

Laying the Right Foundations



Family Foundations

Experiences and observations from a two-year trial in the UK

Introduction

This report pulls together experiences and observations from a small-scale trial of the Family Foundations programme in the UK.

Family Foundations is a well-evaluated 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 Center for the Promotion of Human Development, Penn State University. The programme was originally developed as a nine-session intervention and Professor Feinberg collaborated with the Fatherhood Institute to create a seven-session version for trial in the UK.

Over a two-year period (2011 – 2013), the Fatherhood Institute - working in partnership with 4Children and funded by the Department of Education – has organised the delivery of Family Foundations at 12 local authority sites in England.

The programme has been subject to a separate evaluation by OPM, whose focus has been to examine the outcomes for couples and children of mothers' and fathers' participation in the programme. This paper should be read alongside the OPM evaluation as it gives insight on the delivery and expectations of the programme.

The aim of this paper is to explore how the trial progressed from a practice angle, focusing on key issues including recruitment, promotion and delivery of the Family Foundations model, and taking into account its emphasis on the provision of good quality perinatal support to *both* parents.

In this small-scale trial, the Fatherhood Institute and 4 Children trained service providers from a range of backgrounds to deliver Family Foundations, a series of seven participatory sessions for expectant and new dads and mums, designed to enhance parent and child well-being by fostering attitudes and skills that support effective co-parenting and positive family relationships.

Existing research shows that Family Foundations improves family relationships and parenting quality, and reduces parents' physical aggression to children, child / parent emotional and behavioural problems, and maternal depression – particularly in low income families (3)

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.

Note: Throughout this report we use the term 'father' to include biological fathers and other men involved in the care of the child and in a relationship with the mother, including stepfathers, boyfriends or partners, whether living with the child full time or not.

The context of the trial

Research shows that with early parenthood come elevated rates of depression, stress and relationship conflict, and decreased romance and affection. If relationship troubles start they frequently spiral, and there is an increased likelihood that the couple will separate in the two years post-birth.

We know that new parents are highly interdependent. For example:

- 96.4% of new parents are married, live together, or live apart but say they are a couple (or good friends) (*Kiernan & Smith, 2003*)
- 78% of teenage mothers register the baby's birth jointly with the father (*DCSF/DH, 2009*)
- 70% of today's new mothers turn to their partner for emotional support, compared with only 47% in the 1960s (*GMTV survey, 2009*).
- 18%-33% of couples report an improved relationship (*Gottman et al, 2010; Cowan & Cowan, 1995; Belsky & Kelly, 1994*); the rest experience relationship satisfaction decline, which in many cases never recovers (*Doss et al, 2008; Lawrence et al, 2008*).

Research also suggests that mothers whose partners are confident birth partners and hands-on parents, do better:

- Gibbins & Thomson (2001) found that labouring women benefit when they feel 'in control' of the birth process. They also found that a key component in this is experiencing support from their partner during the birth
- Fathers who have been prepared well to participate in the labour process tend to be more active participants, and their partners' birth experiences tend to be better (for review, see Diemer, 1997).

While the importance of supporting both parents during the transition from being a couple to being a couple with a child may be acknowledged by services, it is rarely addressed within parenting classes. Ante-natal parenting courses tend to focus on birth preparation and baby care, with little or no emphasis on the importance of working together as a team or the likely changes to the couple's relationship. Ante-natal education tends to be mother-focussed and can be alienating for expecting fathers.

Family Foundations, by contrast, takes a ‘team around the child’ approach to parenting; is intrinsically father-inclusive; and encourages both parents to develop their skills as hands-on parents and sensitive, loving partners – enabling them to work together, as co-parents, for the benefit of their child.

Frank Field’s Independent Review on Poverty and Life Chances identified the importance of a healthy pregnancy; good maternal mental health; secure bonding with the child; the love and responsiveness of parents; clear boundaries; and opportunities for a child’s cognitive, language and social and emotional development (1)

The Allen review noted that 38% of women reported (according to the Quality Commission) not being offered any antenatal classes, and stated that: “Health and early years’ services *need to do more to ensure that expectant mothers and fathers* [our italics] are offered high-quality community-based preparation for parenthood that includes learning about the needs of babies during pregnancy and early life and how to make the successful transition to parenthood” (2).

The review has focused in particular on programmes that can be seen to provide cost-effective solutions which improve social and emotional capability and break intergenerational cycles of disadvantage.

Against this backdrop, we set out to explore the potential of Family Foundations to improve outcomes for families in a cost effective way; and its capacity to provide services with the ability to engage early with families in father-inclusive ways.

Choosing the trial sites

We invited local authorities to apply to be part of the project and took them through a structured selection process which included a self-assessment of how successful they had been in engaging fathers and couples and establishing collaborative working between early years and health services; and what had been their experience of delivering parenting programmes.

Initial discussions were held with parenting commissioners or equivalent, who were then to become the lead for the authority on this project. We agreed to partner with Birmingham, London Borough of Barking and Dagenham, Reading, Sheffield (two sites), Darlington, Hartlepool, Merton, Sheffield, Dudley, Surrey and Essex. Reading, Barking and Dagenham and Birmingham were selected to be part of the in-depth evaluation by OPM.

All local authorities received training to deliver the pre- and post-natal curriculum, and with a particular emphasis on father-inclusive practice. We trained a total of 108 practitioners from a range of backgrounds including Children's Centre staff (the majority) and health practitioners. The local authority leads managed recruitment to the training, securing agreement from the practitioners' managers that they would be released to receive the training and deliver the course to parents.

Early years services have experienced many changes and cuts during the period of our trial, and in some partner authorities this has led to a dramatic cut in practitioners able to deliver Family Foundations. The cohort of trained practitioners fell by 75% by the end of the trial, resulting in fewer courses being delivered; and reduced capacity among those trained practitioners remaining in post – who have had to cancel courses in order to prioritise targeted and core services. Five of the 11 parenting commissioners lost their posts during the trial, and this impacted negatively on the trial through a loss of focus on delivery targets and lack of coordination of programme delivery

Recruitment to the courses

Recruitment to the courses has been a challenge for all local authorities. Family Foundations is a universal intervention but there are constraining requirements: that the couple are expecting their first baby; that they are in the second or early third trimester; and that they are in a committed relationship.

It is common for practitioners to believe that there are large numbers of single parent households in their localities – a claim which is not evidenced by research. We know from many years' experience of working with practitioners in a variety of settings, including Children's Centres and maternity services, that this can, in itself, be a major barrier to engagement with fathers, because what lies behind and flows from it is an assumption that services should be designed for, and promoted and delivered to, mothers only.

Once a mother-focused service is in place, it is likely to be accessed exclusively by mothers, thus confirming in the provider's mind that only mothers are interested (in parenting support, and - by extension – in parenting).

It is also worth noting that mothers may 'hide' fathers from services so as to protect or gain access to better social security benefits.

In fact, many fathers will be actively involved in the lives of mothers from conception onwards, and will be in need of information and support in order to make the best possible job of supporting her through the pregnancy and birth, and of becoming a sensitive, hands-on father. Some may lack confidence around their impending role, and need more intensive help.

We addressed these issues with practitioners through father-inclusiveness training, and all now state that the recruitment of couples has allowed their service a greater opportunity for early engagement with fathers.

The trial sites have employed a variety of referral systems, generally fitting in with existing referral routes for parenting courses. There have been varying degrees of success and each approach has had its own challenges.

The most successful has been a model which involves midwives referring couples and being part of the course.

The least successful model of recruitment (also the most widely used) has been a service-specific model. The practitioners publicised the courses they were to deliver from their setting and relied on usual referral systems. Often this meant that the couple would already have contact with the setting/centre and at least one member of staff.

Practitioners report that they felt a huge responsibility to contact the couples and this has relied on individual commitment and capacity.

This has led to low numbers of couples attending the courses and a lack of choice being available to couples regarding venues and timings. Practitioners often felt 'tied' to engaging only with couples within their service area despite reassurance from local authorities that this could be a pan-area offer. This was felt to be due to managers understanding that OFSTED would only look at monitoring from the post coded area. Publicity and promotion work was only carried out within the set area.

The more successful self-referral method in terms of recruitment has been a model where one central contact (normally within parenting services) holds all the details of courses available. Parents would then contact this central point to book onto the most appropriate course. Sometimes this would not be their nearest setting to their home but the course with timings that suited their working hours, and/or the venue nearest their workplace. Publicity and promotion work was pan-area, which led to couples accessing the course without having a first contact with a service or Children's Centre.

Course delivery

It was essential to the evaluation of the project that delivery conditions were as similar as possible at all sites. This meant that practitioners were expected to maintain a high level of fidelity to the curriculum and the values of co-parenting. Practitioners found Family Foundations easy to deliver but while there are similarities to other parenting courses (for example, its use of video clips, flip chart, handouts etc) there have been some new challenges for facilitators.

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. This has been a challenge for practitioners, as it is common practice in parenting courses to use a quasi-group therapeutic approach.

In allowing couples to work together without feeding back to the group, the practitioners saw the benefit of the safety and closeness of the relationship. One practitioner stated that when she observed interactions between couples she "saw love, which is uncommon in parenting courses"; another stated that a father had protectively put his hands on the mother and her belly when listening to her experiences of being parented.

Many practitioners were anxious that the breathing/relaxation exercise which is used extensively throughout Family Foundations would not appeal to the fathers. This proved to be unfounded and evaluations have shown that both parents find this element of the course useful and have carried it through after the course.

Some authorities chose to compress delivery of the course, delivering the four pre-natal courses over two extended sessions. This may have been convenient for practitioners

and for venue bookings but parents have reported that the sessions were, as a result, too long and uncomfortable for expectant women.

Most courses have been delivered on weekdays, with some happening on Saturdays. The most popular timings for courses have been Saturday mornings or early evening.

LOCAL AUTHORITY CASE STUDY: READING

*The courses which saw the largest numbers of couples attending were held in close partnership with health/midwives. The Family Foundations course was delivered as part of the universal offer to expectant parents in Reading, with an added element of **preparing for birth** sessions, delivered by midwives. This did mean a longer session for couples, but all evaluations highly valued the joined up approach. Recruitment was through area-wide publicity, individual midwife contact and promotion by early years settings.*

Christine Hollingshead, parenting commissioner, has been a strong lead in this project and proactively engaged health services in early discussions, which led to this innovative and collaborative approach. Chris has been supported by two members of staff to ensure support centrally, and this small team have been highly effective in supporting the delivery of the courses and acting as the central contact for couples enquiring about the course. Courses have been delivered in Children's Centres and the local hospital and have been delivered on Saturdays and weekday evenings.

Staff from a number of agencies have been trained to deliver Family Foundations, including specialist midwives, health visitors, community development workers, teenage pregnancy officers, parenting practitioners and a play ranger. They all report that working with other colleagues across different agencies has been a very positive experience. One member of the team has reconsidered a previous decision to leave her profession as a direct result of the programme; another stated that it had given her the confidence to apply for a promotion.

Chris reports that the majority of enquiries have been initiated by the fathers, and that this was very different to other parenting courses. There has been good follow-up with couples after the prenatal course, which has led to long relationships within the group. Evaluations show that couples have highly valued the course. One couple even chose to give their baby the middle name 'Meseret', which is an Amharic name meaning 'foundation'.

Conclusion

The Family Foundations programme has been a difficult one to deliver for many of the local authorities in our trial, occurring as it has in a time of great change to frontline services. Cuts to the workforce, a greater emphasis on targeted support and the loss of central leads have all seriously impacted on the delivery of the programme.

Despite the challenges of delivery, all local authorities have valued the course content and have the desire, if not the capacity, to deliver. It has been seen as a crucial 'plug' in the gap of provision that identifies and addresses the parenting team.

One main challenge for many authorities has been that the crucially important and valuable relationship between health and early years services is not embedded, so services are all too often developed and delivered in isolation. It has been difficult for many early years practitioners to get support – and, as a result, referrals - from their health colleagues, due to a lack of strategic partnerships. It was widely felt that midwives have a large workload and any additional work, such as referrals, would not be welcomed, but this was not held by health staff.

In areas where referrals from health have happened systematically there have been strong relationships between health and early years and both have grown to understand and value the benefits of the course.

Recommendations

Our recommendations for how best to ensure the effective delivery of the programme are as follows:

- There should be a central local authority lead in charge of the development and delivery of parenting programmes. This would enable a universal roll out of Family Foundations that does not exclude parents because of where they live or their perceived level of need.
- There should be a central contact point within authorities to provide details of courses and book places as a way of ensuring choice for parents and reducing the risk of couples failing to access information on the course.
- There needs to be a collaborative approach to working practices between early years and health services, to ensure expectant couples receive timely and appropriate information regarding parenting support.
- . Where possible, Family Foundations should be offered alongside existing 'Preparing for Birth' sessions or co-delivered with health professionals.
- The Family Foundations curriculum should be adhered to without alteration, to ensure fidelity to its key values of co-parenting and father-inclusive practice.
- Training in father-inclusive practice and working with couples should be offered to both the early years and health workforce as a precursor to deliver of Family Foundations.
- Services should proactively engage and follow up with both mothers and fathers after the completion of the course, to encourage their use of other services.
- Commissioners should give careful consideration to investment in the capacity and skills of practitioners able to run Family Foundations as cuts are made to front line delivery. The programme is one of the earliest of interventions, meaning it is well placed to protect against other risk factors.
- Consideration should be given to different delivery methods, including intensive delivery to individual couples via home visits along the lines of the Family Nurse Partnership model.
- There should be an effective process to identify and support couples who have suffered miscarriage or stillbirth after they have been recruited into Family Foundations, and authorities should be proactive in offering signposting and support where needed.

Quotes from professionals

It posed a few problems as the original referrals came from the midwives who initially discussed this with the expectant mothers at their booking appointment. This meant that there were a number of months between this and our contact, and we felt that this put us at risk of contacting couples who had experienced miscarriage in the meantime—
Commissioner

The roll out of this course has come at a very difficult time. This is perhaps the most challenging time we have had as a Council with staff cuts. Those who delivered the course said how successful it has been for those families who attended, so in essence the problem has not been the course but rather the timing. As in all parenting programmes, recruitment has been an issue. – **Commissioner**

One of the best things I found was when we started to give topics to couples to work through and for some it was a light being switched on, it was something they had never thought about. For example, when it was ‘what sort of parent are you going to be?’ one guy was like “well, I’ve never thought about that, I’m going to support her” – **Health visitor**

What came up (for a few of the fathers) was the fact that most courses focus on labour, labour, labour. They liked that this really focused on fathers and it was really interesting to come and not hear about birth and labour. – **PCT practitioner**

‘One of the most memorable moments for us as a group was when they were discussing their feelings and dealing with conflict and one couple were talking about an incident that happened in their family and said gosh I didn’t realise it had such an effect on you. Then the mum started crying and was able to really release all the emotions. Some of the things we were doing really helped them to explore their own feelings and talk to each other, really find out how they both feel which is more than what you get in birth preparation classes.

The group bonded really well though, which was another positive - so we were able to manage. It showed me that perhaps in that particular session we could have given more space for couples if needed. But no, it was a very positive thing and they weren’t embarrassed about it.’ – **Midwife**

‘When we made our introductions at the very first session - who we were and our role - one of the practitioners we were working with gave a little bit about her history and how passionate she felt about facilitating this brand new course and then she started to cry. It was just that emotion... what she was talking about was being able to watch them develop into being a family and how important that was and I think to me that was a moving moment but it also brought everyone together and made us realise the importance of a family and how lucky we were going to be to witness these couples going through a brand new experience that was so precious. So it got me, it started off

the whole sort of process of understanding how important it was. It struck a chord with everybody in that room it was not just an emotional moment. It was something that I thought was very special.’ – **Children’s Centre worker**

‘I felt it was a very positive experience and especially in working with colleagues outside of where I normally work. And also watching how the parents bonded together. One of the couples in particular did really grow throughout the whole process - they were just much more of a couple at the end of it and that was a really positive experience seeing them grow’ – **Specialist midwife**

Quotes from parents

“Meeting up with first time mums and dads with similar feelings of excitement and worry”

“Lovely, welcoming and knowledgeable trainers.”

“The role play which showed in one situation... how it could be different when we react differently... worked really well.”

”Only 3 and a bit weeks to go now, bit scared, but less so because of the course, it's really helped us to prepare, physically and mentally.”

“We all met up, you will be pleased to know! Around a month ago now, but meeting up again tomorrow actually, for the last time until the first birth, ours! It's been great actually, all comparing notes, we don't really know anyone else in our situation.”