

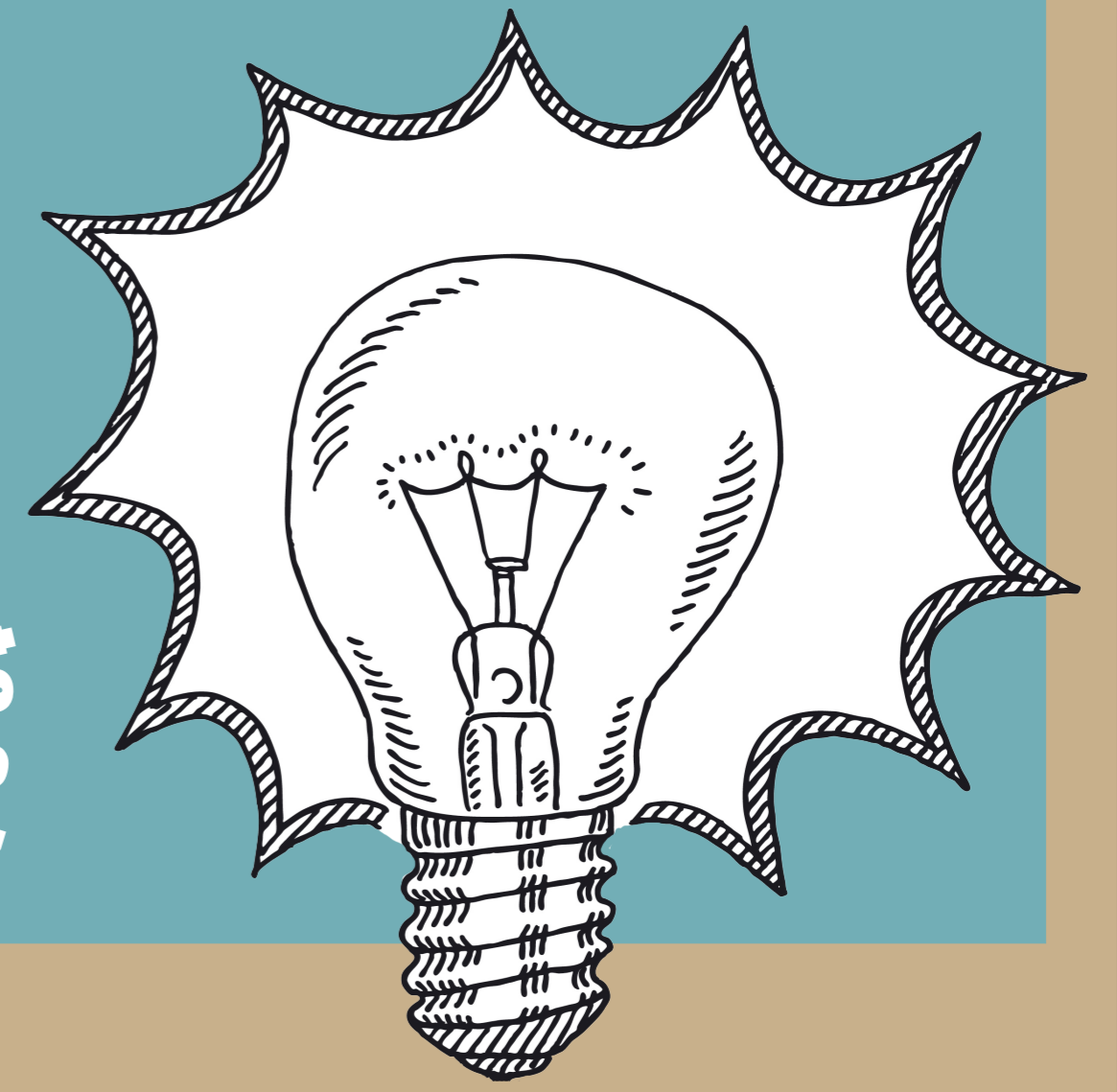
A Good Start

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effectively use research to improve the situation for children or families or to address issues in personal relationships

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centre for research on
families and relationships

What research was used? Why was it appropriate?

The design of the 'A Good Start' programme was underpinned by a strong theoretical base. The programme, with its core component of baby massage and carefully chosen additional sessions, drew on a strong evidence-base which promotes the early emotional and social experience of infants and attachment between babies and their care-givers. The organisation's staff team developed the course in collaboration with parents, tested it, refined it and implemented it on a small scale with further testing before increasing roll out on a locality basis. The programme was then delivered to parents in some localities with a small project team which was expanded with the recruitment and training of volunteer instructors.

The team had a wealth of experience in delivering early years family support and came from a range of employment backgrounds, including paediatric nursing, social work, family support and complementary therapies. The volunteer instructors were a key component in ensuring the sustainability of the 'roll-out' model. They were recruited primarily by word of mouth and some were parents who had completed the programme. They came from a range of backgrounds, some having previously been employed as nurses and health visitors.

The programme has been based around the evidence model of Baby Massage, the evidence from Attachment Theory and Dr Suzanne Zeedyk (among others) work and the theory around Social Capital, community asset building and proportionate universalism.

How did you get people interested in the research?

The 'A good Start' programme was developed with parents in response to interest in research around brain development by parents attending Midlothian Sure Start. Parents were interested to know how the theory could have practical application for them in their attempts to give their babies a good start. The programme was a collaborative development at every stage.

The programme is run over ten weeks with weekly sessions of one and a half to two hours. The core component of the programme is a five-session baby massage course after which parents can take part in further sessions which include baby brain development, play (Heuristic and Schematic), Book Bug activities, play@home, community links, Paediatric First Aid and safety at home and weaning.

The programme incorporates joint working between Midlothian Council, health service staff, MSS and volunteer instructors as the main deliverers supported by family support workers offering individual support to more complex families. The programme offers non-stigmatizing support and parents are encouraged to access other community resources on completing it. It is held on a locality basis within a number of Midlothian towns particularly priority areas as defined by the Indices of Multiple Deprivation.

At a family level the programme aims are that parents:

- Have an increased feeling of well-being;
- Are more attuned to their babies.
- Are more aware of services and confident in becoming involved with them.

The over-arching programme aims are to:

- Build family and parenting capacity and skills.
- Build community capacity.
- Contribute to sustained support to improve outcomes for children and their families.
- Increase the organisation's capacity to deliver direct services to children and their families.

Who benefitted from the research?

The Stirling University evaluation found:

- The staff team had ambitious targets to meet in relation to implementation and programme roll-out. The researchers found that the training was exacting and required a high level of commitment from trainees.
- It was clear from the qualitative evaluation data vast majority of parents derived some benefit from the programme and even those who scored highly in most aspects of the Good Start Web had a greater knowledge of local services and enhanced social networks. Around half the parents had started from a low baseline score in relation to these two aspects. In addition, half the parents felt more skilled in responding to their baby. There was evidence of a reduction in social isolation within communities and an increased awareness of community-based volunteering opportunities.
- Parents valued the opportunity to meet with other parents for peer support, undertake a practical activity to enhance the bond with their baby which relaxed them both, build their confidence and reduce their anxiety about caring for an infant and learn about and feel more confident in accessing local services, particularly beneficial to those with no extended family or friends nearby.

How did you evaluate the impact?

The research was undertaken by two researchers from the universities of Stirling and Edinburgh Napier and had two strands — a collaborative element which involved developing and supporting the use of the outcomes framework together with project staff and undertaking a limited amount of direct evaluation which required objectivity. The aims and objectives of the research project were therefore to:

- Advise and work alongside the project team to develop an outcomes framework and refine the self-evaluation tool (the Good Start Web),
- Provide ongoing support in the use of the framework and undertake analysis of quantitative data collected by project staff and volunteer instructors,

- Undertake direct evaluation work requiring a degree of objectivity by gathering staff and service user feedback through focus groups and semi-structured interviews,
- Provide formative evaluative feedback to project staff based on service user data,
- Provide summative evaluative feedback and recommendations for the project progression into the future.

Qualitative data were gathered through interviews and focus groups with parents, volunteer instructors and staff. The researchers undertook three face-to-face semi-structured interviews and three small focus groups with 4 project staff (including an MSS manager), 10 parents (all mothers, from diverse backgrounds), 4 volunteer instructors and a senior manager from Midlothian Council during the evaluation period

What did the team learn from the project?

As a result of the Evaluation Report carried out by Stirling University the team have refined the way the programme is delivered and recognised the complexity of the training for volunteers.

The team have enhanced supports offered to volunteers and offered peer mentoring opportunities to enhance delivery. Quality assurance steps have been introduced to ensure programme delivery fidelity.

There was strong evidence that the programme was attracting the families that most needed it in 50% of the cases. Ongoing work has been undertaken to continue to promote this to families most in need. By being proactive in the promotion, delivery we have seen continued growth in uptake and are attracting increasing numbers of families who will most benefit.

We are increasing opportunities to further develop community links and have developed new community links with partner organisations.

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