



# Parents' experiences of a new baby group

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## Parents' Experiences of a New Baby Group

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Childrens Workforce Development Council (CWDC)'s Practitioner-Led Research projects are small scale research projects carried out by practitioners who deliver and receive services in the children's workforce. These reports are based in a range of settings across the workforce and can be used to support local workforce development.

The reports were completed between September 2009 and February 2010 and apply a wide range of research methodologies. They are not intended to be longitudinal research reports but they provide a snapshot of the views and opinions of the groups consulted as part of the studies. As these projects were time limited, the evidence base can be used to inform planning but should not be generalised across the wider population.

These reports reflect the views of the practitioners that undertook the research. The views and opinions of the authors should not be taken as representative of CWDC.

A new UK Government took office on 11 May. As a result the content in this report may not reflect current Government policy.

# Parents' Experiences of a New Baby Group

## Abstract

This study explores parents' experiences of attending an existing group that was developed for parents and their young babies. The group is located in a rural children's centre. The study aims to use parents' experiences of attending a 'new baby' group to influence practice and the development of a parenting programme. The implications of the findings are examined.

The information for the study was collected from two focus groups that took place in an existing parent and baby group. Eight mothers attended the focus group. The discussions were recorded, transcribed and analysed. The topics discussed included:

- how mothers found out about the group and why they decided to attend it
- how well prepared mothers were for the job of caring for their new babies
- what support and information new mothers would like, and how should this information be delivered
- what it was like coming to the group, and what may have prevented mothers from attending it
- what were mothers' expectations of the group.

The data from the focus groups was sorted into themes and examined using literature on parent/infant relationships. The implications of the findings were examined.

The findings from the research indicate that when attending a 'new baby' group, mothers have concerns about feeding their babies both in the group and outside of it, and they appreciate support with feeding. The findings reveal that mothers like to chat with other mothers in an informal environment, and they also like to receive information about caring for their babies. The findings suggest that mothers want fathers to be given more information and some want to attend groups with their partners. The findings also demonstrate that new mothers feel vulnerable.

Finally, a theoretical framework is used to examine parent and baby groups, in order to reach a deeper understanding about the importance of the different components of the groups.

## **Introduction**

This research project aimed to explore parents' experiences of attending a group for parents and their young babies. It asked the questions:

- What lessons are revealed for practice?
- What lessons emerge for co-working?

The group studied was a parent and baby group in a new phase three rural children's centre.

## **Aims**

Initially, the research project was designed to evaluate a new parenting programme for parents and new babies in a rural children's centre area. The aim of this new parenting programme was to support the early emotional, social and physical health of babies and their primary carers.

The programme was to be built on the growing evidence that our early experiences and relationships in infancy impact on our emotional health and well-being throughout our life (Crittenden, 2008). The programme was to be delivered in conjunction with a health professional, which was to be a crucial element of the proposed group. One of the key findings of the National Evaluation Report on the Early Sure Start Programmes (NESS) indicated that health services appeared to be central to the success of early intervention with families (Department for Education and Skills (DfES), 2005, point 4.2.6).

Unfortunately, it was not possible to set up and run a new parenting programme in collaboration with health professionals within the time scales required for the research project. The process of developing new initiatives between children's centres and health professionals has been explored, and is detailed in the Sure Start Journey Document where it states, 'it is challenging and time consuming to join-up and work in partnership with other agencies and providers' (Department for Children, Schools and Families (DCSF), 2008, p.36). On reflection, developing

a new initiative in a new rural children's centre in the space of six months was probably an unrealistic expectation.

As a result of the group not taking place, the aims of the research project were altered to explore new parents' experiences of attending an established parent and young baby group (for babies up to the age of nine months), in a rural area. The findings could then be used to inform and modify the proposed parent and baby group to be piloted in the future.

The questions considered in the amended research project were:

- What are parents' experiences of a 'new baby' group in a rural phase three children's centre?
- How can the parents' experiences inform the development of a parenting programme for parents and new babies?
- What lessons emerge for co-working?

## **Context**

The children's centre programme, offering universal, integrated services for young children and their families is a fairly recent initiative, and its development has been mapped in the Sure Start Journey document (DCSF, 2008).

The ministerial foreword of the Sure Start Journey document states,

*Every child has the right to the opportunity to achieve their full potential. No child should find that poverty dictates their future success and prevents them from unlocking their talents (DCSF, 2008, p.2).*

It goes on to say,

*It is our collective responsibility to ensure that this becomes the reality. Our recently published Children's Plan encapsulates these aims and our underlying aspirations for*

*world class early years provision. Sure Start is integral to this aspiration, since supporting every child and providing the help which parents need, especially for the most disadvantaged, is the Sure Start concept (DCSF, 2008, p.2).*

The initial 'Sure Start' programme aimed to improve the health and well-being of children from birth to four and their families in the most deprived areas. However, from 2003 the government made a decision to move towards a national programme of Sure Start children's centres offering a universal, mainstream service for children under five and their families. The Ten Year Childcare Strategy (HM Treasury, 2004) announced a target of 3,500 children's centres by 2010; that is one for every community.

The original Sure Start programme and the current Sure Start Children's Centre programme was, and is, underpinned and informed by on-going evaluation and research. In 2001 a national evaluation programme was commissioned by the government. Two major themes that emerged from NESS have been incorporated as major principals in the children's centre services; these are the importance of a focus on early intervention, and co-operation between all services and agencies involved with the health and welfare of children (DCSF). Focusing on early intervention can mean two things; focusing support before things go wrong or get worse (preventative work), and focusing early in the child's life. Parent/infant services do both at the same time by supporting parents to develop a secure attachment relationship with their new babies. Crittenden (2008) claims that the relationship between parent and infant is vital for the child's well-being.

*Of all the roles that parents take attachment is the one that is crucial to children's survival. . . . .When attachment figures misjudge children's competencies and needs, they hamper children's development. (Crittenden 2008, p.17)*

The children's centres programme is now in its third phase, with new services being developed in the remaining areas not covered by phase one and phase two. In Devon, the majority of the phase three centres are located in rural areas and small towns, and to date NESS have not published any research on the delivery of services in rural areas. However, Dowling (2010) noted that the notion of integration, that was well established in the first phase of centres, is not so apparent as the children's centre programme has been rolled out. She goes on to suggest that it may be more difficult to establish a cohesive provision for families due to problems with co-location of services. It is against this backdrop that the research took place.

## **Methods**

To answer the research question, two focus groups took place in an existing parent and baby group located in a rural community. During the two focus group discussions, questions were asked by the researchers. These questions were designed to explore parents' experiences of being a new parent, and their experiences of attending the group (see appendix i). Participants were also asked to complete a questionnaire prior to the focus group (see appendix ii).

According to a National Children's Home Resource Pack (2001), focus groups enable researchers to focus on a specific area of service provision, they provide a breadth of information and issues, and they can result in the emergence of unexpected ideas. However, it suggests that the views of the less confident and articulate may not be heard, and that individuals with different views may be reluctant to upset or contradict their peers. This was taken into consideration when the focus groups took place. Catterall & Maclaran (1997) noted that important and potentially insightful communication and learning processes occur in focus groups as a result of participant interaction.

## **Sample**

All parents attending the parent and baby group were invited to participate in the focus group discussions. This ensured that the project complied with equal opportunities. At the time there were no families attending the group where English was an additional language, but, if this occurred, efforts would have been made to obtain a translator.

## **Analysis**

The two focus group discussions were recorded on audio equipment and were transcribed in full. These data were then analysed by looking at the themes, and examining the evidence of one subject before moving on to another. An approach of focusing on depth rather than breadth, when looking for meanings and their implications for practice, was used (National College for School Leadership, 2004, p.35).

## **Ethics**

The Penn Green Research principles underpinned the research (Whalley, 2001) with an emphasis on the need for the study to be 'positive for all the participants'. The only potential harm to parents could have arisen if they did not want to take part but felt unable to articulate this. The researchers were sensitive to this possibility and during the discussions no parents were asked directly for an opinion.

Written informed consent was obtained from all participating parents. Information about the project, including the standards underpinning the project, the issue of confidentiality and



anonymity of all participants, and the storage of data, was explained prior to the request for consent (see appendix iii).

A Research Governance Application was made to the local authority and approval for the project was given. The final report will be owned by the CWDC. However, permission will be sought for the report to be part of Devon County Council's Children's Centres' Evaluations, and will be used to fulfill the local children's centre's obligation to provide research and evaluation of services.

### **Characteristics of the sample**

Eight mothers took part in the two focus groups and seven out of the eight mothers completed the questionnaire (see appendix ii). The following information was gathered;

<b>Characteristics</b>	<b>No. of parents</b>
Number of lone parents	None
Ethnicity - white British	7
Number of first time parents	4
Number of participants who lived in the village where the group took place	3
Number of participants who drove to the group	6
Number of participants who walked to the group	1

## Emerging Themes

After analysing the data from both groups, many themes emerged. The most significant were examined using literature about parent/infant relationships and early infant development.

Mothers' comments from the group are used to illustrate the themes. Unfortunately, it is not possible to distinguish between individual mothers' comments due to a lack of clarity on the recording, resulting from the background noise of the babies. The following themes emerged:

### Feeding

As part of this study, we did not collect data on how many mothers breast fed or bottle fed their babies. However, during the first focus group when the babies were still quite young and the memories fresh, mothers talked at length about their experiences of feeding their new born babies. The issue of breast feeding during the group was discussed and some mothers reported that they felt self conscious about this. One mother commented:

*I used to get very flustered when I first started coming out because I was breast feeding and he didn't feed very well.*

One mother suggested that feeding in the group helped her:

*You got used to not bothering, not registering it when you were breast feeding. . . . . because you knew other people were going to do it so it felt more normal.*

One mother talked about the help she got from the breast feeding nurse:

*The nurse helped me with positioning as he wasn't feeding properly. The nurse came back three days later and that was helpful.*

Stadlen (2004) has met with mothers and babies to discover their experiences of being a new parent and she noted that 'mothers spend a lot of time feeding their babies, and discussing how

to feed them' (Stadlen, 2004, p.143). During his work as a paediatrician and psychoanalyst, Winnicott (1950) coined the phrase 'maternal pre-occupation' to describe a mother's involvement in the life of her infant, including the experience of feeding. Health professionals are also concerned about how mothers feed their babies, and breast feeding is actively encouraged. During the focus group discussions, mothers talked about the information they were given about the mechanics of breast feeding and the support they received when they started breast feeding. Mothers commented on the level of support and information that was available for breast feeding, compared to the lack of it for bottle feeding.

Throughout the discussions there was no mention of the babies' experiences of feeding. Stadlen (2004) argued that although it has been suggested that young babies have 'needs' rather than 'wants' (eg the need to be fed), her experience is that babies are complex individuals to whom mothers relate, suggesting that there is more to feeding than just satisfying hunger.

### **Being a new parent**

Mothers were asked to reflect back to when their baby was new born and they talked about how they felt being a new parent. One parent commented:

*Two to three weeks after you have had the baby is an awful time. You feel a mess!*

Another parent talked about the pressure she felt when the health visitor called at her house during the early weeks.

Research suggests that the transition to motherhood can be a difficult time. Stadlen (2004) notes that new mothers experience physical isolation. She explores the shock, enormity, and

overwhelming feelings of having a baby. Brazelton (1992) also recognises the anxiety that parents feel because they care deeply about their baby. He claims:

*Anxiety serves a vital purpose: calling up energy to help parents meet new responsibility* (Brazelton, 1992, p.37).

## **Attending the group**

In response to a question about the difficulties the participants faced when attending the group, two mothers discussed their experiences:

*I am not very good at joining groups. . . . . Going to groups is something I do not normally do.*

*I was a bit nervous (about coming to the group). I didn't know whether it was going to be huge.*

One mother explained how the group had helped her:

*It (the group) gets me up and out of the house where otherwise I would be spending time at home.*

This mother's comment reiterates Stadler's point about parental isolation and the importance of the group to help overcome this problem. However, in addition to the challenges mothers faced coming to the group, they also had concerns about how their babies would react in the group.

One mother commented:

*I thought 'I am not going to bother (attending), he'd either sleep through the whole experience, or more likely, he would cry'.*

## **Babies in the group**

A discussion took place that focused on the babies, and several mothers suggested that their young babies did not get much out of attending the group. One mother explained:

*I don't think he really got that much out of it (the group) because he wasn't really interested in toys. . . . . It was more for me to get out and see people.*

Research on babies highlights how much babies and young children know and learn (Gopnik, Meltzoff & Kuhl, 1999). Research also demonstrates that babies are communicating from the moment of birth (Murray & Andrews, 2000).

Mothers felt that when their babies were older they became more interested in the group and the toys, and another mother said:

*I think now (he is older) he likes to play.*

Brazelton (1992) notes that at four months babies are learning to sit and use their hands to transfer objects, and this opens up a new world for them to explore. The babies' explorations are more visible at this age and more obvious to their mothers.

## **Group environment**

The group environment appeared to be important for the mothers, and one mother described how she was able to practice breast feeding in the group. An assumption can therefore be made that, to this mother, it was important that the physical space and environment were suitable for breast feeding. When asked about what aspects of the group were important, participants spoke about having a cup of tea and cake and having a chat. One mother summed it up:

*We just come to see everybody, and have a chat and a cup of tea, and not be in the house.*

Winnicott (1950) wrote in depth about the 'holding' environment of maternal care, and he regarded this as a physical and psychological process where the mother's careful handling of her baby is an expression of her love for her baby. The same process can be mirrored within groups for mothers and babies where the physical and psychological environment enables the mother and her baby to feel held, safe, valued and nurtured.

## **Information**

During the second focus group, a question was asked about what information parents would have liked when their babies were newborn, and there was no response. However, when asked a more specific question about information given at a parent craft group which three parents had attended, one mother recounted her experience:

*There was a discussion about sleep where everyone said for an hour, did you have any sleep, and everyone said no. There is not really much you can say about sleep.*

*That was quite good and then everybody would stay for a cup of tea.*

One mother talked about the importance of informality during group discussions and another mother described what she found helpful:

*It is nice to have somewhere you can have these sort of discussions about baby stuff. . . .*

*. . . .someone asks something and you have already experienced it.*

Two mothers also commented that it was nice to have the health visitor in the group, and another said that for the first time parent it is handy for someone to give out information.

In answer to the question of how information should be delivered, mothers responded by saying that it should be delivered via a combination of leaflets, a talk and discussions. One mother explained why leaflets were helpful:

*Because you are sleep deprived you could then take a leaflet away and read it at home.*

To summarise, the mothers in the focus group appeared uncertain about what information they wanted, although they valued the information they did receive, particularly when they were able to discuss it in an informal way.

Stadlen (2004) backs this up:

*Far from helping new mothers, the expert may undermine the confidence each mother needs to work out for herself what her baby wants. She needs some practical information on baby care, without too many stone-cast 'rules' (2004, p.45).*

## **Fathers**

The discussion about fathers was instigated by the mothers and not the researchers. There was a discussion about information given to fathers and one mother commented:

*All the information that he (father) got was always passed on through me.*

Mothers also talked about whether fathers would be welcomed in the group and one mother recounted a conversation she had with her partner:

*He said 'I may come to the baby group today', and I said that 'I am sure you can come but I don't know if other men have come. I don't know how you would fit in'. But he didn't come in the end.*

A discussion then followed about groups for fathers and when these could be held.

It could be argued that the mothers were suggesting that fathers of new babies need more information. The importance of involving fathers in Sure Start programmes has been well documented (Lloyd, O'Brien & Lewis, 2004). Information would obviously help fathers to support their partners and to develop a better understanding of their babies.

## **Implications for practice**

The aim of the research project was to use the research findings to inform and modify a proposed parent and baby group (see Appendix iv for details of the proposed group).

This section of the report will look at the practical implications of the research for the proposed group.

## **Feeding**

The research identified that new mothers have concerns about feeding their babies and that they need support and information about both breast and bottle feeding. Brazelton (1992) explored the dilemma of being an advocate for the baby and therefore being prejudiced about the value of breast milk, but also needing to listen to mothers and their possible reasons for choosing to bottle feed. In a group for parents and new babies *all mothers* are entitled to feeding support and health visitors are well placed to offer this. Peer support for breast feeding mothers may be a way of offering them additional practical and emotional support.

In addition to the importance of having discussions about feeding, the findings suggest that mothers need a comfortable and safe space in which to feed their babies, therefore it is



important for practitioners to think about room layout and comfortable chairs. For instance, practitioners could provide small areas within a larger room which may help breast feeding mothers feel less exposed.

### **Being a new parent & attending the group**

The findings from the research provided a reminder of how vulnerable new mothers may be feeling. Certain groups of new mothers have been identified as vulnerable. In rural areas it could be suggested that mothers without a car and those living in an isolated location could fall in this category. It is vital that practitioners work together to identify new mothers who may need additional support and build relationships with them, ideally prior to the birth of their baby.

The proposal for the new baby group identifies the importance of building relationships with families through home visits, but it underestimates the strength of feelings of new mothers and the possible challenges of attending a new group.

### **Babies in the group**

Several mothers suggested that their young babies did not get much out of attending the group. However, current research states that young babies are actively interacting with their environment from birth (Gopnik, Meltzoff & Kuhl, 1999; Murray & Andrews, 2000). Therefore, it could be argued that the young babies will be learning more from the group than their mothers realise. Within the group, practitioners could take this into account by creating opportunities for new parents to notice and discuss together their new born babies' behaviour and experiences.

## **Group environment**

The group environment includes the physical space and emotional atmosphere within which the group operates. This includes such factors as the 'warmth' of the welcome, the warmth and comfort of the room, and the quality of the relationships within the group. These are key issues for group work with parents and new babies.

## **Information**

One of the main components of the proposed group was to deliver information over a period of eight sessions covering various different topics. The findings suggest that although mothers want to receive information from professionals they also appreciate having an opportunity to discuss topics with other new mothers. Ensuring that information is delivered in an informal way, whilst also allowing for parental discussions, would enable this to happen. Practitioners would need to possess specific skills and knowledge including some understanding of group processes and the most effective ways to support new mothers without undermining their confidence. Practitioners would also need to have sound understanding about the physical, emotional, social and behavioural development of infants, including an understanding of attachment theories. Co-working between health professionals, children's centre/early years practitioners, and trained volunteers/mothers, could be a way of ensuring that this breadth of skills and knowledge is available. However there are challenges to co-working and in order for it to work effectively, all parties must be open to working in this way. The co-location of services can also create complications. For example, in the area where the group took place the geographical boundaries of the children's centre differed from the health visitor's boundaries.

The proposed group was to run as a closed group with start and finish dates. An alternative model would be a 'drop in'. All new families could attend the group when they are able and ready, rather than having to wait until a new group begins. An effective model for a rural children's centre could be a moveable 'drop in' where the group takes place in different locations according to the needs of the locality.

## **Fathers**

The findings suggest that mothers want fathers to be given more information and some want to attend groups with their partners. How this is done in practice needs to be thought through carefully. This must take into account the findings of this research about the vulnerability of new mothers and their possible feelings about breast feeding in front of other partners. The question of whether fathers should be encouraged to attend a new baby group and how to include fathers in support for new families, needs further exploration.

## **A theoretical framework - Maslow's Hierachy of Needs**

Maslow's Hierachy of Needs (Simons, Irwin, & Drinnien, 1987) demonstrates that by meeting certain needs an individual can reach higher levels of consciousness and wisdom. The framework has been used to influence a different number of fields including education. Likewise, it can provide a theoretical framework for thinking about the proposed group. For example, the basic physiological and safety needs of the babies and their mothers are taken into account when setting up the physical environment and providing appropriate feeding facilities and support. The babies' and their mothers' needs for nurturing (love, affection and belongingness) are taken into account through the respectful relationships between practitioners and families. Finally, and only after these basics needs are taken into account,

families can grow in knowledge and esteem to reach the 'higher needs' for deeper learning and understanding about their baby.

## **Conclusion**

This research has highlighted the following;

- There are challenges to being a new parent and new mothers feel vulnerable.
- New mothers have concerns about feeding their babies and they need support and information.
- Several mothers suggested that their young babies did not get much out of attending the group.
- The group environment is important.
- Mothers want to receive information from professionals, but they also appreciate having an opportunity to discuss topics with other new mothers.
- Mothers want fathers to be given more information, and some want to attend groups with their partners.

These findings can now be used to inform the development of a new parenting programme.

Many of the principles of the group, the mission statement, the aims and core values, will remain the same, but the group components will be changed significantly to take into account the findings of the research.

24<sup>th</sup> February 2010

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## **Appendix i**

### **Focus Group 1 – Questions**

- How did you found out about this group?
- What made you decide to come to this group?
- Any other thoughts about what made you come to this group?
- Did you know that there was going to be a health visitor in this group?
- Did you attend any ante-natal groups?
- How well prepared were you for the job of caring for your new baby?
- During the early weeks, what support or information would have helped you be better prepared?

### **Focus Group 2 – Questions**

- What was it like coming to this group for the first time?
- Why do you keep coming to this group?
- What may have prevented you from coming to this group?
- What were your expectations of this group?
- Thinking about other groups you have attended, can you identify what you found helpful from these groups, and what was unhelpful?
- Thinking about other groups you have attended, what subjects or information would you have liked to discuss, and how could this information been delivered?
- If you were running a group for parents and their new babies, what would you include?



## Appendix ii

### Parents' Experience of a New Baby Group in a Rural Setting in Devon.

#### Questionnaire:

- Are you a first time parent?                      Yes                      No
  
- If you are not a first time parent what are the ages of your other children?  
Child 1: age                      Child 2: age                      Child 3: age  
Child 4: age                      Child 5: age
  
- 3. What is your ethnicity?
  
- 4. Are you a lone parent?                      Yes                      No
  
- 5. Where do you live? (name of village/town)
  
- 6. How did you get to the group?
  
- 7. Do you attend any other groups?
  
- 8. How often do you see your health visitor?
  
- 9. Do you have family or friends locally who support you with your child?
  
- 10. Do you receive any other support? (please give details)

## **Appendix iii**

### **Parents' Experience of a New Baby Group in a Rural Setting in Devon**

#### **Participant Information Sheet**

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

#### **Why am I doing the study?**

We are practitioner researchers on the CWDC (Children's Workforce Development Council) practitioner-led research programme 2009-10. For our project we have chosen to find out your experiences of having a new baby and attending a new parent & baby group. We are therefore seeking the views of parents who attend a new baby group in a rural setting.

#### **Why have you been chosen?**

You are being invited to take part in this study because you are a new parent and attending a group.

#### **What will happen if you take part?**

If having read this information sheet you are willing to take part in the project please come along to this group next week. During the session we will have a group discussion in order to get your views and opinions. Before the discussion you will have an opportunity to ask any questions you may have about the project. We will then ask you to sign a form saying that you understand what the study is about and that you have voluntarily agreed to take part. If you agree to participate, we will tape record the discussion because it helps to make sure that nothing is forgotten.

#### **Do you have to take part?**

It is up to you to decide whether or not to take part in our project. If you do decide to take part you are still free to stop at any time. If you want to stop you do not have to give any reason.

#### **What will happen to all the information you provide?**

All information collected during the project will be kept strictly confidential. The audio material will be kept securely and destroyed once the information has been transcribed and saved on the Action for Children secure computer system. The findings of the project will be anonymised so that the identity of all participants will not be recognisable. The findings will be presented as a final report to CWDC.

**Contact for further information**

If you need any further information, please contact Jenny Sanders or Catherine Monger on **Tel. 01392 427063.**

**Parents' Experience of a New Baby Group in a Rural Setting in Devon**

**Participant consent form**

Please tick box

Have you read the information sheet?

Have you had an opportunity to ask questions about the project?

Have you received enough information about the project?

Do you understand that you are free to withdraw from the project at any time, without giving reason?

Do you agree to participate in the project?

Do you agree to allow me to tape record the discussion

Do you agree to allow me to use quotes from the discussion in the final report?

\_\_\_\_\_  
Name of participant,                      date                      signature

\_\_\_\_\_  
Name of person taking consent      date                      signature

## **Appendix iv**

### **Proposal for a new parent's group**

#### **Introduction**

The proposed group for new parents has been devised by Jenny Sanders, an Early Years Professional and Family Worker, and Catherine Monger, a Social Worker. Their experience of running groups for parents and babies (Here's Looking at You Baby, Treasure Baskets, Parent & Baby Group), and groups for parents (Mellow Parents and Incredible Years), along with their involvement in the Exeter Infant/Parent Service, means they have considerable experience of group work and family work with parents and babies.

The proposed new group has been informed by the following factors;

1. Parents are saying they need more support and information when they have a new baby, particularly first time parents.
2. Parenting support is a key element of children's centre work.
3. Children's centre services need to be informed by current theories and thinking, and be evaluated.

#### **The Group - Mission Statement**

**To deliver a group for parents of new babies. This group aims to support the early emotional, social and physical health of the baby and their primary carer(s). The group will reflect the growing evidence that our early experiences and relationships in infancy impact on our emotional health and well-being throughout our life.**

## **The Group - Aims & Expected Outcomes**

1. Provide a good experience for parent & baby - parental sensitivity to baby will be increased.
2. Provide support for parents - parents will feel more confident and able to support their babies.
3. Provide information for parents – parents' self esteem and knowledge will be enhanced.
4. Build relationships with parents and other practitioners - home and community networks will be strengthened.

## **The Group - Components**

1. The setting for the group and the group environment is important. It must be welcoming with refreshments on offer, comfortable and suitable for parents and babies, and be easily accessible for families.
2. Two or three people will be needed to run the group, and, where possible, one person to be a health visitor.
3. Before joining the group the family will receive a joint visit from their health visitor and a group facilitator. During this visit, information about the group will be given to the family, and personal hopes about the group will be identified.
4. The group will run for eight sessions, and will include the following topics; health issues, baby communications, baby play and explorations, and the transition to parenthood. The first session will be an introductory, 'getting to know each other' session, and the final session will be a celebration with other family members.
5. There will be a final home visit to evaluate the group and explore the 'next steps' with families.

### **The Group - Core Values**

1. Keeping the baby's well being at the heart of the work.
2. Valuing the parents' experience and knowledge of their baby.
3. Recognising that relationships are key in all learning and development.
4. Valuing the knowledge and skills of other practitioners and working in partnership with existing services.
5. Respecting each individual and recognising difference and diversity within this.

### **The Group - What Next?**

1. An evaluation document of the initial group(s) will be written. The evaluation will measure the expected outcomes and link them to Every Child Matters. The document will also include the theories that underpin the group.
2. Parental and professional evaluations from the initial group(s) will be used to identify whether any changes are necessary for future groups.
3. The possibility of implementing training for other practitioners to set up and run the group will be explored.

### **The Group and links to DfES National Evaluation Report** (DfES, 2003, P.5)

The group was to combine the following different approaches to promote children's mental health as described in the DfES National Evaluation Report;

5. **Parent-child bonding** - aims to enhance the mother-infant relationship
6. **Attachment theory** - aims to alter the mother's view of her infant by identifying the child's active role in their relationship and enhance responsiveness and consistency, so that the infant will develop in a more secure context.

7. **Developmental theory** - aims to strengthen parental interest in the child and responsiveness based on understanding of the infant's capabilities and signals.
8. **Padagogical-parent as teacher** - aims to increase parents' knowledge of child development and increase their competence and sense of confidence.

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