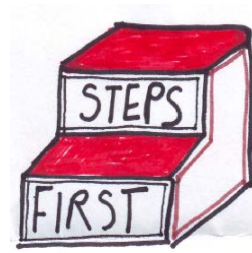


‘Looked After’ study documents (Chapter 6)

1. Looked-after gFNP participant, interview information sheet
2. Looked-after gFNP participant, interview guide
3. Usual care participant, interview guide
4. Family Nurse qualitative looked-after interview, information sheet
5. Family Nurse with looked-after client(s), interview guide
6. Introductory letter to looked-after professionals
7. Looked-after professional, interview information sheet
8. Looked-after professional, interview guide



First Steps Study

Looked-After Participant, Qualitative Interview Information Sheet

The study

We are inviting you to take part in one additional part of the First Steps study. Before you decide it is important to understand why this part of the research is being done and what it would involve. Please take the time to read the following information carefully. It explains why this part of the research is being done and what it will mean for you. Feel free to discuss it with friends, relatives, or anyone else you normally talk to. **Part 1** tells you the reason for the interview and what will happen if you take part. **Part 2** gives you more details about the way the study is managed.

Part 1

What is the purpose of the interviews?

The Group Family Nurse Partnership (gFNP) programme is a new service. To find out if this new service can make a difference we are comparing families receiving usual services with others who were receiving usual services plus gFNP. The purpose of this part of the research is to give families who took part in the First Steps study the opportunity to tell us in more detail about the services they received. We want to know what people liked and found helpful, and the things that were not so useful.

Why have I been invited to take part in the study?

After you agreed to be part of the First Steps study you were approached to complete up to three structured interviews as part of the study. We want to talk in more detail to a small number of the mothers and their partners about their experiences of the services they received. We are particularly interested in knowing how helpful the services were for parents who have been looked-after by social services. We are therefore inviting everyone who told the trial researcher that they have experience of being a looked-after child to help us with this part of the study. We are interested in your views and there are no right or wrong answers.

Do I have to take part?

No. It is up to you to decide whether to take part. You can keep this information sheet and you will be asked in a day or so if you would like to sign a consent form agreeing to take part in the interview. You are free to withdraw at any time, without giving a reason. Taking part will not affect the standard of medical or other care you receive.

What will happen to me if I take part?

If you decide to take part, one of the study researchers will visit you at your home or a location of your choosing, and at a time that suits you. Before conducting the interview she will go through this information sheet with you and answer any questions you might have.

During the interview the researcher will ask you what you thought about the service you received and any ideas that you have for improving this type of support, particularly for parents with experience of being looked-after. The interviewer will allow you to talk in your own words, as much or as little as you like and to mention any topics that you think important. The interview will take about 30-40 minutes, depending on how much you have to tell us.

To allow the interview to be more natural, and to avoid taking notes, it will, with your agreement, be recorded and the conversation typed out later – with any names altered to make sure that they cannot be recognised. After the interview we will give you a £20 shopping voucher as a thank you for your time.

What are the possible disadvantages and risk of taking part?

There should not be any disadvantages or risks to you of taking part in the interview. We find that most parents enjoy talking about their experiences during pregnancy and during the first few years of their child's life. If you do find any question difficult to answer you can stop the interview, or move on to other topics.

What are the possible benefits of taking part?

gFNP is a new way of supporting mothers and fathers expecting a new baby. Your views and experiences will be important in helping us to understand whether parents found it useful or not, compared to how parents feel about usual services.

What if there is a problem?

Any complaint about your experiences during the study or any possible harm you might suffer will be addressed. Details about this are given in Part 2.

Will my taking part in the study be kept confidential?

Yes. We follow ethical and legal practice and all information about you will be handled in confidence. The details are included in part 2.

This completes Part 1. If the information in Part 1 about the interview study has interested you and you are thinking about taking part, please read Part 2 before making any decision.

Part 2

What will happen if I don't want to carry on with the interview?

If you agree to take part and then do not want to carry on with the interview you can just tell the researcher, who will then stop the interview. You do not have to give a reason. You can also ask for the recording to be stopped at any time without giving a reason. Your health services and other services will not be affected.

What if there is a problem?

If you have a concern about any aspect of this study you should ask to speak to the researchers who will do their best to answer your questions. You can do this by contacting Jacqueline Barnes at 0207 079 0837. If you remain unhappy and wish to complain formally you can do this by using the NHS complaints

procedure <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx> making your complaint to your local health trust.

Will my taking part in this study be kept confidential?

Information about you will be kept strictly confidential and any identifying information such as your name and address will be removed so that you cannot be recognised. Participants are identified in computer records only by a number. No one outside the research team is given access to the information. In keeping with Data Protection guidelines, after research reports are written and published the information is kept for five years, then disposed of securely by shredding paper documents and cleaning computer storage. Audio recordings made during the research will be used only for analysis. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

No information about you will be shared with any other agency except where UK law requires otherwise. What this means is that if you say something to the researcher in the interview that suggests you or your infant are at risk of harm or in immediate danger, or if you tell them about thoughts of harming yourself, then the research team will need to share this information with a professional involved in your care so that additional help can be arranged. You will be told if this occurs.

What will happen to the results of the research study?

The results of the study should be available about six months after the study ends. This will probably be in the Autumn of 2016. We will keep you informed about progress and share the main findings, through newsletters, twitter or other electronic means, and local meetings. The results will be presented in government reports, in academic journals and in other formats for non-academic audiences.

Who is organising and funding the research?

The Institute for the Study of Children, Families and Social Issues at Birkbeck, University of London is leading the research and the NHS National Institute for Health Research is funding the research. If you have any questions please do not hesitate to contact us at the telephone number or address given below.

Who has reviewed the study?

Before funds were given for the study the NIHR obtained independent expert reviews of the plans. All research in the NHS is also looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. It was approved in May 2013 by the South West Frenchay Committee in Bristol.

Thank you for reading this.

Institute for the Study of Children, Families and Social Issues

Birkbeck, University of London

Malet Street, London WC1E 7HX

020 7079 0823, fax 020 7079 0827

For any enquiries e-mail: firststepsinfo@bbk.ac.uk

First Steps Study

Interview Guide: Looked-After Participant - gFNP

Interview to be conducted in a conversational style, covering the topics listed below, but letting the discussion be as natural as possible. This will allow interviewees to raise issues of importance to them, and the interviewer will follow these leads as they arise. Explain that the only information the interviewer currently has is that the interviewee told the trial researchers that s/he was looked-after when younger (or is still 'looked after'), and we are particularly interested in learning what parents who have been looked-after think about their experiences of pregnancy, being a parent, and the antenatal and postnatal care and support they have been given. Interviewers should use prompts to formulate questions appropriately.

A. Experience of being looked-after

1. Could you tell me something about your experience of being looked-after?

Explore:

- How long ago; Reasons for placement (if participant happy to share this information); with whom respondent lived/for how long? NOTE: participants may have had many placements.
- How well interviewee get on with the people they were placed with and whether they are still in touch with (any of) them?
- Whether they were in contact with their birth parents and/or other family members during this time? What their relationship is now like with their parent(s)/family?
- When they left care? What happened afterwards? (housing, employment etc.)

2. When did you find out you were pregnant? *Explore:* whether pregnancy was planned; living situation at the time; how respondent felt when s/he found out she was (partner was) pregnant.

3. Did you have any worries about being pregnant?

Areas to explore: reaction of others (include partner, family, significant others); health problems (physical, mental, substance misuse); housing; perceived ability to parent; social support.

4. Do you think being a looked-after young person affected how you felt about being pregnant?

If 'yes' explore how.

5. Do you think being a looked-after young person influenced how you thought about being a parent?

If 'yes' explore how.

B. Deciding to take part in the study and initial thoughts about gFNP

Remind participant of how they came to be offered gFNP.

6. How and when did you first hear about the study and about gFNP? *Explore:* how they felt about the study and whether they had any views about what sort of care they hoped to get.
7. How did you feel when you were told that you would be offered Group Family Nurse Partnership?
Explore: what they thought the benefits might be of being in a group with other pregnant women; how they felt about being in a group with women and their partners; whether they had any worries and if so, what?
8. [If woman has/had a partner] ask for her partner's views about gFNP? *Explore:* whether he was pleased respondent was going; whether he wanted to attend or not, and why.
9. Did you go along to any of the Group Family Nurse Partnership sessions?
[If none attended go to Q 43]

C Attendance at gFNP sessions during pregnancy

10. About how many sessions did you attend during your pregnancy? If not all, what were the reasons you missed some sessions? (E.g. travel, work, other commitments)
11. **[If woman has/had a partner]** Did your partner attend at all while you were pregnant?
Explore: number of sessions attended/missed and was there anything that made it more or less likely that he would go to sessions?

D. Experiences of gFNP during pregnancy

12. What was it like being part of the group?
Explore: Whether interviewee knew any other group members before they attended.

How many people went to each meeting; was it a nice group and were people easy to get on with? Did interviewee look forward to going?

Did many partners attend? Did people have lots in common in addition to being pregnant
[If partner] Ask about partner's experiences?
13. What did you think about the information you were given in the group when you were pregnant?
14. What did you think about checking your blood pressure and urine yourself?
15. Do you think the group helped to prepare you for the birth?
If yes, *Explore:* in what ways; interviewee's experience of birth
If no, *Explore:* what might have been helpful.

[If the woman has a partner] ask if she thinks it helped your partner?

16. Do you think the Group helped to prepare you for becoming a parent? *Explore:* in what ways, and whether interviewee would have liked an opportunity to discuss things that were not covered.

E. Attendance at gFNP sessions after the birth

17. Did you go to along to any of the Group FNP sessions after your baby was born?

Explore: how many; reasons for missing sessions, including any difficulties getting to the group.

[If no sessions attended after birth, go to Q 43]

18. What about your partner. Did he attend any of the groups after your baby was born? *Explore:* how many sessions; what made it more or less likely that he would go.

F. Experiences of gFNP sessions after baby's birth

19. What was it like being part of the group after your baby was born?

20. Are there any topics or activities that you have you found to be particularly useful and/or enjoyable to discuss?

21. Were you able to talk about things that you were concerned about? If not, why not?

22. Did you feel you could you be completely honest in the group, saying what you were really thinking? Did you talk about anything there that you had not talked about before with other people?

23. Did the group discuss anything that you found difficult or upsetting, or made you feel uncomfortable?

If yes *Explore further:* Ask for examples, and how she managed situations; ask if there was anything that would have made it easier for her?

24. **[If partner attended]** What about your partner? Did the group discuss anything that he found difficult or upsetting, or made him feel uncomfortable?

If yes *Explore further:* as 23 above.

25. How did you feel about the group coming to an end?

Explore: Any worries about the group ending; whether interviewee will continue to see any of the mothers again; if s/he knows where to get help or advice if they need it.

G. Impact of the programme

26. Has going to the group affected how you think about being a parent or how you think about bringing up children? If so, please can you give me some examples?

27. Has going to the group affected how you think about the future? If yes, in what ways?

28. Did the group help you with any particular worries that you had? If so, could you tell me something about them, and how being part of the group helped?
29. On a scale from 1 to 10 how would you rate the difference going to the group has made to the way you are looking after your baby?

1 = not at all, not learned anything new and have lots of other support anyway

10 = made all the difference in the world, it has helped me to be much more confident in the way that I care for my baby than I might have been

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

Can you tell me a bit more about why you made that rating? For example:

- Are there things you would have liked to learn about that were not covered?
- Are there things about caring for a baby that you worried about before you went to gFNP?

H. Relationships in the FNP group

30. Thinking back, how would you describe your relationships with the Nurses who ran the group?

Explore: any difference in interviewee's relationship with the Family Nurse midwife and the other Family Nurse? If so, ask interviewee to elaborate.

31. What about your relationship with other mothers or fathers in the group?
32. Do you have any special friends among the group members? If yes, are you still in touch with them?
33. What do you think about how the group worked? *Explore:* did some members take up a lot of the time talking about their own issues, so that you did not get a chance to say what you wanted?
34. Are there things about being with other mums with similar aged babies that make the group especially helpful?

I. Your thoughts about gFNP and mums who have been looked-after

35. Do you think that gFNP was particularly helpful to you as someone who has spent time as a looked-after young person?
36. Do you think it would be helpful for other parents how have been looked-after? If Yes, can you say something about why?
37. Some people think that it is harder for women who have been looked-after to take part in a group like gFNP. What do you think about that?
Explore: reasons for response; what they think about partners who have been looked-after?
38. Is there anything you would change about the programme to make it more helpful for parents with experience of being looked-after?
Prompt: practical arrangements; the way the groups are run; different topics or activities?

39. Is there anything that you think people providing gFNP services to parents who have been looked-after should know? Is there anything they should think about or pay special attention to?

J. Overall thoughts about gFNP

40. If you could change anything about the group, what would it be?

41. Would you recommend Group FNP to others?

42. If you were asked to tell someone else about the group FNP programme, what would you say?

[Continue here, if respondent didn't attend/stopped attending gFNP].

43. Can you tell me why you didn't attend/stopped attending the gFNP sessions? *Explore:* logistical (transport, other demands); *not* needed; partner didn't like woman attending; aspects not enjoyed/liked

44. Did you think about returning to gFNP at any time, for example, once your baby was born if you stopped in pregnancy, or once our baby became more active in infancy?

Explore: adequate support from family and/or friends; disliked it too much (explore further if not already covered above); prefer mainstream services from midwife/Health Visitor; better support from parenting groups/Sure Start/Family Centres; other sources of support.

[ALL]

45. Have you used any other services or support? *Explore:* Family members or friend; parenting groups/Sure Start Children's Centres/Family Centres; Drop in; Social services; Other including usual midwifery and health visitor care.

46. **If relevant:** How do these types of support or services compare with what you experienced with gFNP? Did these meet your needs?

K. Support offered as part of a research trial

You may remember that, at the moment, women only have a chance of attending the Family Nurse Partnership Groups as part of a large research project.

47. Do you think people would feel differently about joining and/or taking part in the groups if they could join without having to be part of a research project?

48. What has it been like to take part in this research? *Explore: What did you think about the different things you were asked to do for the research? Is there anything that you think we should change when we do this sort of research?*

L. Final thoughts

49. Is there anything else that you would like to say about gFNP, or any of the other support that you have received while you were pregnant or up to your child's first birthday?

Thank participant for their time and help with the study.

First Steps Study

Interview Guide: Looked-After Participant – Usual Care

Interview to be conducted in a conversational style, covering the topics listed below, but letting the discussion be as natural as possible. This will allow interviewees to raise issues of importance to them, and the interviewer will follow these leads as they arise. Explain that the only information the interviewer currently has is that s/he told the trial researchers that s/he was looked-after when younger (or is still 'looked after'), and we are particularly interested in learning what parents who have been looked-after think about their experiences of pregnancy, being a parent, and the antenatal and postnatal care and support they have been given. Interviewers should use prompts to formulate questions appropriately.

A. Experience of being looked-after

1. Could you tell me something about your experience of being looked-after?

Explore:

- How long ago; Reasons for placement (if participant happy to share this information); with whom respondent lived/for how long? NOTE: participants may have had many placements.
 - How well interviewee get on with the people they were placed with and whether they are still in touch with (any of) them?
 - Whether they were in contact with their birth parents and/or other family members during this time? What their relationship is now like with their parent(s)/family?
 - When they left care? What happened afterwards? (housing, employment etc.)
2. When did you find out you were pregnant? *Explore:* whether pregnancy was planned; living situation at the time; how respondent felt when s/he found out she was (partner was) pregnant.
 3. Did you have any worries about being pregnant?
Areas to explore: reaction of others (include partner, family, significant others); health problems (physical, mental, substance misuse); housing; perceived ability to parent; social support.
 4. Do you think being a looked-after young person affected how you felt about being pregnant?
If 'yes' explore how.
 5. Do you think being a looked-after young person influenced how you thought about being a parent?
If 'yes' explore how.

B. Deciding to take part in the study and initial thoughts about gFNP

6. How and when did you first hear about the First Steps study and about gFNP? *Explore:* how they felt about the study and whether they had any views about what sort of care they hoped to get.
7. How did you feel when you were told that you would have the services normally available, rather than Group Family Nurse Partnership?
Explore: what they knew about antenatal services; what, if anything, they were looking forward to in particular; whether they had any worries and if so, what?
8. How would you have felt if you had been told that you were in the set of women offered the Group Family Nurse Partnership?

Explore: would they have preferred to be in the gFNP group (if so, why?); what they felt the benefits might be of being in a group with other pregnant women; what might the downside be? What about being in a group with women *and their partners*?

9. [If woman has/had a partner] What did your partner think about it?

Explore whether he hoped that you would be allocated to gFNP and if so, his reasons.

C. Experience of care during pregnancy

10. What sorts of antenatal care did you receive during your pregnancy?

Explore: type of antenatal care; location; staff (same people/team/different); whether interviewee got to know a particular midwife well; was this the same person who delivered her baby.

11. As far as you know, did you keep all of your antenatal appointments during your pregnancy?

If not all, *Explore* reasons for missed appointments e.g. travel, work, other commitments; no one to go with, didn't see any value?

12. [If woman has/had a partner] Did your partner attend your ante-natal appointments with you?

Explore: number of sessions attended/missed and was there anything that made it more or less likely that he would go to sessions?

D Experiences of antenatal care

13. How would you describe the antenatal care you received?

Explore: whether staff were friendly and welcoming; whether they knew anyone else who was attending the clinics or classes; whether they made any friends during this time.

[If partner] Ask about partner's experiences?

14. When women are pregnant they are given a lot of information, for instance about looking after yourself, about what to eat, about things that might harm your baby such as smoking or medicines. What did you think about the information you were given when you were pregnant?

Explore: whether staff explained things well; whether they were able to ask anything they wanted to know, or share any worries; whether written information was clear and helpful and whether it answered the questions they wanted answered; were any questions not properly answered?

15. Do you think you were well prepared for the birth of your baby?

If yes, *Explore:* in what ways

If no, *Explore:* what might have helped

[If the woman has a partner] *Explore:* how it helped the partner?

16. Do you think the antenatal care you received helped to prepare you for becoming a parent?

Explore: in what ways, and whether interviewee would have liked an opportunity to discuss things that were not covered.

17. What parts of your antenatal care did you find most helpful?

Prompts: leaflets, someone to talk to, antenatal classes; talking to other mums, other ways?

[If the woman has a partner] What about your partner?

E. After the birth

18. Did you see a midwife after the baby was born?

Explore: whether it was the same person who delivered the baby; how many times did she visit and were visits helpful? If so, in what ways?

19. When did you first see your health visitor after the baby was born?
Explore: have parents always seen the same health visitor; how often did she visit the home in the year after the baby was born; how often did parents see her at the clinic; does she still visit and were her visits / are her visits helpful?
20. What about your partner. Was he at home when the midwife or health visitor called? Did he go to clinic appointments with you?
Explore: how often would he have seen the health visitor, when and where? Did he find it helpful, if so, how?
21. Are there any topics or activities that you have you found to be particularly useful and/or enjoyable to discuss with the health visitor?
22. Were you able to talk about things that you were concerned about? If not, why not?
23. Did you feel you could you be completely honest with her, saying what you were really thinking? Did you talk about anything there that you had not talked about before with other people?
24. Did she want to discuss anything that you found difficult or upsetting, or made you feel uncomfortable?
If yes *Explore further:* Ask for examples, and how she managed situations; ask if there was anything that would have made it easier for her?
25. **[If partner present at some/all appointments/visits]** What about your partner? Did he find it difficult or upsetting to talk about some things?
If yes *Explore further:* as 24 above.
26. Do you see your health visitor as often as you would like?
Explore: too often/not enough; reasons; too many changes of health visitor?
27. Have you used any other services or support?
Explore: Family members or friends; Parenting groups/Sure Start Children's Centres/Family Centres; Drop in; Social services; Other.
28. **If relevant:** How do these types of support or services compare with the support from your HV? How did they help?

F Impact of the programme

29. Thinking back over your pregnancy and the twelve months after your child was born, do you think the care you have received from the midwife/we (wives) and health visitor(s) has affected how you think about being a parent or how you think about bringing up children? If so, please can you give me some examples?
30. Have they affected how you think about the future? If yes, in what ways?
31. Did they help you with any particular worries that you had? If so, could you tell me something about them, and how being part of the group helped?
32. On a scale from 1 to 10 how would you rate the difference that your antenatal care and the contact you have had with your health visitor(s) have made to the way you are looking after your baby?

1 = not at all, not learned anything new and have lots of other support anyway

10 = made all the difference in the world, it has helped me to be much more confident in the way that I care for my baby than I might have been

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

Can you tell me a bit more about why you made that rating? For example:

- Are there things you would have liked to learn about that were not covered?
- Are there things about caring for a baby that you were worried about when you were pregnant?

G. Relationships with staff

33. Thinking back, how would you describe your relationships with your midwife and health visitor?
34. Are you still in touch with anyone you met at antenatal appointments or antenatal classes?

H. Your thoughts about the services for parents who have been looked-after

35. Given your experiences as a looked-after young person, do you think that the antenatal care and health visiting services you have received was particularly helpful? If so, in what ways?
36. Do you think these services provide the kind of help and support that other parents who have been looked after would find useful? If Yes, can you say something about why?
37. Is there anything you would change about the care you received to make it more helpful for parents with experience of being looked-after?
Prompt: practical arrangements; the way the groups are run; different topics or activities?
38. Is there anything that you think people providing services to parents who have been looked-after should know? Is there anything they should think about or pay special attention to?
39. If you could change anything about the way that the health care services are provided, what would you change?
40. If you were asked to tell someone else about the antenatal care you received, or about the health visiting service, what would you say?

I. Final thoughts

41. What has it been like to take part in this research? *Explore: What did you think about the different things you were asked to do for the research? Is there anything that you think we should change when we do this sort of research?*
42. Is there anything else that you would like to say about the support that you have received while you were pregnant or up to your child's first birthday?

Thank participant for their time and help with the study.



First Steps Study

Family Nurse Qualitative Interview Information Sheet

Looked -After

The study

We are inviting you to take part in the First Steps research study. Before you decide it is important to understand why this part of the research is being done and what it would involve. Please take the time to read the following information carefully. It explains why this part of the research is being done and what it will mean for you. Feel free to discuss it with colleagues, or anyone else you normally talk to.

Part 1 tells you the reason for the interview and what will happen if you take part.

Part 2 gives you more details about the way the study is managed. Please contact us if anything is not clear or if you have any questions.

Part 1

What is the purpose of the study?

The research study is part of an evaluation of Group Family-Nurse Partnership (gFNP). In our study we are comparing families receiving usual services with other families who are receiving usual services plus gFNP. Some of the parents in the study have a history of being looked-after, and we want to know how helpful the service might be to them, and the contribution that gFNP might make overall to services for this group.

Why have I been invited to take part in the study?

You have been involved in delivering the Group Family Nurse Partnership (gFNP) programme in one of the seven sites participating in the First Steps study. We are inviting you to take part because you have worked in a group which included members who were 'looked after'. We would like to hear your views on the extent to which their needs were met by gFNP and whether there were any particularly challenges in offering support to these parents. We are also interested in your thoughts about how gFNP fits with other services in your area, and whether there are any additional interventions or alternative sources of support that might be considered.

Do I have to take part?

No. You do not have to take part in this research, which is completely independent and separate from any service provision. Your views would, however, be very valuable. If you agree to take part you can still withdraw at any time without having to give a reason. If you agree to take part, we will ask you to sign a consent form to indicate that you agree to be interviewed.

What will happen to me if I take part?

If you agree, you will be asked to take part in one interview lasting about 45 minutes to one hour. It can take place at your place of work or at any other convenient location of your choice. Before starting the interview, the researcher will go through this information with you, and answer any questions you might have.

We have an interview guide which we will send you before the interview, so that you know the sorts of issues we would like to discuss. We would like to talk to you about your experiences of working with parents with a looked-after history, how you think they engaged with gFNP, how and to what extent you think it benefitted these participants and any challenges that you think need to be considered in working with parents with a looked after history and their children. We are also interested in your views on the relationship between gFNP and other services, and what additional services you think would benefit this group. This is, however, a guide to steer the interview, and we are interested to hear your views on any issue you think is important when providing antenatal care and post-natal support for parents who have been looked-after. **We will not ask you to discuss named individuals.**

To allow the interview to be more natural, and avoid note taking, it will be audio-recorded and the conversation typed out later – with any names altered to make sure that they cannot be recognised. You can ask for the audio recording to be stopped at any time without having to give a reason. The information from your interview will not be shared with your employer or your co-workers.

What are the possible disadvantages and risk of taking part?

There should not be any disadvantages or risks to you. We find that most professionals enjoy talking about their work. If you do find any question difficult to answer you can ask to move on to other topics, or stop the interview if you wish.

What are the possible benefits of taking part?

This is a new way of supporting mothers during their pregnancy and in the first year of parenting. You are among the first practitioners in this role so your views will be important in finding out how the service is working, and how gFNP and other services might best support looked-after parents and their children. This should be of benefit to other professionals and families in the future, guiding policy and practice.

What if there is a problem?

Any complaint about your experiences during the study or any possible harm you might suffer will be addressed. Details about this are given in Part 2.

Will my taking part in the study be kept confidential?

Yes. We follow ethical and legal practice and all information about you is handled in confidence. The details are included in part 2.

This completes Part 1. If the information in Part 1 about the interview study has interested you and you are thinking about taking part, please read Part 2 before making any decision.

Part 2

What will happen if I agree to participate and then change my mind?

If you sign the consent form and then change your mind, let the First Steps team know and you will not be contacted for an interview. You can do this by contacting the study by emailing firststepsinfo@bbk.ac.uk. If you start the interview and then want to stop, let the researcher who is carrying out the interview know. You do not have to give a reason and your decision will remain confidential to the research team.

What if there is a problem?

If you have a concern about any aspect of this study you can contact the study Director, Jacqueline Barnes, at 0207 079 0837. If you remain unhappy and wish to complain formally you can do this by using the NHS complaints procedure <http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>

Will my taking part in this study be kept confidential?

Information about you will be kept strictly confidential and any identifying information such as your name and address will be removed so that you cannot be recognised. Participants are identified in computer records only by a number. No one outside the research team is given access to the information. According to Data Protection guidelines after research reports are written and published the information is kept for five years, then disposed of securely by shredding paper documents and cleaning computer storage. Audio recordings made during the research will be used only for analysis. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

What will happen to the results of the research study?

The results of the study should be available about six months after the study ends. This will probably be in the Autumn of 2016. All quotes and other information will be anonymized so that no individual can be identified. The results will be presented in government reports, in academic journals and in other formats for non-academic audiences.

Who is organising and funding the research?

The Institute for the Study of Children, Families and Social Issues at Birkbeck, University of London is leading the research and the NHS National Institute for Health Research is funding the research. If you have any questions please do not hesitate to contact us at the telephone number or address given below.

Who has reviewed the study?

Before funds were given for the study the NIHR obtained independent expert reviews of the plans. All research in the NHS is also looked at by an independent

group of people, called a Research Ethics Committee, to protect your interests. It was approved in May 2013 by the South West Frenchay Committee in Bristol.

Thank you for reading this.

Institute for the Study of Children, Families and Social Issues

Birkbeck, University of London

Malet Street, London WC1E 7HX

020 7079 0823, fax 020 7079 0827

For any enquiries e-mail: firststepsinfo@bbk.ac.uk

Interview Guide

Family Nurses with parents who were ‘looked-after children’ (LAC) assigned to their group(s)

Interview to be conducted in a conversational style, covering the topics listed below, but letting the discussion be as natural as possible. This will allow the interviewees to raise issues of importance to them, and the interviewer will follow these leads as they arise.

Begin interview by reinforcing that the focus of the questions is primarily on women who have been or are still considered ‘looked-after’ children (care-experienced parents) and their families. In some instances, women will have partners who have a looked-after history. Interviewer should use prompts to formulate questions appropriately.

A. Parents with a looked-after history

1. Were you aware of any parents (mothers or their partners) with a looked-after history in your group(s)?
If Yes, *Explore* how many parents with looked-after histories were you aware of in your group(s)?
2. At what point did you learn about their looked-after history? *Explore the following*
 - Information not shared, did not know that anyone in the groups had a looked-after history.
 - Information shared by another professional involved with the parent (s) (with/without parents’ permission?)
 - Information volunteered by parent to gFNP staff only (*detail when*)
 - Information volunteered by parent to group (*detail when and how*).
3. If shared with the group, what was the response of other group members?
Explore whether: others shared their own early life challenges; group members asked participants about reasons for care history; little was said.

B. Participation

We are interested in what might influence participation and retention in gFNP for parents with a looked-after history. Either thinking in particular of the parent(s) who had such a history (if known), or if not then predictions based on other professional work with such parents:

4. What was their attendance like/would it be like? *Prompt*: If more than one care-experienced parent, identify attendance patterns for each.
5. What was attendance like/would it be like for their partners? *Prompt*: If more than one care-experienced parent, identify attendance patterns for each.
6. Can you identify any client or partner characteristics or situations that contributed to more or less attendance for parent(s) with a looked-after history and/or their partners?
Explore: Physical health/Mental health issues; target child’s health/behaviour; presence of other children in the family; other family responsibilities; work; housing; social support: other.
7. Did their attendance differ, if at all, from other group members and their partners? If differences identified: any possible reasons for this?
9. What steps, if any, did you take/would you take to encourage care-experienced parents to attend regularly? Which do you think were/would be the most effective?

Explore: home visits; telephone calls; arranging transport; change of venue/adaptation of venue; change of day or time; adaptation of content

10. Do you think mothers and/or their partners with a looked-after history face any particular challenges in taking part in gFNP? *Explore the following:*
- Discussing their experiences of parenting, by birth parents and others
 - Discussing other negative childhood experiences (abuse by others; domestic violence etc.)
 - Discussing relationships
 - Contributing generally to the group discussions (social skills, confidence)
 - Undertaking some tasks due to problems with literacy or numeracy
 - Other (detail)

C. Encouraging Self care

One aspect of the Centering Pregnancy approach incorporated into gFNP is that women are considered to be active contributors in the sessions in order that they can learn from each other. Thinking of the care-experienced women you have worked with in the group(s) or in your FNP work:

11. Do you think mothers and/or their partners with a looked-after history appreciate this element of the gFNP approach? *Explore the following:*
- What would influence being involved in this aspect of gFNP for care experienced women?
 - If you were aware of their background, how did this compare with women without a looked-after history in the group?
 - Did anything surprise you about this aspect of gFNP in relation to care experienced women?
 - Is there anything else that you think it is important for us to note about self-care in pregnancy for women who have a history of being looked-after, either from the groups you have run or based on your other experiences of supporting women with a looked-after history?
12. And once their babies were born, what are your thoughts about encouraging these mothers and fathers to be involved in checking their babies' development? *Explore the following:*
- How well did/would this work for women with a looked-after history?
 - Did they/would they encounter any particular difficulties, compared with other women in the group?
 - Could there be particular benefits or drawbacks of encouraging them to check their babies' development?

D. Possible impacts of gFNP

13. What are your thoughts about providing midwifery care in a group to parents with a looked-after history? Do you think this had any advantages for their antenatal health or for their experiences of labour and delivery, or any adverse consequences?

Explore: whether any aspect was particularly relevant or helpful? For example: Seeing one midwife regularly or knowing that they could contact their FN midwife with queries?

Ask respondent to elaborate on how this was relevant/helpful for this parent/these parents.

14. Have you noticed any other ways that taking part in gFNP has benefited women with a looked-after history? [If unaware of looked-after participant in their group ask for expectations of impact].

Explore: benefits in relation to their baby; their partner; managing adult relationships (e.g. conflict, domestic violence etc.); knowledge of parenting (general care)

And fathers? *As above* Note that fathers may be the partner of a woman with a looked-after history and/or may themselves have such a history.

15. Are there any materials or resources that you think were/are likely to be particularly relevant or useful for this group of parents in terms of impact on confidence?

If specific resources are named, ask why and how they seemed/would be especially useful or effective?

16. Thinking about the ways mothers (and fathers) managed any aspect of their infants' behaviour e.g. crying, sleeping, feeding, weaning, misbehaviour:

- Are there any ways that you think gFNP materials or discussions had/would have an impact that you noticed particularly on care-experienced parents dealing with these or any other aspect of their child's behaviour?
- If so, which materials, other resources, session content or comments from other members of the group, were/would be particularly relevant?
- Was this in any way different from the impacts on other mothers and fathers without a looked-after history? (*detail how/not*)

17. As well as parenting, the programme is designed to have an impact on child health and development. In your opinion, has/would taking part in gFNP contributed to the health and development of the infants of care experienced parents?

Explore: infant health (infections, immunisations, weight, diet, smoke-free home, safety/accidents.

Explore: infant development ((language, gross motor skills, cognitive/stimulation' sociability, behaviour, attachment and well-being.

18. Are there any other impacts that you have noticed for care experienced parents or their children?

Detail benefits and adverse effects.

E. Delivery and Sustainability

19. Can you sum up what it has been like to deliver gFNP to care-experienced parents, and how it compares with other group members without such a history?

Explore: particular challenges and opportunities not otherwise available in usual service delivery.

20. What are your thoughts about a group-based service for women and their families in general?

22. What are your thoughts on a group-based approach for women and partners with a looked-after history?

23. Do you think running gFNP groups which include both parents with and without a looked-after history has/would have any disadvantages for either group?

Explore: Difficulties of discussing personal histories / sensitive issues in the group; impact on relationships within the groups (*detail*)

24. Are there any aspects of gFNP that we have not discussed, and which you regard as important when planning gFNP for parents with a looked-after history and their children?

Explore: what needs to change; what needs to remain; what might we need to do more of / less of?

25. Are there any additional interventions that might need to be considered, or other sources of additional/alternative support, to ensure that the needs of this group of parents are adequately met?

Explore: family support worker; individual contacts between group visits; other (*detail*).

F. Training for gFNP staff

We would like to ask you some questions about the training gFNP workers need to provide an effective service for groups that include parents with a looked-after history.

26. Before you attended the gFNP training, had you received any other training that prepared you for working with parents with a looked-after history? Prompt for detail of training (qualifying, post-qualifying, CPD) and content.
27. Had you had any prior experience working with parents with a looked-after history? (detail).
28. How well did the gFNP training you received prepare you for working with this group of mothers and their families? *Explore the following:*
 - Did the training equip interviewee to understand the particular challenges facing women with looked-after histories, such as the adverse consequences of maltreatment (e.g. poor attachments)? (*detail*)
 - Did the training prepare interviewee for the challenges mentioned above?
 - What about dealing with problems of domestic violence or mental health problems?
 - Did interviewee's training equip them to encourage these women to participate as much as others women?
 - Was there any aspect of the gFNP training that was particularly helpful in relation to this client group?

G. gFNP as part of a randomised trial

As someone who has been involved in providing gFNP as part of a randomised trial:

29. Do you think that the fact that gFNP was provided as part of a trial made any difference to how the gFNP service was provided? If so, how?
30. Do you think that the fact that gFNP was provided as part of a trial made any difference to how the gFNP service was experienced by the parents? If so, how?
31. Do you think this might be different for parents with a looked-after history?
32. Do you think any special considerations might be needed for parents with a looked-after history in such trials in the future?
33. Finally, is there anything I have not covered that you would like to talk about?

Thank participant for their time and help with the study.



Letter to Looked-After Professionals

Dear <<Name>>.

We would like your help with a study we are conducting into the effectiveness of a group-based version of Family Nurse Partnership. The Study, known as 'First Steps,' includes a group of women who are, or who have previously been looked-after. Some are receiving 'usual services' i.e. midwifery and health visiting, and other are receiving group Family Nurse Partnership in addition to usual services.

We want to understand how Group Family Nurse Partnership fits within the overall profile of services available to care leavers or young people who might still be looked-after, and find that they are about to become parents themselves. Given your professional role and responsibilities, you have been identified as someone who would be able to help us locate the intervention in the wider context of services for care-experienced parents, and help us to assess the extent to which it is appropriately tailored to their particular needs.

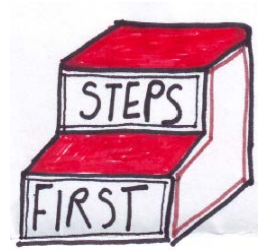
We enclose a leaflet which was given to prospective study participants and which describes the intervention and the study. We also enclose an information sheet that explains in more detail why we wish to interview you, and what it would entail. Our aim is to improve the support services available to this group of parents.

We do hope that you will feel able to help us. Do please contact us if you require any further information.

Yours sincerely,

On behalf of the First Steps Research Team

Telephone number: 0207 9272629



First Steps Study

'Looked-After' Professional Interview - Information Sheet

The study

We are inviting you to take part in the First Steps research study. Before you decide it is important to understand why this part of the research is being done and what it would involve. Please take the time to read the following information carefully. It explains why this part of the research is being done and what it will mean for you. Feel free to discuss it with colleagues, or anyone else you normally talk to. **Part 1** tells you the reason for the interview and what will happen if you take part. **Part 2** gives you more details about the way the study is managed. Please contact us if anything is not clear or if you have any questions.

Part 1

What is the purpose of the study?

The Group Family Nurse Partnership (gFNP) programme is a new service for women during pregnancy and early parenthood. To find out if this new service can make a difference, we are comparing families receiving usual services with others who are receiving usual services plus gFNP. Some of the parents in the study have a history of being looked-after, and we want to know how helpful the service might be to them. As well as interviewing some of these parents, we want to find out more generally about the needs of this group of parents, how these are best met, and the contribution that gFNP might make to services for this group. This is why we want to interview people with specialist knowledge of looked-after young people.

Why have I been invited to take part in the study?

Your local authority is one of seven participating in the First Steps Study, and you have been identified as someone with significant expertise in this area. We are inviting you to take part because we would like to hear your thoughts on the extent to which gFNP is able to meet the needs of parents who have been looked-after, and their children. We would also like to hear your views on how gFNP might fit with other services in your area, and whether you see any particular challenges in offering this kind of group-based support to these parents.

Do I have to take part?

No. You do not have to take part in this research, which is completely independent and separate from any service provision. Your views would, however, be very valuable. If you agree to take part you can still withdraw at any time without having to give a reason. If you agree to take part, we will ask you to sign a consent form to indicate that you agree to be interviewed.

What will happen to me if I take part?

If you agree, you will be asked to take part in one interview lasting about 45 minutes to one hour. It can take place at your place of work or at any other convenient location of your choice. Before starting the interview, the researcher will go through this information with you, and answer any questions you might have.

We have an interview guide which we will send you before the interview, so that you know the sorts of issues we would like to discuss. Topics include the needs of parents with a looked-after history and any particular challenges they face; the gFNP service and your views on how it might help, and the relationship between gFNP and other services. This is, however, a guide to steer the interview, and we are interested to hear your views on any issue you think is important when providing antenatal care and post-natal support for parents who have been looked-after. **We will not ask you to discuss named individuals.**

To allow the interview to be more natural, and avoid note taking, it will be audio-recorded and the conversation typed out later – with any names altered to make sure that they cannot be recognised. You can ask for the audio recording to be stopped at any time without having to give a reason. The information from your interview will not be shared with your employer or your co-workers.

What are the possible disadvantages and risk of taking part?

There should not be any disadvantages or risks to you. We find that most professionals enjoy talking about their work. If you do find any question difficult to answer you can ask to move on to other topics, or stop the interview if you wish.

What are the possible benefits of taking part?

This is a new way of supporting mothers during their pregnancy and in the first year of parenting. Your views will be important in identifying how gFNP and other services might best support looked-after parents and their children. This should be of benefit to other professionals and families in the future, guiding policy and practice.

What if there is a problem?

Any complaint about your experiences during the study or any possible harm you might suffer will be addressed. Details about this are given in Part 2.

Will my taking part in the study be kept confidential?

Yes. We follow ethical and legal practice and all information about you is handled in confidence. The details are included in part 2.

This completes Part 1. If the information in Part 1 about the interview study has interested you and you are thinking about taking part, please read Part 2 before making any decision.

Part 2

What will happen if I agree to participate and then change my mind?

If you sign the consent form and then change your mind, let the First Steps team know and you will not be contacted for an interview. You can do this by contacting the study by emailing firststepsinfo@bbk.ac.uk. If you start the interview and then want to stop, let the researcher who is carrying out the interview know. You do not have to give a reason.

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What will happen to the results of the research study?

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Who is organising and funding the research?

The Institute for the Study of Children, Families and Social Issues at Birkbeck,

University of London is leading the research and the NHS National Institute for Health Research is funding the research. If you have any questions please do not hesitate to contact us at the telephone number or address given below.

Who has reviewed the study?

Before funds were given for the study the NIHR obtained independent expert reviews of the plans. All research in the NHS is also looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. It was approved in May 2013 by the South West Frenchay Committee in Bristol.

Thank you for reading this.

Institute for the Study of Children, Families and Social Issues

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For any enquiries e-mail: firststepsinfo@bbk.ac.uk

First Steps

Qualitative Interview Guide Looked-After Professional

Interview to be conducted in a conversational style, covering the topics listed below, but letting the discussion be as natural as possible. Begin interview by reinforcing that the focus of the questions is on the needs of care-experienced parents and their families.

A. Parents with a looked-after history

1. In general, young people with a looked-after history continue to be more likely than their non-looked-after peers to have an early pregnancy, whether planned or unplanned. Why do you think this might be the case?

Explore: Reasons unplanned pregnancies (lack of contraception, assertiveness); Reasons for planned pregnancies (wanting to belong to a family, have a home of their own); differences between men and women.

2. What would you say are the most important challenges for *women* who have been looked-after, when they become pregnant?

Explore the following:

- Impact of maltreatment/other reasons for becoming looked-after. *Ask respondent to elaborate.*
- Lack of stable relationships
- Physical or mental health problems
- Lack of social support
- Poor housing
- Impact on education/employment
- Problems arising from being looked-after e.g. limited opportunities to develop parenting skills

3. What would you say are the most important challenges for *men* who have been looked-after, when their partners become pregnant? *Prompts:* As above 2.

4. To what extent do you think mainstream health care services are adequate to cater for the needs of expectant parents with a looked-after history; that is to say routine antenatal and midwifery care?

Prompt respondent to elaborate and give examples (anonymously)

5. What does your service offer for care-experienced parents?

Explore: Routine services/care; specialist staff; programmes/classes (specify).

6. In general, what sorts of help do you think parents with a history of being looked-after have particular needs that professionals should try to accommodate or address?

Explore: Consistency of personnel/importance of establishing trusting relationships; staff with specialist knowledge of the impact of maltreatment/care on young people's development/capacity to parent; staff with adequate time/caseloads; a range of support services.

7. In addition to your own services, what services are available in this area to support looked-after young people when they are expecting a baby? *Explore:* healthcare services, specialist teams including social care and voluntary sector services.

8. What would you like to see available for looked-after parents in this area? *Prompt: As above, 7.*

B. (g)FNP services

9. Do you know about the Family Nurse Partnership programme?

If yes, probe respondent's knowledge (where acquired; does s/he know anyone who has received FNP services; how they think it differs from mainstream home visiting or antenatal/midwifery care ; whether appropriate for young people who have been looked-after?).

10. Given what you know (or what I've said) about FNP, do you think this is a potentially useful service for parents or pregnant women and their partners with a looked-after history?

Prompts:

- How and why?
- Prenatal maternal health?
- Birth outcomes
- Attachment
- Parenting
- Social support
- Education/economic prospects for parent.

11. Were you aware that there was a group-based version of Family Nurse Partnership?

If yes, probe whether s/he was involved in setting up the gFNP and if not, where they learned about it (e.g. briefings or other information from health; incidentally from other colleagues; close working relationships between health and social care e.g. co-location in a Children's Centre where gFNP delivered?)

12. Have you ever referred someone to this service or known someone who was a group member?

If yes, Probe how appropriate/helpful it was for them, and whether they think it is generally appropriate for young people who have been looked-after?

If no, describe and ask for respondent's views.

13. Do you think parents with a looked-after history face any particular challenges in taking part in gFNP? *Explore the following:*

- Discussing their experiences of parenting, by birth parents and others
- Discussing other negative childhood experiences (abuse by others; domestic violence etc.)
- Other problems more commonly found in LAC populations, e.g. intimate partner violence, substance misuse, mental health problems
- Discussing relationships
- Contributing generally to the group discussions (social skills, confidence)
- Undertaking some tasks due to problems with literacy or numeracy
- Other (detail)

C. Encouraging Self care

One of the key aspects of gFNP is that it encourages women to be active contributors in the sessions, so that they can learn from each other (describe with examples).

14. How helpful do you think this might be for parents with a looked-after history? *Explore whether:*

- Potentially helpful/empowering – encourages them to assume control over their lives, and responsibility for themselves and their child?
- Potentially risky/threatening – some care-experienced young people might find this difficult (literacy, not ready to take responsibility, too isolated etc.)

15. Once their babies are born, gFNP encourages mothers and fathers to be involved in checking their babies' development? What do you think about this?

Probe how well did this (could this) for women / fathers they have known who have a looked-after history? Did they/would they expect parents to encounter any particular difficulties, compared with other women in the group? Any particular benefits or drawbacks of encouraging care-experienced young people/mothers to check their babies' development?

D. Possible impacts of gFNP

16. Knowing what you do about the gFNP programme in particular, what difference do you think it could make, if any, to parents with a looked-after history? Ask respondent to consider the following, both in general and – if available – with reference to their experience:

- Prenatal maternal health – might seeing one midwife regularly make a difference, and if so how? Might it help women to stop smoking, eat a better diet etc?
- Birth outcomes – could gFNP expect to improve these, and if so how?
- Parenting – how might gFNP improve parenting? Routine health care; breastfeeding; immunisations; home safety; stimulation/child development
- Mother's future – education/employment.

E. Relationship between gFNP and other services

17. What sort of contribution do you think gFNP might make to the range of services that comprise the *Healthy Child Programme*?

18. What are your thoughts about a group-based service for parents with a care history?

Explore:

- Positives: potential sources of support, normalisation, modelling
- Negatives: difficult for individuals with chaotic lifestyles, or whose histories make certain aspects of group participation difficult e.g. poor literacy; atypical histories; maltreatment; placement in care etc.

19. Thinking particularly of those parents with a looked-after history, what role do you think gFNP plays, or could play, in improving outcomes for parents and their children?

Explore:

- Prenatal maternal health
- Birth outcomes
- Child's health and physical development
- Child's emotional and cognitive development
- Mother's future – education/employment. (including spacing of future pregnancies)

20. If you were planning a group-based service for parents with a looked-after history and their children, what things do you think it would be important to take into consideration?

21. Are there any additional interventions that might need to be considered or sources of additional/alternative support to ensure that the needs of this group of parents are adequately met?

Prompts:

- Family support worker
- Individual contacts between group visits

22. Do you think it would be helpful if all looked-after young people who were expecting a child could be offered either FNP or gFNP?

If Yes, Explore which (and why); whether it would lessen pressure on other services, including your own; whether there might be any disadvantages to your service from referring families to (g) FNP, and whether the interviewee would support the expansion of gFNP in the future?

Thank participant for their time and help with the study.