

Growing Strong

Attitudes to building resilience
in the early years

Research commissioned by NCH



the children's charity

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1. Executive summary

Their emotional stability as a child is, really, it's what sets them up

(Sure Start Children's Centre user, Manchester)

NCH's Growing Strong campaign aims to raise awareness about the impact that emotional wellbeing, self-esteem, social skills and resilience have on young people's futures and in helping to increase social mobility. This report forms part of this programme and details qualitative research conducted in order to understand parents' priorities in terms of resilience and emotional wellbeing, and to find out the language parents use to talk about these things. In addition, the research sought to provide insight into parents' responses to different programmes that could and are being used to boost children's resilience and emotional wellbeing, as well as understanding the most effective language for communicating these issues.

Our research engaged 48 parents, all mothers, in a series of focus groups held in London, Liverpool and Manchester, where consecutive discrete groups were held with Sure Start Children's Centre (SSCC) users and non-users and involved a representative cross section of people. As such, elements of the research and policy context refer to England rather than the UK as a whole, however there are few reasons why conclusions drawn from the qualitative data about emotional wellbeing should not be valid across the UK.

Our findings help to shed new light on parents' attitudes and experiences of Children's Centres themselves as well as the notion of providing support for children's resilience and emotional wellbeing in general.

- Parents tend to support the idea of public services that promote children's emotional wellbeing. They do this within boundaries and with conditions attached, and there are parts of bringing up children that they see as entirely private matters.
- Participants in our research see their child's social and emotional development as the bedrock of their overall development and 'wellbeing'. Parents talk about resilience and emotional wellbeing in terms of social skills, confidence, the ability to bounce back and school readiness; less in terms of literacy and numeracy and more in terms of the social and emotional ability to cope.
- Participants tended to support the idea of universal provision of SSCC and the services they offer. This is particularly the case among those who have had experience of them already. Those participants who had not had experience of SSCC were generally split in their

attitudes toward the services between: 'How come I have not heard about this before?' and 'I wouldn't personally use this but can see the benefit for others'. Among a few there was a sense of stigma attached to SSCC as being for the most disadvantaged families.

- Participants would like such services to be available to all on a voluntary and flexible attendance basis. Time-poor working mothers in particular identified the need for on-the-spot parenting advice and tips at SSCC.
- Participants' response to nurse-family partnerships (NFP) tended to relate directly to their experience of health visitors. Those who felt they had had 'unqualified' intrusive health visitors were more likely to view NFP as unwelcome interventions, expressing the view that they did not like being told what to do in their own home. Those who had had more positive health visitor experiences were more likely to respond positively to the idea of NFP. Some said that they would be more likely to be responsive to one-to-one advice given in their own home.
- In general, self-esteem building courses specifically for parents were met with some scepticism. Others suggested that taking part in any course would function to increase self-esteem and confidence and as such it is unnecessary to have a distinct course on this (which would be unlikely to attract the people who might need it most anyway, by virtue of its name). Many suggested they needed to be called something else: 'Boost your communications skills', for example. NCH seem to have successfully named their self-esteem boosting course 'You Can'.
- The boundaries for appropriate and sensitive levels of state intervention and support differed substantially between participants. Participants generally saw an important role for the state in their children's development but these were limited. Participants often wanted advice on a take it or leave it basis but were prepared to accept services or advice on quite intimate subjects or areas. Conversely any suggestion of mandatory programmes tended to be received poorly; similarly programmes framed as correcting a deficit in parenting rather than offering support were not well received.

1.2 Recommendations

A number of recommendations for central and local government, service providers, the media and parents flow from this work. Some of these relate to the way the concepts discussed in the research can be communicated to parents and the wider public. Others relate to how services could be better configured, based upon the views of the parents consulted. A minority refer to the direction policy on children's services could take.

Government

Parents see an important role for government in providing services and support that can help develop the emotional wellbeing of their children. Fulfilling this role means not just providing appropriate services but also ensuring that they are offered in a manner that respects parents' autonomy.

We recommend that:

- access to such services should be mainstreamed through Children's Centres
- universal services should be provided on a voluntary basis, with Children's Centres developing and proactively marketing programmes parents want, informed by the growing evidence base around effectiveness
- government should support Children's Centres in developing emotional wellbeing programmes, both in terms of the content of the programmes and in developing communications plans to inform parents about the courses in an appropriate manner
- government should consider further investment in the kinds of interventions that have been shown to be successful in the US and on a small scale in the UK
- government should support rolling reviews of the outcomes of services in order to build up the evidence base, develop more effective programmes and improve the quality of performance indicators
- as part of the process of agreeing Local Area Agreements, government should ensure that local government are well informed about the significance of emotional wellbeing in a range of child development areas

Local government

Local government, particularly through the indicators chosen as part of Local Area Agreements, can play a key role in determining the extent to which emotional wellbeing is a local priority.

Away from the strategic level, local government can play an important co-ordinating role between Children's Centres, schools and health services, both in children's early years and beyond.

We recommend that local government:

- take steps to ensure that children's emotional wellbeing is given appropriate consideration in drawing up Local Area Agreements
- ensure that service commissioners are well informed about the significance of emotional wellbeing and equipped with appropriate tools to monitor public services' performance in this area
- ensure that every prospective and new parent is informed about the services available at their local Children's Centre
- take steps to increase awareness of Children's Centre services, especially among first-time parents
- recognise that third sector organisations are often best placed to deliver children's services, particularly in fields such as emotional wellbeing where there is a delicate balance between providing useful services and perceived intrusion into private life
- make use of the insight and trust that third sector organisations have in this area, particularly among service users with poor experiences of statutory services
- take parents' views into account when co-locating Children's Centres with primary schools. This can lead to a preference for co-location, although this could be in tension with other priorities
- explore the extent to which emotional wellbeing is taken into account as children enter full-time education and consider helping primary schools to take emotional wellbeing into account when developing their school plans

Service providers

As the case studies in this report suggest, many service providers are doing an excellent job in developing high-quality programmes and broadening the extent of involvement in those programmes. Importantly, the focus groups demonstrated that some third sector organisations are well placed to offer children's services as they tend to have higher levels of trust than some directly state-owned institutions and often have greater flexibility in engaging with individuals from communities with high levels of deprivation.

We recommend that service providers:

- tackle the negative associations that some parents have with Children's Centres through promotion of the benefits of involvement and by continuing to expand the user base beyond socially marginalised groups
- ensure that access to services is made available to every parent, no matter their background
- communicate in a language that parents can readily engage in and which they do not find stigmatising
- run open days with existing centre users on hand to give 'testimonials' and talk about the benefits they have experienced
- encourage existing service users, particular those from key target groups, to act as advocates for services with their local and cultural communities
- continue to use Sure Start on a universal basis as a gateway to targeted interventions. Parents see this as an intuitive way of accessing SEN services and also see universality as reducing stigma

The role of the media

Television programmes such as *Supermanny* and *House of tiny tearaways*, as well as the internet, are currently used by some parents as valued resources for information and advice on parenting. Their focus on the successful resolution of difficult situations and behaviours points to the necessity of communicating the benefits of any 'intervention', whether it be a parenting programme or a television programme.

We recommend that:

- public service broadcasters ensure that influential programming provides advice grounded in good practice
- non-broadcast channels are used to help parents find services that can help them in their parenting

Cross-cutting recommendations on the use of language

I think if you label it as parent classes, I think people automatically think 'Well I know how to be a parent, I've done it for two years now'

(Sure Start user, London)

If they say 'sharpen your communication skills' and then in part of it they deal with self-esteem, then you're not singled out, you're not feeling like you're going: 'Hi, my name is Charlene, I'm here to improve my self-esteem'

(Sure Start user, Manchester)

Parents were put off by programme names and communication materials that implied a deficit in either the parent or the child. Programmes perceived to be targeted at poor parents or deprived groups were also received negatively on an emotional level, even if people felt the content could be of value. The quantitative case either way is yet to be made, but the qualitative evidence suggests that universal provision would reduce barriers to take up by key target groups.

The term 'emotional wellbeing', while not off-putting, was confusing and did little to communicate the value of services. Terms that had currency included:

- social skills
- being able to get on with other children
- confidence
- independence ('being able to enjoy their own company')
- security
- bouncing back
- behaviour (good and bad)

We recommend that:

- communications should frame programmes in terms of benefits that do not imply a prior socially stigmatised deficit in parents
- communications should use everyday language
- universal provision of services should be valued both in itself and as a way of increasing take-up in target groups by reducing stigma, unless evidence emerges to the contrary

Parents

Parents view parenting first and foremost as their responsibility. However, most of the parents involved in the research also saw an important role for the state working alongside parents. Just as they believe that the state has obligations to them, so they realise that they have obligations to society and their children. At a practical level, this means doing what most parents do – from showing up for appointments at Children’s Centres to taking responsibility for their children’s behaviour.

We recommend that:

- parents sign up to an implicit contract with service providers, accepting their responsibilities as service users

Further research

NCH supports the government’s commitment to develop a performance indicator for local authorities’ success in improving resilience and emotional wellbeing outcomes. In support of this and in relation to the evidence gaps identified by NCH’s wider literature review conducted as part of this research, it is suggested that there is a need for investment in significant and, crucially, longitudinal research into what the most successful interventions are – both universal and targeted.

We recommend that:

- there is funding of and provision for accumulating evidence-based and, crucially, longitudinal UK-wide research into what the most successful interventions are, both universal and targeted
- there is more research into the gap in the psychology of resilience research around family and community resilience (as opposed to individual resilience) identified in our literature review
- non-proxy-based measures of emotional wellbeing are developed, with guidance for outcome measurement
- a performance indicator is developed to help local authorities gauge the success of initiatives to improve children and young people’s resilience and emotional wellbeing

2. Introduction

Parents have long known that their children's emotional health can be just as important as their physical health. Children's development doesn't just depend on food, water and protection from harm, they also need emotional support, opportunities to play and a chance to develop their personalities.

This analysis has long been common sense for parents and is gaining the importance it deserves in public policy. A growing evidence base demonstrating the link between emotional wellbeing and educational, employment and other positive outcomes for children in later life, coupled with the success of programmes designed to boost emotional wellbeing, has forced the issue up the political agenda.

Children's early years have been a key focus of attention for the Labour government in recent years, with £600m having been invested in the Every Child Matters agenda to date and £300m to be invested over the next Comprehensive Spending Review cycle to 2011. In Scotland, Northern Ireland and Wales, early years service provision has also been subject to policy debate and overhauls.

These responses to evidence that a child's life chances can be substantially affected very early in their lives have seen initiatives such as Sure Start developed to help give all children a good start in life. More recently, attention has been focused further on concepts in child development theory that discuss how factors such as emotional wellbeing and the ability to bounce back from adversity, otherwise known as resilience, may influence outcomes in later life and how they may be developed.

Earlier this year, the government set out a view of how policy for children and young people should develop, named *Aiming high for young people*.¹ This was intended to inform the 2007 Comprehensive Spending Review. At the centre of this strategy for services that impact on children's (and their parents') lives is an emphasis on the importance of good social and emotional skills in helping children and young people to become more resilient, and to raise the aspirations of every child.

The strategy aims to:

- raise the life chances of all children and young people
- prevent problems by building resilience to the risks of poor outcomes and supporting children and young people as soon as possible when problems emerge
- support those families with the poorest outcomes, caught in a cycle of low achievement

- support families with disabled children to improve their outcomes

One of the most pressing debates around early years services and emotional wellbeing is around the appropriate role of the state and service providers in the highly private realm of personal development. On the one hand, some see emotional health as akin to physical health, and do not see any particular issue with state-financed services designed to boost child development in this field. Others, arguing for a more rigorous distinction between public and private spheres, see such programmes as a form of nanny-statism and intrusion into private life. The debate can quickly become sterile as ideologies conflict, with both sides highlighting the excesses of the other's point of view while focusing on the most uncontroversial aspects of their own. Headlines such as 'A plague of these parenting know-alls' (*Daily Mail*, 24 May 2006), 'Should the government tell men how to be fathers?' (*Daily Telegraph*, 4 June 2007) and 'Happiness lessons will only add to children's angst' (*Independent*, 10 July 2006) go some way to highlight this.

In this research, we sought to get beyond the ideological debate about the role of the state in this realm by talking directly to potential users of services designed to boost children's emotional wellbeing. Instead of thinking in the abstract about what the appropriate roles for the state and voluntary sectors are, we asked parents what criteria they would use in deciding whether to send their children to such services. We let parents be the judge of what constitutes nanny-statism and what is the provision of a useful service.

This is backed up with a view of the evidence around the significance and effectiveness of interventions that seek to boost emotional wellbeing. Looking at evaluations of programmes from across the UK and beyond, we have developed a picture of the potential impact of services designed to boost emotional wellbeing. As a result of this, we sometimes chose to evaluate programmes run in the USA as part of the qualitative research – this is not because current practice in the UK is inferior but because many interventions in the USA are better evaluated.

Given the desire for parents themselves to be the arbiters of what counts as intrusion and what counts as desirable service provision, the report focuses on universal services – ie services that are supposed to be of relevance across the whole population.

¹ *Aiming high for young people: a 10-year strategy for positive activities*, HM Treasury and Department for Children, Schools and Families, July 2007. Available at www.hm-treasury.gov.uk/spending_review/spend_cs07/reviews/cyp_review/cypreview_index.cfm

As we shall see, this approach proved valuable. We found that parents do draw distinctions between services they consider intrusive and those deemed of value. Importantly, these lines are not so much determined by the purpose of the service, but instead by the way the service is provided – whether it is voluntary or compulsory, whether it takes place in the home or outside, how it is described and so on. Moreover, the key issue in deciding whether or not a service was suitable was not intrusion, but efficacy and convenience. Services that parents felt would work and which they could access reasonably easily tended to get the thumbs up.

3. Theorising resilience and emotional wellbeing

3.1 Background to the concepts

Resilience and emotional wellbeing are used as terms of reference in tandem throughout this report.

Emotional wellbeing is one of the most commonly used concepts to talk about overall mental health and wellbeing for children and young people and their later life outcomes. In turn, it is seen as a key factor to the overall health and success of individuals and society as a whole. Love et al see it as:

‘The ability to develop psychologically, socially, emotionally, intellectually and spiritually. Secondly, this ability was “functional” in that it allowed individuals to recognise, understand, manage and express emotions. Finally, such activity was purposeful, in that it was directed at satisfying both personal and social goals.’

(Love et al, 2005: 6)

Emotional wellbeing is a composite concept, comprising concepts that are either used in conjunction or are seen to some extent as interchangeable. These include emotional intelligence, emotional literacy, and social and emotional competence. Due to the fact that emotional wellbeing is such a fluid concept, there is a broad base of review and evaluation work into identifying indicators, causes and negative influencing factors. These cover a range of issues, from low birth weight through to parenting styles and incidents of bullying at school.

It is generally agreed by psychologists that the make-up of emotional wellbeing and competency are the result of developmental and socialisation processes that start in infancy and are influenced by a range of factors. ‘Ecological’ or holistic approaches toward emotional wellbeing hold the most currency as they take into consideration a range of determining factors playing on a child’s likely outcomes, notably family relationships, genetic inheritance or biology, socio-economic circumstance, schooling experience and so on. While the influence and confluence of various risk factors and mental health/illness outcomes is well researched, how such factors contribute to the presence or absence of emotional wellbeing is not so well understood.

Academic interest in resilience in particular (as a component of emotional wellbeing) stems from observing that some children exposed to severe adversity go on to prosper and ‘succeed’ as adults. The study of the concept revolves around

understanding why this happens; that is to say, which behaviours and competencies are associated with resilient behaviour. The study of resilience also involves trying to understand how these behaviours may be encouraged or promoted, often through public service interventions of one sort or another. Increasingly, the concept of ‘resilience’ is being talked about as an additional and useful indicator of overall wellbeing, and emotional wellbeing in particular. Current interest in resilience and identification of the need to build up an evidence base of interventions that are designed to boost it has the potential to help policy makers understand and replicate the things that help young people deal with adversity.

Resilient behaviours in children may be encouraged through reducing exposure to risk factors (eg income poverty, poor maternal health, divorce and parental discord) and the promotion of protective factors (eg educational achievement, self-efficacy, strong internal locus of control, positive relationships with supportive adults). It follows, therefore, that policy makers are likely to be interested in interventions that do one or both of these.

‘Resilience is characterised by the presence of good outcomes despite adversity, sustained competence under stress or recovery from trauma’

(Masten and Coatsworth, 1998)

‘Werner and Smith (1988) concluded that most children seem to have self-righting tendencies and that competence, confidence and caring can flourish even under adverse circumstances. They noted that positive relationships rather than specific risk factors seemed to have a more profound impact on the direction that individual lives take and that it appears that it is never too late to change a life trajectory’

(Howard et al, 1999: 309)

Research into resilience – the study of children who ‘succeed’ in spite of a variety of adverse factors such as poverty, neglect, war, abuse, parents disabled by physical or mental illness – emerged as an offshoot of longitudinal studies by a group of researchers in the US, most notably the results of the Kauai study (Werner and Smith, 1977; Garmezy and Rutter, 1983; Masten et al, 1990; Cicchetti and Garmezy, 1993; Luthar and Cicchetti, 2000 and Yates and Masten, 2004). Their studies of children at risk found a recurrence of successful outcomes for children for whom all other indicators would predict negative long-term outcomes. They wanted to know why and how such positive outcomes could emerge, and why and how some individuals were more resilient than others.²

In part, research into resilience was part of the shift from a deficit model to a positive model of the psychology of mental ‘health’ discussed earlier. Deficit models were based on negative and deterministic framings of wellbeing in terms of a child’s risk toward psychopathology. In socio-biological terms, the development (or not) of resilience as a coping strategy is seen as a form of environmental adaptation:

‘Resilient patterns of adaptation are strengthened when individuals are supported in engaging, accessing and utilising resources, both within and outside the self, to negotiate important developmental challenges successfully’

(Newman, 2004: 8)

Subsequent research has found, by way of an initial focus on single risk factors such as premature birth, low birth weight, divorce or abuse, that such risks rarely occurred discretely and that the likely development and maintenance of resilience gets worse the more risk factors there are at play. Today, a growing body of ‘resilience’ research looks to identify risk factors that make socially unacceptable behaviour (anti-social behaviour, violence, drug or alcohol abuse, self-harm etc) more likely to happen. It also looks at factors that prevent or limit children and young people in engaging in socially unacceptable behaviour, and toward factors that promote resilience in the face of adversity.

A focus on resilience is not without its critics. Some argue that labelling children as resilient can be as dangerous and misrepresentative as labelling others at risk in deficit models. It is more common to talk of resilient behaviours and competencies rather than resilience. In part, this is because

resilience is not a discrete quality that children possess or not. Resilience is a relative and changeable attribute and if circumstances change, the risk to resilience changes too. Hence a child may adapt positively to some adversities and not to others. Others, such as Mangham et al (1995) have suggested that resilience research in psychology is overly focused on the individual perspective, ignoring the potential for resilience at the family or community level. Indeed, plugging this gap in the research evidence should be a priority.

More significant are problems that may arise when the concept is operationalised: significantly how to distinguish a ‘resilience’ approach from existing good practice in the field of children’s services (Newman, 2004).

Luthar and Cicchetti (2000) suggest that it is important for researchers using a resilience framework to lock it down as a term of reference. To this end, their rules for resilience research are put to use in this report:

- provide clear operational definitions of the construct in all reports
- use the term ‘resilience’ when referring to competence despite adversity and not ‘resiliency’ (which suggests a personality trait)
- apply the adjective ‘resilient’ to characterise trajectories or profiles of adaptation, rather than groups of children

(adapted from Luthar and Cicchetti, 2000: 864)

3.2 Unpacking resilience: what promotes it, what prevents it?

The relatively small amount of research into resiliency has been concerned with finding out what prevents resilience (risk factors) and what promotes resilience (protective factors). Much of the research into resilience and risk factors has shown the key role that families have in promoting children and young people’s mental health (MHF, 1999 cited in Smith, 2002).

² Subsequent longitudinal studies looking at resilience and associated factors include Kolvin et al (1988), a Newcastle-based study between 1947 and 1980 looking at the criminality outcomes for children from deprived and non-deprived backgrounds; children from deprived backgrounds were more likely to have committed a criminal offence in later childhood than those from non-deprived backgrounds. The Rochester Resilience project in the US co-ordinates the results of several studies looking at the correlates of outcomes related to resilience in urban-based children living under stress. In this case, resilient children are characterised as having easy temperaments and higher IQs, good parent–child relations, a parent’s sense of efficacy, physical and mental health efficacy and child’s competence and social problem solving.

3.2.1 Protective factors

Luthar and Cicchetti (2000) suggest that protective factors are those that modify the effects of risk in a positive direction. Authors such as Rutter (1990) and Werner and Smith (1992) have identified protective factors that are found to help guard children and young people from stress and adverse situations. For Rutter, a factor is protective if it moderates a risk factor. Protective factors can be split between individual genetic factors (of less interest to policy makers), and a range of social and environmental factors outlined below. These tend to be self-reinforcing.

Some of these factors are personality related or are influenced by an individual's genetic inheritance. There is often a limit to how far many of these can be influenced by policy interventions but their identification is still important. Obviously, these will vary from individual to individual but may include good general health and development, good problem-solving skills and IQ (adapted from Smith, 2002, Buchanan and Brinke, 1998 and MHF, 1999).

Environmental factors are generally family/home and school/community related. These often relate to the relationships that children form with their parents, their peers and with other responsible adults, such as teachers. These might include having secure attachments, good communication skills and a belief in control over one's own life. Matters such as standards of living are likely to have a bearing on these, although the pre-eminent 'protective' factor occurring across the literature and research into resilience is the attitude and behaviour of parents (Newman and Blackburn, 2002: 5).

Some of these protective factors are particularly important: child/parent relationships are critical to children's development, partly as these will be developed early and hence exert influences over children's development that may be hard to alter. For instance, children will have internalised a whole range of behaviours by the age of four or five, which will impact on how they relate to their peers and how they approach critical transitions such as starting primary school. In turn, protective factors are seen to function in either compensatory ways by directly reducing risk, or in buffering ways by interacting with risk or outcomes in positive ways (Kalil, 2003: 12).

From this perspective, social policies may also be considered potential protective factors. These may range from universal services and policy structured at the level of the tax and benefits system to more targeted interventions, all of which are discussed in depth further on in this report.

3.2.2 Risk factors

Factors that limit the development of resilience or cause poorer outcomes are termed risk factors. Risk factors may occur discretely but, more often, will occur in combination and interact in a dynamic manner. Co-occurring risk factors exacerbate the likelihood of poor child outcomes and limit the development of resilient behaviours. Without intervention, children and young people facing multiple adversities are more likely to encounter serious problems growing up, coexisting risk factors being likely to affect anything from a four-fold to 10-fold increase in adjustment problems (Rutter, 1979). It is important to think of risk factors as having differing levels of intensity, different durations and different levels of severity at different ages.

As previously mentioned, attitude and behaviour of parents has been found to be one of the most powerful influences on a child's resilience (Newman and Blackburn, 2002: 5). Indicators of socio-economic circumstance are unlikely to reflect direct causes, and risk factors are more likely mediated through family, peer and local neighbourhood influences (Maughan, 2004: 9).

Key family-related risks include:

- parental psychopathology, death or illness
- repeated early separation from parents, including being placed in care and/or parental separation or divorce
- overly harsh or inadequate parenting
- abuse or neglect
- parental criminality
- parental job loss and unemployment
- larger socio-economic conditions such as economic recession and housing shortages

In turn, the longitudinal work of the Kauai study and Project Competence in Minnesota (Werner, 1993; Masten, 1994, 1990) identify what is deemed by the researchers as the self-righting nature of psycho-social development and the impact of adult behaviour on the risks, resources and opportunities a child is exposed to, and hence their resilience. (Masten, 1990).

There seems to have been little change in the severity of these risks over time. Factors such as low family income, large family size, parental criminality, low intelligence and poor child-rearing techniques were first identified as risk factors in the context of resilience in the 1970s and still have currency today.

The relative paucity of research into resilience and the lack of any evidence base for the efficacy of resilience and emotional wellbeing directed interventions, along with that of any performance indicator, mean that academic success is used by many resilience studies as an indicator-by-proxy of positive outcomes, and schools are seen as sites for the promotion of resilience and emotional wellbeing as a source for protective factors. Critics of the focus of resiliency research on risk factors, and structural risk factors in particular, have suggested that:

‘...students labelled by schools as vulnerable or at risk are often those whose appearance, language, culture, values, home communities and family structures often do not match those of the dominant culture, suggesting that ideological factors may be implicated in the construction or application of the concept of risk.’

(Goodlad and Keating in Howard et al, 1999)

Smith (2002) also identifies the following – much wider – risk factors: economic recession, unemployment, housing shortages, family structure changes and family breakdown, long working hours and job insecurity.

3.2.3 Section summary

- Children and young people’s resilience – as an indicator of emotional wellbeing and as having the potential to positively influence later life outcomes and social mobility – is increasingly gaining the attention of policy makers but is still relatively under-researched.
- Academic success is used as a proxy for positive resilience and emotional wellbeing outcomes.
- NCH’s Growing Strong campaign aims to raise awareness about these concepts in relation to children and young people, and to make sure they are taken seriously by government to help ensure that all children have a much better chance of fulfilling their potential and achieving in life.
- Existing research into resilience marks a shift from deficit models of psychology to a positive model and has its origins in the mental health promotion agenda, which asserts that everyone has mental health needs and that mental health is not just the absence of disorder or distress.

- Identified risk factors limiting resilience are parental death, illness or mental illness, repeated early separation from parents, overly harsh or inadequate parenting, abuse or neglect, parental criminality, and parental job loss and unemployment.
- Protective factors moderate the impact of any combination of cumulative risk factors and include genetically and environmentally determined factors such as IQ and general health, as well as a raft of factors such as a secure attachment to at least one adult, sociability, consistent parenting and good housing.
- Critics of resilience approaches charge it with promoting a certain view of what constitutes ‘good’ parenting and home life.

4. Parents' views: qualitative research

Their emotional stability as a child, really it's what sets them up.

(Manchester participant)

4.1 Research approach

The aim of the field research was to assess parental attitudes and demand for the relatively new focus by government and services on emotional wellbeing and resilience and the kinds of specific 'interventions' and programmes discussed in the appendices. The research put public policy on these issues in the context of Sure Start Children's Centres in general and the particular services and programmes run out of them, as well as additional child services interventions in particular.³

The research aimed to:

- understand parents' priorities in terms of resilience and emotional wellbeing as a whole, and the various components of resilience and emotional wellbeing
- to find out how parents themselves talk about their children's resilience and emotional wellbeing, and any protective or risk factors
- understand parents' response to different potential programmes that could boost children's resilience and emotional wellbeing
- gauge parents' demand for government considering resilience and emotional wellbeing more fully in developing policy
- understand the most-effective language for communicating about emotional wellbeing and resilience, both within a service-provision context and through the media

Alongside qualitative research carried out in Bournemouth and Preston, which form the basis of the best practice case studies, a programme of six focus groups was conducted in London, Liverpool and Manchester. Two groups were held with parents of preschool-age children – mothers, in all cases – in each city, one with regular Sure Start Children's Centre users, and one with parents who do not use Children's Centres. This sampling was designed to ensure that the research included both parents who had likely encountered or taken part in the kinds of positive parenting programmes explicitly related to resilience and emotional wellbeing, as well as those who had not.⁴ Participants in all the groups were from a mix of different socio-economic (BC1C2D) and

demographic backgrounds. Participants were not drawn from 'at risk' groups and did not have specified complex needs, although in practice some parents had children with behavioural difficulties or speech and language development difficulties (see the case studies). In total, the research engaged 48 parents.

Discussions were framed around participants' attitudes and experiences of universal services, with some focus on more targeted interventions. The research was interested in what language parents used to talk about their children's emotional wellbeing and resilience, what they saw these comprising of, and how much they prioritised them with respect to other development indicators. It also included their opinions and/or experiences of services and activities designed to boost these competencies, how they thought they should be framed, and opinions about the boundaries of government involvement in parenting and initiatives designed to boost children's emotional wellbeing and resilience.

4.2 How parents viewed emotional wellbeing and resilience

Parents consider the emotional wellbeing and the social development of their children of central importance. In some cases, they rate emotional wellbeing as being more important than other aspects of children's development, such as educational attainment.

Participants in our groups, however, did not see emotional wellbeing or resilience in abstract terms. Even after being introduced to the terms, they tended to use their own words or phrases to describe the concepts. As such, they connected emotional wellbeing and resilience to behaviours and competencies or life-stages in their children's own development.

The protective factors talked about in resilience research tend to be framed by parents in terms of school readiness: being able to behave appropriately with other children and with adults, and having confidence and social skills. These are seen as assets to be fostered by parents providing support and encouragement, and being confident and consistent role models. With resilience, many participants spontaneously mentioned many protective factors mentioned in earlier sections and regarded them as received wisdom or common sense. As such, these concepts tend to push with the grain of what participants already think.

³The explicit focus on universal service routes for emotional wellbeing and resilience-directed initiatives was chosen for the groups in order to frame discussions generally, ie not focusing on acute interventions or interventions for those with particularly complex needs on the grounds of sensitivity and respect toward participants (who may or may not have taken part in such programmes and who may or may not have wanted to disclose their participation).

⁴This split did not preclude 'Non-users' having taken part in non-SSCC run initiatives – indeed, some had.

Conversely, some parents talked about the risk factors identified in resilience research in reference to ‘other people’ (ie not themselves); factors identified included poverty, family structure, the age of the mother, housing and neighbourhood.

Signifiers of healthy development

Parents often thought that children who were developing good social and emotional skills would be able to do a mixture of the following things:

- be able to share and play
- be able to be sociable, independent and not clingy
- be able to respect other children’s feelings and, as one mother put it, ‘not go around bashing other kids’ (Non-Sure Start user, Manchester)
- possess confidence, both social and physical
- be able to ‘bounce back’ from problems

Notably, ‘non-using’ participants didn’t have the same vocabulary with which to talk about these issues as did users. SSCC users – perhaps with more exposure to the language and concepts underpinning emotional wellbeing and resilience – were more likely to talk about these explicitly and were more likely to use these terms, along with ‘stability’, ‘child development’ and ‘communication skills’.

4.3 Social and emotional skills are seen as integral to children’s development

Parents tended not to separate out their child’s social and emotional development from under the umbrella of general child development. Emotional and social skills are connected and talked about in relation to school readiness and possessing the capacity to learn in all spheres of life.

Parents in the groups placed high priority on their child developing social and emotional skills, seeing these as the bedrock for their development, school readiness and later success in life. There was awareness that ensuring children have a supportive and stable environment in which to grow (what resilience research identifies as key protective factors) is perhaps the most important aspect of a child’s early years. Nurseries, SSCCs, playgroups and any semi-structured social situations are considered to be key sites for children developing these skills, bringing them into contact with other children and adults:

I think that’s what they need in school, they need confidence to start off with...

(Non-Sure Start user, Manchester)

By the time a child is five, [they’ve] been through the most critical time of their life, so it’s imperative that the child has a stable and emotional upbringing until the age of five. Once they’re five, they can deal with a lot more than we give them credit for.

(Sure Start user, Manchester)

I think if a child can, basically, feel clever, it gives them confidence.

(Sure Start user, Liverpool)

Most parents were not overly concerned about when their child reached particular developmental milestones in comparison to their peers:

I don’t think it makes a difference, because I think the older they get and the more children they mix with... they’ll learn it at their own pace... if they haven’t got it at two, they’ll get it by the time they’re four or six.

(Sure Start user, Liverpool)

One or two participants separated out the emotional and social development of their child:

I think that the nurseries should be doing education and the social, but at home you should be doing the emotional and resilient.

(Sure Start user, Liverpool)

All parents in our groups considered themselves as the most important influence on their young children’s lives. Some talked about parenting being one of the hardest jobs to do, with no job training (‘Having a child is very hard’ – non-Sure Start user, Liverpool; ‘...you get no preparation other than nine months of feeling sick and tired’ – non-Sure Start user, London). Many spontaneously brought up awareness of the principles of positive parenting, with reference to TV programmes such as *Supernanny* and *House of tiny tearaways*.

They reflected on the principles behind positive parenting and, in some cases, the success achieved in terms of improving their children's behaviour. Praising and asking their child what they would like to do rather than dictating to them what they should do was one of the most commonly cited examples of this, along with reported wide use of the 'naughty step'.

Parents, however, were clear that they could not develop all aspects of their children's lives on their own and that it was important for there to be safe spaces in which children could develop their social and emotional skills. Sure Start and nursery schools were often seen as important here:

So he went in [to primary school] and he had being kind to people and noticing if people were sad and noticing that somebody isn't staring at him, they're just looking at him because they want to be his friend and all that kind of social interaction, and actually teaching him social interaction... actually it did start in the nursery.

(Sure Start user, London)

You can't give your children confidence and security if you're not confident and secure yourself.

(Sure Start user, London)

Sometimes you'd sit at home and you'd think, what can I do, where can I go? I'll go for a walk around the block, do you know what I mean? And there was no one that was really interacting with us, and it's only since she started going to nursery now that I've actually noticed a development in my child. Because she was very shy as well for the first 12 months, wouldn't go to anyone, wouldn't even acknowledge people, she'd just bury her head in me. But now she'll go to the girls at the nursery.

(Non-Sure Start user, Manchester)

One of the few participants who had a child identified (at his SSCC) as needing additional social and emotional support talked about the positive impact that a mix of support services had had for her son. Now at primary school, preschool support had included a home liaison, educational

psychologist and speech and language therapist, all of which had proved beneficial:

It does build confidence and by the end of this year they can see the change in him, not just in academic terms but in terms of his own confidence and social wellbeing, and he will now ask somebody 'Hello' – instead of going through the playground saying 'What are you looking at?'.... you know, these kinds of social skills; I think it is really, really important to build a child's confidence.

(Sure Start user – child with special needs, London)

4.4 Parents' direct experiences and opinions of Children's Centres and the services on offer

Parents who had attended Sure Start and those who attended and used additional programmes or courses tended to be positive about the perceived benefits. The most important of these pertained to the impact of Sure Start on the child. They saw Sure Start as allowing their children (and in some cases themselves) to develop confidence and social skills. Similarly they saw Sure Start as allowing children to develop a sense of routine, structure and the expectations of others. Parents often linked this to getting children ready for school.

Furthermore, they often saw Sure Start as boosting their own faith in their ability to parent successfully, and also giving them a basic grounding in child development. It was noticeable that parents who used Sure Start had a more sophisticated language to discuss their children's development than those who did not.

Differences between the different locations

There was a range of experiences among Sure Start users. London group participants were exceptional in the fact that they were using the centre for childcare services rather than any courses or programmes and so they were less able to reflect directly on their experiences of additional services and courses.

User participants in Liverpool and Manchester had more experience of accessing a range of SSCC-based services and programmes. One participant had recently completed the Webster Stratton Incredible Years course, while another had taken part in a course for mothers with post-natal depression. Others had attended parent 'forum' sessions, while many had attended baby massage courses, drop-in play sessions, cookery, art and craft, and exercise classes.

Sure Start was also seen as having more pragmatic benefits. Parents liked the fact that Sure Start got them out of the house and into a situation in which they could give all their attention to their child: for instance in a structured play session. They often liked the fact that Sure Start brought adults together as well and allowed them a space in which to discuss their children's progress. Working parents particularly valued the childcare offered by Sure Start.

Other participants identified how and why they thought that SSCCs and services were useful, particularly those directed toward parenting. These centred around self-awareness (ie that in many respects you parent as you were parented) and that finding your way can be particularly challenging as a first-time parent. Parents often had an awareness of, but lack of practical knowledge about, child development and positive parenting. These parents often had a sense that parenting skills do not come 'naturally' to everyone:

For first-time parents at least, we don't know what's going on in the kid's mind and stuff like that.

(Sure Start user, Manchester)

I think we as parents, not knowing certain things, could teach a child wrong behaviour.

(Sure Start user, Manchester)

Basic mothering skills don't come naturally to everyone, do they?

(Sure Start user, London)

We live in a world of anti-social behaviour and so anything that we can start from now to make sure that our children grow up to be social citizens must be a good thing.

(Sure Start user, London)

Almost all were keen to talk about the benefits participating in these sessions had brought for themselves and their children. Several participants in Manchester had gone on to become volunteers at their local centre. Participants talked about the skills and insights into child development they had gained as parents taking part in particular courses or from attending drop-in centres and talking to other parents and staff:

They taught you lots of things, like the child development as well, what age they'll be reading and writing, and how they write and mark making, and all sorts of different things.

(Sure Start user, Manchester)

And in a way it's like you learn your vocabulary again, and you turn everything around to be positive before it's negative, like, 'shall we do this?' Instead of whatever it is they're doing that you don't want them to be doing.

(Sure Start user, Manchester, on Webster Stratton Incredible Years course)

Some participants talked about the particular identifiable benefits their children had experienced as a result, including examples of successful cross-service co-ordination as well as more individual benefits:

Having it [ADHD] identified at the Children's Centre actually helps... because we were at the nursery and it helped with the transition in to school because contacts were then made with his school and the teachers were then notified and they kind of prepared for him coming in.

(Sure Start user, London)

She's more relaxed, she's calm, she will do her own thing and enjoy her own company.

(Sure Start user, Liverpool)

They need to be able to mix with other children... they learn that within the play and things.

(Sure Start user, Manchester)

It's the routine – which is good...

(Sure Start user, Manchester)

Unless they had particular needs, such as the participant above whose son has ADHD, very few user participants (and fewer still of non-user participants) had any awareness of the range of staff who could be available on site. The opportunity to get advice directly from midwives and other trained staff was viewed very favourably.

Several participants had children with ages ranging from two years to 20. They reflected positively on the growth of services like SSCC. Some identified structural transitions happening at some Sure Starts as impacting on them negatively:

We've had problems with the crèche, and they've run a course in Halewood, and we've been going to it regularly, and they've extended it, and they extended the crèche facilities for us, but now they've turned round to us and said, right, you can have no more crèche.

(Sure Start user, Liverpool)

Some identified attending a centre for the first time as a big step requiring a leap of confidence:

When I first moved to the area that I live in, I tried to go to a few drop-in centres and messy play and the library and stuff like that, and the first four or five times I went up to the door, I looked in and I turned around and walked out because I saw everybody already talking and I found it really, really hard.

(Sure Start user, London)

God, it was terrifying at first, to be perfectly honest, it was really terrifying, but after the second session everything just fell into place, and it started going so well.

(Sure Start user, Liverpool)

For the most part, users' reflections on their experiences were positive⁵ and they were happy and satisfied SSCC attendees despite having the same initial concerns as those expressed by non-users. This indicates that the barriers that inhibit – often the parents who might most benefit from attending – need to be forged.

⁵Negatives centred on courses getting booked up in advance as well as not getting to hear about them.

Case study: NCH Kinson and West Howe Sure Start Children's Centre⁶

Set up on the site of a former bowling pavilion, Kinson and West Howe Children's Centre was first established as a Sure Start Centre in 2001 in a particularly disadvantaged estate on the outskirts of Bournemouth.

Currently run by NCH, today the centre is staffed by 40 people, including community midwives and speech and language therapists from the local PCT, health visitors, family support workers employed directly by NCH, social work assistants from the local social services, early years education workers and volunteers – many of whom are parents of former Sure Start children.

The centre provides a range of services and runs a series of activities and courses for babies and preschool age children. These include a crèche, drop-in Let's Play sessions, physical activity sessions, groups for dads and children, breast-feeding support groups, speech and language support, and baby massage. The centre also runs skills courses for parents such as basic ICT, a self-esteem building course for parents called 'You Can', volunteers' training, first aid, home safety courses, support to stop smoking, and arts and crafts sessions, as well as parenting support such as Tips4Twos and confident parenting courses. In addition, there is a nursery attached to the centre that has affordable childcare provision.

Parents find out about the centre by a number of means, through referral from their midwives, health visitors, GPs, by word of mouth, leaflets, childminders (the centre acts as a point of contact for local registered childminders) and centre outreach workers.

Centre staff support parents to support their children through a focus on child-centred learning and personalisation (individual 'light-touch' tailoring) of services. Staff at the centre have also learned through experience how best to engage parents who may at first be unwilling or not confident about attending. A light touch but persistent approach seems best to characterise this.

The centre runs a very popular Tips4Twos session for parents. A staff member explains: 'We had felt earlier on in the programme that if we put on a course that was called 'How to look after your child' or 'How to be a good

parent', that nobody would come because they wouldn't feel comfortable with that. But by doing it, by weaving it into the volunteer training and by word of mouth, it has become so popular that parents are really happy to engage in parenting programmes.'

Although no course or session explicitly sets out to boost resilience and emotional wellbeing, nearly all of those on offer to do this in indirect ways through general in situ development of motor, cognitive and social skills.

About 1,000 families use the centre from the local area, out of a potential population of around 1,800 families. In a month, up to 250 different families might use the centre.

Jane's story is not untypical:

Jane moved to the area six years ago as a single mother with a young son. At the time, she didn't know many people in the local community. She heard about the centre from her local health visitor and, while initially a little wary and feeling unsure about attending on her own, she brought her son along to a drop-in Let's Play session at the centre. Jane says: 'It all just stemmed from there. I sort of got to know people, found my way, you know, got to know mothers in the area... I came as a little wallflower, if you want... and now I've turned into this volunteer.'

Jane's son is now in Year 1 at the local primary school and Jane says that his experience at Sure Start has boosted his confidence and his social skills, as well as giving him a sense of routine and also of the expectations of others. Jane comments: 'They've always said at his school, they can always tell a Sure Start child from a child that's never been to Sure Start because they've got so much more confidence. And it's been good for him – mixing with other children... it gave him the stability, you know, to be confident, to settle into school. I mean so many kids have trouble settling into school.'

Jane credits her son's stable transfer to school in part to the way the centre boosted her own confidence and self-esteem. She considers that it was this that preceded her son's confidence: 'At the start, Sam's confidence and mine was still a bit... and walking into a roomful of people, I think he must have picked on my body language – and like we'd walk in and he'd be like 'can we go now' and I'd be like 'okay'... I think it's one of those things that you know you have to do for your child, so you do it; but afterwards you feel quite

⁶ In order to better inform the content under discussion in the focus groups, two case studies of NCH projects were conducted as part of the research programme.

good about yourself because you've actually done it... gradually that sort of reversed and I'm quite fine about getting into [new] stuff now.'

When her son started school and Jane had finished various courses at the centre, she felt that she wanted to give something back to the project. The centre's volunteer co-ordinator encouraged her to complete the volunteers' training course run at the centre, which covers topics such as child development, communication and safe working practices. Jane has gone on to become a regular volunteer at the centre.

She also sat on the centre's parent forum for three years. The forum has monthly meetings that give parents the chance to discuss their views about things that might be going on in the community, problems on the estate, suggestions for the centre and so on. The forums also have invited speakers – from the local council's housing or parks department, for example – to take part in Q&A sessions geared around community issues. The forum in turn has parent representatives on the centre's management board, a role which Jane took up for a year.

The volunteer co-ordinator at the centre attributes its success to the way in which it engages and empowers parents in a supportive and non-judgemental atmosphere – parents are free to use the centre as much or as little as they wish. Confidentiality and trust are key issues for parents,

and the centre workers have worked to establish high levels of both between themselves and the parents who use the centre.

The centre's project manager explains: 'We have almost become like an extended family for some of these families because it's somewhere they can come if they're feeling fed-up or they want to, you know, get a bit of support or have a break or a bit of a social life. You know, we provide a really important service for those families. They can come and go as they please and that's the joy of Children's Centres.'

Despite successful outcomes for many of the parents and children who access the centre, there is a group of teenage mothers who remain difficult for staff to contact:

'The teenage mothers still maybe sometimes see us as a building full of do-gooders. They won't come into the centre so one of the ways around this has been for the midwives to go – the teenage mothers are based literally across the playground in the youth centre – so the midwives now go over to the youth centre to try and engage with the parents. We've even tried things like the midwives bringing them back into the community cafe, having lunch, bringing them into a play session. We have outreach events in the playground between us and the youth centre, with bouncy castles and face painters, to just try and draw them in and just get over those barriers that might be there.'

4.5 Non-users' opinions about Children's Centre services

Non-users of Sure Start tended to fall into two rough groups of opinion:

- I personally don't need this and wouldn't have time anyway. It's good for those at risk but not for me.
- How come I didn't know about these services before now?

During the course of the groups, some non-users came to consider these services as something they would value taking part in. A minority of non-users, especially those with more than one or two children, remained sceptical about whether they and their children would actually gain anything from taking part in this kind of programme.

Among non-users, responses to SSCCs were generally positive. Non-users also tended to see value in positive parenting programmes, nurse–family partnerships and skills courses for parents. Spontaneous responses included seeing the likely benefits for parents and children in terms of additional support, especially in the absence of family and friends locally, and as a good opportunity to meet other parents.

I think that would be a really good idea because I think that most people, they only know what they've learnt from their parents and so probably they're going to deal with things in exactly the same way.

(Non-Sure Start user, London)

I think that's good because I was lucky, because I had my partner and I had a lot of friends and family to support me, but then I know a lot of my friends, they had no one and no experience with children before and they probably could have done with something like this where they could have gone to in the daytime with their children.

(Non-Sure Start user, London)

I do read these sort of self-help books on parenting but I can never put it into practice myself... something like that might help you become more motivated.

(Non-Sure Start user, Liverpool)

If you're going to these classes and maybe, you know, an hour a week or an hour a fortnight or whatever it is, your child's having that time away from you as well, it would probably do the child a whole lot of good as much as it would be doing you, do you see what I'm trying to say? So I think they're actually really, really good...

(Non-Sure Start user, London)

Basic mothering skills don't come naturally to everyone do they?

(Non-Sure Start user, Manchester)

Many thought that linking SSCCs and schools was a very good idea for smoothing what was considered a sometimes difficult transition for children. In turn, the transition between schools was identified by many participants as particularly stressful, with support seen to drop off as children get older:

I think the support for that wellbeing is actually quite strong, I would say quite strong or stronger at a younger age... and I think actually the support and the nurture is not there as much when they get older. From a teacher's experience, I just feel that, for example, from going from infants in to juniors you lose a tiny bit of nurture, but when you get to senior school all of that really does disappear.

(Sure Start user, London)

It would be nice if there was something for older children.

(Sure Start user, Liverpool)

They're starting with children, which is fabulous, it's great that they're starting the development early, but what happens once they reach the age of five? When is the right time to stop the development? Because I think that five years of age is far too young to stop it.

(Sure Start user, Liverpool)

I think the only negative, if you had to pick on something, is the fact that it doesn't go any older than five.

(Sure Start user, Manchester)

Almost all the participants across groups said that they thought that the development of social and emotional skills, often talked about in relation to early years, should continue through childhood. These people felt that the kind of support on offer through early years service providers shouldn't stop at the transition to primary school.

Some were also positive about the emotional benefits they could see for themselves, suggesting that taking part would impart them with confidence about their own abilities to parent:

If you had a confidence in almost feeling free to feel that your child will develop at a rate that's absolutely right for her, but also within this kind of margin that wants to be expected, then you can almost relax a bit can't you, you can learn...

(Non-Sure Start user, Manchester)

On more a more practical level, many non-users were attracted by the idea of free-of-charge crèche and other 'childcare' type facilities.

4.6 Stigma and other reasons not to use Sure Start

Sure Start in particular is in a transition phase between being a service targeted at the most-deprived communities and being a universal service available in every community. This raises some issues around the social acceptability of Sure Start that, to some extent, revolve around stigma. Our research found that some saw Sure Start as for those 'at risk' or who were 'vulnerable', whereas other bodies have found quite affluent people using Sure Start, perhaps to the exclusion of others (NAO, 2007).

There were a few participants, particularly non-users, who considered such services as being for 'disadvantaged' children and parents. For many, this stigma meant that they themselves would be unlikely to access the facilities provided because they associate them as being for people in need (ie not themselves) and would not like their children to mix with

who they perceived to be 'problem' children:

You wouldn't think 'oh, I'll take my child there' because you'd think, well, you wouldn't really want them to integrate with children that were having behavioural problems, to start with...

(Non-Sure Start user, Manchester)

These participants fell into an 'it's good for families at risk, but not for me' group; they tend to suggest that they would be unlikely to ever use these services.

These stigma issues were also visible with the more supportive (or intrusive) interventions tested. Participants were often very concerned about being seen to be 'bad parents' or judged in some other way by peer groups, family or professionals.

Time was another factor identified by non-user parents, who identified the fact that – especially if they were working – they were already time poor in respect to spending time with their children, and were more likely to prioritise spending quality time with them than attending a course or programme:

I suppose it's all well and good kind of going to classes for things but, I mean, it's about time... I have got two children under two at the moment, they're not quite two, and I work full time, my husband works full time, so it is really hard to find that kind of happy balance, so you try to spend as much time as you can with your children.

(Non-Sure Start user, London)

...so the time that I'm not in work, I don't want to go the Sure Start, put them in the crèche. I want to be doing something with them, so I go home and feel like I've... I go home and feel, oh, we've had a nice day together.

(Non-Sure Start user, Liverpool)

A few non-users were concerned about making a first trip to a Children's Centre, many thinking they wouldn't fit in, being worried that they might be judged by other parents or centre workers:

For me, it would still be that daunting, walking through those doors and not to know anybody.

(Non-Sure Start user, London)

In turn, a bad first experience at a centre was flagged up by one participant as likely to put a parent off going back again:

I went to the playgroup session, but I didn't, I just didn't like it. My son went round hitting all the kids, and the other kids are all being nice and good, and I just... I went there twice, and then I never went back after that.

(Non-Sure Start user, Liverpool)

4.7 Overall support for universal Sure Start Children's Centre service provision

There was support across the groups for Sure Start Children's Centres, in the main for Sure Start being accessible to all on a universal basis. Some, exclusively in the non-user groups, felt that Sure Start should be available for people who need it.

Specific responses, however, varied substantially from the positive to the very negative. The central issue here is the line between the public and the private sphere. Participants regarded child raising as essentially a private matter but some were willing to see a role for public services in some contexts. This issue seems highly individual, with different people being prepared to accept different levels of public service support or intervention.

Our research suggests that there is an 'if you build it, they will come' effect – people who were using Sure Start were better disposed towards other forms of intervention.

I think it's important to have these interventions, emotional or social wellbeing support, where a child is identified within the Sure Start group as having needed it.

(Sure Start user, London)

Drop-ins and courses designed for dad's were particularly well received by all participants (all mothers):

I think the group for dads is fantastic, to be honest, because there is not a lot of – it's always mother and baby groups, it's not even parent and baby, it's always mother and baby, so I think a chance for dads to meet other dads as well as mothers meeting other mothers is really a good idea as well.

(Non-Sure Start user, London)

Many were of the view that any advice or information would be welcome as long as it fits into people's busy lives and respected their right to parent in the ways they see fit. In the main, around half of non-users said they would be personally interested in courses or services, while others did not think that these were the kinds of things which they a) needed, and b) would have the time to do anyway.

Conversely, many non-users expressed openness to any advice or assistance that may help them be a better parent and ensure their children's emotional wellbeing:

My role is to be a mother and if there is any way I can make that, and improve, I will.

(Non-Sure Start user, Manchester)

To be honest with you, I think I would gain a lot of confidence from it, if not anything else. I know that sounds really silly but it would give me confidence I suppose, around my daughter and with myself, to know that... because it's an achievement, isn't it, if you go into a parenting course and you've got something out of it, it's a sense of achievement.

(Non-Sure Start user, London)

I think as a parent ... anything sounds interesting and you just want to try everything. I know if somebody said to me, one of the midwives when she came round she said something about baby massage. I thought, oh, I've got to try that. And I've done it and it was great.

(Non-Sure Start user, Liverpool)

Across the groups, there was general support for the universal provision of SSCCs for all communities on a voluntary basis.

There was support among non-users for broadening the appeal SSCCs and the services they offer, along with other services and programmes in support of children's emotional wellbeing and resilience:

Take away that stigma towards it so it's for everybody...

(Non-Sure Start user, Manchester)

It's either one extreme or the next, it's an at-risk social register thing or it's your middle class mother taking your courses because she's got nothing better to do... I think it could be more middle ground, that would incorporate everybody.

(Non-Sure Start user, Manchester)

Opinions about targeted interventions were slightly more divided (these issues are considered further below).

4.8 Attitudes towards specific initiatives designed to boost resilience and emotional wellbeing

Part of the research involved examining participants' reaction to three interventions, which were presented as hypotheticals and informed by the research case studies included below.

Nurse-family partnership (NFP) is a home visitation scheme targeted at vulnerable mothers in the USA emerging from the findings of child development researchers that indicate that a child's development may be significantly affected by a number of factors prior to birth, such as mother's smoking and subsequent low birth weights (Barker, 1995; Blair et al, 1996; Petrou et al, 2001). Research has shown that early intervention programmes may affect a child's outcomes and indicators of health prior to birth, the primary means being through educating the mother and encouraging her parenting skills. These are key protective factors in the development of resilience, with the primary focus of intervention being the mother or the mother/child dyad.

The programme aims to encourage better outcomes for both the mother and the infant through encouraging healthy behaviours, such as smoking cessation, and encouraging and helping the mother to bond with the infant. There are some differences in terms of the composition of the target population and hence the transferability of the programme to the UK. Nevertheless, the results are striking and bear further examination.

Olds et al (2002) and Olds et al (2004) deal with the effects of home visiting by paraprofessionals and nurses for a period before birth up to the age of two, and a subsequent re-evaluation at the age of four. This trial is symptomatic of the kind of outcomes shown by NFP and is the most recent available, although the Elmira trial is better known. Regarding the initial impact of NFP on the mother, nurses seem to have had more impact than paraprofessionals prior to the child reaching the age of two. The impact of paraprofessionals' work rises after the age of two. Outcomes associated with home visitation by a nurse impacting directly on the mother include lower cotinine levels in smokers (indicating smoking reduction or smoking cessation), fewer subsequent children by the first child's second birthday, the delay of subsequent pregnancies and improved likelihood of being in work. Regarding the mother/child relationship and the infant itself, the evaluation found that nurse visitation was associated with better mother/child interaction at six months, less emotional vulnerability in response to fear stimuli, less likelihood to have low emotional vitality in response to joy or anger, and somewhat better mental development at 21 months.

The follow-up study at four years found that mothers who had been visited by paraprofessionals were less likely to be married and less likely to live with the biological father of the child but were more likely to work. Those who had been visited by the nurse were less likely to make use of programmes such as Early Head Start but were more likely to be supportive of their child's early learning. In terms of targeting, the services of the nurse impacted most positively on mothers with low psychological resources.

Johnson et al (1993) describes a randomised controlled trial of a community mother project in Dublin. Unlike NFP, the intervention was provided solely by non-professional volunteers recruited within from the same community as the intervention group and administered during the first year of the infant's life. The intervention was not compared with any professionalised

interventions and the research team suggest this as an avenue for further work. The intervention is not based around the giving of advice by the community mother, rather the community mother shares her experiences with the parent, with the aim of raising her self-esteem and hence her effectiveness as a parent.

The study found that children in the intervention group were more likely to have received all their primary immunisations, to be read to, to play more cognitive games and have a better diet than those in the control group. Clearly these factors are not evidence of improved outcomes but are nevertheless broadly positive. The researchers conclude that non-professional volunteers can deliver an effective child development programme but remain unsure as to whether they may deliver this as well as professionals.

Participants' had a range of opinions about a NFP-type programme introduced as an example of a programme designed to boost outcomes for young children. NFP was chosen as it is an effective intervention but could potentially be construed as intrusive. Participants' feelings were mixed:

- some drew parallels to health visitors and, depending on their personal experience, thought NFP would either be a good idea or a bad one
- some did not like the thought of being told what to do in their own home
- others said they were more likely to listen and act on advice given to them in their own home
- some preferred the notion of choosing for themselves what services or programmes to access outside their own home
- some thought that this kind of programme would (only) be useful for first-time mothers, mothers 'at risk' and mothers who lacked the support of family and friends

I really don't like people coming into my house telling me what to do.

(Sure Start user, Manchester)

If someone said to me, well, the way you do it, that's a bad parent, I'd walk out the room.

(Non-Sure Start user, Liverpool)

Two elements caused potential serious negative reactions with this intervention. One is related to the stigma associated with being 'a bad parent' and being perceived to need an intervention of this sort. The second is related to the idea of parenting being a private matter, with parents being willing to accept different forms of advice but seeing themselves as the ultimate arbiter of what is best for their child. As Sure Start is voluntary, these issues do not arise with Sure Start in the same way.

4.9 Views on self-esteem building courses

There were mixed opinions about a self-esteem course for parents, introduced to the groups as an example of a course specifically for adults:

- many participants suggested that any course addressing 'self-esteem' or 'confidence' needs to be mindful of what it calls itself. A programme or session with 'self-esteem' in the title was thought more likely to put people off attending than attract them. NCH calls its course 'You Can', a more appealing title
- some thought that a specific course on self-esteem wasn't necessary and that instead doing any course would help a parent develop such skills
- some thought that this kind of course is unlikely to attract the people who might most need it

The self-esteem course... I think there'd be a stigma attached to that... it's like saying that you've got low self-esteem just by going to one...

(Non-Sure Start user, Manchester)

If they say 'sharpen your communication skills' and then part of it they deal with self-esteem, then you're not singled out, you're not feeling like you're going to: 'Hi, my name is Charlene, I'm here to improve my self-esteem'!

(Sure Start user, Manchester)

Others were more positive about the idea:

It's designed to boost your confidence and to encourage you to maybe do things with your child or to help you forge a really good, strong relationship with them, but not in the fact that they're telling you what to do.

(Sure Start user, Liverpool)

You can't give your children confidence and security if you're not confident and secure yourself, can you...

(Non-Sure Start user, London)

As with NFP, there are clear presentational issues here – NCH's presentation of the self-esteem building course as 'You Can' seemed to be more effective than a bald description of the course's desired effect.

4.10 Views on positive parenting courses

As already detailed, in order to better inform the content under discussion in the focus groups, two case studies were conducted as part of the research programme. One of these, a Sure Start Children's Centre, is detailed earlier and informs much of the content of the focus group discussion guide; the other is of an NCH parenting programme and is detailed below.

NCH Lancashire Parenting Service – Preston Parenting

Situated in a converted house on the outskirts of Preston, the Preston Parenting project employs six community family project workers and eight volunteers, and runs a range of universal and targeted parenting programmes for parents in all but one of the town's boroughs. The project is part of the NCH's county-wide Lancashire Parenting service and has been running for nearly four years – current funding is from the Children's Trust and the service is overseen by NCH. All of the staff at the centre are employed by NCH and all have recently completed the National Occupational Standards for Family Learning course on child development and working with children.

The project runs around 30 different courses, ranging from a 'Time out for dads' parenting session to a 'Surviving teenagers' course. The programme caters for parents of children between the ages of five and 16. Each family accessing the programmes' services will have an individually tailored plan according to their needs.

All the courses are universal in that any parent can access them, although the programme also runs targeted interventions such as the Webster-Stratton Incredible Years, and many parents who use the programme have complex needs. Additionally, if parents come with very severe problems, then the programme can also refer them on to other services such as CAMHS (Child and Adolescent Mental Health) and social services. The programme has 17 different agencies that refer into it, with a lot of the families having involvement with many different agencies. In this case, the project looks at the involvement of other services to assess what they may be able to do differently.

Many of the services offered include:

- one-to-one and home visit support – usually for six weeks to allow for a needs assessment
- parenting courses and training programmes – over 30 different courses
- peer group support for children suffering bereavement, loss or separation
- access to educational courses, including basic skills training
- social activities, including cook and eat sessions and family days out

Some programmes are run in families' homes, while others are hosted at local schools, Sure Start centres and at two other 'satellite' branches of the programme's offices.

Parents are recommended to the centre through a number of routes, including referrals by the local CAMHS, schools, GPs and sometimes the police. The programmes are for parents of children aged five to 16. There are separate county provisions for families who are subject to parenting orders.

All families who participate in the programme are visited at home first and a detailed and individual plan is designed to suit their needs and wants. Community family project workers might visit a family up to three times, building a relationship with them and a picture of

their needs. The programme's project manager suggests that: 'a lot of the time they don't realise that they've got parenting needs, they've often got that many problems'. In these cases, 'a lot of the parents actually end up attending the parenting courses because they don't want to let the community family support worker down'.

All parents participate on a voluntary basis.

The biggest barrier to regular attendance is the first visit – once a parent or parents have been along to a course or had a one-to-one session, they generally do not drop out. Hurdles to that first visit can include low self-confidence and trust – programme staff are mindful of these and work toward creating an environment of non-judgemental person-centred services. Parents of children who are particularly at risk or may already have conduct disorders often take part in the fairly prescriptive and intensive 12-week Webster-Stratton Incredible Years programme. In addition, they are offered a four-week anger management course, the content of which is split between anger management techniques for the parents and for their children. This plan takes families with complex needs to a total of 16 weeks of parenting advice, which is over the NICE recommendations.

Parents whose children are less at risk are more likely to complete one of the shorter, less prescriptive courses such as 'Time out for parents', as well as the programme's anger management course, two weeks of which is directed toward anger management techniques for the parents and two of which is for their children.

Once a plan has come to completion, centre staff are generally unlikely to sign up parents for any further courses to counteract any dependency – the aim of all the courses being to empower and engage parents with self-esteem and confidence in their own parenting skills. The programme's project manager sees that for most parents, the outcomes of parenting programmes are in reality often a matter of three steps forward and two steps back, but that for those who see a plan through, the results are often clear. For the programme, a successful outcome is a family being able to stand on their own two feet.

In practice, parents' involvement can last anything from 12 weeks to six months and on occasion programme staff accept re-referrals. Parents who have been approached

by the programme and for whom the time was not right, often self-refer themselves at a later date. Some follow up is provided by way of activities such as the cook and eat course and routes into volunteering if parents wish to keep up their involvement with the programme.

In cases where the parent or parents have extremely complex needs, the programme will refer to other services. At the same time, many of their cases are referrals from other services and in most cases the families are known to many local services.

Jackie

Jackie is a single mum of three daughters and was having particular difficulty with her eldest. CAMHS referred her to the programme and she has been using it for about 10 months. She and her daughter had had support from other local services, including CAMHS, the Youth Justice Board, social services, a local charity providing services and advice to families with complex needs, and Connexions but these had had little success in helping Jackie's daughter change her behaviour, which was increasingly aggressive and anti-social. Jackie had recently completed the Incredible Years Basic course and was hopeful that putting this into practice might help with making changes. Jackie's community family project worker had provided a significant amount of one-to-one support during a particularly difficult period for Jackie, both by 'being at the end of the phone' if needed and also accompanying Jackie to a number of appointments with other local services, which she said she was unlikely to have attended otherwise. This targeted level of support for a family with acute needs is not unusual in the programme. Jackie is hoping to be able to find time to complete the 'Surviving teenagers' course.

David

David has three children, one of whom has ADHD. His partner had been attending sessions at the programme for some time and had suggested that he go along to a 'Dad's session'. He was sceptical at first, feeling as though it wasn't the sort of thing for him. Going along to the centre's parenting course for dads has helped him and his relationship with his children and partner in a very short space of time. David has been along for just three sessions but says that 'the kids always used to bully me into doing things... it's stopped me shouting at them... I play with them now – I never used to play with them'.

⁷ See appendices

⁸ Focus group participants were provided with a precise of interventions for discussion – see appendices.

He says that the course has helped him start to learn how to deal with his children without having to shout at them or smack them. He has also seen the positive benefits for himself, saying that the session had given him the opportunity to meet some new people. He said that the real spur for making him go along was asking himself: 'How do I help myself help Chloe with her ADHD without having to shout at her and stuff.'

I think if you label it as parent classes, I think people automatically think 'Well I know how to be a parent, I've done it for two years now!'

(Sure Start user, London)

The length of the course put some people off, and there were several suggestions in response to this programme, and others more generally, that parents would really value quick, on-the-spot advice for particular issues:

I think what would suit me personally is more of... I know it's not probably possible but so you can just ask someone there and then, so you're picking up your child and if they've done something you just want to ask them some quick advice and have some quick advice back, just like little snippets of it rather than a programme of that kind of thing.

(Sure Start user, London)

Similarly, some of those who had been on parenting programmes were more likely to be positive about them and tended not to see them as having a 'bad parent' stigma attached. As such, it is possible that as Sure Start and the services accessed through Sure Start become more common, then they will become more accepted socially also.

4.11 Conditional support for universal services

Our research found that there is general support for the universal provision of services and initiatives designed to promote emotional wellbeing and resilience for all families. People intuitively understand that children can benefit from the types of services offered by Sure Start even if they do not use academic language to describe those perceived benefits.

This support is circumscribed, though. Parents view it as their responsibility to parent in the first instance. They tend to be willing to accept advice and support from outside the family, including from statutory bodies or public services, but see themselves as the final arbiters of what is right for their child. For most, the outer limit for government intervention on a universal basis lies precisely at initiatives such as SSCC and attendance on a voluntary basis. This conception of responsibility governs the extent to which people will use services.

In our focus groups, there were mixed opinions about an Incredible Years-type positive parenting course introduced:

- the few participants who had taken part in a parenting course were positive about the experience
- some were positive about the programme in principle but talked about factors such as time limitations as likely to restrict their activity
- some did not think that this sort of programme would be useful for them at all

Many were positive about the idea in theory:

I think that would be a really good idea because I think that most people, they only know what they've learnt from their parents and so probably they're going to deal with things in exactly the same way.

(Non-Sure Start user, London)

Some, mostly mothers of more than two children, did not think that these services would be of any benefit to them personally; others saw this kind of course as a last resort. Others, particularly those who expressed confidence in their own parenting skills, were wary about such a programme:

It would be as though they're trying to brainwash them a little bit, maybe to their way of thinking, that this is the way it should be, and trying to drill it into them.

(Non-Sure Start user, Manchester)

Many voiced similar criticisms to those made of 'self-esteem' courses – these people felt that fear of being labelled a 'bad parent' would put them off attending.

As such, parents who were willing to use Sure Start wanted several things. The most important of these is the ability to call the shots over which services they use and how they use them. At the bottom of this is a strong feeling that a parent is the ultimate arbiter of what is right for their child. In practice, this would mean choice over whether or not to attend a Sure Start centre and choice over what sort of activities to undertake. This would also mean listening to advice on potentially quite intimate matters yet being able to reject it.

Conversely, this group reacted negatively to suggestions of compulsion. Not only does compulsion interfere with parents' conception of responsibility for their children but it is also associated with 'at risk' parents and also social stigma. Some considered government and local services' involvement in their families already 'intrusive', many citing negative experiences with health visitors by way of example. Reflecting on the interventions introduced during the course of the groups, many took issue with the NFP in particular, directly relating it to these negative experience with health visitors.

Many identified health visitors' role as identifying families really in need, suggesting that families without complex needs be free to go and seek out SSCCs, parenting advice and the like for themselves, rather than somebody 'forcing' it on them. Some people's negative attitudes toward health visitors were used as a way to talk about such breaches of boundaries. Some participants took issue with health visitors telling them what to do in their own homes, one saying that her health visitor had told her to get rid of her cat, another that her health visitor had gone through her kitchen cupboards. These were given as examples of invasions of privacy and unnecessary intervention, the nub of which was an underlying concern among some of the parents that their parenting was up for judgement:

They [health visitors, children's services] should concentrate more on the actual child itself instead of looking at the parents and looking for accusations.

(Sure Start user, Liverpool)

Indeed, this attitude – perhaps more than any other – could be seen as a limiting factor on a particular parent's openness to attending a SSCC or participating in a course of any kind.

I personally don't think there should be a boundary, I think there should be, oh, what's the right word for it, but for them to have an opportunity for you to decide what you want to do with the children, to take the decision if you want to take part in any of these programmes.

(Sure Start user, London)

There is a fine line between overstepping the mark and making people feel, whoa, what on earth are you doing interfering, and they've got to get the balance right.

(Sure Start user, Liverpool)

My concern, I think, is in terms of how far is this a voluntary arrangement or is it something that is strongly suggested or who suggests it to the families, where does it come from...

(Sure Start user, London)

Parents often saw compulsion as necessary in extreme circumstances, such as older children engaging in anti-social behaviour. Some, however, picked up on a nanny state theme here and saw government action in this area as undermining parents' responsibilities. The issue of a 'politically correct' culture, perceived to limit parents' freedom to parent, also came up spontaneously in many of the groups:

I think it's gone a bit silly now. In schools, you're not allowed to call the kids naughty, you have to say you're behaving badly and things like that, and I just think, and you're not allowed to smack them any more, and I just think, years ago when kids were brought up being belted and all sorts, and kids these days with blooming ASBOs and all sorts.

(Non-Sure Start user, Manchester)

You've got different loopholes... you've got the cultural loopholes, you've got the human rights now, you know, you can't not say you're going to beat your children but if you want to discipline your children you have to think okay, how am I going to discipline them... There are different viewpoints. It is quite challenging really.

(Sure Start user, London)

It was also seen as important to respect difference – both cultural differences and also the idea that all children are different and will reach different developmental milestones at different ages. Several participants brought up the issue of different parenting styles and different cultural parenting styles in terms of where boundaries lie for both the content and direction of advice from children's services and the 'state' more broadly.

Cultural differences were seen by some minority ethnic participants to be an area where the boundary between acceptable intervention or advice should be taken into consideration:

...because it is a multicultural society and we have got a lot of immigrants, so they do need to be involved as well, if not for themselves, but for the wellbeing of the children, and for socialising and social wellbeing.

(Sure Start user, Manchester)

I'm talking from an Asian [woman's perspective] maybe women that don't speak much, without English as their first language and stuff like that, for them it is really difficult.

(Sure Start user, Liverpool)

I think for a Greek woman, you should know these things, and you should be able to control your child, so culturally, if I were to say to my grandmother that I'm going to a class for parenting, it would be shock horror, you know, 'What for? Your mother can teach you, I can teach you!'

(Sure Start user, London)

Indeed, the issue of difference, different parenting styles and different children was an overriding theme for many of the participants in relation to the responsibility of parenting and the scope of universal interventions:

Everyone's different though aren't they, every child's different and everyone handles different situations in different ways.

(Non-Sure Start user, London)

No two parents are the same and no two children are the same... personally I think you've got to find your own feet.

(Non-Sure Start user, Liverpool)

A minority did not support services such as Sure Start and argue that the government should not 'interfere' at all, leaving parents to make their own decisions about parenting. There was a split, particularly among non-users, between those who considered that government, local services and charities should do more to help everyone learn about being a good parent, versus those who thought that parents should be left to find out for themselves and make their own decisions about how to be good parents.

Some people were unlikely to use services or think that they might use these sort of services for children. These people tended to be from AB socio-economic groups, have more than one child and dual-income households. These people saw these services to be for 'other people': the 'disadvantaged' and 'at risk.' They were happy for provisions to be made on a universal basis but indicated strongly that they were very unlikely to use them themselves due to a number of practical aspects, such as time and access already mentioned. Underpinning this were also attitudinal biases against such services, ranging from them being for others to personal political issues with perceived government intervention in what they considered the private matter of parenting.

Other parents tended only to depart from a belief in universal provision in the case of difficult resource allocation decisions. In that instance then, those children and families deemed most in need should be prioritised. However, in the context of public services (as opposed to the private matter of parenting at home, which parents had much stronger views about) there was a sense among many that:

If the government, local services or charities aren't going to promote the child's emotional wellbeing as well as the literacy and stuff, who is going to promote it? So in that sense I think maybe government does have a role to care for the whole child really, I guess.

(Sure Start user, London)

4.12 Section summary

Knowledge and attitudes toward parenting, resilience and emotional wellbeing

- Participants tacitly recognise their child's social and emotional development as the bedrock for their overall 'wellbeing'.
- Parents talk about resilience and emotional wellbeing in terms of social skills, confidence, the ability to bounce back and school readiness; less in terms of literacy and numeracy and more in terms of the social and emotional ability to cope.
- Parents do not separate their children's emotional and social development from their overall development.

Attitudes toward services in general

- Participants support the idea of universal provision of SSCC and the services they offer.
- This is particularly the case among those who have had experience of them already, most of whom had had positive experiences.
- Those participants who had not had experience of SSCC were generally split in their attitudes toward the services between:
 - How come I have not heard about this before?
 - I wouldn't personally use this but can see the benefit for others
- Among a few, there was a sense of stigma attached to SSCC as being for the most disadvantaged families.
- Participants would like such services to be available to all on a voluntary and flexible attendance basis.
- Time-poor working mothers in particular identified the need for on-the-spot parenting advice and tips at SSCC.

Attitudes toward specific services

- Some participants responded positively toward the idea of parenting programmes although, again, time was often flagged up as a limiting factor on their likely use of services.
- Many identified parenting programmes as being particularly useful for first-time parents in order to give them confidence as well as tips and skills on 'good' parenting.
- A small number rejected the idea of these programmes on the grounds that they felt they were more than able to know how to parent themselves.
- Participants' response to NFPs tended to relate directly to their experience of health visitors.
- Those who felt they had had 'unqualified', intrusive health visitors were more likely to view NFP as unwelcome interventions, expressing the view that they did not like being told what to do in their own home.
- Those who had had more positive health visitor experiences were more likely to respond positively to the idea of NFP.
- Some said that they would be more likely to be responsive to one-to-one advice given in their own home.
- In general, self-esteem building courses specifically for parents were met with some scepticism.
- Many suggested they needed to be called something else, 'Boost your communications skills' for example. NCH seems to have been successful in naming their courses, eg 'You Can'.
- Others suggested that taking part in any course would function to increase self-esteem and confidence and that it is unnecessary to have a distinct course on this, which would be unlikely to attract the people who might need it most anyway by virtue of its name.

Attitudes toward state intervention and factors limiting/encouraging use of services

- Many participants expressed trepidation at attending a SSCC for the first time and indeed at all.
- The boundaries for appropriate and sensitive levels of state intervention and support differed substantially between participants.

- Some resented any hint that they were being told how to parent and saw this as something useful for other parents but not themselves.
- Some welcomed any and all support available.
- Advice and tips available at a SSCC on an 'ask an expert' basis was identified as a good idea by time-poor participants.
- Most supported the idea of more targeted interventions being available for those 'most in need'.
- All expressed time as the most important limiting factor on their likely use of services in any of the activities discussed.

5. Conclusions and recommendations

This section outlines a number of conclusions and recommendations that flow from the previous sections. They draw on our primary research with parents and our overview of the evidence base around emotional wellbeing interventions.

5.1 Government

Parents see an important role for government in providing services and support that can help develop the emotional wellbeing of their children. Fulfilling this role means not just providing appropriate services, but also ensuring that they are offered in a manner that respects parents' autonomy.

We recommend that:

- access to such services should be mainstreamed through Children's Centres
- universal services should be provided on a voluntary basis, with Children's Centres developing and proactively marketing programmes parents want, informed by the growing evidence base around effectiveness
- government should support Children's Centres in developing emotional wellbeing programmes, both in terms of the content of the programmes and in developing communications plans to inform parents about the courses in an appropriate manner
- government should consider further investment in the kinds of interventions that have been shown to be successful in the US and on a small scale in the UK
- government should support rolling reviews of the outcomes of services in order to build up the evidence base, develop more effective programmes and improve the quality of performance indicators
- as part of the process of agreeing Local Area Agreements, government should ensure that local government are well informed about the significance of emotional wellbeing in a range of child development areas

5.2 Local government

Local government, particularly through the indicators chosen as part of Local Area Agreements, can play a key role in determining the extent to which emotional wellbeing is a local priority.

Away from the strategic level, local government can play an important co-ordinating role between Children's Centres, schools and health services both in children's early years and

beyond.

We recommend that local government:

- take steps to ensure that children's emotional wellbeing is given appropriate consideration in drawing up Local Area Agreements
- ensure that service commissioners are well informed about the significance of emotional wellbeing and equipped with appropriate tools to monitor public services' performance in this area
- ensure that every prospective and new parent is informed about the services available at their local Children's Centre
- take steps to increase awareness of Children's Centre services, especially among first-time parents
- recognise that third sector organisations are often best placed to deliver children's services, particularly in fields such as emotional wellbeing, where there is a delicate balance between providing useful services and perceived intrusion into private life
- make use of the insight and trust that third sector organisations have in this area, particularly among service users with poor experiences of statutory services
- take parents' views into account when co-locating Children's Centres with primary schools; this can lead to a preference for co-location, although this could be in tension with other priorities
- explore the extent to which emotional wellbeing is taken into account as children enter full-time education and consider helping primary schools to take emotional wellbeing into account when developing their school plans

5.3 Service providers

As the case studies in this report suggest, many service providers are doing an excellent job in developing high-quality programmes and broadening involvement in those programmes. Importantly, the focus groups demonstrated that some third sector organisations are well-placed to offer children's services as they tend to have higher levels of trust than some directly state-owned institutions and often have greater flexibility in engaging with individuals from communities with high levels of deprivation.

We recommend that service providers:

- tackle the negative associations that some parents have with Children's Centres through promotion of the benefits

of the services and by continuing to expand the user base beyond socially marginalised groups

- ensure that access to services is made available to every parent, no matter what their background
- communicate in a language that parents can readily engage in and which they don't find stigmatising
- running open days with existing centre users on hand to give 'testimonials' and talk about the benefits they have experienced
- encourage existing service users, particular those from key target groups, to act as advocates for services with their local and cultural communities
- continue to use Sure Start on a universal basis as a gateway to targeted interventions – parents see this as an intuitive way of accessing SEN services and also see universality as reducing stigma

5.4 The role of the media

Television programmes such as *Supernanny* and *House of tiny tearaways*, as well as the internet, are currently used by some parents as valued resources for information and advice on parenting. Their focus on the successful resolution of difficult situations and behaviours points to the necessity of communicating the benefits of any 'intervention', whether it be a parenting programme or a television programme.

We recommend that:

- public service broadcasters ensure that influential programming provides advice grounded in good practice
- non-broadcast channels are used to help parents find services that can help them in their parenting

5.5 Cross-cutting recommendations on the use of language

I think if you label it as parent classes, I think people automatically think 'Well I know how to be a parent, I've done it for two years now.'

(Sure Start user, London)

If they say 'sharpen your communication skills' and then in part of it they deal with self-esteem, then you're not singled out, you're not feeling like you're going: 'Hi, my name is Charlene, I'm here to improve my self-esteem.'

(Sure Start user, Manchester)

Parents were put off by programme names and communication materials that implied a deficit in either the parent or the child. Programmes perceived to be targeted at poor parents or deprived groups were also received negatively on an emotional level, even if people felt the content could be of value. The quantitative case either way is yet to be made but the qualitative evidence suggests that universal provision would reduce barriers to take up by key target groups.

The term 'emotional wellbeing', while not off-putting, was confusing and did little to communicate the value of services. Terms that had currency included:

- social skills
- being able to get on with other children
- confidence
- independence ('being able to enjoy their own company')
- security
- bouncing back
- behaviour (good and bad)

We recommend that:

- communications should frame programmes in terms of benefits that do not imply a prior socially stigmatised deficit in parents
- communications should use everyday language
- universal provision of services should be valued both in itself and as a way of increasing take up in target groups by reducing stigma, unless evidence emerges to the contrary

5.6 Parents

Parents view parenting first and foremost as their responsibility. However, most of the parents involved in the research also saw an important role for the state working alongside parents. Just as they believe that the state has obligations to them, so they realise that they have obligations to society and their children. At a practical level, this means doing what most parents do – from showing up for appointments at Children’s Centres to taking responsibility for their children’s behaviour.

We recommend that:

- parents sign up to an implicit contract with service providers, accepting their responsibilities as service users

5.7 Further research

NCH supports the government’s commitment to develop a performance indicator for local authorities’ success in improving resilience and emotional wellbeing outcomes. In support of this and in relation to the evidence gaps identified by NCH’s wider literature review (conducted as part of this research), it is suggested that there is a need for investment in significant and, crucially, longitudinal research into what the most successful interventions are, both universal and targeted.

We recommend that:

- there is funding of and provision for accumulating evidence-based and, crucially, longitudinal UK-wide research into what the most successful interventions are, both universal and targeted
- there is more research into the gap in the psychology of resilience research around family and community resilience (as opposed to individual resilience) identified in our literature review
- non-proxy-based measures of emotional wellbeing are developed, with guidance for outcome measurement
- a performance indicator is developed to help local authorities gauge the success of initiatives to improve children and young people’s resilience and emotional wellbeing

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Appendix 1: Context

Evidence base for the kinds of early years interventions introduced to participants in qualitative research

The focus and nature of early years interventions from age three onward tends to be more around the provision of either structured childcare and/or early years education. They may or may not have a parental education component. Evaluations of these initiatives are complicated as the full impact of the intervention on the wellbeing of the child may not become evident for some years – indeed the Perry/High Scope project shows substantial differences between the intervention and control groups at age 40.

This literature is dominated by randomised controlled trials (RCT) conducted in the USA and beginning in the 1960s. The length of time that has elapsed since these trials have begun enables researchers to make some judgements about the impact of these interventions across the life-course.

Perhaps the best known of these trials are Perry/High Scope, which focused on a sample of 123 African American male infants in Ypsilanti Michigan in 1962 to present day and the Abecedarian trial, again with African American infants in North Carolina. These studies are extremely well known and hence only a brief précis is necessary.

While the sample size is relatively small (123 people), the disparity between the life-outcomes for the trial group and the control group, even at 40 years old, is striking. Given the random element of the methodology, it is most probable that these disparities are due in part to whether or not the children went through the programme at age 3–4. Incidentally, this provides a good insight into the ethical difficulties faced by researchers when conducting RCTs with disadvantaged populations and partially explains the popularity of less robust research methods such as waiting list controls.

This group of 123 were followed up annually from ages 3–11 and again at 14, 15, 19, 27 and 40, with a missing data rate of six per cent. In terms of outcomes, the trial group outperformed the control group in terms of economic performance, education, offending behaviour, and health and child rearing.

Regarding education, the trial group was more likely to progress further into the education system (65% vs 54% graduating from high school) with trial group women more likely to complete high school (84% vs 32%). The trial group performed better in literacy tests at 19 and 27 also. In terms of economic performance, the trial group males were more likely to be employed at age 40 (76% vs 62%) and also at age 27 (69% vs 56%). Similar trends are reported for females as well as for higher median earnings for the trial group.

Furthermore, the trial group were less likely to be arrested before the age of 40 and less likely to have been involved in criminal behaviour. Caution should be taken here given the sample size, however the study is generally regarded as robust.

Zortich et al (1998) is a systematic review of the health and welfare effects of non-parental daycare. The authors reviewed eight randomised controlled trials, including the Perry programme described above. These trials all took place in the USA and all, except one, involved disadvantaged African American populations.

These eight studies showed a range of benefits to the participating children over and above the control group. Interestingly, the control group performed better than the trial group in a number of areas, suggesting that the programmes evaluated may have adverse consequences. In terms of educational outcomes, all eight studies showed that involvement in the programme raised IQ but that this effect tended to ‘wash out’ quite quickly. One of the studies showed that involvement of the child’s father in the programme raised IQ but none of the others attempted this measurement. Increased IQ effects, however, were associated with lower incidence of school failure. In terms of wider school performance, the studies tend to show that children in the trial groups tended not to require special intervention at school (eg being kept down a grade or requiring special classes).

Three of the reviewed studies looked at the effect of daycare on children’s behaviour. In this instance, the results are mixed, with those of the Perry programme favouring the intervention group. In one study, the children from the control group showed better behavioural outcomes than those in the intervention group, while the North Carolina Abecedarian programme showed that trial group children were slightly more likely to require special interventions for poor behaviour.

As such, there is a substantial literature showing that, on the whole, structured daycare in the early years improves the educational outcomes of young, disadvantaged children. Essentially, it seems to equip them with the skills to navigate a potentially adverse transition to school. It is not clear from available studies, though, what the comparative advantages and disadvantages are of the different programmes – each has or had a different emphasis or set of components.

Some key messages can be picked out. RAND (2007) identifies several key success factors for early childhood

programmes. Quality of staff is seen as particularly important, with programmes run by professional groups (sometimes degree holders) often demonstrating better outcomes than comparable programmes. Smaller staff/child ratio is also associated with better programme outcomes, as is greater programme intensity.

The Effective Provision of Preschool Education project ran from 1997–2004 in its first phase. It identified significant benefits to early years education, although it is not clear how deep or long term these are due to the comparative newness of the project. They drew on the experience of 3,000 families on a controlled trial basis. These children received early years education in a variety of different settings and their experience was controlled against those who did not. While this study is much more recent than the American research detailed earlier, it is notable for its much larger sample size.

The early benefits identified by EPPE cover both social and cognitive outcomes, and the key findings show that early years education can improve both. At entry to primary school, non-early years ('home') children show poorer social/cognitive outcomes than those who have been through early years education. At KS 1, social skills tend to have improved for 'home' children but a gap is still evident for English and maths. 'Home' children are more likely to be identified as having SEN than the early years group.

Duration and age of entry, as well as type of early years education, are important. Every month of early years education after the age of two adds to outcomes. Similarly, the study shows that nursery schools tend not to be as effective as fully integrated provision.

Given that some of the outcomes here relate to lower likelihood to commit crimes or better economic performance, it is clear that there will be some likely economic benefit to the state and wider society from intervening early. The extent to which this is the case is the matter of some dispute, as judgements often rest on quite small parts of the study sample (eg a subset of an already small subset, as is the case with Perry/High Scope). This issue is not fully related to resilience but is related to how members of the public might see the consequences of the promotion of resilience.

Isaacs (2007) discusses interventions from birth to adolescence in the context of a tight fiscal situation. Obviously the US situation is not directly comparable with that of the UK, however the 2007 comprehensive spending

review will be very tight and the basic principles behind the analysis are sound. Isaacs examines four early years programmes where long-term information is available. Again, the most useful of these is Perry, as follow up has been possible up to the age of 40.

The table below is adapted from Isaacs' recent work into the cost-effectiveness of investment in early years interventions in America.

Table 1: Cost effectiveness of early years interventions

	Abecedarian Project	Perry Preschool	Chicago Child–Parent Centres	Meta-analysis ¹
Age of child	0–5	3 and 4	3 and 4	3 and 4
Cost per child	\$42,8712	\$14,830	\$6,913	\$15,742
Length of programme	5 years of full-day, full-year schooling	2 years of half-day schooling for 8 months	2 years of half-day schooling for 9 months	2 years of half-day schooling for 9 months
Benefits	\$138,635	\$76,426 to \$253,154	\$49,337	\$15,742
Benefit–cost ratio	3.23	5.15 to 17.1	7.14	2.36
Benefit–cost ratio by category				
Government				
Criminal justice	n/e	.61	1.07	0.31
Taxes	n/m	.39	1.08	0.18
Education (K12)	0.21	.38	0.73	0.04
Welfare	<0.01	.14	n/m	0.0
Child welfare	n/m	n/m	0.07	0.03
Other government		None	-0.06	0.08
Subtotal	<1.0	1.52	2.89	0.65
Participant/society				
Crime victims	n/e	2.27 to 5.91	0.92	0.37
Earnings	2.79	2.93	3.07	0.70
Child abuse victims	n/m	n/m	0.04	0.42
Other benefits	0.23	None	0.22	0.42
Total	3.23	5.15 to 8.74 at age 27, 17.1 at age 40	7.14	2.36

Adapted from Isaacs (2007)

Notes

For Abecedarian, other government savings are included in the ‘other benefits’ category.

n/e: no significant effect

n/m: not measured

All benefits are shown as in 2003 dollars and benefits are the net present value at age zero using a three per cent discount rate

1. Adjusted for real world effects, the meta-analysis category combines 48 different programme evaluations: see Isaacs (2007).
2. Costs are the marginal cost above the cost of childcare used by the children in the control group. Total costs are higher, an estimated \$73,646 in 2002 dollars (before discounting) for operating Abecedarian in a school setting.
3. Other government savings of Chicago Child–Parent Centres are the cost (negative savings) of additional college expenses; other governmental savings in the meta-analysis are associated with reduced need for publicly funded childcare and savings due to lower alcohol and drug abuse.
4. Costs of crime losses are higher when one includes a dollar value of the intangible losses of pain and suffering in addition to the tangible costs of lost property, health care and lost earnings. Intangible losses are included in the higher values for Perry Preschool and the estimate for the meta-analysis, but not in the lower estimate for Perry or the estimate of Chicago Child–Parent Centres. Such intangible losses also are included in the meta-analysis estimate of losses of child abuse victims.
5. Other benefits of Abecedarian include savings from reduced smoking (and smoking-related health care), offset by increased costs for college. Other benefits of Chicago Child–Parent Centres include the value of childcare to the mother, less the additional costs of college for the adult participant. Other benefits of the meta-analysis include the value of childcare to the mother, the effects of reduced alcohol and drug use, and the estimated non-earnings effects of higher education (eg effects on health, fertility, next generation’s education, etc).

Source: Benefit–cost ratios in top half of table are from Karoly, et al (2005); benefit–cost ratios by category, shown in the bottom half of the table, are the author’s calculations based on Karoly et al (1998) for Perry Preschool

Parenting programmes

Parenting programmes have a variety of uses and may be used at different stages in the life of a child. The purpose of the intervention may vary from teaching parenting skills or assisting parents with difficult two year olds to more intensive versions designed to correct more serious problems such as conduct disorder. Similarly, the nature of the programme may vary from videos or DVDs to be viewed at home to more intensive residential interventions.

Critically, the evaluations of parenting programmes tend to focus on the more serious end of the intervention scale. Regarding the more serious end of the scale, occurrence of conduct disorder in childhood or early childhood is a predictor of later delinquent activity or actual criminal activity. As a result, intervention to treat conduct disorder is desirable, from both the perspective of the child's wellbeing and also the wider societal cost of a problematic child later developing anti-social or criminal tendencies. Four per cent of rural children and nine per cent of those growing up in urban environments exhibit conduct disorder. Forty per cent of seven and eight year olds with conduct disorder become recidivist delinquents as teenagers and 90 per cent of recidivist juvenile delinquents exhibited conduct disorder as children. It is a predictor of a range of low-level criminal behaviours, from drunk driving to vandalism, and more serious crimes such as violence involving weapons (Scott, 1988).

Conduct disorder may occur early or may be predicted by certain behaviours as early as the age of two. It becomes more difficult to treat with time and older children are significantly more difficult to treat than younger ones. Given the manner in which other children and adults react to children with conduct disorder, the behaviours are likely self-reinforcing.

Causes of conduct disorder relate largely to parenting and the child's relationship with parents. Factors associated with conduct disorder include poor supervision of the child, harsh and erratic discipline, parental conflict, rejection of the child and a lack of interest in what the child does (Scott, 1988). Poverty is associated with the prevalence of conduct disorder, partly as it may exacerbate the above factors. Causes, however, are not solely environmental: there is likely to be a genetic component also. This is unlike hyperactivity, with which conduct disorder is often associated, where the condition is largely genetic.

Parenting programmes typically assist parents to:

- engage with their children in problem situations
- help their children deal with their feelings
- listen more effectively
- use praise
- negotiate with their children and find alternatives to punishment
- encourage their children to be autonomous and take responsibility
- reflect on their own experiences of being parented

(Gibbs et al, 2003, updated 2006)

Group-based parenting programmes have been recommended by the National Institute for Clinical Excellence (NICE) for the management of children with conduct disorder (2006). These are considered appropriate for children with difficult externalising behaviours but are not considered effective for treating internalising behaviours such as depression. Individual programmes are recommended in the case of families with more complex needs.

Stewart-Brown et al (2004) describes the effectiveness of the Webster-Stratton and Children Series group parenting programme on children aged 2–8 years. The intervention is a 10-week parenting programme led by health visitors. The study found that the programme had short-term impacts (up to six months) but that the control group's behaviour had not improved sufficiently by 12 months to suggest that there may be long-term benefits from the programme. The researchers suggest that more research is needed on the longer term impacts of parenting programmes. The qualitative research conducted as part of the same study found that parents valued the intervention and were pleased to have participated.

Edwards et al (2007) evaluates the Incredible Years parenting programme, administered to children aged 36–59 months. As the study used a waiting list control, it is not as robust as an RCT but the study design is robust enough to be considered. The programme improved child behaviour as measured by the intensity score of the Eyberg behaviour inventory at a rough cost of £73 per point on the scale. The researchers found that the programme was proportionately more effective for children at a greater risk of developing conduct disorder.

Woolfenden et al (2002) is a systematic review of the effectiveness of family and parenting programmes on 10–17 year olds with conduct disorder. The review describes evaluations of different sorts of interventions ranging from parent training through to multi-systemic therapy, multi-dimensional intervention foster care and an adolescent diversion project with a family condition.

Appendix 2: Discussion guide

NCH research on resilience and emotional wellbeing in children: discussion guide for parents not using Sure Start Children’s Centres

	Duration/ mins	Elapsed time/ mins
<p>Welcome</p> <ul style="list-style-type: none"> Welcome and general intro to group – aims of research <p><i>We are doing the research for a children’s charity looking into parents attitudes toward services like Sure Start Children’s Centres and parenting courses, what parents think government priorities should be in this areas as well as thoughts and experiences about the importance of the social and emotional wellbeing of their children</i></p> <ul style="list-style-type: none"> Open discussion Be honest From your point of view Need to get through guide on time Permission to record – because I can’t remember everything/do short hand One at a time <ul style="list-style-type: none"> Participant introductions <ul style="list-style-type: none"> Name Family situation: number of children, ages, partner, job Are they using childcare or nursery schools <p>Warm-up: What are local services for children like in your area?</p>		
<p>1. Knowledge of/opinions of Children’s Centres/Sure Start/parenting programmes</p> <ul style="list-style-type: none"> Probe spontaneous awareness: <ul style="list-style-type: none"> Has a health visitor or similar given them info on a local centre? Were you referred by your GP? Have you ever been to a Children’s Centre? INTRO: Do you have family or friends who have used them? What is your opinion of them? <p>HANDOUT 1: Outlining Children’s Centres/Sure Starts, parenting programmes</p> <ul style="list-style-type: none"> Talk through examples with group Ask group for first thoughts and opinions about these <ul style="list-style-type: none"> Surprises? Opinions? <p>BENEFITS – Expected outcomes/pros and cons</p> <p>We want to move on to talk about what positive benefits you think might come out of using Sure Start/parenting programmes.</p>		

	Duration/ mins	Elapsed time/ mins
<p>What sorts of benefits would you like to see/could you imagine for YOU and YOUR CHILDREN from using Sure Start Children’s Centres and these kinds of services?</p> <p>Prompt if necessary:</p> <ul style="list-style-type: none"> • How important are the 3Rs? • How important is emotional wellbeing/social skills? (Both) <p>Probe the longer term outcomes parents would like to see in their children that they could imagine might be down in some part to accessing a Children’s Centre:</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Learning and education • Emotional development • Social skills • Physical/health development • More confident parenting skills • Learnt a new skill • Made new friends • School readiness • More... <p>PROMPT: What sorts of benefits would you like centres and programmes like these to have? What worries might you have about them? What barriers might stop you from using them?</p>		
<p>2. Case studies</p> <p>Understand parents’ response to different potential programmes that could boost children’s resilience – from their perspective as parents</p> <p>HANDOUT 2: Using case study handout participants work in pairs to come up with pros and cons for each programme. Each pair works on two</p> <ul style="list-style-type: none"> • What do you think about these? Pros and cons • Pairs feedback to group 		

	Duration/ mins	Elapsed time/ mins
<p>3. Role of state and boundaries</p> <p>Understand parents' response to emotional and social development as a priority for policy</p> <p>Use HANDOUT 3: Emotional and social wellbeing</p> <p>What is the government's role and where do the boundaries lie?</p> <ul style="list-style-type: none"> ● What do you feel that children should get from services like Sure Start in terms of their emotional and social development? ● Do you think these sorts of things do help children when they are older? ● Are you happy with public services like preschools focusing on emotional development? ● These sorts of projects have been shown to have a positive impact on children – in this case, do you think it is fair to 'force' parents and/or their children to go on such a course? ● Universal versus targeted? ● Are there any areas of your children's development that public service/government should not touch? Give the example of the 'blanket with holes in' advice... 		
<p>Test the following statements – as many as there is time for</p> <p>Spontaneous responses and agree/disagree?</p> <ul style="list-style-type: none"> ● (Most) children in this country arrive at primary school ready to learn ● Building children's emotional wellbeing and resilience should be a priority for preschool services ● Supporting children's emotional wellbeing and resilience should be a priority from birth to secondary school ● No one is born with parenting skills ● I would value taking part in a parenting course ● Parents of children with extreme anti-social behaviour should have to do parenting courses ● Having an emotionally resilient child with good social skills is more important to me than having a child who is able to walk/talk/read at a similar level to his or her peers ● Having an emotionally resilient child with good social skills will help them achieve later in life ● Being labelled a 'bad parent' would put me off using a parenting course ● My child's happiness now and in later life is more important to me than whether they do well at school or get a good job ● The most important part of being a good parent is helping your child to be confident and resilient ● Parenting is the responsibility of parents ● Parenting is the joint responsibility of government, services and parents ● There is enough local level support for parents in this country ● Parenting classes can help some parents become better parents ● There is good childcare and preschool provision near where I live ● High-quality preschool education and childcare should be a priority for government 		

Appendix 3: Discussion guide

NCH research on resilience and emotional wellbeing in children: discussion guide for parents using Sure Start Children’s Centres

	Duration/ mins	Elapsed time/ mins
<p>Welcome</p> <ul style="list-style-type: none"> Welcome and general intro to group – aims of research <p><i>We are doing the research for a children’s charity looking into parents experiences of services like Sure Start Children’s Centres and parenting courses, what parents think government priorities should be in this areas as well as thoughts and experiences about the importance of the social and emotional wellbeing of their children</i></p> <ul style="list-style-type: none"> Open discussion Be honest From your point of view Need to get through guide on time One at a time – respect each others views Permission to record – because I can’t remember everything/do short hand <ul style="list-style-type: none"> Participant introductions Names Family situation: number of children, ages, partner, job What are children’s services like in the area? 		
<p>1. INTRO: Experience of Sure Start Children’s Centres/parenting programmes</p> <ul style="list-style-type: none"> What Children’s Centre services, activities and courses have YOU used? What Children’s Centres services and activities have your CHILDREN used? What is your overall experience of Children’s Centres? Do you know who runs the centre/provides the services? How were you referred? Health visitor? GP? Friend? <p>HANDOUT 1: Outlining Children’s Centres/Sure Starts, parenting programmes</p> <ul style="list-style-type: none"> Talk through examples with group Ask group for first thoughts and opinions about these <ul style="list-style-type: none"> Surprises? Opinions? Would you be prepared to pay for these services? <p>Outcomes</p> <p>We want to move on to talk about the benefits you and your family have experienced as a result of using Sure Start...</p> <ul style="list-style-type: none"> What sorts of benefits would you like to see/have you seen for you and your family from using Sure Start Children’s Centres and these kinds of services? 		

	Duration/ mins	Elapsed time/ mins
<p>Frame in terms of school readiness:</p> <ul style="list-style-type: none"> • How important are the 3Rs? • How important is emotional wellbeing/social skills? (Both) <p>Probe the holistic/overall outcomes parents have seen/would like to see in their children that they would attribute in some part to Children’s Centres:</p> <ul style="list-style-type: none"> • Learning and education • Emotional development • Social skills • Physical/health development • Made new friends • School readiness for children... • More... <p>Probe outcomes that parents have experienced themselves as a result of using a Children’s Centre:</p> <ul style="list-style-type: none"> • More confident parenting skills • Learnt a new skill • Made new friends • More... <p>PROMPT: If time – what other long-term benefits would you like these services to have? Expectations versus worries?</p>		
<p>2. Case studies</p> <p>Understand parents’ response to different potential programmes that could boost children’s resilience – from their perspective as parents</p> <p>HANDOUT 2: Using case study handout participants work in pairs to come up with pros and cons for each programme. Each pair works on two</p> <ul style="list-style-type: none"> • What do you think about these? Pros and cons • Pairs feedback to group 		

	Duration/ mins	Elapsed time/ mins
<p>3. Aim</p> <p>Understand parents' response to emotional and social development as a priority for policy</p> <p>Use HANDOUT 3: Social and emotional wellbeing</p> <p>What is the government's role and where do the boundaries lie?</p> <ul style="list-style-type: none"> • Does your Sure Start/Children's Centre take account of your children's emotional development and wellbeing? • Do you think this is appropriate? • What do you feel that children should get from public services like Sure Start in terms of their emotional development? • Do you think these sorts of things help children when they are older? • Are you happy with public services like preschools focusing on emotional development? • These sorts of projects have been shown to have a positive impact on children – in this case, do you think it is fair to 'force' parents to go on such a course? • Universal versus targeted? • Are there any areas of your children's development that public service/government should not touch? Give the example of the 'blanket with holes in' advice... 		
<p>Test polling questions – as many as there is time for</p> <p>Spontaneous responses and agree/disagree:</p> <ul style="list-style-type: none"> • (Most) children in this country arrive at primary school ready to learn • Building children's emotional wellbeing and resilience should be a priority for preschool services • Supporting children's emotional wellbeing and resilience should be a priority from birth to secondary school • No one is born with parenting skills • I would value taking part in a parenting course • Parents of children with extreme anti-social behaviour should have to do parenting courses • Having an emotionally resilient child with good social skills is more important to me than having a child who is able to walk/talk/read at a similar level to his or her peers • Having an emotionally resilient child with good social skills will help them achieve later in life • Being labelled a 'bad parent' would put me off using a parenting course • My child's happiness now and in later life is more important to me than whether they do well at school or get a good job • The most important part of being a good parent is helping your child to be confident and resilient • Parenting is the responsibility of parents 		

	Duration/ mins	Elapsed time/ mins
<ul style="list-style-type: none"> • Parenting is the joint responsibility of government, services and parents • There is enough local-level support for parents in this country • Parenting classes can help some parents become better parents • There is good childcare and preschool provision near where I live • High-quality preschool education and childcare should be a priority for government 		

Appendix 4: Discussion materials

Handout 1 – Programmes to help boost children’s resilience

Children’s Centres

As of April 2007, one million children and their families were using Sure Start Children’s Centres in the UK.

Sure Start Children’s Centres are places where children under five years old and their families can go to access services and information.

The centres act as a one-stop shop for young children and parents, with easy access to family health care, advice and support for parents, preschool education and care, and links through to training and employment for parents.

The centres employ midwives, preschool teachers, family liaison workers, and project workers from the local council, health service and social services.

The centres aim to help parents give children the best possible start in life.

Activities a Children’s Centre might run include:

- A crèche
- Drop-in play sessions
- Physical activity sessions
- Parenting courses
- Groups for dads and children
- Breast-feeding support groups
- Speech and language support
- Baby massage

As well as skills courses for parents such as:

- Basic computer skills
- Self-esteem building
- Volunteering
- First aid and home safety courses
- Support to stop smoking
- Arts and crafts sessions

Parenting programmes

Parenting programmes are often run at Children’s Centres, through schools or as local independent schemes.

Some programmes are one-to-one with a parent and programme worker, some are courses run in groups, others involve handbooks and activities that parents can do in their own time at home.

Some courses are targeted toward parents of preschool children with behavioural difficulties, who may have anti-social behaviour, be aggressive, withdrawn or timid.

Other parenting programmes are provided on a more ‘universal’ basis, for any parent who might want them.

They all aim to help parents develop the abilities and skills to deal with their children’s behaviour.

Parenting programmes help parents to:

- engage with their children in problem situations
- help their children deal with their feelings
- listen more effectively
- use praise
- negotiate with their children and find alternatives to punishment
- encourage their children to be autonomous and take responsibility
- reflect on their own experiences of being parented

Handout 2 Case studies

Nurse–family partnership (NFP)

NFP is a home visit scheme in the US. The programme, which targets mums, aims to encourage better futures for both the mother and the child by encouraging healthy behaviour, such as giving up smoking and helping the mother to bond with her child.

Nurse–family partnerships focus on ensuring that a secure and healthy home life and routine is established, giving the mum and the child the best chance to develop resilience and emotional wellbeing.

NCH’s ‘You Can’ self-esteem course

A weekly course for parents with activities designed to boost confidence, self-esteem, team working and communication skills.

Parents who complete these sorts of courses report being more confident in themselves and about their parenting. The courses often act as a stepping stone for them going on to do other courses based at a Children’s Centre or elsewhere.

Incredible Years parenting programme

This is a programme developed in the US over the past 30 years that involves parents, teachers and children. Its programmes are designed to reduce children’s aggression and behaviour problems, and increase social skills and emotional wellbeing at home and at school.

This approach has been pioneered in the UK in Sure Starts across North Wales. Parenting courses for parents of children of preschool age provide advice about play, how to praise and reward, setting limits and dealing with disobedience and naughtiness, as well as handling and preventing misbehaviour.

The programme also offers practical advice for parents on how to help their children learn to regulate their emotions, make friends and cope with peer problems, as well as how to help prepare their child for school. The programmes have also been recommended by the Home Office in UK as one way to tackle anti-social behaviour and by Sure Start as a recommended programme for families with children under five years.

Handout 3

Emotional and social wellbeing

Preschool services such as nurseries (as well as schools themselves) have tended to focus purely on exam results and skills such as reading and numeracy. Increasingly some argue that they should focus more on developing children's social and emotional skills: helping them become rounded people. They also argue that helping children develop these skills will also help them succeed at school.

'Students who are anxious, angry or depressed don't learn; people who are in these states do not take in information efficiently or deal with it well...' Daniel Goleman, author of *Emotional Intelligence*

The government sees emotional wellbeing and social skills as involving:

- self-awareness – helps children to have some understanding of themselves, how they learn and how they relate to others
- the ability to manage feelings – for example managing anxiety or anger, or being resilient in the face of adversity
- motivation – to be active and enthusiastic about learning
- empathy – understanding the feelings of others and anticipating and responding to other's points of views
- social skills – allow children to relate to others, be active in a group, communicate with different people, negotiate and support other people

BDSR is a new consultancy that focuses on challenges where the solutions involve changes in culture, attitude and behaviour. We bring opinion research together with social marketing, brand, and policy expertise to develop strategies that deliver lasting change. To find out more, go to www.branddemocracy.co.uk

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BDSR is a part of the research division of Chime Communications Plc.

NCH helps the most vulnerable children and young people in the UK break through injustice, deprivation and inequality, so they can achieve their full potential.

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