**Lambeth Early Action Partnership**

**Introduction to Family Foundations Parenting Course**

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**What**

Family Foundations is a pre and post natal programme for couples expecting their first baby together, developed in the US by Mark Feinberg, Research Professor and Senior Scientist at the Prevention Research Centre for the Promotion of Human Development, Penn State University. Professor Feinberg collaborated with the Fatherhood Institute to create a seven-session version for the UK.

The birth of a new baby is a time of immense change for a couple, and the transition into parenthood and the impact it has on their relationship can be overlooked through universal services. Family Foundations gives expectant parents the tools to take care of their relationship and their parenting team.

The focus is on the preparation of the couple to become parents, and creating a team around the child, rather than preparation for birth, with an emphasis on child-centred team parenting. Family Foundations has a cognitive focus and teaches a range of techniques to help couples work collaboratively as a parenting team.

Unlike other parenting courses, it does not use whole group discussion as the ‘work’ is done within the couple. The within couple approach increases the programme’s accessibility to a wider range of people from different backgrounds and cultures.

The programme involves four sessions before the birth and three afterwards. Mothers and fathers explore their own assumptions, desires and goals – and their aspirations for their parenting partnership, and develop solutions that work for them. Sessions feature a variety of exercises, information and video clips about different approaches to co-parenting.

Programme curriculum synopsis:
Delivered over seven sessions (four sessions before the birth and three post birth) lasting about 1½ hours and cover:

- Breathing/relaxation
- Impact of parental conflict and the importance of parents working together
- Understanding emotions - yours and the baby’s
- Managing stress and handling difficult situations
- Supporting the other parent
- Working as a team and division of labour.

**Father inclusive**

Family Foundations is intrinsically father-inclusive by its focus on the couple, where other ante-natal provision has a focus on birth and maternal health. Supporting fathers to be confident parents and supportive partners obviously has benefits for mothers and babies, but Family Foundations goes one step further and supports fathers in their own personal journey, allowing their own fears and expectations equal voice and promoting the role of the father to the mother. Facilitators are trained in father-inclusive practice to ensure that this message is not diluted and to support recruitment.

**FF Evaluation Outcomes – outline from the Fatherhood Institute:**

FF is a highly evidenced based parenting programme. In families who have taken part in FF there have been significant impacts on:

- Postnatal depression
- Improving parenting sensitivity and warmth
• Decreasing harsh parenting
• Fostering positive couple relations
• Establishing positive child self-regulation

**LEAP Outcome aims**
We want to introduce Family Foundations in the LEAP area to positively impact on the following areas outcomes:

• Parental communication and relationship skills with regards to managing their co-parenting relationship and responsibilities
• Parental mental health and stress
• Early parent-infant attachment and stress levels
• Infant social and emotional development

The aim is to provide a service to parents within the LEAP wards that feel they would benefit from in terms of managing their co-parenting relationship through pregnancy and caring for a new born baby/infant. With the longer term benefit being improving the parenting relationship and family environment that babies are born into and receive care within, trying to effect a positive impact on infants early social and emotional development.

**Professionals to deliver**
Family Foundations can only be delivered by FF trained professionals, the programme should be delivered by two professionals together; there are various options regarding which professionals can deliver the programme. Facilitators can come from a range of sectors, including early year’s education and social care, maternity and health services. They should have experience of working with groups and a good understanding of the needs of the local communities.

The following practitioners have been FF facilitators in other models of delivery:

• Family Support Workers/Family Outreach Workers
• Early years teachers
• Parent Support Advisors
• Midwives
• Health Visitors
• Family/Child Nurses

Evaluations, by the Fatherhood Institute, of various delivery models of FF have found the best model of delivery comprises of one education professional paired with one health worker. This is because they offer different and complementary skills and knowledge that parents appreciate and that aid the facilitation of the programme.

**4) Target group**

Family Foundations is a universal intervention but there are constraining requirements: that the couple are expecting their first baby together; that they are in the second or early third trimester; and that they are in a committed relationship. This can include same sex couples, non-cohabiting couples, couples where one person in the couple is already a parent.

**Suitability for LEAP communities:**

The LEAP area is extremely diverse, both in terms of language and culture, and there will therefore have to be some consideration of this when delivering the intervention, such as facilitators being sensitive to parents’ culture and individual differences. The Fatherhood Institute have explained that the intervention is NOT a ‘western’ model of parenting, as the parents themselves are given the communication and problem solving tools to work out an individualised best model of co-parenting unique to them and their cultural values, which best meets their needs.

**Where**

Previously FF has been delivered in a variety of settings from health to community settings, such as hospitals and GP practices, to children’s centres and community centres.