

EVIDENCE BRIEF

Supported playgroups for children from birth to five years



Key Messages

- There is only limited high-quality evidence to suggest that supported playgroups have benefits for improving child outcomes.
- The majority of research in this area focuses on the acceptability, satisfaction and feasibility of supported playgroups.
- Very few studies examine effects on child outcomes such as children's physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and school readiness. The quality of this research evidence is low.
- A consistent definition of supported playgroups is needed, as each study had a somewhat different definition of supported playgroups and/or included different kinds of interventions. This makes it difficult for parents and carers, policy makers, and practitioners to know what to expect from a supported playgroup and to know what works best.
- Supported playgroups with the strongest evidence are those that included specific interventions – e.g., to increase physical activity, to increase learning and cognitive development.

BACKGROUND

Supported playgroups have been developed as a way to provide low-intensity support to families. They are facilitated playgroups that may also provide health and wellbeing services to parents and carers of infants and young children. Supported playgroups are typically run by a trained facilitator or co-ordinator and are generally delivered in a group setting on a weekly basis, with both the parent/carer and child present. Community-based services such as schools, kindergartens and child health services often provide the setting for these groups (1, 2).

The purpose of this *Evidence Brief* is to summarise the current state of knowledge about the impact of supported playgroups on outcomes for children from birth to five years. This *Evidence Brief* presents an overview of the most recent research, rather than a comprehensive search of the literature concerning supported playgroups.

While the purpose of supported playgroups can vary, they often aim to strengthen the parent-child relationship, to provide parents and their children with the opportunity to socialise, to improve children's early learning potential, and to enhance parental wellbeing (1, 2). Groups may be structured or unstructured, be combined with a specific intervention focus (such as school readiness or physical health), and be targeted to specific populations or provided to the general population. Supported playgroups are a potential opportunity for making referrals to needed services or provide access to a child health nurse to assist with regular check-ups and immunisation schedule keeping.

continued

Key Messages

- There are some indications that supported playgroups have a positive influence on the social skills, health and wellbeing of children who attend by the end of the playgroup. They may also contribute to school readiness. However, the quality of the evidence for this is low, and there is no evidence on whether these effects last after the playgroup has finished.
- Supported playgroups that target a particular group of parents and children when recruiting (for example, migrant communities, parents of children with a disability, parents who have difficulties with illicit drugs and alcohol, or parents who are at risk or vulnerable due to their socioeconomic status), appear to obtain an improved level of engagement and attendance from members in comparison to supported playgroups that are open to anyone to attend. These are termed *targeted* or *intensive* supported playgroups.

MAIN FINDINGS

The findings in this *Evidence Brief* are drawn from two systematic reviews and three single studies.

Definition and make-up of supported playgroups

The make-up and definition of supported playgroups differs depending on who provides the service. The main type of supported playgroups seen in this literature are unstructured or standard. In these kinds of playgroups, there is no set routine or set topics discussed at each session. Parents and children gather weekly and are free to interact as they please (1, 3).

Structured supported playgroups offer specific interventions as part of group sessions (also known as supported playgroups with a specific intervention). This usually means a set topic or curriculum is covered during each weekly session, and there is generally a routine and set activities that are followed each week. For example, these set topics may cover child health and wellbeing, parenting practices, or developing children's social, emotional or cognitive skills (1, 2).

Playgroups can also differ based on the services provided within the playgroup. In some instances, supported playgroups have a child health nurse on staff to provide regular health check-ups for the children in the group. The facilitators may also identify any services the family may need and make necessary referrals (1, 2).

Finally, supported playgroups can differ based on the population they target. They may be targeted or intensive; these playgroups aim to provide a service to a particular group of vulnerable families (for example, migrant families, parents of children with a disability, parents who have difficulties with illicit drugs and alcohol, or parents who are at risk or vulnerable due to their socioeconomic status) (1, 2). In contrast, universal playgroups are open to families in general that are neither part of a targeted vulnerable group nor identified as being at risk or having a particular issue (1, 2).



Findings from the literature

This brief draws on evidence from systematic reviews, which provide the most comprehensive assessment of the evidence. Two systematic reviews were identified for this brief (1, 2) one of which is a summary of a review currently in press (2).

The first review (1) included a grey literature search (that is, of literature not published in peer-reviewed journals) but lacked some of the rigor of the highest quality systematic reviews. The authors included both universal and targeted playgroups, with no restriction on child age. The age range of children in included studies was not reported. The authors found only low-quality studies for inclusion in the review, which reduces the strength of the conclusions they were able to draw.

A more recent publication (2) summarises a full review currently in press. Not all information about the method and findings of the review is yet available, and the information reported here should be considered preliminary. This review looked at parents of children aged up to five years participating in a supported playgroup. It also includes a grey literature search, but in other respects was not a high-quality review.

Taken together, both reviews provide a comprehensive and current search of the literature on evaluations of supported playgroups.

In general, only low-quality evidence for the impact of supported playgroups on child outcomes was found. The studies included in the reviews most often used qualitative methods with small numbers of participants and no comparison group. At times, the reviewers also noted that the methods of data collection within each study were unclear, making it difficult to draw strong conclusions from the findings. Most often, studies examined feasibility, acceptability, satisfaction and implementation processes of supported playgroups, rather than focussing on child outcomes (1, 2).

While it is not possible to derive any clear conclusions from these reviews, there are early indications that supported playgroups may positively influence children's physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and school readiness (1, 2).

The best of the generally low-quality evidence available was found for supported playgroups that provide specific interventions. Seven of these higher quality studies were found in the most recent review (2). The interventions linked to the supported playgroups aimed to improve language, cognitive skills and self-esteem. Two were named (Early Home Learning Study (EHLS) and the Peers Early Educational Partnership (PEEP) program). As the review is still in press, other details regarding the interventions and outcomes addressed are not available. However, initial results are suggestive that supported playgroups with specific interventions may have a positive benefit for some parent and child outcomes (2).

The two reviews also found that supported playgroups with targeted populations (for example, migrant communities, parents of children with a disability, parents who use illicit drugs or alcohol, vulnerable or 'at-risk' groups) often had greater success at engaging parents and children, especially if the facilitator or recruiter was also a part of the same community targeted for the playgroup. However, the authors also noted that at times parents involved in these targeted playgroups may feel stigma as a result of their inclusion in the group. They also reported that targeting groups to vulnerable populations meant missing an opportunity for parents to engage with the wider community, as they were meeting only parents in similar situations (1, 2).

The reviewers noted that one of the limitations of supported playgroups is that they are often offered within another community-based service with a variety of health and wellbeing services available to participants. It is therefore difficult to know whether it is the supported playgroup or the other services being offered that lead to the beneficial outcomes for the children (1, 2).

Reviewers also noted that outcomes were often measured at the conclusion of the supported playgroup and long-term follow up was rare. It is therefore unclear whether any beneficial effects found lasted after the parent and child stopped attending the playgroup (1, 2).

Higher quality research in this field was recommended, including more frequent quantitative measures, the use of a comparison or control group and also measurement of longer-term impacts of the programs (1, 2).

Due to the lack of high-quality systematic reviews, we also identified some recent single studies examining the influence of supported playgroups on child outcomes. All three studies were of low quality. These will be discussed in detail below.

A 10-week structured supported playgroup (supported playgroup with specific intervention) targeting active play was evaluated for 174 parents of young children aged from birth to five years in South West Sydney (4). At the end of the supported playgroup, children spent significantly more time playing outdoors during the week, parents spent more time actively playing with their children during the week and on weekends, and significantly more parents had correct knowledge of current screen time recommendations.

A structured supported playgroup (supported playgroup with specific intervention) to increase the playfulness of children aged 15 months to three years, with special needs was also targeted to parents of children aged 15 months to three years with a developmental delay, autism spectrum disorder, or Down Syndrome (5). The playfulness of this small group of eight children significantly increased at the end of the playgroup and four weeks after the playgroup had finished.

A supported playgroup conducted on the school grounds of a low socio-economic status independent school in Perth, aimed to improve school readiness for those attending (6). Participants were 30 parents of children aged birth to three years with a variety of cultural backgrounds; including Burmese, Vietnamese and African. This was a structured playgroup (playgroup with a specific intervention) and can also be considered intensive or targeted, as it aimed to recruit vulnerable or at-risk families. The supported playgroup offered education and play activities to increase learning for the child and to increase knowledge for the parent of what helps a child to grow and learn. A transition program for those attending kindergarten in the next year was also provided. The author observed the playgroup while it was running and also interviewed participants and facilitators at the conclusion of the playgroup. At the end of the playgroup, parents reported that interacting with the school staff helped to break down barriers, allowed them to see the school as more approachable, and helped them to feel a greater sense of engagement

in the school and a greater willingness to be involved in the school community. Playgroup leaders also reported observing improved learning and developmental outcomes for the children, an increase in independence of the child, and that the children were establishing relationships at school. Overall, the author concluded that this supported playgroup assisted in improving school readiness for the parents and children that attended.

Although the results of these single studies are promising, the evidence is of quite low-quality. These studies often did not randomly choose their participants, did not have a comparison group of parents/carers not participating in a supported playgroup and did not include a long-term follow up. In addition, the number of participants in the playfulness and school readiness supported playgroup evaluations (5, 6) was quite small. In the school readiness evaluations, outcomes before and after the playgroup were not compared (4, 6). However, it is of note that the active play supported playgroup evaluation (4) used quite a large sample of participants and the playfulness evaluation (5) looked at outcomes one month after the playgroups completion. Even so, the evidence is still considered of low quality and further research in the area is needed.

IMPLICATIONS FOR POLICY, PRACTICE AND RESEARCH

- Initial support for benefits to children**

Although very preliminary, research findings so far indicate that attending supported playgroups may result in benefits to children across a broad range of outcomes. These include physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and school readiness. Attending supported playgroups appears to be beneficial for assisting the family to better engage with the community as a whole. From the initial research available, it seems that supported playgroups with specific interventions attached have better quality evidence for their benefits than other kinds of supported playgroups.

These conclusions, however, may change with further research and should not be considered strong. It is difficult at this stage to determine whether it is the supported playgroups themselves, or added components as part of the community services the parents attend, that lead to any benefits (for example, access to a child health nurse, other programs involved in or referrals made to other services). Further research examining these influences is recommended before further wide-scale roll out of supported playgroups occurs.

- **A consistent definition of supported playgroups is needed**

Supported playgroups are defined somewhat differently in each study. Each supported playgroup provided different services, depending on the overall aim of the program. Some included specific interventions and curriculums to follow, some included a child health nurse and referrals to needed services, and others were simply a get-together with no specific topics or curriculum. This makes it difficult for researchers to compare outcomes between studies, as the intervention being studied can be vastly different. It also makes it difficult for policymakers, practitioners and parents to have a clear idea of what services should be provided or received in a supported playgroup and what they can expect from one. A shared definition of supported playgroups will prove useful in the future. While this issue remains, researchers and program developers will need to be highly specific in the descriptions of their program, what elements are included, and what other services the family has access to as part of the supported playgroup. This will enable practitioners, policy makers and other researchers to better understand the interventions they are considering.

- **More high-quality research is needed**

Further rigorous research – with a focus on child outcomes, quantitative measures, randomly selected participants, comparison groups and long term follow up of impacts of playgroups on children – is very much needed. Once there is clarity regarding the different types of supported playgroups and what they consist of, it is also recommended that these different kinds of playgroups are compared

with each other. Studies in which participants are randomly allocated to different kinds of supported playgroups will help parents/carers, policymakers and researchers to better understand which types of supported playgroups are most beneficial for parents and children. Until this time, no strong conclusions about the benefits of supported playgroups for children can be reached.

CONCLUSIONS

- Overall, the quality of research in the supported playgroups area is quite low. Much of the research conducted fails to focus on outcomes for children, most often focusing on feasibility, acceptability, satisfaction, the implementation process or parent/carer outcomes.
- Further high-quality research with randomly chosen participants, comparison groups and long-term testing is needed in order to draw strong conclusions on the benefits of supported playgroups for children; evaluations should be structured so that any effects of supported playgroups can be distinguished from the effect of other interventions delivered at the same time.
- The field would benefit from a shared definition of what a supported playgroup is and what kinds of supported playgroups can be offered (e.g., specific intervention vs. unstructured, targeted vs. general).
- What we do know is that initial benefits for children from attending supported playgroups have been found in a broad range of outcomes such as physical health and wellbeing, social competence, emotional maturity, language and cognitive skills and school readiness, although we cannot say if these benefits continue after they cease attending supported playgroups.
- Supported playgroups are highly acceptable and enjoyable to those who attend them and can often lead to greater community engagement. Better engagement is often found when they are targeted to specific groups.

It should also be noted that the current briefing paper does not present a comprehensive search of the current supported playgroup literature and is based on only a few key resources. More research in this area would enable policymakers to draw stronger conclusions on the initial benefits found to children, their parents and the community.

METHODOLOGY

A targeted search of the playgroup literature was conducted. Key paper recommendations were sought from experts at the Parenting Research Centre. Additional studies dated 2014-15 were sought via Google Scholar.

This *Briefing Paper* presents an overview of the most recent research, rather than a comprehensive search of the literature concerning supported playgroups.

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