

# How Peep Programmes support Health's 6 Early Years High Impact Areas and MECC (Making every contact count)

The principles and approach underpinning the **Peep Learning Together Programme (LTP)** and **Peep Antenatal Programme** have much in common with the **6 early years high impact areas** for health and the need to Make every contact count (MECC), particularly the following principles (summarised from '[Overview of the 6 early years ... high impact areas](#)'):

1. *Universal services: essential for prevention, early identification of need and early intervention, and reducing inequalities*
2. *Early intervention evidence-based programmes should be used to meet and adapt to needs, and aim to improve health [including the 6 high impact areas]*
3. *Multi-professional/agency approach*
4. *Strengths-based approach to working in partnership with whole families, building on their strengths & identifying difficulties.*

This document (with embedded web-links) will give you a brief overview of the Learning Together Programme (LTP) and Peep Antenatal Programme, and how they can be used to support families, especially within a health service context. The programmes were developed by Peeple (a charity established in 1995 to support parents with their children's learning and development) drawing on additional expertise of others in the field. Peeple trains practitioners to use our Programmes, and works directly with local families in south Oxford.

Our **Learning Together Programme** aims to help parents and carers to:

- develop secure attachment relationships with their babies and young children,
- enhance the home learning environment (HLE) and their children's life chances, by making the most of everyday learning opportunities – listening, talking, playing, singing and sharing books and stories together.

By helping parents, it also aims to improve children's Personal, social and emotional development, Communication and language, Early literacy, Early maths and Health and physical development. [These are the five strands of learning/development that the programme covers.]

The programme can be used in any context: 1-to-1, in drop-in sessions or in groups. Anyone who works with families can attend Peep training, and gain access to the comprehensive, evidence-based online resources. See the Appendix for further detail.

Our **Peep Antenatal Programme** aims to support parents to:

- think about their baby, tune in to their baby's feelings and respond sensitively (also known as reflective function),
- understand the importance of sensitive parenting to developing a loving, consistent and secure attachment,
- become more aware of the social and emotional aspects of the transition to parenthood,
- manage their own (sometimes difficult) feelings that are aroused by a new baby,
- meet other expectant or new parents and develop a supportive network group,

- reduce the risk to the early parent–infant relationship (by helping to prevent, for example, isolation, anxiety and low-level depression),
- engage with other local services.

This helps parent-baby bonding and attachment. Research indicates that these strong relationships enhance parents' confidence and self-esteem, as well as contributing to better outcomes for the child in terms of their cognitive development, the relationships they build and their resilience to cope if life gets tough.

## Examples of how Peep Programmes can be used to support the 6 Early Years high impact areas

### 1. *Universal services: essential for prevention, early identification of need and early intervention, and reducing inequalities*

#### *Example: Peep Early Explorers – in a Child Health Clinic*

These are drop-in sessions during a child health clinic led by a Peep-trained practitioner (e.g. community nursery nurse), while parents are waiting to see the health visitor. The practitioner will have laid out a quilt with picture books, treasure basket and maybe a simple activity (such as making a shaker), and proactively but informally chat with parents as they arrive. This is an appealing way to engage parents even if briefly, maybe mentioning how books and simple objects support babies' development, and helping make every contact count (MECC). Only enough space for the quilt on the floor is needed; if space is still an issue, some places hold child health clinics in children's centres, libraries etc - which also strengthens community links and a multi-agency approach.

The drop-in sessions are a good way of developing and strengthening relationships with parents in a universal setting, and enhance the relationships developed by health visitors. This in turn enables a more targeted approach by inviting to a Peep group those who you feel would benefit most – it's a very effective way of engaging parents who don't access other services but do tend to speak to the health visitor and/or want to get their baby weighed.

Here's some feedback from the research study carried out by Prof. Jane Barlow and Chris Coe at the University of Warwick.

#### *Parent comment on Peep practitioner presence at child health clinic:*

'Normally it's just you go and don't really talk to each other unless you know them anyway. But with Peep there everyone seems to talk to each other. It's more relaxed.'

#### *Parents attending the Peep Early Explorers group (recruited from drop-in Early Explorers session at the clinic):*

*During interviews with parents attending an Early Explorers group, nine of the ten said they would not previously have accessed any other group provision. They reported finding the sessions supportive, confidence-building and enabling, as this parent told the researcher about the group:*

‘And I just thought, I’m going to go in there and everybody will judge you because all your baby did was cry... But it didn’t bother nobody. And I thought Oh my god [laughs]! I’m in a place where nobody’s staring..... When we went the first time they had duvets down, with treasure baskets. And when they start singing, the children - it’s amazing sort of thing to them. Their little faces ... she loved it!

They always got parents talking to each other. When I first went I thought Oh nobody will want to talk to me because... but no, they sit down and they introduce you and everything. And when we have the group discussion you feel like you’ve known people for a long time... we talked about the textures and things and how they help children learn... You feel more confident when you know you’re not the only one going through what you’ve been through sort of thing.’

### Feedback from health visitors

The child health clinic offers a unique opportunity to meet and forge relationships with parents in a non-stigmatising, non-threatening environment, where families already choose to go. Using a universal approach where all families are welcome, vulnerable and unsupported parents can be identified and offered more targeted services. Here are the reflections of a couple of health visitors:

‘More vulnerable families do come to clinic, they are not regular attenders to clinic but they do come, say for a vaccination and that’s when we can direct them to Peep ....and Peep is so approachable and non-threatening that we have actually engaged some of our more difficult and harder to reach families with Peep. So I really think that it’s a harmonious relationship that benefits the mother and child.’



‘Peep complement our service and I feel we complement Peep’s service. I find when I do clinic that some Mums come just to come to Peep which I think is wonderful. We’ve been able to introduce parents to the concept of Peep, something that they didn’t know about. Some Mums were unaware of the need to communicate with their baby, even though they were not verbally communicating back so you know, it’s been a revelation to some Mums, just how important it is to stimulate your baby.’

## 2. *Early intervention evidence-based programmes should be used to meet and adapt to needs, and aim to improve health – including the 6 high impact areas*

**High impact area 1: Transition to parenthood** – e.g. “Outcomes are improved if parenting programmes start in pregnancy, and parents can be supported to understand and communicate their feelings about the emotional transition to parenthood and build positive relationships between parents and their baby from pregnancy onwards.”

- We co-developed the [Peep Antenatal Programme](#) with Prof Jane Barlow and Chris Coe from the University of Warwick. It focuses on developing this positive parent-baby relationship through reflective functioning - supporting parents to think about their baby, tune in to their baby's feelings and respond sensitively, and to understand the importance of sensitive parenting to developing a loving, consistent and secure attachment. The Peep Learning Together Programme continues this focus on relationships, underpinned by a strengths-based approach to working with families.
- The programme/s can be used from the earliest days, whether during a home or 1-to-1 visit, drop-in session or a group. The 'key ideas' within each topic (e.g. 'The very first language', focusing on communicating with babies from birth) complement the MECC (Making every contact count) approach to sharing important information in an accessible, friendly way even when time is very short.

**High impact area 2: Maternal mental health** – e.g. “About half of all cases of perinatal depression and anxiety go undetected... Across all cultures, some women are reluctant to disclose how they are feeling due to the stigma associated with mental health problems and fears that they may be judged to be an unfit mother...” (p4).

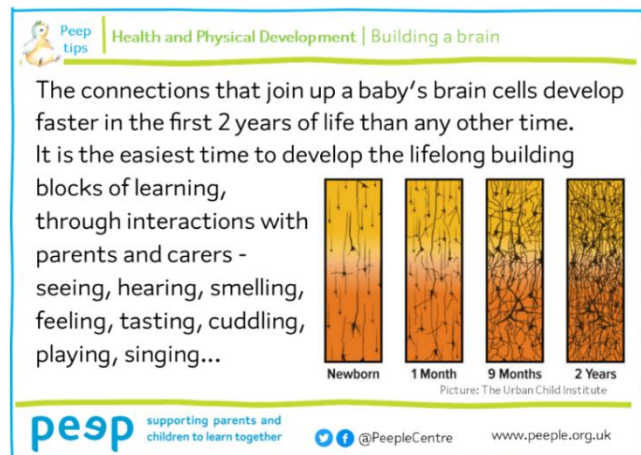
- The Peep Programmes were not designed to be specialist programmes to treat mental health problems, but the relationships that practitioners develop with families due to the strengths-based approach, help practitioners to identify potential difficulties at an early stage, and signpost as appropriate. If the Peep-trained practitioner is already a specialist in a particular area, they use their own expertise to complement their Peep delivery.
- Feedback from Peep parents has been consistent over the years in emphasising the value of the support that they gain from both other parents/carers and from practitioners, in feeling that they are not alone in finding parenthood sometimes challenging: “Peep keeps me sane” and “I felt isolated but found Peep a lifeline”.

**High impact area 3: Breastfeeding** – e.g. “Breastfeeding improves infant and maternal health and well-being in both the short and longer term (p4) ... Health visitors can provide practical help and advice to mothers on how to breastfeed (p8) ... Where women decide not to breastfeed they should be supported in that decision.” (p9).

**High impact area 4: Healthy weight, healthy nutrition** – e.g. “The early years are a crucial time for children’s development. 1 in 5 children are already overweight or obese before they start school and only 1 in 10 children aged 2 to 4 meets the UK chief medical officer’s physical activity guidelines for this age group (PHE, 2017).” (p9)

**High impact area 5: Managing minor illnesses and reducing accidents (improving health literacy)** – e.g. “On average annually... 370,000 children attend A&E (PHE 2018)... Unintentional injuries for the under 5s tend to happen in and around the home. They are linked to a number of factors including child development.. and the knowledge and behaviour of parents and other carers (including literacy)... (p4). The majority of unintentional injuries are preventable.”(p5)

- Peep practitioners are welcome to supplement the content of Peep sessions with their own professional knowledge and priorities, such as key health messages about diet and exercise. For instance, if using the HPD topic *Food for life* you could include a focus on breast-feeding or more specific information on healthy eating, or in the *Exploring movement* topic you might focus on managing risk and accident prevention etc while encouraging and sharing ideas about being physically active.



- Hearing 'real-life' stories from other parents within a group is effective in terms of parents finding examples relatable from someone 'like them' and for parents developing their confidence and peer-support / social capital networks. If there are any urban myths being passed around though, it also offers an opportunity for the practitioners to interject with alternative information sources if appropriate.
- As in the Health guidance (above) supporting the decision of women who choose not to breastfeed, Peep topic content and approach is always to offer rather than impose. The idea is to offer information and ideas to help empower parents to make their own well-informed decisions, but not to suggest that there is one 'correct' way of bringing up children that will suit everyone.
- Specialist visitors, such as a speech and language therapist, can also be invited along to provide more specific information if helpful. This link shows a [health-focused Peep group](#) in Midlothian, who brought in a specialist one week, and also involved the parents in choosing health-based topics at the start of the course.

**High impact area 6: Health, wellbeing and development of the child aged 2: Ready to learn, narrowing the word gap** – e.g. "Parents are the experts in their child's health and wellbeing, and health visitors work in partnership with parents to promote child development [and the home learning environment (p12)], assess need and identify problems or issues at the earliest opportunity.... Getting a good start in life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. Early language impacts on many areas of child development.... Socially disadvantaged children are more likely to have... speech, language and communication difficulties than their peers, which has implications for their educational attainment and future life chances (Public Health England and Early Intervention Foundation, 2017). (p4) ... The remit for improving school readiness does not rest with a single agency... health visitors play a key role in promoting early language acquisition and signposting parents to early years services and community groups." (p12)

The evidence-based Learning Together Programme (LTP) is effectively a structured but flexible toolbox of 74 child development topics from which Peep-trained practitioners can



pick, depending on the needs and interests of their local families. Practitioners can use as many or as few of the topics as they wish, from any of the strands. They can be used in drop-in sessions, 1-to-1 or in a group.

The LTP strands covering Personal, social and emotional development, Communication and Language, and Health and Physical Development, are clearly linked to the six EY high impact areas. However, Early Literacy topics on books, for example, will also provide opportunities to support language or issues such as empathy and friendship etc. 'Peep tips' for parents (e.g. HPD 'Building a brain', shown above) and 'Things to do at Home' (a simple, low-cost activity linked to a child development topic) can be printed or shared via social media with families, helping Make Every Contact Count.

### 3. *Multi-professional/ agency approach*

We strongly encourage two Peep-trained practitioners to deliver group sessions, which can be a good opportunity for multi-agency working. This could be someone from a health centre and a children's centre for instance; on our website there's an example of a community nursery nurse co-leading a group in a [high school](#). Peep can also be used as part of a multi-agency pathway of support for families, as in this [Health Literacy Project](#) in Edinburgh involving midwives and health visitors, community learning & development workers and voluntary sector workers:

'This is an ideal step back into learning for the mums. Over several months we cover Peep topics including brain development, stages of development and how babies learn through play. To have an opportunity to apply the knowledge they have gained through being a parent reinforces good parenting skills, and helps them gain more confidence.'

### 4. *Strengths-based approach to working in partnership with whole families, building on their strengths & identifying difficulties*

Peep programmes provide a strengths-based approach to working with parents, focusing on doing *with* rather than doing *to* parents and carers. All Peep sessions value and build on what families are already doing to support their children's learning, using ORIM and the programme content.

All parents/carers will already be doing some things that support their child's development, but may not be aware of the full value of what they're doing – why or how it helps. When this is highlighted, families are likely to do it more often, as Hannon and Nutbrown discovered when they developed the ORIM framework. For example, there's no reason why parents would know that climbing and balancing at the playground will not only help with their child's physical strength and co-ordination, but with the gross motor movements that will later help with fine motor skills such as writing. And parents often tell us that they hadn't shared books with their babies because they thought they were too young and couldn't understand, but are soon converted when they see their own baby watching and listening to a story.

Whole families (and communities) are involved in raising children. Babies and children can be brought to a Peep session by a mother, father, grandparent or other carer. For those family

members who can't make it to the sessions, the Peep parent handouts or facebook page can be a useful way of sharing ideas and information.

Providing opportunities for families to play and talk in a safe environment, the practitioner may also notice or be asked by the parent about an aspect of the child's development that they are concerned about, such as their talking and listening. The practitioner can offer to signpost the family to a specialist, but also share with parents some of the Peep Communication and Language tips to use while waiting for an appointment with a Speech and Language Therapist.

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## Appendix

### Why – evidence and research that underpins why Peep programmes work

**Logic model:** We know from [research](#) that the early years Home Learning Environment and strong attachment relationships [along with quality pre-school provision] make the biggest difference to children's outcomes. This research includes the Effective Provision of Preschool Education (EPPSE) study (following children from aged three to eighteen) and Growing up in Scotland study (GUS).

**Peep evidence base:** Our work has been evaluated in [five independent research studies](#) by the Universities of Oxford and Warwick. These show that Peep:

- successfully reaches isolated families and engages them in their children's learning
- helps parents become more aware of their children's development and how to foster it
- helps children develop good foundations for literacy and strong self-esteem
- enables practitioners from a wide range of professions develop new skills and fresh approaches to unlock parents' potential rather than focus on their problems.

**Change mechanism:** In Peep programmes we use the ORIM framework (**O**pportunities, **R**ecognition, **I**nteraction and **M**odelling) as the 'change mechanism' or 'theory of change'. ORIM was developed by Professors Peter Hannon and Cathy Nutbrown at the University of Sheffield. They realised (when in families' homes) that there are four main ways that all parents *already* support learning – by providing opportunities, recognition, interacting and being a model – but some do so more purposefully, meaningfully and frequently.

By sharing ORIM with parents - and applying it to the child development information (topic key ideas) in the Learning Together Programme – practitioners can help improve the quality of parent/child relationships and the home learning environment. The most fundamental way we use ORIM is to help practitioners see and value what parents are already doing and show how it's valuable – a strengths-based approach. Practitioners do this through SEE: **S**ee or notice the things that parents are already doing with their child, **E**xplain the value of what they're doing for their child's development, **E**xtend it by offering further information or ideas, as found in the programme topics. Peep programmes are about trying to give parents more choices about how they parent – by sharing ideas about how children learn and develop that they can use in

everyday life - based on and valuing what it is that parents already do with their children. This ties in with the Make Every Contact Count approach.

## Programme structure and content

The **Peep Learning Together Programme** has five strands of learning - **Personal, social and Emotional Development, Communication and Language, Early Literacy, Early Maths** and **Health and Physical Development**.

- There are 74 child development topics from across the strands, listed on this [Strand map](#).
- Our [Topic Aims map](#) shows the aims for parents/carers that relate to each topic – if you have a couple of minutes to look through the Aims map it will give you a good idea of what the programme covers.
- The child development **topics** are the essential resource that practitioners use to deliver sessions to parents and children together. They provide or supplement background knowledge for practitioners, in the Topic (and Strand) Key Ideas. Each topic is either aimed at a particular stage of development – babies, toddlers or preschool – or it relates to two or more stages. Each topic has the same structure. On our website you can [see an example](#) of the Musical Interactions topic and related resources: Session plans, handouts for parents (Topic handout, Things to do at home, Peep tips) and an online toolbox for practitioners with handouts and other ideas for delivery. Peep-trained practitioners have online access to all these resources in our log-in Members Area on the website.
- Learning Together is an adult learning programme – and we have developed a progression pathway of 9 accredited units for parents at three levels (entry 3, 1 and 2) which is embedded in the programme. The units are credit-rated by NOCN. They are optional to use, and require a further day of practitioner training.
- **Peep sessions** contain the following **elements**, which research shows make the most difference to children's outcomes (and families enjoy them!): sharing books and stories, songs and rhymes, talk time (led by a practitioner and focusing on the topic's key ideas, but encouraging and valuing parents' contributions based on their own experiences), and a parent-child activity (either during the session or suggesting a simple, low-cost idea that they might try at home).

During a 1-to-1 session, if a parent is reluctant to join in with any of the elements, it can be helpful to use ORIM to share the benefits for their child's development (without insisting that they join in!) – discussing opportunities to share books with their child (such as visiting the library, or distracting a grouchy toddler), or modelling singing a simple nursery rhyme with actions (e.g. Twinkle Twinkle) and pointing out how the baby is responding.

Peep sessions can be evaluated using or adapting the feedback form on our log-in website, depending on the topics that you cover, and/or by asking about particular local targets that you have.

To find out more, please visit our website [www.peeple.org.uk](http://www.peeple.org.uk) (including the embedded links above) or contact us on tel 01865 397970 or email [info@peeple.org.uk](mailto:info@peeple.org.uk) at any time.