

# Supporting Parents Improvement Group

## **The Highland parent support framework** *'getting it right for every parent'*

'Raising a child is one of the most important things many of us will ever do and, as individuals and as a society, we need to place a higher premium on the act of parent and supporting young children. We need to build a wider shared responsibility in our communities and across the country for giving children a good start in life. This is a wise investment of time and resource for us all.'

*Joining the dots*, Independent Report by Professor Susan Deacon, 2011

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Thanks to all the parents and professionals who have shared their experiences and views

Document compiled by Julia Nelson, EY Health Development Officer  
On behalf of Supporting Parents Improvement Group.

*Throughout this document the terms 'parent' and 'parents' refer to the mother, father or other adults who have the main responsibility for caring for a child or young person. This includes adoptive parents, foster-carers, grandparents or other kinship carers*

## Introduction

A loving and caring relationship between a child and their parents is recognised as the key to a happy childhood which enables a child to develop to their full potential and leads to a stable, productive adult life. Most parents want the best for their children and manage to provide the love and care that they need, often helped by family and friends. All parents struggle at some points and may benefit from additional informal or formal support. Some parents face obstacles which make it difficult for them to enable their children to grow up healthy, happy and able to realise their full potential.

Highland Community Planning Partnership supports the Government's ambition to make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, so that all children have the best start in life and are ready to succeed.

The importance of supporting parents is now recognised in the national parenting strategy<sup>1</sup> and this document outlines a Highland framework to support parents with dependent children

A multi-agency reference group helped to guide the early development of this framework and the principles below. Responsibility for implementing the actions now lies with the Supporting Parents Improvement Group, one of the thirteen groups tasked with delivering service improvements within *For Highland's Children 4*.

*Four principles of Highland parent support framework:*

- All children have the right to grow up in an environment that enables them to have happy, positive childhoods and to develop to their full potential
- Parents have the most important role in bringing up their children and are their prime educators
- Parents are entitled to:
  - be empowered to look after their children to the best of their ability
  - be treated as active contributors to the development of services
  - be offered accessible information and advice
  - be able to access appropriate additional support services
  - to be helped by practitioners who work to an appropriate standard and are suitably trained and supported
- Wide engagement of individuals and organisations, both within communities and across agencies, is recognised as a vital element of a strong, sustainable support structure for families.

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<sup>1</sup> *National Parenting Strategy – making a positive difference to children and young people through parenting*, Scottish Government, October 2012 <http://www.scotland.gov.uk/Publications/2012/10/4789/0>

## Context

There are almost 39,700 children aged 0 – 15 years old in the Highlands.

About 2,400 babies are born here each year, with approximately half of all births being to first-time mothers. Table 1 overleaf shows populations, by associated school group and age at school cut-off date 31 February 2013.

Our area has considerable assets and advantages in terms supporting parents: we have a relatively homogeneous population, indicating broadly similar traditions towards raising children; we have fairly settled populations that have the capacity to maintain or to develop supportive community networks. These positive foundations can be built on so that families are able to find and use information, advice and help with the responsibilities of bringing up a family, when required.

Scotland's Chief Medical Officer, Sir Harry Burns has highlighted the benefits of using 'assets model' approaches which can '*...accentuate positive capability within individuals and support them to identify problems and activate their own solutions to problems which they themselves identify. They focus on promoting health generating resources that promote the self esteem and coping abilities of individuals and communities, eventually leading to less dependency on professional services.*<sup>2</sup>

The overall aim of this parent support framework is to improve outcomes for all children (pre-birth to 16+years) in the Highlands and by 'getting it right for every parent' ensure that families are offered information and advice that is appropriate to their needs, at the earliest opportunity.

This framework is embedded within the wider approach of *Getting it right for every child*, which seeks to integrate services so that all children are healthy, achieving, nurtured, active, respected and responsible and included.

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<sup>2</sup> *Health in Scotland 2009 Time for Change: Annual Report of the Chief Medical Officer*, Scottish Government, 2010

Table 1: Estimated child populations by Area, Associated School Group and age-band.  
(by age on school year cut off date 31/02/13)

	0 to 4 yrs	5 to 11 yrs	12 to 15 yrs	Total
<b>NORTH</b>				
Kinlochbervie High	28	70	37	135
Farr High	39	74	53	166
Thurso High	679	894	594	2,167
Wick High	697	965	523	2,185
Golspie High	236	345	251	832
Dornoch Academy	134	184	153	471
<b>MID</b>				
Tain Royal Academy	467	662	381	1,510
Invergordon Academy	355	428	302	1,085
Alness	511	699	424	1,634
Dingwall Academy	853	1,200	824	2,877
Fortrose Academy	402	685	488	1,575
<b>WEST</b>				
Ullapool High	131	218	175	524
Gairloch High	99	145	110	354
Plockton High	152	273	203	628
Portree High	456	659	431	1,546
Mallaig High	80	148	86	314
Lochaber High	751	1,080	656	2,487
Kinlochleven High	139	187	109	435
Ardnamurchan High	76	155	78	309
<b>SOUTH</b>				
Glenurquhart High	101	215	136	452
Kilchuimen Academy	43	59	42	144
Kingussie High	355	525	312	1,192
Grantown Grammar	268	394	288	950
Nairn Academy	609	866	618	2,093
Charleston Academy	607	843	546	1,996
Culloden Academy	1,037	1,359	858	3,254
Inverness High	778	919	453	2,150
Inverness Royal Academy	1,003	1,309	706	3,018
Millburn Academy	1,092	1,363	742	3,197
<b>Grand Total</b>	<b>12,178</b>	<b>16,923</b>	<b>10,579</b>	<b>39,680</b>

Source: Based on data provided by Highland Council's Planning & Development Service drawn from NHS Practitioner Services, children registered with GPs, 2013

The framework recognises that mothers and fathers usually have the responsibility to be their child's prime caregivers and educators and takes as its foundation the United Nations Convention on the Rights of the Child, to which the UK (and therefore Scotland) is a signatory. Two articles are particularly relevant:

### **Article 5**

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

### **Article 18**

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.
2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.
3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

*UN Convention on the Rights of the Child, adopted 1989*

### **National and local priorities**

The importance of addressing parents' needs is reflected in national and local policies and strategies. The Scottish Government's national priorities are set out as 'Outcomes' and include several relevant to parent support:

Outcome

- 5 Our children have the best start in life and are ready to succeed
- 6 We live longer, healthier lives

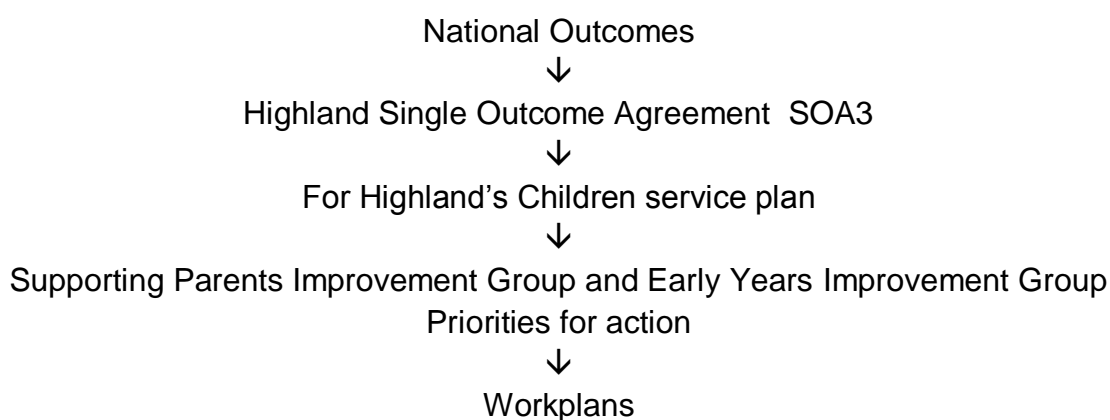
- 7 We have tackled the significant inequalities in Scottish society
- 8 We have improved the life chances for children, young people and families at risk
- 10 We live in well designed, sustainable places where we are able to access the amenities and services we need
- 11 We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

**National strategies**

- National Parenting Strategy
- Equally Well: Report of the ministerial task force on health inequalities
- A Pathway of Care for Vulnerable Families
- Early Years Framework
- Early Years Collaborative
- Refresh of Health for All Children – reinforcing key messages
- Pre-birth to Three: Positive Outcomes for Scotland’s Vulnerable Children and Families
- Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities
- Scottish Antenatal Parent Education Syllabus
- Pre-Birth to Three: Positive outcomes for Scotland’s Children and Families

**Highland**

Our Single Outcome Agreement (SOA3)<sup>3</sup> demonstrates how we are addressing the national vision outlined above. Actions are embedded in our children’s service plan *For Highland’s Children 4*, with parent support included in the priorities identified by the Supporting Parents Improvement Group and the Early Years Improvement Group.




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<sup>3</sup> available at <http://www.highland.gov.uk/yourcouncil/soa/>

## **Evidence base**

There is a growing body of evidence to support the widely-held understanding that our experiences in childhood will have a lifelong impact on the way we live our lives: our physical, mental and emotional health and wellbeing, our job prospects, our capacity to form positive relationships and our potential to become affectionate and effective parents.

Dr. Harry Burns, among others, has emphasised the impact that nurture has on brain development as well as affecting overall physical health<sup>4</sup>.

*‘Children who have had poor attachment experiences are overrepresented in social services referrals and youth justice systems. They are also more likely to suffer anxiety and depression in adult life.’*

Poor emotional and mental health affects the way we learn and our capacity to react positively to our surroundings. A child who lacks consistent warmth and care from their mother and/or father is less likely to flourish, with negative consequences for their education and employment and their own capacity to become a positive parent. The impact of parental capacity therefore affects both the individual and wider society.

The Growing Up in Scotland longitudinal study has begun to track the impact of early experiences on children’s cognitive development and the way that parenting styles affect behavioural outcomes at school entry<sup>5</sup>. Findings suggest that ‘the range and extent of activities that children experience have a significant independent association with their cognitive ability levels once socio-demographic factors have been controlled for.

## **Addressing inequalities**

Government policies and our SOA3 acknowledge the need to reduce disadvantage by targetting resources and efforts at those families who are most in need of help. However, there is evidence to show that universal support can act as a preventative measure and help to normalise the idea that bringing up a child is sometimes difficult and that parents should not be embarrassed to seek help. Those least in need often seek and receive the most help – the ‘inverse care law’ - and the Highland framework aims to strike a balance between improving the provision and take-up of services without widening inequalities.

All families experience pressures but many parents face particularly challenging times now, with increasing poverty and unemployment affecting household incomes, debt levels and housing security, coupled with financial restrictions on publicly funded services. Highland’s SOA3 document identifies that 15% of children in the Highlands are growing up in financially

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<sup>4</sup> *Health in Scotland 2006: Annual Report of the Chief Medical Officer*, Scottish Government, 2007

<sup>5</sup> *Growing Up in Scotland: The impact of children’s early activities on cognitive development* (2009) and *Children’s social, emotional and behavioural characteristics at entry to primary school*, (2010) both Scottish Centre for Social Research for Scottish Government



poor circumstances. In Inverness Central ward 29% of children live in poverty, and in Cromarty Firth ward the rate is 25%. Around 2,000 children in the Highlands live in severe poverty – 6% of all children in the area. Financial struggle and the worries this brings are likely to have a major impact on parents' daily lives and therefore may affect their ability to engage as positively with their children.

It is estimated that around one quarter of the Scottish population (26.7%) may face occasional challenges and constrained opportunities due to their literacies difficulties, but will generally cope with day-to-day life. Within this quarter of the population, 3.6% (one person in 28) face serious challenges in their literacies practices.<sup>6</sup>

It is not known how many of them are parents or carers, but it can be assumed that some of these adults will be responsible for a child's early learning. Evidence shows that the home learning environment is a key indicator for children's development<sup>7</sup> : children whose parents are not confident about reading and writing or encouraging enjoyment of books may be missing valuable early learning experiences.

More vulnerable families may require more intensive support, but all parents need to be as strong and confident as possible to overcome challenges and thus ensure their children get the best start. The Commission on the Future Delivery of Public Services<sup>8</sup> ('Christie Commission') concluded that the *'...adoption of preventative approaches, in particular approaches which build on the active participation of service users and communities, will contribute significantly to making the best possible use of money and other assets. They will help to eradicate duplication and waste and, critically, take demand out of the system over the longer term.'*

In Highland we still have children who develop less well than others, who under-perform at school, have behavioural difficulties, are accommodated or looked after and who make unhealthy lifestyle choices. In terms of health inequalities, oral health is considered an indicator of having a healthy start in life, with the rate of tooth decay at 5 years old showing a clear gradient that increases with deprivation. While our children's oral health has improved considerably, the latest report shows that just under a third (29.8%) of P1 pupils in Highland had obvious tooth decay<sup>9</sup>.

Parents-to-be/ parents who are likely to be more vulnerable and require additional support include those who are:

- On a low income
- An expectant parent/new parent who was looked after or accommodated
- A teenage parent-to-be/parent

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<sup>6</sup> *Scottish Survey of Adult Literacies 2009: Report of findings*, Scottish Government Social Research 2010

<sup>7</sup> *Impact of the Home Learning Environment on Child Cognitive Development: Secondary Analysis of Data from 'Growing Up in Scotland'* Melhuish, E., Scottish Government, 2010

<sup>8</sup> Commission on the Future Delivery of Public Services, APS Group Scotland, June 2011

<sup>9</sup> *National Dental Inspection Report 2012*, Information Services Division, NHS National Services Scotland

- Homeless or have insecure housing
- Affected by domestic abuse
- Experienced premature or difficult birth
- Experienced postnatal depression
- A lone parent
- Living in an isolated situation
- New to area/without a network of support
- Affected by a learning difficulty, other disability or illness
- Their child has a disability or illness
- Affected by substance misuse
- People whose first language is not English
- Prisoners/ex-offenders

Evidence from economic modelling work published by the Scottish Government<sup>10</sup> indicates that “*a failure to effectively intervene to address the complex needs of an individual in early childhood can result in a nine fold increase in direct public costs, when compared with an individual who accesses only universal services*”. Investment in supporting families with young children aged 0-5 years is therefore highlighted in the Supporting Parents Improvement Plan.

Given the evidence that early experiences affect health, education and employment in the long-term, supporting families with children can be seen as the key ingredient to addressing inequalities and improving the economic and social wellbeing of the Highlands in future.

### **Involving families and professionals in building the Highland framework**

Views from parents and practitioners have been sought in a variety of ways to find out what they have found to be effective or not helpful and what they see as the priorities in a parent framework – a summary is at Appendix C. For parents, the most important consideration is the attitude of professionals towards them and their concerns. For practitioners (professionals and volunteers) their capacity to offer high quality support has often been an issue. This may be absence of appropriate training and supervision or perceived lack of time within their role to offer interventions to parents.

Fathers have traditionally been less likely to feature in promotional material or research, especially concerning very young children. This is changing and the national parenting strategy includes a commitment to address the needs of dads and other male carers and the establishment of a Scottish network.<sup>11</sup>

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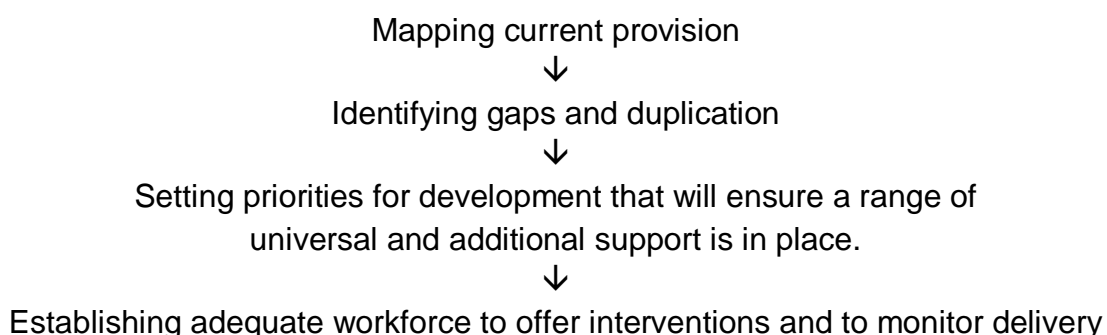
<sup>10</sup> The Financial Impact of Early Years Interventions in Scotland, 2010  
<http://www.scotland.gov.uk/Resource/Doc/920/0107869.pdf>

<sup>11</sup> <http://www.fathersnetwork.org.uk/>

## The Highland Parent Support Framework

All families with children are entitled to core information. Where more support is needed than can be found from family, friends and community groups, a variety of interventions is likely to be necessary. Some types of support are already in place, some are intermittently available; others require to be introduced. The framework proposes that a coherent range of interventions is available in each area. The framework is underpinned by an Improvement Plan (Appendix A) that sets out priorities for action.

Each area of Highland has its own requirements, affected by its demography, geography and the needs of parents. To enable appropriate services to be in place, area management teams will have a planning template to guide them in:



All parents of young children are offered a series of core visits as part of the maternity services framework and the child health programme, accompanied by national resources, such as Ready Steady Baby!, Ready Steady Toddler!, Bookbug bags and play @ home booklets. Once children start primary school, less universal information is offered, though increasingly some primary and secondary schools are encouraging discussions around parenting topics e.g a group for parents of teenagers in Caithness. We have an online Family Information Service<sup>12</sup> which can be developed and there are some government-funded national websites and helplines offering practical advice for parents.

Universal services and strong local networks for parents play a valuable role in preventing difficulties from arising or by tackling them early on and so reducing the need for more intensive and therefore expensive interventions at a later stage. Strengthened universal provision, for example, increased availability of antenatal and postnatal advice and maximising opportunities for connecting with parents via pre-schools and school communities or other local hubs, offer routes to early intervention.

Overleaf is a 'results chain' summarising the different elements of the framework and showing the short and medium outcomes. It is a shortened version of the Improvement Plan at Appendix A.

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<sup>12</sup> <https://www.scottishfamilies.gov.uk/LocalChis.aspx?chisid=25>

High level outcome	Our children and young people have the best possible start in life and are ready to succeed.				
↑ Intermediate Outcome	<b>Children experience positive family relationships that support their development</b>	<b>Additional support is available to parents/carers where required</b>	<b>Interventions/supports for ages/stages and levels of needs are available</b>	<b>Parents and professionals access information to support parent skills and family life</b>	<b>Area level evidence is used as a basis for developing the Framework</b>
↑ Short term outcome	All parents/carers are aware of the importance of positive relationships on children's health and wellbeing	Parents and professionals will be aware of the type of support available in each area and how to access it	A range of appropriate support is available to parents in each area	Parents/carers and professionals can access information on local contacts and services, including financial advice	Areas uses local data from annual report to identify priorities for parent support action
↑ Outputs	Information and support is available via community settings i.e. health, education, childcare, family support, leisure	1:1 support and a calendar of programmes operates in each Area	Investment in delivery and staff training is planned for 2013-2016	Website and a telephone contact is available for families and professionals and widely publicised	Annual report of activity, outcomes and training needs is produced for each area
↑ Reach	Families pre-birth-16years+ in Highland; Practitioners	Families pre-birth-16years+ in Highland; Practitioners	PHN teams, Social Work teams, family support organisations	Families pre-birth-16years+ in Highland; Practitioners	All four Highland Areas
↑ Activities	<b>Parent Support Framework sets out core universal service is available and recommends additional support</b>	<b>Each area plan sets out the support currently available and required and identifies staff and budget</b>	<b>Identify training needs and institute training and supervision structure</b>	<b>Improve content of Highland childcare &amp; family information website; seek other media opportunities</b>	<b>Areas provide data which is analysed centrally; additional consultation with families</b>
↑ Inputs	Integrated Children's Service & partners	Integrated Children's Service & partners	Integrated Children's Service & partners	Parent Support DO, Childcare & Early Education group	Integrated Children's Service & partner

## Information for parents

Everyone involved in bringing up children should be able to access information that will help them to understand their responsibilities and to develop their confidence and skills so that they can provide a positive home environment. This element of the framework concerns information which parents can access directly.

Parents and carers are likely to need a range of factual information dependent on their circumstances, literacy level and their child's age and stage of development. The way in which people find it easiest to access that information will also vary, from printed material to using the internet, graphics or direct personal contact<sup>13</sup>. For many parents, their family and friends will usually be their first and main source of advice.

The framework recognises the impact of differing literacy levels and aims to enable parents and carers to find out easily the information that they are looking for. The latest strategic guidance<sup>14</sup> notes that one of the key factors linked to lower literacies capabilities is poverty, *“with adults living in the 15% of the most deprived areas in Scotland being more likely to have literacies capabilities at the lower end of the scale. It is important that organisations keep this in mind when they are planning engagement strategies to reach prospective learners.”*

Good quality websites are available offering advice on a range of topics e.g.

[www.parentingacrossscotland.org.uk](http://www.parentingacrossscotland.org.uk)

However, some more vulnerable parents in Highland who were consulted said they were unlikely to seek information via the internet and wanted to be able to talk to a sympathetic individual or to find written information from a local outlet. The difficulty of finding out what services and activities were available, especially for first-time parents, was frequently mentioned.

All parents are offered some core written information for the antenatal – 5 years stage. The Highland section of the Scottish Families Information Service website <https://www.scottishfamilies.gov.uk/LocalCategories.aspx?chisid=25> includes tabs for 'parenting', 'family support' and other advice. This page format of lists is not particularly easy to navigate, but it is a national template. However, we can review and improve our content.

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<sup>13</sup> *Health and Parenting information: Meeting the needs of all parents*  
Anne Birch & Claudia Martin, Scottish Centre for Social Research Introduction  
NHS Health Scotland March 2010

<sup>14</sup> *Adult Literacies in Scotland 2020 – Strategic Guidance* (Scottish Government, 2011)  
<http://www.scotland.gov.uk/Publications/2011/01/25121451/0>

Other improvements to be considered include:

- **Highland Council service points and Health Centres**

Information is available explaining where parents can find support.

- **School introductory packs**

Schools are provided with information about the framework and the website address to include in their introductory packs for parents and on their school websites.

- **Parent sessions**

Information sessions for parents of children in pre-school or school are developed. A pilot session at Inverness Royal Academy for parents of S1 children in September 2011 was well-received and the format is available on GLOW. A pilot for the transition to P1 is included in the Improvement Group action plan.

- **Visual material**

A graphic format helps to overcome problems of literacy and language and offers an attractive way to gain information. DVDs on early years development are lodged with health visitors to use with parents and graphic material is available for parents with reading difficulties or a learning disability. Opportunities to show clips of positive parent behaviour, with a link to the parent information website will be sought. In the longer term, consideration could be given to producing a Highland DVD, featuring local families and settings.

- **Online information for practitioners**

As a wide range of statutory and voluntary agencies are involved in supporting families with children, a source of information for staff working with parents would be useful. Possible locations could be the Scottish Families Information Service website or the For Highland's Children website.

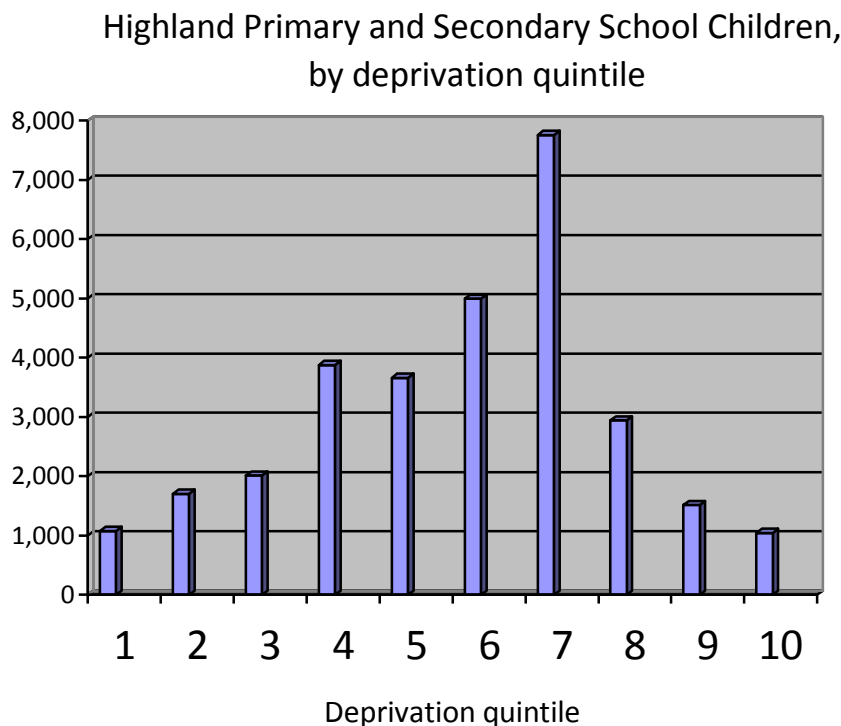
- **Local 'family-friendly guides'**

There is potential for communities to produce their own guides, based on local families' knowledge and experience, detailing how parents and children can get the best from an area e.g. play spaces and walks, accessibility levels, wet weather activities, places to eat, toilets/changing facilities, local sources of advice and support. Guides could be printed or online.

### Estimating demand for additional support

Levels of demand for help with parenting problems vary across the Highlands and each area will have its own priorities. It is not possible to identify the number of Highland parents who may need additional help at any one time. In 2008, just under half (48.8%) of Highland children aged 0-19yrs lived in households dependent on out of work benefits or child tax credit more than the family element<sup>15</sup>. While take up of benefits does not imply a family needs additional support, it may indicate that they have to live on a tight budget, which in turn may put pressure on a parent/carer.

As an overview, the chart below shows the number of primary and secondary school children matched to the areas of deprivation quintiles. Similarly, living in a neighbourhood identified as more or less 'deprived' does not mean that families necessarily require more or less support but the data may be helpful as part of a wider view of areas requiring more investment.



Source: Planning and Development Service, Highland Council, 2013

The Growing Up in Scotland (GUS) longitudinal survey found maternal mental health to be associated with socio-economic disadvantage, impoverished interpersonal relationships and

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<sup>15</sup> Estimated from Scottish Public Health Observatory *Highland CHP Summaries - Children & Young People Profile, 2010*

with poor social support<sup>16</sup>. Maternal mental health exerted ‘a significant independent effect on key child outcomes’. Children with mothers who were free from mental health problems were ‘more likely to have more positive outcomes and that those children whose mothers had persistent mental health problems had the poorest outcomes.’

From the sample of over 3000 mothers of children 0-4 years old ‘...almost a third were defined as having poor mental health at some point in the first four years of the cohort child's life. The GUS survey also found that 14% of respondents had neither formal nor informal support when their child was 10 months old. At age 4, the figure was 13%<sup>17</sup>. At a broader level, evidence used by the Scottish Public Health Observatory<sup>18</sup> indicated that 8.3% of children in Scotland aged 5-15 had a clinically recognised emotional or behavioural mental health problem in 2004. Parents of children experiencing mental health problems may well require additional help.

Based on this evidence, together with feedback from practitioners, this framework assumes that at least 10% of Highland’s dependent children (approximately 4,000) may have additional needs and parents who might require extra support at some point.

*Estimated 10% of children in Highland by age band*

0-4s	Primary school	Secondary school up to 15yrs
1,218	1,692	1,058

**Assessment**

Health and education practitioners already assess all children’s wellbeing and developmental different stages, as part of their core work. When problems are identified, further assessment is made, which may involve other services. Often an assessment will involve considering how parents need to be supported to effect improvements in the child’s situation.

The use of the GIRFEC Highland practice model, in partnership with parents, will help to focus on those areas most important to address in terms of parent support. The *My World Triangle* looks at the child’s whole world from the perspective of the child and all three ‘sides’ are likely to be affected by the abilities of parents. Many elements of the triangle may also be seen as representing what parents themselves need to be effective.

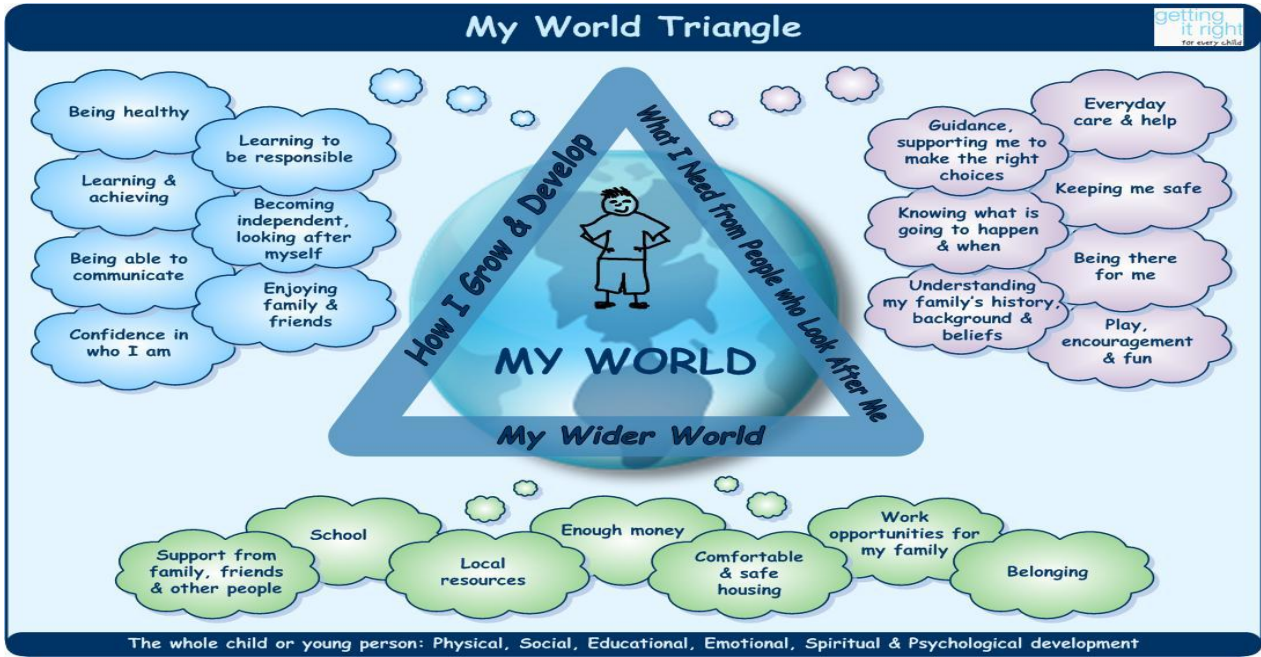
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<sup>16</sup> *Growing Up In Scotland: Maternal mental health and its impact on child behaviour and development*, Scottish Government, April 2010

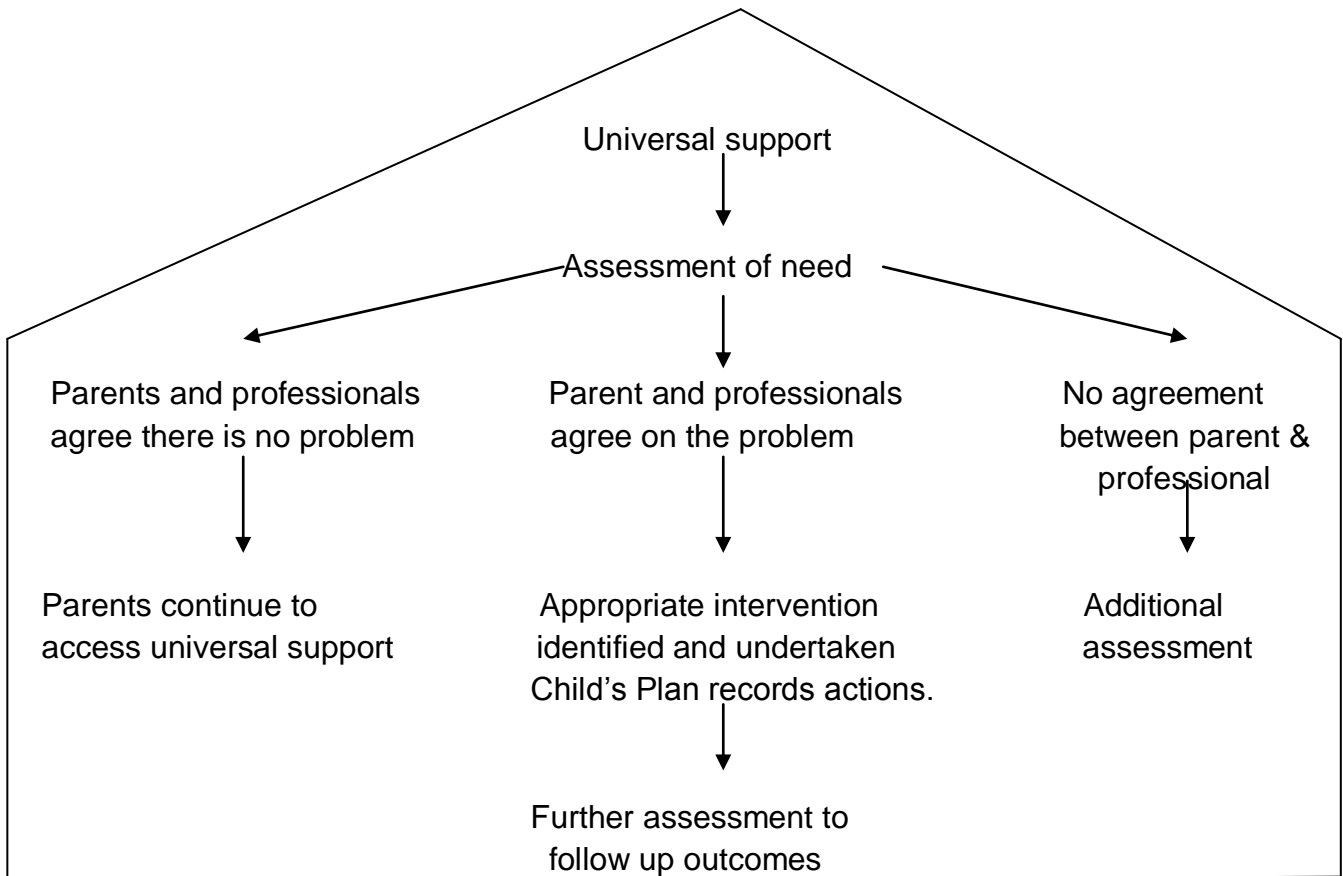
<sup>17</sup> *Growing up in Scotland: Parental service use and informal networks in the early years*, Scottish Government

<sup>18</sup> [http://www.scotpho.org.uk/home/Healthwell-beinganddisease/MentalHealth/mental\\_keypoints.asp](http://www.scotpho.org.uk/home/Healthwell-beinganddisease/MentalHealth/mental_keypoints.asp) (accessed 27.1.12)





Appropriate assessment will ensure parents can be directed to the most appropriate type of help.<sup>19</sup>



<sup>19</sup> Based on Greater Glasgow and Clyde Health Board Parent Strategy

## **Types of interventions**

### *Individual contacts*

Many parents, especially those with children 0-3 years, currently receive individual advice from professional practitioners as part of the regular contacts within the child health programme. Face to face contacts with professionals may often be the most appropriate form of help when a parent needs extra help, allowing for personal discussion and overcoming difficulties in attending a group programme. Trained volunteers, for example breastfeeding peer supporters and befrienders working with Home-Start and Family First, are also able to offer advice in the home. The Family Nurse Partnership initiative is delivering an intensive support service to teenage women in the Inverness and Moray Firth area who are pregnant, up until their child is two years old.

### *Groups and programmes*

Structured group interventions offer a range of benefits to parents, particularly encouraging the recognition of personal and community assets, building social networks and enabling learning from peers.

Professionals' time spent on supporting a group can be cost-effective, though this has to be offset against the costs of hiring a venue and providing a creche and transport if necessary. In the more rural parts of Highland the practicalities of travelling to and from a group may also cause difficulties for some parents. There may be small numbers of parents requiring a particular type of support programme at any one time.

Baby massage instruction is an example of an effective method of bringing new parents together and encouraging them to support each other, in addition to learning the massage techniques. The skills can also be taught 1:1 in the home. It forms part of a wider suite of antenatal and postnatal services that is being developed in the Highlands.

Similarly, parent and toddler groups and Bookbug sessions in libraries play a valuable role in providing opportunities for parents and children to come together. Some specialist programmes are already available, such as the 'EarlyBird' course for parents of children with autism.

Where there are additional needs, as well as (or instead of) recognised programmes, suitably experienced practitioners are in a position to offer sessions, tailored to local needs, in line with the Parent Support Framework's standards for delivering interventions (Appendix B).

For example, a series of sessions could cover a range of topics identified by parents themselves, such as injury prevention, first aid for children, income maximisation advice as well as more direct parenting skills e.g. establishing routines and setting boundaries on behaviour.

Via NHS Highland's Public Health team, training is available on behaviour change, motivational interviewing and working with groups. Currently there is no fee for this training.

Materials are available which facilitators could adapt for their specific purposes e.g., the 'Playalong' programme of six or seven sessions for vulnerable parents with 3-9 month olds or specialised trainers may be commissioned for specific topics e.g. active play, healthy food choices.

### *Recognised parent education programmes*

Evidence shows that parent education programmes can be very effective in supporting a wide and diverse range of parents in improving their family outcomes. By helping parents develop protective factors such as warm and responsive relationships, and strategies for reducing factors that increase risks, like harsh and inconsistent discipline, programmes can make a real difference to the lives of families and children.

*SCIE Report 21: Follow up work to support implementation of the NICE/SCIE guidance on parent programmes (Social Care institute for Excellence, 2009)*

Some professionals in Highland have been trained to deliver a variety of parent programmes. Due to changing work patterns, restricted time or staff moving on, some have rarely had opportunity to implement their training in practice, representing a loss of these skills.

To ensure a coherent series of programmes can be regularly delivered to a high quality, as part of the configuration of area teams, practitioners will be identified in each area who have responsibility for leading structured groups and programmes, along with the necessary administrative support, budgets and supervision arrangements.

### **Delivering structured programmes**

Four programmes suggested at present are: PEEP (Parents Early Education Partnership), The Solihull Approach, The Incredible Years and Mellow Parent/Mellow Babies. More detail is below.

In addition, **Triple P** is a widely-recognised programme, not yet used in the Highlands. Through the 'Psychology of Parenting Project' the Scottish Government is funding the roll out of training and the initial delivery costs of Triple P and The Incredible Years, aimed at parents of 3 and 4 year olds with behaviour difficulties. Discussions are in hand to assess the possibility of Highland accessing this project.

## Programmes

These programmes require two leaders and could usually accommodate a maximum of 12 parents. Area Managers have details of those trained to use these materials, a sample calendar and costings.

Parental need	Programme	Duration	Practitioner training
<p><i>Universal or lower level needs (0-4 years)</i> Builds parental confidence in their abilities to enhance their children's learning by making the most of everyday play and learning opportunities,. Parents and children take part together in series of songs, stories and other practical fun activities</p>	<p><b>PEEP Parents Early Education Partnership</b></p> <p>May also be used 1:1</p>	<p>Rolling programme of 1.5 hour sessions for parent and child Approximately termly.</p>	<p>2 consecutive days via a PEEP Trainer.</p> <p>A Highland practitioner will undertake the Trainer training in Spring 2014.</p>
<p><i>Lower level needs (0-16+years)</i> Aims to improve parent-child relationships and behaviour management Learning methods include role plays, homework and group exercises. The programme is based on psychodynamically-orientated theories and attachment theories and includes social learning and behavioural theories.</p>	<p><b>Solihull Approach * 'Understanding Your Child's Behaviour'</b></p> <p>May also be used 1:1</p>	<p>2 hour parent session x 12 weeks</p>	<p>2 days, a fortnight apart Via Solihull Approach approved trainer.</p> <p>Currently delivered by Solihull Approach staff but a Trainer training is available.</p>
<p><i>Moderate level needs (0-16 years)</i> Designed for children with general behaviour problems, ADHD, ODD and aggression and parents (including foster</p>	<p><b>The Incredible Years</b></p>	<p>2 hour parent session x 14 weeks</p>	<p>3 consecutive days Via a The Incredible Years trainer.</p>

<p>parents) with low family income, moderate anxiety/stress and/or at risk of child maltreatment. The programme aims include increased positive interactions and improved parent-child relationship. Covers range of ages but materials already in Highland for Baby &amp; Toddler and 3-6 yr stage</p>			
<p><i>Higher level needs (any age)</i> Designed for mothers or fathers (separately) with complex needs including mental health and child protection concerns with children aged under five. It aims include improved parent-child relationships with more positive interactions and enhanced parental self-confidence and self-esteem.</p>	<p><b>Mellow Parent*</b></p>	<p>1 day per week x 14 weeks</p>	<p>3 consecutive days via Mellow Parenting trainer.  Unlimited free online/email and telephone supervision is offered to all practitioners.</p>
<p><i>Higher level needs (0-1yrs)</i> Designed for parents with high or critical needs such as post-natal depression, those with parent-child relationship problems, and child protection issues. The programme aims to increase awareness of child development and enhance parental sensitivity as well as to improve parental mental health and wellbeing.</p>	<p><b>Mellow Babies*</b></p>	<p>1 day per week x 14 weeks</p>	<p>Formal supervision from Mellow Parenting would be available to Highland practitioners, via Skype or telephone or for a fee, in the workplace.</p>

<p><i>Higher level needs (antenatal)</i></p> <p>Programme based within a group setting to help mothers chill out and relax.</p> <p>The programme includes video material to introduce mums-to-be to baby brain development and the social capacities of babies from birth.</p> <p>Mums-to-be are also helped to identify their own needs and how to access support both in pregnancy and after the birth of their baby. There are also sessions involving partners if there are not enough expectant fathers to run a full dads-to-be group.</p>	<p><b>Mellow Bumps</b></p>	<p>2 hours x 6 weeks</p> <p>Aimed at women at 20-30 weeks' gestation</p>	<p>Mellow Bumps training will be delivered in Highland in early 2014.</p>
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\*These programmes are recommended in NHS Highland's *Infant Mental Health (prebirth - 3 years) Best Practice Guidelines (North Highland)* , August 2012

## Delivering structured programmes

Assuming a maximum attendance of 12 parents/carers per course, a basic rolling programme in each Area could provide:

**Solihull Approach Group:** 4 courses per year = 48 parents

**The Incredible Years:** 2 courses per year = 24 parents

**Mellow Parent or Mellow Babies:** 1 course per year = 12 parents

This would give a maximum annual attendance in area of 84 parents

**PEEP** could operate as a rolling programme for parents and children 0-4yrs.

## Estimated resources required

Without adequate administrative support, programmes are not cost-effective. Time is required to set up, maintain and record details of a group that will enable it to:

- Run smoothly: room hire, arranging materials & resources
- Secure and maintain maximum take-up by parents
- Record information to enable monitoring and evaluation of attendance, outcomes and costs

It is difficult to estimate the time required, but it is likely at least 1 hour per week per course is likely to be required.

*Estimated days (7 hour days) required to deliver basic programme of courses in an Area, to reach up to 84 parents*

Programme	Admin.	2 Facilitators *
Solihull Group x 4 courses pa = 48 wks	5.7	72
The Incredible Years x 2 courses pa = 28 wks	4	56
Mellow Parent x 1 courses pa = 14 wks	2	42
<b>Total days</b>	<b>11.7</b>	<b>170</b>

\* This does not include initial training/familiarisation or travel time to/from sessions or supervision/reflection.

## Creche, venue and catering

If courses run in the day during term-time and most parents' children are in pre-school/school, then the creche costs can be kept to a minimum or a creche may not be needed at all. Interventions aimed at parents with children under 3 are particularly likely to require creche provision, unless family/friends can provide adequate care.

Care Inspectorate requirements are for two adults to be in attendance at any one time

Direct Childcare, a not-for-profit Highland company, can arrange and supply crèches for parent support sessions.

Their staff-child ratios are: Under 2yrs = 1:2, 2 –3yrs = 1:4, 3yrs and over = 1:8

Venues will be need for the session time plus at least half an hour per session for set-up & take-down.

For Solihull & The Incredible Years groups, parent could be asked to contribute or bring their own tea/coffee/milk/fruit/biscuits, but a nominal £7 per session is included in the sample below.

Mellow Parent/Babies: this is a full day course and includes parents eating and interacting with their children over a lunchtime. This programme is aimed at vulnerable parents and so lunches may need to be provided.

**Sample direct costs per area** (excludes staff time, travel and any additional resources)

	Creche*	Venue*	Catering*	TOTAL	Unit cost Per parent †
Solihull Group x ½ day course x 4 courses pa = 48 wks	£228 x 48 = £10,944 (2 hours)	£20 x 48 = £960	£336	£12,240	£255.00
The Incredible Years x ½ day course x 2 courses pa = 28 wks	£228 x 28 = £6384 (2 hours)	£20 x 28 = £560	£196	£7,140	£297.50
Mellow Parent x 1 day course x 1 course pa = 14 wks	£624 x 14 = £8736 (6 hours)	£56 x 14 = £784	(inc. lunch) £980	£10,500	£875.00
<b>Total</b>				<b>£29,880</b>	

\* Reductions might be possible e.g. lower or no creche costs if fewer /older children, free or lower cost of premises, parents donate towards refreshment costs

† Based on the maximum of 12 parents attending each programme

A minimum of two and ideally 4 trained staff are required in each area, to cover for sickness, holidays etc.



## **Developing practitioner skills**

Many staff in Highland are already highly skilled at supporting parents and enabling them to develop their confidence and skills. This ranges from midwives, to parent toddler group facilitators and librarians, to health, social care and education staff.

Key to the improved access to services will be the establishment of family teams in each area, enabling clear identification of staff with a remit to deliver programmes on a regular basis and routes to supervision. Frequency both ensures that parents and professionals can expect a certain level of services and also that practitioners become expert at delivery.

Practitioners usually require to undertake specific training to deliver recognised programmes along with a structure to provide supervision and continuous professional development. Area management teams are able to access details of those trained in various programmes and to prioritise who should take up training opportunities in future.

## **How we will know if the Framework is effective**

### **Monitoring and evaluation**

Monitoring the levels of support activity and the impact these have on parents' behaviour and views will enable an assessment of how services and interventions are improving the lives of parents and children. The Supporting Parents Improvement Group priorities for action at Appendix A are incorporated into *For Highland's Children 4* service plan. Reports on the progress of these actions will form part of the FHC4 performance monitoring system.

The key actions are:

- the establishment of the framework and its incorporation into the work of area teams
- developing information and advice available to parents
- increasing the availability of interventions where parents require extra support
- developing practitioners' skills

### **Consultations**

Regular consultation with families, professionals and the wider community is required to assess the value of services in improving outcomes for children and families.

Views will be gathered from parents on what would be useful to them along with feedback from those who access services, to gauge its impact on them and their children. The views of practitioners and volunteers will also be sought. Together, this evidence will inform the development of the parent support framework.

On time
Significantly delayed
Not yet started
A little behind time
completed

For Highlands Children 4 Improvement Plan  
**Supporting Parents Improvement Group**

**APPENDIX A**  
Date of plan  
27.09.2013

**What do we need to improve?**

Address inequalities in outcomes for children by ensuring universal support to parents of children pre-birth-16yrs+ and additional support where required, through establishing a parent support framework in line with the Highland practice model

Increase parents' awareness that forming and maintaining a secure attachment with their child is the foundation for a positive relationship; enable parents to achieve this by offering effective information and practical support

Improve the information available to parents about sources of support

Encourage and support the use of national resources which have been developed including Antenatal Education Pack, Pre-birth to Three guidance, play @ home.

Strengthen community facilities and networks which can support parents

Establish consistent methods of assessing parental needs and linking these to appropriate interventions

Ensure a suite of interventions is available in response to local needs of families

Ensure staff are adequately trained and supervised so they are able to deliver high quality interventions

Allocation of responsibility for identifying local needs, prioritising actions and managing resources (staff and budget)

Identifying responsibility for monitoring and evaluating the delivery of parent support interventions and the outcomes for families.

**How do we know?**

Child Health surveillance system data is recorded

Known levels of parent support activity from Childcare & Family Resource Partnerships, service level agreement reporting, financial expenditure

Parental feedback 2009-2012 from surveys and focus groups

Records of staff training

**What key outcomes have we achieved?**

Key performance outcomes

## 1.Improving the wellbeing of families to support children and young people

### THEMES

The extent to which family well-being is strengthened through: resilience, confident parenting and early intervention

### KEY FEATURES

This relates to improvements community planning partners make to increase the resilience and confidence of parents/carers by establishing a coherent framework of support.

### Improvement priority 1 : Address inequalities in outcomes for children by ensuring universal support to parents of children pre-birth-16yrs+ and additional support where required, through establishing a parent support framework

SHANARI	Outcome	Actions	Timescale	Responsibility	Measures/data source	BRAG
Safe, Healthy, Nurtured	1.1 Expectant parents, parents/carers, councillors, CPP members, managers and Childcare & Family Resource Partnerships and are aware of the types of support which parents can expect	1.1.1 Consult on draft Highland Parent Support Framework	October 2013	SPIG and EY Health DO	Record of consultation; feedback	
		1.1.2 Final document circulated	December 2013	EY Health DO	Record of Framework document circulation; Document accessible online	
Safe, Healthy, Nurtured	1.2 Each area in Highland has a plan for supporting parents, which meets local priorities	1.2.1 A template is devised, to be adapted to meet local priorities	July-Nov 2013	EY Health DO	Following pilot, templates provided to all four area managers	

		1.2.2 Managers are clear about the budget available for parent support work in their area	By Dec 2013	EY Health DO Business Support team Area Management	Managers receive confirmation of budget	
Safe, Healthy, Nurtured	1.3 Types of support are developed as a result of monitoring and evaluation of outcomes for families	1.3.1 A central co-ordination post and accompanying administrative post are established with responsibility to: support service developments; collate data and report on progress towards priorities; co-ordinate training.	December 2013 and ongoing reporting	Head of Health	Posts established; regular reports provided to FHC4 monitoring and other dissemination as relevant	

How well do we meet the needs of our stakeholders?

**2. Impact on children, young people, families**

a) THEMES

The extent to which parental confidence is strengthened through being well-informed about children’s development and having opportunities to develop their skills

KEY FEATURES

Outcomes relate to improvements in parental confidence and skills through accessible and timely information and advice and involvement in developing services. It recognises that parents/carers networks in communities are a valuable asset

**Improvement priority 2: Improve the information available to all parents to support them in their role of providing a safe, loving and nurturing environment that benefits their child**

SHANARI	Outcome	Actions	Timescale	Responsibility	Measures/data source	BRAG
Safe, Healthy, Nurtured	2.1 Expectant parents and parents of 0-5s are aware of the impact of the earliest years on children’s long-term wellbeing and the importance of positive attachment	2.1.1 Accessible information for parents is universally available, suggesting ways they can positively influence their child’s wellbeing	Ongoing	Maternity Services and partners	The Scottish Woman Held Maternity Record (SWHMR) and Pathways for Maternity Care (NHS QIS) detail information that should be given to parents through pregnancy and the early postnatal period. The Highland Information trail – reviewed annually & HIRS library catalogue offer resources that can be used to support this.	
		2.1.2 Implementation of NHS Health Scottish Antenatal Education Pack and Compassionate Connections in line with recommendations of the Refreshed Framework for Maternity Care  Training of midwives, health visitors and other staff delivering antenatal education in	Dec 2013 – June 2014	Head of Midwifery, Lead Midwives, H&SC teams and third sector	Data from local champions in maternity services who will be responsible for cascading information and parent education including the engagement of partners involved in parent education	

<p><i>continues</i></p> <p>2.1 Expectant parents and parents of 0-5s are aware of the impact of the earliest years on children's long-term wellbeing and the importance of positive attachment</p>	<p>motivational interviewing/behaviour change is required to deliver health improvement and promotion including the education pack and Compassionate Connections effectively.</p>			<p>Feedback from National Practice Education Facilitator (PEF) posts to support implementation of Compassionate Connections who have been appointed to support the North of Scotland area</p>	
	<p>2.1.3 Develop use of local parent information slips in Red Book, via EY Collaborative and improvement methodology</p>	<p>March-Dec 2013</p>	<p>Care and Learning Alliance PTGF team, EY Health DO</p>	<p>Highland EY Collaborative evidence</p>	
	<p>2.1.4 Distribute play @ home booklets and promote their use, alongside Bookbug bags, in the home and community</p>	<p>Ongoing</p>	<p>EY Health DO Play @ home Advisory Group, H&amp;SC teams, High Life Highland Libraries team and other third sector partners</p>	<p>Evidence of distribution and promotion activities; practitioner training record; CALA PTGF record</p>	
	<p>2.1.5 Devise method of using Before Words material in antenatal and postnatal settings</p>	<p>Dec 2013</p>	<p>AHP Lead</p>	<p>Implementation plan in place</p>	
	<p>2.1.6 Extend use of PEEP (Parents Early Education Partnership) materials in groups and 1:1 following pilots</p>	<p>Ongoing</p>	<p>EY Health DO, Area management, H&amp;SC staff and third sector partners</p>	<p>Evidence of groups and use in the home; feedback from parents on impact for them; feedback from practitioners on effects on practice</p>	
<p>2.2 Parents are aware of developmental stages of their child's life and informed about how to support these by offering them information at key transition stages.</p>	<p>2.2.1 Written information and/or a group session will be offered at entry to P1:</p> <ul style="list-style-type: none"> <li>• Link with EY Collaborative Workstream 3 to explore how improvement methodology can be applied.</li> <li>• Draft the material to be piloted and devise the formats</li> <li>• Trial material with parents and education staff</li> <li>• Refine material and</li> </ul>	<p>Oct 2013- Sept 2014</p> <p>Oct-Dec 2013</p> <p>Jan-Mar 2014</p> <p>Apr-June</p>	<p>EY Health DO, Workstream 3 Lead, EYC Co-ordinator, EY QIO</p> <p>EY Health DO, PHN Lead, AHP Lead, EY QIO and other relevant specialists</p>	<p>Workstream 3 reports include update on activity</p> <p>Draft completed by end December 2013</p> <p>Report on outcome of trials</p>	

		implementation method Offer leaflets/groups to a sample of parents on entry to P1	2014  Aug-Sept 2014	EY Health DO, PTs Pre-school, Head Teachers and nursery staff, CALA managers and partner centre staff	Final versions of leaflet and group format in place Evidence of information provided and feedback from parents on its value	
2.3 Parents are able to access information and advice and to develop local support networks	2.3.1 Consult parents/carers about where would be suitable venues to access information and what they would like provided	Oct 2013- March 2014	EY Health DO, Area Management, CFROs	Data from consultation is recorded and analysed		
	2.3.2 Explore options for local bases offering information and advice on parenting and with potential to provide a nucleus for developing local parents' networks	Oct 2013 onwards	EY Health DO, Resource Manager EYrs , CFROs, Area Management, maternity services, Head Teachers, Third sector partners	Evidence of local outlets identified  Proposals for the information/services to be provided		
	2.3.3 Development of material available on Highland Family Information Service website and/or alternative platform	Oct 2013 ongoing	EY Health DO, Resource Manager EYrs, H&SC staff and third sector partners	A range of online material is available; evidence of usage		

<i>How well do we meet the needs of our stakeholders?</i>
<b>3. Impact on children, young people, families and staff</b>
<b>THEME: Family well-being is enhanced by parents' ability to access services meeting universal and additional needs, delivered by</b>

suitably trained and supported staff.

**KEY FEATURES**

Parents/carers' resilience and confidence is increased by accessing appropriate services in groups or at home. Practitioners are motivated through training, supervision and ongoing opportunities for development.

**Improvement priority 3: Parents are able to access a suite of support for in each area**

SHANARI	Outcome	Actions	Timescale	Responsibility	Measures/data source	BRAG
Safe, Healthy, Nurtured, Respected, Included	3.1 Parents are able to access appropriate, effective support	3.1.1 Identification of appropriate assessment tool(s) to gauge parental confidence and indicate impact of interventions, to be consistently across relevant agencies	Ongoing	EY Health DO, PHN Team Leads, Principal Educational Psychologist, ISOs and other relevant specialists	Use of agreed assessment tools evidenced in Child's Plans and via monitoring of programme delivery	
		3.1.2 Group sessions or 1:1 support are available in each area to meet additional need, determined by local priorities	Oct 2013 ongoing	EY Health DO, Area Management	Evidence of interventions delivered, details of attendance and record of impact on parents	
	3.1.3 The Incredible Years and Triple P programmes are made available to parents of 3 & 4 year olds with behavioural difficulties via Psychology of Parenting Project (if Highland meets selection requirements)	January – Dec 14	EY Health DO with Psychology of Parenting Project Steering Group, Area Management	POPP reporting data		
	<i>continued</i> 3.1 Parents are able to access appropriate, effective support	3.1.4 Develop communication with adult services to inform service improvements for parents with additional needs (including parents with a learning	Oct 13 onward	EY Health DO, SPIG members, NHS Highland and other relevant services	Evidence of contact with adult services and impact on practice and/or training	



		disability, offenders /ex-offenders) particularly via Safer Highland Partnership members, Housing service and Maternity Services				
	3.2 A core of suitably skilled and trained staff are equipped to co-ordinate, administer and deliver specific programmes	3.2.1 Posts in each area have a remit and sufficient time to co-ordinate, administer and facilitate interventions	Jan 2014 - onwards	Area Management	Details of roles assigned in each area are available	
	3.3 Staff are enabled to develop and maintain the quality of their parent support work	3.3.1 A training plan is set out and database maintained	Ongoing	EY Health DO, H&SC leads, EY QIO, CEE staff	Record of attendance	
3.3.2 Impact of training on practice is evaluated		Ongoing	EY Health DO, H&SC leads, Education	Evaluation reports shared with managers and practitioners		
3.3.3 A supervisory structure is established and implemented		Jan 2014 onwards	Area Management and third sector partners	Supervision arrangements are in place		
3.3.4 CPD opportunities are available and access is facilitated by managers		Jan 2014 onwards	EY Health DO, H&SC and Education leads, Third sector partners	Record of provision and take up of CPD opportunities; Activity detailed in PDPs		

### **Standards of delivery**

Many professionals and volunteers regularly offer parents and carers advice. Some will have their professional codes of conduct to guide them in this, for example Health Visitors. Other will follow their organisation's policies or a programme's outline. Some may not have any standards set down but rely on experience alone.

Talking with parents about their experiences and helping them to find strategies requires skill and tact. To encourage a parent to understand their own behaviour may often lead to recognition of their own experience of being parented, which may raise difficult or painful issues.

Those working with parents are in a powerful position to influence parents' behaviour and attitudes towards their children. The advice offered must respect racial, sexual, religious and ethnic diversity, and must not discriminate against those with disabilities. The approach must also support the principles set out in United Nations Convention on the Rights of the Child (see Introduction).

To be responsive to parents' needs may mean constructing a series of tailored sessions, as opposed to offering an accredited programme of fixed content and format. For example, there may be particular topics which are relevant or parents may be limited in the length or number of sessions they could attend. While the materials and theories used should have a demonstrable evidence base, this diversity should be encouraged and contributes to empowering parents.

To address the need to have good quality, evidence-based advice while allowing for some diversity in delivery, a set of **Standards** has been devised which will enable practitioners to have a consistent approach to their work, along with a checklist to use when preparing a series of sessions. The standards are based on the National Occupational Standards for Working with Parents (see below), advice from the Working Group, consultations with practitioners and the Social Care Institute for Excellence guidance on offering parent programmes (SCIE 2009)

Managers will be able to apply these Standards as a test of good quality for any parent sessions that are proposed. This will ensure that any publicly funded work meets legislative requirements and also contributes to meeting the commitments set out in For Highland's Children 3.

The Standards are designed to be a practical tool:

**For parents** – so that they are aware of the parameters in which practitioners work

**For practitioners** - to help them to plan and assess the quality of their work with parents and maintain good practice

**For managers** - to ensure that good quality parent work is being offered consistently and that the outcomes can be monitored.

Commitment is required from all those commissioning and providing advice and support to parents to ensure that the Standards are met.

Adherence to these Standards should ensure that parents receive advice that will benefit themselves and their children and that the impact of interventions will be evaluated. This in turn will develop an evidence base for what is found to be effective in supporting Highland families.

*'Facilitators' refers to those leading parent groups or working with individual parents.*

The Standards and checklist are being piloted during Autumn 2013.

## 12 STANDARDS FOR DELIVERY OF GROUP INTERVENTION

### Standard 1

Interventions aim to empower parents and build on their assets through using a collaborative approach.

### Standard 2

Materials and methods used with parents have a demonstrable evidence base

### Standard 3

Materials and methods used do not promote discrimination on grounds of disability, race, religion, ethnicity or sexuality.

### Standard 4

The type of support offered to parents is appropriate to their needs.

### Standard 5

Facilitators should have undertaken appropriate training if required and implement the sessions according to programme guidance, if applicable.

### Standard 6

Facilitators set out in advance the aims and desired outcomes of their planned intervention.

### Standard 7

Facilitators evaluate their interventions by gathering parents' views before and after a programme of sessions. These evaluations are made available to managers.

### Standard 8

Interventions include advice and information about the importance of healthy eating, physical activity and adequate sleep for children and young people's development.

### Standard 9

Facilitators are familiar with local sources of support and signpost parents who require further help.

### Standard 10

Facilitators are familiar with Highland Child Protection Committee Guidelines and follow them if they have concerns that a child may be at risk of significant harm.

### Standard 11

On completing a programme, parents are offered a certificate of attendance/completion

### Standard 12

Where there is a Child's Plan, the parent's attendance at a group and the outcomes (based on feedback and facilitator observations) is recorded

## Preparation for a group intervention: Checklist

	CHECKLIST	YES ✓	NO X	ACTION
1	Assessment made with the parent and others if relevant, to determine the type of help that would be effective			
2	Where there is a Child's Plan, the intervention is matched to the difficulties identified and the desired outcomes			
3	Identify if any programmes are appropriate for this type and level of needs and if any are available locally or planned			
4	If no programme exists that is suitable, identify materials and methods that meet Standards below			
5	Agreement by managers that intervention can be resourced to required level: Practitioner time, administration, venue, crèche, refreshments, travel, materials,			
6	Aims of the intervention and monitoring and 'before' and 'after' evaluation tools are identified that will be used to assess impact			
7	Facilitators identified to offer intervention			
8	Levels of training and experience are appropriate			
9	Facilitators are aware of current Child Protection Guidelines and able to take action if required			
10	Facilitators are aware of action to take if a parent requires additional help e.g. the most appropriate person or organisation to contact.			
11	Facilitators are familiar with the materials to be used			
12	Set out eligibility criteria and minimum/maximum numbers of parents for planned intervention			
13	Identify partner agencies who can support parents during and after the programme, if appropriate			
14	Aims, content and format of programme are set out for parents in an accessible way e.g. format, language			
15	Barriers to attendance are addressed e.g. access to venue, childcare, transport, parents' uncertainty			
16	Participant details are recorded: parent name and address, age(s) of child(ren)			

Based on SCIE Report 21: Follow up work to support implementation of the NICE/SCIE guidance on parenting programmes (SCIE, 2009)

## Consultations

A series of consultations have taken place over the last three years with parents who have used services, the professionals and the wider public including:

- Discussions with groups of more vulnerable parents receiving targeted support survey of Highland Council and NHS Highland employees during May 2011 (143 responses)
- Public survey comprising 12 groups and online questionnaire during May-June 2012 (378 responses )

In December 2013, a group of parents who use the family centre in Merkinch, Inverness, were asked for their views on what matters most to them in terms of support.

The key points to emerge from these discussions and surveys are noted below:

### *What Advice and support is considered successful*

Getting support from families, friends and other parents

Non-judgemental professionals

Practical, relevant advice

Structured programmes

Groups aimed specifically for parents who need additional support

Groups for parents that can help to socialise children too

Where help with adult relationships is available this can have a positive impact on children

### *How do parents get information?*

Family and friends

Opportunities to share experiences with other parents

Midwives/Health Visitors/family support staff

Internet

Written materials

TV

Mobile phone apps

### *How could this be improved?*

More information for parents of school age children and young people

More opportunities for parents to meet up in a friendly place

Professionals can pass on where to go for support

Services are widely advertised

How to maintain family communications

Practical advice on feeding, sleeping, setting boundaries, dealing with illness or injury

## What matters to parents in the Highlands?

Points from 2012 survey

Full report available from Childcare & Early Education Service tel. 01463 711176



Picture by children at Bun-sgoil Inbhirnis, during parent focus group 2012

### What parents said

A positive picture of family life emerged overall, with most parents reporting enjoying giving love and guidance to their children and gaining confidence from seeing their efforts reflected in their child's development and achievements. Parents' experiences of services were more varied, with some finding it difficult to access appropriate information or help when they needed it. Below is a summary of the most common comments.

**The best things about being a parent:** Most people said the best thing for them was the reward of seeing their child/ren developing well and helping them to learn and grow in confidence. As well as the pleasure of giving affection, parents also mentioned the enjoyment of being loved and appreciated by their child and being part of a family.

**Getting informal advice and help:** Family and friends were very important sources of support to parents, especially for advice on common concerns during the babyhood and infancy. Help from other parents, including being in a group, was the next most used route. A minority turned to the internet or to written material for information.

**Asking for help from services (health, education, social work, voluntary/third sector):** Health Visitors were the most frequently noted source of help or advice, especially for first-time parents, followed by school staff. Where parents said that services had not been helpful, a wide range of examples were given. The most common criticisms were about slow or inappropriate responses to requests for help and professionals appearing disrespectful of parents' views. Some parents of children who had required additional support reported difficulties in getting the help they were looking for.

**Knowing where to go to get help:** Most parents said they usually knew where to go for help. As children were growing up, parents became less certain as to who they could approach to discuss their concerns.

**Information for parents:** Most parents were satisfied with the amount and type of information on offer. Criticisms concerned different professionals giving conflicting advice, inaccessible formats, and the difficulty of identifying trustworthy online information. A small proportion of parents used the internet; some noted that access to online information was no replacement for face to face contact with a professional. Parents who had attended parenting groups or programmes had found them helpful.

**What makes parents feel confident:** For most parents, their confidence grew as they could see positive results from their efforts, demonstrated in having a warm relationship with their child, good family communication and their child developing well. Encouragement and recognition from family and friends also boosted parents' belief in their child-rearing abilities and less often, approval from professionals.