

**Dissertation**

**PBHSKM009**

**Exploration of the benefit/impact on mothers and families who access free nursery provision for their pre-school children.**

Name: Jane Banks

Reg No: 21111050603117

Supervisor: Helena Lunt

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## **1.0 ABSTRACT**

### ***Exploration of the benefit/impact on mothers and families who access free nursery provision for their pre-school children.***

This study is based in a Sure Start local programme area that is, by definition, one of the 10% most deprived areas of the country. The Sure Start local programme had funded the equivalent of two full time places at the newly opened neighbourhood nursery. Health Visiting Teams refer families for places at the nursery mainly in situations where they feel the family would benefit from some respite childcare. The study investigates the benefit/impact of these places on the mothers and families who access these places. Referral data was analysed initially to give a picture of uptake of the project. The main part of the study involved semi-structured interviews with twelve mothers who had taken up places for their child(ren). This provided valuable qualitative data, which was analysed using framework techniques to identify emerging themes. This system allowed weaknesses in current provision and areas for development to be highlighted resulting in the identification of actionable outcomes.

The qualitative data gave an insight into lives of the families involved, in particular the stress factors that affect them on a day-to-day basis and the support mechanisms they have in place to mediate the effects of stress. The mothers identified clear benefits from accessing the nursery places for the child(ren) involved, the mothers themselves and for the families. The children were recognised as having improved behaviour and benefited in terms of

social and cognitive skills. The mothers used the time to address stress factors, either by addressing some of the issues that caused them stress, such as domestic chores, or by using the time to relax and use their own stress reducing techniques. All the women identified that they were able to engage in activities they would not normally be able, or would struggle, to do. On a family wide basis, relationships were seen to improve. The women felt they 'appreciated' their pre-school child and were able to spend more quality playtime with them, as both parent and child were more calm. Marital relationships were also improved, as were relationships between siblings, and between older siblings and the women involved. Again this was due to the women feeling calmer and having more one-to-one time with older children while the pre-school child was in nursery.

Long-term sustainability of the free nursery places was an area of concern, the parents also recognised the financial commitment that Sure Start was making to provide this service. Added to this, the future in terms of Children's Centre development and local childcare provision remains unclear. The positive benefits outlined in this study need to be made part of the decision making process. In the short-term there needs to be discussion involving all parties, including parents, regarding the possibility of some notional charge for the places to allow the current project to reach more families. The clear benefits to the families and the contribution this project makes towards meeting the wider Sure Start targets indicate that consideration should be given to continuation of funding.

As the long-term future of providing free nursery places is unclear additional recommendations focus on alternative support mechanisms and the provision of acceptable and accessible semi-formal support across the area. Investigation needs to take place into other avenues of potential practical and emotional support from other agencies including support regarding accessing training and employment. A further recommendation was for optimum use to be made of other facilities and childcare in the vicinity, and that families need to be signposted to ensure that they can access the most appropriate, accessible and acceptable support for their individual needs. Of paramount importance is strong leadership and partnership working between all the agencies involved and communication between service providers and families to ensure that services are structured to meet the needs of the local population.

## **2.0 INTRODUCTION**

### **2.1 Focus for Research Project**

Although the provision of free childcare is not a new phenomenon, there appears to be limited research into the benefit of this provision to the families involved. As part of the development of services, the Sure Start local programme described later (2.5, p. 9) has funded a substantial number of free places at the local neighbourhood nursery. In order to assess the value of this intervention and to inform future plans for the local Sure Start programme and the emerging Children's Centres, the following research question was proposed: -

***How does free nursery provision for pre-school children benefit/impact on mothers and families?***

The aim of this research is to elicit if the funding of respite childcare places confers any short or long-term benefit for the families involved.

### **2.2 Outline of Project**

To inform this research a literature review was undertaken that identified current thinking and provision of childcare in the United Kingdom and compares it to developments in others countries, both European and Worldwide. In addition there is a review of literature that identifies the pressures and impact of parenting and in particular the problems faced by parents in disadvantaged circumstances. The literature review identifies the public health issues that are inherent in this project with a focus on the social and emotional impacts of living in disadvantaged circumstances.

The literature review is followed by an outline of the issues that preceded this study and detail of the methodology identified as being appropriate, including some of the literature that informed this choice of method. The methodology chosen for the main body of the research was a qualitative study with information obtained through semi-structured interviews conducted with parents of children who have taken up the free nursery places. These interviews took place following approval of the research protocol from Sefton Local Research Ethics Committee, Liverpool John Moores University Ethics Committee and Liverpool and Sefton PCT's Research Management and Governance Collaborative.

The qualitative data generated was subject to rigorous, systematic and methodical analysis using a framework system of categorising, coding and constant comparison to identify emerging 'themes'. The results are presented and discussed to demonstrate the themes identified from the research interviews and are presented in a systematic format to meet the aims and objectives of this project. This system allowed weaknesses in current provision and areas for development to be highlighted resulting in the identification of actionable outcomes which are identified in the conclusion.

A review of referral data was undertaken to identify possible trends and underlying issues not identified at interview.

### **2.3 Background to Sure Start**

Sure Start is a Government programme that emerged from one of the reviews set up in 1997 as part of the UK Government's Comprehensive Spending Review (HM Treasury, 1998). The review identified that many children were not receiving the help they needed to have a decent start in life with the result that they were falling behind, even before they reached school, and many parents were finding it hard to cope. It was recommended that a range of services should be brought together to support the complex and varied physical, developmental and emotional needs of young children and families. The resulting and ongoing programme of action aims to deliver the best start in life for children by bringing together early education, childcare, health and family support. The Sure Start local programmes are targeted at the 20% most deprived wards (Sure Start, 2004a) helping up to 400,000 children living in disadvantaged areas - including a third of under 4's living in poverty (Sure Start, 2004b).

As part of this programme, aims and objectives have been set within the Sure Start Service Delivery Agreement Targets (Box 1).

## **Box 1. Sure Start Service Delivery Agreement Targets**

### ***Aim***

Increase the availability of childcare for all children, and work with parents-to-be, parents and children to promote the physical, intellectual and social development of babies and young children – particularly those who are disadvantaged – so that they flourish at home and when they get to school, enabling their parents to work and contributing to the ending of child poverty.

### ***Objectives***

1. Improving the availability, accessibility, affordability and quality of childcare so *as to make it easier for all parents to find the childcare they need when they need it, in particular in the most disadvantaged areas, so that they can work.*
2. Improving learning; *in particular by promoting high quality care and education which supports children's development and early education, especially in disadvantaged areas and especially through early identification of and support for children with special needs.*
3. Improving social & emotional development *in particular in the most disadvantaged areas by promoting greater parental understanding of and engagement in children's development, supporting early years and childcare providers in early identification of difficulties and increasing the contribution out of school provision makes to older children's development as citizens.*
4. Improving children's health *by improving awareness of healthy living amongst children and their service providers and, in particular in disadvantaged areas, by helping parents to support their children's healthy development before and after birth.*
5. Strengthening families and communities *by encouraging all providers of children's services to take a wider view of their role in the community and, in particular in disadvantaged areas, by involving families in building capacity in the community and creating pathways out of poverty.*

(Sure Start. 2004c)

In terms of the childcare objectives, much emphasis is placed on nursery provision to allow parents the opportunity to access training and/or to enable them to take up employment. Employment of at least one household member is recognised as the most significant way to reduce child poverty (HM Treasury, 2001). In the stressful life situations experienced by many living in disadvantaged areas, moving into training or employment, while coping with the demands of parenthood is a major step to take. Sure Start local programmes can support this transition through engagement with Jobcentre Plus and ensuring strong linkages between employment advice and information on childcare (Sure Start, 2003a).

## **2.4 Neighbourhood Nurseries**

The development of accessible, affordable and good quality childcare is supported by the Neighbourhood Nursery Initiative that was launched in 2001. The aim is to create 45,000 new childcare places by 2004, equivalent to 900 new 50-place nurseries, to support families in the most disadvantaged areas of England and tackle the lack of childcare, which often prevents people from working. The remit of these nurseries is to: -

- ensure places are targeted at reducing unemployment and meeting the needs of parents entering the job market, especially lone parents.
- establish childcare firmly in the heart of neighbourhood and community regeneration.
- provide high quality childcare services in disadvantaged areas.

(Sure Start, 2004d).

## 2.5 Sure Start Local Programme

Sure Start local programmes were developed in waves with Round 1 indicating the first wave of programmes starting in 1999 and Round 6 representing the final wave of Sure Start local programmes (Sure Start, 2004e). The Sure Start local programme area (Netherton, Simonscroft, Pendle and Ford (NSPF)) in which this study was undertaken, is a Round 5 programme and is situated in South Sefton, Merseyside, incorporating large parts of the electoral wards of Ford and St Oswalds. The sample demographic statistics for the area show, among other indicators of disadvantage, high levels of unemployment and single parent households with low levels of academic achievement (Table 1).

*Table 1. Sample demographic statistics for Ford and St Oswalds compared to Sefton, and England and Wales.*

	Ford	St Oswalds	Sefton	England & Wales
Rank of Child Poverty	268	357	N/A	N/A
% resident population under 16	23.4	23.1	20.2	20.2
% resident population who are white	98.8	99	98.4	90.9
% resident population describing their health as good	64.2	62.9	67	68.6
% resident population aged 16 to 74 unemployed	5.5	5.2	4	3.4
% resident population aged 16 to 74 with no qualifications	41	42.2	31	29.1
% lone parent households with dependent children	12	12.2	7.6	6.5
% households in accommodation rented from council	29.8	32.5	10.5	13.2
% households without central heating	14.1	13.9	12.8	8.5
% households with no car or van	43.8	45.2	31	26.8

(North West Public Health Observatory, 2004a & 2004b)

## **2.6 Development of Local Sure Start Services**

Sure Start local programmes are delivered by local partnerships, with strong parental and community involvement. Agencies (local authorities, NHS, voluntary sector and others) are encouraged to work together in new and sometimes innovative ways to provide services focused on the needs of local families and young children. It is expected that these new methods will be evaluated and, if beneficial, may be adopted by other service providers so that the lessons learned by Sure Start can benefit all young children (Sure Start 2004a).

Sure Start NSPF, along with its partner agencies and the local community, identified that many families in the area experienced high levels of stress associated with parenting in disadvantaged circumstances. It was acknowledged that this impacted on the social and emotional well being of individuals and on family relationships. It was also acknowledged that for many parents, and mothers in particular, the step into training and employment was too great when considering the other pressures on their lives.

For these reasons, Sure Start NSPF identified funding to provide the equivalent of two full time places over a 12-month period at the newly built local Neighbourhood Nursery. It was anticipated that these childcare places would be used mainly for respite time for families, but also to allow access to childcare whilst attending interviews or during family emergencies and crises as the need arose. Places would be free to the families involved and would be allocated following referral from the local Health Visiting teams. The criteria for

allocation of nursery places can be seen at Appendix 1 with the associated referral form at Appendix 2 (note: the referral form is a generic form for several Sure Start services). It is anticipated that the free time would provide support for the families while they addressed stress factors in their lives and so enable them to move towards training and employment in the future.

### **3.0 LITERATURE REVIEW**

#### **3.1 Introduction to the Literature Review**

As stated earlier, this literature review will first address current thinking and provision of childcare in the United Kingdom and compare it to developments in others countries, both European and Worldwide. Previous studies relating to the research project will be examined. This will be followed by a review that identifies the pressures and impact of parenting and in particular the problems faced by parents in disadvantaged circumstances. Finally the public health issues that are inherent in this project, with a focus on the social and emotional impacts of living in disadvantaged circumstances, will be identified. The literature used was identified from a comprehensive search including the Cochrane Library, the Applied Social Sciences Index and Abstracts, and ChildData.

#### **3.2 Childcare provision in the UK**

The HM Treasury document, *'Choice for Parents, the Best Start for Children'*, sets out the Government's long-term vision to ensure that every child gets the best start in life and aims to give parents more choice about how to balance work and family life (HM Treasury, 2004). Included in this strategy is the committent to provide 20 hours a week of free, high-quality care for 38 weeks for all 3 and 4 year olds. The first step is to provide 15 hours a week for 38 weeks a year for this age group by 2010. In addition the strategy identifies the requirement for an increase in high quality, professionally led childcare that is in sufficient supply to meet the needs of families. Financial support for families

is also to be changed with an increase in the limits of the childcare element of the Working Tax Credit from April 2005.

Pugh (2003) identifies that, since the election of a 'new' Labour government in 1997, services for children and families have been higher on the public agenda than at any time in living memory. From a historical perspective Pugh identifies that compulsory publicly funded education from the age of five was established in 1870. Since then, provision for under fives has been through the development of the playgroup movement and, in the last two decades, through the private sector with the growth of day nurseries for the children of working parents who needed full day-care.

Changes in the need for childcare are identified by Rahilly and Johnson (2002) as being due to changes in social structure with increases in the number of one parent families, higher female participation in the workplace and increases in the number of children with two parents who are both in paid employment. In addition there has been a reduction in the availability of informal and unpaid childcare from friends and families.

There is recognition of a requirement to balance the needs of parents to access work and the effects this has on relieving child poverty, with the erosion of family life and the social and economic costs that this could bring in the future (HM Treasury 2004). The government's childcare strategy is thus aimed at three key principles: -

- Ensuring every child has the best possible start in life.

- The need to respond to changing patterns of employment and ensure that parents, particularly mothers, can work and progress their careers.
- The legitimate expectations of families that they should be in control of the choices they make in balancing work and family life.

### **3.3 Previous Research**

The benefits to young children of accessing pre-school education are identified in 'The Effective Provision of Pre-School Education (EPPE) Project (Sure Start 2004f), a longitudinal study conducted between 1997 and 2003, which investigated the effects of pre-school education and care on development for children aged 3-7 years old. The study identified a number of positive outcomes for pre-school education including: -

- Enhanced all round development.
- Earlier start in pre-school is related to better intellectual development.
- Disadvantaged children benefit significantly from good quality pre-school experiences.
- High quality pre-schooling is related to better intellectual and social/behavioural development for children.
- For all children, the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. What parents do is more important than who parents are.

While it is clear from the research that children will benefit from pre-school education, particularly in terms of their cognitive development, there appears to be a lack of research into the more intangible benefits that attending nursery brings to the child, the parent(s) and the family as a whole.

Zoritch et al (2005) conducted a systematic review of current research with the objective of:

*'quantifying the effects of out-of-home day-care for pre-school children on educational, health and welfare outcomes for children and their families.'* (p. 1)

One of the concerns identified in this piece of work is that the pressures of modern family life affect both the quantity and quality of parenting; more children are raised by lone parents, and more parenting fails to meet children's needs.

The review identified a total of eight randomised or quasi-randomised controlled trials where the intervention involved the provision of non-parental day-care for children under 5 years of age. The outcomes reviewed included:

- Developmental and educational effects of day-care
- Behavioural and health effects of day-care
- Effects of day-care on mothers
- Long-term effects of day-care

The studies were all conducted in the USA and were mostly targeted at families of lower socio-economic status and mainly families of African American origin. The studies, which include the Perry Pre-School project and

the Milwaukee project, had a mixed element of out-of-home day-care with some home visiting and targeted parental training. Follow-up periods for the studies varied from six months to twenty-seven years. Zoritch et al (2005) grouped the outcomes as shown above with the findings as follows:

### 3.3.1 Developmental and educational effects of day-care

All the studies showed that IQ was increased by participation in day-care. The review further stated that:

*‘Although the ‘IQ effect’ appeared to decrease a year or two after the end of the intervention in most studies, the early cognitive gain was associated with later prevention of school failure.’ (Zoritch et al, 2005. p. 4)*

### 3.3.2 Behavioural and health effects of day-care

This area was not identified in the outcomes of all the studies in the review and the outcomes were mixed. The Perry Pre-School project identified significant improvements in classroom and personal behaviour in the intervention group as rated by the teachers in terms of them being more motivated. The young people, themselves, placed a greater value on schooling at 15 years. Long-term outcomes of this study identified significant differences in criminal activity including drug dealing at 27 years. These outcomes were not echoed in other studies. In terms of health the studies found some evidence to suggest that children in day-care did experience more minor illness than those cared for exclusively at home.

### 3.3.3 Effects of day-care on mothers

Outcomes in terms of mother-child interaction varied across the studies. In one study interaction between mothers and children at age 30 months was improved with the intervention group scoring:

*'higher on measures of persistence, positive involvement with task and enthusiasm.'* (Zoritch et al, 2005. p.4)

This was echoed in two other studies with *'longer periods of mutual play'* and *'increased mother-child reciprocal communication.'* (Zoritch et al, 2005. p. 5)

In terms of education and employment for the mothers, the intervention groups in several studies showed positive outcomes, with fewer mothers being unemployed or in unskilled work and more being financially self-supporting. One project demonstrated that mothers in the intervention group were:

*'more likely to have a stable employment history and a higher weekly income.'* (Zoritch et al, 2005. p. 5)

A further positive outcome in one study identified that teenage mothers in the intervention group were less likely to have further children.

### 3.3.4 Long-term effects of day-care

Only one of the studies in the review (Zoritch et al, 2005) collected long-term data and this was the Perry Pre-School Project. At 27 years the intervention group had a higher rate of high school graduation and half as many arrests. They also had significantly higher earnings, were less likely to depend on welfare assistance and were more likely to be home-owners than the control group.

Zoritch et al (2005) found that the studies identified as having sufficient methodological rigour to be included in the review demonstrated clear positive outcomes for the children and families concerned both in the short and long-term. The main problem identified in the studies is that the effects of day-care alone were not identified as all the studies included an element of home visiting to the parents and/or parental training. It was therefore impossible to separate out the effects of day-care from the effects of parent training and education or parent support interventions.

Todd (2001) in reviewing the outcomes of the National Institute of Child Health and Human Development Child Care Study stressed the importance of quality in childcare. She asserts that:

*'When care environments were more stimulating and well organized, children had better vocabularies, more advanced attention and memory skills and got along better with peers.'* (p.1)

In contrast, problem behaviours, labelled as 'challenging' or 'aggressive', were found to increase the more hours the child spent in day-care. As in the studies examined by Zoritch et al (2005), children in day-care tended to experience more minor illnesses than those cared for at home. Todd (2001) suggests this is due to exposure to germs in the group setting which children cared for at home do not experience to the same extent. The children in day-care go on to develop early immunity to these problems and have less problems when they reach school age. Above all Todd (2001) argues that it is the quality of childcare that is important in terms of cognitive and social development whether the care is at home or in a nursery setting.

A further study, conducted by Kelly (1995), examines the relationship between families and nursery provision. This study illustrates how nursery provision can support vulnerable families to cope better with their children and how nurseries had a stabilising effect on the families involved with emotional and interpersonal gains for both the parents and the children. Kelly (1995) suggests that an increasing number of women are becoming 'high risk' in terms of their own mental health and their ability to mother effectively. She identifies the potential for nursery staff to provide support for parents with childcare facilities seen as a vital resource for families with young children. Some key benefits from nursery provision were identified by Kelly (1995). Improvements were noted by the parents in children's social and cognitive skills and behaviour, although some parents did comment on negative changes such as increased assertiveness, being cheeky and more disobedience at home. Parents also reported that emotional stress was relieved and that domestic routines were improved. Family relationships were also noted to improve at all levels.

Provision of affordable childcare is seen as a cornerstone of the government's social inclusion agenda most particularly addressing childcare needs in areas of disadvantage and poverty (Department for Education and Skills (DfES), 1998). This is described by Lewis (2003, p. 220) as a

*'desire to combat poverty and social exclusion via social investment and the promotion of an adult wage-earner model family.'*

A key element in the delivery of affordable, accessible and quality childcare is the Neighbourhood Nursery Initiative launched in 2001. This initiative provides both capital and fixed term revenue funding through the New Opportunities Fund for the development of nurseries in the most deprived areas thus enabling parents to access employment while their children are being cared for in high quality settings (DfES, 1998).

### **3.4 International Perspective on Childcare**

A review of Early Childhood Education and Care conducted by Haddad in 2002 on behalf of UNESCO identified Britain, along with the United States, the Netherlands and Australia as previously viewing the responsibility of childcare as a private issue as opposed to a public question with regards to children under the age of three. The developments outlined earlier (3.2, p. 11) are identified as a demonstration that Britain is making positive attempts to address childcare in relation to employment-orientated strategies, as is the Netherlands.

In contrast Haddad (2002) identifies that many former communist countries, such as the Czech Republic, have shifted away from state provision towards family care and private provision. Haddad (2002) cites the example of Vietnam where the government is reducing the crèche system and promoting the development of family day-care for under three's.

In the African countries there is a shift in the opposite direction with growing state participation in early childhood. Examples cited by Haddad (2002) are

Senegal with the private sector working with the state to build new nursery schools.

A further contrasting situation is seen in the Nordic countries where there has been a shift towards shared responsibility between the state and family.

Moss (2001) reviewed pre-school childcare provision across the EU member states and identifies that countries with lower periods of maternity leave often had higher levels of publicly funded childcare for 0 – 3 year olds such as Belgium and Denmark. Conversely Germany, Spain, France and Finland are shown to have longer maternity leave with lower levels of publicly funded childcare for 0 - 3 year olds. Exceptions to this rule were Greece, Ireland, Portugal and the UK with low maternity leave and low levels of publicly funded childcare. Zoritch et al (2005. p. 2) argues that:

*‘These different levels of provision are not simply a response to different levels of demand for day-care, but reflect cultural and economic interests concerning the welfare of children, the need to promote mothers’ participation in paid work, and the importance of socialising children into society’s values.’*

### **3.5 Being a Parent**

Having children is a long-term, 24 hour a day commitment but, as well as bringing much joy, children can also bring a lot of stress and anxiety along with big financial implications. Becoming a parent can be considered as a stressful life event particularly with the everyday difficulties of feeding, sleeping

problems and excessive crying (Ostberg, 1998). The challenge of being a parent is recognised in the 'Supporting Families' consultation document (Home Office, 2003) which identifies how better parenting skills can lead to improved health and educational attainment in the child as well as improving their own confidence and self esteem.

A combination of physical and emotional changes, loss of independence, changes in relationships, isolation and loss of status associated with parenthood can have profound effects on new parents and in some cases can lead to depression. Low quality social support, poor marital relationships, unemployment, antenatal stress and unplanned pregnancy have all been identified in research as being risk factors for postnatal depression (Scottish Intercollegiate Guidelines Network, 2002). In addition, postnatal depression has been linked to both behavioural and physiological problems in young children (Department of Health, 1999). The Edinburgh Postnatal Depression Scale (EPDS), developed in 1987, is used as a specific measurement tool to identify depression in new mothers. Warner et al (1996) identify that the scale has been validated, and evidence from a number of research studies has confirmed the tool to be both reliable and sensitive in detecting depression.

Moran et al, (2004) suggests that most parents admit to feeling stressed at least some of the time and argues that many parenting support programmes regard sending parents away feeling better equipped to manage the challenge of parenting as a desirable outcome. In addition to the general stress of

parenting, two additional factors identified in the literature as increasing parental stress are single parenthood and low income.

### **3.6 Single Parenthood**

The 2001 Census identified an increase in the proportion of dependent children living in lone parent families with 23 per cent of dependent children living in a lone parent family in 2001 compared with 18 per cent in 1991.

In lone parent families the pressures of bringing up a young child are increased. Loneliness and stress are cited as two of the major factors of being a lone parent along with low income (Gingerbread, 2002). Single parents have to face up to the reality of being solely responsible for the welfare of their children with little or no support. Added to this is the stress of coping alone that often leads to symptoms of anxiety and depression. The biggest problem facing many lone parents is, however, low income and poverty.

### **3.7 Low Income and Poverty**

The links between low income, poverty and health are long established and first recorded in the 19<sup>th</sup> century (Spencer 2000). This view was further endorsed throughout the 20<sup>th</sup> century by Rowntree (1902), in 1942 by Beveridge (cited by HM Treasury, 2001) and later by Black (1980). The impetus to address health inequalities gained pace in 1998 with the release of the Acheson report followed in 2000 by the Prime Minister's commitment to put an end to child poverty (Bradshaw, 2003).

Poverty in childhood can have wide ramifications that affect the health and well-being of current and future generations. Bradshaw (2002) recognised four domains under which outcomes of child poverty could be summarised: -

**Physical Outcomes** including mortality, morbidity, accidents, child abuse, teenage pregnancy, environmental degradation and homelessness.

**Cognitive Outcomes** mainly educational attainment.

**Behavioural Outcomes** including school exclusions, youth crime, smoking, alcohol, drugs, suicide and child labour.

**Emotional Outcomes** including self-image, happiness and subjective well-being.

The Sure Start programme, to provide opportunities for families to develop, along with fiscal measures such as Child and Working Tax Credits, are strategies that have been introduced to address child poverty. One of the major impacts for parents living in poverty is stress, which is often associated with parenting breakdown and child maltreatment (Ghate and Hazel, 2002).

### **3.8 Stress for Parents**

The DOH (1999, p.8) supports the view that:

*‘sources of stress within the family may have a negative impact on a child’s health, development and well-being, either directly, or because they affect the capacity of parents to respond to their child’s needs.’*

Ghate and Hazel (2002) studied the effects of poor environments on parenting, examining community-level poverty and its relationship to familial and individual problems. The stresses faced by parents were identified as: -

- Long-term physical, emotional or mental health problems in themselves.
- Long-term physical health or behavioural problems with a child.
- Low income and being unable to afford at least one basic necessity such as toys for the children along with long-term debt problems.
- Low or no qualifications with limited employment opportunities and high levels of unemployment.
- Limited access to a car with implications for access to local services and amenities.
- Poor quality housing with overcrowding and/or insufficient heating.
- Family structure – large families with small household incomes, lone parents, unsupportive partners – *‘one in six parents reported having been made to feel bad or worthless by their current partner.’ (Ghate and Hazel, 2002, p. 10)*
- Environmental hazards such as stray dogs and fouling, traffic dangers, pollution, poor street lighting and dilapidated condition of local buildings.
- Crime and anti-social behaviour in the locality such as property crime, vandalism, graffiti, noisy neighbours and drug users.

The factors associated with coping less well with parenting were identified as having a ‘difficult’ child, a high number of personal problems, being a lone parent and having a large family. The more stress factors reported were linked to parents feeling they were less able to cope. Ghate and Hazel (2002) also identified support networks with parents using informal support such as their own mothers, female friends and older children, semi-formal

support such as playgroups and support groups, and formal support from statutory services. Barriers to accessing support included:

*'fear of burdening others with ones' own problems; feeling obligated to reciprocate favours; fear of seeming not to be coping; and loss of privacy over confidential family issues.'* (Ghate and Hazel, 2002, p. 18)

The key messages and recommendations from this project were: -

- Practical and accessible services that meet parents' self-defined needs.
- Improved range of services with more activities that are cheaper to use.
- More information about parenting and childcare issues.
- Services that allow parents to feel 'in control'.

The research evidence reviewed here demonstrates some clear outcomes of childcare and clearly identifies the pressures faced by parents and children in disadvantaged circumstances. There also appears to be some commitment demonstrated by the current government to take account of these issues and begin to address some of the grass-roots problems that can have a wide impact on society as a whole. The study that follows attempts to clarify some of the issues presented here and to seek out how parents perceive the value of childcare.

## 4.0 METHODOLOGY

### 4.1 Wind-in-the-Willows nursery

Wind-in-the-Willows is a new build, purpose built nursery that is supported through the Neighbourhood Nursery Initiative outlined earlier (2.2, page 10). Building work was completed in April of 2004 and the nursery manager took up her post in March of that year to oversee the completion of fine detail and prepare the nursery for opening. This followed a period of staff recruitment and allowing children to access free 'taster' sessions while the nursery awaited Office for Standards in Education (Ofsted) inspection and approval. Ofsted became responsible for the regulation of early years childcare, including childminders, in 2001. Approval for full day-care for 54 children was finally granted by Ofsted on 28th June 2004 after which the nursery was able to open fully for business. There has been a stepped approach to staff recruitment. The complement of staff has gradually increased as demand for nursery places has increased following guidelines for staff/child ratios (Box 2).

#### **Box 2. Minimum Staffing Ratios for Day Nurseries**

1 member of staff for every 3 children under 2 years old

1 member of staff for every 4 children aged 2 years old

1 member of staff for every 8 children aged 3 to 7 years old

Sure Start (2003b)

The main nursery area is open plan with a one metre high wall separating the babies from older pre-school children. A large outdoor play area enables the children access to physical activity, and to grow plants and vegetables. There

is a clear philosophy to promote the health and well being of the children through nutrition, hygiene and structured early education. The nursery has developed strong links with Sure Start and the wider community. Outside professionals visit to support the delivery of programmes including physical activity, oral health and speech and language skills. The nursery also has a family room away from the main child area that can be accessed for services and is currently being used for midwife drop-in sessions, postnatal depression counselling and Jobs, Employment and Training (JET) drop-ins.

Children from the age of 3 months can access the places with a set charge of £15.00 for a morning (7.30am-1pm), £14.00 for an afternoon (1pm-6pm) or £27.00 for a full day. For a child attending 5 full days a week the cost is reduced to £125.00. Families who are entitled to Working Families Tax Credit may be able to claim the childcare element, of up to 70% of nursery fees.

#### **4.2 Development of Respite Care in Sure Start NSPF**

The Sure Start local programme in NSPF was given full approval in March 2003 following a period of consultation with the public, community leaders and professionals currently working in the area. As new staff came into post further discussions took place regarding how the local programme could address the targets outlined earlier (2.3, pp. 5-7). One area of concern, identified by the Health Visiting teams, was the level of postnatal depression and the lack of practical support available to the families involved. The Health Visitors identify postnatal depression using the Edinburgh Postnatal Depression scale, which the Scottish Intercollegiate Guidelines Network (SIGN) (2002) recommend as

displaying good evidence for its effectiveness. When postnatal depression is identified the woman is offered a series of 'listening' visits by the Health Visitor to provide emotional support, and may be referred for medical treatment via the GP or to the local postnatal depression counselling services provided through Mersey Care NHS Trust. The availability of practical support was restricted to what the woman's partner or extended family could provide, or through access to a range of local support groups. In addition there were instances where Health Visitors identified a number of areas where practical support through childcare could greatly benefit families, and in turn deliver a service that clearly met a variety of Sure Start targets. These were: -

- Attendance at job interviews.
- Attendance at hospital/clinic appointments
- Breakdown of informal childcare provision
- Support during times of family crises.

As Wind-in-the-Willows did not have a scheduled opening date when initial discussions around the provision of respite childcare was discussed, it was decided to fund free places in the crèche at Bootle Strand shopping centre that families could access via their Health Visitor. A referral protocol was subsequently developed that provided guidance to the Health Visiting teams regarding what provision was available and the criteria and process involved in referring families into the programme. As time elapsed and uptake of the places was very poor it became clear that there were several practical drawbacks to this project: -

- The crèche only takes children between the ages of 2 years and 4 years.
- The crèche place time is limited to three hours at a time.
- The crèche, although in a shopping centre used by local families, is some 5 miles away.
- Many families with young children rely on public transport, which can be stressful with young child(ren) and a pram.

As the opening date for Wind-in-the-Willows approached the Sure Start team decided to place additional funds with this nursery to provide the equivalent of one full time place to be used as required for children in the local programme area to provide free respite for their families. Again a referral protocol was drawn up following discussion with the Health Visiting and wider Sure Start team (Appendix 1). Referral was to be made on the standard Sure Start services referral form (Appendix 2). All referrers into Sure Start services are requested to obtain consent for the referral from the families involved and to identify whether or not the parent would agree to contact from Sure Start to evaluate the project into which they have been referred.

It was soon apparent that respite at Wind-in-the-Willows was preferable to both the Health Visiting teams and the families involved and subsequently funds were identified to fund a second full time place. A total of 1020 half-day sessions were thus funded through Sure Start.

### **4.3 Development of the Research Proposal**

This research project was initially planned to focus on evaluation of the benefits that the places offered at Bootle Strand crèche provided. The initial research protocol was prepared in April 2004 and was presented to a group of fellow students and University lecturers for discussion and peer review. The discussion identified ethical considerations and assisted the researcher in developing a more focused study and to identify the appropriate methodology. The presentation also enabled the University to identify a suitable supervisor who could provide appropriate support for the study outlined. As service provision unfolded, as identified at 4.2 above, the focus for the study turned towards users of the Wind-in-the-Willows nursery places as uptake of these places proved to be much greater than for the Bootle Strand crèche places.

### **4.4 Research Question and Objectives**

The key aim for the researcher was to identify if the funding of respite care places confers any short or long-term benefit for the families involved. Hence the interview question was developed as identified earlier (2.1 p. 4)

***How does free nursery provision for pre-school children benefit/impact on mothers and families?***

The objectives were to: -

- Elicit the reasons for allocation of places.
- Identify family dynamics and the issues that prompted referral?
- Search out how the parent/carer used their time while the children were in nursery.

- Investigate how the nursery place and free time for the parent/carer benefited family members.
- Identify any anticipated long-term impact?
- Consider possible outcomes if the place had not been available, how would the parent/carer have coped, what would be the impact?
- Inform future plans for Sure Start NSPF in terms of funding this type of childcare provision?

#### **4.5 Choice of Methodology**

The purpose of the research was to view the respite nursery places from the parent's perspective and to search out the impact this had on their daily life. A variety of quantitative data can be viewed from the referral statistics but to seek the real depth regarding impact it was clear that a qualitative design was the most appropriate. Komesaroff (1999) identifies qualitative research as being especially appropriate for understanding the experiences of individuals and communities. This is further supported by Strauss and Corbin (1998) who identify that qualitative methods are ideal to research about peoples lives, lived experiences, behaviours, emotions and feelings.

The method chosen was to conduct in-depth semi-structured interviews with the mothers of children who had accessed free nursery places at Wind-in-the-Willows following referral from their Health Visitor. The questions would be open-ended to allow the researcher to enter into a dialogue regarding the issues raised by the initial responses (Mathers et al, 2002). Interviews were to be face-to-face and data collected by detailed note taking. Again Mathers et al

(2002) identify face-to-face interviews as offering a greater degree of flexibility in encouraging co-operation in the respondents. It was inappropriate to conduct focus group interviews due to the potentially intimate nature of the issues under discussion.

#### **4.6 Ethical Issues**

A full research proposal was developed along with the interview format and questions. These, along with letters to participants, consent form, participant information sheet and GP letter, were submitted for ethical approval to: -

- Liverpool and Sefton PCTs Research Management and Governance Collaborative.
- Liverpool John Moores University Ethics Committee.
- Sefton Local Research Ethics Committee.

The first two committees asked for minor changes and clarifications prior to approval being given (Appendix 3 & 4). Sefton Local Research Ethics Committee, however, advised that

*'the project is not one that is required to be ethically reviewed under the terms of the Governance Arrangements for Research Ethics Committees in the UK.'* (Appendix 5)

#### **4.7 Selection and Contact with Research Participants**

All referrals into the nursery were reviewed and those where consent to evaluation had been clearly completed and signed were identified for contact. The adults identified on the referral forms were sent a letter (Appendix 6) outlining the project and advising that the researcher would make telephone

contact to arrange a suitable interview venue and time. Fifteen letters were sent out initially and attempts were made to contact them by phone after sufficient time had been given for the letters to be received. All subsequent telephone contacts were successful in identifying dates for interview and in many cases the parents were very keen to support the project. The researcher was unable to make telephone contact with three potential research participants. This left the researcher with twelve participants, the number identified during the ethical approval process as being the target for interview.

The identified participants, who were all mothers of the children who had accessed respite places at Wind-in-the-Willows nursery, identified a variety of venues for the interview. Three were conducted at the Sure Start base (Netherton Family Centre), three at Wind-in-the-Willows nursery while the child was accessing their place and six were conducted in the family home. South Sefton PCT Lone Worker Policy was adhered to for the safety of the researcher. Childcare was offered while the interview was conducted and, apart from the interviews carried out in the nursery, this was declined by all the interviewees. The participants GPs were informed of their patients planned involvement in the project (Appendix 7).

The format for the questions for semi-structured interviews was developed to answer the research question and meet the objectives of the project (Appendix 10). Once submitted to and approved by the research ethics committees the questions could not be altered without further submission for approval.

Prior to the interviews taking place, the participants were informed about the aims of the project and their rights with respect to the collection and use of data (HMSO, 1998). All participants were given a participant information sheet (Appendix 8) and were asked to sign consent for the interview to take place (Appendix 9). Consent was witnessed by an independent third party. Participants were advised that they could withdraw from the project at any time and that any data already collected would be destroyed. Data was collected by detailed note-taking during the interview. Once collected the data was coded to ensure the identity of the participants was confidential and stored in a locked filing cabinet at the Sure Start base. Copies of the consent form were sent, as requested at ethics approval, to the PCT Research Governance Collaborative, and to the Health Visitors for filing in the family health record.

#### **4.8 Data Analysis**

The data was analysed using framework analysis techniques using the five key stages of: -

- Familiarisation
- Identifying a thematic framework
- Indexing
- Charting
- Mapping and interpretation

(Ritchie and Spencer, 1994)

Familiarisation is described by Clayton and Thorne (2000) as '*immersion in the data*' (p. 1516). This was achieved by reading through the data several times and typing the data up into a simple chart to facilitate ease of reading and

comparison between participant's responses. During this process some recurrent themes became evident and key issues and concepts became apparent. From these themes it was possible to develop a thematic framework linked to the research aims and to emergent issues raised by the participants against which to organise the data (Ritchie and Spencer, 1994).

The data was then 'indexed' to link the themes in the framework to the information from the interviews. Ritchie and Spencer (1994) identify how this process '*involves making numerous judgements as to the meaning and significance of the data*' (p 182). This was followed by the process of charting, whereby the data was rearranged under the appropriate thematic category heading to build up a picture of the complete data identified under each theme. Care was taken to ensure the comments identified remained in context (Clayton and Thorne, 2000).

The final stage in data analysis, mapping and interpretation involved pulling together the salient concepts and searching for a structure within the evidence (Ritchie and Spencer, 1994). This process allowed an inductive approach where evidence for the impact of the nursery places developed, and weaknesses in current provision was identified. In addition areas for future development were highlighted resulting in the identification of actionable outcomes.

#### 4.9 Avoiding Bias

Mathers et al (2002) identify that the scope for introducing bias and error in face-to-face interviews is quite large and that effort should be made to reduce the risk to strengthen the validity and reliability of the study. This was taken into account when conducting the interviews by: -

- Ensuring that the questions were asked in the same order for all participants.
- Ensuring that the phrasing of the questions were not altered.
- Ensuring that time was taken to record all responses to questions and reflecting this information back to the participants to ensure the correct meaning was understood.
- Allowing the themes to develop from the data and not from preconceived ideas of the researcher.

#### 4.10 Reliability and Validity

Lacey and Luff (2001) identify that demonstrating reliability and validity in qualitative research is essential to support the credibility of a study.

Reliability is identified as:

*‘the capacity of the researcher to present a coherent, complete and meticulously checked exploration of all aspects of the topic under investigation’* (Grbich, 1999, p 59).

Lacey and Luff (2001) suggest that reliability can be demonstrated through: -

- Clear description of the approach and procedures for data analysis.
- Justification for the appropriateness of the methods used.

- Referral to existing evidence from previous studies.

Grbich (1999) asserts that validity can be demonstrated by the researcher accessing and presenting an accurate picture of the data, such that the study appears to be a good representation of the social world under study. Lacey and Luff (2001) recommend that validity can be demonstrated through reflection on the impact of the research design and analysis, consistency of findings in relation to other research, representation of all relevant views and adequate and systematic use of the original data.

Throughout the research process every effort has been made to apply good research theory to practice with particular attention paid to ethical considerations and confidentiality, rigorous and structured data analysis and care to reduce bias and demonstrate validity and reliability of the project.

## **5.0 RESULTS**

### **5.1 Introduction**

In order to put the results of the research into the benefits of free nursery places into perspective, the quantitative referral data has been viewed in detail to provide a picture of the way the places have been allocated and used by families. This data will be presented and analysed prior to the analysis of the qualitative data from which the key factors regarding what these places mean to the families will be demonstrated.

### **5.2 Quantitative Analysis**

The data viewed for the purpose of this analysis comprised all referrals made since the start of the project up to the end of December 2004. The referral protocol was completed in June 2004 and the information disseminated to the Health Visiting Teams linked to Sure Start NSPF. The first referral for respite care at the nursery was made in late June 2004 so the period of analysis spanned the ensuing period until the end of December 2004. A total of 69 referrals were made to Sure Start NSPF during this period with the project appearing to achieve a high level of momentum from the start (Table 2). August was clearly a month when fewer referrals were made and, as there have been no particular problems identified with the project or the nursery since its inception, this 'lull' could be due to a number of factors, the two most likely being:-

- Annual holidays for both staff referring into the project and/or for the families concerned.

- Referring professionals 'testing the water' to see how the project benefited the first few referrals.

The families referred consisted of one or two pre-school children requiring nursery provision. Data on family size was not available for all the families referred, but for those selected for qualitative analysis, all the families had two or more children, all but one of the families had older children at school, and three families had younger children for whom a nursery place was not required. The referrals were made for a number of half-day sessions in the nursery. The most common request is for two mornings or afternoons for six weeks i.e. twelve half-day sessions. The minimum number of half-day sessions requested was one half-day for an appointment and the maximum number for twenty half-day sessions. Requests are made based on a discussion between the Health Visitor and the parent concerned regarding the needs of the family at that time.

<b>Month</b>	<b>Number of Referrals Made</b>
June 2004	2
July 2004	11
August 2004	3
September 2004	11
October 2004	15
November 2004	14
December 2004	13
<b>Total</b>	<b>69</b>

*Table 2. Number of referrals made for nursery places*

All sixty-nine referrals made to Sure Start NSPF for free nursery places at Wind-in-the-Willows during the period under study resulted in places being offered to the family as requested by the referrer. The majority of referrals are processed within five working days and many of the nursery places offered have commenced within two weeks of the referral being made. Where this has not been the case it has been due to demand on the nursery. As outlined earlier (4.1 p. 27) the nursery works within clear staff/child ratio guidelines and at times there has been a delay in offering a place while staff numbers were insufficient. This has been relieved as children have left the nursery as their time limited allocation through Sure Start has come to an end or due to the gradual increase in staffing levels. In addition, young children are often fractious when entering a new environment and being left by their parent/carer. Due to this factor the nursery felt it appropriate to stagger the commencement of new placements to give new children time to settle rather than having a

number of 'new' children arriving together and being upset. It needs to be recognised that the nursery was also building up its own cohort of fee paying children during this period, many of whom would be likely to become long-term attendees.

Some of the referrals made during the period under study have been for repeat places with six families (eight children) being referred on two occasions, three families (five children) having three referrals and two families (three children) having had four referrals for places. This gives a total of 51 families and 64 children who could have benefited from the project out of the estimated 520 families with children under four years of age living in the Sure Start NSPF area. Of these fifty-one families, ten families were living just outside the Sure Start NSPF boundary and forty-one were from within the boundary. With the forthcoming move towards Children's Centres and the subsequent expansion of boundaries it had been agreed by the Sure Start NSPF Operational Management Group to allow a proportion of families from outside the Sure Start boundary to access services.

A total of 42 families (53 children) had been offered places to commence in nursery prior to the end of December 2004 with a remaining nine new families, and two families on repeat referral, being offered places due to commence January 2005. These January commencements were for referrals received during December, a number of whom, on contact, specifically requested their place to commence after the holiday period.

A total of 790 half-day nursery sessions had been offered by Sure Start to be taken prior to the end of December 2004. Of these a total of 570 places have been used i.e.72% of the places allocated. Of the 42 families who should have taken up places during the study period, five families (five children) did not attend, the reasons for which are unknown. In addition ten families (fifteen children) discontinued their places early, in these cases the child(ren) were often distressed on their first visit(s) and the parents chose not to continue. In both these situations, where places were not used, the residual places were returned for further allocation. This leaves a total of 27 families (33 children) who accessed their allocated time apart from occasions when their child was unwell. Five of these families have subsequently gone on to self-fund a place at the nursery for their child. The number of half-day sessions used per month can be seen at Table 3.

The ages of the children referred were also analysed with 11 babies (<1 year), 22 one year olds, 26 two year olds and 5 three year olds being referred. Of the families referred, three were for sets of twins, one set aged one year and two sets aged two years.

<b>Month</b>	<b>Number of sessions used</b>
July 2004	31
August 2004	72
September 2004	70
October 2004	120
November 2004	140
December 2004	137
<b>Total</b>	<b>570</b>

*Table 3. Number of half-day sessions used per month at nursery*

Research participants were selected from the 27 families who had accessed their places at the nursery. Out of these families, fifteen had completed the agreement at the end of the referral form to consent to being contacted for evaluation. These families were contacted as outlined at 4.7 (p. 33) above providing twelve willing research participants all of whom were mothers of the children accessing the allocated free nursery places.

### 5.3 Qualitative Analysis

The first part of this analysis identifies the issues that affect the day-to-day lives of the participants to set the families into the context of true lives in the Sure Start NSPF area.

#### 5.3.1. Support mechanisms

Most of the women were able to identify individuals close to them who provided some form of support. This tended to be from their partner, if present, or from the extended family and in particular from their own mothers. The support provided tended to be practical in nature although in some cases emotional support was identified:

*'I get a lot of help from (partners name) with the children and with housework, and some emotional support,.... Well... he tries. My friend (name) is good at listening but my family aren't a lot of good and no support from either family with postnatal depression although (partners name) mum will have the children for a couple of hours.'*

In some cases older children were often involved in practical help around the home either with housework or with their younger sibling:

*'(Name) is my main helper, she baths (name) and does his tea'*

– mum talking about older daughter (12) helping to care for younger sibling.

In another family *'the older boys (15 and 12 years) iron their own uniform'*

Absent partners were used in some cases for support. This tended to be practical, in taking the children for short periods, or with financial support for

childcare. This support was often very limited and the women were reluctant to ask for help for fear of being viewed as weak and unable to cope. In addition the women expressed concern, in some cases, that the children were unhappy with this arrangement due to poor relationships with their biological fathers.

### 5.3.2. Health issues

Health issues, either with themselves or family members, were identified throughout the interviews. The most common problem identified in the women was depression which some identified as postnatal depression but in others was identified as a long-term problem starting in late teens:

*‘Having postnatal depression was like being in a Black Hole, when (grandparent) has the baby I could sit and stare out of the window as that’s all I felt like doing.’*

Some of the women were also involved in caring for other family members such as their own parents or with children with a variety of short or long-term problems.

### 5.3.3. Activities outside the home

Most of the families accessed activities outside the home, the majority of which were activities that they could attend with the children either to take part together such as swimming, ice skating or for walks, or that had crèche facilities available. Activities that incorporated physical exercise were popular including pilates, boxercise, yoga or attending the local gym. Half of the mums accessed self-help/support groups provided through Sure Start and three of the women identified having worked as a volunteer for Sure Start in the past.

#### 5.3.4. Employment

Only two of the twelve women were currently in paid employment and a further two were attending college. Of the women who had worked, employment tended to be in lower paid roles such as shop work or in social care type posts. Most were optimistic about working in the future and identified a range of training that they would like to access including nursery nursing (n=2), nurse training (n=2), counselling (n=2), computer work (n=1) or teaching adults (n=1). One participant identified transport as a barrier to accessing employment:

*'I would like to go back to care in the community. I'm taking driving lessons next month; when I get a car I'll be able to fit work in with the children.'*

There was a general optimism for the future, which in some cases has been helped by the nursery place.

*'Yes I feel more confident, feel I can move on, excited about the future. I can leave (child name). She was sick and in hospital as a baby. I didn't have the confidence to leave her anywhere before.'*

#### 5.3.5. Transport

Access to the nursery was usually on foot with many of the women not having access to a car. This was fine in good weather but not so good in bad weather:

*'I walk to the nursery. Its fine apart from the rain, taking (older child) to school, then on to nursery, backwards and forwards in the rain, totally depressing.'*

For those that did not live close enough to walk then transport became an issue. One single mother of three pre-school children stated:

*'We get a taxi but cost is a problem. I would get the bus but it's difficult with the kids.'*

### 5.3.6. Sources of stress

The women identified a range of stress triggers that impacted on their lives. The predominant factors were not 'getting a break' from the children, health issues and housework. In terms of the children one woman identified:

*'I don't get a break at all, I'm with the younger two all day. The youngest still wakes four times a night, I'm on the go all the time..... Sometimes I feel I'm just a mum and a robot, not doing anything else.'*

The women frequently cited their own health as a reason they felt they had been referred to the nursery. One woman, who already had two pre-school children, stated:

*'I was pregnant, run down and tired, I also suffered from depression and I was sick towards the end of the pregnancy.... I needed more 'me' time as I was with the kids constantly.....I think they (Health Visiting team) felt sorry for me.'*

Several of the women identified their own concerns regarding the standards of cleanliness in their homes, identifying that not being able to keep the house clean and tidy as a major stressor:

*'Stuff like I get agitated if the house is not in order, I need to feel in control of the house. If the house is clean it feels better.'*

Other areas of stress identified less frequently by the women were behaviour problems with a child, problems with the neighbourhood, lack of support and financial problems. One woman identified a combination of these factors:

*'We had problems with the neighbours, lots of loud music, rowdy kids, balls hitting the window, they were very intimidating.....none of the neighbours liked them but they would not approach them. Also (child's name) behaviour.... It was a build up of everything really.'*

Financial hardship was cited by some of the women as a source of stress, which often led to additional problems:

*'We lost the house due to financial problems, there were lots of arguments, I split temporarily with my partner over it all..... it was all due to stress.'*

### 5.3.7 Reactions and immediate impact of nursery place

The majority of the women were pleased about being referred for the nursery place. They expressed relief that their problems were being listened to and that some practical support was being offered:

*I was made-up but wary about leaving her. I was gutted when she cried. We were glad, though, about the place... it felt like our problems were being taken seriously.*

The women felt that they were 'finally getting some time', 'some space.'

Some of the women did have reservations about it feeling that being offered a place was an indication of their failure as a mother:

*'I didn't want it, I said no initially.... But I had a few hugs off (Midwife) saying it didn't reflect on me and that it would perhaps do the kids and me some good.'*

Many of the children had already accessed some form of childcare through local crèches and mother and toddler groups so were familiar with the nursery type setting and being left by their parents in the care of others. This did not appear to be a predictor of how the child would settle in the nursery and there were mixed responses in the children. The age of the child did not appear to be a factor either. It is already known from the quantitative data however that a number of families discontinued their places early and the distress of the child is thought to be a factor in this. The reactions of the children had a varied impact on the women:

*The first time I was scared as I'd never left her before but she went in well and said 'bye mum'. She was fine for the first two weeks then started crying when I left but she settles very quickly. When she was happy going in I was gutted..... I felt she's really left me now.'*

Another child was upset the first time:

*'She screamed the first time. Now she says she doesn't want to go, she reluctantly takes off her coat when she gets there but she doesn't cry now and doesn't cry when she's picked up. I was gutted, it didn't half upset me, I was worried and felt guilty about leaving her.... she's not familiar with anyone there.'*

In contrast some children enjoyed nursery life from day one:

*'I was sound about it, she didn't want to come out and cried because she didn't want to come home. I'm happy with this, to see her crying when she came out showed she's enjoying it.'*

### 5.3.8 Benefits of nursery placement

*All the women concerned identified positive benefits to the nursery place both to themselves, the child(ren) and their relationships with them outside nursery, and for the wider family. For the women the time apart was used constructively carrying out housework tasks that they found difficult with the children around and for attending appointments such as going to the doctors or the bank:*

*'It's great, I can go home and do the tidying up, washing and get the shopping done without them crying. I find that hard to do sometime. There's time for me to relax.....find myself.'*

The experience was similar for another mother:

*'I've spent the time trying to get the house in order and have 'me' time – even if it's only a cup of tea and a bacon butty at the (local café) it's 'me' time. I'll go to the (local shopping centre) and walk aimlessly around on my own, it's odd not having a pram.'*

Often the time was used positively to relieve stress and relax:

*'It makes me appreciate my time. If I've been stressed out and worked up I can have a bath and chill with no babes shouting. Everything clears, their happy and that's great.....it's a stress reliever.'*

The time on their own was greatly valued and identified as a time for self reflection, particularly for those who identified themselves as suffering from depression:

*'Life was going round in circles. I had no time to review my life and see what was happening. Getting support has helped me to help myself. Having the time in nursery has given me a break and time to think and realise there's a problem. Now I'm working on getting myself better and getting help.'*

This was echoed by another woman;

*'It's giving me time to try and get better so I'm not so snappy and tearful. If I wanted to cry I could do it without them being there. Time for myself is none existent with the children around....the hardest thing is trying to decide what to do.'*

The children were also seen by their mothers to benefit from their time in nursery in a variety of areas. Many of the women felt that attending nursery was a good introduction in preparation for attending school in the future. It was seen as positive for them to be developing friendships and mixing with other children of their own age. In some cases behaviour was seen to greatly improve and this in turn improved the mothers ability to cope:

*'She was referred partly because of temper tantrums, she's calmed down a lot and we can spend more quality time with her. It does her good and her parents good. She plays more together with her older sister. If she has a bad morning I know she'll be going to nursery soon and that's great, I feel I can cope.'*

Several women highlighted improved social skills such as sharing, taking turns and improved manners in the children. They also played better with their toys at home. On a developmental basis improved speech and vocabulary were noted along with knowledge of colours and counting. One mum noted;

*I've really seen the benefit, she's come on great, she's started drawing things and looking at books..... more artistic.'*

One area that the women identified as having benefited greatly from the nursery place was the relationship between the women and the children. In several cases the women stated that they appreciated the children more:

*I appreciate her more when she comes home. I miss her but she's in a lovely mood when she comes home, playful and singing. She runs over and gives you a big hug. It's really calmed her down.'*

Another woman expressed her surprise at the strength of feeling she had for her child, after he had been distressed being left in nursery, that she hadn't realised existed before:

*It has made a difference in identifying the strength of my relationship with the baby. I never thought he'd react the way he did, it felt strange, made me feel more protective of him.'*

In addition the women found they were able to spend more quality time with the children which has helped their relationship:

*I appreciate them more, we do silly stuff at home like glue and glitter, before it was too much effort. We can play at home because the housework has been done while their out, it's a nicer relationship.'*

An additional bonus to the provision of the nursery place was relationships with other children in the family. Three of the women had younger babies who stayed at home while their sibling was at nursery and the women felt that they were able to use the time to have valuable one-to-one time with the baby.

*'It's nice to be able to spend more time with the baby, he tends to get plonked on the couch. (Child's name) takes all our attention when he's at home, we have to watch him all the time.'*

Older, school age children also benefited from having their younger siblings in nursery with improved relationships both with their parents and the sibling.

*'I've got more time to spend with (child's name) after school, I can sit and colour and read with her. When (child's name) is about he won't let me do that stuff.'*

One of the women was aware of the impact of her mood on the older children:

*It's helped everyone, I'm not having as many bad days and I'm a lot calmer. I used to get wound up during the day with the little ones but I couldn't take it out on them, they're only babies. (Child's name) used to get the brunt of my temper when he came in from school, he used to come home and try assess what sort of mood I was in before he spoke. He likes it during the school holidays so he can have time with his mum.'*

#### 5.3.9. Long-term impact of nursery place

The women were asked to speculate what life would have been like without the nursery place and to consider the long-term impact that having the place has meant for them and their family. Many of the women felt that the outlook

previously was 'bleak and dismal' for them personally. One woman went so far as to say:

*'Part of me thinks that I might not be here, I was constantly wound up, I had suicidal thoughts but having the kids stopped me, the children would get no life, there's no quality of life. They would just be listening to their mum crying constantly and shouting.'*

Other women expressed similar concerns for how the future would have been for them:

*'I don't know, I was at the end of my tether, I was sick, tired and had a bad back, I couldn't cope at the time, I needed some space. It was great to know I had two days a week of peace, I suppose I would just have struggled on if the place hadn't been available.'*

There was also a feeling that the stress may have put relationships under pressure:

*'I'd have been stressed, it would have put a strain on the marriage, the new baby would have suffered. (Child's name) has become closer to me by being in nursery once a week.'*

Concerns were expressed about the future once the fixed term place came to an end. The women felt that the child(ren) would miss out after having been settled and made new friends:

*'I felt sorry for him as he was enjoying it, the place has continued at present, I don't know what he would have done.'*

The women also were worried about the future expressing feelings of panic and stress at the prospect of the place being discontinued. One woman

suggested:

*'I would expect to go back to how it was....feeling really low again.'*

One woman did feel that her situation had improved even though the place was short-term:

*'Cos they've improved since being in nursery, they're better, better behaviour has helped. They go to crèche at (supermarket) happier now. (Child's name) development has come on brilliant; he looks at books, talks properly, better than used to.'*

#### 5.3.10 How should Sure Start plan this service in the future?

All the women were very complimentary of the project and were clear that they felt Sure Start should continue to provide free nursery places for respite care in the future and that they had all benefited in some way from the programme.

One woman commented:

*'It's been a godsend and done us all (family) a world of good.'*

A variety of suggestions were given regarding who should get this type of help such as single parents or people with depression. The general consensus, however, was that there should be no criteria and that the places should be available to anyone who was struggling and finding it hard to cope. With regard to use of the free time, again the women felt that:

*'People should be able to do what they want, to have time to yourself.'*

The women felt there should be very few restrictions to how the free time was used:

*'No, there shouldn't be rules about how people use their free time ....so long as they're not going to the pub. Should use time for something good.....things they wouldn't be able to do.'*

The women were asked how they felt about contributing financially to the nursery place. All but one of the women stated that they would be happy to pay between a third and a half of the costs:

*'I don't know. Money was really tight but it was a fantastic opportunity. Maybe if you were going to introduce costs across the board.... Maybe half price so everyone can have a chance. Half price for Sure Start members only. For me it was a godsend.....I didn't have the money (for full costs) and couldn't think of it as an option. Those that abuse the system let it all down. I did wonder where the catch was.'*

Overall, the women who were interviewed expressed a variety of areas where they felt things had improved for them. There was a general optimism about the future that appears to have been helped by the nursery provision with regards to the women's stress levels and the factors that influenced this.

## **6.0 DISCUSSION**

### **6.1 Introduction**

The quantitative and qualitative data presented in this study provides a clear insight into the use of free nursery places funded through Sure Start NSPF. The data collected provides a 'window' into the lives of the twelve women who were interviewed and the stressors that impact on them and their family life. The women were very open and eloquent about their lives and what the provision of free nursery places meant to them. The methods used allowed the researcher to explore the issue in depth and to obtain good quality data that support the objectives for the project and assist in answering the research question. The data generated has been presented to give a full account of the issues raised by the women with information drawn from all twelve interviews being included. There are clear parallels with previous similar research, as discussed below, which supports the validity and reliability of the project as outlined at 4.10 (p.37) above.

### **6.2 Analysis**

#### **6.2.1 Family size**

As identified at 5.2 (p. 40), the family size was variable, but for those interviewed there were at least two children per household with many having three or four children. The women did not identify family size as a particular source of stress but, as identified by Ghate and Hazel (2002), a larger family, hit with the double problem of more expenses and a smaller income, corresponds closely with the number of stressors parents report.

### 6.2.2 Reasons for referral and uptake of places

Specific reasons for referral were not identified on the referral forms and the criteria for referral were left flexible in the protocol (Appendix 1). The need for referral for free nursery places is therefore made on a subjective assessment by the Health Visiting team where they feel a place may be of value, and the perceptions of the parents regarding the value that this type of support will confer. Involving the parents in this decision making process is identified by Ghate and Hazel (2002) as essential in allowing the parents to feel they are listened to and respected. Ghate and Hazel (2002) identify that 'good' support is that which allows the parents to feel in control of decisions. This factor of control may also come into play with those who accept referral from the Health Visiting team but then do not take up their place. If the parents felt they were relinquishing control over their own lives and had felt disempowered by the form of support offered (Ghate and Hazel 2002) this may account for their non-attendance.

As identified in the quantitative data (5.2, p. 43), some families discontinued their places early. This was often due to the child being distressed at being left in nursery. This may have added an additional stress factor into the family situation and therefore increased the parents feeling of inability to cope with the potential of it being a damaging experience for the families concerned. This, linked to the issue outlined above regarding control, needs to be taken into account when offering places and following up families who have not taken up their offered place.

A further point of concern from the quantitative data is the number of families who have been re-referred into the project. The continued use of the place by these families would suggest they are finding the placements of benefit. What is of concern is that the funding is limited and the places cannot be provided indefinitely. At interview there was concern with feelings of panic being expressed and worry that the situation would go back to where it was before for the women. From a service delivery perspective consideration needs to be taken regarding dependence and reliance of families on services and possible reduced resilience to stress once the service is discontinued.

One of the reasons for developing the service was to potentially support women with post-natal depression, which is defined as

*‘any non-psychotic depressive illness of mild to moderate severity occurring during the first postnatal year.’* (SIGN, 2002, p. Introduction).

What is evident from the data is that only a small proportion (17%) of the referrals were for babies less than one year old. Although some of the women cited postnatal depression as being a problem, this was clearly not a predominant factor in referrals. The women identified a variety of stressors as factors that they felt precipitated the referral, which are discussed below.

### 6.2.3 Support mechanisms

The women identified the support they received as direct practical and emotional help from family members and friends, which Ghate and Hazel (2002) identify as informal support networks. Many also identified accessing semi-formal support such as Sure Start groups although this was not

recognised by the women when questioned directly about support. Physical activity also appeared high on the list of activities that the women took part in. Although not linked by the women, physical activity is a known mediator for stress and could be seen as a form of self-help.

#### 6.2.4 Health

Many women raised health issues during the course of the interviews. This was either a problem for themselves, a child or a close family member. The links between poor health and socio-economic disadvantage are well established but, as identified by Ghate and Hazel (2002), poor health within families contributes to increased stress levels and the feeling of being unable to cope. Health issues were also identified as a reason for occasional poor attendance at nursery for some families. This, as explained by Todd (2001), is likely to be due to exposure to minor infectious illnesses that the children would not experience at home. This factor may also be implicated in causing increased stress levels to the women concerned.

#### 6.2.5 Employment and transport

The majority of the women interviewed identified their past employment experiences as being in low paid and unskilled occupations. However, many of the women aspired to accessing training opportunities and were positive about future employment opportunities. Part of this optimism was linked to the provision of the nursery place. Zoritch et al (2005) found links in the studies they reviewed to improved employment history and a more stable financial situation.

Some women cited lack of access to a car as a barrier to accessing employment. Public transport links in the area are known to be poor. Car ownership is identified earlier (2.5 and Table 1, p. 9) as a recognised indicator of disadvantage. These factors together place the families in a difficult dilemma. Accessing a car is financially out of reach of many families but without employment that situation will not change and they find it difficult to access employment without private transport. The women are therefore stuck with the low paid employment on offer in the local area. The issues raised here are echoed in the recently completed 'Choices' research (Dugdill, 2004) that was commissioned to review employment and childcare needs in the Sure Start NSPF area.

#### 6.2.6 Housing

Two of the parents interviewed identified the neighbourhood as having a negative impact on their lives, which is suggested by Ghate and Hazel (2002) as a factor predisposing to stress. Satisfaction with the standard of housing was not questioned at interview, however, the housing stock in the Sure Start NSPF area is predominantly local council rented accommodation and generally accepted to be small and of fairly poor standard. The women did not raise the condition of housing as an issue, however, many of the women identified being able to carry out housework as a benefit of their time without children. This indicates a raised level of concern about the state of the home in terms of cleanliness and appearance. Improved domestic routine was noted by Kelly (1995) as being a positive benefit to the parents. The cleanliness of the family home was identified by several of the women as a source of stress.

### 6.2.7 Child behaviour and educational benefits

Several of the mothers noted improvements in their child(ren)'s behaviour as a positive impact of the nursery place, particularly as problem behaviour was a factor that some of the women identified as part of the reason for referral. The studies reviewed earlier identified behaviour change as an impact of nursery placement although this was not always positive. Kelly (1995) identified deterioration in behaviour, in some instances, that was thought to be due to the nursery placement. This was also reflected in some of the studies reviewed by Zoritch et al (2005) although, on the whole, behaviour was felt to improve. The women in this study did not identify any negative behaviour change. The quality of nursery provision and the way staff manage behaviour may have an impact on outcomes regarding this issue. The child(ren) were also reported to be playing better with their toys, looking at books and drawing. This indicates improved concentration levels and appreciation of their toys learnt through their time at nursery. At home this translates to less boredom and improved ability to play alone or with other children and therefore be less inclined to display poor behaviour, which is often linked to attention seeking.

One of the major factors identified by the women was the social and cognitive benefits of the nursery place. The women were pleased with the progress their child(ren) were making in terms of manners and sharing, and education displayed through increased interest in books and knowledge of counting and colours. Another key factor for the women was that they saw attending nursery as a good introduction to a school type situation that they felt would greatly benefit the child(ren). This is echoed throughout the literature on research into

nursery placements and is a key factor in government policy regarding readiness for education and reaching the Foundation Stage of learning. The Foundation Stage is described as:

*'the first part of the National Curriculum focussing on the distinct needs of children aged three to the end of the reception year in primary school.'* (Sure Start, 2005).

### 6.2.8 Relationships

The women identified some key issues in terms of relationships within the families that is echoed by research carried out by Kelly (1995). The areas noticed to improve were: -

- Between the parents and the child attending nursery.
- Between the parents themselves.
- Between the child attending nursery and their siblings.
- Between the other children in the family and the parents.

All these issues identified from the research were welcome benefits of the project but the final factor, regarding improved relationships, particularly with older children, demonstrates the wider value and impact of nursery provision beyond the expected benefits to the child attending nursery and the parents. Some of the parents identified being able to spend more time with the children and playing with them, which they had not been, or felt able to do in the past. Thus the quality of childcare in the home improved which in turn supports the educational progress made at nursery. Todd (2001) argues that the quality of the home environment is especially important to children's development and

that a stimulating home environment is consistently associated with better outcomes.

#### 6.2.9 Future plans for the project

All the women were supportive of Sure Start NSPF continuing with the project of providing free nursery places. As with the original referral protocol they felt it was inappropriate to identify particular individuals who should be able to access the places and recognised that 'families who were finding it difficult to cope' was the critical factor. There was an implied understanding that ability to cope and resilience to stress was different for each individual and that two people may be living with very similar situations but that one may cope better than another. This was reflected in the expectations of how free time was being used with the assertion that women should be able to do whatever made them 'feel better', allowing time for them to seek out their own solutions to allow them to cope better, and deal with their daily stresses.

Sustainability of the project was recognised by the women as an issue. Many of them felt they had been 'lucky' to benefit from the project and recognised the heavy cost implications for Sure Start NSPF. They did not appear to view free childcare as a 'right' that should be provided for them. The women were keen to express a willingness to support the cost of the places for their child(ren).

The provision of free nursery placements has clearly been of benefit and had a positive impact to the families interviewed in reducing daily stress and supporting the women as parents. It is important to recognise that there may

be negative impacts of the programme that need to be taken into account when considering the way forward. External to these individual benefits, due to its close involvement with Sure Start, the nursery has been able to develop close partnership links with local professionals, agencies and families. This has enabled it to be more inclusive and become a recognised and respected childcare provider in the local community.

## 7.0 CONCLUSION

The study presented here provides a clear insight into how the women interviewed felt that the provision of the free nursery places benefited and impacted on them and their children with wider benefits for the whole family. The project clearly meets Sure Start objectives by supporting the physical, developmental and emotional needs of young children and families and brings together early education, health, childcare and family support. One woman went so far as to say that she could see the benefits to the community as a whole. The study takes a small sample of women, but the themes were recurrent throughout, and it was unlikely that new and meaningful data would be obtained by extending the study group. The study design of qualitative interview used in conjunction with referral data, along with using a framework system of analysis, has enabled the researcher to meet the objectives set for this research and to develop a deep understanding of the problems and stresses faced by families in the Sure Start NSPF area and the benefits/impact that the nursery place confers.

What is evident from the quantitative data and previous literature is that this type of provision is not universally accepted. Further research to identify the reasons why places offered were not taken up would benefit knowledge in this area. Additionally, information regarding the families who had tried then and discontinued their place would provide a valuable insight for planning future provision. What is clear is that a label of 'apathy' or 'ungratefulness' must not be applied to the families concerned as the issue of offering support may be seen as inappropriate to the families concerned for a variety of reasons.

As identified by Ghate and Hazel (2002), it is vitally important to include the families in the decision making process regarding referral to services to ensure that parents do not feel that they have relinquished control over their own lives. Feeling respected and acknowledged as the 'experts' in their own lives is as important as access to some forms of help. There is also a fear of being viewed as unable to cope if they accepted help, a view expressed clearly by one of the women in the study. An important factor in offering this provision must, therefore, be to ensure that the women's self esteem and confidence is not undermined by the proposed referral. If this is the case, they are unlikely to take up the place and it may be these individuals who are more stressed and finding it more difficult to cope than their counterparts who accepted and used the place. There is a danger of increasing inequalities at the lower end of the socio-economic scale.

Another area of concern for the project is the small number of women, many of whom were involved in the interviews, who have had repeated referrals for nursery places. Although they clearly perceive a benefit from the place for themselves and their child(ren), there is concern regarding the long-term future in terms of their dependence and reduced resilience to coping with stress. Support needs to be reviewed in terms of what is offered, but there should also be a focus on how the support and time without children can be used to focus on areas of stress in the household and how the women can be supported in reducing the stressors or coping better with their daily lives. Moran et al (2004) argues that the focus of any parenting support intervention is to send parents away feeling better equipped to manage the challenge of being a parent.

Considering the evidence, in order to allow families to progress and manage in the future, it is vital to link services together and not to rely on one aspect of service provision as a 'sticking plaster' to fix a problem in the short-term. In many cases the problems remain after the short-term nursery place has come to an end. There needs to be recognition, however, that providing the nursery place at specific points of time may have prevented situations becoming worse and escalating into crises placing the children in situations of danger in terms of physical and emotional harm.

In some cases the women have been constructive in identifying how they can move forward. They have demonstrated using the time to address stress factors, actively dealing with the stressors such as domestic tasks, or by using the time for relaxation and methods to reduce the impact of stress. The availability of semi-formal support in the local Sure Start area is an important link that may provide an additional avenue of support to many of these families. It is **recommended** that efforts are made to provide information regarding the semi-formal support provided by Sure Start NSPF and other agencies within the area. Examples of the support available include 'stress buster' and 'parenting' courses, stay and play sessions and a variety of parent support groups. Access to physical activity should be encouraged, either through council run venues and organisation or through private providers, as this is known to be a good mediator for stress. It is also **recommended** that other areas of support are investigated that can provide practical and emotional help to families from outside agencies. It must be remembered, however, that the women need to be supported in finding their own solutions to their problems.

Long-term sustainability of the project is insecure. Sure Start is a short-term programme and the new financial year will put additional strains on the now fully functioning programme. Plans are well in progress for the new Children's Centre, which will include additional childcare provision for the area, although it is unclear how this provision will be managed at present. The remit of the Children's Centres will be to provide services to a wider area than the existing Sure Start NSPF programme. If Sure Start is to consider providing this service in the short-term it may be necessary to consider some contributions from the families involved as suggested by those interviewed. While this was accepted and suggested by the women at the time, in practice the suggestion of financial contribution may not be acceptable. It is **recommended** that the issue of financial contribution should be taken forward and discussed within Sure Start ensuring that parent representatives are involved in the discussions and the decision making process. It is also **recommended** that the management team at Sure Start and Children's Centre planning groups consider how childcare is to be made available in the future ensuring that the outcomes of this study are included in the decision making process. It is considered that the free childcare has allowed the parents a 'breathing space', enabling them to address stress factors in their lives, so empowering them and improving self-esteem so that they can improve their situation. Above all, however, the evidence indicates that this project has very positive benefits/outcomes for the families involved and it is **recommended** that Sure Start should continue to fund free nursery provision in the short-term with investigation into external sources of funding for the future.

Several of the women interviewed mentioned accessing training and employment in the future and that having access to the nursery place had made their aspirations appear more 'within reach'. In terms of the long-term future for families in the area it is essential to capitalise on these issues and provide the support and encouragement necessary to help them meet their targets. Access to the Jobs, Employment and Training (JET) Officer in Sure Start NSPF can provide this essential support, some of the women interviewed have since made use of this service. It is **recommended** that there is closer partnership working with the JET Officer to address needs in relation to training. Access to childcare, and the financial assistance necessary to support it, to allow parents to access training was identified in the 'Choices' Research (Dugdill, 2004) as a problem area which is largely beyond the remit of this research but needs to be taken into account in view of the outcomes.

Prior to the opening of Wind-in-the-Willows nursery, funding was placed with Bootle Strand crèche (4.2, pp. 29-30). Although problems identified with this provision remain, the funding for approximately 600 hours of free time is still in place. As waiting lists develop for the nursery, it is **recommended** that families who meet the criteria for a place at Bootle Strand are offered this as a short-term measure while they are waiting for places to become available at the nursery for their child(ren). In addition it is **recommended** that the Bootle crèche places are made available through the JET officer for families accessing training. A large training provider is situated in the close vicinity of the crèche.

In conclusion it is clear from the evidence and the literature that the problems families are faced with in poor socio-economic circumstances cover a wide range of issues that cannot be addressed by individual services working in isolation. The provision of free respite places in the nursery has been of great benefit to the families who took them up and the impact has reached into various aspects of their lives. Care must be taken regarding families who do not accept this offer of help to ensure they are not disempowered and made to feel inadequate as parents. Above all it is vital that communication between services is maintained, and improved, and that all members of the Sure Start team and the wider agencies work in partnership with the parents to ensure that a wide range of services and support are available, accessible and acceptable to the local community. With the imminent move to Children's Centres and the development of plans around the core offer it is **recommended** that agencies are facilitated to work more closely through strong leadership in the provision of services, with open communication and sharing of information being paramount to success in addressing some of the issues that affect in the local community.

## Appendix 1: Referral protocol for Wind-in-the-Willows nursery

### Wind-In-the-Willows Day Nursery

Jane Banks                      Home Visiting Co-ordinator  
Sure Start  
Netherton Family Centre  
Magdalen Square  
Netherton  
L30 5QH

Tel no. 0151 523 2159                      Fax no. 0151 523 2163  
Email [jane.banks@surestartnetherton.co.uk](mailto:jane.banks@surestartnetherton.co.uk)

Please send referrals by fax or post

### Service Offered

Sure Start Netherton, Simonscroft, Pendle and Ford (wave 5) have funded the equivalent of two whole time nursery place at Wind in the Willows nursery. This is for mothers/carers to access to allow them to have time without their children as outlined below. Sessions are to be made available through the Health Visiting Teams or Sure Start Midwife only and are available for children from 3 months to 4 years of age.

### Referral Criteria

The family should live within the Sure Start area and be registered with Sure Start wave 5. Exceptions will be made in extenuating circumstances for families outside the area on discussion with the Home Visiting co-ordinator.

1. A referral form must be completed, signed by a **Health Visitor** or the **Sure Start Midwife** and sent to the contact person identified above.
2. Families cannot already be accepting funded childcare places from another source.
3. The places can be used for the following reasons: -
  - To allow parent/carer to access interviews or training with regard to employment opportunities.
  - To provide respite in case of emergencies and family crises.
  - To provide structured respite in respect of long term family problems such as special needs, post-natal depression etc.It is anticipated that nursery access will provide a flexible resource for families in need to the Sure Start core team and partner agencies.
4. At present no limit is being placed on the amount of time offered however the resource is limited so please be realistic with requests.

### What information does the parent carer need to know

1. A register will be kept of all referrals and the referral form will be forwarded to the nursery so they can register the child.
2. Jane Banks will contact the nursery to confirm availability of the requested time and date.

3. The places will be a full morning/full afternoon or full day.

Morning = 8.00 am to 1.00 pm

Afternoon = 1.00 pm to 6.00 pm

Full Day = 8.00 am to 6.00 pm

4. A letter will be sent to the parent/carer confirming the booking once it is made.
5. If the requested time is not available then Jane Banks will contact the referrer regarding alternatives.
6. Bookings will be made on a first come first served basis.
7. While the nursery is newly opened there should not be difficulty accessing requested places however as the nursery becomes busier it may be more difficult to be specific about dates unless the place is for access to a particular event e.g. interview, hospital appointment.
8. If the family do not attend the referrer will be asked to contact the family for a reason. If no valid reason is given the family may be asked to contribute towards the cost of cancellation.
9. The nursery will monitor use and uptake of places and will inform Sure Start of attendance and failure to attend.
10. If families have agreed, they may be asked to contribute to evaluation of this project.

**NB Please inform the parent/carer that the referral does not automatically guarantee a nursery place.**

### **What additional information is required on referral to this service**

1. The referrer must state on the referral form the dates and times required for each child.
2. If possible please give a reason for place if the family are happy for this to be disclosed. This allows prioritisation for specific needs.

### **Examples**

- Monday afternoon starting 12<sup>th</sup> July for 6 weeks – training course.
- Wednesday all day 4<sup>th</sup> August – hospital appointment.
- Two afternoons per week for 8 weeks – respite – flexible as to days but not together and not Wednesday.

## Appendix 2: Referral to Sure Start Services

Parent / Carer Name..... DOB.....

Address .....

Postcode.....Telephone No.....

Parents Sure Start Registration Number.....

### Children's Names

1 ..... DOB.....

2 ..... DOB.....

3 ..... DOB.....

GP Name.....Surgery.....

Referrers Name.....

Job Title .....

Base .....

Signature .....Date.....

Referrer requests feedback on services provided (tick box)

Referral to: -

Bootle Stand Crèche

Wind-in-the-Willows

Speech and  
Language

Health Visitors

Home Safety  
Equipment

Food and nutrition

Special & Additional  
needs

Play & Learning

Midwife

JET worker

Eco Nappies

### Additional Information in Support of Referral

I am happy for my details to be forwarded to Sure Start so that I can access the service(s) identified above. I have been informed of relevant information attached to the service I want. I agree/do not agree\* to be contacted by Sure Start to help in the evaluation of Sure Start Netherton, Simonscroft, Pendle and Ford. I understand that this information is confidential and will only be shared with relevant service providers.

*Delete as appropriate*

Parent/Carers Signature .....Date.....

### Appendix 3: Letter from Liverpool and Sefton PCT's Research and Governance Collaborative

North Liverpool   
Primary Care Trust

Research Governance  
Liverpool & Sefton PCTs  
Cottage No7, Newhall Campus  
Longmoor Lane  
Liverpool  
L10 1LD

Tel: 0151 234 5012  
Fax: 0151 284 7517

e-mail: [research.governance@northliverpoolpct.nhs.uk](mailto:research.governance@northliverpoolpct.nhs.uk)

Friday, 29 October 2004

Mrs Jane Banks  
Sure Start  
Netherton Family Centre  
Magdalene Square  
Netherton  
L30 5QH

Dear Jane

**Re: Exploration of the benefits/impact on mothers and families who access free nursery provision for their pre-school children.**

I am pleased to inform you that your request to carry out the above research has been given management approval by the Liverpool & Sefton PCTs Research Management and Governance Collaborative in principle as you are in the process of obtaining REC approval pending this letter. I would be grateful if you could send a copy of your REC approval letter once received.

Please note that non-NHS researchers whose work involves NHS staff or patients, their organs, tissue or identifiable patient data require an Honorary NHS Contract to be set up prior to commencement of such research. North Liverpool PCT will issue such contracts on behalf of Sefton and Liverpool PCTs. If you or other researchers require an Honorary Contract for this study please e-mail to me details of their names, addresses and telephone numbers and I will make the necessary arrangements.

I should be grateful if you would sign and return the enclosed investigator's agreement prior to starting your research. If you have any queries regarding this please contact Joanne Clarke, Clinical Governance Support Office on 0151 234 5010.

I look forward to receiving a copy of your final report.

Yours sincerely



Richard Moore  
On behalf of the  
Liverpool & Sefton PCTs  
Research Management &  
Governance Collaborative  
Encl (1)

## Appendix 3a: Investigator Agreement

### Liverpool & Sefton PCTs Research Management & Governance Collaborative Investigator Agreement

I, Jane Banks,  
agree to abide by the following rules in the conduct of the study entitled

1. The research will be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and are consistent with Good Clinical Practice and I am aware of these<sup>1</sup>.
2. The rights, safety and well-being of study participants will be the most important consideration and will prevail over interests of science and society. Freely given informed consent will be obtained from every participant prior to study participation and that consent can be withdrawn at any time without prejudicing their medical management.
3. The study will be conducted in compliance with the protocol that has received all appropriate Research Ethics Committee approval. Liverpool Primary Care Trusts R&D Office and the Local Research Ethics Committee will be advised of any protocol amendments to the above named protocol and version.
4. I will ensure that each individual involved in conducting the study is qualified by education, training and experience to perform his or her respective task(s).
5. All study information will be recorded, handled and stored in a way that allows its accurate reporting, interpretation and verification.
6. The confidentiality of records that could identify participants will be protected, respecting the privacy and confidentiality rules in accordance with the applicable regulatory requirements<sup>2</sup>. All data kept on PC will be anonymised or encoded with corresponding codes kept in a locked filing cabinet.

Signed .....  .....

Dated ..... 5<sup>th</sup> Nov 04 .....

Position or Authority ..... Sure Start Home  
Visiting Coordinator .....

<sup>1</sup> The Principles for Good Clinical Practice for the conduct of Research & Development at Liverpool & Sefton Primary Care Trusts are based on the Department of Health's Research Governance Framework for Health & Social Care, MRC Guidelines for Good Clinical Practice in Clinical Trials, and the ICH Harmonised Tripartite Guideline for Good Clinical Practice agreed in May 1996.

<sup>2</sup> Data Protection Act, 1998, MRC Guidelines for the use of Personal Information in Medical Research and the Department of Health's Research Governance Framework for Health & Social Care and Caldicott Guidelines.

## Appendix 4: Letter from Liverpool John Moores University Ethics Committee



Ref. 02333

Jane E. Banks  
25 Clifton Road  
Southport  
Merseyside  
PR8 6HJ

10 December 2004

Dear Jane,

I am pleased to inform you that the Ethics Committee has considered your application for approval of the project entitled:

**Exploration of the benefits/impact on mothers and families who access free nursery provision for pre-school children**

And I am happy to confirm that it has been approved.

The Ethics Committee approval is given on the understanding that:

- (i) any adverse reactions/events which take place during the course of the project will be reported to the Committee immediately;
- (ii) any unforeseen ethical issues arising during the course of the project will be reported to the Committee immediately;
- (iii) any change in the protocol will be reported to the Committee immediately.

Please note that ethical approval is given for a period of five years from the date granted and therefore the expiry date for this project will be December 2009. An application for extension of approval must be submitted if the project continues after this date.

I am enclosing form EC5 and would be grateful if you could spare the time to complete the questionnaire and return it to me.

Yours sincerely

PP

**Jo McWatt**  
Ethics Committee Secretary  
Tel: 0151 231 3119  
E-mail: [j.m.mcwatt@livjm.ac.uk](mailto:j.m.mcwatt@livjm.ac.uk)

Encs.  
CC: Supervisor

Research and Graduate School Office

Top Floor, Rodney House, Liverpool. L3 5UX Facsimile +44 (0)151-482-2420 [http://www.livjm.ac.uk/research\\_and\\_graduate/](http://www.livjm.ac.uk/research_and_graduate/)

## Appendix 5: Letter from Sefton Local Research Ethics Committee



Sefton Local Research Ethics Committee  
C/o Clinical Trials Unit  
The Walton Centre for Neurology and Neurosurgery  
Lower Lane  
Fazakerley  
Merseyside L9 7LJ

Tel: 0151 529 5668  
Fax: 0151 529 5504

JC/04/Q1501/112-3  
(Please quote our reference in reply)

1 December 2004

Mrs Jane Banks  
Sure Start Home Visiting Co-ordinator  
South Sefton PCT  
25 Clifton Road  
Southport  
Merseyside  
PR8 6HJ

Dear Mrs Banks,

**Full title of study: Exploration of the benefits/impact on mothers and families who  
access free nursery provision for pre-school children**  
**REC reference number: 04/Q1501/112**  
**Protocol number: 1**

Thank you for seeking the Committee's advice about the above project.

You provided the following documents for consideration:

Document Type: Application  
Dated: 31/10/2004  
Date Received: 02/11/2004

Document Type: Investigator CV  
Version: Jane Banks  
Dated: 01/10/2004  
Date Received: 02/11/2004

Document Type: Protocol  
Version: 1  
Dated: 01/09/2004  
Date Received: 02/11/2004

Document Type: Letter from Sponsor  
Dated: 29/10/2004  
Date Received: 02/11/2004

SOPs version 1.0 dated February 2004  
SL21 Project not requiring REC review

An advisory committee to Cheshire and Merseyside Strategic Health Authority

Document Type: Copy of Questionnaire

Version: 2

Dated: 01/10/2004

Date Received: 02/11/2004

Document Type: Letters of Invitation to Participants

Version: 2

Dated: 01/10/2004

Date Received: 02/11/2004

Document Type: GP/Consultant Information Sheets

Version: 1

Dated: 01/10/2004

Date Received: 02/11/2004

Document Type: Participant Information Sheet

Version: 2

Dated: 01/10/2004

Date Received: 02/11/2004

Document Type: Participant Consent Form

Version: 2

Dated: 01/10/2004

Date Received: 02/11/2004

Document Type: Appendix 1: Sure Start Service Delivery Agreement Targets

Version: 1

Dated: 01/09/2004

Date Received: 02/11/2004

Document Type: Appendix 2: Referral protocol for Wind-in-the-Willows Nursery

Version: 1

Dated: 01/09/2004

Date Received: 02/11/2004

Document Type: Appendix 3: Referral to Sure Start Services

Version: 1

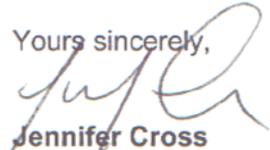
Dated: 01/09/2004

Date Received: 02/11/2004

These documents have been considered by the full committee who have advised that the project is not one that is required to be ethically reviewed under the terms of the Governance Arrangements for Research Ethics Committees in the UK.

Although review by a Research Ethics Committee is not required, you should check with the R&D Department of the host organisation(s) whether management approval is required before the project starts.

Yours sincerely,



**Jennifer Cross**  
**Committee Administrator**

Copy to: Janet Borgeson, South Sefton PCT

SOPs version 1.0 dated February 2004  
SL21 Project not requiring REC review

An advisory committee to Cheshire and Merseyside Strategic Health Authority

## **Appendix 6: Letter to Research Participants**

Dear

### **Research into the value of free childcare places**

You have recently been provided with free nursery places for your child(ren) at Wind-in-the-Willows funded by Sure Start Netherton, Simonscroft, Pendle and Ford. On the referral form you signed to say that you are prepared to take part in the evaluation of this project, which is being undertaken by myself as part of my Degree in Public Health at Liverpool John Moores University. I am very grateful that you have agreed to take part in this research, which will help to tell us how Sure Start should provide services like this in the future.

I will be contacting you by telephone in the next few days to ask if you would agree to meet me to chat about your experience of using the nursery and what having that place meant to you. All information you give will not be seen by anyone but me and your comments will not be identified as yours. The project is being supported by Liverpool John Moores University and South Sefton PCT. If you agree to meet me I will, out of courtesy, be informing your GP that you have agreed to take part in this project.

Please note that you can withdraw your consent at any time and any information already collected will be destroyed.

Yours Sincerely

Jane Banks  
Sure Start Home Visiting Co-ordinator

## Appendix 7: Letter to GP

Dear

### Research into the value of free childcare places

Your patient \_\_\_\_\_ has recently been referred by the family health visitor for free nursery time for their pre-school child(ren) at Wind-in-the-Willows nursery. These places are limited and have been funded by Sure Start Netherton, Simonscroft, Pendle and Ford. As part of my Masters programme in Applied Public Health I am conducting research into the value of this provision. Your patient has agreed to take part in this research by participating in a semi-structured interview on \_\_\_\_\_ (date). I am writing to you out of courtesy to inform you of your patients involvement and would be happy to provide more detailed information if you request it. If you object to your patient taking part in this project please inform me prior to the above date. This project has been subject to full ethical approval.

Yours Sincerely

Jane Banks  
SRN, RSCN, RHV, Dip (HE) Health Studies  
Sure Start Home Visiting Co-ordinator

## Appendix 8: Participant Information Sheet

### Participant Information Sheet

**Name of researcher:** Jane Banks, Sure Start Home Visiting Co-ordinator  
(Liverpool John Moores University)

**Supervisor:** Helena Lunt, Liverpool John Moores University

**Title of study/project:** *Exploration of the benefits/impact on mothers and families who access free nursery provision for pre-school children.*

**Purpose of study:** To see if the provision of free child care places in the local nursery gives any short or long term benefits for the families involved.

**Procedures and Role for those who agree to be interviewed:** Those taking part will be mothers of children who have used the free nursery places. They will take part in a planned interview lasting 30 minutes where they will be asked several questions to tell their feelings and opinions in relation to their own experience of the free nursery places. The interviews will take place wherever is convenient to the mother, this may be the family home, Netherton Family Centre or the nursery used for the respite places.

**Please Note:**

**All those taking part have the right to pull out from the project/study at any time without affecting their access to services which are already being provided or may be provided in the future to the family.**

## Appendix 9: Consent Form

### Consent Form.

#### Exploration of the benefits/impact on mothers and families who access free nursery provision for their pre-school children

I \_\_\_\_\_(Subject) agree to take part in the project to see if the provision of free child care places in the local nursery gives any short or long term benefit. The details of the project have been explained to me and described in writing.

I understand that notes will be taken during the conversation, which will not be seen by anyone other than Jane Banks. I understand that these notes will be stored in a locked safe until the project is complete after which time they will be destroyed.

I understand that everything I say will be confidential and seen/heard only by Jane Banks. In the written report no one will be able to trace any comments I make to me as an individual.

I understand that I can pull out from this project at any time and any notes already taken will be destroyed and not used in the report. Pulling out from the project will not affect my access to or use of Sure Start services.

Signature.....(Subject) Date.....

I Jane Banks (Researcher) certify that the details of the project have been fully explained in writing to the subject named above and have been understood by her.

Signature.....(Researcher) Date.....

I \_\_\_\_\_ (Witness) certify that the details of this project have been fully explained and described in writing to the subject named above and have been understood by her.

Signature.....(Witness) Date.....

*NB The witness must be an independent third party*

## Appendix 10: Questions for semi-structured interview.

1. Can you tell me about your family and household? Who lives here and what age(s) are the children?
2. What help or support do you get from your partner, family or friends? How much and what type of help or support?
3. What social activities do you join in such as groups you attend or leisure activities you take part in either with or without the children?
4. Have you/ do you work? What work have you done in the past, what do you do currently and what do you see yourself doing in the future?
5. How do you feel about your employment dreams for the future? What would you really like to be able to do?
6. Where did you hear about the nursery place and from whom?
7. Who suggested your children were referred?
8. Why do you feel you were referred?
9. Can you tell me what was happening with you and/or the family that you feel prompted the referral?
10. How did you feel about being referred?
11. Have the children been in nursery or crèche before? If so can you tell me about this?
12. How did children react to attending Wind-in-the-Willows nursery? What were they like the first time you took them?
13. How did children's reaction make you feel?
14. How do you travel to the nursery and are there any problems with this?
15. How have you been able to use your time without children?
16. Is your time being used for things you would be unable to do with children around? Please give examples.
17. How does it feel to be able to do these things without children around?
18. How do you feel there has been any value to you personally by having time without the children?

19. Has the time apart affected how you get on with the children and if so how?
20. Has the time apart affected any other family/household relationships and if so how?
21. What are your feelings about any lasting impacts of having had the time in nursery for either yourself, the children or your family?
22. If the place had not been available and life had carried on the same, what would the impact of that have been?
23. What are your feelings about how the future would have been if this place had not been available?
24. Was the nursery time you have been provided with enough for your needs at the time? Explain
25. How did you feel when the fixed term nursery place was coming to an end?
26. What action did you take to stop yourselves going back to the situation that initiated referral for the nursery place?
27. How should Sure Start look towards the future in providing this type of service?
28. Who should be able to get this help?
29. Should there be rules to how the parents free time is used? What would you suggest?
30. What are your feelings about the suggestion that parents should have to pay a small amount for this childcare and if so what would you suggest would be a fair price?

## LIST OF ABBREVIATIONS

<b>DfES</b>	Department for Education and Skills
<b>DOH</b>	Department of Health
<b>EPDS</b>	Edinburgh Postnatal Depression Scale
<b>EPPE</b>	The Effective Provision of Pre-School Education
<b>GP</b>	General Practitioner
<b>HMSO</b>	Her Majesty's Stationery Office
<b>JET</b>	Jobs, Employment and Training
<b>NHS</b>	National Health Service
<b>NSPF</b>	Netherton, Simonscroft, Pendle and Ford
<b>OFSTED</b>	Office for Standards in Education
<b>PCT</b>	Primary Care Trust
<b>PND</b>	Postnatal depression
<b>SIGN</b>	Scottish Intercollegiate Guidelines Network
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organisation

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