SAFE CARE

PARENT’S PERSPECTIVES ON A HOME-BASED PARENTING PROGRAMME FOR NEGLECT

Gill Churchill
NSPCC Evaluation department

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Impact and Evidence series

This report is part of the NSPCC’s Impact and Evidence series, which presents the findings of the Society’s research into its services and interventions. Many of the reports are produced by the NSPCC’s Evaluation department, but some are written by other organisations commissioned by the Society to carry out research on its behalf. The aim of the series is to contribute to the evidence base of what works in preventing cruelty to children and in reducing the harm it causes when abuse does happen.
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KEY FINDINGS: YOUNG PEOPLE’S VERSION

SafeCare is a programme to help parents. It tries to help them to learn how to be good parents, how to care for their children when they are ill and make sure their home is safe for them. The NSPCC has done some research to find out what parents who participated in the programme thought of it by talking to 15 people who had done it. These are the main things they told us:

• Mums and dads said they had found out a lot about how to be a good parent from SafeCare.

• They thought they were able to take better care of their children when they were ill and to keep their home safer for them.

• Mums and Dad said the programme helped them to get on better with their children and do more fun things with them.

• Parents enjoyed getting help from an NSPCC worker in their home and some felt sad when that ended.
KEY FINDINGS

SafeCare is a preventative programme aimed at parents of children under six who are at risk of experiencing significant harm through neglect. It is delivered in the home by trained practitioners (called home visitors) over 18 to 20 sessions and focuses on three key areas: parent-infant/child interaction; home safety and child health. SafeCare was developed at the National SafeCare Training and Research Centre (NSCTRC), Georgia State University (GSU) and has been evaluated by the NSPCC at six sites across England.

The evaluation incorporates both quantitative and qualitative methods. The mixed-method approach allows for consideration of evidence from a number of perspectives (referral agency; home visitor; parent) as well as triangulation to provide a robust evaluation. As part of the evaluation, qualitative interviews have been carried out with a sample of 15 parents who had completed, or were close to completing, the SafeCare programme in England. The following findings provide promising evidence that the approaches used in SafeCare can be an effective way of engaging with parents across the UK:

- The parents who were interviewed had engaged fully with SafeCare and credited the programme with effecting positive improvements in their parenting knowledge, skills and behaviours.
- The establishment of a trusting relationship between parents and the home visitor and the perceived partnership approach to working played a vital role in parents’ engagement with SafeCare and the success of the programme.
- Other strengths of the programme included the home-based delivery, which enabled parents to practise their skills in a ‘safe’ place; the use of a variety of practical modes of delivery, which enhanced their enjoyment, and the provision of positive feedback, which built parents’ confidence in their parenting abilities.
- Based on the parents perspectives presented here, there do not appear to be any significant barriers to SafeCare having an impact within a UK context for parents who engage with the programme.
EXECUTIVE SUMMARY

Background

SafeCare is a preventative programme aimed at parents of children under six who are at risk of experiencing significant harm through neglect. The programme was developed at the National SafeCare Training and Research Centre (NSCTRC), Georgia State University (GSU), and is registered in the United States. It is an established, evidence-based parent support and training intervention designed to encourage, inform and promote improved parenting behaviours with children under six years old. It is delivered within the family home to provide natural opportunities to assess and train parents in practical skills they can use with their children. The programme is delivered by trained practitioners, called home visitors, over 18 to 20 sessions and focuses on three key areas: parent-infant/child interaction; home safety and child health.

SafeCare has been implemented and evaluated at six NSPCC sites in England since 2011. The evaluation incorporates both quantitative and qualitative methods. This mixed-method approach allows for consideration of evidence from a number of perspectives (referral agency; home visitor; parent) as well as triangulation to provide a robust evaluation. The evaluation aims to contribute to the international body of evidence on the effectiveness of SafeCare, with a focus on its transportability to the UK.

Methodology

Qualitative interviews were carried out with a sample of 15 parents who had completed, or were close to completing, the SafeCare programme. The aims of these interviews were to:

- identify the barriers and facilitators to engagement of parents
- explore parents’ experience of the programme
- identify the outcomes that parents reported as a result.

Interviews were usually conducted face to face at the service user’s home or at the NSPCC service centre. However, some service users chose to conduct the interview by telephone. Where English was not the parent’s first language and they needed assistance to take part in the interview, the evaluator was accompanied by an interpreter.

1 For the purposes of this evaluation, neglect is defined as “the needs of a child are not met to a degree that is, or is likely to, affect his or her health, development and safety, and/or parent or key carer is unwilling or/and unable to meet those needs”.
All the parents in the sample had completed the SafeCare programme so may have been more likely to be positive about their experience than parents who had exited the programme prior to completion.

The full findings from the interviews are set out in this report. Some key themes from the interviews are detailed below.

**Key findings**

- Parents’ motivation to engage with the programme at the outset varied considerably, from feeling very anxious about being judged, or labelled as neglectful, to being highly motivated to participate. The initial visit from the home visitor was pivotal in reducing parents’ apprehension about the programme and encouraging them to engage with it.

- Once parents had enrolled, a range of factors facilitated their ongoing engagement with the programme. These included:
  1. the development of a supportive and trusting relationship with the home visitor
  2. the home-based nature of the programme, which enabled parents to practise their skills in a ‘safe’ place and gave them a sense of control over the delivery and focus of the programme
  3. the range and practical nature of activities, which made the programme enjoyable while also contributing to their learning
  4. the provision of positive and constructive feedback throughout the programme, which built parents’ confidence in their parenting abilities.

- The programme was felt to be effective in improving parents’ knowledge, skills and behaviours across all three SafeCare targets: identifying and treating childhood illnesses effectively; creating and maintaining a safe home environment, and increasing the frequency and quality of positive parent-child interactions. It also fostered parents’ confidence and self-belief that they could manage the challenges of parenting more effectively in the future and maintain effective support networks.

- There were examples of parents applying their learning to other aspects of their lives, such as ensuring their child(ren)’s safety outside the home; maintaining effective social support networks, and advising friends and other family members on matters of child health or safety.

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2 ‘Parents’ throughout the report refers to parents who were interviewed; not all parents who took part in the programme.
• The interviews highlighted a number of areas where improvements in parents’ skills had led to positive outcomes for the children. Parents commonly observed improvements to their child(ren)’s behaviour both in and outside of the home. They also reported that their children had greater interest in and enjoyment from reading and creative activities at home.

• The majority of parents did not feel that any changes were required to the programme or that it could be improved upon. However, a few parents did identify potential improvements to the programme. These included:

1. Widening participation to all parents by amending the SafeCare leaflet, used to publicise the programme, to reduce the explicit focus on neglectful parents.

2. Adapting the health module scenarios to include colour pictures or video clips to make them easier to interpret.

Although it was not a specific recommendation from parents, the interviews suggested that the safety module, specifically the section on accessible hazards, was not as relevant for older children (over five) and that consideration should be given to how this module could be adapted to make it more age-appropriate.

Conclusion

The parents who were interviewed had engaged fully with SafeCare and credited the programme with effecting positive improvements in their parenting knowledge, skills and behaviours. The interviews provide evidence that for parents who complete the programme, the approaches used in SafeCare can be an effective way of engaging them and it appears that there are no significant barriers to the programme having a positive impact within a UK context.

Strengths of the programme included the home-based delivery; the use of a variety of practical modes of delivery, and the provision of positive feedback. However, the trusting relationship established between parents and the home visitor as well as the perceived partnership approach played a pivotal role in parents’ engagement with SafeCare and the success of the programme.
Chapter 1: Introduction

This chapter provides a brief overview of the SafeCare programme and describes the aims, design and methodology used for the interviews with parents as part of the NSPCC’s evaluation of SafeCare in England.

1.1 The SafeCare programme

SafeCare is a preventative programme aimed at parents of children under six, who are at risk of experiencing significant harm through neglect. The programme was developed at the National SafeCare Training and Research Centre (NSCTRC), Georgia State University (GSU), in the United States. It is an established, evidence-based parent support and training intervention designed to encourage, inform and promote improved parenting behaviours with children under six years old. It is delivered within the family home to provide natural opportunities to assess and train parents in practical skills they can use with their children.

The programme is delivered during 18 to 20 sessions by trained practitioners, referred to as home visitors. NSPCC home visitors are usually qualified social workers, but this is not a requirement of the model. Three training modules are delivered to the parents:

- The **parent-infant/child interaction module** focuses on how parents interact with their children or infants.
- The **home safety module** addresses common household hazards found in family homes.
- The **health module** provides families with a decision-making process to enable them to respond appropriately when their children are sick or injured.

The SafeCare training format is based on Social Learning Theory (Bandura, 1977), which suggests that if people learn by observing positive desired outcomes in the observed behaviour then they are more likely to model, imitate, and adopt the behaviour themselves. Each module begins with an assessment session to document the parent’s pre-training skills and establish the focus of training. This is followed by four training sessions focused on the parent’s skills across multiple situations, promoting generalisability of the parent’s skills. First, the practitioner explains the skill and rationale for its use and then models the skills for the parent. Then the parent practices the
skills, observed by the practitioner, and is provided with feedback. This process is repeated until the parent has achieved ‘mastery’, which involves the parent demonstrating the module skills regularly in several situations. Finally, the module is concluded with a post-assessment session to document the parent’s progress.

SafeCare has been the subject of various studies examining its efficacy and effectiveness in the US, including impact studies using randomised controlled trials (RCTs). The most recently published research (Chaffin et al, 2012) is a cluster RCT of state-wide implementation of SafeCare in Oklahoma. The participants were 2175 primary caregivers who were enrolled in the study and received either SafeCare services or good quality Services As Usual (SAU). Although there were reductions in the level of repeat child protection referrals for both groups during the first year of follow-up, the reduction was significantly greater for SafeCare with children under six than for SAU. It was estimated that a home-based service such as SafeCare treating 1000 cases would prevent 64–104 first-year re-referrals. Several smaller-scale studies show that parents acquire module skills (eg Gershater-Molko et al, 2003; Barone et al, 1986).

1.2 The NSPCC evaluation of SafeCare

SafeCare has been implemented and evaluated at six NSPCC sites in England (Birmingham, Catterick, Crewe, West London, Leicester and Swindon) since 2011. The programme is being provided free of charge to referring agencies. The evaluation aims to contribute to the international body of evidence on the effectiveness and transportability of SafeCare.

The evaluation incorporates both quantitative and qualitative methods. This mixed-method approach allows for consideration of evidence from a number of perspectives (referral agency; home visitor; parent) as well as triangulation to provide a robust evaluation. Outcomes are measured through a pre-post intervention design. This gives an indication of the maximum effect the programme can have, but does not enable any change to be directly attributed to the programme. However, as mentioned previously, the programme has been robustly evaluated in the US through a state-wide randomised controlled trial involving over 2000 families (Chaffin et al, 2012), so the focus of the current evaluation is on understanding how well it may transfer to a UK context, rather than attempting to evidence impact directly.
Purpose of the parent interviews
As part of the evaluation of SafeCare, qualitative interviews were carried out with a sample of 15 parents who had completed or were close to completing the programme. The aims of these interviews were to:

- explore parents’ experience of the programme
- identify the outcomes that parents reported
- identify the barriers and facilitators to engagement of parents.

Recruitment
All parents or carers had been given an information leaflet about the evaluation when they started the programme and asked about taking part in an end-of-programme interview. Those who had consented were asked again about the interview when they were close to programme completion by the NSPCC practitioner working with the family. Participants were given further information about the interviews and their written consent to participate was then requested.

The evaluation design, interview schedule, and the process for seeking consent from service users was approved by the NSPCC research ethics committee. This ethics governance procedure is in line with the requirements of the Economic and Social Research Council 3 and the government’s Research Ethics Framework 4.

Sample
High levels of programme attrition 5 (up to 67 per cent) in home-based family and child maltreatment support services are common (Damashek et al, 2011) and have been experienced in previous studies of SafeCare (eg 55 per cent programme attrition rate in Gershater-Molko et al, 2003). It was therefore anticipated that the total population of parents completing the programme during the data collection period would be small, so a convenience sampling approach was used.

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3 http://www.esrc.ac.uk/about-esrc/information/framework-for-research-ethics/index.aspx
4 http://www.civilservice.gov.uk/networks/gsr/publications
5 Defined as premature departure from the programme.
From July 2013 to June 2014, all parents who were close to programme completion and had given consent to be approached were invited to take part in the interviews. Interviewing was completed after 15 interviews, as this had given sufficient diversity in the sample in terms of:

- the age of the mother
- the age of the index child
- the source of referral to SafeCare
- child protection status
- ethnicity
- service centre where the programme was delivered.

The composition of the sample against the characteristics listed above is presented in Table 1.

The parents interviewed also displayed variation in the level of progress made on a measure of neglect$^6$ taken pre- and post-SafeCare. Nine parents showed progress on this measure; two parents showed no change and one parent showed a deterioration. No scores were available for three parents.

In the majority of families interviewed, the programme had been undertaken by the mother alone. In four cases, however, a second parent or carer had participated in the programme and in the evaluation interview.

Four of the mothers interviewed had learning difficulties and three experienced mental health issues.

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$^6$ The neglect item taken from the North Carolina Family Assessment Scale (General). See http://nfpn.org/home for more information.
Table 1: Sample Composition

<table>
<thead>
<tr>
<th>Interview</th>
<th>Site</th>
<th>Age of mother</th>
<th>Age of index child(ren)</th>
<th>Referral source</th>
<th>LA child protection status</th>
<th>Ethnicity</th>
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<td>African</td>
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<td>White British</td>
</tr>
<tr>
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<td>22</td>
<td>4 &amp; 3</td>
<td>Children’s Services</td>
<td>In need</td>
<td>White British</td>
</tr>
<tr>
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<td>22</td>
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<td>White British</td>
</tr>
<tr>
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<td>5,3 &amp; 2</td>
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<td>White British</td>
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<td>Leicester</td>
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<td>2 &amp; under 1</td>
<td>Children’s Services</td>
<td>Child Protection Plan</td>
<td>White British</td>
</tr>
</tbody>
</table>
Data collection

Data collection took the form of semi-structured interviews. Interviews took place within one month of the programme ending. Interviews were usually conducted face to face, at the service user’s home or at the NSPCC service centre. However, some service users chose to conduct the interview by telephone. Where English was not the parent’s first language and they needed assistance to take part in the interview, the evaluator was accompanied by an interpreter. All participants gave permission for interviews to be recorded with a digital recorder and transcripts were produced for analysis.

At the end of the interview all parents were given a voucher for £10 and an information sheet with contact details of a number of national parenting helplines.

Confidentiality and data protection

It was made clear to all participants that data would be kept confidential unless a child protection concern was identified, in which case standard NSPCC child protection procedures would be followed.

All electronic data was stored securely in password-protected electronic files. The report does not include any identifying details and all names have been changed.

Analysis

The interview transcripts were coded and analysed in NVivo using the framework approach. This enables the researcher to explore data in depth while maintaining a transparent audit trail, and enhances the rigour of the analytical processes (Ritchie and Lewis, 2003).

Limitations

The sample is not representative of all parents who took part in the programme and the findings can therefore not be generalised. For example, all the parents in the sample had completed the SafeCare programme and were, therefore, more likely to be positive about their experience than those who had dropped out.

Due to logistical and resource constraints, the perspectives of parents who did not complete the programme were not sought. However, an analysis of a sample of case records of parents who did not complete the programme is in progress, and this will generate information about the factors that contribute to programme attrition.
Chapter 2: Engagement with SafeCare

This chapter describes the factors that influenced parents’ decision to engage with the SafeCare programme. It then goes on to explore the features of the programme that acted as facilitators or barriers to parents’ ongoing engagement with SafeCare.

2.1 Motivation to participate in the programme

Parent’s motivation to engage with the programme at the outset varied considerably, from feeling very anxious about engaging with the programme to being highly motivated to participate.

Concerns about participation

The fear of being judged was one of the barriers to participation. This was particularly an issue for parents who had previously received negative feedback on assessments of their parenting skills:

“I thought it was … like basically a test … because what happened. […] I lost my first child [into care] when she was three months old and I thought it was just a test to see if I’d changed … and stuff and knew what to do.”

(Patricia, age 26)

For others, undertaking a programme that is explicitly focused on neglectful parenting had led to concerns that they would be wrongly labelled as neglectful parents:

“When we looked it up … like the only detail it was giving really was it’s for more people that have kind of neglected their kids in a way and well we haven’t done that so it was like well no, I’m not going to do it. You don’t want to go to something where you’d get labelled if you haven’t done it.”

(Brian, age 23)

The initial visit from the home visitor was pivotal in reducing parents’ apprehension about the programme and encouraging them to engage. During these initial sessions, the home visitor’s genuine desire to listen to the parent’s needs and concerns, and their efforts to get to know the children were warmly welcomed.
“It was basically just finding out about the family and what I needed help with. She brought out toys for the kids … she got on the floor and she played with the kids and it was really nice. She reassured me, and talked me through everything that was going to happen. So it put my mind at ease.”

(Emma, age 22)

Motivating factors

Parents were highly motivated to take part in the programme if they had already identified a need to focus on their parenting capacity, and displayed a readiness to change. One of the main motivating factors for parents was the recognition that they were experiencing difficulties managing their children’s behaviour, and that SafeCare could help them with this. Others recognised that they needed help to organise and manage the household chores.

As well as seeing the benefits of the programme in enhancing their parenting skills, some parents saw it as a welcome opportunity to access additional social support. This seemed particularly important for mothers with limited social networks. Single parents in particular spoke of the challenges of having sole responsibility for parenting and the feelings of isolation that can be associated with this.

“I was just glad to have some support and someone helping me because even though I’m working, my dad lives two hours away, my sister works and my brother works as well and it’s hard to do everything as a single parent, but I thought I must try it.”

(Esther, age 30)

Passive participation

There were some parents, however, who despite agreeing to engage with the programme did not believe at the outset that they would benefit from it. Two factors contributed to this view. Some parents felt that their parenting skills and knowledge were already good and they had nothing to learn from the programme. Others had a negative perception of courses in general and this had influenced their expectations of the SafeCare programme. Despite this, these parents had decided to participate because they had been offered it, and did not feel it would harm them in any way to take part.
While the motivation for these parents to participate had been lacking at the outset, once the programme had started their perceptions had changed, and they began to recognise the value in completing the course.

“It kicked in when I got into the programme, because at the start I thought this is going to be rubbish and I’m not going to learn anything. Then obviously when it got started I found it amazing and I wanted to see it through … I stuck to it and I’m glad I have.”

(Jasmine, age 22)

2.2 Factors influencing programme retention

Once enrolled in the programme, there was a range of factors that influenced parents’ ongoing engagement.

The relationship with the home visitor

Parents were extremely positive about the support they had received from the home visitors and greatly valued the relationship that was established with them during the programme. They felt they could ask questions without being judged and appreciated the home visitor’s ability to explain things in a way that enabled them to understand the concepts. Many described the relationship as a “friendship”, a feeling that had been cultivated by the length of relationship, the home-based nature of support and the frequency of visits. For some parents, the home visitor was their main source of support during the programme.

“She was more [than just] a care worker. I would say she was more of a friend-cum-family member because I’ve known her that long … She was there if I needed something, I don’t see [friends] as much as [the home visitor] … She was more of a friend to me than my friends were at the time.”

(Sarah, age 25)

Parents greatly valued practitioners turning up on time to appointments, letting them know in advance if they were going to miss a visit, and being flexible and understanding when parents themselves needed to rearrange visits. This contributed to a feeling of equality in the relationship and mutual respect which, for some, had been absent in their previous relationships with social workers.
Parents also reflected on the positive relationship that practitioners had developed with their children as well as themselves. This was an important factor both in their ongoing engagement with the programme and in providing a positive model for their own relationships with their children.

“The kids enjoyed her coming. She was rather patient with them when they’ve been attacking all the pieces of paper and everything … It’s been absolutely brilliant. Every time she came she brought books with her, games … She didn’t just … help me, she bonded with the kids and got me to understand children better than I did before.”

(Sarah, age 25)

Parents mentioned a number of ways in which their relationship with the practitioner had positively affected not only their parenting but also their lives generally. The development of a close and trusting relationship was, for them, a key factor in the success of the programme.

The home-based nature of the programme

All but one of the parents interviewed had received SafeCare in their home. This was seen as an important factor in maintaining their engagement with the programme: not having to travel brought practical benefits in terms of time, child-care and finance. However, it had also enabled parents to practise their skills in a ‘safe place’, which reduced any anxiety they felt about getting things wrong during the sessions.

“I think if you were at an office … and you forgot a couple of things you would feel really awkward … [at home] it felt more natural, … getting more kind of comfortable … it’s like a safe zone, isn’t it.”

(Helen, age 23)

The home-based nature of the programme to provide them with a level of flexibility around appointments and this was an important factor in enabling their on-going participation. They had found it easy to rearrange appointments when they needed to, including bringing visits forward when they were struggling. The flexibility extended to the home visits themselves. Parents felt able to take a break during sessions if they were finding the session difficult or if they needed to attend to the needs of their children.
“If it was time to feed her, [the home visitor] would say to me ‘Rose, this is your house, do anything you need to do for your kid.’ Then we stop, I feed them, and then we continue.”
(Rose, age 24)

A drawback of home-based provision was that there were no opportunities for parents to engage with other parents. One parent, who had received two of the programme modules in a local Sure Start centre, had welcomed the opportunity to get out of the house and the access it had given to their child to engage in activities that they did not have at home. So despite the benefits of the home-based provision identified by other parents, this parent did not feel disadvantaged by receiving the programme outside of their home. However, this may reflect the fact that they received part of the service at a centre where additional facilities were available.

Delivery style and feedback

SafeCare is delivered using a range of activities, including role play, scenario-based learning, and observations. Parents felt that the range and practical nature of activities were important in making the programme enjoyable as well as contributing to their learning.

“It wasn’t just theory it was practical as well. Then, even with the stuff that was based on just talking, it wasn’t just sitting there and talking, it was like thinking about this scenario and how you would react and stuff. So it wasn’t boring or anything, [The information] kind of stuck because we done stuff.”
(Emma, age 22)

Parents particularly valued the play activities as part of the parent-child interaction module because they recognised how much their children enjoyed these sessions.

“There were different kinds of activities and games that [the home visitor] encouraged me to play with Christopher, and he was really looking forward to that time when we were playing it. One time she brought some farm animals and he loved that. One game that [the home visitor] introduced to us was Snakes and Ladders.”
(Nicola, age 30)
The provision of positive and constructive feedback is an integral part of the SafeCare programme. For some parents it was a new experience to be praised; it gave them confidence in their parenting abilities and was a factor in ongoing engagement.

“And it was just things that she was picking up on, like the eye contact while I was feeding her, and while I was talking to her I was looking at her. Things like that, that you don’t necessarily think about, but it’s nice to be praised for them and it’s nice for people to point them out.”

(Rachel, age 21)

On completion of the modules parents are awarded certificates, and these were also valued by parents as a visual reminder of their achievement and as something they could share with friends and family.
Chapter 3: Health Module

This chapter looks at parents’ perceptions of the health module, which aims to assist parents to make appropriate decisions about how to care for their children when they are sick or injured. An overview of the module is provided first and this is followed by parents’ views and the outcomes they reported. Finally, it outlines the adaptions to the module that were recommended by parents.

3.1 Overview of health module

The health module is designed to teach parents to identify symptoms of childhood illnesses and injuries, and to determine whether they need treatment at home, non-emergency medical help (e.g., doctor’s appointment), or emergency treatment at a hospital. To assess health-related behaviours, parents role-play various health scenarios. They are provided with a medically validated health manual that includes a symptom guide; information about planning and prevention; caring for a child at home; calling a doctor, and emergency care. Parents are supplied with health recording charts to help them in following the correct steps for treating illnesses, and a basic first aid kit.

Parents are typically trained over six to eight sessions. During the first session a baseline assessment of parents’ behaviours on three different role-play scenarios is conducted: one for each of the three treatment categories (non-medical treatment; non-emergency medical treatment; emergency medical treatment). This is repeated in the final session to assess whether the parent has met the training objective of 100 per cent correct performance in each of the three categories. If the parent is unable to meet this criterion, an additional session can be offered.

The module was developed in the US and based on their health system. This meant that some modifications were required to align the materials with the healthcare system in England, e.g., the removal of a ‘Symptom and Illness Guide’ in favour of encouraging parents to access NHS Direct. These changes did not affect how the module was implemented.
3.2 Perceptions of the health module and associated outcomes

Parents were divided in their views about the content of the health module between those who felt that it had provided them with essential new knowledge and skills, and those who felt that the information that was covered was largely common sense.

New knowledge and skills

Parents who recognised that they had gaps in their knowledge and skills prior to undertaking the module felt it had increased their awareness of how to respond appropriately to their children’s health needs. This ranged from how to deal with minor illnesses and injuries at home to when to seek appropriate medical help.

“I think it’s the most essential one, because quite a few people might not know how to deal with different injuries that they get … like first aid, what to do when the child gets this, and if it’s an emergency, whether you should call the doctor, whether you should call the ambulance, go to hospital, and you get different scenarios as well. They did quite a lot about it, which was quite good.”

(Lottie, age 33)

Parents routinely described themselves as being anxious about correctly assessing the severity of their children’s illness, which had resulted in a tendency to seek medical help when treatment at home would be sufficient. The health module had helped them to overcome these anxieties by reassuring them that emergency help is not always required and helping them to identify when things could be appropriately treated at home.

“I used to panic quite a lot when it comes to the kids being ill, now I don’t panic as much. I ... take it slow, you know, take a deep breath and think of what it could be. I don’t think the worst straight away, so that has helped. ... it’s made me more aware.”

(Emma, age 22)

The health recording charts in particular were highly rated by parents. They helped parents assess the severity of the illness and identify the most appropriate treatment. They also provided a useful record of information to share with professionals when medical help was required.
“I’ve used them twice so far, they’re absolutely brilliant. It helped me to write down every little thing. When I rang the doctor’s and they said ‘well what’s different, what’s up with her?’, because I’d been writing it all down, I noticed the little differences. Whereas, if I wasn’t thinking about writing it down, I don’t think I’d have noticed. I think I’d have just passed it up and said she’ll be alright, but because I was writing it down I was more aware.”

(Jade, age 22)

A parent from a different country of origin said she had learned a lot from the module about health care provision in England and was pleased to have a first aid box for the first time, which enabled her to treat minor injuries and illnesses at home.

Consolidating existing skills

Other parents felt that the health module had not provided any new knowledge or skills - either because they had received similar information from other professionals such as health visitors, or they felt that it was largely common sense.

“I think some of the things in the health module were probably like … ‘they fall over and they bump their head and they’ve got like an egg on their head’ and things like that, and … its well, you’re going to take them to hospital and stuff, do you know what I mean … it’s common sense.”

(Rachel, age 21)

Despite this, they recognised the importance of being able to identify symptoms of and interventions for childhood illnesses and injuries, and felt that the module would be useful to other parents. For some, it was also a useful opportunity to recap and receive validation of their existing knowledge.

“I mean, generally speaking, I knew what to do in those situations but completing the programme just confirmed that what I was doing was right.”

(Nicola, age 30)
**Enhanced confidence**

Both sets of parents described above reported increased confidence as a result of the module. For some parents, this was the result of their increased knowledge in these areas.

“I really wanted to do health and safety … so that I know what to do and it’s better for my children … I was worried about it at first, but ever since I’ve done this course I’m sort of more confident with myself now.”

(Esther, age 30)

Others found confidence through the positive feedback they received during the module and the realisation they knew more than they thought they did.

“It was good, because I always thought I didn’t know that much, but when she was asking questions and … like giving us scenarios and stuff … to find out that what I knew all along was right, that was also again a weight off your mind and it was really helpful. Because I always thought … I was a bit dumb on what to do with a baby … or something, but I found out what I knew was actually the right thing to do.”

(Stephanie, age 24)

For one parent with English as her second language, the module had given the confidence to overcome the language barrier that had prevented her from seeking help for health-related issues. Role-playing phone calls to healthcare providers had been particularly beneficial for her.

“Sometimes I was scared to talk a lot on the phone because I don’t want to keep saying to people, “Sorry can you repeat that again? Can you repeat that again? … So that’s [role-play] what made me nice and comfortable. If there is any problem I will be strong and phone someone to tell them what is going on”.

(Rose, age 24)
3.3 Putting health learning into practice

A number of parents shared examples of how they had put their new knowledge and skills into practice. Some of the examples included:

- treating burns, including sunburn
- checking their child’s temperature
- phoning NHS Direct for advice.

One parent recalled an occasion when her child had to be admitted to hospital, and she felt that the module had helped her in securing the appropriate medical care for her child:

“When we was [sic] in the healthcare course he actually did end up in hospital at one point because he caught tummy bug and we was [sic] doing … everything it said, like try treating at home, seeing a GP … but it wasn’t working and in the end he did end up in hospital. When I spoke to [the home visitor] … telling her what I’d done, she said I’d gone through it perfect … I was really happy with that.”

(Stephanie, age 24)

In addition, some parents were pleased to be able to apply their learning outside of their immediate family context to help extended family and friends.

“I think that [the Health module] was really good because you can even use that in general with people … it is not just for when you have a child, it just goes round the whole spectrum. Like mum got sunburn and I put cream on it and then it was fine … I wouldn’t have known otherwise.”

(Lottie, age 33)
3.4 Suggested improvements to the health module

SafeCare uses written scenario sheets for assessment that present parents with hypothetical medical situations and ask them to identify the appropriate intervention. Some parents struggled to interpret these written scenarios in the way that SafeCare intended. Parents felt that colour pictures or video-snippets would have made the module more accessible.

“The scenarios are complicated because it’s a lot of how you take the perception of it … One of them I think I said I’d take him to hospital but I shouldn’t have … but it’s going to be hard how to show … how bad something is, so maybe a picture of an injury would be better than words, so that you can actually see how bad it is.”

(Jade, age 22)

This was particularly an issue for a parent with learning difficulties, who had found it very difficult to visualise the scenarios that were being described and as a result often identified the wrong interventions. The home visitor had needed to spend additional time explaining the scenarios to this parent and simplifying the language, after which the parent was able to demonstrate their knowledge and identify the appropriate interventions.

Another parent suggested that it would be helpful if the module taught parents about generic, less expensive alternatives to popular medicines such as Calpol®.
Chapter 4: Parent-child/parent-infant interaction module

This chapter looks at parents’ perceptions of the parent-child/parent-infant interaction module, which aims to improve the way parents interact with their children. An overview of the module is provided first, followed by parents’ views of the module and the outcomes achieved. Finally, it outlines an adaption to the module that was recommended by a parent.

4.1 Overview of PCI/PII module

The module is focused on improving the quality of interactions between the parent and child, teaching parents to provide stimulating activities for their children and prevent behavioural difficulties. If the child is younger than 8-10 months, the parent receives parent-infant interaction (PII) training. If the child is between 8-10 months and 5 years, parents receive the parent-child interaction training (PCI).

The primary method for teaching is the Planned Activities Training (PAT) checklist (Lutzker et al, 1998). Home visitors model and observe parent-child/infant play and daily routines and code for specific positive parenting behaviours. Parents are typically trained over six to eight sessions. A baseline assessment is taken before training begins and is repeated on completion of the training. PCI positive behaviours include preparing for an activity in advance, explaining the rules and consequences to the child and using appropriate communication such as positive voice tones and frequent eye contact. The behaviours being taught vary slightly for the PII training (for parents of children younger than 8-10 months), which include behaviours such as imitating the infant’s facial expressions or sounds, smiling, and touching. Positive behaviors are reinforced and problematic behaviours are addressed. Home visitors teach parents to use PAT checklists to help structure their everyday activities. Parents also receive activity cards that have prompts for engaging in planned activities.
4.2 Parents’ perceptions of the PCI/PII module

Learning together

Parents enjoyed the experience of learning alongside their children, which is a key feature of the PCI/PII module, and particularly the sessions that involved play activities. In many cases, this was linked to their child’s enjoyment derived from participating in the activities and the additional play resources that SafeCare provided.

“I liked the activities … There were different types of activities and games that [the home visitor] encouraged me to play with Christopher, and he was really looking forward to that time we were playing it. One time she brought some farm animals and he loved that.”

(Nicola, age 30)

Parents also enjoyed the opportunity to demonstrate to the home visitor the positive relationship they had with their child.

“My favourite one was the attachment and bonding one. I liked that because it was more hands-on. She came out and watched me give him a bath … and she watched playtime, me feeding him and things like that. My attachment and stuff with Craig was good anyway … so it was more of a chance for me to be able to show [the home visitor] what I could do.”

(Rachel, age 21)

Positive endorsement was particularly important for a parent with mental health problems who had been concerned that her way of interacting with her child, using silly voices and faces, might not be considered normal.

“I enjoyed it because I was playing with him with all different things, and it was doing the things you do at home, like when you’re walking round doing silly voices or making faces … I think every parent must have that where they wonder ‘am I doing this right?’ or ‘am I being crazy?’ Because I have mental health problems there’s kind of an extra worry of whether I’m being stupid or something, but to find out what I was doing was perfectly right, I was really happy.”

(Stephanie, age 24)
Modelling behaviours

To facilitate learning, home visitors model different types of activities that engage children and demonstrate positive interactions. Parents found this a supportive and effective way to develop and reinforce positive behaviours.

“Anthony used to struggle a lot with being separate from me so I couldn’t really get on with the housework but he learnt it quite well … with [the home visitor] just sticking by me and helping me. They done it first and then I done [sic] it and then after a while, well, he just got stuck in. He was well away.”

(Emma, age 22)

Other aspects of the module parents found useful included:

- the range of routine activities that were observed in the home, including early mornings, mealtimes and bedtimes
- the activity sheets that parents were provided with, which were considered a helpful aide-memoire.

4.3 Outcomes from the PCI/PII module

Parents warmly welcomed the additional ideas and guidance provided by the home visitors and identified a range of positive outcomes from their participation in the module. Outcomes were reported in three main areas: communication, behaviour management and play.

Parent-child interaction

Learning how to communicate effectively is a key feature of the module, and a number of parents shared examples of how this module had improved the quality of interactions with their child. For others, the primary impact had been on the amount of time they spent interacting with their child.

In terms of quality of interactions, a key change for parents was how they had adapted their body language, including eye contact, in order to engage with their child.

“Basically I learnt when you’re communicating with a child, you come down to his eye level and you have eye contact. When you’re on the child’s level … and you talk to them, they understand more because you’re connecting.”

(John, age 19)
From the PII training, a new mum had learned the importance of positive body language even when communicating with an infant:

“It’s like look at her when you’re talking to her, smile at her and even though she’s not looking at you still smile - so if she sees you out of the corner of her eye, she knows.”

(Helen, age 23)

For other parents, the change related to the amount of time they spent interacting with their child. Having learned the importance of engaging with their children, they now prioritised this, reducing the time their children were allowed to watch television in order to spend more time interacting with them.

“I learned that watching [television] … for a long period of time is a bad thing, so what I learnt from the course was the fact that you could do something else with the kids, how you can interact with kids, telling stories, playing games.”

(Kareena, age 35)

One parent described how she had started reading books with her children and used that time to talk to them about things that they were interested in. Since the module, she had visited the library with her children for the first time.

“At the moment we’re looking at earth, space and stars and stuff like that and I’ve got a big book full of stuff … So I’m interacting with her and what she wants to do in that book. We’ll go to the library and we’ll pick a book, what she wants to know … so we’re interacting in that way … I’d never been to the library in my life until now.”

(Jasmine, age 22)

**Managing behaviour**

Parents who had been experiencing difficulties with their children’s behaviour felt the module had provided them with valuable new skills for supporting their child’s behaviour at home. A key learning point for parents was the importance of planning for good behaviour – being clear at the start of an activity about their expectations and consequences, rather than simply responding to behaviour problems when they happened.
“Saying beforehand what I expected made it a lot easier for them, because beforehand I’d just kind of say: ‘right come on now, sit down and watch your DVD’, whereas with SafeCare, I warned them in advance what would be happening, told them the rules and they knew that if they didn’t do it they’d go in the bedroom … So I think warning them, and letting them know before it happened rather than as it happened prepared them for it a bit more.”

(Jade, age 22)

Parents had also learned about the importance of consistency in implementing consequences when poor behaviour occurs, as well as remembering to praise good behaviour.

“As far as consequences are concerned, I have stuck to my word and was more persistent … if he was being naughty he would have some sort of punishment … if he was being good he would get a little prize or a sticker … but I would always explain to him why he was being punished or praised … and slowly Callum started listening. He realised that I wasn’t joking when I said there would be punishment and his behaviour started improving.”

(Nicola, age 30)

Learning to stay calm and use a calm voice to address poor behaviour had also been effective for parents who previously had resorted to shouting.

“Before I had SafeCare I used to shout at my kids quite a lot because … I couldn’t understand why they didn’t listen to me. Obviously I figured out that the shouting at them didn’t work and that was only through SafeCare … So … yeah, SafeCare has definitely opened my eyes of how to get a child to respond to you the way you want to without losing your temper or getting agitated or anything.”

(Emma, age 22)

For a step-parent who had previously avoided addressing difficult behaviour, practising during the module had given him new confidence to tackle issues when they occurred.
"At first, I’d just play with him … and I left [mum] to tell him off. But now if he’s doing wrong and he’s going to harm himself, then best to just tell him off, really. Correct him straight there … because he’s found out I’ve got that serious side, you tell him ‘no’ once and that’ll be it. So it’s preventing like stuff going wrong and that.”

(John, age 19)

There were many examples of parents having successfully implemented the strategies they had learned in the home, both for play and routine activities. These included:

- managing anger/tantrums more effectively
- reducing conflict between siblings during play activities
- increasing cooperation when dressing children for nursery and during mealtimes.

"My kids are so much better behaved now because I’ve put boundaries in place what I’ve learnt off [the home visitor]. So meal times they wouldn’t sit at the table and now I tell them dinner will be ready in five minutes and they go and sit at the table. So that’s a massive improvement."

(Jasmine, age 22)

In addition, some parents had been able to transfer the skills they had learned in the home to settings outside the home, with positive consequences.

"When I started I’d never take the children to the park on my own because one would run one way, the other would run the other way and I’d just be stuck … which one do I follow? But I’ve taken them on my own since starting the course and they behaved really well, so we went and got some sweets afterwards and it’s been brilliant."

(Jade, age 22)

For one parent the positive changes she had seen in her son’s behaviour at home had extended into school, where he was receiving rewards for good behaviour for the first time. She felt this was the result of implementing consequences at home for bad behaviour at school.
“He brings smiley stickers from school, and there are some positive comments coming from the teacher now, whereas in the past I would always get negative comments … in the past, if he brought some negative comments from the teacher or sad faces instead of smiley faces he thought ‘well, that was at school, now I’m at home I can do anything’ – but now that’s changed.”

(Nicola, age 30)

Play

Parents reported that the module had made them more conscious of getting the most out of opportunities to play. Since completing the module, parents had often continued to set aside time for play or reading with their child and sometimes even extended this further by buying or borrowing toys and books, while others had been creative about making up games.

“Now I make my own games up. We play ‘I’m the bus driver’ and they are the passengers or we play shops … I make up games as we go along. It keeps them settled as well. I don’t like them in front of the TV all day when they’re not at nursery, so we either bake or play games. [Before SafeCare] I don’t think I would [have done that] … I was quite lazy.”

(Jasmine, age 22)

The sessions that focused on play were particularly important for a parent who had not had those opportunities to play herself as a child and, as a consequence, had struggled to engage in play activities with her own children.

“It really helped me interacting with my daughter because I’m not very good at playing. When I was younger … we just got routed off to my gran’s [sic] and we had to go to church every Sunday, so it was just basically ‘you can’t get dirty’. [POI] was … doing puzzles and Play Doh and … things with Jenelle … I get more out of it.”

(Julia, age 43)

In addition to interactive play, the module had helped parents to find ways to develop their child’s independent play. A positive and welcome consequence of this was that parents found it easier and less stressful to find time to manage household tasks.
“If I’m doing something I set the up a game and then I go off and do it … I can set them up a game which lasts about ten minutes while I hoover or make tea. I know what to do now … Before, I got stressed out, because they were in my way.”

(Jasmine, age 22)

4.4 Suggested improvements to the PCI/PII Module

During the interviews, only one parent identified an area where they felt the module could be improved. In contrast to parents who felt that they had been able to transfer the skills they had learned in the home to external settings, this parent thought that the programme should include a section that has an explicit focus on behaviour management outside the home, as this was an area they continued to feel anxious about.
Chapter 5: Home safety module

The safety module is focused on the recognition and removal of accessible household hazards. This chapter looks at parents’ perceptions of the module. An overview of the module is provided first, followed by parents’ views and the outcomes they reported. No modifications to the module were felt to be required by parents.

5.1 Overview of home safety module

This module teaches parents to identify and eliminate safety and health hazards by making them inaccessible to children. Accessibility is defined by the height that the tallest child in the home can reach (up to 6 years).

Parents are typically trained over six to eight sessions. Prior to training, the home visitor evaluates three rooms using the Home Accident Prevention Inventory (HAPI), which is a checklist designed to measure the number of environmental and health hazards accessible to children in their homes. Parents agree with the home visitor which rooms will be assessed. Following the baseline assessment, training takes place to assist parents in identifying and reducing the number of hazards and making them inaccessible to their children. Training involves instruction, staff modeling, parent practice and feedback. In addition, a home safety kit that includes safety latches is supplied to families. Following training, the HAPI is repeated in the three rooms that have been assessed pre-training.

5.2 Parents’ perceptions of the home safety module

The HAPI assessment

In order to complete the HAPI, the home visitor needs to access three rooms to identify and record any environmental and health hazards that are present. All parents felt comfortable with allowing access—though one parent reflected that if the home safety module had been done first, she would not have been as comfortable about allowing the home visitor to look around the home.

“[If I’d done the home safety module first] it would have been like mm-mm yeah, but because I was already comfortable with her at that point it was fine yeah, there were no problems.”

(Jade, age 22)
For a young family sharing a home with their parents (the children’s grandparents) there was an added complexity in that they had to check that the grandparents were comfortable with the selection of rooms to be assessed by the home visitor. The ability to restrict access to certain rooms had enabled them to protect the grandparent’s privacy, and had facilitated their engagement with the module.

“Well this isn’t really our house, it’s theirs, so it was down to whether they were OK with it. They were fine with it because [the home visitor] did ask us first. So we had to sign a consent form as to ‘what are you happy for us to look in and what are you not’ and mum had said ‘not everything’ … like our room, fine, but … their room, well you might have things in drawers that you don’t really want people to see, you know.”

(Helen, age 23)

Focus of the module

Parents varied in their views about the content of the home safety module, between those who felt that it had provided them with essential information about potential hazards in the home, and those who felt that large parts of the module were not helpful to them. A factor that appeared to influence parents’ perceptions of the module was the age of their child or children. Parents with children who were five or over felt that their children were beyond the stage of putting everything in their mouths and, therefore, the training around identifying and eliminating choking hazards was not relevant to them. The safety pack, including socket covers and corner protectors, was also perceived as having limited value for families of older children.

“I think that the module was more suitable for younger children, because my children are six and seven and they wouldn’t think about putting their finger in a wall socket … I was given the [safety] pack but I didn’t really use it. I think it’s better for children who are, for example, learning to walk.”

(Nicola, age 30)

Some parents with younger children also felt that the section on environmental hazards was of limited value, because in their view the advice given was common sense.
Many parents were surprised by the range of objects that the home visitor identified as potential hazards in their home.

“Some of the stuff’s a bit ‘well … that’s not going to happen in a million years’ … it’s like the TV, it has got to be clamped down because they can pull it … well, you’re going to just stand there and watch her pull the TV over on top of them? Obviously you’re not going to leave them in the room on their own and when they’re old enough anyway to get the strength to pull a TV, they’re going to know that they shouldn’t pull the TV … some of it’s a bit pointless.”

(Brian, age 23)

However, even when sections of the module were highlighted as unhelpful by parents, most felt they had benefited in some way from completing the module, and having a fresh pair of eyes assess their home for hazards.

“Having the home visitor working with us and doing this home safety part of it opens your eyes more to what he can grab … the things [the home visitor] suggests, you wouldn’t have thought of, really. It’s just your own home, it’s what you’re used to. But because [the home visitor] has a fresh pair of eyes, he sees things.”

(Helen, age 23)

5.3 Outcomes from the safety module

In line with the purpose of the module, parents identified two areas where they felt they had benefited from the information and guidance provided by the home visitors: the identification of hazards and the elimination of hazards.

Identification of hazards

A key focus of the module is to enable parents to identify and eliminate reachable hazards in the home. Many parents were surprised by the range of objects that the home visitor identified as potential hazards in their home.
"I didn’t realise there were so many factors and so many things that were harmful to kids. I didn’t realise so many plants could be dangerous to kids. It was just silly things that you know are there, but you need someone to open your eyes to them, so the SafeCare programme did do that, it’s made me a lot more aware of stuff now."

(Emma, age 22)

Hazards that parents said they had learned about from the module included:

- plastic bags
- batteries
- cleaning products
- medicines
- wires
- plug sockets
- poisonous plants
- furniture under windows.

Some parents had struggled to keep their homes clean and had learned about the potential health problems associated with that.

“It was a mess to start off with … and I didn’t realise that was dangerous for Jenelle and it’s amazing what you can find, … you find out what’s dangerous and not.”

(Julia, age 43)

Reduction of hazards in the home.

A key factor in the reduction of hazards in the home was the provision of the home safety kit, which was highly valued by parents.

[The Home Visitor] bought some socket plugs, the covers, … and they’re pretty much in every [socket] not used.

(Jasmine, age 22)

For one family, the provision of the home safety kit had enabled them to overcome the financial constraints which had previously prevented them from putting in place safety features.
“Because we’ve got … the home safety set as well, that helped a lot because it’s a weight off your mind because you’re always worrying. I know you can get them from Mothercare … but they’re … like 30 or 40 quid which, when you’re on a low income like we are, that’s a lot of money. So it really surprised us when we were given one. So that definitely helped.”

(Stephanie, age 24)

In addition to the home safety pack, parents provided many other examples of implementing changes as a result of learning from the module. These included:

- moving hazardous cleaning products and medicines out of reach
- tidying the kitchen so it was free from toys and paperwork
- putting wires and cables out of reach
- moving furniture from under the window so children could not access it
- placing cushions around an infant to protect them when playing on the floor
- ensuring that pan handles were not accessible to children when cooking
- installing a carbon monoxide detector.

Parents also reported improvements to the cleanliness and organisation of their home following the module. One father, who had previously been resistant to helping with cleaning, had started to contribute regularly as a result of learning the potential health risks to his daughter.

“Yeah [Initially] he said: ‘cleaning’s not a man’s work’ … We tidy up every week now, because obviously we don’t want our daughter to get anything, you know.”

(Julia, age 43)

Another parent reflected on the positive feedback she had received from her children in response to the changes she had made to the cleanliness of the home.
“I’ve got a file of things to do around the home, like make sure the bedroom’s clean, make sure there is no dirt on the floor, nothing at all on the floor except the toys and it’s fine. That way the children know it’s their home. As soon as they come in, they [say] ‘Cor it’s nice and clean, it smells nice’.”

(Esther, age 30)

In addition, some parents were pleased to be able to share their learning with others to help keep their own and other children safe in their environment.

“[The home visitor] brought a pack round with lots of plants that are poisonous and I’ve given it to my nan because I don’t have a garden, but my nan has … Obviously my children and then my uncle’s children go round there a lot, so I’ve taken them round so she knows what plants and things not to have in her garden now.”

(Jade, age 22)
Chapter 6: Other outcomes related to SafeCare

This chapter considers other changes that were reported by parents as a result of their involvement with SafeCare, and their final reflections on the programme as a whole.

6.1 Access to other support

Most parents on the programme had access to support from agencies such as social and/or health services or Sure Start prior to SafeCare, and this had not changed significantly as a result of their participation in the programme. However, there were examples of the programme affecting parents’ views of and/or interactions with the support networks that were available.

Some parents credited the programme with helping to strengthen support networks and increasing their awareness of the importance of that support.

“I’ve always thought that I wanted to move out … to get my own place … [but the] timing isn’t right at the minute … I was going to be moving to [place], which is quite a way up the road and I’d have no support there and [the home visitor] said that the only thing she’d be worried about is my support, and my social worker had said about my support … So thinking about it and looking at it, it does make a lot of sense to stay around here where I do have the support.”

(Rachel, age 21)

There were also examples of the programme being valuable in enhancing parents’ confidence so they could better utilise existing support networks.

“I go to a group … for single parents. I’ve been going there since I’ve had Louis. Every time I had a problem I was too worried or too scared to ask in case I got judged, but with working with [the home visitor] she taught me that I don’t need to be scared or worried to ask because people are there, they are there to help.”

(Sarah, age 25)
Some parents had been signposted to additional sources of support, such as local family support and advocacy services, and were accessing this with positive outcomes. One parent would not leave the house when SafeCare began, but with advocate support she had built up her confidence to venture outside:

“We go to the park, because the park’s not very far from here down the road … we’ve just been to the circus a couple of days ago. I’ve been bowling, I took [the children] on my own.”

(Julia, age 43)

SafeCare was felt to provide such a strong source of support for parents that by the end of the programme, some had felt sad about it finishing.

“I feel upset because I won’t have [the home visitor] around helping me along … I’ve still got support around me, I’ve got my social worker anyway and I’ve got a health visitor, but I like [the home visitor] coming in once a week, we have a laugh, I let my feelings out and she would listen. Yeah, I’ll miss it when I finish.”

(Jasmine, 22)

In most cases, however, parents felt they would still be able to contact the home visitor for support if an issue arose and they needed help.

6.2 Family life

There were many examples provided during the interviews of the positive changes to family life that had been facilitated by the SafeCare programme. These related to reduced stress in the home and improved relationships within the family.

Parents commonly found that SafeCare had helped to reduce the stress they experienced as parents and described the calming influence that it had on their family life. For some this was due to the improvements that had been made in their relationship with their children and in managing their behaviour.

“I feel more relaxed because obviously now they’re happy doing the tasks and stuff that I’ve been making up for them. They’re happy, so I’m happy. I feel more relaxed knowing that I’ve got my kids under control in a good way and that they listen to me.”

(Jasmine, age 22)
Many parents felt their relationship with all their children had improved, not just with the child or children who were the initial focus of the programme. One parent had realised through doing SafeCare that she treated each of her children differently, and by addressing this she had bought them all closer together:

“I always used to treat Callum different to Katy, I would always take Katy’s side whatever happened, whereas my perception of this has changed, I treat them equally now … and Katy started showing more respect towards Callum and accepts his point of view and she helps him more. I think they’ve got closer.”

(Nicola, age 30)

For some, there was a greater awareness of the effects that conflict between parents can have on children, and they had taken steps to minimise that, either by not saying negative things about each other to their children, or by not arguing in front of them.

“We’re more calmish [sic]. We used to row in front of the kids but now we don’t because we’ve learned not to. So we’ve made it better so that it’s a calm household now … They don’t need to see that … we’ve learnt how to control our stress levels.”

(Jasmine, age 22)

6.3 Looking to the future
Throughout the interviews, parents spoke of the positive impact that the programme had on their confidence. It also provided them with self-belief that they would be able to manage their difficulties more effectively going forward.

“Everything is the same as what it was, but it’s just got easier and I know how to solve more things than I did, and I know how to deal with things that I didn’t.”

(Sarah, age 25)

The worksheets provided to parents during the programme were a useful resource for parents after the programme, and contributed to their confidence in their ability to maintain the positive changes they had made going forward.
“If I had a rather bad day I’d just look at the sheet to remind myself what I was supposed to be doing and like it relaxed me and I knew what I was doing again then. And it just kept me on track.”

(Jade, age 22)

For some parents, their newfound confidence had extended beyond their role as parents to accessing educational opportunities, updating their CV to find employment or making longer-term career plans.

“I feel more confident in myself … and I’m going to do some voluntary work so it can go on my CV and hopefully when Louis starts reception … I’ll be able to become a teacher assistant or a nursery assistant in their school.”

(Sarah, age 25)

6.4 Final reflections on the SafeCare programme

All parents we interviewed spoke very warmly about the programme and felt that completing the programme had been a very positive experience that they would recommend to other parents.

“I saw my health visitor the other day and she said ‘would you advise it to any other families?’, and I said ‘yeah, totally’. It’s definitely life changing if you stick to it and if you listen it will definitely change your kids’ life and your own.”

(Jasmine, age 22)

While the programme is targeted at addressing neglect, the parents we interviewed saw SafeCare as a universal parenting programme that could benefit all families and they felt it should be accessible to all parents. To widen participation, parents suggested including information about the programme in antenatal packs and amending the SafeCare leaflet, used to publicise the programme, to reduce the explicit focus on neglectful parents.

“The [SafeCare] leaflet, that could be a bit different. It could actually explain a lot more than just being like neglectful parents … Because it does make you feel quite bad if you’ve been put in that category … you don’t really want to do it because of what people are going to think then. It’s for everybody, not just for those that have neglected their kids.”

(Helen, age 23)
As described in previous chapters, there were areas where a few parents identified potential improvements to the SafeCare modules. However, the majority of parents we interviewed did not feel that any changes were required or that the current programme could be improved upon.

“No there was nothing, I couldn’t fault it at all really. There was nothing at all that I could say that could be improved or in my experience could have been made better because of this … it was good!”

(Rachel, age 21)
Chapter 7: Conclusions and recommendations

This final chapter of the report draws on the findings from the interviews to consider the effectiveness of the SafeCare programme from the parents’ perspective and recommended adaptations. Finally, the next steps in the evaluation are presented.

Initial engagement

Parent’s motivation to engage with the programme at the outset varied considerably, ranging from feeling very anxious about being judged or labelled as neglectful to being highly motivated to participate. The initial visit from the home visitor was pivotal in reducing parents’ apprehension about the programme and encouraging them to engage with it.

The SafeCare experience

Although the parents differed in terms of their initial motivation to enrol on SafeCare and were diverse in terms of their circumstances, their experience of the programme was very similar.

All parents greatly valued the supportive relationship that was established with the home visitor during SafeCare, and this was extremely important in facilitating their ongoing engagement with the programme. Even those parents who were initially anxious about participation went on to develop a positive relationship with their home visitor. In direct contrast with some of the parents’ prior experience of working with social service professionals, they saw this very much as a partnership. They valued the respect that the home visitor showed to them, the positive feedback they gave, and the information and advice they provided. By the end of the programme, parents often viewed their home visitor as a friend; they looked forward to their weekly visits and were sad when that support ended on completion of the programme.

The sense of partnership working was also reinforced by the home-based delivery of the programme. Parents felt this gave them a level of control over the delivery of the programme which was highly valued. It included a level of flexibility around appointments, comfort breaks during sessions, to meet their needs or those of their children, and opportunities to tailor aspects of the programme to concentrate on their specific areas of difficulty.
The range, and practical nature, of activities and the provision of positive and constructive feedback throughout the programme were also important in maintaining parents’ motivation to complete it.

Outcomes

SafeCare directly targets three key areas of parenting: identifying and treating childhood illnesses effectively; creating and maintaining a safe home environment; and increasing the frequency and quality of positive parent-child interactions. It is anticipated that parents who demonstrate improvement in their knowledge and skills will show changes in these parenting behaviours and, in addition, will also transfer these skills to other behaviours, settings and times. It is clear from the interviews that these parents felt the programme was effective at improving their knowledge and skills and that this had resulted in behaviour changes across all of the areas taught. There were also examples of parents applying their learning to other aspects of their lives, such as ensuring their child or children’s safety outside of the home, maintaining effective social support networks, even advising friends and other family members on matters of health or safety.

The interviews also highlighted a number of areas where these improvements had led to positive outcomes for the children. Parents commonly observed improvements in their child(ren)’s behaviour both in and outside of the home. They had also reported a greater interest in and enjoyment from their children by reading and engaging in other creative activities at home.

Due to the timing of the interviews – close to completion of the programme – it is not possible to tell whether the enthusiasm generated by SafeCare will result in long-term changes within the home, even though parents intended to maintain the changes they made. However, it is clear that the programme had given participating parents a greater confidence and self-belief that they could manage the challenges of parenting more effectively in the future, and maintain effective support networks.

Suggested improvements

Although the parents interviewed had a very positive experience of the programme, with the majority not feeling any changes were required, a few parents did suggest ways in which SafeCare could be improved in the future.
• Some parents felt that the programme would be of value to all parents, not just parents who have been labelled as ‘neglectful’. To widen participation, parents suggested including information about the programme in antenatal packs and amending the SafeCare leaflet, used to publicise the programme, to reduce the explicit focus on neglectful parents.

• Parents felt that colour pictures or video clips would make the scenarios used as part of the health module easier to interpret. In some cases, practitioners had to adapt the materials for parents with learning difficulties to make them accessible.

• One parent suggested that it would be helpful if the health module also taught parents about alternative medicines in addition to popular medicines such as Calpol®.

• One parent suggested that the PCI/PII module should include an additional section with an explicit focus on managing behaviour and safety outside the home.

Although not a specific recommendation, the interviews suggested that the safety module, specifically the section on accessible hazards, was not as relevant for older children (over five). Consideration should be given to how this module could be adapted to make it more age-appropriate.

Conclusion

The parents who were interviewed engaged fully with SafeCare and credited the programme with effecting positive improvements in their parenting knowledge, skills and behaviours. The interviews provide evidence that, for parents who complete the programme, the approaches used in SafeCare can be an effective way of engaging with them. Based on their perspectives, there do not appear to be any significant barriers to SafeCare having an impact within a UK context.

Strengths of the programme included the home-based delivery, the use of a variety of practical modes of delivery, and the provision of positive feedback. Of primary importance, however, was the establishment of a trusting relationship between parents and the home visitor and the perceived partnership approach to working, which played a vital role in parents’ engagement with SafeCare and the success of the programme.
Bibliography


