



Family Foundations

Supporting team-parenting through pre and post natal support

Experiences and observations from a two-year trial of the Family Foundations parenting programme in the UK

Jeszemma Garratt

National Development Manager

j.garratt@fatherhoodinstitute.org

Telephone: 07917 864130

www.fatherhoodinstitute.org

“Before the baby arrives, we should put in as much effort in preparing the couple relationship as preparing the nursery, it should be on the ‘to-do list” – **Family Foundations facilitator**

Background

Family Foundations is a well-evaluated pre and post natal programme for couples expecting their first baby together, developed in the US by Mark Feinberg, Research Professor and Senior Scientist at the Prevention Research Center for the Promotion of Human Development, Penn State University. Originally developed as a nine-session intervention, Professor Feinberg collaborated with the Fatherhood Institute to create a seven-session version for trial in the UK, four sessions before the birth and three post birth.

The Fatherhood Institute, with 4Children, trained around 100 practitioners from Children’s Centres and health services from twelve local authorities to deliver the programme within the communities they serve over two years. The programme has been subject to a separate evaluation by OPM, whose focus has been to examine the outcomes for couples and children of mothers’ and fathers’ participation in the programme. The OPM evaluation will be published in April 2014.

Family Foundations is well evaluated in the USA, showing benefits for parents and children including higher social competence in children (aged three years), lower depression in mothers (six months after birth), lower parental stress (six months after birth) and higher positive parenting teamwork one year after the birth.

The birth of a new baby is a time of immense change for a couple, and the transition into parenthood and the impact it has on their relationship can be overlooked through universal services. Only 18%-33% of couples report an improved relationship after the birth. (Gottman et al, 2010; Cowan & Cowan, 1995; Belsky & Kelly, 1994) The rest experience relationship satisfaction decline which often never recovers (Doss et al, 2008; Lawrence et al, 2008) yet when similarly supported, both sexes develop childcare skills at the same rate (Myers, 1982)

Delivery

Family Foundations gives expectant parents the tools to take care of their relationship and their parenting team. Sessions last about 1 ½ hours and cover:

- Breathing/relaxation
- Importance of parental conflict or parents working together
- Understanding emotions - yours and the baby’s
- Managing stress and handling difficult situations
- Supporting the other parent
- Working as a team and division of labour.

The focus on the preparation of the couple to become parents, and creating a team around the child - rather than preparation for birth - was a welcome change for most facilitators and the emphasis on child-centred team parenting worked well alongside existing health providers' courses. It was seen by many as "plugging a gap" in provision.

Practitioners were expected to maintain a high level of fidelity to the curriculum and the values of co-parenting. They found Family Foundations easy to deliver but while there are similarities to other parenting courses (for example, its use of video clips, flip chart, handouts etc) there were some new challenges for facilitators.

Family Foundations has a cognitive focus and teaches a range of techniques to help couples work collaboratively as a parenting team. Unlike other parenting courses, it does not use whole group discussion. This was a challenge for some practitioners, as it is common practice in parenting courses to use a quasi-group therapeutic approach. But in allowing couples to work together without feeding back to the group, the practitioners saw the benefit of the safety and closeness of the relationship.

One practitioner stated that when she observed interactions between couples she "saw love, which is uncommon in parenting courses"; another stated that a father had protectively put his hands on the mother and her belly when listening to her experiences of being parented.

The Difference a Dad Makes

Family Foundations is intrinsically father-inclusive by its focus on the couple, where other ante-natal provision has a focus on birth and maternal health.

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

- 96.4% of new parents are married, live together, or live apart but say they are a couple (or good friends) (Kiernan & Smith, 2003)
- 78% of teenage mothers register the baby's birth jointly with the father (DCSF/DH, 2009)
- 70% of today's new mothers turn to their partner for emotional support, compared with only 47% in the 1960s (GMTV survey, 2009).

Supporting fathers to be confident parents and supportive partners obviously has it benefits for mothers and babies, but Family Foundations goes one step further and supports fathers in their own personal journey, allowing their own fears and expectations equal voice and promoting the role of the father to the mother. Facilitators were trained in father-inclusive practice to ensure that this message was not diluted and to support recruitment.

Many practitioners were anxious that some exercises used with Family Foundations would not appeal to the fathers. This proved to be unfounded and evaluations have shown that fathers have high levels of satisfaction with all aspects of the course. One local authority reports that the majority of enquiries were initiated by the fathers, and that this was very different from other parenting courses.

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

Recommendations

The main challenge for many authorities has been that the crucially important and valuable relationship between health and early years services is not embedded, so services are all too often developed and delivered in isolation. It has been difficult for many early years practitioners to get support – and, as a result, referrals - from their health colleagues, due to a lack of strategic partnerships.

Based on our observations of the practicalities of running Family Foundations across the trial sites, our recommendations for how best to ensure the effective delivery of the programme are as follows:

- There should be a central local authority lead in charge of the development and delivery of parenting programmes. This would enable a universal roll out of Family Foundations that does not exclude parents because of where they live or their perceived level of need.
- There needs to be a collaborative approach to working between early years and health services, to ensure expectant couples receive timely and appropriate information regarding parenting support.
- Early engagement with health services, including midwifery, is essential to ensure collaborative working and effective recruitment processes. Where possible, Family Foundations should be offered alongside existing 'Preparing for Birth' sessions or co-delivered with health professionals.
- Training in father-inclusive practice, supporting the co-parenting team and couple relationships should be offered to both the early years and health workforce
- Services should proactively engage and follow up with both mothers and fathers after the completion of the course, to encourage their use of other services.
- Commissioners should give careful consideration to investment in the capacity and skills of practitioners able to run Family Foundations as cuts are made to front line delivery. The programme is one of the earliest of interventions, meaning it is well placed to protect against other risk factors.
- Consideration should be given to different delivery methods, including intensive delivery to individual couples via home visits along the lines of the Family Nurse Partnership model and an on-line version with additional support via phone and e mail.