Sutton Trust Evaluation Project (STEP): Phase 3

Draft Research Report

An Evaluation of PEEP Provision for "excluded" families:
Room to Play

Maria Evangelou, Kate Coxon and Kathy Sylva

University of Oxford Department of Education

December 2008

Acknowledgements

Table of Contents

List of Tables

List of Figures

List of Abbreviations

A Level	Advanced Level
AS Level	Advanced Supplementary Level
DCSF	Department for Children, Schools and Families
DfES	Department for Education and Skills
DH	Department of Health
DWP	Department for Work and Pensions
E	Education
EAL	English as an Additional Language
ELPP	Early Learning Partnership Project
EYFS	Early Years Foundation Stage
GCSE	General Certificate of Secondary Education
GP	General Practitioner
H	Health
IDeA	Improvement and Development Agency
IMD	Index of Multiple Deprivation
LGA	Local Government Association
LS	Life Skills
ONS	Office of National Statistics
ORIM	Opportunities, Recognition, Interaction and Modelling
NHS	National Health Service
PEAL	Parents, Early Years and Learning Project
PEEP	Peers Early Education Partnership
PHC	Practical Help Child
PHP	Practical Help Parents
PPEL	Parents as Partners in Early Learning
PSA	Parenting Support Advisers
RTP	Room to Play
S	Signposting
SOA	Super Output Area
SES	Socio-economic Status
SPSS	Statistical Package for Social Sciences
STEP	Sutton Trust Evaluation Project
UK	United Kingdom

Chapter 1: Background and methodology

1.1 Introduction, aims and methods

This report concludes a three year evaluation of Room to Play, an innovative project run by the Peers Early Education Partnership (PEEP). The research was carried out between January 2006 and September 2008, by the Department of Education at the University of Oxford and funded by the Sutton Trust and the Garfield Weston Foundation. The first phase of the evaluation was completed in June 2006 and the second phase in September 2007. Both research reports are available from www.peep.org.uk. The interim research report concluded that:

'Room to Play should continue to view itself as a dynamic and innovative entity, experimenting to find the best ways of supporting parents to engage with the PEEP curriculum' (Coxon, Evangelou and Sylva, 2007, p. 49).

A detailed account of the first two years of the project's operation has already been provided. This final research report draws together the findings of the three year project, with an emphasis on the changes and developments that have taken place over 2007-2008. It highlights the successes and challenges of the past three years, documenting what has been very much a 'journey', for practitioners, parents and children alike. It draws conclusions, where possible, about the performance of the project, in order to develop both a transferable model of operation and to reflect on issues in the evaluation for similar projects of this nature. In looking back at the past three years it points to the future.

1.2 Policy context

Supporting parents, and recognising the impact of the parenting process with a particular focus on early intervention and prevention, emerge as core themes in recent policy initiatives. Support for couples, parents and families was pledged (April 2005) in the form of the Strengthening Families Grant, which later became the Children, Young People and Families Grant. While the early years are recognised as important, targeted support has also been offered to parents of older children. Short-term pilot schemes, such as a two year pilot scheme of parenting courses in 15 local authorities for children aged 8-13 were announced in July 2006. In September 2006, Parenting Support Advisers (PSA) were introduced in 20 local authorities and 600 schools as part of a £40 million government pilot project to support children and families, including parenting programmes, mentoring for parents or children and one to one tuition. In July 2007, a further £396 million was pledged; the Children's Fund was supported over a further three years, as well as projects that specialise in early intervention and prevention. By 2008, all areas are required to have Children's Trusts, are expected to produce integrated working at all levels, from planning through to delivery; and by 2010 there are expected to be 3,500 Children's Centres supporting young children and their families.

Other significant policy developments include the inauguration of the first Children's Commissioner in 2005 and the launch of Child Trust Funds (January 2005) to enable parents to save for their children's future. Support has also been given to practitioners who assist those in the parenting role in the form of the National Academy of Parenting Practitioners, which was established in 2007.

Support for parents has also been provided by government departments with a broader remit beyond children and families. Early years policies have been firmly set into the context of early prevention and reducing child poverty and social exclusion. The Social Exclusion Task Force, which replaced the Social Exclusion Unit in June 2006, aimed to identify those most at risk, and focused on "excluded" groups. In 2006 the Cabinet Office published the Social Exclusion Task Force's report Reaching out: an action plan on social exclusion, which highlighted the importance of parenting as a factor in improving outcomes for children. The plan announced ten health-led parenting support demonstration projects for 0-2 year olds, based on the Nurse-Family Partnership programme run by Olds in the US (Olds, Sadler and Kitzman, 2007)[1]. A year later, the Social Exclusion Task Force published Reaching out: progress on social exclusion, which identified some of the most persistent risk factors, and Reaching out: think family – analysis and themes from the Families at Risk Review. The latter examined the issues facing the most vulnerable families with the aim of finding ways to break through the barriers to offer whole family support for these families. This emphasis on early prevention and social exclusion, and the focus on the most "hard to reach" families was the main thrust of the Early Learning Partnership Project (ELPP) which ran from October 2006 to March 2008. Funded by the DCSF, ELPP worked through voluntary sector agencies to encourage and develop practices which could help parents of children aged one to three, who were at risk of learning delay, to engage with their children's learning (Evangelou, Sylva, Edwards and Smith, 2008).

Initiatives such as Room to Play are located within a risk and early intervention framework. However, support for parents has also been accompanied by firmer measures to remind them of their duties and responsibilities, and to enforce these where necessary. Legislation passed in November 2006 (the Police and Justice Act; the Education and Inspections Act) enabled local authorities, social landlords and schools to apply for parenting contracts and orders. Parenting Support Guidance published in October 2006 asked local authorities to develop parenting support services, and appoint a parenting commissioner, and in January 2007, targeted funds were allocated to 40 'Respect Areas' to receive police support, parenting classes and intensive support for parents. Intensive 'Family Intervention Projects' are key elements in these 'Respect Zones'. Meanwhile, efforts to encourage more parents into work have continued (DWP, 2007).

The importance of involving parents in their children's early education is also reflected in the Early Years Foundation Stage (EYFS) framework, published in March 2007 and implemented in September 2008. This builds on and replaces the non-statutory Birth to Three Matters guidance (DfES, 2002), the Foundation Stage curriculum for three and four year olds (QCA, 2000), and the National Standards for Day Care (DfES, 2001). The EYFS framework was published alongside Every Parent Matters (March 2007), a significant document which further emphasised the benefits of increased parental involvement and improved parental confidence for fathers as well as mothers. Every Parent Matters also introduced Family Learning Courses, piloted from autumn 2007, targeted at parents and carers with pre-school children with literacy and numeracy issues. It also reiterated the importance of outreach work from mainly Sure Start Children's Centres to target priority and "excluded" families, and endorsed strategies for involving fathers. Support for families with disabled children was announced with the roll-out of the early support programme to help 'join up' services for these families.

---

[1] Ten pilot areas started work in March 2007. The second wave of sites for the *Family Nurse Partnership* (FNP) programme, as it has been called in England, was announced in March 2008 by the DCSF and the DH.

The Parents, Early Years and Learning Project (PEAL) was commissioned by the DfES 2005-07 'with the task of gathering and assessing existing knowledge and best practice in working with parents to involve them in their young children's learning'. The consortium of organisations included the National Children's Bureau, Coram, the Thomas Coram Children's Centre and the London Borough of Camden. PEAL then designed a training programme 'to support and inspire practitioners' to increase parent partnership work, which identified a range of methods and tools, or approaches and techniques, and disseminated existing effective practice (intervention models) for early years settings across the country PEAL training was eventually extended beyond Children's Centres to a wider range of early years settings and practitioners.

At the same time as ELPP began work in the voluntary and community sector, a related initiative, Parents as Partners in Early Learning PPEL (DCSF, 2007b), which supported and secured active parental involvement in children's learning in the statutory sector, was provided with an additional £9 million in 2007-08 to support local authorities in the 30 per cent most disadvantaged areas.

Following almost a decade of reform, in December 2007, the DCSF published the Children's Plan, which sets out plans for the next ten years, and begins by asserting that: 'government does not bring up children - parents do, so government needs to do more to back parents and families'. The Children's Plan introduced Parenting Advisers and personal progress records for parents on their children's development, building on the 'red book' used by health workers. It also aims to strengthen intensive support to the neediest families by piloting a 'lead practitioner' approach. Alongside targeted interventions, the Children's Plan includes a range of measures aimed at improving the life chances of all children and reaffirms the government's pledge to halve child poverty by 2010 and eradicate it by 2020.

Specific measures include the announcement, for 2008, of strategies for play and child health and an action plan to reduce overcrowding. £225 million has been pledged to improve play facilities, and measures to improve safety for children in a number of different contexts have been introduced. These range from the provision of home safety equipment for certain families, to a Staying Safe Action Plan which addresses matters such as bullying and internet safety, as well as traffic concerns. The Children's Plan also proposes increased family learning and a new relationship between parents and schools in the form of parents' councils. Additional proposals include the investment of £100 million to extend the offer of 15 hours of free early education to 20,000 two year olds in the most disadvantaged communities.

Most recently, the first interim report from the Narrowing the Gap project published in July 2007 (LGA, DCSF and the IDeA) firmly sets priorities for improving child outcomes, particularly for vulnerable children and those most at risk. Those most at risk include children growing up in families with low socio-economic status; children in care; children with disabilities; special educational needs or poor attendance; children who have been "excluded" from school; children who live with vulnerable adults or are at risk of significant harm; young offenders; young carers; children in ethnic minority families where English is not the first language; and children of asylum seekers or refugees. The report sets out a range of programmes for family learning, parenting support, and early intervention.

Over the past decade, targeted interventions for priority and "excluded" families have taken place within a broader context of universal improvements for children and families, such as the increase in Child Benefit, and the extension of paid maternity entitlement. However, with the publication of the Children's Plan, the message is explicit: it is always better to

prevent failure than tackle a crisis later. Prevention is also very much at the heart of the PEEP community empowerment model (Appendix D) which aims to move families from isolation to participation, and is a driving force behind interventions such as Room to Play.

1.3 "Hard to reach families" or "hard to reach services": A selective review of the literature

This section aims to capture some of those understandings of who or what might be "hard to reach" in use in the literature and to summarise ways that services have tried to engage with them[2]. Most of the literature describes ways that education, health and social services have understood, and attempted engagement with, those individuals or groups who would not normally be accessing their service. In the process, understandings of what constitutes 'hard to reachness' emerge together with descriptions of, or advice on, ways that those characterised as "hard to reach" might be successfully engaged. However, it should be noted that much of the literature points to the concept as being contested and variably understood within and between organisations.

In the following section understandings of "hard to reach" are outlined with the aim of drawing out its complexity as a concept.

Who or what might be "hard to reach"?

The term "hard to reach" appears to be used interchangeably in the literature with 'vulnerable', 'isolated' and "excluded". Throughout this section, the term "hard to reach" is used to encompass all these understandings[2].

Some literature which discusses 'the hard to reach' (Faugier and Sargeant, 1997; Mullis, Cornille, Mullis, and Barducci, 2006) appears to understand "hard to reach" from the perspective of the service provider: that is, as a characteristic of families, or particular groups of people which services might wish to access and attract, but are finding difficulty in reaching. Much recent literature, however, (Milbourne, 2002; Crowley, 2005; Crozier and Davies, 2007; Barrett, 2008) reflects a shift towards understanding the concept from the perspective of the service user, i.e., it is a service which potential families would like to reach, but are unable to do so for one or more of a variety of reasons.

In the literature which understands "hard to reach" from the perspective of the service provider, a wide range of descriptors is used to characterise the families. Broadly, they can be clustered into six categories, which need to be sketched in before going on to develop a fuller understanding. First: those who might be understood as lacking in something, perhaps self-esteem, confidence, awareness of their need, power, employment, skills, income, adequate housing. Second, there are those who are problematised by their life trajectories, either through socially unacceptable behaviour, such as those at risk of or participating in criminal activity, drug and alcohol abusers; or families where there is domestic violence; or because they belong to communities whose lifestyle might place them toward the boundaries of society, such as travellers or gay/lesbian communities. Next are those who might be described as detached from the system, such as asylum seekers and refugees, people with different value systems from the provider, those who may be service resistant, service weary,

---

[2] The term "hard to reach families" which was used in the earlier reports has now been replaced by the term ""excluded" families". However, the literature review section uses the term "hard to reach". The rest of the report has replaced the tern "hard to reach families" with ""excluded" families".

service fearful, or simply disinterested in the services on offer; those who have difficulties relating to communication, i.e., they have poor literacy, difficulty articulating need, or additional language needs; those who for some reason are not visible to the service; and finally, those who have health difficulties. Families may, of course, belong to more than one of these clusters: boundaries between them must necessarily be fuzzy. Doherty, Stott, and Kinder (2004), however, argue that providers need to be very clear about how they are understanding "hard to reach" so that those in the greatest need can be reached and engaged.

As might be expected, users of Room to Play fall into more than one of these clusters. Some key characteristics of "excluded" users cited by staff at Room to Play included:

- difficulty in engaging with other services;
- *difficulty in engaging with their own children*;
- isolation;
- lack of confidence;
- socio-economic deprivation and from a disadvantaged neighbourhood;
- young parents;
- those with language barriers.

(Coxon et al, 2007, p.38).

While these characteristics show clear overlap with the groups identified above, it is the additional category identified by staff of '*those who have difficulty in engaging with their own children'* that should perhaps be highlighted in relation to Room to Play. As the second phase of this evaluation has shown, this group of "excluded" parents may not all necessarily be disadvantaged in terms of their socio-economic status or educational background; however, these parents and their children also have some degree of need and may benefit from an intervention such as Room to Play.

Much of the literature relates to those who are perceived to be lacking something, such as self-esteem or confidence which arises often from isolation – geographical, economic and social (Milbourne, 2002; Doherty, et al, 2004; Statham, 2004; Crowley, 2005; Glennie, Treseder, Williams and Williams, 2005; Barnes, McPherson and Senior, 2006). Milbourne (2002) suggests that isolation is often associated with women and refugees/asylum seekers who have deliberately chosen to go underground to avoid being moved. Engagement with this group is understood to be difficult because the families may not be aware of their need (Barnes et al, 2006); there are transport difficulties (Statham, 2004; Barnes, et al, 2006); lack of recognition of needs on the part of the services (Milbourne, 2002; Statham, 2004; Crowley, 2005; Barnes et al, 2006); or lack of funding, organisation or infrastructure to do the necessary outreach work (Milbourne, 2002, Barnes et al, 2006). Other deficiencies might be in housing (Milbourne, 2002; Faugier and Sargeant, 1997); skills (Hannon, Paul, Bird, Taylor and Birch, 2003; Glennie et al, 2005) or awareness of need (Doherty et al, 2004; Barnes et al, 2006). Doherty, Hall and Kinder, (2003) draw attention to those considered "hard to reach" who are actually accessing the services, but who are reluctant to move on, though reasons why this might be the case are not explored. Finally, Bagley and Ackerley, (2006) talk of empowering the families, which presupposes that they are understood, or consider themselves, to be in some way powerless.

Those who might be understood as problematised by their life trajectories appear to be among the most difficult to engage with providers. Some of the 'choices' that are made by this group, may not actually be real choices, but some of what they do – drug or alcohol

abuse, prostitution, domestic violence, child abuse – is understood as pathologising them. Doherty et al (2004) argue that some of the reasons why such families are not engaging with services are that providers tend to shape the service to the characteristics of the group rather than to the needs of individuals within the group. Other reasons for difficulty in engaging them relate to the transient nature of the lives of some families – travellers, for example - and a sense that strategies for reaching these groups might lead to over-targeting of them which in turn leads to a reluctance to participate (Doherty et al, 2004). For Statham, (2004), however, the problem is less that families are reluctant to engage than that some members of the group may be unaware that the services exist. Milbourne (2002) on the other hand, suggests that it is the service provider who in many of these cases is "hard to reach" and often unable to act in ways which meet the needs of the user, perhaps because they are not available in the areas where they are needed, or because the provider is constrained by lack of funding or by funders' priorities. Further, Crozier and Davies (2007), point to the ways that schools tend to adopt an 'expert' model of relationship with the home which has an emphasis on pupil compliance and fails to understand, or perhaps listen to, cultural needs and practices.

The fragile existence of projects, suggests Milbourne (2002), means that such groups learn not to trust initiatives and become service resistant. Faugier and Sargeant (1997) argue that even in these cases, there are strong social networks among the "hard to reach" population which can therefore be accessed by drawing on word of mouth contact following contact with just one or two families. Once engagement is made in this way, referral chains and snowball techniques can be used to widen participation.

A third group identified in the literature is those who, for a range of reasons, might be described as detached from the system, either actively or passively. Reasons for active disengagement might include fear of the consequences of engagement with a system which is perceived as having the power to intervene in the user's life in unwelcome ways: for example, asylum seekers and refugees who might fear being moved (Milbourne, 2002; Statham, 2004); lack of trust in the service providers (Barlow, Kirkpatrick, Stewart-Brown and Davis, 2005); misperceptions about the service (Barlow et al, 2005); rejection of the providers' values (Crozier and Davies, 2007) or not accepting that there is a need (Barnes et al, 2006). Some families avoid engagement because they fear stigmatisation or because accepting help might be seen as a sign of weakness or failure (Barnes et al, 2006; Mullis et al, 2006). Other families make conscious choices to reject the values and ideas of the provider, or to sustain their own value system (Crozier and Davies, 2007). Yet others feel that providers might be 'nosey parkers' who might judge them unfavourably (Barnes et al, 2006) or that home visiting by providers was a form of state surveillance (Brocklehurst, Barlow, Kirkpatrick, Davis and Stewart-Brown, 2004). Barnes et al (2006) also reported that some families disengaged because they felt some incompatibility with the service provider. Explanations for passive disengagement with the system included lack of awareness that the service existed (Statham, 2004), being hard-pressed (Crowley, 2005) and lack of understanding of the systems of the providers (Milbourne, 2002). However, Doherty et al (2004) draw attention to the ethics of intervening with target populations who do not want intervention; as well as to the difficulty of overcoming negative perceptions of services.

Difficulties in communication are a barrier to access to services for those who have literacy difficulties (Doherty et al, 2004; Barnes et al, 2006) who have additional language needs (Milbourne, 2002; Chand and Thoburn, 2005; Crozier and Davies, 2007) or who have some difficulty in articulating their needs (Milbourne, 2002). In many cases (notably Crozier and Davies, 2007) it is the provider who is understood as creating the barrier here, rather than the service user, though Crozier and Davies (2007, p. 296) argue that too often, providers,

especially schools, 'pathologise' parents and lay the blame on them for something which is out of their control. This in turn, becomes a reason why schools fail to act to overcome the barrier. Milbourne (2002) also argues that the 'professionalisation' of projects and a discourse of managerialism and the market make services more difficult to access. Poor communication between services, funding, resources and need is identified by Milbourne (2002) as an important issue to address if services are to be improved.

Those who might remain invisible to providers tend to be least defined in the literature. Doherty et al (2004) point to groups who are unable to express their needs to providers because they have not been seen by the provider: providers then need to find ways to render the invisible, visible, perhaps through provision of more accessible information or via informal networks of information. The final group – those who have health issues, and in particular mental health issues or post-natal depression – tend simply to be mentioned alongside other "hard to reach" groups (Milbourne, 2002; Brocklehurst, 2004).

For those writers who understand a service as "hard to reach", the concept appears to point more to the barriers which services might unknowingly erect between themselves and the service user. Crozier and Davies (2007) suggest that "hard to reach" parents tends to mean 'parents who are deemed to inhabit the fringes of school or society as a whole – who are socially "excluded" and who, seemingly, need to be 'brought in' and re-engaged as stakeholders'. For them, "hard to reach" is a concept which in their work pathologises parents and leads to a narrow agenda for engagement. They argue that we should question why organisations such as schools are "hard to reach" for some parents and adopt appropriate strategies to break down barriers to access. Such barriers relate mostly to communication (Crozier and Davies, 2007); organisational difficulties (Doherty, 2004; Statham, 2004); attitudes (Crozier and Davies, 2007); financial and time constraints (Doherty et. al, 2004); or cultural misunderstandings (Crozier and Davies, 2007).

How might engagement with these families be made?

Although the literature covers a range of situations in which families might be engaged by service providers, the focus in this section is on how families might be engaged with education services.

Barnes et al (2006) suggest that it is often the least vulnerable families who are likely to take up the offer of help from providers, while the active engagement of the most vulnerable is constrained by the limited funding, organisation and staffing of the providers. Nonetheless, there is some consensus in the literature about ways that service providers might engage those considered "hard to reach". Most of the literature points to the need for sensitivity and time in engaging those who are vulnerable and untrusting of the service providers; other writers point to the need to improve communication within and between agencies as well as with the target population. Other successful engagements have come about through some adjustment to service provision to facilitate access and awareness of the kinds of approach that families might welcome from the provider.

Relationships

The literature suggests that relationships between providers and families are the key to successful and continuing engagement with families. Arnold (2007) argues that many of the barriers to access are connected to the feelings of the user, and accepting the families as they are; being scrupulously fair; acknowledging feelings and explaining decisions can be valuable ways of engaging those who are lacking self esteem or confidence.

Building relationships is at the core of several of the successful strategies highlighted in the literature. (e.g., Brocklehurst et al, 2004; Statham, 2004; Arnold, 2007; Barrett, 2008), though successful relationships of trust require time to build (Milbourne, 2002; Hannon et al, 2003; Doherty et al, 2004; Glennie et al, 2006; Barnes et al, 2006).

Crowley (2005) argues that too often, families are "hard to reach" because the service is not meeting their needs and recommends a partnership model of working with "hard to reach" parents. Consultation with parents is also understood to be important to building successful relationships with the service families by Mullis et al, (2006) and Barrett, (2008). Doherty et al (2004) point to evidence that providers' consultation with target populations is greater when interventions are not rushed into, though they also suggest that consultation for some providers might be more aspirational than actual.

Communication

Communication involves not only giving out messages, but also strong listening and negotiating skills. Participants include not only the practitioners and the service families, but other services: communication must therefore be strong within and between organisations as well as with the service families.

Brocklehurst et al (2004) point to the fact that success in engaging the "hard to reach" depends on the relationship and communication skills of the professionals trying to engage them; other writers (Doherty et al, 2004;) similarly point to poor communication between provider and user and within and between providers themselves as a barrier to engagement, and suggest that providers need to address the fears and negativity of those who are disengaged from the system, as well as areas of difference between provider and user. Doherty et al (2004) suggest that practitioners should focus on those "hard to reach" who are unable to express their needs because they are only partially visible; and on those whose language skills make it difficult for them to articulate their need.

Hannon et al (2003), in the context of adult learning, support Mullis et al's (2006) suggestion that services might consider adopting a collaborative rather than directive approach to working with parents, following a holistic approach to learning and allowing the families to guide learning situations. Families should be consulted about their needs (Bagley and Ackerley, 2006; Mullis et al, 2006). This might be done: at promotional events, open days, and during home visits (Doherty et al, 2004); through the development of parental involvement policies in education establishments (Crozier and Davies, 2007) and through the development of arenas where the "hard to reach" can voice their concerns (Doherty et al, 2004). The key to building those relationships, it is suggested (Doherty et al 2004), is face to face contact preferably in pleasant spaces which are close to the target's home (Glennie et al, 2005). This has informed the creation of Room to Play.

Engagement with "hard to reach" can be achieved through referrals from other service providers (Statham, 2004; Glennie et. al, 2005) and once contact is made, further engagement might be achieved through channels of communication which exist within the social networks of some groups who might otherwise resist service provision (Faugier and Sargeant, 1997).

Making shifts in service provision

Arnold (2007, p. 86) argues that services might consider adapting 'their methods to ensure that [they] are giving all the parents equal opportunities to be involved in their children's learning'. Several writers point to ways that services might make shifts in their provision to better meet the needs of those they are trying to engage and to develop relationships. Some suggestions relate to the spatial and temporal location of the service; some to the organisation and structure of the service; and a final group of suggestions relates to the relevance of the provision.

Doherty et al, (2004) argue, and Barrett (2008) lends support to this, that a useful shift might be to take the service to the user rather than expecting the user to come to the provider. This helps to overcome some of the problems of those "hard to reach" who feel isolated or who have transport difficulties: services are located in places which might be easier to reach and can form the basis for social networking within the area (for example, the situation of Room to Play in the shopping centre). Nonetheless, Glennie et al (2005), suggest it is equally important, to locate the service in pleasant premises.

Breaking down barriers between services and users can also arise when services are pre-occupied with their own structures and systems. Complicated service structures and specialisms may prevent services and families from engaging with each other (Milbourne, 2002; Doherty et al, 2003). Glennie et al (2005) suggest that informal or hierarchical structures are important to ease access for families, while Doherty et al (2003) suggest that the site of delivery and the configuration of the team might affect the way that the "hard to reach" could be engaged.

Flexible, inter-professional work also seems important. The literature suggests that engagement with the "hard to reach" can be facilitated if organisations work together to foster interagency work and develop a holistic approach to families (Doherty et al, 2004; Statham, 2004). In particular, health visitors are highlighted by Glennie et al (2005) as providing a 'gateway' for and to other services, and community nurses as the most successful groups in reaching and engaging vulnerable families. Providers might also improve the services they offer to make them more relevant (Doherty et al, 2004), varied and flexible (Barrett, 2008).

Glennie, et al (2005) suggest that services might be improved by commissioning a small number of extra hours, though the realities of funding and funders' priorities may make this extremely difficult for many, particularly voluntary, organisations. Barnes, et al (2006) draw attention to problems that services may have in engaging target populations because of lack of volunteers and long waiting lists. Barrett (2008) suggests that providers might consider recruiting parents as workers: this would have the dual benefit of increasing the contacts which might be made with families, and fostering a community of peers within which services might be more effectively taken to the "hard to reach". Finally, Doherty et al (2004) suggest that assessing need away from the point of delivery might avoid the kinds of stigma which some "hard to reach" experience.

In summary, there is a range of ways in which "hard to reach" might be understood, both from the perspective of the families who use the services and from the perspective of the service providers. More recent literature tends to argue either that all families (Barrett, 2008) or no families (Barrett, 2008) are "hard to reach", rather that services are difficult to access. If families are to be engaged with service providers, then practitioners need to consider how

they might best build relationships with families and provide cohesive, holistic and appropriate assistance in the context of the spatial, temporal, human and economic limitations.

1.4 Rationale for a Room to Play

The rationale for Room to Play has been extensively documented (Evangelou, Smith and Sylva 2006; Coxon, Evangelou and Sylva, 2007) and is summarised below.

The Peers Early Education Partnership (PEEP) opened Room to Play in April 2006. PEEP has a commitment to supporting parents and carers in promoting their children's language, literacy, learning dispositions and self-esteem through increasingly flexible modes of delivery. PEEP also has a long-standing commitment to research and evaluation (Evangelou, Brooks, Smith and Jennings, 2005; Evangelou et al, 2006; Coxon et al, 2007).

PEEP's aims and practice are centred not on the children themselves, but on the relationship between adults and children, which PEEP considers to be at the heart of learning. The PEEP curriculum makes explicit the notion that babies are active social beings, and learners from the outset. It supports parents, encouraging them in their role as their child's first and most important educator and explores how adults can support children in five developmental areas: self-concept and learning dispositions, oral language, reading, writing and numeracy.

The ORIM framework underpins the PEEP curriculum. Originally designed by Hannon (1995) as a means to encourage shared literacy activities between adults and children, it has been adapted by PEEP into a structure for supporting parents and carers throughout everyday life. The framework acknowledges that children need:

- **O**pportunities to learn
- **R**ecognition and valuing of their early achievements
- **I**nteraction with adults in learning situations
- **M**odels of literacy and numeracy behaviours, learning strategies and dispositions

Room to Play is an innovative 'drop-in' style provision which seeks to appeal to families who may otherwise reject a more 'obvious' form of delivery. Based in a shop unit in a busy community shopping centre in one of the most deprived areas of a city in the Midlands, the drop-in aims to welcome and value all parents and carers, and to support their involvement in their child's learning. The project was designed to run for three years and is funded by the Sutton Trust and the Garfield Weston Foundation.

Although open to all parents, Room to Play has a special focus on young parents and those who are termed "excluded". It appeals as a 'home from home' with the single rule that parents and carers are responsible for their own children at all times. It offers the usual facilities associated with a drop-in, and there are play resources and activities for children. However, the play activities on offer are part of a well-established programme (PEEP), founded on a clearly-documented, structured curriculum designed to support parents and carers in understanding and facilitating their children's learning through everyday play and interactions.

The original aims of Room to Play were:
- to engage parents who are often termed "excluded";

- to develop a model for a drop-in centre based in a neutral venue that should be easier to access for more isolated families.

The objectives of the provision were:
- to offer a welcoming, neutral place to spend time during the day;
- to provide an opportunity for parents to talk to practitioners about their children;
- to offer directed and undirected play and learning activities;
- to provide information about local services.

These aims and objectives have remained unchanged over the three years of Room to Play's operation. However, since the original aims and objectives were formulated, PEEP has developed a Strategic Operational Framework (Appendix D) which formally locates Room to Play within the PEEP spectrum of delivery. This includes Home Programmes, PEEP groups, and most recently 'Early Explorers', a targeted short-term intervention drop-in based at a health clinic which is discussed in more detail later. There is referral within the PEEP delivery spectrum as well as externally. This evaluation of Room to Play considers the provision within the context of the full PEEP delivery spectrum.

1.5 The evaluation: Phases 1 and 2

An independent evaluation of Room to Play (initially described as 'the Shopping Centre Project') commissioned by the Sutton Trust began in 2006, with Principal Investigators Dr. Evangelou and Professor Sylva from the Department of Education, University of Oxford. The study was coordinated by the PEEP Research Consortium which included representatives from PEEP and the Sutton Trust and took place in three discrete phases over the duration of the project. Room to Play was scheduled to run for three years, ending in 2008. It is currently funded until April 2009. The evaluation consisted of two strands running concurrently:

- formative research undertaken to inform practice (strand 1);
- critical description of the project and how it is perceived by both the user and the provider in such a way that its relevance and value can be generalised to other situations (strand 2).

Summary of Phases 1 and 2

The aims of Phase 1 of the evaluation were:

- to 'evaluate' the first four months of the initiative against its projected aims and objectives. To identify any unexpected outcomes/successes/shortcomings;
- to provide recommendations for the next 9 months of the initiative and to offer advice on the creation of a transferable model of a drop-in centre.

Summary of findings from Phase 1

Preliminary findings from the first phase of the evaluation (covering the first six months of the project) showed that the project provided a distinctive welcome and homely atmosphere with the PEEP curriculum as the basis for all the play activities. It was well-used by a cross-section of the community and was effective in attracting and engaging with a number of "excluded" families.

Some issues identified from this first phase included the observation that it had been difficult to establish an objective measure of which families could be categorised by the term "excluded". Delivering the curriculum within an unstructured setting presented some challenges, and developing models of interagency working within the context of a drop-in was an ongoing task.

Aims of the evaluation of Phase 2

The consortium agreed that the second phase of the evaluation should discover as much as possible about the users of Room to Play, in order to ascertain whether the provision is indeed attracting those parents it aims to target. Obtaining detailed information on users, including sensitive demographic data such as family composition, income and benefit entitlement, was considered to be a crucial, if challenging task facing the second phase. The first phase had avoided questioning users, acknowledging that this might potentially compromise levels of trust on the part of users in the early stages. For the second phase it was agreed that this data collection was needed to gauge whether the project was meeting its central aims and objectives. It was also necessary to resubmit an application for ethical approval to the University's Central Ethics Committee in order to question the users about sensitive issues, such as benefit entitlements. This second phase used semi-structured qualitative interviews with staff members, project manager and CEO of PEEP as well as observations of the setting. A quantitative questionnaire was used in the context of a week long 'user snapshot' to assess the socio-economic profile of users, their patterns of use of Room to Play and possible use of other services. Six users who were willing and able to talk further to the research officer also undertook a more in-depth qualitative interview with the research officer.

Summary of findings from Phase 2

Phase 2, which focused on the experiences of users, concluded that:

'Room to Play has enjoyed a busy, challenging and successful first year, and staff and management deserve praise for the energy and enthusiasm they have brought to the project. Parents interviewed about their experiences of using the provision were overwhelmingly positive: the only real suggestion for change articulated by parents was to increase the opening hours of the provision' (Coxon et al, 2007, p.48).

Some issues identified in this second phase for future development included discussions about how to help those families using Room to Play to 'move on' into other types of provision, exploring methods for collecting robust data on patterns of attendance, and gauging whether the target group was accessing onward services.

Preliminary observations in this second phase on the strengths, opportunities and some possible threats of Room to Play included the following:

Strengths

- Right location
- Highly experienced and skilled staff base
- Low turnover of staff (consistency)
- Ongoing professional development and support
- Parents feel positive about the experience

- Absence of published rules makes parents feel welcome
- Evolving and prepared to adapt and experiment
- Social support through empowerment of parents

Some threats to Room to Play might include:

- The "over-use" of Room to Play, both by needy families and middle-class families
- Possible conflict between a comfortable and sociable environment and one which promotes and facilitates learning
- Challenges of delivering a curriculum in an unstructured setting
- Staff may be in a social work/counselling role as opposed to an educational role
- Inability to 'move on' those benefiting least from services
- Children of different ages and adults with different levels of engagement makes targeting of service difficult

Some opportunities which have been identified for Room to Play include:

- Multi-agency liaison and not co-location
- Redefining the PEEP curriculum to be relevant to this setting
- More effective means of moving parents between different PEEP delivery models as well as other services
- Prioritising users with needs closest to the aims of the centre
- Early recognition of those who would benefit most from core services

(Coxon et al, 2007, p.47).

1.6 The evaluation: Phase 3

Building on the findings of the first two phases, it was felt that for the third and final phase of the evaluation it was important to focus upon the processes by which parents are encouraged to access other services, as well as build up the confidence to engage with other services. The user base of Room to Play is broad and varied: users are at different stages of the 'engagement' spectrum, and have diverse needs (Evangelou et al, 2006, Coxon et al, 2007). The second phase report, which had focused on users, had shown that while some users visited occasionally, others visited frequently and some stayed all day. Encouraging this latter group to access other services presented some challenges.

A parent who has gained confidence and benefited from the Room to Play experience might choose to 'exit' the service for positive reasons. However, families may exit services for negative reasons, and they may also exit services for reasons that are unrelated to the service (for example: moving house, child starts school). It was agreed that families 'exiting' the service could not be interpreted as a straightforward measure of success, or indeed as a performance objective for the provision. While PEEP does not necessarily want Room to Play's 'goal' to be the exit of the families from the service, it was nonetheless agreed that getting families to a position where they can 'move on' and make use of other services was a desirable outcome of the intervention. It was important to explore those factors which enable families to reach this point.

Questioning non-users had also been outlined as a possible part of the third phase of the evaluation: however, this was time-consuming in terms of seeking permission from the

management of the shopping centre, and it was decided that this was no longer a priority for the evaluation.

Therefore, it was decided that this final phase should examine the different processes by which parents are encouraged to access other services, and the role played by the staff and the setting, as well as any other factors in facilitating this. The third and final phase of the evaluation would also seek to draw together the findings of the past three years in order to reach conclusions about the operation of Room to Play, and address the following research question:

'How successful is Room to Play in engaging its target group, and what is the nature of the contact? What are the processes that enable parents to take their first steps into the provision, and how are they encouraged to engage with other people and acquire the confidence to access the services they need?'

The third and final report therefore aims to provide as much information as possible on the following:

- a transferable model of the intervention (Fig 5.1);
- reflections on the issues in the evaluation (Fig 5.2).

Research Methodology of Phase 3

Table 1.1 shows the different methods employed in phases 1-3. The third and final phase used both qualitative and quantitative methods:

1. *Semi-structured qualitative interviews* were carried out with eight staff members, as well as the project manager and CEO of PEEP. The interview schedules used in previous years were revised to include questions probing for any changes, progress and development over the three years (where appropriate). A new section was added (Appendix C: 'getting in and moving on') which provided an opportunity for staff to talk specifically about work they had undertaken with individual families. This was to provide information about the different processes which enable parents to take their first steps into room to play, as well as any progress they make both in engaging with their children and in moving on to other services.

2. The research officer undertook several periods of *observation* in the centre at different times (around sixty hours in total). During this time a sign was placed in Room to Play to let families know of this. A photograph of the research officer was added to the 'gallery' of staff photographs in the room.

3. The week-long 'user snapshot' of the centre that had been used in the second phase of the research was repeated. The same *quantitative questionnaire* (Appendix A) was used in order to acquire a comparative profile over the two years. As in 2007 : 'it was acknowledged that collecting this data from those using this type of centre ran the risk of alienating the very users that the provision sought to target: however it was decided that the benefits outweighed any possible disadvantages' (Coxon et al, 2007 p. 7). The second phase had highlighted the need to acquire more detail about issues such as the frequency and intensity of use of the provision. However, it had also revealed the constraints of the setting for user surveys due to confidentiality issues, time pressures, noise and the presence of other users and children. It was agreed that a key consideration for the 2008 snapshot should be to retain the balance between: "obtaining vital demographic data and producing an interview schedule that would

not be too intimidating for users or too lengthy to complete" (Coxon et al, 2007, p.7). This had been identified as crucial in 2007. Therefore the same questionnaire was used, which has also enabled comparison between 2007 and 2008.

In order to minimise the impact of the snapshot on parents, it was again decided to restrict this survey to a single week. In 2007, the week chosen (May, the week before half-term) had proved considerably quieter than usual. It was suggested that this was either:

- as this week is an attractive time for families with pre-school aged children to take a 'cheap' holiday, as this is one of the last 'cheap' periods before prices rise at half-term and into the summer or;
- as some parents who were not comfortable answering questions had seen the sign and decided not to visit Room to Play during the week of the snapshot.

(Coxon et al, 2007, p.28).

In the light of the first observation about holidays, it was decided to undertake the 2008 snapshot survey of the third phase during a different week (the first week in July). By this time, the research officer had attended the provision intermittently over a four-month period and many users were familiar with her. A multilingual member of staff was present for the major part of the week of the survey to assist parents if needed. Ethical approval for obtaining this sensitive data was secured from the University's Central Ethical Committee and a poster advising parents of this period of data collection was displayed for a week in advance in Room to Play.

In order to preserve the anonymity of users and to guarantee confidentiality, the research officer explained the consent form verbally to parents. The consent form was then signed and dated by the research officer it so that the participant did not have to give their name, but "witnessed" the record of the event.

4. In 2007, *in-depth qualitative interviews* had been carried out with six users who were identified with the assistance of staff as "excluded". For this final phase, the research officer sought to repeat these interviews, where possible, with the same users, in order to explore any possible changes that had taken place for the family. Two of these families were no longer in contact with the setting but with the assistance of staff, the research officer identified four of the original six users and repeated the qualitative interviews, probing for changes. An additional four parents completed in-depth qualitative interviews for the first time. In this research report, in order to preserve confidentiality and anonymity in this intimate setting, identifying details have been disguised as they were in the interim report (Coxon et al, 2007). Where a case study is presented, it is in the form of a 'composite parent sketch', rather than a case study of a unique user.

Table 1.1: Research Design of Phases 1-3 Aims, objectives and methods of the evaluation

Aims and Objectives	Methods	Phase
1. To critically describe Room to Play over three years.	• A 'week in the life' 5 day snapshot of Room to Play, including observation of sessions	2 and 3
	• Diary notes - research officer and staff	1, 2 and 3
	• Observations and semi-structured interviews with staff	1, 2 and 3
	• Interviews with users	2 and 3

	• Analysis of curriculum material	1, 2 and 3
2. To identify whether target groups are using Room to Play and whether they are accessing any onward services	• Interviews with staff	1, 2 and 3
	• Analysis of PEEP's own monitoring data on usage	1, 2 and 3
	• Interviews with users to ascertain usage of this as well as other services	1, 2 and 3
	• A week in the life quantitative user snapshot including basic demographic information on users, benefit entitlement, qualifications	2 and 3
3. To identify who else is using Room to Play	• PEEP's own monitoring data and attendance records	1, 2 and 3
	• User snapshot	2 and 3
	• Staff interviews	1, 2 and 3
4. To document providers' and users' perceptions of the service	• Individual semi-structured qualitative interviews/questionnaires with staff and users	2 and 3
	• User snapshot	2 and 3
	• Parent sketches with due regard for data protection	2 and 3
5. To analyse available monitoring data about service usage in relation to both target groups and other users	• Collect data on postcodes and basic demographic information of users (including numbers of children etc) and compare with Index of Multiple Deprivation	2 and 3
6. To identify issues for future development and to draw conclusions, particularly in phase 3, about the performance of service	• Interview with staff and CEO	1, 2 and 3
	• Observations	1, 2 and 3
	• Analysis of data collected	1, 2 and 3
7. To revisit the issues identified for development in phases 1 and 2	• Interviews with staff and CEO	3
	• Observations	
8. To answer the following research question: 'How successful is Room to Play in engaging its target group and what is the nature of the contact?' What are the processes that enable parents to take their first steps into the provision, and how are they encouraged to engage with other people and acquire the confidence to access the services they need?'	• Interview with staff and CEO	3
	• Observations	
	• Interviews with users	
	• Use of 'getting in and moving on' proforma	
	• User snapshot	
9. To identify what the evaluation can contribute to the development of a transferable model for a similar intervention	• Analysis and conclusions	3
10. To identify what the evaluation can contribute to the development of a transferable model for an evaluation	• Analysis and conclusions	3

Chapter 2: Room to Play: A detailed description

A detailed description of the operation of the first two years of Room to Play has already been given (Evangelou et al, 2006; Coxon et al, 2007).

This section offers a critical description of Room to Play, documenting any changes that have taken place over the three years and examining its operation during 2007-2008, the final year of the evaluation period. It explores the rationale behind these changes, focusing on the ways in which the setting has evolved over time. It looks at the successes and the challenges of the past three years, drawing together the findings of the previous evaluations, and makes suggestions for future development, both for Room to Play and for a transferable model of a similar provision.

2.1 Room to Play: the 'right' space in the 'right' place?

Location

Room to Play originally had a temporary home as a 'stall', operating in the concourse of the shopping centre. This was due to complications with finding premises, however, as has already been documented, this turned out to be a 'really important accident' (Evangelou et al, 2006). Although staff initially felt exposed, the stall had many strengths. Parents did not have to cross a threshold, and children often took the initiative to draw their parents into the activities on display. The stall also had a central and very visible position, and offered a forum to publicise Room to Play. Many of the regular users of the stall continued to visit when it moved into its new premises. The stall has informed the development of Room to Play, and is an important consideration for a transferable model.

Room to Play opened in its new premises in April 2006. A year later, in 2007 it was observed that: 'One year on, it is clear that Room to Play continues to appeal to a broad range of families who feel comfortable using the provision. It is increasingly apparent in the views of staff as well as users that the location of Room to Play in a busy shopping centre which serves a number of disadvantaged areas is successful in terms of attracting parents and carers who would not otherwise use the provision. One of the objectives of Room to Play was to develop a model for a drop-in centre in a neutral venue that should be easier to access for more isolated families. Many staff and users commented that the shopping centre had been a successful location for Room to Play' (Coxon et al, 2007, p.13).

Staff and parents were clear that the shopping centre was the 'right place' for Room to Play. The findings of 2008 further underlines the evidence of previous years (Evangelou et al, 2006; Coxon et al, 2007) that locating the project in a shopping centre - a place where parents go already- is a good strategy for attracting parents who might not be used to accessing other services, such as family centres.

'Being in a shopping centre, it has the advantage that many people generally feel comfortable about going into shops; they already have that experience under their belt. The location is a good one, people pass continuously and feel that they can come in' (Staff member, 2008).

Parents arriving by bus from one of the most disadvantaged neighbourhoods in the city need to walk directly past Room to Play to access the shopping centre. Over the three years, Room to Play was perceived by both staff and parents as being consistently open to, and accessible for, the many different communities who visited the shopping centre.

Physical description

Room to Play aims to engage "excluded" parents and carers by providing a welcoming and neutral place for them to interact with their children and engage in directed and undirected play and learning activities (Evangelou et al, 2006). As has already been noted, the physical 'space' of Room to Play is of paramount importance to the intervention itself, both in terms of its location (in a shopping centre, where families go already) and in terms of the physical environment it creates for families (a 'home from home' rather than a shiny new setting). At the same time, it is an innovative, and to some extent experimental setting, and staff have been able to try out different equipment, approaches and activities within the environment of the shop. Therefore, the physical environment of Room to Play is described in considerable detail to reflect its significance. 'Getting the space right'- finding out what works and what doesn't has proved a vital part of Room to Play's journey, and is central to the notion of creating a transferable model of a drop-in.

It has already been observed (Evangelou et al, 2006; Coxon et al, 2007) that some settings, which are purpose-designed for families such as Children's Centres, tend to favour play equipment and modern furnishings in bold, primary colours. By contrast, the décor of Room to Play is understated, comfortable and homely, with colour provided by displays, mobiles and artwork by children and parents. Although child-centred, it also provides a welcoming environment for adults. The sensation of 'stepping into someone's living room' has been retained over the three years, with a single open-plan room, divided by furniture and not walls into different areas. The 'open-plan' aspect promotes an informal atmosphere, facilitates conversation and encourages parents to engage with their children. Room to Play includes:

- an information area for parents near the door as they arrive with leaflets displayed at eye level and various parent information folders arranged on a bookshelf; a comments book;
- a sitting area with a large sofa at right angles to the front window of the shop: the bottom half of the window is covered by a blackboard with chalks available;
- directly opposite the sofa, a child-height display system for books with different sized display 'pockets';
- two child-sized tables in the centre of the room with child-sized chairs with the day's curriculum activity and a third table nearby which can be added if needed;
- a baby area in a corner enclosed by two corner walls and a bookshelf. On one wall there is a large low mirror for babies to see themselves in; a duvet provides a soft floor cover which is spread with treasure baskets, shakers etc;
- another table which can be used for resources and reference materials relating to the curriculum, including sheets that parents can take away;
- a second, smaller sofa ideal for breast-feeding with more books placed in a basket within arm's reach;
- an area set up for role play with dressing-up costumes and other role play equipment such as a shop;
- a 'messy' area in the kitchen with water/sand or 'gloop' activities;
- the kitchen;

- toilet and baby changing area;
- lockable storage cupboard;
- cupboards with labelled storage containers for equipment such as duplo;
- an outside yard with activities like sand and bricks, balls; some large play equipment;
- photocopier, scanner and digital camera;
- computer with internet access available upon request;
- wall displays.

Changes that have taken place over 2007-8, and which are ongoing, included:

- a new parent-child photo display area entitled 'learning through play';
- redevelopment of the outside play area (this is ongoing);
- changes to the information area, including resources;
- new visual displays of printed information.

The addition in 2008 of the parent-child photo display area has proved very popular with both children and parents/carers. The photos of parents and children having fun and learning together through play together serves as a clear, visual reminder to everyone that Room to Play is first and foremost about parents engaging and interacting with their children, and having fun. The emphasis is on minimal language in the display, with a few key words like 'chat' and 'listen' and 'imagine' alongside the photos. Parents and children have enjoyed the photographs, and there are clearly further opportunities for use of the digital camera (both for stills and for video sequences) for parents and children in Room to Play.

Other changes over the three years have included:

- changes to the book area;
- review of the computer facilities.

As with other aspects of Room to Play, the physical environment is constantly 'under review', so that staff and users alike can get the most from the space available. Room to Play is aiming to replicate a home environment, as well as provide stimulating activities for children and encourage parents to engage with their children.

The outside play area

This was identified for further development in 2006, and several staff members interviewed in both 2007 and 2008 felt this remained a priority. A number of parents interviewed in the second phase of the evaluation reported that they lived in flats without gardens and felt that their local areas were poorly-served in terms of safe and appropriate play facilities (Coxon et al, 2007). Although by nature of its location in a shopping centre there are restrictions on space, it is arguably all the more important for children visiting the shopping centre to have access to a safe outdoor play area.

Currently, the outside play area consists of an enclosed concrete yard which houses some larger plastic toys and play equipment such as a plastic slide. The space is also used for sand and water play and in fine weather, with the addition of a canopy and rugs or cushions; it can be used as an additional play and activity area. More recently, staff have also experimented with growing plants and flowers in pots outside, although the age-range and restrictions on space can make this more of a challenge than in a 'regular' early years setting. A priority is

to see if a suitable permanent weather-proof cover or 'lean-to' can be erected to transform the small outside yard into more of a 'year round' space.

'At least then children can go out in their coats, and if you have somewhere dry where you can store outside things you don't have to keep bringing everything in at the end of each day' (Staff member, 2008).

Parents' views were sought over the development of the outside area. A suggestions list was put in the kitchen area, and staff also asked parents directly for their views.

The age-range of the children using Room to Play is an important consideration in developing the space: as one staff member pointed out:

'With the age range we have here - from babies through to school age it can be difficult with things like plants in a small space. The sunflower went for a walk round the yard the other day, and with toddlers and children crawling you have to be careful of them eating things, and safety' (Staff member, 2008).

Another staff member felt that it was important to have more living things and natural materials available:

'I think we could bring Nature into Room to Play a bit more- both inside and out. We could have more plants so that children learn to care for them, and learn about growing things. I think we could manage a nature table, at least in term-time. I know it is more crowded in the holidays, but with a bit of thought it should be possible to do it in such a way that the younger children can't wreck it' (Staff member, 2008).

Suggestions for 'bringing nature in' without compromising both space and safety included dangling shells, feathers or leaves from a washing line so that it was out of reach of younger children. Making a greater effort to use natural materials such as twigs and feathers in the table-based activities and linking these to the PEEP curriculum was also suggested.

However, while it was clear that there are ongoing discussions to be had about the use of space, both indoors and out, with the experience of the past three years, two very important issues emerged. There does appear to be a slight conflict inherent in offering activities associated with early years settings in a 'home from home' environment: however, staff were able to articulate this in terms of what the setting should 'feel like' for parents and children alike. First and foremost, staff felt it was very important that in making changes to the physical environment Room to Play did not turn into 'just another early years setting'. As one staff member warned:

'We can have all these things- displays on the wall, and nature tables and so on- but we don't want to become too school-y' (Staff member, 2008).

A second point is that while reviewing, experimenting, and trying things out to see 'what works' is important, staff are also very conscious of the need to strike a balance between continuity and change:

'Children like some of the changes, but they don't like it if every time they come in everything has changed' (Staff member, 2008)

Another staff member pointed out that:

'*For some parents this place can be the one constant thing in their lives: too much change is upsetting*' (Staff member, 2008)

> Suggestions for a transferable model:
>
> - experimenting with change in one area at a time
> - awareness of the need to strike a balance between creating a 'home-like' environment but not making it feel like school
> - providing stimulating developmentally appropriate activities and colourful displays
> - increased use of natural and recycled materials and activities such as junk modelling

The book area was redesigned and books given greater prominence in 2007 (it was considered a good idea to put books by the sofas so parents who chose to sit on the sofa were in the immediate vicinity of books). A recent development (2008) has been the addition of a shelf of donated books for parents. The shelf operates on a voluntary swap, rather than a lending basis, so that parents do not have to 'commit' to the idea of coming back to return a book. Parents are encouraged to choose a book from the selection of fiction, cookery books, parenting books and can replace it with another if they wish. Parents were becoming more aware of this, and beginning to use it, with parenting and recipe books in particular proving popular. Other changes suggested by staff included updating the children's book area from time to time, perhaps by theme (for example, on one day they might select all the books with cats in and have cuddly or toy cats or related activities). Reviewing and varying the children's books was also suggested.

The PEEP philosophy has always been to use everyday objects where possible, encouraging parents to see play opportunities around the home and this is very much the ethos of Room to Play. For example, although the provision does have its own commercially-made sand and water trays, staff will often use baking trays for this type of activities, to get the message across to parents that you do not need specialist equipment to play with your child. One staff member suggested that this aspect could be further developed within Room to Play, acknowledging, however, that space for storage was limited:

'*I think we could do a bit more with cardboard boxes here, and junk modelling. You can use cardboard boxes for so much: I'd like to see some sort of construction going on every day and some imaginary stuff. If you had more gluing and sticking and junk modelling available then children would be able to make independent choices about what they would like to do*' (Staff member, 2008).

Information area and resources

One of the original aims of Room to Play was to provide information for parents on a range of subjects. This has worked well, with parents seeking information on schools and childcare in particular. Parents have also used their own initiative to advertise baby equipment and list council-house exchanges (Coxon et al, 2007). The information resources for parents have been further developed since 2007 to include the following:

- a visual display entitled 'places to go' about local activities/places that are free (such as local parks, museums);
- information about sports centre classes and timetables, library information;
- bus timetables and information on bus routes, displayed visually so that parents can see which bus travels to the hospital etc;
- an increased range of leaflets;
- the development of a database for staff with contact details and web links of useful organisations and helplines relating to parenting issues, both local and national contacts.

For the visual display about local activities, staff members used Room to Play's own digital camera to take photographs of different places locally where families might spend a free day out. A dedicated staff member was allocated to update the information resources such as leaflets and create a database and this had worked well. Staff noted that in this way, organisations sending the leaflets have a single point of contact and it appears to be easier for one person to keep track of any changes. There are a number of points to be made in relation to the information resources of Room to Play. As the snapshot surveys have shown, Room to Play is used by a number of people who do not have English as a first language. Some multilingual staff members are available for some sessions, but not all, and both surveys showed a considerable range of languages spoken in Room to Play. One staff member suggested that there could be a possible role for the translation service 'Language Line' in Room to Play, particularly when parents with limited English asked for information on complex subjects.

Room to Play's user group also includes many parents who have no qualifications, and anecdotally, staff report that a number of these have difficulties with literacy. Yet both snapshot surveys have shown that the provision also has, amongst its users, a number of parents who are very highly qualified (Chapter 3). Clearly, it would be a challenge to provide comprehensive information to meet the needs of all these groups. However, it is important to make sure that the information on offer is as clear and helpful as possible, without alienating some users and patronising others.

Suggestions for a transferable model:

- clear information, visual messages where appropriate
- leaflets translated, or information about translation available
- explore possibility of access to Language Line
- important to keep timetables etc updated: dedicated staff member to update resources and to be responsible for key areas
- holding regular 'briefing' sessions for staff with local health visitors to keep up to date with changes in current practice (for example, weaning advice)
- 'cascading' the information on current child health advice to parents via practitioners
- using existing resources and bookmarking sites such as DCSF sites for parents/carers, Yougov and local council information
- liaising with local Children's Information Services as well as encouraging local Children's Centres to advertise their events
- displaying information which appeals to a broad range of users, including fathers and different ethnic groups: not just one 'type' of parent (for example, NCT)

- developing internal systems for monitoring requests for information and replacing leaflets

Staff members reported that they were frequently consulted by parents for information on a range of parenting issues: children's sleep problems, behavioural issues such as tantrums, picky eating, and advice on weaning were cited by staff as the issues parents most commonly sought advice on. One staff member mentioned that many parents visiting Room to Play also had older children, and teenagers, and staff reported that they were also asked for advice relating to older children, for example in relation to problems with school or issues such as drugs and alcohol. The majority of staff members are themselves local parents, and some have teenage children. While they were aware of the issues and felt able to respond to parents, some staff felt that they would like to know more about local services (for example, mental health services for teenagers) in order to be able to signpost parents swiftly to appropriate support. The database of contact organisations will also be a useful resource in this respect.

Health visitors are discussed more fully later in this report (see 'inter-agency issues') but rather than having a health visitor come into the Room to Play to discuss weaning with parents, staff felt that it might be beneficial for a health visitor to give a session on current weaning practices to staff, so that this could then inform the many 'ad hoc' discussions staff had with parents. This had already begun to happen in 2008. It was acknowledged that health advice on children's sleeping and eating changed frequently and that it was important to keep up to date with these.

The computer and internet

It was noted, in 2007 that: 'after a trial period with a computer freely available, it was decided that access to the computer should be regulated. It was observed that if it was available on an unregulated 'unlimited access' basis, it was sometimes used excessively by some parents, and potentially became almost like a television, preventing parents from interacting with their children' (Coxon et al, 2007, p.15). Staff felt in 2008 that this was still the best arrangement for the laptop: although it was not always on display, parents knew that it was available, and it was offered to parents seeking information. Parents used the computer for a range of purposes: to create CVs, undertake job searches, consult benefits information as well as look up aspects of child behaviour and parenting. During one period of observation, one parent showed another how to access sites such as 'freecycle' to obtain unwanted furniture, how to search online for secondhand baby equipment, and how to use 'price comparison' websites to obtain consumer goods at the most competitive prices.

Suggestions for a transferable model:

- create guidelines for use of computer facilities (e.g. possible maximum time limit; guidelines for printing)
- location of computer: think about whether it should be available for parents or children or both
- regularly review the way computer is used

Some suggestions for change

By the third year of operation, the practitioners were also able to reflect upon the changes they would like to see in the physical environment of Room to Play, although they were also quite realistic that these changes might not happen for reasons of space and funding.

Some of the following suggestions were made by staff, both in relation to Room to Play, and in creating a similar project:

- A separate space for parents to be able to go if they were upset or distressed or needed to discuss something confidential with staff;
- A separate space for staff to have breaks, eat their lunch or have a confidential discussion with other staff members.

On top of their role as parents, many users of Room to Play are going through difficult times. Over the past three years, staff have supported parents undergoing a range of stressful life events. These have included bereavement (both of parents and children) housing difficulties, financial difficulties, serious illness, relationship problems, legal proceedings, domestic violence, substance abuse, depression. At times parents visiting the setting have been very distressed. Although there is a phone that parents can use to make important calls, this is located in the very public area of the kitchen. As one staff member explained:

'We've had parents in there crying, and you just have to stay in the room, there isn't anywhere you can take them off to. Or if there was a phone and they could use it for calling the benefits people, or make a private call to the doctors' (Staff member, 2008).

For some parents, Room to Play is the first port of call when things go wrong:

'You don't know what's happened just before they walk through that door. Sometimes you get here and there's someone waiting for you. They just need to tell someone. There are times when they have things to discuss and it's just not appropriate, with other users and children around. Ideally I'd like it if we had a small room, just a few chairs and a box of tissues' (Staff member, 2008).

Similarly, Room to Play does not have a dedicated space for staff to eat their lunch or take a break, and a number of staff observed that having an area for this purpose would be useful. Working in Room to Play can be emotionally draining for staff (Coxon et al, 2007). As one staff member noted:

'You can have some days when lots of needy families come in and it gets to lunch time and you feel you just need to get out, clear your head. But the only place you can go is the shopping centre and then you just bump into all the families anyway' (Staff member, 2008).

One staff member suggested that the same space might fulfil a dual function:

'Maybe if you had a little room it could double up as somewhere for staff to have their half hour out for lunch…there's no way we could have that now, as there's not the room, but if anywhere else was setting one up, that's what I'd look for' (Staff member, 2008).

Another staff member suggested exploring the possibility of renting an additional room or sharing staff facilities with another shop in the shopping centre. An additional reason given by staff was for the purposes of information-sharing. As information on users is not routinely collected (with the exception of the tick-box sheet – Appendix F) it is very

important that staff are able to keep each other updated on issues relating to certain users. For some families living in precarious circumstances, or in cases where a family member is seriously ill, staff may need to alert other staff members confidentially of changes in a user's situation, and it is not always possible to do this in the busy environment of the shop. The windows of Room to Play are currently decorated with a painted design. Although this minimises the 'goldfish-bowl' effect of passers-by peering in from the outside, some staff, and some parents felt that the provision was 'too dark' and would benefit from additional lighting. However, staff were also conscious of wanting to avoid the squeaky-clean 'Children's Centre' effect, and were aware that for some parents, feeling cosy was also linked to feeling safe:

'I mean it can get a bit dark in there, but for some people it adds to that feeling, of being secure. It's a little enclave, a little oasis' (Staff member, 2008).

There are also challenges in changing the physical environment: in this unstructured setting, parents and children may not always use the space in the way staff intend them to. One staff member observed that while she was pleased with the existing baby corner, she sometimes felt that it would be even better if it could be 'properly' fenced off using a stairgate or pen to deter older children from going in there. However, she was realistic that this might have unintended consequences:

'but then if you did fence it off it might not look so inviting, but more like a giant playpen, and then the problem with that is that parents might start using it as a giant playpen, and then that wouldn't work either' (Staff member, 2008).

On the whole, however, staff and parents appear pleased with the physical space of Room to Play: consistently across 2006-8 parents have commented upon the friendly, relaxed and welcoming atmosphere. The following box summarises some suggestions from staff and parents about how the facility could be further improved.

Suggestions for Room to Play:

- Replacing carpet with washable floor coverings: as one staff member observed, children, parents and staff eat their lunch in all areas
- Washable covers/throws for sofa
- Redecoration: some staff and parents felt that the room was too dark- needed repainting and additional lighting
- Space for buggies: lockable area outside the front of the shop
- Additional facilities: language line
- Staff room and confidential meeting room for parents

Opening hours

Room to Play is open on Mondays to Fridays between 9.30am and 3pm, and on Saturdays between 10am and 1pm. Unlike a number of drop-in facilities, it remains open during half-term and the school holidays, although it is closed on Sundays and public holidays. In term-time it caters mainly for parents and carers of children who are not yet in full-time school, however, in the holidays it also welcomes children of all ages. This means that numbers of those visiting the centre can increase substantially during the holidays, with school-aged siblings accompanying younger users. Activities also have to be adjusted to accommodate the broader age range.

The vast majority of parents interviewed in both 2007 and 2008 felt that the opening hours of Room to Play were adequate for their needs, although some parents interviewed in 2007 observed that they would like the provision to be open longer. During the summer holidays, the opening hours were shifted back by thirty minutes. Staff were aware that it was important to keep reviewing whether these hours are meeting parents' needs.

Staff felt that it was especially important for the target group of "hard to reach" or "excluded" parents to know that the provision was open more or less all the time. As one staff member observed:

'Parents know it's there, they don't need to make a commitment to come on a particular day like a group. If they have a bad day or if they just don't make it there, well, there's always tomorrow' (Staff member, 2008).

Suggestions for a transferable model:

- Although opening hours are dependent on funds, staffing and space available, having provision that is open every day 'more or less all the time' (school hours as well as holidays) may be helpful for some families, particularly "excluded" parents or those in chaotic circumstances
- Having a multi-lingual worker for certain sessions worked well: parents with limited english or who felt more comfortable with an ethnic minority worker knew when to attend
- Regularly reviewing in discussion with parents and staff whether opening hours are adequate/meeting needs

Staffing

Four PEEP practitioners and three assistants work in Room to Play on a rotational basis. Responsibility for planning the curriculum is shared by the practitioners, with input from the services and practice development manager and support from other PEEP practitioners. A practitioner and an assistant are always present and at certain times there is a third member of staff. Staff have also experimented with more structured activities. In 2007, a PEEP practitioner visited Room to Play for two hours a week to undertake more directed activities with families to extend the curriculum. These included experimenting with activities such as singing sessions. While some parents were comfortable with this, other parents were not, and there appeared to be a general feeling among staff that did not work for all parents in Room to Play. One staff member described the experience:

'We tried the singing but it didn't hit off amazingly well. If there were some PEEP parents in there they loved it, but some other parents felt uncomfortable with it. Singing is not an easy thing to do in front of other people, although parents who come to PEEP groups are used to it' (Staff member, 2008).

Where appropriate, staff will promote the PEEP singing book, and sing songs with the children and parents, but this is in a spontaneous way rather than as a pre-planned activity.

There are certain sessions of the week when a multi-lingual practitioner is always present and there is clear evidence from both observations and interviews that some ethnic minority parents choose to attend specifically for these sessions, either alone or to meet other parents.

A number of parents who attend the health clinic-based 'Early Explorers' programme (see p. 59) began in 2007-08 to attend Room to Play for sessions with the same multi-lingual practitioner, and the provision of a multi-lingual practitioner clearly has an impact upon attendance for some ethnic minority groups.

Staff usually cover the same sessions during any one term, although changes may take place from term to term. However, in planning the rota, management remain conscious of striking a balance between continuity of staff, whilst not wanting to promote dependence by having the same staff member available all week. It is also very tiring for staff to work several sessions in a row.

It has been noted (Evangelou and Smith, 2006; Coxon et al, 2007) that working in Room to Play can be very draining for staff, and this was again observed in 2008. As one staff member pointed out:

'You couldn't do this every day, you just couldn't. Because by the end of the week...you just wouldn't be nice to people. It is hard work. You can have just one person who's really needy and can take all your time…and it's hard to explain that sometimes' (Staff member, 2008).

A project manager offers line management and regular supervision to all staff. There are weekly team meetings and regular staff development days take place with other PEEP staff.

Some changes to staffing arrangements have evolved over the course of the three years, particularly since 2007. These are as follows: 1. cover staff; 2. assistants.

Cover staff

It was noted in 2007 that unusually for the childcare sector, the staff base of Room to Play was incredibly consistent.

'Room to Play was perceived by staff to be an extremely rewarding, if challenging place to work. Perhaps exceptionally for a setting catering for pre-school children and staffed exclusively by women, staff turnover was low to non-existent. It is to the credit of the management and to PEEP itself that the original staff employed when Room to Play opened are still delivering the same frontline service to families' (Coxon et al, 2007, p. 24).

This is still the case a year on, although the project manager has assumed a new role within PEEP and another PEEP manager had been appointed as project manager in her place. An additional early years professional had been seconded to PEEP by the local authority and worked for some sessions in Room to Play.

One significant change in relation to the staffing of Room to Play over the final year has been the development of a 'cover' system whereby a PEEP practitioner is effectively 'on call' or 'on standby' for a certain shift. Developing a cover system had been identified as a priority in 2007. Now, when the staff rota is planned, each session includes a PEEP practitioner 'on standby'. This 'on call' time is included in their working hours. However, if the 'on call' staff member is not needed, they use the time for planning or review activities.

This system has also provided useful cover for staff to attend training as well as cover for absence, and to date this appears to be working well, with the slight proviso noted by staff that occasionally cover staff (themselves PEEP practitioners) may work with parents, in a

slightly different way, and might at times respond differently, or more pro-actively to a particular situation.

Assistants

As noted in 2007, PEEP practitioners include both those who are qualified PEEP practitioners, as well as PEEP assistants. In PEEP groups, the assistant supports the practitioner in the same way as a teaching assistant provides support in the classroom. Although they work closely with parents and children they do not assume the same level of responsibility as practitioners. However, practitioners and assistants alike have observed that in Room to Play the differences between the roles are less clear-cut, with assistants assuming greater responsibility in Room to Play than in PEEP groups, for example.

The increased responsibility assumed by assistants has been acknowledged in the following ways:

1. Meetings: every three weeks, assistants are now also invited to attend the weekly meeting. A number of staff members observed that this new arrangement means that all staff feel more involved: one assistant observed that she felt assistants had developed 'more of a voice' over the three years. The arrangement is also intended to support staff carrying out this emotionally draining role: staff need these opportunities to meet together, to support each other as well as for planning and information-sharing. One practitioner pointed out that assistants felt more empowered attending meetings in this way.

'It can be hard to go somewhere on your own and say, look, I feel this way. But if you're in a group with three other people saying the same thing, it can be easier…I think this values them a bit more' (Staff member, 2008).

2. Training structure: discussion is currently underway within PEEP to create a training/qualification/progression system to recognise the work currently undertaken by assistants in Room to Play.

Suggestions for a transferable model:

- Varying staffing to create some consistency without promoting dependence; not too draining for staff
- Development of a rota system for 'on call' or cover staff
- Regular attendance at meetings/appraisal/supervision for all staff
- Development of a qualification, or training structure/programme in 'working in a drop-in such as Room to Play'

Users

The user snapshot on in Chapter 3 provides more information about the users who visited Room to Play in the snapshot weeks of 2007 and 2008; however, it is clear from both observation and interviews with staff and parents, as well as PEEP's own monitoring data that Room to Play has become busier over its three years of operation. All staff interviewed in 2008 observed that Room to Play was more busy, and was continuing to attract new users.

The first year of operation was characterised by the concern among staff that the setting might find itself dominated at any one time by one particular group of parents, and become 'cliquey'. In the second year, it was noted that while certain families might use the setting very intensely for certain periods of their life, their circumstances would change over time, and so would their pattern of attendance. The third year of operation has been characterised by an increased confidence on the part of staff, that while some families may visit and stay longer than others, they will all 'eventually' move on. Therefore 'riding it out' might be the most productive strategy for staff faced with a small minority of users that visit on a daily basis, for several hours at a time. As one staff member mentioned:

'We've learned that things go in waves, and families' needs go in waves…and so there might be a particular group that's in there a lot, but then things move on for them…so most of the time I think the problem manages itself, or is managed by the natural ebb and flow of families' (Staff member, 2008).

'We've got used to the natural flow of people, and things change, problems change. In the first year, there were particular issues around certain families, and you felt you needed to 'deal with them'- and sometimes you had to…but I think what we've realized, over time is that they come and go naturally; you just get more aware of things that are going to happen' (Staff member, 2008).

However, while staff members were clearly more confident, this is not to be confused with complacency. They remained aware of the need to continually reflect on whether the space was inclusive, or whether certain users were dominating the space and making the provision felt 'cliquey', and to review the situation on a regular basis.

'I think as staff we're quite skilled at facilitating conversations and interactions between users. We are obviously trying to reduce isolation, so I think its important we constantly keep a check on whether we're doing this, whether all our users feel comfortable and included' (Staff member, 2008).

The atmosphere of Room to Play has been consistently described as friendly, and homely. Staff felt that being inclusive, and remaining inclusive was vital for the continued success of the project.

'We do have a socially mixed client group…and I don't think this does happen much, but it's about ensuring that people are mixing, and that that in itself isn't causing people to feel too uncomfortable.' (Staff member, 2008).

The open plan set-up was described as 'homely, friendly and comfortable' with opportunities for socialising occurring naturally. This still appeared to be the case by the third year of operation. However, certain challenges remain:

Sofa: friend or foe?

'On the one hand, the sofas are a great asset, but the reverse side of that is that they're also a pain in the neck. It's great when you see a mum and child curled up on the sofa sharing a book, or a mum on the sofa breastfeeding…but when you've got mum on her mobile phone, or falling asleep, and the child's outside and she's sort of not taking any notice… then you start to wonder whether the sofa really is a good thing' (Staff member, 2008)

It has been noted (Evangelou et al, 2006; Coxon et al, 2007) that while the sofas enhance the relaxed 'home from home' atmosphere of the drop-in and facilitate conversation, they can also present a challenge. Staff observed that parents sinking into the sofas could become 'too comfortable and too relaxed' to engage with their children. One suggested a compromise in the form of sofas that were comfortable, but not overly so. However, all staff agreed that the benefits of the sofas outweighed the negatives.

Over the past three years, what has evolved instead is that staff have developed a range of strategies to deal with the challenges posed by parents who become 'too comfortable' and had greater confidence to apply these strategies. However, it was also clear that it easier to address difficult issues with parents when staff had established a good relationship with them, which could take time.

Strategies developed by staff to prevent the 'misuse' or over use of sofas included:

- Staff became more proactive in asking parents to keep an eye on their child, or drawing them into activities/encouraging them to get up and look at what their child was doing etc. For example: 'do you want to go and see what he's up to out there?' and 'come and see what she's made at the table!'
- Ensuring that books are always near the sofa so that parents and children can be easily drawn in to sharing a story and linking the activities of sitting and reading;
- Keeping a check on parents in danger of falling asleep on the sofa: offering them drinks, engaging them in conversation and encouraging them to join in activities.

As with all aspects of Room to Play, however, staff need to be able to work flexibly and apply their discretion in individual cases, as one staff member observed:

'Obviously, if someone's just sitting on the sofa with their mobile phone and not taking any notice of their child, then we'll say something…but if someone's just come in with a new baby and they've sat down exhausted…or if they've got two children and they're trying to feed the baby and the older child is playing up- we'd be more likely to try and engage the older child so that she can have that time with the baby…' (Staff member, 2008).

2.2 Range of users, patterns of use, and reasons for using Room to Play

Variety, both in terms of the range of families using the centre, and the way those families made use of the provision, was a key theme that emerged from interviews with staff and users in 2007. "Room to Play is used by parents, childminders, grandparents, relatives and friends looking after others' children, nannies and au pairs. It is used by those with no qualifications, as well as those with postgraduate qualifications" (Coxon et al, 2007, p. 14).

The snapshot survey as well as observations and interviews showed that by its third year, Room to Play had become more busy. Anecdotally, staff reported increases in the following groups, and this was borne out by observation.

- fathers
- grandparents
- nannies, au pairs and childminders
- more first-time users
- more ethnic minority users (via Early Explorers)
- more young parents (particularly at certain times of the week)

- more users who have experienced other PEEP delivery modes

Staff felt that more fathers, and more grandparents were using Room to Play. Some staff had also recently undertaken training in different ways to work with fathers, and felt that it was important for Room to Play to continue to explore ways of providing a welcome to fathers as well as mothers. Some fathers' activities at local children's centres had been advertised on the noticeboard. Room to Play was also well-used by grandparents looking after their grandchildren for the day who would take them to Room to Play when they did their shopping. Staff observed that for some grandparents, particularly those with limited English, who looked after their grandchildren while their offspring worked long hours, Room to Play played a vital role in reducing isolation. It had been touching to observe how in some cases, friendships had been established between people of very different ages and backgrounds. There also appeared to be greater movement across the PEEP delivery spectrum: a number of parents who had attended PEEP groups also visited Room to Play. Similarly, a number of parents who had made their initial contact with PEEP via Room to Play had either undertaken home programmes, or joined groups, where this was possible.

Staff also felt that the project appeared to be acquiring a reputation among nannies, au pairs and childminders who used the centre as a base to meet up with each other, with the setting providing activities and a change of scene for the children, as well as contact with other adults for the carer. While it is possible that word has spread among different groups, such as childminders, we might also conclude that the increase in different groups merely reflects the general increase in users across the board (as illustrated by the increase in first-time users, for example). Whatever the reasons, it is clearly evidence of the fact that different groups feel comfortable using the provision, and that Room to Play is successful and inclusive in welcoming all of its users.

Patterns in use (2007-2008): Key points

- increase in new users;
- increase in users in general;
- increase in those using other services across the PEEP delivery spectrum;
- different groups feel comfortable using the provisions.

2.3 Relationship-building, friendship and social support

'When you've developed a relationship with the parents you don't have to pussyfoot around so much- you can be a bit more direct in challenging them- say- 'why don't you join a library' or, if they don't like their child getting messy say- oh, you are a fuss-pot aren't you?' (Staff member, 2008.)

Building relationships is at the core of several of the successful strategies highlighted in the literature on interventions with hard to reach families (e.g., Brocklehurst et al, 2004; Statham, 2004; Arnold, 2007; Barrett, 2008). Within Room to Play, relationship-building operates on a number of levels within and across different groups.

The following categories of relationship are discussed below:

1. Relationships between users
2. Relationships between parents and children
3. Relationships between parents and staff

Relationships between users

"One feature of Room to Play that emerges strongly is the contribution of the setting in facilitating friendships between parents from different backgrounds who supported each other in the common task of parenting. The success of this was considered unprecedented by staff: there was a sense that nobody had anticipated that the social support aspect of the shop could be this powerful" (Coxon et al, 2007, p. 21).

Three years on, it is clear that the friendship and social support that users offer each other is one of the greatest 'success stories' of Room to Play. Observation and interviews with parents throughout the course of this evaluation have consistently shown that for many parents, Room to Play is a place where they can meet other parents, form friendships, help each other and share experiences. It is difficult to reflect the rich variety of ways in which parents have interacted with each other and formed relationships. For some parents, the opportunity to make contact with other parents and children in a neutral space appears to be one of the most important factors in increasing parental confidence and reducing social isolation.

The function of Room to Play as a place where both parents and children can come to hear English spoken and to learn English has already been noted (Coxon et al, 2007). A theme that also emerged in staff interviews was the friendships that had been formed in Room to Play between users with limited spoken English. One staff member described the way such a friendship had evolved between two users of different ages and from different backgrounds who had met each other through the setting:

'There's one grandparent who comes in frequently with her grandchild- she doesn't have any English at all…and she has developed a really warm, open friendship with another mother who also comes in a lot. They are both looking after children of the same age and they smile at each other and talk, in their own language, and hold each other's children and talk to them. They're helping each other, reaching out to each other, and I love to see that they're integrating, without any common language at all. It's really, really touching: they are both thinking, she's smiling at me, she likes me, she's thinking about me...and they seem to understand each other without any language. It's like children when they interact' (Staff member, 2008).

Another staff member described how one parent who was new to the UK found support in another user (a nanny) who spoke the same language and described how the friendship had developed, and how this had benefited the parent:

'This nanny from Eastern Europe made friends with another slightly younger girl in the shop who spoke the same language. She showed her where the doctor's was, and things like that. They started to meet every week in Room to Play: she was looking for a part-time job and the (nanny) said 'let's go on the computer' and look. She sorted it for her and everything… To begin with she (younger girl) wouldn't come in to Room to Play on her own, she used to wait for the friend in the shopping centre. But now the nanny's gone back, and the other girl actually comes in on her own with her son now which is really nice, you can see that she's developed that confidence' (Staff member, 2008).

The PEEP community empowerment model (Appendix D) illustrates how this type of empowering experience can move families from isolation through to participation.

Relationships between parents and children

'There seems to me to be two distinct groups of users: the ones who come in and do interact with their children, and the ones who don't. The ones who do interact with their children don't appear to be as needy as those who don't' (Staff member, 2008).

Staff who work in Room to Play are aiming to enhance the ways that parents interact and engage with their children using the Opportunities, Recognition, Interaction and Modelling (ORIM) framework. In particular, staff agreed that they were trying to improve parents' relationship with their children. Modelling was cited by staff as one of the strategies they used to do this, however, with certain families this can be challenging.

One staff member described how she tried to model appropriate behaviour for a parent:

'There's this mum that comes in, and her son can't do anything right, she's always on at him, telling him off. Often it's just that he wants her attention. And if he comes in from the garden with messy hands she gets hysterical…so I say things like, oh look, we can easily get this washed, can't we…' (Staff member, 2008).

Another staff member explained how she modelled an appropriate response for a parent who became angry and described her very young baby as 'naughty' when he cried:

'I don't make a joke of it, but I do make light of it. I say things like, 'oh you're not naughty are you?' to the baby, then I'll ease it along and say 'we can all have our moments, can't we'… and then if they say something that's not appropriate, I'll try to come back to it later, maybe in a different way, a more roundabout way' (Staff member, 2008).

A lack of positive interaction between some parents and their children is a particular challenge for staff.

One staff member described the ways in which she tries to model interaction with a mother who does not play at all with her very placid nine month old child:

'A lot of times I've gone and sat with him, trying to play. I've shown him bricks and tried to get him to bang them together, and I say to mum- oh look, he's doing that, trying to get her involved. She's very fussy about keeping him clean and only interacts with him when she's feeding him, or changing him: she doesn't seem to give him any eye contact. I'm trying to model this kind of playing to the mum. He's missing out on a lot of stimulation. At his age, he should be trying to do things, knock a tower over, clap his hands…and it's trying to model this interaction, trying to get mum interested' (Staff member, 2008).

The issue of parents who do not supervise their children adequately while in Room to Play was identified as one of the challenges facing staff in 2007. However, by the third year of operation, staff felt that they had become more proactive in reminding parents that they were responsible for their own children whilst in the shop, and this was evident in observations of the setting. There is also a sign on display reminding parents of this and this has been translated into the key languages. However, as has also been shown elsewhere, staff are

aware of the need to be flexible. In certain cases, notably when a parent has more than one child (for example a new baby) they might offer to hold the baby so that the parent can spend some time with the older child. One staff member describes this needs-led process, where doing something at the right time can facilitate parental engagement.

'There was this one mother, and she'd been in hospital with her new baby, and the three year old really needed her, he was playing up. So we held the baby for half an hour, and they really benefited from that time together, you could see that. She was really able to focus on him' (Staff member, 2008).

Relationships between parents and staff

'You listen to them, you give them support when they need it, you try to give them advice, try and help them to move on really…all those things, praise things they do right, and hopefully they'll pass it on to their children' (Staff member, 2008).

For some parents, the relationship they form with staff may represent the first significant and positive relationship with an 'authority figure'. The majority of staff members are themselves local parents. One staff member explained how she felt that building a rapport by volunteering information about herself with parents encouraged them to trust her.

'I think they like it when you're a little bit personal with them, maybe tell them something about your own kids, just to be a little bit more human' (Staff member, 2008).

Another staff member described how one previously shy parent had grown in confidence through her relationship with staff, and was now able to initiate interaction with other parents, share information with them, and in doing so, form friendships.

'When she first came in, although she interacted with her children, she didn't speak directly to the staff or any of the other users. Then, bit by bit, she began to talk to me, but only through the children. Now she's really grown in confidence, she's made friends with people. She tells you things about herself, about her life, how the children are doing at school. And now she'll ask me how I am, how my kids are getting on. She's an example of someone where you could go in and give them examples of what to do, and how to handle situations, but you have to have that relationship first, that eye contact, that communication' (Staff member, 2008).

Brocklehurst et al (2004) point to the fact that success in engaging the "excluded" families depends on the relationship and communication skills of the professionals trying to engage them. Successful relationships of trust require time to build (Milbourne, 2002; Hannon et al, 2003; Doherty et al, 2004; Glennie et al, 2006; Barnes et al, 2006). In Room to Play, staff are modelling relationships, but also modelling friendships, which takes a particular skill and confidence to be able to do. One staff member observed that while she and others were very comfortable with this fairly intimate style of working, other early years practitioners might be less comfortable with it.

The kind of skills and qualities that staff working in Room to Play, or similar projects require, the challenges, as well the impact on staff and strategies are explored later in this chapter.

2.4 New experiences and messy play

For many parents and children, one of the appeals of Room to Play was that it offered new experiences. These ranged from the more messy experiential activities such as playing with 'gloop' to everyday activities that were nonetheless often new for both parent and child. One staff member described how the very simple experience of her child holding a crayon had been a revelation for the parent, and described the impact of this on the child:

'I was sat with a little boy last Friday. And he must have been about two and a half-ish and just by the way he was holding a crayon, I said to his mum - is that the first time he's done any and she said – yeah, look at him! Two and half, that was the first time he'd held a crayon. So that experience was brilliant, and mum loved it - she was saying- I'll get him some crayons now - I hadn't even thought of that. So something like that, you've made a difference there. She was like really proud of it: "We'll put that up on the wall when we get home - it's really nice!" I think there's a sense of achievement with parents. Quite a few parents have sat down and made stuff with their children here, and they've had a really nice time and it's sort of showing parents that they can do this and they can do that and they can have a nice time - it doesn't have to be all telly and play on their own. And a sense of pride as well - seeing what their children are doing, you know what they're going to take home, and seeing their children play with other children.' [Staff member, 2007] (Coxon et al, 2007, p. 23).

Some observations on new experiences and messy play

- parents and children attending the centre are often 'dressed up' for shopping: making sure aprons and spare clothes are available is important;
- often parents have had no experience of messy play themselves;
- increasing the use of natural materials, junk modelling;
- developmentally appropriate (suitable for multi-level) and achievable;
- new experiences may be those which most often draw parents and children towards an activity area.

2.5 Additional staffing issues

Some skills which emerged as important for staff were:

- dealing with unpredictability: unlike a day nursery setting, where numbers are regular, staff need to be able to cope with not knowing who is going to turn up or when;
- being able to deal with incidents such as challenging behaviour from users as well as 'ad hoc' incidents involving people using the shopping centre;
- flexibility- both in terms of attitude to the curriculum- and the ability to think on your feet.

There was also the awareness that staff needed constantly to revise and revisit on a weekly basis the way the shop was staffed and functioning, exploring issues such as:

- striking a balance between having a regular and predictable staff pattern and 'spreading the strain' across different staff members – juggling the need for the comfort of a recognised member of staff with the need to change dynamics in order to help families 'move on';
- reviewing the need for staff counselling;

- reviewing patterns of use and continuing to have discussions around issues such as the possible introduction of a time limit for families during 'peak' periods.

Table 2.1: RTP staff training

Training undertaken by staff in 2007 2008	Further training needs identified by staff in 2008
Solution-focused brief therapy	Domestic violence awareness/advice
Speech and language training	Time management/organisation
Health visitor briefing/update	Training on the new Early Years Foundation Stage Curriculum
Information on sexual health	Dealing with teenagers/support services
Engaging fathers	Cultural issues
Stress management	Issues around parents with literacy problems
Listening Skills	Child Protection issues

Chapter 3: Findings from the user snapshot

3.1 Introduction and methods

The anecdotal evidence that Room to Play is a drop-in centre which is successful in attracting a cross-section of users has been supported by two weeks of interviews with users. The first set of interviews were carried out over one-week period in 2007, i.e. one year after the centre was opened and this was repeated in 2008, after the centre had been operating for two years.

In June 2008, 61 visitors to Room to Play completed a questionnaire designed to obtain a socio-economic snapshot of the users and their views on the 'resource'[3]. The interview consisted of 26 multiple choice and open-ended questions administered in a friendly conversational style. The responses were recorded in free text during the interview and were then entered into the SPSS software package for quantitative analysis. Qualitative answers were assigned to categories created in the previous wave of interviews in 2007. Additional variables were created to reflect changes between the 2007 and 2008 data and to account for statements not recorded before.

The sections below present child and family characteristics including demographic data and information about the use of Room to Play. Percentages reported are the percent of answers given by the 61 respondents in the second wave of the interviews (or 41 for the interviews in 2007 used for comparison analysis). Percentages were rounded to the nearest whole number.

3.2 A descriptive profile of the Room to Play users

Age, gender, ethnicity

The average age of the users interviewed in 2008 was 29.7 years (range 20-42); there were three males and 58 females. The majority were the parents of the children visiting on the day they were interviewed (85%); two grandparents and four childminders were also asked about their background and their opinion on the provision (see table 3.1). The majority of Room to Play parents interviewed had two children (49%), followed by parents who had only one child (34%), (see table 3.2).

Table 3.1: Relationship of parent/carer to the child/ren they were with

Relationship	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
Mother	52	85	37	80
Father	3	5	2	4
Grandparent	2	3	1	2
Friend of parent	0	0	2	4
Childminder	4	7	3	7
Other	0	0	1	3
Total	61	100	46	100

---

[3] People who were first-time visitors were not interviewed (thirteen per cent of Room to Play visitors during the 2008 data collection), as this was considered to be off-putting. In 2007 there were no first time users during the snapshot week. A further five per cent declined to be interviewed in 2008. In 2008 there was an increase in first-time users.

Table 3.2: Number of children (total)

Number of children per family	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
2	30	49	23	50
1	21	34	16	35
3	4	7	5	11
4	1	2	1	2
5	2	3	0	0
Not Stated	3	5	1	2
Total	61	100	46	100

Two thirds of Room to Play users who provided information for the 2008 analysis were of White British origin (66%): it is also important to recognise that the remaining third were therefore not of White British origin. The breakdown of ethnic groups is shown in Tables 3.3 and 3.4. Just over half (59%) of their children were classed as White British.

Table 3.3: Parent ethnicity

Parent ethnicity	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
White British	40	66	29	63
White Irish	0	0	1	2
White Other	3	5	6	13
Indian	0	0	1	2
Black Caribbean	1	2	0	0
Black African	4	7	0	0
Asian British	2	3	0	0
Asian Other	3	5	1	2
Pakistani	4	7	3	7
Other	2	3	2	4
Mixed Race	0	0	2	4
Not Stated	2	2	1	3
Total	61	100	46	100

Table 3.4: Child ethnicity

Child ethnicity	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
White British	36	59	29	63
White Other	3	5	0	0
Black British	3	5	0	0
Black African	1	2	0	0
Black Caribbean	0	0	1	2
Asian British	5	8	0	0
Pakistani	2	3	3	7
Asian Other	2	3	0	0
Mixed Race	5	8	7	15
Other	2	3	5	10
Not stated	2	4	1	1
Total	61	100	46	100

Language spoken at home

A large proportion of Room to Play users interviewed stated that they spoke solely in English to their children (71%). What is noteworthy though, is the percentage of multilingual and non-English-speaking households. Table 3.5 shows the variety of languages spoken at the children's homes.

Table 3.5: Language spoken at home to child

Language spoken at home	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
English only	43	71	32	70
English + other language	4	7	5	12
Japanese	0	0	1	2
Urdu	3	5	2	4
Arabic	2	3	2	4
Polish	0	0	1	2
Lithuanian	0	0	1	2
Portuguese	1	2	0	0
German	0	0	1	2
Other	6	10	0	0
Not stated	2	2	1	2
Total	61	100	46	100

Childcare

Twenty-six children of the 61 Room to Play users interviewed attend various forms of childcare, with 2% attending playgroup; 21% nursery; 3% school; 11% other form of childcare such as crèche or drop-in centres and 5% of children regularly stay with a childminder or nanny.

Level of Qualifications, Employment

The interviewees also provided detailed information on their past or present jobs, qualifications achieved and benefits received. Analysis of the data revealed that the sample had a wide scope of qualification levels, ranging from 'no formal qualification' (16%) to postgraduate qualifications (7%), (Table 3.6). A substantial proportion of the interviewees (33%) reported they had left school after O-levels/GCSEs aged 16; 11% left school before they were 16 and 18% continued until the completion of A-levels at the age of 18.

Table 3.6: Interviewees' highest qualification

Qualifications	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
No formal qualification	10	16	7	15
GCSE grades D-G	4	7	3	7
Equivalent level 1 qualification	4	7	1	2
GCSE grades A*-C	5	8	6	13
O Level grades A-E	3	5	2	4
Equivalent level 2 qualification	3	5	7	15
A level	3	5	1	2
Equivalent level 3 qualification	5	8	3	7
Diploma of higher/further education	2	3	1	2
Higher national diploma	1	2	0	0
Bachelors degree	9	12	4	9
Equivalent level 4 qualification	1	2	4	9
Masters degree	3	5	3	7
Postgraduate certificate/Diploma	4	7	2	4
Not stated	4	7	2	4
Total	61	100	46	100

A large proportion of interviewees (67%) stated that they were full-time carers, while three out of the 61 interviewed (5%) were in full-time employment and 24% employed part-time. Of those interviewed with partners/spouses, 89% had a spouse currently in employment. A varied band of jobs was recorded in the sample, with most users working in the retail/service sectors. Tables 3.7 and 3.8 show current and previous areas of employment.

Table 3.7: Current area of employment

Area of employment	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
Childcare	9	15	9	20
Healthcare	1	2	5	11
Clerical/Admin	0	0	1	2
Retail/service	8	13	3	7
Management	1	2	3	7
Student	1	2	0	0
Professional	2	3	0	0
Construction/housing	0	0	2	3
Not stated/Non-applicable	39	63	23	50
Total	61	100	46	100

Table 3.8: Previous area of employment of those currently not working

Previous area of employment	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
Childcare	3	5	3	7
Healthcare	2	3	2	4
Clerical/admin	4	7	1	2
Retail/service	16	26	7	15
Management	2	3	0	0
Professional	4	7	1	2
Construction/housing	0	0	1	2
Other	2	3	2	4
Never worked	3	5	1	2
Not stated/Non-applicable	25	41	28	62
Total	61	100	46	100

Family living arrangement

In this type of survey it was decided not to ask directly whether the respondent was a lone parent; instead respondents were asked about who was living at home. Seventy-five per cent of those questioned in 2008 lived with someone else; in 71% of these cases it was their spouse or partner while 12% lived alone with their children (2008 data). It is possible that there were more lone parents than this 12%, as some lone parents may be living with other relatives or in shared housing.

Benefits received

Table 3.9 shows the benefits received by the interviewees. As would be expected, the most widely distributed benefit was Child Benefit with 93% of parents receiving this. Housing benefits, council tax benefit and income support were also reported to be received by the interviewees. The lone parent benefit is now calculated through other benefits (e.g. income support), which is why it is not present in the 2008 data in Table 3.9.

Table 3.9: Benefits received

Types of benefit	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
Child benefit	49	93	40	87
Child tax credit	37	70	30	65
Housing benefit	15	28	15	33
Council tax benefit	15	28	14	30
Income support	13	25	9	20
Working tax credit	11	21	12	26
Child support	0	0	3	6
Child care tax credit	2	3	2	4
Jobseeker's allowance	1	2	1	2
Local housing allowance	0	0	2	4
Disability living allowance	1	2	2	4
Bereavement benefits	1	2	0	0
Lone parent benefit	N/A	N/A	1	2
Maternity/Paternity pay	0	0	1	2

Postcode analysis

The Room to Play users were also asked to provide their home postcodes. These were then linked to the newly published Index of Multiple Deprivation (IMD) 2007 (Noble, McLennan, Wilkinson, Whitworth and Barnes, 2008) to ascertain whether the Room to Play users come from disadvantaged socio-economic neighbourhoods.

The Office of National Statistics (ONS) online tool was used to find levels of deprivation in the neighbourhoods (Super Ouput Areas) where Room to Play users reside. These are the indices of deprivation (2007) including deprivation in terms of income, employment, health, education and area crime. There is also an overall indicator of multiple deprivation labelled 'total deprivation'. Each neighbourhood was given a ranking from 1 for the least deprived to 5 for the most deprived. Those ranked '5' were at the top 20% of the deprivation index of deprivation, those ranked '4' were in the next top 20% and so on with those ranked '1' at the bottom 20% of the index of deprivation.

According to the Indices of Deprivation 2007, the area where the RTP users reside is ranked 155th out of 354 local authorities in England – which puts it in the most deprived half. Interviews with users showed that only five out of the 58 Room to Play users who provided postcodes came from areas that were least deprived (ranked '1' or '2' on total deprivation). On the other hand, almost half of the users came from neighbourhoods that scored high on the total index of deprivation (ranked '3' or '4'). The main issues in these deprived areas are poor education and skills and high levels of crime.

Summary

One of the aims of Room to Play was to attract a diverse range of users. The quantitative data collected at the second wave of interviews supported the 2007 findings, namely that this aim has been achieved. Moreover, the majority of users came from mixed ethnic and linguistic backgrounds and possessed diverse qualifications. Many of them (38 %) reported they had left school after GCSEs/O levels aged 16; almost 12% left school before they were 16. The variety in users' employment profiles was reflected in their work across a number of sectors, ranging from construction/housing to management. The aim of reaching the 'most "excluded" families seems to have been fulfilled to a large extent, as the vast majority of Room to Play users interviewed came from the most deprived areas of the city.

The comments provided by Room to Play users during short interviews in 2008 have been analysed both quantitatively and qualitatively and have been merged with the 2007 data so that a more complete picture of the reasons why people come to Room to Play can be drawn.

3.3 Using Room to Play

Room to Play users interviewed in 2008 were asked how often they attend Room to Play and how they first heard about it. Most of the users have learnt about the centre just by passing by in the shopping centre (56%), followed by those who have heard about the centre through friends or other users (19%). Similar answers were obtained in 2007, when the majority of users stated that they came to know about Room to Play just by walking by. However, the percentage of users mentioning 'word of mouth' as a source of first information is higher by almost seven per cent in 2008. This is a reassuring finding as it shows that the centre is building up its local reputation, attracting more and more new users every day.

Table 3.10: Source of first information about Room to Play

How did you hear about Room to Play?	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
Just passing	34	56	14	29
Word of mouth	12	19	6	12
A PEEP practitioner	7	11	3	7
Health visitor	4	7	1	2
Other	2	3	0	0
The stall	1	2	6	13
Not stated	1	2	16	35
Total	61	100	46	100

The fact that the centre is well established in the community is reflected in the centre's high attendance rates (as reported by the interviewees). The proportion of more regular users (those reporting to be coming 2-3 times per week) is much higher in 2008 (see Table 3.11).

Table 3.11: Frequency of Room to Play attendance

How often do you attend Room to Play?	N (2008)	Valid % (2008)	N (2007)	Valid % (2007)
2-3 times a week	28	41	12	26
Once a week	23	32	16	34
Once a fortnight	6	10	9	20
Every day	2	3	2	4
First visit	1	7	3	7
Once a month	1	7	3	7
Not stated	0	0	1	2
Total	61	100	46	100

The above pattern of answers corresponds to the relatively high level of satisfaction with the centre's opening hours. When asked when they would prefer to visit Room to Play, the majority of interviewees (61%) stated that the hours were fine as they were. Nonetheless, 32% of users interviewed would like to see the centre open after 3pm and 4% said they would like opening hours extended at weekends (it is currently only open on Saturday mornings) or on Bank holidays (2008 data).

The respondents were also asked how they travelled to Room to Play. In 2007 the main mode of transport was walking (59% of interviewees). This is still the case with 66% of the interviewees walking in order to get to the shopping centre. In fact this percentage has increased in the past year. Other forms of transport included bus (38%), followed by travel by car (11%).
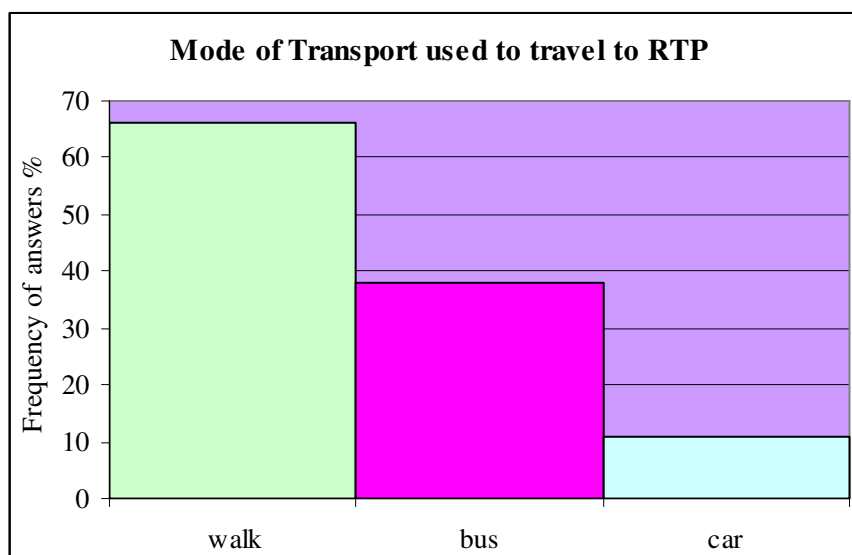
Mode of Transport used to travel to RTP

Figure 3.1: Mode of transport used to travel to Room to Play (2008 data)

Importantly, 36% of Room to Play users who provided data for the 2008 analysis go regularly to other places locally, such as family centres and children's centres. Nonetheless, 30% of those interviewed do not go anywhere else, which is an increase by more than 8% when compared to last year's data. As Room to Play aimed to target parents who were unlikely to access other centres, this is a significant finding.

The section below provides more information about what the users of Room to Play, who were interviewed, like most about the setting, and why they visit it.

Reasons for using Room to Play

The main reasons of the 2008 Room to Play visits were slightly different from those cited by interviewees in 2007. The majority of Room to Play users still come mainly because of their child (52% in 2008, 33% in 2007) or because of the centre's convenient location (15% in 2008, 28% in 2007). The following quotations sum up this view:

'[I came because I] *wanted to let child have a play'* (*sic*) and '*I was doing shopping and popped in'*.

However, whereas in 2007 the third most frequent reason was [paraphrase] '*To get out of the house'* (17%), in 2008, 11% of interviewees said they came to the centre because of their own positive experience at Room to Play, because of the friendships they have developed there: '*I came to meet other parents (…) I always come on Mondays, I meet with xxx (the same staff and users)'*. Figure 3.2 lists the proportions of the main reasons coded in the 2008 interviews.
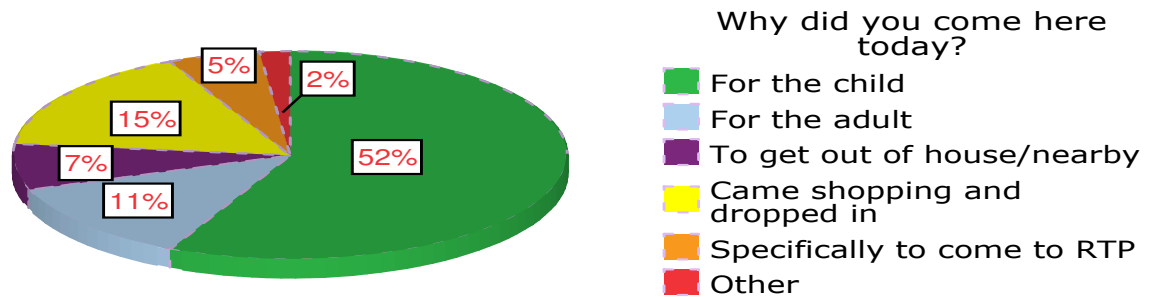
Figure 3.2: Main reasons for visiting Room to Play (2008 data)

What do children and parents like about RTP

- **Good atmosphere**

The good atmosphere featured at the top of the best things about Room to Play. Many users commented positively on the friendly and helpful staff; on the homely layout of the drop-in centre and great interaction with other users. The following gives a flavour of this kind of response:

'It's so friendly, relaxed, everyone talks to everyone'.

- **Nice facilities and a convenient location**

Facilities such as a clean toilet and baby changing area, comfortable seats for breastfeeding, sitting area with a large sofa as well as tea-making facilities all add to the homely feel of the venue. As a consequence, many users come specifically to Room to Play *'to relax, have a cup of tea'*. Almost a fifth of Room to Play users interviewed in 2008 come to Room to Play because it's easily accessible, *'is for free'* (sic); *'gives you space, gets you out of the house'*.

- **Social interaction**

Many users commented on the benefit of being in a group with other parents and their children; the centre clearly offers a welcome break from isolation. The importance of social interaction in children's social development was recognized especially by one-child or single-parent families:

'(…) it's better than playing at home…he's only child, can learn to share' (sic).

- **Outdoor play area**

One of the main factors which appeared to have contributed to the enjoyment of the 'shop' is the outside yard where activities such as playing with sand and larger bricks can take place. The lack of a safe outside area was commonly acknowledged by parents, many of whom live in social housing and come to Room to Play because they

'live in a flat and it's nice to go out. Have no garden' (sic) .

- **Messy play**

When asked what they think the child they came with likes most about the centre, many interviewees referred specifically to the 'messy play' (see category 'Art' in Figure 3.4). It has been noted already in 2007 that one of the main attractions of Room to Play is its focus on activities to which children have restricted access at home. Creative messy activities with paint, play dough, water and sand do not only provide a new exciting experience for children but also play a key role in many areas of their development. It was evident that children who come to Room to Play do not get this opportunity often at home. The typical comments in this vein were:

'they like they can make a mess and I don't get cross'; 'can get in a mess and mummy doesn't moan' .

The fact that both the child and their main carer enjoy the (un)directed play and learning activities was apparent in many responses. However, while there are *'lots of things to do for the child',* the learning environment is well integrated into a comfortable play area, the children *'have fun'; 'they can play and it's unrestricted',* and- as one user commented*: 'my child and I like it'.*

In October 2004, two years before opening the centre, a mini-survey of potential users had been undertaken to identify the needs and wishes of the future Room to Play's users. Among the ideas put forward the provision of stimulating playing activities was conspicuously absent. Consequently, one of Room to Play's particular goals was to raise parental awareness about the importance of playing and of developmentally-appropriate activities in children's lives. One mother interviewed in 2008 reported that she came to Room to Play because her

'children can learn and it's good for early development'.

Figures 3.3 and 3.4 depict the categories generated from answers for questions 'What do you and your child like about the centre'.
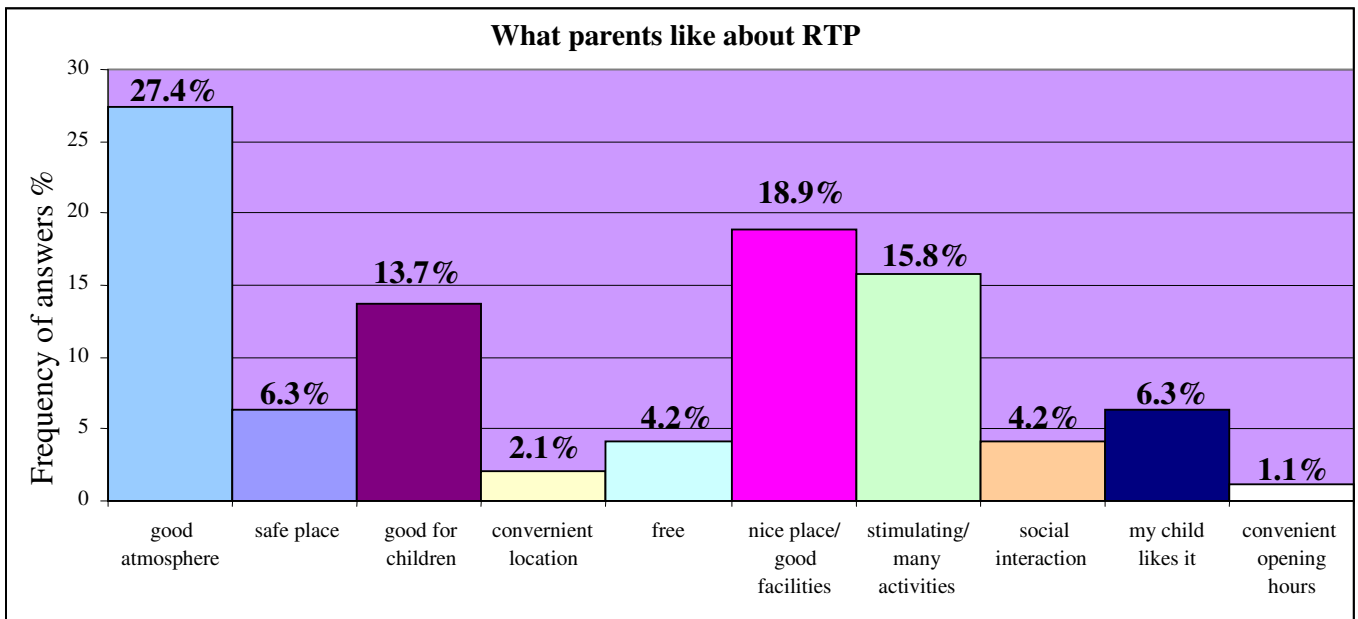
What parents like about RTP

A bar chart titled "What parents like about RTP" showing Frequency of answers % on the y-axis (0 to 30).

- good atmosphere: 27.4%
- safe place: 6.3%
- good for children: 13.7%
- convenient location: 2.1%
- free: 4.2%
- nice place/ good facilities: 18.9%
- stimulating/ many activities: 15.8%
- social interaction: 4.2%
- my child likes it: 6.3%
- convenient opening hours: 1.1%

Figure 3.3: What do parents like about Room to Play? (2008 data)

What the child likes at RTP

A bar chart titled "What the child likes at RTP" showing Frequency of answers % on the y-axis (0 to 25).

- art: 21.4%
- other children: 14.3%
- playing: 21.4%
- outside area: 16.7%
- everything: 4.8%
- staff at RTP: 6.0%
- feeling comfortable: 10.7%
- books: 2.4%
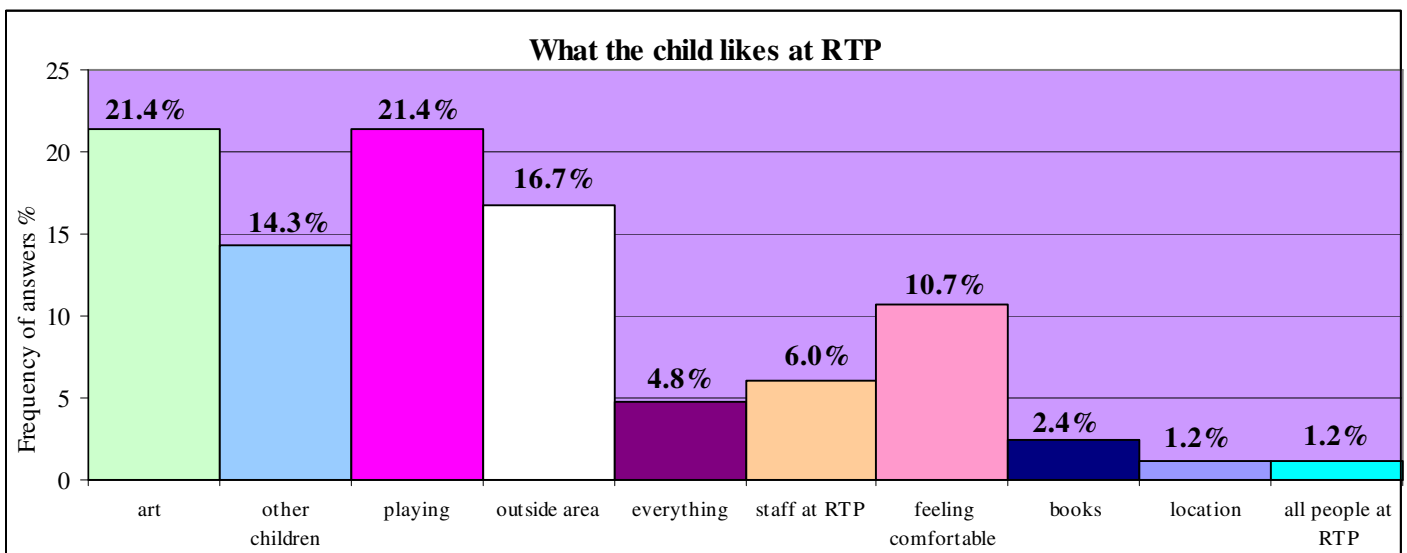- location: 1.2%
- all people at RTP: 1.2%

Figure 3.4: What do children like about Room to Play? (2008 data)

In conclusion the 2008 user snapshot shows an increase in users compared to 2007. Importantly, there is an increase in first time users and almost half of the users came from neighbourhoods that scored high on the index of deprivation. Sixteen per cent of these users have no formal qualifications, and in addition, a large proportion of those interviewed (67%) described themselves as full-time carers. Of those interviewed, 25% were in receipt of income support, 28% received Housing Benefit, and 28% received Council Tax benefit. These benefits indicate a level of income deprivation.

In comparison with 2007, although there has been an increase in users, the demographics of these users remain broadly consistent in the areas of formal qualifications, ethnicity of parents and children and language spoken at home.

Chapter 4 Getting in and moving on

4.1 Getting in: reaching "excluded" families

Some key characteristics of "excluded" users cited by staff at Room to Play include:
- difficulty in engaging with other services;
- difficulty in engaging with their own children;
- isolation;
- lack of confidence;
- socio-economic deprivation and from a disadvantaged neighbourhood;
- young parents and those with language barriers.

(Coxon et al, 2007 p. 38)

However, a consensual opinion among staff throughout the course of this evaluation has been that defining users as "excluded" is not a decision that can or should be made on the spot, and it might not be helpful to label users as "excluded" in any case. 'In contrast many observed that finding out as much as possible about the child's and the family's situation was of greater importance, in order to assess levels of need' (Coxon et al, 2007 p. 38). Therefore, it is this process of getting to know families, facilitating their transition through to the stage where they share information that is important. Over the past three years, staff have become more skilled and more experienced at doing this and have also realised that this approach takes patience and time.

'We focus first of all on getting them in, just being friendly, letting them sit down, trying to build a relationship, but not interfering too much. I think if anything we've become even more 'gently gently' in our approach. We now know that the most important thing is to make sure that parent wants to come back another time' (Staff member, 2008).

Suggestions for a transferable mode:

- beginning where the family is
- not asking too many questions on first visit, listening
- focus on making families feel welcome and comfortable initially, allowing them to share information when they are ready

For some families, actually taking that first step into the room can represent an enormous hurdle. Over the course of the evaluation, the research officer was able to observe some families in the process of crossing the threshold, which in some cases could take several weeks or even months. One mother observed in 2007 would spend a little time each day, sitting outside Room to Play on a bench with her children on the pushchair, popping in from time to time to change her baby. Over the course of several months staff reported that she began to come in more frequently, staying for longer periods each time, eventually accepting a cup of tea. She began to greet staff and other users and share information about herself. By the time the research officer visited the following year, the parent had become a frequent visitor to Room to Play, has completed a home programme and now visits regularly, using the facilities and participating in activities with her children.

One staff member described how another parent who spoke very little English and who had attended the Early Explorers group at the health clinic had been invited by the multilingual practitioner to come along to Room to Play. The gradual process by which the parent built

up the confidence to cross the threshold, and the role played by the member of staff in facilitating this is described below:

'The first time she came, she told me afterwards she was standing outside the room for ten minutes. She told me 'I pushed myself to come in but I couldn't, so I went back home'. Next time she came, the same thing happened, but this time she sat on the bench outside, she still didn't go inside. I asked her- would you like me to go with you? She said, yes please- and that was a turning point for her. So I went with her, and at the end, she asked me if I would be able to take her again. I took her there a second and then a third time, and at the end of that visit she said that the next time she would come on her own' (Staff member, 2008).

As described earlier Room to Play initially had a temporary home as a stall whilst suitable premises were being prepared. Activities supervised by staff members were set up as a stall within the main shopping centre. The 'accidental success' of this arrangement has been documented in detail (Evangelou et al, 2006): having an open-access 'stall' provided a natural point of contact for parents, and this initial point of interaction could be much less intimidating for some parents who found it difficult to cross a threshold. However, there were also some negative aspects of the stall (it was cold and uncomfortable for staff, and facilities and space were restricted). Recent changes in the way the shopping centre is run means that that it might not be possible to set up a stall without paying additional rent. Although staff were not especially keen to repeat the experience of the stall, all staff members were in agreement that it had been a very good way of raising the profile of Room to Play at the start, and that it had been a particularly effective 'tool' for drawing in "excluded" parents.

Suggestions for a transferable model:

- a stall may be less intimidating for parents (do not need to cross a threshold)
- some parents may find it easier to focus with a limited number of activities
- children may 'draw' parents towards a stall, rather than parents having to make a decision to enter a shop
- parents who might not feel they have time to go into a shop might allow their child to play at the stall for a short time
- families are likely to stay for shorter periods of time and overcrowding is unlikely
- stall has restricted space and facilities and may be uncomfortable for staff, but can be a successful introduction to the shop, or could be repeated on an occasional basis to raise profile of a shop
- anecdotally staff reported that "excluded" parents seemed to find stall a more natural first point of contact

4.2 Inter-agency issues: Early Explorers and a case of community empowerment

Although it was not a formal aim of the project, it had been suggested that health visitors, midwives and other agencies might be invited into Room to Play when the provision became more established. In the first year, it was felt that if health professionals and others in statutory family support roles were invited in too quickly, it might deter those very families that Room to Play was seeking to attract (Evangelou et al, 2006). During the second year of operation, Room to Play began to experiment with involving other agencies. A health visitor experimented with a weekly group for Arabic-speaking mothers assisted by one of the workers and some health visitors visited with parents on an informal basis. One health

visitor also held occasional informal sessions during the second year for parents to weigh their babies and discuss child development issues. Staff felt that this had worked, largely because the health visitor had managed to 'blend in' but it was felt that this was nonetheless best left as an occasional arrangement and not formalised into a particular 'slot'. Staff and management held discussions about whether or not to hold information sessions or surgeries on benefits or courses such as basic first aid, and opinion remained divided on this. While some staff felt this might be helpful, others felt that such provision was already offered elsewhere, and there was a general wariness expressed of becoming 'just another family centre' However, it was agreed that staff needed to continue to experiment, and to monitor and seek feedback.

Between the second and third year of Room to Play's operation a 'shift' in thinking appears to have taken place regarding the involvement of other agencies in the provision. With the benefit of the experience of the past few years, PEEP has now reached the view that it is more appropriate to signpost and refer parents on to services run by other agencies than it is to try to invite those agencies into the unique space of the shop. Health visitors are frequent visitors to Room to Play, and while PEEP is always happy for health visitors to accompany parents into Room to Play if that is helpful, this is usually on an informal basis (for example, health visitors do not hold formal sessions or baby weigh-ins). One staff member observed:

'We don't want them bringing their scales and things- I think that role has been taken over by Children's Centres now anyway. We'll always ring up a health visitor for them if they want us to, or call NHS Direct…' (Staff member, 2008).

Promoting greater inter-agency involvement might involve looking at ways in which PEEP can build on projects such as Early Explorers, described on p. 59, as well as creating more opportunities for signposting parents into Room to Play, as well as onto other services.

It has already been observed that staff have found it helpful to receive information from health visitors which then inform discussions with parents. Although a number of staff members mentioned that they would be happy for the 'Healthy Living Initiative' team which is based nearby to come and visit Room to Play for a session, on the whole staff seemed more comfortable with the concept of receiving training themselves and sharing this with parents, rather than inviting different professionals into Room to Play. By this third year of operation, Room to Play appears to have developed a stronger identity, and staff appear more confident in articulating what they would like the setting to provide. If a balance has been struck, it has been in the form of inviting the involvement of other agencies in the intervention without necessarily inviting them to have a physical presence in Room to Play.

Since Room to Play was opened, a number of Children's Centres have been established in the local area. Room to Play could play a useful role in advertising and promoting programmes held at local Children's Centres to its own users. Similarly, staff at Room to Play have also begun to visit local Children Centres and promote what the provision has to offer to other families.

It is important to note that this has been, and still is, an evolutionary process. Room to Play has reached this point through experimenting with different models and different ways of working. It is also possible that what works in one particular setting and location may be less successful in another. Experimenting with different forms of inter-agency involvement may be an important process in the context of a transferable model of intervention.

Suggestions for a transferable model:

- regular meetings and briefings with health visitors for staff
- experimenting with access to health visitors, groups etc
- seeking opinion of users as to what they would like the setting to provide
- staff can facilitate access to health visitors without necessarily bringing them into setting
- liaison with other agencies and promoting services that are available through local Children's Centres and family centres
- need to experiment to see what works locally as well as monitor and review

Early Explorers: a targeted PEEP intervention in a health centre

Early Explorers is a targeted PEEP intervention in the form of a weekly drop-in based in a health clinic in a disadvantaged inner-city area. It began in 2007 and has the following aim:

- to make contact with less confident parents and carers and ultimately engage them in supporting their child's development through interaction and non-directed exploratory play

The project has two objectives:

- to establish weekly play sessions in drop-in child health clinics to enhance the possibilities of effective contact and, where possible, engagement with parents and carers around their children's early development;
- to provide an appropriate progression route for isolated families into other services e.g. Room to Play, a standard PEEP group, a PEEP plus group or a home programme, Children's Centres.

The drop-in operates at a health clinic in an area with a significant number of 'at-risk' families. A PEEP practitioner who is multi-lingual (English, Punjabi, Urdu and Russian) runs a session at the clinic offering support and information, alongside a health visitor. Vulnerable families are offered a group or home programme as appropriate (the group offer is usually for 12 weeks, but there is flexibility, based on need, over whether the family attends for a second term). There is also signposting into Room to Play as well as local Children's Centre provision. Anecdotally, as well as in the user 'snapshot', a number of parents using Room to Play mentioned that they had first heard about Room to Play via Early Explorers, which suggests that it might be an effective route for "excluded" families into using other provision. Some families clearly choose to attend Room to Play for the sessions where the same multi-lingual practitioner (from Early Explorers) is available. The practitioner will also accompany parents to Room to Play for their initial visits if this is needed.

In addition to referral to other PEEP services, support may be offered in the form of information about services for both parent and child, for example, information about English classes and adult education as well as information about pre-school provision and child development. This is offered alongside and in addition to the statutory services provided by the health visitor and GP.

Although Early Explorers is not the 'official outreach arm' of Room to Play, it nonetheless shows PEEP working in an outreach context in partnership with the health sector in a health-owned setting. Anecdotally, the intervention appears to be successful in engaging ethnic minority parents and those with English as an additional language to access other services, including other PEEP services. Yet while it is an example of inter-agency collaboration as well as referral between different areas of the PEEP delivery spectrum, it has proved a more favourable solution than bringing health professionals into the unique setting of Room to Play.

Early Explorers could possibly be replicated with different target groups and in different locations.

A targeted intervention of this kind, or other forms of 'satellite' provision operating alongside the flexible provision of an 'open all hours' drop-in could form a core component of the transferable model.

Young Parents: an example of community empowerment

One of the original target groups of Room to Play was identified as young parents, and as has already been noted (Coxon et al, 2007), the provision has been well-used by this group. Although discussions were held about running formal groups in the setting, staff decided against this initially to encourage access by all users and not wanting any particular 'type' of parents to dominate.

In 2007, one year after Room to Play had opened, the provision was still well-used by a number of young mothers, who attended alongside other users. A handful of these had attended since its early days as a 'stall'. Through Room to Play some had found out about courses and childcare; others were also using other services locally such as Connexions and an education initiative for young mothers. These parents were also beginning to meet each other on an informal basis in Room to Play, arranging to come in on certain days, as well as meeting each other outside the provision and arranging picnics and trips to the park.

By 2008, the third year of operation, these parents had organised themselves into a slightly more formal group, for mothers under the age of 25. One of the parents had undertaken training and was acting as a mentor to other young parents, as well as visiting schools to talk to

teenagers. This parent assumed responsibility informally, acting as a link and point of contact for other young mothers. The parents still met in Room to Play as before, but they had also created a regular weekly morning 'slot', when they met in Room to Play at midday, and then made their way as a group to a neighbouring family centre which provided an inexpensive lunch. They joined up with other young mothers in that area for activities in the afternoon organised by the family centre which included courses and information sessions geared towards young parents. The young parents' worker at the family centre had helped them to organise activities and excursions and a camping weekend away.

Although staff at Room to Play had facilitated the initial relationship-building and interaction among this group, the setting had provided the friendly neutral space to optimise this, and the young parents had made use of Room to Play without 'taking over' the provision. They were accessing other facilities and encouraging new users to access Room to Play as well as other services. Other parents visiting Room to Play had been invited to join in with these activities. One young parent interviewed said that through this group, both she and her daughter had made lasting friendships and formed a support network.

Although the more formal organisation of activities had taken place at the neighbouring family centre, it is significant that the group arranged for the 'first-timers' to meet initially at Room to Play. Through Room to Play, it appears that this group of parents has itself fostered a 'community of peers' within which services might be more effectively taken to the hard to reach (Barrett, 2008).

4.3 The curriculum: from planning the unplannable to responsive practice

'*I think there are curriculum challenges because it's not an early years setting, but you do have some families where children are brought in every single day, so it's about meeting their needs as well as the needs of other children that come in every now and again*' (Staff member 2008).

The interim research report of the evaluation of Room to Play observed that:

'A year on, the single greatest challenge facing Room to Play remains engaging the parents in their child's development through the curriculum in a way that is unthreatening, accessible and flexible. The vast range of people who use the shop may be at very different starting points in terms of the engagement with their children. This makes the task exciting, challenging and rewarding' (Coxon et al, 2007, p. 43).

The PEEP curriculum explores five developmental areas: self-concept and learning dispositions, oral language, reading, writing and numeracy. Each of these is developed by the use of 'core activities': singing (songs and rhymes), talking and listening (sharing books and stories), and playing. The core activities can be part of everyday living for both parents/carers and the children, and are modelled by practitioners, in a flexible way, in Room to Play. The PEEP 'Learning Together' materials (folders, videos and songbooks/CDs) have been developed to help support parents/carers and practitioners to use PEEP ideas and activities.

The way that the PEEP curriculum is delivered in other models within the PEEP spectrum of delivery is through a nine-theme syllabus divided into sessions, each with their own focus, which takes place weekly, over a year. This type of formal plan does not readily transfer to Room to Play where in effect multiple sessions take place simultaneously, lasting for different periods of time, and with different levels of engagement from the parents.

Some observations on delivering the curriculum include:

- there may, in some instances, be a tension between encouraging parents to feel as comfortable as possible and actively engaging them in their child's learning and development in a 'structured' way;
- Room to Play offers a wide range of opportunities for parents to engage with their children through the core activities which support children's development;
- accommodating the curriculum within a child-centred approach: respecting what the child would like to do within the unstructured context of Room to Play can be a challenge;
- trying to cater for a multi-level group may result in some children undertaking activities that are not always developmentally appropriate for them.

Over the past three years, PEEP has continued to reflect upon the best way to deliver the curriculum to parents in a varied and flexible way in the unstructured setting of Room to Play, and this process is still developing. In particular, PEEP is exploring the way that activities are planned, which has lead to the following proposal for change for the future:

1. Simplifying the curriculum so that the main focus is on ORIM.

2. Moving away from the concept of 'setting an agenda' and planning activities from the 'Learning Together' folders which can be prescriptive, to a style of working which is more responsive.

3. Concentrating upon developing high-quality, creative activities that are developmentally appropriate and attractive to both adult and child but that are also accessible and achievable within the unstructured setting of this very flexible provision.

Instead of focusing on trying to create links between activities and folders and seeking to evidence these, the proposed emphasis is for staff to develop their reflective practice as well as their knowledge of suitable activities so that they can bring the curriculum in as and when appropriate. As one staff member explained:

'It's about putting the focus on being more responsive: you respond to what's going on, you bring in the curriculum where you can. It's also about recognising what we were doing already. I think to date the focus has been on the planning, so staff felt uncomfortable

because they knew they weren't following it, because it wasn't always possible to in the shop' (Staff member, 2008).

A number of staff observed that with hindsight, the true challenge with the curriculum had not been about whether or not they were 'doing the curriculum' with parents. The main difficulty had been evidencing the work undertaken with families, trying to link the activities with the folders and reflect this on paper:

'I sometimes think that we have tried too hard in the past to make our multilevel group link with the folders, whereas in actual fact, if the staff know the contents of the folders well, and if they are following the principles of ORIM- looking for opportunities to support the adult with recognising the child's achievements but also recognising when the adult is doing something well- then they will be doing the curriculum anyway' (Staff member, 2008).

In redefining the problem, it was also possible to formulate possible solutions. Some staff members suggested that it was the process of writing up and reviewing the activities that had been undertaken with families that was in need of reform, suggesting that if ORIM was the framework that informed staff practice, this should be reflected in the evidencing process to a greater extent. The current review form focuses on describing specific activities and relating these to the folders, whereas in practice staff feel that they work in a more fluid and flexible way. As one staff member explained:

'When you've got a knowledge of the curriculum you can pick out any part where it's appropriate. So, for example if a mum's talking about her child not sleeping you can go into the whole part of the curriculum that relates to routine and what happens next. It might not be on the curriculum for that day but you're doing bits of PEEP the whole time, slotting it in when you can. You don't say, 'oh come back and ask me that question next week, when we're doing routines' (Staff member, 2008).

Another staff member explained:

'Just because you intend an activity to give you opportunities for sharing certain ideas, it doesn't necessarily happen…or families might not want you, at that point to share a book about something that linked it with what they were doing…' (Staff member, 2008).

However, by shifting the focus to responsive and reflective practice centred around ORIM, staff have greater freedom. Rather than planning the unplannable, it is about making sure that staff are suitably prepared, and familiar enough with the contents of the folders in order to be able to draw upon that knowledge. It is also easier, in this way, to recognise work that is already happening with parents. Staff and management can then focus on developing high-quality, developmentally appropriate activities that are manageable and achievable within the context of this flexible provision.

'I think in the past we've sometimes made it too complicated for ourselves. I think we've been on a journey: and now, it's a matter of having very simple messages that we are very clear about. We've now come to the conclusion that what we need to be doing is providing high-quality activities which are attractive to both parent and child, and developmentally appropriate for the children. We need to have practitioners who are sufficiently knowledgeable about the curriculum to be able to respond to what parents are doing, and find the opportunities to enhance that and move people on' (Staff member, 2008).

Suggestions for Room to Play:

- Revolutionising and updating the review forms that are completed by practitioners at the end of each session
- Creating a range of developmentally-appropriate activities that are easily achievable

Suggestions for a transferable model:

- Need to experiment with redefining curriculum so that it is relevant to an unstructured setting and manageable for staff to implement
- Within a setting where children drop in and out unpredictably progression across the curriculum can be a challenge

4.4 Other challenges and issues for future development

Collecting data on users

Another challenge for Room to Play, and for other potential drop-ins of this kind is the task of assessing exactly how many families are using the provision, how frequently they come and how long they stay. This has already been discussed in the research reports of both Phase 1 and Phase 2 of the evaluation.

Throughout Room to Play's operation, data on attendance has been collected on a daily basis by staff using a simple tick box sheet (Appendix F). This indicates the number of carers and children visiting Room to Play on that day, which are counted as visits. The following limitations of this system were observed in phase 2:

- The sheet counts visits rather than visitors;
- Data does not indicate the frequency of the visits or length of these visits and does not describe whether it is a 'repeat visit';
- Basic descriptive categories are limited; staff may have to 'guess' issues such as ethnicity, language spoken;
- Total numbers of adults counted per week does not make it possible to distinguish between parents and carers or 'accompanying adult visitors' (for example friends who accompany a parent to Room to Play or meet them there).

This information is collated by PEEP on a weekly basis to show numbers of male, female and child visitors.

While it was acknowledged that it was important to try to improve systems for collecting accurate data on those using the provision, by the third year of operation staff and management were clear that one of the unique qualities of the provision is that users are not required to sign in or out, and no questions are asked. It is possible that this is a key appeal for users, and "excluded" users in particular, and staff and management do not wish to compromise this in any way. In addition, Doherty et al (2004) suggest that assessing need away from the point of delivery might avoid the kinds of stigma which some "excluded" families experience.

One staff member observed:

'I think one of the things parents really like is that they are not asked lots of personal questions as soon as they get in the door. I went to a Children's Centre the other day, and I was quite shocked by the amount of data they have to collect. If you've only just plucked up the courage to leave the house and go somewhere, you don't necessarily want someone asking you if you smoke and how much you drink and whether you are breastfeeding or not' (Staff member, 2008).

Staff were very clear that in trying to find out more information about users they did not, in any way, wish to jeopardise the freedom of the present set-up, where parents are not obliged to share information about themselves.

One suggestion is that it would be possible to increase the knowledge about those visiting the centre by repeating the 'snapshot' surveys that have been developed during the course of this evaluation and carrying these out internally from time to time. If these were repeated on a quarterly basis it might enable staff to have a clearer picture of the length and frequency of visits, as well as the needs of those visiting the provision. It would be possible to vary the focus of these surveys, for example, focusing on frequency and length of visits on one occasion, and perhaps on use of other services, at another time. If the survey was advertised for a week beforehand, then those who did want not to be asked questions would be able to 'opt out' in advance and it would be less likely to jeopardise user trust.

Staff have consistently reported that the most effective way of gathering information about individual users and their needs, is by building up a relationship with the user, so that in time they may elect to share information about themselves on a voluntary basis with staff. There are issues, however about how any such information is recorded, and shared with other staff members. One staff member observed that she felt that systems for sharing information on users with other staff members could be improved. Staff members do not work several shifts in a row, as described earlier: while this is good for variety and decreases the likelihood of parents becoming dependent on staff, the flipside of this is decreased continuity. Although staff use a 'handover' system for sharing information with other staff, some staff members felt that this could be enhanced, and that there was also scope for improving the categorising for data collection on the tick box sheet (Appendix F) without compromising confidentiality.

In a similar vein, staff also observed that it was sometime difficult to record and evidence work they had done with parents and document how they have helped them to 'move on'. While the review sheets completed at the end of each session include information about the curriculum, these do not reflect the variety of ways that staff are supporting parents and encouraging them to engage with their children, or the steps that they have encouraged families to take, for example in accessing other services. One suggestion could be modifying The 'Getting in and moving on' proforma that has been used in this third phase of the evaluation, or creating a similar document in order for staff to evidence the range of work they undertake with families by completing these forms on a more regular basis (Appendix C).

However, it should be reiterated that collecting and sharing information about users will inevitably remain something of a challenge in an unstructured setting where families do not have to sign in or out or identify themselves. Staff and management will need to continue to experiment with different strategies, and systems of recording, and review and monitor these accordingly.

Suggestions for a transferable model:

- Rigorous data collection may deter the target group
- Developing snapshot surveys which can be carried out internally to gather information on users from time to time without compromising the anonymity of the drop-in
- Devising systems for recording information on users (see tick box sheet in Appendix); developing policies for sharing this information with other staff members and storing it
- Developing appropriate methods for recording and evidencing work undertaken with families and reviewing these

Dealing with child protection issues and other challenges

Like all settings for children and families, Room to Play has duties and responsibilities in relation to child protection and 'safeguarding children'.

It is inevitable that child protection issues will emerge in Room to Play from time to time, and like all professionals working with children, staff in Room to Play are trained to deal with such issues as they arise. There are clear procedures and legislative structures in place that govern professional responses to this. However, what has emerged more frequently over the past three years is the issue of how staff should deal on a day to day basis with challenging situations and parenting and childcare practices that do not necessarily merit a response on a child protection level, but which nonetheless may give staff and other users cause for concern. Examples given by staff include parents slapping or smacking their children, swearing at them, criticising them, shouting or talking roughly and inappropriately to children.

On the one hand, it can be argued that this is the kind of situation that all professionals working with families will find themselves in from time to time. On the other hand, Room to Play is fairly unique among settings in that parents do not need to identify themselves or their children. One staff member expressed a concern that if something happened within Room to Play which merited a child protection response, it could be difficult to act on this, as staff may not know anything about the family, or where they live. Similarly, if staff have concerns about particular users, it may be difficult to monitor or 'track' the situation: Room to Play is staffed by different individuals throughout the week. Looking at the situation from a user's perspective it could possibly be suggested that users may not have enough information about the kind of behaviour that is unacceptable (the absence of published rules) or about the precise remit of the staff. For example, they may not be aware of the limits to staff confidentiality with regard to issues such as child protection. However, it would be very difficult to convey these issues to users as a whole without sacrificing the welcoming, informal atmosphere: it appears more appropriate to deal with such questions on an individual basis, as and when the situation arises.

The experience of Room to Play so far is that in practice, staff were more likely to find themselves dealing with questionable parenting practices or behaviour towards children than they were to find themselves dealing with serious child protection issues that merited a formal response.

As with many aspects of Room to Play, there are no clear-cut solutions to these difficulties. However, based on interviews with staff, it is clear that it is vital for staff to build relationships with families first in order to be able to address challenging behaviour, or parenting practices that gave cause for concern. Integral to the ORIM framework is the fact that staff in Room to Play are constantly modelling appropriate interactions and positive parenting behaviours, using a range of strategies to try to change parents' behaviour from the negative towards the positive. It is difficult to fully reflect the subtle and often complex methods that staff use to do this, which may involve waiting for the 'right' moment, rather than addressing the situation immediately.

An example of this is given below, as one staff member describes how she responded to a difficult situation within Room to Play where a parent became very frustrated with her child:

'Mum was trying to get dinner and the child was playing up and she had a baby, and you could see it was all building up. Then she sat the child on the chair and slapped his leg…and if I'd gone over there then, she probably would have slapped me as well, or shouted at me. So I let them settle down, then I went and sat with them, and said, I'm going to eat my lunch now as well. Then I said…you know, the thing is, when you smack them, you feel awful don't you, and she said, oh I know, I just lost it. And you could talk to her and I said…you just feel absolutely awful and it never works does it, and then it gets harder and harder, and you get into a battle of control...and she said, yeah I know. She was quite open to talking about it, but if I'd gone in straightaway she would have gone for me. I think there's a way of saying it. I mean you don't go in there and say, well actually, you don't do this, you don't do that…you know, you can't be preachy and judgemental really' (Staff member, 2008).

Other situations that staff found challenging included situations where other users quarrelled or 'fell out with' each other. Room to Play is a small and intimate space and there are benefits to this, as already noted. However, as in any space of this nature, there can be conflicts, both between children and parents. One staff member commented:

'Last year we had difficult situations between certain children; this year it's been the parents who have been more problematic' (Staff member, 2008).

Staff observed that it was very important in these situations to remain neutral, and not to become 'drawn in' to take sides or to pass comment. While challenging situations might arise, and conflicts between users could occur, it was important for staff to remember that the situation would pass and things would eventually 'blow over'.

On occasions, parents would stay for a very long time, to the point where their children were bored and had exhausted the play opportunities available. Again, staff felt with experience that the way forward in addressing this kind of behaviour was not by enforcing restrictions, such as a time limit: instead, they focused upon developing strategies to address this- making diplomatic suggestions such as 'he looks as though he has a lot of energy- perhaps he needs to go to the park'.

One staff member observed that what she found most challenging of all was when she felt that parents were not using the space of Room to Play in a 'positive way' and were unwilling to interact with their children. However, it is clear that it will take some families longer than others to reach the point where they can engage with their children.

Rules and guidelines for appropriate behaviour

It has been suggested (Coxon et al, 2007) that Room to Play, and other drop-ins of this nature might wish to consider whether it is necessary to introduce explicit rules for behaviour in the setting. In relation to Room to Play, guidance for staff exists but there are no written rules on display for users, with the exception of the rule that every parent is responsible for their own child whilst in Room to Play. This rule is on display and has been translated into other languages and is stringently enforced by staff.

Staff felt that by the third year of operation, they had become more confident as well as more proactive in reminding parents of the need to supervise their own children, and had devised different strategies for doing this. The issue of whether or not to have rules on display has been debated extensively within Room to Play staff meetings and within PEEP. Staff and management remain clear that they do not wish to have written rules on display for users, with the exception of the single notice reminding parents that they are responsible for their own child. Anything more would compromise the homely atmosphere which would change the ethos of the drop-in. One staff member pointed out:

'There are things like no-smoking signs. We thought, should we have a no-smoking sign…but then we're working on such a small scale here and it's meant to be homely. You wouldn't have a no-smoking sign in your own house, would you?' (Staff member, 2008).

The approach taken by staff in Room to Play has not, therefore been to display or to hand out written rules to parents which prohibit some behaviours and promote others, but instead to focus on modelling appropriate behaviour to users.

In considering rules and guidelines for how to use the provision appropriately, some consideration also needs to be given to preparing guidelines for other agencies. It has already been documented that, as news about Room to Play had spread, requests had been made by other agencies perhaps unsurprisingly, for the setting to be used as a location for access visits or for statutory assessments (Coxon et al, 2007). This was regarded as inappropriate for a number of reasons, but for the purposes of creating a transferable model it is important for a setting such as Room to Play to develop policies to deal with these external requests. These might include statements on what the provision can and cannot provide for both service users and professionals so that other agencies are aware of what they can expect and are able to use the space appropriately as well as make appropriate referrals. For example, it would be appropriate for a health visitor to accompany a parent to Room to Play for a visit, if that parent wanted it, but it would not be appropriate for social services or the courts to seek the views of staff in forming assessments of parenting, or to use the setting for contact visits.

The rules for Room to Play produced for staff use only have been devised and created through meetings of practitioners working in Room to Play as well as elsewhere in PEEP.

Suggestions for a transferable model:

- Brainstorming a set of guidelines for appropriate conduct including debates about what happens to users who contravene these rules
- Brainstorming possible scenarios or incidents that might take place and explore how these might be tackled

---

- Making a decision about whether rules should be on display or not, or available to users upon request and whether these need to be translated
- Continuing to review both the guidelines for behaviour and the policy for publicising these both on an ongoing basis as well as after any incidents
- Formulating an additional set of guidelines for other agencies/professionals so that they are clear what they can expect the setting to provide

4.5 Moving on: Some user journeys through Room to Play

One focus of the third phase was to examine in more detail what actually happens to families who make use of the provision. As described earlier, in-depth interviews were completed with a number of parents, and a proforma for use with staff 'Getting in and moving on' was devised (Appendix C). Staff were encouraged to think about the different experiences users have had in Room to Play, and the steps the user has taken to 'move on' and the ways in which staff had facilitated this journey.

There are many difficulties inherent in collecting robust data of this kind in a setting such as this. First of all, staff are not 'case working' individual families but are working with a number of families including new users, at any one time, and those users have contact with more than one staff member. Unlike groups, families may not have predictable attendance patterns. They may visit infrequently and as there are a number of different staff members working on a shift basis each week, it is often difficult for individual staff members to keep track of what is happening to families. The 'no questions asked' ethos of Room to Play also means that staff are largely dependent on the amount of information families reveal about themselves voluntarily, and so the picture may be inaccurate or incomplete. Equally, although staff do write up reviews of the sessions that they have worked, they do not keep 'case notes' on individual families. There are thus two 'filters' of self-report: that of the parent and that of the practitioner. Finally, it is difficult to write up these data in a detailed way since if families' individual trajectories through Room to Play are documented in detail, they are immediately identifiable. Although it is possible to disguise characteristics of users, it is difficult to alter their trajectories in this context without this becoming meaningless.

However, it is still considered important to try to explore the processes by which families are able to 'move on' and the role of Room to Play and its staff in facilitating this. What follows, therefore, is a compromise: first, interviews with parents and staff have been used to compile four different user journeys in the form of parent sketches, with parent characteristics disguised for reasons of anonymity. Second, some examples are given of the many ways in which staff have worked with families, including some of the different situations and difficulties they have faced, and the ways in which the families have been helped to overcome their difficulties.

Parent 1
This young single parent had attended Room to Play since its first days as a stall. Initially, she was isolated as a new parent, with limited family support, and faced practical problems, for example with housing. Staff had initially helped her to access furniture and equipment as she moved into a council flat, and had also signposted her to further information about benefits. She had been able to use Room to Play's phone for this. She also began to consult staff over concerns to do with her child, such as weaning, sleep patterns and

behaviour problems. She had subsequently joined a PEEP group and began to make things for her child such as mobiles and shakers. Within Room to Play she made friends with other parents, particularly other young mothers. She had left school without qualifications but was keen to undertake further training and study. With the support of staff, outside of Room to Play she began to access Connexions as well as a training initiative for young mothers, and took part in a number of free courses from IT to basic first aid. She began to access other play opportunities for her child, for example, other family centres, and encouraged her friends to meet her there. Staff felt that they had provided a listening ear at the start, encouraging her to talk through her options for study and employment, and through these courses she had built up confidence. She had also made friendships with other young parents in similar circumstances which had decreased her isolation. When she later attended a course which lasted a number of weeks, she sought advice from staff about childcare, and was able to find a childminder through Room to Play. In the early days, she visited every day: now her child attends nursery and she has a part-time job and attends once a week.

Parent 2

This parent of two girls had no qualifications and was from a disadvantaged socio-economic background. She had made her first contact with Room to Play via the stall, and then had begun to visit Room to Play when it moved into its permanent home. Initially, the parent lived with the father of her children: however, the relationship broke up, partly as a result of domestic violence issues. During this time the parent was suffering from depression and Room to Play became a lifeline for her: she visited each day, often staying for long hours at a time. Her own family offered limited support: in the past she had tended to act as a carer for a number of her siblings and their children. Staff helped her to access services such as Women's Aid, and she was able to use the phone to liaise with services such as the housing department. Initially, she talked through issues with staff and later attended a support group for women who had experienced domestic violence. Room to Play provided a safe space for her children to play and a space for her to talk to other adults, initially staff, but later she formed friendships with other users. She was going through legal proceedings, as well as trying to access money from her former partner via the Child Support Agency. As her own problems began resolve themselves, staff felt that she was able to spend more and more time engaging with her children. They noted that she began to talk of activities that she had done at home such as cooking with her children and making things. Gradually, as in her own words, 'she began to sort her life out' she began to visit the setting less frequently: when one of her children began attending nursery part-time she timed her visits to

coincide with these hours. She found a part-time job and moved into a new flat. Around this time it emerged that one of her children had health problems, and staff again supported her with this, helping her to access information and offering advice. They also talked through options for local school and nursery classes with her, and a staff member accompanied her on an initial visit to the school. One child is now in school full-time and the other in nursery: she has extended her working hours and now visits infrequently, at weekends or during the holidays, staying for shorter periods. Through Room to Play she has made lasting friendships with other users, and she continues to meet up with them outside the shop.

Parent 3

This parent had three children; two of school age as well as a baby. She initially began attending Room to Play when it was operating as a stall, but appeared to find it difficult to actually cross the threshold when it moved to the shop premises. Initially she was only able to come in for short periods of time to change her baby's nappy, and over a period of around six months she gradually stayed longer each time, eventually accepting a cup of tea from staff, although she was only able to interact with staff through her children and avoided eye contact. She had no qualifications and difficulties with literacy. In her own time she began to share information about herself and her family, and staff noticed that she became more confident and more able to interact with other users, although she only stayed for short periods of time. It emerged that her children were having difficulties at school in relation to behavioural problems and anger management issues, but she did not feel confident addressing this with the school. However, as she began to share this information, staff were able to suggest strategies for dealing with the children and encouraging her to praise good behaviour. Staff also advised her how to raise her concerns with the school, making suggestions as to who she could contact, and trying to take a proactive approach- for example, helping her to identify triggers or key problem areas. Eventually she was able to access more support for her children at school. She would bring her school-aged children into the shop at weekend and in the holidays, and staff noticed that at the beginning, if they misbehaved, she became embarrassed and would leave. Over time, staff were able to address this with her, encouraging her to ignore some behaviours and giving her strategies to deal with others. She had initially been reluctant to allow her children to participate in activities outside school, such as playschemes, commenting: 'I like to keep my kids with me…they won't go anywhere without me'. However, staff noticed that as her own self-esteem increased she became more open to new experiences, allowing them to take part in outings and excursions. In

time, staff hoped that she might be able to take up training or study: she had expressed interest in a computer course. Through Room to Play she had also been referred to a PEEP group with her youngest child, and this had given her ideas for activities, however, staff felt that she would have perhaps found it intimidating if she had begun with this straightaway. As well as increasing her confidence and self-esteem, Room to Play had also given her a gentle introduction to the PEEP curriculum.

Parent 4

Parent 4 was originally from Pakistan (speaking Punjabi and Urdu) and had lived in the UK for around two years. She lived with her husband and in-laws and their ten-month old son. She was in the early stages of learning English. Although her husband was supportive, he worked night-shifts and slept during the day while she was at home with her child which further increased her social isolation (the only place she went to was to the shopping centre once a week). Her health visitor had suggested that she visit Room to Play and with her consent, gave her phone number to an Urdu-speaking practitioner who first visited her at home, and then arranged to take her to Room to Play. The practitioner focused upon developing a good relationship with the parent, and building up the trust of her wider family as well. Speaking the same language was a vital part of this. She also helped the mother with some everyday situations that the parent found challenging due to her limited English. These included using the bus and accessing information such as bus timetables. She has helped the mother to access free English classes, and the parent has also begun to attend the Early Explorer sessions where she has met a number of parents in a similar situation who share a common language and has formed friendships. The parent now visits Room to Play when she knows Urdu/Punjabi speaking practitioners will be present, and views Room to Play as a place where she can practise her English, as well as make things for her child, and speak to other parents in her own language. Early Explorers and Room to Play had decreased her social isolation, and importantly, the practitioner also felt that through these interventions the parent had begin to interact more positively with her child, and was growing in confidence. She had made a treasure basket for her child and was beginning to use everyday objects such as wooden spoons in playing with her son. She had also made enquiries about learning to drive and was planning to attend an exercise class that had its own crèche and had also talked about attending a cookery class. Through Room to Play and Early Explorers her isolation had decreased, and she had become more empowered and more confident in engaging both with her child and with the wider community. It is clear that the 'outreach' element of the practitioner's work,- which is a key part of all forms of PEEP delivery- as well as the shared language, were

> crucial to the mother's eventual participation.

Examples of ways in which staff have helped parents to move on

It has already been noted that it is difficult to reflect the rich variety of ways in which practitioners have supported families using Room to Play. First and foremost, practitioners see their role as encouraging parents to engage with their children, although it is clear that some parents may have more immediate needs to be met before this can happen. Room to Play is a needs-led intervention, and it is perhaps not surprising that such a varied user group will have diverse needs. Some of the issues reported by staff in 2008 include the following:

- Listening to parents; problem-solving (L)
- Signposting appropriate language services/translation (S)
- Signposting services such as libraries, other children's services, family centres, local play opportunities as well as health visitors (S)
- Helping parents with child's sleep problems PHC (H)
- Helping parents with child's behaviour (anger management for older child) PHC (SE)
- Offering help and advice with benefits and tax credits PHP (LS)
- Use of phone/advocacy (issues such as housing difficulties); PHP (LS)
- signposting parents to appropriate services for assistance with problems such as debt (S)
- Encouraging parents to access courses (for example, adult education, computer courses) as well as free fitness classes/gyms and cookery classes PHP (E) and (LS)
- Calling up health visitors and NHS Direct for parents PHP (H)
- Helping a parent to access an NHS dentist PHP (H)
- Helping parents make choices about nursery/school places: supporting them, visiting schools with them if needed, advising parents about appeals etc PHC (E)
- Helping parents access childcare such as childminders and providing information about childcare tax credits PHC (E)
- Helping parents to access free early years places PHC (E)
- Supporting parents who visit Room to Play with more than one child in a 'needs-led' way (for example, holding the baby so that the parent can engage with the older child) PHC (SE)
- Increasing parent confidence and self-esteem as well as child's S (S)
- Advising on issues such as diet (for children): for example, one staff member used the 'live well' healthy eating plate for a parent with literacy problems- this offers a visual explanation of dietary needs PHC (H)
- Helping a parent access services for dyslexia PHC (E)
- Helping a parent access services for adults with literacy problems PHP (E)
- Supporting parents who are concerned about their child's health by helping them contact the GP/ health visitor and arrange appointments/hospital referral
- Supporting parents with contact and liaison with school PHC (H)
- Writing letters and advertisements for parents who are unable to do so or assisting parents with this PHP (E)
- Supporting and advising a parent who had been bereaved (funeral arrangements, how to register a death etc) PHP (S)
- Helping parents use the computer, signposting them to appropriate sources of support PHP (E)
- Attending a group or family centre with a parent who requests it: accompanying parents on buses if this is regarded as necessary PHP (S)

- Helping parents to access services such as smoke alarms and car-seat fitting sessions PHP (H)

Figure 4.1 summarises the ways in which Room to Play staff help parents to move on.

Figure 4.1: Ways in which RTP staff help parents to move on
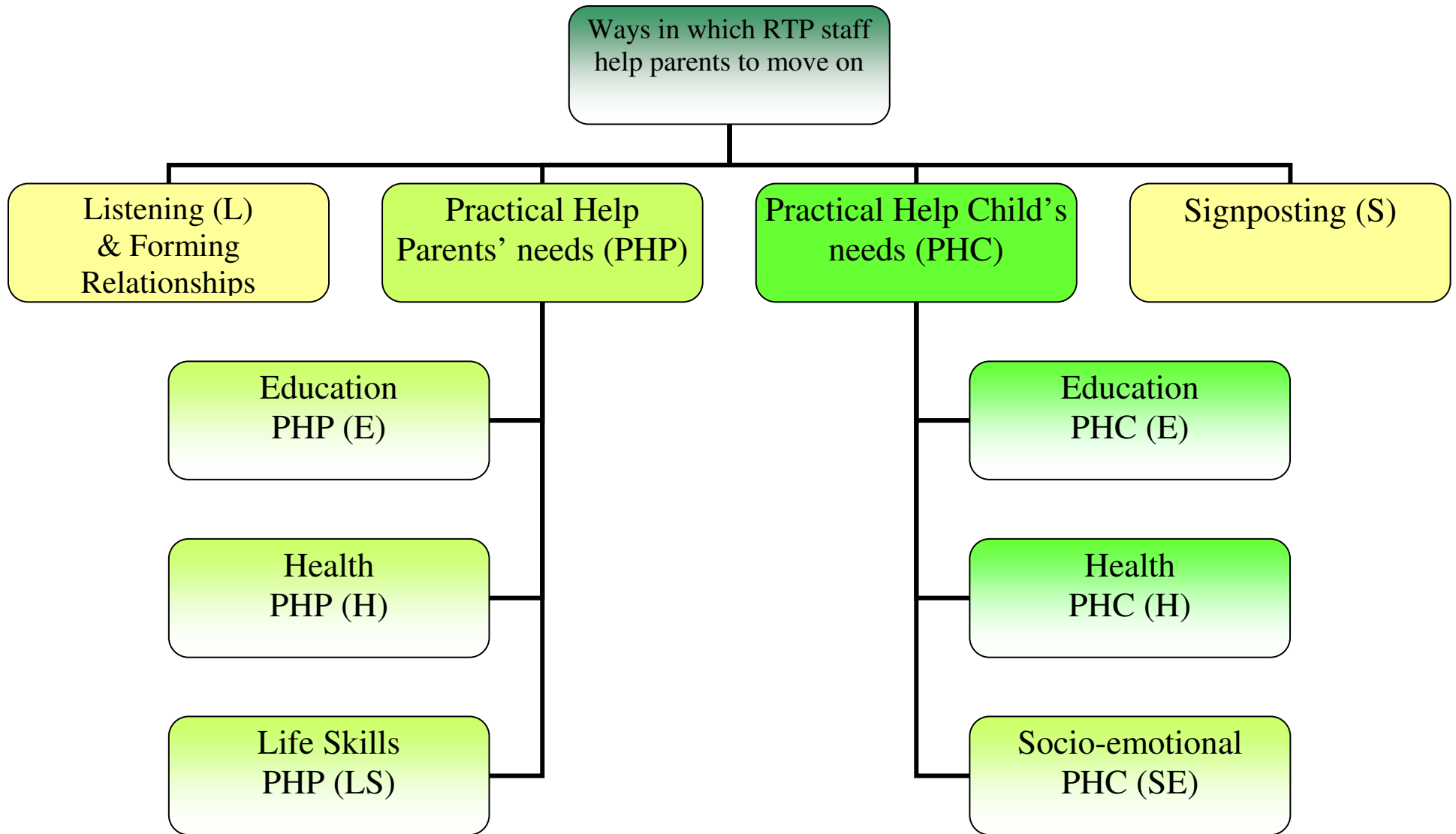
Key
L = Listening   S = Signposting

PHP (E) = Practical Help Parent (Education)   PHC (E) = Practical Help Child (Education)

PHP (H) = Practical Help Parent (Health)   PHC (H) = Practical Help Child (Health)

PHP (LS) = Practical Help Parent (Life Skills)   PHC (SE) = Practical Help Child (Socio-emotional)

Chapter 5: Conclusions to the evaluation

Phase 3 of the evaluation had the additional research question:

'How successful is Room to Play in engaging its target group, and what is the nature of the contact? What are the processes that enable parents to take their first steps into the provision, and how are they encouraged to engage with other people and acquire the confidence to access the services they need?'
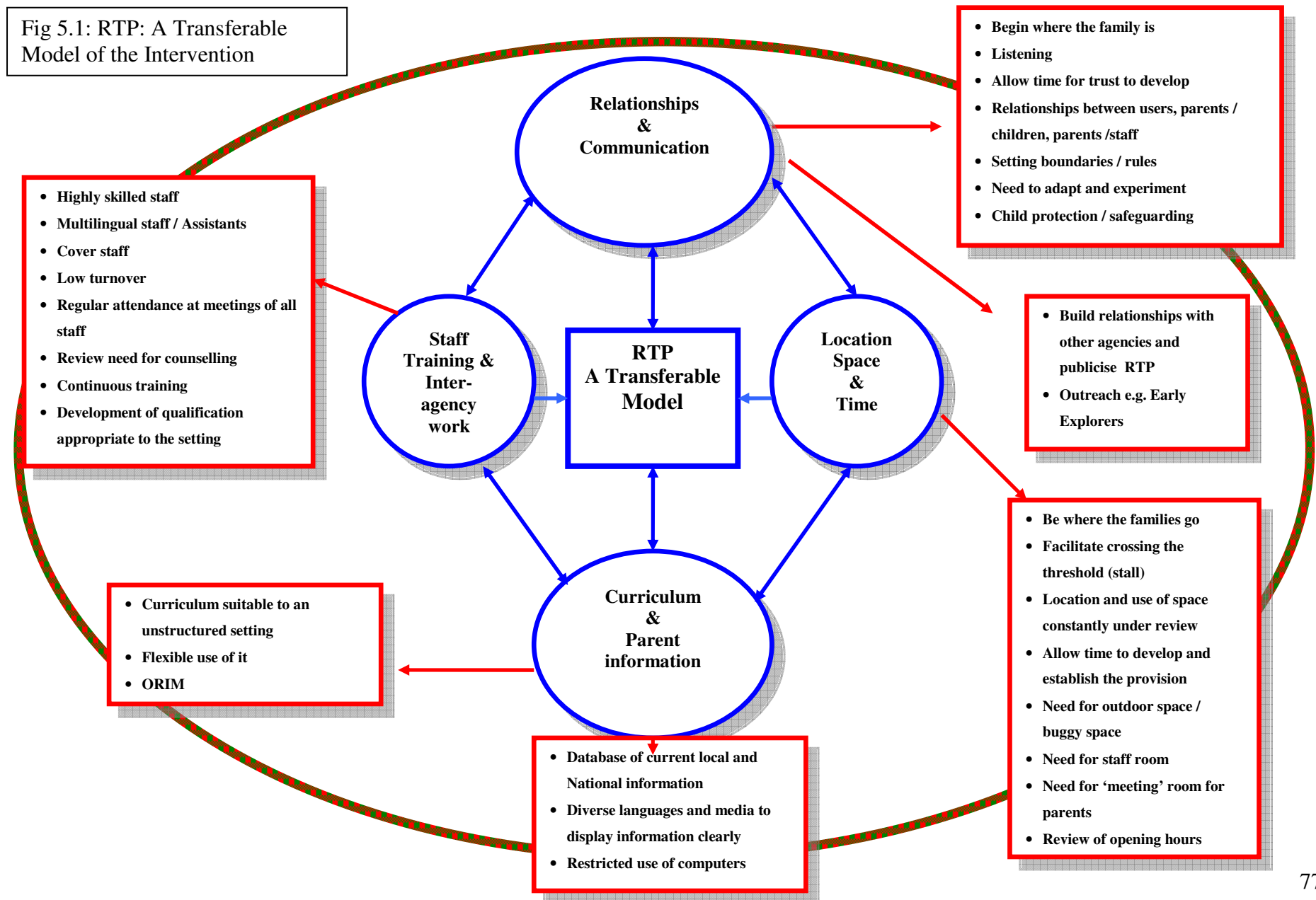
The evaluation has shown that Room to Play is successful in attracting its target group as well as a wide cross-section of other users. According to PEEP's own attendance figures, Room to Play has become busier year on year. The 2008 User Snapshot showed an increase in users but also an increase in first-time users. Staff in Room to Play support parents in a range of ways: there is referral both across other PEEP forms of delivery as well as to other services, although the informal nature of these referrals and the fact that parents do not identify themselves makes it difficult to collect robust data on this.

Over the past three years, Room to Play has evolved and staff and management have demonstrated flexibility and resourcefulness in experimenting with different approaches along the way. Staff and management have become more confident, but also perhaps more aware if the need to be flexible, at least as far as the curriculum is concerned. Interventions such as Early Explorers appear to be a successful 'compromise' between inviting the involvement of other agencies, and ensuring there is needs-led referral within the health sector, without sacrificing the unique space of this 'drop-in with a difference'. In the case of young mothers in particular, Room to Play has also been successful in 'fostering a community of peers', empowering these parents to organise themselves and support each other.

Room to Play is very different from the other PEEP delivery modes, and it provides a considerable amount of support for parents in the form of listening and information about issues that may not be directly related to their child (such as housing and adult education). Many Room to Play parents face a number of practical problems and difficulties which need to be addressed before they can even get to the point where they can consider engaging with their child. Through its highly-skilled and non-judgemental staff, Room to Play provides a unique setting to enable this.

As quotations from staff have shown in the form of the story of the child who had never held a crayon, or the baby who had never been played with- it is clear that staff are undertaking very valuable work with parents, and some of this work is very hard to evidence as well as define in terms of 'measurable outcomes'. The parent sketches also reflect the diverse ways that families have been helped by the provision. The way that Room to Play is set up, and the way that it is used unpredictably by parents makes it difficult to collect robust data relating to child outcomes. However, it also appears to be the case that an open-access, anonymous setting that is available to parents for long stretches of time will be most successful in attracting "excluded" users who tend not to use other forms of provision. Room to Play is perhaps most usefully defined as a stepping stone; both as a transition to other provisions, or to a greater degree of personal choice for the parent.

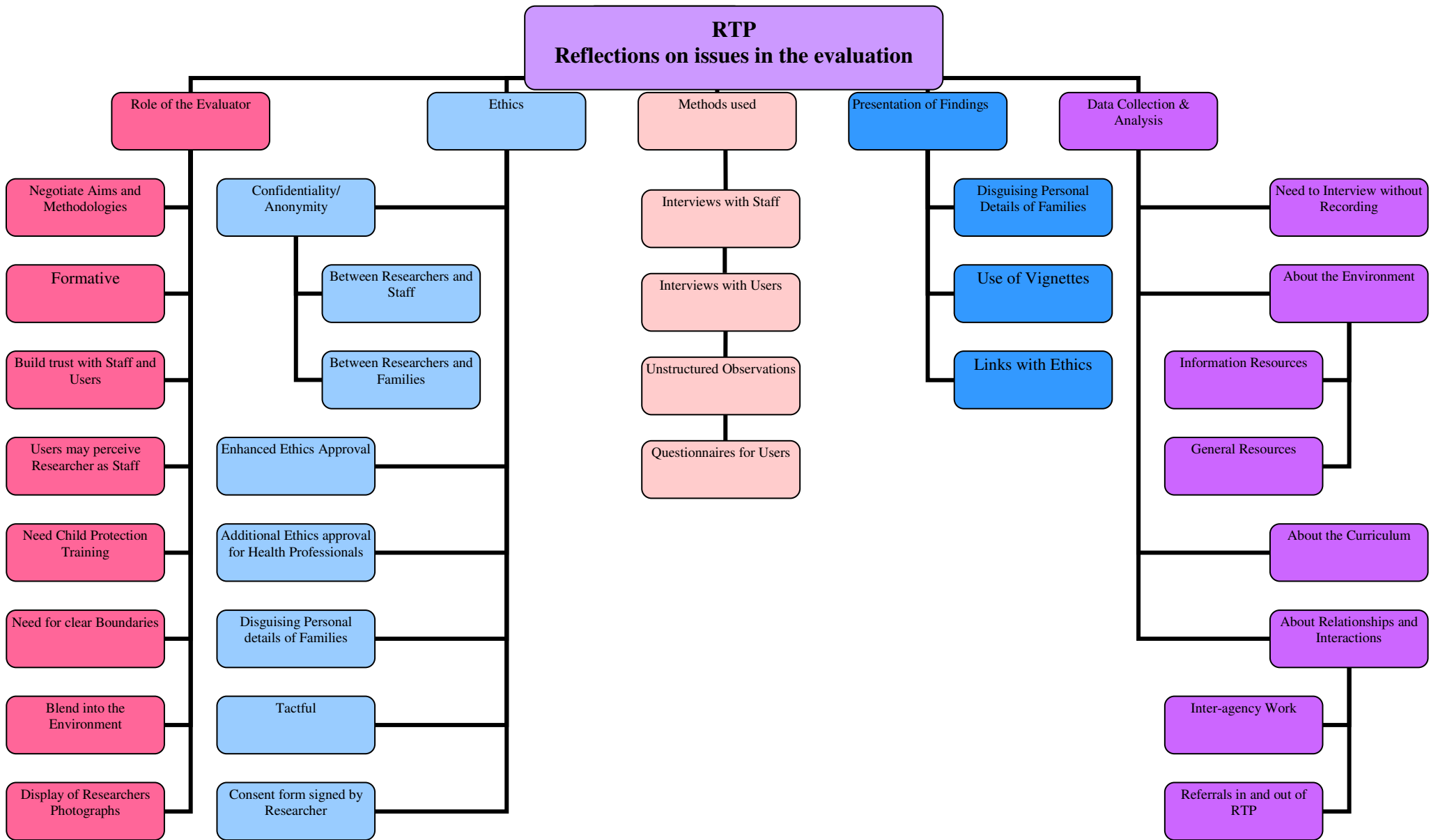Fig 5.1: RTP: A Transferable Model of the Intervention

Relationships & Communication

Staff Training & Inter-agency work

RTP A Transferable Model

Location Space & Time

Curriculum & Parent information

- **Highly skilled staff**
- **Multilingual staff / Assistants**
- **Cover staff**
- **Low turnover**
- **Regular attendance at meetings of all staff**
- **Review need for counselling**
- **Continuous training**
- **Development of qualification appropriate to the setting**

- **Begin where the family is**
- **Listening**
- **Allow time for trust to develop**
- **Relationships between users, parents / children, parents /staff**
- **Setting boundaries / rules**
- **Need to adapt and experiment**
- **Child protection / safeguarding**

- **Build relationships with other agencies and publicise RTP**
- **Outreach e.g. Early Explorers**

- **Be where the families go**
- **Facilitate crossing the threshold (stall)**
- **Location and use of space constantly under review**
- **Allow time to develop and establish the provision**
- **Need for outdoor space / buggy space**
- **Need for staff room**
- **Need for 'meeting' room for parents**
- **Review of opening hours**

- **Curriculum suitable to an unstructured setting**
- **Flexible use of it**
- **ORIM**

- **Database of current local and National information**
- **Diverse languages and media to display information clearly**
- **Restricted use of computers**

77

Figure 5.2: Room to Play: Reflections on issues in the evaluation

78

References

Arnold, C. (2007). Persistence Pays Off: Working with Parents who Find our Services 'Hard to Reach'. In Whalley, M. *Involving Parents In Their Children's Learning. (2ⁿᵈ edition).* London: Paul Chapman Publishing.

Bagley, C., & Ackerley, C.L. (2006). "I am Much More than a Mum": Social Capital, Empowerment and Sure Start'. *Journal of Educational Policy*, Vol. 21, No. 6, pp. 717 -734.

Barlow, J., Kirkpatrick, S., Stewart-Brown, S., & Davis, H. (2005). Hard-to-Reach or Out-of-Reach? Reasons why Women Refuse to Take Part in Early Interventions. *Children & Society*, 19**,** pp. 199 – 210.

Barnes, J., McPherson, K., & Senior, R (2006). Factors Influencing the Acceptance of Volunteer Home Visiting Support to Families with New Babies. *Child and Family Social Work*, 11, pp. 107 – 117.

Barrett, H. (2008). '*Hard to Reach' Families: Engagement in the Voluntary and Community Sector.* London: Family and Parenting Institute.

Brocklehurst, N., Barlow, J., Kirkpatrick, S., Davis, H., & Stewart-Brown, S. (2004). The Contribution of Health Visitors to Supporting Vulnerable Children and their Families in the Home. In *Community Practitioner*, Vol. 77, No. 5, pp. 175 – 179.

Cabinet Office *(*2006). *Childcare Act 2006 (C21).* London: HMSO.

Cabinet Office (2006). *Education and Inspections Act 2006.* London: HMS.

Cabinet Office (2006). *Parenting Support Guidance for Local Authorities in England.* London: HMSO.

Cabinet Office (2006). *Police & Justice Act 2006.* London: HMSO.

Cabinet office (2006). Reaching Out: an Action Plan on Social Exclusion. http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/reaching_out/reaching_out.aspx (Accessed 8 May 2008).

Cabinet Office (2007). *Reaching Out: Progress on Social Exclusion.* London: Cabinet Office.

Cabinet Office (2007). *Reaching Out: Think Family: Analysis and Themes from the Families at Risk Review.* London: Cabinet Office.

Chand, A., & Thoburn, J. (2005). Research Review: Child and Family Support Services with Minority Ethnic Families: What Can We Learn from Research? *Child and Family Social Work* Vol. 10, pp. 169 – 178.

Childcare Act (2006).   http://www.opsi.gov.uk/acts/acts2006/ukpga_20060021_en_1 (Accessed 8 May 2008).

Children Act (2004). www.dfes.gov.uk/publications/childrenactreport (Accessed 8 May2008). Corney, R. (1998) *Evaluation of the Brief Encounters Training Course*. University of Greenwich.

Coxon, K., Evangelou, M.,& Sylva, K. (2007) Sutton Trust Evaluation Project (STEP) Phase 2: Interim Research Report. www.peep.org.uk

Crowley, M. (2005). Working with Parents. In Chambers, R. & Licence, K. *Looking After Children in Primary Care: A Companion to the Children's NSF*. Oxford: Radcliffe Publishing.

Crozier, G., & Davies, J. (2007). Hard to Reach Parents or Hard to Reach Schools? A Discussion of Home-School Relations with Particular Reference to Bangladeshi and Pakistani Parents. *British Educational Research Journal*, Vol. 33, No.3, pp. 295 – 313.

Department for Children, Schools and Families (2007a). *The Children's Plan: Building Brighter Futures*. London, DCSF http://www.dcsf.gov.uk/publications/childrensplan/ (Accessed 8 May 2008).

Department for Children, Schools and Families (2007b). *The Parent as Partners in Early Learning (PPEL) Project: Parental Involvement - a Snapshot of Policy and Practice PPEL Project Phase 1 Report.* London: DCSF.

Department for Children, Schools and Families (2007c). *Early Years Foundation Stage* London: HMSO.

Department for Children, Schools and Families, Improvement and Development Agency, Local Government Association (2007). *Narrowing the Gap - Interim Findings.* London: DCSF, I&DEA, LGA.

Department for Education and Employment (1998). *Meeting the Childcare Challenge*. Cm 3959. London: The Stationery Office.

Department for Education and Skills (2000). *Every Child Matters: Change for Children: the Children's Fund 2000.* London: DfES.

Department for Education and Skills (2004). *Every Child Matters: Change for Children.* London: HMSO.

Department for Education and Skills and HM Treasury (2004). *Choice for Parents, the Best Start for Children: a Ten Year Strategy for Childcare*. London: HM Treasury.

Department for Education and Skills (2006). *Choice for Parents, the Best Start for Children: Making It Happen: an Action Plan for the Ten Year Strategy: Sure Start Children's Centres, Extended Schools and Childcare*. London: DfES

Department for Education and Skills (2003a). Every Child Matters (Green Paper). London: DfES
http://www.everychildmatters.gov.uk/_files/EBE7EEAC90382663E0D5BBF24C99A7AC.pdf
(Accessed 08 May 2008).

Department for Education and Skills (2003b). *Birth to Three Matters: A Framework to Support Children in their Earliest Years*. London: DfES.

Department for Education and Skills (2004). *Five Year Strategy for Children and Learners*. London: DfES.

Department for Education and Skills (2007). *Early Learning Partnership Strand 3: Up-Skilling the Workforce.* Early Learning Partnership Project 2006. London: DfES

Department for Education and Skills (2005). *Extended Schools: Access to Opportunities and Services to All*. A Prospectus. London: DfES

Department for Education and Skills (2006). *Parenting Support Guidance for Local Authorities in England.* London: HMSO.

Department for Education and Skills (2006). *Parents, Early Years and Learning Activities (PEAL).* London: NCB.

Department for Education and Skills (2007). *Every Parent Matters.* London: DfES.

Department of Health (2004). *Choosing Health: White Paper.* London: HMSO.

Department of Health (2007). *Children's Health, Our Future: a Review of Progress Against the National Service Framework for Children, Young People and Maternity.* London: HMSO

Department of Health (2004). *Choosing Health: White Paper.* London: HMSO.

Department of Health (DH) & Department for Education and Skills (DfES). (2004). National Service Framework for Children, Young People and Maternity Services. London: DfES.

Department for Work and Pensions (2007). *Working for Children* www.dcsf.gov.uk/publications/childrensplan (Accessed 08 May 2008).

Doherty, P.; Hall, M., & Kinder, K. (2003). *On Track Thematic Report: Assessment, Referral and Hard to Reach Groups.* London: DfES.

Doherty, P.; Stott, A., & Kinder, K. (2004). *Delivering Services to 'Hard to Reach' Families in On Track Areas: Definition, Consultation and Needs Assessment.* London: Home Office.

Evangelou, M., Brookes, G., Smith, S., & Jennings, D. (2005). Birth to School Study: A Longitudinal Evaluation of the Peers Early Education Partnership (PEEP) 1998-2005. London: DfES.

Evangelou, M., Smith, S. & Sylva, K. (2006), Evaluation of the Sutton Trust Shopping Centre Project: A Preliminary Report. www.peep.org.uk.

Evangelou, M., Sylva, K., Edwards, A. & Smith, T. (2008) Supporting Parents in Promoting Early Learning. London: DCSF.

Families at risk review (2007). http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/families_at_risk (Accessed 08 May 2008).

Faugier, J. & Sargeant, M. (1997). Sampling Hard to Reach Populations. *Journal of Advanced Nursing,* 26, pp. 790 – 797.

Glennie, S., Treseder, G., Williams, J., & Williams, M. (2005). *Mini Sure Start Local Programmes: An Overview of their Early Implementation.* London: DfES.

Hannon, P., (1995). *Literacy, Home and School Research and Practice in Teaching Literacy with Parents*. London: The Falmer Press.

Hannon, P., Paul, K., Bird, V., Taylor, C., & Birch, C. (2003). *Community Focused Provision in Adult Literacy, Numeracy and Language: an Exploratory Study.* London: National Research and Development Centre, University Of London.

HM Government (2004). *Five Year Strategy for Children and Learners: Maintaining the Excellent Progress.* London: HMSO.

HM Treasury, Department for Education and Skills, Department for Work and Pensions and Department of Trade and Industry (2004). *Choice for Parents, the Best Start for Children: a Ten Year Strategy for Childcare.* London: The Stationery Office.

Home Office (2007). Respect Areas www.respect.gov.uk (accessed 08 May 2008).

Milbourne, L. (2002). Unspoken Exclusion: Experiences of Continued Marginalisation from Education among 'Hard to Reach Adults and Children in the UK.' *British Journal of Sociology of Education*, Vol. 23, No. 2, pp. 287 – 305.

Mullis, A.K., Cornille, T.A., Mullis, R.L., & Barducci, N.S. (2006). *Engaging Reluctant and 'Hard to Reach' Families: Interaction Research Lessons.* Presentation from website: www.chs.fsu.edu/family_institute/reports (accessed 20 March 08).

National Academy of Parenting Practitioners (2007). www.parentingacademy.org (accessed 08 May 2008).

Noble, M., McLennan, D., Wilkinson, K., Whitworth, A., Barnes, H. and Dibben, C. (2008) *The English Indices of Deprivation 2007.* London: Communities and Local Government. http://www.communities.gov.uk/publications/communities/indiciesdeprivation07 (accessed 14 May 2008)

Olds, D. (2006). 'The Nurse Family Partnership: an Evidence-based Preventive Intervention', *Infant Mental Health Journal, 27 (1),* pp. 5 – 25.

Olds, D.L., Sadler, L., & Kitzman, H. (2007). Programs for Parents of Infants and Toddlers: Recent Evidence from Randomized Trials. *Child Psychology & Psychiatry.* Vol 48, Issue 3-4, March/April, pp. 355 - 391.

Oxford University Central University Research Ethics Committee (CUREC) http://www.admin.ox.ac.uk/curec/index.shtml (accessed 08 May 2008).

Statham, J. (2004). Effective Services to Support Children in Special Circumstances. In *Child: Care, Health and Development.* Vol. 30, (6), pp. 589 – 598.

APPENDICES

See additional document