Planning, Implementation and Evaluation of a Parent Education Programme in the North of England

ABSTRACT

This article describes the multi-disciplinary development of a Preparation for Parenthood programme in the north of the United Kingdom. The programme was based on the parent education guidelines published by the UK Department of Health in 2011, 'Preparation for birth and beyond: a resource pack for leaders of community groups and activities'. A six-week programme was designed (five antenatal sessions and one postnatal) and piloted in six areas in West Yorkshire. Facilitators worked in twos and comprised health visitors, midwives and nursery nurses. Each group of parents was supported by a volunteer 'mum' from a local peer support and signposting service. A comprehensive evaluation of the pilot was undertaken, with feedback obtained from participants both before and after their babies were born, and from the facilitators. Parental satisfaction with the programme was high. The facilitators enjoyed delivering a participative, strengths-based programme and working with colleagues from other disciplines.

KEYWORDS: parent education; transition to parenthood; universal programme; multi-disciplinary delivery; evaluation

INTRODUCTION

Children are born needing love and consistent physical and emotional care based on sensitive interactions. If their earliest 'environment of relationships' does not provide these, their lifetime wellbeing may be adversely affected. During the first two years of life, the brain grows at an exceptional rate and the child's understanding of his or her place in the world, and of the nature of human relationships, is being laid down. If young children are the victims of unresponsive parenting, the costs of later trying to rectify the damage caused to their physical, social and emotional health, may prove a considerable drain on health and social services, and on the community in which they grow up.

Recognition of the importance of 'The 1001 Critical Days' (UK cross-party manifesto, 2013) from conception to two years of age led to an initiative in Kirklees in the north of the UK to design a Preparation for Parenthood (PfP) programme, as part of an overarching strategy entitled Nurturing Parents, which would incorporate the latest research and respond to feedback from local parents that they needed more preparation for new parenthood than was currently available to them. The PfP programme aimed to meet the democratic imperative to reduce lifetime inequalities by ensuring that every baby born in Kirklees benefitted from sensitive parenting and to reap the financial returns on early years' investment flagged up by health care economists such as James Heckman (2008).

RESEARCH INFLUENCING THE PREPARATION FOR PARENTHOOD PROGRAMME

a) Stress in pregnancy

Parent education provided in pregnancy may be especially effective as pregnancy is a powerful 'teachable moment' (Lawson & Flocke, 2009) when 'virtually all female mammals, from rats to monkeys to humans, undergo fundamental behavioral changes ' (Kinsley & Lambert, 2008). The Kirklees Preparation for Parenthood programme aimed to maximise this opportunity for behaviour change, and to respond to the increasingly strong evidence that if a mother is stressed while pregnant, her child is substantially more likely to have emotional, cognitive and physical problems (Talge et al., 2007). The programme therefore incorporates discussion on sources of stress in the lives of parents, on the impact of stress on themselves and their unborn and newborn babies, and develops skills for managing stress.

b) Uninterfered with birth

The programme also aims to support mothers and their chosen birth partners to develop self efficacy in relation to achieving a straightforward vaginal birth. While the programme acknowledges the life-saving potential of caesarean section, it is also cognisant of the fact that increasing rates of surgical birth are being implicated in the loss of microbial diversity in newborn babies with a possible link to non-communicable diseases such as asthma, diabetes and obesity (Blaser, 2015).

c) Attachment

The importance of early attachment is recognised in the programme with a variety of learning opportunities being offered to mothers and fathers to help them understand baby cues and develop a sensitive, responsive relationship with their babies. The programme enhances understanding that infant crying, laughing and bodily movements are evolutionary adaptive, proximity-seeking behaviours used by babies to provide caregivers with information on their health and wellbeing, and to ensure physical and emotional care.

d) Mental health

Adults' development as parents is key to their child's healthy development (Mayes et al., 2012). Parental mental health is a key element of the Preparation for Parenthood programme which recognises the enormous economic and social long-term costs of perinatal mental health problems (Bauer et al., 2014). While enabling each mother and father to identify and build on their current strategies for maintaining emotional equilibrium, the programme also offers opportunities for couples to examine conflict triggers in their relationship. This is in acknowledgement of the fact that the quality of couple functioning has been shown to have a significant impact on children's wellbeing (Cummings & Davies, 2002).

THEORY OF CHANGE

The Theory of Change underpinning the PfP programme proposes that in order to achieve the best outcomes for babies, the adults caring for them need to have knowledge of their physical, emotional and social development, and the skills to care for them in each of these domains. It also is

underpinned by an understanding that the mental health of adults impacts on their children and therefore, that children's wellbeing is protected by building their mothers', fathers' and co-parents' understanding of how to protect their own mental health and their relationships.

EVOLUTION OF THE PfP PROGRAMME

Systems mapping work undertaken in Kirklees in 2015 revealed a gap in relation to antenatal education. An online survey, to which more than 200 people responded, revealed that expectant and new parents did not feel prepared for the challenges of having a baby. In order to meet the needs of this important section of the community, preliminary discussions with local NHS Trusts, local community health services providers, the local authority and voluntary sector organisations, were undertaken to find a way forward. The author was invited to assist with designing a 5 weeks antenatal programme, with a follow-on postnatal session. Her draft programme was reviewed by Public Health managers in the local authority, health visitors, midwives, nursery nurses, maternity support workers, infant feeding leads, children's centre representatives and members of local parent organisations.

Programme-specific training was provided by the author over several days for the health visitors, nursery nurses, midwives, maternity support workers and volunteers who would be delivering or supporting the PfP programme. The training comprised:

- Principles of adult education
- Aims of the PfProgramme
- Evidence base for the PfP programme
- Approaches to teaching and learning in adult education groups
- Facilitating activities in each session of the 6 weeks programme

One training session was dedicated entirely to giving practitioners the opportunity to deliver a single element of the PfP programme to their peers and receive feedback.

CONTENT OF THE PfP PROGRAMME

The PfP programme drew on the 'Preparation for Birth and Beyond' resource pack published by the Department of Health (DH) in 2011 which, in turn, was informed by a review of the evidence on what works in antenatal education carried out by the University of Warwick (Schrader McMillan et al., 2009). The review identified key themes for parent education:

- Preparation for new roles
- The parents' relationship with their unborn and newborn baby
- The 'couple' relationship ('couple' defined as the principal carers of the baby)
- Mental health of infant and parents

The first session of the PfP programme includes activities to build the relationship between the mother/father/co-parent and their unborn baby. It touches briefly on topics that are developed

further in the course of the programme:- baby brain development, bonding and attachment, parental mental health, practical babycare skills and coping with labour.

The second session focuses on increasing knowledge and understanding of what happens in normal labour and birth. It aims to prepare mothers and their birth companions to cope with the intensity of contractions by working with the mother's body and maximising her personal coping strategies. The session also provides evidence-based information on pharmacological forms of pain relief and encourages group members to make informed choices in order to achieve the labour and birth they want.

The third session covers procedures involved in caesarean section, and provides an opportunity for group members to consider their emotions should surgical delivery be needed. Caesarean is presented as an alternative to vaginal birth only when the wellbeing of mother and/or baby necessitates it. The session continues with active birth positions for second stage and focuses on the first hour after birth and skin-to-skin contact. Group members explore why babies cry, and the importance of responding sensitively to babies' distress.

The fourth session introduces infant feeding as a means of building a secure, loving relationship with the baby. Mothers and fathers have the opportunity to ask questions about breast or bottle feeding in a learning environment where they are not judged for their choice of infant feeding method, but supported to feed safely and joyously. A focus on the physical wellbeing of the baby is provided through information-sharing on how to recognise when a baby needs medical attention. Finally, group participants are supported to consider their own mental health and have the chance to practise relaxation as a life skill.

The fifth session aims to support the couple relationship across the transition to parenthood. The 'couple' is defined as the mother and the person with whom she is going to co-parent; this might be her husband, partner (male or female), her own mother or someone else. Group participants discuss common causes of quarrelling in the stressful first months of a new baby's life. Destructive quarrelling is analysed and how to quarrel 'positively'. Sexual intercourse in the months following birth is discussed. The session ends with practising baby care skills, and sharing ideas on interacting with babies through talking, singing, playing and reading.

The sixth session is run postnatally. Group members talk about their labours, and seek support from each other to cope with the excitement and challenges of caring for their new babies. Signposting to other postnatal groups is provided by the facilitators and individuals have the chance to ask for any specific information they need.

PfP PROGRAMME: APPROACHES TO TEACHING AND LEARNING

The PfP programme adopts a strengths-based approach to parents' learning. Facilitators recognise that group members have resilience and resources gained from previous learning and life experiences that are adaptable to their new role as mothers and fathers, and aim to identify and build on these.

Facilitators work in pairs and model a respectful relationship through the way in which they listen to each other and are open to each other's ideas and input. This approach to facilitation models skills and attributes that group members then explore through activities that aim to build their relationship with each other as a co-parenting couple, and with their unborn and newborn baby.

The PfP programme offers opportunities equally to mothers, fathers and co-parents to acquire skills and knowledge. It is interactive and employs small group work to give participants the chance to get to know each other and make friends. Facilitators are aware that parenting is culture-specific and celebrate contributions from mothers and fathers of all backgrounds to discussions about what constitutes good parenting.

PILOT

The PfP programme was delivered six times over six months in five areas of Kirklees embracing a broad demographic. A variety of venues was used (leisure centre; town hall; civic centre; public baths; bowling pavilion) and sessions were delivered in the afternoon and evening in order to assess the acceptability of venues to parents and their preference for the timing of sessions. The content of the programme was kept under constant review and individual activities were modified and sessions rebalanced when facilitators felt they were not meeting the needs of mothers and fathers. Thus, the pilot phase of the PfP programme strongly resembled an Action Research project where implementation was followed by feedback, modifications to the programme, delivery of the revised sessions and further feedback. The programme was and is intended to be highly dynamic and to remain 'work in progress'.

EVALUATION

The importance of evaluating the PfP programme was recognised from the beginning of the pilot and was implemented via brief survey instruments completed by group participants at various stages of the programme, and via a focus group and individual interviews with facilitators.

a) Demographic survey

Basic demographic details were collected via a brief form which PfP programme participants were invited to complete when they started the programme, if they so wished.

Fifty-three mothers and fathers provided demographic information. All were expecting their first baby except for a couple of mothers who were expecting another baby following the removal of a previous one. Tables 1 – 3 summarise the data obtained on respondents' ages, employment status and ethnicity.

TABLE 1: AGE OF PARTICIPANTS ATTENDING PfP PROGRAMME (n=53)

Parents' Age	No. of Parents
19 yrs	1
20 yrs	1
21 yrs	2
22 yrs	0
23 yrs	2
24 yrs	2
25 yrs	2
26 yrs	9
27 yrs	4
28 yrs	4
29 yrs	3
30 yrs	7
31 yrs	4
32 yrs	5
33 yrs	1
34 yrs	4
35 yrs	1
36 yrs	0
37 yrs	0
38 yrs	0
39 yrs	1

Average age = 28.3yrs; Mode = 26yrs; Median = 29yrs.

TABLE 2: EMPLOYMENT STATUS OF PARTICIPANTS ATTENDING PfP PROGRAMME (n=53)

Employment status	**No of Parents (%)**
Full time	43 (81%)
Part time	1 (1.8%)
Unemployed but seeking work	3 (5.6%)
Unemployed but unable to work	2 (3.7%)
Studying full time	1 (1.8%)
Long term sick	2 (3.7%)
No response	1 (1.8%)

TABLE 3: ETHNICITY OF PARTICIPANTS ATTENDING PfP PROGRAMME (n=53)

	White	Asian/Asian British	Mixed/Multiple Ethnic Groups	Black/Black British	Prefer Not To Say
No. of Parents	41	7	3	1	1
% of Total	(77.3%)	(13.2%)	(5.6%)	(1.8%)	(1.8%)

Note: In 2011, 21% of the population in Kirklees (n=422,500) were of non-White ethnicity and 79% were White, White Irish or White Other.

<information available at>
hPfP://www.ethnicity.ac.uk/medialibrary/briefings/localdynamicsofdiversity/geographies-of-diversity-in-kirklees.pdf

b) Participant evaluation at end of session 5 of the PfP programme (antenatal evaluation)

All mothers, fathers and co-parents who attended the final antenatal week of the PfP programme (week 5) were invited to complete a questionnaire comprising forced-choice questions rating satisfaction with various aspects of the PfP programme on a 5 point Likert scale ('strongly disagree' to 'strongly agree') and a couple of open-ended questions inviting further reflection on the programme.

Responses to the forced choice questions are presented in Tables 4 and 5. Responses to the open-ended questions were grouped into categories and are presented in Tables 6 and 7.

TABLE 4

Programme content: women's responses

(n=32; not all respondents answered every question)

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I enjoyed the preparation for parenthood sessions				9	21
I learnt things about being a parent that I didn't know before			3	12	17
I feel I have enough information about labour and birth			2	17	13
I feel more prepared for the first few weeks of being a parent			1	15	14
I talked about things I learnt in the sessions with my partner, family members or friends in between sessions				12	19
I would recommend other parents-to-be attend these sessions				7	23

TABLE 5

Programme content: men's responses (n=15)

Statements	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I enjoyed the preparation for parenthood sessions			1	3	11
I learnt things about being a parent that I didn't know before				3	12
I feel I have enough information about labour and birth			2	8	5
I feel more prepared for the first few weeks of being a parent				8	7
I talked about things I learnt in the sessions with my partner, family members or friends in between sessions				7	8
I would recommend other parents-to-be attend these sessions				2	13

TABLE 6 (Open-ended question)

'Tell us what you liked most': women's and men's responses

(Not all respondents answered this question)

RESPONSES BY CATEGORY	WOMEN	MEN
Meeting new people	3	3
Participative sessions	5	3
Informal atmosphere	1	3
Learning practical skills	11	5
Getting information from knowledgeable facilitators	6	4
Learning about babies' feelings	1	
Variety of topics covered	2	

TABLE 7 (Open-ended question)

'If you talked about things you learnt in the sessions with your partner, family members or friends in between sessions, what kind of things did you talk about?'

(Not all respondents answered this question)

TOPICS DISCUSSED	WOMEN	MEN
Labour	12	5
Planning birth		
Changes to life	1	1
Different points of view	1	1
Looking after the baby/'baby habits'	4	3
(Breast)feeding	5	1
Sharing responsibility ('being there for each other'; 'talking to each other')	1	1
Family interaction		1
Partner support	1	
Being a responsive parent	1	

c) PfP participant evaluation at week 6 of programme (postnatal evaluation)

The postnatal session of the PfP programme was poorly attended. The aim of this session was to cement friendships made during the antenatal part of the programme. However, anecdotal evidence from midwives and health visitors suggested that all six groups had made their own arrangements for ongoing contact. Some had set up *Whatsapp* groups; some were communicating via the Kirklees Nurturing Parents FB page, and some were meeting for meals and at parent and baby swimming sessions.

The author visited five of the six pilot groups for their week 6 session and spent an hour in semi-structured discussion with the few parents who attended. Participants were asked to reflect on how/whether they had applied the knowledge and skills acquired during the PfP programme to their real-life experiences of labour, birth and early parenthood. Participants were universally positive about the relevance of the PfP course, but there was some dissatisfaction with the timing of sessions, with rooms that were too small for the size of the group and had uncarpeted floors unsuitable for practical skills work. One father commented specifically on the need for a room that was fit-for-purpose, observing that a high quality programme requires an environment that reflects the importance of its content and the skills of those leading it.

d) Focus group with PfP facilitators

Every facilitator involved in delivering the PfP programme was invited to attend an evaluation session at the end of the pilot programme. Eleven of the 14 facilitators attended with representatives from each of the professional groups involved - midwives, health visitors, maternity

support workers and nursery nurses. Another facilitator was interviewed over the telephone and one emailed the consultant with her feedback (both of these were midwives).

The 11 facilitators were asked to consider four aspects of the PfP programme and to provide their recommendations for its future development. They worked in small, multi-professional groups, and then, as a single group, reflected further on key aspects of their discussions. The evaluation session lasted for four hours.

Key points are summarised below.

1. Training for PfP programme

There was consensus that training in multi-disciplinary groups was helpful in building relationships and ensuring that everyone was 'singing from the same hymn sheet' in terms of working to achieve shared aims and employing a strengths-based, interactive approach to teaching and learning. It was agreed that all facilitators needed to be familiar with the *whole* PfP programme. Problems had arisen during the pilot when some facilitators had not received the full training and therefore did not have an overview of the content of the programme, its activities and underpinning aims and learning outcomes. Facilitators found having the opportunity at one training session to practise delivering activities from the programme particularly helpful as receiving feedback from colleagues built skills and confidence.

2. Facilitating the PfP programme

The fact that PfP sessions were delivered by different health and parenting professionals was considered an asset. However, non-midwife facilitators reported being anxious when facilitating sessions which focused on labour and birth because parents asked questions about medical interventions which demanded specialist knowledge. One health visitor commented, '*It would make sense for these sessions to be presented by a midwife and a maternity support worker - the reason being that the information shared has to be current and evidence based.'*

3. Practical arrangements

Timing:

Evening sessions were generally thought more convenient than afternoons for parents and enabled more fathers to attend. However, a 6pm start was problematic as parents were caught in the rush hour, often arrived having had nothing to eat, and were very tired by 8pm. The facilitators discussed the merits of starting sessions at 7pm, or 7.30pm, but were concerned that a later finish, coupled with clearing up after the session, meant that they would get home very late in the evening. There was a consensus that weekend sessions were a good idea but some facilitators did not want to work weekends, or could not because of family commitments.

Venues:

The most popular venues were those which had easily available and inexpensive parking close by, offered rooms of an appropriate size and shape for facilitating practical activities in a group of up to 20 participants and had PowerPoint facilities and access to the internet.

Promoting PfP courses:

There was agreement among the facilitators that midwives were key in informing parents about the PfP courses and that they needed to be well informed about the availability and content of the programme.

4. Content of the PfP programme

There was consensus that the emphasis on breastfeeding in the original PfP programme had been off-putting for some parents and that an activity on the benefits of breastfeeding had been 'heavy-handed'. (This activity was replaced soon after the commencement of the pilot, and the infant feeding session subsequently focused on responsive feeding rather than almost exclusively on breastfeeding. Facilitators were positive about the revised session.)

The facilitators considered that the most successful activities, in terms of enabling learning, were those that were '*fun'*, '*interactive'* and '*relevant'*, such as relaxation sessions, baby bathing, constructing a labour line, epidural and caesarean mock-ups, using 'real' pictures of labour to promote discussion, and discussing reading 'The Very Hungry Caterpillar' (Carle, 1969) to a baby as opposed to showing the baby a video of the story.

5. Recommendations

The facilitators made the following recommendations:

1. Use facilitators with the appropriate knowledge for each session.
2. Provide regular training in facilitation skills, with opportunities to practise delivering aspects of the PfP programme.
3. Limit the size of PfP groups to 9 couples. This ensures that all parents feel able to contribute, that they can get to know each other and make friends, and that interactive learning takes place.

e) Feedback via Facebook

Some parents attending the PfP programme posted on the Kirklees 'Nurturing Parents' Facebook page. Their comments provided further feedback on the programme.

- Looking forward to class 3 tonight: Giving Birth & Meeting Our Baby. Hopefully by the end of tonight I won't be as terrified of the former and will be even more excited about the latter (if that's possible!)

- Really enjoyed learning new things every week…thank you so much to all of you for your time.
- Any of you lovely people whose babies are due June/July and just finished the course on (location and dates given) – trying to create a Whatsapp group so we can stay in contact and up to date with everyone's journey; also, maybe, be a support for each other during those first few days, weeks etc. Anyone interested?

CONCLUSION

It is accepted that the evaluation of the PfP programme was limited owing to a lack of both funding and staff time to enable quantitative data to be obtained. Ideally, validated instruments would have been used to measure the impact of the programme on the four key areas which the literature demonstrates are significant in affecting the wellbeing of new families, namely - stress in pregnancy, uninterfered with birth, attachment and parental mental health. The evaluation is, however, robust in so far as it adopted a pre/post intervention approach, gathering feedback from those who attended firstly after they had completed the antenatal part of the programme and then after they had become parents. While feedback prior to the birth may simply indicate whether participants *enjoyed* the programme, feedback given after the birth will reflect participants' assessment of the relevance of the programme to their lived experiences of labour, birth and the first weeks with their new babies. The fact that at both time points, feedback from participants was overwhelmingly positive is reassuring that the programme was both enjoyable and relevant to the transition to parenthood.

Each aspect of the programme was commented on favourably by at least some participants. No-one complained that the balance in the programme between preparing for labour and birth, and preparing for parenting, was inappropriate. Given that many of those attending may have expected the PfP course to be a 'traditional' antenatal education course centring on labour, giving birth and infant feeding, it was reassuring that they were so appreciative of the focus on building a sensitive, loving relationship with their babies, maintaining their mental health and caring for their relationships.

The evolution, implementation and evaluation of the PfP programme demonstrates the potential of a multi-disciplinary team to deliver a contemporary, evidence-based, strengths-focused transition to parenthood programme, employing skills of respectful facilitation rather than a pedagogical approach to teaching and learning.

The PfP programme is now being rolled out at new venues and courses are heavily over-subscribed with pregnant parents seeking to join on the basis of feedback from those who have already attended. Indeed, some parents are known to have given incorrect addresses in order to be eligible! This is evidence of the need for such a programme and provides further reassurance of its acceptability and usefulness. Should funding become available,

future evaluation will aim to gather both statistical evidence of the programme's impact on the four key areas, and to conduct in-depth interviews with participants and facilitators. With very limited resources, the strong commitment to evaluation at the start of the programme enabled a wealth of feedback to be collected which now forms the basis for ongoing development of the programme and its roll-out on a universal basis to expectant parents and co-parents in Kirklees.

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