

Parenting Services in the Highlands

Introduction

Services in Highland in 'For Highlands Children 2' have made clear the commitment to a Scotland in which every child matters (<http://www.forhighlandschildren.org/>)

Alongside this in Highland the review of Child Health ('Hall4') is supporting changes in how services for children's health are delivered – away from a wholly medical model towards an emphasis on health promotion, primary prevention and targeted effort.

'Parenting Services in Highland' is a mapping exercise and is a part of finding out where services are in order to better determine where they need to be. The 'map' of services will be reviewed and up dated annually.

Following discussion with the Integration managers this report of parenting services across Highland commenced with the distribution of questionnaires (Appendix 3) through the Child Care and Family Resource Teams. The premise being that these teams are in contact with the broadest representation of agencies involved in parenting projects. Not every practitioner engaged in parent programmes has completed this exercise – for example *every* Health visitor in the Highlands is a part of the Play@Home project. If every practitioner had been required to participate there would have been a huge return that was of no direct value. The use of this exercise is based on the premise that significant trends will emerge if those central to programmes are targeted. If and until an active register of parent programme leaders is established greater accuracy may not be possible. Separate contact was also made with the Youth Action Teams, Alcohol and Addiction Services and HMP Inverness. Relevant information has been included from the writers own network of contacts. The writer has also incorporated anecdotal comment from the parenting focus groups at the Hall 4 network meetings held in September 2005.

A copy of the questionnaire is attached at the end of the report. The questionnaire was designed and provided by the Scottish Executive who require the results of the mapping exercise. Some supplementary questions were added to the questionnaire. Area Childrens Service Forums have also contributed locality reports on 'parenting development'.

Some questions that may be worth bearing in mind as you read through this report:

How useful is this report to your service? Are there other questions that should be being asked or other 'projects' that should be involved?

When reading this summary you will find the summary results of each section followed immediately by comment from the author upon that section.

This report focuses upon those services that broadly fit the following definition of a parenting programme:

"Parenting programme is a purposeful activity aimed at assisting parents or carers to develop confidence and the skills to assist children and young people in their physical, social and emotional development."

(The word 'Parent' is used here as a relevant person as defined in Section 93(2)(b) of the 1995 Child (Scotland) Act.)

Reference therefore is generally to ‘targeted’ services wherever these are in existence. However it does also refer to universal services such as could be provided by Health visitors to any parents for example, ‘play@home’ that is provided to every new parent. Some services run seamlessly between ‘targeted’ and ‘universal’.

Analysis to date shows the following:

There are 20 recorded separate provisions spread across the Highlands directly providing parenting interventions. It is likely that the true figure is at variation from this as programmes start and stop from time to time and a few provisions may not have been reached by this exercise, so far.

Compilation of results:

Respondents: See appendix 2 for the respondents by agency. There were 28 questionnaires returned. Respondents were identified with the aid of the Family Resource Partnerships as these groupings have links to all family services in all areas and this is an attempt to get a good cross section of practitioners represented.

Name of services: This varied according to the service provider and programme used.

Description of Service: This varied and there were no significant patterns to the descriptions.

Area Covered by service: On the whole all areas of Highland have some provision. Aviemore had the lowest return for the questionnaire. Inverness and Ross-Shire the highest return of the questionnaire.

Briefly describe the service: Descriptions varied significantly but tended to mention parents and children! The list of programme interventions gives, perhaps, the best indication of service description:

Program(s) of intervention.

See Appendix 1

There are 37 separate forms of programme in use however there are just eleven different kinds of programme that, realistically, most closely fit the definition of parent programme. The ‘Incredible Years’ has become the most common ‘in depth’ programme and this is likely to increase and to become more targeted.

The ‘programmes of intervention’ as recorded in Appendix 1 is to be a good reflection of the range of programmes of intervention in use. The reader can see that the most commonly used programmes are Positive Parenting, Pippin, Incredible Years, Play@Home, and Baby Massage. Note that Play@Home is a Universal provision and the apparent ‘small’ return of 8 represents 100% of the Health Visitors who responded. There are 29 separate ‘providers’ but 65 ‘provisions’. This is because some practitioners are trained in and use more than one programme.

“Preparation for Parenthood” is located at Raigmore Hospital and is an important first step for parents in parenting education. It is a Universal provision – available to any one expecting a baby. Approximately 75% of the nearly 2000 new parents per year access this service. This is a 5 session programme. More parents access this one service than all other parent programmes combined. The availability of this critical service offers an opportunity to make links between this and other

programmes. Significantly it is believed the neediest parents-to-be are those most likely *not* to access this service. This service is evaluated to 'level 1'. The high take up rate is likely assisted by the fact that employers are obliged to release staff to attend these classes.

What are the factors that intervention aims to decrease or bolster?

Similar programmes, for example the Incredible Years, all had different ways of expressing the same themes.

Aim of intervention: To strengthen parent skills
 Reduce childrens behaviour problems
 Responding to issues

All descriptions were a combination of the above points.

Service Type: Group Worker	13
Therapeutic	4
Preventative	18
Individual Work	8

There did not appear to be a clear logic to the answers to this question. Similar services often indicated different service types.

Format: Home visitation by professionals	18
Peer support	14
Formal education classes	11
Advice and information	25
Parent training and skills building	25
Help lines and web based	1
Befriending and family aids	6
Home visitation by professionals	14
Therapy or counselling	10
Parent training	1

The fact that the majority of respondents focus upon 'advice and information' and 'parent training and skills building' is a promising reflection that changing parents attitudes and behaviours, in a collaborative manner, is at the heart of parenting programmes.

Target group: Universal	15
Mothers or female male carer	20
Parent/main carer Couples	10
Ethnic/cultural minority	14
Teenage/young parents	23
Domestic abuse	16
Parent and Family	27
Father or male main carer	19
Drug misusing parents	22
Low income parents/carers	11
Homelessness	12
Parents of children with SEN/Disabilities	17
Travellers	3
Other	1

Nothing in this section seemed to give a prompt about *parents of teenagers* and in hindsight the writer could have added this in. (The point on ‘homelessness’ is regarded as referring to homeless parents.)

Intensity of service:

Intensive, high ration of staff 1:1	14
Group support, lower ration of staff.	18
Resource – little or no back up.	7

The question on ‘Intensity of service’ gives the respondent ‘leeway’ as to the meaning of ‘intensive’. The above figures are not therefore likely to be a ‘quantitative’ judgement of ‘intensive’.

Overcoming barriers to parents attending

Transports for clients to the service:

- Actual transports run by the service
- Financial support
- Free to user Child care
- Free to user course

Virtually no respondents have transport available or other means to remove ‘blocks’ to attendance. This may be one reason why it is believed that the hard to reach families remain out of reach. Similarly almost no correspondents had ‘ring fenced’ budgets or budget provision to assist parents to overcome barriers to attending programmes. In Wick Homelink have provided assistance with transport and Sure Start have provided support in respect of children whilst parents attend groups.

Referral Routes:

Self referral	26
Agency Referral voluntary	26
Agency referral compulsory	10

Relatively few respondents regarded their service as available on a mandatory basis. This has some significance in respect of parenting orders.

Delivery:

Statutory	15
Voluntary	10

Providing Agency:

Health	19
Social Services	6
Education	4
Youth or Criminal Justice	1
Leisure Services	
Education	
Voluntary Organisation	4

Staffing:

Professionals	27
Peers	2
Volunteers	6

Number of places:

Full time/part time	260
Integrated packages of support	4
No detail of numbers available	1

Based on the questionnaire response these 20 provisions provide interventions to approximately 188 parents over the year. This is confirmed to be an underestimation as the answer to this question was frequently left blank. A separate exercise to measure the numbers of parents who have attended parenting programmes in 2005 has been undertaken and the figure for this is 788. This latter figure is produced by the unified data collection system under development. It will include all programmes and all agencies, where the provision fits the definition of 'parenting programme'. Further development of this is required. Discussions are underway to achieve this. There may be merit in combining this with an evaluation exercise. The number of places has not included the parents attending the group based anti natal classes at Raigmore hospital – this figure is given later.

Waiting list

Number waiting	52
Length of time waiting	2 weeks
No detail of number or time.	
Varies	1

The answer to this section was frequently left blank. Later discussions suggest the length of time waiting is an unreliable figure.

Date set up

Pre 01	5
01 – 02	2
02 – 03	3
03 – 04	2
04 – 05	7
05 - 06	15

The answer to this section was frequently left blank. The above under represents the groups set up.

Do you have courses planned for the next 12 months?

Yes	8
No	

The answer to this question was frequently left blank and is a concern in respect of how 'embedded' group based programmes actually are within the services.

How often do you deliver the intervention?

As often as there is funding / a rolling programme. Question frequently left blank.

What are the budgetary arrangements?

NOF money,
NHS Highland

Grant from child care partnership and this funding will be finished by the end of the year.
New funding has not been identified.

How have you been able to use the parent skills training you have?

By courses and day to day work.

What barriers, if any, are there to programme delivery?

Money – venue, crèche, sundries, transport.

What equipment do you require. There is a comprehensive and up to date list of equipment required. A budget to meet this need is required.

What training have you completed?

Pippin	30
Incredible Years	12
Drug Proof Your Kids	1
Early Bird	1
Early Bird +	1
Baby Massage instructors (05)	23
National Child Birth Course	1
Tripple P	1
Mellow Parenting	1
Positive Parenting (05)	30
Parenting matters(parent network)	1

This shows a reasonable spread of programmes in terms of the age of the parent’s child – it suggests a ‘life span’ approach. It does suggest further attention is required in respect of developing programmes for parents of teenagers. Again the figures under-represent the actual numbers provided with training for example in 2005 it is known at least 50 practitioners from various agencies have completed the Incredible Years training.

What training is now required?

Incredible Years Mentor	1
Incredible Years.	1

What other initiatives are you aware of?

In Inverness there is awareness of the need to coordinate parenting services. This has also been reflected anecdotally from all areas. This question was generally left blank.

What gaps in service are you aware of?

This section was generally left blank. Alcohol services recognised the potential for including information and process regarding the wider family. Skye and Lochalsh require improved post natal support/breast feeding support. A family centre for children and families is required in Brora along with an 'equipment' and 'toy library'.

What feedback do you give to referring agents?

'We liaise regarding attendance and progress' was the most frequent response.

Evaluation of service:

Level 1	3
Level 2	2
Level 3	
Part of Highland wide evaluation	
Anecdotal	
None	22

According to the above the reader can see that there are virtually no parenting programmes where evaluation was undertaken at any significant level though it is known that there is significant anecdotal evaluation undertaken. Whether or not this is wholly accurate it is clear that there is no systematic and comparative data being produced. There is a need to resolve this lack of objective feedback and this is an opportunity to combine a Highland wide evaluation with the collection of data on the number of parents attending 'parenting programmes'. This can be achieved by every participating parent completing a 'before' and 'after' questionnaire such as for example a 'Child Behaviour' Inventory. A standardised form, in triplicate, (one for the Parent, one for the File, one for Parent Programme Development allows the parent an objective means of reflecting on their efforts, the providing agency information as to specific programme effectiveness and the Highland Parent Programme Development Office a means to determine comparative programme performance. For those practitioners already undertaking evaluation it allows for simply substituting one form with another and thus avoiding the addition of 'yet another' piece of paper. Research on the effectiveness of parent programmes in Scotland is also lacking and this is one area where a specific research project could secure funding.

Family First.

Family First offers a support service to families with at least one child under the age of four. Support is offered through home visiting and through group work. Offices are located in Inverness, East Sutherland, Nairn, Ullapool, Portree.

Hilton Family Project.

Hilton Family Project is located in Inverness, utilising the 'drug proof your kids' programme.

Home Start.

Home Start, Ross and Cromarty, providing the 'Mellow Parenting' programme.

Health Visitors.

Most health visitors and many midwives have trained as baby massage instructors, which may be used in a group setting or with individuals at home, to encourage early attachment.

Health Visitors are utilising the Incredible Years Programme with groups of parents in Inverness, Ross-Shire, Foyers, and other areas of the Highlands.

HM Prison, Portorfield, Inverness is utilising the Incredible Years Programme.

Integrated Services for Children and Families affected by Autistic Spectrum Disorder (ASD)

Early Bird and Early Bird plus are National Autism Society (NAS) parent training programmes for families of children who have a diagnosis of Autism Spectrum Disorder. The programmes are run by the Highland Early Bird team. In areas of sparse population there is difficulty in having sufficient candidates to run viable programmes (the Early Bird standard is that there must be a minimum of three families/parents for a course to run.) This significance for course development is noted later in the conclusion.

The 'HELP!' programme (NAS) is also available in the Highlands.

Parent Network Scotland

Parent Network Scotland aims to improve family relationships and whilst it is a National level voluntary organisation the principle trainer is based in the Highlands and this is a valuable resource for this area.

Forward with Families

Forward with Families aims to provide tailor made family centred support to families within Highland. Various planned programmes are utilised with this work as required.

Coordinators are located in Inverness, Sutherland and Skye.

Highland Parenting services comments from the localities:

Inverness

There are a variety of services utilising parenting programmes available in Inverness – Incredible Years, Pippin, Positive Parenting all feature. Family Centres – Merkinch and the Jannys Hoose all provide specific services. The Freedom programme is specifically noted here as this is a unique service in the Highland targeting women who are victims of domestic abuse. Whilst this is tangential to the parenting programmes this report focuses upon it is another area with close links to these provisions.

Ross Shire.

Up until June 2005 Dingwall Academy had two groups, Incredible Years and Positive Parenting run by the Senior Family Liaison Officer and the Childrens Service Workers. This post holder moved and that direct parenting work ceased.

A part time 'Incredible Years' coordinator was appointed over the summer and is dedicated to *organising and providing* four groups over the period of secondment. This includes all the pre course preparation such as the school bag mail shots that are a part of educating agencies and the public about the course. It includes providing parent groups (12 X 2 hour sessions with follow up) in Cromarty, Invergordon, Ullapool and Muir of Ord reaching a total of 64 parents. Initial feedback is that the carry on rate is high (ie very few leaving the course). Relevant agencies participate in the last session to facilitate 'the next steps' for parents. This post was funded by a lottery grant and

requires mainstream funding. It is evident that the dedication to this specialism ie no ongoing and competing case work has facilitated the confidence and skills of the Health Visitor involved and improved the level of group cohesion. The group cohesion is also enabled by the pre course visits, pre course phone calls and follow up provided by the practitioner – all with the purpose of making it easier for parents to attend and paying regard to the functioning of the group. Other practitioners assist with the group thereby improving there own experience and skills. Ultimately this is not a long term alternative to practice with a case load as the practitioner believes it is essential to develop the parenting skills within existing practice. It would appear clear that ‘practice’ does ‘make perfect’ and that this dedicated practice is the means to translate the training investment in to practice outcomes. The Ross-Shire project is an example of excellent practice – from commissioning to inception and now rapidly moving to outcomes that we should return to and *consider* the outcomes.

In Ross-Shire a part time programme administrator has recently been appointed. This will further support practitioners and aid programme development.

Skye and Lochalsh

Services available:

There are a range of services providing parenting education and support to parents in Skye and Lochalsh. Midwives provide parenting information to families during the ante natal and peri natal period, individually and in small groups. This work will not have been fully represented in the survey. Health visitors are provide parenting support individually and in groups. Several health visitors have had Pippin Part 1 training. The planned Pippin part 2 training will move towards group work. An Incredible Years course delivered by a Health Visitor and School Nurse is delivered in Portree. The Child and Adolescent Mental Health Service (CAMHS) supports parents where difficulties with children’s behaviour and relationships has persisted after the parenting support, advice and intervention noted above has been offered.

There are longstanding parent groups in Kyle and Sleat. These groups are constituted as ‘Parenting Matters’. Early Bird is run locally by the National Autism Society. Family First provide support to families

Little reference is made to parents of teenagers

Lochaber

In Lochaber the following interventions are offered: Positive Parenting, Parent – Child Game, Parenting Matters, Pippin, Early Bird, Incredible Years, Play at Home, Parent Pupil Partnership, Baby Massage,

The following agencies provide parent programmes: Health, Caol Clinnic Fort William, Every Health Visitor. Education, Arisaig Primary School, Youth Action Team. Positive Parenting Materials – programme currently being developed and to start in the New Year.

Caithness and Sutherland – North Highland.

The North Highland Community Health Partnership is leading on the development of the local parenting programme strategy and a local strategic parenting sub group is being set up. This recognises that Pippin, Incredible Years and Positive Parenting are the ‘dominant’ programmes in use in that area and that practitioners need to have access to these programmes. As with other areas funding is highlighted as a specific issue. Other programmes are also in use, as is the case for all other areas and developing a clear and common language for programmes is an ongoing issue. There is recognition that ‘capacity’ is the for-most issue and means to fund development is required.

Midwifery Services.

Midwives provide parenting information to families during the ante natal and peri natal period, individually and in small groups. This work will not have been fully represented in the survey.

The Department of Child and Family Psychiatry

Department of Child and Family Psychiatry (DCFP) deals with a large number of parents from across the Highlands. DCFP offers a significant range of tailored parenting initiatives depending upon assessment. No group based programmes are currently being run by DCFP. Child and adolescent psychiatric services provide a full range of specialist interventions, preliminary assessment and professional consultation. No parent group work programmes are currently run.

Child and Adolescent Mental Health Services.

Child and Adolescent Mental Health Services (CAMHS) have access to several parenting programmes - Incredible Years and Parent Child Game in particular. No questionnaires were returned from these services the majority of work is done on a case by case basis.

Youth Action Service, Youth Justice and Parents of Teenagers.

The Youth Action Service is made up of a number of partner agencies including Local Youth Action Teams, NCH mentoring Scheme, and other programmes. Some of the work involves direct support to parents and some of this is in the form of organised parenting programmes.

The youth justice input to the network of parenting services as in terms of organised parenting programme group work at present is underrepresented in the mapping. This is because in several areas the service is 'between' its last set of programmes and the ones currently in the process of being planned. Most teams responded that whilst they had run Positive Parenting jointly with Positive Parenting Highland there have been no programmes run during the last year. There will be the ongoing 1:1 work undertaken by practitioners. This is a clear fall since the previous year in the number of groups being run. The reasons for this were that there had been changes in personnel either within the Youth Action service or with partner agencies. All the teams intended to resume the programmes in the coming months and had active plans to do so. The 'rurality' factor was significant in terms of having sufficient referrals for a group to be viable. The exception to this was Youth Action in Inverness where Positive Parenting is ongoing and training in 'How to Drug Proof Your Kids' is also just completed allowing options to be explored with parents.

The Drug and Addiction services similarly responded that there is currently no direct work with parents, who have offended, in respect of their parenting skills. This is significant in terms of the lack of programmed provision for fathers who have been violent to partners and the far higher proportion of children of inmates who in turn receive a prison sentence as adults. This is evident from the authors own research, from the general feedback at the recent domestic abuse strategy conference and from National survey where it is acknowledged to be a National issue. Adult offenders teams do some work on a case by case basis and this would benefit from training and support in a relevant programme. There is, nationally, little progress with the development of treatment programmes for male domestic abusers. Such programmes when they are available require careful coordination with the victims of abuse. For example of the few projects in Scotland delivering a perpetrators programme and confronting men one starts the programme with establishing the first links and support to the victims, this support is ongoing and the victim's

protection remains the foremost consideration. There is potential for development of this area in the Highland given the current level and the European Daphne fund may be a means to fund this

The writer found there to be an economic argument raised against the development of ‘perpetrator’ programmes ie that the priority for funds had to be to the victims of abuse. It was also pointed out to the writer that the effect of domestic violence on service provision for families usually involves child care (and potentially ongoing adult services for the children), health, adult offender services, often a variety of voluntary services, the benefits agency, women’s aid- to name but a few. This is worth a mention because it demonstrates how if agencies worked more effectively in partnership, they could better target the resources already present to protect victims. The argument against a programme has always been lack of money-but the economic implications of domestic violence suggest a more effective targeting of what we already have could provide this service, and reduce the impact on other services.

The National Domestic Abuse Action Plan, and the local strategy more specifically, focus on 3 main objectives; which are Protection, Prevention and Provision – without a specific perpetrator programme they cannot be met.

In terms of other programmes for teenagers apart from the group at Dingwall Academy that ended in June 05 no other programmes are known of and this would indicate, if true, that the training given to the Childrens Service Workers and Senior Family Liaison Officers has not translated into viable group based programmes.

Drug Proof Your Kids is a project run through Hilton Church and jointly with Education and Health Visitors.

‘Escape and Parallel lines’ is a two track programme for parents of adolescents and for adolescents. It appears to be a thorough and evaluated programme but there is little experience of it in the Highlands. Given that Positive Parenting is further along the path to realising the ‘critical mass’ of enactment this would appear to be the programme to utilise at this present time for parents of teenagers and notwithstanding our future developing understanding of the best programmes available.

Children 1st at Killen and Family Group Conferences

Strictly speaking Family Group Conferencing may not be considered to be a ‘parent programme’. However such a programme – linking directly to children and parents and potentially leading on to more structured parent programmes and where the explicit aim is to shift the balance of power back to the family would appear to be important. This pilot project recently commenced in Ross-Shire and it is too early to include in the questionnaire survey. It is proposed that it is drawn in to the mapping at the appropriate time.

‘Baby Sitting Classes’.

A few of these have been run as part of PSE in schools and received warm positive response. These are delivered in order to improve baby sitting skills and have obvious transferability to parenting and communication skills in other spheres of the later life of a pupil. The current Incredible Years practitioner in Ross Shire believes the Incredible Years would easily transfer to this setting. Electronic and media based solutions.

‘Electronic’ Support

There is no organised use of e mail and the Internet in terms of delivering parenting programmes. This may be one area to explore particularly in respect of the noted rural communication difficulties. By contrast the Internet has copious information and advice on parenting (likely much of it inappropriate!) – it is possible to ‘sign up’ to one programme, similar in factual content to ‘Incredible Years’ for the cost of £5. Participants receive by e mail progressive ‘lessons’. There may be value in evaluating one of these in terms of a possible Universal provision. Similarly there are now numerous TV ‘shows’ on ‘parenting’. So far no one is using this explicitly within local programmes.

Conclusions

All areas are now using a focussed group at strategic level – usually a sub group of the Area Childrens Services Forum – to take forward local parenting strategies. This is starting to produce coherence in planning and development of parent programmes.

There is significant anecdotal information suggesting programmes are not reaching the most vulnerable families. In part this may be linked to the fact that practitioners target their own case loads but the existence of *barriers to attendance* is certainly a factor, in general and with a few exceptions there is a *failure to tackle* these barriers.

There has over the last five years been significant training made available to practitioners in respect of parenting programmes. The availability of programmes as indicated in the survey result does not correspond with this level of training. Whilst the absence of an organised programme does not mean the training has been of no use means to embed parent programmes within practice is required. This survey did not establish the on going case by case use of skills learned.

To date there has been little focussed attention given nationally to the issues being raised about *workforce* development within this challenging area of service and there is no accredited national training programme agreed for the large group of staff in local authorities across the country who are engaged in the delivery of parent programmes. Consequently the individual programmes unique accreditations (for example ‘Incredible Years Practitioner, Facilitator, Trainer) are currently the most useful as a sign of levels of competence. Given each separate programme offers its own ‘accreditation’ in its own delivery this is, ultimately, having the effect of creating a fragmented work force in terms of the qualifications and practice with some practitioners ‘creating’ their own programmes – what is needed is a nationally recognised qualification in parent group work skills. It leads to incoming practitioners being trained to different programmes – for example there is just one practitioner trained in ‘Tripple P’. There are now ‘National Occupational Standards for Work With Parents’ and these offer an opportunity to bring together the varied practice across the Highlands.

There are a wide range of recognised parenting packages being used across the Highlands. The majority of these are being used in a planned and coordinated way. There are significant geographical gaps and thematic gaps in provision. There is no coordinated evaluation that can compare the performance of different programmes.

The rural, sparse population, factor is significant in terms of the separate specialist programmes attracting enough numbers to be viable. It will therefore be appropriate to consider how, if at all, a programme can be developed that parents with quite different case histories can attend.

The next steps to consider:

1. Counting how many parents participate in identified parenting programmes.
2. Establishing a register of parenting programmes.
3. Evaluation of registered Programmes on an ongoing basis – considering the possibility of working in partnership with a specific research project.
4. Generic Training group practitioners incorporating the ‘National Standards’.
5. Training for facilitators of programmes for parents of teenagers.
6. Training in the Highland Approach to Parenting Orders.
7. Further funding for dedicated secondments is required to embed skills within the workforce.

Comments on the report should be passed to:

Al Richards.
 Highland Parent Programme Development Officer,
 Child Care and Early Education, Old School, High Street, Clachnaharry,
 Inverness. IV3 8RB
 01463 711176
 (alan.richards@highland.gov.uk)

Appendix 1:

The 37 separate programmes in use in Highland

Name	Number
Positive Parenting	8
Parent/Child Game	2
Parenting Matters	2
Pippin	7
Early Bird (NAS)	1
HELP! (NAS)	
Incredible Years	15
Drug Proofing Kids	1
Play @ Home	15
Baby Massage	12
Solution-Focussed approach.	6
Family Group Conferencing	1
Drug Proof Your Kids	1
Mellow Parenting	1
Family Programmes	1
Family Therapy	1
Group work programme	3
Benefits Services	3
Domestic Violence Services	3
Adult addiction Services	4
Adult Mental Health Services	3
Scottish Marriage Care	
Couple Counselling	2
Family Mediation	1
High Scope	

Peer support group	1
Parallel work with young people	1
Family Group Conferencing	2
Parent Mentor	1
Parent Advisor	
Filial therapy	
Multi Media Cognitive Behaviour Programmes	2
Group work Programmes	1
Tripple P	1
Baby Sitting Classes. (In schools)	2
Freedom Programme	1
Using aspects of programmes	1
123 Magic	1
High Scope	1
Preparation for parenthood *	1

Appendix 2: Questionnaire respondents by agency:

Service	
Healthways	1
Hilton Family Project	1
Autism Outreach Service	1
Health Visitor	1111111111
Community Midwife	1
Home Start Alness	1
Development Officer Alcohol Counselling Inverness	1
Incredible Years Coordinator	1
Parent Network Scotland	1
Leadmidwife Skye and Lochalsh	1
Family first Coordinator North Skye	1
Parenting Counts	1
CAMHS worker Nairn	1
Addictions social Worker HMP Inverness	1
Positive Parenting	1
Family first Brora	1
Development manager CNSA	1

(galic)	
Parent Network Scotland	1
Community School Nurse	1
Visual Impairment Services	1

Appendix 3:

Agencies in Highland are tasked with formulating a Developmental plan for parenting services. This questionnaire will inform local plans.

Parenting - Mapping

Name of Organisation	
Name of person completing form	
Contact Details	
Role in organisation of person completing this form and/or title	

1. Name of Service:		2. Service Base:	
---------------------	--	------------------	--

3. Area covered by service:

4. Briefly describe the service:

5. What are the factors that the intervention aims to decrease or bolster:

6. Service type (tick one main category)

Therapeutic

Preventative

Group work

Individual work

Other (please specify) _____

Any additional information you may wish to add about service type:

7. Format (tick all that apply) This refers to the style or type of intervention.

- | | |
|---|--|
| <input type="checkbox"/> Formal 'education' classes & courses | <input type="checkbox"/> Parent training and skills building |
| <input type="checkbox"/> Advice and information 'interventions' | <input type="checkbox"/> Helplines & web-based |
| <input type="checkbox"/> Home visitation by professionals | <input type="checkbox"/> Befriending and family aides |
| <input type="checkbox"/> Peer support
individuals | <input type="checkbox"/> Therapy or counselling for families and |

Other (please specify) _____

Any additional information about format you wish to add:

8. Further details of types of support provided (please tick all that apply)

- Crisis Support
- Learning support to parent
- Parenting training
- Personal/social development/assertiveness/life skills
- Vocational/employment/literacy
- Learning to support child

Any further description of types of support provided:

9. Target Group (tick all that applies) we want to know who your service is for.

- | | |
|---|---|
| <input type="checkbox"/> Universal | <input type="checkbox"/> Parent and family |
| <input type="checkbox"/> Mothers or female main carer | <input type="checkbox"/> Father or male main carer |
| <input type="checkbox"/> Parent/main carer Couples | <input type="checkbox"/> Drug misusing parents |
| <input type="checkbox"/> Ethnic/cultural minority | <input type="checkbox"/> Low income parents/carers |
| <input type="checkbox"/> Teenage/young parents | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Domestic abuse | <input type="checkbox"/> Parents of children with
SEN/Disabilities |

Other (please specify) _____

Any additional information about target group you wish to add:

10. What program(s) of intervention do you use? Tick any that apply:

1. Positive Parenting 2. Parent/Child Game 3. Parenting Matters 4. Pippin 5. Early Bird 6. Incredible Years 7. Drug Proofing Kids 8. Play @ Home 9. Baby Massage 10. Solution-Focussed approach. 11. Family Group Conferencing	12. Family Programmes 13. Family Therapy 14. Group work Programmes 15. Multi Media Cognitive Behaviour Programmes 16. Filial therapy 17. Parent Advisor 18. Parent Mentor 19. Family Group Conferencing 20. Parallel work with young people 21. High Scope	22. Family Mediation 23. Couple Counselling 24. Scottish Marriage Care 25. Adult Mental Health Services 26. Adult addiction Services 27. Domestic Violence Services 28. Benefits Services 29. Other
--	---	--

Anything else about programs of intervention?

11. Intensity of service (please tick)

- Intensive (high ratio of staff 1:1, 1:2)
 Group Support (lower ratio of staff)
 Resource (little or no interactive back-up)

anything else about intensity of service?

12. Overcoming barriers to parents attending. What supports do you provide to overcome barriers?

- Transport for clients to service
- Financial support Yes No
- Actual transport run by service e.g. minibus Yes No
- Other informal/non-measurable support

Describe other supports:

13. Referral Routes (please tick all that apply) Where do the referrals come from? (This is particularly important – The Highland Child Protection Inspection stated this as an area for development)

- Self Referral Agency referral voluntary
- Agency referral mandatory

Anything else about referral routes? Where do you imagine the majority of referrals come from?

14. Delivery (please tick all that apply)

Funding Sector

Statutory Voluntary

Providing Agency

Health Social Services Education
 Youth or Criminal Justice Leisure Services Voluntary Org.

Staffing

Professionals Peers Volunteers

15. Number of places (specify number) this is about the number of places on courses that you have offered.

	01/02	02/03	03/04
Part time/full time			
Integrated packages of support			

16. Waiting list (specify number)

	Parent – number waiting
	Parent – Average length of time to wait (days)

17. Date set up (please tick) These next questions ask about the timing and frequency of the programs run

Pre 01 Apr 01/Mar 02 Apr 02/ Mar 03 Apr 03/ Mar 04
 Apr 04/ Mar 05 Apr 05/ present

18. Do you have any courses planned for the next 12 months?

Comment:

19. How often do you deliver the intervention/group based program.

Comment:

20. What are the budgetary arrangements to support the parenting work?

Comment:

21. How have you been able to use parenting group work skills you are trained in?

Comment:

22. What barriers, if any, are there to the delivery of parenting programs? In particular we want to know how to support trained staff to deliver programs they have been trained in.

Comment:

23. What equipment/resources do you require to improve your service delivery?

Comment:

24. What Parenting training have you completed:

Comment:

25. What Parenting training is now required:

Comment:

26. What other parenting initiatives are you aware of in your area that may not be

sufficiently well known of? This question is aimed to find out any groups that are not well known and to help plan to avoid duplication and improve support and take up of places

Comment:

27. What gaps in services for parents are you aware of? This may be in terms of area covered or in terms of level or type of need.

28. What feedback do you give to referring agents? Parenting Order procedure, where this applies, requires you report any breach of the Order to the Responsible Officer.

Any other comments about feedback?

29. **Evaluation of Service** (tick one category) level 1 to level 3 are increasing levels of reliability in the results of evaluation.

Level one – Association between a prevention programme and an outcome measure at **one** point in time (this could be a questionnaire at end of session).

Level two - Includes pre- and post-intervention measures (i.e. measures at **two** points in time), but with no control group.

Level three - Includes pre- and post-intervention measures (i.e. measures at **two** points in time) and also treatment and control group.

A part of a Highland Wide Evaluation.

Anecdotal evaluation only.

Do not evaluate/No evaluation done

30. How do you use evaluation? Please describe:

31. Are there any other questions or any other issues that you think this mapping of parenting services across Highland should consider?

Please attach any supplementary local mapping and strategy information you believe is relevant to parenting services.

Thank you for your assistance.

Category	Objective	Budget/resources required.	Partners	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06
Mapping	The map of parent programmes from different areas and services has in it a section for each area. The formatting, structure and subjects covered for each <i>area report</i> is consistent between areas.	within current	Partners	Ongoing with annual review							
Reference Group /Mapping	A multi agency parent reference group is convened to assist with the development of the map of services and other policy matters. Map of each area is signed off via the Parent Sub Group by the relevant Area Childrens Services Forum	Approx £200 per seminar	All relevant agencies	ist meeting Jan 06				next meeting May 8th			
Mapping	Following the 'mapping' the 'paths' to these various services are set down in graphic and descriptive form. The 'paths' are signed off by relevant agencies.	within current	Sub Groups								
Pathways	A series of working groups arising from the reference group: Mapping/standards, Web Site, Training, Research,	within current	Relevant agencies: NHS, HC, Vol Orgs.								
Reference Group, Working Groups	Multi Agency Facilitators for Parents of Teenagers Groups.	£20,000 confirmed by S Amore	Reference Group								
Training	Multi Agency Incredible Years for facilitators of parents of 2 - 10 years	£10,000 to be confirmed by S Amore	Aberlour								
Training	Incredible Years Training Accreditation	as for above	Seattle								
Training	Parenting Orders etc, Highland Wide multi agency training.	to be identified	Seattle/practitioners								
Training			Youth Justice				overall plan for training agreed				
											3 training sessions across the Highlands

Web Site	A Highland Parenting Web Site with links to relevant sites will be created.		working group						
Web Site	The paths to services and map of services and other policy documents are available	within current	Colin Macauley						
Web Site	The introduction to the site is agreed with the reference group	within current	Reference group members						
Web Site	The Highland Parent Programme Web Site is on line as a none live/trial version first	FHC2	Colin Macauley						
PIPPIN	Evaluation of foundation course	within current	Pippin trainers						
PIPPIN	Plan and run next PIPPIN course	to be identified	Pippin trainers						
Evaluation	An interagency register of active parent programme practitioners is created and reviewed 6 monthly.	within current	Practitioners						
Evaluation	Relevant data is efficiently collected - the register of parent programme practitioners is supported by electronic systems.	within current							
Evaluation	The system to count, quartely, the number of parents attending funded parent programmes is agreed and implemented.	within current	sub groups						
Policy	There is a draft version of Highland Parent Programme Policy - linked to the mapping - circulated for consultation.	within current	NHS, HC, Vol Org						
Standards	The Standards for parenting programmes are ratified and formaly adopted by the relevant agencies.	within current	NHS, HC, Vol Org						
Evaluation	There is a Highland Wide and unified system of programme evaluation, level 2 evaluation	within current	practitioners						

Evaluation

Application is made for funding for a research assistant to take forward the active evaluation of parent programmes in the Scottish/United Kingdom Context. Level 3 evaluation - ie with control groups.

subject to successful funding bid

funding body

Younger parents

Inquiries with education departments as to the availability of 'parent programmes' for teenagers

within current

education

