communication difficulties arise, parents could feel wholly responsible, and likewise, the research does not explore whether parenting equally influences atypical development such as Autism Spectrum Disorders, or whether neurodevelopment is more biologically predetermined in such instances.

In conclusion, there is a range of evidence, albeit mostly correlational or descriptive rather than experimental, that early experience and parenting has a significant role in child language development. However, the effect seems to be contingent on the responsive, interactive and joint-attentional nature of communication between parent and child, not simply on exposure to adult language, which means that television programmes or simply talking 'at' or narrating to an infant would not have the same impact as tuning into a baby's attempts to communicate and responding. This idea links in with the social nature of communication and language, and the importance of parenting in developing early social skills.

1.2.3: Parent-Child Relationships and Social Development

Research demonstrates that new-born infants show some basic social behaviour, such as mirroring the facial movements of an adult, gazing at a face-like design, and turning towards the mother's voice, just hours after being born (Murray and Andrews, 2000). These are clearly not dependent on parenting as they are innate, or evident from birth, however many other aspects of social development are thought to start with the parent-infant relationship (Sunderland, 2006). Early parenting that is characterised by close contact, face to face gaze, responsive vocalisations and turn-taking is thought to help the pathways between the cerebellum and the higher brain to develop, which enable a child to learn to time responses to others, shift attention and use rhythm and

expression (Sunderland, 2006). Studies of Romanian orphans have shown deficits in this area of the brain, thought to be due to a lack of emotionally responsive parenting (Sunderland, 2006), and orphans between 20 and 50 months old have demonstrated impaired social and cognitive functioning, despite being able to interact with other children (Kaler and Freeman, 1994). These studies of environmental deprivation suppose that a lack of parental warmth and interaction causes impaired social development; however it is difficult to come to only this conclusion. Such environments generally differ from typical UK homes in many ways, with poorer nutrition, exercise, stimulation and interaction (Rutter, 1998); therefore it is not possible to single out parenting as a causal factor.

In less deprived family environments, aspects of parent mental ill-health have been observed to affect early social development, by inhibiting the responsive parenting that supports social relationships (Murray and Cooper, 1997; Sunderland, 2006). Depressed parents can show less frequent positive and expressive face to face, reciprocal interaction, which in experimental contexts distresses infants and causes them to stop engaging with the parent (Cohn et al., 1986; Murray and Cooper, 1997). Longitudinal research supports the hypothesis that children of depressed parents are more at risk of impaired social, emotional and cognitive development (Downey, 1990). Such findings imply that inadequate parenting could prevent the complete development of early social skills and later social development, but do not prove that positive parenting promotes healthy social or emotional development.

A longitudinal study of over 7000 infants and their families (Morrison Gutman and Feinstein, 2007) looked for positive relationships between mother-child interactions, involvement in outside activities and stimulating home environments with concurrent and later (after 12 months) social development, measured by observations of appropriate social behaviour and checklists of skills. Whilst home environment and outside activities were significantly linked to social development, as well as fine and gross motor skill development, mother-child interaction did not show a significant

positive relationship to concurrent or future social behaviour. This surprising result might suggest that responsive parenting is not a predictor of social development as previously hypothesised; however, the relationship effect was more complex, moderated by family income, such that as family income increased, relationship between mother-child interaction and concurrent social development became negative. This meant that in high income families, increased mother-child interaction negatively predicts social development, but that in lower-income families, increased mother-child interaction is positively linked to social development. Although the cause of this effect is unclear, the authors hypothesise that high income families use resources such as childcare and education dependent on child needs, whilst lower income families interact more consistently, however this is not clear. Mother-child interaction is difficult to accurately measure, and in this case a parent self-report and observation may be unreliable, if, for example, higher income mothers are more self-critical. It also suggests that effects are more long term, and may not be evident within the 12 month period that data was collected.

The extent to which infants were exposed to other social relationships, i.e. extended family, other infants or children, was not investigated, but could have a significant link to social development. For example, it is possible that high income families or working parents interact well with infants but have less time to integrate with family and friends, which impacts on social skill development. The research is limited in its analysis of parenting behaviours but does emphasise the highly complex nature of parenting and child development, and suggests that hypothesising that increased responsive parenting improves social and cognitive development may be too simplistic. It also concludes that interaction alone does not promote social development, but that in conjunction with a stimulating home environment and outside activities, an engaged style of parenting is beneficial.

The implications of this are that interventions should focus on continuous, on-going engagement in multiple forms, rather than purely on mother-child interaction. Landry et al. (2001) support this

notion of continuous engagement, refuting the idea of early responsiveness being key, suggesting instead that consistent responsiveness throughout childhood supports social development.

1.2.4: The Role of Parenting in Emotional and Psychological Development

Similar aspects of parenting seem to be beneficial for both cognitive and social development, suggesting that specific parenting behaviours may not be responsible for separate aspects of child development, but that a responsive style of parenting is linked to cognitive, social and emotional development more generally (Landry et al., 2006). Early emotional development is rapid, and moves from a limited range of primary emotions, such as distress and pleasure, to almost a full range of adult emotions in around three years (Lewis, 2007). Some of the basic emotions, for example anger, fear, surprise and sadness, seem to emerge according to a maturation 'schedule' within the first 6-8 months, following the necessary cognitive development, such as perceptual ability and memory (Lewis, 2007). Whilst these emotions can develop and be experienced in even the most deprived environments (Kaler and Freeman, 1994) it is thought that parents have a role in developing the infant's capacity to manage, regulate and express these emotions (Sunderland, 2006).

Emotionally responsive parenting may help to develop a child's management of strong emotions, understanding of and response to other's emotions, and ability to self-calm and recover from upset (Sunderland, 2006). A parent responds to an infant's distress by touching, holding and soothing, allowing the brain to recover, but gradually this emotionally 'responsive' parenting teaches the infant to self-soothe and manage emotions independently (Dawson et al., 2000; Sunderland, 2006). Evidence that adverse early experiences impact on later social development also supports the idea that parenting has a significant impact on emotional regulation, as parental absence, maternal depression and early stress have all been observed to increase risk of emotional and behavioural disturbance in later childhood (Dawson et al., 2000).

Landry et al. (2001) link this parenting effect to attachment, or the bond between a mother and infant, which may be inextricably linked with responsive styles of parenting. It is possible that secure attachment is an outcome of responsive parenting (Bakermans-Kranenburg et al., 2003) or that responsive parenting comes when there is a secure bond between parent and child, allowing each to be 'attuned' to the other. Ainsworth et al. (1978) stressed the importance of a stable, warm and responsive caregiver in the early years of a child's life, to enable a secure attachment, a sense of trust, self-esteem and confidence. Sroufe et al. (2005) concluded that a secure attachment results in multiple benefits, not just for healthy emotional development but also for future social relationships. Van Ijzendoorn et al. (1996) describe a possible 'cycle' of attachment difficulties, where a parent's experience of insecure attachment and insensitive parenting can lead to repetition of this with their own child, however, there is good evidence that interventions aimed to improve attachment and parenting style can have a positive effect on both parental sensitivity and child outcomes (Van Ijzendoorn et al., 1996; Klein Velderman et al., 2006). Parent programmes using video examples of positive interaction, reflection on past experience and information to enhance sensitive parenting appear to improve parental sensitivity compared to control groups (Klein Velderman et al., 2006) despite poor previous experiences of parenting. These examples of parenting interventions suggest that responsive parenting is not simply a stable feature of parent personality, but can be actively increased through intervention.

1.3.0: Parenting Interventions and their Outcomes

1.3.1: Government Objectives on Parenting

There has been a recent emphasis on supporting parents in order to improve outcomes for children in a number of government policies (Department of Health, 2004; Department for Education and Skills, 2005; Department for Education and Skills, 2007; Department for Education, 2011). These

policies state that parenting has a major impact on children's future outcomes, that, crucially, parenting can be enhanced, and that Local Authorities should deliver parenting information, advice and support (DfES, 2007). In 2005, the DfES published 'Support for parents: the best start for children', outlining the importance of supporting parents and families to manage the demands of parenthood, universal support for all, and preventing poor outcomes for children and parents. It stresses that parental involvement in early childhood is a powerful predictor of cognitive development and attainment in school, and outlines the early benefits of 'Sure Start' centres and programmes to support parenting. In July 2006, the Children's Minister announced a two-year pilot scheme of parenting courses for children aged 8-13 and in 2008 announced this Parenting Early Intervention Programme (PEIP) was to be extended to all Local Authorities. Evaluation of the pilot projects found that the parenting courses were successful in improving parenting skills, parents' mental wellbeing and the behaviour of their children, and suggested that the programmes halved the number of parents classifying their children as having 'behavioural difficulties' (Lindsay et al., 2008), however this evidence relies on participant self-reports and may have limited reliability. The PEIP highlights the need for Local Authorities to use evidence-based parenting programmes that have demonstrated their effectiveness, and recommended three main programmes (Triple P, Incredible Years and Strengthening Families, Strengthening Communities); however the project aimed its courses at parents of children aged 8 – 13 years, so is perhaps not true early intervention.

1.3.2: Government Recommended Parenting Programmes

The Triple P, or Positive Parenting Programme, is described as an evidence-based, tiered programme which aims to prevent behavioural, emotional and developmental problems (Sanders et al., 2003). The programme aims to enhance knowledge, skills and confidence of parents, promote nurturing and safe environments for children, and promote children's development through positive parenting practice. The programme can be applied with parents of children from birth to 16, but has a tiered

approach, with more targeted courses for increasing levels of risk. A number of evaluation studies, including randomised controlled trials, indicate decreased child behaviour problems, decreased parent stress and increased parent confidence after completing programmes, however much of the research sees Triple P as an intervention to address conduct and behaviour problems, rather than a universal health-promotion programme (Sanders, 2008) and there is a lack of evaluation of the Infant Triple P, for parents with children under 12 months.

Similarly, the Incredible Years course has been evaluated in a number of trials with parents of children at risk of developing conduct problems (Webster-Stratton, 1998), and has been shown to decrease incidence of Oppositional Defiance Disorder, Attention Deficit Hyperactivity Disorder and general conduct problems in children (Jones et al., 2007). Although the Incredible Years Series has launched a baby and toddler programme to promote early positive parenting, there is not yet a thorough evaluation of its efficacy, although one qualitative UK evaluation with teenage parents indicated the course was reportedly beneficial for parents.

'Strengthening Families, Strengthening Communities' is a parenting course adapted from a US violence-prevention programme for multi-ethnic families, and therefore its evaluation centres mostly around highly specific populations with older children (3-18 years) (Wilding and Barton, 2007). It appears that many well-established parenting programmes are deficit-focused or targeted at families at risk of negative outcomes, particularly behavioural difficulties, rather than universal health-promotion programmes. The research on parental influences on child development has suggested that early responsive, secure and interactive parenting is linked with positive child development, therefore interventions based on promoting responsive parenting and helping parents to understand and be 'in tune' with infants should be effective in improving child outcomes, but should be offered as early as possible, and open to all parents, which some of the above programmes are not.

1.3.3: Policy Shift to Parenting of Children under Five

A report by Frank Field (2010) for Her Majesty's Government stresses the importance of the first five years in a child's life, stating that a shift in focus is needed to provide high quality support to parents during pregnancy and in the foundation years. The report adds that by age three, 80% of a child's brain is formed, and that experiences before this affect the way the brain grows and develops, therefore funding should support better parenting and good home learning environments during pregnancy and the early years. Field suggests building an evidence base for effective programmes, and says:

> "Children's Centres should ensure all new parents are encouraged to take advantage of a parenting course" (p.7).

Allen (2011) asserts, similarly, that early intervention and preventative programmes should be offered in the first three years, since the early years are the greatest period of brain growth and a sensitive period to develop social and emotional skills. Allen claims:

> "The case is for early intervention programmes as a means to help all children acquire the social and emotional foundation they need" (p. 17).

Most recently, the DfE document 'Supporting Families in the Foundation Years' (July 2011) draws on both reports (Field, 2010; Allen, 2011) calling for Local Authorities to use interventions with strong evidence bases and to robustly evaluate new programmes and services. It adds:

> "expansion of Early Intervention programmes should favour those which combine strong evidence bases with impact on crucial stages in the development of social and emotional bedrock in children, and that the present national network of children's centres should use such approaches, including evidence-based evaluation systems, to identify and meet the needs of vulnerable children and families" (p. 82).

In conclusion, the most current Government objectives call for early intervention, to prevent the later development of poor parenting practices or child difficulties, where programmes are robustly evaluated to demonstrate impact and effectiveness, rather than initiatives focused at parents of older children already experiencing problems.

1.3.4: Preventative and Health Promotion Parent Programmes

Government reports and evaluation research suggest that earlier intervention, with parents of children under three, is more successful in reducing conduct problems and improving parent-child relationships than later interventions (Webster-Stratton, 1998; Bakermans-Kranenburg et al., 2003). A meta-analysis by Bakermans-Kranenburg et al. (2003) investigated maternal sensitivity and attachment-based interventions, with findings based on 81 studies of 7,636 families. Interventions which aimed to increase maternal sensitivity and responsiveness were found to be effective, based on observations and parent reports; however few included child measures, therefore impact on child development is not conclusive. They also found that interventions with fewer than 16 sessions were more effective than longer programmes, and that those targeting children between six and 12 months old were more effective than those starting before six months.

A longitudinal study (Van den Boom, 1994) of first-born infants and their mothers, selected for low socio-economic status (SES) and irritability of infants' temperament, based on clinician observations, revealed positive results of a responsiveness intervention. The programme involved three sessions, each three weeks apart, with infants of between 6 and 9 months, and focused on maternal responsiveness to infants' cues. After the intervention, mothers showed significant improvements in maternal stimulation and responsiveness compared to control groups, children showed increased sociability and cognitive sophistication in play, and attachment classifications were more frequently 'secure' in intervention, compared to control groups. Mothers were reportedly more responsive to child interactions and shared interest and attention more. Children were more attentive and engaged with mothers and copied mothers' language more than controls. These results persisted at

18 and 24 month follow-ups. Whilst the intervention suggests highly effective parenting interventions are possible with young infants, the results may not be generalisable to all populations, as infants were selected due to an assessment of temperament and mothers were classed as low SES. Measures used in the study, including Maternal Sensitivity Scales and Bayley Scales of Infant Development, were mostly subjective self-report tools, yet the conclusions drawn by the authors suggest that changes are objective and measurable. Parents may allow personal values and perceptions to influence their ratings, yet realistically, it is very difficult to objectively measure parent responsiveness without including parent self-reports. Other studies in Bakermans-Kranenburg et al.'s analysis included more objective coded observations in the home or videotaped interactions as measurement tools, although these methods are understandably too intrusive and time consuming for some interventions. Interventions such as these may indicate significant changes in parent behaviour; however those programmes which are not widely known or used in a variety of populations have reduced validity and reliability in broader contexts.

A larger-scale parent programme is the Solihull Approach Parent Group (SAPG), which has been evaluated in a range of contexts, including with health visitors and with parents of older children (Lintern, 2005; Milford et al., 2006; Bateson, 2008). The SAPG is based on a theoretical model integrating psychotherapeutic approaches (containment), child development approaches (reciprocity) and behavioural approaches (behaviour management) (Douglas and Brennan, 2004). The model can be applied flexibly to work with families and parents of children from birth to 18 years, and from universal levels (all families) to more complex, targeted problems (Bateson, 2008). The SAPG compliments the literature on parental responsiveness and sensitivity and clearly aims to build parent responsiveness and attunement, as well as help parents to recognise and regulate children's emotional reactions, and provide clear boundaries. Evaluations suggest that the SAPG can decrease parental anxiety, stress and depression, decrease child behaviour problems and improve parent confidence and sensitivity (Milford et al., 2006; Bateson, 2008), however, as with other parent courses, the SAPG is mostly evaluated with targeted groups, often parents noticing early

behavioural difficulties or with children at risk of conduct problems. For example, Douglas and Brennan (2004) evaluated the Solihull Approach with thirteen families of infants experiencing sleep and behavioural problems, with Health Visitors acting as 'trainers' to teach parents about the approach, offer strategies and assess reciprocity, over a maximum of four sessions. Infant problem severity and parental anxiety decreased over the intervention period and remained lower at a six week follow up. Although the brief intervention appeared to be successful for parents with young children, the measures were based on single item rating scales, designed for the study, which have not been formally tested for validity or reliability, although Health Visitor and Parent ratings were strongly correlated. The intervention was unusually brief for a parenting course, with an average of 2.6 sessions, suggesting that the format was more of a general model to inform Health Visitor advice, rather than a parent group as such. Without a control group, it is possible that decreases in infant problems and parent anxiety are a function of professional home visits, as opposed to the approach specifically; however the authors conclude that the level of significance of results indicates genuine changes in parenting. The Solihull Approach Parent Group uses child development research related to responsive parenting and reciprocity to inform and advise parents, showing some positive outcomes for parents and their children. Further research or evaluation, using the SAPG, or other approaches, as a more universal 'promotion' of responsive parenting in young children would be valuable, to assess the effectiveness of such an approach with the general population of parents.

1.4: The Northamptonshire Baby Room Project©

1.4.1: Background to Development

The Northamptonshire Baby Room Project© is an example of an early intervention project aimed to improve the quality of babies' learning experiences in settings and at home with parents (see

Appendix 2, Lawrence, 2011). It was developed by Educational Psychologists and 'Birth to Three Advisors' in Northamptonshire in response to a need for Early Years practitioners and parents to be more aware of babies' development and what impact early experience has on a developing infant, a need identified by Psychologists visiting nurseries and Children's Centres. In some settings, babies were observed for long periods without interaction or stimulation, and some parents were noted as reporting their babies 'not needing to be played with as they don't do anything'. Unlike some previous approaches, including the SAPG, the Northamptonshire Baby Room Project© is a universal programme, open to all, rather than targeting 'at risk' groups.

1.4.2: The Northamptonshire Baby Room Project© Parents Course

Following the training of Early Years practitioners, the reported interest of parents in the content of the course (Lawrence, 2011) prompted the expansion of the project, to include a course designed to inform new parents about baby brain development. The Northamptonshire Baby Room Project© Parents Course is designed to run alongside other parenting programmes offered in the county (for example the Solihull Approach Parent Group) and is aimed specifically at parents with infants under 12 months of age, which is a group that has not been targeted before locally. Parents are not further selected or targeted, but attend the course voluntarily by responding to adverts in children's centres and childcare settings, where practitioners have already completed the Baby Room Project practitioners' course.

The principle behind the course is based on findings by Sylva et al. (2004) that:

> "What parents and carers do makes a real difference to young children's development" (P.12)

Sylva et al. (2004) suggest that the quality of interactions – including parents showing warmth and being responsive – between adults and young children is an indicator of children's developmental profile in school. Certain activities, such as reading with children, teaching songs and nursery

rhymes, visiting libraries and playing regularly are associated with higher cognitive, behavioural and social development scores later on, and could be viewed as protective against Special Educational Needs, as those children are less likely to be at risk of SEN. Whilst it could be argued that this type of parenting is related to parent income, occupation or education level, and therefore is indicative of high SES households rather than directly responsible for child outcomes, the study found evidence against this hypothesis. Parent occupation and education were only moderately linked to home learning environment, and child outcomes were much more strongly predicted by parenting than by education or occupation, suggesting that what parents do is more important than income or education. The authors suggest that poorer mothers with few qualifications can impact on their children's development by engaging in activities with them that accelerate progress. The Northamptonshire Baby Room Project© aims to equip parents with the knowledge to engage more with babies and be more responsive, and it claims to be a fun and stimulating course which enlightens parents about their babies' brain development and empowers them to be more confident and passionate (Lawrence, 2011).

The project's aims are to:

1. Increase parents' knowledge about baby brain development
2. Identify the impact experiences have on brain development, showing that interaction is fundamental, and
3. Highlight the importance of interaction for babies.

The project aims to explore the myth that 'babies don't do anything', and show that in fact babies are competent learners and that every experience and interaction affects brain development (Gopnik et al., 2001). The course involves three two-hour sessions, over three months, and contains much of the information of the practitioners' course but presented in a relevant and accessible way for parents. Sessions are structured to include an interactive 'information giving' and learning section, for example with verbal presentations, discussions, videos and a quiz, followed by a less

formal resource-making section, where parents can make their own toys and resources for babies based on the session principles, and at the same time discuss the content with other parents and facilitators, to reinforce and assimilate learning. Each of the three sessions is based around a theme, which is informed by research in the area and applied to parents and their infants.

1.4.3: Session One: Baby Brain Development and Early Perception

An introduction to human brain structure starts with a brief explanation of the three 'areas' of the brain; the primitive 'reptilian' brain, and its survival functions including hunger and breathing, the 'mammalian' brain, and its role in emotions including fear, rage and separation distress, and the higher 'rational' brain, and its functions including reasoning, planning and problem solving (Sunderland, 2006). The objective here is to emphasise how underdeveloped the infant's rational brain is at birth, to show why babies behave according to instinct and primary emotions at first, requiring adults to respond to their cries and calm them. The course begins to ask questions such as 'what effect has a door slamming on an infant's brain?' and 'what effect does a mother leaving a room have on an infant's brain?', in order for parents to start to make links between early experiences and brain processes. Parents are then introduced to the idea of neurons and synapses making connections dependent on experiences, to show how experience impacts on brain development. Whilst it could be argued that parents do not need to learn about brain organisation and development, or that it could be off-putting, the National Literacy Trust (2010) found that in their own pilot programmes, parents were keen to learn about infant brain development, and motivated by it to engage more with their children.

Some basic research on perceptual development, specifically hearing and vision, is introduced, with links made between experience and perceptual development. Findings from research are shared, including that infants' early vision is short-sighted, that colour vision is not developed at birth, and

that babies prefer to look at high contrast, regular patterns, such as black and white concentric circles (Gopnik et al., 2001). This is claimed to stimulate connections in the brain in a regular rhythm which aids perceptual development. This is a major tenet of the project, and encourages parents to make their own resources for babies using high contrast colours (black, white and red), such as sensory bottles filled with coloured confetti, for use at home. Childcare settings have also used this research to inform their practice, making high contrast areas full of black and white images for infants.

In fact though, scientific research indicates that visual perception develops very rapidly, approaching that of adults within a few months. Whilst infants focus at around 30cm at birth, distance vision is thought to develop by two months (Bremner and Wachs, 2010). Similarly, neonates have been shown to lack subtle colour vision and acuity, preferring to look at contrasting shades of black and white, however research now demonstrates that infants can discriminate between white and red targets of the same intensity, discriminate red, orange, green and blue from white, and discriminate between shades of grey of just 0.5% contrast at two months old, suggesting some colour vision and sensitivity has developed by two months (Allen, Banks and Norcia, 1993; Slater et al., 2010). Whilst infants under two months may prefer to look at black and white images and see these most clearly, it is not clear whether providing this type of stimulation aids visual development, and there is no clear evidence for enhanced or accelerated development following exposure to such images.

Hamer and Mirabella (1990) argue that by two months babies can see coloured patterns, as long as they are not too subtle or detailed, and that a normal visual environment, without black and white images, is sufficiently rich and stimulating for infants' perceptual development. It is even possible that providing an expanse of black and white patterns and toys would not stimulate the necessary subtle colour vision. Since many, if not most infants whose parents participate in the project would be over two months of age, and all would be by the end of the course, it seems that a major emphasis on black and white images could be misleading. Grenier (2011) highlights the current

interest in high contrast images used in baby rooms and suggests that practitioners should be cautious about the colours and visual contrasts placed around babies. He suggests that research may have been misapplied and that a normal visual environment is sufficient for babies' perceptual development; however he also adds that the increased attention on babies' stimulation and their environments has had a positive influence on practice.

In conclusion, allowing parents to create simple, cost-effective toys such as sensory bottles is clearly not a harmful or negative activity, and is likely to emphasise the message of interacting and engaging with infants, therefore is still beneficial as long as parents receive balanced and accurate messages. Whilst maturation theorists would view brain development as following a 'pre-determined' developmental course, particularly perceptual areas such as vision, there is emerging evidence that some basic early experience is essential for development of visual pathways in the brain during critical periods, for example, severe cataracts in infancy can mean a child will never see clearly, due to a lack of stimulation in the first months, suggesting a 'window of opportunity' for vision to develop, dependent on early experiences (Newberger, 1997; Slater, Field and Hernandez-Reif, 2007).

1.4.4: Session Two: Emotional Development

In session two, parents explore the effects of chemicals on the brain, and consider how emotional experiences, such as stress or loving interactions, might affect brain development. Natural brain chemicals are discussed, including oxytocin, opioids, dopamine and cortisol, with reference to their effects and occurrence. Opioids and oxytocin are neurochemicals in the brain present from birth, which, when in dominance, promote feelings of wellbeing, calm and love (Sunderland, 2006). It is thought that touch (skin to skin contact), breast feeding and face to face interaction can produce opioids and oxytocin, and hence these chemicals may be central in attachment and bonding (Palmer,

2002). Parents are shown that close contact, gentle touch including baby massage, feeding and face to face interaction can increase the oxytocin and opioid levels in both babies' and parents' brains, allowing these emotional pathways to develop long-term. It is even thought that frequent experiences of these neurochemical states can build resilience to deal with stress later in life (Uvnas-Moberg, 1997). Separation from a parent decreases opioid levels in the brain, causing distress, much like withdrawal symptoms (Palmer, 2002), meaning that isolation could be damaging to infants' emotional and brain development.

Using this key research, parents are reminded of the importance of physical care, attachment and reciprocal interaction, by exploring how these experiences affect the developing brain of their child; however it has not been demonstrated whether this level of research causes parents to change their behaviour or simply reinforce what is already occurring. The research itself states that touch, holding and feeding are natural maternal behaviours, prompted by the release of oxytocin after birth (Palmer, 2002), which might suggest that simply conveying the importance of this has little effect on behaviour. Furthermore, these parenting behaviours are activated from birth, and are likely to be essential in the first months of life for secure bonding (Sunderland, 2006); therefore informing parents of infants over a few months old could be ineffective or too late. Van Dem Boom's study (1994) suggested that responsive parenting and attachment could be improved through intervention, however further research in this area would be useful to clarify the effect of intervention on parental warmth and nurture.

The session also informs parents, conversely, of the effects of negative experiences on the brain, to minimise risks for children. Parents discuss the role of cortisol and its activation in times of stress or fear, and connect this to early experiences. Infants facing threat, fear and isolation, perhaps from shouting, loud noises, or being left alone to cry, on a regular basis, have higher levels of cortisol, adrenaline and noradrenaline, which can eventually cause a child to be in a constant state of hyperarousal and anxiety, possibly leading to later emotional and behavioural disorders such as

aggression, withdrawal or anxiety (Heim et al., 2001). Parents discuss how long babies are left to cry before being comforted, and it is suggested that leaving young babies (under 6 months) to cry alone until exhausted on a regular basis could lead to increased cortisol and decreased oxytocin in the brain (Sunderland, 2006). There are possible difficulties with such an approach, firstly with ethical concerns, because parents who have left their infants alone to cry are likely to feel guilty and threatened, but also because some mothers feel that 'training' children to self-soothe is beneficial (Johnson, 1991; Batchat, 2010). There is, however, an increasing body of research demonstrating that persistent crying with no adult response results in higher cortisol levels (measured from saliva swabs), which could result in changes in brain structure, damage to the brainstem and over-active adrenal systems, leading to long term aggression and anxiety when adrenaline is released at inappropriate times (Perry, 1997; Bergen and Coscia, 2001; Kaufman and Charney, 2001). Given this overwhelming evidence, it would seem appropriate to share the research with parents in a non-directive and non-judgemental way, so that, if necessary, parenting changes can be made.

1.4.5: Session 3: Play, Laughter and Social Development

In session three, parents think about the importance of responsive play and laughter for young infants, and how these experiences might stimulate learning and brain development. Smiling and laughter are usually apparent from around two or three months of age, and are most often prompted by face to face, responsive 'conversations', for example, repeated noises, words or expressions (Sunderland, 2006). Parents are encouraged to think about choosing the right time to play with babies – when they are alert, responsive and not hungry or tired – and to look closely for cues to respond to. For example, Sunderland (2006) advises parents to be sensitive to babies' cues, such as eye contact, reaching, gestures, babble and noises, and respond to these, whilst giving babies time to react and respond to adults. Babies may also give cues to stop or break from interaction if tired, including looking away, moving their head away or frowning. Ignoring these and

trying to force continued interaction could induce stress chemicals, whereas desired, two-way interaction should create positive brain chemicals such as opioids, oxytocin and serotonin (Sunderland, 2006). The course briefly introduces toys and play, emphasising that expensive toys are not necessary, but that simple toys that can be shared and encourage responses from parents and babies are best. Parents are then invited to look at and even make a range of stimulating baby 'toys', including ribbon shakers (pegs or rings with coloured ribbons tied on) and reflective treasure boxes (containing reflective and mirrored objects such as CDs or holographic boxes).

Here the course gives limited information about the use, benefits and development of play, and could share far more research with parents, which could indicate the type of play which children can learn from and how play develops over time. Research with both animals and humans suggests that early environmental enrichment or access to a variety of stimulating toys can lower stress hormones, decrease hyperactivity, increase motivation and learning, and accelerate brain development (increase cells in learning and memory areas) (Pranksepp, 1998; Carper, 2000; Belz et al., 2003; Green et al., 2003). These could be simple objects that stimulate sensory exploration, such as the ribbon shakers made within the course, or imaginative and creative toys (Sunderland, 2006). Toys which allow adult-child engagement, rather than simply video games or television, could be promoted to emphasise the importance of shared interaction. Sunderland also suggests parenting that could impair children's urge to play, including criticism of play, long periods of under-stimulation, isolation, expectation to remain quiet or occupy themselves and allowing television to dominate leisure time. The importance of playing with children in developing their physical, social, emotional and cognitive skills is well documented (Erickson, 1985; Tamis-LeMonda et al., 2004; Ginsburg, 2007) and it seems remiss to exclude some of this research in a parent and baby course. Discussion of how play impacts on brain development, typical stages of play and toys that promote brain development could be a valuable addition to the course, and one would expect this to be an area of interest for parents, given the prevalence of baby toys on sale and the desire for 'educational' toys. This is just one way in which such an early intervention, aimed at any parent of a

young infant, could promote positive interaction and learning, and possibly prevent the over reliance on television and video games.

The parent course described here features some interesting and possibly valuable information about infant brain development and the impact of early parenting; however it is essential to establish how effective the intervention could be and how far it delivers its aims. Whilst the course has already started to be offered by Children's Centres, there is not yet clear evidence for its effectiveness or impact on parents who participate, therefore this evaluation aims to question the course's claims that it enlightens parents about brain development and empowers them to feel more confident and passionate, by asking whether it gives parents knowledge and understanding, and if it increases parents' feelings of self-efficacy, or how confident they feel to contribute positively to children's development.

CHAPTER TWO: METHODOLOGY AND DESIGN

2.1.0: Justification and Research Aims

Since government policy recommends the use of evidence based parenting courses during the first years of parenting (DfE, 2011), it is essential to evaluate new courses for parents, in order to demonstrate their efficacy. This research, therefore, aims to evaluate how well the Northamptonshire Baby Room Project Parents' Course fulfils its aims and leads to positive change for parents and babies. The project website claims the course:

- Increases knowledge about babies' general development and in particular babies' brain development
- Empowers parents to be confident and passionate
- Raises the quality of babies' experiences through parents interacting, responding with sensitivity and playing with their babies (see www.northamptonshirebabyroom.org).

Research questions are matched both to the Northamptonshire baby Room Project Parents Course aims and also to evidence from the literature about effective parenting interventions. Therefore this evaluation asks:

1. Does the course increase parents' knowledge and understanding of babies' general and brain development?
    - Increasing parents' knowledge of child development leads to increased confidence, increased sensitivity during play and increased interest and motivation in interacting with babies (Conrad et al., 1992; Hess et al., 2004; National Literacy trust, 2010).

2. Does the course increase parents' feelings of confidence and empowerment?
    - The most effective parent courses enable parents to feel empowered and confident (Gaze 1997; Gibbs et al. 2003; Miller and Sambell 2003) and increased confidence is associated with competent and sensitive parenting (Teti and Gelfand, 1991; Coleman and Karraker, 1998).

3. Does the course impact on parenting outside of the course sessions?
    - Effective parent courses should impact on parenting practice and lead to changes for children over time (Bunting, 2004; Churchill and Clarke, 2010; Scott, 2010; DfE, 2011).

Lastly, this research also seeks to understand the factors that are important in engaging parents and making the course viable and accessible for parents, for example the importance of courses being free, available childcare, the style of the facilitator, the location or timing of sessions, or communication about the course. This enables the Local Authority to design and run courses that parents are most likely to engage in, and therefore a final research question is:

4. What factors are important in enabling parents to engage in the course?
    - Some research evidence suggests that factors such as accessibility of courses, childcare, philosophy/culture of facilitators and cost are significant in engaging parents in programmes (Olds et al., 2007; Law et al., 2009; Dumas et al., 2010).

2.1.1: Epistemology

This research study is positioned within the post-positivist paradigm of critical realism, which sees parenting as something real, tangible and generalisable, but which is imperfectly viewed by humans

due to the difficulties in studying it objectively. Whilst parenting can be observed and measured through tools such as questionnaires, checklists and time charts, results cannot be assumed as 'true', only as approximations of truth which should be critiqued and repeated to approach the 'ideal' of objectivity, according to critical realists (Guba and Lincoln, 1994). This is a controversial approach for some researchers, who view parenting as a highly personal, subjective construct, which is subject to cultural, political and socio-economical influences (Ambert, 1994). However, this research assumes that the wealth of evidence in favour of particular styles of parenting, for example, the impact of responsive parenting on child development, indicates a more universal (and therefore less subjective) concept of parenting that should be investigated, but is not yet fully understood. Critical realism acknowledges that parenting is impossible to objectively 'measure' and requires triangulation of multiple sources of data to approach generalisability, therefore a mix of quantitative and qualitative approaches can be used in research. Generalisability would be an aspiration for critical realist research as this would allow conclusions to be applied to the general population and impact on policy (Sayer, 2000), however critical realism suggests that generalisability is rarely possible due to the difficulties in viewing reality. As researchers, we can only access the 'empirical' behaviour reported by parents, which is not objective, and therefore results can only be taken as approximations of reality which add to our understanding and knowledge base (Sayer, 2000).

2.2.0: Researching and Measuring Parenting

Since infants cannot be questioned or provide self-reports, it is usual to question parents about parenting practices and parent-child relationships (Seifer, 2005), however the principal difficulty in using parents as reporters is that parents are invested in their own practice, and therefore may be contributing systematic error based on biases, which may be positive or negative, conscious or unconscious (Seifer, 2005). Parents may be motivated to report their parenting practice as competent and their children's development as consequently healthy (White, 2005), or may be

overly self-critical. Additionally, even without bias, parent reports lack the rigour and reliability of researcher responses, as parents are usually inexperienced reporters and do not have a common normative framework in which to judge their parenting (Seifer, 2005). Lastly, parenting could be viewed as a personal and subjective domain to measure, and self-reports are likely to be affected by parents' attitudes and values about parenting (Catuara, 2008). For example, where parents feel that discipline is a positive feature they may be inclined to report themselves as firm, whilst those with a negative perception of discipline may avoid doing so, whilst actual practices might look ostensibly the same.

One alternative to using self-reports to measure parenting would be to use direct researcher observations or video analysis, yet this requires significant time commitment and still poses difficulties for reliability and validity. In order to record consistent, valid and relevant data, standard criteria or an observation schedule would need to be developed (Teti and Huang, 2005) and piloted, requiring a longer time frame. If more than one observer is used, then training or repeated practice prior to data collection may be required for reasonable inter-rater reliability. Reliability of observation data is generally poor, and test-retest reliabilities of direct observations rarely exceed 0.30 (Epstein and O'Brien, 1985). Direct observation of parenting, particularly if done in context (i.e. in the home) is highly intrusive and could be threatening to new parents, whilst reliability is unlikely to be high where parents are aware of being observed, meaning behaviour may not be representative or typical. Alternatively, video tapes could be observed and coded, yet this is still intrusive for new parents, similarly unreliable and requires commitment from parents to be taped or to provide tapes of interaction, at additional cost to themselves or the researcher.

Despite the difficulties in relying on parent self-reports in research, the economy and ease of doing so means that social research can occur using parent responses where more in-depth case studies, interviews or observations would be too costly. Parent questionnaires and surveys can be developed with little expense and distributed repeatedly to gain a large sample of data with minimal researcher

time required, making parent reports highly convenient in research (Rothbart and Bates, 1998). However, there are further advantages to questioning parents, as parents hold the most knowledge on their children and their parenting practices, and have an insight into daily experiences that no researcher could ever glean (Seifer, 2005). Parents are natural observers of their children and therefore have a breadth of observational data that would be impossible for observers to record (Seifer, 2005).

2.2.1: Assessing Parenting Competence

As noted previously, assessing the competence or practice of parents is inevitably difficult, due to the difficulties in accessing reliable data, observing genuine interactions and obtaining unbiased reports, as described previously. Many existing measures of parenting competence rely on assessing maternal sensitivity and parenting behaviours, generally using observational coding tools (Teti and Huang, 2005). Ainsworth (1969) developed 'Maternal Sensitivity Scales' using coding systems based on researcher observations. The scales consisted of 9-point scales, ranging from "highly insensitive" (1) to "highly sensitive" (9), with intermediate points of "sensitive" (7), "inconsistently sensitive" (5) and "insensitive" (3), for each of four areas:

1. awareness of infant's signals and alertness to cues;
2. accurate interpretation of signals requiring empathy and freedom from distortion;
3. prompt, contingent responsivity to signals; and
4. responding to signals appropriately.

Not only are such scales reliant on researcher interpretations of "sensitive" or "accurate interpretation", and therefore likely to lack inter-rater reliability, but Ainsworth's scales also hinged on infant responses to determine "appropriateness", meaning that the same parent could receive different codes with two infants of differing temperaments.

Other assessment tools have been developed from Ainsworth's Scales, for example Barnard's (1994) Parent-Child Feeding and Teaching Scales and Clark's (1985) Parent-Child Early Relational Assessment, which have similar sensitivity-related parenting dimensions with observer rating scales, and Pederson and Moran's (1995) Maternal Behaviour Q Set, where an observer sorts 90 behaviour descriptions into 9 piles, from "very much like" to "very much unlike". All of these tools are popular within medical practice as they demonstrate predictive validity (of later development) and correlation with other measures of maternal sensitivity (Teti and Huang, 2005), however, all rely on obtrusive observations of mothers interacting with infants, with researcher judgements of sensitivity, which could be seen not only as unreliable given the subjective coding descriptors, but of poor validity given the snapshot of available behaviour to code. Even a lengthy observation over several sessions would be subject to parent anxiety and awareness of researcher judgement, and so not indicative of natural behaviour, and such observations on a large scale would be unjustifiable in terms of time and cost, within a Local Authority context.

2.2.2: Assessing Parenting self-Efficacy

Another approach to measuring parenting has been to consider parents feelings of competence or self-efficacy, as some indicator of consequent parenting style and competence. Self-efficacy is described as the belief in one's ability to produce change through one's own actions (Bandura, 1977). This has been adapted in the field of parenting research to encompass 'parenting self-efficacy' or PSE, described as "beliefs or judgements a parent holds of their capabilities to organise and execute a set of tasks related to parenting a child" (Montigny and Lacharité, 2005, p. 390). Bandura (1977) highlighted the motivational role of self-efficacy, suggesting that somebody who feels efficacious will exert more effort to complete the task and meet any challenges successfully. In parenting terms, this might mean that a parent who feels competent and able to impact on their child's development will put more effort into parenting tasks and not be overcome by challenges

such as child temperament. Efficacy theorists have suggested that increased feelings of self-efficacy as a carer will lead to increased parental competence and enhanced quality of the parent-child relationship (Baily et al., 1998) and a number of research studies demonstrate a link between parental feelings of self-efficacy and parental sensitivity (Teti and Gelfand, 1991; Coleman and Karraker, 1998). Research using measures of PSE and observations of parent behaviour suggest that PSE beliefs are a powerful predictor of positive parenting practice and enable parents to feel able to meet the challenges of the role, whilst even mediating against effects of maternal depression, child temperament, social support and poverty - well researched correlates of parenting quality (Teti and Gelfand, 1991; Coleman and Karraker, 1998). The research is limited, however, as it does not address the effects of parenting experience on PSE, for example whether first-time parents have lower PSE compared to second or third-time parents, or whether PSE changes over time, with infant age, or dependent on infant gender or temperament, suggesting that links between PSE and parenting are more complex.

Additionally, other studies find no relationship between reported PSE and actual parenting behaviour (e.g. Gross et al., 1993; Leerkes & Crockenberg, 2002). Conrad et al. (1992) and Hess et al. (2004) suggest that the traditional view of PSE being directly linked to parenting competence is too simplistic, and ignores the role of parents' knowledge. They suggest that only when parents' knowledge of child development is high can PSE allow them to display parenting behaviours that researchers rate as competent or sensitive. Studies show that there are no independent contributions of either PSE or parenting knowledge to maternal behavioural competence, but that the effect of PSE on parenting competence is mediated by parents' knowledge of development (Conrad et al., 1992; Hess et al., 2004). That is, PSE and competence are positively associated when knowledge is high, but inversely related when knowledge is low. The authors suggest that PSE provides the motivation for parents to apply their knowledge of effective parenting practice and child development, but that without sound knowledge PSE is not beneficial, and in fact, mothers

with high PSE but low knowledge of child development were rated as the least sensitive with infants during play observations. The literature suggests then that PSE can be a good indicator of parenting skills and practice but only when considered alongside parents' knowledge of infant and child development. In this research context, this would support the use of a measure of PSE alongside a measure of parents' knowledge or understanding of babies' general and brain development, as an indicator of parents' likelihood of applying skills positively in their interactions with infants.

A number of measures of PSE exist, for example, the Maternal Self-Efficacy scale (Teti and Gelfand, 1991) measures maternal perceptions of their effectiveness using ten items (e.g. how good are you at getting your baby to smile and laugh with you?) with ratings for each between 1 (not good at all) and 4 (very good). Whilst this measure has showed good concurrent validity and internal consistency (Teti and Gelfand, 1991; Hass et al., 2004) it has been tested only with mothers and therefore would not be suitable for use with fathers or other carers. Other research has used task-specific or domain-specific PSE measures, developed by the authors, which are highly relevant to their research but not valid for more general parenting research (e.g. Guimond et al., 2008; Salonen et al., 2008). A more general tool for measuring PSE in relation to parenting programmes is the Tool of Parenting Self Efficacy or TOPSE (Kendall and Bloomfield, 2005).

The TOPSE was developed in response to requests from professionals working with parents for a tool to robustly evaluate the outcomes of their work, and is sensitive to parenting in the UK and other cultures (Kendall and Bloomfield, 2005). Items were created from analysis of focus groups with parents on the tasks and challenges of parenting children under six years, then tested for validity and reliability. The tool was firstly checked for face and construct validity by a panel of experts (researchers and professionals) from the fields of self-efficacy and parenting, then parents commented on the content validity of the tool and ease of use. Items were adjusted and removed until internal consistency exceeded 0.7 and test-retest reliability reached between 0.6 and 0.88 for

the various items (Kendall and Bloomfield, 2005). Whilst no fathers voluntarily took part in the development of the tool, two male researchers participated in the reviewing of items and therefore the tool is considered by Kendall and Bloomfield (2005) appropriate for both mothers and fathers, although this could be questioned.

The TOPSE has been used in a number of evaluation studies to date, as a pre and post-course measure to evaluate the effectiveness of parenting interventions (Bloomfield and Kendall, 2007; Bloomfield and Kendall, 2010). It was concluded to effectively measure changes in parenting self-efficacy and be a useful tool to evaluate parenting programmes, whilst providing a theoretically based measure of parenting which applies to a range of parenting programmes, contexts and parents from diverse cultural, social and educational backgrounds (Bloomfield and Kendall, 2007). Whilst the TOPSE was originally developed for parents with children up to six years old, the authors adapted the measure to be used with parents of babies, by removing items relating to discipline and using 'baby' instead of 'child' in item wording (see Appendix 3 for questionnaire used). The TOPSE is considered, therefore, to be an appropriate pre and post-course measure for evaluating this parents' course by comparing levels of PSE before and after the sessions, and is also highly relevant to the second research question, asking whether the course increases parents' confidence and empowerment. However, as found previously, PSE should only be considered a valid indicator of parenting quality in conjunction with levels of parental knowledge of development (Conrad et al., 1992; Hess et al., 2004), and so the TOPSE will be used alongside a measure of knowledge and understanding of baby brain development.

2.3.0: Methods of Researching Parenting Knowledge

The first research question asks whether the course increases parents' knowledge and understanding of babies' general and brain development. Previously, knowledge of child

development has been measured using questionnaires such as the Knowledge of Infant Development Inventory (KIDI; MacPhee, 1981). This 58-item questionnaire assesses parents' knowledge about child-rearing practices, developmental processes, and typical infant milestones. Items are scored as right (+ 1), wrong (-1), or not sure (0) then calculated to yield a percentage score ranging from 0% to 100%. The KIDI is a broad assessment of parenting knowledge but is not specifically for parents of babies and has little relevance to course content around baby brain development, as it includes statements such as 'a one year old knows right from wrong' and 'a child should be toilet trained by age one'. It would indicate general parenting awareness but not knowledge of concepts explored in this course or understanding of early development. Additionally, in the KIDI, knowledge is considered to be a one-dimensional, objective concept, where a parent is either right, wrong or does not know and consequently scores either +1, 0 or -1, yet in reality understanding is often less definite, with a continuum of understanding of concepts from no knowledge/understanding to a thorough understanding. An established measure of parenting knowledge relating to infant brain development was not available and therefore it was necessary to design a questionnaire specifically to assess changes in parents' understanding of the concepts and ideas covered in the course. By doing this, the items can be matched to the course content and can demonstrate to what extent parents feel their knowledge in this area has increased.

2.3.1: Developing Questionnaires to Measure Knowledge

Developing a questionnaire or tool to measure knowledge is a time and cost effective method of data collection, which can gather information from a large number of participants concurrently (Gillham, 2000). Using questionnaires has a number of advantages in parenting research: not only are questionnaires more efficient than interviews or observations, they allow standardisation of data by asking all participants the same questions in the same way, which is particularly important in pre-test post-test designs (Robson, 2011). Closed questions can yield simple data and allow relatively

straight-forward analysis (Gillham, 2000). Additionally, questionnaires (for instance the TOPSE) can be designed with scales or ratings to give numerical data which can then be analysed statistically to demonstrate differences between groups or within participants over time.

In research with potentially reluctant populations, such as new parents, anonymous questionnaires are less direct than interviews or observations so may ease participant anxiety, encourage disclosure of personal information and reduce researcher bias (Gillham, 2000), however the questions cannot be clarified or explained so need to be easy to understand and interpret. Questionnaires should be designed in order to give valid information relevant to the research question, but also should be easily understandable by the respondents, so that the right information is given, and be accessible enough that respondents are willing to participate (Robson, 2011), therefore careful design is essential. Poor wording or questions that can be interpreted differently may affect data and lead to inaccurate conclusions.

There are further drawbacks to using questionnaires, particularly around sampling. In larger-scale research, data can be skewed by the characteristics of those who choose to participate, for example more confident parents could be more likely to volunteer to complete questionnaires, or working parents could feel less inclined to spend time on them. Additionally, it is difficult to assess individual differences or past history with anonymous questionnaires, for example whether respondents have themselves had positive parenting experiences, have attended other parenting courses, have more than one child or have read or accessed material related to the course. Whilst these questions could be asked in theory, it would be difficult to address every possible variable which might affect responses. Lastly, questionnaires assessing personal and subjective beliefs, such as parenting knowledge or confidence, are subject to social desirability response bias (Robson, 2011) where respondents report socially acceptable views rather than actual beliefs, as well as the problems associated with self-reports examined earlier.

Whilst a closed test or exam could be used to assess knowledge and understanding of parents, this would be time-consuming, intrusive and possibly anxiety provoking, and so would be difficult to justify ethically. Similarly, interviews could be used to ask participants about their knowledge, but this could also be anxiety-provoking and could prevent honest responses. Despite the potential difficulties with parenting questionnaires, they present the best opportunity to gather data from a group of parents without causing distress or invasion of privacy, and if designed carefully can demonstrate changes in parenting beliefs and behaviours over time. In order to design a questionnaire that assesses parents' knowledge and understanding of the course content, a quantitative scale was chosen to allow parents to rate their own knowledge of course elements between 0 (no knowledge) and 10 (full and complete knowledge). Items were chosen based on the main themes and research findings presented in the course, and so each item links to a topic discussed during sessions, or an overall message repeated throughout the course.

Scaling is a popular means of measuring personal attitudes, beliefs or values, and allows a researcher to place participants on a continuum to compare relative positions (Oppenheim, 1996). A scale allows parents to record degrees of understanding rather than simple yes or no responses, and also allows subtle changes to be measured, whilst preventing the ambiguity and need for complex analysis caused by open-ended questions, although yielding less detailed or rich data. Whilst Likert scales, with five or seven categories of response ranging from 'strongly disagree' to 'strongly agree' are widely used (Oppenheim, 1996), a ten point numerical scale can give even more subtle changes in attitudes, and removal of verbal descriptors may remove some of the interpretive variance of language (Schwarz et al., 1991). A number of statements relating to the course, for example 'I know about the three regions of the human brain' can be offered with a scale between 0 and 10, so that parents can choose any number to indicate their understanding. Whilst data could not be compared

between participants, as one parent may score 5 for knowing a little whilst another scores 5 for knowing detailed information, scores can be compared for each participant over time.

Oppenheim (1996) suggests that design of scales should ensure that each statement to be scored is uni-dimensional and only includes one thing, so statements should not have two aspects that could require different scores, for example 'I understand reasons why my baby cries and laughs'. Items should also be carefully worded to ensure they measure what is intended, to maintain validity, for example, an item designed to measure knowledge of stress hormones may need to explicitly name the hormone, as otherwise parents could be thinking of another hormone and mistakenly score highly. Lastly, the layout of scales could affect how respondents score, for example how the upper and lower ends of scales are worded, whether visual scales are used and whether mid-points are explicitly referenced (Christian et al., 2009).

There is some evidence to suggest that superlative wording at end-points, such as 'far too little' or 'far too much' leads to fewer high and low scores, whilst 'very little' and 'very much' allows for greater variance. Verbally labelling mid-points, with 'I don't know' or 'somewhat' can increase the incidence of mid-point scores (Christian et al., 2009) and therefore it may be better to use moderate end-point descriptors with no mid-point label. The TOPSE does this, by showing a visual ten-point scale, with labels at 0 (completely disagree) and 10 (completely agree) but also includes a mid-point label (moderately agree). For this research, the TOPSE scale and labels were used for the knowledge questionnaire but without the mid-point label. Use of the same layout for both the TOPSE questionnaire and knowledge questionnaire was chosen in order to minimise confusion and response times, and maximise cohesion between the measures.

The knowledge questionnaire can be found in appendix 4. The questionnaire was shown to other professionals (Educational Psychologists and Birth to Three Advisors) in order to check wording and

layout were comprehensible and that the measure was deemed suitable for new parents, however a full pilot was not possible as there was not an available sample of new parents to pilot the measure with who would not want to attend the course. Limitations of the measures used are discussed further in chapter 4.4.

2.3.2: Qualitative Measures: Focus Groups

Numerical scales are designed to efficiently measure attitudes or beliefs and yield simple data which can be compared to indicate changes or differences (Oppenheim, 1996); however they do not give subtle or detailed insights and in terms of this study cannot tell us about individual experiences of attending parent courses or reasons for parents' engagement. Qualitative measures can give richer data about parents' feelings on the course content or discuss aspects of the course which could be changed. Consequently this study uses focus group interviews to gather more detailed, qualitative information.

Focus group interviews are a particularly good means of discussing a topic within a group and can allow ideas to develop and be clarified (Cohen and Manion, 1994). Focus groups are commonly semi-structured, with specific pre-determined questions or topic areas, but with opportunities for discussion to develop or for the interviewer to clarify and add further questions (Robson, 2011). This method is suited to the third research question, as participants can give examples of the course's impact on their practice at home and responses from other participants may encourage parents to think of examples or agree with those given. A group discussion can enable detail to be gathered and the interviewer can ask for explanation or further examples if necessary. The fourth research question, regarding what factors promote parent engagement, is also appropriate for focus group discussion, as the interviewer can give prompts or ask about the importance of specific aspects, whereas a questionnaire may not cover all contributing factors. Additionally, focus groups allow

consensus between participants to be measured, as one parent's suggestion might lead others to agree or develop it.

Whilst individual interviews could also access this type of data, they can be time-consuming and would require parents to return at different times. A focus group can be held immediately after the final course session, making it easier to engage all parents and allowing childcare to be offered. It could also provide some triangulation of data gathered in questionnaires, for example, asking parents whether their knowledge and understanding of baby development has increased and asking if they feel more confident or effective as parents could support evidence found from questionnaires by triangulating results.

There are some difficulties with focus groups however, in that group dynamics can affect the responses given, so reliability is typically lower than that of questionnaires (Robson, 2011). Parents could be inclined to agree with other views even if they do not hold them personally, and some quieter parents are likely to say less or agree with more outspoken participants. For this reason facilitating the groups requires some skill and experience (Robson, 2011), so that all participants can be encouraged to contribute and more dominant parents can be mediated if necessary. Discussion is likely to be dynamic and may depend on the responses of others or the experiences gained during that day, therefore results should not be assumed to represent all parents but only to indicate the feelings of those present. Repeating groups with different members is advantageous, for example, holding several focus groups with parents from different courses, as recurrent themes could suggest more reliable results.

As with questionnaires, groups measuring social concepts such as parenting are subject to biases of parents who may make up answers or be inclined to give the desired response (Krueger and Casey, 2009). This is particularly true when asking how the course has impacted on practice, as parents may

feel pressured to give examples of positive interaction. To minimise this, the facilitator should be non-judgemental, should ask for honest responses and phrase questions neutrally. The course facilitator should also not be present, in case participants feel obliged to give favourable responses. Given the nature of the participants as parents with young babies present who may need feeding, changing or taking home, the focus groups should be very flexible and adaptable, with opportunities to stop for breaks. Participation should also be fully voluntary and parents should feel able to opt out or leave the group if necessary, not only due to the requirements of their babies but due to the possibly personal or sensitive nature of discussion.

Design of questions for focus groups should follow some of the principles of questionnaire design, in that questions should be carefully worded to avoid ambiguity and should measure what is intended, however focus groups also allow the flexibility to clarify questions, to ask for further examples and to give prompts if responses are not given. For example, the interviewer may initially ask if the course has had any impact on practice, to allow open ended responses, both positive and negative. Examples can then be asked for, to allow any responses participants think of, before prompts or examples are given to facilitate responses. Questions should also evoke conversation, by gradually asking more open ended questions (Krueger and Casey, 2009) and therefore simple yes or no questions might be used first, to relax participants, followed by open-ended questions to develop discussion. Questions should also be short and simple where possible, one-dimensional to evoke clear responses, and follow a clear route (Krueger and Casey, 2009). Typically, focus groups might start with questions about how parents heard of the course or what made them sign up, and follow a logical order to end with what they would change for future courses (Krueger and Casey, 2009), however, since groups could potentially be cut short or parents could lose focus towards the end, it is also a good idea to start with the most essential questions and leave simple questions such as 'would you recommend this to others' until last. Finally, the environment could be important in easing anxiety and encouraging all parents to contribute, therefore the group should be held in a

familiar but relaxed environment, with parents seated in a rough circle so that all feel equally included. For focus group questions see appendix 5.

2.4.0: Method

2.4.1: Sample

The data was collected from parents who had volunteered and signed up to take part in a parents' course about baby brain development. The courses were held in local Sure Start Children's Centres and centres were responsible for advertising and recruiting, therefore practices varied between courses. In most cases, parents were informed verbally about the course whilst in the centre and no formal advertising occurred. All parents were registered with the centre and many already accessed some activities there, such as 'baby massage' or 'baby stay and play'. All parents had babies under 10 months old, and babies' ages varied between 4 weeks (youngest) and 9 months (oldest). Parents were a mixture of first time parents and those with other children. Whilst the course was open to any parent or carer, only one father was part of this research, all were parents and none were grandparents or carers.

There were six courses held in total over the period between 1st September 2011 and 5th March 2012, in six different Children's Centres. The Children's Centres were situated throughout the county within the East Midlands, in a mixture of rural and urban areas, both deprived and more affluent, therefore parents were considered to be representative of those using centres throughout the county. Parents were not asked for personal information such as age or occupation, therefore demographic information is not available. Only parents who had attended all three sessions were asked to participate in the research. In total, 31 parents participated in the research (30 mothers, 1 father). All volunteered to participate and signed consent forms, and were free to drop out at any

time. One course had a high attrition rate as some babies had chicken pox following the first session and were unable to attend, meaning that only one parent was present for all three sessions and able to participate in research. Whilst this parent did complete questionnaires, the data was excluded from analysis as the course had insufficient data for reliable evaluation, therefore 30 parents' responses were used in analysis, from 5 different courses.

2.4.2: Procedure

Parents attending the parent course were verbally informed when signing up that a researcher would be present for some sessions evaluating the course. At the start of session one the facilitator and researcher introduced themselves and gave a brief outline of the course. The researcher read out the consent form (appendix 6) and gave out copies to all parents present. Those volunteering to participate signed the forms and picked up a questionnaire. The TOPSE and the knowledge of brain development questionnaire were administered at the start of session one. Both were briefly explained verbally as well as on the questionnaire itself and parents were encouraged to ask the researcher for clarification or to read items. Questionnaires were collected when complete and the course session commenced. Ethical considerations including consent are discussed in section 2.4.5.

The course itself began immediately after the initial data collection. It consisted of three sessions, spread over three months (one per month). Each session was around 2 hours long. A summary of sessions can be found in appendix 7. Each course was presented by an Educational Psychologist attached to that Centre, with training and expertise in Early Years and early development. Presenters were both male and female and had a variety of presentation styles and personal experiences which led to slightly different experiences in each course venue.

Identical questionnaires were given to parents again immediately after session three and briefly explained again. Parents were informed of their right to opt out and not pressured to complete them. After all were collected, parents were invited to stay for an additional 20-30 minutes for a short focus group to discuss their experiences of the course. Those willing to stay were offered the crèche for babies but most chose to keep their babies with them during the discussion. The focus group was held in the same room as the parent course, within the Children's Centre, where there were soft chairs in a circle, and tea, coffee and biscuits were offered to ensure an informal environment. Pre-determined questions were asked but responses were encouraged to develop with facilitator clarification, repetition of responses and prompts such as 'anything else?' and 'any other examples?' used. The focus groups lasted between 19 and 29 minutes and all participants were thanked for their time and ensured that responses would be anonymous. Three focus groups were held in all, as these courses had sufficient parents present volunteering to stay. Other courses had too few participants (less than four) or none willing to participate. Each group had differing numbers of participants (N=6, N=4 and N=8). No parents left the discussion before the end or asked to be excluded from analysis.

Both completed questionnaires and focus group recordings were anonymised and kept by the researcher in a secure office (entry by secure code and locked at night). Transcripts and questionnaires were kept in a locked cabinet within a Local Authority building and will be held for up to ten years.

2.4.3: Analysis of responses: Thematic Analysis

Focus group discussions were recorded, with consent from all parents, using a digital voice recorder, and then transcribed by the researcher verbatim (see appendix 8). Transcripts for all three groups were then subjected to a thematic analysis, across the three transcripts, to look for patterns or

shared themes within the texts. Transcripts were not analysed separately as the course as a whole was the subject of evaluation, rather than individual courses or groups, and themes which were common to all groups were sought, to answer the research questions. Thematic analysis was considered the best means of data analysis as it gives a clear structure for drawing conclusions from qualitative data, yet is flexible enough to be used in a range of situations (Attride-Stirling, 2001; Braun and Clarke, 2006). Thematic analysis is a tool used within a range of methods and is a central skill across qualitative traditions (Holloway and Todres, 2003). It is compatible with both essentialist/realist and constructionist ontologies and can be highly interpretive or more directly descriptive of data (Braun and Clarke, 2006). Other advantages of thematic analysis include its accessibility to researchers and to audiences with little qualitative experience, its relative ease of use and its ability to produce brief or more in-depth summaries of large data sets (Braun and Clarke, 2006). A description of the analysis process is given in chapter 3.4.

2.4.4: Analysis of Responses: Statistical Analysis

Data from the TOPSE and knowledge of development questionnaires were analysed using SPSS, version 19.0 for descriptive and inferential statistics. Statistical significance tests are used in psychological research to evaluate the significance of results obtained and add validity to conclusions based on patterns in quantitative data (Howitt and Cramer, 1997), particularly where the results may be generalised to apply to the wider population. Statistical tests are needed where there is variance in data (a range of data within the same condition), otherwise differences between group means could be a result of natural variance or error, rather than due to a change in participants. Whilst the use of statistical tests in psychological research has been criticised, suggesting that tests are used inappropriately, interpreted poorly and used to draw conclusions from limited data without repeat research (Carver, 1978), tests can add credence to research data when used correctly (Chow, 2002). Statistical significance tests are a valuable tool to summarise data and

account for the variance in a sample, reducing the likelihood of drawing conclusions that are not supported by the data (Chow, 2002). In this research, tests are used only to examine the probability that differences in means are the result of actual changes and not error, and do not attempt make inferences about the general population based on a small sample. Due to the relatively small sample size, and the assumption that data will not be used to make inferences about the general population, initial exploratory data analysis was not carried out but data was instead assumed to satisfy the assumptions underpinning parametric statistics. Normality and homogeneity of variance were assumed, following descriptive statistics, and Greenhouse-Geisser corrections were used to account for sphericity.

2.4.5: Ethical Considerations

There were a number of ethical issues that were considered during the planning of this research. The course content, whilst designed to be non-directive and non-judgemental, could be sensitive for new parents and cause distress when considering current parenting skills or participants' own experiences of being parented. It is possible that parents could feel anxiety, guilt or pressure when faced with this research and consider their skills to be inadequate. The course aimed to avoid this by presenting research findings, rather than giving advice and recommendations, and emphasises that there are many different and equally effective ways to parent children. If participants become distressed or anxious during or between sessions, the facilitators (trained and experienced Educational Psychologists) can offer further support or signpost other agencies. During this research, significant further support was not necessary. One parent became upset in the first session and was given reassurance by the Children's Centre after the session, but she declined additional support. Parents may have also become uncomfortable or anxious when leaving babies in the crèche, since many were under six months of age and had not been left in a crèche before. To minimise anxiety, parents were invited to visit the crèche and meet staff before the course began, and the facility was

optional to use. Staff gave parents extra time before sessions to settle babies, and also reassured parents during each session by checking on babies and letting parents know if they were distressed.

This research was approved by the University of Birmingham's Ethical Review Committee, and therefore met their requirements for ethical approval before any data was collected. Additionally, the research followed the ethical guidelines for the British Educational Research Association (2004), as all participants were given an explanation of the research, its aims, what it would entail and its purposes before consenting. Parents were also informed of data use and storage, of their right to withdraw at any time, and that research was voluntary, in accordance with British Psychological Society guidance (BPS, 2004) and full consent was received from participants before any research was started. Whilst data was collected anonymously and discussion during courses remained confidential, in accordance with the Data Protection Act (1998), any concerns for the safety or wellbeing of children would have had to be passed on to designated staff, social care or police, in accordance with Local Authority Safeguarding Procedures (see appendix 9 for discussion). This is standard operating procedure for any professionals working with vulnerable populations and applies in all Children's Centre settings at all times, but was explained to all participants at the start of each course session as a reminder.

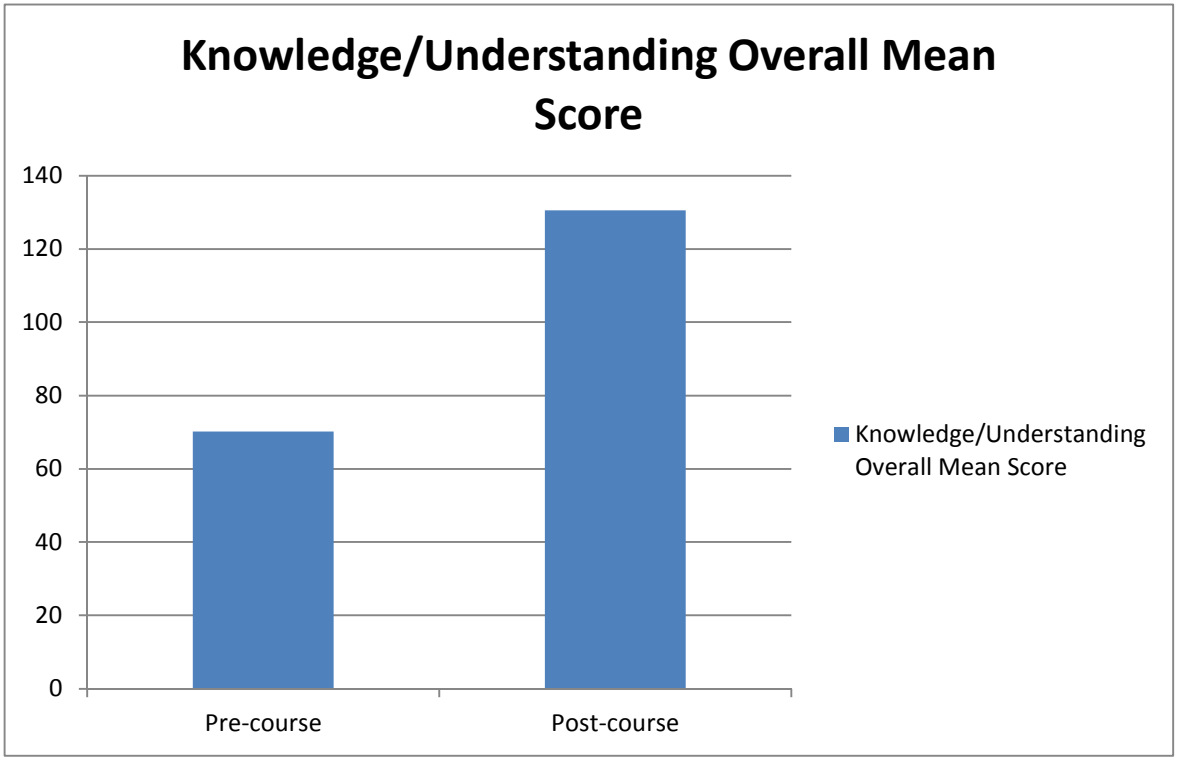
Consent, data storage and ethical considerations are discussed further in appendices 1 and 9. A summary of the application for ethical review can be found in appendix 9.

CHAPTER THREE: RESULTS AND CONCLUSIONS

3.1.0: Knowledge Questionnaire Results

The 'Knowledge of Development' questionnaires were each scored by adding the ratings (between zero and ten) for each statement, which gave a total score out of a possible 140. Questionnaires were then divided into 'pre-course' and 'post-course' and entered into a data analysis package, SPSS version 19.0, against each participant number. This gave two columns (pre and post course totals) which could be compared. Data were firstly used to give mean scores for each condition (pre and post), and a graph of this is shown below. The means were then compared to look for a statistically significant difference, using a repeated measures analysis of variance test.

Figure 1. Pre and Post Course Mean Total Scores for Knowledge of Development



A one-way correlated Analysis of Variance test (repeated measures ANOVA) was performed on the data, revealing a significant difference between the means ($F_{1,29} = 331.52$, $p<0.05$), meaning that post course scores are significantly higher than pre course scores.

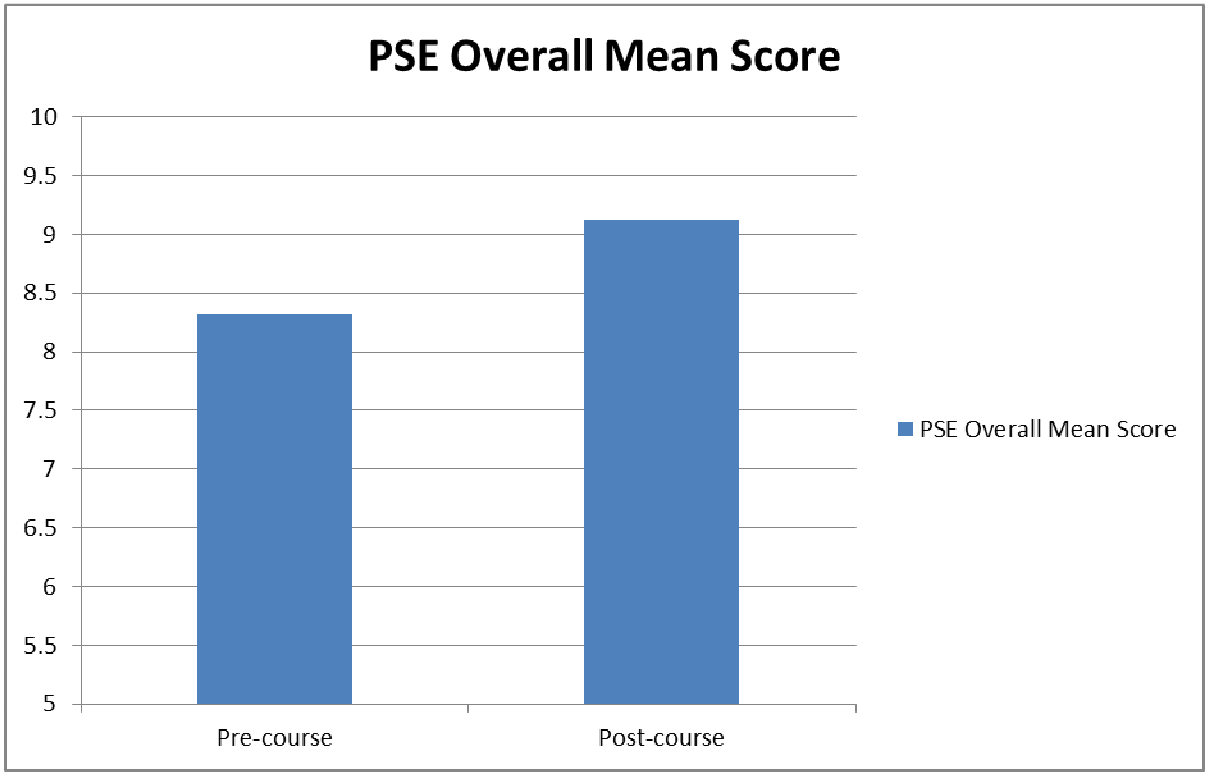
3.2.0: Parenting Self Efficacy Questionnaire Results

The TOPSE Questionnaires were scored slightly differently. Rather than summing scores from each statement, a mean was calculated for each of the six sections in the TOPSE, to yield a score between zero and ten, in order to compare the sections, then an overall mean for Parenting Self-Efficacy (PSE) was calculated for each questionnaire by finding the mean of the six sub-section means. Overall mean scores for each TOPSE (between zero and ten) were then compared for pre and post course differences, as before. These are shown below with the standard error of measurement (SEM).

Table 1. Mean PSE scores and SEM for TOPSE

Condition	Mean PSE score	Standard Error of Mean
Pre-Course	8.31	0.18
Post-Course	9.13	0.12

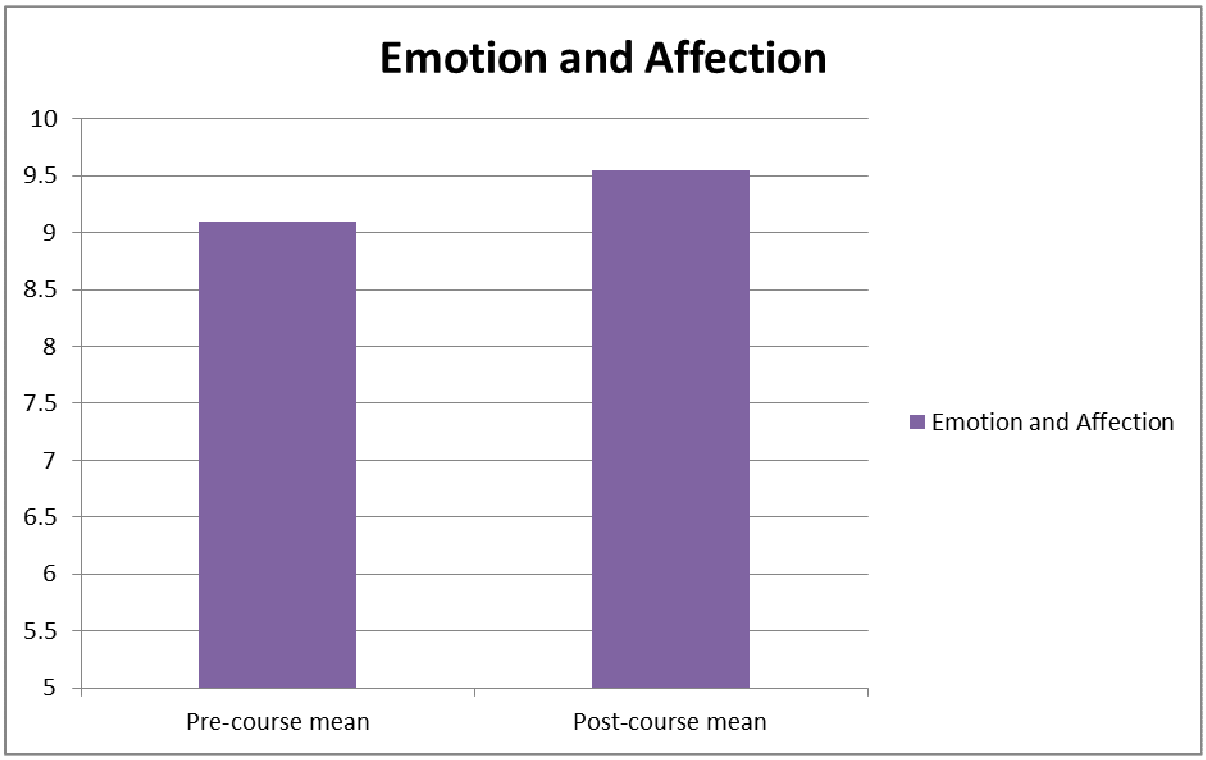
Figure 2. Pre and Post Course Overall Mean Scores for Parenting Self- Efficacy (PSE)



A one-way correlated Analysis of Variance test (repeated measures ANOVA) was again performed on the data, revealing a significant difference between the means ($F_{1,29} = 32.159$, $p<0.05$), meaning that post course scores are significantly higher than pre course scores.

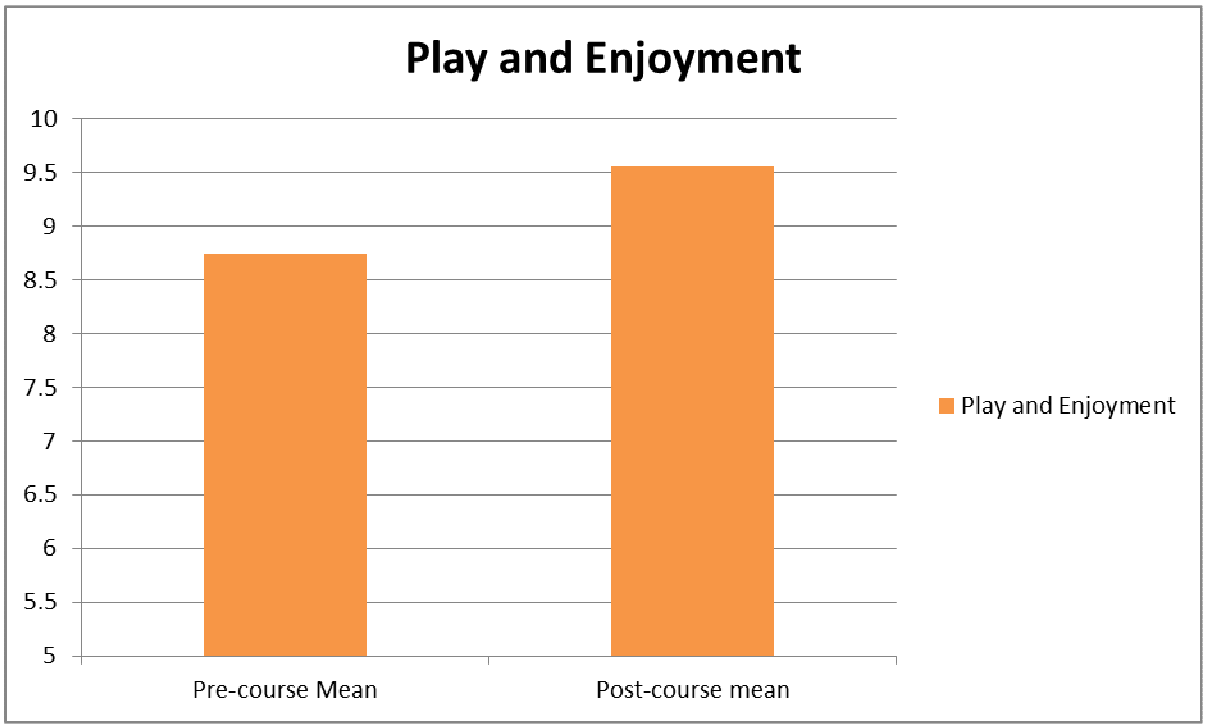
The six sub sections of the TOPSE were then considered individually, in order to discover whether some or all of the six areas of parenting were significantly higher following the course. Graphs and significance levels are shown below.

Figure 3. Pre and Post Course Mean Scores for 'Emotion and Affection' Sub-scale



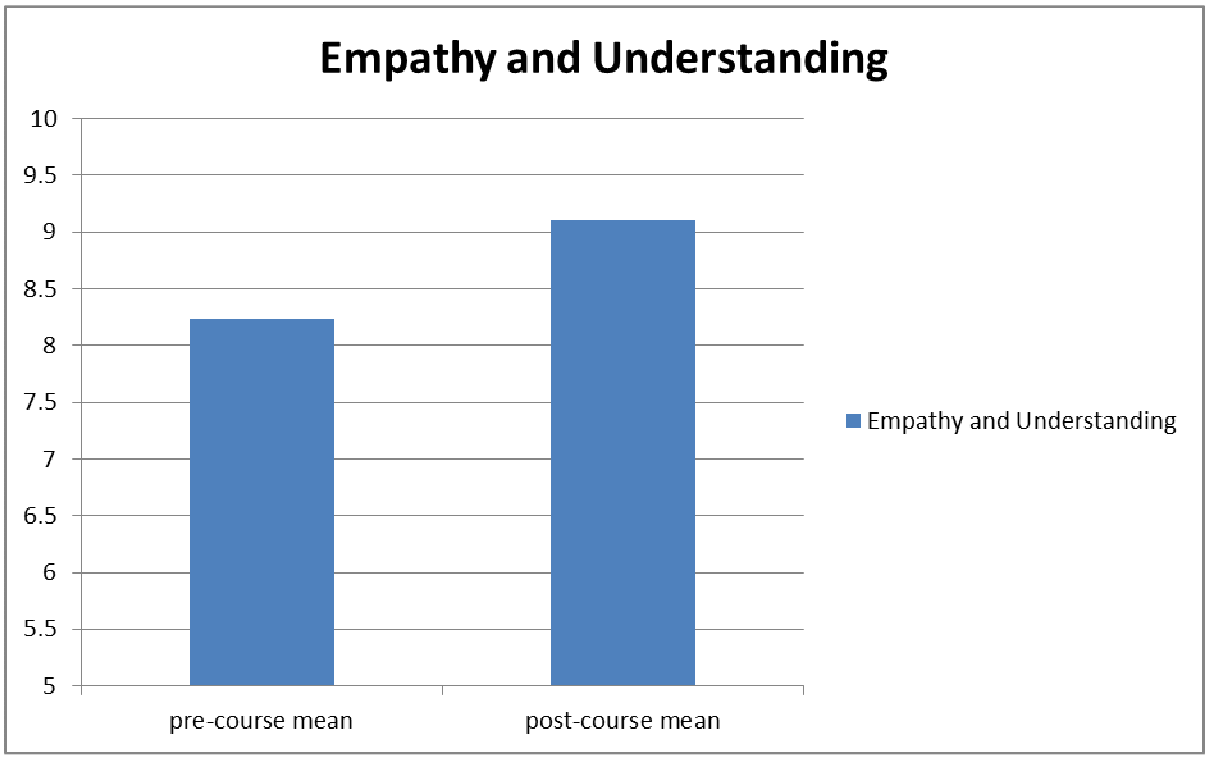
A one-way correlated ANOVA revealed a significant difference for 'Emotion and Affection' ($F_{1,29}$ =10.428, $p<0.05$).

Figure 4. Pre and Post Course Mean Scores for 'Play and Enjoyment' Sub- Scale



A one-way correlated ANOVA revealed a significant difference for 'Play and Enjoyment' ($F_{1,29}$ = 16.139, $p<0.05$)

Figure 5. Pre and Post Course Mean Scores for Empathy and Understanding Sub- Scale



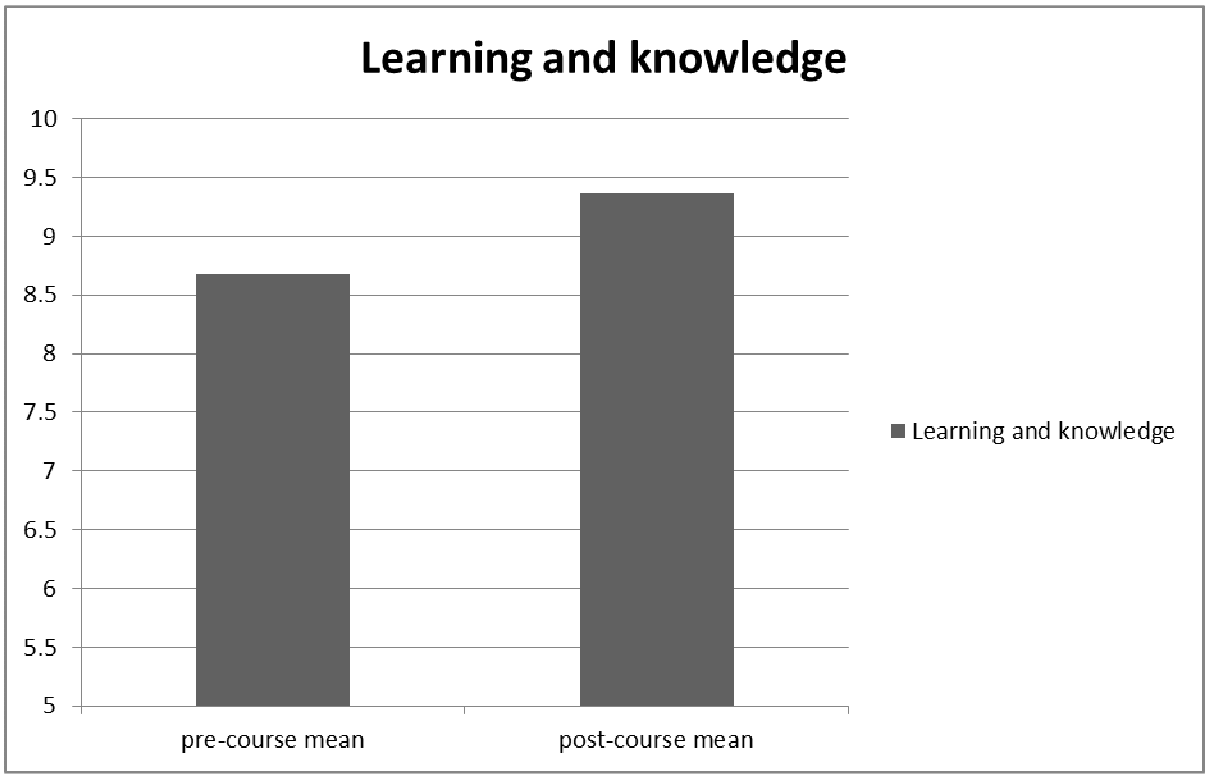
A one-way correlated ANOVA revealed a significant difference for 'Empathy and Understanding'

($F_{1,29}$ = 20.645, $p<0.05$)

Figure 6. Pre and Post Course Mean Scores for 'Self-Acceptance' Sub-Scale

A one-way correlated ANOVA revealed a significant difference for 'Self-Acceptance' ($F_{1,29} = 9.209$, $p<0.05$).

Figure 7. Pre and Post Course Mean Scores for 'Learning and Knowledge' Sub-Scale



A one-way correlated ANOVA revealed a significant difference for 'Learning and knowledge' ($F_{1,29}$ = 12.734, $p<0.05$).

Figure 8. Pre and Post Course Mean Scores for 'Pressures' Sub- Scale

A one-way correlated ANOVA revealed a significant difference for 'Pressures' ($F_{1,29} = 19.909$, $p<0.05$).

3.3.0: Course Differences

Lastly, the data from both the knowledge and the PSE scores were used to compare means for the five courses, to look for differences. This was not an original research question but was used to indicate whether results differ for different course centres, with different presenters and different catchment areas, or whether results are fairly uniform across the county. Mean differences (i.e. post-course mean minus pre-course mean) were compared for the five courses, and means are shown below.

Table 2. Mean 'difference' scores for Knowledge of Development by Course

Course A	Course B	Course C	Course D	Course E
64.20	62.81	53.25	71.33	44.40

Whilst a one way ANOVA comparing the five mean differences for Knowledge of Development showed no significant difference ($F_{4,25} = 1.990$, $p>0.05$), indicating no effect of setting on impact, the numbers used in this analysis were too small to yield trustworthy significance levels and therefore the results cannot be assumed to be statistically significant here.

Table 3. Mean 'Difference' Scores for Parenting self-Efficacy (PSE) by Course

Course A	Course B	Course C	Course D	Course E
0.74	0.44	1.17	0.91	1.22

A one way ANOVA also indicated no significant difference here for PSE ($F_{4,25} = 1.004$, $p>0.05$), however again, due to small numbers in each cell (on average 6 per course) the statistical tests are not valid. The means do suggest, though, that changes in PSE are not dependent on course centre, presenter or geographical area.

3.4.0: Focus Group Results

3.4.1: Transcription

The three focus groups were recorded using a digital voice recorder. Recordings were then transcribed by the researcher, who also facilitated the focus groups. Transcriptions included all words said in the groups, with only a few words omitted where these were indecipherable (as marked on the transcripts), however intonation, gestures and pauses were not indicated on the transcripts. Data were anonymised by removing any reference to a name or place and replacing with [name].Transcripts for the three groups can be found in appendix 8.

3.4.2: Thematic Analysis

As indicated previously, thematic analysis was used as a tool to analyse the data in detail and look for patterns or recurring issues (themes) in discussions. Thematic analysis is a process by which gradually more latent themes emerge through repeated reading, note-making, coding, re-coding and organising of themes (Cassell and Symon, 2004). Braun and Clarke (2006), however, highlight the role of the researcher in interpreting and drawing out themes, suggesting that analysis is not a passive process whereby themes simply 'emerge', but where the researcher creates themes from prior reading, experience and research questions. A researcher will always be influenced by their values, experiences and possible bias when coding themes, therefore a second researcher or reader can be useful to check themes are representative of the data. In this research, a second Educational Psychologist read all three transcripts then checked themes were well-matched to the data and fully drew upon what parents said. The themes were thus confirmed as relevant, comprehensive and representative of the original data, validating the codes and themes used.

The data were analysed according to a framework set out by Braun and Clarke (2006):

1. Transcripts were read several times to increase familiarity with content, and then annotated with ideas and potential coding schemes.
2. Initial codes were generated based on the elements discussed within the transcripts. These codes do not contain any inference or interpretation; they are simply broad categories or summaries of what is said.
3. Transcripts were then searched for themes. Codes were collated to give potential themes and transcripts were systematically searched for any words, phrases or passages fitting the themes (highlighted).
4. Themes were reviewed, reorganised and renamed in some instances, before checking for coherence with initial codes and the transcripts as a whole.
5. Final themes were then defined and named.
6. Themes were described and explained in order to draw overall conclusions from the data.

3.4.3: Codes

Cassell and Symon (2004) describe a code as a label, attached to a section of text, which categorises an issue that the researcher has identified as important. These are essentially descriptive and require little or no interpretation. Boyatzis (1998) additionally suggests that codes can help to increase inter-rater reliability, where there is more than one coder or researcher. It should therefore be not just a label, but include a definition of what the code concerns and a description of what the code constitutes (how to 'flag' appropriate sections). Codes are therefore outlined below.

Table 4. Codes used in stage 2 of thematic analysis

Code	Definition	Description
Antecedents	Triggers for attending the course	Issues/matters prior to the course which relate to parents engagement or interest
Course concept	General idea or opportunity of a course for new parents	Issues relating to the concept of the course or opportunity to attend it
Practical issues	Factors around logistics or practicality	Any issues related to timing, location, childcare, room layout etc.
Environment	Atmosphere and setting	Issues around setting, staff, feelings of trust, comfort or familiarity in environment
Accessibility	Factors affecting access to course	Factors enabling, preventing, encouraging or discouraging engagement
Course Content	Information or content of resources given during the course	Any issues around information presented, ideas discussed or hand-outs and resources offered
Course Style	The way information was presented or offered	Issues around presentation style, props used (DVDs, quizzes, etc) or structure of sessions
Group Context	Factors around the group of parents attending the course	Issues around the group members, size, interaction or bond
Personal Learning	Factors around each parents own learning and knowledge	Issues including learning styles, new knowledge, retention or value of what was learnt
Consequences	Any impacts or effects reported following the course	Issues around impact on parenting, changes in beliefs, or consequences of attending

These codes were developed by repeatedly reading and annotating the data and looking for simple categories of issues discussed. Some of these relate closely to the focus group questions (e.g. Consequences: impacts on parenting following the course) but others do not (e.g. environment). Codes were not intended to act as themes but simply to provide a key to systematically identifying sections of text. Any sections of text relating to these codes were highlighted, then searched for patterns and themes. A section of highlighted and coded transcript can be seen in Appendix 11.

3.4.4: Themes

Highlighted sections of text were re-read and notes were made on themes linking two or more sections. At this stage the themes are more interpretive and inferential, moving beyond simply describing the data (Braun and Clarke, 2006). This stage led from identifying codes, to classifying sections of text falling within each code, then finally to looking for meaningful themes to link these sections and interpret the underlying conclusions, as suggested by Attride-Stirling (2002). These three stages are set out below to show how themes were generated from coded sections. Some of the themes overlap or link with themes identified by other codes; this will be discussed in more detail in the discussion.

Table 5. From Codes to Themes

Codes	Issues Discussed	Illustrative Quotes from transcripts	Themes Identified
Antecedents	Recommendation from CC staff	"[staff member] told me", "[staff member] called me up", "[name] just asked me if I wanted to come along to a course"	1. Familiarity with setting (centre) reduces anxiety 2. Relationship of trust with staff is critical to signing up 3. Trust in reputation of centre as offering worthwhile groups encourages participation in new courses 4. Engagement is made possible logistically, e.g. by childcare 5. Parents are motivated to learn and do their best
	Regular attendance at other CC events	"we have the Children's Centre…we all come in regularly", "we did the baby massage course"	
	Trust in CC staff	" you can ask questions about it and things", "I had reassurance from [staff name]", "them saying about it did help…they explained what it was about"	
	Perception of CC-run events as good	"All the Sure Start courses I've been to have been really good… so anything I'll just sign up to now", "the various activities that happen, I do think's good", "we did the baby massage course"	
	Sure Start/CC reputation positive	"I've heard so many good things about…Sure Start centres", "I was really excited when I found out the Children's Centre was opening"	
	Lack of previous knowledge/experience	"I'm just starting from scratch…I haven't read many books to be honest"	

	Desire to do the best for baby	"I want to bring him up as best I can", "anything I can learn, that'll help me understand his development"	
	Childcare facility	"the crèche, definitely", "I certainly wouldn't have come if we'd have had to find babysitters"	
	Getting out/somewhere to go	"It's just good to get out the house…to go and do something"	
Course concept	Time allocated to an important subject	"time out to think about some of these things"	6. Unique opportunity
	Rare/unusual to have courses for this stage	"you'd never be able to be in a position where you can go and learn something…and have the option to leave the baby in"	7. Time for reflection valued 8. Relevance to own child and links to reality are key
	Relevance to own child & family life	"everything links in with what's happening, or is soon to happen"	
Practical issues	Timing to fit with family routine	"timing's good", "lunch is done…afternoon sleep is supposed to happen", "still time to go to school to pick up a second child"	9. Logistics such as timing, childcare, reminders and setting enable attendance if optimal
	Location accessible physically/logistically	"a good place to come…get there easily"	
	No cost	"I'm amazed that it's all been laid on free", "I don't know if we would pay for it"	10. It's important for the course to be free; a cost could discourage others
	Planning of sessions – too far apart	"[sessions could be] a bit closer together", "quite a long time in between"	
	Reminders to remember dates and times	"quite hard to remember what the date…", "they	

		did remind me, they rang me actually"	
Environment	Trust in centre staff to care for baby	"she actually went out, checked the children …without us even asking…that gave me that reassurance", "we knew they'd tell us", "you know if there's a problem they'll come and get you",	11. Parents feeling safe and secure with staff is essential – trust/reassurance is built up before and during sessions
	Environment felt to be safe	"having somewhere that they can play"	12. Relaxed, informal and familiar environments reduce anxiety and allow parents to leave their babies
	Environment reduces separation anxiety	"just literally in the next room", "just next door", "I couldn't have managed if we'd had to go to the other end of the building"	
	Familiarity of staff and setting	"having the familiar faces around", "I know most of the staff, so I think that made me feel quite comfortable"	
	Relaxing, informal environment	"feel a bit more…at ease…and it's so relaxed in there"	
Accessibility	Childcare enables access for many	"have the option to leave the baby in"	13. Accessibility relies on childcare for many, but may also prevent engagement of others through anxiety
	Separation from baby creates anxiety and may have prevented some engaging	"there was another girl…who wanted to come but wouldn't because she thought that you'd have to leave your baby"	
		"I'm gonna have to leave him, I hadn't really thought about that", "I was a bit nervous"	14. Course setting and design inhibits fathers' engagement, Children's Centres are
	Limited access/engagement for fathers	"I'm not sure that mine [partner] would", "it's	

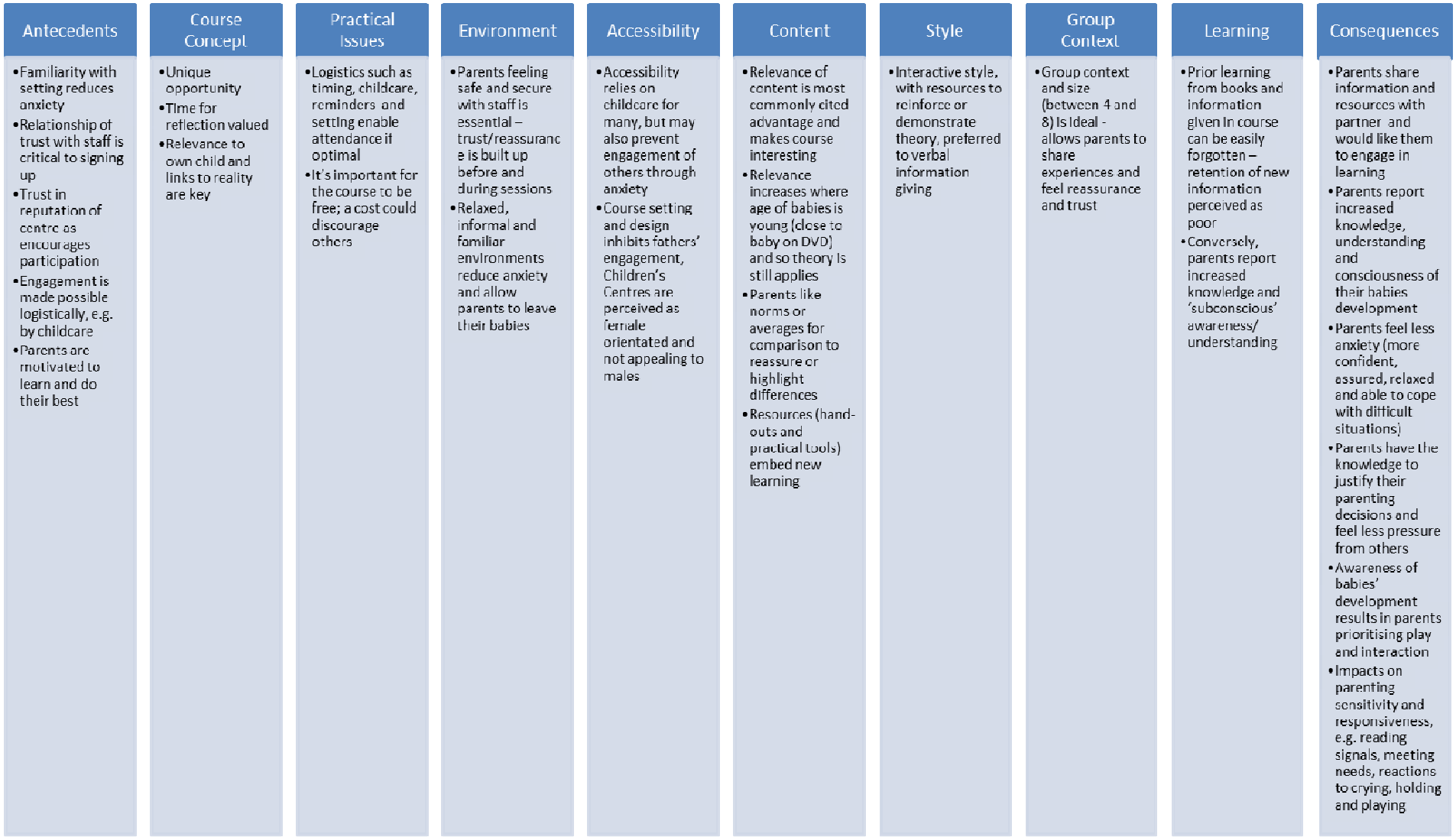
		not cool is it", "I know my husband would feel uncomfortable coming here with all these women", "they'd just rely on us"	perceived as female orientated and not appealing to males
Course Content	Links theory to practice/own baby's stage of development	"you have a connection…it's the right time of their age", "the timing was really good", "relates to your baby, how he reacts", "so many facts"	15. Relevance of content is most commonly cited advantage and makes course interesting
	Too late for some with older babies	"I would have appreciated it a couple of months earlier"	16. Relevance increases where age of babies is young (close to baby on DVD) and so theory is still applies
	Lack of concrete development 'norms' or milestones	"I didn't quite understand at what stage [name] would be doing certain things", "a timeline of when to expect that sort of thing", "it would be nice [to have] little milestones"	17. Parents like norms or averages for comparison to reassure or highlight differences
	More information/hand-outs wanted	"maybe a few more hand-outs", "more sessions", "I think we still need more information", "I found the leaflet you gave out very helpful"	18. Resources (hand-outs and practical tools) embed new learning
	Making resources and getting new ideas	"I loved the ideas for toys", "making things, as well, was good"	
Course Style	DVD clips reinforce information/theory	"having the video clips to back up what we've learnt", "I loved the videos",	19. Interactive style, with resources to reinforce or demonstrate theory, preferred to verbal information giving
	Information becomes real/practical	"you…see it in practice and it makes more sense"	
	Too much talking/verbal information giving	"I find it very hard sitting down and listening to someone", "just sort of sitting there looking, I	

		need to do it myself"	
Group Context	Benefits of sharing experiences	"lovely to have the experiences of everybody else", "you hear different stories" , "hearing ideas, and people's opinions", "the interaction with other mums, and knowing the way they feel"	20. Group context and size (between 4 and 8) is ideal - allows parents to share experiences and feel reassurance and trust
	Reassurance from others	"you can sort of relate to them…I think it's reassuring"	
	Ideal group size of around 6	"because it's a small group as well I think it works really nicely", "this amount of people is…nice"	
	Intimacy/relationships built within group	"it's important to keep it small" "it's quite an intimate group…works really well" "the size of the group has been nice, 'cause you get to know and to feel more comfortable"	
Personal Learning	Forgotten previous learning from pregnancy	"I remember reading books…when I was pregnant but now I don't remember any of that"	21. Prior learning from books and information given in course can be easily forgotten – retention of new information perceived as poor
	Increased knowledge and understanding of baby's behaviour	"a basic sort of understanding", "feels like your knowledge of your baby is better" "you can just sort of tell why things are happening"	22. Conversely, parents report increased knowledge and 'subconscious' awareness/
	Lack of retention of information	"I actually can't remember", "I kind of struggled to remember what happened last time", "It's	

		hard to remember certain things", "If you didn't remember something you could read it back on the leaflet"	understanding.
Consequences	Sharing new knowledge/info with partner or mother	"I showed it to my husband as well", "It would be good if the men could come and get to know a bit more", "I was showing it to my partner as well…opened his eyes a little bit more as well"	23. Parents share information and resources with partner and would like them to engage in learning
	Increased understanding/consciousness of babies' learning/behaviour/communication	"I go home now and think about things", "you're subconsciously aware of it all the time", "I think I notice things more", "I know what he's telling me now"	24. Parents report increased knowledge, understanding and consciousness of their babies development
	Increased empathy, patience and coping	"I think you have more patience with them", "and you just cope with it", "I still remember that separation thing, I keep thinking about that when he starts to cry", "trying to see it from your baby's view"	25. Parents feel less anxiety (more confident, assured, relaxed and able to cope with difficult situations)
	Increased confidence in own ability	"the understanding…I think that makes you have confidence", "that's a huge factor…the confidence…from the knowledge", "I've chilled out a bit now…I do feel a bit better about things now", "now I know…it's OK to pick them up, when other people say oh leave him alone"	26. Parents have the knowledge to justify their parenting decisions and feel less pressure from others 27. Awareness of babies' development results in parents prioritising play and

Changed priorities: baby comes first now	"I'd rather sit and play with [name] now…everything else can just wait", "I don't feel bad for spending time with the baby, when my house looks like a tornado's been through it"	interaction 28. Impacts on parenting sensitivity and responsiveness, e.g. reading signals, meeting needs, reactions to crying, holding and playing
New ideas for play or resources	"I'm definitely gonna make…a little box with everyday things in", "little sensory toys"	
Changes in interaction/play and stimulation	"I'm doing more playing", "I've tried to do the repetition thing more…I thought you should just shove lots of new things at them because they get bored, but now I just repeat little games and things", "I think, let's not overstimulate you"	
Changes in reaction to crying	"when we learnt about crying, and that it sends stress hormones…now I know, don't let them scream like that", "how I react to him, when he's crying or playing "	
Closer bond/attachment	"I know they just want the comfort of, you know…skin to skin contact"	

Figure 9. Map of themes arising from focus groups, as categorised by codes



3.5.0: Overall Findings in Relation to Research Aims

Here the four original research questions are revisited and answered based on the research data from questionnaires and themes from the analysis of focus groups. Analysis of the questionnaires is discussed in more detail in the discussion section and examined for trends or patterns. Themes listed here correspond to the numbered themes in the results table 4 and are denoted by numbers, e.g. $\mathbf{T_4}$. Quotes from parents during the focus groups are also used to illustrate themes or conclusions, and are shown in italics (also indented).

3.5.1: Research Questions and Findings

This research sought to answer four research questions in order to evaluate the Northamptonshire Baby Room Project© Parents' Course.

Q1. Does the course increase parents' knowledge and understanding of babies' general and brain development?

The 'knowledge of development' questionnaire, which asked parents to scale their knowledge of infant brain development concepts covered in the course, led to a statistically significant difference between total scores before and after the course. Each parent (N=30) indicated an increase in knowledge and understanding following the course, which suggests that the information in the course was accessible and comprehensible to all parents in attendance. The TOPSE questionnaire's 'Learning and Knowledge' sub-section also showed an overall significant increase in scores, which supports the hypothesis that perceived knowledge and understanding of infant development increased.

In addition, a number of focus group responses indicated that parents had gained knowledge and understanding from the course, which led to the following themes being identified:

T_{24}. Parents report increased knowledge, understanding and consciousness of their babies' development

T_{26}. Parents have the knowledge to justify their parenting decisions and feel less pressure from others

T_{27}. Awareness of babies' development results in parents prioritising play and interaction

The existence of these three sources of evidence (knowledge questionnaires, TOPSE and focus group data), or triangulation of data, lends more support to the conclusion that the course *does* increase parents' perceived knowledge and understanding of babies' development and therefore increases the validity of this conclusion (Patton, 2002; Olsen, 2004). Triangulation is one advantage of mixed methods research and in critical realist terms increases reliability and generalisability of findings, meaning conclusions approach the 'ideal' of objectivity (Guba and Lincoln, 1994).

Q2. Does the course increase parents' feelings of confidence and empowerment?

To answer this research question the TOPSE (Kendall & Bloomfield, 2005) was used as a measure of parenting self-efficacy (PSE), or parents' feelings of confidence and empowerment. PSE is assumed to indicate feelings of confidence and empowerment for the purpose of this research; however these may not be exactly the same constructs. Overall, the TOPSE yielded significantly higher self-efficacy scores after the course than before, supporting the conclusion that the course increases parents' feelings of confidence and empowerment. Focus group responses also support this conclusion, with the following themes identified in this domain:

T_{25}. Parents feel less anxiety (more confident, assured, relaxed and able to cope with difficult situations)

T_{26}. Parents have the knowledge to justify their decisions and feel less pressure from others

A number of focus group responses referred to increased confidence as a direct result of the knowledge learned in the course, for example one parent said:

> *"I think it's just the understanding side of things. I think that makes you have confidence, because you can just tell sort of why things are happening or how they happen, so I think that that's a huge factor, the confidence side of things, from the knowledge of it."*

This is a central tenet of this research and supports the hypothesis that knowledge and parenting self-efficacy interact to improve parenting, or that the effects of PSE on parenting are mediated by knowledge, as found in previous research (Conrad et al., 1992; Hess et al., 2004).

Q3. Does the course impact on parenting outside of the course sessions?

The Northamptonshire Baby Room Project© aims to give parents increased knowledge and confidence in order to develop sensitive, responsive interactions and stimulating experiences with babies at home. The focus group asked parents how their parenting may have changed as a result of the course, and several themes emerged.

T_{23}. Parents share information and resources with partners and would like them to engage in learning

One unexpected impact of the course was that parents had shared the information they had learned, including the leaflets and hand-outs given, with partners and grandparents, so that their partners' parenting or childcare might be indirectly affected, for example:

> *"I was showing it to my partner as well and it… opened his eyes a little bit more as well"*

One possible implication or result of this sharing is that parents may be supported by partners in applying their new knowledge and a more consistent parenting approach could result; however this was not explicitly referred to.

T_{25}. Parents feel less anxiety (more confident, assured, relaxed and able to cope with difficult situations)

Parents commented that the knowledge gained had led to increased patience, empathy and ability to cope, for example when babies are crying or distressed, one parent said:

"And you just cope with it … I think you understand it more"

Reduced anxiety may indirectly lead to changes in parenting for example calmer and more sensitive responses to distressed babies, and less negative interactions.

T_{26}. Parents have the knowledge to justify their decisions and less pressure from others

Parents reported using the knowledge gained from the course to justify their parenting and in turn feel less pressured to modify responses when others challenge it, for example:

"It's more that, it is OK to pick them up, when other people say oh leave him alone, you'll make him more needy, now you know that it don't"

This may lead to continued responsive parenting in the face of challenges, where otherwise parents could follow advice from friends or family that they feel uncomfortable with.

T_{27}. Awareness of babies' development results in prioritising play and interaction

Several responses indicated that the course had directly led to increased play and interaction with babies, as parents become increasingly aware of its importance, for example:

"I'm doing more playing"

"Yeah I have as well actually; I'm making sure we have a good amount of time with that"

"Well, I was getting really stressed with like, looking after a two-year-old, not being able to get the housework done and that, but I'm a bit more… I was saying with the first one, I'm, I've chilled out a bit now, I'm like, well if I can't do the washing up now I can't do it now, I'd

rather sit and play with [name] now, I feel that doesn't matter, it's… no use worrying about it. It's like 'will you be quiet', I'm sorting her out, you know, and thinking everything else can just wait."

"I don't feel bad for spending time with the baby, when my house looks like a tornado's been through it"

These comments suggest that the course led to realisation of the importance of play and interaction to babies' development, and therefore parents may prioritise this over housework and spend more time playing with babies. Some comments also indicated that parents had changed how they play and interact, for example using the resources made in the course to stimulate babies, using the 'treasure box' idea from the course to give babies a range of stimulating objects to explore, and giving babies simple objects to explore when they are busy and cannot interact.

T_{28}. Impacts on parenting sensitivity and responsiveness, e.g. reading signals, meeting needs, reactions to crying, holding and playing

One significant impact of the course seemed to be the increase in reported parental sensitivity and responsiveness. Parents reported responding to crying more quickly, responding to cues that babies are bored or distressed, responding to separation anxiety and reacting to babies' signals when playing, for example:

"When he's crying – I used to leave it about ten minutes, and then go to him, but now I'm like, go straight there"

"Now I know, don't let them scream like that because, you know, it's stress hormones, so I know not to do that. Whereas before I might have been like, that's controlled crying"

"Just how I react to him, when he's crying or… playing ... I know what he's telling me now"

These themes and quotes support the conclusion that the Northamptonshire Baby Room Project© Parents' Course impacts on parenting outside the course sessions, particularly in increasing time spent playing and interacting with babies, increasing sensitivity and responsiveness and increasing stimulation and learning experiences, however such a conclusion depends on the reliability of parent reports and cannot be proven. Limitations of these conclusions are discussed more fully further on.

Q4. What factors are important in enabling parents to engage in the course?

The final research question sought to discover how parents heard about and engaged in the Northamptonshire Baby Room Project© Parents' Course and what factors might support or hinder their participation. As might be expected, a number of themes arose that led to participation or enabled access. Many responses highlighted the importance of the Children's Centre as a setting, in giving parents reassurance and confidence that the course would be worthwhile, the environment would be familiar and relaxed, and that childcare could be trusted. Responses related to the centre as a setting were grouped into three inter-related themes:

T_1. Familiarity with setting (centre) reduces anxiety about the course

T_2. Relationship of trust with staff is critical for parents signing up to the course

T_3. Trust in the reputation of Children's Centres (as offering worthwhile groups) encourages participation in new courses

Several parents listed centre staff as critical to them signing up to courses, not only because they informed them of the course, but also because they answered questions, alleviated fears and were reassuring about childcare. Some parents mentioned attendance at other CC courses, such as baby massage, as being precursors to their engagement in this course. One parent said that the reputation of the CC as offering good courses led her to sign up to new things:

"Because I'd heard so many good things about, you know, Sure Start Centres, that I thought that's really good. Yeah, the various activities that happen I do think's good"

T_4. Engagement made possible logistically, e.g. by childcare

Many parents agreed that the offer of free childcare (a crèche on site) made attendance possible, e.g.:

"I certainly wouldn't have come if we'd have had to find babysitters"

T_5. Parents' motivation to learn and do their best prompts interest in the course

As might be expected, one factor affecting engagement was the parents' motivation to learn about infant development relevant to their baby and 'do their best' for their child, for example:

"I just basically, well, I'm just starting from scratch, you know, I'm a new mum, I haven't read many books to be honest, I stupidly thought I'd have time to do that when I'd had the baby, but no. So, it's just, I want to bring him up as best I can and do the best for him and so anything I can learn, that'll help me understand his development, you know"

T_9. Logistics including timing, childcare, reminders and setting enable attendance if optimal

Some parents had been reminded by centre staff of sessions, which had enabled attendance; however other parents had missed or forgotten sessions despite this. Many parents cited the timing of sessions as ideal, where a 10 o'clock start had enabled parents to get other children to school, but one parent preferred a later time. All agreed that the setting was an ideal venue and easily accessible, however those for whom the centre was not accessible would clearly not be present so findings are limited in validity here. The responses seem to suggest overall that factors such as timing, location and reminders can enable some individual parents to engage if optimal, but may not be ideal for all.

T_{10}. It's important for the course to be free; a cost could discourage others

Whilst parents agreed that having a free course was beneficial, there was not a strong consensus that a cost would prevent engagement. Some parents said that they would pay now that they know the course is worthwhile, but that a cost could have been off-putting initially. Many said that a small contribution would be reasonable. One parent said that a cost could be discouraging for younger mothers with lower income. Responses suggest that zero-cost courses are ideal and that a large fee would deter parents, but a small fee may not. In practice it is difficult to assess this without actually asking for payment and noting effects on engagement, however a cost could deter some parents and lead to skewed or non-representative cross-section of parents attending. Other parents cited other reasons for wanting to attend:

T_6. The course represents a unique opportunity

T_7. Time for reflection is valued by parents

Some parents viewed the course as a unique opportunity to take time to reflect upon babies' development whilst babies were cared for, e.g.:

> *"You'd never be able to be in a position where you can go and learn something…and have the option to leave the baby"*

Once parents had signed up for the course there were additional factors that encouraged continued attendance and prevented attrition from the course:

T_{11}. Parents feeling safe and secure with staff is essential – trust/reassurance is built up before and during the sessions

T_{12}. Relaxed, informal and familiar environments reduce anxiety and allow parents to leave their babies

A number of parents commented on the reassurance they had felt from the proximity of the crèche and from the staff checking on babies and letting parents know they were happy. This seemed to ease the initial anxiety felt at leaving babies and made parents more relaxed:

"I think it was the first session we did, [co-facilitator] actually went out, checked the children, and came in, and that was without us even asking, and came and said oh everyone's doing alright, and that gave me that reassurance. She hasn't done it since, but I knew from that one time, that when she pops out she's probably looking and she'll tell us if there's anything wrong"

"They are literally just next door … I think if it had been, like, over the road or something, we would have been a bit nervous about that"

"And familiar faces as well. I think that we have the Children's Centre, you know, we all come in regularly, so having the familiar faces around, and the children, OK they don't see them every day, but I think it makes you as a parent feel a bit more… at ease"

3.5.2: Conclusions

Overall conclusions can be drawn from the data gathered in this research to support the four research questions and the course's claims or hypotheses, that:

- Parents report gains in knowledge and understanding,
- Parents report increased confidence and empowerment, and
- Consequently parents report more responsive, sensitive and stimulating parenting of their babies.
- Additionally, factors including the Children's Centre setting, staff, childcare facilities and absence of cost facilitate parents' engagement in the course and continued attendance.

CHAPTER FOUR: DISCUSSION

4.0: Discussion of Results

Here the results are discussed further with reference to other findings and themes, not linked directly to the research questions. Focus group themes are discussed with reference to research and theory in the field of parenting and access to services. Some immediate implications for practice are presented, and finally the main limitations of the research design and its conclusions are examined.

4.1.1: TOPSE Data Analysis

The Tool of Parenting Self-Efficacy (TOPSE) was used to discover how the course impacted on parents' feelings of self-efficacy (PSE), or confidence in their own ability to effect change and parent their children effectively. Whilst the difference was apparently small (the mean increase across all courses was just 0.896), the scale only ranged from 0 to 10 and parents gave predominantly high scores (all parents had mean PSE scores above 5, and only two parents scored below 7 for pre-course PSE), meaning that variance was low and therefore the difference was statistically significant. Had participant numbers been smaller, the outcomes may not have been significant. This demonstrates the importance of using as large a parent group as possible when evaluating courses (Rubin, 2008).

The six component 'subsections' of the TOPSE were analysed individually, comparing means to discover whether some aspects of PSE were affected more than others, and whether all were significant or only some of the six. The ANOVA tests revealed that all six subsections showed significant increases. Two of the subsections: 'pressures' and 'empathy and understanding' increased slightly more than the others. The 'pressures' section measured parents' perceptions of the pressure exerted on them by others, for example from others' expectations or comparisons with others, and ability to cope with these pressures or be assertive. The larger increase in this area mirrors findings

from the focus group that knowledge gained from the course allows parents to justify their choices and assert themselves when challenged. The 'empathy and understanding' section measured parents' feelings of being able to understand and respond to babies' signals, which is an area covered by the course and discussed with parents (see appendix 7). Increases in this area are also mirrored by focus group data, that parents are reportedly more aware, more understanding and more responsive following the course.

4.1.2: 'Knowledge of Development' Data Analysis

Ratings of parents' knowledge of infant development increased significantly and led to extremely high scores following the course. This is likely to be partly a result of the instrument's design, which was specifically tailored to the themes of the course. When reading the questionnaire initially many parents said they had no idea to what the questions were referring, but after the course they recognised that questions were linked to information discussed in the course. Such large increases may not be expected from a more general measure, and this research acknowledges that learning gained from the course does not relate to very general and in-depth knowledge of child development but only to a narrow and specific area which can be covered in the time. Parents gave very high ratings for items which were only covered in a brief way, which could be seen to undermine the validity of responses. For example, many parents rated their knowledge of 'possible effects of persistent crying on the brain' as 10/10 following the course, even though this was only discussed for around five minutes. Such high ratings suggest a positive bias and scores which may not accurately reflect the knowledge gained. However, the tool is not designed to capture information in isolation, but only to compare ratings on two occasions from the same parents. Whilst numerical scores do not give any real indication of the level of understanding, the increases in scores do suggest that parents perceive their own knowledge as greater following the three course sessions.

4.1.3: Course Differences

Both questionnaires were analysed by course, to discover whether differences existed between the five settings, and whilst statistical significance levels are not valid with these small numbers (on average six per course), the results indicate that there is no difference between results obtained by the five courses. This finding is supported by anecdotal evidence from facilitators and observations made during the courses by the researcher. The courses, whilst all slightly different in presentation style and development of discussion, followed the same content and format, supported the same discussion topics and highlighted the same key messages. The messages emphasised, for example the importance of stimulation and interaction, were similar in all courses and parents appeared to reach similar conclusions. As an example, parents in all of the five courses discussed the importance of time spent interacting with babies and concluded that they wanted to prioritise this in their daily routine. There was no apparent difference between the courses in terms of the feedback from parents or the positive comments made during sessions, there were similar levels of engagement the three focus groups also had parallel themes. Whilst this evidence is not based on actual data collected, it supports the conclusion that course differences were not significant. This suggests, though cannot prove, that the results seen did not depend on the Children's Centre used, the geographical area, the course facilitator or cross-section of parents in attendance, but were fairly consistent in all five settings. Such a conclusion is supportive of the impact the course *content* has on parents, rather than impacts being dependent on particular facilitators or styles. This would imply that courses should have similar outcomes in other centres with other facilitators.

4.2.0: Focus Group Data

Focus group transcripts were analysed for themes as discussed previously. All three transcripts were analysed concurrently rather than separately, looking for themes across the three focus groups. This

was done to look for common themes across courses, as the research aimed to evaluate the course as a whole, rather than individual centres or groups. Additionally, the quantitative data suggests that there are no significant differences between the 5 courses, supporting the unified analysis of focus groups transcripts. Analysis revealed a number of themes in the data, some of which were expected but others were not. Those themes linked to the four research questions have already been discussed in the conclusion, but other themes will be described and discussed here, along with links to previous literature or findings.

4.2.1: Parental Engagement

Antecedents to attending the course were coded in the three transcripts, and then quotes were collated and compared to draw out several themes. It was expected that the offer of childcare, the opportunity to learn about baby development and the recruitment or advertising by Children's Centres (CCs) would be key to parents signing up. In reality though, the reputation of centres and parents' trust in them were listed as more crucial in enabling or encouraging attendance. Themes were:

T_1. Familiarity with setting reduces anxiety

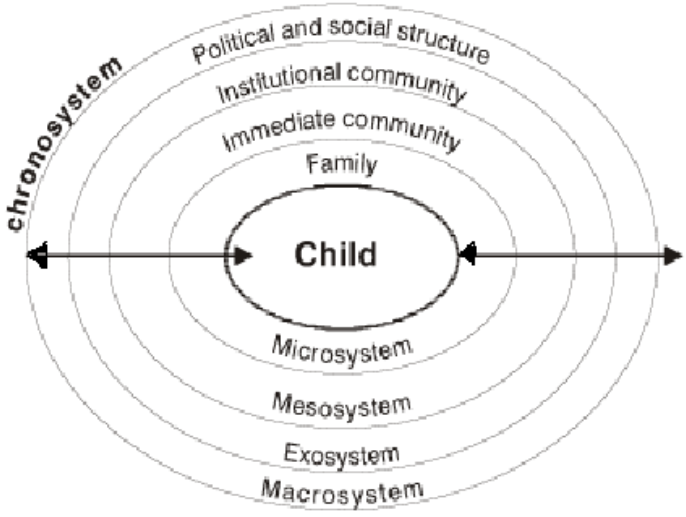
T_2. Relationship of trust with staff is critical to signing up

T_3. Trust in the reputation of centres (as offering worthwhile groups) encourages participation in new courses

These themes around the role of the Children's Centre had not been anticipated, and in fact, the Local Authority had planned to offer the Northamptonshire Baby Room Project courses in many other venues, such as church halls, schools and nurseries. Parents' responses suggest that these venues may not facilitate attendance in the same way as CCs, because the familiarity and trust built up with centres reduces anxiety and encourages attendance. This idea was not discussed in the literature review, possibly because other parenting courses have not always used CCs or been run in

the community. Much literature focuses on the role of parents and the home environment in child development (Bakermans-Kranenburg et al., 2003; Sylva et al., 2004; Landry et al., 2006; Morrison Gutman and Feinstein, 2007) but does not acknowledge the importance of the wider community environment, such as CCs. Field (2010) and Allen (2011) do suggest that parenting interventions should be offered from Children's Centres, but do not centre this around the importance of familiarity, trust and relationships with centre staff. These themes prompted some reflection on the context of the parents' course and the relevance of eco-systemic psychology or ecological systems theories to this research.

Figure 10. Diagrammatic illustration of Bronfenbrenner's (1977; 1979) Ecological Systems Model



Bronfenbrenner's ecological systems theory of child development (1977; 1979) outlines four inter-connected systems within which a child interacts and develops. Previous literature on parent courses has focused predominantly on the first system, the 'microsystem', or interactions with parents and immediate family, as central to child development. However, the second system, the mesosystem, or the relations between the contexts a child or family interact with, may be highly

influential in early child development also. For example, the relationship between parents and their immediate community or Children's Centre appeared to be central to parents in this study. Bronfenbrenner highlighted the role of communities in supporting families to raise children and the Northamptonshire Baby Room Project delivered by CCs could be one way of providing such support.

Similarly, Community Psychology supports the parents' views of the CCs as an important community focus and the role of the CCs in offering the Northamptonshire Baby Room Project. Orford (1992) summarises the principles of Community Psychology (below). These principles mesh well with the principles and philosophy behind the Northamptonshire Baby Room Project Parents' Course and this research, as demonstrated in the table below:

Table 3. Principles of Community Psychology taken from Orford (1992)

Principle of Community Psychology	**Orford's description (1992):**	**Baby Room Project© aim:**
Assumptions about causes of problems:	An interaction, over time, between person and social settings and systems, including the structure of social support and social power	Parents' course aims to build social support and social power to support parents and families over time
Levels of analysis:	From micro-level to macro, especially at the level of the community or organisation	Parents' course relies on reputation and trust in community/CC rather than purely individual parents or professionals
Research methods:	Include quasi-experimental designs, qualitative research, action research, and case study methods	Quasi-experimental design and qualitative focus group used in conjunction in this research
Location of practice:	As near as possible to the relevant, everyday social contexts	Context of parents' course within community CCs is closer to everyday parenting than an unknown venue

Approach to planning services:	Proactive, "seeking out", assessing needs and special risks in a community	Courses should be planned around community, using focus group feedback and data to develop and tailor services
Practice emphasis:	On prevention rather than treatment	Parents' course is universal, not targeted, and aims to prevent later problems by giving parents information and power
Attitude to sharing psychology with others:	Positive towards formal and informal ways of sharing including consultation	Course shares psychological research and theory with parents informally and in a non-directive way
Position on working with other non-professionals:	Strongly encouraging of self-help and non-professionals and seeks to facilitate and collaborate	Course offers information/resources to empower parents and reduce reliance on professionals

Community Psychology principles were not considered when originally writing and delivering the parents' course but can now be seen as relevant to the course's success, partly based on the focus group data from parents. This can also be considered when developing and designing future courses, and may ensure that parents' courses and extensions of the Northamptonshire Baby Room Project are centred within a Community Psychology context, whereby baby brain development research is used by CC practitioners in outreach work and taken into the community to homes and child minders, rather than 'owned' by professionals and used in consultations. Whilst Community Psychology is not the central tenet of the project or this research, is has relevance to its application in community settings.

Another theme around parents' initial engagement focused around the logistics of courses offered, as expected, where childcare, timings, location and accessibility were enabling factors. This is mirrored by previous findings that factors such as accessibility of courses, childcare and cost are

significant in engaging parents in programmes (Olds et al., 2007; Law et al., 2009; Dumas et al., 2010).This has implications for future courses and would suggest that sessions should be designed around the needs of users, to ensure that there are no barriers to engagement or factors preventing engagement that could be altered. This also mirrors findings from research into removing barriers to parents' access to Sure Start centres and services, where services are advised to consult with the local community and plan flexible services around the needs of potential users (Avis et al., 2007; Glennie et al., 2005; Landy and Menna, 2006; Coe et al., 2008)

A second theme was the motivation of parents to learn information relevant to their baby which might support their parenting. This was expected as a factor for engagement and has been found in previous research, where parents were keen to learn about infant brain development, and motivated by it to engage more with their children (National Literacy Trust, 2010). Whilst this was a motivation for those parents present, many of whom had read books and were keen to learn more and discuss their experiences, this could equally be off-putting for other parents, perhaps who are less motivated or are less confident in a learning context.

4.2.2: Possible barriers to engagement

Whilst potential barriers to engagement in the course were not explicitly researched, the data suggests some possible barriers that may be experienced by some parents. One parent reported a possible barrier to attendance for some: that another parent was put off by the perception that she would *have* to leave her baby in childcare. Although this parent clearly did not participate in research and therefore cannot give her views, it is possible that some parents feel uncomfortable leaving very young babies in an unknown environment. Feedback from parents suggests that the proximity of the crèche, the option to check on babies and bring them into the course room if necessary and the short length of time reduced this anxiety. Future courses could be more explicit

about the crèche facility and reassure parents that they can get their babies at any time, in order to prevent this barrier.

Participants highlighted another possible barrier to engagement for fathers, which led to the theme

T_{14}. Course setting and design inhibits fathers' engagement

Mothers felt that their partners would not feel happy attending the course and so relied on females to pass on information:

"I know my husband would feel uncomfortable coming here with all these women"

"They'd just rely on us"

This theme suggests that perhaps the course venue, philosophy or recruitment appeals more to women and hinders access for fathers, and participants suggested a specific session or course for fathers rather than engaging them in the current course. This would require further research to examine the views of fathers and how best to engage them, but could require a different approach to advertising, a different venue, more flexible timing or a different style of course, for example more informal gatherings.

Another possible barrier might be linked to the theme of parents' motivation to learn about brain development, as mentioned above. Only those parents who signed up to the course participated in this research, so it is impossible to know what might put other parents off, but it is possible that parents who are not motivated to learn in a group context, such as those who were disaffected in school, or those who perceive the subject as 'difficult' or 'scientific', or those who may be embarrassed about any lack of knowledge, awareness or literacy skills could be discouraged. This could be a focus for further research and is discussed later.

Similarly, many parents cited their attendance at previous CC courses or engagement with the centre as a reason for signing up; however this might suggest that parents who do not typically

engage in services or who are not established CC users could miss out on the opportunity. This is more likely to be the case since centres did not advertise the course externally but informed current users by word of mouth. Boag-Munroe and Evangelou (2010) suggest that there may be organisational barriers to some parents' engagement in services, for example with some parents attending the CC regularly, there may be a perceived 'clique' or an anxiety about joining for some, whilst advertising new courses internally may prevent other new parents from engaging purely through lack of awareness. Such issues could be considered by centres when running future courses, and may require further research by the Local Authority into potential barriers.

Whilst there are potential barriers to engagement, particularly for some groups, this research does not aim to investigate these barriers or how to minimise them, and this would require a separate piece of research. For further research on engaging parents in Children's Centre services see the National Evaluation of Sure Start (2005), Avis et al. (2006) or Barlow et al. (2007).

4.2.3: Areas for Improvement or Development

Focus group participants were asked how the course could be developed or improved, and what aspects they didn't like or found less relevant. Whilst there were few responses here, as many parents said nothing could be changed, one or two suggestions could be taken forward.

T_{17}. Parents like norms or averages for comparison, to reassure or highlight differences

This theme was drawn out following some requests for clarification on typical development or milestones. Parents may have hoped for more objective 'timelines' of development with which to compare their own children, however this was avoided in the course in order to prevent anxiety and to highlight the fact that development is highly individual and does not follow a set path. However, parents could be signposted or given resources to find developmental norms for themselves.

Alternatively, the message may not have been clear enough that development varies between children and so this may need to be emphasised more in future courses.

T_{18}. Resources (hand-outs and practical tools) embed new learning

Many participants commented that the hand-outs (summaries of key points in the session given out at the end of sessions) were helpful to take home and re-read to reinforce the new learning, to share with family and to acts as reminders. Some parents asked for more hand-outs and one parent asked for more information generally or a longer course. This highlights the motivational effect of the course in arousing interest in parents and suggests that further information would be valued. More resources could be offered in future, for example links to books articles or DVDs, leaflets or course booklets and packs to share with partners. Additionally, further sessions could be offered if popular, either as follow-up 'booster session' to reinforce any material that may have been forgotten or misunderstood, or as additional sessions when children are slightly older to give updates on development.

T_{19}. Interactive style, with resources to reinforce or demonstrate theory, preferred to verbal information giving

One parent said that the course presentation style had been too verbal for her personal learning style and that she would have preferred more of the interactive and DVD sections. The course facilitator for this parent had used an informal but discussion/conversational style, which may not have suited her. Whilst other parents had not felt the same, this theme highlights the different needs of parents, and suggests that courses should contain a mixture of discussion, video clips, presentation of information and interactive activities. Additionally, if some parents are less literate or have any speech and language difficulties they could benefit from receiving information in a variety of ways.

Lastly, a possible limitation of the course was identified as difficulty retaining new information:

T_{21}. Prior learning and information given in course can be easily forgotten – retention of new information is perceived as poor

Parents felt that they had difficulty retaining new information, and some said that they had forgotten the previous session's content by the next session due to the month gap. Some felt that reading the hand-outs was helpful to embed learning, but more of this could be beneficial. Additionally, future courses may want to consider reducing time between sessions, having a booster session between sessions at a stay and play session, or recapping previous themes at the beginning of each session.

Some aspects of the course delivery were identified as particularly beneficial by parents and should be continued:

T_{20}. Group context and size (between 4 and 6) is ideal – allows parents to share experiences and feel reassurance and trust

Many parents felt that discussion and sharing of personal experience had been useful and comforting, and that keeping the group relatively small was preferable to larger numbers. This can be viewed as good practice and continued whenever possible, so that conditions are optimal for parents and learning is enhanced.

T_{15}. Relevance of content is the most commonly cited advantage and makes the course interesting

T_{16}. Relevance increases where age of babies is young and theory still applies

The relevance to every day experience was reportedly a valuable aspect of the course, as parents could identify with what was said, and go home and apply the new knowledge to their child immediately. One or two parents with older babies (up to eleven months by session 3) said that whilst they had enjoyed the course and found it useful, the content had been less relevant for them

as some of the content related to younger babies. This highlights the importance of relevance in the course and might suggest that parents with younger babies (under 6 months) benefit most. Whilst it could be unethical to restrict access for parents of older babies who are keen to attend, they could be warned that much of the content focuses on the first six months. There may also be scope for a course designed for parents of older infants or toddlers, for example those over twelve months, to continue the sharing of research, but relevant to the next developmental stage.

4.3.0: Implications for Future Practice

Results discussed so far suggest several implications for future courses which are summarised here:

- Overall, questionnaire and focus group results suggest that the course has a positive impact on parents and provide good supporting evidence of the effectiveness of this work. Therefore the course should continue to be offered to parents on a universal basis.
- Focus group responses suggest that a cost for parents or Children's Centres could be a barrier to engagement, preventing access for some groups or altering the cross section of parents attending. Therefore the course should continue to be offered free of charge. This may be provided by the Local Authority as recommended by the DfE (2011).
- The literature review highlights some aspects of the course content that are inappropriate for the age of babies or could be misleading, for example the emphasis on high contrast images. This suggests that course content should be continually updated and adjusted in the light of new research, feedback from parents and from other courses.
- Focus group data underlines the importance of reducing parents' anxiety and discomfort in order to engage them in courses and increase the effectiveness of them. Therefore courses should continue to be offered in Children's Centres where there are familiar staff, a familiar

environment and a reputation of trust. The crèche should also be offered in a sensitive way, with opportunities for parents to check on babies or sit with them if anxious.

- Some aspects of course organisation make it more accessible to potential participants, such as the timing, length or venue. This research suggests that centres should design courses around the needs of users, by seeking feedback and views of families, and providing flexible services if necessary, where this is not already the case.
- The current course may not be accessible or engaging for fathers and other underrepresented groups (e.g. single parents, homeless families, ethnic minorities, those with disabilities or SEN). If centres wish to engage these groups they may wish to further research the barriers to engagement and how to remove these, so that more flexible, inviting courses can be offered. Following this a specific fathers session or course may be offered if the need exists, for example if CCs make contact with fathers and there is sufficient interest.

4.4: Limitations of Research Design

4.4.1: Knowledge of Development Questionnaire

Developing the 'knowledge of development' scale for this research had the advantage of being a time and cost effective method of surveying increases in parents' knowledge and collecting quantitative data to analyse easily (Gillham, 2000). It also meant the questions could be designed around the course content, and did not have to assess knowledge irrelevant to the course such as toileting or diet, as some other knowledge measurement tools do (KIDI; MacPhee, 1981). The questionnaire has a number of limitations though:

1. The tool was designed specifically for this research and so is not an established measure with reliability or validity data. It was not piloted or tested before use in this research due to a lack of time and available parents to pilot with, so potential problems were not known about. It was however checked for validity against course aims with the course author and checked for suitability by professionals. Fortunately, there did not appear to be any difficulties with the wording or design of the tool and parents did not report difficulties completing it.
2. The tool was tailored to the course content, as items were taken from the main themes discussed in the course. Whilst this means it was highly relevant to this course, it could also be seen as biased and not a measure of general knowledge or understanding of child development.
3. The tool does not actually measure knowledge as such, as it is not a closed test, but only measures parents' perceptions of their knowledge by asking them to scale their agreement with various items. This could be seen as a major limitation of the tool, as parents could rate their knowledge as high even if they do not fully understand the concept. Actually giving parents a test on development following the course may have been anxiety provoking and off-putting, therefore a scale was used to give an indication. Any conclusions drawn cannot state that there was an increase in actual knowledge and understanding, only that there was an increase in parents' perceived or reported knowledge.
4. As with any scaling tool, responses rely on accurate reporting by respondents, which could be subject to bias or affected by mood or experiences on the day. It is possible that parents could feel more positive about their knowledge after the third session and give higher ratings even if knowledge has not changed. Alternatively, parents may not take the research seriously and could rush through the items without giving each serious thought. Lastly, parents could feel inclined to give inflated scores following the last session purely because they have enjoyed the course and feel grateful for the opportunity to attend. It is impossible

to counter all of these potential difficulties, but having a large group of parents increases the reliability of data and reduces the effects of one or two parents giving skewed responses. It was made clear to parents that the research was for the Local Authority and not for the CC or facilitator, so this should reduce the possible bias towards high ratings. The range of scores and clear difference in means also supports the overall conclusions, and this is why statistical analysis was used. However, the high ratings given, and the prolific scores of 10/10 may undermine the conclusions slightly, as discussed previously.

5. Lastly, Robson (2011) warns that response bias can occur with questionnaires, where those who opt to respond represent a skewed cross-section. In this research, all parents who were present volunteered to participate, so data is representative of those present, however only parents who attended all three sessions had their data included in analysis, so this may cause some response bias, for example where those committed to attending were more likely to benefit from the course. The sample cannot be assumed representative of all parents, as those attending CC courses may be a specific sub-section of the general population, but issues with sampling will be discussed later.

4.4.2: TOPSE Questionnaire

The TOPSE questionnaire had the benefit of being an established tool, developed independently, used in a number of previous studies and tested for reliability and validity (Kendall and Bloomfield, 2005). This means that data on PSE should be more reliable and valid than data for knowledge and understanding; however there are still a number of limitations with the tool and its use here:

1. The tool was developed with mothers as no fathers volunteered to participate, but two male researchers participated to increase the tool's relevance to fathers. Whilst only one father took part in this research, there may still be an issue with the validity of this tool for fathers, however this is not clear, as individual responses were not analysed separately.

2. The tool was originally developed with the purpose of evaluating work with parents of under tens. It was not specifically designed around parenting babies, but was adapted in 2011 to be used in this way by removing references to 'child', 'behaviour' and 'discipline'. This reduces the validity of the tool for use with parents of babies, as the challenges and tasks of parenting babies are very different from older children. Without testing the tool again for validity and reliability, it cannot be assumed that the original results for test-retest reliability are accurate; however the tool should still have more reliability than an untested tool. Again, the statistical testing was used partly to address this issue, as it would not yield a significant result if data was hugely variable and deviated from the mean greatly.
3. TOPSE is a measure of 'parenting self-efficacy' but has been used to conclude that parents' perceptions of confidence and empowerment increased. This may also reduce validity of results, as PSE may not be exactly the same as confidence or power. This research only concludes that PSE has increased, but suggests that the course aims of increasing confidence and empowerment are likely to increase similarly. Without research to demonstrate that the concepts are linked it is not valid to conclude that confidence and empowerment increased based on the TOPSE alone, however focus group responses also supported this conclusion.
4. As with all scaling tools, responses are subjective and rely on parents perceptions at the time of completion. As with the knowledge tool, parents may have inflated feelings of self-efficacy immediately following the course which impact on ratings. This can only be minimised by administering the tool in the same way, with the same instructions in the same venue. Other variables (e.g. parenting experiences that day) cannot be removed as this is in vivo research and not purely experimental.

4.4.3: Focus Group Analysis

Focus groups are a qualitative method and therefore subject to interpretation by both parents and researchers which can reduce validity of results. The process of thematic analysis is necessarily subject to researcher interpretation, as transcripts must be analysed for themes will be affected by prior knowledge and research as well as a researcher's own views (Braun and Clarke, 2006). Analysis could be biased if the researcher was heavily invested in the outcomes or looking for specific themes to support conclusions. It is impossible to completely prevent researcher bias, and in this research, whilst the researcher is not the course author, the link with the Local Authority (employed by the LA) could be seen as reducing integrity. Using a computer programme for analysis, such as NVivo, could reduce potential interpretation bias, but this was liable to miss some of the more subtle meaning that was known to the researcher from facilitating group discussions. Alternatively, a second researcher who is independent to the research but employed to transcribe and analyse themes could reduce bias, but again, this could miss some of the more subtle meaning conveyed in discussion. The overall validity and reliability of research findings rely on the mixed methods approach, so that conclusions are not based purely on one source of data but triangulation of sources is used where possible (Patton, 2002; Olsen, 2004). Participants could feel some obligation to give positive feedback on the course, or to answer favourably about their own parenting (Krueger and Casey, 2009), however it is hoped that this was diminished by separating the focus groups from the main body of the course, so that the course facilitators had left and the researcher/focus group facilitator was not known to be linked to the centre or course facilitator. Honest responses were also encouraged by assuring participants that data was anonymous, that the purpose was for doctoral research and by clarifying and expanding on responses to allow them to develop.

4.4.4: Participant Sample

The sample used in this research consisted of 30 parents who had registered with the host Children's Centre. No further personal information, such as age, income, education level or ethnicity was

requested as this could be intrusive and off-putting for parents, and reduce participation in research. However, in future research, data on the participants' age, ethnicity, income, education level, prior attendance at courses and parenting experience would give a valuable insight into the interaction between parent demographics and effects of parents' courses.

The sample was clearly not random or intended to be representative of all parents, but was an opportunity sample of parents who volunteered to participate in the course and the research. Parents on the course were mostly existing Sure Start users who had registered and some had even participated in previous courses such as baby massage. In this way the sample cannot be representative of all parents, as those registered with Sure Start Children's Centres are likely to be motivated to engage with services and develop their parenting. The sample may not even be representative of Sure Start users generally, as participants chose to sign up for this course so could be more interested in the topic than others or perhaps keener to learn new skills. It was not considered possible to use a randomised or representative sample as the course is open to voluntary engagement, not targeted, and it would be unethical to prevent willing parents from attending for research purposes.

The Children's Centres also volunteered to participate rather than being selected or randomly chosen, so may not represent all CCs. However those involved were felt to represent a cross section of centres in the county, as there was a mixture of rural, urban, more deprived and more affluent areas involved.

The research took place across one county in the East Midlands, and therefore any conclusions apply only to this county and are not generalizable to the whole of England or the UK. This county is predominantly white British and has a lower than average incidence of ethnic minority families, families with English as a second language and those of mixed heritage. Demographic data for the county can be found in appendix 10. This limits the use of this research in other counties as findings may not apply to populations with differing demographics. It also highlights the lack of cultural

diversity in the sample and suggests that the course may not be as effective with families of differing cultures or differing parenting styles. Parenting is arguably a culturally-specific concept, with different philosophies and practices in different cultures and families (Melendez 2005; MacEvoy et al. 2005), and it is difficult to know whether the Northamptonshire Baby Room Project© Parents Course would be relevant to families of other cultures of whether it is weighted towards white British families.

Additionally the sample consisted of 29 mothers with just one father, and therefore conclusions may not apply equally to mothers and fathers. Whilst no actual data was recorded on employment status, the sample appeared to include both working and non-working mothers, as some were nearing the end of their maternity leave by the third session. The sample did not, however, contain any parents under 16 years old, any with significant disabilities or SEN or any infants with disabilities. The results may not, therefore, be applicable to under-represented groups such as young parents, those with disabilities, SEN or mental health needs, homeless families or ethnic monitories.

4.4.5: General Limitations of Research Conclusions and Directions for Future Research

This research aimed to evaluate a course for parents and so was conducted in vivo, in the course of real, every day contexts which would have occurred without the research being done. It is therefore not experimental, randomised or controlled and cannot give definitive conclusions. A control group was considered in the planning of this research but was deemed unethical by the CCs and the researcher, as parents with babies who could have benefitted from the course would not attend it, and could not attend it at another time (after the research) as their babies would be too old and the content irrelevant. The absence of a control group is a considerable limitation in this research as other variables, such as natural child development, development of parenting skills and confidence and parents' attendance at other courses or groups, cannot be controlled or accounted for. It is

possible that Parenting Self-Efficacy would have increased anyway for the participants due to their additional experience, age of babies or access to Sure Start. It is unlikely that knowledge and understanding of baby brain development would have increased significantly without the course but this cannot be established without controls. Any future research or evaluation should aim to use a control group of parents who do not want to attend the course, if there are sufficient numbers available, however there were not enough parents registered with Sure Start but not attending the course to use as a control on this occasion.

This research was not able to follow up on the outcomes for parents or children long-term, due to time restrictions and the return of many parents to full-time employment. Unfortunately, without a six or twelve month follow up it is not known whether increases in PSE or knowledge are enduring or whether they decrease soon after the course has ended. Future research may wish to follow up on those parents who participated in this research or to design a longitudinal study. It would be highly worthwhile to discover the longer-term effects of attending the course for parents and their children, for example to assess cognitive, language, social or emotional skills and development on entry to school compared to peers whose parents did not attend, however this could be costly, time-consuming and difficult to access.

The conclusions in this evaluation are limited by the measures used, and the methods available. This research concludes that parent reports of PSE increase over time, but cannot prove that actual PSE or confidence increase as the data relies on parent perception or interpretation. Similarly, the research cannot conclude that actual levels of knowledge and understanding increased, as no formal tests or examination of knowledge occurred, but only that reported knowledge increased. Whilst the research concludes that parenting reportedly is impacted by the course, this also relies on parent reports so cannot be proved. Without observations it is not possible to say that parenting has changed in practice. Lastly, the fourth research question around what made parents engage in the

course was limited by the research sample, which only included those who did attend, so there is no data available on what prevented others from engaging.

4.5: Strengths of this Research

Despite these limitations the research has a number of strengths which increase the reliability and validity of findings, when applied to the county in which research was conducted. The courses were offered at five different Children's Centres in a mixture of demographic areas, and so results are not limited to one specific centre, facilitator or geographic area. The sample size (N=30) allowed statistical significance levels to be calculated which lends weight to the conclusions and increases validity of findings. A mixed methods approach, with both qualitative and quantitative data allowed both detailed feedback and numerical data to be obtained which increases the depth and breadth of findings and suggests further implications for developing the course. Mixed methods also allows for triangulation of some conclusions, for example whether the TOPSE, knowledge scale and focus group responses all support the conclusion that parents report increased knowledge and understanding. This increases the reliability of conclusions and reduces the chance of interpretation bias or participant error (Patton, 2002; Olsen, 2004). Finally, the researcher position was almost entirely independent from the research, in that although employed by the Local Authority, this researcher was not involved in designing the course, delivering the course or recruiting the participants. By removing the researcher in this way, researcher bias is reduced and conclusions are more likely to be independent and objective, in critical realist terms.

4.6: Final Conclusions

This research has contributed data to the evidence base for the Northamptonshire Baby Room Project© Parents Course which had not previously been gathered. The results provide evidence for the positive impact of the course on the parents who attended it and suggest that those parents have increased knowledge and understanding of the concepts covered in the course and increased

feelings of parenting self-efficacy following the three sessions. This research also provides some more in-depth qualitative data to illustrate the positive impact of the course on parenting practice and suggests factors that enable parents to engage with the sessions. The data also revealed some additional conclusions that were not intended to be addressed. Firstly, there was not a significant 'course effect', suggesting that impacts were not dependent on course facilitators, cohorts or areas, but due to the course content and format, and secondly, that the course has an important community focus and relies on the Children's Centre setting and staff to engage parents and reduce their anxiety. The research makes a distinctive contribution to the evidence base for the course within this Local Authority and supports the roll-out of the project to other counties and authorities.

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Appendix 6

Consent Form

Dear Parent,

Thank you for considering participating in this research. We are hoping to find out how effective the Northamptonshire© Baby Room Project Parents' Course is for parents like you, so we can offer the best possible courses in Children's Centres like this one.

We would like to collect some information about parents' awareness of baby brain development and about their feelings of parenting young babies, and **your help would be very much appreciated**. We would like you to complete a short questionnaire about your awareness of baby brain development and a short questionnaire about your feelings as a parent, both now and at the end of the course, after session 3. This should take no more than ten minutes.

We would also like some parents to join in a focus group after the end of session 3. This will be a discussion between parents, with a researcher, about how you found the course, what made you want to take part and what could be improved. It should take between 30 minutes and one hour.

You do not have to complete this research – it is voluntary – but it will be very helpful for us if you do decide to. You are **free to withdraw or change your mind at any time**, so if you decide not to give your questionnaire in that's fine, it will be shredded. If you'd rather not be involved in the research you can just join in with the course itself.

The information you give us will be anonymous – you do not have to give your name or any personal identifying information. We will record the focus group discussion but no names will be taken. All of the information will be used to look at how successful the group was, and only the researcher will look at it. After this it will be kept in a locked drawer for up to ten years then shredded.

If you agree to complete the questionnaires and join in the focus group, please sign here:

If you would like to complete the questionnaires but **not** join the focus group, sign here:

Many thanks for your help,

Suzanne Richer,

Trainee Educational Psychologist and Researcher.

Appendix 7

Parents' Course Session summaries/programme

Session one: Agenda

Welcome and Settling into Crèche	10 mins	Refreshments on arrival Name labels
Activity 1	5 mins	Introductions from facilitators and centre staff Parents names and their babies' names Reassurance from crèche staff
Presentation	40 mins	Brain development: connecting neurons Brain development quiz (all true) 'Baby it's You' DVD (10 mins max) Discussion of experiences and brain dev.
Activity 2	35 mins	Play experience – high contrast baby den in crèche Resource making – high contrast sensory bottles
Activity 3	10 mins	Group singing/nursery rhymes with babies Resources given out (brain, love and experience cards) 'Did you know' postcard for each parent
Evaluation	5 mins	Evaluation questions/comments

Session two: Agenda

Welcome and Settling into Crèche	10 mins	Refreshments on arrival Name labels
Activity 1	5 mins	Welcome from facilitators and centre staff Parents names and their babies' names Changes since last session
Presentation	40 mins	What do I remember? Emotional development: brain chemicals Brain chemicals quiz (all true) 'The wonder year' DVD (10 mins max) Discussion of play/laughter experiences
Activity 2	35 mins	Play experience – relaxing spaces in crèche Resource making – family photo box
Activity 3	10 mins	Group singing/nursery rhymes with babies Resources given out (communicating, relationships and crying cards) 'Did you know' postcard for each parent
Evaluation	5 mins	Evaluation questions/comments

Session three: Agenda

Welcome and Settling into Crèche	10 mins	Refreshments on arrival Name labels
Activity 1	5 mins	Welcome from facilitators and centre staff Parents names and their babies' names Reassurance from crèche staff
Presentation	40 mins	What do I remember? Play and laughter and brain development Playing and laughing quiz (all true) 'The wonder year' DVD (10 mins max) Discussion of interacting and separating
Activity 2	35 mins	Play experience – reflective spaces and exploartion Resource making – ribbon shakers
Activity 3	10 mins	Group singing/nursery rhymes with babies Resources given out (playing and laughing cards) 'Did you know' postcard for each parent
Evaluation	5 mins	Evaluation questions/comments

Appendix 8

Transcription 1

Date:	1st December 2011	**Participants:**	6
Time:	3.15pm	**Facilitator:**	SR
Length of tape:	00:19:03	**Transcriber:**	SR
Location:	Middleton Cheney Sure Start Children's Centre		

N.B.: Participants had already been given information about the purpose and use of research, informed of their right to withdraw at any time and assured that participation was entirely voluntary prior to recording. Only those participants who had volunteered to join the focus group and signed informed consent forms are part of this transcription, and no individual parents are identified. Names of parents and their babies have been omitted and speakers are identified only by P: for parent and F: for facilitator.

F: Ok, so first question, what did you like about the course? (pause) Anything at all that stands out?

P: I personally think it's really lovely to have the experiences of everybody else enjoying parenthood. I think that's really nice. Because you hear different stories, and you, you sort of, you can sort of relate to them in a way as well, which is really nice, because I think it's reassuring.

F: So it's nice to have everyone else, in the same boat, able to talk and share experiences?

P: Yeah.

F: Yeah? Lovely. Anything else you liked about the course?

P: I think it's useful to have the time out to think about some of these things. Because I had loads of time when I was pregnant to read all the books but I haven't done anything since [name] arrived. So it's actually quite nice to have, like, an hour where you're thinking yeah… [indecipherable] even though I forgotten everything!

F: That's OK.

P: [indecipherable] I remember reading books and stuff before when I was pregnant but now I'm like, I don't remember any of that.

F: That's it. So it's the time just to sit down and think about it, yeah? Is there anything else in particular that stands, you think 'yeah, I really liked that'?

P: I think, um, the course content as well, because like [name] just said, you wouldn't necessarily just think about those things. I think you just take them for granted as they come every day. So starting to think why they're happening, I think is really interesting. Really interesting.

F: Yeah.

P: You have a connection. And I think it's at the right time of their age as well, 'cause everything sort of links in with what's happening, or is soon to happen.

F: So the timing's quite important, so your baby's at that age… yeah, yeah, so it's relevant.

P: [to another parent] I mean I don't know how you feel, 'cause your baby's that bit older?

P: As I say maybe I do feel like I would have appreciated it a couple of months earlier

P: Might have preferred it a couple of months before?

F: That's worth knowing, yeah.

P: I think, you know, the course does follow, from the black and white and red to begin with, which, as you say, was p'raps even a little bit before these guys really wasn't it?

P: Yeah. I thought the timing was really good. 'Cause rather than just doing something, I think like [name] said, you make a link with why they're doing it. Yeah, it's quite interesting.

F: Mm, that's good.

P: Makes you conscious of it all doesn't it. So that you're subconsciously aware of it all the time, I don't know about you but I go home now and think about things, and I think…

P: Like that today, yeah, being sort of like, when you give your baby to someone else and they cry, I now won't think she's just being silly, and being clingy, there's a reason for that.

F: Yep, you understand..

P: I understand it. I'll have to get it into my parent's head why, but, you know, I think it's good.

F: That's great.

P: I think, er, having the video clips to back up what we've learnt on the paper as well..

F: OK

P: 'Cause you learn it on paper and you can read and like see it in practice and it makes more sense.

F: That's good, yeah. You connect with it and you can think yeah.. anything else or is that pretty much it?

P: Yeah it's just really interesting. You'd never be able to be in a position where you can go and learn something different and new, and have the option to leave the baby in..

Px2: Yes definitely

P: Yes, and also, I don't know about yourself, but I've never left [name], so actually, leaving him in the crèche which is just literally in the next room, and knowing that they can come and get us if he cries; you know it's a quite good practice.

F: Yes it's a big thing

P: And because it's a small group as well I think it works really nicely. I don't think you could do it with a large group, 'cause I think this amount of people is actually really nice.

F: So six people, probably ideal?

P: It's quite an intimate, an intimate group, yeah, which I think works really really well.

F: Mm, that's a good point. OK. What were you hoping to learn or to get out of it, if you had any ideas, is there anything in particular that you thought it was going to be, or you were hoping to get from it?

P: I didn't think I'd get as much as I have

P: No I was gonna just say, yeah

F: That's good

P: I just basically, well, I'm just starting from scratch, you know, I'm a new mum, I haven't read many books to be honest, I stupidly thought I'd have time to do that when I'd had the baby, but no. So, it's just, I want to bring him up as best I can and do the best for him and so anything I can learn, that'll help me understand his development, you know.

F: Mm, yeah, that's great. You've already touched on this a little bit, but what are the little things that you feel really made you able to come and to make the whole thing work, I know you mentioned the crèche – that's really, really important do you think? Knowing that people come and get you? Knowing that they're safe? Knowing it's only next door?

P: And familiar faces as well. I think that we have the Children's Centre, you know, we all come in regularly, so having the familiar faces around, and the children, OK they don't see them every day, but I think it makes you as a parent feel a bit more…

F: Relaxed…

P: At ease, yeah. 'Cause you see the faces every day. And it's so relaxed in there

F: Yeah, so the atmosphere's quite informal…

P: Yeah, which, you know, I think is why it's important to keep it small, because if there were 20 children in there, it might not be so…

F: OK, yeah so another reason to keep it small

P: I think it was the first session we did, [co-facilitator] actually went out, checked the children, and came in, and that was without us even asking, and came and said oh everyone's doing alright, and that gave me that reassurance. She hasn't done it since, but I knew from that one time, that when she pops out she's probably looking and she'll tell us if there's anything wrong. So I've never been, when there's a baby crying, and we all thought, oh there's a baby crying, but we knew they'd tell us.

F: That's good to know, so that's really helpful, and reassuring

P: Yeah I really liked that, when she did that. [Indecipherable]

F: Anything else that made it work for you, like the location, or the timing, or the length of the sessions?

P: Timings good

P: Yeah the times did seem to be good actually, 'cause um, lunch is done, afternoon sleep is supposed to happen, even if it's 40 minutes

F: So is this the best time for you then, about, kind of, 1 – 3ish?

P: I would say so, yeah

F: And this is a good place to come? You get there easily?

Px3: Yeah

P: And I think, you know, for a mum who might have another child but wanted to come along, then there's still time to go to school to pick up a second child, or

F: True, that's a good point

P: So it's quite good, quite a good time.

P: I would definitely second what [name] said about the crèche, I thought it was absolutely brilliant, I'm amazed that it's all been laid on free and that's fantastic, but there was um, just to give a different viewpoint, there was another girl, in our NCT group who wanted to come but wouldn't because she thought that you'd have to leave your baby, so

F: Right, no, so that's interesting, that it could be off-putting to think that you couldn't go and get them, so it might be better if you had the option

P: Yeah I have to admit that I was probably, before I came [name] told me about the course and I was like 'yeah that sounds really good', and I didn't really think that much about the crèche, and so I was probably being a bit naïve, and all of a sudden turned up and was like, ooh yeah, I'm gonna have to leave him, I hadn't really thought about that. You know when you just kind of, but when I got here it was just really nice to think, well actually it's just there. Because [name], this girl [name] was referring to, was saying oh, you know, I don't really want to leave him, which is fine, and that's up to her, but then when you get here you

think, well actually, they are literally just next door. It's so nice, because the first course, the first session, they must have been what, 12 weeks were they, or if that?

Px3: Yeah.

P: It is quite young,

F: It's a big thing

P: So it was brilliant that it was literally, I think if it had been, like, over the road or something, we would have been a bit nervous about that.

F: Do you think it would be better if we said, feel free to pop in and out any time you want?

P: Definitely, I would say, if somebody's really anxious about, you know, leaving their child and you know perhaps she didn't come for that reason, but if she was aware that she could just pop in and out. I do think that the time, as well, we're away from them, because it's 45 minutes, it's a short period of time, and you just sort of think, that's probably a little nap, or somebody feeding, or whatever, so...

F: It's doable?

P: Yeah, absolutely.

F: Any longer would be a bit too long then?

P: Yeah, and it's probably quite good for them as well

P: Yeah definitely

P: Well they don't often get left do they, I mean he doesn't, even with baby groups we're there all the time aren't we. Just that 45 minutes is quite good.

F: Yep, good practice. OK, is there anything you didn't like about the course, or is there anything you'd change or you felt a bit uncomfortable with?

Px2: No

P: No. maybe erm… a bit closer together. I missed the first session 'cause I forgot that it was on, that's really good the first session.

F: So maybe, you mean the time between each session?

P: Yeah, the time between each session, because it was, I mean, p'raps even it was every other week or something, I don't know, personally I think it might have worked better for me, only because my memory's so rubbish. Once a month…

P: Yeah it's quite hard to remember what the date

P: Yeah definitely

F: Would it help to have reminders from the Children's Centre sent home, or a text, or anything like that?

P: Umm…Yeah it could do, yeah, a text, yeah

F: Just a reminder the day before or the week before?

P: [Name] they did remind me, they rang me actually and remind me and said hello [name] 'do you want to come tomorrow or not?' - Whoops!

F: At least it's helpful. Anything else you didn't like, or you found less interesting or irrelevant?

Px2: No.

P: No. I found it, I thought it was all very relevant. Some of the things I would have… it's really hard, 'cause every child's different, but some of the things, I didn't quite understand at what stage [name] would be doing certain things. I don't know, maybe it would just be quite helpful, to just be a little bit more, almost give I suppose a bit of a timeline?

P: Yeah, 'cause I remember the last session, do you remember Orson, on the video, was playing with just the basket of random objects, I said, oh, you know, what age is Orson in the clip, so yeah, to be able to say, 'cause I think the lady said he was 10 months, 9 or 10 months at that point, so to say this is a ten-month old baby doing this so you know, 'cause I thought can [name] do that?

Ps: [laughter] yeah

F: OK, that's good to know.

P: Yeah, a timeline of when to expect that sort of thing, on average.

P: Yeah I think would be quite nice actually, to give you, or to give me, some kind of little milestones

F: So is there anything that you'd do differently in future that could be changed? [Pause] apart from that?

P: Maybe a few more hand-outs, about the actual stuff that we learnt [indecipherable] because like you said you get home and…

P: Yeah it would be good

F: So you would read through stuff at home?

P: It's good to look back to…

P: Yeah, and I showed it to my husband and stuff as well, so, I don't know if he read it

F: Did you find it too overwhelming or too scientific or was it about right? Or would you have more?

P: What I struggled with was, um, when the lady said to us, 'Ok what do you remember from last time?' I thought, oh my god, I actually can't remember, and then I thought colours, and then [name] said colours, I was like damn, that was the only thing I could remember.

P: Yeah! That's why I think, you know, if you did it closer together, then I think you'd get more from it, because it would all be sort of fresh in your mind still.

F: Did it come back once people started saying?

P: Yeah, it did, yeah.

F: That's good. OK, fairly crucial, do you feel that you would know or understand any more now about your baby's development than to start with?

Px2: Yes definitely.

P: Yeah, I'd say so.

F: That's good. Would you say you feel any more confident now? So do you feel any more empowered or confident or relaxed?

P: I think it's just the understanding side of things. I think that makes you have confidence, because you can just tell sort of why things are happening or how they happen, so I think that that's a huge factor, is the confidence side of things, from the knowledge of it.

F: So it impacts on your confidence just by knowing. Does everybody feel the same? More confident?

P: I'm just thinking about the basic sort of understanding, like what [name] was saying earlier about when you hear baby they don't seem that happy, I wouldn't immediately go oh it's because they miss me or because I'm their primary carer, or just go oh they're just a bit grisly today and not really know why. But then having those things in the back of your mind, it sort of feels like your knowledge of your baby is better.

F: That's good, good. Do you think you feel more interested, more excited or passionate about your baby's development? Has it inspired or motivated you at all?

P: I think I notice things more. Like when he does something, I go oh, I know why he's doing that, I saw it on a video, or you know, I remember that in the notes.

F: That's great.

P: And I'm definitely gonna make one of those, just a little box with everyday things in

P: Yeah me too

F: Yeah, that's a great idea. OK, again, quite crucial, has this course made any difference to your actual parenting? Do you think it's made any difference to what you actually do at home, or how you are at home?

Px3: Mmm definitely

F: Any examples at all, of things you might do differently?

P: Well, not that I was, but when um, the last session when we learnt about the crying, and that it sends stress hormones, I never left him to cry anyway, but then, you know you hear about controlled crying, and I didn't know what controlled crying was, you know, I didn't know if that was just a little whimper or a full on scream, but now I know, don't let them scream like that because, you know, it's stress hormones, so I know not to do that. Whereas before I might have been like, that's controlled crying.

F: Yeah, so that's good that's a big difference. Anything thing else, any other differences in actually how you are at home?

P: I've tried to do the repetition thing more, 'cause I got it completely wrong and I thought you should just shove lots of new things at them because they get bored, but now I try and just repeat little games and things.

P: The colours thing, funnily enough, is like the big thing, um, you know if he's particularly tired, I don't try and make [indecipherable] with bright colours and things like that, and I'd probably take him to his bedroom 'cause it's all neutral colours. So, I probably think, yeah let's not overstimulate you so have a complete dickie, so I think from that side of things, I'd probably say that I use that at home.

F: Yeah, good, that's quite a big thing. Anything else? [Long pause] Do you feel that you've used any of the resources at all, like the sensory bottles or the ribbon shakers or the boxes?

P: Yeah I feel that's been really useful 'cause I've got no imagination. And it's funny how the little sensory toys are best aren't they, and she loves that sort of thing.

F: Excellent, that's great. Do you think that the way you interact and communicate has changed at all? Do you think it's changed how much you look at them or play with them or talk to them?

P: I think it probably has. I can't pinpoint it but I think it's something I subconsciously, probably just makes you aware of, the things that you can do, and stuff like that, and how you interact with them. I would say yeah.

F: Excellent, that's good. Um, do you think your baby would benefit from you attending this course?

P: Yeah, I think so, 'cause like [name] said I think you're subconsciously thinking about what you've learnt and I think you're subconsciously thinking about the way you're parenting, and everything, so I think baby will, you know, benefit from it. Definitely.

P: I think it would be great if Dad's could come as well.

F: Yeah, Dads <u>are</u> welcome to come

P: Um I'm not sure that mine would

P: I was gonna say, I don't think mine would. I had to really force him to go to that NCT course.

F: I haven't seen any Dads yet but they are welcome.

P: Again, like perhaps with like more hand-outs then they could at least they could be informed on what the group was about, 'cause you know what they're like it's not cool is it.

F: OK, that's worth bearing in mind. And just a couple of questions about the actual logistics of it. What made you sign up for the course, how did you find out about it or what made you want to come?

Px2: [name of parent]

P: yeah [name of centre staff] told me.

F: So word of mouth? OK.

P: Yep, word of mouth

P: [name of centre staff] um, called me and said to me about it happening, and it thought it sounded good,

F: So coming into the centre anyway you just heard about it, and it sounded good. Same for everybody?

P: [nods]

F: What made it possible for you to attend? So were, for example, the crèche, or the timing of it essential?

P: Yeah.

P: Yeah

P: Yeah, I would say so. The crèche, definitely.

P: I certainly wouldn't have come if we'd have had to find babysitters.

P: No

P: Oh no, especially because of it being in the day, in the week. There's nobody is there really? So to have the crèche there is a really good idea.

F: What about the cost? Is it an important thing that it's free? Do you think if there was a small cost it would put you off?

P: Well, was the baby massage – did we pay for that? No, that's free.

P: I think it's amazing that it's free, because I think, you know, when you're not working and you go on to maternity pay, it's, you've already got that struggle with you know what you can afford to do and everything, and I think you subconsciously want to give your child everything, but you physically can't. So I do think that, it's almost like the simple things in life isn't it, do you know what I mean? Just coming along and having somewhere that they can

play, with normal toys that you've probably got at home, but it's not home, it's a different environment for them, so yeah.

F: OK, so that's quite important.

P: I was really excited when I found out that the Children's Centre was opening, because I literally fell pregnant just after, and I was like, yes!

F: Perfect

P: Because I'd heard so many good things about, you know, Sure Start centres, that I thought that's really good. Yeah, the various activities that happen I do think's good.

P: I think you could probably ask for like a small donation for bits, or tell people to bring like ribbons and pegs and that kind of thing.

F: OK

P: And for refreshments as well, 'cause I always think they're so good at putting refreshments on, you know, and even if you just paid 25p or something for a tea

P: At the um, sorry this is going off the point a bit, but at the Sure Start in the village next to me which is [name] they've got a donation box on the counter so you can help yourself to tea and coffee and just put like a donation in, I don't know if people do it, but I always put 50p in, just to help them out really. And I was thinking, they should do that in most of them shouldn't they, 'cause…

F: Everyone's struggling, good idea

P: Or if you even, say, if you've got a group like this if it was a regular thing, somebody bring some biscuits along, or a pint of milk…

Px2: Yeah

P: or whatever, I think it's, you just get into that routine anyway. I mean, if we see friends we always share, you know, lunch or whatever, so, I don't think it's a big ask.

F: OK, that's good to know. Last question, would you recommend coming to other parents?

Px5/6: Yeah, yes

F: Good, thanks. Thank you very much for your time, appreciate that.

Transcription 2

Date:	9th December 2011	**Participants:**	4
Time:	12.05pm	**Facilitator:**	SR
Length of tape:	00:09:53	**Transcriber:**	SR
Location:	Oakway Children's Centre		

N.B.: Participants had already been given information about the purpose and use of research, informed of their right to withdraw at any time and assured that participation was entirely voluntary prior to recording. Only those participants who had volunteered to join the focus group and signed informed consent forms are part of this transcription, and no individual parents are identified. Names of parents and their babies have been omitted and speakers are identified only by P: for parent and F: for facilitator.

F: Ok, so first question is, what did you like about the course?

P: [pause] All of it

F: So you enjoyed it.

P: Yeah, I loved the ideas for toys…

F: The creative bits, the making of the toys?

P: The making, yeah.

P: Hearing ideas, and people's opinions, [pause]

F: Yeah, so hearing and sharing everybody's ideas. Anything else people enjoyed particularly?

P: I loved the videos, I think they were really interesting, and I'd quite like to see the whole of the 'Baby it's you' DVD and have a watch of that, so...

F: Oh good,

P: I really liked that.

P: Like a guide, to see how to react

F: Yeah, oh good,

F: You can get it on Amazon

P: Amazon? OK [indecipherable].

F: Anything else that you liked about the course?

P: Just information really, about how the brain develops, I just found that useful

F: Excellent.

P: It's stuff that you wouldn't have necessarily thought of, um, and then watching it you think, oh, OK - it kind of clicks.

F: Excellent, that's good.

P: It relates to your baby, how he reacts, and how… [indecipherable]

F: Yes, it relates to your experiences. [pause] Um OK, what were you originally hoping to get out the course or to learn – if you had any ideas – or did you have no ideas at all what it would be about?

P: I had no expectations or ideas at all,

F: No ideas at all?

P: No,

P: I was kind of hoping to know like how to make some toys.

F: Excellent, so that's… that's sort of fulfilled that aim… any other things you were hoping to get or hoping to learn?

P: No, well it was the first time I'd actually left [name] with somebody other than family, so I was a bit nervous but I'm quite happy with how it's gone, so…

F: Good, it is scary,

P: That was quite an important thing for me

F: It's a big thing, yeah, oh good.

P: It's more than I expected

F: Excellent, that's great, OK. What in particular made the course work for you? So is there anything that you would pick out as making it really successful…[pause] for example, the facilitator, the setting, the crèche, the timing, the content, the videos… anything that you would pick out …

P: I thought the crèche was good… yeah

P: I love that the crèche was literally just over the sort of corridor… so, you know, if you hear them... you can just go.

F: So the fact that it's quite close is important

P: Yeah, yeah, definitely. I couldn't have managed if we'd had to go to the other end of the building

P: Yeah

P: And you know what's going on, now at least you can hear and just check.

F: So did you feel happy and quite safe leaving babies here?

P: Yes because we, I mean I come to a group on a Wednesday and I know most of the staff so, I think that made me feel quite comfortable leaving him.

F: So that's quite important – you know who you're leaving them with, they're not strangers

P: Definitely

F: Was it useful having the door left open, so that you could slightly hear what was going on?

P: Yeah, definitely

P: It does distract you when you hear babies crying, though, but it's fine.

P: Yeah true

P: But you'd rather hear them than not… 'cause you'd be constantly thinking then otherwise…

P: Sometimes it's better when you don't know, or can't hear, because you know if there's a problem they'll come and tell you

F: Yeah, so that's useful, knowing that people will come and get you. Anything else you'd pick out, as that really made the course work?

P: No the bit in the beginning, where you can come in and settle them and you don't have to necessarily rush off…

F: Just that bit of time…

P: Yeah

F: That's good, that's great. Is there anything that you didn't like about the course?

P: [pause] umm… quite a long time in between, I kind of struggled to remember what happened last time, kind of thing, but other than that…

F: The gap between sessions?

P: More… more sessions…

F: More, more than three sessions? Oh that's good to know. Anything else that you would change, or anything you found irrelevant or less interesting?

[pause]

F: No? Oh, that's good to know.

P: Maybe later on in the day

Px3: [laughter]

F: Later on in the day? Yeah, timing maybe…

P: Yeah it's hard to fit everything in, with breakfast and school and… bit rushed

F: So perhaps a slightly later start could be …

P: But later they might be sleeping

F: Mmm, tricky to find the right time…

P: Some groups are round about one or two o'clock. All the babies they have routine where they sleep at that time, so it's, er,

F: As good as any maybe.

P: You can't really win can you?

F: OK, um, do you feel now that you know or understand any more about your babies' development and your babies' brain development?

Px2: Definitely.

P: I still remember that separation thing, I keep thinking about that when he starts to cry, aaah.

F: So do you feel you've got a bit more knowledge now than you started with? That's good. Do you feel any more confident now, or any more self-assured or empowered?

P: I think so…

P: I think we still need more information…

F: OK, right, well that's good. Now, importantly, do you think this course has made any difference to your parenting? Has it made any difference to what you actually do at home with your baby?

Px2: Yeah

P: Mmm. [pause]

F: Any examples? Anything you've noticed that's different?

P: Um, just how I react to him, when he's crying or… playing, or just think about the colours. I know what he's telling me now, and what toys to make for him… so better understanding

P: Yeah. Oh that's good.

P: It's nice to be reminded that sometimes even though you don't necessarily play with them, that they just want the comfort of, you know, the sort of skin to skin contact type thing, 'cause yeah, it's good to remember sometimes.

F: yeah, that's reassuring. Do you think it's made any difference to the way you interact, or the way you play? Do you think you do anything more… or differently?

P: I think you have more patience with them,

Ps: [laughter]

P: And you just cope with it even though it doesn't make it… I think you understand it, but my husband doesn't, should make him do it! [laughter]

P: It would be good if the men could come, and get to know it a bit more…

P: I think, yeah, I know my husband would feel uncomfortable coming here with all these women, unless there were other Dads there as well... if he came for his own one…

F: Oh that's a good idea, so if there was a father's session?

P: That would be quite interesting, yeah

P: And especially as well because of everyone here, you know, so if they start crying, or you know, you've got people to help as well, rather than just relying on them…

F: Mmm, that's worth knowing… could do.

P: Yeah.

F: Yeah, maybe afterwards, or, would you rather come together or have a separate one just for dads?

P: I'd probably say a separate one because they'd just rely on us…

P: Yeah, they'd kind of sink into the background a bit

P: Yeah - 'you'll remember that and I will just sit'

P: Yeah.

F: That's a really good idea

P: Plus we'd get the time alone [laughter]

F: That's true, get left in the house for a bit [laughter]. Er, do you think your baby will benefit from this? Do you think they'll have any beneficial effects from you being here?

P: Oh yes because if we know how to do it they will benefit

Px3: Yeah, yes

F: That's good

P: Yeah. And they've got all their new toys [laughter]

F: And they've got their new toys, yes! That's true.

P: And, and learning to be with other people as well, so…

F: And then just something about how you actually found out about the course and signed up, so how did you learn about the course in the first place?

P: Um, asked [staff name]

P: Yeah, we did the baby massage course and it was kind of tagged on to the end of that, so,

F: So was it just mentioned to you?

P: Yeah

P: Yeah, when we got the phone call for the baby massage it was mentioned then as well,

F: OK, so it was all word of mouth, there wasn't posters or letters, or…

P: No.

F: And was that OK? Is that a good way to get parents in?

P: Yeah, because you can, can ask questions about it and things, so yeah definitely

F: And is there anything that made it possible for you to sign up, so for example, the time, or where it was, or anything that made it more likely that you would come?

P: Um, yeah, I had reassurance from [staff name]. [laughter]

F: That's important.

P: 'It will be ok, it'll be ok', so yeah.

F: That's really important. And is there anything that you think could have put you off or maybe has put other parents off?

P: I think that the size of the group has been nice, I know that there's a few numbers short today, but I think that was nice 'cause you get to know, and to feel more comfortable.

F: OK, and last question, would you recommend the course to any other parents?

P: Definitely

P: Yeah

P: Yep

F: Yes?

P: Yeah, definitely.

F: Good, that's great. Well, thank you very much for answering my questions and thanks for your time.

Transcription 3

Date:	2nd December 2011	**Participants:**	5
Time:	12.05pm	**Facilitator:**	SR
Length of tape:	00:10:39	**Transcriber:**	SR
Location:	Irthlingborough Children's Centre		

N.B.: Participants had already been given information about the purpose and use of research, informed of their right to withdraw at any time and assured that participation was entirely voluntary prior to recording. Only those participants who had volunteered to join the focus group and signed informed consent forms are part of this transcription, and no individual parents are identified. Names of parents and their babies have been omitted and speakers are identified only by P: for parent and F: for facilitator.

F: First question: what did you like about the course? Is there anything in particular you enjoyed?

P: Er, there's so many facts in it, that, I found really interesting, and really useful as well.

F: Excellent.

P: And the making things as well, was good.

F: Oh yeah, that's good. Anything else you enjoyed?

P: Just the interaction with other mums, and knowing the way they feel

P: Yeah, so everyone sharing their stories, and… that's good. Is there anything you thought was too full on, like too much science or too much information, or was it about right?

P: Um, I find it very difficult to, um, learn sitting down and listening to someone, I have to do stuff, so…

F: Yeah, yeah,

P: …it's quite hard just, sort of, sitting there looking, I need to do it myself.

P: It's hard to remember certain things.

Px2: Mmm.

F: Is it better when it's DVD stuff, or…

Px2: Mmm, yeah, yeah

F: Or like quizzes – something a bit more interactive?

Px2: Yeah, yeah.

F: OK, that's good to know. [Pause] Um, what were you hoping to learn or get out of it? Did you have any ideas before you came about what you wanted to get…?

P: I didn't know what it was going to be, to be quite honest, no.

P: I didn't have the foggiest…

P: [name] just asked me if I wanted to come along to a course for, sort of, their age, and I just said 'yeah', and she said 'there's a crèche'… [laughter]

F: OK, so you didn't have any expectations really, just sort of came along, to see, that's good.

P: All the Sure Start courses I've been to have all been really good, so I'm kind of, anything I'll just sign up to now [laughter]

P: It's good just to get out the house, isn't it, just to go and do something, yeah.

P: Yeah.

F: Oh, ok.

P: It's quite surprising what you find out at this sort of thing… [pause]

F: Yeah, there's a lot of stuff out there that you don't necessarily know...

P: …it's stuff that you know but you don't know really...

P: Yeah

P: …that you don't think about, and things.

F: Oh that's good, OK. Is there anything that you think made the course work for you or made, you know, that's what made it, so either, the person presenting, or where it was, or the time of day, or the crèche? Anything particular that you thought 'that's what made it work'?

P: I think it was all helpful really.

P: I'd say the crèche [pause] and the DVD…

F: The DVDs, yeah,

P: … and then stopping it and explaining it.

F: Yeah that's good. Anything else that stood out as making it successful?

P: Erm, I don't know, I just think everyone seemed to learn a lot, lots about their babies, and yeah… very insightful, so…

F: Good. Is there anything that you didn't like about the course, or is there anything that you'd change, if we were to do it again?

P: umm… [pause]

F: Any parts of it you felt were boring, or not relevant or not interesting?

P: No, um..

F: It's fine to say…

P: Not really,

F: No, nothing?

P: The talking sometimes, like I said, 'cause I struggled to er…

F: Mmm, lots of information-giving?

P: Yeah, I'm not very good at… learning like that.

F: That's a good point, yeah

P: It might have been useful to have sort of, paper and pencil, to take some notes, and then refer to it. I know we've had, sort of, the sheets, which were really handy, but there was a few things which I would have…

P: Sometimes if you write it down yourself, it's easier to understand,

P: Then it sticks, yeah [laughter]

F: That's a great idea, that's a good idea I'll remember that.

P: I found, I found the leaflet you gave out very helpful…

F: Oh good

P: Yeah, 'cause if you didn't remember something you could read it back on the leaflet.

F: OK, so you'd take it home and have a look at it at home?

P: Yeah, yeah.

F: Do you think there were too many or about right or we should have more?

P: No, there wasn't too much was there?

P: No, I'd have more. I was showing it to my partner as well and it… opened his eyes a little bit more as well, so.

F: Brilliant, so you can take it home and share it, that's good.

Px2: Yeah

F: Oh, brilliant, OK. Er, do you feel now that you know and understand more about your babies' development? Do you feel like you've got a bit more information?

P: Yes

Px3: Yeah, definitely

F: All round yes? That's good. Do you feel any more confident now or any more empowered?

P: Yeah

P: I think so, yeah

P: Even after the first one, when I went back, I said 'I'm going to be a bit more understanding now when she's just crying and whingeing' and that, and it's just, like, trying to see it from your baby's view.

P: It makes you, makes you think more when they are crying

Px3: Yeah, I've sort of, gone through a bit more, bit more understanding

P: I think they should run it for mums, sort of who, they do the ante-natal classes and things like that, but I think they should do this as well…

P: For mum's to be, yeah, I agree

P: Yeah, I think I would have found it handy, sort of third pregnancy round, I think I would have found it handy.

P: Yeah this would be, this would be helpful during in pregnancy.

F: Do you think you'd remember it, you know, once you had the baby?

P: Yeah if you did it towards the end of your pregnancy, then when your baby's born…

P: And then have a refresher, yeah,

P: Like three sessions towards the end of your pregnancy.

F: That's a good idea, yeah, that's a really good idea actually. Mmm, OK, do you feel any more interested or excited or motivated about your children's development? Do you think it's made you feel a bit more interested in what they're doing?

P: Yeah

Px2: Yeah, mm. [pause]

F: Excellent, OK. An important question: has this made any difference to your parenting, so do you think there's any difference in what you actually do at home?

Px3: Yeah

P: Definitely.

F: Can you think of any examples?

P: Well, I was getting really stressed with like, looking after a two-year-old, not being able to get the housework done and that, but I'm a bit more… I was saying with the first one, I'm, I've chilled out a bit now, I'm like, well if I can't do the washing up now I can't do it now, I'd rather sit and play with [name] now, I feel that doesn't matter, it's… no use worrying about it. It's like 'will you be quiet', I'm sorting her out, you know, and thinking everything else can just wait. So I do feel a bit more… 'cause I think I was comparing myself to, I've got particular friends, that have these super houses, and I don't know, I honestly don't know how you do it, but I'm like… my partner he's like well don't compare yourself to other people, you know, but, you know, you do when you've got two kids and that, but, I do feel a bit better about things now…

F: Oh good, that's good.

P: I don't feel bad for spending time with the baby, when my house looks like a tornado's been through it…

P: Yeah, yeah…

P: I think, I'll just sort it later when they're sleeping.

P: That's what I feel like now, whereas before I was like I better get on with this stuff

P: Oh god, oh god, look at the mess, yeah.

P: Yeah, so um…

F: Oh good, that's good to hear. Anything else, any other differences you've noticed?

P: When he's crying – I used to leave it about ten minutes, and then go to him, but now I'm like, go straight there.

P: Yeah, I do, yeah

Px2: Yeah

P: It's more that, it is OK to pick them up, when other people say oh leave him alone, you'll make him more needy, now you know that it don't.

P: Just pick them up, yeah.

F: That's good, yeah, that's a really important one, yeah. Do you think it's made any difference to the way you interact? Do you think you kind of play more, laugh more, sing more, or any of those things?

P: I'm doing more playing.

F: Oh brilliant.

P: Yeah I have as well actually, I'm making sure we have a good amount of time with that…

P: Yeah play time, yeah.

F: Excellent.

P: I've been giving him a lot of different things to explore as well, other than just toys, so just simple stuff, or if we're out and that, I'll give him a leaflet, or you know, different things so he can explore.

F: So makes you think about stuff around your house that's useful, that's good, excellent. Um, and lastly, do you think your baby will benefit from you having attended this? Do you think it will have a good impact for them?

P: Yeah, I think so

P: Hope so

P: I'm sure it will, yeah

F: Yeah? Brilliant. Um, a few logistical things, what made you sign up for the course and how did you find out about it? Was it word of mouth or did you see a poster or…

P: The Sure Start lady, er, it was…

P: [name] yeah

P: …for the massage… the…

Px2: Baby massage

P: …yeah and the baby stay and play… and they told us about it and it sounded interesting.

F: They told you about it, OK.

P: I think [staff name] mentioned to me that they were running this course and that it would be interesting, so,

F: So it was word of mouth basically? Yeah. And do you think that's a good way to invite people in future or do you think it's better to have a text or a leaflet or something…

P: I think maybe leaflets would be good 'cause maybe not everyone does come out to the groups.

F: That's it.

P: But if it, if it's for new mums maybe, um, through the, er, midwife as well, they could give out leaflets.

F: OK

P: I think them saying about it did help a lot because sometimes you get given a leaflet and you think oh what's that, and you don't understand what it's about, but they explained what it was about.

F: True. So that made you a bit more likely to come?

P: Or even ‘cause they have our phone numbers to give us a call when there’s events like this on.

F: OK. You’d be happy to get a call or a text or something.

P: Yeah sometimes I miss things or I forget, like you say, you get a leaflet and put it in your pocket and that, and you forget.

P: You look at it, you put it away and you forget about it, if it’s a leaflet.

P: See I don’t, I just put everything on my fridge [laughter]. Everything gets a fridge magnet, onto my fridge, so it looks like a lot of paperwork, but um. It reminds me.

F: Helps you remember, yeah. That’s good to know I’ll remember that. Um, is there anything that you’d say was important in making you able to actually come, so for example the crèche, or the timing, or where it is?

P: The crèche

F: Was that the most important thing you think, the crèche, that means you’re able to come?

P: The crèche was helpful. It was helpful to be able to go for a little walk with the baby, leave them for a little while with someone else, so they get used to being with other people…

P: Yeah

P: Yeah, and you can actually take it in as well, if your babies aren’t screaming at you, you’ve got your time to, sort of, pay attention,

F: That’s good. Is there anything else that made it possible for you to come, so is this an easy place to get to location wise?

Px3: Yeah, yep, yeah.

F: And the timing, was that OK?

P: Yeah, it was quite handy for after the school run.

P: I don’t think there’s any, is ever a good time really [laughter].

F: OK, so this is as good as any?

P: Yeah you might as well just get up and get out, yeah.

F: That’s good to know.

P: Get up in the morning, get out as fast as you can, yeah [laughter].

F: Was it important that it was free – do you think if there was a small cost it would have put you off?

P: Yeah. I don't know if we would pay for it, I mean people don't tend to do they? I mean, having attended at I would say oh yeah it's something that I would pay for but...

F: But in the first place, if there was a cost,

P: But yeah, to get people to attend it…

F: It's important that it's free, yeah.

P: Maybe a tea fund [laughter] yeah.

P: It would maybe help young mums even more…

F: Mmm, that's true, that's true,

P: …to encourage them more, and to give them more confidence [pause].

F: Yeah, that's a good point actually. And last question, would you recommend coming to other parents?

Px4: Yeah

P: Yep.

F: Excellent, well that's good.

P: Yep I'd say get on this course you need to go to it.

F: Ah that's good, ah that's excellent. Well thank you very much, thank you for your time.

Appendix 10

Mapping the Vulnerable Population in Northamptonshire 2008

Summary

This brief report attempts to estimate the prevalence of some of the vulnerable groups in Northamptonshire. It is not a comprehensive assessment or audit.

Key Findings:

Population

Northamptonshire had an estimated population of 678,300 in 2007

Ethnicity

From experimental statistics the ethnic composition in Northamptonshire is 90.2% are White: British, 1.3% White: Irish: 2.4% White: Other White; 1.4% Mixed, 2.8% Asian or Asian British, 1% Black or Black British and 0.9% Chinese or Other Ethnic Group.

Migration

Over 8000 overseas nationals' adults were allocated a national insurance number in 2007/08 in Northamptonshire.

About 2% of the Northamptonshire population is estimated to be from the accession countries. A considerable proportion of these non-UK nationals are Polish.

Asylum Seekers and Refugees

There is very little data on the number of people seeking asylum and refugees in the County

Gypsies and Travellers

According to the Gypsy and Traveller Accommodation Assessment in Northamptonshire, (2008), the County, has more recorded caravans than average for the East Midland region, at 42.0 per 100,000 settled population, compared to just 30.6 in the East Midlands as a whole.

Also there are 207 pitches across Northamptonshire, including 10 unauthorised developments and 9 families on long term unauthorised encampments tolerated by the council.

Registration with GPs was very high (82%) except among Gypsies and Travellers living on unauthorised sites, where more than a third were registered. Participants on unauthorised sites often used Accident & Emergency departments at hospitals because they reportedly could not access a GP.

Prison Population

HMP Wellingbrough has an operational capacity of 646. The following custodial institutes are near the border of the County of Northamptonshire and their operational capacities are HMP Onley (640), HMP Rye Side (600) and Rainsbrook Secure Training Centre (87).

2

Households registered as homeless
At the end of April 2005, there were over 1000 households accepted as homeless by the Local Authority. There were 415 homeless households in temporary accommodation and 35 households in bed and breakfast accommodation. Also in the period there was over 1,000 people were unintentionally and intentionally homeless.

Elderly living in Deprivation
There are 44 Lower Super Output Areas in Northants are in the bottom 20% in the Country so considered to be the most deprived in the Country so considered to be the most deprived in terms of the Income Deprivation Affecting Older People Index.

Children and young people
The ethnic composition of pupils attending schools in Northamptonshire varies between districts. Northampton (24.47%) has the highest proportion of children and young people with a non-White British ethnicity and Wellingborough has the second largest (19.12%). In comparison, approximately 5% of pupils in East Northamptonshire, Daventry and Corby have a non-white ethnicity.

Children living in Deprivation
There are 41 Lower Super Output Areas in Northamptonshire that are in the bottom 20% in the Country so considered to be the most deprived in terms of the Income Deprivation Affecting Children.

Children in Need
Northamptonshire reported providing services for 2,150 Children in Need. As a rate this equates to 14 Children in Need per 1,000 population aged 0-17. This is smaller than the national rate of 20 per 1,000.

Children Looked After
Northampton has the highest rate of children becoming looked after (5 in every 1000 population aged 0-19 years). Corby has a rate of 3.81 per 1000 population aged 0-19 years. Daventry/ South Northants have the lowest rate of CLA (1.28 in every 1000 population aged 0-19 years).

Domestic Violence
There is no County data indicating the numbers of people/ families who have experience domestic violence. However Northamptonshire Women's Aid has the capacity to provide 34 women and up to 72 children with emergency refuge accommodation**.** The demand for refuge accommodation continues to be high requests were received from 542 women and 684 children, of these Women's Aid were able to accommodation 137 women and 151 children from April 2007 to March 2008

Child Protection Register
The number of children and young people who are on the Child Protection Register, as of September 2007, in the County, was 192 (1.14 per 1000 population).

Estimated prevalence of Hearing Impairments
Latest data available from the Information Centre, March 2007, shows that there are 2,540 people who have registered as deaf or hard of hearing in Northamptonshire. However is not a compulsory register so the figure is an underestimation of the prevalence of hearing impairments in Northamptonshire (RNID).

The 2006 estimated prevalence figures for the County suggest that there are over 96,000 people, aged 16 to over 81 years, who have some degree of hearing loss.

Estimated prevalence of Visual Impairments
Latest data available from the Information Centre, March 2007, shows that there are 2715 people who have registered as partially sighted and blind in Northamptonshire. However is not a compulsory register so the figure is an underestimation of the prevalence of hearing impairments in Northamptonshire (RNID)

The estimated prevalence of Mental Health related conditions
Mental health problems are difficult to define and measure accurately. For this reason estimates and counts tend to vary widely.

It is estimated that there are between 121,000 to 153,000 people in the community who experience some form of mental distress over the course of a year. This equates to between a quarter and a third of the adult population.

Hospital Activity Data shows that over 8000 adults (including people over that age of 60 years) had been contacted the Mental Health Services in 2007-08 in Northamptonshire

It is estimated that over 100,000 children and young people in the County who have experienced some type of mental distress.

The estimated prevalence of Learning Disability
Using ONS Mid-year population estimations (2006) for Northamptonshire and the GP register figures the prevalence of adults with a learning disability in the County is 0.3%. This figure is an underestimation because according to the Foundation for People with Learning Disabilities it is estimated that 2% of the national population has a learning disability.

It is estimated that there are 5,043 children and young people who had a learning disability in Northamptonshire. Of these 5,043, around one third (1,681) of these children and young people also have a deficit to their adaptive functioning.

The estimated prevalence of disability
The latest information from the DWP, November 2007, on the number of people, aged 16 to 89 years, who are in receipt of Disability Living Allowance (DLA) in Northamptonshire is 26,210.

Of these, over 17,000 people are receiving DLA for physical conditions.

In 2007, 5,120 children and young people were in receipt of disability benefits. 1,746 of these were in the district of Northamptonshire. Of these, over 2700 children and young people were in receipt of DLA due to physical conditions.

The estimated prevalence of people affected by drug and alcohol
The Joint Strategic Needs Assessment (2008) indicates that there are several pieces of evidence that indicate that poor health due to alcohol use is increasing. The first is the trend in deaths from chronic liver disease over the past 10 years. In all parts of the county, as in England as a whole, the rate of deaths from this cause has increased. The most pronounced increase has occurred in Corby, where the rate of chronic liver disease has increased from under 10 per 100,000 in 1995/07 to over 18 per 100,000 in 2003/05.

The 2006 annual school based survey of smoking, drinking and drug use among young people found that the prevalence of drinking alcohol increases with age. 3% of all pupils aged 11 had drunk in the last week, compared to 41% of 15 year olds. It also found that 21% of all pupils aged 11-15 had drank alcohol in the previous week, this had fallen from

the 2001 figure of 26%. When considering the gender differences in alcohol consumption, the survey found that, although boys tended to drink more than girls, girls alcohol intake was increasing faster than boys and they were more likely to engage in binge drinking (ONS 2006).

It has been estimated that over 11,000 people in Northamptonshire, over the age of 16 years, have a drug dependency problem.

Data regarding substance misusing children and young people in Northamptonshire is hard to come by.

Appendix 11 – Example Section of Thematic Analysis

"Consequences" related themes

Stress of expectations / pressures

P: Well, I was getting really stressed with like, looking after a two-year-old, not being able to get the housework done and that, but I'm a bit more... I was saying with the first one, I'm, I've chilled out a bit now, I'm like, well if I can't do the washing up now I can't do it now, I'd rather sit and play with [name] now, I feel that doesn't matter, it's... no use worrying about it. It's like 'will you be quiet', I'm sorting her out, you know, and thinking everything else can just wait. So I do feel a bit more... 'cause I think I was comparing myself to, I've got particular friends, that have these super houses, and I don't know, I honestly don't know how you do it, but I'm like... my partner he's like well don't compare yourself to other people, you know, but, you know, you do when you've got two kids and that, but, I do feel a bit better about things now...

reduced sense of pressure

pressure / social comparison

difference to play + interaction

priorities

increased confidence

Knowledge to justify parenting decisions?

F: Oh good, that's good.

P: I don't feel bad for spending time with the baby, when my house looks like a tornado's been through it...

impact on parenting - play + interaction

P: Yeah, yeah...

reduced pressure reassurance

P: I think, I'll just sort it later when they're sleeping.

priorities - baby comes first

P: That's what I feel like now, whereas before I was like I better get on with this stuff

P: Oh god, oh god, look at the mess, yeah.

Awareness leads to prioritising play?

P: Yeah, so um...

F: Oh good, that's good to hear. Anything else, any other differences you've noticed?

P: When he's crying – I used to leave it about ten minutes, and then go to him, but now I'm like, go straight there.

increased sensitivity / responsiveness

P: Yeah, I do, yeah

Impact on responsiveness?

Px2: Yeah

increased responsiveness

pressures - resistant to pressure from others

P: It's more that, it is OK to pick them up, when other people say oh leave him alone, you'll make him more needy, now you know that it don't.

increased confidence

P: Just pick them up, yeah.

F: That's good, yeah, that's a really important one, yeah. Do you think it's made any difference to the way you interact? Do you think you kind of play more, laugh more, sing more, or any of those things?

P: I'm doing more playing.

impact on parenting: increased play

F: Oh brilliant.

P: Yeah I have as well actually, I'm making sure we have a good amount of time with that...

Making time: priorities?

P: Yeah play time, yeah.

↑ interaction

Appendix 12 – Public Domain Briefing