THE IMPORTANCE OF THE EARLY YEARS: EXPLORING THE LIVED EXPERIENCES OF PARENTS AND HOME-START GLOUCESTERSHIRE'S EARLY INTERVENTION SERVICES

M. BURLINGHAM

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Abstract

The early years of a child's life are fundamental for brain development, with early experiences significantly influencing physical, emotional and cognitive development and thus lifelong wellbeing. While parents play a crucial role as architects of their children's development through nurturing relationships, contemporary families face unprecedented challenges including economic instability, social isolation, and increasing mental health difficulties, with early intervention during these early years recognised as important to help families.

This research, from a phenomenological and interpretivist exploratory approach, explored experiences of parents during the early years and Home-Start Gloucestershire's early intervention services for families with children under the age of five (home visiting and group interventions). A mixed methods approach explored both quantitative outcomes and lived experiences of parents to understand how Home-Start's support during the critical early years can help family outcomes.

Quantitative analysis demonstrated significant improvements in parent's wellbeing, parenting, children's wellbeing, and family functioning. Thematic analysis of feedback comments from group interventions showed parents felt validated, highlighting the power of peer support in enhancing self-worth and confidence. An Interpretative Phenomenological Analysis (IPA) study, with in-depth interviews with parents who accessed home visiting, showed their transformative journey navigating contrasting realities of parenthood. Accepting help led to meaningful connections with Home-Start, creating a butterfly effect that positively impacted families' lives.

The findings emphasise the importance of flexible, tailored support in the early years to help family outcomes. By integrating quantitative and qualitative methodologies, the research

provided in-depth insights into the effectiveness and underlying mechanisms of Home-Start. These findings directly informed an evaluation toolkit for Home-Start UK, designed to capture both measurable outcomes and nuanced experiences. The research provides evidence to advocate for sustained funding of family support that can enhance family wellbeing and create positive ripple effects throughout the family system and society.

Author Declaration

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. The thesis has not been presented to any other education institution in the United Kingdom or overseas.

Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed …[redacted]…….. Date ……26/05/2025…….

Elements of the thesis draw upon material that has been published or submitted for publication as part of the constituent studies within this thesis:

Chapter 2 Qualitative systematic review has been submitted for publication and is currently under review as Burlingham, M., & Kantartzis, K. Experiences of parents and their transition to parenthood: A systematic review and thematic synthesis of qualitative literature.

Chapter 2 Scoping review has now been published: Burlingham, M., & Kantartzis, K. (2025). Early Interventions for Improving Parental Well-Being and Family Outcomes: A Scoping Review. *Child & Family Social Work*.

Chapter 4 Home visiting qualitative study has been submitted for publication and has been accepted for publication with minor revisions submitting: Burlingham, M., & Kantartzis, K. The early years of parenthood and Home-Start home visiting: An Interpretative Phenomenological Analysis.

Contributions by researchers, supervisors and Home-Start Gloucestershire charity

This research project was partly funded by Home-Start Gloucestershire. To provide clarity over contributions to the research project, this has been listed below, using the framework of Contributor Role Taxonomy (CRediT). I was the main researcher who conducted all the core concepts of the research. Home-Start Gloucestershire provided a repository of data for secondary data analysis. They also required a mixed methods design to include quantitative analysis of pre and post questionnaire data for home visiting and groups. The rest of the mixed methods design was left to me to decide, with confirmation and validation from Home-Start Gloucestershire.

Martha Burlingham (PhD researcher)	Conceptualisation, Data Curation, Formal Analysis, Investigation, Methodology (qualitative design put forward by me and agreed by Home-Start Gloucestershire and first supervisor), Visualisation, Writing- original draft, Writing- review and editing.
Home-Start Gloucestershire (charity and funder of the PhD)	Conceptualisation, Investigation (provided repository of data which included quantitative data collection for home visiting and quantitative and qualitative data collection for groups), Methodology (required mixed methods research where quantitative was a component comparing pre and post questionnaire scores), Validation.
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CHAPTER 1

Introduction

The Early Years of Life

There is a scientific consensus for the importance of the early years of childhood from the start of pregnancy being critical for lifelong wellbeing of the child (Leach, 2017). The first 1,001 days from conception to the age of two is recognised as a crucial time in setting the building blocks for a child's future; it can set the foundation for emotional, cognitive and physical development (Leach, 2017; Leadsom et al., 2013). These first 1,001 days are critical because they take a person from potential to actual, from conception to the age of two. During this time, the brain is growing and developing extremely rapidly, meaning it is more open to and dependent on outside influence than at any other time. Research has contributed significantly to our understanding of both nature and nurture, genetics and environment, and how, as well as how much, it shapes our developing brain during these early years of life (Karoly et al., 2005; Shonkoff & Phillips, 2000).

Optimal brain development during the first 1,001 critical days gives a new child the best possible start in life that impacts on the rest of their development (Leach, 2017; Sheridan & Nelson, 2009). A loving, nurturing relationship with a primary caregiver can impact positively on providing the best start for a child and shaping their future (Bowlby, 1969, 2005; Shonkoff & Phillips, 2000). If a secure attachment is compromised, this can lead to emotional and behavioural difficulties later in childhood and adult life (Bowlby, 1969; O'Connor & Scott, 2007). A nurturing environment begins during pregnancy whereby the emotional and physical wellbeing of the mother is important to the baby's healthy development; the fetus in the womb is susceptible to the environment around the mother (Glover, 2015).

Improving wellbeing at all ages is a global concern (United Nations, 2015), yet millions of children both in the United Kingdom (UK) and around the world experience wide disparities (Marmot et al., 2020; UNICEF 2017). Increasingly, adverse childhood experiences (ACEs) are being recognised and understood. ACEs are potentially traumatic events that can occur in childhood including abuse, neglect and poor parental mental health amongst others. Therefore, the right kind of support for parents/caregivers can impact on ACEs (Anda et al., 2006; Felitti et al., 1998; Nelson et al., 2020). Helping children have the best start in life is a global agenda. For nations, not investing in these critical early years can lead to intergenerational cycles of disadvantage, hindering economic growth with a greater burden on health, education and welfare systems. The earliest years of life is the time to invest for the future strength of nations, economies and communities (UNICEF, 2017).

The Transition to Parenthood and Early Years of Parenting

Parents and caregivers are the chief architects of early childhood development, shaping the experiences that build children's brains. Parenting involves the provision of nurturing care throughout childhood to help prepare children to live in society, form relationships, learn, work and thrive (UNICEF, 2023). Growing up feeling loved can make a vital difference for young children, protecting them from the effects of stress and disadvantage. However, providing this nurturing care takes time, resource and services, all of which can be in short supply for many parents and caregivers around the world due to poverty, deprivation, conflict, other crises, lack of access to quality services, or stretched thinly due to poor mental health, stress and the struggles with work and family life balance. It is recognised that parenting is too big a task for parents and caregivers to do alone and that support is needed to help give their children the best possible start in life (UNICEF, 2023).

Transitions for families are periods of change that involve shifts in their lifestyles from one stage to another (Price et al., 2000). The transition to parenthood can be complex: it is life altering and can be highly rewarding yet highly challenging all at once (Cowan & Cowan, 2000; Feeney et al., 2001). Although it can enhance parent's wellbeing, it can also be a detriment, with the introduction of changes in life roles, fatigue, financial burden, work-family conflict amongst others, all of which can contribute to stress (Cowan & Cowan, 2000; Kohn et al., 2012). Research has consistently demonstrated the stress of the transition to parenthood and its bringing of more profound changes than any other developmental stage of the family life cycle (Cowan & Cowan, 1995; Priel & Besser, 2002).

The relationship between parent and child wellbeing is bidirectional and significant. Parent wellbeing can have significant implications for child wellbeing and their development outcomes and society more broadly (Mackler et al., 2015; Turney, 2011). Parenting stress (negative feelings related to the demands of parenting) can be a risk factor for child maltreatment, neglect and trauma (Gonzalez & MacMillan, 2008). It can impact on parenting behaviour, children's emotional health and the quality of caregiving (Bailey et al., 2012; Fignar et al., 2009; Pereira et al., 2012). If parenting stress is high, it could lead to a more chaotic family environment which can impact children's wellbeing and could lead to lower self-esteem and higher anxiety for children (Coldwell et al., 2008; Fiese & Winter, 2010). In the UK, perinatal mental illness affects up to one in five new and expectant mothers (NHS England, 2024). This can impact the way mothers can bond and care for their children. Nurturing interactions between a baby’s caregiver and the baby are important for the baby’s development and if this is negatively impacted, this can have long-lasting effects on their development (Parent Infant Foundation,

2021). If a parent experiences poor mental health, children are also more likely to experience poor mental health (NHS England, 2018).

A study conducted in the United States found that children living in homes where caregivers reported higher levels of parenting stress were more likely to experience four or more ACEs by the age of 18. Therefore, lowering parenting stress through parenting interventions could decrease the level of childhood trauma experienced by a child or may lessen one type of stress in a home where many other stressors exist. Supporting families is, consequently, an investment in the future of children's health (Crouch et al., 2019). Furthermore, early experiences in childhood impact how adults later parent their own children (Letourneau et al., 2019). Parents who have been exposed to ACEs themselves are more likely to expose their own children to ACEs (Felitti et al., 1998; Larkin et al., 2012; Letourneau et al., 2019).

The convergence of attachment theory, ACEs research, and transition research points toward a unified understanding: the early years represent a critical window where relational experiences shape lifelong wellbeing, but this occurs within a context of significant parent stress and societal pressure. This suggests that effective early intervention must simultaneously address child development needs and parent wellbeing within families navigating unprecedented challenges. The bidirectional relationship between parent and child wellbeing becomes particularly crucial when parents themselves are experiencing multiple stressors that impact their capacity to provide nurturing care.

Contemporary Challenges: the Polycrisis

In 2020, the world experienced a COVID-19 pandemic, which led countries to put in place restrictions to reduce transmission rates. For families, these restrictions posed complications such

as home education requirements, social distancing and lockdown measures which significantly impacted families in many ways (Cluver et al., 2020). Parents went through remote work arrangements, financial instability including job losses and limitations on social interactions (Cluver et al., 2020). It has been suggested that these substantial disruptions to normal family routines during the pandemic may increase parental stress levels and household tensions. This deterioration in family environment may lead to an increase in ACEs including domestic violence, child abuse and neglect (Fegert et al., 2020). Research has shown the impact of the COVID-19 pandemic on families where parental stress increased significantly; parental wellbeing emerged as an important target point for interventions addressing the consequences of the pandemic (Calvano et al., 2022).

COVID-19 is but one factor that has altered family lives. In recent years, there have been a series of concurrent crises across the world that have interacted with each other in ways that have amplified their collective impact and complexity, termed a polycrisis (UNICEF, 2023). These shocks and stresses have included COVID-19, major wars, a global energy crisis, global inflation, food insecurity and climate change which have majorly altered the lives of families across the world (UNICEF, 2023). Furthermore, families have been impacted by significant societal changes, such as more complex family compositions, that can impact early childhood development (Bernardi et al., 2023). Families are therefore navigating an incredible amount of complexity and challenges when raising children in today's society.

Specifically, in the UK, since the HM Government's report into the first 1,001 days of life (HM Government, 2021), children and young people's health outcomes have deteriorated (Academy of Medical Sciences, 2024; Darzi, 2024). Recommendations to invest in the earliest years of life (including preconception and pregnancy) have been made to improve these

outcomes (Academy of Medical Sciences, 2024). The COVID-19 pandemic, where parents in the UK experienced social isolation and struggled to access services for themselves and their babies, has been a big external factor in impacting children's health outcomes (UK Parliament, 2021). In 2023/2024, child development outcomes at the age of two were still below pre-pandemic levels (Office for Health Improvement and Disparities, 2025). Furthermore, in the UK, there is a shortage of health visitors with the Healthy Child Programme only reaching one in five toddlers. Early intervention can strengthen bonding and attaching between primary caregivers and their babies, however, there are less than 100 health visitors trained in perinatal and infant mental health in the UK (iHV, 2024).

In the UK, the cost-of-living crisis in recent years has pushed more families with young children into poverty. It is estimated that 4.3 million children out of 14.4 million children in the UK are living in relative poverty (Institute for Fiscal Studies, 2024). In infancy, poverty has been associated with a low birth weight, shorter life expectancy and a higher risk of death in the first year of life (British Medical Association, 2017). In addition, children living in deprivation are more likely to have diet-related difficulties and mental health difficulties (The King's Fund, 2024).

The convergence of these multiple crises creates a fundamentally different context for parenting than existed when many early intervention programmes were originally developed. Families are no longer dealing with isolated stressors but with interconnected, ongoing pressures that compound each other. This suggests that traditional models of early intervention may need to be rethought to address the sustained, multi-faceted nature of contemporary family stress. The question becomes not just whether interventions work, but whether they work effectively given contemporary family pressure.

Early Intervention

There are many different early intervention programmes in existence with many different models. This can include child-focused, parent-focused, and two-generation models and in a variety of service settings including families' own homes and community-based centres. Research has shown that a variety of early interventions in the first five years of life that attend to specific needs of children and families in a variety of circumstances have had positive results (Center on the Developing Child, 2007). Suggestions for how to choose a programme include its documented effectiveness, to assure that they are implemented well and to be specific and clear about how their impact will be measured (Center on the Developing Child, 2007).

A review conducted in the UK aimed to identify which interventions were effective in improving early interaction between parents and young children with a view to improve attachment and parental sensitivity, social and emotional development and language and communication and to assess the quality of the available evidence of UK-based programmes (Axford et al., 2015). Five hundred interventions were found that could meet the scope of the review and 100 were researched further that are or could operate in the UK and have information regarding their effectiveness. The review highlighted the vast array of UK evidence-based interventions that are available that focus on improving the quality of interaction between the primary caregiver and children, delivered across a range of settings, and by a range of practitioners both professionals and volunteers.

Building on this review, 75 early intervention programmes aimed at improving child outcomes through positive parent–child interactions in the early years were researched further. The report found that although the overall evidence base for programmes available in the UK is not yet mature, there is a range of well evidenced and promising interventions that, if carefully

commissioned to ensure they fit with local need and context, are likely to be effective in tackling problems identified in the early years (Asmussen et al., 2016). The research presented supports similar past findings that early intervention programmes implemented worldwide have different theoretical and methodological starting points, and it is clear that no approach or service offers a 'magic solution' (Center on the Developing Child, 2007); rather, each intervention underlines and works on different, but sometimes overlapping and supplementary aspects of the difficulties occurring within these crucial first years.

Understanding the impact of targeted early intervention policies on the life-long development of children is an increasingly important focus of modern policymakers. One potential for focus is the welfare improvement for parents, benefitting their wellbeing directly and indirectly improving child wellbeing and development (Doyle et al., 2017).

Helping families raise their children is a global agenda. UNICEF aims to strengthen integrated services for early childhood development, working with governments, businesses, civil society, academia and other partners to promote parents' and caregivers' access to early child development services, and to help strengthen the service providers that support them (UNICEF, 2023). These evidence-based interventions aim to provide parents and caregivers with the skills to provide nurturing care to their children and to bolster parent and caregivers' own mental health and emotional wellbeing. When caregivers receive the support and skills to cope with stress and manage their mental health, they are better able to care for their children (UNICEF, 2023). UNICEF work with governments and businesses to provide family-friendly policies that contribute to happier families, thriving children as well as gender equality, workforce productivity and sustainable economic growth (UNICEF, 2023).

Furthermore, UNICEF, in collaboration with the University of the Witwatersrand (WITS) and WHO, developed the Caring for the Caregiver (CFC) package. CFC aims to develop frontline workers' capacity to provide counselling and parenting support to help caregivers' emotional wellbeing and their social support to enable nurturing care for improved child development outcomes (UNICEF, 2024). This package was in response to very little support for caregiver emotional wellbeing in resource constrained low and middle-income countries. It is recognised that preventive support for caregiver health and emotional wellbeing is key for optimal child development (UNICEF, 2023).

While global frameworks like UNICEF's Caring for the Caregiver package recognise the need for caregiver support, the translation of these principles into local practice remains complex. Home-Start's community-based, volunteer-led model represents one approach to operationalising these global insights within the specific context of UK families. However, the mixed research findings suggest that understanding how these broad principles work in practice requires deeper exploration of individual family experiences and local implementation factors.

Policy Recognition and Early Intervention in the UK

In March 2021, the UK Government and Public Health England published a report recognising the importance of the first 1,001 critical days and outlined their vision to help provide children with the best start in life (HM Government, 2021). To help give children the best start in life, nurturing relationships, an enriching home environment and parents who are well supported and enabled to provide this is important (Home-Start, 2021).

In this context, early intervention and early help are forms of support to help improve outcomes for families and children and/or prevent escalating need or risk (NSPCC, 2023). The

importance of helping families early is recognised in national safeguarding guidance in the UK as well as its importance during the early years of life (HM Government, 2021, 2023). Early intervention and early help are terms used interchangeably by practitioners, although there can be a distinction between the two, used by policymakers and researchers (Frost et al., 2015). Early help usually means more universal services aimed at improving outcomes for children such as children's centres and health visiting. Early intervention usually involves more targeted services addressing individual risks and protective factors, such as relationship support for parents and mentoring schemes. Early help and early intervention services can be provided at any stage in a child or young person's life, from the early years through to adolescence. Services can be delivered to parents, children, or whole families (NSPCC, 2023).

Providing timely support is vital. Identifying and addressing needs early can increase protective factors and impact on children's wellbeing. Early help and early intervention can protect children from harm, reduce the need for a referral to child protection services, improve children's long-term outcomes, improve children's home and family life and support children to develop strengths and skills to prepare them for adult life (EIF, 2021; Haynes et al., 2015).

In January 2025, the UK government provided £126 million to continue the delivery of Family Hubs and Start for Life services for 75 local authorities with high levels of deprivation (HM Government, 2025). However, research published in April 2025 showed that 49% of local authorities reported cuts to their budgets for family hubs and children’s centres between 2023/24 and 2024/25 (Centre for Young Lives, 2025). Over the last 15 years, the number of children’s centres has declined as well as the depth of support they provided (Centre for Young Lives, 2025). Therefore, it is evident that further funding is needed to provide access to family hubs and children’s centres across all localities in the UK. This paradox of increased policy recognition

alongside continued service reductions reflects the gap between acknowledging early years importance and translating this into sustained, accessible support. For families navigating the polycrisis, this means that even when intervention services exist, access remains inconsistent and uncertain.

Home-Start

Home-Start is a charity that provides early intervention services with their main focus on home visiting. They operate globally in 22 countries, tailoring services to meet local needs while maintaining a central mission: to strengthen families by providing emotional and practical support. They use a community-based model, with volunteers going into the home for their home visiting services (Home-Start Worldwide, 2024). In the UK, Home-Start assists families with at least one child under five, particularly those facing challenges such as poverty, isolation, mental health issues, and disabilities (Home-Start, 2024). They offer tailored emotional and practical support, which is needs based. Home-Start suggest that importance of these services has become increasingly apparent in the wake of the COVID-19 pandemic, which exacerbated existing struggles and introduced new challenges for families, including rising rates of domestic abuse, mental illness, and child poverty (Home-Start, 2021).

Inclusion Criteria to Access Home-Start

Home-Start support families with at least one child under the age of five. Services are adapted to meet the needs of local communities so sometimes children may be over the age of five if Home-Start have special funding to support them. Families are eligible for Home-Start support who may be experiencing various difficulties, and so the inclusion criteria are broad and needs-based. For example, Home-Start will tailor their support to help families with twins, triplets or more, where there is a bereavement or illness, disability or addition, or where there is mental ill health,

or money or housing problems. They also help families who are isolated and have no-one nearby to help (Home-Start, 2025). The secondary data used in this research project and supplied by Home-Start Gloucestershire covers a wide range of families who would have accessed home visiting and groups for a variety of reasons.

There is a lot of flexibility in how Home-Start provide support. It is given freely and received freely by families. Each has a choice about whether they continue with the relationship. Home-Start may stop support:

- when the youngest child turns five or goes to school full time,
- if the family's circumstances have got better and they feel you can cope, and they want to free up their volunteer to help another family,
- if the family decide they no longer want support,
- if the volunteer's circumstances change and they must stop volunteering – in which case another volunteer can be found if the family agree to this.
- if, for any reason, our volunteer is no longer safe coming to the family's home to support them (Home-Start, 2025).

Home-Start try and support any family who is struggling, but being a charity means that funding and resource can be limited. Support for families may not be available:

- if all their volunteers are already supporting other families.
- if there is not enough funding to train more volunteers.
- if families have a very complex set of problems and there is not an experienced volunteer available.

- if families need more support than volunteers can give whereby other support is recommended.
- if there is some reason the volunteer would not be safe supporting the family (Home-Start, 2025).

Over the years, the impact and exploration of Home-Start services have been researched including qualitative, quantitative and mixed methods studies. Home-Start UK evaluates its services and provides impact reports at local and national levels, which have shown positive results (Home-Start, 2014; 2017; 2019; 2021). These reports have quantitative measures, such as pre- and post-intervention questionnaire scores. Qualitative feedback and quotations from parents are also included in these reports to reflect key experiences and information

Home-Start Research

Home-Start has also worked in collaboration with universities and research centres to explore their early intervention services, with the research showing mixed findings. Some quantitative studies have shown beneficial outcomes to parent and child wellbeing (Hermanns et al., 2013; Kenkre & Young, 2013; Warner, 2019). However, other quantitative findings had not shown such beneficial results (Barnes et al. 2006; McAuley et al., 2004). Barnes et al (2006) found that at 12 months, there were few differences between the intervention (Home-Start support for mothers and their new babies) and comparison groups. However, there were some differences between the groups related to parenting stress where this had dropped significantly for the Home-Start intervention but not for the comparison group. McAuley et al (2004) conducted a mixed methods study where the quantitative and qualitative findings were at odds with one another. They found no significant differences at 10 to 12 months for parenting stress, maternal mental health,

maternal self-esteem, child development and maternal social support. However, in qualitative interviews, parents expressed improvements to their mental health because of Home-Start. Qualitative studies have mostly shown the value of Home-Start support (Bagihole, 1996; Frost et al., 2000; MacPherson et al., 2010; McAuley et al., 2004; Oakley et al., 1998). For example, mothers reported feeling less depressed, isolated, lonely and pressured with some expressing better relationships with their children and partners (Bagihole, 1996). In MacPherson et al's (2010) study, 23 mothers all made at least one positive comment about Home-Start support. However, some parents reported difficulties with support such as problems with the administration of the schemes and how the support was withdrawn, and mismatches between the families and the volunteers. These qualitative findings suggest that some parents may find the support more valuable than others yet with an overarching theme that the support from Home-Start was positive. Home-Start Hertfordshire evaluated a newly developed service to support women at risk of perinatal anxiety and depression, visited in their homes by trained volunteers. Volunteer feedback and interviews with coordinators indicated that women found the service constant, reliable and an unconditional source of support, showing the value of the new service for the mothers (Burn & Almack, 2018).

It is difficult to tell why findings have been variable. It could be to do with research designs of studies including sample size for the quantitative studies. In qualitative studies, participants who report the value of Home-Start may be more likely to take part in the study. However, Home-Start's approach is needs-based and multifaceted where different work will be happening with different families, which can be difficult to study because impact may be different for different families. This can also be difficult to show using outcome measures. Researchers have reflected the difficulty in evaluating needs-based programmes using

experimental designs (Azzi-Lessing, 2011; McCall & Green, 2004). In the UK, the government emphasises programmes with children being evidence-based, which can prove difficult for programmes like Home-Start which are needs-based. Research has suggested that needs-based programmes should be based on a variety of methodological approaches, to understand what works for these programmes (McCall & Green, 2004).

Taken together, these findings suggest a complex picture of Home-Start's effectiveness. While quantitative measures do not consistently capture significant change, qualitative accounts do consistently reveal meaningful improvements in parents' emotional wellbeing and sense of support. This pattern indicates that traditional outcome measures may be inadequate for capturing the nuanced ways that relationship-based interventions impact families. The variation in findings also suggests that Home-Start's needs-based approach creates different pathways to change for different families, highlighting the importance of understanding individual experiences rather than seeking uniform outcomes. The tension between global recognition and local implementation becomes particularly apparent in the UK context, where despite policy commitment to the first 1,001 critical days, service provision remains fragmented and under-resourced. Home-Start operates within this challenging landscape, attempting to provide the relationship-based support that global frameworks advocate while navigating local funding constraints and changing family needs.

Research Gaps and Methodological Considerations

Three interconnected gaps emerge from this literature. First, while we know the early years are critical and that contemporary families face unprecedented challenges, we have limited understanding of how parents experience these early years within the current polycrisis context. Second, although early intervention is recognised as important, the mixed findings around

programmes like Home-Start suggest we need better understanding of how these interventions work from parents' perspectives. Third, methodologically, the predominance of quantitative evaluation may be missing the processes that make interventions meaningful for families. Together, these gaps point toward the need for research that centres around parents' lived experiences while using methods that capture both outcomes and processes.

Although previous qualitative studies show the value of Home-Start home visiting, there is a gap in the research in exploring in depth the complex and nuanced experiences of parents and what this could mean in informing Home-Start home visiting, particularly given that previous research has found there is a variation in the value attributed to Home-Start. In the wider home visiting literature, home visiting programmes have also predominantly relied on quantitative evaluations to assess the effectiveness of these interventions in enhancing family and child outcomes (Butler et al., 2020). While these evaluations are essential for demonstrating efficacy and justifying broader programme implementation, they may not capture the full complexity of participants' experiences (Butler et al., 2020).

Understanding early interventions on a personal level is critical for adapting services to meet the unique needs of diverse families (Furlong & McGilloway, 2012; Holtrop et al., 2014). By exploring parents' perceptions and experiences through qualitative methods, researchers can illuminate the key aspects of change that make these interventions meaningful and impactful for families (Kane et al., 2007). Previous research supports the value of qualitative inquiry in measuring the impact of parent support programmes like home visiting (Butcher & Gersch, 2014), highlighting how qualitative methods can complement quantitative findings by offering a richer dimension of understanding about parents' experiences (Butcher & Gersch, 2014; Levac et al., 2008).

Synthesising evidence from qualitative studies can generate valuable insights into people's beliefs and concerns and their support and information needs (Seers, 2015). A qualitative systematic review can strengthen the methodological rigour of individual studies by bringing together research on any given topic. This can confirm and consolidate existing findings, and/or identify new understandings among findings (Seers, 2015). Furthermore, while there have been reviews on interventions for specific conditions such as antenatal depression and specific interventions such as home visiting, there has been limited comprehensive mapping of the breadth of early years interventions focusing specifically on parental wellbeing.

The complexity found through this introduction - of interconnected contemporary challenges, mixed intervention evidence, and the gap between policy and practice - requires a methodological approach that can provide measurable outcomes and the meaning-making processes through which families experience support.

Home-Start Gloucestershire: The Research Context

In 2019, Home-Start Gloucestershire expanded to form a Consortium across all three localities in Gloucestershire: North and West Gloucestershire, Cotswolds and Stroud and Gloucester. Between these three Home-Starts, families throughout the county can access help and support (Home-Start Gloucestershire, 2025). Each of the three localities is an independent charity affiliated to Home-Start UK. Home-Start Gloucestershire aim to see families living in Gloucestershire getting the support they need to give their children the best possible start in life. They provide home visiting, antenatal groups, postnatal groups, a perinatal mental health group and a Dad Matters Scheme support. Their volunteers are either parents or have parenting experience and are trained, supported and mentored to Home-Start UK standards (Home-Start Gloucestershire, 2025). Table 1 gives a breakdown of the support available as described on

Home-Start Gloucestershire's website. Home-Start Gloucestershire is at the focus of this mixed methods study and, specifically home visiting, Bump Start, Best Start and Mothers in Mind groups.

Table 1

A Breakdown of Home-Start Gloucestershire's Early Intervention Services

Type of Service	Overview	Support Available
Home Visiting	A volunteer who can visit 2-3 hours a week in the family's own home. The volunteers can offer emotional and practical support that is tailored to the family's individual needs.	• being a listening ear or someone to talk to • adult company • helping and playing with your children • reassurance • help to find out about and access other local amenities and services • encouragement and motivation • practical help
Bump Start Group	A welcoming, friendly and relaxed antenatal group that provides support during pregnancy	Interactive and practical, covering topics such as: • Bonding with your bump and newborn baby • Physical and mental wellbeing during and after your pregnancy

Type of Service	Overview	Support Available
		• Labour, birth and your choices • Practical advice around caring for your developing newborn baby
Best Start	Postnatal group that supports parents with babies between 0 and 6 months old on their parenting journey. Best Start can help parents to meet in a welcoming, informal and inclusive environment to share experiences and reassurance about baby's development.	• Weaning • Baby massage and sleep • First Aid • Adjusting to becoming a parent • Getting to know baby • Teething • Play idea and communicating with your baby • Introduction to other community groups
Mothers in Mind	Drop-in peer support group during term-time, offering mums a place to find comfort, advice and support while experiencing anxiety, depression, low mood, OCD, or loneliness around the time of pregnancy or after birth	The group is a place for sharing thoughts and experiences, taking part in activities or solely enjoying the company of other mums and their children (babies up to preschool age). The aim is to provide reassurance to mothers coping with moderate to severe mental health concerns in a non-judgemental way.

Type of Service	Overview	Support Available
Dad Matters	To support dads to have the best possible relationship with their families.	• Help dads have positive relationships with their families • Support dads with their wellbeing and mental health • Encourage dad's participation in services that have traditionally been targeted for mums • Provide peer support for dads

Rationale for this research project

The convergence of evidence presented above creates a case for this research. The critical importance of early years, combined with unprecedented contemporary challenges and mixed evidence about intervention effectiveness, points towards a knowledge gap: we understand that families need support during these crucial early years, but we lack sufficient understanding of how they experience this support within the current landscape of multiple, interconnected stressors.

The above literature discusses how early years of life (from conception until 1001 days) shapes lifelong wellbeing, highlighting the role of parents and the importance of early intervention. Research also suggests that the transition to parenthood can be complex, with various factors influencing both parental and child wellbeing. Additionally, early intervention services have been identified as a key support mechanism for families. However, recent societal changes and the ongoing polycrisis have added new dimensions to the challenges of parenting,

potentially altering the needs of contemporary families. Given these changes, it is important to understand and explore how parents experience the early years of parenting, how they can best be supported, and to evaluate the effectiveness of current early intervention services in addressing emerging challenges.

Home-Start is one such service who provide early intervention, supporting families from pregnancy up to five years of age in different ways including parent wellbeing. Previously, Home-Start services have been subject to evaluation and research with mixed findings, as discussed in this chapter. Home-Start UK operate in localities, with Home-Start Gloucestershire home visiting and group interventions at the forefront of exploration in this study. The impact of their early intervention services, specifically home visiting and group interventions, will be explored from a parent perspective to recognise what may be working or hat may need changing to best support families. Given the needs-based and multi-faceted nature of Home-Start, I argue that a mixed methods approach to explore Home-Start's early intervention services is warranted for this study due to complexity that cannot be adequately captured through a single research methodology. Given Home-Start's personalised support varies significantly based on individual family circumstances, volunteer capabilities, and local implementation factors, combining both methodological approaches enables researchers to simultaneously measure outcomes while understanding underlying processes, capture both breadth and depth of impact.

Research Questions

The aim of this research project is to explore parents' lived experiences of the early years of parenting, including their experiences of accessing support during the early years via Home-Start Gloucestershire early intervention services. The following research questions will be addressed to explore this aim:

What is the nature, extent and characteristics of early years interventions aimed at supporting parents' wellbeing and thus improving family outcomes?

What are parent's experiences of the early years of parenting and what can we learn from this?

What is the impact of Home-Start Gloucestershire's early intervention services and how can this inform other Home-Start services in the UK and beyond?

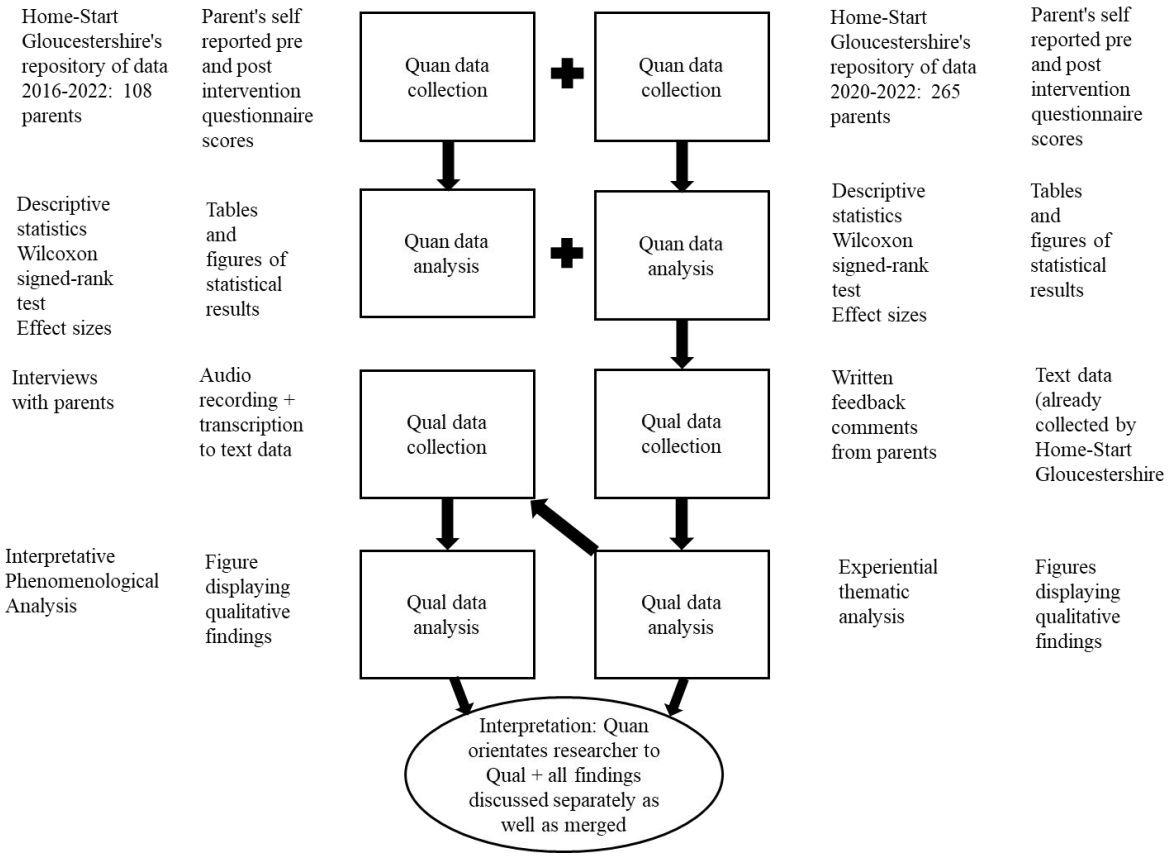
Mixed Methods Design

To answer the research questions, a mixed methods design was used. It was a sequential qualitatively driven mixed methods design. There was a quantitative and qualitative component to both the home visiting study and the group intervention study where the quantitative research helped with orientation and the qualitative research delved deeper into the research, providing depth of exploration.

This research project conducted a series of interconnected studies outlined in the thesis structure section. The mixed methods approach is discussed in further detail in Chapter 3. Figure 1 represents a visual display of the mixed methods design, as recommended by Creswell and Plano Clark (2017) to provide clarity, communication and understanding of complex mixed methods designs.

Figure 1

MMR Design Diagram for this Study



Note This diagram displays the two Home-Start Gloucestershire early interventions explored in this mixed methods study. Procedures show what the data collection and data analysis methods were. Products show what data was collected and how the results from the data analysis were displayed. The "+" indicate data collection and data analysis that was conducted at a similar time. The arrows show the order in which the mixed methods study was conducted.

Originality and Significance of the Thesis

My research project makes three original contributions. It explores the early years of parenthood from the parent's perspective since the world and the UK has been impacted by the polycrisis,

providing up to date insight into the changed lives for families. By centring parents' own perspectives, the study highlights what matters most to them and emphasises the importance of prevention through supporting caregivers directly.

Secondly, my research adds methodological value. I used a mixed methods design with a strong qualitative component to capture both breadth and depth. This responds to the mixed findings in previous research and addresses the relative lack of qualitative enquiry in intervention evaluation.

Thirdly, my research uses an interpretivist stance in its mixed methods approach. There are few examples of this combination in the existing literature, and the study demonstrates how interpretivism can provide richer insights into the meaning-making processes of parents, extending the methodological conversation in this area.

Taken together, these contributions provide a more nuanced understanding of parent experiences during changing and challenging times in the UK, provides valuable insight into early intervention, specifically exploring the context of Home-Start Gloucestershire's early interventions, and extends the methodological base for mixed methods research in intervention evaluation.

Thesis Structure

This chapter, chapter 1, has presented an introduction and rationale for this research project. It has framed the significance of the importance of the early years of a child's life from conception, early intervention for parent and family wellbeing and specifically Home-Start UK and Home-Start Gloucestershire early intervention services. To address the interconnected gaps identified in Chapter 1, this research project uses a sequential qualitatively-driven mixed methods approach

with eight chapters. Chapter 2's systematic reviews establish what we know about parent experiences and intervention effectiveness, creating the foundation for the primary studies. Chapters 4 and 5 then explore Home-Start Gloucestershire's services, with quantitative data providing orientation while qualitative analysis reveals the deeper meaning-making processes that families experience. Chapter 6 synthesises these findings to understand both effectiveness and experience, while Chapter 7 translates insights into practical evaluation tools.

Chapter 2 provides a more in-depth investigation into the literature on lived experiences of parents during the early years and early intervention. This is in the form of two systematic reviews. The first is a qualitative systematic review exploring the lived experiences of parents during the transition and early years of parenthood. The second is a scoping review that maps and summarises the evidence base for early interventions which partly or wholly aim at improving parents' wellbeing. The results of these two reviews are then discussed in the context of next steps for this research project and provide a framework for the design of the primary studies conducted. The evidence presented in Chapter 2 alongside the research questions for this research project and next steps are discussed.

Chapter 3 gives a breakdown of the methodology used and why. The epistemological and ontological stance of the researcher will be reflected upon and the impact it has had on the research. The mixed methods approach will be critically discussed and how the researcher arrived at a sequential qualitatively driven mixed methods design. The phases of the research will then be detailed.

The following four chapters make up the sequential qualitatively driven mixed methods research. Chapter 4 explores Home-Start Gloucestershire's home visiting service starting with a quantitative exploration of Home-Start Gloucestershire's repository of data. This data included

pre and post intervention scores from parents who attended Home-Start Gloucestershire's home visiting, which were statistically analysed. Following this, a qualitative study was conducted to explore Home-Start Gloucestershire home visiting in more depth, exploring parent's rich and nuanced experiences of the early years of parenthood and of accessing home visiting support using semi-structured interviews and Interpretative Phenomenological Analysis. This delves deeper into the parents' life worlds and lived experiences.

Chapter 5 explores Home-Start Gloucestershire's early intervention groups (antenatal, postnatal and perinatal mental health group). This involved quantitative and qualitative analysis of Home-Start Gloucestershire's repository of data, including statistical analysis to compare pre and post scores of attending the groups as well as qualitatively analysing written feedback from group interventions using thematic analysis.

Chapter 6 is an overall discussion pulling the mixed methods research together to give an in depth understanding of the experiences of parents during the early years of parenting as well as an in depth understanding of the effectiveness and experiences of Home-Start Gloucestershire's early intervention services. The sequential qualitatively driven research provides a layered approach by first looking at effectiveness and then peeling back to understand how deep this effect goes and what it means to parents. Limitations, implications and future research will be discussed.

Chapter 7 details how the exploration of Home-Start Gloucestershire's early intervention services has informed an evaluation toolkit for Home-Start UK. This investigates what worked well and lessons learned, and how the evaluation toolkit was developed. The evaluation toolkit is then presented.

Chapter 8 concludes the research including reflections.

Please note the colours used in the figures throughout this thesis are orange and purple to reflect the colours of Home-Start. In keeping with the phenomenological and interpretivist stance of this project, there will be a reflexivity section with each chapter.

CHAPTER 2

Literature Reviews

Two systematic literatures reviews were conducted as a part of this research project: a qualitative systematic review and a scoping review. Building on Chapter 1, Chapter 2 provides an in-depth investigation into the literature on lived experiences of parents during the early years and early intervention. The two reviews are presented as academic papers that are currently under review at peer-reviewed journals. The first half of Chapter 2 is a qualitative systematic review exploring the lived experiences of parents during the transition and early years of parenthood. This review is presented first to provide an exploration of the lived experiences of parents in the past ten years, to reflect contemporary parenthood and their more recent challenges. A qualitative systematic review was chosen to provide an in-depth exploration, bringing together the parent voice across the literature, so that we can understand what experiences are like for parents, helping to inform further research on how best to support them. This reflects the phenomenological and interpretivist stance of this research project, focussing on parent experience. The second half of Chapter 2 is a scoping review that maps and summarises the evidence base for early interventions which partly or wholly aim at improving parents' wellbeing. A scoping review was chosen to give a broad overview of early interventions and evidence from the past ten years. The two literature reviews together then give a holistic view of parent's lived experience as well as availability of early intervention with a view to improve parent wellbeing. This provides a foundation for informing further study in this research project, as well as informing Home-Start Gloucestershire so that they can understand recent parent

experience and other early interventions across the world, thus informing how they shape their own services. The results of these two reviews are then discussed in the context of next steps for this research and provide a framework for the design of the primary studies conducted.

Qualitative Systematic Review

Experiences of parents and their transition to parenthood: A systematic review and thematic synthesis of qualitative literature

Given the age that we live in with major world changes and its impact on family lives, it is critical to bring together evidence on parent's experiences of the transition to parenting and the early years of parenting to learn how to best support them during this crucial time. Synthesising evidence from qualitative studies can generate valuable insights into people's beliefs and concerns and their support and information needs (Seers, 2015). A qualitative systematic review can strengthen the methodological rigour of individual studies by bringing together research on any given topic. This can confirm and consolidate existing findings, and/or identify new understandings among findings (Seers, 2015). This qualitative systematic review aimed to synthesise existing qualitative studies exploring views and experiences of the transition to parenthood and the early years of parenti. This review may be used to inform those working in the early years about the experiences and needs of parents and how best to support them during this critical transition and time, gathering evidence together. The research question is: What are parents' experiences of the transition to parenthood?

Methods

A qualitative systematic review was conducted with the aims and research question formulated using the SPIDER tool (Cooke et al., 2012): the sample was parents (mothers, fathers or both); the design was diverse methods such as interviews, focus groups and diaries; the evaluation was

experiences of becoming parents and parenting in the early years and the research was qualitative primary studies. I conducted the review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021) and the Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) guidelines (Tong et al., 2012).

Search Strategy

Five databases were searched using a pre-planned comprehensive search strategy via EBSCO: MEDLINE, CINAHL with Full Text, APA Psycinfo, APA PsycArticles and Psychology and Behavioral Sciences. The following combinations of keywords were searched: "parent*" or "mother*" or "father*" or "family*" or "families" or "primary caregiver*" in the title; "mental health" or "transition" or "psychological adjustment" or "wellbeing" or "emotion*" or “experiences” or “perception*” or “attitude*” or “views” or “feelings” or “qualitative” or “perspective” or “narrative” in the Title and "early childhood" or "young children" or "early years" or "infant" or "postnatal" or "postpartum" or "perinatal" or “toddler” or “preschool” or “baby” in the Abstract. Peer reviewed full text articles from the last 10 years were searched (2013 to 2023). This was so the literature provided a more recent reflection of world changes and family structures.

Inclusion criteria was: peer reviewed primary studies; mothers, fathers, both parents or the primary caregiver with children aged 0-5; where participants may have talked about their experiences of the antenatal period as well as other periods, but were recruited after birth of the child/children and papers that had qualitative methodology. Exclusion criteria was: studies that focussed on parents and or/children diagnosed with mental health or physical health difficulties including postpartum depression due to their unique experiences; sub populations of mothers,

fathers or primary caregivers e.g. seldom heard or minority groups due to their unique experiences and where the focus of the study was purely on the antenatal period.

Quality Appraisal

I used the Critical Appraisal Skills Programme (CASP) Qualitative Checklist to assess the quality of the included studies (CASP, 2024). This assesses various elements of qualitative research studies, including research aims, appropriate methodology, research design and strategy, methods of data collection and communication between researchers and participants, ethical considerations, rigor of data analysis, and the clarity and value of study findings. Quality of included studies was assessed by the first author and discussions and consensus were made between the two authors on the final quality assessment. There is no widely accepted or empirically tested approach for excluding qualitative studies from synthesis on the basis of quality (Dixon-Woods et al., 2006; Thomas & Harden, 2008). Therefore, no studies were excluded but results were discussed.

Synthesis

Key characteristics from the studies were extracted and tabulated. I conducted inductive thematic synthesis (Thomas & Harden, 2008). Thematic synthesis is often used to inform policy and practice, including health services (Barnett-Page & Thomas 2009; Tong et al. 2012). Coding of the results of each study was conducted using NVivo and Excel. Codes were compared for similarities and differences and grouped into descriptive themes, and then analytic themes were developed (Thomas & Harden, 2008). Thematic synthesis has been identified as an appropriate method to synthesise the findings of multiple qualitative studies (Thomas & Harden, 2008). The three stages of thematic synthesis were: free line by line coding of the findings of primary studies; the organisation of “free codes” into related areas to construct descriptive themes and the

development of analytical themes. Comparisons were made within and across studies, with subsequent codes coded into pre-existing codes and new codes created when necessary. The process of developing descriptive and analytical themes was done inductively, allowing these to emerge from the data. The number of papers included in each subtheme has been stated out of 11. Coding was conducted by the first author (MB) and independently reviewed by the second author (KK) with subsequent discussion to form themes.

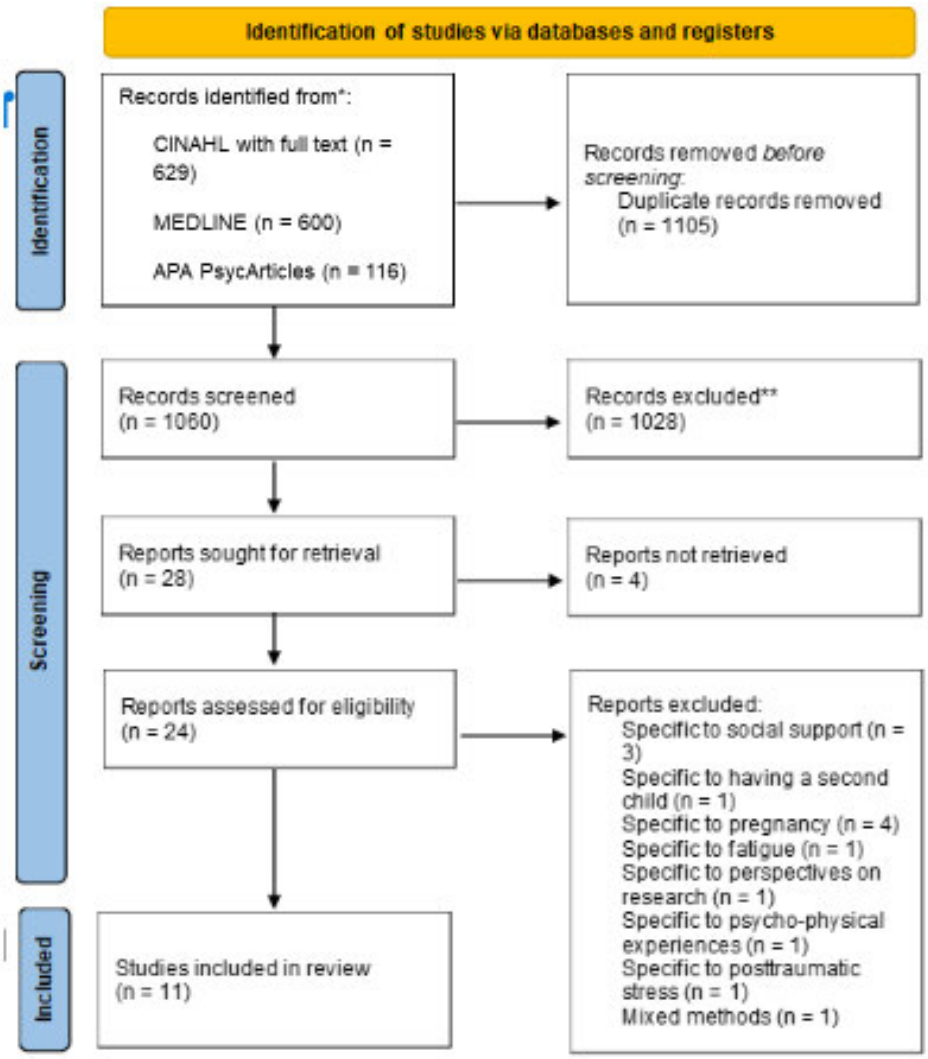
Results

Search Results

After removal of duplicates, 1689 references remained for screening. Firstly, I conducted a title screen concluding in 101 references. Next, an Abstract screen was conducted leading to a remaining 28 references. Reasons for references being screened out included the methodology used not being qualitative, the wrong age group of children and papers focussed on specific life circumstances e.g. autism, school readiness, very preterm or preterm infants, stillbirths and intervention based. 28 references were sought for their full text and four papers were excluded because the full text was not accessible. I screened 24 full text papers for inclusion. 11 peer reviewed papers concluded the review with 13 papers excluded due to specific focuses such as social support (n = 3), having a second child (n = 1), pregnancy focussed (n = 4), psycho-physical experience focussed (n = 1), posttraumatic stress focussed (n = 1), perspectives on research (n = 1) and mixed methods methodology (n = 1) (please see Figure 2.1 for the PRISMA 2020 flow diagram). The first author conducted the screening process and this was reviewed and consolidated by the second author.

Figure 2.1

PRISMA 2020 Flow Diagram



Characteristics of Included Studies

A total of 11 studies were identified for inclusion in the current review. Characteristics of each study have been put into a table (see Table 2.1).

Studies were conducted in the United Kingdom (UK) (n=5), Australia (n=2), Canada (n=2), South Korea (n=1) and the United States of America (n=1). Most of the qualitative data derived from interviews (n=9). One study used an online open-ended survey and one study was a

multiple case design with interviews and video footage. Most common methods of analysis were Interpretative Phenomenological Analysis (n=3) and thematic analysis (n=4). The review included data from a total of 195 parents. Four studies were conducted with fathers, five with mothers and one with parent couples (heterosexual and same sex) and one with either the mother or the father (six mothers and four fathers). Seven studies were conducted with first time parents. Subgroups identified included two studies specific to exploring the impact of COVID-19.

Table 2.1

Table of Characteristics of Included Studies

Author and year	Study country	Aims	Participants	Data collection	Data analysis
Baldwin et al., 2019	UK	How men experienced first-time fatherhood and what their perceived mental health and wellbeing needs were.	21 first time fathers with children under 12 months.	Semi-structured interviews	Framework analysis
Coe et al., 2021	UK	Explore father's experiences and understandings of parental roles; comparing these with observations of them interacting with their baby.	Six fathers with babies between 6 weeks and 6 months of age.	Semi-structured interviews. Video recording. Unstructured interview.	Thematic analysis. CARE-Index analysis. Triangulation of data.

Author and year	Study country	Aims	Participants	Data collection	Data analysis
Collins, 2021	UK	Complex emotions experienced during early motherhood and impact of them on mother's phenomenological experience.	Six mothers who found motherhood challenging and experienced psychological Distress.	Semi-structured interviews	Interpretative Phenomenological Analysis
Gray & Barnett, 2022	UK	Explore how first-time mothers experienced new parenthood during the COVID-19 pandemic.	Ten first-time mothers who had given birth since declaration of COVID-19.	Semi-structured interviews	Critical realism. Reflexive thematic analysis
Joy et al., 2020	Canada	To explore the postpartum experiences of new parents during COVID-19 pandemic.	68 new mothers with a baby 0-12 months during COVID-19.	Open ended online survey	Feminist poststructuralism. Discourse analysis.
Kowlessar et al., 2015	UK	Exploring lived experience of first time fathers during the first 12 months, including support.	10 first-time fathers with a baby 7 to 12 months old.	Semi-structured interviews	Interpretative phenomenological analysis

Author and year	Study country	Aims	Participants	Data collection	Data analysis
LeBlanc et al., 2023	USA	Examine new mothers' narratives regarding their postpartum experience.	22 new mothers with baby 6 weeks-1 year.	Semi-structured interviews	Grounded theory and iterative analysis
Levesque et al., 2020	Canada	New parents' experiences and perceptions of challenges in assuming parenting role and maintaining relational wellbeing	23 new parent couples with a child aged from 6 to 18 months,	Semi-directed dyadic interviews, individual interviews	Thematic analysis
Marshall & Thompson, 2014	Australia	Investigate less severe postnatal difficulties and symptoms that mothers experience.	Seven mothers with a child less than 1 year old	Semi-structured interviews	Interpretative Phenomenological Analysis
Noh, 2021	South Korea	Experiences to parenthood of first-time fathers and provide data to develop perinatal education and nursing interventions.	12 first time fathers with children under 2 months of age	In depth interviews	Phenomenological method

Author and year	Study country	Aims	Participants	Data collection	Data analysis
Young et al., 2020	South Australia	Parents' recollections of resilience hindering experiences in first year of parenthood.	Six mothers and four fathers, eldest child was 12-18 months.	Semi-structured interviews	Inductive critical realism. Thematic analysis.

Methodological Quality of Included Studies

Most studies provided a clear statement of their aims apart from one, which was not completely explicit (Young et al., 2020). Qualitative methodology was appropriate for all studies and the research design was appropriate to the aims of the research. All studies provided valuable research. One study did not elaborate on how the participants were selected (Collins, 2021). However, all other studies had an appropriate recruitment strategy. Most studies collected data in a way that addressed the research issue apart from one study where there were some clear indications but no elaboration to justify the approach (Kowlessar et al., 2015). Data analysis was sufficiently rigorous for most studies apart from one study where there was a description of the analysis process and adequate use of data to present the findings but no critical examination of the researcher's own role and potential bias with elaboration needed (Collins, 2021). Quality was less robust for adequately considering the relationship between researcher and participants with one study not mentioning this (Collins, 2021) and four others not discussing this in enough depth in terms of critical examination (Gray & Barnett, 2022; Joy et al., 2020; Kowlessar et al., 2015; Noh, 2021). Only three studies took ethical issues into consideration (Baldwin et al., 2019; Gray & Barnett, 2022; Young et al., 2020) with eight studies lacking sufficient detail (Coe et al., 2021;

Collins, 2021; Joy et al., 2020; Kowlessar et al., 2015; LeBlanc et al., 2023; Levesque et al., 2020 Marshall & Thompson, 2014; Noh, 2021). Most studies gave a clear statement of findings apart from two that lacked critical discussion surrounding credibility, despite providing explicit findings (Collins, 2021; Joy et al., 2020). Table 2.2 shows a breakdown of the CASP scores for each included study.

Table 2.2

CASP Scores

Author, year	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total score
Baldwin et al., 2019	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	20/20
Coe et al., 2021	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	19/20
Collins, 2021	Yes	Yes	Yes	Can't tell	Yes	No	Can't tell	Can't tell	Can't tell	Yes	14/20
Gray & Barnett, 2022	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	19/20
Joy et al., 2020	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Can't tell	Yes	17/20
Kowlessar et al., 2015	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Yes	Yes	Yes	17/20
LeBlanc et al., 2023	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	19/20
Levesque et al., 2020	Yes	Yes	Yes	Yes	Yes	No	Can't tell	Yes	Yes	Yes	17/20
Marshall & Thompson, 2014	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	19/20
Noh, 2021	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes	18/20
Young et al., 2020	Can't tell	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	19/20

Legend 1 Critical Appraisal Skills Programme (CASP) questions scoring: Yes =2 Can't Tell = 1 No = 0

Q1. Was there a clear statement of the aims of the research?

Q6. Has the relationship between researcher and participants been adequately considered?

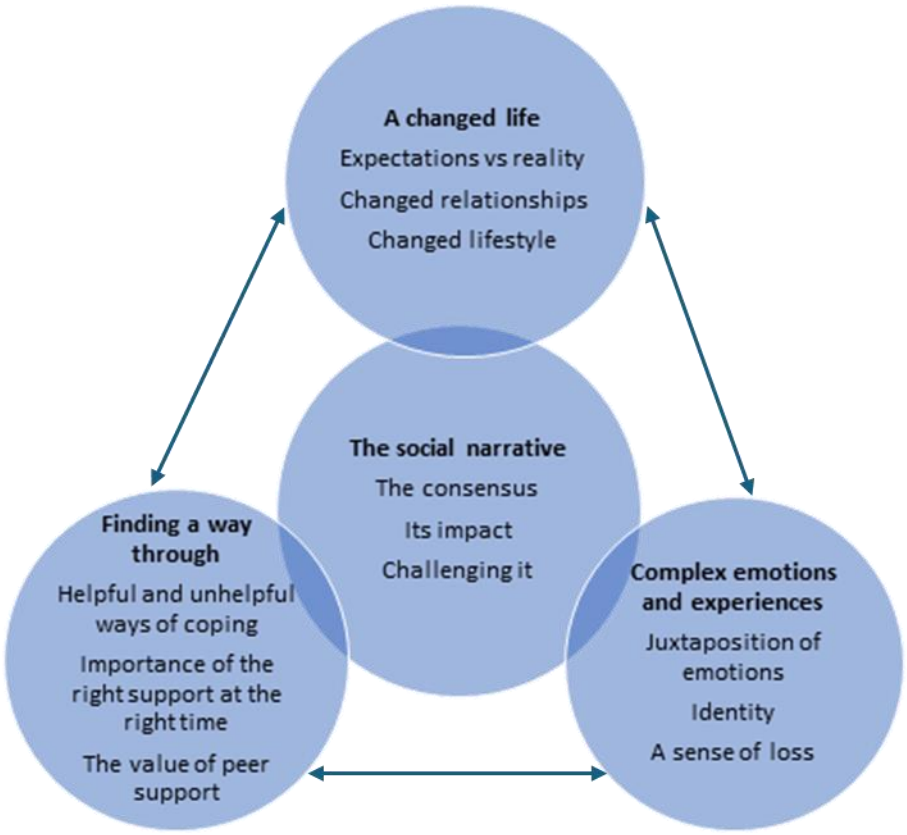
Q2. Is a qualitative methodology appropriate?
Q3. Was the research design appropriate to the aims of the research?
Q4. Was the recruitment strategy appropriate to the aims of the research?
Q5. Was the data collected in a way that addressed the research issue?
Q7. Have ethical issues been taken into consideration?
Q8. Was the data analysis sufficiently rigorous?
Q9. Is there a clear statement of findings?
Q10. How valuable is the research?

Thematic Synthesis

Four analytical themes were identified: A changed life; The social narrative; Complex experiences and emotions and Finding a way through. Figure 2.2 presents the analytical themes and subthemes.

Figure 2.2

Thematic Map Showcasing Parents' Experiences of the Transition/Early Years of Parenthood



A Changed Life

Expectations vs Reality (8/11)

The expectations of what parenthood would be like was different to the reality experienced (Baldwin et al., 2019; Coe et al., 2021; Collins, 2021; Gray & Barnett, 2022; Kowlessar et al., 2015; LeBlanc et al., 2023; Levesque et al., 2020; Young et al., 2020;). There were expectations from mothers that their bond with their baby would be instinctual (Collins, 2021; LeBlanc et al., 2023) as well as from fathers (Baldwin et al., 2018). Fathers had expectations that the mothers would have an instinctual bond (Kowlessar et al., 2015; Levesque et al., 2020) and that mothers get it right and fathers get it wrong (Coe et al., 2021; Kowlessar et al, 2015). Mothers thought that parenthood would be idyllic where joy would be experienced instantly (Collins, 2021). There was a realisation that this was not always the case, which led to conflict between what they expected and what the reality was, impacting parents' mental wellbeing (Baldwin et al., 2019; Collins, 2021; Young et al., 2020).

> Mother: "This expectation that you'll be able to do it you'll be it will be amazing and wonderful, and you know the best time of your life." (Collins, 2021).
>
> Mother: "…just I was just I had no idea how like exhausted and like just generally kind of stressed out and anxious […] and you just kind of sit there and at some point you realise that actually like this is it now forever." (Collins, 2021).

Expectations and plans of parenthood were also thwart by COVID-19 (Gray & Barnett, 2022; Joy et al., 2020).

> Mother: “I really miss the social bit. Like I’d really love to have my family round, my brother, my parents, my parents in law... I just really wanted to show her off and say look, ‘here’s your granddaughter’ or, ‘here’s your niece’.” (Gray & Barnett, 2022).

Changed Relationships (9/11)

Many parents experienced a changed relationship (Baldwin et al., 2019; Gray & Barnett, 2022; Joy et al., 2020;; Kowlessar et al., 2015; LeBlanc et al., 2023; Levesque et al., 2020; Marshall & Thompson, 2014; Noh, 2021; Young et al., 2020;) with many expressing the transition to parenthood having a detriment on the relationship between the couple (LeBlanc et al., 2023; Levesque et al., 2020; Marshall & Thompson, 2014; Young et al., 2020).

> Mother: “Other struggles? Challenges? Spouse. My husband, just getting him to not, he’s not my number one anymore. You know, he’s an adult, he can take care of himself. We have two little kids that need constant attention and food and supervision and love and reassurance, and he . . . I feel guilty if like . . . I don’t know, our relationship has kind of struggled.” (LeBlanc et al., 2023).

Parents expressed a conflict between parent roles and the division of tasks, leading to feelings of unfairness (Levesque et al., 2020; Marshall & Thompson, 2014). Resentment was felt by mothers (Marshall & Thompson, 2014).

> “Naomi talked about, “seething resentment” towards her partner because, “There’s um not a lot of feeling like we’re in it together.”” (Marshall & Thompson, 2014).

The relationship was impacted by exhaustion and finding time for one another (Levesque et al., 2020). The needs of the baby were put first which was a significant change to the relationship dynamic (Levesque et al., 2020). Support from each other was helpful and finding mutuality in

the relationship (Noh, 2021, Young et al., 2020). Working as a team helped (Baldwin et al., 2019; Kowlessar et al., 2015; Marshall & Thompson, 2014).

> Father: "… Anna slept and when she got up to do the next feed I would be able to go to sleep ... working in partnership is key." (Kowlessar et al., 2015).
>
> Mother: "At 6 o'clock most nights . . . suddenly I've got somebody involved in the parenting role with me. You know, and because he is present. He walks in the door and he is there, straightaway. That makes a big difference to how I experience motherhood." (Marshall & Thompson, 2014).

COVID-19 meant a change in the relationship dynamic with the partner being at home. This was seen as both positive and negative with the father spending more time with the baby (Gray & Barnett, 2022; Joy et al., 2020) but with added stress and both parents adjusting to this dynamic (Joy et al., 2020).

As well as the couple's relationship, relationships with extended family and friends changed, with the support network compromised if there were incompatible views on parenting (Young et al., 2022.) Difficulties in generational relationships also occurred with mothers feeling conflicted about the relationship with their own parents (Marshall & Thompson, 2014). Same-sex couples felt strain with their family (Levesque et al., 2020).

Mother: "We already felt like less than normal parents, in our minds." (Levesque et al., 2020).

Changed Lifestyle (9/11)

Parents experienced a changed lifestyle and mindset on the transition to parenthood (Baldwin et al., 2019; Collins, 2021; Gray & Barnett, 2022; Joy et al., 2020; Kowlessar et al., 2015; Levesque et al., 2020; Marshall & Thompson, 2014; Noh, 2021;; Young et al., 2020).

> Father: “I think being a parent is the process of becoming an adult. Marriage does not change who we are. It is the perspective toward the world and myself that changes after the birth of a child.” (Baldwin et al., 2019).

Parents found parenthood a balancing act, juggling different demands such as work, childcare and financial pressure (Baldwin et al., 2019; Levesque et al., 2020; Noh, 2021; Young et al., 2020).

> Father: “…there’s definitely more pressure on the man, because there’s - the second income has just disappeared from the household and all the rest of it. And there’s more pressure to get things done and make sure that you’re providing for them…” (Baldwin et al., 2019).
>
> Mother: “… I think that this, it didn’t help us imagine, project ourselves into the future. […] What’s going to happen, it’s as if we were standing in front of a precipice. Not knowing what’s coming next. I think that it didn’t help us make the transition, because you don’t know what kind of transition you’re heading for.” (Levesque et al., 2020).

Trying to balance things could lead to tiredness and stress with sleep deprivation taking its toll with difficulty finding time to catch up on sleep or get alone time (Noh, 2021).

> Father: “My life changed completely after the baby was born. It's been about a month since my baby was born, and it's so hard. I can't rest after work. Now I have to take care of the baby when I come back from work. The baby doesn't sleep long so I don't have any personal time anymore.” (Noh, 2021).

Starting a family was significant for parents with the transition of going from a family of two to a family of three (Young et al., 2022). Parents did marvel at the wonder of a new life and a sense

of responsibility for a new baby (Gray & Barnett, 2022; Marshall & Thompson, 2014; Noh, 2021).

> Father: "I cried the first time I saw the baby. It was touching to see the baby crying after struggling to come out" (Noh, 2021).
>
> Mother: "it just hit me like, it was quite overwhelming that you were just responsible for this little baby." (Marshall & Thompson, 2014).

It could take time to decipher the child needs (Collins, 2021). Parents were learning how to be a parent (Kowlessar et al., 2014; Noh, 2021) and fathers talked about learning to care for a baby post-birth (Noh, 2021), with the baby not feeling real during pregnancy (Baldwin et al., 2019).

> Father: "Initially it is all about trial and error, at least that's how it was for us, purely trial and error ..." (Kowlessar et al., 2015).

COVID-19 was a time to bond as a family but also took away the normality of it (Gray & Barnett, 2022).

Although, COVID-19 provided parents with more time and space to just be with their baby and learn how to be a parent where they had a time without distractions (Joy et al., 2020).

> Mother: "It's been great . . . we have this opportunity to bond as a family and he [partner] is here for every moment during the newborn stage!" (Joy et al., 2020).

The Social Narrative

The Consensus 10/11

There was a sense of an underlying social narrative that impacted on parent's experiences (Baldwin et al., 2019; Collins, 2021; Gray & Barnett, 2022; Joy et al., 2020; Kowlessar et al., 2015; LeBlanc et al., 2023; Levesque et al., 2020; Marshall & Thompson, 2014; Noh, 2021; Young et al., 2020) This consensus impacted all other areas of the transition to parenthood,

including how their lives were changed, the emotions and experiences they had, how they found a way through and the impact on support they received. Social expectations were present for mothers and fathers, which put pressure on parents for how things were meant to be according to society and its stereotyped roles (Levesque et al., 2020). There was also a narrative that the postpartum period was blissful, which contradicted the realities experienced for mothers (LeBlanc et al., 2023). The social narrative was seen as unrealistic, portraying mothers and its expectations to "do it all" (Joy et al., 2020; Levesque et al., 2020).

> Mother: "A woman has to be a little bit of everything at the same time. So, you have to have a career and you have to be good lovers, you have to be, that is, […] Your husband's lover, but at the same time an independent woman. So, you're supposed to have time for everything." (Levesque et al., 2020)

For fathers, there are social norms that they do not talk about their feelings (Baldwin et al., 2019).

> Father: "… feel a bit ridiculous if you're saying, 'Oh no, I'm finding it really difficult" (Baldwin et al., 2019).

Its Impact (7/11)

The social narrative had an impact on parents' experiences of the transition to parenthood (Baldwin et al., 2019; Collins, 2021; Kowlessar et al., 2015; LeBlanc et al., 2023; Levesque et al., 2020; Noh, 2021; Young et al., 2020) Social pressure on parents put them in a place of conflict with the realities of parenthood (Collins, 2021).

> Mother: "You just sail through it that that's my perception of how people see motherhood […] if you are having a hard time then there must be something wrong with you [chokes

> up] but actually most people have a hard time people just don't talk about it." (Collins, 2021).

It took its toll on mother and father's mental health (Levesque et al., 2020). Mothers felt pressure to be perfect and an expectation to come across as such which led to difficult feelings of failure, guilt and inadequacy (Collins, 2021; LeBlanc et al., 2023; Young et al., 2020). There were also feelings of resentment towards the social narrative (Levesque et al., 2020).

> Mother: "If someone said your mothering was bad that's like […] the deepest kind of thing inside you like that's what you were designed for and you can't even do that like it feels really personal" (Collins, 2021).

Both mothers and fathers worried about getting things right (Baldwin et al., 2019; Collins, 2021; Noh, 2021).

> Mother: "If she was crying I felt like I was doing something really wrong […] I was just so desperate to do it right." (Collins, 2021).
>
> Father: "Now I can tell if the baby is hungry or hot when he cries, but sometimes the baby gets irritated, and we can't figure out why. When this happens, I really don't know what to do with the baby." (Noh, 2021).

Narratives surrounding what a good mother was led to mothers feeling unprepared and concealing their feelings (LeBlanc et al., 2023). There were feelings of shame surrounding seeking help (Young et al., 2020). Comments from others impacted mothers. They would start during pregnancy through to the postpartum period and created self-doubt and pressure (LeBlanc et al., 2023).

> Mother: "So, they expect me to, "Just put your baby to sleep. Just lay him down you don't have to nurse him to sleep, don't do that. He's going to get too attached to you or x, y, z."

> And then like, I'm not a working mom, but working moms are also expected to spend more quality time with their kids. So, you can't win when it comes to what people say to you about your relationship with your baby because there's always some expectation of what you should do." (LeBlanc et al., 2023).

Same sex couples found social norms challenging to both be seen as mothers by society and that value was given to whoever was seen as the "mother" and feeling morally judged (Levesque et al., 2020). Comments for others could be detrimental for parents, leading to self-doubt. There was worry over being judged (Collins, 2021) and judgement from others led to parents hiding their choices from loved ones (Levesque et al., 2020). Judgement surrounded revealing negative emotions towards parenthood (Young et al., 2020):

> Father: "I think we're conditioned to kind of sugar coat it? I think there's this expectation that being a parent is um . . . sort of admirable and it has to be positive and the language we use around parenting- everyone says "it's the hardest thing you'll ever do but oh it's so rewarding!" so the spin is always that there's a good at the end of it. So I think we're just conditioned to downplay the challenges and difficulties." (Young et al., 2020).

Fathers found their decisions impacted by societal attitudes (Kowlessar et al., 2015) and found it was socially unacceptable for men to talk about their feelings, preventing them from talking (Baldwin et al., 2019).

> Father: "… feel a bit ridiculous if you're saying, 'Oh no, I'm finding it really difficult" (Baldwin et al., 2019).

> Father: "I guess, it's that fear of worrying about well, if you went and then seek help, how would your company see that? How would your friends and family see that? Is that something you want to disclose? … I think that sometimes can be the making or breaking

point for someone where, if you do need to seek the advice, but you don't because of other fears, it then means that you're learning to cope with it in different ways." (Baldwin et al., 2019).

Challenging It (4/11)

Societal expectations and its narrative largely remain unchallenged (Collins, 2021) masking the counter-narrative that the postpartum period is not as blissful as it is made out to be (LeBlance et al., 2023). However, the impact of COVID- 19 allowed for challenges to the social narrative to rise. There was a sense of freedom from social expectations due to COVID-19 and it was a time to challenge social norms and bond with the baby (Joy et al., 2020). Parents found there were less social pressures due to COVID-19 (Gray & Barnett, 2022).

Mother: "I now feel no pressure to be a "super mom". I just focus on spending time with her [baby] and enjoying her baby days." (Joy et al., 2020).

Mother: "it (lockdown) gives you a very ready-made excuse to just stay at home. I think a lot of people do feel pressure when they've had a baby to either have lots of visitors or to go out and visit people or do things and so obviously it takes away any of that." (Gray & Barnett, 2022).

Complex Emotions and Experiences

Juxtaposition of Emotions (11/11)

There was a juxtaposition of emotions experienced by parents during the transition to parenthood. A range of emotions were experienced that could be conflicted (Baldwin et al.,2019; Collins, 2021; Marshall & Thompson, 2014; Young et al., 2020).

Father: "Excitement was probably the first thing that I felt … it was a little bit of, kind of, apprehension, as in how - what will I need to, kind of, do in terms of being a dad, and will I

be able to, kind of, cut the mustard, in terms of being a dad, and that type of thing." (Baldwin et al., 2019).

Mother: "did love her I would say umm right from the beginning, but it was a kind of I love you because I know you're my baby, but I don't really like you a lot of the time because you cry all the time and you're really hard work." (Collins, 2021).

The juxtaposition was also the case for parents due to COVID-19 with isolation being both rewarding and stressful (Gray & Barnett, 2022; Joy et al., 2020).

Mother: "It was much easier to get into a routine. Without the constant onslaught of visitors…. With that being said, it was VERY hard to not have the grandparents over to hold their new granddaughter. Many tears were shed behind panes of glass". (Joy et al., 2020).

Mothers experienced a range of distressing emotions, including guilt (Collins, 2021; LeBlanc et al., 2023; Young et al., 2022) and inadequacy (Collins, 2021; Marshall & Thompson, 2014). Difficulties with the baby led to their self esteem being impacted (Marshall & Thompson, 2014).

Mother: "I think guilt is just part of parenthood isn't it? 'Cos there's always something to feel guilty about." (Collins, 2021).

Mothers: "I tend to blame myself", "and why don't you know what to do?" (Marshall & Thompson , 2014).

There was a sense of unpreparedness from both fathers and mothers on the transition to parenthood with unanticipated difficult feelings (Collins, 2021; Marshall & Thompson, 2014; Noh, 2021; Young et al., 2020).

> Father: “I was so focused on pregnancy and childbirth that I neglected learning about childcare after birth. After the baby was born, I learned childcare skills from my wife such as holding, feeding, and bathing the baby” (Noh, 2021).
>
> Mother: “I guess I wasn’t quite prepared for how amazing, wonderful, scary, incredibly difficult, challenging but brilliant the whole thing is.” (Marshall & Thompson, 2014).

Unpreparedness could lead to a sense of uncertainty (LeBlanc et al., 2023). Both fathers and mothers experienced anxiety linked to feelings of judgement and the social narrative of how parenting should be (Coe et al., 2021; LeBlanc et al., 2023). Furthermore, anxiety was experienced with worry over knowing what to do (Baldwin et al., 2019; Levesque et al., 2020; Noh, 2021). There was worry over being a good father (Coe et al., 2021) and worry from the mother that motherhood had been the right thing to do and self-doubt over being a good mother (Collins, 2021; Marshall & Thompson, 2014).

> Father: “I didn’t really think I’d make a father really. Cos I’ve been quite under-confident for a long part of my life and I didn’t really think I’d have what it took to be a father” (Coe et al., 2021)
>
> Mother: “I guess you just kind of wonder and things you know was this the right thing to do and it’s so permanent.” (Collins, 2021).

Parenthood was described as relentless (Collins, 2021; Marshall & Thompson, 2014; Young et al., 2020). Distress for mothers could endure for a long time, months into years (Collins, 2021; LeBlanc et al., 2023).

> Mother: “I thought oh no this is life now that was a bit of a kind of feeling of doom like this is it [laughs] we are stuck with this now we can’t give her back.” (Collins, 2021).

> Mother: “the constant demands of being a mum, and it’s relentless.” (Marshall & Thompson, 2014).

Positive emotions and experiences were also had (Baldwin et al. 2019; Collins, 2021; Marshall & Thompson, 2014; Noh, 2021), with gratitude for the wife and baby felt by fathers (Noh, 2021).

> Fathers: “‘over the moon’ [Krish], ‘rewarding’ [Sam], ‘proud’ [Richard], ‘happiness coming from inside’ [Raj], ‘awesome feeling’ [Jay], ‘feel absolutely complete’ [Miguel], ‘brimming with love and joy’ [Lee].” (Baldwin et al., 2019).
>
> Father: “When I'm with my baby girl, I observe her expressions and it's great joy to see her smile. It's a new happiness in my life. She makes eye contact with me and turns her head when I call. I love these moments because my baby recognizes me.” (Noh, 2021).

Identity (9/11)

Parents found it hard to develop an identity as a competent parent due to social norms. There was a sense of juggling different identities with internal experiences and evaluation (Levesque et al., 2020; Young et al., 2020).

> Mother: “It’s true, it’s a big challenge to, […] feel kind of, a little negative, almost, about it, because you’ve got a child. You feel like you only exist through him, but you’d still like to be a person in your own right. So it’s really quite hard for the first few years, I find, to get that validation somewhere else, […] To, you know, […]It’s fun to be a parent, but, […] Let’s say that you’d also like to be living another life.” (Levesque et al., 2020).

Parents prioritised the baby’s needs over their own, prioritising the parenting role over their other identities (Baldwin et al., 2019; Collins., 2021; LeBlanc et al., 2023; Levesque et al., 2020) with mothers needing permission to attend to their own needs (Collins, 2021).

> Father: “your own needs really go out of the window.” (Baldwin et al., 2019).

> Mother: “the idea of that I wanted to do something for myself I didn’t want to be with my baby all the time felt like horrendously selfish and it felt like I shouldn’t almost like I shouldn’t want anything for myself because I had this perfect baby umm which is hard.” (Collins, 2021).

For mothers, there was intense self-scrutiny with identity both shaken and strengthened. Becoming a mother led to self-reflection (Marshall & Thompson, 2014).

> Mother: “The cracks that have occurred in my sense of self from being a mother have allowed light to shine in dark places.” (Marshall & Thompson, 2014).

Mothers go through an internal struggle between the social narrative of how to parent and what the mother feels is right, impacted by how they were mothered and an internal struggle to challenge this (LeBlanc et al., 2023).

> Mother: “I don’t think I was prepared for how I was raised in my relationship with my mothers, both of them, would impact my insecurities about being a mom. I wasn’t prepared for how I’m just trying to overcome that all the time if that makes sense . . . .and that’s been challenging.” (LeBlanc et al., 2023).

Furthermore, mothers could struggle to accommodate motherhood into a comfortable sense of self. There was a shift in identity from working to becoming a mother (Marshall & Thompson, 2014).

> Mother: “It’s such a shift mentally with your day to day um routine and activity. And your identity because often we associate what we do as a living as our identity.” (Marshall & Thompson, 2014).

Fathers were also impacted by how they were fathered and reflected on what this meant for them in becoming a father (Coe et al., 2021; Noh, 2021). There was a realisation in what becoming a father meant (Noh, 2021).

> Father: “I called my father as soon as the baby was born, and I felt emotional. When I told him the news, I said "thank you!" without realizing it. I came to care more about my parents after the birth of my child.” (Noh, 2021).

On the realisation that they were fathers, confidence grew (Kowlessar et al., 2015; Noh, 2021)

> “Even though I am not doing good, I think I'm getting better as I tell myself that I am doing a good job with childcare.” (Noh, 2021).

A Sense of Loss (6/11)

The was a sense of loss on the transition to parenthood in the parent’s lives (Collins, 2021; Gray & Barnett, 2022; Joy et al., 2020; LeBlanc et al., 2023; Levesque et al., 2020; Young et al., 2020). Mothers conveyed loss of purpose and feeling like they had lost their life, compromising their wellbeing (Collins, 2021).

> Mother: “I think there was just a lot of like confused feelings and resentment probably about like my life has stopped.” (Collins, 2021).
>
> Mother: “To give them everything they needed probably a bit more really umm and then kind of slightly fade away inside myself.” (Collins, 2021).

The transition to parenthood was a time of forced self-neglect and relentlessness that isolated parents from usual contacts and activities (Young et al., 2020). There was a loss in what parents could go and do before children and a sense of identity crisis (LeBlanc et al., 2023).

> Mother: “Nobody talked about having an identity crisis. Nobody talked about that difficulty in shifting from like, “I can go drop everything and go get a massage, or go to lunch, or I

> can pee on the toilet by myself" to now your life is . . . there is no privacy, my food is not my own, the time is not own." (LeBlanc et al., 2023).

There was a sense of loss over the mother's career and difficulties in balancing aspects of their identity. This led to resentment (Collins, 2021).

> Mother: "There was resentment in there because it's like I wanted to get my career going and I wanted to be doing that and now it's got to stop when I've got a child and you know it's sort of not knowing what your future is going to be and how to balance your life now." (Collins, 2021).

There was a sense of loss for the relationship with the partner and having time for one another (Levesque et al., 2020). Furthermore, loss occurred due to COVID-19. Mothers experienced sadness that they could not share experiences of the new baby with others (Gray & Barnett, 2022; Joy et al., 2020)

> Mother: "In bad moments I just want to cry because of the pandemic. I am so sad that I can't share her [the baby] with anyone". (Joy et al., 2020).
>
> "it was so heart-breaking because they were on the other side ofthe glass. And his mum this is her first grandchild and she's propped up against the glass like tears streaming down her eyes, because obviously the first thing you want to do is hold them... it was awful to watch them have to stay outside." (Gray & Barnett, 2022).

Finding a Way Through

Helpful and Unhelpful Ways of Coping (6/11)

Parents found their own ways of coping (Baldwin et al., 2019; Coe et al., 2021; Collins, 2021; Kowlessar et al., 2015; Marshall & Thompson, 2014; Noh, 2021).

Fathers found internal and external ways of coping with fatherhood (Baldwin et al., 2019). Reason and logic were seen as better than emotions as an approach to parenting by some fathers. Fathers used humour to deal with their own emotions (Coe et al., 2021). As time passed, fathers felt more confident in fatherhood (Baldwin et al., 2019; Kowlessar et al., 2015; Noh, 2021).

> Father: "It was purely about experience and from that comes confidence ... the more you do the more you learn and as time goes on you remember how you've dealt with things in the past ... I wanted to make sure that I got stuck in ... being off work for a month gave me the opportunity to get involved." (Kowlessar et al., 2015).

> Father: "think, for me, at the moment, it has been a very, very positive change…this thing is going to help me to be a better person, a better father and, yeah, it's good for me. I feel more secure. I feel as well as that more confident. I was fine before, you know, but now I feel like - it's I feel complete" (Baldwin et al., 2019).

This was also the case for mothers who found things got easier over time when they got to know their baby more (Collins, 2021; Marshall & Thompson, 2014).

> Mother: "probably about three months I think I realised that I did know what she wanted. Like I felt like we could communicate. . . . And god it was so empowering." (Marshall & Thompson, 2014).

It was difficult for parents to face their emotions. Both mothers and fathers focussed on the practical side of infant care (Baldwin et al., 2019; Collins, 2021; Marshall & Thompson, 2014). There was a resistance towards low feelings and needing to get on with it (Baldwin et al., 2019; Marshall & Thompson, 2014).

> Mother: "I did have antidepressants for a while because um I was—I think I had delayed my stress . . . I did drop my bundle." (Marshall & Thompson, 2014).

> Father: “I won’t share my, kind of, worries and thoughts. I tend to fight it inside me and think, okay, you know, okay, I’m - you know, I’ve got this, what - you know, whilst, you know, keep it in my head …I won’t show it to, you know, my wife …I won’t show her that I’m feeling that way. I just, kind of, put a smile face on, but then tackle it behind the scenes.” (Baldwin et al., 2019).

The Value of Peer Support (6/11)

Both mothers and fathers expressed the value of peer support, learning and feeling supported from other parents (Baldwin et al., 2019; Joy et al., 2020; Kowlessar et al., 2015; LeBlanc et al., 2023; Marshall & Thompson, 2014; Young et al., 2020;).

> Mother: “you learnt skills . . . then that made you talk more, and then the women were more open, so that was really good.” (Marshall & Thompson, 2014).
>
> Father: “What would have been useful would be to talk to a dad basically, a couple of parents maybe six months in or maybe a year in who could sort of turn round to you and say, right this is what it’s actually like, this is what we found and what was useful to us” (Kowlessar et al., 2015).

Antenatal classes were helpful to meet likeminded parents as well as external family support (Baldwin et al., 2019). Social support was valued when motherhood got difficult (Marshall & Thompson, 2014). These usual networks were not generally accessible during COVID-19 (Joy et al, 2020).

Poor social support where negative comments were made or where support was unavailable meant parents did not get support that they needed (Young et al., 2020). Furthermore, fathers found that conversations with other men could be casual and light-hearted, not deep and

meaningful, which would be more helpful (Baldwin et al., 2019). Positive comments were seen as encouraging and helpful (LeBlanc et al., 2023).

> "Comments like "you're doing great" or "you've got this" helped the participants feel better about their mothering skills and contributed to maintaining a positive outlook on one's mothering experience." (extract from LeBlanc et al., 2023).

Importance of the Right Support at the Right Time (7/11)

Parents talked about support that was available, what was helpful and not helpful and what could help in the future. For men, it can be difficult to talk about their feelings, which was a barrier to them accessing support (Baldwin et al., 2019). Fathers reported a general lack of support and information for fathers (Baldwin et al., 2019; Kowlessar et al., 2015). Fathers felt they could not approach health professionals for support and did not want to take up their time (Baldwin et al., 2019).

> Father: "…no one really asks you how the father is doing, it's all about the baby and the mum. So, yeah, it's just a foreign concept, I think." (Baldwin et al., 2019).

Fathers wanted father specific advice and to be asked about their mental health (Baldwin et al., 2019). Involving fathers more and approaching partners as an equal member of the parenting team would be valued (Young et al., 2020). Mothers could struggle with their emotional wellbeing with stigma surrounding a diagnosis. Difficulties did not necessarily need to reach clinically diagnosable levels to be troubling (Marshall & Thompson, 2014).

> Mother: "A bit of fear that if you dare say too much or look as if you're really depressed everyone's going 'oh she's got postnatal depression." (Marshall & Thompson, 2014).

Struggles and lack of attachment to the baby went undetected (Collins, 2021). Lack of appropriate support and inconsistent advice could impact the wellbeing of parents (Baldwin et

al., 2019; Gray & Barnett, 2022; Levesque et al., 2020; Young et al., 2020). The postpartum period was particularly challenging with the lack of warning on its realities (LeBlanc et al., 2023).

> Mother: "Nobody ever spoke about postpartum anxiety or OCD, how they fit together, and how the comorbidity of postpartum anxiety, postpartum depression, or postpartum anxiety and OCD. And so, I wish that they had talked about that honestly. And then I even got a pamphlet from my insurance provider for this baby, and they have like a couple of pages on preparing for birth and your new child. They had a page that had a few bullet points on postpartum depression but nothing on anxiety. So, I just don't know that even though I went to my prenatal classes and stuff, I don't know that people necessarily talked enough about it." (LeBlanc et al., 2023).

Support throughout the perinatal period would be valued by mothers and fathers to help them navigate the transition to parenthood (Baldwin et al., 2019; Young et al., 2020) with more information given on the emotional aspects of parenthood (Baldwin et al., 2019).

> Father: "if, you know, you had someone who said I know you would've heard this before, but there will be a serious lack of sleep, to the extent that you will feel quite disorientated. You may have times where you struggle to bond with the child. You just need to be aware that that is very normal." (Baldwin et al., 2019).

Scoping Review

Early interventions for improving parental wellbeing and family outcomes: A scoping review

The purpose of this scoping review was to identify the types of available evidence on early interventions for families during the early years focussed on supporting the parents and their wellbeing. This will identify and map what interventions are being used both in the UK and internationally as well as what evidence has been found about their efficacy. Reviewing the literature will help to identify the gaps in evidence e.g. for certain populations and demographics. This will identify what further research is needed and potential pilot interventions. It will inform next steps for early interventions by learning from others across the world.

On 13/10/2022, a preliminary search of The Cochrane Database of Reviews, JBI Evidence Synthesis, Prospero, Medline and PubMed was conducted to identify any existing scoping and systematic reviews on this topic in question. There have been reviews on interventions for specific conditions such as antenatal depression and perinatal depression as well as on specific intervention such as home visiting and non-pharmacological perinatal interventions. However, no scoping reviews on interventions focussed on parental wellbeing during the early years of parenting (pregnancy to age 5) were found. A scoping review was selected as the most appropriate method to comprehensively map early years interventions focussing on parental wellbeing, after discussing as a research team and consulting with an academic librarian regarding my idea. This approach allows for a broad, inclusive examination of existing knowledge (Peters et al., 2018), capturing the diverse and complex nature of interventions across multiple disciplines and study designs. A scoping review to map evidence across interventions will help to learn about the general impact and how this can inform us for early years care going forwards.

The aim of this scoping review was to summarise and map existing knowledge on early interventions during the early years (pregnancy to age 5) for families with a focus on parental wellbeing and identify recommendations to inform policy, practice and future research. The review question is: What is the nature, extent and characteristics of early years interventions aimed at supporting families with a focus on parents' wellbeing and thus improving family outcomes?

Methods

Scoping reviews can determine the scope or coverage of literature on a given topic thus providing an indication on the volume of literature and studies available as well as an overview (Peters et al., 2018). A scoping review following the PRISMA-ScR reporting guidelines (Tricco et al., 2018) and the Joanna Briggs Institute (JBI) methodology for scoping reviews (Peters et al., 2020) was conducted to identify key concepts within the literature. The framework included: defining and aligning the objective/s and question/s; developing and aligning the inclusion criteria with the objective/s and question/s; evidence searching, selection, data extraction; presentation of the evidence; summarising the evidence in relation to the purpose of the review; making conclusions and noting any implications of the findings. A protocol of this review was not registered.

Inclusion Criteria

Participants

This review considered interventions carried out with parents of children under the age of 5 (including parents who were pregnant). This could either be the mother, father or both parents.

This aligns with the first 1,001 critical days and the importance of the early years of childhood for lifelong wellbeing.

Concepts

Studies were included where the main aim focussed on investigation of parental wellbeing. Wellbeing can be a broad term, but in this review, and after discussion as a research team, the definition of wellbeing included emotional wellbeing such as emotional states and experiences and mental health such as psychological functioning and potential diagnoses or symptoms such as anxiety and depression. The studies included in this review explored/evaluated/measured interventions where a large part of the intervention's focus was on improving parental wellbeing. Medical interventions, Allied Health Profession interventions, long-term professional therapy and core service delivery interventions such as nursing or health visiting were excluded. Instead, interventions were included that were set up in addition to core service delivery to provide support to parents of children under the age of 5. The interventions that had been studied and included in this review may have had other aims too as well as improving parental wellbeing, such as improving children's wellbeing and bonding. However, the focus of this scoping review was on the parental wellbeing aspects of the interventions and characteristics and results related to parental wellbeing of the studies investigating the interventions. Social support was not included where the intervention was not facilitated by a professional or volunteer because the intervention was not set up formally by a service. Interventions aimed at specific vulnerabilities for either the child or adult were not considered unless the intervention focussed on the adult's mental health outside of an inpatient setting. This is because of the specific aims/outcomes related to the specific vulnerabilities.

Context

All types of settings (online or in person) for the intervention were considered aside from inpatient settings due to the vulnerability of the patients and therefore interventions having differing aims in inpatient settings. Interventions were considered from all geographical locations across the world.

Types of Sources of Evidence

Peer-reviewed primary research studies as well as grey literature in any language conducted from January 2013 to November 2024 were considered for inclusion. This is to provide an up to date understanding of what interventions are being used and studied in more current world circumstances. A quality appraisal is optional for a scoping review because the focus is on mapping existing literature instead of synthesising (Peters et al., 2020) and so a quality appraisal was not conducted for this scoping review.

Search Strategy

Structured searches were conducted to identify the evidence. A pilot search of MEDLINE and PsycInfo was first conducted to test out various keywords. Both authors were involved in these pilot searches and came to a consensus together about final keyword combinations. The electronic databases PsycInfo, PsycArticles, CINAHL with Full Text, MEDLINE and Psychology and Behavioral Sciences Collection all via EBSCO were searched, focussing on peer-reviewed human population studies published between January 2013 and November 2024**.** Reference lists of screened studies on these databases were also searched for relevance. Grey literature was also searched via the Charity Choices Directory, government online repositories, EThOS for Dissertations and Theses, WorldCat database and the first three search result pages of Google Scholar.

Information sources were searched using the following combination of keywords: "parent*" or "mother*" or "father*" or "caregiv*" or "guardian*" (in the title) and "support*" or "intervention" and "pregan*" or "perinatal" or "postnatal" or "postpartum" or "antenatal" or "early year*" or "early childhood" or "infan*" or "wellbeing" or "mental health". This combination of keywords were chosen based on pilot searches of MEDLINE and PsycInfo followed by an analysis of the text words contained in the title and abstract of retrieved papers, and of the index terms used to describe the articles. Studies were initially gathered by document title using the keywords and later expanded to abstract search. Reference sections of relevant studies were reviewed to identify further appropriate literature for review.

Grey literature was searched using the same keywords identified for the electronic database search when searching EThOS, Google Scholar and WorldCat. Due to the nature of the search engine, different combinations of keywords were used to elicit results on EThOS. The Charity Choices Directory was searched for charities who worked with parents with children under the age of 5 (from pregnancy). Charity websites were then searched to identify any reports involving intervention with families. The was repeated for government repositories.

Source of Evidence Screening and Selection

After the searches, the records retrieved were managed using EndNote Online. Deduplication was conducted using the EndNote Online function. Screening and selection were carried out by one reviewer (first author; MB). The process and findings were verified by the second author (KK). Inter rater agreement was not conducted.

Data Extraction

Data to be extracted was discussed as a research team following the Joanna Briggs scoping review framework guidance (Peters et al., 2020). Data were extracted from included studies by MB and then verified by KK. It was an iterative process that involved a draft charting table that was developed and piloted to record key information from the included papers of authors, aims, references and results. This was further refined at the review stage with more specific characteristics to the aims of this scoping review. The researchers came to a consensus about the final data that had been extracted. The final data extraction included study characteristics: authors, year of publication, aims, sample size for intervention, design/method and outcome measures related to wellbeing. Intervention characteristics were also extracted: intervention category, intervention description, population, duration, location and results. Table 2.3 presents the main characteristics of each study, Table 2.4 presents outcome measures used related to wellbeing and Table 2.5 presents intervention characteristics.

Analysis and Presentation of Results

The extracted data are presented in both diagrammatic and tabular form. The diagrammatic and tabular presentations are accompanied by a narrative summary of results.

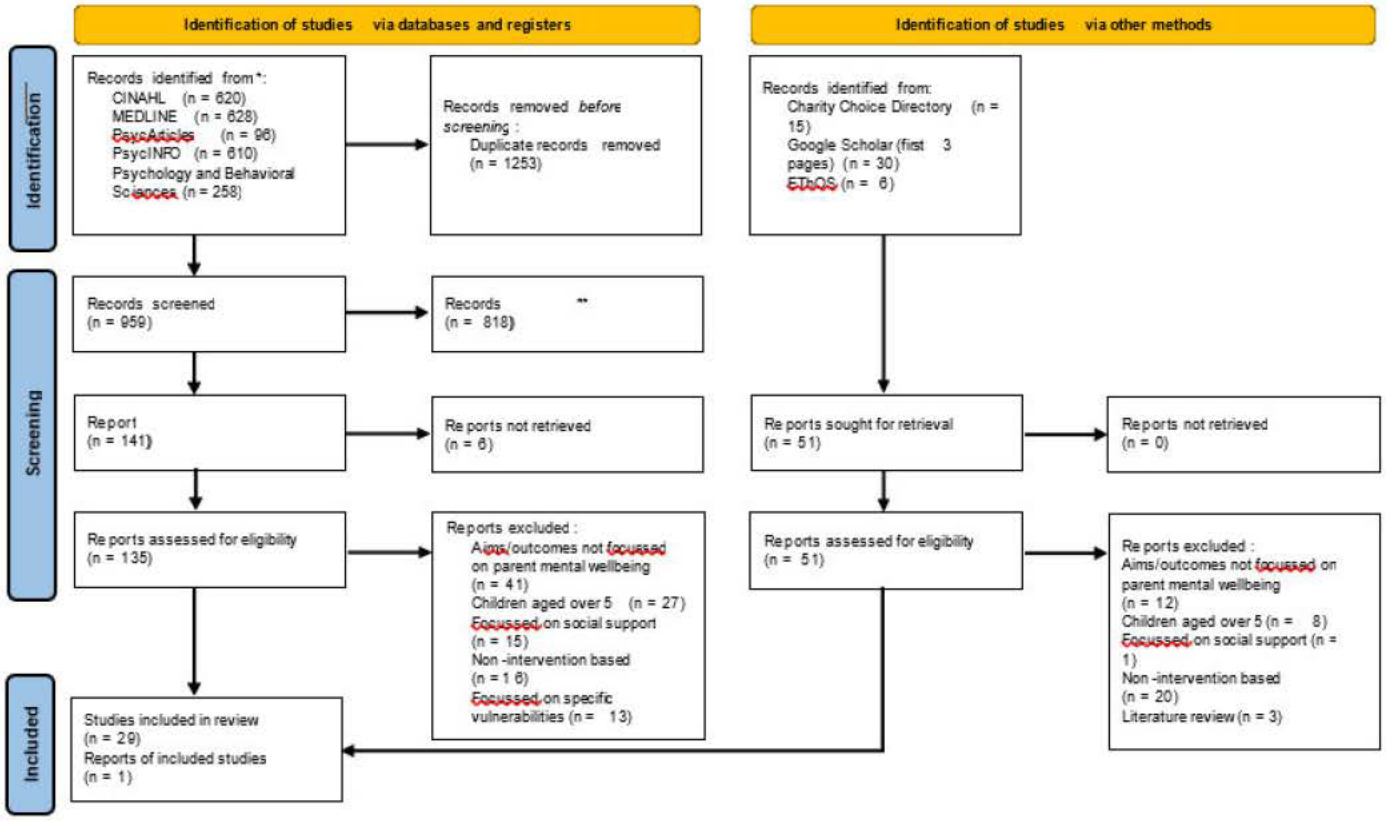
Search Results

After removal of duplicates, 959 remaining references were screened for relevance using the title and abstract. 818 records were excluded due to irrelevancy such as wrong population and age range or not focussed on an intervention as well as irrelevant publication type (editorial, letter, conference abstract, opinion paper, literature review etc). The remaining 141 reports were sought for full text retrieval. This led to 6 reports where the full text was not accessible. 135 full text reports were assessed for eligibility. The reasons for exclusion included reports where:

aims/outcomes were not focussed on parent mental wellbeing; the focus was on children aged over 5; the focus was on social support; there was not an intervention and the focus was on specific vulnerabilities (please see Figure 2.3 for the PRISMA 2020 flow diagram). 23 peer reviewed studies concluded the review and were included in analysis. 51 records were initially found via grey literature. After reviewing these for relevancy 7 remained. Reasons for exclusion included: aims/outcomes were not focussed on parental wellbeing as defined in this scoping review; the focus was on children aged over 5; the focus was on social support; there was not an intervention and it was a literature review. Overall, 30 studies were included.

Figure 2.3

PRISMA 2020 Flow Diagram



Study Characteristics

Studies were conducted in Greece (n=1) (2), South Africa (n=1) (5), USA (n=4) (11, 22, 50, 54), UK (n=7) (13, 3, 25, 26, 53, 58, 65) with two in Scotland (n=2) (27, 4), Israel (n=1) (18), Pakistan (n=1) (29), Japan (n=1) (48). Canada (n=3) (64, 9, 66), The Netherlands (n=2) (23, 42), Australia (n=4) (15, 17, 30, 41), Australia and New Zealand (n=1) (36), Norway (n=1) (21) and Taiwan (n=1) (56)

There were three qualitative studies (5, 13, 9), 12 mixed methods studies (2, 17, 3, 25, 26, 27, 30, 48, 53, 54, 58, 4) and 15 quantitative studies (11, 15, 18, 21, 22, 23, 29, 36, 41, 42, 50, 54, 64, 56, 66) (see Table 2.3). Of the 15 quantitative studies, seven were randomised controlled trials (one a pilot), seven were pre-post comparisons (one a pilot) and one was a quasi-experimental design. Of the three qualitative studies, two used semi-structured interviews and one used focus groups. Of the mixed methods studies, one was a pilot exploratory study (thesis), one was a cohort study, one was a propensity score analysis study, one was an alternate-allocation pilot trial, one was a combined qualitative and case series report, one was a pre and post-test study, one was a controlled trial and observational study and five were impact reports from a charity's intervention. Study sample sizes ranged from four (9) to 29170 (25).

Table 2.3

Study Characteristics

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Anagnostaki et al. 2019 (2)	Greece	To explore the effect of a brief early intervention on parental stress, in the midst of a socio-economic crisis in Greece.	105	Mixed methods pre and post design
Armstrong and Howatson 2015 (3)	UK	To explore whether art psychotherapy groups can be effective for parent–infant dyads who may be involved with social work and health teams.	11	Mixed-Methods pre and post study
Armstrong and Ross 2023 (4)	Scotland	To evidence a model of art therapy intervention to support parent-infant relationships in the early years.	50	Mixed methods controlled trial and observational study

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Aspoas and Amod 2014 (5)	South Africa	To provide a rich, interpretative understanding of the Baby Mat and how this intervention was experienced by the caregivers who made use of this service.	11	Qualitative-descriptive exploratory study using focus groups
Bon Bernard et al 2024 (9)	Canada	To understand maternal perspectives about participating in VID-KIDS.	4	Qualitative hermeneutics study using semi-structured interviews
Boyd et al. 2019 (11)	USA	To examine the feasibility, acceptability and initial outcomes of the adapted parenting group intervention for social media for mothers with postpartum depression symptoms.	24	Randomised Controlled Trial

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Butcher and Gersch 2014 (13)	UK	To study the experiences of parents who had taken part in the Time Together home visiting intervention.	7	Qualitative study, semi-structured interviews
Buultjens et al. 2018 (15)	Australia	To pilot a multifaceted psycho-educational group programme for first-time parents.	18	Alternate-allocation pilot trial
Coo et al. 2018 (17)	Australia	To investigate the outcomes of an Emotional Wellbeing Group intervention developed to treat maternal depression and anxiety while concurrently supporting positive development of the mother-infant relationship.	5	Combined qualitative and case series report
Cwikel et al. 2018	Israel	To identify mothers' characteristics and motivations for joining the programme; to	137	Cohort Study

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
(18)		evaluate what mothers gained from participating in the programme and evaluate the effect of participating in the programme on PPD symptoms and functioning.		
Greve et al 2018 (21)	Norway	To assess the feasibility and acceptability of the Newborn Behavioural Observation (NBO) System included in a home visiting programme.	14 pregnant women and 10 partners	Pre and Post study
Hans et al. 2013 (22)	USA	To investigate the effect of doula services on parenting among young, low-income mothers.	248	Randomised Controlled Trial
Hermanns et al 2013 (23)	The Netherlands	To describe short-term and long-term changes in families that participated in Home-Start.	33, 45 and 34 families	Grey literature: Pre-post study

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Home-Start 2014 (25)	UK	To evaluate the difference Home-Start is having.	29,170	Grey literature: Home-Start Impact Report
Home-Start 2017 (26)	UK	To show the difference Home-Start support makes for families.	28,926	Grey literature: Social Impact Report
Home-Start 2018 (Sugarman) (58)	UK	To evaluate the difference home visiting interventions is having for families.	297	Grey literature: Social Impact Report
Home-Start 2019 (27)	Scotland	To report data from Home-Start over the last 5 years in Scotland	3,496	Grey literature: Impact Report for Scotland over the last 5 years to 2019

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Husain et al 2021 (29)	Pakistan	To test the effectiveness of a manualised integrated parenting programme; Learning through Play Plus (LTP+) for maternal depression.	774	Randomised Controlled Trial
Irvine et al 2021 (30)	Australia	To evaluate the outcomes of a novel mother-infant day programme, "Together in Mind," designed to address a significant gap in the continuum of care for mothers with moderate to severe mental illness and their infants.	84	A single group pre and post-test evaluation design using the same intervention
Lennard et al 2021 (36)	Australia and New Zealand	To test the effectiveness of a brief self-compassion intervention in improving mental health outcomes for mothers of infants.	94	Randomised Controlled Trial

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Mihelic et al 2018 (41)	Australia	To assess the effectiveness of a preventative parenting programme during pregnancy and the early postnatal period for new fathers.	112	Randomised Controlled Trial
Missler et al 2020 (42)	The Netherlands	To examine the effectiveness of low-intensity universal psychoeducational program to prevent postpartum parenting stress, and to enhance parental wellbeing and caregiving quality.	138 pregnant women and 96 partners	Randomised Controlled Trial
Okamoto et al 2013 (48)	Japan	To evaluate the effectiveness of a single session intervention designed to reduce emotional distress in first-time mothers.	97	Propensity Score Analysis
Pessagno and Hunter 2013	USA	To provide a nonpharmacologic, evidence-based intervention for first-time mothers at risk for PPD	16	Pre-post study

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
(50)		and to determine if women's scores in the EPDS change after participation.		
Phipps 2014 (53)	UK	To identify whether the support, on a one to one basis, from a Peer Support Worker (PSW) would assist in the reduction of PND in new mothers.	30	Grey literature: part of a PhD exploratory pilot study.
Rayburn and Coatsworth 2021 (54)	USA	To explore the potential efficacy of a pilot study of “Becoming Fathers”.	19	Mixed-methods descriptive feasibility design nonrandomised, noncomparative design
Sheih et al 2023 (56)	Taiwan	To explore the outcome of a mother-infant group on bonding and maternal depression.	82	Quasi-experimental study

Author and year of publication	Country of origin	Aims	Sample size for intervention	Design/Method
Vigod et al 2021 (64)	Canada	To assess the feasibility of a randomised clinical trial protocol for evaluating the Mother Matters intervention to guide the planning of a future definitive trial.	50	Pilot randomised controlled trial
Warner (for Home-Start 2019 (65)	UK	To investigate how the emotional wellbeing of parents in different circumstances improves during Home-Start home visiting support.	10,639	Grey Literature- briefing paper research report
Xie et al 2023 (66)	Canada	To investigate initial evidence for the feasibility, acceptability, and efficacy of the BEAM programme to help inform a larger randomised controlled trial.	25	Open pilot and feasibility study

Outcome Measures

Of the mixed methods and quantitative studies, 40% used the Edinburgh Postnatal Depression Scale (EPDS). Table 2.4 presents the range of mental health and wellbeing measures used in the studies. There were various other measures used across studies including Parenting Stress Index (n=4), Beck Depression Inventory-II (n=2), The Perinatal Anxiety Screening Scale (n=1), The Perceived Stress Scale (n=1), Satisfaction with Life Scale (maternal wellbeing) (n=1), Depression, Anxiety and Stress Scale (n=3), Visual Analogue Scale (n=1), Anxiety subscale of the Hospital Anxiety and Depression Scale (n=1), Reported gains from participation (n=1), Warwick Edinburgh Mental Wellbeing Scale (n=1), Generalized Anxiety Disorder 7-Item Scale (n=1) and Patient Health Questionnaire (n=1). One study developed their own pre- and post-intervention questionnaire. Five studies related to Home-Start interventions used a monitoring tool focussed on four core areas critical to family health and wellbeing: Parenting skills, Parental wellbeing, Child wellbeing, Household management.

Table 2.4

Mental Health and Wellbeing Outcome Measures

Outcome measure	Frequency used (n)
Edinburgh Postnatal Depression Scale (15, 17, 18, 21, 29, 41, 42, 50, 53, 54, 56, 64)	12
Parenting Stress Index (2, 17, 33, 66)	4
Beck Depression Inventory-II (6, 56)	2
The Perinatal Anxiety Screening Scale (11)	1
The Perceived Stress Scale (43)	1

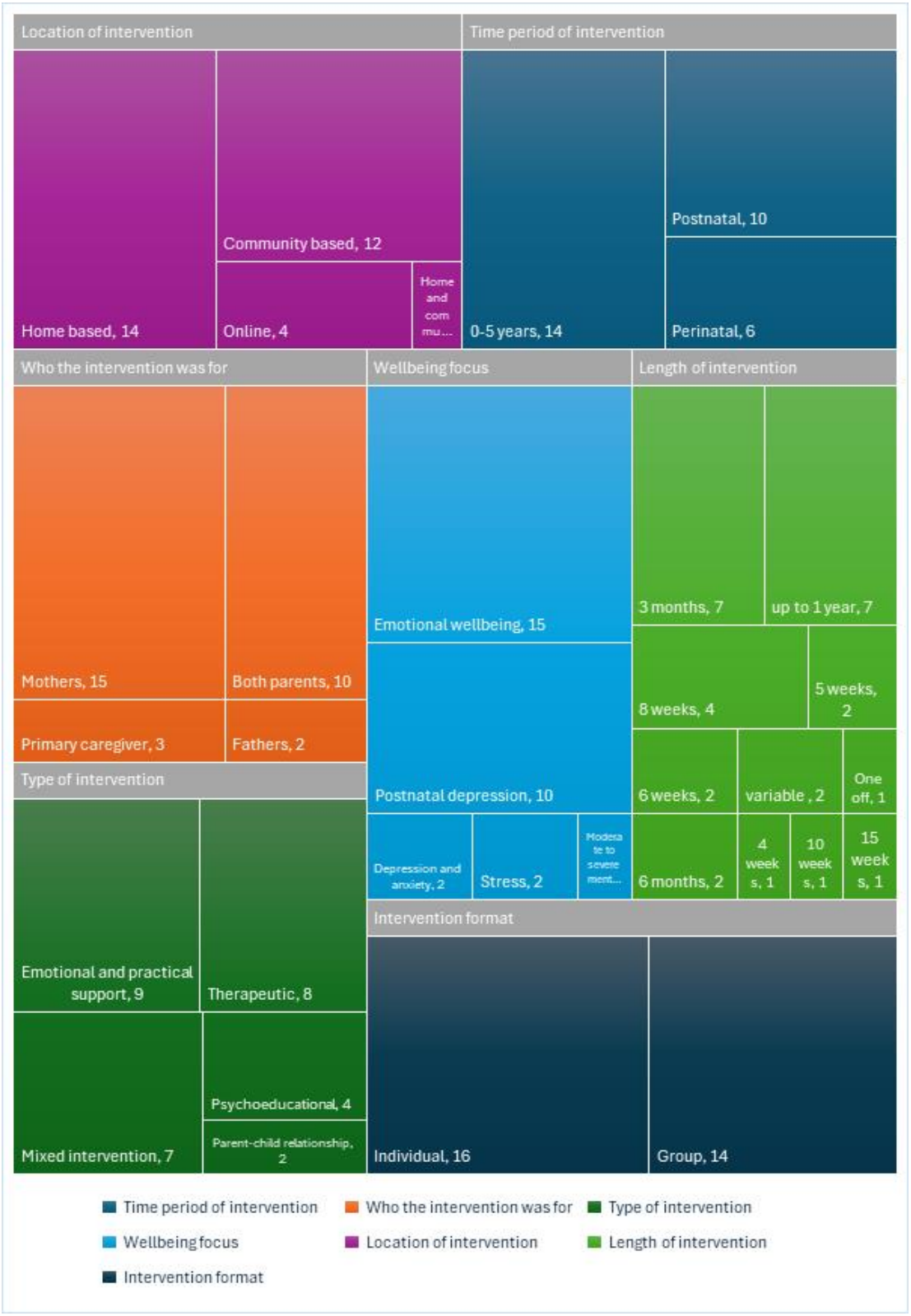
Monitoring tool focussed on four core areas critical to family health and wellbeing: Parenting skills, Parental wellbeing, Child wellbeing, Household management (20, 21, 22, 46, 52)	5
Satisfaction with Life Scale (maternal wellbeing) (18)	1
Depression Anxiety and Stress Scale (25, 29, 32)	3
Visual analogue scale (37)	1
Anxiety subscale of the Hospital Anxiety and Depression Scale (33)	1
Pre- and postintervention questionnaire developed for study (15)	1
Reported gains from participation (12)	1
Warwick Edinburgh Mental Wellbeing Scale (4)	1
Generalized Anxiety Disorder 7-Item Scale (66)	1
Patient Health Questionnaire (PHQ-9) (66)	1

Intervention Characteristics

Figure 2.4 gives a visual representation of the types of intervention that have been studied including what period of the early years the intervention took place, who it was for, what the intervention entailed, its primary focus, location of the intervention and its duration. Two studies conducted and evaluated an intervention aimed at fathers (41, 54); both interventions were during the perinatal period for first-time fathers. 16 interventions were carried out with mothers (11, 15, 17, 18, 22, 29, 30, 36, 42, 48, 50, 53, 64, 66, 56, 9). Four interventions were aimed at the primary caregiver (5, 13, 3, 4), however in two of these studies the primary caregiver were all mothers (3, 4). Eight interventions were aimed at both parents (2, 21, 23, 25, 26, 27, 58, 65). More general emotional wellbeing was the primary focus of most studies, indicating a holistic focus. Most interventions were in the community or in the home. Interventions varied in length from one involving one session to interventions lasting up to one year, although these could vary in length depending on the need of the family.

Figure 2.4

Tree Map Identifying Intervention Characteristics Across Included Studies



Intervention Categories

Interventions were grouped into five general categories to enable further description: therapeutic, psycho-educational, parent-child relationship, mixed intervention and emotional and practical support. Therapeutic interventions (n=8) were those based on a therapy aimed at changing cognitions, attitudes or emotions and founded on psychological theories. Psycho-educational interventions (n=4) involved learning about and understanding mental health and wellbeing in relation to parenting and infant development. Parent-child relationship interventions (n=2) were purely focussed on targeting this relationship. Mixed interventions (n=7) were interventions with a range of elements. Emotional and practical support (n=9) was categorised as a more informal intervention providing emotional and practical support tailored to the family.

Therapeutic Interventions

Characteristics

Eight studies were categorised as a psychotherapeutic intervention. Two studies stated the intervention was based on psychodynamic theory (2, 56) and one study stated the intervention was based on psychoanalytic theory (5). These interventions focussed on the relationships within the family: between primary caregiver and child (5), mother and child (56) and between the whole family (2). One intervention focussed on alleviating stress (2), one on alleviating emotional wellbeing (5) and one on helping maternal depression (56). All interventions were conducted in a community setting. One intervention (5) focussed on the postnatal period with the length of the intervention being variable. This was based on how many visits the caregiver made to a “Baby Mat”, which they could visit with their infant to discuss matters with a psychologist and a multilingual social worker/social-auxiliary worker. One intervention was run by two therapists for five weekly or fortnightly sessions aimed at families with children under age 5 in a

time of socioeconomic crisis in Greece (2). One intervention by two clinical psychologists, 90 minutes per session for 12 weeks for mothers with infants between one and 15 months old (56).

One study (36) tested the effectiveness of a brief self-compassion intervention in improving mental health outcomes for mothers who had given birth in the last two years. It was an online intervention where mothers had unlimited access to resources based on self-compassion for 8 weeks.

Two studies (50, 64) tested an intervention with an interpersonal therapy framework for mothers in the postnatal period who were at risk of postpartum depression. One intervention (50) was in a community setting involving two groups with eight women each for a period of eight weeks lasting 90 minutes and started within 1 month of discharge from the hospital. They were facilitated by a psychotherapist. The other intervention (64) was an online therapist-facilitated discussion board and support group for postpartum depression symptoms accessible 24/7.

Two studies explored the efficacy of art psychotherapy groups for parent-infant dyads (3, 4). The interventions were with the primary caregiver with children under the age of 3, although all participants ended up being mothers (3, 4). The interventions were carried out by a psychotherapist as a group in a community setting over 12 consecutive weeks.

Findings

All therapeutic interventions reported improvements in parental wellbeing. Stress scores for both mothers and fathers for the psychodynamic intervention decreased and they felt less overwhelmed and more capable to cope with stress (2). Caregivers found the Baby Mat psychoanalytic intervention cathartic and supportive (5). For the self-compassion intervention, there were significant positive intervention effects on depressive symptoms and posttraumatic stress symptoms. There were positive intervention effects on mothers' self-compassionate action

and engagement with compassion from others. There were, however, no significant effects for anxiety or stress symptoms (36). The interpersonal therapy-based interventions found a reduction in the risk of postnatal depression (50, 64). The Art Psychotherapy interventions found feedback from parents to be overwhelmingly positive with therapists observing therapeutic change (3) and that parental wellbeing had improved (4).

Psychoeducational Interventions

There were four psychoeducational interventions (15, 30, 42, 48). Three of these interventions were in a group community setting aimed at mothers (15, 30, 48). One intervention was aimed at both parents involving a booklet, video, home visit and phone call (42). All four interventions involved information on parental wellbeing and caregiving information to varying degrees. Two interventions were in the postnatal period (30, 48) and two were in the perinatal period (15, 42). One intervention was a one-off session (48). Two interventions covered the third trimester into the early postnatal weeks (15, 42). One intervention was one day a week for six weeks during the postnatal period (30). Interventions were aimed at various elements of mental health and wellbeing: parenting stress (42), emotional distress of mothers (48), moderate to severe mental illness of mothers (30) and emotional wellbeing (15). Interventions were facilitated by: a multi-disciplinary team (15); trained clinical staff from adult mental health, child and youth mental health (psychology, social work, occupational therapy), and child health (nursing) services (30); midwives (48) and the first author with a background in clinical psychology and infant developmental psychology (42).

Findings

One study found no evidence of efficacy in reducing parental distress or increasing caregiving quality. However, parents expressed they found the intervention helpful (42). The single-session

intervention (48) found limited evidence of effectiveness but it did alleviate loss of self-confidence as mothers. Two studies found efficacy (15, 30). There were statistically significant improvements on preintervention to postintervention measures on all clinical measures of maternal mental health symptomatology and parent–infant responsiveness. Reductions in self-reported anxiety, stress, and observable symptoms of psychological distress were found. Mothers reported enhanced parenting confidence and knowledge and increased capacity for enjoyment of their infant (30). The intervention group reported lower depression scores and trends included positive adjustment to parenthood, perceived parenting competence and increased mother-infant attachment (3).

Mixed Interventions

There were seven mixed interventions. One intervention focussed on a combination of mindfulness practice, small and large-group discussions around topics specific to fatherhood and skills-based education on the topics of baby care, partner communication, and mental health (54). Two interventions used psychoeducation and cognitive behavioural therapy (17, 29). One intervention aimed to prepare new parents for a positive transition to parenthood by teaching them skills in the domains of parenting their baby, looking after their own wellbeing, as well as maintaining a positive relationship with their partner (41). One intervention focussed on depression psychoeducation and behavioural activation, infant temperament (personality), play, feeding, safety, sleep, parent–child interactions (laughter) and reading (11). One intervention focussed on online psychoeducation and group therapy (66). One intervention was a mix of psychoeducation and improving the parent-infant relationship (9). Two of these interventions were aimed at the father in the perinatal period (41, 54). Five of these interventions were aimed at mothers (9, 11, 17, 22, 66), four of which were in the postnatal period (9, 11, 17, 29), one of

which was with children aged between 0-30 months (29) and one with children aged between 6 and 17 months (66). Three of these interventions were aimed at maternal depression (9, 11, 29), two aimed at maternal depression and anxiety (17, 66), and two at father's emotional wellbeing (41, 54). Six of the mixed interventions were group based, three in the community (17, 41, 54) one in the home (29) and two online (11, 66). One intervention was on an individual basis in the home (9). The studies were facilitated by: Registered Nurses (9); a trained facilitator (11); two Clinical Psychologists (17); Community Health Workers (29); trained Baby Triple P practitioners (intern psychologists and the first author) (41); a female graduate-level student marriage and family therapist and a male faculty member of the research team (54) and Clinical Psychologist trainees (66).

Findings

Findings were mixed. The Baby Triple P intervention for fathers showed no conclusive evidence of effectiveness (41). The Becoming Fathers intervention did show initial reductions in stress and depressive symptoms (54). Two studies showed a decrease in depression for mothers (6, 24) with improvements in child development (29). One study showed reductions in mental health difficulties and parenting stress (66). One study showed the mothers feeling differently about their relationship with their child and needing an environment where they could be authentic about their postpartum depression experiences (9). One study showed no improvement in depression but decreased scores for anxiety in four out of five of mothers, although all mothers experienced a better parent-child relationship (17).

Parent-Child Relationship

There were two interventions that focussed solely on the parent-child relationship but still measured parental wellbeing. One intervention did this via play experiences to help the parent

understand their child better (13) and one intervention aimed to sensitise parents to their newborn's unique capacities with the aim to strengthen the emotional bond between parent and infant (21). Although many studies in this review aimed to improve the relationship between parent and child, it was decided to categorise these two studies only as a parent-child relationship intervention as they purely focussed on this relationship whereas the other interventions had other elements to the intervention. Both interventions involved both parents and their child in the home. One intervention was with children under the age of 5 one hour a week for 10 to 15 weeks (13), the background of the home visitor was not stated. One intervention was three-one-hour weekly home visits during the first month after birth, first by midwife and then public health nurse (21).

Findings

One study found that parents experienced a change within their notion of self, seeing their child as a separate self and seeing the world more through their child's eyes (13). For the other study, depression scores were low pre and post intervention. However, parents perceived benefits from the intervention regarding their understanding of the infant's behaviour and the infant–caregiver relationship as well as regarding it as a highly acceptable intervention by both parents and the healthcare workers in families where the mother was at risk of postpartum depression. The parents in this study welcomed home visits in the postpartum period (21).

Emotional and Practical Support

Six studies focussed on the interventions ran by the charity Home-Start (23, 25, 26, 27, 58, 65). Three out of these six focussed purely on the home visiting intervention (23, 27, 65) and the other three researched all of their services including community-based interventions and home visiting, all with an emotional and practical support ethos (25, 26, 58). Home-Start services are

facilitated by volunteers and trained workers, carried out any time during the period from pregnancy to age 5. One intervention focussed on emotional and practical support in the home via a Doula in the perinatal period (22). One intervention involved emotional and practical support by a trained volunteer mother up to one-year post-partum (18). One intervention provided emotional and practical support by Peer Support Workers who were mothers who had previously experienced mild to moderate depression (53). The intervention was in the home or in a location of the participant's choice. Six interventions were aimed at both parents (23, 25, 26, 27, 58, 65) and three interventions were aimed at mothers (18, 22, 53) with two aimed at mothers with post-natal depression symptoms (18, 29). Eight out of the nine interventions were long, with one up to six months (22) and seven up to one year (18, 23, 25, 26, 27, 58, 65). One intervention was four-six weeks (53).

Findings

All studies found positive results. Two interventions saw a reduction in postnatal depression symptoms for mothers (18, 53) Seven other interventions saw improvements in emotional wellbeing (22, 23, 25, 26, 27, 58, 65). However, one study noticed this effect faded over time (22).

Overall Findings

Overall, 27 studies found that the intervention under study was effective towards elements of parent's emotional wellbeing (2, 4, 5, 9 11, 13, 15, 17, 18, 3, 21, 22, 23, 25, 26, 27, 29, 30, 36, 50, 53, 54, 56, 58, 64, 65, 66). Two studies did not show any conclusive evidence that the intervention was effective (41, 42). One study showed limited results although it was able to alleviate subjects' loss of self-confidence as mothers (48: a one-off psychoeducational intervention aimed at mothers). All psychotherapeutic interventions, parent-child relationship

and emotional and practical support interventions showed effectiveness. All longer-term interventions (up to 1 year) showed efficacy, which all focussed on practical and emotional support (18, 23, 25, 26, 27, 58, 65). Most home- based interventions showed efficacy apart from one which only involved one home visit (42). All interventions conducted online showed efficacy (11, 36, 64, 66) Out of the 30 studies, only two focussed on fathers with one intervention showing an initial reduction in stress and depressive symptoms (54) and the other showed no conclusive evidence of efficacy (41). All grey literature papers were interventions offering practical and emotional support in the home with all showing evidence of efficacy (23, 25, 26, 27, 53, 58, 65), with parental wellbeing improving (23, 25, 26, 27, 53, 58, 65) and postnatal depression improving (65).

Table 2.5

Intervention Characteristics and Findings

Intervention category	Intervention description	Population	Duration	Location	Findings
Therapeutic	Art therapy group. (4)	Caregivers with children up to the age of 3.	1.5 hours weekly for 12 weeks.	Community or private space	Wellbeing increased for parents in the intervention condition over time, whereas wellbeing decreased for parents in the control condition
	Brief psychodynamic early intervention programme. (2)	Mothers and Fathers with children under the age of 5.	Five weekly or fortnightly sessions.	Outpatients at a Children's Hospital	Parents' stress decreased and they felt less overwhelmed.

Intervention category	Intervention description	Population	Duration	Location	Findings
	The Baby Mat project informed by psychoanalytic principles to support the caregiver–infant dyad. (5)	The parent or primary caregiver of infants.	Variable- participants had visited the Baby Mat at least once.	Community based healthcare clinics	Cathartic intervention that instilled hope and highlighted the universality of their experience. They felt supported.
	The Create Together Art Psychotherapy group (3)	Parents of infants under 3 years where professionals felt there were difficulties in interpersonal relationships and	Run over 12 consecutive weeks.	Community spaces	A positive difference to mothers and infants.

Intervention category	Intervention description	Population	Duration	Location	Findings
		forming secure attachment.			
	Online brief self-compassion intervention (36)	Mothers who had given birth in the last two years.	Unlimited access to these resources for the duration of the study for 8 weeks	Online	Potential effectiveness to improve maternal mental health
	Short-term interpersonal psychotherapy group (50)	First-time mothers at risk for PPD.	8 week group lasting 90 minutes and started within 1 month of	Community hospital	Decrease in depression score, reducing their risk for PPD.

Intervention category	Intervention description	Population	Duration	Location	Findings
			discharge from the hospital		
	Parent-Infant Psychotherapy group (56)	Mothers with subjective distress on parenting or depressed mood. Infant between 1 and 15 months of age.	12 week group 90 minutes per session.	Community space	Mothers in the intervention group experienced a greater reduction in follow-up depression symptoms from the EPDS but no significant reduction was noted on BDI-II
	Online therapist-facilitated discussion board and support group for postpartum	Mothers with a child between 0-12 months old	Accessible 24/7	Online	Preliminary efficacy suggest benefits women with a fairly high degree of depressive symptoms

Intervention category	Intervention description	Population	Duration	Location	Findings
	depression based on interpersonal therapy. (64)				
Psychoeducational	Health-promoting psychoeducational programme to facilitate the transition to parenthood for first-time parents. (15)	Women expecting their first baby. Intervention covered the antenatal (from the third trimester) and postnatal period.	Weekly for 2-hour sessions from the third trimester until approximately the eighth week after birth	Community setting	Lower depression scores. Positive adjustment to parenthood, perceived parenting competence and increased mother-infant attachment.
	Psycho-education intervention (42)	Women and their partners between	Participants asked to read	Information booklet;	No evidence for decreasing parental

Intervention category	Intervention description	Population	Duration	Location	Findings
		26 and 34 weeks of pregnancy.	and watch materials before prenatal home visit. Postnatal home visit was 4 weeks after birth.	an online video, and home visit.	distress or increasing caregiving quality. Parents found aspects useful.
	Single session psychoeducational intervention designed to reduce emotional distress in first-time mothers. (48)	First-time Mothers 1-2 months postpartum.	Single session	University hospital	Effectiveness was limited, it was able to alleviate mothers' loss of self-confidence.

Intervention category	Intervention description	Population	Duration	Location	Findings
	Mother-infant day group, "Together in Mind," to address a significant gap in the continuum of care for mothers with moderate to severe mental illness and their infants. (30)	Mothers with moderate to severe mental illness and their infants under 12 months.	5 hours per day, 1 day a week, for 6 weeks with a maximum of six weeks	Hospital and health service sites	Improvements on preintervention to postintervention measures. Mothers reported enhanced parenting confidence and knowledge and increased capacity for enjoyment of their infant.
Mixed	VID-KIDS, a video-feedback parenting intervention. (9)	Mothers experiencing postpartum depression symptoms with infants from 2 to 8 months old.	Three home visits over 15 weeks. Sessions are between 60 and 90 minutes in duration	Home visits	Mothers viewed themselves differently with the mother-infant relationship of central importance. An environment is needed where mothers feel safe to be authentic about their PPD experiences.

Intervention category	Intervention description	Population	Duration	Location	Findings
	Group intervention for social media for mothers with postpartum depression symptoms. Based on Adult Learning Theory. (11)	Mothers with postpartum depression symptoms with a child between 1 and 3 months old.	One session per week for eight weeks	Online	The social media group had significantly improved parenting competence and decreased depression severity when compared to the in-person group.
	Emotional Wellbeing Group (Psychoeducation and CBT) to improve mental health symptoms and to support the mother–infant relationship. (17)	New mothers diagnosed with depressive and/or anxiety disorders with babies aged from 3 to 10 months.	Two individual and eight weekly group sessions eight 1.5 hours long	Hospital community setting	Four participants decrease in symptoms of anxiety. All mothers more positive perceptions of their infants and their experience of motherhood. Enhanced maternal sensitivity and responsiveness towards their infants. Depression levels did not improve consistently.

Intervention category	Intervention description	Population	Duration	Location	Findings
		Partners or support persons were invited to attend one of the sessions.			
	Culturally adapted LTP+. 10-session group intervention integrating parental information about child development and CBT. (29)	Depressed mothers aged 18–44 years with children aged 0–30 months old.	60–90 minute sessions delivered weekly over 8 weeks and fortnightly for final 4 weeks.	At the home of one of the participants	In low-resource settings, low-cost interventions by lay health workers can provide effective treatment for depressed mothers, improving child development.

Intervention category	Intervention description	Population	Duration	Location	Findings
	Baby Triple P group-psychological parenting intervention to prepare new parents for a positive transition to parenthood by teaching them skills in parenting their baby, their wellbeing and their relationship with their partner. (41)	Fathers expecting their first baby (inclusion criteria focussed on high-risk Mothers).	Four 2-hr sessions during pregnancy between 20th and 40th weeks gestation, followed by four individual 30-min telephone sessions postnatally once the baby was 6 weeks.	Community setting	No conclusive evidence for the effectiveness of Baby Triple P for new fathers.

Intervention category	Intervention description	Population	Duration	Location	Findings
	Becoming fathers: Mindfulness group and discussions on fatherhood and skills-based education on baby care, partner communication, and mental health. (54)	First time Fathers with babies at 20 weeks gestation to 3 months postpartum at study onset.	One hour a week for five weeks	Community setting	Reductions in stress and depression. Increased mindfulness constructs of nonjudgement and nonreactivity. No changes involvement attitudes.
	BEAM app. Video sessions on parenting, community forum and support coaches. (66)	Mothers with 6 to 17 month old infants.	10-week programme that includes weekly 15–30-min video sessions, community forum and	Online	Reductions in mental health difficulties and parenting stress. Moderate support for clinically significant reductions in maternal mental health concerns

Intervention category	Intervention description	Population	Duration	Location	Findings
			support coaches.		
Parent-child relationship	Time Together home visiting intervention. An individual, home-based approach that using play experiences to help the parent understand their child better. (13)	Primary caregiver with children under age 5 identified as socially isolated and/or having difficulties relating to their child.	An hour a week for 10 to 15 weeks	Home visits	Parents experienced a change within their notion of self, seeing their child as a separate self and seeing the world more through their child's eyes.
	Newborn Behavioural Observation (NBO) System	Pregnant women at risk for	Three-one-hour weekly home	Home visits	Regarded as a highly acceptable intervention by both parents and the

Intervention category	Intervention description	Population	Duration	Location	Findings
	included in a home visiting programme; brief relationship-based intervention to strengthen the emotional bond between parent and infant. (21)	postpartum depression and their partners recruited at 24-28 weeks. Intervention carried out in the first 4 weeks post birth.	visits during the first month after birth, first by midwife and then public health nurse.		healthcare workers in families where the mother was at risk of postpartum depression The parents in this study welcomed home visits in postpartum.
Emotional and practical support	Mom to Mom (M2M) home visiting program designed to help mothers cope with the first year of parenting. Emotional,	Mothers in their first year of parenting.	Weekly up to one year postpartum	Home visits	Increased self confidence, parenting skills and communication with partner. 79% of mothers

Intervention category	Intervention description	Population	Duration	Location	Findings
	information and role-modelling support provided by trained volunteer mother. (18)				with PPD symptoms were functioning at work and at home after a year from joining M2M. M2M can help women from diverse cultures.
	Doula services on parenting among young, low-income mothers. (22)	Young low-income mothers under the age of 22.	Doulas provided prenatal home visitation, support during labour and delivery, and 3 months of postpartum	Home visits	Mothers endorsed more child-centered parenting values, more positive engagement with their infants, and more likely to respond to infant distress at 4 months. Most effects faded over time.

Intervention category	Intervention description	Population	Duration	Location	Findings
			home visitation.		
	Home visiting support: Emotional support, support with children, practical help, outreach, signposting, attending meetings and moral support, access to parenting advice and parenting skills. (23)	Families with at least one child under the age of 5.	Home visits can be weekly up to 2hrs The length of the program is flexible and has an average of 10.5 months.	Home visits	More positive changes in parental wellbeing, competence and behaviour. At the three year follow up, the Home-Start group showed more improvements in parenting, but also diminished child externalising and internalising behaviour problems.
	Home visiting support: Emotional support, support with children, practical help,	Families with at least one child	Home visits can be weekly up to 2hrs	Home visits	Positive findings with the proportion of parents

Intervention category	Intervention description	Population	Duration	Location	Findings
	outreach, signposting, attending meetings and moral support, access to parenting advice and parenting skills. (25)	under the age of 5.	The length of the program is flexible and can vary in length.		rating themselves as coping 'most of the time' rising from 29% at first visit to 45%. The average (0-5) score for the group changed from 3.2 to 3.5.
	Home visiting support: Emotional support, support with children, practical help, outreach, signposting, attending meetings and moral support, access to parenting advice and parenting skills. (26)	Families with at least one child under the age of 5.	Home visits can be weekly up to 2hrs The length of the program is flexible and can vary in length.	Home visits	94% of parents said they felt less isolated, 94% of parents reported improved self-esteem, 96% of parents said children's

Intervention category	Intervention description	Population	Duration	Location	Findings
					emotional health and wellbeing improved.
	Home visiting support: Emotional support, support with children, practical help, outreach, signposting, attending meetings and moral support, access to parenting advice and parenting skills. (58)	Families with at least one child under the age of 5.	Home visits can be weekly up to 2hrs The length of the program is flexible and can vary in length. Average duration is 8.5 months.	Home visits	This paper presents evidence of substantial improvement in parental coping.

Intervention category	Intervention description	Population	Duration	Location	Findings
	Home visiting support: Emotional support, support with children, practical help, outreach, signposting, attending meetings and moral support, access to parenting advice and parenting skills. (27)	Families with at least one child under the age of 5	Home visits can be weekly up to 2hrs The length of the program is flexible and can vary in length.	Home visits	94% of families were more able to cope with feeling isolated; 94% were more able to manage their children's behaviour, listen to them and respect their rights; 94% were more able to cope with their mental health.
	Home visiting support: Emotional support, support with children, practical help, outreach, signposting, attending meetings and moral support, access to	Families with at least one child under the age of 5	Home visits can be weekly up to 2hrs The length of the program is	Home visits	More frequent visits increased the rate at which emotional well-being improved for all families, although the size of effect varied.

Intervention category	Intervention description	Population	Duration	Location	Findings
	parenting advice and parenting skills. (65)		flexible and can vary in length.		
	Peer Support Workers who had moderate postnatal depression but had recovered. Compared to mothers who received support from their family Health Visitor. (53)	Mothers at risk of developed postnatal depression (PND). Intervention started after the baby was six weeks old.	Mum who had survived PND proposed their own 'support package' for six weeks weekly.	Home visits or in location of mother's choice	The input from a PSW does assist in the reduction of PND in new mothers.

Concluding the Review Findings

The two reviews have contributed to framing this research project. They answer the first two research questions: What is the nature, extent and characteristics of early years interventions aimed at supporting parents' wellbeing and thus improving family outcomes and what are parent's experiences of the early years of parenting and what can we learn from this? Firstly, I wanted to understand what the experiences of parents were on the transition to parenthood in recent years. This was a qualitative review, which brought together parent's experiences across the published literature. This helped us understand what parents are experiencing and how it is impacting their lives, so that it can directly inform early intervention services such as Home-Start, to feed in to developing their services. It was found that parents experienced a changed life with complex emotions and experiences. Parents valued support when it was right for them and found peer support helpful. This review showed the need for enhanced support during the transition to parenthood including emotional support post-birth, improved antenatal preparation focusing on emotional and practical realities and enhanced professional education to recognise signs of emotional struggles. These experiences and recommendations directly inform Home-Start who work with families with children under the age of 5. The impact of societal expectation on families and any barriers this may present to accessing support is important to be aware of.

As well as exploring parent's experiences, it was important to map out what early intervention services exist that help parent wellbeing and what their characteristics are via the scoping review. This helped inform Home-Start of other interventions, how they might work and what their efficacy is. A diverse array of interventions was found, with most reporting positive

outcomes. This reflects the notion of “no one size fits all” and corroborates with Home-Start’s needs-based approach.

The scoping review underscored the importance of continuing to provide and invest in high-quality interventions aimed at improving parent wellbeing during the early years of child development. For practice, it highlights the need for diverse, targeted interventions that can address the varied needs of parents from pregnancy through to their child's early years. It also suggests the need for increased funding and support for such interventions like Home-Start. The scoping review directly informed how I designed the study with Home-Start. There was a lack of qualitative studies exploring the lived experiences of parents participating in these interventions and so this was an important dimension to include in the study with Home-Start. This will be reflected upon in the Methodology chapter.

Understanding parent’s lived experiences of the transition to parenthood and what early interventions there are to help parent wellbeing during the early years has provided a framework for this research project, informed Home-Start and informed my project with Home-Start, so that we can work towards more effective, targeted interventions and support systems for parents, ultimately benefitting family wellbeing and child development.

Reflexivity

Throughout the conduct of these two literature reviews, it is important to acknowledge the influence of my own positioning and experiences on the research process. As both a parent of twins and a mental health professional, I brought particular perspectives to this work that may have shaped how I approached, interpreted, and synthesised the literature.

My experience as a parent of twins provided me with knowledge of the complexity and intensity of the transition to parenthood. This lived experience likely heightened my sensitivity to themes around expectations versus reality, the relentlessness of early parenting, and the juxtaposition of emotions that parents described. Having navigated sleep deprivation, identity shifts, and the challenge of managing multiple competing demands, I may have been particularly drawn to studies that reflected these struggles. Conversely, my own positive support networks and relatively privileged circumstances may have made me less attuned to experiences of parents facing additional vulnerabilities or structural disadvantages.

My professional background in mental health influenced how I conceptualised parent wellbeing throughout both reviews. This training likely shaped my understanding of what constituted "emotional wellbeing" and "mental health" in the scoping review inclusion criteria, potentially privileging clinical or psychological frameworks over alternative conceptualisations of wellbeing. My familiarity with diagnostic categories and therapeutic interventions may have led me to more readily recognise and include certain types of interventions while overlooking community-based or culturally specific approaches to supporting families.

The predominance of Western, high-income country perspectives in both reviews reflects not only the available literature but also my own cultural positioning and language limitations. My understanding of "normal" parental support, family structures, and wellbeing concepts is shaped by my own cultural context. This may have influenced how I interpreted findings about social narratives and expectations, potentially missing important variations in how different cultural contexts construct parenting roles and support systems.

CHAPTER 3

Philosophy and Methodology

This chapter provides a critical discussion of the philosophical stance and methodology used in this research project. The chapter outlines my philosophical positioning and the significant tensions that emerged when adopting mixed methods research within an interpretivist framework whilst meeting external stakeholder requirements for positivist-oriented evaluation. I critically discuss how these epistemological conflicts shaped my research decisions and how I navigated the competing demands throughout the research process.

Philosophical Positioning and the Challenge of Mixed Methods Research

My philosophical positioning draws on phenomenological foundations, particularly the interpretivist approach that focuses on understanding meaning and lived experience. Phenomenology, originating with Edmund Husserl's aim to 'return to the things themselves' (Husserl, 1913/1967), provides a framework for exploring how individuals experience their world and the meanings they attribute to these experiences. Whilst Husserl favoured researcher neutrality through 'bracketing', Heidegger's interpretive phenomenology recognised that researchers are inherently involved in the experience, making researcher 'bias' an advantage rather than a limitation (Reiners, 2012). This interpretivist understanding sees our experience of phenomena as shaped by perception and consciousness, which differs between individuals and contexts.

For this research exploring meaning and experience in Home Start services and early parenthood, interpretive phenomenology was fitting. As a parent myself with direct personal

experience of early parenthood, I initially viewed this as potential bias that could negatively impact the study. However, through understanding interpretive phenomenology, I came to see this personal experience as enriching the research process, facilitating deeper understanding and meaning finding in participants' experiences.

I positioned myself within an interpretivist paradigm that focuses on subjectivity and individual interpretation, seeking to understand behaviour from the individual's perspective (Carson et al., 2001). My ontological stance is one of relativism, where reality is subjective and depends on how both researcher and participants perceive it (Creswell & Plano Clark, 2017). Epistemologically, I adopted a subjectivist approach, seeking to gain deeper understanding of phenomena through exploring meaning and experience rather than measuring objective outcomes.

However, this research project was conducted in collaboration with Home Start Gloucestershire, who required evaluation of their services using specific quantitative measures they had already been collecting. This created immediate and persistent tension between my interpretivist orientation and the external stakeholder's requirements for positivist-oriented outcome measurement. The organisation needed evidence of 'impact' measured through pre and post intervention scores across family outcome domains (parent wellbeing, parenting skills, children's wellbeing and family management). This requirement reflected positivist assumptions that reality could be objectively measured and quantified.

These assumptions directly contradicted my interpretivist beliefs that reality is subjectively constructed and contextually dependent, that experiences are individually meaningful rather than universally comparable, and that understanding emerges through

interpretation rather than measurement. As a researcher, I found myself occupying an uncomfortable space between paradigms, needing to satisfy external requirements for 'evidence' whilst maintaining integrity to my philosophical beliefs about the nature of knowledge and reality.

This tension was present throughout the research process. I was required to use evaluation terminology such as 'impact measurement', 'effectiveness', and 'outcomes' that implied objective reality, whilst my interpretivist stance understood these as subjective constructions of experience. Statistical analysis of pre and post scores suggested measurable change, yet I understood these numbers as representations of how parents constructed meaning about their experiences rather than objective indicators of improvement. External stakeholders expected results presented as evidence of service effectiveness, requiring me to translate subjective experiential data into language that suggested objective validation.

Mixed Methods Research and Paradigmatic Tensions

Mixed Methods Research (MMR) has emerged as a response to the perceived limitations of using quantitative or qualitative approaches in isolation (Caruth, 2013) yet has been surrounded by persistent concerns regarding philosophical compatibility. The paradigm debate in MMR centres on fundamental questions about the nature of reality and knowledge. If positivist approaches view reality as objective and measurable, whilst interpretivist approaches see reality as multiple, constructed and contextual, how can these be meaningfully combined without epistemological inconsistency.

Several responses to this paradigmatic tension have emerged in the literature. The pragmatist solution suggests that research questions, rather than paradigmatic assumptions,

should drive methodological choices (Shannon-Baker, 2016). However, this 'what works' approach has been critiqued as potentially lacking philosophical rigour and resembling an "anything goes" methodology (Hathcoat & Meixner, 2017). Alternative approaches include using multiple paradigms within a single study, though this raises questions about integration and coherence (Greene & Caracelli, 2010).

A third approach, which I adopted in this research, involves maintaining one overarching paradigm whilst acknowledging that different methods can serve interpretive purposes even when traditionally associated with other paradigms (McChesney & Aldridge, 2019). This approach recognises that quantitative data can represent participants' subjective constructions of their experiences rather than objective measures of reality. There is a notable lack of MMR from an interpretivist approach in the literature, with McChesney and Aldridge (2019) finding very few studies that explicitly adopt this stance, despite calls for more research involving MMR and interpretive approaches (Creswell, 2012; Howe, 2004).

Navigating Methodological Decisions

When I began this research, I faced a methodological dilemma. My philosophical commitment to interpretivism suggested a purely qualitative approach focused on understanding meaning and experience. However, the practical requirements of the stakeholder relationship demanded quantitative analysis of existing outcome data. Leaving either position was not viable - the research would lose either its philosophical integrity or its practical relevance.

I therefore faced a series of interconnected methodological decisions that needed to be made sequentially. My first decision was whether to attempt a purely qualitative approach and risk losing stakeholder engagement, or to find a way to meaningfully incorporate the quantitative

requirements. Having decided on the latter, my second choice involved determining how to maintain epistemological integrity whilst working with positivist-oriented data. I considered several alternatives: adopting a pragmatist stance that prioritised 'what works' over philosophical consistency, employing a multiple paradigm approach that would treat quantitative and qualitative components as entirely separate, or finding a way to reinterpret quantitative methods within my interpretivist framework.

Initially, I recognised that the pre and post questionnaires, whilst producing numerical data, were self-assessments - parents' own constructions of their experiences rather than objective measures imposed by external observers. I then worked through the implications of this recognition, understanding that these scores could represent how parents made sense of their wellbeing, parenting confidence, and family functioning at different points in time. Through this process, even the quantitative component began to serve interpretive purposes, providing insight into parents' meaning-making processes rather than measuring objective reality. The pre and post questionnaires, whilst numerical, were self-assessments reflecting how parents constructed meaning about their wellbeing, parenting confidence, and family functioning. Rather than treating these scores as objective measures of change, I interpreted them as indicators of how parents perceived and made sense of their experiences.

I decided on a sequential qualitatively-driven design (quan → QUAL). The quantitative analysis would help orient me to patterns in parents' self-reported experiences across the dataset before exploring individual experiences in depth. Home-Start needed their existing data analysed within specific timeframes for funding purposes, making it practical to begin with quantitative analysis. This sequence also allowed quantitative findings to inform the development of

qualitative inquiry, ensuring deeper exploration was focused on areas of particular relevance, consistent with phenomenological approaches that benefit from orientation to experiences prior to in-depth exploration (Mayoh & Onwuegbuzie, 2015).

For the analysis of group intervention feedback comments, I chose experiential thematic analysis rather than Interpretative Phenomenological Analysis (IPA) because the data consisted of brief responses to predetermined questions rather than rich narrative accounts. Experiential thematic analysis allowed focus on lived experience whilst acknowledging the structured nature of the data. For home visiting interviews, I selected IPA because it aligned perfectly with my phenomenological and interpretivist stance, focusing on how people make sense of their experiences and matching my research aims of understanding meaning rather than measuring outcomes.

Although my overarching stance for the purpose of this research project was phenomenological and interpretivist, flexibility was also needed when reporting quantitative results to Home-Start Gloucestershire. Therefore, throughout the research process, I adopted what could be described as methodological pragmatism - making practical decisions about methods whilst maintaining philosophical coherence in interpretation. I maintained reflexive awareness of the tensions between my methods and philosophy, documenting how these influenced my interpretation of data.

Despite my methodological resolution, tensions persisted throughout the research process. The most significant ongoing conflict involved the presentation and interpretation of findings. Whilst I could maintain interpretivist integrity in my analysis, communicating findings to stakeholders necessarily involved language of 'effectiveness' and 'outcomes' that implied more

objectivity than my philosophical stance would support, hence an adoption of pragmatism when presenting results to stakeholders. This created a constant need for translation between interpretive understanding and evaluative language, requiring me to regularly negotiate between what the data meant from my interpretivist perspective and what stakeholders needed to hear for practical decision-making purposes.

The Mixed Methods Design

The research design incorporated three main components that built sequentially on each other. The quantitative analysis of pre and post intervention scores from Home Start's repository data served as the initial orienting phase, providing breadth of understanding across many families' self-reported experiences. This was followed by experiential thematic analysis of feedback comments from group intervention participants, which began to explore the meaning behind quantitative patterns. Finally, Interpretative Phenomenological Analysis of interviews with parents who accessed home visiting provided depth and nuance about individual meaning-making processes.

Integration occurred primarily at the interpretation stage, where quantitative and qualitative findings were brought together to provide comprehensive understanding of parents' experiences with Home Start services. This approach prioritised understanding over measurement, and meaning over generalisation, whilst acknowledging the practical constraints of working with external stakeholders. The quantitative data provided breadth of understanding across many families, whilst qualitative components provided depth and nuance about individual experiences.

This design was shaped by several competing factors that required careful navigation: stakeholder requirements for evaluation evidence, my philosophical commitments to understanding meaning and experience, practical constraints of limited time and resources, and methodological gaps identified in the literature regarding parents' lived experiences of early intervention services. The sequential structure was partly pragmatic but also served interpretive purposes by allowing preliminary quantitative findings to inform the development of qualitative inquiry.

Research Positioning and Conflicts

The epistemological tensions in this research design created ongoing personal and professional conflicts that required constant navigation throughout the research process. As a researcher committed to interpretivist principles, I found myself regularly translating between different ways of understanding and presenting the same phenomena. This was most apparent when liaising with stakeholders, where I needed to discuss 'effectiveness' and 'impact' whilst internally understanding these as constructed meanings rather than objective realities.

The conflict was particularly intense during data analysis phases, where I simultaneously engaged with quantitative data analysis whilst maintaining focus on the subjective experiences these patterns represented. Interpretivist and evaluative languages were navigated whilst maintaining integrity to my underlying philosophical commitments.

These conflicts proved both challenging and helpful. Whilst they created persistent discomfort and required constant reflexive management, they also sharpened my understanding of what each methodological approach could and could not offer, ultimately strengthening both my interpretivist practice and my ability to engage meaningfully with stakeholder requirements.

The experience of navigating these tensions became integral to the research process itself, informing my understanding of how mixed methods research functions in real-world collaborative contexts.

Quality Considerations

Quality criteria for MMR usually reflects a post-positivist worldview where the MMR data is used to provide a generalisable and definitive understanding of the research topic (Howe, 2012). However, this research project an overarching approach of interpretivism. Quality considerations are, of course, still important and have been considered in relation to the six techniques proposed by Willis (2007): member checks, participatory research methods, extended experience in the environment, peer review, researcher journaling, and audit trails. Table 3 details the six techniques and how I have considered and factored them into this study.

Table 3

Quality Considerations for MMR

Quality considerations recommended by Willis (2007)	How quality considerations have been factored into my study
Extended experience in the research environment	I do not have personal experience of accessing Home-Start or Home-Start Gloucestershire services. However, at the time of commencing the PhD, I had two-year-old twins and was in the midst of early parenthood. Furthermore, I have lived in Gloucestershire most of my

Quality considerations recommended by Willis (2007)	How quality considerations have been factored into my study
	life and have worked in Gloucestershire for seven years and have knowledge of the locality.
Member checks	Not included. This study was phenomenological, including an Interpretative Phenomenological Study (IPA), whereby IPA cautions against member checking (Smith et al., 2009) because it is about interpretative accounts of experience consistent with the aims of the approach. It is about how the researcher makes sense of how participants make sense of their experiences. Instead, quality considerations include reflexive logs and reflective discussions with the supervisory team to ensure interpretation is logical and transparent to the reader.
Participatory research	For confidentiality reasons and advice from Home-Start, parents who had accessed Home-Start were not approached for participatory research. However, the research design and process was put together in collaboration with Home-Start staff members, with review throughout the whole study.
Peer review	Two research supervisors provided peer review of the entire study. Home-Start Gloucestershire staff members provided peer review of the quantitative and qualitative studies.

Quality considerations recommended by Willis (2007)	How quality considerations have been factored into my study
	Two systematic literature reviews and one IPA study were submitted for publication to academic journals and underwent double blind peer review.
Researcher journaling	For the IPA study, a reflexive log was kept from the start of the interviews to the write up stage. Notes and memos regarding the process of the whole PhD study were kept and referred back to.
Audit trails	Emails, analysis spreadsheets and thesis drafts were kept and logged in line with confidentiality and anonymity processes. Data spreadsheets, interview transcripts and signed consent forms were kept and stored in accordance with University of Gloucestershire data management policies. Example quantitative and qualitative analysis is given in the appendices.

Ethical Considerations

Permissions for ethical approval were sought and received. The first was for analysis of Home-Start Gloucestershire's repository of data with ethical approval from the School of Natural & Social Sciences – School Research Ethics Panel (see Appendix A). The second was for the Interpretative Phenomenological Analysis study, which involved interviews with parents who had accessed Home-Start Gloucestershire home visiting, with ethical approval from the

University of Gloucestershire's Research Ethics Committee (REC) (see Appendix B). British Psychological Society ethical guidelines as well as University of Gloucestershire Ethics guidelines were followed throughout the study.

Throughout the entirety of the study, I was mindful of working with parents who may have gone through difficult circumstances or were still amid difficult circumstances. I aimed to ensure participants felt in a safe and trusting space. Further ethical considerations are discussed in relation to each study in Chapters 4 and 5.

Conclusion and Research Contribution

This research project required navigating significant epistemological tensions between interpretivist commitments and positivist stakeholder requirements. Through careful reframing of quantitative methods as representing subjective experience, maintaining reflexive awareness of paradigmatic conflicts, and prioritising understanding over measurement, I was able to conduct meaningful mixed methods research. The experience demonstrates that paradigmatic flexibility, whilst challenging, can enable research that serves both academic and practical purposes, though such approaches require explicit acknowledgment of tensions, careful methodological justification, and ongoing reflexive management of the conflicts involved.

The research provides important insight into a gap for interpretivist qualitatively driven MMR, contributing to the limited literature on conducting mixed methods research from an interpretivist stance. The design demonstrates how quantitative and qualitative elements can be meaningfully integrated to provide holistic exploration that complements Home-Start's own holistic approach to families, ultimately informing the development of a national evaluation toolkit for Home-Start UK.

CHAPTER 4

Home Visiting

Previous literature regarding parent's lived experiences and early interventions has been discussed as well as the philosophical stance of myself as a researcher and this research project: phenomenology and interpretivism. Mixed methods research has been discussed, concluding in the rationale and choice of the mixed methods research design for the primary studies: sequential qualitatively driven mixed methods design. The findings in Chapter 2 impacted on the need for more qualitative research in intervention evaluations. Chapter 4 presents two studies that explored Home-Start Gloucestershire home visiting. The first half of the chapter presents the quantitative study: an analysis of Home-Start Gloucestershire's repository of data. The second half of the chapter presents the qualitative study: exploring the experiences of the early years of parenthood and of Home-Start Gloucestershire home visiting. The qualitative study is presented as an academic paper as it is currently under review for publication with an academic journal. At the end of Chapter 4 there is a discussion of both sets of findings in the context of understanding Home-Start Gloucestershire home visiting services.

To give context to the intervention, home visiting is the largest form of support that Home-Start provide and the intervention that is core to their services. Home visiting is provided by volunteers who visit families in their own home "to help raise their confidence and their ability to cope in an increasingly pressured society" (Home-Start Gloucestershire, 2025). Volunteers provide informal and friendly support to families at home who have at least one child under the age of five. The support is tailored, so it depends on the family's individual needs. Families could be facing isolation, postnatal illness, disability or mental health difficulties, bereavement, multiple births, poverty or financial difficulties or a whole range of other

challenges (Home-Start UK, 2025). Home-Start will meet with the family to discuss their needs and then match the family to a volunteer. Typically, the volunteer will visit the home for one to two hours each week. Support can vary in length but can be up to one year in length. A unique and important feature of Home-Start is their tailored support. Home-Start Gloucestershire use a questionnaire that parents fill in at different periods, to explore family outcomes in four areas: parent wellbeing, parenting skills, children's wellbeing and family management. The quantitative study for Home-Start Gloucestershire home visiting is presented next.

Quantitative study: Home-Start Gloucestershire's Repository of Data

Methods

Participants

Home visiting analysis was split into two parts. Firstly, 108 families were included in analysis from a repository of data from January 2016 to April 2022. A second analysis was carried out on a subsect of this repository of data with 76 families from January 2020 to November 2021 to explore impact of the new Gloucestershire Consortium forming in 2019 and impact of the pandemic during this time where home visiting format changed to online support for periods of time including during lockdowns. This data was secondary data provided by Home-Start Gloucestershire.

Inclusion Criteria

The families included in the data were from across all of Home-Start Gloucestershire (North and West Gloucestershire, Cotswolds and Stroud and Gloucester) The primary caregiver completed the self-assessment questionnaire. All participants were closed cases who had finished accessing home visiting services. Currently, there is no time limit to how long a family can access support,

if they have at least one child under the age of 5. Therefore, the length of time of the home visiting and the number of home visits varied for every participant.

Design

This is an evaluation of an intervention (home visiting) using a quantitative approach to compare scores at the beginning and at the end of the intervention. The independent variable was the home visiting intervention, and the dependent variable was family outcomes: parent's wellbeing, parenting, children's wellbeing and family management.

Materials

Home-Start Gloucestershire provided a repository of data whereby self-assessment questionnaires had already been disseminated and collected at the initial home visit, at review home visits and at the end home visit. Please see Appendix C for the Home Visiting Questionnaire. The self-assessment questionnaires include questions over four areas: parent's wellbeing, parenting skills, children's wellbeing and family management. Parents rate how well they are coping for each question on a scale from 0 to 5 (0 being not coping very well and 5 being coping very well). The average score across each family outcome area is then collated as well as the overall family outcome.

Procedure

Home-Start Gloucestershire provided a repository of data from families who had accessed their home visiting services but were now closed cases (between January 2016 and April 2022 and between January 2020 and November 2021). The repository of data included scores from the self-assessment questionnaire filled out by the primary caregiver at the initial home visit, review home visits and end home visit. Home-Start Gloucestershire had already collected consent from

participants for the use of their data informing them that this may include use for research purposes. Home-Start Gloucestershire have their own risk assessments in terms of sharing data. They hold and manage the database and only sent the information needed for the research. Ethics approval for this project was received from University of Gloucestershire (see Appendix A). Data was anonymised and names/identifiers in the written feedback comments were removed. Data was analysed from January 2016 to April 2022 as well as separately from January 2020 to November 2021 to look at impact of the consortium and impact of the COVID-19 pandemic. Data was firstly cleansed and families with an initial home visit only were taken out of the analysis due to no comparison. All families with an initial and an end home visit were included in analysis as well as families with an initial and a review but no end home visit. The last review home visit was taken as an end home visit due to all the families being closed cases. Before cleansing the data, there were 192 parents who had accessed home visiting in some capacity identified in the repository of data. 80 out of the 192 had only had an initial home visit i.e. they only had one home visit as identified in the repository of data. A further four parents had only had an 'end' visit, as identified in the repository of data. Therefore, 84 parents were taken out of analysis due to no comparison. This left a total of 108 parents who had had at least one initial home visit and at least one review or end home visit. The highest number of home visits identified for a parent was 10 visits. A further two had 8 visits, two had seven visits, seven had 6 visits, nine had five visits, 23 had four visits, 25 had three visits and 29 had two visits. The time-period was not documented in the repository of data for how long each parent remained with home visiting in terms of time lengths between visits. To examine changes in family outcomes following home visiting, Wilcoxon signed-rank tests were conducted comparing initial and end home visit scores across the four domains: Parent's Wellbeing, Parenting, Children's Wellbeing,

and Family Management (see Appendix C for home visiting questionnaire). Analyses were performed for both the full sample from January 2016 to April 2022 (n = 108) and a subset of the sample from January 2020 to November 2021 (n = 76). Please see Appendix E for statistical outputs.

Results

The normality assumption was tested across all four areas of family outcomes using the Shapiro-Wilk test. Apart from Parent's Wellbeing at the initial home visit, which showed normal distribution ($W = 0.984$, $p = .261$), all other areas of family outcomes indicated that the data was not normally distributed ($p < .05$). Therefore, a non-parametric Wilcoxon signed-rank test was selected as the appropriate statistical approach for analysing home visiting data instead of a paired samples t-test.

January 2016 to April 2022

Wilcoxon signed-rank tests showed statistically significant improvements across all family outcomes. Parent's Wellbeing scores increased significantly from the initial home visit (*Med* = 2.80, *IQR* = 2.20-3.60) to the end home visit (*Med* = 3.68, *IQR* = 3.00-4.20), $Z = -5.82$, $p < .001$, with a medium effect size ($r = 0.40$). Similarly, Parenting scores showed significant improvement from initial (*Med* = 4.00, *IQR* = 3.00-4.33) to end home visit (*Med* = 4.00, *IQR* = 3.67-4.33), $Z = -4.72$, $p < .001$, with a medium effect size ($r = 0.32$). Children's Wellbeing also demonstrated significant improvement from initial (*Med* = 4.33, *IQR* = 3.82-4.84) to end home visit (*Med* = 4.56, *IQR* = 4.00-5.00), $Z = -2.82$, $p = .005$, though with a small effect size ($r = 0.19$). Family Management scores increased significantly from initial (*Med* = 3.50, *IQR* = 3.00-

4.00) to end home visit (*Med* = 3.75, *IQR* = 3.33-4.00), *Z* = -2.81, *p* = .005, also with a small effect size (*r* = 0.19).

January 2020 to November 2021

In the subset sample (*n* = 76), similar patterns were found for most family outcomes. Parent's Wellbeing increased significantly from initial (*Med* = 3.00, *IQR* = 2.20-3.60) to end home visit (*Med* = 3.68, *IQR* = 3.00-4.20), *Z* = -4.71, *p* < .001, with a medium effect size (*r* = 0.38). Parenting scores improved significantly from initial (*Med* = 3.67, *IQR* = 3.00-4.25) to end home visit (*Med* = 4.00, *IQR* = 3.67-4.33), *Z* = -4.63, *p* < .001, with a medium effect size (*r* = 0.38). Children's Wellbeing showed significant improvement from initial (*Med* = 4.14, *IQR* = 3.69-4.67) to end home visit (*Med* = 4.57, *IQR* = 4.00-5.00), *Z* = -3.36, *p* < .001, with a small-to-medium effect size (*r* = 0.27). However, Family Management showed only marginally significant improvement from initial (*Med* = 3.50, *IQR* = 2.71-4.00) to end home visit (*Med* = 3.67, *IQR* = 3.25-4.00), *Z* = -1.79, *p* = .073, with a small effect size (*r* = 0.15).

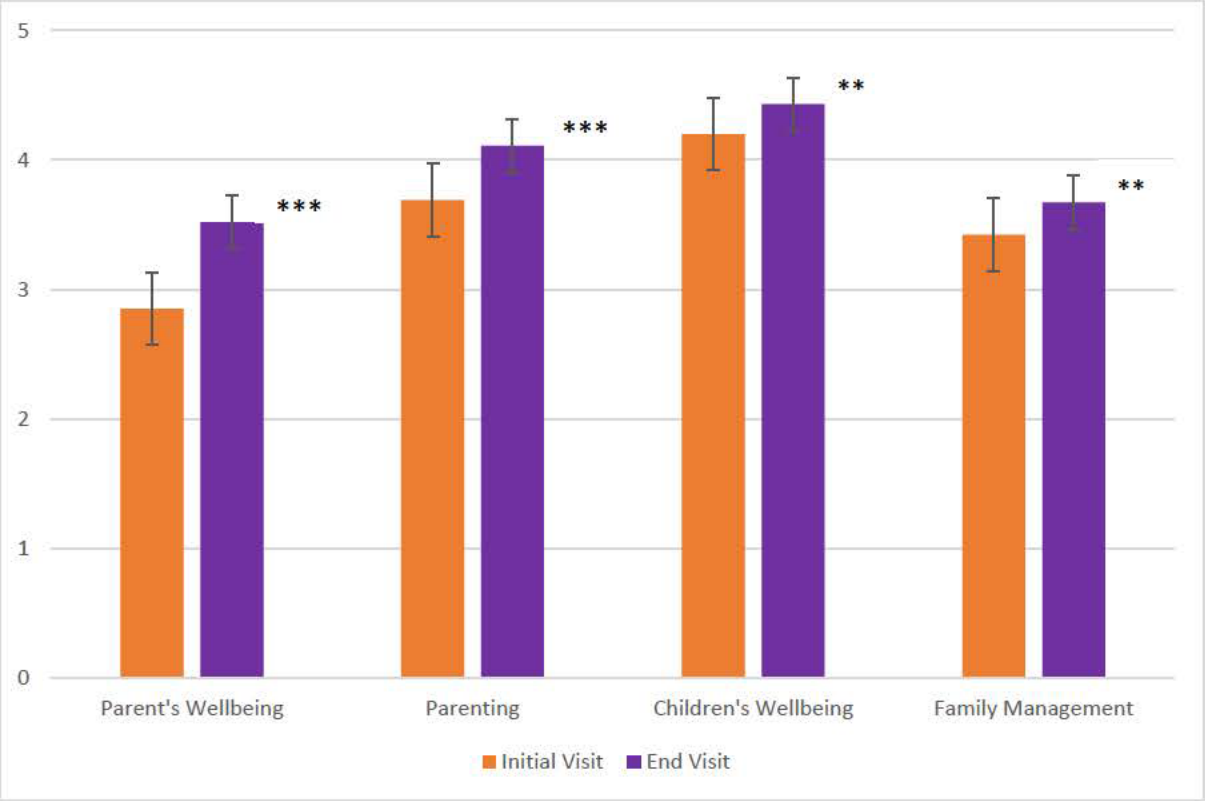
Overall results

These results suggest that home visiting was associated with improvements across all family outcomes, with the strongest and most consistent effects observed for Parent's Wellbeing and Parenting. Parent's levels of coping increased to cope better from the initial home visit to the end home visit showing a positive outcome of home visiting. The difference in statistical significance for Family Management between the full sample and subset likely reflects the increased statistical power associated with the larger sample size, as the effect sizes were small in both samples (*r* = 0.19 and *r* = 0.15, respectively). Figure 4.1 reflects the overall average scores for all

four areas comparing the initial home visit to the end home visit for the full sample. Figure 4.2 reflects the overall average scores for all four areas comparing the initial home visit to the end home visit for the subset sample.

Figure 4.1

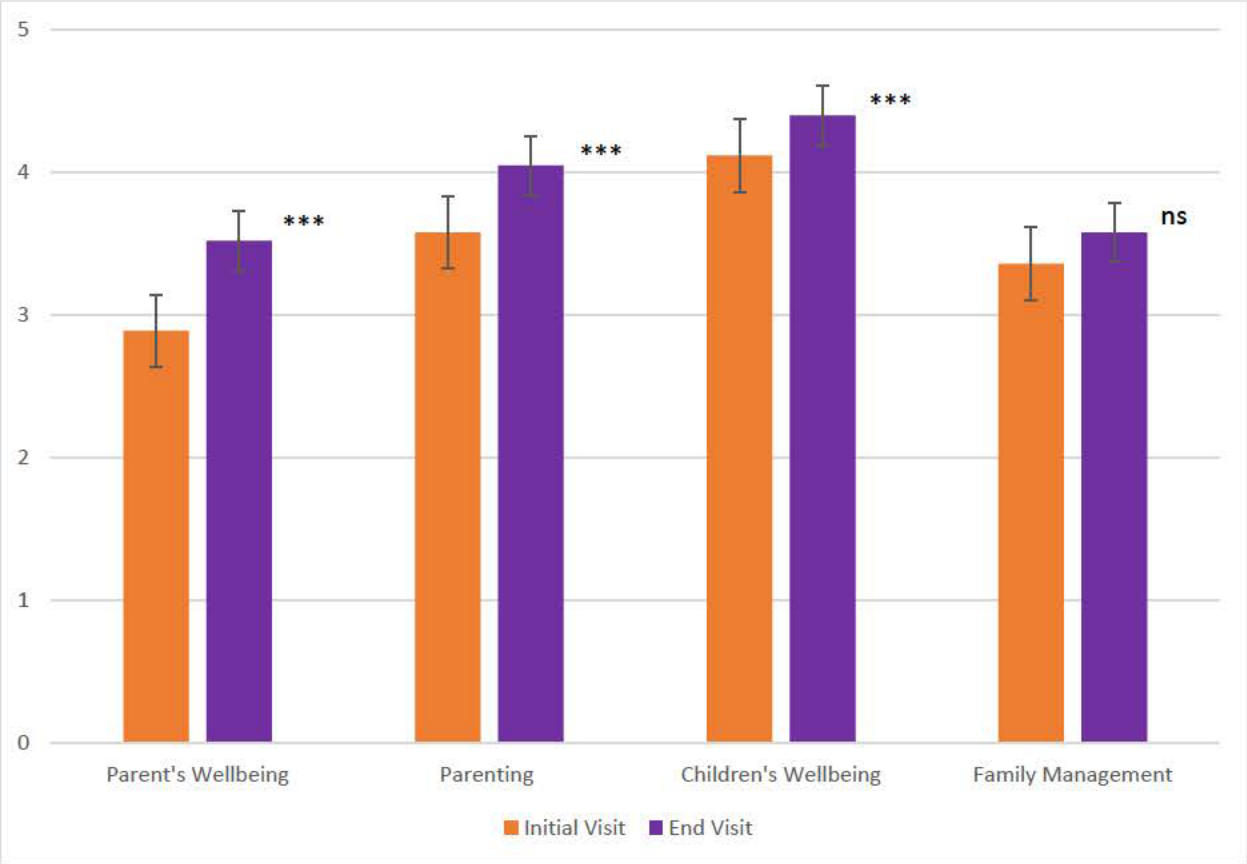
Bar Graph Displaying Overall Average Scores of Family Outcomes at the Initial Home Visit Compared to the End Home Visit for Home-Start Gloucestershire Repository of Data January 2016 to April 2022



Note Error bars represent standard error of the mean. Statistical significance is represented as: ns = not significant, * $p < .05$, ** $p < .01$, *** $p < .001$

Figure 4.2

Bar Graph Displaying Overall Average Scores of Family Outcomes at the Initial Home Visit Compared to the End Home Visit for Home-Start Gloucestershire Repository of Data January 2020 to November 2021



Note Error bars represent standard error of the mean. Statistical significance is represented as: ns = not significant, * $p < .05$, ** $p < .01$, *** $p < .001$

Qualitative study: Interpretative Phenomenological Analysis

The early years of parenthood and Home-Start home visiting: An Interpretative Phenomenological Analysis.

See Appendix G for the Participant information sheet for the IPA study. See Appendix H for the consent form for the participants. See Appendix I for the semi-structured interview questions for IPA study. See Appendix J for the debrief form for the IPA study. See Appendix K for the IPA analysis process including an example of the analysis process for one participant (Amanda) and a final table detailing the group experiential theme, subthemes, experiential statements and participant quotations.

In Gloucestershire, Home-Start has expanded its reach by forming a consortium that offers various services, including home visits, antenatal and postnatal groups, perinatal mental health support, and a Dad Matters scheme.The aim of this qualitative study was to explore parents' experiences of the early years of parenting and their experiences of Home-Start Gloucestershire's home visiting services. Specifically, three research questions were addressed:

- How do parents make sense of and navigate their experiences of the early years of parenthood ?
- What were parents' experiences of Home-Start Gloucestershire home visiting services?
- What were parents' experiences of navigating parenthood like before, during and after accessing Home-Start Gloucestershire's home visiting services?

Methods

Design

Interpretative Phenomenological Analysis (IPA) aims to make sense of participant's life experiences with a phenomenological, hermeneutic and idiographic approach. IPA is often used for research on transition (Smith et al., 2022). It was deemed the most appropriate method for making sense of how parents make sense of the major transition of becoming and being a parent and accessing support. Parents' experiences are diverse and shaped by various factors, including socioeconomic background, cultural context, and personal circumstances, all of which can significantly influence their interactions with support services. IPA is particularly well-suited for exploring these diverse experiences, as it emphasises how individuals make sense of key life transitions, such as parenthood (Smith et al., 2022). By using IPA, researchers can uncover the emotional depth and personal meanings that parents attach to their experiences with Home-Start, leading to richer insights that quantitative evaluations may overlook. This qualitative approach aligns with Home-Start's overarching mission to provide empathetic, family-centered support that acknowledges the complexities of parenthood.

Participants

The participants consisted of parents—mothers, fathers, or both—who had accessed Home-Start Gloucestershire's home visiting service for any reason, with their most recent engagement occurring in 2022 or 2023. Purposive sampling was employed in this study, with Home-Start Gloucestershire staff assisting in identifying and reaching out to families who might be interested in participating in the research. This approach was essential, given the specific focus on families who had used Home-Start's services and the unique challenges they faced. The Home-Start staff had established relationships with the families and were familiar with their circumstances, enabling them to identify families that met the criteria for participation.

The inclusion criteria for selection included families who had engaged with Home-Start's home visiting service in the past year and demonstrated a willingness to share their experiences. Additionally, the staff considered the families' current emotional and psychological readiness, as participation in research could involve discussing potentially sensitive topics related to parenting and support services. Given the potentially vulnerable nature of these families, the Home-Start staff were well-positioned to determine which families were in a suitable place to engage meaningfully in the study. This eligibility criteria is narrow to have a homogenous sample, typical of IPA methodology to explore phenomena from participant's points of view and how they make sense of it (Alase, 2017).

Initially, six families were approached based on these criteria, and ultimately, four of these families agreed to participate. Following guidance by Smith et al (2022), this was still an appropriate number of participants for IPA. Their contact details were passed to the first author (MB) and a Participant Information Sheet detailing the study was provided. If parents were interested in taking part, a time and date were agreed with a choice of meeting in their own home, university campus or MS Teams. Ethics approval for this study was received (see Appendix B).

Prior to starting the interview, participants were given an overview of the study (based on the Participant Information Sheet). Their rights to withdraw were provided and they were reassured that they could pause or stop the interview at any point. A consent form was provided to sign. After the interview, a debriefing sheet was provided. The interviews could raise emotive subjects and information on where to access further support was given in the debriefing sheet. The interviewer (MB) stayed mindful of any cues regarding the participant's emotional state throughout the interview in case a break or time was needed for the participants.

Data Collection

There were five participants with four semi-structured interviews undertaken by MB (one-to-one interviews with three mothers and one interview with a couple (mother and father)). Two interviews were online via MS Teams and two interviews were in the parents' home. Interviews were recorded via MS Teams if online or by Dictaphone if face to face. The interview was up to one hour in length. The questions focused on parent's lived experiences of becoming/being a parent during the early years before, during and after accessing Home-Start Gloucestershire and their lived experiences of accessing Home-Start Gloucestershire home visiting. A guideline of questions was used but the interviewer was also guided by the participant and asked questions based on their responses, following their individual journey. MB debriefed with KK and a reflective log was kept my MB after each interview documenting their own thoughts, feelings and reflections.

Analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse the interviews. Firstly, recorded interviews were transcribed in vertabim. This was done via human transcription without software to enable the researcher to fully immerse themselves in the participant's life world. This allowed a deep understanding of the interview and helped with later analysis of "knowing" the transcript (Halcomb & Davidson, 2006).

After transcription, each interview transcript was analysed separately following the IPA process. The transcript was read and re-read to become familiar. Next, exploratory notes were made. These are initial thoughts and observations made by the researcher regarding the participant's experiences. Next, experiential statements were formed to summarise important

sections of exploratory notes whilst still being grounded in the original text. This is the process of making sense of how the participant is making sense of their lived experiences. Experiential statements were clustered together to make personal experiential themes. This process was repeated for each participant. Cross-case analysis was then conducted where the data was compared across the four cases. Similarities and differences were analysed helping to further understand the individual participant and understand the group. The process of IPA was iterative.

Analysis was conducted by MB. Credibility checks were completed by the second author (KK). They reviewed the logged process conducted by MB. Transcripts were checked to ensure initial and later themes reflected the data. MB kept a reflective log throughout the process from the interviews to the analysis. MB and KK discussed their reflections and observations. MB's own circumstances were discussed and how this may interact with the analysis- particularly given that IPA is about how the researchers make sense of how the participants make sense of their experiences- bringing awareness surrounding bias and how the author was interpretating the data. MB is a mother with twins who were age four during the analysis process. Interpretive phenomenology shows that we as people are so enmeshed in our world that the researcher cannot and also should not hold back their prior understanding or engagement of the subject being studied. The depth of involvement of researchers means that it would confirm credibility (Reiners, 2012). The researchers take this stance yet also remained aware of how their own experiences were interacting with the interpretation.

Results

Participant details are presented in Table 4.1. All participants have been pseudonymised with parents in the same family given pseudonyms starting with the same letter. On reflection, it would have been preferred to ask families to choose their pseudonyms, as researchers are

mindful of the meaning of names to individuals. However, the researchers chose the pseudonyms from an assortment of names that have been popular in the last few decades. To give context, Amanda was a single young mother who had given birth during COVID-19. Christina was single mother with two daughters. Christina had recently left an abusive relationship. Sophie and Steven had three children, the youngest of whom were twins who had been in NICU for an extended time with one twin with a disability. Jennifer was a mother who verbally disclosed that she had autism and had a son with autism.

Table 4.1

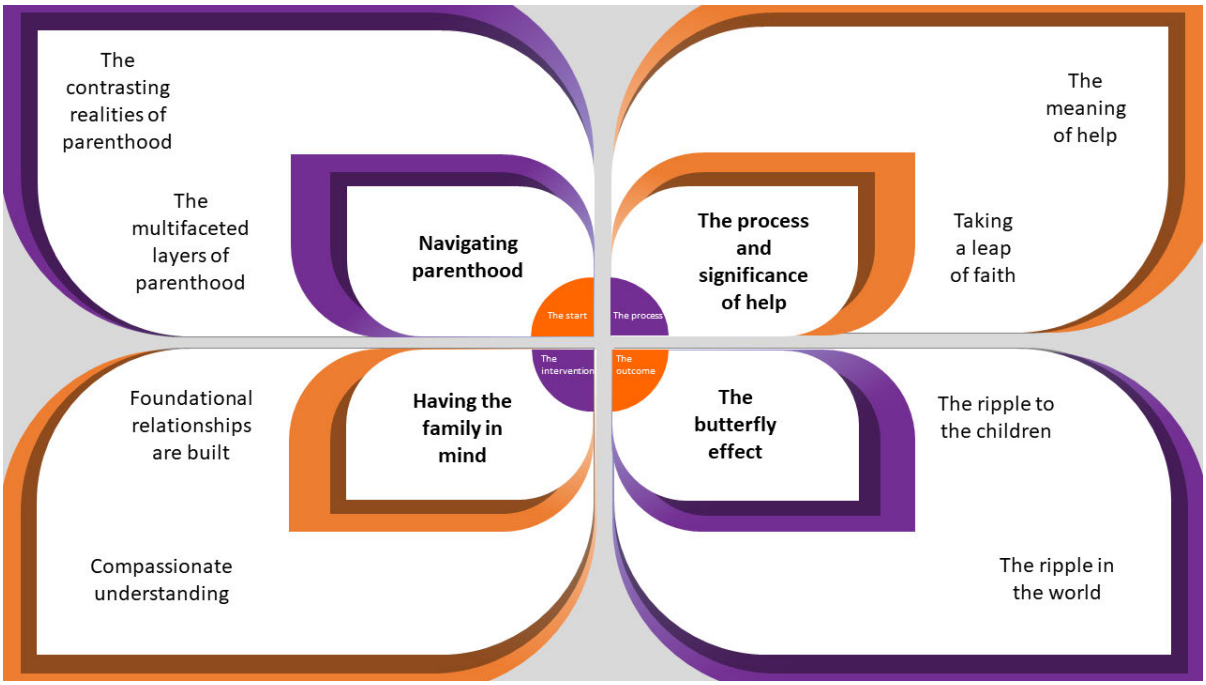
Participant Details

Parent name	**Number of children in the home at the time of home visiting**	**Length of time accessing Home-Start home visiting**	**Interview method**	**Duration of interview**
Amanda (mother)	One daughter	Nine months	In person in parent's home	1 hour 9 minutes
Christina (mother)	Two daughters	Accessed home visiting three times over the course of approximately three years. Time one: six months Time two: six months Time three: six months	MS Teams	58 minutes
Sophie (mother) and Steven (father)	Three sons (older sibling and twins)	Ten months	In person in parents' home	1 hours 20 minutes
Jennifer (mother)	One son	Three months	MS Teams	47 minutes

Four Group Experiential Themes were identified, each with two subthemes, showing the parents' transformational journey before, during and after Home-Start home visiting (see Figure 4.3). The Group Experiential Themes, subthemes and indicative quotes are presented in Table 4.2.

Figure 4.3

IPA Group Experiential Themes and Subthemes



Note. A figure showcasing the Group Experiential Themes in the four inner wings and the related subthemes in the outer wings. The circle in the middle demonstrates the journey for the parents through the themes from the start of the early years of parenthood navigating its realities, the process of accepting help, accessing home visiting (the intervention) and the outcome and impact of accessing home visiting.

Table 4.2

Group experiential themes, subthemes and quotes

Group experiential themes	Subthemes	Quotes
Navigating parenthood	The contrasting realities of parenthood	**Jennifer**: *"Um it was yeah it was challenging but very but very rewarding at the same time so"* **Steven**: *"...we faced the fact of life possibly without children and um we weren't really okay with that, you particularly had always longed to be a mother"* **Sophie**: *"Mm"* **Steven**: *"I was like oh it will be fine. But then you taste it you enjoy it and you're like this is incredible such a privilege and joy er to not have it would it's very sad... Yeah, it's the greatest privilege of our life isn't it."* **Sophie**: *"Yeah it is amazing and I think even the hard times it just makes up for it the fact that we're getting to do this we're getting to be a family and we're getting to experience it and just yeah the joys and the hard times."* **Sophie**: *"..it was hard going you were shocked weren't you I don't think you were quite-"* **Steven**: *"Oh my goodness yeah I was not prepared I'm an optimist and I thought I would take it in my stride. I thought he would fit into life which really didn't happen at all"* **Amanda**: *"And then when I got pregnant. The first thing I thought was I'm gonna die. I can't give birth…Like but she's my absolute world. I don't know. I can't remember life before having her."* **Christina**: *"there's a village that didn't really have people that had newborn babies so umm yeah, especially being pregnant on my own didn't really know anyone couldn't drive, couldn't go anywhere. Um so yeah, it was pretty, pretty difficult start really"* **Jennifer**: *"Yes. So I I experienced postnatal after having my first um because being a new mum and everything, it was very daunting and I didn't really have support from um family or anything um"*

Group experiential themes	Subthemes	Quotes
	The multifaceted layers of parenthood	**Christina**: *"...I just think all this is sort of normal being a mum feeling like this. I've always suffered with anxiety anyway and um a bit of depression, umm but just another um another layer I suppose."* **Amanda**: *"It's been hard cuz during COVID like most of our life, like, I have to be the one person that had to have a baby during that…And my first child. And no one got to hold her. I was hoping that my birth would be give birth a couple of days, go to my mum…And it weren't like that. It was four months later, go to my mum. Yeah. So you didn't like it felt a bit robbed"* **Christina**: *"unfortunately I had spent endured six months of hell living with him um because I wasn't able to leave the house umm and so that's when it got a lot lot worse umm and that's where the majority of my PTSD comes from really is when we were living in the same household."* **Sophie**: *"..despite all our wanting children I was like I do not want two at the same time so it took me a long time to come round to it"* **Steven**: *"See I didn't have that perspective because I was just like well we've done it for one, just do the same thing again but for two…She was like you have no idea, it doesn't work like that"* **Sophie**: *"(laughs as Steven speaks)"* **Steven**: *"But she was right it didn't work like that"* **Steven**: *"When the NICU stay as well which we came to it with twins was challenging, trying to care for [oldest child] here, feeling guilty for not being in NICU with the twins and all that kind of stuff"* **Steven**: *"We we were I mean we were surviving and doing well in terms of the kids were happy you know [oldest child] wouldn't have said I was neglected around that time or anything, there was fun in the house and we did all we could, but we were privately our heads were just above water so we didn't ever do anything around the house did we we had no capacity for that, you had no break whatsoever, there was no free time"*

Group experiential themes	Subthemes	Quotes
		Jennifer: *"Yeah. When he wants something but you don't know what he wants because he can't communicate so, yeah."* **Interviewer**: *"Yeah. How does that make you feel when he has a meltdown?"* **Jennifer**: *"Um really anxious and just really like you know I do I do feel a bit not helpless but just it's really difficult because like I don't know what you want (laughs)"* **Christina**: *"I found it hard work because I had a child who was just over two who was very clingy and needy and obviously her world was knocked upside down um and she hated her sister for about six months"*
The process and significance of help	The meaning of help	**Christina**: *"it's quite difficult when you, you know, you're to ask for help anyway generally, being a new mum, old mum, whatever um I think it's quite difficult to to to take that help as well. Um so I think maybe for (breathes out) new mums I think it's even worse if you don't have anyone around you"* **Christina**: *"and there is that sort of not stigma. I wouldn't call it that, but you're quite mums are sort of meant to do it all and you know, um I just think that that's quite sad really, that um there's that stigma really that you can't ask for help and you shouldn't, I don't know."* **Sophie**: *"Yeah and it's always like okay yeah there's still part of you that you don't want to sort of you're like I should be able to do this on my own you know these are my children I should be able to do this but I think we had to quickly come to the realisation that it just wasn't going to be that easy."* **Jennifer**: *"A bit nervy about it at the start because obviously um I I judge a lot of things because obviously my previous experiences…"* **Jennifer**: *"I think it's because there was no Home-Start there was no real like places to go and get help um there was just no outlet or anything and it's really yeah just really bad."* **Christina**: *"the lack of support I had from anyone umm my ex, his family that lived down the road. No one, no one helped, didn't know really anyone"*

Group experiential themes	Subthemes	Quotes
		Jennifer: *"Um I was I mean my mental health was alright but I would have my down days where I did feel like useless worthless didn't want to do anything really unmotivated and everything but I knew I had to do something to get out from this for my child so yeah."*
	Taking a leap of faith	**Amanda**: *"After I got into it, I needed to give it a chance and that's the thing you have to give it a chance."*
		Jennifer: *"Fine yeah um I mean it was at the start it was really daunting I was like oh a new person but then afterwards fine, so yeah."*
		Steven: *"...how do we know someone's actually going to be helpful coming in here and not an awkward hindrance for us. We weren't sure I think for a little whilst about taking it on…Um until we met [Home-Start worker] I suppose and began conversations and thought oh she's quite nice and normal."*
		Steven: *"Yeah and I think I think with Home-Start as well un until you meet someone from them they're kind of faceless so you just don't know what they're going to be like if you know are they going to send round some strict nanny type figure or whatever you just don't know…until you begin a conversation with them um so at that point of desperation that's when we did ask for them to come round and we were just accepting anything um we really weren't sure but after your first meeting you have quite a great deal of confidence I suppose don't you that it is going to be okay, it will work"*
Having the family in mind	Foundational relationships are built	**Amanda**: *"after about six months it was nanny [volunteer] that's what we called her, on Mother's Day um we've got her like a present and a card to nanny [volunteer]. She was literally like family to us by the end of it and still is now."*
		Christina: *"...she was amazing um…My, my adopted granny or mum"*

Group experiential themes	Subthemes	Quotes
		Steven: *"…she becomes part of the family in some ways doesn't she in terms of it's cuz it's a regular thing consistent and the kids get to know her and stuff"*
		Jennifer: *"She just helped me with obviously my confidence, she helped me with um like putting a routine for [third child] and everything obviously my third child and basically just um and just basically was there to talk to um talk to and everything and it was just really nice just felt like I had a friend."*
		Christina: *"they're just all little angels…all different but all very good at the same time."*
		Jennifer: *"Umm it was it was tough it was stressful and yeah when she when she came into the picture it was just so much better and yeah raised my raised my spirits."*
		Amanda: *"she always bought books…And there was one particular book all the time the Hungry Caterpillar…And she actually go up to [daughter] with a massive note in it before she left as well. Like this is needed someone to look after it…she was was always doing something like or we just talk like and it was always a case of trying to make sure that how're you doing?"*
		Sophie: *"And that's nice it was nice to have that bond where someone you know does does care about if they're developing and yeah and being exciting being excited that they're talking or doing different things um…Cuz yeah she shares in that doesn't she she's been there for the several meetings and" Steven: "Yeah absolutely I've not really thought about it but yeah you're right she's quite attached to them herself she's journeyed so much with us"*
	Compassionate understanding	**Amanda**: *"it was like kind of it was like therapy. In a way. I was just having someone there that I didn't want to talk to my mum about. And I didn't want to talk to my partner about…And it was like a safe space with her"*
		Christina: *"…they were just um lovely. All of them. All three of them were amazing and very it was just nice to talk to somebody umm who it was sort of not independent, but, you*

Group experiential themes	Subthemes	Quotes
		know, sort of doesn't know your situation doesn't know umm umm doesn't know they just listened, I suppose." **Jennifer**: *"Um just basically just the um no no judging and just I could just talk freely and not feel like I was being you know looked down on or anything, it was just so nice and just so she was just so welcoming, yeah."* **Amanda**: *"it was all on my pace and it can be on your pace. It's it's they're there for you. It's what you're feeling comfortable with. Which is great. Because if it had to be like a certain way, and I don't like that I would have said nope not doing that. But they didn't. I didn't feel anxious with them. And I didn't feel like I had to do something that I didn't want to do"* **Steven**: *"...there's nothing they do to make it awkward or hard"* **Sophie**: *"They just always want to help. There's always opportunities that we're being like [Home-Start worker] will always say we've got you know we've been approached and asked whether people want to go there was an outdoor er like a forest school kind of thing and they had some free places and so they're always offering passing on offers like that aren't they"* **Sophie**: *"[Home-Start worker] was really reassuring wasn't she I think it was someone that got it and that we weren't having to-"* **Steven**: *"She she understood"* **Sophie**: *"battle for getting any help or anything she was yeah just really positive."* **Steven**:*" And I suppose presenting it as well not in the way of we're trying to impose something on you we're very much a we're here to help, we're flexible, you dictate to us in many ways"* **Steven**: *"I guess it comes at a point where this is exactly what we needed we needed somebody to come who wasn't going to be a pressure on us who was just going to be there to help was happy to do a multitude of things or allow [Mum] to go and do different things if she needed to"*

Group experiential themes	Subthemes	Quotes
The butterfly effect of help	The ripple to the children	**Amanda**: *"Because it's just, it's so emotional, I can feel myself getting upset now (tears in eyes). They, they made a massive difference to me. Because of everything that happened. But they made a difference to her. And I don't know what I do if they didn't help with her. Like, the way she is now and that's thanks to them being in my life. And I'll always be grateful for that"* **Sophie**: *"he he's not that comfortable so it's not been that easy having help because actually he wouldn't go to anybody so to have [volunteer] come every week means that he's built up that you know he's comfortable with her and he'll be able to be left with her yeah and she knows what helps and what doesn't so that's way more useful than just somebody that dips in and out doesn't it cuz she actually knows him"* **Jennifer**: *"Lovely. Yeah, yeah. She was really just open arms, cuddles, hugs, yeah just it was just magical yeah. It was lovely so."*
	The ripple in life and the world	**Amanda**: *"I would love to know what my life would have been like, without Home Start…But I think I'd been poorly. I think I'd still be ill. And I think that my life would be completely different, especially with her. And I don't think she or me would be where I am in this home, owning a car, having a job."* **Sophie**: *"…like not having [volunteer] and not being able to have that one day a week where we've got the help would just be really hard going wouldn't it I"* **Steven**: *"It would I think probably like it would be a less happy home in many ways as well. You can have fun with the kids with [volunteer] can't you"* ***Sophie***: *"Mm"* ***Steven***: *"and [volunteer] has fun with the kids as well so it's a positive day whereas perhaps without [volunteer] would have been a grind to get through whatever [indistinguishable word] when she wasn't here"* **Christina**: *"it's a big thing to volunteer for, but for from a mum's perspective it's just it's vital, it's just invaluable to them umm that's why I'd like to do it myself um when they're in school or something"*

Group Experiential Theme 1: Navigating Parenthood

The Group Experiential theme "Navigating Parenthood" captured the complex journey of being a parent, characterised by contrasting emotions and experiences. Parents faced a gap between expectations and reality, leading to significant adjustments. Individual circumstances added unique challenges to the universal aspects of parenting that were challenging enough on their own.

The Contrasting Realities of Parenthood

Parents conveyed the realities of parenthood and its juxtaposition. Their experiences illustrated the coexistence of various emotions such as joy and challenges, struggles and fulfillment. Jennifer found parenthood “challenging but very rewarding at the same time”. For Sophie and Steven, the challenges they faced during parenthood were helped by the sense of joy and appreciation on being parents, with Steven calling it “the greatest priviledge of our life”. This is because the journey to becoming parents was difficult and they faced the possibility of not being able to have children. Sophie conveyed “even the hard times it just makes up for it the fact that we’re getting to do this we’re getting to be a family”. This highlighted the emotional depth of the journey for the parents as they acknowledged the highs and lows. There was a shared understanding between Sophie and Steven as they validated each other’s feelings, showing their emotional connection and the significance of what they had been through.

For Amanda, Sophie and Steven, the expectation of becoming parents differed to the reality. Steven expected an easier adjustment into parenthood where children would “fit into life”. However, this was not the reality. Sophie acknowledged Steven’s shock and

unpreparedness of the realities of having children. Even with an optimistic view of life, it did not prepare Steven for the challenges that arose and the acknowledgement that the child did not fit seamlessly into their lives as he expected them to. Amanda experienced a contrasting reality between the worry of what she thought would happen when giving birth, compared to the transformative experience that it actually was. She realised the significance of becoming a mother changing her view of life and the child becoming her "absolute world".

Christina and Jennifer both had a difficult start to becoming parents. Christina's life circumstances contributed to a difficult start into parenthood. She was isolated as she could not drive and struggled to connect to anyone in her local community because there were no other parents with newborn babies. Jennifer also experienced a stressful start to parenthood, calling it "daunting". She lacked a support network when becoming a mum for the first time meaning she was navigating new parenthood alone. This lack of support intensified the difficulties she was facing and contributed to isolation. She talked about not having the support of family or anyone else at the time, indicating that this would have made a difference to her experiences if she had this support there, also reflective of Christina's experiences of no support.

The Multifaceted Layers of Parenthood

Parenthood was not a singular experience but rather a multi-layered journey filled with various dimensions, challenges, emotions, and responsibilities. Christina conveyed the additional layers on top of the challenges all parents face in becoming parents, which was reflected in all the other parent's experiences too. All the parents had differing life circumstances occuring on top of the challenges of becoming parents. Amanda experienced the transition to parenthood during COVID-19. She talked about the significance of becoming a mother for the first time during the pandemic and the reality of this compared to how it could have been had it not been a pandemic.

She conveyed feeling “robbed” of her expected experiences and there was a sense of loss for the typical experiences and support she could have had, such as support from her mum.

Parenthood can be challenging enough on its own, yet Christina also struggled with anxiety and depression, which exacerbated the challenges she faced as a new parent. Furthermore, she was in an abusive relationship, exacerbated by COVID-19 and being stuck in a house with her abuser. This had a profound impact for her, feeling trapped in trauma. The impact of this was still with her. Christina also struggled with the transition of becoming a parent of two and navigating this dynamic, saying that her first daughter’s “world was knocked upside down” when her second daughter was born. Christina was trying to help her elder daughter as well as look after a baby as well as navigating the transition not just for herself, but for her elder daughter adjusting to a new family member.

Sophie and Steven experienced the shock of having twins and navigating the unique challenges this brought to parenthood. Although Sophie expressed wanting children, she did not contemplate having twins and what this would mean looking after two babies at the same time, expressing that “it took me a long time to come round to it”. Steven had a differing view where he felt that they could do the same thing they did with their first child, but with two, indicating that the experience would not be too disimilar from what they went through with their first born child. This is interpreted as seeing some humour between Sophie and Steven, perhaps helping them to navigate the realities of twins. Their differing expectations end in the same reality that parenting twins required adjustments beyond duplicating the experiences with one child. Sophie and Steven also navigated the additional layer of a NICU stay for their twins. This could be seen as a tough experience for the parents trying to navigate life and its challenges the best way they could, yet “feeling guilty” if they felt they were not meeting everyone’s needs as parents. Sophie

and Steven were going through intense challenges and so were not meeting their own needs. Steven says “we were surviving”. Sophie and Steven were giving their all to the children and had no capacity for anything other than caring for them. However, privately, the parents were dealing with immense stress. This shows the hidden difficulties and strains parents can face with their own needs not being met.

Jennifer was navigating an additional layer of parenting a child with autism. She was struggling with understanding what her child wanted because of his lack of communication. Jennifer felt “really anxious” wanting to help her son, yet helpless to know what help her son wanted, leading to more anxiety for Jennifer and the commencement of a vicious circle.

Group Experiential Theme 2: The Process and Significance of Help

This theme reflects the journey parents go through in acknowledging their need for help, reaching out for help, and ultimately embracing it.

The Meaning of Help

Christina, Sophie, Steven and Jennifer conveyed the struggles with acknowledging, asking and accepting help and what this meant to them. Christina reflected on not receiving any support including from family close by, showing the significance and impact of this on her experiences of new parenthood and its navigation with no help: “the lack of support I had from anyone my ex, his family that lived down the road. No one, no one helped, didn't know really anyone”. Christina talked about the difficulties for all mums to reach out for help and, in particular, for new mums if there is no support nearby. She conveyed the stigma associated with asking for help where “mums are sort of meant to do it all and you know, um I just think that that's quite sad really, that um there's that stigma really that you can't ask for help and you shouldn't, I don’t

know.” There is a societal expectation on mums to carry on without asking for or accepting help. This reflected her own feelings as to why she found it difficult to ask for help.

Finding it difficult to ask for help was also expressed by Sophie, as well as being able to do everything herself. She expressed “I should be able to do this on my own you know these are my children I should be able to do this but I think we had to quickly come to the realisation that it just wasn’t going to be that easy”. Sophie had an internal struggle between what she felt she “should” be doing and what the reality was. The use of “should” indicated internalised pressures to parent independently. The shift from "I" to "we" suggests a collective realisation with Steven about the difficulties of parenthood. The phrase "quickly come to the realisation" indicates a sudden confrontation with reality, leading to an acceptance of the complexities of parenting.

Jennifer also struggled with the concept of help, feeling nervous about accessing support. Jennifer had difficult past experiences with support, which had impacted on her judgement when faced with the prospect of accessing help, leading to anxiety of what the help would be like. Futhermore, she had experienced times of no support as a parent referring to there being “no outlet” suggesting no way of releasing stress. She described these times as “just really bad” conveying the profound negative impact of this isolation on her parenting experience. The meaning of help for Jennifer was reflected in her need to make a change for her third born child: “my mental health was alright but I would have my down days where I did feel like useless worthless didn’t want to do anything really unmotivated and everything but I knew I had to do something to get out from this for my child”. Although Jennifer was in a bad place mentally, she knew she had to do something to change this. The transformation of parenthood meant recognising the need to change for her child.

Taking a Leap of Faith

The transition between acknowledging help and then reaching out was expressed by parents. There was a sense of the significance of this step to first accessing support- the process of what it meant to access the support. It required a leap of faith, the importance of giving it a go. Amanda expressed the need to give the help (Home-Start) a chance: “After I got into it, I needed to give it a chance and that’s the thing you have to give it a chance.” Once Amanda accessed the help, her feelings towards it changed and she was glad to have given it that chance. She expressed the importance of taking this step.

Jennifer expressed anxiety with accessing the support calling it “really daunting”, particularly surrounding letting a new person (volunteer) into their world. She reflected on the relief that this went well. Steven also expressed the reluctance in accessing help worrying that it could be an “awkward hindrance”, yet the relief in taking this step. There was anxiety around the unknown of what the help from Home-Start would be like. Sophie and Steven had help offered to them that turned out to be unhelpful and not what they needed. However, on the first meeting with Home-Start, faith had been restored. This is conveyed further here: “I think with Home-Start as well un until you meet someone from them they’re kind of faceless so you just don’t know what they’re going to be like…until you begin a conversation with them um so at that point of desperation that’s when we did ask for them to come round and we were just accepting anything um we really weren’t sure but after your first meeting you have quite a great deal of confidence I suppose don’t you that it is going to be okay, it will work”.

Group Experiential Theme 3: Having the Family in Mind

This Group Experiential Theme highlights the pivotal role Home-Start and the volunteers played in parents' lives, becoming like family members by providing emotional and practical support. These bonds, built on trust and mutual understanding, gave parents a sense of stability during

challenging times. Volunteers' compassionate, non-judgemental approach created a safe space where parents felt understood and empowered, with support tailored to their specific needs, profoundly shaping their journey through the early years of parenthood.

Foundational Relationships are Built

This subtheme showcases the deeply significant and pivotal role that relationships between the family and volunteer had, with the connection being a foundational pillar in the parents' journey. The volunteers provided emotional and practical support as well as stability during a critical phase of the parent's lives. These relationships served as groundwork upon where trust and understanding were established, creating a solid base that influenced the parents' journey through parenthood.

The impact of the volunteer can be seen when the parents compared the volunteers to members of their family or friends. Amanda called the volunteer "nanny" and described her "like family to us by the end of it". She said how she got the volunteer a present and card on Mother's Day. This reflected the level of trust and bond that had been formed between the volunteer and the family, where Amanda and her daughter had let the volunteer into their lives. Christina also reflected this notion of the volunteer being like family, calling her "my adopted granny or mum". This showed how the volunteer held a special place in the parent's life akin to a mother or grandmother figure. The use of "adopted" conveyed a sense of chosen family, implying that this person held immense significance and care in their life. Steven expressed how the volunteer had become a part of the family. The volunteer had become a consistent presence in their lives and was like a member of their family. The children were familiar with her reflecting how comfortable they all felt with her and the bond they all had. Jennifer referred to her volunteer like she "had a friend". This expressed the depth of the relationship beyond practical assistance. The

sense of having someone to talk to, confide in, and share experiences with was immensely meaningful to Jennifer, creating a strong bond.

The volunteers were like bright lights in the parents' lives that provided the right support at the right time, when it was most needed. Christina described the volunteers as "angels". This was an affectionate statement highlighting how significant the volunteers were, showing they were all different in their approach to help, yet all admirable and helpful evoking a sense of fondness from the parent and how much it made a difference to her life. Jennifer described how her volunteer "raised her spirits". When the volunteer came into her life, there was a noticeable shift. There was a considerable improvement in her wellbeing and mood, like a weight had been lifted. Amanda conveyed how meaningful the bond with the volunteer was regarding a book the volunteer brought for Amanda's daughter and the significance of this exchange: "she always bought books…And there was one particular book all the time the Hungry Caterpillar…And she actually go up to [daughter] with a massive note in it before she left as well. Like this is needed someone to look after it". Amanda expressed the thoughtful and caring nature of the volunteer and how she was towards her daughter. The giving of this book held deep significance for Amanda, and the act of leaving a note inside showed the considerate gesture from the volunteer, holding the family in mind and knowing the child's love for this book. It indicated a fondness for the family from the volunteer as well as a fondness from the family for the volunteer, a mutual relationship. Sophie and Steven also expressed the meaningful bond with the volunteer where the volunteer "shares in" the children's development. Sophie and Steven had an appreciation for the care the volunteer had for the family and how the children were doing. They noted that the volunteer had journeyed alongside them, implying a shared emotional connection and involvement in the family's journey and growth.

Compassionate Understanding

Home-Start and its volunteers provided a safe, supportive, non-judgemental space. Its foundations were raised on compassion and understanding. Home-Start always had the family in mind, and this was felt and experienced by the family, instilling hope, faith and the provision of meaningful support. Amanda conveyed the safe supportive space Home-Start and its volunteer provided, meaning she could openly talk about things that she may not have opened up to family about, describing it like "therapy" and a "safe space". This was also expressed by Christina who found it helpful to speak to somebody independent of her circumstances who "listened". This reflected the compassionate understanding of the volunteers felt by the parents, providing that much needed space to talk, without judgement, when the parent most needed it. Jennifer further experienced this non-judgement from the volunteer and being able to "talk freely" and not "looked down on", describing the volunteer as "so welcoming". This suggests the parent felt at ease with the volunteer. There was a sense of acceptance and understanding offered by the volunteer, creating a safe space for open conversation and sharing. It also insinuates that Jennifer has had bad experiences of support in the past where she had felt judged, but that this was different with Home-Start, providing relief and being able to build a trusting friendship with the volunteer.

The compassionate understanding by Home-Start and its volunteers was also reflected through their patience and "no pressure" attitude. They tailored the support to what each family needed by listening to the family and understanding their needs in their entirety so that they could provide what could help, without any pressure and led by the family. This is articulated by Amanda when she talked about the volunteer going at her pace, showing a relationship formed on mutual respect: "it was all on my pace and it can be on your pace. It's it's they're there for

you. It's what you're feeling comfortable with. Which is great. Because if it had to be like a certain way, and I don't like that I would have said nope not doing that. But they didn't. I didn't feel anxious with them. And I didn't feel like I had to do something that I didn't want to do". Building trust with the parent helped her to feel comfortable and feel in control of the help received. Sophie and Steven also experienced the no pressure approach of Home-Start, where Steven says "there's nothing they do to make it awkward or hard" and Sophie saying "they just always want to help". This reflected Home-Start always having the family in mind and making the help easier to accept for the family. Keeping the family in mind showed Home-Start's proactive approach, understanding and dedication to helping families.

Furthermore, the parent's feelings towards Home-Start convey that Home-Start understand what it can be like to be a parent and the challenges that they can face and that those challenges can be different depending on each family's circumstances. Sophie and Steven felt that their volunteer also reflected these values that Home-Start had, where help was provided in a collaborative way where the family felt in control of how they received support. This led Sophie and Steven to feel validated and understood. Steven said: "this is exactly what we needed we needed somebody to come who wasn't going to be a pressure on us who was just going to be there to help was happy to do a multitude of things or allow [mum] to go and do different things if she needed to".

Group Experiential Theme 4: The Butterfly Effect of Help

The impact of compassion from Home-Start and a volunteer coming to a family's home to help with what is needed had significant and far-reaching consequences on the family's life. Through seemingly small ways of helping, it created a chain reaction of positive changes in the family's life trajectory.

The Ripple to the Children

This butterfly or ripple effect was seen by the parents for their children, where they could see the difference the support they were receiving was having for them. Amanda expressed the profound significance of the difference it made for her daughter: “Because it's just, it's so emotional, I can feel myself getting upset now (tears in eyes). They, they made a massive difference to me. Because of everything that happened. But they made a difference to her. And I don't know what I do if they didn't help with her. Like, the way she is now and that's thanks to them being in my life. And I'll always be grateful for that”. The transformation for both mum and daughter was profound and meaningful. The deep sense of gratitude expressed shows the critical role the volunteer had and the bond they formed. Although the support finished, the impact remained with lasting recognition of its positive impact on their lives.

Sophie also expressed the bond formed between the volunteer and their children. One of Sophie and Steven’s twins found it difficult to feel comfortable and build trust with others. The mum was grateful for the consistent support from the volunteer and her compassionate understanding and consideration of the child’s individual needs. A meaningful bond was formed between the child and the volunteer, providing relief for the mother and indicating the quality of the support provided.

Jennifer described the bond between her son and volunteer as “magical”. She talked about the volunteer in an affectionate way, describing a warm and welcoming experience for herself and her son. The use of the word “magical” reflected the deeply meaningful experience that was had and emotive response to observing the bond between her son and the volunteer and how important and welcoming this must have been for her son.

The Ripple in Life and the World

The wider implications of the help received from Home-Start and its volunteers was conveyed by the parents. For Amanda, the ripple spread wide: “I would love to know what my life would have been like, without Home Start…But I think I'd been poorly. I think I'd still be ill. And I think that my life would be completely different, especially with her. And I don't think she or me would be where I am in this home, owning a car, having a job.” Amanda reflected on her personal growth and the transformative role Home-Start had in her life. There was an immense sense of gratitude and personal reflection for the journey she had been on and what it could have been like had she not accessed Home-Start, showcasing the butterfly effect of the support she received.

Sophie and Steven reflected on the support received and the ripple this had on their lives, with support one day a week making a big difference, with Steven saying “it would be a less happy home in many ways as well. You can have fun with the kids with [volunteer] can’t you…and [volunteer] has fun with the kids as well so it’s a positive day…whereas perhaps without [volunteer] would have been a grind to get through”. Like Amanda, Sophie and Steven reflected on what life would be like had they not had the support from Home-Start. The volunteer’s presence contributed positively to the family’s overall wellbeing.

For Christina, the impact of the support received instilled the desire to help others and volunteer herself when it became feasible. She recognised the invaluable role volunteers played in helping families, reflecting her empathy towards other mums. The ripple here was the future, with the lasting impact of the support instilling a drive to help others because of the understanding of the immense value it can have.

Conclusions for Home-Start Home Visiting

Two studies were conducted to explore the impact of Home-Start Gloucestershire home visiting, which fed into the aim of this project to explore parents' lived experiences of the early years of parenting, including accessing support during the early years via Home-Start Gloucestershire early intervention services. The two studies answer this research project's research questions: What are parent's experiences of the early years of parenting and what can we learn from this and what is the impact of Home-Start Gloucestershire' early intervention services and how can this inform other Home-Start services in the UK and beyond? The first quantitative study explored Home-Start Gloucestershire's repository of data examining the differences in scores for parents pre and post home visiting. Results were positive, showing a difference across all family outcomes. These results helped to orientate this research looking into the experiences of the families (Mayoh & Onwuegbuzie, 2015). This informed the next qualitative stage of the importance of understanding why home visiting was helpful and if it was acceptable to get a clearer sense and depth of understanding to elaborate and enhance the first important quantitative phase. The qualitative study was an IPA approach which delved into the nuances of parenthood understanding the convergences and divergences gaining a rich understanding. The IPA results showed that home visiting was acceptable. Furthermore, it showed the importance of providing tailored support, which catered for the individual differences of family circumstances. Compassionate relationships were built between volunteers and families and with Home-Start as a whole, which could have contributed to improved family outcomes. Parents talked about the ripple effect, which could explain why all four areas of family outcomes improved. Home visiting made a difference to the parents, which made a difference to the children, which also all

made a difference to their wider lives in differing ways, having an impact on society. This shows the impact of the importance of giving children the best start in life and the importance of early intervention services such as Home-Start home visiting.

Reflexivity

The conduct of both the quantitative analysis of Home-Start Gloucestershire's repository data and the qualitative IPA study exploring parents' experiences of home visiting was shaped by my positioning as both a researcher and a parent. I am a mother of twins who were four years old during the analysis process, placing me directly within the demographic that Home-Start supports. This personal positioning brought both valuable insights and potential blind spots that are important to acknowledge.

My experience as a parent of twins resonated strongly with the participants' accounts, particularly Sophie and Steven's journey with their twins and NICU stay. Although there were also divergences in our experiences such as NICU and a twin with a disability which I did not experience, I could empathise with the unique challenges of caring for more than one child of the same age at the same time, which can be emotionally and practically hard. When Amanda spoke of feeling "robbed" of typical early parenting experiences due to COVID-19, I recognised similar feelings from my own pandemic experiences, where my twins were 7 months old in the first lockdown. This emotional connection likely enhanced my sensitivity to the nuanced experiences parents described, enabling me to appreciate the depth of their struggles and transformations.

However, this same emotional resonance may have influenced my interpretation in ways that valued some narratives over others. My understanding of sleep deprivation, identity shifts, and the relentlessness of early parenting meant I was perhaps more attuned to these themes when

they emerged in the data. The phrase "we were surviving" from Steven particularly resonated with my own experiences, potentially leading me to emphasise this aspect of parent struggle in my analysis.

My mental health background influenced how I approached both studies. In the quantitative analysis, my familiarity with wellbeing measures shaped how I interpreted the statistical improvements in parent wellbeing scores. I had an awareness of what the questionnaires would mean for parents in the context of being a parent and experiencing the context of what the questionnaires were asking.

In the qualitative analysis, my clinical training likely influenced my sensitivity to participants' descriptions of mental health struggles, isolation, and the therapeutic value they found in their relationships with volunteers. When Amanda described the support as being "like therapy," I understood this both from a personal parenting perspective and from my professional knowledge of therapeutic relationships. However, this dual lens may have led me to overemphasise the mental health aspects of parents' experiences while potentially undervaluing other dimensions of their support needs.

My decision to use IPA reflected not only its appropriateness for exploring lived experience but also my comfort with phenomenological approaches, influenced by my clinical training in understanding subjective experience. The choice to prioritise parents' own meaning-making aligned with my belief, shaped by both personal and professional experience, in the importance of understanding rather than judging parent struggles.

The recruitment process, conducted through Home-Start staff, created a particular dynamic that my parent status may have influenced. When Home-Start staff described difficulty

recruiting participants, I wondered whether parents were hesitant to discuss their experiences with someone they did not know. My own understanding of parent vulnerability and the difficulty of admitting struggles may have shaped how I approached the interviews, perhaps being more gentle or empathetic than a researcher without parenting experience might have been.

The parents' descriptions of volunteers becoming "like family" resonated with my own understanding of how crucial informal support networks can be during early parenthood. However, this personal appreciation may have led me to interpret participants' accounts in ways that emphasised the positive transformational aspects while potentially minimising any ambivalence or challenges they may have experienced with the service.

During the IPA analysis, my understanding of early parenthood as both challenging and transformative shaped how I interpreted the "butterfly effect" theme. My experience of how small acts of support during difficult parenting moments can feel significant may have influenced my interpretation of parents' gratitude and their descriptions of far-reaching impact.

The keeping of a reflective log helped me recognise when my own experiences were particularly resonating with participants' accounts. For instance, when Christina described feeling like "mums are sort of meant to do it all," I noted my own frustration with similar societal expectations, which may have led me to emphasise this theme more strongly in the analysis.

While my parenting experience provided valuable insight, it also created blind spots. My relatively privileged circumstances - stable relationship, financial security, access to support networks - may have limited my ability to fully appreciate the particular challenges faced by participants who experienced domestic abuse, single parenthood, or social isolation. Christina's account of being trapped with an abusive partner during COVID-19 represented experiences

beyond my own, requiring me to rely more heavily on professional rather than personal understanding. Similarly, having twins but not experiencing NICU stays, postnatal depression, or autism in my children meant that while I could relate to some aspects of participants' experiences, others required careful interpretation without the benefit of lived experience.

It was good to keep a diary throughout the IPA study and speak to my supervisor to voice the interconnection between the study and my own life. Being reflexive helped me to understand both the positives and negatives of my own experiences in relation to the research. Out of all the studies I conducted, the IPA study had the most impact for me as a researcher and as a parent, where parents were bravely sharing their stories and vulnerabilities in those emotionally tough early years of parenthood.

CHAPTER 5

Home-Start Group Interventions

Chapter 4 explored Home-Start Gloucestershire's home visiting service using a mixed methods approach. This chapter, chapter 5, explored Home-Start Gloucestershire early intervention groups using a mixed methods approach. To give context, Home-Start groups are provided nationally. The three groups that Home-Start Gloucestershire provide are Bump Start (antenatal group), Best Start (postnatal group) and Mothers in Mind (perinatal mental health group). Bump Start is an antenatal group that brings parents together for a 5-week programme to discuss birth and the start of the parenthood journey. The group explore pregnancy, caring for self, bonding with their bump and nurturing their newborn. Maintaining physical and mental wellbeing, labour, birth, transition to being a parent and advice for caring for a new baby are discussed. Mothers to be, dads and birthing partners are invited to take part. Best Start is a postnatal 6-week group for parents with babies aged 6 months or younger. The group offers support, reassurance and connection. Best Start provides parents with an opportunity to share experiences and offload with other parents. Topics covered include baby development, sleep, teething, solid foods, FirstAid amongst others. Mothers in Mind is a 10-week perinatal mental health support group for mothers. Mothers are supported with challenges of anxiety, depression, low mood, obsessive compulsive disorder and loneliness encouraging sharing of antenatal, postnatal and motherhood experiences. Mothers can find comfort, advice and share experiences with other mothers (Home-Start Gloucestershire, 2025).

To understand the impact of Home-Start Gloucestershire's early intervention groups, each group was explored individually. Firstly, pre and post group measures were compared to see if the groups had an impact on family outcomes. Secondly, written feedback comments were analysed to explore the impact of the groups further. The methods and results of this study are presented next.

Methods

Participants

Groups that ran between January 2020 and June 2022 in Gloucestershire were analysed from a repository of data provided by Home-Start Gloucestershire. This was therefore secondary data which included quantitative (pre and post group family outcome scores) and qualitative data (feedback comments from parents who had accessed the groups. Groups included the Bump Start (antenatal group), Best Start (postnatal group) and Mothers in Mind group (perinatal mental health group). Inclusion criteria were families living in the locality who had accessed at least one of the groups by Home-Start Gloucestershire. There were 45 parents from the Bump Start groups, 152 parents from the Best Start groups and 105 mothers from the Mothers in Mind groups. Qualitative analysis was conducted on all the written feedback comments left by the participants for each group.

Design

This was a mixed methods design using quantitative analysis to compare pre and post intervention scores to evaluate an intervention. The Independent Variable was the group intervention (Bump Start, Best Start and Mothers in Mind) and the Dependent Variable was the family outcomes (the same family outcomes for each group): parent's wellbeing, parental skills,

children's wellbeing and family management (See Appendix D for an example questionnaire for a group). The qualitative method of experiential thematic analysis was used to analyse the written feedback for each group (Braun & Clarke, 2012).

Materials

Home-Start Gloucestershire provided a repository of data whereby self-assessment questionnaires had already been disseminated and collected from groups that ran between January 2020 and June 2022 in Gloucestershire. Please see Appendix D for an example of a group questionnaire. The self-assessment questionnaires include questions over four areas: parent's wellbeing, parental skills, children's wellbeing and family management. Parents rate how well they are coping for each question on a scale from 0 to 5 (0 being not coping very well and 5 being coping very well). The average score across each family outcome area is then collated. As well as this, participants are asked to answer 'Yes' or 'No' to a series of questions involving change linked to each of the four family outcome areas.

Furthermore, Home-Start asked for written feedback comments from each parent after finishing the group. These were added to the repository of data and anonymised. Questions are the same for each group. Questions included:

- Can you tell us how the group has helped you to understand/improve your relationship with your baby?
- Any other comments?
- If you could suggest anything to make the group even better, what would that be?

Procedure

Home-Start Gloucestershire provided a repository of data from families who had accessed their groups between January 2020 and June 2022. The repository of data included scores from the self-assessment questionnaire filled out by the primary caregiver pre intervention and post intervention. The groups were a mixture of online and face to face depending on the time they were carried out with regards to the COVID-19 pandemic and lockdowns. Home-Start Gloucestershire had already collected consent from participants for the use of their data informing them that this may include use for research purposes. Home-Start Gloucestershire have their own risk assessments in terms of sharing data. They hold and manage the database and only sent the information needed for the research. Data was anonymised and names/identifiers in the written feedback comments was removed. Data was analysed using SPSS. Please see Appendix E for statistical outputs. Written feedback from the groups was analysed using the qualitative method thematic analysis. Thematic analysis involves finding patterns of meaning in a data set (Braun & Clarke, 2012). An experiential approach was taken to analysis with phenomenological and interpretivist underpinnings exploring participants' subjective experiences and sense-making (Braun & Clarke, 2012). A latent and inductive approach to analysis was taken. First, to become familiar with the written feedback, it was read and re-read thus gaining an initial sense of the data and exploring its meaning and understanding. Whilst reading the feedback through for the second time, initial points were highlighted. Initial codes were consequently formed across the data set. Potential themes were then put together from the coding and then reviewed. To help with this, an initial thematic map was drawn up with themes and subthemes. This was reviewed in relation to the coded extracts and the data set as a whole. Following further analysis, a second thematic map was therefore put together, which better captured the importance of the themes and subthemes as well as their relation to one another.

This process was repeated for each group to varying degrees depending on what was needed provide a thorough analysis and outcome. Please note that examples of written feedback comments can be found in the results in italics- these have been kept original with original grammatical errors, although any names or identifiers have been removed. Appendix F shows an example of initial coding from one of the groups (Mothers in Mind).

Results

Bump Start

Quantitative Results

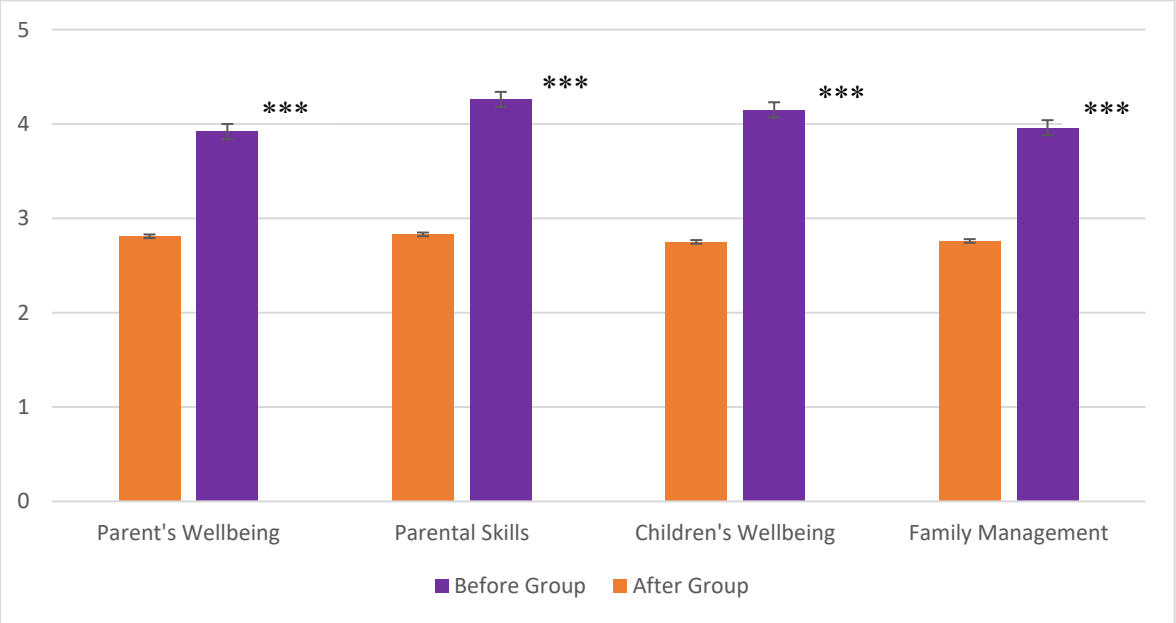
The normality assumption was tested across all four areas of family outcomes using the Shapiro-Wilk test. For pre-group measures, the test showed non-normal distribution for parent's wellbeing (p = .040) and children's wellbeing (p = .026), while parental skills (p = .108) and family management (p = .130) were normally distributed. However, all post-group measures demonstrated significant deviation from normality, with all four areas showing highly significant non-normal distributions (p < .001). The assumption of homogeneity of variance was assumed due to paired samples. Since the assumption of normality was violated for most of the variables, a non-parametric Wilcoxon signed-rank test was selected as the appropriate statistical approach for analysing Bump Start data instead of a paired samples t-test.

Wilcoxon signed-rank tests showed statistically significant improvements across all family outcomes following the Bump Start group. Parent's wellbeing scores increased significantly from before the group (*Med* = 3.00, *IQR* = 2.00-4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), Z = -3.90, p < .001, with a large effect size (r = 0.68). Parental skills scores also showed significant improvement from before (*Med* = 3.00, *IQR* = 2.00-3.00) to after

the group (*Med* = 4.00, *IQR* = 4.00-5.00), *Z* = -4.21, *p* < .001, with a large effect size (*r* = 0.77). Children's wellbeing demonstrated significant improvement from before (*Med* = 3.00, *IQR* = 1.00-4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), *Z* = -3.47, *p* < .001, with a large effect size (*r* = 0.68). Family management scores increased significantly from before (*Med* = 3.00, *IQR* = 2.00-4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), *Z* = -3.88, *p* < .001, with a large effect size (*r* = 0.70). Figure 1 shows the average scores before and after the Bump Start group for all four family outcomes.

Figure 5.1

Bar Graph Comparing Average Scores Pre and Post Intervention for the Bump Start Antenatal Group for Home-Start Gloucestershire



Note Error bars represent standard error of the mean. Statistical significance is represented as: ns = not significant, * *p* < .05, ** *p* < .01, *** *p* < .001

'Yes' and 'No' changes in family outcomes results

Table 5.1 breaks down how many parents said that Bump Start group made a difference to areas of family outcomes by choosing “yes” or “no”. The number of parents who did not answer each question is also stated. Percentages, rounded to the nearest whole, are presented based out of the total of 45 parents who took part in Bump Start including “yes”, “no” and “unanswered” data. In areas related to parent’s wellbeing, 82% of parents report meeting other parents and/or making new friends. 80% of parents reported “yes” to reduced stress and frustration they may sometimes feel around parenting. 80% of parents reported an improvement in their mental health/coping with their mental health. 80% of parents reported feeling less isolated and 73% reported improved self- esteem. In the area of parental skills, 73% of parents reported “yes” for increased parenting knowledge. 91% reported “yes” for an increase in confidence in being a parent. 64% reported “yes” for the group improving their knowledge of their bump/baby’s development. In the area of children’s wellbeing, 58% of parents reporting “yes” to an increased overall understanding of their baby’s behaviour and ability to respond to them more effectively. 62% reported “yes” to an increased understanding of early bonding with your bump/newborn and 44% reported “yes” to a greater overall understanding of pregnancy and the post-birth period. In the area of family management, 49% of parents reporting that the group helped them to access or find out about other organisations, groups and services for them and their family.

Table 5.1

Parent’s Self-assessment of Changes in Areas of Family Outcomes After Partaking in Home-Start Gloucestershire Bump Start Antenatal Group

Family Outcome area	Question asked	Yes	No	Unanswered
Parent's Wellbeing	Meeting other parents and/or making new friends?	37 (82%)	4	4
	Reduced stress and frustration you may sometimes feel around parenting?	36 (80%)	3	6
	Improvements in mental health/Coping with your mental health?	36 (80%)	4	5
	Feeling less isolated?	36 (80%)	6	3
	Improved self-esteem?	33 (73%)	6	6
Parental Skills	Increased your parenting knowledge?	33 (73%)	1	11

Family Outcome area	Question asked	Yes	No	Unanswered
	Increased your confidence in being a parent?	41 (91%)	1	3
	Improving your knowledge of your bump/baby's development?	29 (64%)	0	16
Children's Wellbeing	Increased your overall understanding of your baby's behaviour and ability to respond to them more effectively?	26 (58%)	3	16
	An increased understanding of early bonding with your bump/newborn	28 (62%)	1	16

Family Outcome area	Question asked	Yes	No	Unanswered
	A greater overall understanding of pregnancy and the post-birth period?	20 (44%)	1	24
Family Management	Has the group helped you to access or find out about other organisations, groups and services for you and your family?	22 (49%)	6	17

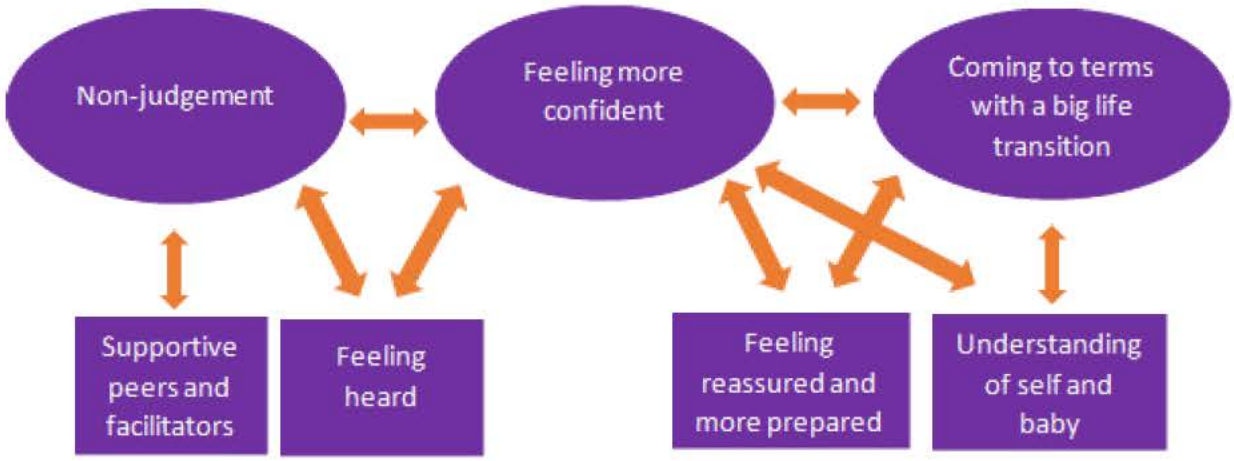
Qualitative Results

There were 72 written feedback comments in total. Three recurring themes were generated that linked to the data and explored the participants' subjective experiences and sense-making towards the antenatal course Bump Start; Non-judgement, Feeling more confident and Coming to terms with a big life transition. Parents felt non-judgement from each other and from the facilitators of the group. This created a safe and supportive space where parents felt heard, leading to parents feeling more confident in their parenting. The group also led parents to come to terms with a big life transition of imminently becoming parents, feeling more reassured and prepared with a better understanding of themselves and their baby. Subthemes were also

generated with some overlapping with more than one theme. This is all presented in a Thematic Map showing how the themes and subthemes interconnect and impact on one other helping with an overall sense of confidence and wellbeing for parents in themselves and for the imminent arrival of their baby (see Figure 5.2 for Thematic Map). The three themes and subthemes are discussed below alongside examples from the feedback.

Figure 5.2

Thematic Map of Written Feedback for the Home-Start Gloucestershire Bump Start Antenatal Group



Note Ovals represent themes and rectangles represent subthemes. Connecting arrows show the interconnection between the themes and subthemes and how one can have an impact on the other.

Non-Judgement

A theme that was generated was Non-judgement with two subthemes Supportive peers and facilitators and Feeling heard. There was a real sense that both the peers and facilitators created a supportive and non-judgemental atmosphere, all coming together and helping each other out through a big transition. One participant writes “The group has been so positive and upbeat about being pregnant and has been completely non-judgemental”. Participants felt at ease, writing “The group helped with my knowledge by answering the questions I thought were too silly to ask”, “nothing was ever a silly question”, “everyone was really approachable…. No question was a silly question”, feeling “relaxed” and able to “be yourself and tell the truth”. Connections were made and there was a sense of the families feeling heard and cared for, writing of the group that they were “so supportive and so wonderful to me”. Parents could connect and feel less isolated, writing “it helped me speak to other parents/new mums”, “was really great to spend time with other mums” and “I feel less alone”.

Feeling More Confident

A second theme that was found was Feeling more confident with subthemes of Feeling heard, Feeling reassured and more prepared and Understanding of self and baby. Families learnt a lot from the course, from one another and gained in confidence in terms of learning about having a baby and themselves, stating “I’ve learnt lots of new things that I didn’t know before” and “I feel more confident now than I did before, as I have learnt new things and it’s helped hearing from other mums there tips.” There was a sense of reassurance and feeling more prepared: “Prior to the group I had next to no knowledge about becoming a new mum. After this group I've gained more confidence and knowledge, I feel prepared now”. Parents felt more confident about bonding with their baby and understanding their needs: “I feel more confident to approach and take care of my baby’s needs and understand everything about them” and “Have been shown

ways of bonding with baby before they are born and after". There was reassurance about talking if things were not okay but also reassurance that it was okay to feel certain ways too, with parents feeling heard in the group: "how it's ok to feel certain ways and when it's not okay, to talk to someone about it especially when it comes to bonding with your baby", creating a safe and supportive environment. All of these thoughts and feelings led parents to feel more confident in themselves and their abilities to parent.

Coming to Terms with a Big Life Transition

A third theme generated was Coming to terms with a big life transition with subthemes of Feeling reassured and more prepared and Understanding of self and baby. The families are at the start of their journey and the group had given reassurance and helped them to think and feel about this next stage in their lives and what this means; preparing for a big change and how to navigate through this. One participant writes "Realisation - Getting head around that I'm actually having a baby". Parents felt more relaxed: "Made me calm" and "helped me so much to relax a bit so I can bond with my bump a bit more". The group helped parents feel reassured and more prepared as the navigated a big life transition with the imminent arrival of their baby. The antenatal course provided families with more of an understanding of themselves and their baby, helping them with this transition in a practical and emotional sense: "Joining this group has given me a deeper understanding of both mine and my child's needs" and "learn more about having a baby and then looking after them!".

Overview

The three main themes all interlinked together to convey an experience of the course that provided both practical and emotional support during a big transition in a family's life, providing

a non-judgemental space from both supportive facilitators and peers where they felt heard and not alone. This led to families feeling more confident and reassured about what they are going through/what's to come and gave more of an understanding of themselves on this journey and more of an understanding of their baby and their needs, coming to terms with a big life transition.

Best Start

Quantitative Results

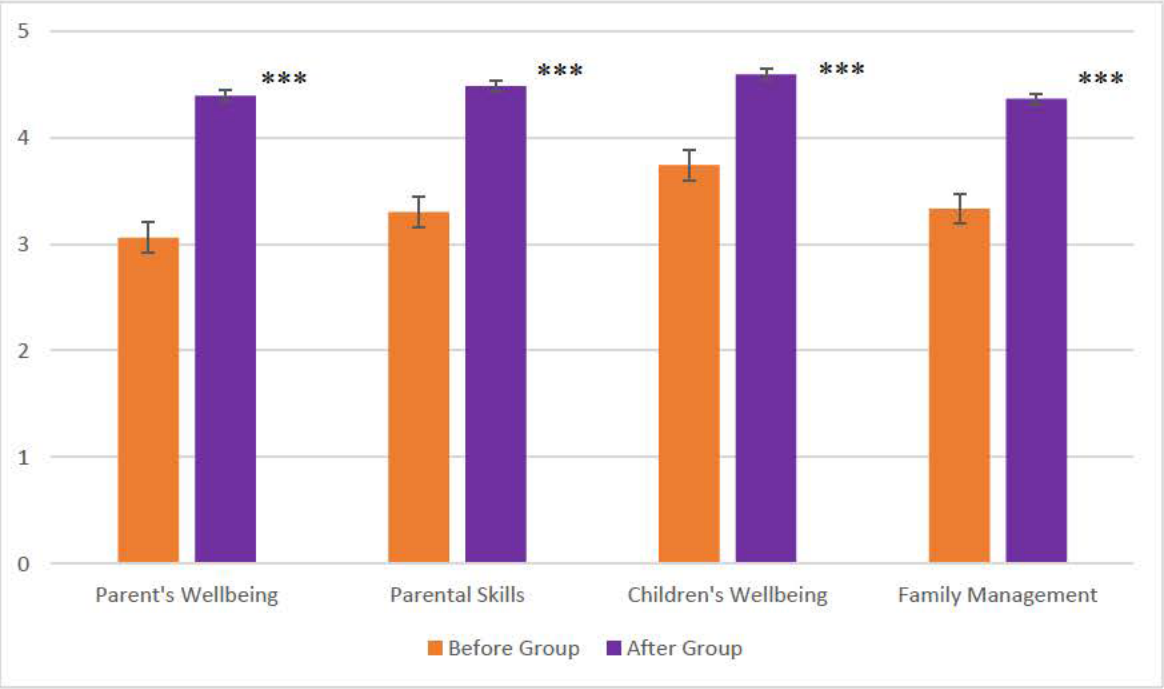
The normality assumption was tested across all four areas of family outcomes using the Shapiro-Wilk test. All areas of family outcomes indicated that the data was not normally distributed ($p < .001$) for both pre-group and post-group measures. Specifically, parent's wellbeing, parental skills, children's wellbeing, and family management all showed significant deviation from normal distribution before and after the course. Therefore, a non-parametric Wilcoxon signed-rank test was selected as the appropriate statistical approach for analysing Best Start data instead of a paired samples t-test.

Wilcoxon signed-rank tests showed statistically significant improvements across all family outcomes following the Best Start group. Parent's wellbeing scores increased significantly from before the group (*Med* = 3.00, *IQR* = 2.00-4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), $Z = -9.10$, $p < .001$, with a large effect size ($r = 0.77$). Parental skills scores also showed significant improvement from before (*Med* = 3.00, *IQR* = 3.00-4.00) to after the group (*Med* = 5.00, *IQR* = 4.00-5.00), $Z = -9.61$, $p < .001$, with a large effect size ($r = 0.81$). Children's wellbeing demonstrated significant improvement from before (*Med* = 4.00, *IQR* = 3.00-5.00) to after the group (*Med* = 5.00, *IQR* = 4.00-5.00), $Z = -8.24$, $p < .001$, with a large effect size (r = 0.70). Family management scores increased significantly from before (*Med* = 3.00, *IQR* = 2.50-

4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), $Z = -8.10$, $p < .001$, with a large effect size ($r = 0.70$). Figure 5.3 shows a bar graph comparing average scores before and after the Best Start group.

Figure 5.3

Bar Graph Comparing Average Scores Pre and Post Intervention for the Best Start Postnatal Group for Home-Start Gloucestershire



Note Error bars represent standard error of the mean. Statistical significance is represented as: ns = not significant, * $p < .05$, ** $p < .01$, *** $p < .001$

'Yes' and 'No' changes in family outcomes results

Table 2 breaks down how many parents said that Best Start group made a difference to areas of family outcomes by choosing “yes” or “no”. The number of parents who did not answer each question is also stated. Percentages are presented based out of the total of 152 parents who took part in Best Start including “yes”, “no” and “unanswered” data. In areas related to parent’s wellbeing, 90% of parents report meeting other parents and/or making new friends. 91% of parents reported “yes” to reduced stress and frustration they may sometimes feel around parenting. 82% of parents reported an improvement in their mental health/coping with their mental health. 91% of parents reported feeling less isolated and 91% reported improved self-esteem. In the area of parental skills, 93% of parents reported “yes” for increased parenting knowledge. 95% reported “yes” for an increase in confidence in being a parent. 95% reported “yes” for the group improving their knowledge of child development and their baby’s emotional needs. 91% of parents reported “yes” for the group helping them to be more involved in their child’s development. 86% of parents reported that they see things from their child’s point of view more often. 48% of parents reported changes in how much time you spend with your child. In the area of children’s wellbeing, 72% of parents reported that their baby appeared happier. 90% reported “yes” to an increased understanding of their baby’s behaviour and ability to respond to them more effectively. 71% reported “yes” to a change in the way they spend quality time with your baby/child. 75% of parents reported an improved relationship with their baby. In the area of family management, 70% of parents reporting that the group helped them to access or find out about other organisations, groups and services for them and their family. Table 5.2 breaks down which services the parents went on to access.

Table 5.2

Parent's Self-assessment of Changes in Areas of Family Outcomes After Partaking in Home-Start Gloucestershire Best Start Postnatal Group

Family Outcome area	Question asked	Yes	No	Unanswered
Parent's Wellbeing	Meeting other parents and/or making new friends?	137 (90%)	11	4
	Reduced stress and frustration you may sometimes feel around parenting?	139 (91%)	5	8
	Improvements in mental health/Coping with your mental health?	125 (82%)	15	12

Family Outcome area	Question asked	Yes	No	Unanswered
	Feeling less isolated?	139 (91%)	9	4
	Improved self-esteem?	138 (91%)	9	5
Parental Skills	Increased your parenting knowledge?	141 (93%)	0	11
	Increased your confidence in being a parent?	144 (95%)	4	4
	Improving your knowledge of child development and your baby's emotional needs	145 (95%)	2	5
	Helped me to be more involved in your child's development	139 (91%)	4	9

Family Outcome area	Question asked	Yes	No	Unanswered
	I see things from your child's point of view more often	131 (86%)	10	11
	Changes in how much time you spend with your child	73 (72%)	61	18
Children's Wellbeing	Your baby appearing happier	109 (72%)	19	24
	Your understanding of your baby's behaviour and ability to respond to them more effectively	137 (90%)	7	8
	A change in the way you spend quality time with your baby/child	108 (71%)	29	15

Family Outcome area	Question asked	Yes	No	Unanswered
	An improved relationship with your baby	114 (75%)	21	17
Family Management	Has the group helped you to access or find out about other organisations, groups and services for you and your family?	106 (70%)	26	20

Table 5.3

Table displaying how many families accessed further organisations/groups/services after partaking in Home-Start Gloucestershire Best Start postnatal group

Further organisations/groups/services accessed	Number of families who accessed further support out of 152
Family Information Service	29
Local Toddlers Groups	50
Dental	37

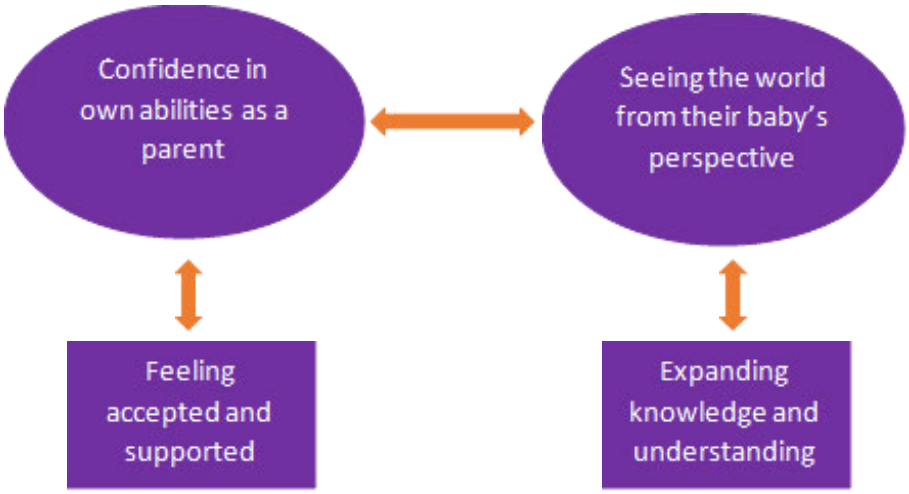
Further organisations/groups/services accessed	Number of families who accessed further support out of 152
Health Visitor	14
Breastfeeding Support	19
First Aid	39
Midwife	11
Perinatal Mental Health Team	8
GP	9
Young Minds	9
Infant Mental Health Team	4

Qualitative Results

There were 277 written feedback comments in total. Two recurring themes were generated that linked to the data and explored the participants' subjective experiences and sense-making towards the postnatal course: Confidence in own abilities as a parent and Seeing the world from their baby's perspective. Subthemes were also generated: Feeling accepted and supported and Expanding knowledge and understanding. This is all presented in a Thematic Map (see Figure 5.4 for Thematic map). The group helped with parent's confidence in their own abilities as a parent. Feelings of acceptance and support from the facilitators and peers in the group helped parents to feel more confident. Furthermore, the group helped parents to see the world from their baby's perspective and what they may be experiencing. Knowledge and understanding provided by facilitators during the group helped develop this perspective. Seeing the world from their baby's perspective then helped parents to feel more confident in their parenting and understand their baby's needs and how to meet those needs. The themes are discussed further below with examples from the written feedback data.

Figure 5.4

Thematic Map of Written Feedback for Home-Start Gloucestershire Best Start Postnatal Group



Note Ovals represent themes and rectangles represent subthemes. Connecting arrows show the interconnection between the themes and subthemes and how one can have an impact on the other.

Confidence in own Abilities as a Parent

One theme that was generated was Confidence in own abilities as a parent with the subtheme of Feeling accepted and supported. The group provided parents with reassurance in their parenting that they were not sure about before the course: "I have gained lots of knowledge to do things that work for me and my child and not to do what other people say, if it doesn't feel right for me". This allowed parents to feel more confident and empowered as parents and to trust their own judgement: "I've been encouraged no end that I know my baby better than anyone and my bond is stronger than I think it is"; "reassuring to know that you are doing the rights things and things that you can try to improve. I feel much more confident in my own abilities"; "it would be

to not put so much pressure on ourselves, we know our child and we parent how we feel is best"; "Very reassuring what I have been doing is correct" and "Its given me confidence to trust my own judgement". What helped with this was the subtheme of Feeling accepted and supported. The group provided a non-judgemental safe space with empathy and learning from both facilitators and other parents, helping them to feel less alone and accepted as expressed by these parents: "It has made me realise that what I am doing is correct. The ladies have been super supportive and helpful in lots of ways"; "Feel less alone in Parenting journey. Great advice and sharing of experience and encouragement"; "As a fist time mum I thought I was doing a lot of things wrong but hearing that many other mums are in the same position is very reassuring"; "Seeing all the babies of different ages and hearing the mums stories has made me realise we're doing ok and allowed me to relax more, thus improving our relationship" and "Just spending time with others has made life a lot easier-I worry less about development". One parent did not want to go to the group to begin with because they thought people would "judge me because I bottle feed my baby" and that they would feel "uncomfortable", however, they realised that this was not what happened at all: "It was completely different, I felt comfortable and no one judged me or even noticed that I bottle fed.".

Seeing the World From Their Baby's Perspective

One theme generated was parents gaining an understanding of their baby's needs and learning about different developmental stages, stating "I understand his needs more"; "It helped me to understand what my baby is trying to say"; "I have learnt so much as I didn't know anything" and "Going over different development stages and "knowing what to look for has given me more knowledge and understanding what to do with my baby". A subtheme was Expanding knowledge and understanding, with parents learning about themselves and their baby. There was

a sense of understanding how a baby may see the world and what this means for them thus having an impact on how the parents then interact with their baby and responding to their needs: “Its helped me to understand how he might be feeling” and “It has given me additional knowledge and confidence to help understand the relationship with my baby”. There was also a sense that the parents were reassured to know that their baby’s responses were normal e.g. crying and feeding. For instance, “To know that babies cry & can feed a lot and that normal”; “It has help me to understand that what my baby was doing was normal”; “Gave me more understanding of the (many) different reasons baby cries so I can be more patient and try more ways to meet his needs” and “It has broken down a view of parenting that has been informed by society. Things like babies sleep and it being ok to hold your baby and comfort them when they need it.” Parents felt reassured “They have helped me learn about my baby, share any concerns I have and gain reassurance from other Mums.”. One parent could be kinder to themselves: “I'm more aware of the world from my baby's perspective, I have more ideas and I'm kinder to myself”.

Overview

The Best Start postnatal group has helped with reassurance, empowerment and understanding leading to normalisation of how babies can be and helping parents to trust in their own judgement. There was a sense of an expansion of knowledge for parents across a baby’s developmental stages. The support and non-judgemental atmosphere of the group from both the facilitators and the parents further strengthened this confidence and sense of not being on their own on this journey.

Mothers in Mind

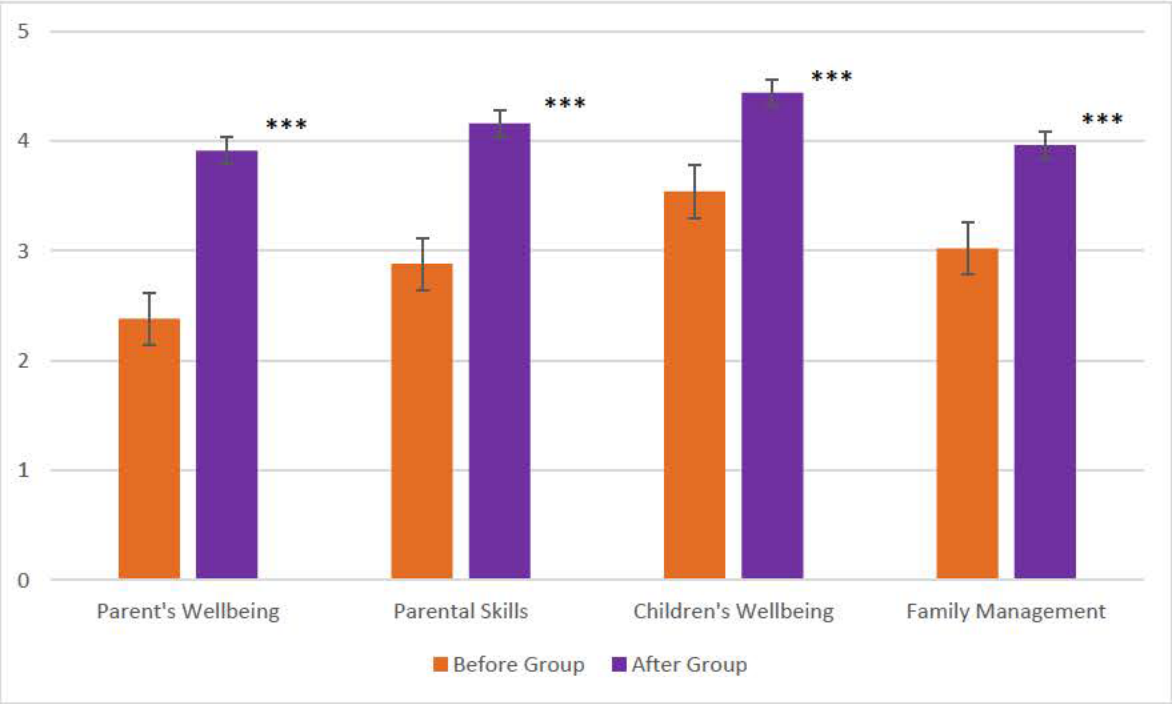
Quantitative Results

The normality assumption was tested across all four areas of family outcomes using the Shapiro-Wilk test. All areas of family outcomes indicated that the data was not normally distributed ($p < .001$) for both pre-group and post-group measures. Specifically, parent's wellbeing, parental skills, children's wellbeing, and family management all showed significant deviation from normal distribution before and after the group. Therefore, a non-parametric Wilcoxon signed-rank test was selected as the appropriate statistical approach for analysing Mothers in Mind data instead of a paired samples t-test.

Wilcoxon signed-rank tests showed statistically significant improvements across all family outcomes following the Mothers in Mind group. Parent's wellbeing scores increased significantly from before the group (*Med* = 2.00, *IQR* = 2.00-3.00) to after the group (*Med* = 4.00, *IQR* = 4.00-4.00), $Z = -7.46$, $p < .001$, with a large effect size ($r = 0.80$). Parenting skills scores also showed significant improvement from before (*Med* = 3.00, *IQR* = 2.00-4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), $Z = -6.35$, $p < .001$, with a large effect size ($r = 0.69$). Children's wellbeing demonstrated significant improvement from before (*Med* = 4.00, *IQR* = 3.00-5.00) to after the group (*Med* = 5.00, *IQR* = 4.00-5.00), $Z = -5.68$, $p < .001$, with a medium-large effect size ($r = 0.63$). Family management scores increased significantly from before (*Med* = 3.00, *IQR* = 2.00-4.00) to after the group (*Med* = 4.00, *IQR* = 4.00-5.00), $Z = -5.67$, $p < .001$, with a medium-large effect size ($r = 0.63$). Figure 5.5 shows a bar graph comparing average scores before and after the Mothers in Mind group.

Figure 5.5

Bar Graph Comparing Average Scores Pre and Post Intervention for the Mothers in Mind Perinatal Mental Health Group for Home-Start Gloucestershire



Note Error bars represent standard error of the mean. Statistical significance is represented as: ns = not significant, * $p < .05$, ** $p < .01$, *** $p < .001$

'Yes' and 'No' Changes in Family Outcomes Results

Table 5.4 breaks down how many mothers said that Mothers in Mind group made a difference to each family outcome area by choosing "yes" or "no". Out of those who answered for the parent's wellbeing area, 87% of mothers reported meeting other parents and/or making new friends. 85% of mothers reported "yes" to reduced stress and frustration they may sometimes feel around parenting. 85% of mothers reported an improvement in their mental health/coping with their mental health. 87% of mothers reported feeling less isolated and/or lonely. 91% reported

improved self-esteem and 71% reported reduced levels of anxiety and depression. In the area of parental skills, 76% of mothers were reassured about their parenting abilities, therefore improving their parenting confidence. 75% of mothers felt more connected to a community of like-minded mums/ carers. In the area of children's wellbeing, 71% of mothers reported "yes" to a positive impact on child(ren) who attended the group with them. 72% of mothers reported feeling more able to cope with their child(ren)'s practical and emotional needs. In the area of family management, 43% of mothers found that the group helped them to access or find out about other organisations, groups and services for themselves and their family. Table 5.4 breaks down which services the mothers went on to access and Table 5.5 shows how many families accessed further organisations/groups/services after partaking in Mothers in Mind group.

Table 5.4

Parent's Self-assessment of Changes in Areas of Family Outcomes After Partaking in Home-Start Gloucestershire Mothers in Mind Perinatal Mental Health Group

Family Outcome area	Question asked	Yes	No	Unanswered
Parent's Wellbeing	Meeting other parents and/or making new friends?	91 (87%)	8	6
	Reduced stress and frustration you may sometimes	89 (85%)	6	10

Family Outcome area	Question asked	Yes	No	Unanswered
	feel around parenting?			
	Improvements in mental health/Coping with your mental health?	89 (85%)	9	7
	Feeling less isolated?	91 (87%)	6	8
	Improved self-esteem?	75 (71%)	18	12
	Reduced levels of anxiety and depression	75 (71%)	16	14
Parental Skills	Reassured about my parenting abilities, therefore improving my parenting confidence	80 (76%)	8	17

Family Outcome area	Question asked	Yes	No	Unanswered
	Feel more connected to a community of like-minded mums/ carers	79 (75%)	6	20
Children's Wellbeing	Positive impact on child(ren) who attend with you	75 (71%)	9	21
	Feeling more able to cope with my child(ren)s practical & emotional needs	76 (72%)	10	19
Family Management	Has the group helped you to access or find out about other organisations, groups and services for you and your family?	45 (43%)	37	32

Table 5.5

Table displaying how many families accessed further organisations/groups/services after partaking in Home-Start Gloucestershire Mothers in Mind perinatal mental health group

Further organisations/groups/services accessed	Number of families who accessed further support out of 105
Family Information Service	1
Local Toddlers Groups	26
Dental	1
Health Visitor	11
Breastfeeding Support	1
First Aid	2
Midwife	0
Perinatal Mental Health Team	0
GP	4
Young Minds	3
Infant Mental Health Team	0

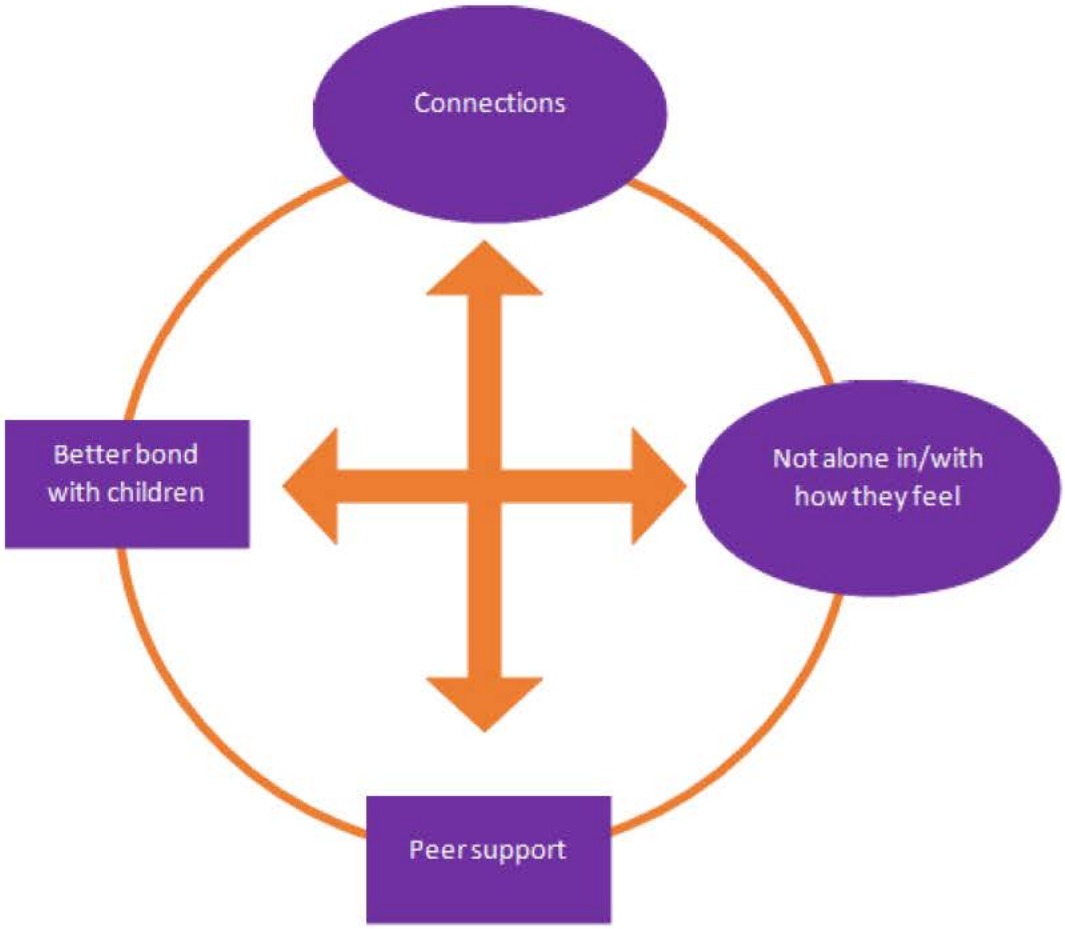
Qualitative Results

There were 157 written feedback comments in total. Two recurring themes were generated that linked to the data and explored the participants' subjective experiences and sense-making towards the Mothers in Mind group; Connections and Not alone in/with how they feel. Subthemes were also generated which overlapped with both themes: Peer support and Better bond with children. This is all presented in a Thematic Map (see Figure 5.6 for Thematic map). Mothers connected with other mothers and realised that they were not alone in how they felt, with others experiencing similar feelings. Furthermore, mothers found that they could support

one another through these feelings. This sense of connection and validation led mothers to develop better bonds with their children. These two themes and two subthemes are discussed further below with example of written feedback from the group.

Figure 5.6

Thematic Map of Written Feedback for Home-Start Gloucestershire Mothers in Mind Group



Note Ovals represent themes and rectangles represent subthemes. The circle connecting all the themes and subthemes as well as the arrow cross in the middle indicates how all four areas have an impact on one another i.e. when one improves, so do the others.

Connections

A theme that was generated was Connections. Within the experiences of the group, there was a sense of feeling connected and connecting to others in similar circumstances. A subtheme linked to this theme was Peer support. There was a sense of the true strength of peer support and the difference that this can make to give mothers a space to be themselves and not feel on their own with how they are feeling. One mother writes: "They have really been comforting and reassuring and the only people who listen to me." One mother writes how it helped her to cope: "Been able to talk about my struggles and the support from the group has really helped me cope". One mother writes how she lacked confidence and was worried about being judged for how she took care of her baby when going out. Of the group she writes "talking with other mums in a none judgemental environment has been incredibly helpful and given me more confidence in my abilities as a mum." There was a big impact on not feeling so isolated, particularly with the added difficulty of the pandemic/lockdown and the impact that this has had for families: "helps you feel less isolated. It's nice to talk to like minded people who understand parenting and also anxiety". As well as connecting to others, a subtheme generated was a Better bond with children. The knock-on effect of having some headspace that the group provided was apparent in then having more headspace for their children: "Connecting with other mums so i feel supported and can be there for my kids more fully"; "Having a peer group for support helps me cope better and that improves my relationship with them as I have more reserves to give them." and "It's been hard understanding [child's name] at times but it is becoming easier to do so since attending this group and talkin to other parents".

Not Alone in/with How They Feel

A second theme generated was Not alone in/with how they feel. This was to convey two sides of the mothers' experiences. Firstly, that there was a sense of reassurance that they were not the only ones feeling the way that they were in terms of their mental health and the struggles of motherhood: "Hearing other mums stories, seeing them with their children allows me to breath, knowing that other mums go through tough times and are still getting through allows me to relax"; "Its okay to feel overwhelmed & stressed, Take a breath & start again"; "Its just nice to know other people have experianced similar to you" and "The walking group has been benifical to see other mums dealing with tantrums, refusals to walk and the normality of motherhood. Please never stop group." Secondly, that they were not alone "with" this, that they had peer support (linking to subtheme) and support from the group/group facilitators to help them through this. They are not on this journey on their own: "Reassured me that I am doing a good job and that it is ok to have good and bad days. Its good to chat these things through."; "Not feeling so alone"; "It's such a special group, a safe space to be yourself". Again, this led to a better bond with their children (linking to subtheme) and there was a sense of a positive impact on their relationships with their children: "It has given me a space to be 'me' and talk to like minded Mums. This has had a positive impact on my mental health which then impacts how well I interact with my child"; "The group has made me feel like i am not alone with how i feel and have supported me on my bad days" and "The group has a positive effect on both our wellbeing's and therefore benefits our relationship." One mother summed up this theme:

> "MIMs has taught me that you can still be a good mum even when you are going through spells of poor mental health. It has provided a us with a safe space to just be us. My son benefits from the interaction with other children and adults and I benefit from being able to talk to like minded mums and volunteers."

Overview

The Thematic Map (see Figure 5.6) is presented in a circular way to convey the journey/experience being circular in that all four (two main themes and two subthemes) are all interlinked and have a relationship with one another. By connecting as a group (both facilitators, peers and children and the atmosphere this created) led to a sense of the mothers not being on their own in/with how they feel. This shows the strength of peer support and feeling in a safe space. In turn, this led to better relationships with their children circling back to feeling connected and strengthening this connection and sense of impact across a community. Although the data showed a positive impact towards the mental health of the mothers, the experiences of the mothers conveyed this in a way where it was more about feeling okay to struggle- that this was normal and through support it can help them to cope. There was a sense of reassurance that they are not on their own and that others have had similar experiences but that they can come together and support one another to navigate their way through motherhood and the challenges it can bring.

Reflexivity

As a parent of twins and a mental health professional, I bring a dual perspective to this research that has shaped my approach and interpretation of findings. My lived experience of early parenthood, particularly with twins, gave me insight into the challenges participants faced. This helped me understand the significance of themes like "feeling more confident" and "not alone in how they feel" that emerged from the analysis. However, this insider perspective may have created bias. My positive experiences with peer support during my own parenting journey could have influenced how I interpreted participants' feedback. I found myself drawn to comments that

resonated with my own experiences, requiring conscious effort to ground themes in the data rather than my assumptions about what parents should find helpful.

My mental health background provided context for understanding the clinical relevance of outcomes, particularly for the Mothers in Mind group. This expertise helped me appreciate the interconnected nature of parent mental health and child outcomes. However, this professional lens may have led me to interpret findings through a somewhat psychological framework, potentially overlooking more organic, community-based explanations for the groups' effectiveness.

My phenomenological and interpretivist stance shaped this research. The decision to prioritise participants' subjective experiences through written feedback, rather than relying solely on quantitative measures, reflects this commitment to understanding meaning-making from participants' perspectives. This philosophical position was particularly relevant when considering response bias. Rather than dismissing subjective reports as unreliable, I interpreted them as valid representations of participants' lived experiences and the personal significance they attributed to the interventions.

My personal and professional experiences and perspectives enhanced my understanding of participants' emotional experiences while providing professional context for outcomes. However, it required careful navigation of potential conflicts, particularly when findings challenged either personal experiences or professional assumptions.

CHAPTER 6

Synthesis Discussion of Findings

This research project, using mixed methods, provides both breadth and depth of evaluation and exploration of the experiences of the early years of parenthood and accessing intervention support. This project has shown that the early years of parenthood are complex and emotionally and practically hard. Although previous research has shown this to be the case (Cowan & Cowan, 2000; Kohn et al., 2012), the findings presented here demonstrate that contemporary parents face additional layers of challenge within the context of the polycrisis with a series of global crises including COVID-19, economic instability, climate change, and social upheaval that has altered family life both in the UK and worldwide (UNICEF, 2023). Given the criticalness of the early years of childhood on lifelong wellbeing, it is paramount that families are supported so that they have every opportunity to thrive, even against the backdrop of difficult circumstances.

The Complex Reality of Early Parenthood

The qualitative systematic review (Chapter 2) showed that parents' expectations of parenthood were misaligned with reality, leading to parents having difficulty with their identity shift. Parents experienced complex emotions and a sense of loss for their pre-parenting lives. These findings align with previous research highlighting the complexity of the transition to parenthood (Cowan & Cowan, 2000; Kohn et al., 2012) and build upon work demonstrating how both parenting roles (such as sleep deprivation) and social expectations impact emotional wellbeing for parents (Sanders et al., 2021).

The convergence of findings across the studies in this research project shows critical insights that synthesise with broader theoretical understanding of early childhood development. The scientific consensus on the importance of the early years, particularly the first 1,001 days from conception to age two, establishes this period as crucial for setting the building blocks of lifelong wellbeing (Leach, 2017; Leadsom et al., 2013). During this critical window, the brain develops extremely rapidly, making it more dependent on external influence than it will ever be again (Karoly et al., 2005; Shonkoff & Phillips, 2000). The qualitative systematic review (Chapter 2) and IPA study (Chapter 4) show how these critical early years are impacted by societal expectations, despite the scientific consensus for the importance of the early years, indicating that science and society are not yet fully aligned on this topic. First, the social narrative surrounding parenthood creates unrealistic expectations that leave parents feeling unprepared, particularly for the emotional aftermath of birth. Parents consistently reported feeling shocked by the intensity of their emotional responses and the practical realities of caring for children. Second, societal expectations created barriers to help-seeking, with parents struggling to express their true feelings due to fear of judgement. This aligns with previous findings that both parenting challenges and social expectations impact on emotional difficulties for parents (Sanders et al., 2021). The IPA study (Chapter 4) of parents who had accessed Home-Start Gloucestershire services corroborated these broader findings, where participants navigated not only the inherent challenges of new parenthood but also additional contextual difficulties that impacted their experiences. The juxtaposition of emotions experienced was very apparent, consolidating past findings surrounding the complexity of the transition to parenthood (Cowan & Cowan, 2000; Feeney, 2001). The relationship between parent and child wellbeing becomes particularly important when parents themselves are experiencing multiple stressors that impact

their capacity to provide the nurturing care that optimal brain development requires (Bowlby, 1969, 2005; Sheridan & Nelson, 2009). Previous research has demonstrated the variety of changes and circumstances that impact parent stress (Cowan & Cowan, 2000; Kohn et al., 2012), which was reflected in the varying combinations of challenges faced by different families in this study.

A finding across both the qualitative systematic review (Chapter 2) and the IPA study (Chapter 4) was the impact of social expectations on parents' experiences. The qualitative systematic review (Chapter 2) identified how societal narratives about "good parenting" created additional pressure and contributed to parents' reluctance to seek help. This theme was reinforced in the IPA study (Chapter 4), where participants described feeling they "should" be able to cope independently and experiencing shame about needing support.

The process and significance of asking for help was found across all four cases in the IPA study (Chapter 4). This demonstrates the significance of conducting qualitative research for interventions to understand the process parents go through and how best to support them with accessing support. Research has shown that high parenting stress can lead to chaotic family environments, impacting children's wellbeing and potentially leading to lower self-esteem and higher anxiety (Coldwell et al., 2008; Fiese & Winter, 2010). Furthermore, children living in homes with higher parenting stress levels are more likely to experience ACEs by age 18 (Crouch et al., 2019). Stigma was a significant part of this process and has been identified as a barrier to seeking help, yet little is known about the extent to which stigma affects participation in parenting interventions (Alonso-Marsden et al., 2013; Lanier et al., 2017). Fear of stigma can prevent engagement in parenting interventions. Research has previously found that mothers feared being stigmatised as a "failing" mother and therefore tried to cope alone rather than

engage in home visiting (Barnes et al., 2006). The term "home visiting" has been found to put families off due to its perception of being impersonal and judgemental (McInturff et al., 2015). However, research with fathers has found that they reported low levels of perceived public stigma, suggesting that it could be becoming more socially acceptable with changing attitudes towards parent interventions (Lanier et al., 2017).

The qualitative systematic review (Chapter 2) showed how COVID-19 paradoxically provided some relief from social pressures by creating a reason for struggling and reducing social scrutiny. Parents reported feeling less judged when everyone was facing challenges, providing an opportunity to challenge the social narrative and helping parents not feel judged or feel pressure to do things in a certain way. However, the IPA study (Chapter 4) found parent's experiences of COVID-19 were wholly negative with one parent saying that she felt "robbed" of typical early parenting experiences including not getting to see her family, whilst another parent was stuck at home with her abuser during the COVID-19 lockdowns. These findings have important implications for how society frames discussions about parent wellbeing and support-seeking, particularly given that in the UK, perinatal mental illness affects up to one in five new and expectant mothers (NHS England, 2024), impacting bonding and caregiving capacity (Parent Infant Foundation, 2021). The complexities of the pandemic related to support seeking should be considered carefully by professionals caring for families and policymakers to make sure we are more prepared for similar eventualities in the future.

Evidence of Intervention Effectiveness

Our quantitative findings showed that Home-Start Gloucestershire early interventions had a positive effect for families (Chapters 4 and 5). This aligned with findings from our scoping review (Chapter 2) which showed the value in early intervention for families and parent

wellbeing, albeit with many different variations of support available. This is not necessarily a disadvantage of early intervention, but an understanding that no “one size fits all” for families and providing a variety of interventions can give the tailored support that parents need, given their evidenced nuanced experiences (Center on the Developing Child, 2007). Home-Start is one such service which provides needs-based and tailored support to families. Although this posed complexities with evaluating and exploring its impact for families, an overriding factor is its ability to understand each family and get to the root of what they need. The diversity of interventions discovered supports previous findings that tailoring programme content to meet individual needs of families can be important (Butler et al., 2020). However, it is difficult to implement this to structured curriculums to maintain programme fidelity as well as offering adaptations (Butler et al., 2020). Furthermore, cross-cultural adaptations can be challenging, with more research needed in this area to understand how to best adapt interventions, as well as taking on board local ideas and practices for what is helpful for families (Mejia et al., 2015).

The quantitative analyses of Home-Start Gloucestershire's services provided evidence of effectiveness across all interventions. Despite policy recognition of the first 1,001 critical days (HM Government, 2021), research shows that 49% of local authorities reported cuts to their budgets for family hubs and children's centres between 2023/24 and 2024/25 (Centre for Young Lives, 2025). This underlines the importance of charities such as Home-Start. The results for Home-Start Gloucestershire's home visiting intervention are promising, with a positive effect on all four areas of family outcomes. Of note is the impact home visiting had for parents' wellbeing, which had a positive effect with a medium effect size demonstrating that home visiting was having an impact on parents' wellbeing overall. This reflects research that parents' wellbeing can have significant implications for children's wellbeing (Mackler et al., 2015; Turney, 2011),

particularly important given that children living in homes where caregivers report higher parenting stress levels are more likely to experience four or more ACEs by age 18 (Crouch et al., 2019). These results are reflective of other quantitative studies that have shown beneficial outcomes to parents' and children's wellbeing from Home-Start home visiting (Hermanns et al., 2013; Kenkre & Young, 2013; Warner, 2019) as well as reflective of Home-Start's impact findings (Home-Start, 2014, 2017, 2019, 2021).

The group interventions (Bump Start, Best Start, and Mothers in Mind) all demonstrated positive effects. The findings show the impact the groups had on family outcomes, helping parents to navigate the early years of parenting, feeling supported and with a positive impact on the relationships and wellbeing of their children. The results not only find that all three of the groups had a positive effect on family outcomes, but the effect sizes were also mostly large, meaning that the groups were found to have a large impact on family outcomes. According to research, the groups cover important areas of the early years. Research shows that a nurturing environment can begin in the womb whereby the emotional and physical wellbeing of the mother is important to the baby's healthy development; the baby in the womb is susceptible to the environment around the mother (Glover, 2015). Therefore, Home-Start Gloucestershire's Bump Start antenatal group is shown to be of benefit to all four areas of family outcomes, particularly important given the critical nature of this developmental period.

Research also shows that the right kind of support for parents/caregivers can prevent on ACEs (Anda et al., 2006; Felitti et al., 1998; Nelson et al., 2020). The first-year post birth can be one of the most challenging years for parents, highlighting the importance of intervention such as Best Start (postnatal group). In 2023, a study found that there was still low recognition of the importance of the early years of childhood in the UK compared to other life stages and little

recognition regarding the emotional development of babies and young children (Royal Foundation Centre for Early Childhood, 2023).

For Mothers in Mind, the group showed high impact. This could reflect the power of validation and compassionate support from a group of mothers, not feeling like they are on their own. The transition to parenthood is challenging and complex (Cowan & Cowan, 2000; Kohn et al., 2012). Perinatal mental health difficulties are common, being one of the most common complications of having children during pregnancy and the first-year post birth. They are associated with considerable maternal and fetal/infant morbidity and mortality (Howard & Khalifeh, 2020). The findings from the qualitative analysis of Mothers in Mind reflect previous findings that peer support can be helpful for perinatal mental health with lived shared experience (Hölzle et al., 2024). A group environment has been shown to have short-term positive emotional health effects for parents (Lavender et al., 2016), commensurate with findings for Home-Start Gloucestershire. In relation to the qualitative study for home visiting (Chapter 4), parents valued volunteers. Although this was not peer support per se, many of the volunteers were parents themselves with one parent participant experiencing her volunteer going through similar difficulties to her, which helped with understanding and empathy.

The Power and Complexity of Peer and Professional Support

This research project showed nuanced findings about different types of support that must be understood within the context of what constitutes effective nurturing care. Peer support emerged as particularly valuable when it provided validation and normalisation of difficult experiences. The qualitative systematic review (Chapter 2) highlighted how encouraging and validating peer interactions contrasted with negative or competitive peer relationships. Previous findings have found the value of peer support for parents, helping with their confidence (Leahy Warren, 2005;

Saeieh et al., 2017). This finding was strongly supported by the qualitative analysis of Home-Start group interventions (Chapter 5), where parents reported feeling validated by others going through similar circumstances and relief at not being alone in their struggles.

In the qualitative systematic review (Chapter 2), the relationship between volunteer and professional support proved complex within service provision. While parents valued professional support, they often found it inconsistent and lacking, particularly regarding emotional transition support in the postnatal period. This is particularly concerning given that in the UK, there is a shortage of health visitors with the Healthy Child Programme reaching only one in five toddlers, and fewer than 100 health visitors are trained in perinatal and infant mental health (iHV, 2023). Professional support could be inconsistent and lacking, particularly on the emotional transition to parenthood and support in the postnatal period, though getting support and advice during this time was valued by parents when available, shown by the qualitative systematic review (Chapter 2).

The IPA study showed that Home-Start's volunteer model offered unique advantages within this challenging landscape. The results highlighted the significance of the relationship between families and volunteers, with parents describing volunteers as becoming like family, providing both emotional and practical support. The strength of the rapport that parents had with Home-Start and its volunteers was very prominent. Interactions with more rapport have been shown to be important to people, impacting wellbeing (Baker et al., 2020).

When comparing the impact of volunteer-based programmes to professional-based interventions, it is essential to consider the nature of relationships formed during these interactions. Previous studies indicate that volunteer relationships often give a sense of familial connection (Burn & Almack, 2018). Parents expressed that volunteers became like family,

providing non-judgemental support that eased the stigma often associated with seeking help. Professional-based home visiting programmes may often be perceived as more formal and distant, leading to apprehension among parents regarding vulnerability and openness (McInturff et al., 2015). The more personal, empathetic interactions characteristic of volunteer-based programmes may enhance parents' engagement and willingness to embrace support, leading to more significant, long-lasting transformations. This volunteer model becomes particularly important given UNICEF's recognition that parenting is too big a task for parents and caregivers to do alone, and that support is needed to help give their children the best possible start in life (UNICEF, 2023). However, previous research with Home-Start has shown that parents have found problems with how valuable the support was when there was a mismatch between the volunteer and the parent (Macpherson et al., 2010). None of the parents in the current study conveyed a mismatch, possibly reflecting careful and sensitive matching between volunteers and families (Burn & Almack, 2018). The IPA study (Chapter 4) also revealed potential vulnerabilities in volunteer-based support. Parents expressed difficulty when support relationships ended or when volunteer changes were necessary. Previous research has suggested that parents may feel rejected and confused if a volunteer abruptly stops visiting, where they feel they have developed a relationship (Macpherson et al., 2010). However, although parents in the IPA study expressed sadness for the ending of the volunteer's time with them, they looked back on the relationship with fondness.

The Transformative Journey: Understanding Mechanisms of Change

The IPA study (Chapter 4) showed a transformative journey where parents moved from navigating parenthood and its challenges, through their feelings towards accessing help and recognising the need, to accepting help and experiencing meaningful compassionate connections

with Home-Start and its volunteers. This led to foundational pillars being created which catalysed a butterfly effect across the family and beyond.

The butterfly effect was profound, with seemingly small acts of kindness and support having a ripple effect through the family and beyond. With the impact of the polycrisis and the recognition that parenting is too big a task for parents and caregivers to do alone, support is needed to help give children the best possible start in life (UNICEF, 2023). This becomes particularly crucial when considering that parents who have been exposed to ACEs themselves are more likely to expose their own children to ACEs (Felitti et al., 1998; Larkin et al., 2012; Letourneau et al., 2019), making early intervention during this critical developmental window essential for breaking intergenerational cycles. This qualitative research has helped to show the meaning and significance of support during the early years, identifying the key aspects of change that make interventions meaningful and helpful to families (Furlong & McGilloway, 2012; Holtrop et al., 2014; Kane et al., 2007).

Taking the time to facilitate the engagement process and being sensitive to parents' circumstances is important when engaging and starting a parent intervention (Miller & Prinz, 2003). Parents should be free to decide whether to participate (Butler et al., 2020). This was reflected in the IPA study with parents appreciating the time and space Home-Start gave them and allowing the parents to lead. Once the participants had accessed Home-Start home visiting for the first time, attitudes towards the intervention changed, with parents reflecting on their experiences and the importance of that leap of faith. The analysis sheds light on the stigma that often accompanies the decision to seek help, corroborating findings from the literature that indicate many parents fear being labelled as inadequate (Alonso-Marsden et al., 2013; Barnes et al., 2006). However, participants reported that their initial reservations dissipated once they

experienced the supportive environment fostered by Home-Start volunteers, aligning with previous findings that highlight the non-judgemental nature of such programmes (McInturff et al., 2015).

Challenges in Evaluating Complex Interventions

The research highlighted significant challenges in assessing needs-based interventions. Home-Start's individualised approach, while clearly valued by families, creates complexity for traditional evaluation methods that assume standardised interventions. Home visiting varies in length and type of support depending on the family's individual needs. Varying support and length of home visiting and the impact on family outcomes was not researched in detail, though with the government's recognition of the importance of the first 1,001 critical days (HM Government, 2019) and cuts to family services and early help in the UK (Williams & Franklin, 2021), it is valuable to have a service where intervention can be tailored and continue for a length of time.

Needs-based interventions are difficult to evaluate, made even more difficult given the UK government's emphasis on evidence-based interventions (Warner, 2018). However, the study sets the scene for meaningful evaluation when combined with qualitative research, aligning to Home-Start's family-centred approach that acknowledges the complexities of parenthood, providing an evidence-base for funding.

Although the studies did not conduct long-term follow-up effectiveness of their interventions, they show promising efficacy for helping parent wellbeing during the early years, with all long-term interventions showing efficacy. However, there are concerns regarding the long-term effectiveness of parenting programmes and the maintenance of positive outcomes

(Barlow & Coren, 2018). It has been suggested that ongoing peer and professional support following the end of an intervention would help to maximise and maintain behavioural change, but it is not understood how this can be optimally provided (Butler et al., 2020). Research and development of group interventions are needed to maintain the positive effects of emotional wellbeing for a sustained period (Barlow et al., 2012; Lavender et al., 2016). A longitudinal study would be of benefit to investigate family outcomes as children grow older and if there has been a lasting impact from early intervention services.

Limitations

This research project has limitations to consider when interpreting these findings. Firstly, the research with Home-Start Gloucestershire was conducted in one geographic area (Gloucestershire) with a specific demographic profile, limiting generalisability. However, it has acted as promising preliminary findings and provided a framework for developing an evaluation toolkit for Home-Start UK (see Chapter 7).

All papers in the qualitative systematic review were from high-income countries, meaning that experiences for parents in low- and middle-income countries have not been included. Given the polycrisis and disparity in support and services in different countries (UNICEF, 2023), it is vital to understand parents' experiences from across the world so we can best move forward in supporting parents during a critical time in their lives and the lives of the children for better wellbeing across the life course. The scoping review covered interventions from across the world. However, given the complexities of searching the grey literature, it is likely that there are many other charities and organisations around the world who provide early interventions for parents, however they may not have conducted efficacy studies/evaluations or they may not have been published or made readily available online. Furthermore, they may not

be as easily located online. where research may have been conducted to explore interventions but not get from scoping review limitations.

The research also had limited representation of fathers, same-sex couples, and diverse ethnic communities. Most studies, although many were conducted with both parents, focused on the maternal perspective and none were purely from the father or other partner's perspective. There has been acknowledgement in research for the lack of father perspective (Burgess & Goldman, 2022). One qualitative systematic review study specified inclusion of same-sex couples; future research to understand their experiences would be of benefit.

One of the strengths of this project is its interpretivist and phenomenological approach providing an in depth understanding of parent's experiences in the context of Home-Start Gloucestershire, giving parents a voice. This can inform and enhance ongoing practice within that context (Willis, 2007). However, as well as being its strength, it could be argued that it is also a limitation because it limits the generalisability of the findings given the specific context and objectivity of the research. However, as stated, I have not sought to generalise in this study. Instead, researchers, policy makers and professionals can still be informed by this study when approached with caution, that the results are subjective accounts and constructions of meaning from parents. Generalisations beyond the original research context are not necessarily appropriate for interpretivist studies. Instead, generalising depends on the degree of similarity between the research context and any proposed new contexts in which the findings of the research may be applied (Lincoln & Guba, 1986). Therefore, these findings can be used to inform other Home-Start localities, given their similarities. Furthermore, the evaluation toolkit allows for a similar framework to be used in different Home-Start localities, yet tailor to the

needs of the services, because giving voice to parent experience is fundamental to evaluation of services (Bjørknes & Ortiz-Barreda, 2021).

Researcher bias could be a factor in this study, impacting quality and accuracy. I analysed the data and made sense of how parents made sense of their experiences. It is important for me to be mindful of my own circumstances in society as a white British female mother of (now) five year-old twins. However, immersion of the researcher into the research and being "a part" of the research and its process is a core aspect of interpretivism and phenomenology. To help understand my role in the research and how it was influencing me and how I was influencing it, I kept a reflexive log and had reflective discussions with my supervisors. This was of particular importance during the IPA study, where I really immersed myself in the life worlds of the participants. The data in the studies was seen as emerging from parent's conceptions of reality as well as my interpretation. It is argued that research conducted in a particular paradigm can use qualitative or quantitative methods but should be evaluated in accordance with the theoretical positions of that paradigm (Creswell & Miller, 2000; Lincoln & Guba, 1986). This ensures that the research is transparent and methodical and that results are closely embedded in the data that was collected (Yin, 2011). Therefore, I was guided by strategies put forward by Willis (2007) to give validity to interpretivist research.

The use of real-world data when conducting the studies with Home-Start Gloucestershire (Chapters 4 and 5), while providing insights into service delivery, created challenges around missing data and incomplete information about participant characteristics. Data can be complex to collect, being reliant on parents filling out self-report questionnaires, staff/volunteers disseminating questionnaires, and data being inputted into databases. This is often a reflection of

the complexities and messiness of real-world data (Liu & Panagiotakos, 2022). Despite this, real-world data is still valuable and can be a rich data source (Liu & Panagiotakos, 2022).

Self-report measures may have been subject to response bias (Rosenman et al., 2014), particularly given that parents reported on their children's wellbeing, which could be subjective. However, in relation to the philosophical underpinning of this research project, phenomenology comes into play here. The participant's choice of answer and the data from this that is subsequently analysed still reflects the parent's constructions of meaning, it is not just a measured outcome. Everything is subjective and all standards are fallible instead of objective and universal (Willis, 2007). Therefore, these results are interpreted to still have meaning, that the interventions had meaning to the parents.

Home-Start Gloucestershire provided a repository of data that had already been collected by Home-Start Gloucestershire staff. Therefore, I did not have any input into the types of data to collect for analysis. I worked from the data that was given to us, which did mean limitations in what I could analyse, particularly given limitations of real-world data and missing data points. For instance, it would have been useful to collect and analyse information regarding retention and attrition of families in Home-Start early interventions. I also did not have data on whether participants in the interventions were mothers or fathers (apart from Mothers in Mind who were all mothers) or ages of the children of the families that were being supported. Furthermore, I did not know the period that may have lapsed in between home visits, although I did know the overall number of home visits each family had. These are but a few identifiers that could have provided further exploration. Further analysis of the data would have been helpful for a deeper evaluation of Home-Start Gloucestershire’s early intervention services. However, the design of this study focussed on a qualitatively driven mixed methods study, meaning that quantitative

analysis was a smaller, yet still important, part to orientate the research. The qualitative analysis provided a deeper insight into the experiences of the early years of parenting and of Home-Start early interventions. This is therefore the approach that I took. The evaluation toolkit is framed around this approach. However, the evaluation toolkit can be built upon in the future to work on areas identified as useful to create a holistic and helpful evaluation and exploration of Home-Start early interventions going forward.

Implications

This project fills a gap in how to effectively provide a mixed methods evaluation for a needs-based service. It delves into meaning making for parents where quantitative research helps with orientation and effect and qualitative research builds on this by understanding if the intervention is acceptable and why. Furthermore, the phenomenological approach considers the complex experiences of parents, given that parenthood can be nuanced and complementing Home-Start's tailored approach that different families will have different needs. This project fills in an important gap, by providing research from an MMR interpretivist approach and aligning to Home-Start's holistic, tailored approach.

This project enhances research and understanding into the little available literature regarding MMR and an interpretivist approach, which was recognised as being needed, particularly where studies are explicit on how and why the design and conduct was interpretivist (Creswell, 2012; Howe, 2004; McChesney & Aldridge, 2019). This provides beneficiate to the field of research in general. I have made sense of how parents make sense of the early years of parenthood and of accessing Home-Start early intervention services. Wellbeing and family outcomes improved, and parents valued the support, showing the ripple in their lives, their children’s lives and across the community. The overall results from Home-Start Gloucestershire

are promising and inform Home-Start UK that what Home-Start Gloucestershire is doing is working, with a positive start to their consortium formation. As well as improved outcomes, parents also value the support received. Findings from this study were presented to funders of Home-Start UK, evidencing their impact and contributing towards securing further funding. Our findings, in relation to the interpretivist approach, provide a deep understanding of the specific context of Home-Start, and particularly Gloucestershire, giving understanding to parent experience, which is valued for its ability to inform and enhance ongoing practice within this context (Willis, 2007).

Recommendations for Home-Start Gloucestershire and Home-Start UK

Recommendations for practice for Home-Start Gloucestershire include collecting information surrounding retention and attrition. For instance, collecting data from families who may have decided not to access Home-Start early interventions or families who may have started a Home-Start early intervention but not finished. Quantitative data would help to understand how many families this may be happening with, and qualitative data will help to understand why families may not be accessing Home-Start interventions or why they did not continue Home-Start early interventions. This would help to inform Home-Start Gloucestershire and allow for any changes to be made to help families access support they may need. Furthermore, given the findings in this project relating to the difficulties with accessing and accepting help for parents including stigma, it would be useful to understand if this is experienced by families who decide not to access Home-Start or who may drop out from accessing Home-Start.

Recent research has highlighted the importance of providing evidence-based parenting interventions which are made available to families because they can strengthen parent-child relationships, improve parenting practices, reduce levels of parenting stress and support parental

mental health (Foundations, 2025). Our holistic approach to evaluation can be used across other Home-Start localities in the UK, as well as adapted for a broader national evaluation of Home-Start services. An output from our findings was an evaluation toolkit presented to Home-Start UK, to contribute to the need for evidence-based parenting interventions.

Recommendations for Practice Beyond Home-Start

For practice wider to Home-Start for all people caring for families during the early years, it has been identified across all our studies the importance of emotional support for parents, given the complexity of the early years of parenthood and when they are facing additional challenges in their life. There is the need for further education for all people who care for families during the early years to identify when families may be struggling and identify signs of emotional distress. This is needed given the social narrative that parents feel surrounding getting on with things on their own and feeling like they should be okay. Stigma may play a role in parents reaching out for and accepting support. Systemic influences should be kept in mind when working with families. As discussed in previous chapters, responses from parents across the interventions were mostly positive. Response bias could be a factor here and can inform Home-Start of revising their feedback questions and including feedback from those who dropped out of their interventions.

Recommendations for Policy

This project highlights the importance of investing in early intervention for families, which include support for parent's wellbeing. Dedicated funding and commissioning of research into intervention efficacy and acceptability is needed so that frameworks can be created to enable comprehensive, accessible and useful support for families from pregnancy through the first years

of a child's life. This project reinforces the importance of commissioning qualitative research as well as quantitative, providing mixed methods research that can delve deeper and provide rich data to inform services. Given the cuts to family services and early help in the UK (Williams & Franklin, 2021), it is critical that services like Home-Start receive funding to carry on and develop their vital work.

Future Research

By synthesising this project, it can be seen that providing support to parents and families during the early years is critical. Home-Start Gloucestershire are a service which have shown preliminary results that their early interventions are effective and acceptable for parents. As a result, an evaluation toolkit for Home-Start UK was developed. Future research to pilot this evaluation toolkit will be needed as well as its ongoing evaluation.

The qualitative systematic review identified future research needed to investigate barriers to accessing support. This is further corroborated by the IPA study, where asking for and accepting help could be difficult. This is an area in need of further exploration to help break down any barriers to parents accessing support they may find invaluable.

From our research, qualitative studies tend to be less prevalent than quantitative studies in service evaluation. I have bridged this gap by including qualitative studies in my research. Going forward, qualitative studies should be an important component in early intervention evaluation and exploration. Our research would benefit from delving deeper into nuanced experiences of parenthood by exploring the early years of parenthood and Home-Start early intervention service for families in different communities. This includes those from different ethnic backgrounds,

LGBTQIA+ and different localities which may have differing demographics. This can help us to understand how to tailor early intervention services for families in differing circumstances.

This study approaches evaluation from the parent's perspective, which is of critical importance given they are at the core of the service provision. However, future research could complement this research by exploring Home-Start early intervention as well as other early interventions from a range of stakeholder perspectives and from differing paradigms such as post-positivist. For example, experiences of children, volunteers, staff members and other stakeholders could be considered. More research has been identified into volunteer engagement and retention to help sustain the work of non-profit organisations reliant on volunteer effort (Hoye & Kappelides, 2020). Exploring different perspectives from a range of stakeholders could inform services in varying ways, leading to the provision of optimum support for families during the critical early years.

Methodological Contributions

This research makes important contributions to understanding how to evaluate complex, needs-based interventions through mixed methods approaches. The interpretivist framework provided a way to value both quantitative evidence of effectiveness and qualitative understanding of meaning and experience. This approach proved particularly suitable for evaluating services like Home-Start, where the intervention is relational and individualised.

The research fills a gap in how to effectively provide a mixed methods evaluation for a needs-based service. It delves into meaning making for parents where quantitative research helps with orientation and effect and qualitative research builds on this by understanding if the intervention is acceptable and why. Furthermore, the phenomenological approach considers the complex experiences of parents, given that parenthood can be nuanced and complementing Home-Start's tailored approach that different families will have different needs.

This project enhances research and understanding into the little available literature regarding mixed methods research (MMR) and an interpretivist approach, which was recognised as being needed, particularly where studies are explicit on how and why the design and conduct was interpretivist (Creswell, 2012; Howe, 2004; McChesney & Aldridge, 2019). This provides benefit to the field of research in general.

The research demonstrates how phenomenological approaches can complement traditional outcome measurement by revealing why interventions work and what they mean to participants. This has implications beyond Home-Start for evaluating other relationship-based interventions where standardised approaches may miss critical aspects of effectiveness.

Furthermore, it must be acknowledged that although complex, I, as the researcher, navigated my own philosophical stance and broad overview of this research project (phenomenology and interpretivism) whilst meeting the needs of evaluation by being pragmatic and flexible when showcasing the quantitative results to Home-Start Gloucestershire as the stakeholder. These results could therefore be presented in a way that fitted the needs of Home-Start Gloucestershire but could also be presented and discussed in a way that fitted the stance of this research project overall.

Future Vision

This research project reveals early parenthood as a critical period requiring comprehensive, compassionate support that acknowledges both its universal challenges and individual variations. The findings suggest that effective support must address not only practical needs but also the emotional, social, and cultural dimensions of becoming a parent.

The transition to parenthood is complex. Parents experience a changed life with complex emotions and experiences impacted by the social narrative. Parents try and find a way to navigate through the transition. Support can be inconsistent and particularly lacking in the postnatal period. Further emotional support is needed for parents during the transition to parenthood, with education for professionals involved in their care to recognise signs of emotional struggles.

Home-Start's model of volunteer-based, needs-led support emerges as one effective approach among many needed. The research validates this model while highlighting opportunities for enhancement and expansion. Although the interventions utilised were variable in their characteristics, there is a need for these interventions, with the efficacy demonstrated. This highlights the need to continue to provide high-quality interventions aimed at parents'

wellbeing to help them with the critical early years of life with their children and to invest in research to evaluate them.

More broadly, the findings call for a societal shift in how we understand and support early parenthood - moving away from expectations of individual coping towards recognition of parenting as a community responsibility. The polycrisis context makes this research particularly urgent. As families face unprecedented challenges, the need for effective early intervention becomes even more critical. The research provides evidence that such intervention is not only possible but can create positive ripple effects that extend far beyond immediate families to benefit communities and society.

CHAPTER 7

Development of An Evaluation Toolkit for Home-Start UK

The mixed methods evaluation of Home-Start Gloucestershire presented an ideal opportunity to inform the development of a national evaluation toolkit for Home-Start UK, as it captured both the quantitative impact metrics and qualitative nuances of family support services in a representative local context. By combining rigorous statistical analysis of outcome measures with rich narrative accounts from parents, the evaluation framework provided a comprehensive understanding of both the 'what' and 'why' of service effectiveness. This methodological approach was particularly valuable for toolkit development as it demonstrated how local branches could meaningfully capture both tangible outcomes and the subtle mechanisms of change that characterise Home-Start's relationship-based support model. The dual focus on quantitative and qualitative data collection methods ensures the resulting toolkit can effectively document both the measurable impacts required by funders and commissioners, while also capturing the detailed personal experiences that illustrate Home-Start's unique value proposition. Furthermore, testing this evaluative approach at the local level provided crucial insights into practical implementation challenges and opportunities, enabling the development of a toolkit that is both methodologically robust and operationally feasible for Home-Start's network of community-based organisations.

The evaluation methodology was developed with resource constraints in mind, using efficient data collection processes and user-friendly analysis tools that could be realistically implemented by branches of varying sizes and capabilities. This scalable design ensures that the resulting toolkit can be effectively adopted across Home-Start's national network, facilitating

meaningful cross-branch comparisons while respecting the unique operational contexts of individual schemes.

Literature on Evaluation Toolkits

The development of evaluation toolkits for community-based and non-profit organisations has emerged as a critical area of research, particularly as these organisations face increasing pressure to demonstrate impact while often lacking the capacity and resources to conduct effective evaluations (Lawrason et al., 2024). Evaluations can secure and maintain external funding, demonstrate impact to stakeholders and understand capacity for growth (Patton, 2015). Although programme evaluations are often required, in the real world, they can be difficult to evaluate with organisations lacking the capacity and resources to conduct evaluations effectively (Moore et al., 2014; Lawrason et al., 2021). Programmes may be difficult to evaluate because of their complexity in terms of settings, target population and intended outcomes (Moore et al., 2014). A way to help organisations to conduct evaluations is the development of an evaluation toolkit (Lawrason et al., 2024). An evaluation toolkit is a collection of tools that includes materials that can be used individually or collectively, such as educational resources, timelines, and assessment tools, which can then be customised based on context helping to bridge the gap between evidence and practice (Thoele et al., 2020).

It is recognised that evaluation approaches can be tailored to individual organisational contexts rather than adopting a "one size fits all" approach (Kazimirski et al., 2016). Different charities will require different approaches based on their unique activities and operating models (Kazimirski et al., 2016). The National Council for Voluntary Organisations (NCVO) provides guidance on developing and monitoring evaluation frameworks, helping determine what information to collect to evidence the story of change (NCVO, 2025).

In development of the evaluation toolkit for Home-Start UK, NCVO resources were referred to, specifically their guidance on quantitative and qualitative elements, which reflected those used in the Home-Start Gloucestershire evaluation. Home-Start UK impact reports were referred to, to gather their previous approach to evaluation and researching impact (Home-Start 2014, 2017). These resources were merged with the experiences of myself as an academic researcher and the quantitative and qualitative methodology that was deemed most appropriate for Home-Start's evaluation toolkit. For instance, although previous Home-Start UK impact report contained quotations from parents, there was no specific approach or framework used for qualitative data collection and analysis. Therefore, thematic analysis was brought in to add methodological rigour to the evaluation approach (Braun & Clarke, 2022).

Digital platforms have shown promise as efficient mechanisms for providing both participants and staff with accessible evaluation tools, suggesting that technology-enabled solutions may enhance the practical utility of evaluation frameworks (Shaw et al., 2019; Whitley et al., 2014). The evaluation toolkit for Home-Start UK was originally developed on PowerPoint and then made into an interactive PDF document where users can navigate their way through the pages and access external links. In line with digital platforms showing promise, the evaluation toolkit will be further digitised in later versions depending on feedback from stakeholders.

Learning from the Home-Start Gloucestershire Research

Before commencing the exploration of Home-Start Gloucestershire's early intervention services, I carefully considered what sort of design would clarify their impact. A part of this entailed two systematic reviews to firstly get an idea of parent's experiences of the early years of parenthood over the last 10 years, given the changes in society and, secondly, scoping early intervention services to understand what is out there and where the gaps in research are. This presented the

importance of qualitative research and how this tends to be underplayed with evaluation, as well as bearing in mind the complex and nuanced experiences of parents. We chose a mixed methods approach as it allowed us to explore both the "what" and the "how". This provided a holistic understanding of whether the interventions were effective for families and whether they were acceptable to them. This was especially important given Home-Start's needs-based model and the importance of understanding how the support might benefit families in different ways. This gave rise to the idea of IPA to understand the convergences and divergences of parent's experience, gaining a rich understanding of what they were experiencing. However, for the purposes of the toolkit, IPA is a very in depth, long process that requires time with its process and understanding its process. Bearing this in mind, I focus on thematic analysis for the purpose of the evaluation toolkit as an option for Home-Start. However, a choice is given to explore IPA further, time allowing, with an introduction given to its concepts.

Although consideration was taken with how to design and frame the evaluation with Home-Start Gloucestershire, I did come across hurdles as I went through the process of conducting the research. Firstly, I were dealing with secondary data. I was relying on what data had been collected by Home-Start Gloucestershire. Of course, this starts from the beginning of their process with questionnaires being presented to parents and the parents filling out the questionnaires. Sometimes questionnaires may not have been filled in or collected, which reflected in the data. As I was comparing pre and post intervention scores, there was a significant number of families that could not be included in the final analysis because of gaps in the data, including other demographic information. This is reflective of what data collection can be like in real life across the board and something to bear in mind when conducting quantitative research. I have taken this learning across to the formation of the evaluation toolkit, with encouragement to

collect as much complete data as possible, although with the understanding that this can come with complexities.

A section on public involvement has been added to the evaluation toolkit (found at the end of this chapter). Including people with lived experience in the research team can be valuable, adding insights and shaping the research (Arumugam et al., 2023). This was not something that I did in this research project. Although I am a parent with children under the age of five, I have not accessed Home-Start's early intervention services. On reflection, it would have been useful to include people with lived experience to help shape this research project.

In terms of data analysis, SPSS was used to analyse and present quantitative results in this project. However, when thinking about the evaluation toolkit, JASP (Jeffrey's Amazing Statistics Program) is recommended as an alternative. JASP is a user-friendly and open-source statistical software. It is therefore more easily accessible to charities such as Home-Start to readily use. Firstly, it is free and so would eliminate any financial costs that could be directed to other charitable ventures, unlike SPSS which has licensing fees. Secondly, JASP is designed for non-statisticians providing a more approachable user experience compared to SPSS's more complex interface that often requires training. JASP streamlines the statistical analysis process by focusing on commonly needed tests like t-tests, ANOVA, and regression. It also provides clear presentation of results. This combination of accessibility, cost-effectiveness, and focused functionality makes JASP particularly well-suited for charitable organisations looking to evaluate their impact and services efficiently.

Although I conducted assumption checks and ultimately decided to run the non-parametric Wilcoxon signed rank test, this toolkit emphasises the paired samples t-test as the primary analytical method to keep the toolkit simple for varying levels of ability. Our goal was

to create an accessible, user-friendly approach that balances statistical rigor with practical usability for Home-Start's evaluation needs. This keeps the analysis process straightforward for staff members with varying levels of statistical experience. However, I do recommend further training that could take staff members through further statistics such as normal distribution tests.

For this toolkit, I have focussed on examples of qualitative data collection that were used for Home-Start Gloucestershire (written feedback and interviews). There are other options for qualitative data collection too, such as an open-ended survey or diary kept by the parents so a choice could be given depending on what works for Home-Start localities. The focus of qualitative data analysis is thematic analysis with a brief introduction to IPA. Again, other options could be used. I suggest further training for any methods that are used but a basic framework and signposting is given for thematic analysis.

Given the nuanced experiences of parents, it is important to understand the experiences and outcome for parents in varying situations and from varying cultures and backgrounds. This was not investigated with the Home-Start Gloucestershire evaluation but is important to factor in going forward. It is vital to know if Home-Start are reaching different communities and what sort of impact Home-Start are having for different communities. This has been included in the evaluation toolkit.

Finally, it is important to note that this is an initial framework for the evaluation toolkit, which has been put together based on the Home-Start Gloucestershire evaluation. It is in the process of being presented to Home-Start UK for feedback as a first draft. Beyond the scope of this project are vital next steps in piloting the evaluation toolkit and continuing to develop it because of these findings. However, an evaluation toolkit is a great first step to showing and understanding the impact of Home-Start and helping with vital funding to run and develop these

services that benefit the wellbeing of families during the critical early years, particularly given the increased need to provide evidence and evidence-based interventions. This first draft can be built upon in the future by:

- Creating Decision Trees to help users determine which methods are the most appropriate for their specific situation and resources.
- Adding difficulty ratings so that users can gauge what's within their capabilities and what they may need further training/support for (e.g. ★☆☆ = Beginner, ★★☆ = Intermediate, ★★★ = Advanced).
- Expanding the Resources section to include links to online courses, tutorials and templates for specific elements of the evaluation. Providing future workshops surrounding evaluation toolkit both online and in person would be beneficial.
- Providing quantitative analysis alternatives e.g. more advanced by adding in tests to investigate normal distribution plus other relevant statistical testing to investigate different elements of the data.
- Adding more practical examples. For example, as more evaluations are completed, these can be shown as examples covering different scales (small, medium, large).
- Create modular components. Break the evaluation process into stand-alone modules that can be implemented independently, allowing users to start small and build incrementally.
- Adding a troubleshooting section by anticipating common challenges and providing solutions (e.g., "What to do if your sample size is too small" or "How to handle missing data").
- Including sample timelines. Provide realistic timelines for different evaluation approaches to help with planning.

- Developing data collection templates. Create ready-to-use templates for common needs like consent forms, feedback surveys, and interview guides.

The toolkit presented provides a solid foundation, but these improvements are to think about for the future. I present the draft one toolkit below.


Evaluation Toolkit
Get Started
Because childhood can't wait
HOME START
UNIVERSITY OF GLOUCESTERSHIRE
at Cheltenham and Gloucester

Welcome and Why The Toolkit?

This toolkit has been developed based on an evaluation of Home-Start Gloucestershire (H-SG) early intervention services. The toolkit is designed to help you put together your own evaluation toolkit to plan and design evaluation of your local Home-Start service. Throughout this toolkit will be examples used in the H-SG evaluation.

The toolkit is designed to be interactive and is made up of sections that describe aspects of evaluation and questions you might need to think about to complete your evaluation. You can also use the tabs at the top of each page to navigate to the section you want

Guide

- Use the back arrow to return to where you were before
- Use the forward arrow to navigate forward to the next page
- Use the home button to return to this page

Navigating The Toolkit: Contents

- Things to think about before you start the evaluation
- Mixed methods evaluation
- Doing the evaluation
- An evaluation plan
- Quantitative methods
- Qualitative methods
- Bringing mixed methods together
- Reporting mixed methods results
- Evaluating the evaluation
- Example evaluation overview H-SG
- Resources

Things To Think About Before You Start The Evaluation

- Showing that your services and interventions have impact is important. This can help to show funders the impact of your service and therefore get funding to continue to run the service. Evaluation can help to show what is working and what is not working, leading to improvement.
- Ask yourself:
  - Why are you evaluating?
  - What are the questions you are trying to answer through evaluation?
  - What outcomes are you trying to achieve through your service?
  - What are the priorities for the service?

Importance of Evaluation

The importance of showing impact	Service delivery	Supporting families better	Strengthening the evidence	Supporting volunteer development	Benefits of regular evaluation
• Shows funders the difference Home-Start makes to families	• Identifies which aspects of support work best for different families	• Ensures support matches what families actually need	• Contributes to the national understanding of family support effectiveness	• Shows volunteers the difference they make	• Maintain high-quality support for families
• Provides evidence for future funding applications	• Highlights areas where volunteer training could be enhanced	• Helps track families' progress and celebrate their achievements	• Helps demonstrate the value of early intervention and prevention	• Helps identify training and support needs	• Adapt services to changing needs
• Helps communicate our value to potential partner organisations and local authorities.	• Helps understand changing family needs in local communities	• Identifies additional support needs early	• Supports Home-Start UK's advocacy work for families	• Provides evidence for volunteer recruitment	• Secure sustainable funding
	• Enables evidence-based decisions about service development	• Enables better matching of volunteers to families		• Supports volunteer retention through demonstrated impact	• Share learning across the network
	• Supports resource allocation and planning	• Supports consistent quality of service across different schemes			• Build trust with stakeholders
					• Support continuous improvement

Consider Public Involvement

- **Public involvement** describes when members of the public use their views and personal experience to help to prioritise, plan, deliver, evaluate and share research. Parents can inform and shape the research.
- **Why public involvement matters:**
  - Ensures evaluation reflects what matters to families
  - Brings lived experience perspective to research design
  - Helps make findings accessible and meaningful
  - Empowers families to shape services
  - Strengthens funding applications through authentic involvement

- **How to Involve families and volunteers in your evaluation**
  - Early Engagement:
    - Host workshops or focus groups during the planning stage to gather input on priorities.
    - Example: Ask parents, "What changes do you hope to see from this program?"
  - Feedback on Tools and Methods:
    - Share draft surveys or interview questions with families for feedback.
    - Example: Volunteers could test interview formats to ensure they are conversational and empathetic.
  - Collaborative Analysis:
    - Invite participants to review initial findings and suggest interpretations or themes.
    - Present coded themes from interviews to families for validation or refinement.

Your Research Questions and Aims

What are you wanting to find out? Is there anything that the funders want to know? What are you trying to show?

Set an aim and research questions. You can then come back to these to help you with your analysis and understanding the findings.

Why an Aim is Important

1. Sets the Purpose:
- The aim explains *why* the evaluation is being done and what it hopes to achieve.
- Provides a clear direction for the entire process.

2. Creates a Big Picture:
- Helps stakeholders understand the broader goals (e.g., *"To assess the impact of Home-Start support on families."*).
- Aligns the evaluation with organizational priorities.

3. Ensures Relevance:
- Keeps the evaluation focused on meaningful objectives, avoiding unnecessary or irrelevant analysis.

Why Research Questions are Important

1. Provide Focus:
- Break the aim into specific, answerable parts (e.g., *"How does Home-Start improve parents' confidence?"*).
- Ensure the evaluation doesn't become too broad.

2. Guide Data Collection:
- Identify what information is needed and how to gather it.
- Link each data point back to the purpose of the evaluation.

3. Shape Analysis and Insights:
- Direct how findings are interpreted to answer the key questions.
- Ensure results are actionable and relevant.

Doing The Evaluation

There are three main types of research that can be used for evaluation: quantitative, qualitative and mixed methods.

Quantitative research focuses on the what and the how many (numeric). For example, comparing before and after scores from questionnaires.

Qualitative research focuses on the why and how (narrative), which can show how and why and intervention is working providing context and depth of insight which can be used to improve an intervention.

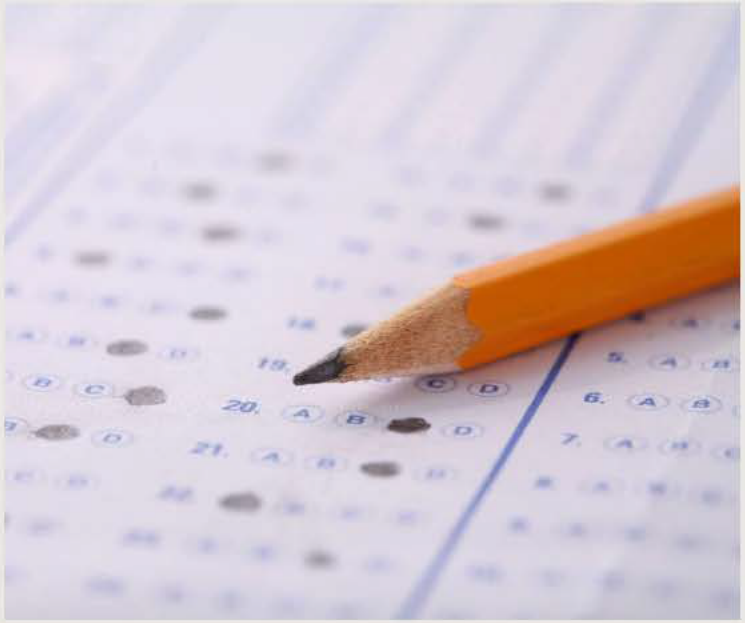
Mixed methods is where quantitative and qualitative research are both used, to answer the what and the why.

An Evaluation Plan

Pre-evaluation	Why are you evaluating and what do you hope to show? Research questions and aims Evaluation design
Methods and analysis	Quantitative methods and analysis Qualitative methods and analysis
Findings	Writing up results (technical and Plain English) Combining mixed methods to give a holistic picture
Post-evaluation	How did it go? What else could you do?

Quantitative Methods

The following pages will go through the quantitative side of the evaluation including data collection, data analysis and writing up results.



Real World Data Collection Considerations

Benefits

- Captures authentic family experiences
- Shows true impact in community settings
- Reflects complex family circumstances
- Demonstrates real service delivery conditions
- Provides rich contextual information

Challenges

- Missing or incomplete data
- Families moving in/out of service
- Varying engagement levels
- Complex family circumstances
- Resource constraints
- Consistency across schemes

Solutions

- Build data collection into routine practice
- Use mixed methods to fill data gaps
- Create user-friendly tools for families
- Provide volunteer training on data collection
- Establish clear data quality processes

Analysing Quantitative Data

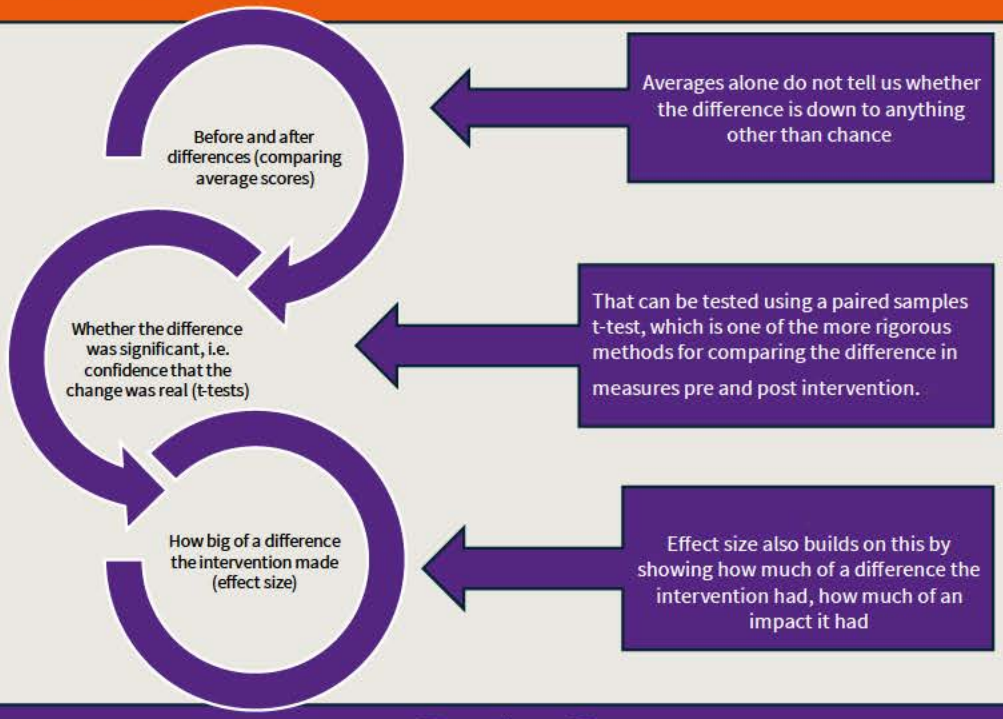
Robust answers can be derived about whether an intervention has had an effect, provided there is a sufficient sample size.

• Sample size calculation is complex but here are 3 easy rules of thumb:

1. Minimum sample should be 100 (so 100 participants or points of data).
2. A good sample size is usually 10% of the total amount of families who have accessed a service, if the total number does not exceed 1000.
3. A sample of 1,000 is nearly always statistically robust

HOWEVER, this can be tricky with real world data and it may be the case that sample sizes are smaller than 100. We can still work with this though.

Analysing Quantitative Data

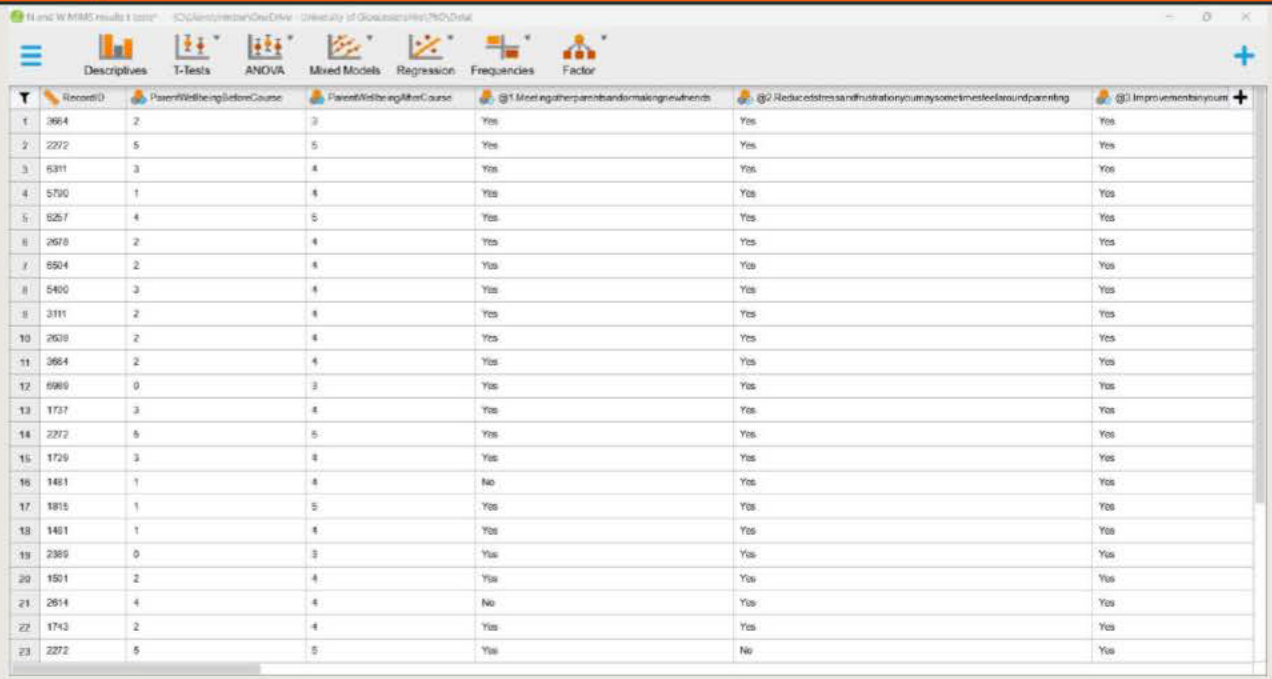


Statistical Software

- **You can use a variety of software to analyse your quantitative data such as Excel, SPSS and R. We recommend JASP for ease of use.**
- **JASP (Jeffreys's Amazing Statistics Program)** is a free, user-friendly software for statistical analysis. It's designed to make statistical methods more accessible and intuitive, especially for those without advanced programming skills
- **Ease of Use**: JASP is designed with an intuitive interface that's accessible to non-statisticians. It offers point-and-click menus that guide users through basic statistical tests, including t-tests and effect size calculations.
- **Features**: Provides clear outputs with visualizations and reports effect sizes automatically when performing t-tests. It also includes assumptions checks, which are useful for beginners.
- **Free**: JASP is open-source and free to download: JASP - A Fresh Way to Do Statistics

Input your data into JASP (can export from Excel). Click on Ttests, then “Classical”, then “Paired Samples T-Test”

(Example from Mothers in Mind group North & West Gloucestershire H -SG)

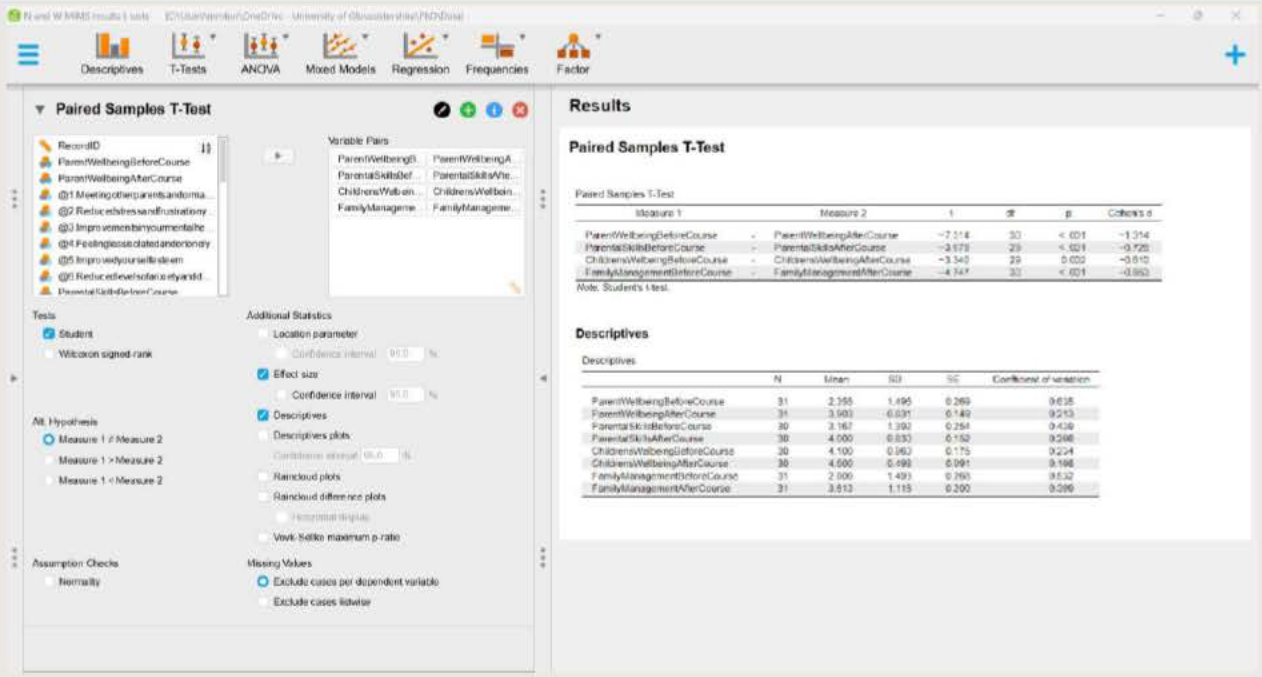


	RecordID	ParentWellbeingBeforeCourse	ParentWellbeingAfterCourse	@1 Meeting other parents and sharing new friends	@2 Reduced stress and frustration you may sometimes feel around parenting	@3 Improvements in your
1	3664	2	3	Yes	Yes	Yes
2	2272	5	5	Yes	Yes	Yes
3	5311	3	4	Yes	Yes	Yes
4	5700	1	4	Yes	Yes	Yes
5	5257	4	5	Yes	Yes	Yes
6	2978	2	4	Yes	Yes	Yes
7	5504	2	4	Yes	Yes	Yes
8	5400	3	4	Yes	Yes	Yes
9	3111	2	4	Yes	Yes	Yes
10	2638	2	4	Yes	Yes	Yes
11	3664	2	4	Yes	Yes	Yes
12	6989	0	3	Yes	Yes	Yes
13	1737	3	4	Yes	Yes	Yes
14	2272	5	5	Yes	Yes	Yes
15	1729	3	4	Yes	Yes	Yes
16	1461	1	4	No	Yes	Yes
17	1815	1	5	Yes	Yes	Yes
18	1461	1	4	Yes	Yes	Yes
19	2389	0	3	Yes	Yes	Yes
20	1501	2	4	Yes	Yes	Yes
21	2614	4	4	No	Yes	Yes
22	1743	2	4	Yes	Yes	Yes
23	2272	5	5	Yes	No	Yes

Statistical Software

Move the variable pairs over, as demonstrated here

Make sure the following options are ticked, as demonstrated here.



Results

The number of participants

The average score across participants (the most important column when reporting results)

"Standard deviation", a measure of how much the individual values vary or spread out around the average.

"Standard error", gives a sense of how much the average itself might vary if you repeated the study with a different group of people.

How much the values for that measure tend to vary compared to the average. A higher coefficient suggests more variability or inconsistency in the score

Descriptives

	N	Mean	SD	SE	Coefficient of variation
ParentWellbeingBeforeCourse	31	2.355	1.496	0.269	0.635
ParentWellbeingAfterCourse	31	3.903	0.831	0.149	0.213
ParentalSkillsBeforeCourse	30	3.167	1.392	0.254	0.439
ParentalSkillsAfterCourse	30	4.000	0.830	0.152	0.208
ChildrensWelbeingBeforeCourse	30	4.100	0.960	0.175	0.234
ChildrensWellbeingAfterCourse	30	4.600	0.498	0.091	0.108
FamilyManagementBeforeCourse	31	2.806	1.493	0.268	0.532
FamilyManagementAfterCourse	31	3.613	1.116	0.200	0.309

Results

How different the two measurements are from each other. A larger t-value suggests a greater difference between the two measurements.

Number of participants

P value most important for whether results were significant. Results show a significant difference if the p value is less than 0.05.

Cohen's d is the effect size

Paired Samples T -Test

Measure 1		Measure 2	t	df	p	Cohen's d
ParentWellbeingBeforeCourse	-	ParentWellbeingAfterCourse	-7.314	30	< .001	-1.314
ParentalSkillsBeforeCourse	-	ParentalSkillsAfterCourse	-3.979	29	< .001	-0.726
ChildrensWellbeingBeforeCourse	-	ChildrensWellbeingAfterCourse	-3.340	29	0.002	-0.610
FamilyManagementBeforeCourse	-	FamilyManagementAfterCourse	-4.747	30	< .001	-0.853

Note. Student's t-test.

Identifying Effect Size

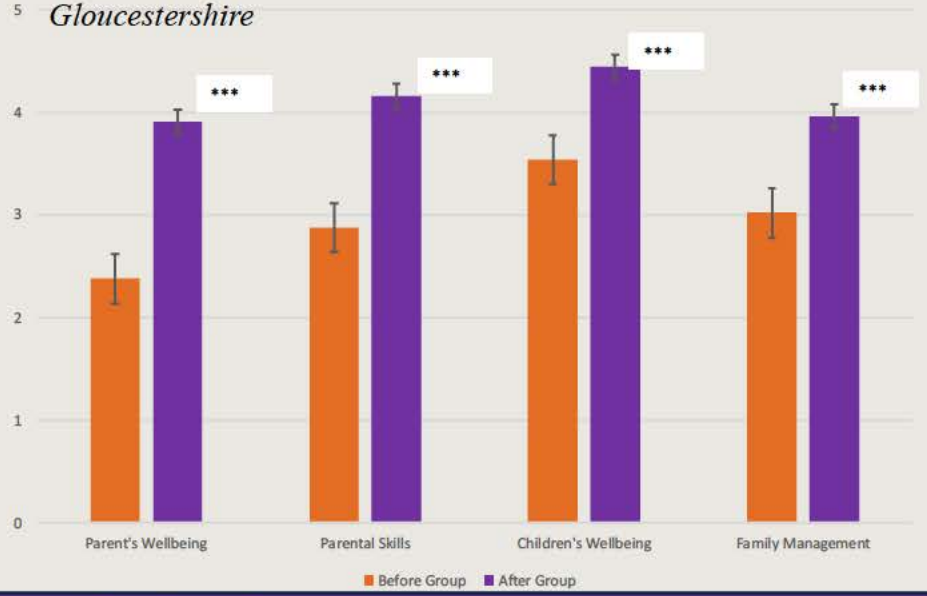
Cohen's d shows the magnitude of the difference in measures between the two groups. This is a good statistic to use alongside a paired samples t-test to demonstrate a statistically significant difference in outcomes you are trying to impact through intervention. Paired samples t-test show if an intervention made a difference and the effect size (Cohen's D) shows how much of a difference the intervention had i.e. how much impact it has. The larger the effect size, the bigger the impact.

- 0.2=small effect size
- 0.5=medium effect size
- 0.8= large effect size

Display Results Visually

You can use Excel to create a bar graph and add asterisks next to the bars to demonstrate the paired samples t-test results. Statistical significance is represented as: ns = not significant, * p < .05, ** p < .01, *** p < .001.

Bar Graph Comparing Average Scores Pre and Post Intervention for the Mothers in Mind Perinatal Mental Health Group for Home-Start Gloucestershire



How to write up the results in technical language (H - SG example)

There was a significant difference for Parent Wellbeing for Before ($M = 2.36$, $SD = 1.50$) and After ($M = 3.90$, $SD = 0.83$) the Mothers in Mind Course; $t(30) = -7.31$, $p < .001$, $d = -1.31$. There was a significant difference for Parental Skills for Before ($M = 3.17$, $SD = 1.39$) and After ($M = 4.00$, $SD = 0.83$) the Mothers in Mind Course; $t(29) = -3.98$, $p < .001$, $d = -.73$. There was a significant difference for Children's Wellbeing for Before ($M = 4.10$, $SD = 0.96$) and After ($M = 4.60$, $SD = 0.50$) the Mothers in Mind Course; $t(29) = -3.34$, $p = .002$, $d = -.61$. There was a significant difference for Family Management for Before ($M = 2.81$, $SD = 1.49$) and After ($M = 3.61$, $SD = 1.12$) the Mothers in Mind Course; $t(30) = -4.75$, $p < .001$, $d = -.85$.

These results indicate that the Mothers in Mind group had a positive effect on all four areas of family life, showing an incr ease in coping well after the course compared to before the course for Parent Wellbeing, Parental Skills, Children's Wellbeing and Family Management. Furthermore, the effect size for Parental Skills ($d = -.73$) and Children's Wellbeing ($d = -.61$) was found to be of medium to large effect according to Cohen's (1988) convention for a medium ($d = .50$) and large effect size ($d = .80$). This indicates that the Mothers in Mind group had a medium to large effect on Parental skills ($d = -.73$) and Children's Wellbeing ($d = -.61$) as well as a positive effect. The effect size for Parent Wellbeing ($d = -1.31$) and Family Management ($d = -.85$) was found to exceed Cohen's (1988) convention for a large effect ($d = .80$). This indicates that the Mothers in Mind group had a large effect on Parent Wellbeing and Family Management as well as a positive effect.

How to do a Plain English interpretation of the results

The Mothers in Mind course had a positive impact on the families who participated. After taking the course, parents reported significantly higher levels of wellbeing compared to before the course. Their parenting skills also improved substantially - they felt much more capable and confident in their ability to effectively parent their children. The children of the participants also seemed to benefit. Their overall wellbeing increased noticeably after their parents completed the Mothers in Mind intervention. In addition, the course led to meaningful improvements in the families' overall management. Parents felt they were better able to handle the daily demands and responsibilities of family life.

In all, the Mothers in Mind intervention indicates a transformative effect on these families. Parents showed positive changes across multiple important areas of family wellbeing and functioning. The magnitude of these improvements suggests the course content and approach were highly effective in supporting these families.

Qualitative Methods

The following slides will go through the qualitative side of the evaluation including data collection, data analysis and writing up results.

Types of Qualitative Data Collection

On the right are different methods of qualitative data collection. In the H-SG evaluation, we used written feedback comments and also conducted interviews with parents who had accessed services. You can choose from a variety of methods suitable to your needs.

Semi-Structured Interviewing

What It Is

A way of interviewing where you plan some questions ahead but also stay flexible to go deeper into interesting topics as they come up.

Why Use It

Great for understanding someone's experiences or opinions.

Allows for natural, conversational discussions.

Helps you gather detailed and useful information.

How to Do It

1. Plan Ahead: Think of a few key questions to guide the talk.
2. Start Simple: Make the person feel comfortable and explain what the interview is about.
3. Ask & Listen: Use open-ended questions like "Can you tell me more?" and really listen to their answers.
4. Dig Deeper: Follow up with more questions if something interesting comes up.

Bottom Line
It's a mix of being prepared and going with the flow to get meaningful insights.

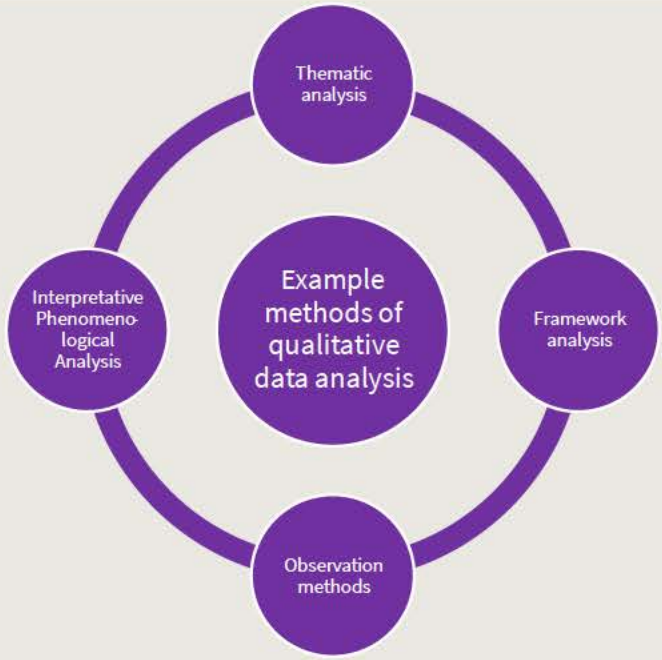
(interviews will then need transcribing and anonymising)

Example H-SG Semi-Structured Interview Questions

- Keep questions open and expansive and not leading.
- Allow for time and silences .
- Could pre-tell participant that researcher will say relatively little in terms of giving open and expansive questions, prompts will help with this and participant may get a feel for how the interview is as they go through it.
- Questions are used as a guide but to follow what the participant brings as this is what is meaningful for them and ask open questions to help with this when needed.
  - Can you tell me about when you first became a parent
  - Talk to me about what being a parent means to you
  - Can you tell me about your experiences of parenthood in the early years (prompt: what has parenthood been like for you during the early years of childhood; what sort of impact has having young children had)
  - What led you to access Home-Start Gloucestershire services? Or how did it come about that you accessed Home-Start Gloucestershire services?
  - How did you feel about accessing Home-Start Gloucestershire services?
  - What was your experience of Home-Start Gloucestershire?
  - What was your experience of Home Visiting?
  - Can you tell me about your experiences of parenthood since accessing Home-Start Gloucestershire?
  - How have things been for you since finishing home visiting?
  - Prompts to be used:
    - How did that make you feel
    - Can you tell me more about that

Types of Qualitative Data Analysis

On the right are examples of methods of qualitative data analysis. The approach taken in our H-SG evaluation was thematic analysis and Interpretative Phenomenological Analysis. However, you can choose from a variety of methods to suit your needs.



Thematic Analysis

You have conducted your interviews, transcribed them and anonymised them OR you already have or have collected written feedba ck that has been anonymised. Now it is time for analysis.

What It Is
A step-by-step method to find themes in interviews or written feedback. It helps you uncover key ideas directly from what people have said (inductive approach).

Why Use It

- Great for understanding people's experiences e.g. families
- Lets the feedback speak for itself without starting with pre-set ideas.

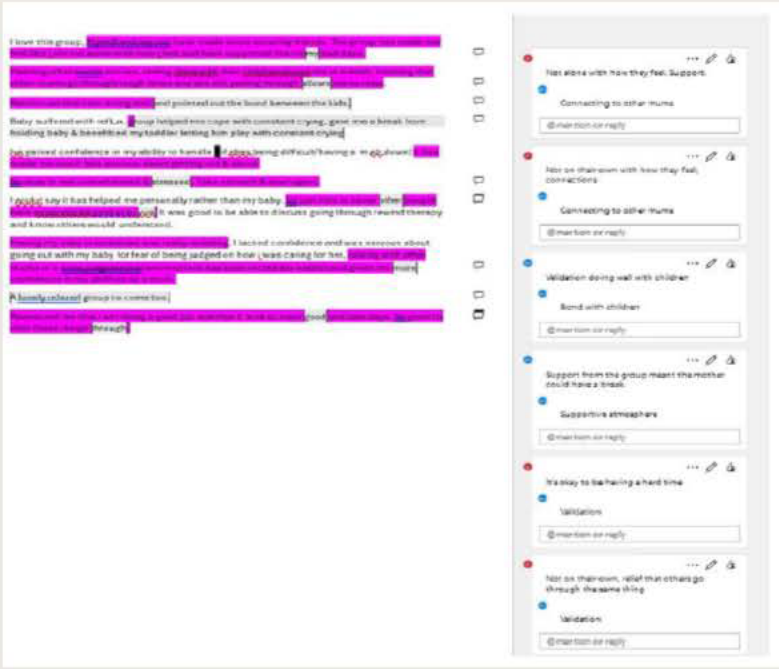
How to Do It

- **Familiarise Yourself**: Read and re-read the interview transcripts/feedback to understand what's being said. Jot down anything interesting.
- **Make initial notes**: You can write down initial thoughts as notes next to the relevant quote.
- **Generate Codes**: Highlight specific phrases or ideas (e.g., "I felt more confident" → *confidence*). A code can occur more than once.
- **Search for Themes**: Group similar codes together (e.g., *confidence*, *empowerment*, and *new skills* → "Building Confidence").
- **Review Themes**: Check if the themes fit the data and adjust if needed. Combine or split themes if necessary.
- **Define and Name Themes**: Create clear names that sum up what each theme is about (e.g., "Emotional Support" or "Overcoming Isolation").
- **Write It Up**: Use the themes to explain what the feedback reveals about Home -Start's impact or challenges.

Bottom Line
Thematic Analysis helps organise qualitative data into clear themes that highlight people's experiences e.g. family's experiences and needs (depending on your research question).

Coding Extract Example H-SG Mothers in Mind

- The first comment level are the initial notes and the second comment level are the codes. Codes tend to be more refined and may also be found more than once through the data.
- You can use the comment boxes on a word document to write notes and codes or you can do it another way that works for you e.g. put the feedback comments or transcript in a table and add columns for initial notes and coding. You can also do it by hand.
- Here, whilst making initial notes, key phrases were highlighted.



Examples of Themes Generated for Mothers in Mind H-SG

Theme	Subtheme	Description	Quotes
Connections	Better bond with children	A theme that was generated was "connections". Within the experiences of the group, there was a sense of feeling connected and connecting to others in similar circumstances. It showed the strength of peer support and the difference this can make to give mothers a space to be themselves and not feel on their own with how they are feeling. Mothers did not feel so isolated. The knock-on effect of having some headspace that the group provided was apparent in then having more headspace for their children, hence conveying a better bond with their children.	Connecting with other mums so i feel supported and can be there for my kids more fully Having a peer group for support helps me cope better and that improves my relationship with them as I have more reserves to give them. Been able to talk about my struggles and the support from the group has really helped me cope They have really been comforting and reassuring and the only people who listen to me. ...helps you feel less isolated. It's nice to talk to like minded people who understand parenting and also anxiety It's been hard understanding ..... at times but it is becoming easier to do so since attending this group and talkin to other parents I lacked confidence and was nervous about going out with my baby for fear of being judged on how i was caring for her, talking with other mums in a none judgemental environment has been incredibly helpful and given me more confidence in my abilities as a mum.
Not alone in/with how they feel	Peer support	A second theme generated was "not alone in/with how they feel". This was to convey two sides of the mothers' experiences. Firstly, there was a sense of reassurance that they were not the only ones feeling the way that they were in terms of their mental health and the struggles of motherhood. Secondly, that they were not alone "with" this, that they had peer support and support from the group/group facilitators to help them through this. They are not on this journey on their own. Again, this led to a better bond with a positive impact on their relationships with their children.	It has given me a space to be 'me' and talk to like minded Mums. This has had a positive impact on my mental health which then impacts how well I interact with my child. The group has made me feel like i am not alone with how i feel and have supported me on my bad days. Hearing other mums stories, seeing them with their children allows me to breath, knowing that other mums go through tough times and are still getting through allows me to relax Its okay to feel overwhelmed & stressed, Take a breath & start again Reassured me that I am doing a good job and that it is ok to have good and bad days. Its good to chat these things through. MIMs has taught me that you can still be a good mum even when you are going through spells of poor mental health. It has provided a us with a safe space to just be us. My son benefits from the interaction with other children and adults and I benefit from being able to talk to like minded mums and volunteers. The group has a positive effect on both our wellbeing's and therefore benefits our relationship. It's such a special group, a safe space to be yourself

Display Results Visually

Create a Thematic Map to display your themes and subthemes visually.

Step-by-step approach

Step 1: Lay out all the themes identified from the coding exercise

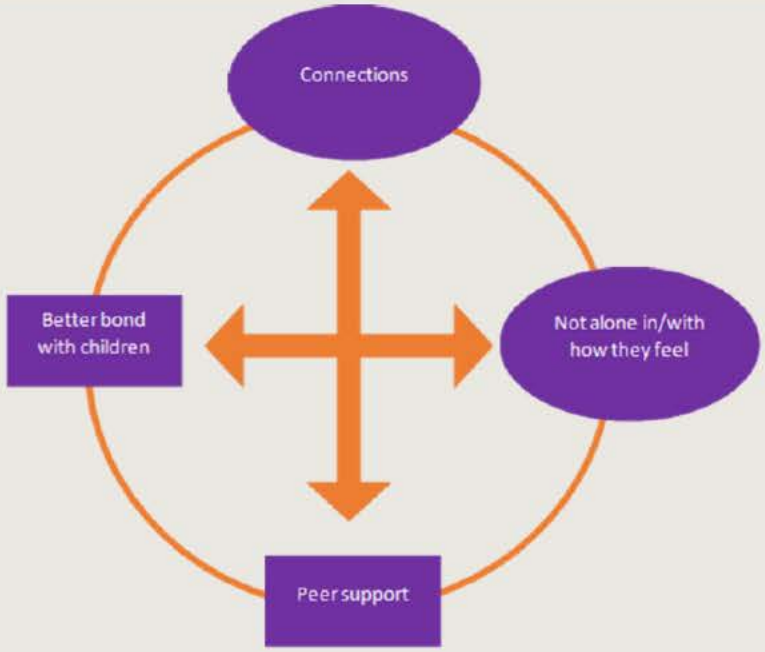
Step 3: Map out links between themes

Step 4: Review the map to help you understand why your intervention may or may not have been successful in delivering the intended outcomes

Example Thematic Map and Results Write Up H-SG Mothers in Mind Written Feedback

The Thematic Map is presented in a circular way to convey the experience of all themes and subthemes are interlinked and have a relationship with one another. The ovals represent themes and the rectangles represent subthemes. By connecting as a group, (both facilitators, peers and children and the atmosphere this created) led to the mothers not being on their own in/with how they feel. This shows the strength of peer support and feeling in a safe space. In turn, this led to better relationships with their children circling back to feeling connected and strengthening this connection and sense of impact across a community.

(Linking to quantitative findings): Although the data showed a positive impact towards the mental health of the mothers, the experiences of the mothers conveyed this in a way where it was more about feeling okay to struggle- that this was normal and through support it can help them to cope. There was a sense of reassurance that they are not on their own and that others have had similar experiences but that they can come together and support one another to navigate their way through motherhood and the challenges it can bring.



Interpretative Phenomenological Analysis (IPA): Another Approach to Qualitative Research

What It Is

- An approach to explore how people make sense of their personal experiences (a meaning making approach).
- Focuses on understanding thoughts, feelings, and perspectives in depth.
- Often used for small sample sizes, like interviews or personal diaries.

Benefits

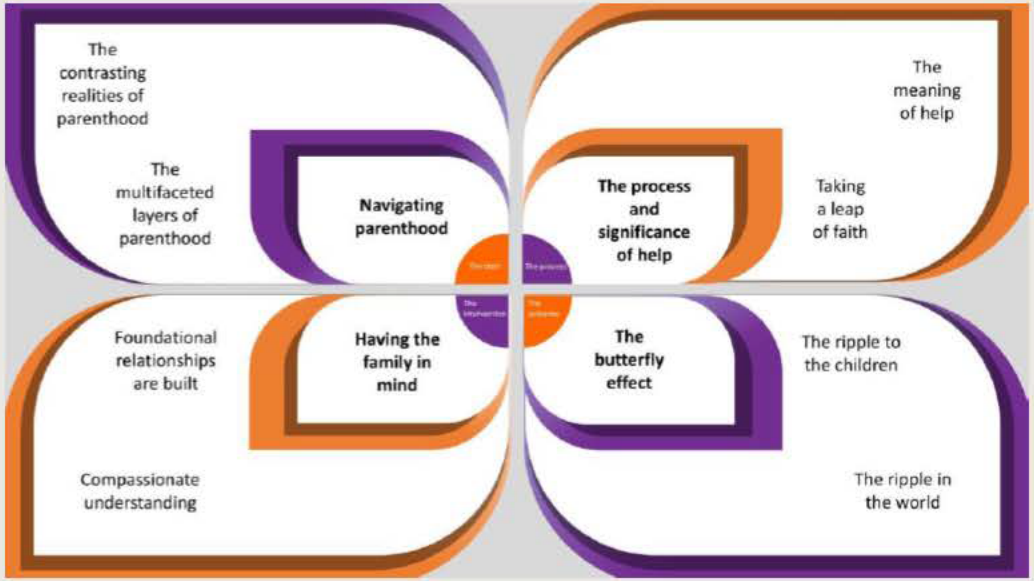
- **In-Depth Understanding**:
  - Captures detailed insights about individuals' lived experiences.
- **Flexible Approach**:
  - Allows participants to guide the discussion, revealing what matters most to them.
- **Rich Data**:
  - Provides nuanced findings that are often missed in other methods, looking at similarities and differences across the particip ants.

HOWEVER, IPA is time intensive. It requires a lot of time to collect, analyse and interpret the data as well as practice at interpretation. IPA helps you deeply understand personal experiences but requires careful analysis and is best suited for small - scale, detailed studies.

We give an example of IPA in the next slide, which was used for analysing interviews with parents who had accessed home visiting. If this approach appeals to you, we would recommend further training (please see resources).

H-SG IPA example

Example IPA: five parents were interviewed who had accessed home visiting. This figure shows the Group Experiential Themes (inner wings) and subthemes (outer wings). The butterfly figure represents the butterfly effect of Home-Start support, impacting on family lives and beyond. When displaying IPA results visually, you can be creative and do it in a way that best represents your results.



Bringing Mixed Methods Together

This can differ depending on if you want to present the quantitative findings separately or together depending on the audience of the report. It can be good to write the findings separately with numbers and figures and then combine them as part of a discussion (this is the approach we took).

For example, qualitative findings can often help us understand the quantitative findings e.g. did the family outcomes improve, why did the family outcomes improve and how did the parents feel about the intervention?

Combining the findings helps to show the "whole picture": the what, why and how.

Reporting Results

- Write findings in technical and Plain English depending on your audience.
- Mixed methods: Was intervention effective? How effective? Why was it effective?
- Implications of the findings are important to show impact.
- Think about your funders- what are they looking for? What do they want to know?
- Include tables and figures to present the results in a clear way.

Example Mixed Methods Write Up for H-SG Groups

"The results not only find that all three of the groups had a positive effect on family outcomes, but the effect sizes were also large meaning that the groups were found to have a large impact on family outcomes. This shows the potential impact the groups could have in the future. Qualitative analysis of the feedback comments further strengthens the positive results, showing that the groups held a safe space where parents felt validated. Peer support was impactful, being with others going through parenthood and its shared experiences. The impact of the group meant parents felt better in themselves, could therefore parent better and developed a better bond with the children. This delves into the quantitative results, showing why the outcomes improved after attending the groups, with the groups having an impact on all four family outcomes that had an impact on one another. "

Evaluating The Evaluation

What did we do?

How well did we do it?

What difference did we make?

Demographics- how can we repeat/adapt this evaluation for specific demographics to ? What data do you want to collect and why?

- Ethnicity
- Lower to higher socio-economic status
- Those with more children
- Single parents

Can make evaluation broad or answer specific questions

Example Evaluation Overview H -SG

Pre-evaluation

- We were hoping to show the impact of H -SG early intervention services to feedback to funders.
- Aim: to explore parents' lived experiences of the early years of parenting, including accessing support during the early years via Home -Start Gloucestershire early intervention services.
- Research question: What is the impact of Home -Start Gloucestershire's early intervention services?
- Mixed methods design

Methods and analysis

- Quantitative methods and analysis:
  - Pre and post intervention questionnaires already disseminated to families and collected in Excel.
  - Repository of data analysed using JASP: descriptive statistics, paired samples t -tests and effect sizes.
- Qualitative methods and analysis:
  - Written feedback comments from parents who had accessed group interventions analysed using Thematic Analysis.
  - Semi-structured interviews conducted with parents who had accessed home visiting, analysed using IPA.

Findings

- Quantitative and qualitative results written up separately. Technical and Plain English versions were written depending on the audience of the reports.
- Results were all combined to show the holistic impact of H -SG

Post-evaluation

- Reflections on what went well and what did not go so well
  - The findings were positive and came together to form a holistic overview of H -SG.
  - Mixed methods showed the depth of impact H -SG had for families.
  - The evaluation has helped with funding.
  - Sample size could be difficult because of real world data.
  - It was difficult to recruit families for interviews.
  - Evaluation needs expanding to explore impact of H -SG for different demographics and communities.

Resources

This toolkit gives an overview of approaches towards evaluation and how to conduct them. Although this provides a framework and introduction on how to approach a mixed methods evaluation, we would recommend further training on these methods. This could also include advanced statistical analysis training and qualitative methods training to make the most out of your data and what it could show. As a starting point, please see the resources below.

Evaluation

- https://www.ncvo.org.uk/help-and-guidance/strategy-and-impact/impact-evaluation/#/

Quantitative

- https://jasp-stats.org/
- https://richclarkepsy.github.io/NS5108/jasp-workshop---conducting-t-tests-independent-and-paired.html

Qualitative

- www.thematicanalysis.net
- https://www.ipa.bbk.ac.uk/

CHAPTER 8

Project Conclusions and Reflections

Conclusions

The collective insights from these interconnected studies in this project provide a narrative about the critical importance of supporting parents during the early years of child development. Across multiple methodological approaches including a scoping review, qualitative systematic review, mixed-methods studies including quantitative analysis, experiential thematic analysis and IPA, a consistent theme emerges: the transition to parenthood is complex, challenging, and transformative, with Home-Start early intervention being invaluable in helping families navigate the early years.

These studies collectively show:

1. The early years are crucial: From pregnancy to age 5, this period is fundamental to lifelong wellbeing, with parents playing a pivotal role in shaping children's developmental experiences.
2. Parents face complex challenges: The transition to parenthood involves navigating contrasting realities, complex emotions, and significant lifestyle changes. Parents can experience a disconnect between expectations and reality.
3. Interventions make a difference: Early intervention services such as Home-Start home visiting and group interventions can improve family outcomes.
4. Holistic support is essential: Effective interventions go beyond practical support, offering emotional understanding, peer connections, and non-judgemental guidance.

5. Evaluation is essential: Understanding intervention effectiveness requires a nuanced approach that captures both quantitative impacts and qualitative experiences.

These studies collectively informed an evaluation toolkit for Home-Start UK leading to its development. The toolkit combines statistical analysis with rich narrative accounts, providing a holistic view of service effectiveness. It was developed with real-world constraints in mind with a dual focus of measurable outcomes required by funders and detailed personal experiences that illustrate the unique value of the support. The evaluation toolkit can demonstrate the impact of early intervention services, securing vital funding, so that continuously improving support for families and providing evidence-based interventions during critical early years. As global challenges continue to evolve, the need for adaptive, empathetic, and evidence-based parental support becomes increasingly critical. This project offers a comprehensive approach to understanding and supporting families, with the evaluation toolkit serving as a pivotal instrument for ongoing improvement and impact assessment.

By combining research methodologies to understand family experiences, we have an approach that goes beyond traditional service delivery and one that creates a model of support that is both scientifically robust as well as human.

Originality and Significance

Specifically, my research project has made several important contributions. It has situated parent experiences within the wider context of polycrisis, drawing attention to how overlapping pressures shape family life. By foregrounding parents' perspectives, the study has highlighted what is meaningful to them and reinforced the importance of prevention through caring for caregivers.

Methodologically, the thesis has advanced the use of mixed methods by combining breadth with qualitative depth in the evaluation of interventions. This approach has provided a more rounded understanding than has typically been achieved in previous studies. In addition, by taking an interpretivist stance within a mixed methods framework, the thesis has extended the methodological research, demonstrating how interpretivism can show the processes through which parents make sense of their experiences using mixed methods.

Together, these contributions provide both conceptual and practical significance. Conceptually, this research adds to the evidence base by offering new insights into parent meaning-making for contemporary families. Practically, it strengthens the case for preventative and caregiver-focused approaches, with direct implications for policy and intervention design.

Reflections

My interest in this research partly stems from becoming a mother myself and experiencing a profound change in my life and how I see the world. As a mother of twins and, at the time, a mental health professional, I approached this exploration of early parenthood with a deeply personal lens as well as a professional one from a psychological perspective.

The challenges I have experienced as a mother of twins resonate with the narratives in this project- the complexities of parenthood, identity shifts and the often-unspoken struggles that lie beneath the surface of parenting. It was important for me to be mindful of my own personal circumstances right from the offset of this PhD and all the way through. I remember telling myself this at the beginning of the PhD, believing myself to be in the stance of “bracketing” and separating myself from the data. I was aware of my own lived experiences. However, on researching philosophical stances, I clicked with one straight away: interpretivism and

phenomenology. It made complete sense to me and how I saw the world as a human and as a researcher. I knew that this would be my approach to the PhD, from an interpretivist and phenomenological stance where, as Heidegger argues, my impartiality was not possible because I am so involved in the experience itself (Heidegger, 1926/1962). The interpretation of phenomenon was understood through sharing knowledge and experiences. Therefore, bias can be seen as an advantage to the research process. Interpretive phenomenology shows that we as people are so enmeshed in our world that I cannot and should not hold back my prior understanding or engagement of the subject that is being studied. This does not mean that the research is not credible; the depth of my involvement means that it would confirm credibility (Reiners, 2012). Shared experience can validate my interpretations of the parent's experiences (Idczak, 2007). As I am interpreting the data, interpretative phenomenology helps to facilitate the process of understanding, making sense of and finding meaning in participant's experiences. As Welch (1998) puts it: "As we understand something we are involved and as we are involved we understand". Yet, parenthood can be nuanced, and this came through in this project. What struck me most was the research's emphasis on the importance of context. The studies highlighted how global challenges, societal expectations, and individual circumstances profoundly shape the parenting experience. My professional training in mental health, combined with my personal journey, reinforced the understanding that there is not, as such, a universal parenting experience. There are commonalities and an abundance of shared experience in how it impacts people, but there are also individual narratives of navigation and resilience.

The research highlighted a crucial insight: support for parents must be as multifaceted as the parenting experience itself. As a mental health professional and a mother, I am acutely aware of the need for interventions that address not just the practical challenges of parenting, but the

profound emotional and identity-related transformations. Parenting should not be done in isolation, as the saying goes, it takes a village.

Looking toward the future of family support, I see the need for fundamental change in how we approach early parenthood. My research has reinforced that we must move away from fragmented, crisis-driven services toward proactive, integrated support that recognises the complexity of the parenting experience. The most pressing change needed is at a policy level. Family support must be viewed as essential infrastructure, not an optional extra. This means adequate, sustained funding for organisations like Home-Start. We need policies that recognise parenting as a societal responsibility, not just an individual one.

Within healthcare, there needs to be a shift towards understanding and normalising the emotional complexities of early parenthood. As my research has shown, these experiences are nuanced and contextual and support needs to reflect this complexity.

I believe in bringing back the "village" through neighbourhood support networks, peer connections, and spaces where parents can gather without judgement. This aligns with what participants in my research highlighted - the need for connection and shared understanding.

Family support should be integrated in society rather than something parents must seek out during crisis moments. This requires a cultural shift that values parent wellbeing. Technology can play a role in enhancing connection and accessibility, but it cannot replace the human elements that my research has shown to be so vital.

Support should be individualised as much as possible. Support should be flexible enough to respond to diverse circumstances while recognising the common human experiences of vulnerability and transformation that define early parenthood.

The research journey has shown me that meaningful change is not just needed - it is possible. By validating parent experiences and investing in this critical period of life, we can create a future where no parent must navigate early parenthood in isolation.

This research journey has not just been an academic one. It has been an exploration of human vulnerability, resilience, and the complexity of early parenthood. My dual roles as a mother and a mental health professional have allowed me to see beyond the data. These studies are not just about understanding parenting – they are about understanding the most fundamental human experience of nurturing, transforming, and growing, with interpretivism giving valuable insight. I very much hope this research project contributes to vital funding for Home-Start. More broadly speaking across the world, meaningful change is needed to support families, validate parental experiences, and ultimately invest in the most critical period of human development.

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Appendices
Appendix A

Ethical Approval for Home-Start Gloucestershire Repository of Data Analysis

UNIVERSITY OF GLOUCESTERSHIRE

School of Natural & Social Sciences Research Ethics Panel
Francis Close Hall
Swindon Road
Cheltenham
GL50 4AZ

nssethics@glos.ac.uk

A The Park
Cheltenham
GL50 2RH
T +44 (0) 3330 14 14 14
W glos.ac.uk

Date: 14/02/2022

Dear Martha Burlingham

Thank you for your application to the School of Natural & Social Sciences – School Research Ethics Panel (NSS-SREP).

Following institutional ethical review, I am pleased to confirm ethical clearance.

Please keep a record of this letter as a confirmation of ethical approval for your study (detailed below), reviewed by the School Research Ethics Panel of the School of Natural & Social Sciences, University of Gloucestershire, on 14th February, 2022

Project Title:	Home Start Gloucestershire: The Early Intervention Project
Start Date:	01.10.2021
Projected Completion Date:	01.10.2024
NSS-REP Clearance code:	NSS.0222.CHRV

If you have any questions about ethical clearance, please feel free to contact me. Please use your SREP clearance code in any future correspondence regarding this study.

[redacted]

[redacted]

School Research Ethics Lead

School of Natural & Social Sciences

Appendix B

Ethical Approval for IPA Study

UNIVERSITY OF GLOUCESTERSHIRE

Dr Emily Ryall
Research Ethics Committee Chair
Reader in Applied Philosophy

Oxstalls Campus,
Longlevens, Gloucester, GL2 9HW

Tel: +44 (0)1242 715237
Email: eryall@glos.ac.uk

Via email

Martha Burlingham
[redacted]

13/01/2023

Dear Martha,

Thank you for your application for ethical approval.

I am pleased to confirm ethical clearance for your research following ethical review by the University of Gloucestershire's Research Ethics Committee (REC).

Please keep a record of this letter as a confirmation of your ethical approval.

Project Title:	'Exploring parents' experiences of the early years of parenthood and their experiences of Home-Start Gloucestershire's Home Visiting service.'
Start Date:	09/11/2022
Projected Completion Date:	31/05/2023
REC Approval Code:	REC.23.16.2

If you have any questions about ethical clearance please feel free to contact me. Please use your REC Approval Code in any future correspondence regarding this study.

Good luck with your research project.

Regards,

[redacted]

Dr Emily Ryall
Chair of Research Ethics Committee

Appendix C

Home-Start Gloucestershire Home Visiting Questionnaire

Initial Visit Form

Coordinator's Name:

Home-Start Family Name: _____ No: _____ Date of Visit: _____phone

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
A. PARENT'S WELL-BEING										
1. How is your physical health?										

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
Other family member e.g. Partner										
2. How is your mental health?										
Other family member e.g Partner										
3. Do you feel isolated?										
4. How is your confidence and self-esteem?										
5. Do any of your relationships cause you stress?										
B. PARENTING										

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
6. How confident do you feel as a parent?										
7. Do you feel you have enough parenting knowledge and skills?										
8. Are you able to spend quality time with each of your children?										
C. CHILDREN'S WELL-BEING										
			Child 1x	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
9. How would you score your relationship with each of your children										
10. How would you score your child's / children's physical health										
11. How would you score your child/ children's emotional wellbeing										

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
D. FAMILY MANAGEMENT										
12. Do you have any financial issues										
13. How well do you manage the day-to-day running of your home										
14. How are you managing with the extra work caused by multiple birth/children under 5										

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
15. How would you score your current use of services (fill in Home-Start services table)										

	Which services are the family currently using? √	How can Home-Start help the family to make better use of available services? √					
		Signposted –	Transported	Accompany	Discussed	Looked after children	Other:
1. Family GP							

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
2. Health Visitor										
3. Social Worker										
4. Mother & Baby Clinic										
5. Children's Centre										
6. CAMHS										
7. CPN/Mental Health										
8. CAB										
9. Debt Counselling										

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
10. Turn2Us online and/or helpline services										
11. Housing Advice/Support										
12. Benefits Department										
13. Legal Support										
14. Job Centre Plus										
15. Adult Education										
16. Parent & Tots group/ Nursery/Schools										
17. Parenting Programme										

Needs identified	✓ Needs Identified	✓ Priority Needs	Level of coping today 0 = not coping very well 5 = coping very well NG= Not Given							Notes
	√	√	0	1	2	3	4	5	NG	
18. Dentist										
19. Other Statutory Services (specify)										
20. Other Voluntary Services (specify)										
21. Other (specify)										
22. Speech & Language										
23. Local library										

Use of Services
Children's Assessments:

Child's Name: (Eldest first)	Date of Birth	Subject to assessment of needs e.g. MyPlan, MyPlan+ EHCP √	Child protection Plan √	Child in need √	Who is the lead professional or social worker √
C1.					
C2.					
C3.					
C4.					
C5.					
C6.					

The following written or verbal information was given to the family (*please tick box*):

☐ Scheme information ☐ Information on confidentiality/ Safeguarding/ Information sharing ☐ Family group information

The family has also been informed that Home-Start retains essential information about their support which is used by the scheme and Home-Start UK for monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the Data Protection Act (GDPR) and the Home-Start confidentiality policy.

Please circle the responses below:

I do / do not give permission for Home-Start to send me information.

I do / do not want to receive emails from Home-Start. My email address is:

_____

Parent's/Carer's signature: _____ Mother / Father / Other Date: _____

Coordinator's Signature: _____

Preference of gender of Volunteer: Please circle: MALE FEMALE NO PREFERENCE

Yes, support is offered: Home-Visiting Group Both Coordinator Support Social Activities

If NO, what is the reason? Family declined support Support postponed Other

HS not appropriate for family Inappropriate referral

Initial Visit Report:

Appendix D

Example Home-Start Gloucestershire Groups Questionnaire

BABY & ME
FEEDBACK FORM

Family Name (Initial and surname):_____

Course Title: BABY & ME Venue:
Date:

We hope you have enjoyed the course. We would appreciate it if you would give us feedback so we can know what has worked well, and where we can improve.

What changes have happened for you and your child as a result of attending this group?

Parenting Wellbeing	0 = not coping very well				5 = coping very well		NG= Not Given
	0	1	2	3	4	5	NG
Before course							
After course							

1. Meeting other parents and/or making new friends?	Yes ☐	No ☐
2. Feeling less isolated?	Yes ☐	No ☐
3. Improved your self-esteem?	Yes ☐	No ☐
4. Reduced stress and frustration you may sometimes feel around parenting?	Yes ☐	No ☐
5. Improvements in your mental health/coping with your mental health?	Yes ☐	No ☐

Parental Skills	0 = not coping very well				5 = coping very well		NG= Not Given
	0	1	2	3	4	5	NG
Before course							
After course							

6. Increased your parenting knowledge?	Yes ☐	No ☐
7. Increase your confidence in being a parent?	Yes ☐	No ☐
8. Helped me to be more involved in your child's development?	Yes ☐	No ☐
9. I see things from my child's point of view more often?	Yes ☐	No ☐
10. Changes in how much time you spend with your child?	Yes ☐	No ☐
11. Improving your knowledge of child development and your baby's emotional needs?	Yes ☐	No ☐
12. Your understanding of your baby's behaviour and ability to respond to them more effectively?	Yes ☐	No ☐

Is your mental health worrying you or are there any other areas of family life you are finding difficult? Do you need further support? If you think you may benefit from a Home-Start volunteer visiting you, then speak to the group

Children's Wellbeing	0 = not coping very well Given				5 = coping very well		NG= Not
	0	1	2	3	4	5	NG
Before course							
After course							

13. Your baby appearing happier?	Yes ☐	No ☐
14. A change in the way you spend quality time with your baby/child?	Yes ☐	No ☐
15. An improved relationship with your baby?	Yes ☐	No ☐

Family Management	0 = not cx ping very well Given				5 = coping very well		NG= Not
	0	1	2	3	4	5	NG
Before course							
After course							

16. Has the group helped you to access other organisations, groups and services for you and your family?	Yes ☐ No ☐ Which services? Please circle Family Information Service Local toddler groups dental Health visitor breast feeding support First aid Midwife Perinatal MH team GP Young Minds Infant MH team

Can you tell us how the group has helped you to understand/improve your relationship with your baby ...

Any other comments?

If you could suggest anything to make the group even better, what would that be?

monitoring and evaluation purposes. These records are kept securely and are subject to the provisions of the GDPR regulations and the Home-Start confidentiality policy. This policy states that all personal information about parents and families is treated as confidential, except where it is considered necessary for the welfare and protection of a child when information shall be shared with the appropriate authority.

We would like to keep in contact with you about future groups, as well as promoting events within Home-Start North and West Gloucestershire.

In order to further develop our group provision, we ask families to take part in an online questionnaire occasionally and we would contact you by email for this. It is optional.

I do/do not want to receive emails from Home-Start. My email address is:

Parent/Carer's signature: _____

Date: _____

Appendix E

Statistical Outputs

Table E1

SPSS Shapiro-Wilk Output

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Initial Parent's Wellbeing	.075	100	.176	.984	100	.261
End Parent's Wellbeing	.113	100	.003	.929	100	<.001
Initial Parenting	.151	100	<.001	.958	100	.003
End Parenting	.145	100	<.001	.948	100	<.001
Initial Children's Wellbeing	.132	100	<.001	.907	100	<.001
End Children's Wellbeing	.156	100	<.001	.903	100	<.001
Initial Family Management	.101	100	.013	.958	100	.003
End Family Management	.128	100	<.001	.953	100	.001

a. Lilliefors Significance Correction

Tables E2

SPSS Wilcoxon Signed-Rank Outputs for Home Visiting 2016-2022

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th	Percentiles 50th (Median)

Parent's wellbeing initial	107	2.8544	.96826	.75	4.80	2.2000	2.8000
Parenting initial	107	3.6947	.87737	1.00	5.00	3.0000	4.0000
Children's wellbeing initial	105	4.2032	.73832	2.00	5.00	3.8150	4.3300
Family management initial	105	3.4244	.90398	.00	5.00	3.0000	3.5000
Parent's wellbeing end	108	3.5204	.89479	.80	5.00	3.0000	3.6750
Parenting end	108	4.1050	.56068	2.33	5.00	3.6700	4.0000
Children's wellbeing end	108	4.4323	.53259	3.00	5.00	4.0000	4.5550
Family management end	107	3.6702	.78956	1.00	5.00	3.3300	3.7500

Descriptive Statistics

	Percentiles
	75th
Parent's wellbeing initial	3.6000
Parenting initial	4.3300
Children's wellbeing initial	4.8350
Family management initial	4.0000
Parent's wellbeing end	4.2000
Parenting end	4.3300
Children's wellbeing end	5.0000

Family management end	4.0000

Ranks

		N	Mean Rank	Sum of Ranks
End Parent's Wellbeing - Initial Parent's Wellbeing	Negative Ranks	21[a]	30.71	645.00
	Positive Ranks	71[b]	51.17	3633.00
	Ties	15[c]		
	Total	107		
End Parenting - Initial Parenting	Negative Ranks	23[d]	30.78	708.00
	Positive Ranks	60[e]	46.30	2778.00
	Ties	24[f]		
	Total	107		
End Children's Wellbeing - Initial Children's Wellbeing	Negative Ranks	32[g]	35.06	1122.00
	Positive Ranks	51[h]	46.35	2364.00
	Ties	22[i]		
	Total	105		
End Family Management - Initial Family Management	Negative Ranks	31[j]	43.56	1350.50
	Positive Ranks	59[k]	46.52	2744.50
	Ties	14[l]		
	Total	104		

a. End Parent's Wellbeing < Initial Parent's Wellbeing
b. End Parent's Wellbeing > Initial Parent's Wellbeing
c. End Parent's Wellbeing = Initial Parent's Wellbeing
d. End Parenting < Initial Parenting
e. End Parenting > Initial Parenting
f. End Parenting = Initial Parenting
g. End Children's Wellbeing < Initial Children's Wellbeing
h. End Children's Wellbeing > Initial Children's Wellbeing
i. End Children's Wellbeing = Initial Children's Wellbeing
j. End Family Management < Initial Family Management
k. End Family Management > Initial Family Management

l. End Family Management = Initial Family Management

Test Statistics[a]

	End Parent's Wellbeing - Initial Parent's Wellbeing	End Parenting - Initial Parenting	End Children's Wellbeing - Initial Children's Wellbeing	End Family Management - Initial Family Management
Z	-5.823[b]	-4.715[b]	-2.823[b]	-2.808[b]
Asymp. Sig. (2-tailed)	<.001	<.001	.005	.005

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.

Tables E3

SPSS Wilcoxon Signed-Rank Output 2020-2021

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th
Initial Parent's Wellbeing	76	2.8904	.93062	.75	4.80	2.2000
Initial Parenting	76	3.5833	.87114	1.00	5.00	3.0000
Initial Chidren's Wellbeing	76	4.1214	.76158	2.00	5.00	3.6875
Initial Family Management	73	3.3664	.94432	.00	5.00	2.7083
End Parent's Wellbeing	76	3.5224	.88349	.80	5.00	3.0000
End Parenting	76	4.0482	.52410	2.33	5.00	3.6667
End Children's Wellbeing	76	4.4042	.56151	3.00	5.00	4.0000
End Family Management	75	3.5878	.81106	1.00	5.00	3.2500

Descriptive Statistics

	Percentiles 50th (Median)	75th
Initial Parent's Wellbeing	3.0000	3.6000

Initial Parenting	3.6667	4.2500
Initial Chidren's Wellbeing	4.1383	4.6667
Initial Family Management	3.5000	4.0000
End Parent's Wellbeing	3.6750	4.2000
End Parenting	4.0000	4.3333
End Children's Wellbeing	4.5700	5.0000
End Family Management	3.6667	4.0000

Ranks

		N	Mean Rank	Sum of Ranks
End Parent's Wellbeing - Initial Parent's Wellbeing	Negative Ranks	16[a]	22.03	352.50
	Positive Ranks	49[b]	36.58	1792.50
	Ties	11[c]		
	Total	76		
End Parenting - Initial Parenting	Negative Ranks	15[d]	20.53	308.00
	Positive Ranks	46[e]	34.41	1583.00
	Ties	15[f]		
	Total	76		
End Children's Wellbeing - Initial Children's Wellbeing	Negative Ranks	18[g]	24.50	441.00
	Positive Ranks	41[h]	32.41	1329.00
	Ties	17[i]		
	Total	76		
End Family Management - Initial Family Management	Negative Ranks	25[j]	33.04	826.00
	Positive Ranks	41[k]	33.78	1385.00
	Ties	6[l]		
	Total	72		

a. End Parent's Wellbeing < Initial Parent's Wellbeing

b. End Parent's Wellbeing > Initial Parent's Wellbeing
c. End Parent's Wellbeing = Initial Parent's Wellbeing
d. End Parenting < Initial Parenting
e. End Parenting > Initial Parenting
f. End Parenting = Initial Parenting
g. End Children's Wellbeing < Initial Children's Wellbeing
h. End Children's Wellbeing > Initial Children's Wellbeing
i. End Children's Wellbeing = Initial Children's Wellbeing
j. End Family Management < Initial Family Management
k. End Family Management > Initial Family Management
l. End Family Management = Initial Family Management

Test Statistics[a]

	End Parent's Wellbeing - Initial Parent's Wellbeing	End Parenting - Initial Parenting	End Children's Wellbeing - Initial Chidren's Wellbeing	End Family Management - Initial Family Management
Z	-4.709[b]	-4.626[b]	-3.357[b]	-1.791[b]
Asymp. Sig. (2-tailed)	<.001	<.001	<.001	.073

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.

Table E4

Bump Start Shapiro-Wilk Output

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Parent Wellbeing Before Course	.161	23	.124	.909	23	.040
Parent Wellbeing After Course	.281	23	<.001	.705	23	<.001
Parental Skills Before Course	.204	23	.014	.930	23	.108

Parental Skills After Course	.305	23	<.001	.609	23	<.001
Children's Wellbeing Before Course	.229	23	.003	.901	23	.026
Children's Wellbeing After Course	.266	23	<.001	.695	23	<.001
Family Mgmt Before Course	.182	23	.048	.933	23	.130
Family Mgmt After Course	.295	23	<.001	.710	23	<.001

a. Lilliefors Significance Correction

Tables E5

Bump Start Wilcoxon Signed-Rank Test

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th
Parent Wellbeing Before Course	33	2.97	1.380	0	5	2.00
Parental Skills Before Course	30	2.77	1.251	0	5	2.00
Children's Wellbeing Before Course	26	2.85	1.541	0	5	1.00
Family Mgmt Before Course	31	2.84	1.369	0	5	2.00
Parent Wellbeing After Course	33	4.06	1.029	0	5	4.00
Parental Skills After Course	30	4.20	1.031	0	5	4.00
Children's Wellbeing After Course	26	4.15	1.084	0	5	4.00
Family Mgmt After Course	31	3.97	1.080	0	5	4.00

Descriptive Statistics

	Percentiles	
	50th (Median)	75th

Initial Parent's Wellbeing	3.0000	3.6000
Initial Parenting	3.6667	4.2500
Initial Chidren's Wellbeing	4.1383	4.6667
Initial Family Management	3.5000	4.0000
End Parent's Wellbeing	3.6750	4.2000
End Parenting	4.0000	4.3333
End Children's Wellbeing	4.5700	5.0000
End Family Management	3.6667	4.0000

Wilcoxon Signed Ranks Test

Ranks

		N	Mean Rank	Sum of Ranks
Parent Wellbeing After Course - Parent Wellbeing Before Course	Negative Ranks	1[a]	5.00	5.00
	Positive Ranks	20[b]	11.30	226.00
	Ties	12[c]		
	Total	33		
Parental Skills After Course - Parental Skills Before Course	Negative Ranks	1[d]	5.00	5.00
	Positive Ranks	23[e]	12.83	295.00
	Ties	6[f]		
	Total	30		
Children's Wellbeing After Course - Children's Wellbeing Before Course	Negative Ranks	1[g]	4.00	4.00
	Positive Ranks	16[h]	9.31	149.00
	Ties	9[i]		

	Total	26		
Family Mgmt After Course - Family Mgmt Before Course	Negative Ranks	0[j]	.00	.00
	Positive Ranks	19[k]	10.00	190.00
	Ties	12[l]		
	Total	31		

a. Parent Wellbeing After Course < Parent Wellbeing Before Course

b. Parent Wellbeing After Course > Parent Wellbeing Before Course

c. Parent Wellbeing After Course = Parent Wellbeing Before Course

d. Parental Skills After Course < Parental Skills Before Course

e. Parental Skills After Course > Parental Skills Before Course

f. Parental Skills After Course = Parental Skills Before Course

g. Children's Wellbeing After Course < Children's Wellbeing Before Course

h. Children's Wellbeing After Course > Children's Wellbeing Before Course

i. Children's Wellbeing After Course = Children's Wellbeing Before Course

j. Family Mgmt After Course < Family Mgmt Before Course

k. Family Mgmt After Course > Family Mgmt Before Course

l. Family Mgmt After Course = Family Mgmt Before Course

Test Statistics[a]

	Parent Wellbeing After Course - Parent Wellbeing Before Course	Parental Skills After Course - Parental Skills Before Course	Children's Wellbeing After Course - Children's Wellbeing Before Course	Family Mgmt After Course - Family Mgmt Before Course
Z	-3.899[b]	-4.207[b]	-3.469[b]	-3.882[b]
Asymp. Sig. (2-tailed)	<.001	<.001	<.001	<.001

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Table E6

Best Start Shapiro-Wilk Test

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Parent Wellbeing Before Course	.186	127	<.001	.923	127	<.001
Parent Wellbeing After Course	.294	127	<.001	.728	127	<.001
Parental Skills Before Course	.202	127	<.001	.906	127	<.001
Parental Skills After Course	.338	127	<.001	.724	127	<.001
Children's Wellbeing Before Course	.234	127	<.001	.874	127	<.001
Children's Wellbeing After Course	.403	127	<.001	.653	127	<.001
Family Mgmt Before Course	.195	127	<.001	.909	127	<.001
Family Mgmt After Course	.285	127	<.001	.736	127	<.001

a. Lilliefors Significance Correction

Tables E7

Best Start Wilcoxon Signed-Rank Test

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th

Parent Wellbeing Before Course	143	3.06	1.296	0	5	2.00
Parental Skills Before Course	143	3.30	1.055	0	5	3.00
Children's Wellbeing Before Course	140	3.74	1.097	0	5	3.00
Family Mgmt Before Course	137	3.33	1.249	0	5	2.50
Parent Wellbeing After Course	141	4.39	.684	2	5	4.00
Parental Skills After Course	141	4.48	.628	2	5	4.00
Children's Wellbeing After Course	138	4.59	.613	2	5	4.00
Family Mgmt After Course	136	4.36	.737	2	5	4.00

Descriptive Statistics

	Percentiles	
	50th (Median)	75th
Parent Wellbeing Before Course	3.00	4.00
Parental Skills Before Course	3.00	4.00
Children's Wellbeing Before Course	4.00	5.00
Family Mgmt Before Course	3.00	4.00
Parent Wellbeing After Course	4.00	5.00
Parental Skills After Course	5.00	5.00
Children's Wellbeing After Course	5.00	5.00
Family Mgmt After Course	4.00	5.00

Wilcoxon Signed Ranks Test

Ranks

		N	Mean Rank	Sum of Ranks
Parent Wellbeing After Course - Parent Wellbeing Before Course	Negative Ranks	0[a]	.00	.00
	Positive Ranks	107[b]	54.00	5778.00
	Ties	35[c]		
	Total	142		
Parental Skills After Course - Parental Skills Before Course	Negative Ranks	0[d]	.00	.00
	Positive Ranks	115[e]	58.00	6670.00
	Ties	27[f]		
	Total	142		
Children's Wellbeing After Course - Children's Wellbeing Before Course	Negative Ranks	0[g]	.00	.00
	Positive Ranks	84[h]	42.50	3570.00
	Ties	55[i]		
	Total	139		
Family Mgmt After Course - Family Mgmt Before Course	Negative Ranks	0[j]	.00	.00
	Positive Ranks	84[k]	42.50	3570.00
	Ties	53[l]		
	Total	137		

a. Parent Wellbeing After Course < Parent Wellbeing Before Course

b. Parent Wellbeing After Course > Parent Wellbeing Before Course

c. Parent Wellbeing After Course = Parent Wellbeing Before Course

d. Parental Skills After Course < Parental Skills Before Course

e. Parental Skills After Course > Parental Skills Before Course

f. Parental Skills After Course = Parental Skills Before Course

g. Children's Wellbeing After Course < Children's Wellbeing Before Course

h. Children's Wellbeing After Course > Children's Wellbeing Before Course

i. Children's Wellbeing After Course = Children's Wellbeing Before Course

j. Family Mgmt After Course < Family Mgmt Before Course

k. Family Mgmt After Course > Family Mgmt Before Course

l. Family Mgmt After Course = Family Mgmt Before Course

Test Statistics[a]

	Parent Wellbeing After Course - Parent Wellbeing Before Course	Parental Skills After Course - Parental Skills Before Course	Children's Wellbeing After Course - Children's Wellbeing Before Course	Family Mgmt After Course - Family Mgmt Before Course
Z	-9.135[b]	-9.646[b]	-8.279[b]	-8.137[b]
Asymp. Sig. (2-tailed)	<.001	<.001	<.001	<.001

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Table E8

Mothers in Mind Shapiro-Wilk Test

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Parental Wellbeing Before Course	.168	71	<.001	.928	71	<.001
Parental Wellbeing After Course	.292	71	<.001	.812	71	<.001
Parenting Skills Before Course	.193	71	<.001	.912	71	<.001
Parenting Skills After Course	.327	71	<.001	.759	71	<.001

Children's Wellbeing Before Course	.199	71	<.001	.859	71	<.001
Children's Wellbeing After Course	.339	71	<.001	.688	71	<.001
Family Mgmt Before Course	.169	71	<.001	.924	71	<.001
Family Mgmt After Course	.267	71	<.001	.833	71	<.001

a. Lilliefors Significance Correction

Tables E9

Mothers in Mind Wilcoxon Signed-Rank Test

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum	Percentiles 25th
Parental Wellbeing Before Course	87	2.38	1.278	0	5	2.00
Parenting Skills Before Course	86	2.88	1.467	0	5	2.00
Children's Wellbeing Before Course	82	3.54	1.363	0	5	3.00
Family Mgmt Before Course	81	3.02	1.396	0	5	2.00
Parental Wellbeing After Course	87	3.91	.757	1	5	4.00
Parenting Skills After Course	86	4.16	.684	1	5	4.00
Children's Wellbeing After Course	82	4.44	.650	2	5	4.00
Family Mgmt After Course	81	3.96	.955	0	5	4.00

Descriptive Statistics

	Percentiles	
	50th (Median)	75th
Parental Wellbeing Before Course	2.00	3.00
Parenting Skills Before Course	3.00	4.00
Children's Wellbeing Before Course	4.00	5.00
Family Mgmt Before Course	3.00	4.00
Parental Wellbeing After Course	4.00	4.00
Parenting Skills After Course	4.00	5.00
Children's Wellbeing After Course	5.00	5.00
Family Mgmt After Course	4.00	5.00

Wilcoxon Signed Ranks Test

Ranks

		N	Mean Rank	Sum of Ranks
Parental Wellbeing After Course - Parental Wellbeing Before Course	Negative Ranks	3[a]	19.50	58.50
	Positive Ranks	75[b]	40.30	3022.50
	Ties	10[c]		
	Total	88		
Parenting Skills After Course - Parenting Skills Before Course	Negative Ranks	0[d]	.00	.00
	Positive Ranks	53[e]	27.00	1431.00

	Ties	34[f]		
	Total	87		
Children's Wellbeing After Course - Children's Wellbeing Before Course	Negative Ranks	0[g]	.00	.00
	Positive Ranks	42[h]	21.50	903.00
	Ties	42[i]		
	Total	84		
Family Mgmt After Course - Family Mgmt Before Course	Negative Ranks	0[j]	.00	.00
	Positive Ranks	42[k]	21.50	903.00
	Ties	40[l]		
	Total	82		

a. Parental Wellbeing After Course < Parental Wellbeing Before Course

b. Parental Wellbeing After Course > Parental Wellbeing Before Course

c. Parental Wellbeing After Course = Parental Wellbeing Before Course

d. Parenting Skills After Course < Parenting Skills Before Course

e. Parenting Skills After Course > Parenting Skills Before Course

f. Parenting Skills After Course = Parenting Skills Before Course

g. Children's Wellbeing After Course < Children's Wellbeing Before Course

h. Children's Wellbeing After Course > Children's Wellbeing Before Course

i. Children's Wellbeing After Course = Children's Wellbeing Before Course

j. Family Mgmt After Course < Family Mgmt Before Course

k. Family Mgmt After Course > Family Mgmt Before Course

l. Family Mgmt After Course = Family Mgmt Before Course

Test Statistics[a]

	Parental Wellbeing After Course -	Parenting Skills After Course -	Children's Wellbeing After Course -	Family Mgmt After Course -

	Parental Wellbeing Before Course	Parenting Skills Before Course	Children's Wellbeing Before Course	Family Mgmt Before Course
Z	-7.513[b]	-6.402[b]	-5.738[b]	-5.732[b]
Asymp. Sig. (2-tailed)	<.001	<.001	<.001	<.001

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Appendix F

Mothers in Mind Group Example Initial Coding

Written feedback comments	Initial coding
Can you tell us how the group has helped you to understand/improve your relationship with your baby	
It has helped me understand her needs and also get more involved and knowing her likes	Bonding with baby.
This is not a major change I have noticed as it was not one that I was struggling with that much. However, by improving my own mental health through the group I am emotionally in a better place to respond to my baby.	By helping self, help with bond to child.
I've enjoyed the crafts and …. has enjoyed doing them with me. Having a peer group for support helps me cope better and that improves my relationship with them as I have more reserves to give them.	Having support can help relationship with children.
I am now able to say what my baby wants as I can understand how other babies communicate what they want	Understanding baby.
Tips for eating and activities. Connecting with other mums so i feel supported and can be there for my kids more fully	Peer support and connection to others helps with connection to baby.
May baby very happy to see other child but i falding there problem and im no happy whet that.One lady when talking whet perents no taking whet me like ignore me when taking whet me im need just quick taking whet her and then she too much taking other perent and im just set in camera and lisen whot other perent taking.So im tink im no go there anymore .	A struggle to connect.
N/A	
With me being less Anxious since starting the group I've been able to Continue to being a fun mum again and learning to not hold in my emotions.	Feel able to show how they feel.
Meeting other parents and children , albeit virtually.	Connecting with parents.
I've been able to do more with my child. Feel comfortable doing activities and taking her out on my own	Feeling more confident .

Written feedback comments	Initial coding
It's reassured me that I do know my child and her needs well.	Understanding child's needs.
It has given me a space to be 'me' and talk to like minded Mums. This has had a positive impact on my mental health which then impacts how well I interact with my child.	Like-minded Mums. Connection leads to better mental health leads to better connections with children.
Been able to talk about my struggles and the support from the group has really helped me cope.	
Being able to connect with like minded Mums and see that it's ok to find things tough at times. This has helped with the Mum guilt and therefore helped my relationship with my little boy.	A space to be open about how they feel. Space to talk.
I lost a baby in November 2020 and without the support of Home Start and the friends i have made through group, I would have foumd it even more harder as they were the only support I had.	Not alone in how they feel.
I am now expecting a baby again and with my volunteer and my one to one calls with [staff member] they have really helped me through alot of emotions and problems. They have really been comforting and reassuring and the only people who listen to me.	Feeling heard through a difficult time.
I have managed to do a lot more activities with my child and build a better bond.	Positive impact on bond with child.
I love this group, Myself and my son have made some amazing friends. The group has made me feel like i am not alone with how i feel and have supported me on my bad days.	Not alone with how they feel. Support.
Hearing other mums stories, seeing themwith their childrenallows me to breath, knowing that other mums go through tough times and are still getting through allows me to relax.	Not on their own with how they feel, connections.
Reinforced that I am doing well and pointed out the bond between the kids.	Validation doing well with children.
Baby suffered with reflux, group helped me cope with constant crying, gave me a break from holding baby & benefitted my toddler letting him play with constant crying	Support from the group meant the mother could have a break.
Ive gained confidence in my ability to handle [child's name] if shes being difficult/having a m elt down! It has made me much less anxious about getting out & about!	Feeling more confident.

Written feedback comments	Initial coding
Its okay to feel overwhelmed & stressed, Take a breath & start again.	It's okay to feel overwhelmed.
I wiukd say it has helped me personally rather than my baby. Its just nice to know other people have experianced similar to yuo. It was good to be able to discuss going through rewind therapy and know others would understand.	It's okay to be having a hard time. Validation.
Having my baby in lockdown was really isolating, I lacked confidence and was nervous about going out with my baby for fear of being judged on how i was caring for her, talking with other mums in a none judgemental environment has been incredibly helpful and given me more confidence in my abilities as a mum.	Not on their own, relief that others go through the same thing. Validation.
A lovely relaxed group to come too.	
Reassured me that I am doing a good job and that it is ok to have good and bad days. Its good to chat these things through.	Felt comfortable.
Its helped [child's name] to learn independent play and being more social around other people.	Normalisation. Good to talk, do not keep things in.
It's given me the chance to see what [child's name] is like around other children in that sort of environment.	Helping the children to thrive.
Feeling reassured and more confident in myself as a mum	
The group has helped me feel more confident about the imminent birth of my baby after previous birth trauma and loss. I have enjoyed being with other mums and connecting with them. Everyone has been very supportive.	Reassurance.
I am pregnant and this is my first baby but the group has helped me improve my relationship with the baby by supporting me through the anxiety stage of my pregnancy which helped me bond with the baby and prepare for labour.	Previous trauma leading to anxiety. Group instilled confidence.
MIMs has taught me that you can still be a good mum even when you are going through spells of poor mental health. It has provided a us with a safe space to just be us. My son benefits from the interaction with other children and adults and I benefit from being able to talk to like minded mums and volunteers. The group has a	Improved relationship with baby That it's okay to not feel so good. No judgement.

Written feedback comments	Initial coding
positive effect on both our wellbeing's and therefore benefits our relationship.	
Helped me become more confident and step out of my comfort zone to be able to get out of the house and feel less isolated. It has allowed me to be more positive and has impacted [child's name] emotions	Increased confidence, knock on effect for child.
Not feeling so alone & sharing info & tips from other parents	Connecting to others.
It's given me one on one time with her to play and given her time with other children	Bond with baby and socialise.
It's been hard understanding [child's name] at times but it is becoming easier to do so since attending this group and talkin to other parents	Navigating parenthood with other parent's help.
Any other comments?	
Unfortunately, this last term at MiMs has been a rather negative one. For the first time in two years I have come out of group feeling deflated and isolated. I have often cried on the way home due to feeling rubbish. A lot of this is down to there being too many people at the group, I don't feel the volunteers have enough time to talk to everyone especially with them also looking out for people children while the mum's take a much needed 5 minutes.	Feeling isolated. Missing its personability.
As most of you know Group Start has been a life saver for Me, Chunk and the Girls and I can't rate you all highly enough, everyone I have met has been absolutely lovely and so very helpful and kind.	Life changing. Gratefulness.
Due to you guys being so awesome the [name of group] group now has a lot of mum's attending on a regular basis which has made the structure of the group fall a bit, there isn't always group talks to help each other and the crafts can become overfull so there is no space on the table (not that I do the craft but I enjoy chatting there). I don't think the amazing [staff members] are at fault here as they do an outstanding job, there are just too many people to help. I think either more helpers are needed (may cause a problem with space) or another group needs to be set up in order to help everyone. "	Missing its personability.
I am very grateful for the mother's in mind group. My health visitor advised me to get in touch when my mental health was beginning to	

Written feedback comments	Initial coding
struggle. I was very anxious about accessing an online group as it's not something I feel confident with. However, the group was very welcoming and I soon felt at ease. It has been nice to speak to other parents and realise I am not alone in how I feel. Being a first time mum to young baby during lockdown is hard but the group	Reassurance, not alone, connections. Not alone in how they feel.
has given me support mentally and socially at a very isolating time. It has also given me the confidence to access further groups. I think it is a fantastic service that is offered and the fact it is free makes it accessible to all.	Increased confidence.
I really enjoy the chance to do a craft but also just to chat to everyone. It's a real lifeline for me as I feel quite isolated generally.	A lifeline. Takes away isolation. Connections.
Thank you for the session on Monday. I have really enjoyed being part of mothers in mind. You mentioned about keeping in touch with the other Mums. I'm happy to do this, I know I've only seen [parent's name] on there once but she is also in the best start group and I went to antinatal aqua yoga with her so happy for my details to be shared with her too. Thank you for recommending the best start group, mothers in mind gave me to confidence to do it and I'm really enjoying the Thursday morning. It's nice to be able to talk to other mums and share experiences despite lockdown. My mental health definitely feels as though it's starting to improve after a tough time.	Increased confidence. Validation.
I extremely enjoyed the weekly sessions and looked forward to them as a highlight of my week	Enjoyment.
It was nice to join mothers in mind online again. I look forward to the weekly zoom call and it helps you feel less isolated. It's nice to talk to like minded people who understand parenting and also anxiety. [Staff member] is very friendly and creates a relaxed space to talk and share.	Like minded people, helping to feel less isolated
This group as really helped reduce my stress and anxiety and helped me managed my PTSD alot it also has helped me to express my emotions more instead of bottling it all up.	Good to talk, not hold things in.
My responses are in no way negative about the group. I don't feel that my parenting/mental health improved greatly as a result of the group, but that was mainly because I felt like I had already done a lot of improving by the time I started attending the group, and I	

Written feedback comments	Initial coding
didn't really feel that I needed it. I do however feel that the group could be a great help to a lot of people.	Can see how much one's mental health could improve.
Another great term of mother's in mind. I love feeling like a belong in a group after such an isolating year, especially shielding. [Staff member] has done a great job taking over and I feel fully supported from MIMs even though I am not going to be able to access the group for the next couple of months. It's such a special group, a safe space to be yourself and I am so grateful for the work Homestart do you keep it running. Thank you!	Safe space, non judgement
[Staff member] has been a fantastic support to me. I've been unable to join in the zoom calls due to work, so she has provided me with 1:1 calls. This has helped me during a very unsettled time of returning to work after shielding and a restructuring process of my job. Walking group had been great. It's the first home start support I've received face to face and it has been great for my mental health. It's been great to see other mums and to let our little ones see other children.	Connect to others. Improving mental health.
[Staff member] is always at the end of the phone for me, I can text or email at anytime of the day	
I couldn't cope without this group.	
Love love love the picnic between group & walking group. Its a time to relax and chill with other mums & children.	Always there to help. Not feeling alone.
Enjoyed walking group in and after lockdown.	A lifeline.
[Staff member] and the lovely volunteers have been amazing. We was welcomed to the group with confidence, and have been fab at checking in with me and my daughter.	Time to relax and connect.
I've really enjoyed meeting all the other mums and babies/children, Also [staff member] is brilliant	Safe, trusting, comfortable space created.
I want to say thank you so much for the support you gave me , it really made a difference to me and knowing you exist if I need any help in the future means an awful lot.	Connections made.
Hopefully bump into you again in the future!	
Thank you so much for all your wisdom, help and support.	

Written feedback comments	Initial coding
I love attending the group each week. The environment is really lovely and everyone is very friendly. The support from [staff member] and other mums really helped me with my anxiety and I found a new way of coping at home.	Knowing support is there makes a difference. Gratefulness.
I am so grateful for Homestart and MIMs in particular. It provides much needed support at all times, not just when you are at crisis point like most services. It provides a support network, which is so important when your a parent. I'd like to add a personal thank you to [staff member] for always being there. As well as group I have had a number of 1:1 calls with [staff member]. She provides a safe space to just be myself and I can talk very honestly about my mental health without the worry of being judged. Thank you!	Safe, trusting, comfortable space created. Improved mental health. Safe space. Much needed support. Connections made and has network.
If you could suggest anything to make the group even better, what would that be?	
We need another group in [location] as the one in [location] is now too big to provide the support needed.	
"create a WhatsApp group to meet up with other mums. Talk about what activities others have done with there children"	
No fault to Homestart at all but due to Covid 19 we had to access the group via zoom and it therefore differed from if we met in person. It would be nice to meet the group in person once restrictions allow us too.	Missing personability, more groups needed. Online connections.
Perhaps more of a structure? I like that we go round and check in with everyone so we all hear from each person. Perhaps a check in at the end/what is happening in the next week would be good.	Connections different when in person.
Nothing, the group was managed incredibly well under strange circumstances of needing to do it online	
Face to face sessions although I know this is not possible due to covid. Introducing crafting activities to join in with like we discussed in the group.	Importance of giving everyone a voice.
I wouldn't change a thing /	

Written feedback comments	Initial coding
I found the time a little tricky. We would find a little earlier easier to attend virtually. 9,30 or 10 am would be easier but I understand this may not be the same for everyone but thought I would mention in case anyone else felt the same.... thank you for the group I do appreciate it even though it is not always easy to attend.	Facilitators created safe supportive space. Connections different when in person.
Nothing...but if can make a what's app group and get to know other mums	
It will probably feel better once it is face to face again (through Zoom currently)	Appreciation.
To be able to start meeting I'm person for walks/picnics when it is safe to do so, as discussed in the group.	
Nothing I love just chatting to everyone	Online connections to continue.
Nothing, just keep up the great work!	
More Craft	Connections different when in person.
Nothing-Just enjoy the company	Continue connections.
I love our set up now, group then picnic and then a walk its so lovely.	Connections with other mums.
The team are amazing always here to talk and always make everyone feel at ease.	
The walking group has been benifical to see other mums dealing with tantrums, refusals to walk and the normality of motherhood. Please never stop group.	Enjoy company. Great flow to group.
Go back to the [location]	
Connection with Health visiting team-some mums find health visitors difficult to approach & may find less anxiety if advice was available at group.	Supportive team.
Access to therapy type work-	Seeing the normality of parenthood.
Sensory	

Written feedback comments	Initial coding
Yoga (helps with MH & Bonding)	Connect to other services to help anxiety.
I like the fact its small and intimate.	
Reinstate tea/coffee (when its allowed!)	
A bit more structure	
Links with other services	
The groups are not long enough. I enjoy them so much, I wish they were longer.	
Possibly some different crafts to try.	Personability valued.
Maybe more toys for 6 months old	
	Connect to other services.
	Enjoy so much, wish groups were longer.

Initial Thoughts

Helps Mothers to realise they are not alone with how they feel

Creates a space to talk about how they are feeling without judgement and that it is okay to feel the way they do

Good to make connections with like-minded people, peer support network

Impact on relationship with children as a result, creates mental space for them

Feeling less isolated, especially with the impact of the pandemic

Appendix G

Participant Information Sheet for IPA Study

Participant Information Sheet

Introduction

In collaboration with Home-Start Gloucestershire and the University of Gloucestershire, I am undertaking a PhD exploring Home-Start Gloucestershire's early intervention services. A part of the research involves exploring parents' experiences of the early years of parenthood and their experiences of Home-Start Gloucestershire's early intervention services and this specific research project will be looking into the early intervention service of Home Visiting.

The title of this research project is:

Exploring parents' experiences of the early years of parenthood and their experiences of Home-Start Gloucestershire's Home Visiting service.

I would like to invite you to take part in this research project. Before you decide whether you would like to take part it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information and discuss it with others if you wish. If you have any additional questions or would like to discuss the research in more detail do not hesitate to contact us. Thank you for taking the time to read this information sheet.

What is the study about?

The aim of this research project is to gain a more in-depth understanding of what it is like for parents to navigate the early years of parenting and what this meant for them before, during and after accessing Home-Start Gloucestershire Home Visiting services as well as understanding what their experiences were like of accessing home visiting services. This will be done through listening to your thoughts, feelings, perceptions and reflections. This research will help us to understand what this experience is like for you in an depth way to gage what services could be helpful and to also understand experiences of home visiting to help to develop/provide the best possible support for parents.

Why have I been asked to take part?

You have been chosen to participate in this research project as you are a parent who has previously accessed Home-Start Gloucestershire home visiting services.

Do I have to take part?

Involvement in this study is entirely voluntary. If you would like to participate, you will be asked to sign a consent form and verbal consent will be obtained at each stage. You can withdraw from the study without giving a reason up to the point of analysis of the transcribed interviews (approximately two months after participating in the interview) and your decision to withdraw will not have any adverse effects. To help you make an informed decision we will describe the research process in more detail.

What will happen if I agree to take part?

If you decide to take part I will contact you to arrange a convenient time, date and location for a one off, individual interview to take place. This could be either via an online platform such as MS Teams or face to face in a location of your choice. This interview should last roughly one hour. The interview will be semi-structured, which means that I will have some questions to ask based around your experiences of the early years of parenthood and experiences of Home-Start Gloucestershire home visiting services, but you will be able to talk in-depth about what you think is relevant and important.

You will only be expected to discuss information which you feel comfortable talking about.

What are the possible benefits of taking part?

Whilst there are no immediate gains for those people participating in the project, it is hoped that you may benefit from having a space to talk about your thoughts, feelings and experiences and helping to shape future early intervention services for parents and children.

What are the possible disadvantages of taking part?

During the interview, sometimes, you might be asked questions about certain topics which are sensitive or may upset you. You can refuse to answer any questions you feel uncomfortable with, or you can stop the interview at any time. Information will be provided straight after the interview for where you can access further support should you wish to.

Will my taking part be kept confidential?

All of the information collected about you will be handled in confidence. All information will be kept in line with the principles of General Data Protection Regulation (GDPR 2018). Interviews carried out on MS Teams will be recorded. Face to face interviews will be recorded via a Dictaphone. All recordings from MS Teams and the Dictaphone will be transferred to the researcher's university OneDrive as soon as possible, which will be password protected, and then subsequently deleted from the Dictaphone and MS Teams. All recordings saved on this OneDrive will be deleted as soon as transcription has been completed (as soon as possible after interview). The transcripts will be analysed by the PhD researcher and destroyed after successful completion of the research project. On transcription, your name or any other identifiers will be omitted. Your name or any other identifiers will not be used in any reports or publications, instead each participant will be given a unique number by which they will be known. Only anonymised information will be shared with others. Only myself (PhD student) and my academic supervisor will have access to the study data stored on a university password protected OneDrive. As we will be using Microsoft systems and University of Gloucestershire IT systems, please see the following policies for further information on privacy and security:

https://www.glos.ac.uk/information/knowledge-base/data-protection-policy/

https://www.glos.ac.uk/information/knowledge-base/it-acceptable-use-policy/

https://privacy.microsoft.com/en-us/privacystatement

What will happen if I do not wish to continue in the study?

You can withdraw from the study at any time without providing a reason however after we start analysis of the interviews approximately 2 months after participation it will not be possible to withdraw your data. Your information will not be used for any other purpose and all information about you will be destroyed. You will not be compromised by your decision to withdraw.

What will happen at the end of the study?

The findings of this research project will be written up in a report for Home-Start Gloucestershire which may be disseminated further to Home-Start UK and other services involved in family support. They will also be written up in a thesis as part of my PhD, which will be finalised around 2027. It is also possible that in the future they will be included in a paper for publication.

Who is organising and funding the study?

This study is funded by Home-Start Gloucestershire. It is being organised by University of Gloucestershire in collaboration with Home-Start Gloucestershire.

Who has reviewed the study?

This project has been ethically approved by the University of Gloucestershire's ethics review procedure.

Who should I contact if I wish to make a complaint about the study?

If you have any concerns regarding any aspect of the research process you can contact me or my research supervisor directly. Additionally, if you would like to make a formal complaint at any point you can contact my research supervisor (please see below for contact details).

For further details regarding the research project or to express an interest in taking part please contact:

Martha Burlingham PhD
student

mburlingham@connect.glos.ac.uk

If you have any further questions or concerns, please contact:

Research supervisor

Dr Katerina Kantartzis

Academic Subject Lead Psychology
kkantartzis@glos.ac.uk.

You can also contact Home-Start Gloucestershire if you have any further questions about the collaboration of the project.

Thank you again for taking the time to read this information sheet.

Warm Wishes,

Martha Burlingham

PhD Student, University of Gloucestershire

Appendix H

Consent Form for IPA Study

UNIVERSITY OF GLOUCESTERSHIRE

Consent Form

Name of Researcher: Martha Burlingham

REC reference number REC.23.16.2

Title of Study

Exploring parents' experiences of the early years of parenthood and their experiences of Home-Start Gloucestershire's Home Visiting service.

		Please tick or initial box
1	I confirm that I have read and understood the participant information sheet for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.	☐
2.	I understand that my participation is voluntary and that I am free to withdraw without giving a reason up to the time of analysis (approximately two months after interview participation)	☐
3.	I agree to the interview being audio recorded.	☐
4.	I understand that the information I provide will be used for a report for Home-Start Gloucestershire, as a part of a PhD thesis and potential academic publication. The information will be anonymised.	☐
5.	I agree that my anonymised information can be quoted in research outputs.	☐
6.	I would like to be informed of the results of this study once it has been completed and understand that my contact details will be retained for this purpose.	☐
7.	I understand that any personal information that can identify me – such as my name, address, will be kept confidential and not shared with anyone other than the researchers and Home-Start Gloucestershire.	☐
8.	I agree to take part in the above study.	☐

Please retain a copy of this consent form.

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Name of Researcher	Signature	Date

Appendix I

Semi-Structured Interview Questions for IPA Study

- Keep questions open and expansive and not leading.
- Allow for time and silences.
- Could pre-tell participant that researcher will say relatively little in terms of giving open and expansive questions, prompts will help with this and participant may get a feel for how the interview is as they go through it.
- Questions are used as a guide but to follow what the participant brings as this is what is meaningful for them and ask open questions to help with this journey when needed.
    - Can you tell me about when you first became a parent
    - Talk to me about what being a parent means to you
    - Can you tell me about your experiences of parenthood in the early years (prompt: what has parenthood been like for you during the early years of childhood; what sort of impact has having young children had)
    - What led you to access Home-Start Gloucestershire services? Or how did it come about that you accessed Home-Start Gloucestershire services?
    - How did you feel about accessing Home-Start Gloucestershire services?
    - What was your experience of Home-Start Gloucestershire?
    - What was your experience of Home Visiting?
    - Can you tell me about your experiences of parenthood since accessing Home-Start Gloucestershire?
    - How have things been for you since finishing home visiting?
    - Probes to be used:
        - How did that make you feel
        - Can you tell me more about that

Appendix J

Debrief Form for IPA Study

Thank you for taking the time to participate in this study. This Debrief form provides further information on the project and next steps of the project.

Project title

Exploring parents' experiences of the early years of parenthood and their experiences of Home-Start Gloucestershire's Home Visiting service.

Project Background

The first 1,001 days from pregnancy is recognised as a crucial time in setting the building blocks for a child's future; it can set the foundation for emotional, cognitive and physical development. In March 2021 the UK Government and Public Health England published a report recognising the importance of the first 1,001 days and outlined their vision to help provide children with the best start in life. In 2019, Home-Start Gloucestershire expanded to form a Consortium working across all 6 localities in Gloucestershire. Home-Start Gloucestershire aim to see families living in Gloucestershire getting the support they need to give children the best possible start in life. A collaboration between Home-Start Gloucestershire and University of Gloucestershire has begun to explore the impact of Home-Start Gloucestershire's early intervention services. This will be a series of projects including this one to provide a thorough exploration of Home-Start Gloucestershire's early intervention services. The other projects will include:

- evaluation of Home-Start Gloucestershire's repository of data for pre and post intervention measures across their groups and home visiting services.
- exploring the impact of the Dad Matters support.

Project aims and next steps

The aim of this research project that you have participated in is to gain a more in-depth understanding of what it is like for parents to navigate the early years of parenting. We will explore what the early parenting years meant for parents before, during and after accessing Home-Start Gloucestershire Home Visiting services. -This research will help us to understand how parents experience the Home-Start intervention programme, creating an in-depth analysis of the experiences families have before, during and after Home-Start interventions. This could lead to a tailoring or improving of the existing intervention programme.

The interview process was chosen to provide a qualitative approach meaning we could explore your experiences. Semi structured interviews allow for a guide to be used yet flexibility for you to bring what's meaningful to you. Your thoughts, feelings, perceptions and reflections are important to this project in understanding your experiences. The interviews will now be transcribed and analysed using Interpretative Phenomenological Analysis (IPA) looking at how you as parents make sense of your major life experiences. When a person is going through something significant, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections and gives insight by individual analysis of each interview and then group analysis across the interviews.

Confidentiality

All the information collected during the course of the research will be kept strictly confidential. Your name or where you work will not be used in any reports or publications, instead each participant will be given a unique number by which they will be known. Only anonymised information will be shared with others. The interviews will be audio recorded to aid with analysis. These audio recordings will not be used for any other purpose without your written permission and can only be accessed by myself or my supervisor stored on a secure drive. All the data (both audio and written) will be held and analysed by myself and destroyed after successful completion of the research project. You can still withdraw up to the point of analysis (approximately two months after participating in the interview), without giving a reason.

Support

During the interview, you may have been asked questions about certain topics which were sensitive or may have upset you. To talk about this further and access support, you can contact the following helplines:

- **Family Lives Confidential Helpline**

- **Samaritans**

  Call 116 123 open 24 hours a day every day

  or email jo@samaritans.org (response time 24 hours for email)

If you would like to explore support options with Home-Start Gloucestershire, you can contact your local service:

HOME-START STROUD AND GLOUCESTER

Covering Stroud District, Quedgeley and Kingsway, and Gloucester

E: Enquiries@homestartsd.org
T: 01453 297470
W: www.homestartsd.org.uk

HOME-START NORTH & WEST GLOUCESTERSHIRE

Covering Tewkesbury, the Forest of Dean and Cheltenham District Council

E:enquiries@homestartnwglos.org.uk
T: 07584 472025
W: www.homestartnwglos.org.uk

HOME-START COTSWOLDS

Covering Cotswold District

E: office@home-start-cotswolds.org.uk
T: 01285 885391
W: www.home-start-cotswolds.org.uk

Additional Information and project timelines

The findings of this research project will be written up in a report for Home-Start Gloucestershire which may be disseminated further to Home-Start UK and other services involved in family support. We can also send you the findings. The approximate timeline for this is 6 months' time. The findings will also be written up in a thesis as part of my PhD, which will be finalised around 2027. It is also possible that in the future they will be included in a paper for publication. This project has been ethically approved by the University of Gloucestershire's ethics review procedure. If you have any concerns regarding any aspect of the research process you can contact me directly. Additionally, if you would like to make a formal complaint at any point you can contact my research supervisor (please see below for contact details).

For further details regarding the research project or to express an interest in taking part please contact:

Martha Burlingham
PhD student
mburlingham@connect.glos.ac.uk

Research supervisor
Dr Katerina Kantartzis
Academic Subject Lead Psychology
kkantartzis@glos.ac.uk.

You can also contact Home-Start Gloucestershire if you have any further questions about the collaboration of the project.

Appendix K

IPA Analysis

Table K1

Example Parent Amanda Exploratory Notes and Experiential Statements

Interview transcript for Amanda		Exploratory notes	Experiential statements
Interviewer:	Alright, that's recording. There we go. Okay. So can you start by telling me when you first became a parent?		
Parent:	So [daughter] was born on the first of May 2020.		
Interviewer:	Okay		
Parent:	So she was a day early-		
Interviewer:	(overlapping) awww		
Parent:	Just one day early. So she was born then		
Interviewer:	Yeah.		
Parent:	And obviously that was the peak of COVID.	Mention of COVID, peak, impact of giving birth during this time	
Interviewer:	Yeah.		
Parent:	So I had to go into hospital on my own-		
Interviewer:	(overlapping) woah		
Parent:	Um and I was having contractions going up-		**The significance of becoming a mother during a challenging time**
Interviewer:	(overlapping) woah	Significant event	
Parent:	(laughing) and the nurse goes are you alright. And then I had to be four centimetres before they'd even let my partner in. And then I was, I couldn't believe it how I'd got to there		
Interviewer:	Wow, already.		
Parent:	And I didn't know. And er she was born after two hours of pushing with forceps and the vacuum, and eleven stitches later at nine fifty two-	Impact of COVID	
Interviewer:	(overlapping) aww	All happened so quickly	
Parent:	So just		

Interview transcript for Amanda		Exploratory notes	Experiential statements
Interviewer:	So it's not long until her birthday then		
Parent:	No couple of weeks.	The significance of it all	
Interviewer:	Oh that's amazing		
Parent:	And then she'll be three so-		
Interviewer:	(overlapping) three wow. And what did becoming a parent mean to you?		
Parent:	Do you know what I always wanted kids really-		
Interviewer:	(overlapping) yeah	Always something that she wanted, having children big part of life	
Parent:	I wanted to be a parent at the age of sixteen		
Interviewer:	Yeah		
Parent:	I wanted the baby that young and it never happened anyway, because I didn't have a boyfriend (laughs).	Humour of it. Wanted something, but then when it happened, realised the significance of it.	
Interviewer:	Aww		
Parent:	And then when I got pregnant. The first thing I thought was I'm gonna die. I can't give birth-		
Interviewer:	(overlapping) aw		
Parent:	Like but she's my absolute world. I don't know. I can't remember life before having her.		
Interviewer:	Yeah.	Anxious	**The realisation of becoming a mother; her child is her whole world**
Parent:	Um she has been.. everything.		
Interviewer:	Yep	Her whole world	
Parent:	Especially during COVID and everything she has been keeping me going. So it's like she's looking after me.	Her whole world, massive part of life	
Interviewer:	Yeah	Difficult time during COVID and child kept her going	
Parent:	If d'you know what I mean. Like, it's been absolutely amazing.		
Interviewer:	Yeah.		
Parent:	And becoming a mum. I wouldn't be without her now and I just don't want her to grow up really. But yeah, it's er	Life has changed since becoming a mum. Identity as a mother	**The child has given the mother inner strength to keep going**
Interviewer:	Oh, she's doing your hair. It's so sweet [daughter stroking Mum's hair]		
Parent:	(laughing) but no she's er-		
Interviewer:	(overlapping) Aww		

Interview transcript for Amanda		Exploratory notes	Experiential statements
Parent:	She's been the best thing that ever happened to me. Especially when you.. when you break up and everything with the partner like	Going through a difficult time in her life with a break up.	
Interviewer:	Yeah.	Daughter keeping her going	
Parent:	I haven't had time to, like, be sad about that. Cuz I've had her		
Interviewer:	Exactly, I suppose she's your one constant, isn't she as well?		
Parent:	I know that even if I'm on my own-		
Daughter:	Mummy		
Parent:	[to daughter] Yeah. [to interviewer] even if I'm on my own	Daughter will always be with her. Mum always has her	**Mother and daughter bonded forever**
Interviewer:	Yeah		
Parent:	I knew that I'll always have her		
Interviewer:	Exactly		
Parent:	I don't care. I can be anywhere in the world-	Always be there for each other	
Daughter:	Mum, mum		
Parent:	[to daughter] (whispers) Yes.		
Interviewer:	Yeah		
Parent:	But I know I'll always have her, she'll never let me down just like I'll never let her down kind of thing	There for each other. Lives are intertwined.	
Interviewer:	Exactly.	Connections	
Parent:	Yeah.		
Interviewer:	What were your experiences of parenting? Like, kind of from when she was born up until this age now? How did it go?		
Parent:	Do you know what first er obviously the first like four months was great and then until I got sick. And then I think it must have been er [counting] May, June, July, August, September, October, November. Within two months, Home Start then started,	Things started off well after daughter was born but then started struggling	
Interviewer:	Oh okay.		
Parent:	Umm and that's when I spoke to one of the-		
Interviewer:	(overlapping) Yeah		
Parent:	people but I didn't see anybody until the following February.		

Interview transcript for Amanda		Exploratory notes	Experiential statements
Interviewer:	Ah so was that when you were preg..nant?		
Parent:	So I weren't pregnant. I gave birth. So she must have been like six months old		
Interviewer:	Six months		
Parent:	So when umm I first started Home Start		
Interviewer:	Okay		
Parent:	That I didn't see [volunteer] until she was like [noise with lips] nine months, ten months		
Interviewer:	Yeah. Was that when [volunteer] started to come to your home?		
Parent:	Yeah, well, it started on Zoom to start with cuz I was too scared about germs.	Met online with volunteer first.	**A blossoming and trusting relationship forming with the volunteer- from the parent and child.**
Interviewer:	Oh, yeah.	Parent anxious about germs	
Parent:	And then umm we started off just going to walk around the estate and talking. And we would just she would just talk about how I'm feeling. It started off just trying to help me get back to the point where, you know, COVID's not gonna kill me. That I'm not going to die, [daughter]'s not going to die, and stuff like that. And then eventually, she started coming in the home. We did baking. Umm she helped me she helped me make a cottage pie for the first time as well (laughing).	Started slowly. Parent going through an anxious time Trust built as volunteer slowly built a relationship First time making cottage pie. Learning life skills.	
Interviewer:	(laughing)	Relationship blossoming.	
Parent:	Cuz I didn't know how to do it. And she did like she always bought books (unable to distinguish word). And there was one particular book all the time the Hungry Caterpillar.		
Interviewer:	Oh, yeah.		
Parent:	She bought in [daughter] all the time.		
Interviewer:	Wow	Family in the volunteer's thoughts,	
Parent:	And she actually go up to [daughter] with a massive note in it before she		

Interview transcript for Amanda		Exploratory notes	Experiential statements
	left as well. Like this is needed someone to look after it. And she then gave it to lack but she was was always doing something like or we just talk like and it was always a case of trying to make sure that how're you doing?	significance of bringing the books. Importance of the Hungry Caterpillar. Parent seeing	
Interviewer:	Yeah.	the volunteer	**Mother and child**
Parent:	Am I doing all right. And that one day a week for two hours	investing time and thought in	**kept in mind by the volunteer.**
Interviewer:	Yeah, that's amazing	her daughter. A	**Personal**
Parent:	But I wish it was more. I said I wish that we could see each other three times a week. Not because like, I did it, but like she helped.	book that raises a lot of fondness and is emotive.	**support.**
Interviewer:	Yeah	Parent always	
Parent:	you know, it was like kind of it was like therapy. In a way. I was just having someone there that I didn't want to talk to my mum about. And I didn't want to talk to my partner about	kept in mind by volunteer, always asking how she is doing. Talking helpful but	
Interviewer:	Yeah.	volunteer also	
Parent:	And it was like a safe space with her-	did different things and	
Interviewer:	(overlapping) Yeah, yeah. Exactly.	helped with	
Parent:	So um it's been easy for the first coup- like, nine months of her life. Now I'm not gonna lie. If they say that newborns harder, but they're not	what was needed	
Interviewer:	(laughing)	Wished support	
Parent:	It toddler is threenager	was longer,	
Interviewer:	It's tough, isn't it?	shows impact of	
Parent:	It's harder, it is hard now. But I've got so much support from my family and my partner that if I'm ever stressed, you know, there's always someone there to like, help me. (unable to distinguish word). Um but no, it it's been. It's been hard cuz during COVID like most of our life, like, I have to be the one person that had to have a baby during that.	support Therapeutic. Someone outside of immediately family. Therapeutic- someone there from outside she could trust and	**A safe, supportive, trusting space developed**
Interviewer:	Oh, yeah.	talk to	

Interview transcript for Amanda		Exploratory notes	Experiential statements
Parent:	And my first child. And no one got to hold her. I was hoping that my birth would be give birth a couple of days, go to my mum.	Safe and supportive space. Trust.	
Interviewer:	Yeah.	Needed during an anxious time.	
Parent:	And it weren't like that. It was four months later, go to my mum. Yeah. So you didn't like it felt a bit robbed. Um especially like my sister had all three kids and all of them missed that 2020. No. And I was like, why is it that it would happen to me you know but I wouldn't have had it any other way because it's made me who I am today.	Safe space, trusting, no judgement just help and based on what parent needed	**Expectations versus reality of parenthood.**
Interviewer:	Yeah.		**Many life challenges and changes happening at the same time.**
Parent:	And I don't think I would have been with Home Start if I didn't if COVID didn't happen.	Impact of home visiting after it has ended.	
Interviewer:	Yeah.	Mentions COVID a few times, having a baby not long after the start of COVID. Tough time with little support. Humour to cope with time? Have to be the one person to have a baby during that. Not what she expected when motherhood began. Different to how she imagined it would be due to COVID. Significance of so many life	
Parent:	Cuz I don't think I would have been.		
Interviewer:	Yeah		
Parent:	Cuz I only then needed them. When I got-		
Interviewer:	(overlapping) because of that.		
Parent:	Sick. And when I needed some support. But I reckon that if I had her, like two years before, I don't think I would have had home start.		**Personal growth from challenges**
Interviewer:	It wouldn't have been the case.		
Parent:	No		
Interviewer:	And so who referred you to Home Start?		
Parent:	I did..I…found Home Start antenatal class on [local] noticeboard on Facebook. [Home Start worker] put on there that she's starting a baby group and it was free because all the antenatal classes I saw you had to pay. So and I couldn't afford to do that. So I thought, do you know what give it a go. And um we did six weeks. And it was great. It was fab. It was like we all we all had a laugh		

Interview transcript for Amanda		Exploratory notes	Experiential statements
	and because of my personality um some of the words that I would say to [Home Start worker] she'd find hilarious. Like she'd be using the technical words to like vagina and I'm like oh yeah but it just comes out your minge don't it	changes happening at the same time- COVID, becoming a mum, what this meant and what this led to.	
Interviewer:	(laughing)		
Parent:	Umm, we bounced off each other and we made with a nice little group, like did so much to like how much you put on weight to how much you're carrying to doing the nappies, to um looking at nappies that had fake poo in it, you know everything and it was great, but it was sad when it ended. It was really sad because I, I liked going there it was only for a couple of hours but we could stay there all day, talking to each other. It was just great. It was absolutely great. It was fabulous. But it, it it still goes on every year. I think after COVID It started back up and she's now started it again umm so maybe one day or you never know might see her again, hopefully, but I think I can't remember if she start- I don't know if she was a volunteer, or she's a volunteer, or she was doing something like getting her qualifications. And then she did that. Um so it started when I was 19 weeks pregnant.	Significant time for daughter Sadness that due to covid, no one got to hold her daughter Felt robbed, experience changed Made her who she is today. Post traumatic growth COVID experience led to experience with Home Start. Silver lining in a dark time Life circumstances changed as to why she needed Home Start	
Interviewer:	Wow.		
Parent:	And then after that we did online baby group with oh my god, I can't remember her name. She's moved to Ireland. She moved to Ireland, and she was great. Her and [Home Start worker] did it. And we all sat on Zoom. There was like 19 of us. And erm it was great. And		
Interviewer:	Was that a postnatal?		

Interview transcript for Amanda		Exploratory notes	Experiential statements
Parent:	Yeah, it was a bit like the small baby group because there was like antenatal then you've got the little baby group in the other room, but because of COVID we did it online, and we did it online and [Home Start worker] and the other lady fantastic. But she then told me and she's like I haven't told anyone but I'll tell you, I moving back to Ireland. Like they can't leave. But she used to be a nurse I think or a midwife. No. midwife. I can't remember her name now, that's gonna bug me all day.	Use of humour. Bonded with worker	
Interviewer:	Yeah.		
Parent:	Um but it then we did that and that was for six weeks.		
Interviewer:	Okay.	Sadness for the antenatal group ending. Had a fun time, made a difference	
Parent:	And after six weeks umm by the time it restarted again, she was too old.		
Interviewer:	Yeah.		
Parent:	And so it finishes at nine months that does.		
Interviewer:	Oh I see		
Parent:	So umm that it then umm the person that moved to Ireland goes umm I there's things that Home Start do volunteers. If you want I can put you in touch with them or they can contact you.	Positive experience of antenatal group led to postnatal group	
Interviewer:	Yeah.		
Parent:	And so she went back and spoke to the manager at the time or one of the managers, and then she contacted me and we did a zoom call. And then it kind of went from there. But it did start when I was pregnant.	Sadness at staff leaving Sadness that daughter was too old to re-do the group	
Interviewer:	Wow, that's amazing.		
Parent:	So over three years ago		
Interviewer:	From the beginning		
Parent:	Yeah, it was literally from the beginning. I don't know how long Home Start's been about, but from		

Interview transcript for Amanda		Exploratory notes	Experiential statements
	when [Home Start worker] started that, if [Home Start worker] didn't start that, I don't think I would have known about it.	Trust in Home Start. Respect for staff and their backgrounds	
Interviewer:	Okay		
Parent:	Because it was like, from [Home Start worker], to the woman that moved to Ireland, and then she put me in contact. So I was always texting her about certain things like, oh, can you just tell me if this is normal? And cuz she's been a midwife. She could could talk to her. And then umm from that, when she moved, I then started with, I think her name's [second volunteer] I don't think her name's [second volunteer] umm And then [volunteer] was a part of that. And then I would speak to that manager every couple of weeks and see like, like, that I'd tell her like, the progress that I've done that I give myself goals I had um it's upstairs. Actually, you could probably read it. Um I bought an anxiety book.	A way to help her anxiety	
Interviewer:	Yeah.		**Mother found her own self again. A significant step on her journey**
Parent:	It's called an anxiety journal. And I would write in it every day, day and night. About how I'm feeling and everything. And [volunteer] would read it. And I'd say, well, this is what this week has been so she could see how I'd been. And I did the app on my phone. There was an app that I downloaded and you put your mood, what your worries are today, how you're going to stop doing that worry. And along with [volunteer] and that, and then I was going back and it-	Finding her own self again, finding her identity. Significant step in her journey	
Interviewer:	(overlapping) Wow		
Parent:	Started to find myself again.		

Interview transcript for Amanda		Exploratory notes	Experiential statements
Interviewer:	It's amazing. And the way they did it so gently as well with you because of how you were feeling kind of		
Parent:	Yeah, because it was all on my pace and it can be on your pace. It's it's they're there for you. It's what you're feeling comfortable with. Which is great. Because if it had to be like a certain way, and I don't like that I would have said nope not doing that. But they didn't. I didn't feel anxious with them. And I didn't feel like I had to do something that I didn't want to do	At her own pace. Built trust, felt comfortable. Helped to alleviate anxiety. Could take steps in the right direction	**Relationship formed on mutual respect**
Interviewer:	That very led by you		
Parent:	Yeah it is it is led by me. Yeah.		
Interviewer:	And how long did you have the home visiting for?	Comfortable with Home Start. Felt respected and respected them. No pressure	
Parent:	So I had [volunteer] for about a year. But realistically, I did say to them like, I don't need [volunteer]. But I want [volunteer]. So I could have had her go quite a while before we actually finished but I wanted to keep seeing her, so we did. Umm (talking to daughter) it's in the cupboard. Yeah, okay. Soon, alright? Um yes, okay. I'll get in a minute. (talking to interviewer) And umm I didn't need her for that long but I wanted her because she it was making a difference to her (looks at daughter). (talking to daughter) Okay, okay. Play with your toys a minute, five minutes and umm		**Bond formed with daughter. Wanted to keep home visiting going for her daughter**
Interviewer:	Do you want me to pause it or anything or?		
Parent:	No, it's alright. (talking to daughter) Okay, I'll get to in a minute, but just play with your toys for five minutes. (talking to interviewer) And um yeah, so I didn't need it for that long but I wanted her for that long because it was making a difference	Wanted to keep it going for longer	**Humour and calm nature**

Interview transcript for Amanda		Exploratory notes	Experiential statements
	to [daughter]. [daughter] didn't let anyone near her. Like when she first when [volunteer] first came, [daughter] just looked at her and was like nope. She wouldn't go near her but now after a couple of weeks, she was sat on [volunteer]'s lap reading a book.	Could see difference home visiting was having for the daughter	**Led to a connection with mother and daughter**
Interviewer:	That's amazing in two weeks.	It wasn't just about helping how parent was feeling, but the difference it was making to the daughter.	
Parent:	So it was it was the way [volunteer] made her feel like and [volunteer]'s really laid back and she's a good laugh you know what I mean? It'd be great. But umm there was only one of her unfortunately, and I got the pleasure of that. So but it made a massive difference to her. So that's why we kept it going but we just liked each other's company. But we've Nanny [volunteer], by after about six months it was nanny [volunteer] that's what we called her, on Mother's Day um we've got her like a present and a card to nanny [volunteer]. She was literally like family to us by the end of it and still is now.	Helping both of them and therefore helping each other Parent could see the change in her daughter Feeling comfortable. Trusting, daughter was trusting too. Let the volunteer into their lives	**Bond formed for life. Mother let the volunteer into their lives and saw her as family** **Intergenerational friendship**
Interviewer:	Woah. So what were your experiences like of the home visiting? It sounds like it was-		
Parent:	I loved it, at the start I'm not gonna lie It was a bit oh I don't know if I like this because… obviously, I thought it would have been someone my age and she weren't if she was a bit older and I think that worked out better really because she had a bit more experience in the world compared to me, and she'd obviously had children herself. And so it was great. After I got into it, I needed to give it a chance and that's the thing you have to give it a chance.	Humour Let the volunteer into their lives Became family. Started calling nanny "". Significant	**Expectations versus reality towards home visiting experience.** **Importance of giving it a chance**

Interview transcript for Amanda		Exploratory notes	Experiential statements
Interviewer:	And you did I bet you're glad you did.	person to them. Significance by calling her nanny. Bond between them all that will last a lifetime. Seeing her as a grandmother. Taken on how parent sees a grandmother.	
Parent:	I did I am glad because it was fab, it was fab and after we started doing things like um baby gym, we'd go out to the Cotswold Farm Park. Um we was meant to go swimming at one point, but something happened with [daughter] so we couldn't go in the end. So umm that never happened in the end. But we was planning on doing that. But it was like anything that you wanted to do like even shopping, and you'd like to get Primark because I would to be too scared to go on me own. And it's things that they help you with that you're frightened to do to try and help you do them. Um and I don't know, I would love to know what my life would have been like, without Home Start.	Unsure about home visiting to begin with. Sceptical of the volunteer because of age difference and non relatable. Changed- saw benefits of generational bonding. Two generations helping each other.	**A light in the dark; helping the mother and daughter at their own pace**
Interviewer:	Yeah		
Parent:	But I think I'd been poorly. I think I'd still be ill. And I think that my life would be completely different, especially with her. And I don't think she or me would be where I am in this home, owning a car, having a job. Because I quit my job. When um when I went three months before I gave birth, I quit my job. And I didn't go back. And then after having [volunteer] and everything when she was 18 months, I put her in nursery and I went back to work and got a job.	Need to build that trust. Gave it a chance. Different to how she thought it would be- expectations	**Reflection on life's journey; the ripple effect of the support**
Interviewer:	That's amazing, such a difference it's made.		
Parent:	And so, it's made a massive difference and that's what I mean, if I could see what my life would have been like without Home Start. Would I have a job. Would I even have a	Taking it gently, helping to identify what parent was struggling with	

Interview transcript for Amanda		Exploratory notes	Experiential statements
	car. Yeah, it'd be interesting to know, but in a way, I'm glad that I don't have to live that life.	and trying things out	**Life altering support; the ripple effect on the mother and daughter's life**
Interviewer:	Exactly. Yeah. And how did it help with how you were feeling with the health anxiety-		
Parent:	oh, God, the fact that I felt like I was nuts. And like I was constantly, you know when you overthink something, and I couldn't stop, and I was pacing, I couldn't sit down, I was agitated all the time. And then it got to a point where I was like, Oh, it's alright I'll go to the doctors if there's a problem, and it will be off my head. But instead of fixating on it, like constantly draining my head, oh I'm gonna die I'm gonna die. And it was [volunteer] was like just think if there's a problem, go to the doctors and get it sorted and I'm like yeah and then that's when I think, problem, ah I'll go to the doctors. And it would go off my head. So it brought me sane. And it brought me back to like, real life that just because I think that something bad's going to happen it's not going until, until don't self diagnose. That's what I was doing. Until I've actually had someone tell me, that I'm not gonna worry about it. So it brought my worries down. It brought me anxiety down. And I was on the medication at the same time as well. So it was it was both helping. And it made a massive difference to the point where I wanted to come off my meds. Because I didn't feel like I needed them. So that's what I mean. Like for someone to be able to feel like they can come off medication because of a company. Just coming to my house and doing stuff with me	Significance-looking back and wondering how things would have been without Home Start. Reflecting on the difference it has made. The ripple effect of the support. A different life, impacting all areas of life Amazement at impact of Home Start. Didn't expect it to have that much of an impact. The impact of the support more than she thought it would be Questioning how things could have been, what would have happened.	**and the mother reflecting on the significance of it all** **Can believe in herself now; self-esteem impacted** **Lasting impact of home visiting after it has finished**
Interviewer:	It's incredible.		

Interview transcript for Amanda		Exploratory notes	Experiential statements
Parent:	I mean, like life changing for me.	Reflecting on the scale of impact	
Interviewer:	Yeah, exactly. And did you notice a difference with [daughter] when-		
Parent:	God she she's, she's not even three and my nephew's three and a half. She can talk he can't. She was talking before the age of two like this. Umm she can count she can do her ABCs her colour shapes. She can do um handwriting. Um she can do like the follow the dots and do ABCs everything. Um and her reading. She can read books.	Grateful and amazement at her progress Can look back and see how bad things were with her anxiety.	
Interviewer:	She's doing really well.	Volunteer helping parent to make sense of how she felt and find a way through	**Confidence was built slowly with the help of the volunteer**
Parent:	So she can read like, um that's not my giraffe or that's not my pig. She can sit there and she can she can read them on her own now. Because [volunteer], came every single week to read two or three books		
Interviewer:	You would read together		
Parent:	So we just she'd sit on [volunteer]'s lap, we'd have a copy and she'd read to her.	Importance of going to the baby group.	
Interviewer:	That's incredible.		
Parent:	And we went to um [volunteer] actually came with me to a baby group at one point, but it was outside because of COVID and she goes in with you. And we sat on a blanket and we did it and she did get bored not gonna lie, but like it for a certain amount of time, you meet mums and stuff like that. And it was just getting out.	Help in getting out and about Found herself again. Volunteer helped to navigate her through	
Interviewer:	Exactly, especially during that time as well. Must have been really difficult.		
Parent:	Yeah, I didn't get I didn't go out, I didn't want to go out. My Dad did my shopping for the last two years.		
Interviewer:	Yeah		
Parent:	I wouldn't go into a shop		
Interviewer:	So you had somebody there to help you to go to these things.	Reflecting on the sheer impact	

Interview transcript for Amanda		Exploratory notes	Experiential statements
Parent:	Yeah and eventually Well, [volunteer] never came into oh well she came we started off going to the coop just around the corner. Like, let's go get some milk. Don't need it. But let's go get it. And we'd go and do it. And then eventually I was like, right, I'm going to try and I went into Aldi on my own and did a shop.	of the support. The significance of the impact.	**Mother recognising the change in herself and reflecting on what she has achieved**
Interviewer:	That's amazing.		
Parent:	Umm without [volunteer]		
Interviewer:	Yeah,		
Parent:	And from going from buying a pint of milk with her, to being able to right go		
Interviewer:	How did that make you feel?		
Parent:	Oh I was anxious as anything. So anxious that after I did it, I was like, Oh my God, I've just done a shop after two years. I've just been in that shop		
Interviewer:	That's incredible		
Parent:	And I'm not worrying. And I'm not panicking.		
Interviewer:	It was okay.		
Parent:	Yeah it was fine.	Impact for the daughter.	
Interviewer:	Aww		
Parent:	And it was fab. And I was like, what else can I do? And I weren't pushing myself. I did it at my pace	Volunteer invested time with her. Every single week.	
Interviewer:	Exactly, so important.		
Parent:	And um I was still doing these anxiety books and everything. And the app and the and seeing [volunteer], and it was just all coming together. And [volunteer], I would like to talk to [volunteer], when I start I started my job. I think I did I start my job when I was still with [volunteer]? I think I must have just started my job when I was a [volunteer]. And um it was great because I was she was asking how did the interview go and how's work going and I when I first started my	Daughter's progress- time and support from volunteer to read to her every week Daughter has trust and bond with the volunteer	

Interview transcript for Amanda		Exploratory notes	Experiential statements
	job, I was like, can't do it. Can't do it. Can't do it. And over a year down the line, I'm doing the job. Like I've always wanted to do doing in a care home that I wanted to be in. And it's, it's crazy. It's er I'm back at work you know (laughing).	Helping to get out, this was a struggle for the parent.	
Interviewer:	It's amazing and you're enjoying it as well	Built confidence slowly with help from volunteer	
Parent:	I love my job. I absolutely love my job. It's um hard at times really hard um like the losses and stuff and seeing them go. It is er it is hard.	Volunteer had a lasting impact.	
Interviewer:	You must really get to know them as well.		
Parent:	Yeah, it's er been a tough week at work. I know, and erm yeah		**Grieving for the volunteer's departure; bittersweet; sadness for the ending but this is due to the impact of the journey.**
Interviewer:	Bless you		
Parent:	But I wouldn't change it.		
Interviewer:	Oh, exactly. Yeah, that's the thing and the difference you would make to them in their last-	Recognising the change in herself.	
Parent:	Exactly and they come in there they come in there to die they're not coming for holiday. And you know, it starts off on residential, nursing and then dementia. And they're there. And it's been open 10 years. So there's only a few people that are there um that are still there after 10 years you know. And I've only been there a year. You're in a bit. Yeah.	Recognising what she has achieved. Confidence increasing At own pace Realising the significance of change. Looking back at the journey and being able to do so much she could not do before	
Interviewer:	So it turns over quite-		
Parent:	Yeah, it well. Yeah, it can. But we can hold quite a few residents. Um it's a big care home. It's [name of care home] so. Yeah, so it's er		
Interviewer:	Sounds like you're doing really well.		
Parent:	I love it. It's like a hotel. It's like it's really it's like a hotel it's great, but I didn't think I'd ever get the job there to be fair. I didn't I thought I was pushing above my weight. But no, it's been er fabulous, I wish I could	Can now believe in herself. Impact on self esteem. She can	

Interview transcript for Amanda		Exploratory notes	Experiential statements
	do more hours. But it's it's just hard with childcare.	do things. She can do the job and likes it	
Interviewer:	Yeah it's tough, isn't it? It's juggling it all. So when um so how come Home Start ended, what what led it to-	Strong bond with volunteer.	
Parent:	[volunteer] left	Difficult to transition to another. Shows extent of impact and letting her in as family	
Interviewer:	Oh right okay		
Parent:	[volunteer] left. And they said I could have someone else but I didn't want anyone else.		
Interviewer:	Okay.		
Parent:	And I said look, if you're gonna go I think it's time that you know, it ends and um I had someone else come can't even remember I don't think it was [manager] but it was someone else. And I think she's left now. That came and had to do like the end paperwork.	Grieving for the volunteer's departure. Sense of loss and sadness.	
Interviewer:	Oh Yeah. All of that.		
Parent:	But it was er it wouldn't have ended if [volunteer] didn't leave. I'd still probably see her now. But she was moving. And you know, she did tell me like months look I think I'm gonna be moving.		
Interviewer:	So how long ago was that?		
Parent:	That was god 2023 we're in. So [volunteer] left in June last year. So it's been so from from the last meeting that we had was in April 27th of April. And then I didn't see her until January this year. So it's been nearly a year since I last saw her	Like family. In her life. Picture of her daughter and volunteer very prominent gift, reflecting impact volunteer has had	
Interviewer:	And how are things been for you?	Sadness at departure. Bittersweet. Complicated grief. Volunteer no longer there in that capacity but still there.	
Parent:	We still talk.. umm if I'm ever struggling I'll be sending voice notes to her and she'll be replying.. umm she asks how [daughter] is regularly she sends birthday Christmas presents Easter um we're always in touch and umm we gave her like a		

Interview transcript for Amanda		Exploratory notes	Experiential statements
	little present of a we got a (word undistinguishable) made for her that had a picture of her and [daughter] on um and like a goodbye present. Like she was family. And that's the thing and it's sad because I think if you do get attached to-		**Bittersweet impact of COVID and becoming a Mum leading to home visiting support and meeting the volunteer.**
Interviewer:	Must be hard		
Parent:	Yeah…umm if you do get attached to 'em it's it's (word undistinguishable) losing someone even though they're not gone, you know what I mean, er it's er hard if I could have her back now I would.	Reflecting on a difficult year post Home Start but the lasting impact it has had. Still in contact with volunteer	
Interviewer:	Yeah		**Butterfly effect of the home visiting experience.**
Parent:	You know, I don't need her, you know. She just makes a difference.		
Interviewer:	Yeah. So how have you been feeling like what's this last year been like for you and [daughter]?		
Parent:	Well (laughs) certain things have happened. So it's been tough. But I've not gone back to how I was	Lasting relationship	**Intertwining relationship between mother, daughter and volunteer**
Interviewer:	Okay,		
Parent:	So		
Interviewer:	That's really positive.		
Parent:	Yeah, I've not backtracked. You know, I started with Home Start ill, got better. And it has been tough the last year. Um but but [volunteer]'s been there.	Significance of COVID and change of life journey where parent met the volunteer. Reflecting on how big of a difference Home Start has had	
Interviewer:	She's still there		
Parent:	She rings me. Like we'll have a conversation on the phone for half an hour, and then um and FaceTime and stuff like that. So if I'm struggling, she's there. And she's still there. Even though she isn't with Home Start anymore.		
Interviewer:	And you know that she's always there.		
Parent:	Yeah, I've always got if I think oh I'm struggling a bit. [Volunteer] can we can we have a chat. And she's	Changed not just her life, but her daughter's life.	

Interview transcript for Amanda		Exploratory notes	Experiential statements
	still there now. Umm.. but like, it it's thanks to COVID, really, if COVID didn't start I wouldn't be you know, here, and I wouldn't be where I am if it weren't for Home Start. They made a difference. They made a massive difference. But not just to me, they made a difference to her. And that's what I'll always be grateful for. Yeah. Because it's just, it's so emotional, I can feel myself getting upset now (tears in eyes). They, they made a massive difference to me. Because of everything that happened. But they made a difference to her. And I don't know what I do if they didn't help with her. Like, the way she is now and that's thanks to them being in my life. And I'll always be grateful for that. And that's why I try like, that's why I did like a bit try and help with like, anything, they kind of said, if you need any help with fundraising or anything like that, I'm always there.	A ripple experience. A bonded experience Powerful experience. Emotions of the parent and interviewer. Parent very grateful Would like to give something back Felt like life is worth living. Helped the bond with her daughter.	**Shifting how the mother sees life and the difference home visiting has had. Wanting others to experience this shift.**
Interviewer:	Yeah.		
Parent:	And umm I did say that I become a volunteer in time, but you have to be you got to be off Home Start for a year.		
Interviewer:	Oh I see		
Parent:	And obviously with work that's gone on and everything that that's just not happened at the minute		
Interviewer:	Just wrong timing at the moment		
Parent:	Yeah. But like I if I can help someone like, [volunteer] helped me. I'd do it in a heart beat. If it made someone feel the way I feel. And not made me feel like life's pointless. And that my life is worth living. And my life is great. And it's great with her. But they made a difference to me. And I'm sad that it did end cuz I	The need to want to spread the word, to help others feel the way she did	

Interview transcript for Amanda		Exploratory notes	Experiential statements
	didn't want it. And, you know, it's it's just it's been hard this year. I could have done with [volunteer] this year. At certain points. You know she weren't here, she was on the end of the phone. And.. that was the main thing. Like if I I only saw [volunteer] I didn't see any of the any of the volunteers. So umm but it's er I don't think there's enough volunteers to go around if everyone, I don't think it's well known out there. A lot of people that I speak to I speak to like my friends across the road and I say oh look get in touch with Home Start	Trying to express the amount that Home Start have done and how much they have changed her life. Trying to tell others.	
Interviewer:	Yeah I do as well.	Bittersweet- loss of volunteer but lasting impact of their support and seeing their journey	
Parent:	You know		
Interviewer:	Try and spread the word and		
Parent:	Yeah. Because it's not out there enough. And everyone's like, what's that? And I'm like and then you explain everything that they've done for me and then they can help you they help me with clothes for [daughter] as well. They work. They work with Gloucester bundles don't they like referrals? So she.. she um. So they help with clothes for [daughter] and the clothes are amazing like I was struggling cuz I weren't working. And it was it was fabulous. But it's it's so sad to look back on everything that's happened with Homestart and to think [volunteer]'s not here. You know, I don't know what I'd do without [volunteer]	Has her life back. Life changing experience. Wanting to express thanks. Trying to find a way to express thanks. Doing interview to try and express thanks? A way of letting them know	**A life changing experience for the mother and daughter**
Interviewer:	Such an amazing journey that you've had		
Parent:	Yeah. It's been amazing it's been fab it's been absolutely fab. And I think that they do a great job. Um they literally it's like they saved my life in a way because I was so poorly. And	Sadness for Home Start at loss of the people she spoke to	

Interview transcript for Amanda		Exploratory notes	Experiential statements
	if I didn't agree to do it, I don't know where I'd be now. Not gonna lie. I don't know where I'd be now. Um it's just changed my whole life. And they made a massive difference. And I'm forever grateful for that. You know, it's so hard. It's so much that you can say towards them, even like management as well management used to ring me. And they would check that how you doing? Are you all right? You know but obviously, I think the people that I spoke to are no longer with them, so it's a shame really because they were fab as well and um. Yeah. It's just	Became close. Made a difference like family. Importance of family and trust Changed both of their lives	
Interviewer:	Yeah		
Parent:	They became family		
Interviewer:	That's amazing. I'll let you um go but anything else you'd like to add before I stop there?		
Parent:	Er just thank you to them really like, you know, they changed my life and they definitely changed my kid's. They make a difference.		
Interviewer:	Aw. Thank you so much. That was um, that was incredible, it was so lovely hearing your story.		

Figure K1

Example Photos of Clustering to Form PETs for Parent Amanda IPA Study

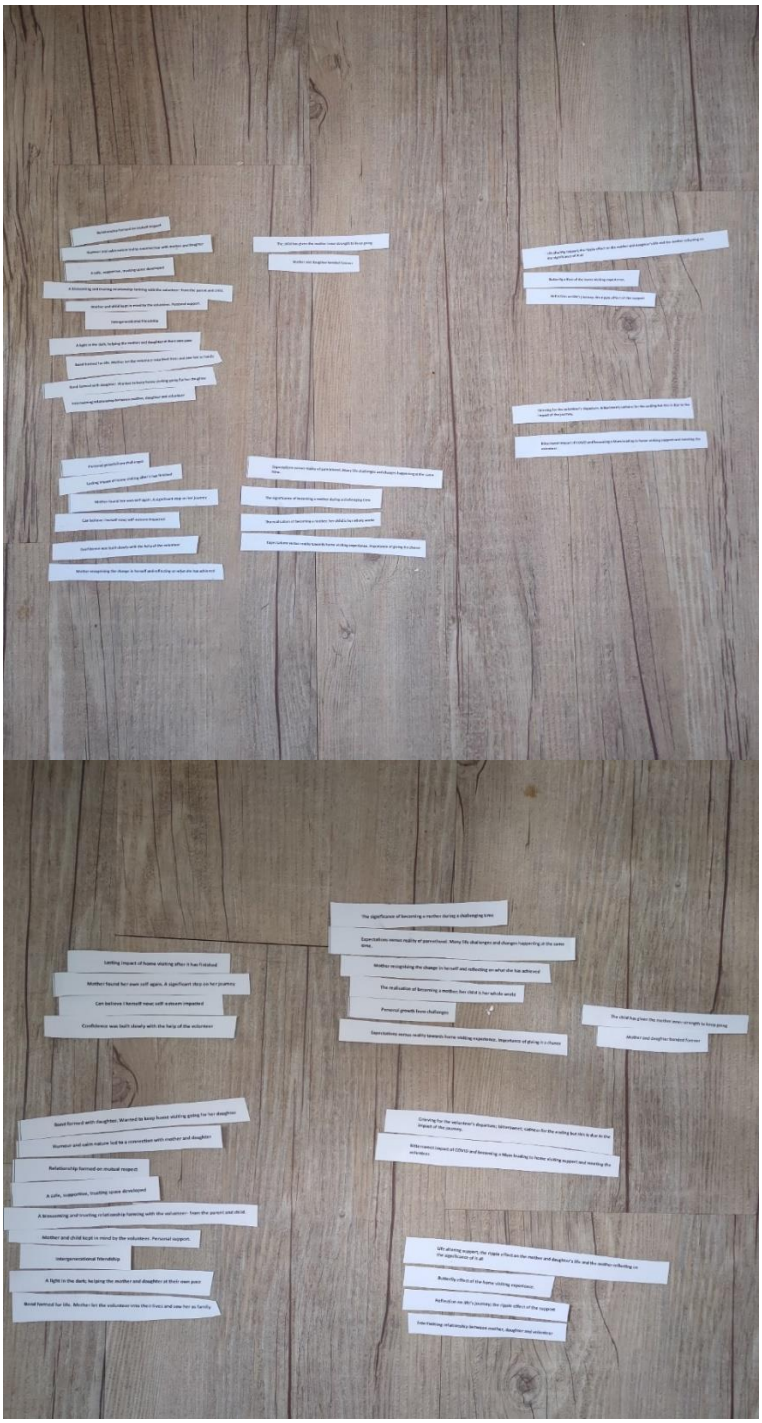

Table K2

Parent Amanda Example PETs, Subthemes, Experiential Statements and Quotes IPA Study

Personal Experiential Themes	Subthemes	Experiential statements	Page number
The intertwining bond	The bond between the mother and daughter	The mother and daughter are bonded forever	*But I know I'll always have her, she'll never let me down just like I'll never let her down* (p.3)
		The child has given the mother inner strength to keep going	*she has been.. everything…Especially during COVID and everything she has been keeping me going. So it's like she's looking after me* (p.2)
	The blossoming and trusting bond with the volunteer from the mother and child	Relationship formed on mutual respect	*it was all on my pace and it can be on your pace. It's it's they're there for you. It's what you're feeling comfortable with. Which is great. Because if it had to be like a certain way, and I don't like that I would have said nope not doing that. But they didn't. I didn't feel anxious with them. And I didn't feel like I had to do something that I didn't want to do* (p.7)
		A safe, supportive and trusting space developed	*it was like kind of it was like therapy. In a way. I was just having someone there that I didn't want to talk to my mum about. And I didn't want to talk to my partner about…And it was like*

Personal Experiential Themes	Subthemes	Experiential statements	Page number
			a safe space with her (p.4)
		A light in the dark; the volunteer helped the mother and daughter at their own pace	*And it's things that they help you with that you're frightened to do to try and help you do them.* (p.8)
		Mother and daughter kept in mind by the volunteer	*she always bought books…And there was one particular book all the time the Hungry Caterpillar…And she actually go up to [daughter] with a massive note in it before she left as well. Like this is needed someone to look after it…she was was always doing something like or we just talk like and it was always a case of trying to make sure that how're you doing?* (p.3-4)
		Humour and calm nature from the volunteer led to connection with the mother and daughter	*So it was it was the way [volunteer] made her feel like and [volunteer]'s really laid back and she's a good laugh you know what I mean? It'd be great.* (p.7)

Personal Experiential Themes	Subthemes	Experiential statements	Page number
		Intergenerational friendship	*I loved it, at the start I'm not gonna lie It was a bit oh I don't know if I like this because… obviously, I thought it would have been someone my age and she weren't if she was a bit older and I think that worked out better really because she had a bit more experience in the world compared to me* (p.8)
		Intertwining relationship and its impact between mother, daughter and volunteer	*They made a massive difference. But not just to me, they made a difference to her. And that's what I'll always be grateful for.* (p.12)
		Bond formed with daughter and volunteer. Mother wanted to keep home visiting going as it was helping her daughter	*I didn't need her for that long but I wanted her because she it was making a difference to her* (p.7)
		Bond formed for life. Mother let the volunteer into their lives and saw her as family	*after about six months it was nanny [volunteer] that's what we called her, on Mother's Day um we've got her like a present and a card to nanny [volunteer]. She was literally like family to us by the end of it and still is now.* (p.7-8)

Personal Experiential Themes	Subthemes	Experiential statements	Page number
Personal growth and change	Expectations versus reality	The realisation of becoming a mother; her child is her whole world	*And then when I got pregnant. The first thing I thought was I'm gonna die. I can't give birth…Like but she's my absolute world. I don't know. I can't remember life before having her.* (p.2)
		The significance of becoming a mother during a challenging time	*obviously that was the peak of COVID…So I had to go into hospital on my own…Um and I was having contractions going up…(laughing) and the nurse goes are you alright. And then I had to be four centimetres before they'd even let my partner in*. (p.1)
		The expectations versus reality of parenthood. Many life challenges and changes at the same time	*It's been hard cuz during COVID like most of our life, like, I have to be the one person that had to have a baby during that…And my first child. And no one got to hold her. I was hoping that my birth would be give birth a couple of days, go to my mum…And it weren't like that. It was four months later, go to my mum. Yeah.*

Personal Experiential Themes	Subthemes	Experiential statements	Page number
			So you didn't like it felt a bit robbed (p.4)
		The expectations versus reality of the home visiting experience. The importance of giving it a chance	*After I got into it, I needed to give it a chance and that's the thing you have to give it a chance.* (p.8)
	The mother finding her own self	The mother's confidence was built slowly with the help of the volunteer	*we started off going to the [shop] just around the corner. Like, let's go get some milk. Don't need it. But let's go get it. And we'd go and do it. And then eventually I was like, right, I'm going to try and I went into [shop] on my own and did a shop.* (p.9)
		The mother experienced personal growth from challenges	*And I was like, why is it that it would happen to me you know but I wouldn't have had it any other way because it's made me who I am today.* (p.4)
		The mother recognised the change in herself and reflected on what she had achieved	*Oh I was anxious as anything. So anxious that after I did it, I was like, Oh my God, I've just done a shop after*

Personal Experiential Themes	Subthemes	Experiential statements	Page number
			two years. I've just been in that shop… And it was fab. And I was like, what else can I do? And I weren't pushing myself. I did it at my pace… it was just all coming together. (p.10)
		The mother has found her own self again. A significant step in her journey	*Started to find myself again*. (p.7)
		The mother can believe in herself now; self-esteem impacted	*she was asking how did the interview go and how's work going and I when I first started my job, I was like, can't do it. Can't do it. Can't do it. And over a year down the line, I'm doing the job…And it's, it's crazy. It's er I'm back at work you know* (p.10)
		The lasting impact of home visiting after it has finished	*So it's been tough. But I've not gone back to how I was* (p.12)
The life altering impact of the journey	The butterfly effect	The butterfly effect of the home visiting experience	*Because it's just, it's so emotional, I can feel myself getting upset now (tears in eyes). They, they made a massive difference to me. Because of*

Personal Experiential Themes	Subthemes	Experiential statements	Page number
			everything that happened. But they made a difference to her. And I don't know what I do if they didn't help with her. Like, the way she is now and that's thanks to them being in my life. And I'll always be grateful for that (p.12)
		Reflection on life's journey; the ripple effect of the volunteer's support	*I would love to know what my life would have been like, without Home Start…But I think I'd been poorly. I think I'd still be ill. And I think that my life would be completely different, especially with her. And I don't think she or me would be where I am in this home, owning a car, having a job.* (p.8)
		Life altering support; the ripple effect on their lives and the mother reflecting on the significance of it all	*it's made a massive difference and that's what I mean, if I could see what my life would have been like without Home Start. Would I have a job. Would I even have a car. Yeah, it'd be interesting to know, but in a way, I'm glad*

Personal Experiential Themes	Subthemes	Experiential statements	Page number
			that I don't have to live that life (p.8)
	Bittersweet	Bittersweet impact of COVID and becoming a mum during this leading to home visiting support and meeting the volunteer	*it it's thanks to COVID, really, if COVID didn't start I wouldn't be you know, here, and I wouldn't be where I am if it weren't for Home Start.* (p.12)
		Grieving for the volunteer's departure and the end of home visiting. Sadness for it ending because of the impact of the journey	*And they said I could have someone else but I didn't want anyone else…And I said look, if you're gonna go I think it's time that you know, it ends* (p.11)

Table K3

Initial Development Notes and Table for GETs IPA Study

Group experiential themes	Sub themes	Experiential statements	Quotations
Navigating parenthood	The contrasting realities of parenthood	Parent 2 Life circumstances contributed to a difficult start becoming a mum	*there's a village that didn't really have people that had newborn babies so umm yeah, especially being pregnant on my own didn't really know anyone couldn't drive, couldn' t go anywhere. Um so yeah, it was pretty, pretty difficult start really* (p.1)
		Parents 3 Expectations different to the reality of becoming parents and caring for a child	Mum: *..it was hard going you were shocked weren't you I don't think you were quite-* Dad: *Oh my goodness yeah I was not prepared I'm an optimist and I thought I would take it in my stride. I thought he would fit into life which really didn't happen at all* (p.1)
		Parent 4 A stressful start to life as a new mother	*Yes. So I I experienced postnatal after having my first um because being a new mum and everything, it was very daunting and I didn't really have support from um family or anything um* (p.1)
		Parent 1 The realisation of becoming a mother; her child is her whole world	*And then when I got pregnant. The first thing I thought was I'm gonna die. I can't give birth…Like but she's my absolute world. I don't know. I can't remember life before having her.* (p.2)
		The privilege of being parents overriding the hard times	Dad: *...we faced the fact of life possibly without children and um we weren't really okay with that, you particularly had always longed to be a mother*

Group experiential themes	Sub themes	Experiential statements	Quotations
			Mum: *Mm* Dad: *I was like oh it will be fine. But then you taste it you enjoy it and you're like this is incredible such a privilege and joy er to not have it would it's very sad... Yeah, it's the greatest privilege of our life isn't it.* Mum: *Yeah it is amazing and I think even the hard times it just makes up for it the fact that we're getting to do this we're getting to be a family and we're getting to experience it and just yeah the joys and the hard times.* (p.27)
		Parent 4 The two sides of parenthood: challenging and rewarding	*Um it was yeah it was challenging but very but very rewarding at the same time so* (p.6)
	The multifaceted layers of parenthood	Parent 2 Facing the normal struggles of new motherhood as well as other layers	*…I just think all this is sort of normal being a mum feeling like this. I've always suffered with anxiety anyway and um a bit of depression, umm but just another um another layer I suppose*. (p.2)
		Parent 2 Parent's mental health impacted her life and contributed to isolation	*…well I did have friends but I was isolated a lot from my friends um in my NCT group um because of the OCD I had around routine and I just kind of just ruined me to be honest. Ruined my life at that time of just being so obsessive by her sleep and also it was the only*

Group experiential themes	Sub themes	Experiential statements	Quotations
			time that I got to sleep. So, yeah, that was hard (p.5)
		Parent 1	*It's been hard cuz during COVID like most of our life, like, I have to be the one person that had to have a baby during that…And my first child. And no one got to hold her. I was hoping that my birth would be give birth a couple of days, go to my mum…And it weren't like that. It was four months later, go to my mum. Yeah. So you didn't like it felt a bit robbed* (p.4)
		The expectations versus reality of parenthood. Many life challenges and changes at the same time	
		Parent 2	*unfortunately I had spent endured six months of hell living with him um because I wasn't able to leave the house umm and so that's when it got a lot lot worse umm and that's where the majority of my PTSD comes from really is when we were living in the same household.* (p.9)
		The impact of the pandemic on the abuse and subsequent post-traumatic stress	
		Parents 3	Dad: *..it was busy and frantic because there's there's extreme tiredness overlaid it all* (p.10)
		Tiredness exacerbated everything	
		Reflecting on her early experiences of new motherhood and recognising how distressing things were	*Um you know, and it got to about 8 months and just hit a wall and was just like, this is ridiculous, I'm you know, up every 40 minutes, two hours. But you know um and I thought I just I was hallucinating umm you know it was and yeah, (laughing) I look back and think*

Group experiential themes	Sub themes	Experiential statements	Quotations
			now it was funny, but it wasn't funny… (p.2)
		Different perspectives from both parents on the shock of expecting twins	Mum: ..*despite all our wanting children I was like I do not want two at the same time so it took me a long time to come round to it* Dad: *See I didn't have that perspective because I was just like well we've done it for one, just do the same thing again but for two* (p.4)
		The reality of having twins	Dad: S*he was like you have no idea , it doesn't work like that* Mum: *(laughs as Dad speaks)* ... Dad: *But she was right it didn't work like that* (p.4)
		Navigating practical and emotional challenges after birth of twins	Dad: *When the NICU stay as well which we came to it with twins was challenging, trying to care for [oldest child] here, feeling guilty for not being in NICU with the twins and all that kind of stuff* (p.4)
		Parents 3 Parents not meeting their own needs	Dad: *We we were I mean we were surviving and doing well in terms of the kids were happy you know [oldest child] wouldn't have said I was neglected around that time or anything, there was fun in the house and we did all we could, but we were privately our heads were just above water so we didn't ever do anything around the house did we we had no capacity for that, you had no break whatsoever, there was no free time*

Group experiential themes	Sub themes	Experiential statements	Quotations
		Parent 4 Navigating parenthood and how to help her child when he struggles	*Parent:Yeah. When he wants something but you don't know what he wants because he can't communicate so, yeah.* Interviewer: Yeah. How does that make you feel when he has a meltdown? Parent:Um really anxious and just really like you know I do I do feel a bit not helpless but just it's really difficult because like I don't know what you want (laughs) (p.6)
		Parent 2 A hard transition for the mother and the elder child when becoming a mother for the second time	*I found it hard work because I had a child who was just over two who was very clingy and needy and obviously her world was knocked upside down um and she hated her sister for about six months* (p.5)
The process and significance of help	The meaning of help	Parent 2 Difficult to ask and accept help as a mum	*it's quite difficult when you, you know, you're to ask for help anyway generally, being a new mum, old mum, whatever um I think it's quite difficult to to to take that help as well. Um so I think maybe for (breathes out) new mums I think it's even worse if you don't have anyone around you* (p.6)
		Parent 2 Societal expectations on mums to "do it all"	*and there is that sort of not stigma. I wouldn't call it that, but you're quite mums are sort of meant to do it all and you know, um I just think that that's quite sad really, that um there's that stigma really that you can't*

Group experiential themes	Sub themes	Experiential statements	Quotations
			ask for help and you shouldn't, I don't know. (p.6)
		Parents 3 Difficult to ask for help	Mum: *We needed a lot of help. And like we're not really great at well we weren't great at asking for help before.* (p.10)
		Parents 3 Accepting help and feelings towards this	Mum: *Yeah and it's always like okay yeah there's still part of you that you don't want to sort of you're like I should be able to do this on my own you know these are my children I should be able to do this but I think we had to quickly come to the realisation that it just wasn't going to be that easy.* (p.22)
		Parent 4 Recognising the need to change, with her child in mind to spur mum on	*Parent:Um I was I mean my mental health was alright but I would have my down days where I did feel like useless worthless didn't want to do anything really unmotivated and everything but I knew I had to do something to get out from this for my child so yeah.* (p.4)
		Parent 4 Anxious about accessing support because of previous traumatic experiences	*A bit nervy about it at the start because obviously um I I judge a lot of things because obviously my previous experiences…* (p.5)
		Parent 2 Lack of support continued after the birth of second child	*the lack of support I had from anyone umm my ex, his family that lived down the road. No one, no one helped, didn't know really anyone* (p.5)

Group experiential themes	Sub themes	Experiential statements	Quotations
		Parent 4 Lack of outlet and support with first two children led to isolation, deterioration of mental health and struggles with parenting	*I think it's because there was no Home-Start there was no real like places to go and get help um there was just no outlet or anything and it's really yeah just really bad.* (p.10)
	Taking a leap of faith	Parent 4 Daunting to access support yet benefit of doing so	*Fine yeah um I mean it was at the start it was really daunting I was like oh a new person but then afterwards fine, so yeah.* (p.12)
		Difficult to accept help. The unknown of whether it would be helpful or not	Dad: ...*how do we know someone's actually going to be helpful coming in here and not an awkward hindrance for us. We weren't sure I think for a little whilst about taking it on.* Interviewer: *Yeah* Dad: *Um until we met [Home-Start worker] I suppose and began conversations and thought oh she's quite nice and normal.* (p.12)
		Parents 3 The feeling that things will be okay after the initial meeting with Home-Start	Dad: *Yeah and I think I think with Home-Start as well un until you meet someone from them they're kind of faceless so you just don't know what they're going to be like if you know are they going to send round some strict nanny type figure or whatever you just don't know* Mum: *(laughs)* Interviewer: *Yeah*

Group experiential themes	Sub themes	Experiential statements	Quotations
			Dad: *until you begin a conversation with them um so at that point of desperation that's when we did ask for them to come round and we were just accepting anything um we really weren't sure but after your first meeting you have quite a great deal of confidence I suppose don't you that it is going to be okay, it will work* (p.23)
		Parent 1 The expectations versus reality of the home visiting experience. The importance of giving it a chance	*After I got into it, I needed to give it a chance and that's the thing you have to give it a chance.* (p.8)
Having the family in mind	Foundational relationships between the volunteer and family	Parent 1 Bond formed for life. Mother let the volunteer into their lives and saw her as family	*after about six months it was nanny [volunteer] that's what we called her, on Mother's Day um we've got her like a present and a card to nanny [volunteer]. She was literally like family to us by the end of it and still is now.* (p.7-8)
		Parent 1 Mother and daughter kept in mind by the volunteer	*she always bought books…And there was one particular book all the time the Hungry Caterpillar…And she actually go up to [daughter] with a massive note in it before she left as well. Like this is needed someone to look after it…she was was always doing something like or we just talk like and it was always a case of trying to make sure that how're you doing?* (p.3-4)

Group experiential themes	Sub themes	Experiential statements	Quotations
		Parent 2 Home visiting volunteer like a granny or mum to parent's children and herself	*…she was amazing um…My, my adopted granny or mum* (p.3-4)
		Parent 2 The volunteers were there to help with what was needed when the parent most needed it	*they're just all little angels…all different but all very good at the same time.* (p.11)
		Parents 3 The volunteer very much a part of the journey with the family, she has been there through many changes	Mum: *And that's nice it was nice to have that bond where someone you know does does care about if they're developing and yeah and being exciting being excited that they're talking or doing different things um* Interviewer: *Definitely* Mum: *Cuz yeah she shares in that doesn't she she's been there for the several meetings and* Dad: *Yeah absolutely I've not really thought about it but yeah you're right she's quite attached to them herself she's journeyed so much with us* (p.27)
		Parents 3 A bond with the family (changed to better reflect what the parents were conveying)	Dad: *…she becomes part of the family in some ways doesn't she in terms of it's cuz it's a regular thing consistent and the kids get to know her and stuff* (p.26)

Group experiential themes	Sub themes	Experiential statements	Quotations
		Parent 4 Having a friend and helping with what was needed	*She just helped me with obviously my confidence, she helped me with um like putting a routine for [third child] and everything obviously my third child and basically just um and just basically was there to talk to um talk to and everything and it was just really nice just felt like I had a friend* (p.4)
		Parent 4 Mum's spirits were raised by the volunteer	*Umm it was it was tough it was stressful and yeah when she when she came into the picture it was just so much better and yeah raised my raised my spirits.* (p.4)
	Compassionate understanding	Parent 1 A safe, supportive and trusting space developed	*it was like kind of it was like therapy. In a way. I was just having someone there that I didn't want to talk to my mum about. And I didn't want to talk to my partner about…And it was like a safe space with her* (p.4)
		Parent 2 Helpful to talk to somebody outside of the situation and feel listened to	*…they were just um lovely. All of them. All three of them were amazing and very it was just nice to talk to somebody umm who it was sort of not independent, but, you know, sort of doesn't know your situation doesn't know umm umm doesn't know they just listened, I suppose*. (p.7)
		Parent 1 Relationship formed on mutual respect	*it was all on my pace and it can be on your pace. It's it's they're there for you. It's what you're feeling comfortable with. Which is great. Because if it had to be*

Group experiential themes	Sub themes	Experiential statements	Quotations
			like a certain way, and I don't like that I would have said nope not doing that. But they didn't. I didn't feel anxious with them. And I didn't feel like I had to do something that I didn't want to do (p.7)
		Parents 3 Home-Start have the family in mind and keeps the family in mind	Dad: *...there's nothing they do to make it awkward or hard* Mum: *They just always want to help. There's always opportunities that we're being like [Home-Start worker] will always say we've got you know we've been approached and asked whether people want to go there was an outdoor er like a forest school kind of thing and they had some free places and so they're always offering passing on offers like that aren't they* (p.27-28)
		Parents 3 Home-Start made it easy, had the family in mind	Mum: *[Home-Start worker] was really reassuring wasn't she I think it was someone that got it and that we weren't having to-* Dad: *She she understood* *Mum: battle for getting any help or anything she was yeah just really positive.* Dad: *And I suppose presenting it as well not in the way of we're trying to impose something on you we're very much a we're here to help, we're flexible, you dictate to us in many ways* (p.25)
		Parent 4	*Um just basically just the um no no judging and just I could just*

Group experiential themes	Sub themes	Experiential statements	Quotations
		Non-judgemental and welcoming support with a space to talk	*talk freely and not feel like I was being you know looked down on or anything, it was just so nice and just so she was just so welcoming, yeah.* (p.5)
		Parents 3 Home-Start providing the right support at the right time. Family feeling validated and understood	*Dad: [indistinguishable word] and things like that. Um and it I guess it comes at a point where this is exactly what we needed we needed somebody to come who wasn't going to be a pressure on us who was just going to be there to help was happy to do a multitude of things or allow [Mum] to go and do different things if she needed to* (p.25)
The butterfly effect of help	The ripple to the children	Parent 1 The butterfly effect of the home visiting experience	*Because it's just, it's so emotional, I can feel myself getting upset now (tears in eyes). They, they made a massive difference to me. Because of everything that happened. But they made a difference to her. And I don't know what I do if they didn't help with her. Like, the way she is now and that's thanks to them being in my life. And I'll always be grateful for that (p.12)*
		Parents 3 Trust has been built between volunteer and family	Mum: *he he's not that comfortable so it's not been that easy having help because actually he wouldn't go to anybody so to have [volunteer] come every week means that he's built up that you know he's comfortable with her and he'll*

Group experiential themes	Sub themes	Experiential statements	Quotations
			be able to be left with her yeah and she knows what helps and what doesn't so that's way more useful than just somebody that dips in and out doesn't it cuz she actually knows him (p.18)
		Parent 4 Volunteer had great bond with the mum's child	*Lovely. Yeah, yeah. She was really just open arms, cuddles, hugs, yeah just it was just magical yeah. It was lovely so.* (p.6)
	The ripple in life	Parent 1 Reflection on life's journey; the ripple effect of the volunteer's support	*I would love to know what my life would have been like, without Home Start…But I think I'd been poorly. I think I'd still be ill. And I think that my life would be completely different, especially with her. And I don't think she or me would be where I am in this home, owning a car, having a job.* (p.8)
		Parent 2 Inspired by the volunteers to be one herself. Recognises it as vital support for mums	*it's a big thing to volunteer for, but for from a mum's perspective it's just it's vital, it's just invaluable to them umm that's why I'd like to do it myself um when they're in school or something* (p.15)
		Parents 3 A more positive day had by all with volunteer compared to a long and difficult day without her	Mum: *…like not having [volunteer] and not being able to have that one day a week where we've got the help* Interviewer: *Mm* Mum: *would just be really hard going wouldn't it I* Dad: *It would I think probably like it would be a less happy*

Group experiential themes	Sub themes	Experiential statements	Quotations
			home in many ways as well. You can have fun with the kids with [volunteer] can't you Mum: *Mm* Dad: *and [volunteer] has fun with the kids as well so it's a positive day* Mum: *Mm* Dad: *whereas perhaps without [volunteer] would have been a grind to get through whatever [indistinguishable word] when she wasn't here* (p.24)

Initial ideas

The start

Navigating parenthood

Throughout the four transcripts, there was a real sense of transition and change with becoming a parent and navigating this terrain. All four parents faced difficult challenges in various ways brought on by this transition and were trying to find a way through both emotionally and practically.

The contrasting realities of parenthood

- The expectations vs the reality
- Juxtaposition

The multifaceted layers of parenthood

All four parents had different dimensions to the challenges they faced

The tough transition ans additional layers (parent 2 mental health) (parent 4 tough transition mentally) (parents 3 additional needs e.g. twins and disability) (parent 1 covid)

Adapting to a different life

The process

The process and significance of help

The meaning of help

Recognising the need

Taking a leap of faith

The intervention

Having the family in mind

Foundational relationships

The outcome

The ripple effect of the support- helps child and parent, want to help others, confidence instilled in other aspects of life

Group experiential themes	Sub themes	Experiential statements	Quotations