

A close-up, slightly blurred photograph of various colored crayons (red, blue, green, yellow, orange, purple) scattered together, serving as the background for the document.

# **OPEN KINDERGARTEN: IMPROVING FAMILY SUPPORT PROVISION IN SCOTLAND**

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# The Open Kindergarten Implementation Collaborative



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# The Centre for Child Wellbeing and Protection

This project was evaluated by The Centre for Child Wellbeing at the University of Stirling.

The Centre for Child Wellbeing and Protection is committed to the delivery of excellent academic research with children, young people and families. We work to build an integrated and systemic understanding of children and young people's lives, exploring in particular how best to support their wellbeing, and to protect them from factors that might be harmful. Our interests include mental health, resilience, and child protection, as well as children and young people's rights, relationships, play, learning and education, their communities, and the broader social environment in which they are located. We're particularly concerned with the impact of inequalities, with questions of social justice and of how different childhoods are represented through research and policy. We use creative and innovative methods to explore issues that matter to children, families and those who care for and about them. We work together with children and young people, families and communities, as well as with organisations to build knowledge that can be applied and used in practice settings, like health, social care, third sector organisations, criminal justice and family courts, and education.

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# Executive Summary

Open Kindergartens (or Open PreSchool) are an approach to family support in the early years that originated in Sweden and has been widely used in the Nordic countries since. A number of organisations worked together to pilot this approach in Scotland to explore whether it could work in this context.

A wide range of research and evidence emphasises the importance of the early years and this has been recognised by Scottish Government in a range of policies including the Early Years Framework, the National Parenting Strategy, the Universal Health Visiting Pathway and the expansion of Early Learning and Childcare. The Scottish Government is committed to making Scotland ‘the best place to grow up’ and acknowledges that what happens to children in their first few years of life is a key determinant of children’s future health and employment outcomes.

In the early years, parents receive a baby box and then a schedule of visits from health visitors. However, until they are able to access ELC at age three, there is very little family support which parents and carers can easily access. One model that offers promise in providing good quality support for parents, carers and children is the Scandinavian ‘Open Kindergarten’ model, which offers accessible, low-threshold support to all families. Open Kindergartens are drop-in open sessions for parents, carers and their preschool children staffed by early years practitioners and non-statutory social workers. Open Kindergartens offer parents and carers peer-to-peer interaction and professional support in a relaxed, unstructured, parent-led environment. The sessions provide a space for children to play and interact and for parents and carers to build their parenting networks and develop new skills.

This project considered whether there was a need for this model of low-threshold family support in Scotland and how such an approach might be implemented. This evaluation applied an intersectional lens to gain insight into how the Open Kindergarten model was taken up and experienced in a pilot at two early years settings in Edinburgh and Midlothian. In addition to providing twice weekly drop-in sessions, practitioners at both sites attempted to make home visits to parents and carers to build relationships in the local community.

The feasibility of the Open Kindergarten model was looked at in an earlier project which conducted a literature review as well as interviews with practitioners, parents and carers. (see Gadda, 2018). The current report evaluates the implementation of the model, assessing its adaptation and impact. The following research questions were central to the evaluation aims:

### ***Research Questions***

1. What are the needs of parents and carers and babies/children and what are the prominent issues that they contend with?
2. How can the Open Kindergarten approach address the needs of parent and baby/child?
3. How can staff/allocated practitioners best support the needs of parents and carers and babies/children attending the Open Kindergarten?
4. What aspects of the Open Kindergarten approach were found to be most useful/least helpful?
5. How can the Open Kindergarten model influence the likelihood and utility of parents and carers seeking interpersonal support?
6. How can the Open Kindergarten approach be up-scaled and what contextual factors need to be addressed in doing so?

### **Settings**

The Open Kindergarten model was implemented in two early years settings based in two local authority areas – Granton Early Years Centre in Edinburgh and Mayfield Family Learning Centre in Midlothian. The two sites had been chosen to see how the approach might work in a third sector family setting and in a local authority early years setting; both are located in areas of deprivation and feature in decile one of the Scottish Index of Multiple Deprivation.

### **Methods and Analysis**

The evaluation adopted a mixed methods approach. This comprised service data, a wellbeing measure given to all parents, semi-structured interviews conducted with parents, carers and Open Kindergarten practitioners, practitioner diaries and a parent case study.



*"I'm not one to shy away and not say that I've had postnatal depression. At the moment I still struggle with depression, but to have this is a lifeline. It gets me out of the house. These four walls keep closing me in."*

*(Mayfield Parent)*

## **Key Findings:**

Open Kindergarten was seen as a much needed and valued approach, with many parents and carers describing it as a lifeline in family lives that could often be complex and challenging. Our findings describe how the model addresses these challenges.

### ***Open Kindergarten was able to fill a service gap***

Parents and carers talked about the importance of the Open Kindergarten sessions, which were often the only service that they accessed. This was for a range of reasons: they often did not meet the criteria to access other provisions, or the provisions they did qualify for were already at capacity. In our interviews, it was clear that many of the parents and carers accessing Open Kindergarten had significant support needs, and the flexible open-door approach met those needs in ways that other provisions did not.

### ***Open Kindergarten provided support for parents and carers experiencing challenges with their mental health and who were feeling overwhelmed or isolated***

A number of attendees were experiencing mental health challenges and Open Kindergarten provided valuable support for these parents and carers. Whilst the nature of these challenges varied considerably, they all reported a sense of isolation, feeling overwhelmed, and needing some respite from their childcare responsibilities. Open Kindergarten was able to address these needs. The approach meant that parents and carers could access the service without referral, and without stigma.

*“There is a lot of mothers who don't admit to having depression and finding it hard. It's not an easy thing to admit to but I know people and I know a lot of people that cos they have no-where to go and they are stuck in the house with the baby 24/7, no-one to speak to and nothing to do”.*  
(Mayfield Parent)

### ***Open Kindergarten provided essential peer support***

Peer support offered in the Open Kindergarten was considered invaluable by many parents and carers. As well as offering respite, it provided a receptive and kind space that helped them to cope with some of their day-to-day pressures. The informal parenting support available was seen as being far more appropriate to the needs of the parents and carers than more formal support options.

### ***Open Kindergarten provided opportunities for children to play and interact***

A key component of the Open Kindergarten model is that it enables interaction and play opportunities for young children. Parents and carers appreciated the opportunity for their child to meet infant peers; many reported that they lacked such opportunities away elsewhere. Some parents felt the interaction at Open Kindergarten had the potential to address concerns they had about the linguistic development of their children.

### ***It takes time and skills to build relationships with parents and carers***

In both settings attendance grew by word-of-mouth and led to Open Kindergarten becoming an embedded community resource, rather than simply a ‘programme’ or a ‘service’. Home visits and outreach work provided an opportunity for practitioners to build trusting relationships with parents and carers which made them feel comfortable to come along. The time, skills and experience of the practitioners were invaluable in building relationships with parents and carers and making Open Kindergarten a success.

## **Key Elements of the Open Kindergarten Model**

Parents, carers, and practitioners felt that there is a real need for Open Kindergarten in Scotland. There was a strong sense that if it were readily available, it would be taken up. Project participants highlighted several distinctive features that made Open Kindergarten appealing:

### ***It is person-centred, relaxed and informal***

An aim of the Open Kindergarten model is to achieve a person-centred approach. Practitioners managed to cultivate a relaxed setting in which parents and carers felt safe to share their knowledge and personal experiences. Many parents commented on the relaxed nature of the sessions whilst both practitioners reported that their groups had achieved a ‘family feel’.

*“they [practitioners] just make you feel like you’re at home basically when you come in, which just makes you feel relaxed the minute you walk in the first door, before you get into the play group, which is nice.”*

*(Mayfield Parent)*

### ***It is parent-led***

Crucial to the Open Kindergarten model is that it is parent led and unstructured. This proved highly effective but also a challenge to achieve, largely due to this approach differing from that of other more formalised parenting programmes. The parent-led approach meant that the activities offered were tailored to those attending, enabling a more targeted response to individual parents’ needs.

### ***The practitioner’s approach***

The person-centred nature of the model requires warmth, authenticity, active listening and receptiveness on the part of the practitioner. These characteristics were noted by parents participating in the group, who felt that these features enabled the relaxed atmosphere and the parent-led dynamic. The skills, qualities and approach adopted by the practitioner were key to making Open Kindergarten a success.

### ***The open-door policy***

The open door policy meant that parents and carers could access it without other professional involvement, and without stigma.

### ***It is free***

Drop-in sessions were free to attend and free drinks and snacks were provided. Mayfield Family Learning Centre also implemented a minibuss service to provide free transport to the sessions.

Providing a completely free service reduced barriers to participation and ensured that parents and carers of all socio-economic backgrounds could attend.

*"I think parents and carers that have that time and there's nothing else for them. I think it's something they can do with the children but then it's a way not to be isolated. I think there are probably a few reasons that people are using the group but I think mostly it's to meet other people."*

*(Mayfield Practitioner)*

## Implementing Open Kindergarten in Scotland

Parents, carers and practitioners delivered a clear overall message that there is a need for Open Kindergarten in Scotland. Recommendations were therefore identified to refine the model for wider implementation.

### ***Multiple practitioners***

In both locations, the staff implementing the model believed that it was too reliant on one practitioner delivering the sessions. Employing more than one practitioner has a number of pragmatic advantages but also increases the likelihood that a parent-led approach can be effectively applied.

### ***Time to embed within the community***

The model requires some time to bed in and mature to achieve its aim of being an accessible community resource. At both settings, attendance grew over time predominantly through word-of-mouth including face-to-face conversations and parents connecting through social media.

### ***Outreach work and home visits***

Successful implementation requires the practitioner to network widely beyond their 'home' service context, to ensure that he/she is reaching and building relationships with parents and carers in the community. This is particularly important for reaching isolated and more vulnerable families.

### ***Community mapping of local family support services***

A clear understanding of what other family support groups are running in the local community is needed so that sessions can be scheduled for times that best suit a range of parents' and carers' needs which complements rather than competing with other programmes. This includes understanding what support groups are provided by local statutory services, third sector organisations and other community groups.

### ***Implementing Open Kindergarten during Early Learning and Childcare Expansion***

Attention needs to be paid to the way that the model is embedded within existing services particularly considering the major changes being introduced to early settings as part of the Scottish Government's Early Learning and Childcare expansion. In one setting, challenges arose around use of space and resources that might have been avoided.

### ***Practicalities of physical space and group size***

Careful attention must be paid to issues of space and group size. It is important that there is sufficient space for parents, carers and children to interact without feeling restricted by the room. It is also important that the group is not so large that it splinters. This may mean that as a group grows, there is a need for more than one session of Open Kindergarten to run.

### ***Open Kindergarten resources***

It would be beneficial to build a bank of relevant resources for practitioners to draw from to support the parent-led approach. The range of resources should reflect diversity, such as books written in different languages and toys that reflect different cultures and ethnicities. It would be useful to work with practitioners and parents and carers, to build a fuller understanding of the kinds of resources they have found useful during delivery, and to construct a list of recommended resources for practitioners, as part of a practice toolkit for Open Kindergarten.

## **Conclusion**

In conclusion, the implementation evaluation found that the Open Kindergarten model was highly valued, and was seen as offering an important and accessible space for parents, carers and their young children to find support, to interact, and to develop their social networks. The model was seen as offering particular value to parents and carers who had experienced mental health difficulties or social isolation. The open nature of the model means that it is accessible to those who might not

otherwise be in contact with services, and that they could access support without filters of referral and waiting lists. Because the model was 'open' and did not target specific groups of parents, it was also not subject to stigma, and was seen as an acceptable and valued form of support. Regardless of differences in culture, financial circumstances and family situations, Open Kindergarten offered families a source of relief and respite, particularly in terms of struggles with their mental health and the need for constructive peer support.

Several issues stand out in relation to implementation and to upscaling of the Open Kindergarten model. The model requires a particular skillset for practitioners – that they be person-centred practitioners, with a range of facilitation skills, resourceful and adaptable, and that they have the capacity to build a strong network beyond their immediate setting. The model needs time to develop and mature, and to become embedded in the community it serves. The contemporary emphasis on short-term competitive funding can risk undermining the organic processes needed to enable this kind of model to reach its full potential, and security of continued funding is therefore crucial for Open Kindergartens to succeed. Attention also needs to be paid to the group size, the need for potential additional iterations of the group, and physical space in which the group operates. These factors are crucial in producing an inclusive and welcoming social space within which parents, carers and children can interact and flourish.

# Introduction

The importance of the early years has been recognised by the Scottish Government in a range of policies such as the Early Years Framework<sup>3</sup> and the National Parenting Strategy. The Scottish Government is committed to making Scotland ‘the best place to grow up’ (Scottish Government, 2014). Scotland’s National Parenting Strategy recognises that parents and carers need to be better supported to ensure that every child has the best possible start in life. It also acknowledges that support should be informed, coordinated and flexible enough to address a range of needs, and that steps need to be taken to improve the availability of and access to early learning and childcare (ELC).

The commitment to ELC is further strengthened by several measures introduced by the Children and Young People (Scotland) Act 2014 with the aim of improving outcomes for children and young people. One such measure initiated an entitlement, in August 2014, to free ELC for up to 600 hours per year for all three- and four-year-olds, and eligible two-year-olds. In 2015, the Scottish Government pledged to further increase the provision of free ELC to 1140 hours per year to all three- and four-year-olds and eligible two-year-olds by August 2020 (The Scottish Government, 2020).<sup>1</sup> A new delivery model and national standard for ELC providers, “Funding follows the child”, will be introduced in August 2020<sup>4</sup>, increasing choice and flexibility for parents and carers, whilst ensuring children benefit from high quality provision (The Scottish Government, 2015).

The impact of poverty on early child development and on children’s subsequent life chances is well documented, as is the impact of a range of other adversities in childhood. Maternal mental health is well known to have a significant impact both on children’s outcomes and on parents’ and carers’ ability to cope. Almost a third of mothers taking part in the Growing Up in Scotland study (Marryat & Martin, 2010) reported that they had experienced poor mental health at some point in the four years since the birth of the baby included in the survey. While all women are at risk of developing perinatal mental health issues, those who experience poverty, migration, extreme stress, violence and/or lack social support are at greater risk of developing mental health issues (WHO, 2016; Galloway & Hogg, 2015). Early intervention to support families is crucial as, if left untreated, these issues can have a significant detrimental impact on individuals and their families (WHO, 2016; Galloway & Hogg, 2015;

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<sup>1</sup> At the time of writing, implementation has been delayed due to the Coronavirus.

Dennis, Ross, & Grigoriadis, 2007; Honey, Bennett, & Morgan, 2003; Dennis, Ross & Grigoriadis, 2007). It is important, however that such support be woman and baby-centred, and that it recognises the role that socio-economic issues play in producing maternal mental health difficulties. Initiatives to support mothers and babies in the early years need to provide empowering, socially sensitive support that does not seek to stigmatise or problematise women's parenting. Addressing socio-economic disadvantage, reducing social isolation, augmenting parental capacity and developing peer to peer networks can help to relieve some of these difficulties.

Beyond the provision of ELC, the Scottish Government has introduced a number of policy initiatives to provide support to families in the early years of a child's life. Early learning support for deprived communities has been provided throughout Scotland, with £21 million funding in 2018 to 2019. The Minister for Children and Young People is currently investing in the early years workforce, creating new employment opportunities and encouraging more men and more people from ethnic minorities into childcare training (The Scottish Government, 2017, p.4). The ELC investment dovetails with a range of other initiatives that aim to improve conditions in the early years across Scotland, like the Baby Box, the Pregnancy and Parenthood in Young People Strategy and the roll-out of the Family Nurse Partnership to all health boards in Scotland. The Perinatal and Infant Mental Health Programme Board was established in April 2019, in order to implement the commitments to improving perinatal and infant mental health set out in the 2018/19 Programme for Government and Better Mental Health in Scotland (The Scottish Government, 2020). The Universal Health Visitor Pathway assures core standards of support for parents/carers and children in the early years. The Best Start Grant provides targeted financial support for families on low incomes at key points in the early stages of a child's life. This support has been substantially enhanced both in terms of its financial offer and in being multiple payments. A range of other initiatives in Scotland includes: the Parent Club website, which offers support and advice to parents and carers on a range of issues; funding the Bookbug programme, to provide free books and resources to parents and carers with infants and young children and to support the delivery of free drop-in story, song and rhyme sessions in local communities; working in partnership with the Corra Foundation, to administer The Children, Young People, Families, Early Intervention and Adult Learning and Empowering Communities Fund; running the Children and Young People Improvement Collaborative, to improve services for children, young people and families, and publishing resources for parents and carers such as Play, Talk, Read to help parents and carers to interact with their children effectively (The Scottish Government; 2008; 2015).



Taken together, these initiatives are creating a more holistic pathway of support throughout a child's early years. While this is a welcome development, evidence suggests that many families are still unable, or reluctant, to access support when and where they need it. Parents/carers are the most significant influence for children in their early years and in some cases they are the people with whom they spend the majority of their time. Supporting parents and carers during this crucial time is key to improving outcomes for children.

Through these kinds of initiatives, and through its provision of free ELC, the Scottish Government aims to reduce inequalities in the early years, close the educational attainment gap between children from advantaged and less advantaged backgrounds and improve children's outcomes. Good quality early learning and childcare has been shown to make a positive contribution to the cognitive and social development of children (Naumann et al., 2013; Melhuish et al., 2010; The Scottish Government, 2018). Evidence of the impact of attending good quality early learning and childcare settings has led to increased policy interest in early years education as a long-lasting investment in children's outcomes, future participation in and contribution to society (Burgess, McDonald & Sweeten, 2018). However, often the most disadvantaged families are less likely to make use of childcare, even when it is free, because they are less informed about its availability (Speight, 2010; Marryat & Martin, 2010). A study from the National Centre for Social Research highlighted that families with multiple disadvantages in the UK are less likely to receive childcare information through word of mouth (31%, compared with 41% of all families and 48% of families with no disadvantage), even if they are more likely to receive it from JobCentres and JobCentres Plus (19%, compared with five per cent of all families).

To address this challenge, support for parents and carers in the early years needs to bridge the gap between the health information and support that is provided in the very early days and the early learning and childcare that is provided universally from the age of three (and for some eligible children from two). To be effective, such support needs to be holistic, non-stigmatising and open to all. It needs to tackle social isolation and offer both peer to peer support and professional help, building parents' and carers' capacity and self-confidence. As well as improving outcomes for children, such support could have the added advantage for many families of easing the transition into early learning and childcare, enabling children to benefit from the advantages of an ELC place and parents and carers to engage more confidently in their child's education.

One model that offers promise in providing good quality support for parents, carers and children in the early years is the Scandinavian ‘Open Kindergarten’ model. Developed in Sweden, this model offers accessible, low-threshold and universal support in a flexible ‘kindergarten’ context, where parents, carers and their children aged 0-3 years can interact, build their parenting network and develop new skills. Open Kindergartens are drop-in open sessions for parent and child staffed by early years practitioners and non-statutory social workers, which offer parents and carers support through peer interaction and professional support. This report examines the implementation of the Open Kindergarten model in two sites in Scotland, as one form of early years support for parents, carers and children.

## **Review of the literature: key features of the Open Kindergarten model**

To provide a context in which to understand the implementation of the Open Kindergarten model, we conducted a systematic review of the research on the model. This was initially conducted between Jan and April 2018, as part of the first phase of the Open Kindergarten project. This review can be read in full in the first phase report (Gadda, 2018). The review was updated in February 2020, and key findings from this review are summarised here.

### **The Review**

The aim of the review was, first and foremost, to provide insights into the key features of the Open Kindergarten model found in some Nordic countries (i.e. Finland, Norway and Sweden) and evidence of its impact on families. The review also considers the key features of Family Centres more generally, as Open Kindergartens are often co-located within and referred to as the core of Family Centres in the Nordic countries.

The second aim of the review was to consider ‘what works’ in terms of preventive family support offered to families with young children (0 to 5 years old). For this paper, preventative family support services are those that explicitly aim to protect and promote the wellbeing of children but are not universal or specialist services (Artaraz, Thurston, & Davies, 2007). Whilst we recognise that ‘what

works' in terms of preventative family support, or any kind of social intervention, is highly contextual, we wanted to identify common themes emerging from the literature that could provide some indication of common features that are deemed, by families and/or professionals, to be beneficial.

Data for the review was gathered from the following sources:

1. Searches of Stirate, the University of Stirling search engine with access to over 150 databases including the University of Stirling Library Catalogue, ERIC, JSTOR, Web of Science, Cochrane Review and SocINDEX
2. Searches of Open Grey, a European search engine that focuses exclusively on grey literature
3. Searches of the Campbell Collaboration
4. Searches of DiVA, a searching tool and institutional repository for research publications and student theses written at 47 Nordic universities and research institutions
5. Locating relevant research from the literature identified as relevant to this review
6. Literature provided to us by colleagues in Scandinavia with an interest or working in Open Kindergartens.

Searches were restricted to publications written in English published between 2000 and 2020.

Appendix 1 provides a list of the search terms used for the database searches and the number of resources identified and reviewed for the first review.

Unfortunately, despite the broad search very few studies focusing on the Open Kindergartens published in English were identified. We also found a striking absence of studies focusing on 'unstructured' low-threshold family support with most of the literature focusing on 'structured' parenting programmes such as the Positive Parenting Programme (Triple P), Mellow Parenting and The Incredible Years.

### *What is family support?*

Family support has been a central aspect of UK family policy and practice (Burgess, McDonald, & Sweeten, 2018; Jarvis, & Georgeson, 2018; Artaraz, Thurston, & Davies, 2007; & Coalition of Care and Support Providers in Scotland, 2018). Burgess and colleagues (2018) note that policy and practice in the UK often use family support as a 'catch-all' term for working with families. As some noted, the lack of a definition can be seen as a weakness (Baniel, Burgess, & Scott, 2012; Devaney & Dolan,

2017). Several definitions of family support are offered. The following definition encompasses some of what we believe are the key features of good family support:

‘Family and parenting support includes a wide range of actions and services that help parents develop the skills they need to carry out their parenting role and that support children within families. It can range from low threshold advice and support to all parents to very targeted, specialised services for the most vulnerable.

**However, all services aimed at family and parenting support must be non-stigmatising and empowering in their approach, have a participatory and strengths-based orientation, and be accessible to all but built around a model of progressive universalism. Their conception must be underpinned by a child-rights approach.’** (Eurochild, 2012 pg.6)

(emphasis added)

Although there is an emphasis in much European policy on the value of evidence based approaches to family support services (Eurochild, 2012), it is notable that there is often a very limited evidence base for this kind of work, and that research investment, particularly for Randomised Controlled Trials is often skewed towards expensive parenting programmes rather than to high quality, integrated parent support (Cannon, 2019). Family support services are complex interventions often delivered through the collaboration of different agencies and professionals. They are not unified ‘programmes’ and are therefore not always amenable to the types of evaluative practices linked with what counts as ‘evidence-based’ (Jarvis & Georgeson, 2018; Artaraz, Thurston, & Davies, 2007; Boddy, Smith, & Statham, 2011).

### *Family Centres*

In the past 20 years, consensus in policy and in research has been that investment in the early years is the most cost-effective way in which to achieve greater social equality, and that this approach produces long-term savings in social welfare and the health and criminal justice systems (The Scottish Government, 2015, 2020; Wave Trust, 2013; Pickering & Sanders, 2015). The Institute for Fiscal Studies recently found that involvement in Sure Start centres in the early years significantly reduced hospital admissions up to the age of 11 (Cattan et al., 2019). Moreover, research by the OECD showed

that 15-year-olds who had access to good early-years education outperformed students who had not, with disadvantaged children benefitting the most (OECD, 2017; O’Keeffe, 2020).

Family Centres are found in various countries such as Sweden, Norway, Finland, France, Belgium, the Netherlands, Germany, and UK (Hoshi-Watanabe et al., 2015; Musatti et al., 2017; Kekkonen et al., 2012; The Netherlands Youth Institute, 2012; Abrahamsson, Samarasinghe, 2013). (Source: The World Bank, 2019). For example, in Flanders and Brussels, parents and carers can access a variety of services provided by different agencies at the parenting shop (EXPOO, 2012). Support and services are provided on a ‘progressive universalism’ basis and are available to everyone who is involved in caring for a child under the age of 18 years, as well as expectant parents and carers. The support and services provided aim to:

- strengthen the competences, skills and capacities of everyone involved in parenting.
- reduce the tensions, difficulties, struggles, etc of everyone involved in parenting.
- reinforce the social network around parents and carers/educators and their children.

The Open Kindergarten model is embedded in family centres, broadening their accessibility and their integration with other provision for families. An example of the family centre can be seen in England’s, Sure Start Children’s Centres. Introduced in 1998 and located in areas of significant socioeconomic deprivation, Sure Start Centres brought together early education, childcare, healthcare and family support with the aim of improving the health and wellbeing of young children and their families and ensure that children will do well in school and later in life. Sure Start Centres were first introduced in 1998 as Sure Start Local Programmes (SSLPs). Services were offered on a universal rather than targeted basis with the intention of reducing stigma around accessing family support.

The National Evaluation of Sure Start (NESS) ran from 2001 to 2010 and compared a group of children in Sure Start areas with children from the Millennium Cohort Study living in similar areas that did not have access of SSLP at three points in time – when children were aged 3, 5 and 7 years old. The evaluation found that, in comparison with mothers in non-SSLP areas, mothers in SSLP areas reported engaging in less harsh disciplining and providing a more stimulating home learning environment for their children. In addition, lone parents and carers and workless households reported greater improvement in life satisfaction than families in the comparison areas. This, the study authors argue,

indicates that SSLPs were successfully engaging with groups who are often perceived as ‘hard to reach’. They also note that these positive outcomes appeared to apply across SSLPs, regardless of the level of deprivation and that they persisted for at least two years after contact with Sure Start programmes had ceased. They concluded that ‘The success of SSLPs in engaging and supporting the poorest families without stigma means they provide an infrastructure that is well placed to engage the most vulnerable groups and support them effectively’.

Family Centres in Finland, Norway and Sweden share many common characteristics, including the drive to provide ‘universal health promoting and preventive services, to promote the psychosocial health and wellbeing of parents and carers and children, and to safeguard the families’ own resources’ (Kekkonen, Montonen, & Vitala, 2012, p.9). Services are usually co-located and collaboration between statutory and non-statutory agencies and civil society is highly valued (Abrahamsson & Samarasinghe, 2013; Kekkonen, Montonen, Vitala, 2012. Sweden was the pioneer in developing Family Centres that brought together services that promote the health and wellbeing of children and families. Later, this model was adopted, albeit with some variations to account for local context, in Norway and Finland. The section below describes in more detail the development of Family Centres in these countries, as well as the open pre-school/kindergarten model that has been developed alongside the Family Centres.

### *Open Kindergarten in Denmark, Sweden, Norway and Finland*

Vedeler explains that Open Kindergartens aim to offer a welcoming place, open to all, where parents and carers and children can meet with their peers, as well as professionals without the need for referrals or appointments<sup>44</sup>. Parents/carers can come ‘just to be there or to seek counsel and guidance’ while their children can socialise with others in a secure and stimulating environment (Vedeler, 2012, p.68). Professionals work closely with families and the communities they are situated in in order to ensure that the Open Kindergarten offers the information, courses and activities that meet the needs and wishes of families. The key aim of these activities is to ‘promote good health and development by meeting the needs of families and other care givers with small children’ (Vedeler, 2012, p. 65). The service is therefore preventive in that it works with all families, before any issues may arise and supports early identification of families in need of more targeted support.

Unlike the other services offered in the Family’s House, Open Kindergartens are a universal provision available to all parents and carers. By situating the Open Kindergarten within the Family’s House, it

was hoped that service offered by the latter would be perceived as being open and low threshold, thus contributing to the de-stigmatisation of statutory services<sup>44</sup>. Open Kindergartens aim to be inclusive and to offer parents and carers a place to meet with other parents and carers and professionals and expand their networks, and for children to develop new skills, meet other children and play (Bulling, 2017). The diversity of those who attend the Open Kindergartens provides families with opportunities for social mobility and integration among cultures.

The interaction between participants in the open kindergartens demonstrates how children act as important mediators in the initial contact between adults. While the children play, the parents and carers help each other to understand by translating words and phrases and gesticulating; the professionals help as mediators, eventually pulling back to let the parents and carers talk (Bulling, 2017). Feyer & Zachrisson (2018) describe a specific Family Centre with a focus on language: this is designed as a viable alternative for culturally and linguistically diverse children who are not attending early education and care, thereby missing chances to practise their Norwegian. The Centre includes a family group for parents and carers and children and a “Norwegian Cafè” to help them practise their conversational skills.

Health professionals, as well as other professionals situated within the Family House service, may also be available on-site at the kindergarten. This co-location of services is seen as an advantage as parents and carers can access multiple services in one single visit (Bulling, 2017; Vedeler, 2012). Vedeler emphasises that collaboration between the kindergarten and the health clinic is of particular importance. Health professionals meet regularly and have an overview of all the families with small children in an area. They are able therefore to direct families to the Open Kindergarten and encourage them to use the available services. Such close collaborations can facilitate the sharing of information between professionals and thus ensure that families receive the support they require when they need it (Bulling, 2017; Vedeler, 2012). Vedeler (2012) and Thyraug et al. (2012) emphasise, however, that it is important to ensure that the principles of confidentiality are observed and clear guidelines about how collaborative work may be carried out should be established, agreed and understood by all.

Open Kindergartens are managed by a (preschool) teacher, who is responsible for ensuring that legislation, policy and guidelines are appropriately followed. They are staffed by teachers and, on occasion, assistants. Vedeler notes that 'there is little material describing the professional content of

the service’ but this should be guided by the general aim of ensuring that parents and carers are supported to further develop their parenting capacity. All staff are responsible for ensuring families feel welcomed and included in the service. They will facilitate interactions between parents and carers and encourage participation; whilst being sensitive, flexible and responsive to the needs of individuals. As observed by Vedeler (2012, p.67): *‘The teacher’s role is challenging. They must have strong social competence, be able to put themselves out there handle unclear boundaries, have extensive knowledge of children development and parent functioning; and have some experience with health-promoting and preventive work. [...] teachers must summon their pedagogical expertise and compassion in the “here-and-now” situations in a way that challenges both their professional competence and humanity. The teacher must...be able to handle any situation that occurs with professional integrity and social confidence.’*

A key difference between Open Kindergarten and ordinary kindergartens in Norway is that the former works with parents and carers to support and strengthen their parenting capacity. A key aspect of this work is carried out through the establishment and strengthening of parent networks. In addition, families can access various group activities, themed courses, group meals, sing-a-long sessions, walks, counselling, and drop-in services (such as ‘coffee with the midwife’ and ‘baby café’). Third sector organisations may also offer services to families in the Open Kindergarten. What professionals and services are available in each Open Kindergarten varies depending on the needs and wishes of families and communities, as well as the financial and professional resources available. Professionals work in partnership with families and parents and carers are expected to actively contribute to the work of the kindergarten and to ensure that it is a welcoming and safe place for all families.

### ***Family support services – what parents and carers want***

Research consistently shows that families value services that are responsive to their specific needs; that include them in decisions; that focus on the whole family; that provide them with practical, time-relevant skills (Morawska 2018, Buultjen 2019, Smokowski 2018); that are provided consistently, for as long as needed. In their evaluation of the Children’s Fund, Pinnock and Evans note that families were more likely to engage with services that included them in decisions. A parent-led approach to family support, such as the one advanced in the Open Kindergarten model, should therefore prove to have high acceptability for the parents.



Artaraz and colleagues (2007) argue that the multifactorial nature of issues faced by families requires approaches to service delivery that are also multifaceted. In their review of the literature, Koerting and colleagues conclude that programmes need to address the actual needs of families, rather than what professionals perceive their needs to be. This requires programmes to be flexible and responsive. In dealing with complex issues a multi-agency approach, whereby agencies work collaboratively in a coordinated fashion, is often described as the most effective way in which to respond to the needs of families (Artaraz, Thurston, & Davies, 2007; Pinnock & Evans, 2008). Coordination of approaches is key for such an approach to be effective. Research indicates that parents and carers can find it stressful and confusing to have to deal with several professionals as the advice given can differ from one to another. In addition, families often contrast the approach taken by the statutory and third sectors, with the former being described as bureaucratic, unresponsive and inflexible, and the latter as more flexible and trustworthy, suggesting that partnerships between these sectors may result in a clash of cultures (Artaraz, Thurston, & Davies, 2007; Pinnock & Evans, 2008; Weston & Scott, 2018). Located within family centres, and with its flexible, parent-centred approach, the Open Kindergarten model has the potential to be part of an integrated service landscape that responds quickly to families' needs, cutting through some of the problems produced in more bureaucratic public sector services for children and families.

### *Accessing support: barriers and enablers*

Research identifies several barriers to families accessing the support that is available to them. Practical difficulties, such as the lack of transport or childcare, may exclude families from accessing a service. Participants in a small-scale evaluation of a service delivered to parents and carers with young children who were experiencing low to moderate depression and/or anxiety reported that they would have struggled to take part in the programme if transportation to and from the group, as well as a creche facilities for their children, had not been available (Gadda, 2016).

Families' fear of being judged as inadequate is often cited as a barrier to seeking help, as is the fear of having to walk into a new setting and meet new people (Burgess, McDonald, & Sweeten, 2018; Koerting, et al., 2013; Weston & Scott, 2018; Woodcock, 2003). Concerns and fear of child protection can be a barrier to access family support services, especially for parents and carers serving community-based correction orders (Prguda 2020).

Parents/carers often report that they do not know where to go or who to ask for help (Burgess, McDonald, & Sweeten, 2018; Koerting, et al., 2013). Lack of information about services is also a common theme in the literature (Koerting, et al., 2013; Lucas & Gadda, 2017). Some believe that the issues that they are facing are not as acute as those faced by other families and that, consequently, they will be turned away by service providers if they ask for help (Burgess, McDonald, & Sweeten, 2018). Some find it difficult to ask for and accept help (Burgess, McDonald, & Sweeten, 2018). This could relate to the stigma often attached to services (Koerting, et al., 2013).

Koerting and colleagues' (2013) systematic review of the literature considering relating to parents and carers' low take-up and high drop-out of parenting programmes identified three key factors that support parents' and carers' engagement with services: effective advertisement/service promotion; direct recruitment and good inter-agency collaboration. Some of the literature also emphasises the need to make it clear that the programme being advertised is suitable to all in order to minimise stigma. One of the studies they reviewed suggests that marketing should not be a one-off exercise but an ongoing effort. Well-coordinated interagency collaboration can also facilitate parents' and carers' access to and engagement with services, 'particularly through multiple, well organised referral routes (Koerting, et al., 2013 (p665). Moreover, the chance to establish a strong social connection with other peers is an important factor for engaging parents and carers in family support, as they can share similar experiences and provide emotional support (Smokowski, 2018; Buultjens, 2019).

The Open Kindergarten model offers many features that could potentially overcome some of these barriers to family support. The Open Kindergarten is located in local neighborhoods, overcoming many of the barriers to do with travel and geographic dispersal. The model is expected to be embedded in family centres, with clear links to the community, and to be open to the community in which it is located. This should overcome some of the barriers associated with not knowing how to access family support, or those associated with complex or distant referral routes. Finally, the Open Kindergarten model is fundamentally oriented to supporting the development of peer networks, and as such is well designed to maximise potential for retention of families who engage with them.

### *Professionals' skills and characteristics valued by families*

As Devaney and Dolan have noted, *how* family support is delivered is often more important than *what* is delivered. Giannotta and colleagues (2019) reviewed four parenting programmes in Sweden,

noticing that improvements in parenting and child conduct were associated with participant involvement. The skills and characteristics of professionals who provide family support services greatly impact on how family support is delivered and perceptions of its effectiveness (Whittaker & Cowley, 2012). Research shows that families are most likely to engage with professionals who are non-judgmental; who are able to listen to and empathise with them, and who adopt a strength-based approach (Burgess, McDonald & Sweeten, 2018; Coalition of Care and Support Providers in Scotland, 2018; Pinnock & Evans, 2008; Gadda, 2016; Lucas & Gadda, 2017; Koerting et al. 2013). In describing what qualities children and parents and carers value in professionals, Pinnock and Evans refer to the 'professional friend'. A 'professional friend' is a professional who is easy to talk to, responsive to families' needs and acts quickly to address these the best way they can, and available to families outside working hours for both practical and emotional support.

Parents/carers often report that one of the most enjoyable and helpful aspects of attending a group for parents and carers is the opportunity to socialise with others going through similar experiences and getting support from peers (Gadda, 2016; Koerting et al., 2013). Group facilitation skills are therefore of particular importance so that professionals can ensure that all families are welcomed and included (Whittaker & Cowley, 2012; Vedeler, 2012).

Satisfaction with services is intrinsically related to the quality of the relationship between service providers and service users. Good relationships between service users and providers are often cited as key to successful engagement (Koerting et al., 2013; & Mason, 2012). Building trusting relationships between families and service providers is a crucial aspect of providing support (Burgess et al., 2018; Artaraz, Thurston, & Davies, 2007; Allen et al., 2012). Building trust requires skillful professionals who are able to be open and honest in their communications with families<sup>4</sup>. These skills are best acquired through experiential learning, with the support of 'strong supervision which both questions and supports the workers.' (Devaney & Dolan, 2017, p.11). Trust is built over time. Mason's study indicates that relatively mundane actions, such as showing parents and carers how to cook an omelette, and actions that demonstrate genuine concern and support, such as being available to a parent when they needed it, contribute to the building of trust. For some families it can take a long time before they feel able to trust a professional. It also represents a challenge for the way in which services are funded. The time-limited, short-term nature of many interventions is unlikely to support the development of trusting relationships between service providers and service users (Pinnock & Evans, 2008).

The relational skills that are valued by families are embedded in the Open Kindergarten model, which values a non-judgemental, parent-centred approach that is responsive to the expressed needs of participants. As an ongoing community resource, the relatively low cost model is intended to provide opportunities for sustained and informal engagement with the professional leading the group, but also the opportunity to build trusting relationships with peers in the group context.

This review has demonstrated that there is a lack of robust research evidence focused on family support. Our search for early intervention research showed a definite skewing of the evidence base towards formalised parenting programmes, with less research being conducted on the ‘messier’, harder to operationalise, integrated multi-agency interventions that parents themselves appear to favour. The Open Kindergarten model represents a promising approach to universally accessible, low threshold parent support, having many of the features that research suggests parents favour.

## Evaluation Aims:

This evaluation applied an intersectional lens to gain insight into how the Open Kindergarten model was taken up and experienced by those who accessed it. We considered the feasibility and impact of the model, assessed the development and implementation of the approach, and gained an insight into the effective practice in delivering the initiative.

## Method

The project adopted a mixed methods approach. This comprised questionnaires, a wellbeing measure, semi-structured interviews, and diaries.

The quantitative component consisted of:

- A questionnaire that sought basic demographic details and some service level data, such as what participants hoped to get out of Open Kindergarten and how they heard about the programme (see appendix 2). The questionnaire took between 5 and 10 minutes to complete, with a practitioner present for any requested help.
- A wellbeing measure was completed before and after engaging with the programme (see appendix 3). The eight items of this measure gave some insight into different aspects of the

parent's wellbeing. For example, for an item such as "I know other parents and carers who support me", participants are asked to indicate a rating on a scale of 1 to 10 (with 1 = not true of me, and 10 = very true of me).

- Basic analyses of service data on referrals and demographics.

The qualitative component comprised:

- One Case Study<sup>2</sup>
  - Semi-structured face-to-face interviews with a parent at The Mayfield Family Learning Centre were conducted twice – after first attending a session and after attending a further three sessions. The participant was selected largely because the researcher and practitioner identified that this participant appeared relatively capable of taking part in a case study. The interview schedule can be found in appendix 4.
  - Diary: the same participant kept a weekly diary for two weeks (Information sheet and guidance for the diary is in appendix 5). The diary captured a more day-to-day insight into the family life of the participant and the impact that Open Kindergarten has had.
- Semi-structured interviews:
  - Nine parents and carers attending Open Kindergarten at Midlothian Sure Start and three<sup>3</sup> at Granton were interviewed. Eight of these were conducted face-to-face and one by telephone. All parents and carers interviewed had attended at least two OK sessions. Most had attended three or more sessions. This enabled the interview to gain insights into perspectives on the Open Kindergarten model. The interviews aimed to gather insight into the participants situations prior to coming to Open Kindergarten and their experiences and perspectives of the model. Interviews lasted for between twenty minutes and one hour and took place in a private room at the location where the Open Kindergarten sessions took place.
  - All four practitioners involved in the implementation of the model were interviewed (two in each location). This comprised the main practitioners who implemented the

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<sup>2</sup> The evaluation design had intended to conduct two case studies (one in each location) but attempts to actualise a case study in one location were not successful.

<sup>3</sup> It was only possible to interview three participants at Granton due the delay incurred setting up the Open Kindergarten at this location.

model and the two practitioners who had a supportive managerial role. These interviews were conducted in the locations where the Open Kindergarten sessions were held. They took between twenty minutes and an hour and a half. The interview schedule can be found in appendix 6.

- Practitioner diaries: two practitioners kept weekly diaries. Instructions and the information sheet for the diaries can be found in appendix 7. The diaries captured a more in-depth day-to-day insight into the experience of setting up and running the Open Kindergarten.

## **Analysis**

The quantitative data was entered into a Microsoft Excel spreadsheet. A basic analysis of the nominal data was conducted using descriptive statistics.

The qualitative interview data was digitally recorded. Half was transcribed using professional services with signed confidentiality agreements. The other half was transcribed by a researcher. All transcripts and diary entries were anonymised. A thematic analysis (Braun and Clark, 2006) approach was adopted using NVivo 12. A sample of the anonymised transcripts was independently coded by two researchers, and the codes were compared and discussed and a coding frame agreed. Thereafter Hannah Hale completed the analysis through a process of data coding and synthesis to produce themes.

## **Settings**

The Open Kindergarten Model was implemented in two early year settings. Granton Early Years Centre and Mayfield Family Learning Centre. Both settings are in areas that are in decile one of the Scottish Index of Multiple Deprivation.

**Granton Early Years Centre (Granton EYC)** is based in Pilton Drive North Edinburgh. The centre is registered with City of Edinburgh Council to provide a care service for no more than 64 children at any one time, aged between six weeks and primary school entry. The centre has three playrooms, the Ladybirds, (0-2), Bumblebees (2-3) and the Dragonflies (3-5) years. There are two multi-purpose rooms and an office space shared with North Edinburgh Stepping Stones, a local family support

charity. The Open Kindergarten sessions were held in one of these multi-purpose rooms. It is a relatively small room of approximately 15 metres by 7 metres in size. Granton EYC was undergoing a significant period of expansion at the time the implementation began. This was unforeseen in the planning of the project, as funding delays had produced significant shifts in the timing of the implementation. This delayed the appointment of the practitioner for the project, resulting in a delay of three months in setting up the model. Once in post, the practitioner was under pressure to get the Open Kindergarten sessions running as quickly as possible. Other notable challenges included other staff at the ELC setting facing work demands that meant they could not be as supportive of the practitioner as they would usually have been. We will consider the implications of these challenges as we discuss the outcomes of the current evaluation.

**The Mayfield Family Learning Centre (Mayfield)** is a registered charity whose services reach in excess of 1,000 parents and carers and children each year. They offer a range of services through six Family Learning Centres in Midlothian. The organisation works with parents and carers and the local community, adopting a strengths-based approach and using co-design principles. In addition, they work in close partnership with a range of service providers in Midlothian. The Open Kindergarten was implemented in the Mayfield Centre. The building has a large playroom and garden, a kitchen, three multi-function rooms and a designated office. One multi-function room was made available for the Open Kindergarten sessions. This room is approximately 25 metres by 10 metres in size.

## Findings

### How was Open Kindergarten taken up? Who made use of it, how and why?

Open Kindergarten was taken up by a range of parents and carers for a number of differing reasons. Having discussed some of the demographic points of continuity and discontinuity between sites and the general family background of those who attended, it is useful to give thought to some of the rhetoric around who, how and why open kindergarten was taken up. In particular, we will focus on the ways in which parents and carers conveyed that Open Kindergarten: fills a service gap; is a source

of support for those experiencing mental health challenges; provides relief from a sense of being isolated and overwhelmed; and enables peer support.

Thirty-one families were supported through the OK model at The Mayfield Family Learning Centre, including 35 adults, and 36 children. A further eight families were supported through activities linked to the OK model, without attending the core group. Of the 31 families who attended the group, two were referred after attendance at the Mayfield summer programme, nine were referred by other organisations, two were referred from within the Sure Start Centre, nine found out about the group on Facebook, and nine were referred by a friend (see Figure 1). The high rate of community and social network referrals suggests that the model has been effective in embedding itself within the community and has the potential to grow organically as a community resource.

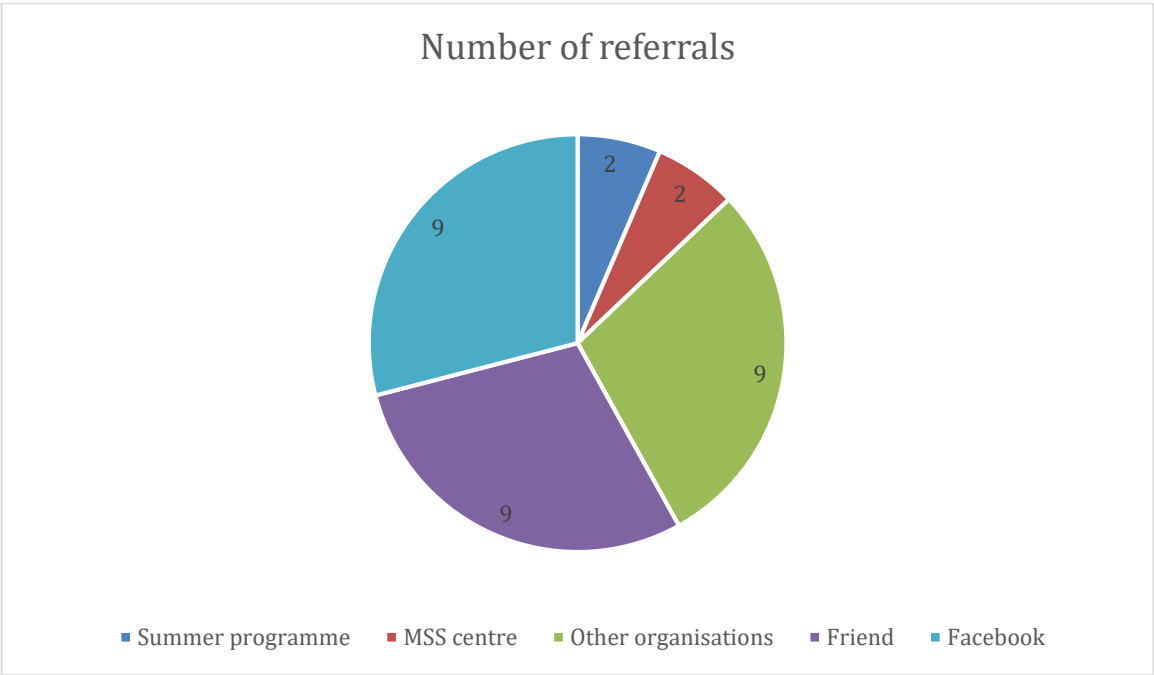
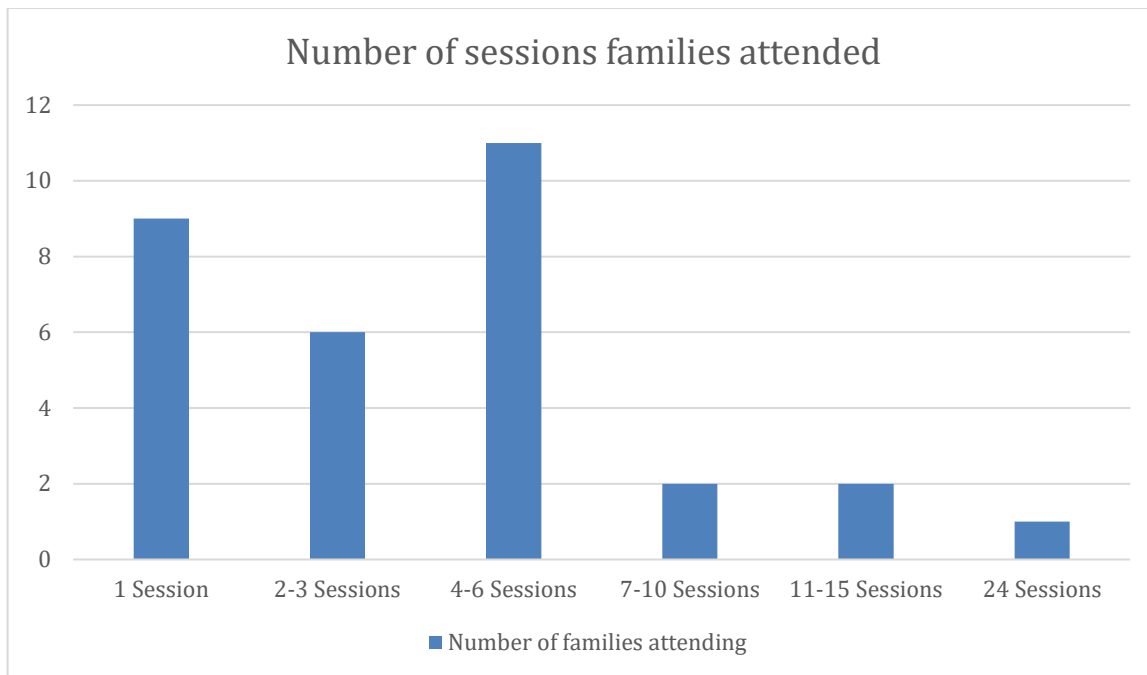


Figure 1 Source of referral for families supported at Mayfield

Whilst nine families of the 31 attended just one session, 22 attended more than one. Attendance data is presented in Figure 2 below.





*Figure 2 Number of sessions attended by families supported at Mayfield*

In Granton, 15 families attended the Open Kindergarten model. Only three of these families attended just one session, with 12 families returning for further support. Data on their attendance pattern is presented below. It should be noted that the Granton model had a shorter duration, and so data presented here is not comparable to that presented in Figure 2.

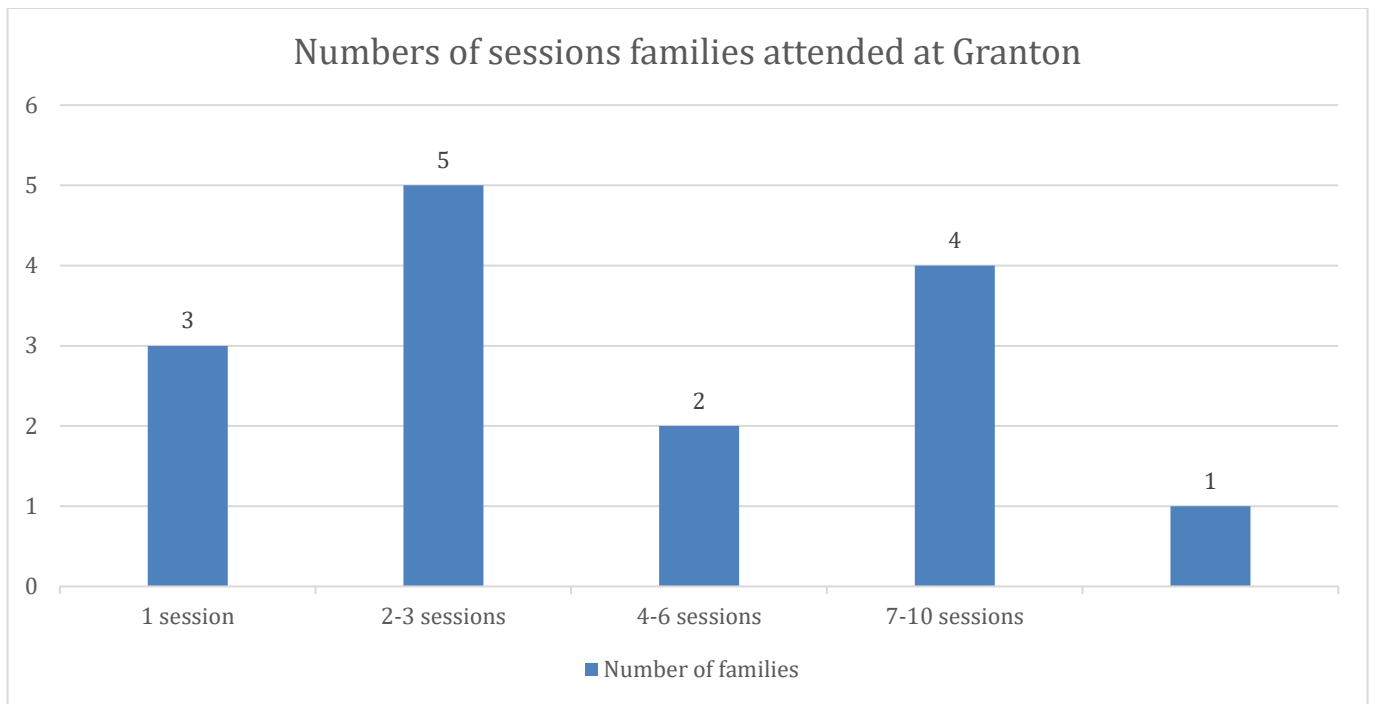


Figure 3 Numbers of sessions attended by families supported at Granton

## The Quantitative Findings

### Questionnaires

A total of 18 questionnaires were completed (11 at Mayfield and seven at Granton). We will present an overview of the results in each location.

#### Mayfield Family Learning Centre

Of the 11 participants who completed questionnaires at the Midlothian Family Learning Centre, ten were female and one was male. Almost half did not have formal employment, three worked full-time and two worked part-time. One was a parent of three, two were parents and carers of four children, three had three children and four had one child.

Most of the families identified as 'Scottish', with 9% identifying as 'British' and 9% as 'English'.

Eighteen per cent described themselves as coming from an 'other white background' (See Figure 4.)

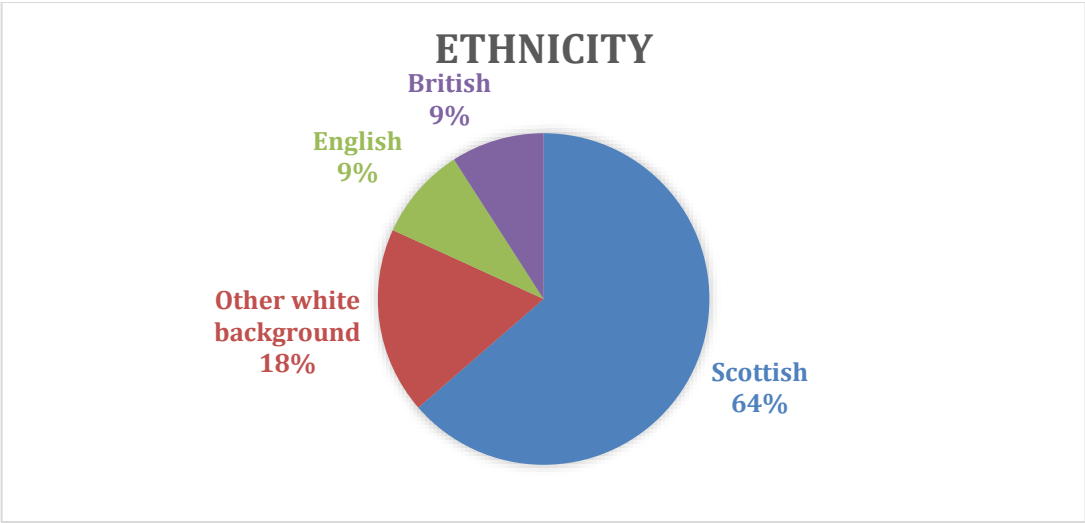


Figure 4 Ethnic identity of parents and carers supported through Midlothian Open Kindergarten

Responses to the questions about sources of support parents and carers had sought in the past showed that a majority of eight had received formal support and six had received informal support. For the question that looks to identify the type of support, if any, being accessed the following results were found.

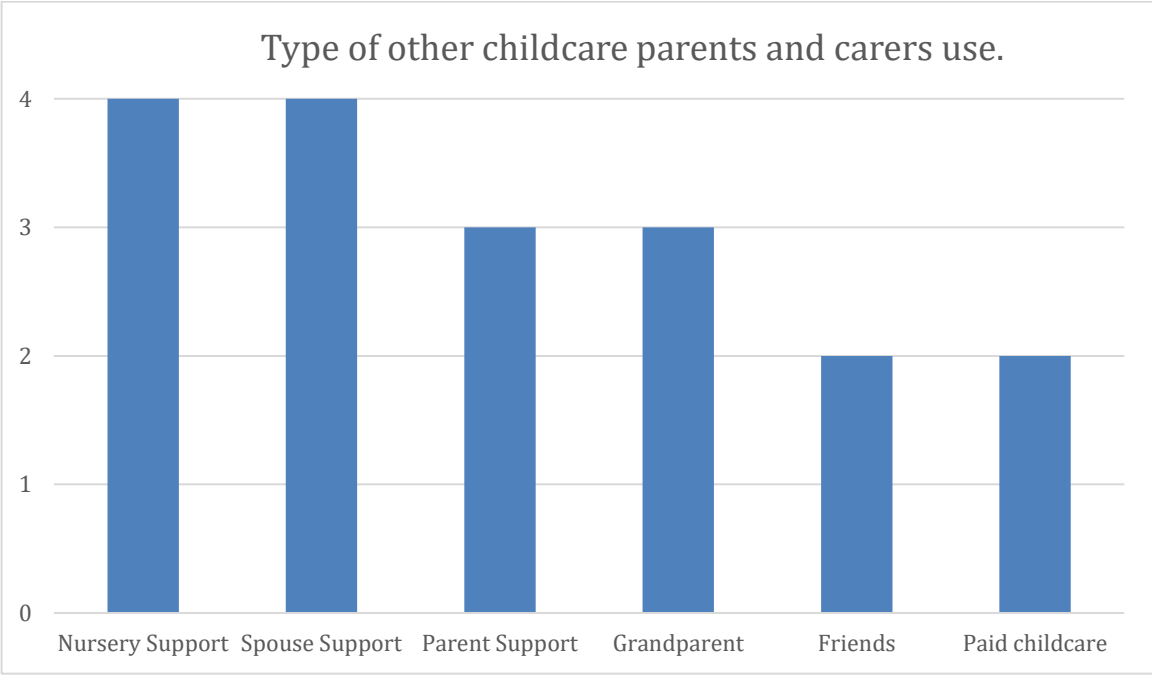


Figure 5 Other sources of childcare parents and carers report using at Mayfield.

Parents/carers were asked an open question about why they decided to take part in the Open Kindergarten. Their responses are summarised in **Error! Reference source not found..**

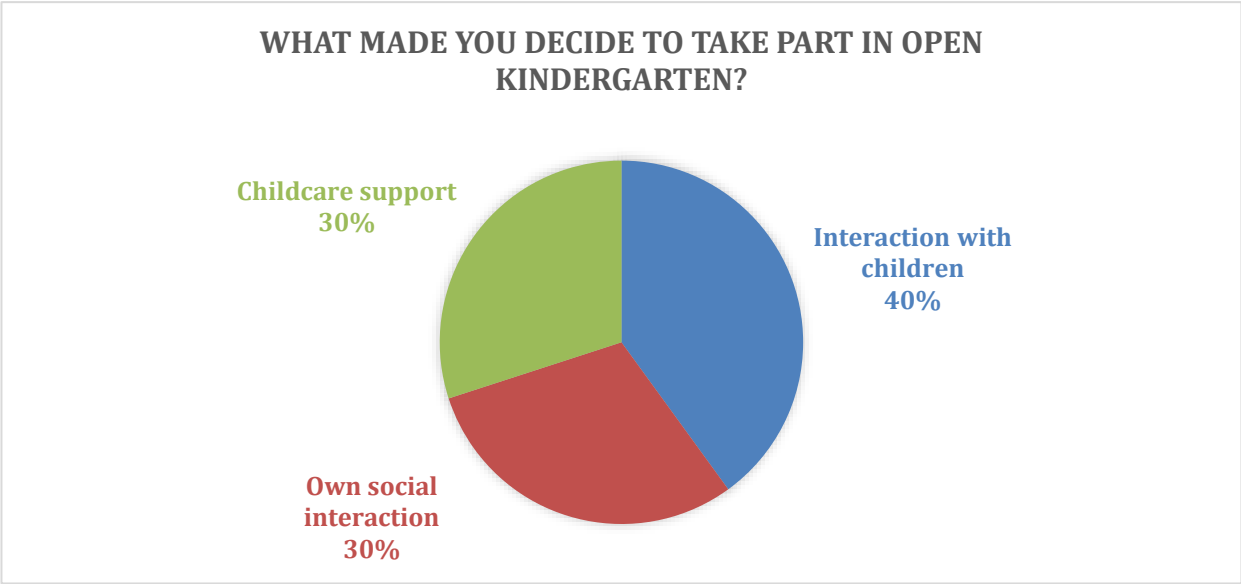


Figure 6 Self-reported reasons for participating in Open Kindergarten, Midlothian Sure Start

**Granton Early Years Centre**

Of the 7 participants who completed questionnaires at Granton, six were female and one was male. Three lived in the postcode beginning with EH5, one in EH7, and one in EH9. Five parents and carers did not have formal employment, one worked full time and one worked part-time. One was a parent of three and two were parents and carers of four children. Two parents and carers were of any other/mixed ethnic background, one was Indian, two (a married couple) were Bangladeshi and two were Scottish.

Responses to the questions about sources of support parents and carers had sought in the past showed that a three had received formal support and five had received informal support. They identified their main source of support as nursery, a partner / spouse, and grandparent. It is notable that the range of support used in Granton is narrower than that identified by families using Open Kindergarten at Mayfield Family Learning Centre.

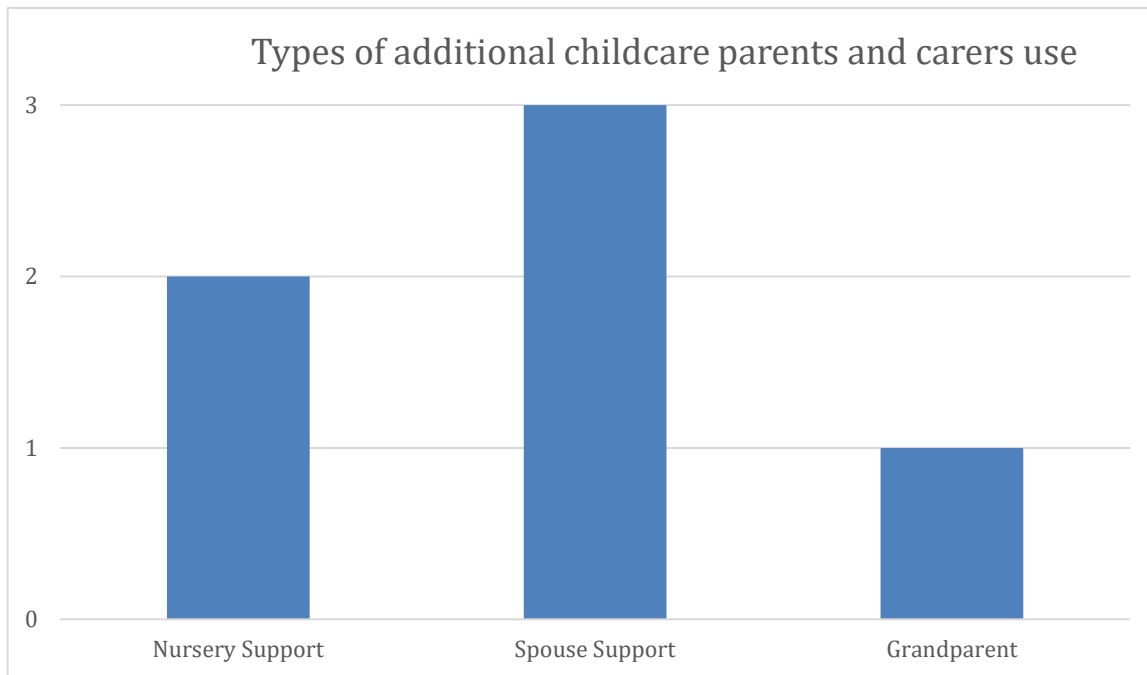


Figure 7 Types of additional childcare used by parents and carers supported at Granton

Motivations for participation in Open Kindergarten at Granton related to convenient location, and motives linked to the child – giving them an activity they could share with their child, and enabling their child to interact with others (See **Error! Reference source not found.**). These motivations are somewhat different to those offered by parents and carers attending Open Kindergarten in Midlothian, where participants also referred to their own need for support and interaction.

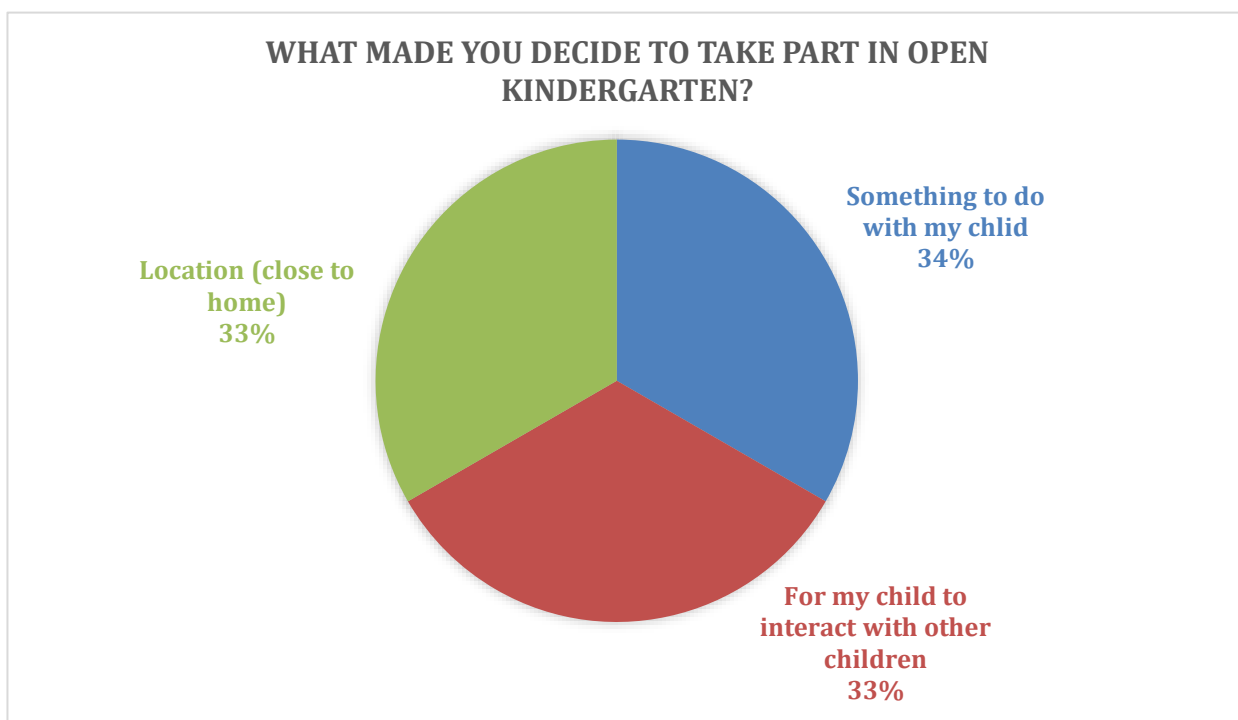


Figure 8 Self-reported reasons for participating in Open Kindergarten, Granton Early Years Centre

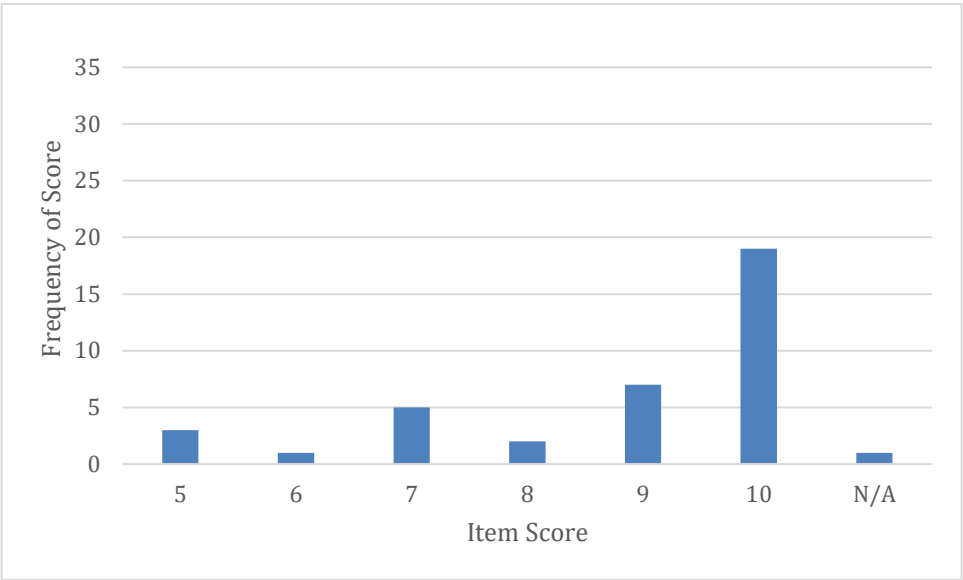
In relation to referral source, in Granton, five participants had found out about Open Kindergarten by word of mouth, one had received a leaflet about the sessions and another found out when the Open Kindergarten practitioner visited the local Bookbug session.

### *Wellbeing Webs*

In the Wellbeing Webs, participants were asked to rate statements about their sense of wellbeing as parents and carers on a scale of one to ten (1 = not at all true of me; 10 = very true of me). A total of 38 Wellbeing Webs were completed; a total of 17 at Midlothian Family Learning Centre and a total of 21 at Granton. Of these, five at Midlothian Family Learning Centre and three at Granton, were completed twice by the same participants with more than a month between each in order to identify if outcomes were different after attending Open Kindergarten sessions.

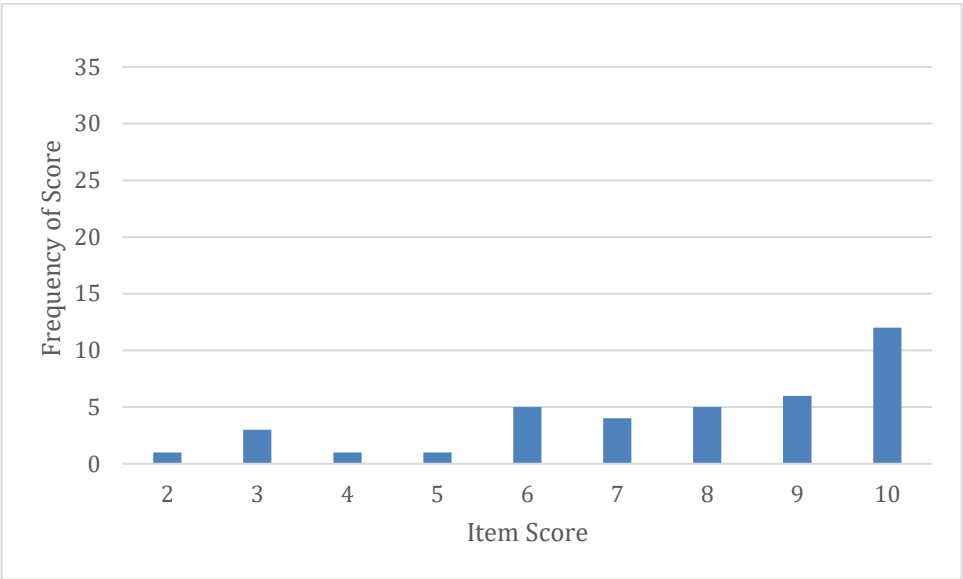
Figures 9-12 show the distribution of scores recorded by each family. Most parents and carers reported that they spent time talking and playing with their child (Figure 9), could support their learning and development (Figure 10) and were confident about responding to the needs of their child (Figure 11). A small but significant number, however, reported lower confidence in their capacity to support learning and development, with six rating themselves as five or less on this item, and three suggesting they were not confident in their ability to respond to their child's needs. It should be noted that Wellbeing Webs were completed quite erratically by participants, and this impacts their usefulness as a measure.

**Statement One: I spend one-to-one time talking to or playing with my child**



*Figure 9 Wellbeing Web Scores, Item 1: I spend one-to-one time talking to or playing with my child*

**Statement Two: I know activities to support my child’s learning and development**



*Figure 10 Wellbeing Web, Item 2: I know activities to support my child’s learning and development*

**Statement 3: I am confident responding to the needs of my child**

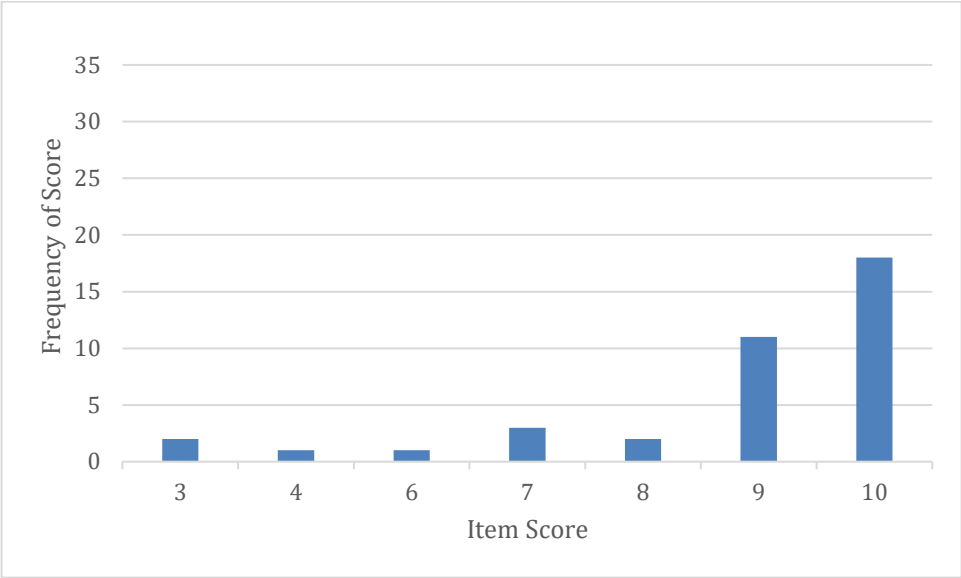


Figure 11 Wellbeing Web, Item 3: *I am confident responding to the needs of my child*

**Statement Four: I understand the developmental milestones my child should be reaching**

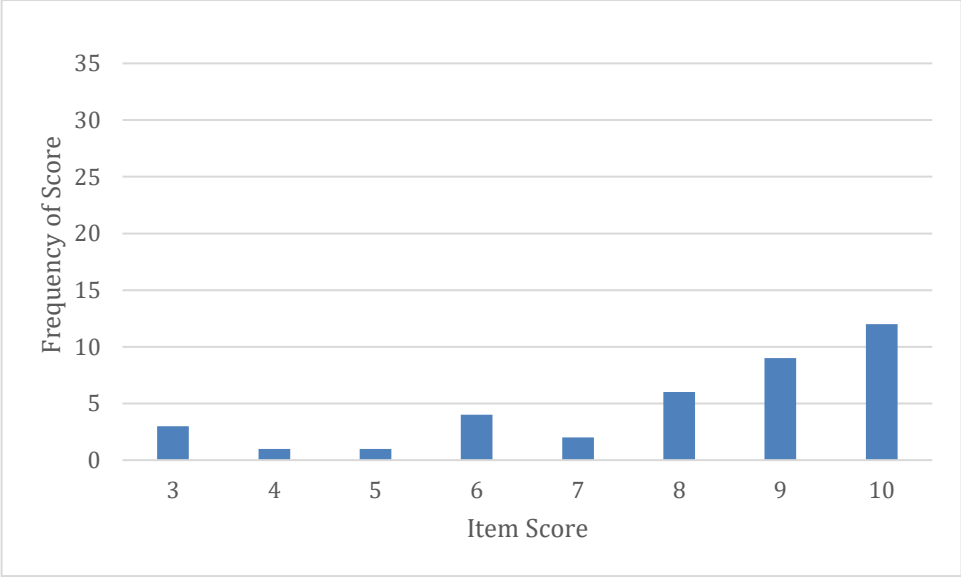


Figure 12: Wellbeing Web, Item 4: *I understand the developmental milestones my child should be reaching*

**Error! Reference source not found.** show parents’ and carers’ self-reported responses to questions about their support network. Again, most parents and carers reported a reasonable support network,



but a significant number scored themselves quite low on these items, reporting limited access to other supportive parents and carers, fewer friends, limited contact with supportive professionals, and little access to community activities. There is an interesting pattern in evidence here. Parents rate themselves quite high for their own skills and abilities but it is clear that the support networks are not as strong for people, suggesting parents and carers have confidence in their own abilities but feel isolated or like they are lacking support.

**Statement Five: I know other parents and carers who can support me**

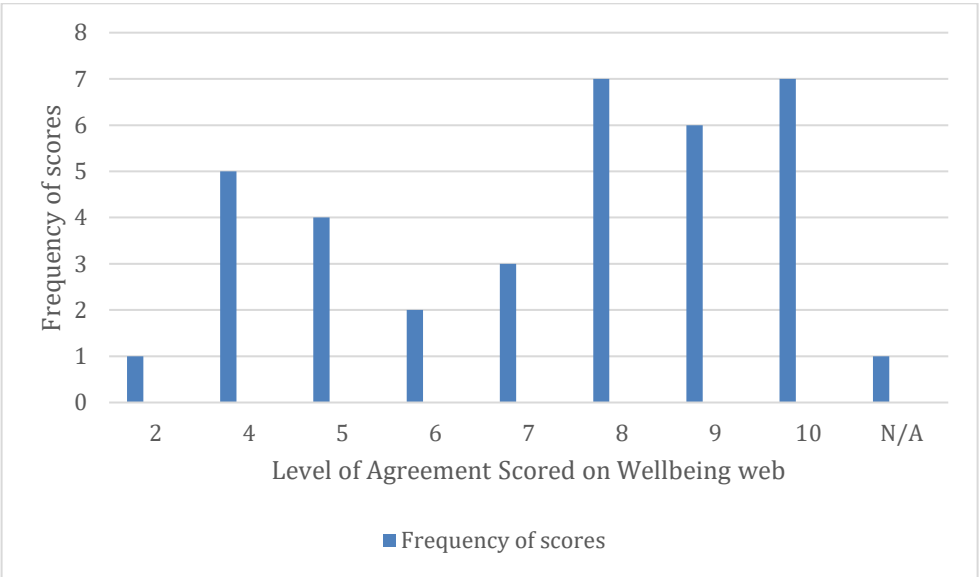


Figure 13 Wellbeing Web Item 5: I know other parents and carers who can support me

**Statement Six: I have a strong group of friends**

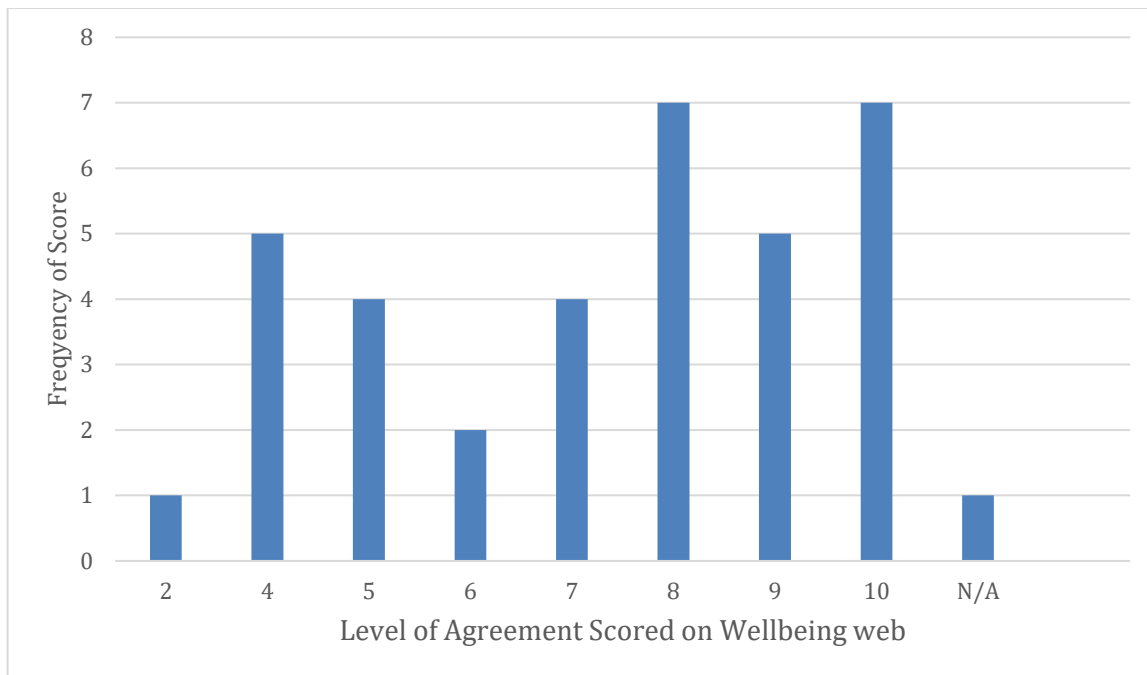


Figure 14 Wellbeing Web Item 6: I have a strong group of friends

#### Statement Seven: I have good relationships with professionals who support me

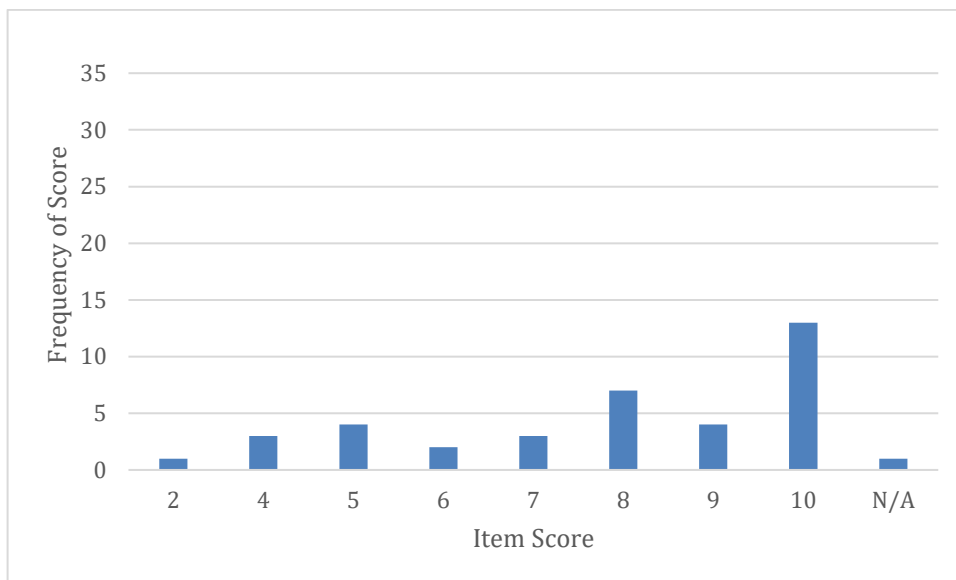


Figure 15 Wellbeing Web, Item 7: I have good relationships with professionals who support me

#### Statement eight: I regularly attend community activities with my child

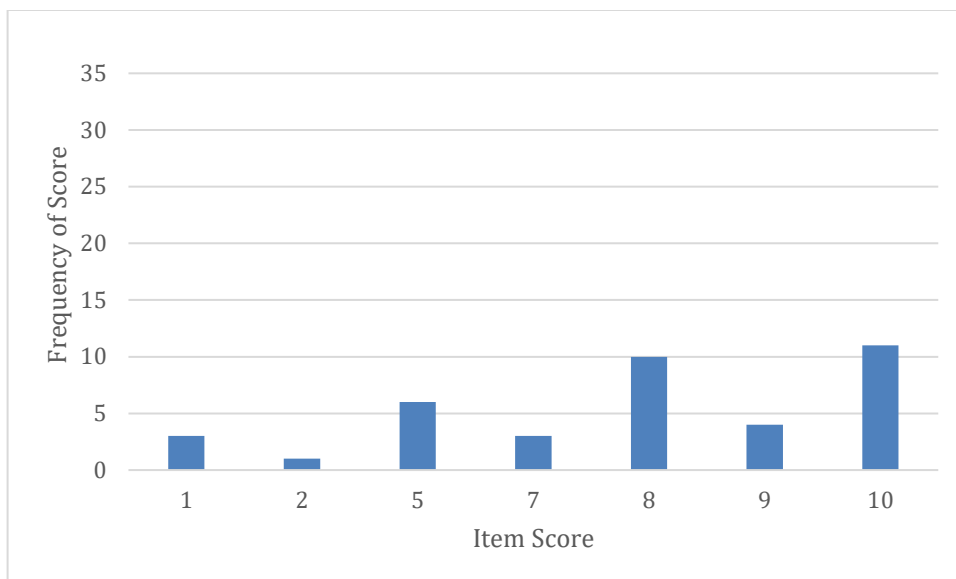


Figure 16 *Wellbeing Web, Item 8: I regularly attend community activities with my child*

This data suggests that although many parents and carers have a support network, a significant number of low scored statements indicates limited access to peer support from other parents and carers. It suggests that the participants have access to fewer friends, limited contact with supportive professionals, and little access to community activities.

### Comparing scores when participants had completed the Wellbeing Web Twice

As mentioned above, only eight participants completed the Wellbeing Web twice, and consequently this data cannot be subjected to statistically analysis. Five at Midlothian Family Learning Centre and three at Granton, were completed twice by the same participants with more than a month between each in order to identify if outcomes were different after attending Open Kindergarten sessions.

Overall, we can offer that when participants who completed the wellbeing web twice scored high in the first instance, their score only changed by a factor of an average of one, if at all. For participants who scored very low in the first instance however, his/her score increased by on average three score points.

## The Qualitative Findings

Interviews with parents and carers yielded rich data that provided insight into parent and carer experience of the Open Kindergarten. This data suggests that the Open Kindergarten was a valued resource that supported mental health, reduced isolation and helped parents and carers feel less

isolated. Peer support was valued, and parents and carers also felt that the Open Kindergarten was positive for their young children. The Open Kindergarten was viewed as a positive, welcoming and parent and child-centred space. Participants did also comment on the importance of an appropriate space for the group. Implementation issues (positive and negative) were also identified in the themes.

### *Filling a service gap*

Many parents and carers identified that Open Kindergarten was the only model, or one of very few, that they could access. They had found that they did not qualify for any other relevant provisions, for reasons such as there not being capacity, not being in receipt of benefits or/and specific demographic credentials, such as their child not being of a suitable age. Parent 6 at Midlothian Family Learning Centre found herself in a position where she could not afford to attend any provision that incurred a cost but at the same time, with a child under the age of two, The Mayfield Family Learning Centre did not have any other provision they could offer her. She said:

*“There is people worse off than me but I would put myself on the poverty line. Like, I have to use foodbanks and things like that because there's just not enough money. I get universal credits. I have to pay my rent off universal credits. I pay my council tax and there is weeks where I have to go to the food bank. And it's mortifying, 100% it's mortifying. But this is why it's good why this is free because if it wasnae free I wouldnae be here because I wouldn't be able to afford it.” (Mayfield Parent 6)*

*“At the moment in Midlothian, apart from the ones in the church which is like, you let your bairns run riot, and other than kindergarten it is only what you can go to if your child is under 2. Because until their second birthday unless you fit that category, you cannae get in the twos.” (Mayfield Parent 6)*

In addition to this, Open Kindergarten offers a service unlike any other due to its flexibility, open-door approach and relaxed ethos, all of which many parents and carers conveyed they did not experience in other provisions. In the following extracts, parents and carers convey the extent that Open Kindergarten offers a relaxing, comfortable place to come to and a source of relief from what felt like the confines of their home environment.

*"I don't think this group needs much improvement, to be fair, it's pretty good, it is pretty good, especially, like I said, if you're bored sitting in the house you can just come down and you feel comfortable coming down." (Mayfield Parent 2)*

*"[Open Kindergarten] was less structured but for me that works...I prefer that. There is less an expectation on me to try and sort of like...there was a lot of herding our toddlers into that safe space at Peep [...] because, bless her, the woman who planned the [Peep] session kind of, you know, it was like herding cats at one point because they were wanting to run about the library and she was like, oh, I've got this really cool activity which was really cool but it wasn't always going to be that easy with very mobile children. So in that sense there was less expectation from the Open Kindergarten because we were like, actually, no, I'll just chat away to you and stuff but actually I'll also just get down on the floor and play with my kid if actually she's wanting my attention. It was organic that way, you know." (Mayfield Parent 7)*

*"I look forward to on a Wednesday morning coming in here because then I feel like I've got my wee routine. Like getting her to school, come here, or take her to school, go to the shop, come here, and just sit in here for a couple of hours and just relax, whereas I'm not stuck in the same four walls in the house." (Mayfield Parent 9)*

Parent 7 in the above extract was one of several parents and carers who highlighted that they were grateful for what Open Kindergarten could uniquely offer with its relaxed atmosphere, set up and flexibility, particularly in comparison to other provisions such as PEEP and Bookbug.

### **Mental health**

Overall, a particularly prominent finding in the interviews with parents and carers, practitioners and in the diaries was that a good number of the parents and carers attending Open Kindergarten were experiencing, to varying degrees, challenges with their mental health. Parents/carers spoke about having depression, anxiety and stress. Those who experience poverty, migration, extreme stress, violence and/or lack social support are at greater risk of developing mental health issues (World Health Organisation, 2016).

Playing a key role in their mental health, as will be mentioned briefly below, were feelings of isolation, being overwhelmed and a need for respite from childcare. The following comprises the diary entries of the case study participant over the course of a week. The case study in its entirety highlights the position she found herself in as a single mother suffering from mental health difficulties.

*From the diary (copied verbatim, unedited) of a Midlothian Sure Start Case Study Participant:*

Saturday.

Saturday isn't a very good day [my daughter's] had me up since 5am and I'm already dreading the day ahead I just am not ready for today is the kind of day I wish that I had someone to take her so that she had. More to do keep occupied other than me and I'm so tired and so drained

Sunday

So Sunday another day in the house no money to do nothing to wet to go out house works all done I've made the dinner so few games with kids then mum took girls out to give me a few to my self. So just put feet up in. Relaxed

Monday

so today I had to make That Dreaded trip to Dalkeith to the Jobcentre I missed my counselling so my anxiety was sky-high and I just didn't want to be there whatsoever [my daughter] was playing up and all was looking at me and to be honest I just want the ground to swallow me up but we did it then we came home and same all got the housework done the dishes pick up [children's] dinner baths ect

Tuesday

is not too bad today kinder garden tomoro I'm excited about that just chilled around. House wet. In raining. Out side was a few DVDs in the house that the housework etc went. To the shop. See a few of the mums from kinder garden. Had a wee chat.

Wednesday

today I got up I said the road to go in the garden at 9 so I'll drop the [children] off at school in and around centre haven't had much and an actual any adult since last Thursday and I was really excited to see people and had a good chat and a good laugh and a little people played was really good yeah it was really happy to be there. Went home. Happy. Did. House work. Play with [my daughter]. For abit

Thursday

today's Thursday went shopping so free on Friday just not in any particular mood today [My daughter] been a night mear. Yes. Can't wait to get down to. Kinder garden. Today

This extract not only reflects quite aptly the struggles that parents and carers have with their mental health, but also the sources of relief that Open Kindergarten has the potential to provide. Over the course of a week, this participant reflected on a sense of 'dread' at the prospect of the day ahead when feeling so 'tired and drained', 'sky-high' anxiety, but then feeling 'excited' to be going to Open Kindergarten and happy having attended a session.

On feeling low, this participant looked to Open Kindergarten as a form of relief and as a means to force herself to get out of the house.

*"Yeah well recently I have been feeling a bit low. Because I have suffered from postnatal depression with the other two and I have had depression over the years as well. So last Thursday I felt as though I was climbing the walls. I just needed to get out. I could feel the tension building up in myself. So I said to [inaudible] look I'm going to have to go. You can come as well if you like but I'm going. And [the practitioner] had left a message to say that play midlothian were going to be here as well. So I thought, no I'm gonna go and I forced myself to get over the door basically." (Mayfield Parent 3)*

Similarly, parent 9 in the following extract conveyed that with the support of Open Kindergarten, she feels better about herself and overall, more confident.

*"I think now that I'm getting older I've just realised whatever they say it's them, they can say it, but I feel more confident now than what I did before when I was coming here, where I feel like my confidence is growing from being in here. [...] Like the support from the staff in here and the other parents that come to the group has built up my confidence a good bit, which has made me feel more better within myself." (Mayfield Parent 9)*

The struggles with mental health were compounded by the feeling of isolation which many parents and carers highlighted they were experiencing.

### **Implications of isolation**

Open Kindergarten, for a good number of the parents and carers we interviewed, proved to be a source of relief from the sense of isolation they were experiencing. They felt confined to the 'four walls' that surrounded them, but the prospect of attending an Open Kindergarten session was a safe and appealing social situation that they could look forward to. They conveyed that this provided a sense of relief from the isolation they were experiencing.

*"I'm not one to shy away and not say that I've had postnatal depression. At the moment I still struggle with depression, but to have this is a lifeline. It gets me out of the house. These four walls keep closing me in." (Mayfield Parent 6)*

This quote highlights the strong value placed on the group by this parent, who uses strong language to convey this. Four walls closing in. A lifeline – interpret these terms. Awareness of the stigma of mental health (I won't 'shy away' suggests some sense that others might?) and the space of the group as an environment in which she can safely share this 'struggle', or escape it for a little while.

As mentioned above, at Granton, the majority of parents and carers who attended Open Kindergarten did not speak English as their first language. In the following extract, the practitioner maintains that the parents and carers who grew up in Granton have an established community that they can draw from. International parents and carers on the other hand do not have the same support network, rendering Open Kindergarten especially useful for this cohort. In the extract that follows, a parent who has lived in Scotland for 10 years and whose first language is not English, exemplifies this notion, asserting that she finds herself in a situation as a mother with no support at all.

*"Whereas the sort of, the more traditional I would say maybe Granton families, they've got their granny next door, or they've got their aunty down the road, or they've got friends that they've made here at the centre, or whatever. So they don't really feel they need to come to something that's a social, you know, that's about socialising. But for those families who are a bit more international, who have come to this country from somewhere else... They don't have that network of support..."*  
(Granton Practitioner 1)

The practitioner therefore sees a particular role for the Open Kindergarten for people who lack the 'readymade' social support that often comes with a local family network.

*[...] When I registered him with the GP I had to put an emergency contact for my son and I have a friend and I say, "do you mind if I put [son] in your name too?" and she say "no." Because it's too much responsibility for me. And I thought that when I had him that she was a good support. But she say "no".* (Granton parent 4)

The practitioner's view is captured well by this parent from Granton, who describes a situation in which it is clear she entirely lacks a support network. To register her 11-month-old son with a GP, she needed to provide details of someone who could be contacted for him in an emergency if she was not available. Her neighbour and friend was the only person she felt would be willing to offer to be the emergency contact. However, she declined to help in this way. The parent evoked that this left her feeling alone and without support as a mother.

Similarly, a parent at The Mayfield Family Learning Centre relayed the experience she had when she was a young mother trying to attend the playgroups in the past (not Open Kindergarten) that were available to her at the time. She said:

*"[...] And the mums were slightly older. I felt as though they... They did interact but I just felt within myself that they were just having to do that cos I was there. So I kind of backed myself away from it all which looking back on it now probably affected my*



*oldest socially. [...] and I felt isolated because I just couldn't go along to these sort of things whereas now it doesn't bother me if I go along myself or if I don't know anyone then I'll go along and try to make that bit of effort.” (Mayfield Parent 3)*

Mayfield Parent 3's experience of feeling isolated because of the age difference between herself and other mums resulted in her avoiding groups at that time. She was concerned that this had negative implications for her oldest child. Her experience at Open Kindergarten is more positive however. She felt more confident as a mother in social contexts now that she no longer felt so young relatively. In addition to this, she conveyed how comfortable she felt coming to Open Kindergarten. This is another example of the potential that Open Kindergarten has to address the concern of isolation.

### ***Feeling overwhelmed and a need for respite from childcare***

The pressures of childcare in conjunction with a wide range of stressors that parents and carers were managing resulted in a sense of being overwhelmed, but Open Kindergarten proved a source of relief in the midst of those challenges. This was largely owed to two things that Open Kindergarten achieved: the peer support and the welcoming, non-judgemental and accepting approach of the practitioners.

A sense of being overwhelmed and a need for relief and respite from childcare was expressed in a diary entry:

*“Another crap day. Can't help but feel like my world is just been took out from under my feet. Trying to help [son] throw his low. Spell. In life worrying about kids, dad. Wanna come back. I don't know what to do. My counsellor sat and listened while I broke down.” (Mayfield Case Study participant)*

In this extract, one gathers the sense of despair and the extent to which the participant feels alone with her worries. The counsellor, 'sat and listened'. Unsure where to turn, there is a sense no-one is acting at a time when she needs help.

Moreover, the following parent conveyed the very real need for respite from childcare, particularly when suffering from depression.

*“There is a lot of mothers who don't admit to having depression and finding it hard. It's not an easy thing to admit to but I know people and I know a lot of people that*

*cos they have no-where to go and they are stuck in the house with the baby 24/7, no-one to speak to and nothing to do". (Mayfield Parent 6)*

The difficulty in talking about depression, rooted in stigma, can prevent people from getting the support they need. Depression and isolation go hand in hand – feeling isolated feeds the depression, which in turn produces further isolation. They are ‘stuck’, without support outside the home, and unable to break through the cycle of depression and isolation.

Parents saw Open Kindergarten as a source of relief from his feeling of being trapped, stuck or overwhelmed. It offered a break, an interruption in the cycle of feeling lonely, depressed and overwhelmed. The person-centred approach to interpersonal support was particularly helpful in enabling that feeling of respite from the everyday challenges parents faced.

### **Peer support**

In the midst of feeling overwhelmed and struggles with mental health, the peer support that is somewhat uniquely achieved by Open Kindergarten was considered invaluable by many parents and carers. As much was noted by Mayfield Practitioner 2:

*"There was a discussion the other day where one parent had said something and it was about toilet training and I knew that another parent was doing it. So opening up to exchange ideas rather than it being like, "oh well when you're potty training you should be X Y Z." It's more, it's just being more relaxed with them." The same practitioner also maintained from her experience that parents and carers attending programmes such as this one are "not going to learn from being lectured. Parents/carers are going to learn from those conversations and naturally doing things".*

What we can take from this extract is that as opposed to being didactic, the practitioner is supportive and achieves this with a natural, organic person-centred approach that reproduces community as opposed to imposing on it.

Another practitioner at Mayfield reiterated these ideas when she conveyed the following:

*"I think building up those relationships, they don't necessarily get to do it when they're in a group that's really structured. I don't think you would get that opportunity to chat as much if it's quite structured and quite um, like I suppose when we have the sessions when someone is coming in, like if it's the first aid person, the parents and carers don't get that much of a chance to sort of chat to each other." (Mayfield practitioner 1)*

The structured nature of many groups is seen here as a barrier to peer learning and mutual support. This prevents the parents and carers themselves from being seen as a source of support to each other. A model reliant on the 'expert' input potentially deskills parents and carers by undermining their sense of parenting competence independent of the expert. The practitioner in the above extract identifies the utility of bringing sources of skilled/informed/professional guidance to the group. In order to do so, she identified its appropriateness with the context of the discussions she was picking up on in the group. This can only be beneficial if incorporated this way and if parents and carers are given the opportunity to interact with each other in relaxed, safe and personal situation.

Another parent/carer attending Open Kindergarten reflected that she is finding life "quite hard" and that attending the sessions provides some welcome structure in her week:

*"...So it was quite hard. But coming here like breaks up my week. So I know I'm coming here and I know [he/she's] getting to meet babies and I'm talking to other mums."*  
(Mayfield parent 2)

*"I feel like when I come here, I can just feel relaxed and be normal and she can just play away and I can talk to other mums about how I feel, what's went on, and it's like we share different things, different techniques, and it's like, okay, I'll give that a try. Yes, and it's good to have other support other than my partner, which is nice."*  
(Mayfield parent 9)

*"Just listening to other people chatting about things that are happening in their world, or any problems that they're dealing with might be similar to what maybe I've had or what a lot of my friends have had. And the fact I didn't really know them either. So that's quite nice."* (Mayfield parent 1)

These parents and carers stress the 'natural' nature of their interaction in the groups – 'just chatting' and feeling 'relaxed and normal'. This produces a sense of an everyday social support, creating a sense of a parenting community within the group context. Parents/carers emphasised that the group offers them something that feels normal. This is as oppose to the many parenting 'classes' that make parents and carers feel judged and talked at. This sense of community was echoed by practitioners in both contexts, who reported that both groups achieved a 'family feel'.

There was, however, some suggestion of variation in group cohesion. Practitioner 2 at Mayfield Family Learning Centre noticed a difference between the two Open Kindergarten groups she facilitated. The group that was held on a Wednesday comprised mostly parents and carers with babies, whereas the group on a Thursday was attended by more parents and carers with older

children. She noted that the Wednesday group was more cohesive and talkative, and wondered if this was because of the younger age of the children, or whether there were other factors she could transfer to other groups.

*"I didn't know if it was differences in ages of the children because in the Wednesday group the children are more mobile, whereas in the Wednesday group they are all babies. So the parents and carers are sat on the floor with their babies, which is lovely. They make a sort of natural circle and they do very much say something and it's to a group and it's quite nice. It's lovely to be part of because they'll speak and um whereas I don't know if you have older children it's harder. Yeah I don't know whether to put a group activity down or to see how it just plays out or maybe there are things I'm not noticing, like maybe there is conversation about what it looks like or um..."*  
(Practitioner 2)

In this extract, the practitioner draws a clear distinction between the 'young baby' group and a group for older and more mobile babies and toddlers. The practitioner highlights the organic nature of interaction in the group, that is expressed at a physical level (through the circle sitting on the ground) and the social interaction. In this group, the activity is seen as 'natural' and requiring less direct intervention from the practitioner. Other groups in comparison that are more structured by necessity are more didactic and less relaxed.

Finally, in relation to the utility of peer support, one parent recounted the situation she found herself in whereby her father, her only source of support, was being very negative towards her. But when she came to Open Kindergarten, being able to interact with other parents and carers gave her a source of relief.

*Parent 8: Yeah I think it's just nice because we dunnae get out much, well we get out with my Dad but he's not a very good support. He's quite negative. But it's nice to meet other Mums and talk to other mums that have got babies. It's good for your mental health to get out and stuff.*

*Interviewer: It is very good for your mental health. But you said your Dad's negative?*

*Parent 8: No he said to me the other day, you're not a very good Mum are you? and I thought, well that's a bit rude. Why would you say that? And it really upset me. It wasnae very nice.*

*Interviewer: So this is where you can come where you know you can mix....*

*Parent 8: I can just mix with other mums and it's just really nice to get out and about.*

*Interviewer: And there's no negativity around you?*

*Parent 8: No negativity, no.*

In this extract, the parent suggests that the group offers an important source of positive social support, contrasting 'mixing with other mums' with the more negative and critical commentary of her father. She sees this as enhancing her wellbeing, and as giving her an opportunity to 'get out and about'. Parents/carers who accessed Open Kindergarten valued that it offered a safe space for them to be in. They saw peer support as an important feature of the sessions.

### ***How does Open Kindergarten address children's needs?***

As mentioned by parents and carers in some of the above extracts, not only does Open Kindergarten help parents and carers through enabling social interaction with one another, it also supports children in a similar vein. Parents/carers appreciated the opportunity for their baby or child to meet infant peers. This was evident in the following extracts from the parent interviews:

*Parent 2: Well, like I suffer from anxiety so I didn't want to come here, like I really didn't want to come here.*

*Interviewer: Wow, and you managed to come here despite...*

*Parent 2: But I knew that I had to come for him and I really want him to meet wee people, like his age, because if we're going to hopefully get housed here then he'll grow up with the children rather than just grow up with me being the only person he sees.*  
*(Midlothian Family Learning Centre)*

*[my child] loves looking at other kids. Just this morning she was sitting in the ball pit and she was trying to go over and touch them and interact. So that's what I'm looking for as well. (Parent 3, Midlothian Family Learning Centre)*

The social space of the group is therefore valued, not just for parents and carers but also for their children. It provides a space where children can interact freely with each other, something that was highly valued by the parents and carers. In this way, Open Kindergarten is a family intervention, as opposed to a parenting intervention. A sense that the interests of the children are the fundamental motivating factor is crucial to what the Open Kindergarten achieves. The model therefore fits with the broader emphasis in Scotland on the importance of a consistent children's rights based approach to services for children.

The interaction between infants and young children was highly valued by some parents and carers, who were concerned about their children's language development. The Open Kindergarten emphasis on interaction was seen as a potential resource to support this area of development.

*"I was a little concerned about his speech and language. Because we felt that it was not developing as well as it should be. We understand that with a multilingual family, that might delay the normal. And just to resolve that we thought it would be better for [our child] to go to a provision." (Granton Parent 1)*

*"that can be your best means of social inclusivity [...] when children are that age, if you can see different colour, different understanding, different accents, they will be much more resilient when they go to the primary school." (Granton Parent 1)*

This parent at Granton indicated that opportunities such as Open Kindergarten have the potential to enable children to develop a sense of inclusivity if there is a range of cultural backgrounds represented. This was the case for Granton, but less so for the Mayfield Family Learning Centre. This may reflect the diversity in the respective populations of the two areas, with Granton being more ethnically diverse than Midlothian.

## **Reflecting on the Process of Setting up Open Kindergarten: Achieving Attendance**

There is a great deal that can be learnt by reflecting on how the Open Kindergarten groups were set up. It is particularly useful to consider the approaches taken to deal with the challenge of achieving attendance.

In the two locations, differing approaches to encouraging families to join Open Kindergarten sessions were adopted. At Mayfield Family Learning Centre, the practitioner drew from a bank of professional contacts and resources that she already had available. She opted to make home visits to parents and

carers but quite quickly observed that in these visits it was counterproductive to explicitly invite individuals to take part in the model. Instead, these visits served as a means of gaining the initial trust of parents and carers. Opportunities to attend the Open Kindergarten sessions were then offered once a trusting relationship had been established. A dedicated Facebook page also proved effective for increasing attendance.

In Granton, a delayed start put the practitioner under added pressure to set up and launch the programme quickly. Given that the practitioner was not from Granton, she did not have access to the equivalent professional and personal resources that the Midlothian Family Learning Centre practitioner had. Compared with the Midlothian Family Learning Centre practitioner, she had notably fewer contacts with relevant professional sources of support. Personal visits to Bookbug sessions in the local library sessions proved a useful means of introducing the programme.

In both locations, as the programme evolved, the number of parents and carers attending built by word-of-mouth. At Mayfield Family Learning Centre, most parents and carers who attended were receiving benefits. A smaller number had a more stable financial situation. In Granton, a majority of those attending were also in receipt of benefits. With this in mind, we are reminded that, often the most disadvantaged families are less likely to make use of childcare, even when it is free, because they are less informed about its availability (The Scottish Government, 2018). Moreover, attendees at Granton largely comprised individuals whose first language was not English. In both locations, practitioners on reflection felt that a wider range of demographic backgrounds amongst those attending would have enhanced its potential. Practitioner 2 touches on a number of these issues mentioned above in the following extract:

*“For some that was a bit of a negative because I think they were looking for other parents and carers to be there. So I think maybe that was off-putting for some parents and carers and I think initially the first lot of parents and carers were referrals so they needed a lot more support in coming to the group. And that's something that I don't have a lot of experience with. A big sort of learning step for me was initially doing home visits and not bringing up that there was any pressure to come to a group or just going in and being like, "hi" and just getting to know the person, um, yeah not having an agenda I suppose. I think if I was to re-do it then I would change that side of things. [...] I think the minute you get out the paperwork and the group information it just, it can be for some parents and carers, no, just small steps, um going out for a walk and doing something like that. I think if I went back I would have delayed the starting of the group to give me maybe a month even to build up the relationships*

*and not have the pressure of there's a group and there's maybe just one parent coming and ..."* (Mayfield Practitioner 2)

Overall however, parents and carers thought Open Kindergarten could be very beneficial to a range of parents and carers but especially to those who had not yet accessed any other support. In the following extract, a parent comments that Open Kindergarten is a good 'first step' for parents and carers new to accessing support in their community.

*"like the lassies and that maybe prefer just like this kind of approach to start with and then maybe it would be like a, allow them to progress to like, I don't know. I don't know what the aims of the Open Kindergarten is like long term, but I think it's maybe like a first step to going out to groups and putting yourself out there."* (Mayfield parent 1)

## How was Open Kindergarten experienced?

### *A Space to Talk: Person-centred and relaxed*

Open Kindergarten aimed to achieve a person-centred approach in a relaxed setting by creating a space where parents and carers could feel safe to share their individual knowledge and experiences. In the following two extracts, one parent reflects on how relaxed she was from the moment she entered the building for Open Kindergarten.

*"They [practitioners] just make you feel like you're at home basically when you come in, which just makes you feel relaxed the minute you walk in the first door, before you get into the play group, which is nice."* (Mayfield parent 9)

*"[I] come here, and just sit and just sit in here for a couple of hours and just relax, whereas I'm not stuck in the same four walls in the house."* (Mayfield parent 9)

Another parent commented about feeling relaxed at the sessions, and also identified Open Kindergarten as a safe space - a home from home.

*Interviewer: How did you feel when you came in?*



*Parent 3: It felt like being at home. I felt comfortable and safe basically. It was somewhere where I could come and relax.*

*Interviewer: Yeah and where did that come from? [...]*

*Parent 3: It was people and it was going into the room, ye. (Mayfield Family Learning Centre)*

Moreover, the two parents and carers who attended Mayfield conveyed in the following extracts that the flexible approach to arrival and departure times played a prominent part in achieving the relaxed atmosphere and feeling for those who came.

*Parent 5: Mum always worries, when she brings me up, she's like oh we're running late. I'm like, mum it's fine it's open, we can just go up whenever. As long as it's between one and three, we can just go up.*

*Interviewer: So, that feels more relaxed, that feels more inviting.*

*Parent 5: I mean, I don't like being late, but in another way it's fine, I've got a baby. Sometimes it's hard to get somewhere for a certain time. (Mayfield Family Learning Centre)*

*Interviewer: So it's a lot more relaxed and a lot less structured...?*

*Parent 3: Yes because it's 1 till 3 so you don't have to be here at 1 o'clock. And you don't have to leave at 3. You can arrive at any time and you can leave at any time. (Mayfield Family Learning Centre)*

### **Parent led**

Crucial to the Open Kindergarten approach is that it is parent led. The Open Kindergarten model does not involve administering a pre-determined structure. Instead, the structure is led by the parents and carers. This proved highly effective but also a challenge to achieve, partly due to this dynamic differing to that evident in most other early years programmes. For example, PEEP, Bookbug Sessions and Incredible Years adopt a structure whereby the practitioner adopts a plan and there is a structure to the sessions. Practitioners commented that the Open Kindergarten model was one that felt a little foreign to them. They had previously been presented with a more detailed outline of what they were expected to deliver and a structure designed to enable this. When the interviewer asked Mayfield Practitioner 2 what she thought about Open Kindergarten when she first learnt about it, she said:

*"Um I was a bit like, I like to know everything about something and I think in the first few weeks I was looking for more information cos there wasn't a great deal. So I think*

*it was maybe the first steering group and meeting people where I got a better picture. Um and ye because that was then one of my worries cos there wasn't a structure to it.” (Mayfield Family Learning Centre, Practitioner 2)*

It therefore took Practitioner 2 a little time to develop her understanding of the model, but once she had a secure understanding of it, she was able to successfully implement it. There were clear examples in the interviews with parents and carers and with practitioners of parents identifying and discussing a need together, and the practitioner consequently bringing in an external person or resource to address that expressed need. For example, one session was visited by a sleep specialist and another by someone who represented the local social work team.

This kind of parent-led dynamic is enabled by the positioning of the practitioner. Positioning as a parenting ‘expert’ or an authority creates barriers to parents’ full participation in the group, and can inhibit the parent-centred nature of the group. When the practitioner adopts a more accepting and facilitative stance, the parents and carers are more able to take the lead, and more comfortable in expressing needs.

*“But coming here like breaks up my week. So I know I’m coming here and I know he’s getting to meet babies and I’m talking to other mums. [...]they’ve all had loads of bairns, like much more than me obviously – they’ve got like four and five. So if I feel like is there a certain food that I can give him or... Like today I don’t know what to give him for teething and I asked one of the mums and she recommended this teething gel, so I’m going to try that.” (Mayfield Family Learning Centre Parent 2)*

*“[...] because I didn’t like giving him Nurofen, like I’m quite scared of all that but when another mum told me that they had used Nurofen then I was like, right, well, it must be safe, but I am quite paranoid about that. So when I knew that someone else had used it then I was like, right, then I feel comfortable using it. But with a doctor they’re like, right, just use this, it works, and that’s all you get.” (Mayfield Family Learning Centre Parent 2)*

In the first extract from the Mayfield Family Learning Centre Practitioner, we get an idea of how the parent led dynamic is achieved. The practitioner encourages parents and carers to exchange ideas, rather than trying to respond to parents and carers directly and personally with solutions.

Parents/carers felt that they could ask practitioners for advice, but the practitioners would respond either by encouraging peer interaction between parents and carers or by offering a response through consulting with appropriate professionals or alternative resources.

### *The practitioner's approach*

The role of the practitioner in implementing Open Kindergarten successfully, is vital. Many parents and carers conveyed that what made the Open Kindergarten the way that it was, was the practitioner. The importance of the practitioner role and the relationships he/she establishes with parents and carers is conveyed in the following extract by Practitioner 1 who played a supportive role as Manager to Practitioner 2.

*"So in terms of [practitioner] and how crucial she was to the project, there were a few occasions where she was on holiday and I was stepping in but I always said to inform parents and carers to let them know that I would be stepping in and there were certain days that I couldn't. But on those occasions there would generally be one, maybe two parents and carers coming in. But when [practitioner 2] was in and they knew she was coming in, there would be more parents and carers coming in. (Mayfield Family Learning Centre, Practitioner 1)*

This extract suggests the relationship of trust at the heart of the Open Kindergarten group is a key element in successful implementation of the model.

In order to achieve the relaxed atmosphere and parent led dynamic, the approach adopted by the practitioner is imperative. The practitioner needs to actively listen, be warm and welcoming with those attending the sessions and as mentioned above, adopt a relaxed, non-judgmental style.

*"...because we have a dedicated member of staff, can really build those relationships with families and their children. That means that they can really tune in to their needs, to what their circumstances are and then offer that more individualised support. And I think that has just been a more positive part of Open Kindergarten." (Mayfield practitioner 1)*

Relationships – between the practitioner and the parents or carer, and between parents and carers - are central to the model, enabling the expression of needs and priorities, the development of a support network, and the facilitation of more targeted and tailored support.

### *Listening*

The following extract is an example of where the practitioner's ability to listen unconditionally and offer a source of support on the back of what she picked up in the discourse, had a positive outcome.

*"I found that when I was forward with suggesting things, it wasn't great. So really just picking up on things and knowing when to say ... last week something had happened in the community and people were really upset about something and there was a lot*

*of blame of social workers and I thought well maybe this is a good time... there wasn't a good time before to invite a social worker in but this is actually quite a nice time to have that so that there's someone there to talk to and have that sort of ... whereas I think if I had brought a social worker in before it would have .. " what's going on? why's this person here?"." (Mayfield Family Learning Centre, Practitioner2)*

### **Relaxed style**

The parents and carers felt that it is very important for the practitioner to achieve a relaxed style in order that the Open Kindergarten model can be successfully applied. This came through in the following extracts:

*"it's just laid back. So the workers, they're not like your typical health professional approach ...they're not telling you what to do or they're more supportive to some of the other mums, which I think is nice. I think that's important." (Mayfield parent 1)*

*"She's [Mayfield practitioner] professional but she's our kind of down to earth kind of professional. So although I know she is professional and she has a job to do, if I have an issue then I can speak to her about it." (Mayfield Parent 6)*

Parents/carers found the Mayfield practitioner to be 'professional', 'laid back', 'down to earth' and approachable. Without these qualities, it is very difficult to achieve a space that parents and carers feel relaxed and safe in, where they can interact with one another freely and not feel judged by each other or the practitioner. In the following extract, Mayfield parent 1 explains why she thinks Open Kindergarten is more inviting and can offer a more relaxed and non-judgmental provision for parents and carers.

*Interviewer: Does that happen a lot? That feeling of being told what to do?*

*Parent 1: I think in some of the groups that I've been in in the past with (child's name) you could see that. But I'm not affected by that, but I could see how like maybe like a young person would be. And one of my friends is a younger person and she was put off going to the classes we went to two and a half years ago. Not here, but, you could see that.*

*Interviewer: Yeah. That feeling of being told what to do.*

*Parent 1: Yeah. There's none of that here though.*

*Interviewer: No. And how do they achieve that? How do they get that, enable that feeling of just not judging?*

*Parent 1: So I think it's their approach. So their behaviours. The same sort of language as the people that are attending. And they're relaxed dressed<sup>4</sup> and a bit more laid back. (Mayfield Family Learning Centre)*

This extract shows an apparent contrast between what the Open Kindergarten practitioner is achieving and those who run other programmes. It is interesting to note the parent commenting on the positive difference the practitioner made with the way she spoke and how she dressed. A balanced approach of professionalism and informality is important in order for the practitioner to establish a professional and yet trusting relationship with parents and carers.

### ***Welcoming on arrival***

Unsurprisingly, the welcome that parents and carers receive on arrival played a big part in how they felt on attending the Open Kindergarten sessions and whether they were likely to continue to attend.

*"I think it's always having that smile on the face and welcoming them in and welcome them warmly in [...] even if they come in unexpectedly and they got an appointment mixed up, it doesn't matter, just come on in. So it's just having that completely different way of how we work with families." (Mayfield Family Learning Centre, Practitioner 1)*

*Interviewer: You know, you were saying, kind of working against so much, you have relief from that here. What do you think Open Kindergarten is doing to enable that when you come?*

*Parent 2: Just everyone's so nice.*

*Interviewer: That's something, isn't it?*

*Parent 2: They are, they're really welcoming, even when you're on the phone to them. (Mayfield Family Learning Centre)*

Moreover, for some parents and carers, the experience of feeling welcomed and relaxed on arrival differed to experiences they had had in other locations. One parent described attending a playgroup at a High School. She said that the security person who let her into the building was so cold and

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<sup>4</sup> The participant means that facilitators were dressed in a relaxed manner.

indifferent that it deterred her from returning again. In contrast, the Open Kindergarten approach was seen as warm and welcoming, and that enabled parents and carers to feel safe and relaxed.

## *Reflecting on and Learning from the Challenges that Practitioners Met*

### **Group size**

Initially, one struggle was that the group sizes were too small. Sometimes just two families, or even one would attend a session. This made it very difficult to meet the aim to encourage peer support and social interaction for the parents and carers and their children.

*'It was on the Thursday and there was only the two parents and carers who came in. But it meant that sometimes when the group is bigger, I think sometimes the parents and carers get a bit lost in the big group. And I thought oh it was actually quite nice at the start because I was able to do the home visits but then maybe get to know the new parents and carers in the group because sometimes one on one, or maybe with the newer parents and carers coming through, because they're coming quite quick now, um, because I don't like have that same relationship with them. Because I know the group situation is not for everyone.'* (Mayfield Practitioner)

This practitioner at The Mayfield Family Learning Centre explained that an advantage of this was that it enabled her to get to know the parents and carers, thus establishing a stronger, trusting and relaxed relationship. It was also noted that as the model gained momentum and became more established, the group size increased which presented challenges in terms of space (which was particularly pertinent at Granton), group dynamics (some individuals were less comfortable in big groups) and a higher likelihood that the group would divide. The latter implication came about in The Mayfield Family Learning Centre as the group divided according to socio-economic status.

*Practitioner 2: I suppose [one] group has split almost. [...] The families from [one location] and the families [from another location], they don't mix as much. [...] I've tried sitting between. There's definitely a divide in the room. And I try to bring conversations across and they will speak to each other but it's almost as if they are reverting back [...]."*

*Interviewer: Is it a division in socio-economic status?*

*Practitioner 2: Yeah, so I yeah, parents and carers in [location], all of them are working. (Mayfield Family Learning Centre)*

### **Registration Paperwork struggles**

One challenge that came about initially was the concern that the volume of paperwork parents and carers were asked to complete in their first Open Kindergarten was overwhelming and restricted the extent to which they could gain a full sense of what they could get out of attending Open Kindergarten.

*"I think some of the paperwork, that was certainly some of the challenges when we had parents and carers coming in. And them getting overwhelmed with the paperwork when they've come in." (Mayfield practitioner 1)*

On realising that the task of completing paperwork was having a detrimental effect on efforts towards achieving the overall aims of the Open Kindergarten model, practitioner 2 opted to instead ask parents and carers to complete the paperwork on their second visit.

*"This has also made me reflect on the paperwork and questionnaires that I am supposed to give parents and carers on their first visit. With the last parent that joined the group it was very overwhelming for her to fill out a registration form, data protection, wellbeing web and the questionnaire while her daughter was keen to play. From parents and carers that just show up to the group for the first time from now on I will keep the first visit as a getting to know the place and allow parents and carers to go away and decide if they want to come back instead of giving them lots of paperwork to fill out." (Mayfield practitioner 2)*

### **Unrealistic Demands Placed on One Practitioner**

In both sites, there was a strong sense that the Open Kindergarten sessions would benefit from having more than one practitioner available. This was conveyed by all practitioners.

*"After 3 sessions I think the minimum of practitioners in the room ideally would be 2: one to stay organising staying with the child/children or the needs of them. And the another to stay with the carers: introduce them, paperwork, etc." (Granton Practitioner diary)*

*"If something did happen with the families and they had to come in, I think [colleague 1] or [colleague 2] would be good at dealing with whatever was going on but I wonder if there is just that it's a bit reliant on just one person." (Mayfield practitioner 2)*

Moreover, as the number of parents and carers attending increased, Mayfield Practitioner 2 found that it was beneficial to have two practitioners to hand. While one is interacting with and personally

supporting the sessions accordingly, the other could help parents and carers individually with tasks such as completing the paperwork.

*“I find with bigger numbers, you almost, like I would slot myself beside someone who isn't speaking as much and then have the one-on-one conversation but then you are maybe missing what's going on in the bigger picture. Or if [my colleague] is in the room, I can maybe sit with the kids and do something and that gives the parents and carers space. I think there was definitely benefits of the paperwork side of things. I think Nicola was able in the first week to sit with the parents and carers in the office and go through the paperwork, rather than giving it to them in the group or getting them to take it away”. (Mayfield practitioner 2)*

## **What the project learnt from Steering Group and Advisory Group Meetings**

Throughout the project, five steering group meetings and three advisory group meetings were held. The steering group comprised representatives from the five project partners involved in the operational delivery of the project. The advisory group consisted of researchers and early years and health professionals from across Scotland as well as several key contacts in Norway and Sweden with experience of the Open Kindergarten model. The Scandinavian researchers and practitioners joined the meetings via video conferencing. The learning from interactions at these meetings was highly valued. The meetings provided a space for reflecting on the delivery model in Scotland but also provided key learning from the approaches to early years family support in different countries.

A number of very interesting reflections and learning points transpired from these meetings:

- Practitioners at the Mayfield Family Learning Centre commented that the introduction of Open Kindergarten to the centre has helped break down stigma around families attending/using services at the centre. They also felt that it has also helped to bring in more families of different backgrounds.
- In Sweden, Open Kindergartens are an important place for integration because children play together regardless of where they come from or their backgrounds; parents are then encouraged to interact because children “show the way for their parents”.
- Open Kindergartens in Sweden reach families of all social classes and do so intentionally. It is important to prevent social stratification. This might mean making extra efforts for parents



who are shy or have mental health issues. Close cooperation with child health nurseries helps to achieve this because nurses encourage parents to go to the Open Kindergartens even when they are not located in the family centre. Parents continue to use Open Kindergarten often, encouraged by their children's enthusiasm about attending.

- It has been identified in Sweden that there is a need for services to run at weekends and outside of office hours. And it is felt that more should be done to coordinate services within communities. Services could work to direct parents to different activities on different days. This reminds us of the concept of a 'professional friend', as described by Pinnock and Evans (2008). This person comprises a professional who is easy to talk to, responsive to families' needs and acts quickly to address these the best way they can, and available to families outside working hours for both practical and emotional support.
- An Advisory Group member noted the importance of trust for feeling able to ask for help: "I know I can get help there". The group also discussed the importance of parents listening to and learning from each other. Open Kindergarten was also described as "self-coping" and "self-helping": being together and listening to each other helps normalise parents' experiences and cultivates self-confidence as parents.

## Moving forward with Open Kindergarten

### *A real need for Open Kindergarten*

As mentioned above, Open Kindergarten does address a service gap. Overall, in addition, parents and carers and practitioners conveyed that there is a real need for this to be available in Scotland. There was a strong sense that if it was readily available and across a range of locations, it would be taken up. This is largely because it achieves the following:

- It can potentially provide a 'stepping stone' for parents and carers who have not used any groups before that aim to support parents and carers with infants and young children and who for various reasons are reticent about trying this for the first time. Open Kindergarten can suit these individuals because it is person-centred and most of all relaxed. And given that it is parent-led, those attending stand a better chance of gaining the relief and support they need as individuals.
- A source of support that parents and carers do not have to pay for. For this reason, it is more possible for parents and carers of all socio-economic backgrounds to make use of it. However,

it is worth noting that some parents and carers still found it challenging to attend due to the transport costs incurred. The Mayfield Family Learning Centre made a free mini-bus service available which helped to address this. Other potential financial barriers to engagement should also be considered for implementation. Some playgroups levy a small charge for refreshments, and some parents and carers struggling financially can find these small charges exclude them from these groups. Even though it is 'optional', not taking refreshments can seem very visible, and parents would prefer not to engage with the group rather than incur costs they cannot afford, or draw attention and potential judgement from others.

- Respite from childcare, a source of interaction and a means for both parents and carers and children to socialise and develop supportive relationships. The need for this is all the more pertinent given the number of parents and carers who conveyed in this evaluation that they are struggling with their mental health.

*"And then I'm thinking there is actually a need for it to happen in more places because there's different families that come in. We had a parent who came from [location an hour away]. [...] I would definitely say that there is a gap and a need for it." (Mayfield Family Learning Centre Practitioner 2)*

*"I think parents and carers that have that time and there's nothing else for them. I think it's something they can do with the children but then it's a way not to be isolated. I think there are probably a few reasons that people are using the group but I think mostly it's to meet other people. I think cos it's free as well. I think there are a lot of people who go to a sensory class and that's £16 a lesson and there's things that are like really expensive so um yeah, I think like having it, like it not costing money and um ..." (Mayfield Family Learning Centre Practitioner 2)*

Given that the overall message that came through was that there is a real need for an approach like Open Kindergarten in Scotland, it is worth considering some of the suggestions for means of development or augmentation were Open Kindergartens to be rolled out on a larger scale.

- It was maintained by those implementing the model in both locations that it is too reliant on one practitioner. More than one practitioner has a number of pragmatic advantages but also improves on the likelihood that a parent-led approach can be effectively applied.
- Some contextual challenges need to be addressed, such as interpersonal struggles with staff working within the same building and the room size being too small.

- It would be beneficial to build a bank of relevant resources for practitioners to draw from to support the parent-led approach. Such resources include a list of contact details of relevant professional parties and details of other programmes that could prove beneficial to parents and carers.
- A clear understanding of what other models are running and when, is needed, so that sessions can be scheduled for times that can best suit a range of parents and carers needs but also avoid competing with other models.
- One parent suggested that a wider range of resources that better reflect issues of diversity, such as books written in different languages and on topics such as sexuality.

## Discussion and Conclusions

Based on the evaluation of the Open Kindergarten implementation, it is clear that this early years approach was well received. The model has offered support to a group of parents and carers who otherwise would have difficulty accessing services, and provided relief from social isolation and support for mental health. This would suggest that wider implementation in Scotland would be well received and is arguably much needed. Irrespective of differences in culture, financial and family situations, Open Kindergarten offered families a source of relief particularly in terms of struggles with their mental health and need for constructive peer support. Many parents and carers we interviewed reported that Open Kindergarten was the only provision they had access to at the time. For the majority of the parents and carers, it proved a source of help with mental health challenges. In addition, Open Kindergarten offered many a relief from a sense of being isolated and overwhelmed. Peer support played a crucial role in this, particularly at Mayfield, where this aspect of the model was a very specific focus of the facilitator. This was more challenging at Granton, where the delayed implementation schedule put more time pressure on the practitioner, who had less time available to devote to relationship-building. This was possibly a crucial reason why at Granton, it was more difficult to cultivate the peer support.

It was also evident in the findings of the evaluation that the Open Kindergarten model has the potential to address children's needs. A calm and safe context for themselves and their parents and carers facilitated social interaction with their infant peers. Some parents and carers also appreciated

that this potentially helped to make strides towards addressing some concerns they had about the linguistic development of their children. It was noted that there was relatively low engagement with the groups from men, and consideration needs to be given to how the model might be made more appealing to fathers and male carers in Scotland.

When reflecting on what can be learnt from the experiences of setting up Open Kindergarten, it was especially useful to consider the differences and continuities between the two sites in terms of the challenge of achieving attendance. One difference between the sites, was that home visits at Mayfield proved highly constructive, in terms of the difference this made to attendance and the trusting relationships the practitioner built with the parents and carers. These two factors combined and had a positive result, as the sessions became more established and the number of parents and carers who attended increased. The absence of home visits at Granton likely played a part in the struggles experienced to achieve attendance and moreover build trusting relationships. Possibly partly due to the practitioner not being local to the area of Granton, she felt the need to gain access to home visits via health visitors. When attempts to facilitate this were not successful, home visits were not considered feasible. It could be worth considering further how home visits can be supported and facilitated, irrespective of whether the practitioner is local to the area or not.

Overall however, how was Open Kindergarten experienced? At Mayfield especially, parents and carers felt that the Open Kindergarten sessions, with their person-centred and parent-led approach, provided a safe space to meet with other parents and carers and talk to a friendly, supportive practitioner. Practitioners at both settings described their groups as having a ‘family feel’, and as highlighted above parents and carers appreciated the relaxed and homely atmosphere. The sessions also gave parents and carers a space to play and interact with their children in a new environment, providing some respite for their daily lives. In a number of cases, Open Kindergarten was a welcome escape for isolation and the pressures of parenting, enabling them to interact with other parents, and to begin to construct alternative parenting support networks. For many parents, their existing support networks were insufficient to ease the sense of isolation they experienced. This was the case even for those who had some help from for example, family, friends or in the form of professional provisional support (for instance, nurseries and stay and play sessions). What was lacking for many, was a support network that addressed their own need to have some relief from childcare, even while their child/baby is still with them, with the Practitioner being on hand to help with the care practically but also to provide emotional support. In addition to this, the social network that developed certainly

at Mayfield Family Learning Centre, was one where the parents felt that they were completely accepted by their peers and not judged, where they could experience relief by presenting their authentic selves as parents and carers and feel listened to, understood and supported, both in practical and emotional terms.

Participants identified several key characteristics of practitioners that enabled the aims of Open Kindergarten

- listening to parents and carers and being fully present;
- a relaxed style, both in physical appearance (avoiding formal clothing) and personal manner; and
- being genuinely welcoming on arrival.

These correspond well to the characteristics identified in the theoretical description of the Open Kindergarten model, suggesting high model adherence in this implementation.

Some challenges were experienced through the course of the project that impacted on efforts to apply the Open Kindergarten model. The following key recommendations can be identified from this evaluation that can be transferred to future implementations of the model:

### ***Ensuring sufficient time to set up and prepare for implementation***

The set-up of Open Kindergarten requires that practitioners develop a value system and facilitation style that is coherent with the model's ethos. This requires a sustained model of funding and organizational commitment to the implementation. A training resource for practitioners intending to facilitate sessions would help them to prepare for delivering the Open Kindergarten approach.

### ***Time to embed within the community***

The model requires some time to bed in and mature to achieve its aim of being an accessible community resource. At both settings, attendance grew over time predominantly through word-of-mouth including face-to-face conversations and parents connecting through social media.

### ***Preparing families and using home visits***

Whilst the 'drop in' nature of the programme is an important strength, for some families, participation would be facilitated by building contact between practitioner and the family before they attend the group. Home visits to establish relationships can be helpful, and offers an opportunity to

introduce the model to them. This would also enable the sessions to be run at times that can suit a variety of family needs (i.e. morning and afternoon sessions on separate days) and to avoid competing with other programmes aimed at similar families.

### ***Ensuring sufficient support for practitioners***

The practitioner role is skill intense and demanding, and requires appropriate access to supportive line management and supervision. It is important too that practitioners have access to a supportive network of colleagues, particularly early years practitioners to ensure that they do not become isolated.

### ***Having more than one practitioner in each implementation site***

In both locations, the staff implementing the model believed that it was too reliant on one practitioner delivering the sessions. Employing more than one practitioner has a number of pragmatic advantages but also increases the likelihood that a parent-led approach can be effectively applied.

### ***Group Size and Use of Space***

It is important to maintain an appropriate group size, to facilitate group interaction, and to support the development of mutual support within the group. It is also important that the room in which the group is held is appropriate, and reflect the values of the model. The room should be warm and welcoming, and should have sufficient space to enable movement and physical interaction. It is important that there is sufficient space for parents, carers and children to interact without feeling restricted by the room. It is also important that the group is not so large that it splinters. This may mean that as a group grows, there is a need for more than one session of Open Kindergarten to run.

### ***Involving Men***

The limited engagement of men with the groups was noted, and it is suggested that some consideration be given to how this might be addressed. The challenges of men's exclusion from parenting support have been well documented, and it may be that explicit marketing for men, or the development of a fathers' Open Kindergarten group should be considered, in addition to the already successful strategies for involving women.

### ***Community mapping of local family support services***

To enable practitioners to respond effectively to the needs that parents and carers identify, they require a strong local network. If practitioners do not already have a good network in an area, they will need time to build up a directory of resources, so that they can bring in specialists (like language development specialists, experts on sleep difficulties, first aid trainers etc). A clear understanding of what other family support groups are running in the local community is needed so that sessions can be scheduled for times that best suit a range of parents' and carers' needs which complements rather than competing with other programmes. This includes understanding what support groups are provided by local statutory services, third sector organisations and other community groups.

### ***Keep the administrative registration details to a minimum***

It would be beneficial if there was minimal paperwork for parents and carers to complete and ideally not at the very beginning when they first attend a session (if possible).

### ***Open Kindergarten resources***

It would be beneficial to build a bank of relevant resources for practitioners to draw from to support the parent-led approach. The range of resources should reflect diversity, such as books written in different languages and on topics such as sexuality and toys that reflect a range of cultural content. It would be useful to work with practitioners and parents and carers, to build a fuller understanding of the kinds of resources they have found useful during delivery, and to construct a list of recommended resources for practitioners, as part of a practice toolkit for Open Kindergarten.

### ***Implementing Open Kindergarten during Early Learning and Childcare Expansion***

Attention needs to be paid to the way that the model is embedded within existing services particularly considering the major changes being introduced to early settings as part of the Scottish Government's Early Learning and Childcare expansion. In one setting, challenges arose around use of space and resources that might have been avoided.

Overall the model has been well received in the implementation site, and these recommendations for future rolling out and upscaling would further embellish on an already successful and valued project. The transfer of the model from Scandinavia to Scotland has been generally very successful. In terms of implementation, the model has high acceptability, is seen as accessible and effective, and has been implemented with good model adherence. This bodes well for future implementation and for potential scalability of the model in Scotland.

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**EUROPE & SCOTLAND**  
European Social Fund  
Investing in a Smart, Sustainable and Inclusive Future

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# Appendices

## Appendix 1: Review Search Inclusion Criteria

Inclusion criteria:

- Academic journals, reports
- May 2018/Feb 2020
- Full text
- English

### STIRGATE

*Parenting support*

Returns: 11,703

Checked: 46

Saved: 27

*Parenting programmes*

Returns: 11,483

Checked: 25

Saved: 16

*Family support young children*

Returns: 2967

Checked: 5

Saved: 0

*Family support early years*

Returns: 1888

Checked: 4

Saved: 0

*Family Centre Sweden*

Returns: 2

Checked: 1 (unable to download)

Saved: (waiting for paper)

*Family Centre Norway*

Returns: 3

Checked: 1

Saved: 1



## **DIVA**

*Family Centre*

Returns: 809

Checked: 0

*Open Kindergarten*

Returns: 0

*Open pre-school*

Returns: 89

Checked: 0

## **HANDSEARCH**

Google/Google Scholar: *Sure Start, Open Kindergarten, Open Pre-Schools, Family Support Hubs, Family Centres + France, Belgium, Netherlands, Germany, Japan, Finland, Norway, Sweden, Denmark. Scotland Early Years, Growing Up in Scotland.*

Checked: 14 (academic papers, reports, dissertations, newspaper articles, government resources)

Saved: 14

## Appendix 2: Questionnaire

### Questionnaire

1. Name: \_\_\_\_\_
2. Age: \_\_\_\_\_  
Prefer not to say: \_\_\_\_
3. Gender
  - a. Female \_\_\_\_
  - b. Male \_\_\_\_
  - c. Prefer not to say \_\_\_\_
4. Home postcode: \_\_\_\_\_  
Prefer not to say \_\_\_\_
5. Do you work?
  - a. No \_\_\_\_
  - b. Full-time \_\_\_\_
  - c. Part-time \_\_\_\_
  - d. Prefer not to say \_\_\_\_
6. Children:
  - a. Number of children: \_\_\_\_\_
  - b. 1<sup>st</sup> child: boy \_\_ girl\_\_ age\_\_
  - c. 2<sup>nd</sup> child: boy \_\_ girl\_\_ age\_\_
  - d. 3<sup>rd</sup> child: boy \_\_ girl\_\_ age\_\_
  - e. 4<sup>th</sup> child: boy \_\_ girl\_\_ age\_\_
  - f. Other (i.e. step children)/more: details \_\_\_\_\_
  - g. Prefer not to say \_\_\_\_
7. If you receive support with childcare, is it with (you can tick more than one):
  - a. Nursery \_\_\_\_
  - b. Your spouse/partner/child's other parent \_\_\_\_
  - c. Your parent(s) \_\_\_\_
  - d. Your grandparent(s) \_\_\_\_
  - e. Your friend(s) \_\_\_\_

f. Paid childcare (i.e. child minder/funded hours): please specify

\_\_\_\_\_

g. Prefer not to say \_\_\_\_

8. Have you accessed any of the following forms of parent support before (you can tick more than one):

a. Parent and toddler/baby groups \_\_\_\_

b. Informal parent/child/baby groups \_\_\_\_

c. Other (please specify) \_\_\_\_\_

d. Prefer not to say \_\_\_\_

9. How did you find out about the Open Kindergarten project?

10. What made you decide to take part in the Open Kindergarten project?

11. What do you hope to get from attending the Open Kindergarten sessions?

12. Ethnicity

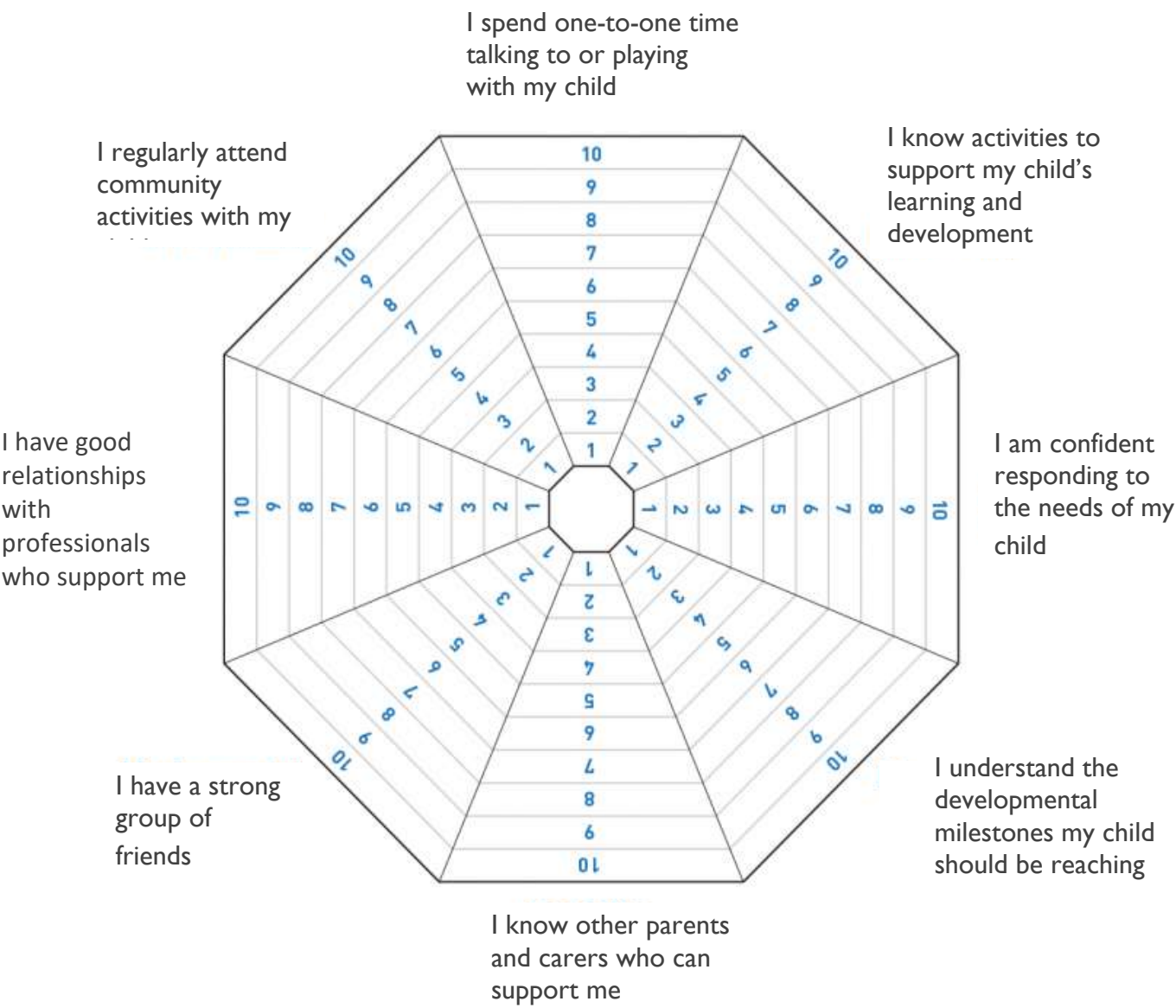
a. White

i. English \_\_\_\_

- ii. Welsh \_\_\_\_
  - iii. Scottish \_\_\_\_
  - iv. Northern Irish \_\_\_\_
  - v. British \_\_\_\_
  - vi. Any other white background \_\_\_\_
- b. Mixed/multiple ethnic groups
  - i. White and Black Caribbean \_\_\_\_
  - ii. White and Black African \_\_\_\_
  - iii. White and Asian \_\_\_\_
  - iv. Any other Mixed / Multiple ethnic background \_\_\_\_
- c. Asian / Asian British
  - i. Indian \_\_\_\_
  - ii. Pakistani \_\_\_\_
  - iii. Bangladeshi \_\_\_\_
  - iv. Chinese \_\_\_\_
  - v. Any other Asian background \_\_\_\_
- d. Black / African / Caribbean / Black British
  - i. African \_\_\_\_
  - ii. Caribbean \_\_\_\_
  - iii. Any other Black / African / Caribbean background \_\_\_\_
- e. Other ethnic group
  - i. Arab \_\_\_\_
  - ii. Any other ethnic group \_\_\_\_
- f. Prefer not to say \_\_\_\_

# Appendix 2: Wellbeing Web

Name	
Date of completion	



## Appendix 4: Interview Schedule for Parents/carers

1. Can you tell me about how you heard about the Open Kindergarten project?
2. Did anything in particular encourage you to give it a try?
3. What were you hoping you would get out of attending?
4. If you think back to the first Open Kindergarten session you attended, what was it like? What did you do? And how did you feel?
5. Thinking back to the time when you were about to attend the first OK session, how would you describe life as a parent/carer?
6. What do you enjoy the most about being a parent/carer?
7. Is there anything you'd say you find more challenging about being a parent/carer?
8. Can you tell me about anything you find can help you manage those challenges?
9. Thinking more about the Open Kindergarten sessions, what have the sessions following the first been like?
10. Is there anything especially useful you got from attending them?
11. If there was anything that could have held you back from attending them, what would it be?
12. What have you found most useful about the OK sessions?
13. What have you found least useful?
14. How have the staff seemed to you? Can you tell me anything about their approach that you think has worked? Anything about their approach that you have found works less well?
15. If the OK sessions were permanently available, do you think you would attend? If not, is there anything that would make you more likely to want to?
16. Would you recommend the OK project to friends? If you'd recommend it to particular friends can you tell me the reasons why?
17. What do you like the most about the OK approach?
18. Is there anything about it you have found surprising?
19. Are there any ways you think the OK approach could be improved?

## Appendix 5: Case Study Diary Instructions

### **What will writing the diary involve?**

We would like you to keep a weekly diary, reflecting on your experience of running the OK sessions.

We will be interested to hear what you think about the Open Kindergarten approach – possibly what works well and ways in which you think it could be improved. You are under no obligation to participate and you may withdraw from the study up to two weeks after the focus group. No reason for withdrawal is required.

## Appendix 6: Interview Schedule for Practitioners

1. To begin with, can you tell me a little about your background with working with children? Where have you worked? Can you tell me about any experience you have of working with the early years (0 to 3 years) age group?
2. How would you describe the Open Kindergarten approach? How does it differ to other approaches you have previously adopted in this capacity?
3. Can you tell me a little about your role on implementing the Open Kindergarten approach?
4. What do you think the impact of the Open Kindergarten approach has been in your experience for those who have taken it up?
5. Overall, how do you think it has been received? What do you think parents and carers and their children/babies make of it?
6. Has it been taken up how you expected it to or has anything surprised you?
7. Can you tell me a bit about the initial sessions and how you think they went? And also then about the subsequent sessions?
8. Have you noticed any differences between parents and carers in terms of how they engage with the Open Kindergarten approach? (i.e. in terms of demographics)
9. Can you describe please ways in which you feel the OK approach would be likely to have a positive impact on parent/carer's life and that of their child/baby?
10. If there is anything you would alter about the OK programme, what would it be?
11. What are the advantages of this programme being available in this particular locality?
12. Is there anything about the way the OK programme is run that makes your role more challenging?
13. Are there any changes you would suggest could be made to the programme if it were to be implemented on a permanent basis?



## Appendix 7: Practitioner Diary Instructions

### **What will writing the diary involve?**

We would like you to keep a weekly diary, reflecting on your experience of running the OK sessions. We will be interested to hear what you think about the Open Kindergarten approach – possibly what works well and ways in which you think it could be improved. You are under no obligation to participate and you may withdraw from the study up to two weeks after the focus group. No reason for withdrawal is required.