BABY STEPS: PERSPECTIVES OF PARENTS FROM A MINORITY ETHNIC BACKGROUND

Helen Brookes and Denise Coster
NSPCC Evaluation department

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Impact and Evidence series

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

We would like to thank the Baby Steps practitioners and administrators for their help and support in recruiting service users for the interviews on which this report is based. We would also like to thank the participants for taking the time to speak to us for this study.
KEY FINDINGS: YOUNG PEOPLE’S VERSION

Baby Steps is a programme to help new parents. The NSPCC has talked to 14 parents from different cultural backgrounds to find out what they thought of the programme. These are the main things they told us:

- Parents had learnt a lot about pregnancy, giving birth and being a parent on the programme. They had also learnt new ways of talking to their partners and babies and how to look after a baby.

- This information was really important for parents who had recently arrived in the UK, because they did not know how the health service worked in this country; they were less likely to have friends and family who could give them advice, and the way that children are looked after in the UK was different from what they were used to.

- Parents who had recently arrived in the UK felt really worried about being pregnant and having a baby because they did not know how things worked here, but doing Baby Steps made them feel better about this. Baby Steps workers also helped parents with other problems they had, like finding somewhere to live.

- Parents said that they were getting on with each other better since going on Baby Steps because they had learnt to listen to each other more, and because dads were helping mums more with looking after the baby and doing the housework.

- If parents did not speak English, the Baby Steps workers spoke to them through an interpreter, which worked well. Mums and dads were really pleased that the workers had tried to understand their culture and religion when they were on the programme.
KEY FINDINGS

Baby Steps is a perinatal education programme the NSPCC has developed in partnership with parenting experts at Warwick University. As part of the evaluation of the Baby Steps programme, 14 interviews were undertaken with a sample of parents from a minority ethnic background. The key findings were:

• The Baby Steps programme seemed to work well for parents from minority ethnic groups and the information provided about birth and parenting was seen as relevant and helpful.

• For parents with few other support networks, Baby Steps provided a vital level of support and for some was their first positive engagement with UK society. For some parents, the effect of attending the programme was transformative.

• There was evidence that Baby Steps has the potential to play a role in helping to prevent harsh parenting and abuse, by providing alternative strategies to physical punishment and by convincing parents that female genital mutilation is wrong.

• The programme helped to give parents an insight into appropriate behaviour within relationships. Parents attending the programme described learning about and accepting the idea of equality between male and female partners, which could have a profound impact on their interpersonal relationships.

• In order to successfully deliver the programme to parents from minority ethnic groups, a degree of tailoring was necessary to respond to these parents’ additional needs, such as providing an interpreter, engaging with immigration issues, or discussing cultural practices that do not accord with UK law.

• The findings are based on a small sample of parents and may not capture the full diversity of experiences and views; further research with this population would therefore be of benefit.
EXECUTIVE SUMMARY

Background

Baby Steps is a perinatal education programme developed by the NSPCC in partnership with parenting experts at Warwick University. The intervention is a group-based programme delivered to disadvantaged parents from the 28th week of pregnancy. The programme aims to help vulnerable parents manage the transition to parenthood successfully, with a particular emphasis on the relationship between partners and the development of a positive parent-infant relationship.

Qualitative interviews conducted as part of a formative evaluation of the programme during the first year suggested that parents’ cultural background may affect their experiences of the programme and the outcomes they identify. As a result, further interviews were conducted with a sample of parents from a minority ethnic background who had completed the programme in order to explore their experiences in more depth.

Although the primary aim of these interviews was to explore parents’ experiences of taking part in the Baby Steps programme, the interviews also explored their experiences of pregnancy, childbirth and early parenthood. This was in order to gain an understanding of the context in which they were doing the programme; what other information, services and support they had access to, and whether this affected their experience of the programme.

Method

Semi-structured face-to-face interviews were conducted with 14 parents from minority ethnic backgrounds. It was not possible to employ a purposive sampling strategy due to the small number of parents from such backgrounds who had completed the programme. A convenience sample was therefore selected.

Key findings and implications

Parents’ experiences of the programme and the outcomes they reported were affected both by cultural factors and by their level of integration into the local community. The level of integration did not always reflect the length of time that parents had lived in the UK: some had been living in the UK for many years but had remained extremely socially isolated.
Like parents in the wider sample, those from minority ethnic backgrounds had acquired new knowledge relating to pregnancy, labour, birth and parenting; what services are available to them in the UK, and how to access these. They had also learnt new communication and baby care skills.

Baby Steps was seen as a particularly important source of information for parents who were not well integrated into the community, for three main reasons. First, they were less familiar with perinatal healthcare provision in the UK and how to access it. Second, there were significant cultural differences between parenting practices in the UK and their home countries. Finally, they were less likely to have other sources of information to draw on, either because of the language barrier, or because they were less likely to have family and friends in the UK. For parents who had recently migrated from countries where the prevailing attitude towards the rights of women and children is different to that in the UK, an additional positive outcome was that the new knowledge acquired on the programme had led to changes in their attitudes towards children’s rights and towards gender roles.

The confidence parents gained from their new knowledge and skills was particularly important for those who were not well integrated or did not speak English. They were anxious because of their lack of familiarity with the UK healthcare system and other services, and because of the language barrier. Many faced additional challenges during the perinatal period such as being relocated during the immigration process, or giving birth without an interpreter present.

Relationships between partners were strengthened as a result of the new communication skills parents acquired on the programme. Parents also reported changes in their attitudes towards gender roles, resulting in a more equal division of domestic chores which led to better relationships. Their understanding of infant development and how to communicate with infants had increased, which led to positive relationships with their babies.

Parents felt supported by the Baby Steps programme because it gave them a forum for raising concerns and the opportunity to meet other parents, enabling them to make new friends. The programme was an essential first point of contact with UK society for parents who were not well integrated, because they were so isolated and had little other support. As well as signposting them to other services that were available to them, practitioners provided vital support relating to issues outside the remit of the programme, such as immigration and housing, and liaised with other agencies on their behalf.
The format of the programme worked well with parents from minority ethnic backgrounds. They liked the tools and activities used, and the availability of interpreters. A key facilitator in engaging parents was that practitioners were sensitive to cultural and religious practices and had tailored their advice accordingly.

Parents felt that a key advantage of doing the programme in a group with other parents of the same ethnicity was that a shared language and culture facilitated communication within the group. On the other hand, they also acknowledged that in a mixed ethnicity group discussions could be enriched by the cultural differences and wider range of experiences.
Chapter 1: Background and method

1.1 Background

Baby Steps is a perinatal education programme developed by the NSPCC in partnership with parenting experts at Warwick University. The intervention is a group-based programme of nine sessions delivered to disadvantaged parents from the 28th week of pregnancy, including three sessions after the birth. It aims to help vulnerable parents manage the transition to parenthood, with a particular emphasis on the relationship between partners and the development of a positive parent-infant relationship. The programme also aims to create a social support network for parents and to foster their inner resilience.

Baby Steps has been delivered at nine NSPCC sites since 2012. Among the intended recipients of the programme are parents from particularly disadvantaged or isolated minority ethnic communities, including those who are recent migrants, asylum seekers or refugees.

Qualitative interviews conducted as part of a formative evaluation of Baby Steps during its first year found that parents identified a range of positive outcomes as a result of attending the programme. They said that it had helped them become more confident in their parenting, and they had gained new skills, which meant that they communicated better with their partners and babies, resulting in stronger relationships.

Some parents from minority ethnic backgrounds were also interviewed as part of this first phase of the evaluation. Although they reported similar outcomes to the parents in the wider sample, it seemed that their experience of the programme could have been affected by their different cultural background, and that the sessions might need to be better tailored to these parents in the future.

A second round of interviews was conducted with a sample of 14 parents from minority ethnic backgrounds to explore their experiences of the programme as well as their experiences of pregnancy, childbirth and early parenthood. This was in order to gain an understanding of their personal circumstances; what other information, services and support they were able to access, and whether these issues had affected their experience of attending the programme.
1.2 Method

The aim of this part of the evaluation was to gain more insight into the experiences of parents from minority ethnic backgrounds in relation to the Baby Steps programme. A qualitative approach was therefore taken, as this is the most appropriate methodology to gain an in-depth understanding of people’s experience from their own point of view.

Sample

Since less than a third of parents who completed the programme were from minority ethnic backgrounds, and only a small number of these had finished it at the time this study took place, a convenience sampling strategy was used. The final sample consisted of 14 parents (3 dads and 11 mums) from a range of ethnicities, as shown in table 1. Two couples in the sample had older children, but for the others this was their first baby.

Table 1

<table>
<thead>
<tr>
<th>Ethnicity</th>
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<tbody>
<tr>
<td>Pakistani</td>
<td>1</td>
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<tr>
<td>Somali</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td>3</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1</td>
</tr>
<tr>
<td>Chinese</td>
<td>3</td>
</tr>
<tr>
<td>Oromo (Ethiopia)</td>
<td>4</td>
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The length of time parents had been living in the UK varied from those who had been born in the UK to those who had arrived only in the last year (see Table 2).

Table 2

<table>
<thead>
<tr>
<th>Length of time in UK</th>
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<tbody>
<tr>
<td>Born UK</td>
<td>2</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>4</td>
</tr>
<tr>
<td>3-5 years</td>
<td>3</td>
</tr>
<tr>
<td>Under 1 year</td>
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The level of parents’ English fluency varied widely within the sample from those who spoke no English at all to those who spoke it fluently. This did not relate to length of time spent in the UK.
Recruitment

Practitioners who delivered Baby Steps sought written consent from parents at the beginning of the programme to take part in the evaluation. Consent forms were collected by the evaluation team, who selected a sample of interviewees and then made contact with them directly or via an interpreter to set up interviews.

Data collection

Semi-structured face-to-face interviews were conducted with the parents, using interpreters where necessary. Participants were thanked for their time with a voucher worth £10. Interviews were recorded with a digital recorder and transcripts were then produced for analysis.

Informed consent, confidentiality and data protection

It was made clear to participants that all data would be kept confidential unless a child protection concern was identified, in which case standard NSPCC child protection procedures would be followed. All electronic data were stored securely in password-protected electronic files, and hard copies of information were stored in locked cabinets. The findings have been reported on an aggregate rather than individual basis and therefore do not include any identifying details; names used as quote labels in this report are pseudonyms.

Limitations of the research

Due to the fact that the analysis was based on data from a convenience sample, it is unlikely that the views expressed reflect the full range and diversity of those in the wider population of parents from minority ethnic backgrounds.
Chapter 2: Outcomes for parents from minority ethnic backgrounds

Parents from minority ethnic backgrounds were able to identify a range of positive outcomes from attending the Baby Steps programme, but the experiences and the outcomes they reported had been affected by cultural factors and the level of integration into the local community. Those who were well integrated had experienced the programme in a broadly similar way to the wider sample of parents, but those who were not – parents who had either recently arrived in the UK or were socially isolated – had had quite a different experience. However, the level of integration did not always reflect the length of time that parents had lived in the UK: some had been living here for many years but had still remained extremely socially isolated.

2.1 New knowledge, skills and attitudinal change

Like parents in the wider sample, parents from minority ethnic backgrounds said that they had acquired new knowledge about what to expect during pregnancy; the birth; becoming a parent; what services were available to them, and how to access these. They had also developed new skills in communicating with their partners and babies, and learnt practical baby care skills such as how to bath a baby and how to recognise signs of illness.

The programme was seen as a particularly important source of information by parents who were not well integrated into their local community. One reason for this was that they were less familiar with the UK’s health infrastructure – not knowing, for example, about perinatal healthcare provision and how to access it.

“We don’t know where to go to the hospital or what to do there. We don’t know anything about this country, really, but she [the Baby Steps practitioner] took us there before the birth, and she showed us: in case of emergency you have to do this and this and you have to go through this door, ask these people, show them this book. That’s what we are told and that’s what we did. If we hadn’t been on the programme we might have gone to the wrong place and we wouldn’t have known what to do.”

(Solomon, 1 year in UK)
Parents also said that the information they had acquired on Baby Steps was especially useful for them because there were cultural differences in practices relating to pregnancy, birth and parenting between their country of origin and the UK. In relation to labour and birth for example, fathers who had not attended the births of their older children because it was not the norm for men to do so in their country, were surprised to discover that in the UK they would have the option of supporting their partner during the birth. They found it useful to discuss their reactions to this in the group.

Cultural differences related to a range of parenting practices, including the way babies are fed, dressed and communicated with, and the position they are placed in to sleep. For example, one mother said that in the country where she had previously lived she had always co-slept with her babies, and that it was customary to cover their faces with a cloth when they slept. In contrast, the advice on Baby Steps is that the baby should be in a cot with no loose bedding in order to promote a safe sleeping environment. Another mother said that she had learnt what food was appropriate to feed her family and how to cook it on Baby Steps. As she had recently arrived in the UK she was not familiar with many of the types of fruit and vegetables available.

Baby Steps had also made parents aware of a range of other cultural and legal differences in terms of the rights children have in the UK compared to other countries. Parents who had older children said that they had learned new ways of managing their behaviour, based on ‘time out’ strategies rather than physical punishment, which they previously would have used. Those who had tried these new methods had found them successful.

“So they taught us about children’s rights, so if a child needs disciplining they told us not to kick or slap, which is what we do back home, but to put him in one place for a long time, and keep putting him back there, like on the stairs, so we tried this and it works.”

(Malcolm, 1 year in UK)

Parents from countries where female genital mutilation (FGM) is practiced said that that they had learnt from Baby Steps that FGM is illegal in the UK and the reasons why it is considered to be abusive, which had led to them change their attitude towards it.
“When she told me it was illegal I was really surprised and I asked her why. … she told me one by one the reasons. And she explained to us how doing that will change the baby’s life and her future. It has changed the way I think about it, we aren’t going to do it to our daughter now, there is no need, it’s a bad tradition.”

(Solomon, 1 year in UK)

Some fathers also said that the programme had made them more aware of women’s rights and of the need for a more equal sharing of household chores, which had led them to change their attitude and modify their behaviour accordingly.

“You know, in my country the women do everything, they are like housemaids, they work on all the house things and also women are running the business outside the house. But now I understand that we are all equal. And so we have to help each other. That’s what we were told and I accepted it.”

(Solomon, 1 year in UK)

Parents in the sample who were not well integrated into UK society were particularly reliant on Baby Steps because they had few other sources of information to draw on – either due to the language barrier, or because they were isolated and did not have friends or family in the UK. Even those who did have a social network in the UK said that friends were not always able to advise them because they themselves were not familiar with British parenting practices.

2.2 Confidence and reassurance

Parents said that they felt more confident as a result of the new knowledge and skills they had acquired, which had prepared them for pregnancy, birth and new parenthood. They had also felt reassured by spending time and sharing experiences with other parents-to-be, and having a forum for them to raise their concerns and worries.

This reassurance had been particularly important for parents who were not well integrated into their local communities because of their anxieties during pregnancy, particularly in relation to how they would negotiate healthcare services during labour and birth, and how they would cope with the language barrier. Some parents had also been concerned as a result of misplaced fears about the health risks of childbirth in the UK.
“In Africa, when you have the operation (Caesarean section), your family and friends cry and pray because there is a strong chance that you could die, so I was terrified and refused to have it, but on Baby Steps they managed to convince me that it is different here and that I would be alright.”

(Salina, 1 year in UK)

Many parents had faced additional challenges during the perinatal period, including severe financial hardship as a result of not being able to work due to their immigration status; inadequate housing; relocation as a result of immigration processes, and giving birth without an interpreter present. One mother who was an asylum seeker had spent three days alone in labour in her room at an immigration centre before being taken to hospital, and then did not have access to an interpreter while she gave birth. She described this as a terrifying ordeal, but felt that she had coped better than she would have done without Baby Steps, because at least she had been well informed about the stages of labour.

2.3 Relationships with partners

Some parents from minority ethnic backgrounds said that their relationship with their partner had improved as a result of attending the Baby Steps programme, as it had taught them to communicate more effectively, which had brought them closer. For some couples this had led to a profound change in the nature of their interactions. For example, one father said that he had never sat down and discussed anything with his partner before, but since going on the programme and learning to listen and take turns to speak, they had been doing this regularly, which he felt had strengthened their relationship.

Parents also said that the programme had prepared them for changes in their relationship with their partner that may occur as a result of having a baby, such as having less time to spend together as a couple. Some mothers said that their partners were now doing more of the housework and childcare than they would otherwise have done, because they had learnt about the importance of sharing these tasks and responsibilities. As the women felt better supported by their partners, their relationships had been strengthened. For some couples, attending the programme had actually led to a fundamental change in the way that roles and responsibilities were organised within the relationship due to a change in their attitudes.
“Before, I wasn’t allowed to go out and pick up the children from school or to go to the supermarket but now I can go and my husband stays home and looks after the children. I’m really grateful for that. He has also been helping me more and more with the housework and if I’m tired he takes over, I’m really happy about it.”

(Salina, 1 year in UK)

2.4 Relationship with babies

One of the key benefits of the programme parents identified was that it made them understand the importance of interacting with babies, and how to do this at different stages of development. A number of parents described how they put this knowledge into practice, for example by talking and singing to their babies and by holding them up to interact with them. They felt that this had brought them closer to their baby. Some parents who had older children said that their parenting style had changed with the new baby, because of what they had learnt on the programme.

“We had no idea that they could hear you in the womb or that they recognise you early on. We are totally different with this baby, the way we care for him, the way we hold him and talk to him, everything.”

(Malcolm, 1 year in UK)

2.5 Support

Parents from minority ethnic backgrounds said that the programme had supported them in various ways. Like the other parents who attended Baby Steps, they valued the sessions as a forum for them to raise any concerns and to seek advice about pregnancy, parenting or anything else that was worrying them. For those who had recently arrived in the UK or were socially isolated, the programme provided an essential first point of contact and a step towards engaging with UK society, as evidenced by one father who had only recently arrived:
“The course is the best thing that has happened to us since we arrived in the UK. We don’t know anything about this country or its laws, we don’t know how to look after a child here because it is all totally different from where we lived before. But they helped us and they became a bridge, you know, you cross over it to your new life in England. Without them it would have been so difficult for us.”

(Solomon, 1 year in UK)

As many of these parents were dealing with complex problems, which threatened to jeopardise their ability to attend the programme, the support provided by practitioners was in fact broader than the actual remit of Baby Steps. For example, practitioners helped parents to write letters to the Home Office and to solicitors about their immigration status, and liaised with these agencies on their behalf. Some mothers who were seeking asylum were moved to new areas during their pregnancy, away from their existing social networks and established healthcare provision. In these cases practitioners travelled to visit them and provided them with extra supplies for the baby such as nappies, and helped them to find a local GP. These visits were described as ‘a lifeline’ by the women concerned.

“When they came and visited me I was so happy to see them because it made me feel like somebody actually wanted to help, somebody actually cared, and at the time, I was feeling really sad and hopeless and really alone because I don’t have any friends here.”

(Chu-Hua, 7 years in UK)

Parents said they really enjoyed the time they spent with the group from a social point of view and looked forward to attending. The groups facilitated friendships among the parents and in some cases enabled them to develop relationships that provided support after the group had finished. This was especially important for those who did not have a strong support network outside of the sessions.

“I’m always so very excited to come every Tuesday and see the other mums. It’s like we’re family, I’m so grateful to have met them, we’ve become so close. If I’m feeling anxious I call them and they calm me down.”

(Mei-Ling, 6 years in UK)
Not all parents stayed in touch with their group, however. Some felt they were too busy with the baby, or thought the other parents did not want to see them outside of the sessions; others did not have contact details for the other parents.

The programme also encouraged parents to access a range of other support services available in the local area, such as children’s centres, parent and baby drop-ins, and other family support services. In some cases, parents had been aware of these services but not felt comfortable about going until encouraged by Baby Steps practitioners.
Chapter 3: What worked well and suggested improvements

This chapter looks first at what elements of the content and delivery of the programme worked well with parents from minority ethnic backgrounds, and second at suggested ways in which it could be improved.

3.1 What worked well

The format of the programme and the tools and activities used were well received by this group of parents. Those who had attended other antenatal courses felt that the Baby Steps programme compared favourably, notably because of the participative delivery method used – as opposed to the more traditional ‘information-giving’ style used in many other courses. Parents liked the interactive nature of the programme and felt that the practical activities such as bathing and dressing a doll had helped them to remember the information later on when needed. One activity involved a series of cards with pictures of the stages of labour and birth being laid out on the floor and parents being tasked with putting them in the right order. This visual approach was felt to be a particularly effective way of communicating such information to foreign language groups.

Group setting

Parents felt that doing the programme in a group worked well because it gave them the opportunity to share knowledge and experiences. Some mothers had initially felt apprehensive about talking about sensitive issues such as labour and birth in front of men (including their husbands), as this was not the norm in their culture. However, they said that on the programme they had felt comfortable about it and considered it beneficial for the men to attend as well, and learn together.

Some Baby Steps groups were made up of parents of the same ethnicity whereas others were mixed. All those who had done the programme in a mixed ethnicity group said that this had worked well, and that cultural background had not affected the delivery of the programme or the dynamics of the group. Among those who had done the programme in a single-ethnicity group however, opinion was divided. One view was that this arrangement was preferable, because shared cultural norms within the group and a common language promoted understanding and made it easier to form relationships with the other parents. An alternative view, however, was that doing the programme with people from their own culture
had been a disadvantage and that it would have been helpful to have had input from parents with different experiences to share because of their different cultural background.

“… I prefer if it is with people from other cultures because you learn from them. Every culture has its own very good thing and so we could have exchanged those. As it was, we were all from the same place so we were all just talking about exactly the same thing.”

(Ruth, 1 year in UK)

Use of interpreters

Parents in groups where interpreters had been used said that this method of communication had been effective. However, there was a preference among mothers for a female interpreter due to the nature of the topics discussed. In one case, a dad in the group had had to act as interpreter because an external one could not be found. He felt that this had compromised his ability to participate in the group himself, and would have preferred not to have taken on this role.

Staff approach and personal attributes

Aspects of the practitioner approach and personal attributes that parents from minority ethnic backgrounds valued reflected those cited by parents in the wider sample. They described them as friendly, caring, approachable, responsive, and knowledgeable. The continuity of seeing the same two members of staff every week enabled parents to forge strong relationships with them, and to build a high level of trust. This was in contrast to NHS groups where parents said they saw a different professional at each visit. The flexible way in which practitioners worked, making themselves available to parents for extra phone calls and visits, was highly valued.

“I was in hospital for five days after the birth, and during those five days there is no one, no one to visit me at the hospital. So one day [the Baby Steps practitioner] showed up, out of the blue, as a surprise. I was so happy to see a familiar face, I was really touched. I’ll never forget it.”

(Chu – Hua, 7 years in UK)

As was the case with the other parents, the ‘partnership’ approach to learning used in the programme – guiding parents to draw their own conclusions and to make their own decisions rather than just giving advice – also worked well for parents from ethnic minorities.
Parents had found it helpful that practitioners demonstrated awareness of their culture and religion and had tailored their advice accordingly. For example, one mother had been told by her GP that as a vegetarian she must eat eggs during her pregnancy even though her religion dictated otherwise. But Baby Steps practitioners identified a range of other plant-based foods that would provide her with the required nutrients. Parents compared this favourably with advice received from other professionals who did not always take cultural issues into consideration.

Practical support
As was the case for parents in the wider sample, travel costs were reimbursed or taxis were provided, enabling parents to attend even if they could not afford to travel to the venue. For parents with older children, the provision of a crèche facilitated their attendance. They had really appreciated this, and said they would not have been able to attend the programme otherwise.

3.2 Suggested improvements
Delivery
Mothers whose partners had not been able to attend the programme felt it would have been useful to be able to borrow the DVDs shown on the programme to take home and use to share with their partners. Although they did use the leaflets they were given, they felt that the men would find it easier to watch a dramatised version than to read the information.

Baby Steps has clear guidelines to ensure that parents are made aware of the limits of confidentiality during the Baby Steps programme. Nevertheless, one mother was unhappy about the Baby Steps practitioners’ input into a case conference relating to her baby and wished that they had made clearer what information would be shared with other agencies and under what circumstances.

Parents who were in small Baby Steps groups felt that the programme should be publicised more widely to encourage more parents to attend.

Content
Parents who had been affected by post-natal depression would have liked more detailed information about this on the programme, including what the signs are and how you can support someone who is experiencing it. Mothers would have liked more information about Caesarean sections; how to cope with colic; signs of illness in babies, and treatment options for piles.
Chapter 4: Conclusion

The Baby Steps programme worked well for parents from minority ethnic backgrounds. A degree of tailoring was necessary in order to respond to these parents’ additional needs, such as providing an interpreter, engaging with immigration issues or discussing cultural practices that do not accord with UK law. However, parents regarded the information provided by Baby Steps as relevant and helpful.

Some parents faced very challenging issues, particularly refugees and asylum seekers, who were more likely than other parents in the sample to have only limited understanding of public services, to lack confidence in accessing these, and to have restricted social support networks. For these parents, Baby Steps had provided a vital level of support and for some it had been their first positive engagement with UK society. It was clear that the effect of attending the programme could be transformative.

The programme also played a significant role in helping parents to understand what is appropriate behaviour in a relationship and as a parent. Parents who attended the programme remembered learning about and accepting the idea of equality between the partners, which can have a profound impact on interpersonal relationships.

In addition, the evidence indicates that the programme can play a role in helping to prevent abuse. Some parents admitted they had been dissuaded from using physical punishment as a way of disciplining their children. Others said that the information they had received about female genital mutilation meant that they were now opposed to this practice and no longer intended to inflict it on their daughters.

This report has shown that the Baby Steps programme is a powerful way for engaging parents from minority ethnic groups, helping to educate them about appropriate parenting practices and also providing support to those who lack other support mechanisms.
Appendix 1

Topic guide

Interviews with parents

**Key objectives of interview**

- Explore parent’s experience of pregnancy, childbirth and early parenthood.
- Explore what other services and support are available to them.
- Explore participant’s experience of the course and the range of factors that affected it.
- Explore the reported outcomes of the course.
- Identify any gaps or additional needs they have.

Introduce evaluation

Explain purpose of evaluation and reporting

Explain confidentiality, data protection, and permission to record

**Background**

*Before talking more about your experience of pregnancy, birth and beyond, it would be helpful to have some idea of your background and how you are finding things now.*

- Can you tell me a bit about yourself and your family? (Probe: number of children; family situation; housing situation; length of time in UK – if appropriate.)
- How are you finding your experience of being at home with a baby (Probe: crying; sleep patterns)
- How is your partner finding it?

**Initial engagement in Baby Steps and expectations**

*I’d like to talk a bit more now about how you found out about Baby Steps and what you thought the course would be like?*

- Can you tell me how you found out about Baby Steps? (Probe: how was it described? Reservations about attending? Anyone else involved in decision making about whether to come? Had you heard of the NSPCC?)
• What were you expecting from Baby Steps?
• Have you attended any other antenatal classes in the past?

Experience of the course

Thinking about the actual course now, I’d like to talk about your experience of being on the course.

Thinking first about the first home visit

• Can you describe the first home visit to me?
• How did you feel about this visit? (Probe: Was anyone else there? How did they feel about it?)

Attending the course

• Once you started the course, can you tell me how easy it was for you to attend the course? (Probe: transport; timings.)

Topics covered by Baby Steps

• Baby Steps covers lots of different topics. Can you describe to me the topics or sessions that you found most helpful? Were there any sessions that were not so helpful to you? What were the reasons for this?
• How easy did you find it to remember the information you were given? Did it feel like it was important to you?
• There are lots of different activities that you take part in when you attend the Baby Steps course (group discussions; creative activities; practical activities). Which activities did you find most useful? Which were less useful? Can you tell me why you thought this?

Sessions after the baby was born

• After your baby was born you came back to the course for three sessions. Can you describe these sessions to me? How did you feel?

Relationships on the course

I’m really interested to hear about how you got on with other people on the course?

• Can you describe the experience of being in the group with other parents? How did this work? What were the good things about this? Which things were less helpful? (Probe: did fathers attend? If they had, how would you have felt about that?)
• Have you made contact with anyone from the group outside of it? (Probe: did you make new friends? If not, would you like to have done so? Barriers?)
• How did you feel about your relationships with the staff? Can you explain why you felt this way?
• Did you or anyone else in the group need an interpreter? How did that work?

Experience of the perinatal period and impacts of Baby Steps

I’d like to talk a bit more about how being on the course made you feel, whether it helped you in having your baby and bringing your baby home and the effect it has had on your relationships.

Thinking about when you were pregnant

• How did you find being pregnant? (physically, emotionally)
• How often did you see the midwife? (Probe: helpful? Interpreter provided?)
• What other sources of information were available to you during your pregnancy? (Probe: family, friends, media, other professionals, etc?)
• What support did you have when you were pregnant?
• How does this pregnancy compare with previous pregnancies? (if applicable)
• Do you think that the course helped you when you were pregnant? In what ways?

Thinking about the birth of your baby

• Can you tell me how the birth of your baby went? (Natural birth or C-section? Location? Pain relief?)
• What was your experience of the hospital? (Probe: quality of care during birth and aftercare; breastfeeding support; interpreter provided?)
• How did this birth compare to previous birth experiences (if applicable)?
• Do you think that having attended the Baby Steps course helped you during the birth?
Thinking about when you brought your baby home

- How did you find the first few weeks with your baby? How did you feel physically and emotionally?
- What support or help did you have during that time?
- Do you think that you used the knowledge or information provided during the course during the first few weeks with your baby?
- How easy or not was it to follow the advice and information that were suggested. What made it easy or not so easy?
- Are there ways that your relationship with your partner has changed since you had a baby? Do you think Baby Steps helped prepare you for this in any way?
- How would you describe the effect that the course has had on you?
- Can you describe how attending the course made you feel, and why it made you feel like that?

Conclusion.

- Are there any changes you would like to see to the Baby Steps course?
- Is there anything else you would like to say about the Baby Steps project at this stage?

End of interview