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Welsh Government

Flying Start – Annex

Parenting Support Guidance

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This document is also available in Welsh.

Contents

page

i	About this Guidance	1
ii	Summary	3
1.	Introduction	5
2.	Core Purpose	8
3.	The Parenting Offer	10
4.	Principles and Expectations	13
5.	Focus of Parenting Support	15
6.	Types of Support	28
7.	Designing and Delivering Parenting Support	34
8.	Parents with Specific Needs	46
9.	Workforce Development	47
10.	Evaluation and Monitoring	50
11.	Supporting Documents and Contacts	54
12.	Definitions	62
13.	Bibliography	65
	Appendix A: NOS Principles and Values	74
	Appendix B: Structured Parenting Programmes	76
	Appendix C: Informal Structured Parenting Programmes	85
	Appendix D: One-to-One Support	94
	Appendix E: Informal Drop-in Support	98
	Appendix F: Tools to Measure Impact	101

i About this Guidance

Flying Start is the Welsh Government targeted Early Years programme for families with children under 4 years of age in some of the most disadvantaged areas of Wales.

The core elements of the programme are drawn from a range of options that have been shown to influence positive outcomes for children and their families. These include:

- Free quality, part-time childcare for 2-3 year olds;
- An enhanced Health Visiting service;
- Access to Parenting Support; and
- Speech Language and Communication

This guidance should be read in conjunction with Welsh Government guidance relating to Flying Start, including the Flying Start Strategic Guidance and other specific guidance relating to the programme's core elements. These can be found at:

<http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/flyingstart/?lang=en>

Parents play a central role in relation to outcomes for children. We know that positive outcomes for children are more likely when parents provide positive guidance and care for their children based on the principles set out in the United Nations Convention on the Rights of the Child (UNCRC)¹. This guidance is based on the core principles of the UNCRC which centres on respect for children's best interests and rights, and support for parents in carrying out their role. All support for parents should reflect the rights of the child set out in the UNCRC.

The type of parenting support that meets parent's needs will vary. A limited number of parenting classes, delivered over a short space of time is not necessarily sufficient to meet the parenting needs of all parents. In many cases considerable effort will be needed to encourage and support the successful and sustained engagement of parents. The focus of this guidance is therefore not only on 'what' parenting support to provide but also on 'how' practitioners engage with parents.

The diversity of family life means that a 'one size fits all' approach is unlikely to be successful. Parents need access to information, advice and support that is matched to their need. Parenting support needs to be available to all those who may play a key role in bringing up children. Throughout this guidance the term 'parent' has been used as a short hand to include mothers, fathers, foster carers, adopted parents, step-parents and grandparents.

It is important that parents have confidence in the quality of the parenting interventions being delivered and the skills and integrity of those providing

¹ <http://wales.gov.uk/topics/childrenyoungpeople/rights/uncrc/?lang=en>

support. This guidance outlines the underpinning principles that should guide parenting support. This is about building and sustaining positive, respectful relationships with parents to enhance their parenting skills in supporting their child's development, care and wellbeing. This includes working in partnership with parents to help them develop self-confidence in their parenting role. It also includes working with parents in ways that help them relate positively to their child.

The guidance has been developed in line with the National Occupational Standards for Work with Parents NOS². It can be used alongside the NOS and does not seek to replace it. For each section of the guidance we have highlighted the relevant NOS for Work with Parents standards, which highlight the competencies required by the Work with Parents workforce to carry out these functions. Please see section 9.

This guidance has been developed based on findings from the 'Review of parenting support for Flying Start', which was commissioned by the Welsh Government and undertaken by Interface Associates and York Consulting. It has also been informed by evidence gleaned from research reports and journal articles. Some of this research relates to UK Government programmes and other practice in the UK and internationally, where we see they have a relevance to the delivery of parenting support in Flying Start.

The guidance also provides a list of parenting programmes which are intended to support parents to develop positive parenting skills and strategies. Details of different programmes are outlined, which are designed to be used with parents with children of different ages or to address different needs. A list of standardised 'distance travelled' tools is also provided which can be used to gauge whether parents are benefiting from the support they receive.

Audience

This guidance will sit alongside the Flying Start Monitoring Workbook and is for those who have a direct or indirect role in, and responsibility for, providing parenting support for Flying Start. It is intended to inform decisions about:

- the type(s) of parenting support to provide;
- how to provide it;
- approaches to supporting and engaging parents;
- workforce development;
- assessment processes, signposting; and
- evaluation and monitoring.

² <http://www.parentinguk.org/your-work/what-is-work-with-parents/national-occupational-standards-for-work-with-parents/>

ii Summary

1. Introduction

This section provides the rationale for the inclusion of parenting support as a specific entitlement in Flying Start and provides evidence that good parenting is key to successful outcomes for children.

2. Core Purpose

This section sets out the core purpose of parenting support. The core purpose of parenting support is about **working with** parents to reduce risks; strengthen parenting capacity; develop and build resilience and sustain positive change.

3. The Parenting Offer

This section provides an outline of the Flying Start 'parenting offer'.

4. Principles and Expectations

This section covers the principles that the Welsh Government expects should underpin parenting support delivered through Flying Start:

5. Focus of Parenting Support

This section provides an outline of the different themes of parenting support that should be offered.

6. Types of Support

This section looks at the different types of parenting support that can be offered.

7. Designing and Delivering Parenting Support

This section looks at different aspects of designing and delivering parenting support services.

9. Parents with Specific Needs

This section highlights some groups of parents' who may have particular requirements that parenting support services may need to consider when adapting services to meet their needs. The groups of parents identified are not an exhaustive list and local areas will have identified groups of parents in their area who have specific needs that need to be accommodated.

10. Workforce Development

This section focuses on workforce development. It also provides information about the National Occupational Standards for Work with Parents.

11. Evaluation and Monitoring

This section provides information on monitoring and evaluating parenting interventions, as an important aspect of measuring service quality; assessing whether services are working effectively; and gauging whether parents are benefiting from the support they receive. This information should be submitted to the Welsh Government through the Flying Start monitoring workbook.

12. Supporting Documents and Contacts

This section provides sources of additional information and resources.

13. Definitions

This section provides definitions for some of the key terms used throughout the guidance

1. Introduction

Parenting Support is included as a specific entitlement within Flying Start because there is a large body of evidence that good parenting is the key to successful outcomes for children.

Childhood experiences, both positive and negative, have an impact on the health and well-being of children. Stressful or traumatic experiences that occur during childhood (Adverse Childhood Experiences (ACEs)) may cause toxic stress during childhood, which can cause problems both early on and throughout life. ACEs may include child maltreatment, parental separation, parental incarceration, drug use, mental illness and domestic abuse.

When children are exposed to many ACEs they may be overloaded with stress hormones. Some stress is normal and can be beneficial but too much can cause problems. For example, suffering four or more ACEs in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and reporting being involved in violence in the last year by around 14 times. Adverse experiences do not necessarily dictate a child will have poor outcomes although the more ACEs a child is exposed to, the higher their risk of developing problems (Public Health Wales 2015). Protective factors also have the potential to promote resilience in children who experience ACEs or minimise their impact.

Whilst defining such issues as ACEs is a more recent development, research and support programmes have often highlighted the factors which will put children at risk of poor outcomes or protect them (Barrett, 2003). Risk factors relating to parenting include parents' own family upbringing, low parental supervision, harsh and inconsistent parental discipline; chronic family discord, conflict/violence; divorce/separation of parents; father absence; re-marriage and entry of step-parent. Protective factors include a good relationship with one parent; a lot of attention paid to the infant in the first year; positive parent-child relationship in early childhood; wider network of social support; and structure and rules in the household. Some of these protective factors can be developed and the risk factors lessened with comprehensive parenting support and education.

Family environments which include factors associated with good parenting have been shown to be a protective feature for children growing up in disadvantaged neighbourhoods (Seaman et al, 2005; Katz and Redmond, 2009; Nixon, 2012). Sensitive, available and consistent parenting has been shown to promote resilience in children living in poverty (Sroufe et al 1990). Good quality relationships between mothers, fathers and their children are also associated with positive outcomes, which appear to carry over to adulthood (O'Connor and Scott 2007). Research also suggests that the strongest influences on self-esteem are an individual's parents (Emler, 2001).

There is also a wealth of evidence showing that parental engagement and 'at-home good parenting' has a positive impact on a child's learning and outcomes at school, mediating the negative consequences of low income

(Desforges and Bouchaard, 2003; Feinstein and Sabates, 2006). The Sutton Trust, who campaign to improve social mobility, have also identified secure attachment, positive parenting and the home environment as key factors in promoting educational success (Moullin et al, 2008).

Research also shows that parenting support can benefit families; (Moran et al 2004; Allen, 2011) that some structured evidence-based parenting programmes (delivered by appropriately trained and supervised practitioners) can benefit young children with emotional and behavioural problems and can increase parent's confidence, satisfaction and improve well-being (Barrett, 2003; Bywater et al, 2009; Barrett, 2010). They have also shown beneficial outcomes with parents from disadvantaged communities (Hutchings et al, 2007) and with parents from minority ethnic backgrounds (Scott et al, 2006).

2. Core Purpose

The core purpose of parenting support is about **working with** parents to reduce risks; strengthen parenting capacity; develop and build resilience and sustain positive change.

Keeping a strong focus on positive outcomes intended for children and reflecting their rights, support for mothers, fathers and carers should be provided that will:

- enhance positive parenting skills to manage behaviour more effectively and promote children's social skills, self-esteem and self-discipline;
- improve parent-child relationships and parent-parent relationships;
- develop positive attitudes, aspiration and resilience;
- strengthen parents' understanding of child development and foster their ability to be more responsive to the needs of their children to promote their social, emotional and cognitive development and well-being;
- increase parents' confidence in their parenting role; and
- increase parents' confidence and skills in providing a positive home learning environment and supporting their child with their learning.

Parenting support should be responsive to parents need and should incorporate open access and universally available services, through to more structured and targeted support. It should always be delivered using a strengths based approach.

A range of options should be provided for parents depending on their individual assessed needs and circumstances. This could be one-to-one support, informal groups, or a formal evidence-based parenting programme. It is important that any support offered has clear aims and objectives and that the intervention is likely to meet the family's needs and goals.

3. The Parenting Offer

Every family with a Flying Start child must be offered formal parenting support at least on an annual basis and be made aware of the different services available locally to support their parenting role. Ideally the offer should be made as a direct contact with parents, on a one-to-one basis.

A coherent pathway of parenting support should be available for parents for the whole Flying Start age range (i.e. from the antenatal period to age 4). This should be clearly articulated in a plan showing what support (both formal and informal) is available for parents at each stage of a child's development.

A range of options should be provided for parents depending on their individual assessed needs and circumstances.

Every family with a Flying Start child must be offered formal parenting support at least on an annual basis and be made aware of the different services available locally to support their parenting role. Ideally the offer should be made as a direct contact with parents, on a one-to-one basis. This could be offered through a health visiting visit, through a childcare setting or through contact with a family support worker.

The National Evaluation of Flying Start found that for some parents, there is a stigma attached to being asked to learn more about parenting (Welsh Government 2011, 2013a). Offering parenting support to all parents may reduce the stigma sometimes associated with parenting support. The National Evaluation of Flying Start found that parents would be more receptive to taking up the parenting offer if it was portrayed as a “welcoming, non-judgemental arena for picking up useful advice and tips” (Welsh Government, 2011) and if parenting programmes were introduced “as fun and sociable courses” (Welsh Government 2013a):

“Oh, the health visitor encouraged me by saying free food; she knows what I'm like. But she also said it's about getting together with other mothers, talking about how to control certain things, like tantrums and stuff like that”
Flying Start, young parent (Welsh Government 2013a, page 52)

Although all parents within Flying Start will receive a universal offer of parenting support, thereby, reducing stigma, this should be underpinned by targeting to ensure high-need parents are engaged and supported.

A coherent pathway of parenting support should be available for parents for the whole Flying Start age range (i.e. from the antenatal period to age 4). This should be clearly articulated in a plan showing what support (both formal and informal) is available for parents at each stage of a child's development. This plan of available provision may include relevant support offered by a range of

Flying Start professionals including midwifery, health visiting, by early year's workers as well as by the parenting 'team'. The 'Review of parenting support for Flying Start' Welsh Government³, (2013b) identified this as best practice and referred to it as the 'customer journey'. This, along with effective signposting to and between different Flying Start services, can help parents progress 'seamlessly' through services.

A range of options should be provided for parents depending on their individual assessed needs and circumstances. This could be one-to-one support, informal groups, or a formal evidence-based parenting programme. It is important that any support offered has clear aims and objectives and that the intervention is likely to meet the family's needs. It should always be delivered using a strengths based approach.

The parenting offer should be delivered, where possible, using a dedicated Flying Start parenting team co-located with other Flying Start staff.

³ <http://wales.gov.uk/statistics-and-research/parenting-support-for-flying-start/?lang=en>

4. Principles and Expectations

This section covers the principles that the Welsh Government expects should underpin parenting support delivered through Flying Start:

4.1 Commitment to the principles of the UNCRC

All support for parents should reflect the rights of the child set out in the UNCRC.

The Welsh Government is committed to the United Nations Convention on the Rights of the Child UNCRC⁴ as a basis for its policy with children and young people, as encapsulated in the Rights of Children and Young Persons (Wales) Measure 2011.⁵ The UNCRC is an international agreement that promotes the human rights of children under the age of 18.

The preamble to the Convention states that children “should grow up in a family environment, in an atmosphere of happiness, love and understanding”. All support for parents should reflect the rights of the child set out in the UNCRC:

- ensuring the child’s rights for basic care and survival, (Articles 6 & 27), play and education (Articles 28, 29 & 31);
- protection from abuse, neglect and degrading treatment (Articles 19, 24 & 37); and
- a right to have a say in matters affecting them as their abilities develop (Article 12).

For a majority of children the family home is where they will realise many of the rights laid out in the UNCRC. Parents clearly have a pivotal role as guardians and advocates of children’s rights with a responsibility on the state to act as final guarantor.

The UNCRC is not about promoting children’s rights at the expense of parents’ rights (Daly, 2007). The UNCRC contains a number of provisions relating specifically to parents and highlighting the importance of their role. (It29).

The UNCRC sets out parents’ responsibility for providing their child with appropriate guidance and direction on using their rights properly (Article 5) and in matters relating to religion and conscience (Article 14). Article 18 identifies both parents as having the primary responsibility for bringing up their children, making it clear that governments must provide resources and

⁴ The UNCRC is an international agreement that protects the human rights of children under the age of 18 <http://wales.gov.uk/topics/childrenyoungpeople/rights/uncrc/?lang=en>

⁵ <http://wales.gov.uk/legislation/programme/previouslegislation/assemblymeasures/rightsofchildren/?lang=en>

support to help them fulfil their responsibilities. It also sets out parents' responsibility to provide adequate living conditions to meet their child's development needs, with financial assistance from the Government if needed (Article 27). The UNCRC acknowledges that parents may need support from the State in fulfilling their parenting role.

4.2 Guidelines on safeguarding children and adults should be followed at all times

Guidelines on Safeguarding Children and adults should be followed at all times. Those making assessments of parenting need or delivering parent support services should be able to recognise safeguarding issues and when and to whom to refer them to.

Safeguarding children and adults is a key priority for the Welsh Government. Welsh Government Guidelines on safeguarding children and adults should be followed at all times and those making assessments of parenting need or delivering parent support services should be able to recognise safeguarding issues and when and to whom to refer them. Safeguarding Children: Working Together under the Children Act 2004 (shortly to be replaced by Volume 5 of Working Together to Safeguard People – Guidance for Protecting Children at Risk) sets out how all agencies and professionals should work together to protect children from harm. Guidance for Protecting Adults at Risk will provide similar guidance in respect of adults at risk.

4.3 Information Sharing

Parenting support practitioners should follow their organisational information sharing and record keeping protocols. The Welsh Government is promoting the Wales Accord on the Sharing of Information as a practical method of assuring safe information exchange.

Sharing personal information effectively and appropriately underpins partnership and integrated working and service delivery. It is a key element in providing a holistic and seamless service to meet families' needs and to support early identification of need or risk. Information sharing is critical if there are concerns that a child or young person may be at risk of suffering harm. This may be related to a safeguarding issue (see above) or may be that the child is not developing or thriving as expected. Information sharing has a vital role to play at key transition points in a child's life – for example when they move from childcare to school or from primary to secondary school. Information sharing should be embedded as a core element of service delivery across sectors and service areas.

The Welsh Government expects that organisations should be developing or have developed systems for information sharing. The Wales Accord on the Sharing of Personal Information (WASPI) is being promoted by Welsh Government as the single framework for sharing personal information. It is a

practical and tested approach to multi-agency sharing for all public service organisations. It aims to make sure public services, as well as appropriate third and private sector providers, share personal information about individuals legally, safely and with confidence.

Parenting support practitioners should follow their organisational information sharing and record keeping protocols. In general parents should be provided with information about why, what, how and with whom information will, or could be shared, although there may be times – for example, a safeguarding issue – where it is not possible or desirable to provide such information. Parents can be asked (if appropriate) to provide consent for information to be shared about their children. By developing information sharing protocols to support information sharing practices, practitioners can be confident about the types of information to be shared, how and when it will be shared, how parents will be told about the information to be shared, whether consent is required and who from, and how it can be obtained.

4.4 Parenting support services should be inclusive and accessible

All parenting support services should be inclusive and accessible; consider the specific and additional needs of a wide range of parents; be delivered using a strength-based approach; and be matched to assessed need, with a focus on improving outcomes for children and families.

All parenting support services should:

- be inclusive and accessible;
- consider the specific and additional needs of a wide range of parents;
- be sensitive to the stresses family's face in their lives;
- be delivered using a strength-based approach; and
- be matched to assessed need, with a focus on improving outcomes for children and families.

Parenting support should respect the diversity of families, accepting that family arrangements can be varied. Services should be welcoming and supportive and not make the assumption that parents will be able to locate the support they need. Services should work in partnership with parents to build on their existing strengths and support them to identify their own needs and goals. The design and delivery of services should be sensitive to the specific needs of both mothers and fathers and also to non-resident parents (often fathers), who may need support to build and maintain relationships with their children post-separation. Services should also consider the specific requirements of parents and grandparents from different ethnic, cultural and faith groups.

We also expect that any parenting support be matched to assessed need and with a focus on improving outcomes for children and families. Any goals identified for a family should be clearly specified, developmentally realistic and

take account of the family's own identified needs. There should be clarity around what parents can expect and how much commitment they will need to make to the intended intervention. This should be articulated in a face-to-face visit, not just in a letter.

4.5 National Occupational Standards for Work with Parents

Those working with parents should follow the principles and values in the National Occupational Standards for Work with Parents.

Those working with parents should follow the principles and values in the National Occupational Standards for Work with Parents, which have been agreed across the four nations in consultation with the sector. See Appendix A. The guidance has been developed in line with the National Occupational Standards for Work with Parents NOS⁶ (see section 9) and can be used alongside it.

4.6 Welsh language

Every effort should be made to accommodate parents' preference of receiving parenting support through the Welsh language.

The Welsh Government is committed to promoting and facilitating the use of the Welsh language. The Welsh Language (Wales) Measure 2011 gives the Welsh language official status in Wales and establishes the principle that the Welsh language should be treated no less favourably than the English language. Every effort should be made to give parents the option of receiving parenting support through the Welsh language.

4.7 The promotion of positive parenting

All support for parents should promote the principles of positive parenting.

The Welsh Government is committed to promoting the principles of positive parenting. This approach is consistent with the basic principles of the UNCRC that a child is entitled to care, protection, involvement in decision making and an upbringing that is free from violence and degrading treatment. Positive parenting is also most likely to ensure improved outcomes for children (Sroufe, et al 1990; Seaman et al, 2005; Daly, 2007; Moretti, 2004; Asmussen, 2007; O'Connor, 2007; Katz and Redmond, 2009). Research indicates that children are more at risk of poor outcomes where there is harsh and inconsistent parental discipline; and more likely to be protected where they have a good relationship with one parent and a positive parent-child relationship in early childhood (Barrett, 2003).

⁶ <http://www.childreninwales.org.uk/areasofwork/parenting/nationalocstandards/index.html>

The Welsh Government wants to see parents given information, support and encouragement to address challenging behaviour in their children using positive parenting styles. Messages given to parents about positive parenting should be consistent with those being delivered to parents through structured parenting programmes. Providing this coherent approach was identified by the 'Review of parenting support for Flying Start' (Welsh Government, 2013b) as best practice. See section 5.4 for more information.

4.8 Parenting support services should be evidence-based

All support for parents should be based on up-to-date knowledge and a sound evidence-base of what works for good outcomes for children and parents.

Evidence based practice is a combination of practitioner expertise and using up-to-date sound evidence from external research, and independent evaluation when making decisions about how to work with individual parents and which intervention is most appropriate. Practitioners and managers need to consider the following:

- **Evidence based theory**

Parenting interventions should be underpinned by sound theoretical principles that have been supported by robust research in the field of child development (see section 5.5).

- **Practitioner skills, qualities and knowledge**

Practitioners should be appropriately skilled, trained and supervised to work with parents (see section 9).

- **Programme fidelity**

Evidence-based parenting programmes have a set of key ingredients or principles, which need to be adhered to for programmes to be effective (see section 6.1.2).

- **The best research evidence base**

Parenting programmes and interventions should be used which have independent evidence which demonstrates improved outcomes for children and families (see Appendix B and D for relevant evidence-based programmes and ratings of the evidence base, where applicable).

- **Evaluation and monitoring**

Establish systems to evaluate and monitor parenting support services to assess whether services are working effectively; to measure service quality and gauge whether parents are benefiting from the support they receive. These systems should ideally use pre and post services measures (see section 10 and Appendix F).

5. Focus of Parenting Support

The Parenting Offer should be based on the following age-related theme:

- **Perinatal and support in the early years to age 4**

This age-related theme should be underpinned by the following cross-cutting themes:

- **Relationship support**
- **Early intervention to support vulnerable families**
- **Positive parenting**
- **Evidence based theories of child development**

5.1 Perinatal⁷ and support in the early years to age 4

5.1.1 Antenatal and postnatal support

A range of provision for parents should be provided. This can include antenatal groups; supporting pregnant women to recognise the importance of breast feeding and early relationships to the health and well-being of their baby; postnatal support; identification and support for post-natal depression and the promotion of attachment and responsiveness.

Please see Appendices B, D, E and F for details of relevant programmes, including using baby massage, NBAS (Neonatal Brazelton Assessment Scale), the Incredible Years Baby programme and the Solihull Approach. Please also refer to Flying Start Health Visiting Core Programme.

There is evidence that what happens during the first 1,000 days of a child's life has a significant impact on their outcomes as they grow up (Welsh Government 2014). This period covers the time through pregnancy, birth, and up until a child's second birthday.

Article 6 of the UNCRC gives children the right to life and to develop healthily. Even before birth the choices parents make about nutrition and lifestyle can affect their children's health and development (Bowers and Strelitz, 2012; Welsh Government 2013a). Evidence suggests that a significant number of women also experience problems such as anxiety and depression during pregnancy. If this is chronic it can have harmful effects on the developing

⁷ Support relating to, or being the period around childbirth, especially the five months before and one month after birth

baby that may continue throughout the lifespan. It is very important, therefore, that if a woman feels anxious or depressed she is encouraged to consult her GP (Royal College of Midwives, 2012).

Article 24 (2 d & e) of the UNCRC stipulates that mothers should be provided with “appropriate pre-natal and post-natal health care” and that parents should be supported in “the advantages of breastfeeding ... and the prevention of accidents.” Preparing both mothers and fathers for birth and supporting them before and around the birth of a child can have a lasting impact on a child’s later social and emotional development (Allen, 2011).

The quality of the parent-child relationship is associated with the development of secure attachment and improved outcomes in children (O’Connor and Scott, 2007; Moullin et al., 2014). The basis of this important relationship can be fostered and supported during the antenatal and post-natal period. Research suggests that the most important period in developing secure attachment are the antenatal period and the first 18 months of life (Allen, 2011). The National Evaluation of Flying Start (Welsh Government 2011) suggested targeting first time parents, as parents with other children tend to develop fixed patterns of behaviour which maybe more difficult to change. By encouraging good parenting behaviours in first time parents, any parenting support has potential to help subsequent children in the family.

The first years of a child’s life have a significant influence on brain development and the development of social and mental wellbeing (Bowers and Strelitz, 2012). A baby’s brain grows new connections continually - 700 to 1,000 new neural connections form every second. Neuroscience has shown that that the circuits or ‘wiring’ of the brain is strongly affected by the kind of care and stimulation a baby receives, and the quality of attachments with care givers. A major factor in brain development is the ‘serve and return’ interaction between children and their parents. This is where an adult responds with eye contact, words, or a hug to their baby or child when they babble, gesture or cry. This back and forth interaction helps neural pathways to develop. When parents are sensitive and responsive to their child’s signals and needs, they provide a rich environment of ‘serve and return’ experiences (Harvard University⁸)

Babies and young children naturally seek interaction with their parents. If parents are unresponsive, inattentive and inconsistent or hostile, the wiring of the brain may be disrupted, insecure attachment can develop and later learning, behaviour, and health may be impaired. This is often the case when parents are neglectful (Moran, 2009; National Scientific Council on the Developing Child, 2012; Moullin et al., 2014). Neglect has a wide-ranging impact on children including affects on the developing brain, which subsequently influences all areas of development, including physical, socio-emotional, cognitive and behavioural development (Moran, 2009; Howarth, 2013).

⁸ <http://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

Parents being unresponsive or neglectful may be as a result of parental stresses associated with poverty, social isolation, substance misuse and/or mental health issues such as post-natal depression (Moran 2010; Moullin et al., 2014). It can also be the result of limited understanding of parents of the importance of interacting with their baby.

Qualitative research with high need families, as part of the National Evaluation of Flying Start (Welsh Government, 2013a) reported that the Speech Language and Communication SLC element of the programme was 'much less appreciated by parents than other entitlements of the programme ... because parents failed to understand the 'point' of it, often not understanding how it would help'. The Welsh Government's review of early language development SLC (Welsh Government, 2014a) provides suggestions to improve parental awareness and understanding of the benefits of SLC, which includes clear and consistent messages relating to the key milestones in SLC, good practice in adult-child interaction and the benefits of SLC for child development.

Around 10-15 per cent new mothers experience postnatal depression. Some fathers may also experience depression after the birth of a child (Mind, 2010). Parents with postnatal depression may experience feelings such as loneliness, guilt, worry, anger and frustration. They may feel tearful and exhausted and it may affect their appetite, sleep patterns, sex drive, and concentration. For some parents, the feelings will be quite mild, but for others they may feel overwhelming (Public Health Wales 2014). Some parents may also be reluctant to ask for help for their depression because they fear being judged. Depression may particularly affect those with limited support networks or greater childcare burdens (Welsh Government 2013a). Perinatal mental health problems can have long lasting effects on maternal health and child development so parents should be encouraged to talk to their midwife, health visitor or GP (Mind 2010; Welsh Government 2012b).

Interventions which address the needs of parents and enhance their sensitivity and responsiveness to their baby's needs may improve the quality of the parent-child relationship; promote secure attachment and may help reduce the circumstances where parents fail to meet the needs of their child (Moran, 2009; Allen, 2011; Howarth, 2013).

A range of provision for pregnant and new parents should be provided. This can include antenatal groups for mothers and fathers; supporting pregnant women to recognise the importance of breast feeding and early relationships to the health and well-being of their baby⁹; postnatal support; identification and support for post-natal depression and the promotion of attachment and responsiveness. Please see Appendices B, D, E and F for details of relevant programmes, including using baby massage, NBAS (Neonatal Brazelton Assessment Scale), Video Interactive Guidance, the Incredible Years Baby programme and the Solihull Approach.

⁹ The UNICEF Baby Initiative has a website providing information and supporting materials on supporting and promoting breastfeeding and early maternal-infant relationships. This is underpinned by extensive research evidence. It also has standards for early years settings.

The Welsh Government funded positive parenting campaign, **Parenting. Give it time** provides helpful tips and advice to parents on how to encourage positive behaviour through a website (<http://bit.ly/2bj0yAF>) Facebook page (<http://bit.ly/2bjlm8C>) booklets, animated film clips and leaflets.

5.1.2 Early Years

A range of provision should be provided for parents, which will support the development of responsive and nurturing parenting practices and improve their skills and confidence, including in providing a rich home learning environment. Please see Appendices B, D, E and F for details of relevant programmes. Please also refer to Flying Start Health Visiting Core Programme.

A large body of evidence suggests that the quality of parenting and care a child receives in their early years and parental involvement in a child's development is a significant factor in ensuring positive outcomes for children (Allen, 2011; Bowers and Strelitz, 2012; Welsh Government, 2012a). Parents have a pivotal role to play in shaping a child's future life chances by providing a safe, secure, nurturing and stimulating environment and by providing their children with play opportunities, which can foster their physical, mental, and social development. A parent responding sensitively to their child's signals and needs has been shown to underpin attachment security. When children experience care-givers as unresponsive, inattentive, and inconsistent or hostile in their interactions with them, insecure attachment can develop. This is often the case when parents are neglectful. In the early years, neglected children are more likely to show inadequate growth and failure to thrive (Moran, 2009; Howarth, 2013).

The quality of attachment is linked to the social and emotional development of children. Increased maternal responsiveness has also been found to support a child's social, emotional, communication, and cognitive ability (Allen, 2011; Moullin et al., 2014).

Brain development continues beyond early childhood, indicating the continuing need for optimal conditions for brain development (i.e. a stimulating, secure and stable environment). Emerging concerns about poor parenting should be addressed early to prevent problems escalating. Parenting support that helps parents become more responsive to their child's needs, reduces isolation, provides support and develops parenting skills may help reduce the circumstances where parents fail to meet the needs of their child (Moran, 2009; Allen, 2011; Howarth, 2013). Please see Appendices B and D for relevant parenting programmes.

The strength of children's communication and language skills in the early years are linked with later educational success (Bowers and Strelitz, 2012; Welsh Government, 2012a). Parents' interest and involvement in their child's

learning and education has been found to be a protective factor associated with achievement. It can also counteract the effects of disadvantage in the early years (Utting, 2006).

Parents vary in their understanding of their important role in their child's development and what they can do as a parent to support it (Welsh Government, 2013a). Parents may also not feel confident about playing with their child or understand the important role of play in learning and development. They may have low literacy and numeracy levels. They may also misunderstand their child's capacity at different ages, leading to unrealistic expectations about a child's behaviour (Roberts, 2009; 2010). Interventions should consider how to bolster parent's strengths and resources by providing opportunities for social support; the development of positive parenting skills; supportive relationships and secure attachments.

Parents should be treated as partners in their child's learning, as they are more likely to take on board information and advice if they feel valued and respected. Sessions such as 'stay and play'; 'language and play' and 'number and play' will support parents to feel more confident about playing with their child. Information can also be shared with parents about stages of child development so that they gain realistic expectations of what their children can do. Family learning programmes can also provide support to parents with low levels of literacy and numeracy (Roberts, 2009; 2010).

Flying Start health visitors; childcare staff and family support workers have a key role in encouraging and supporting parents in their home learning role, for example by involving them in activities to support home learning. Parents could occasionally be invited to come in to the childcare setting and listen to, or join in with story time or singing rhymes. They could be invited to a family trip or a craft session. Staff can talk to parents about what their child enjoys doing during the day and share information about how this kind of play activity contributes to their child's learning and development. Please see also section on the 'Involvement of parents' in the Flying Start Childcare Guidance.

Reassurance should be provided that parents don't need to invest in expensive toys. Rather it should be emphasised that their attention and time matter more to their child's development. Parents can also be provided with play ideas that don't cost money (Roberts, 2009). For further information please see the 'Supporting Documents' section.

Cross-cutting themes:

5.2 Relationship Support

Strengthening couple relationships is important in promoting the well-being of children and their parents. Information can be provided to separating parents on how separation can affect their children, the importance of managing conflict and ideas for how they can support their children to minimise the negative impact on them. Parents should be signposted to services and information where appropriate.

How parents relate to each other as a couple is a primary influence on children's well-being and life chances. There is a large body of evidence that indicates that couple relationship satisfaction is associated with supportive parenting, improved well-being and better outcomes for children. Poor quality couple relationships are associated with poor quality parent-child relationships. Research also suggests that parental conflict is associated with the development of insecure attachment between infants and parents (Tavistock, 2012).

Couple relationship breakdown has also been associated with a number of negative impacts on children including socio-economic disadvantage, lower educational achievement, behavioural problems and physical and mental health problems. These long term negative outcomes generally apply to a minority of children. Although children may feel short term distress during separation, the majority are able to adjust to their parents' separation. Multiple changes of family structure however (e.g. the breakdown of two or more parental relationships and subsequent changes in merged households), may have a more negative impact (Rodgers, 1998).

Some factors appear to provide protection to children from some of the negative impacts of relationship breakdown and inter-parental conflict. These include parenting quality, maternal mental health, communication between parent and child about the separation, the child's relationship and contact with both parents after separation and supportive family members. Research suggests that good/positive parenting and good communication and contact between children and both parents is particularly important in helping children adapt (Coleman, 2009, Harold et al, 2016).

Relationship conflict (e.g. uncontrolled arguing between couples and silent/corrosive conflict) has the potential to severely impact children's outcomes. Children exposed to frequent, intense and poorly resolved inter-parental conflict risk negative outcomes. Evidence suggests that ongoing conflict between parents put children at significant risk for heightened anxiety and depression. Children of all ages can be affected by destructive inter-personal conflict, with effects evidenced across infancy, childhood, adolescence and adulthood. (Harold et al 2016).

Research indicates that it is not necessarily the conflict that is detrimental per se, but rather how parents manage it. Physical violence and unresolved conflict, where children act as messengers of negative information is particularly harmful. If mild conflict is effectively resolved between parents, it can help a child learn how to resolve disputes effectively (Rodgers, 1998; Coleman, 2009; Tavistock, 2012; Harold et al 2016). Parenting interventions in the presence of frequent, severe and unresolved inter-parental conflict – without addressing that conflict - are unlikely to be successful in improving child outcomes (Harold et al 2016).

Evidence suggests that although family breakdown can be detrimental the quality of parental relationships, level of parental stress, and quality of family functioning also have a significant impact on children's well-being, in both intact and separated families. (Harold et al 2016)

5.3 Early Intervention to Support Vulnerable Families

The universal parenting offer within Flying Start should be combined with active targeting to ensure that parents with high risk factors are engaged and supported to ensure their needs are met to prevent problems occurring, persisting or escalating. Please also see section eight, 'Designing and Delivering Parenting Support', for factors that promote the successful engagement of parents.

Vulnerable families may be those vulnerable to developing parenting difficulties or those at risk of being unable to protect and care adequately for their children. Families may be at increased risk due to adverse circumstances such as poverty, unemployment, bereavement, alcohol or substance misuse, mental or physical health issues; domestic abuse or the lack of a support network. Many of these needs may be long-standing or interlinked. A family's minority status or situation may also make it vulnerable to disadvantage and associated stress (for example minority ethnic families, refugee or asylum seeking families, single parent families or young parents).

The National Evaluation of Flying Start (Welsh Government 2011) found that almost three-quarters of families in Flying Start areas had at least one of the following 'risk factors' suggesting that they could benefit from above average support:

- no qualifications;
- low income;
- young parenthood;
- post-natal depression;
- heavy drinking;
- lone-parenthood; and
- experience of domestic violence.

Many of the high need families interviewed in the National Evaluation of Flying Start (Welsh Government 2013a) also had higher-level needs as a result of long-standing or interlinked issues such as unemployment, depression and isolation.

The evaluation of Sure Start in England¹⁰ (Barlow et al, 2007) found that places on parenting programmes tended to be taken up by those with lower level needs, at the expense of families with increased risk factors and higher-

¹⁰ In Wales Sure Start was a grant to local authorities between 1999 and 2003 when it was amalgamated with 4 other grants to form Cymorth – the Children and Youth Support Fund. The Sure Start 'brand' continued for some time after funding ceased.

level needs. Research suggests that parenting programmes will benefit children with the highest risk factors most and that programmes which focus on parents of children with the most severe problems will be most cost effective (Brown et al, 2012).

The universal parenting offer within Flying Start should be combined with active targeting to ensure that parents with high risk factors are engaged and supported to ensure their needs are met to prevent problems occurring, persisting or escalating.

Health visiting teams have a key role in identifying vulnerable families, referring parents to parenting support and encouraging take up. The National Evaluation of Flying Start (Welsh Government 2011) found that parents who had a medium or high level of contact with a health visitor were more likely to have taken up parenting support. Qualitative research focusing on the experiences of high need parents (Welsh Government 2013) also emphasised the key role of health visitors in providing information and encouraging parents about the benefits of taking up support.

Evidence suggests that the inter-personal skills and experience of practitioners providing parenting support are vital for the initial engagement of parents, motivation to change and continued engagement (Moran, 2004; Welsh Government 2013a; Barrett, 2003). Parents' impression of their first point of contact with a service or project often determines their view of the entire service and their willingness to engage (Moran, 2004). The skills and experience of practitioners is also critical in making appropriate referrals and working with other agencies to ensure that families get the services they need.

Getting as full a picture as possible about the barriers parents face when accessing services and their motivation for engagement can be critical in improving identification and signposting. Some parents are resistant to accessing services because of previous negative experiences or because they are concerned about the involvement of welfare services. They may also seem unwilling to accept that there is a problem or appear unmotivated to change (Moran, 2004; Welsh Government 2013a; Barrett, 2003). Please also refer to section 8.1.2 on readiness to change.

Some parents may require persistent and proactive encouragement and support to take up services (Welsh Government 2013a). Parental reluctance to take up services may be overcome by building up effective supportive relationships and motivating and empowering parents to change through the use of techniques such as motivational interviewing. Parents may also be more likely to engage if other parents in their community have recommended it and if parents believe that engagement is likely to meet their own goals and needs (Hutchings et al, 2007; Brown et al, 2012).

Providing practical support and short term improvements to a family's circumstances can be important for building trust. Staff can, for example, work with other external agencies (such as Citizens Advice Bureau or Social Care)

to help parents sort out problems with debt, housing or other identified needs. For some parents, environmental issues such as substance misuse need to be dealt with before parents are ready and able to engage.

Flying Start areas that are successful in engaging vulnerable parents are committed to finding ways of reaching parents and work persistently until they are ready to engage. Evidence gathered from the evaluation of the Sure Start programme in England by the Audit Office (2006) emphasised the importance of partnership working, strong leadership and having an action plan or strategy for reaching vulnerable families. Being pro-active in identifying and targeting parents in need of targeted support increases the possibility of preventative work and early intervention. The ante and postnatal period is an opportune time to engage parents to hopefully prevent the need for more intensive support later on.

5.4 Positive Parenting

A range of provision should be provided for parents, which will support the development of positive parenting practices and improve their skills and confidence. Please see Appendices B, D, E and F for details of relevant programmes.

Positive parenting principles should be promoted consistently across all Flying Start settings. Ideally staff should be given training on the principles of positive parenting so that parents are given consistent messages. Flying Start staff should also model 'positive parenting' principles in their interactions between themselves, as well as with parents and children.

Research suggests that positive (authoritative) parenting is beneficial at all points in a child's development (Sroufe, et al 1990; Seaman et al, 2005; Daly, 2007; O'Connor, 2007; Katz and Redmond, 2009; Nixon, 2012). Positive parenting is where parents:

- are warm and supportive;
- model good behaviour;
- provide appropriate supervision;
- provide clear consistent boundaries based on realistic expectations according to a child's age and stage of development;
- praise good behaviour; and
- handle problem behaviours consistently without resorting to physical punishment and excessive shouting.

There is a complex interchange of factors that affect the use of physical punishment by parents including the age and gender of the parents and child; levels of stress and support; the quality of the parent-child relationship; the use of alcohol/drugs; and whether parents had experienced physical punishment as a child.

Not surprisingly many studies have shown that parental attitudes to physical punishment are correlated with its use. Although many parents have a general belief that the use of physical punishment is wrong there are some situations where they may find its use more acceptable. This would include children exhibiting unsafe behaviour (i.e. toddler running into the road) (Ghate et al, 2004; Smith et al, 2004; Gravitas, 2005; Welsh Government, 2014b; Holden, 2014).

Research also suggests that parents use physical punishment in addition to other positive methods of discipline. Parents may not feel comfortable using physical punishment to discipline their children but may feel compelled to use it as 'a last resort' or as a way of ensuring their child's safety. It suggests that parents' use of physical punishment is influenced by a range of factors and is not necessarily a clear cut 'use'/don't use' strategy (Ghate et al, 2004; DCSF, 2007; Welsh Government 2014c).

The reasons for parents changing their attitude to physical punishment or deciding not to use it may be as a result of: a change in their ideology; a result of their negative feelings following smacking their child, a story in the media, research they have read; their own childhood experiences or as a result of an official intervention (e.g. social services) or intervention from family members. There is also evidence that some parents become more in favour or less in favour of physical punishment when they become a parent themselves (Smith et al 2004; Welsh Government, 2014c; Holden et al, 2014). Parents are less likely to use physical punishment if they believe that positive parenting will have an advantageous affect on their child's outcomes (Smith et al, 2004) or that the use of physical punishment will have negative consequences (Stokes et al, 2005; Holden et al, 2014).

In providing information and support to parents it needs to be acknowledged, that it is not necessarily that parents do not use positive parenting methods to manage their child's behaviour but that they may use them alongside more punitive methods. Information, advice and support to parents need to build on existing parenting skills and competencies and strengthen the effectiveness of the 'positive' strategies that they already use. It also needs to reinforce messages about the efficacy of positive methods of discipline in managing children's behaviour and teaching children about safety and danger. Providing support to parents in stressful circumstances and strengthening the parent-child relationship may help to reduce the likelihood of parents resorting to physical punishment as a last resort.

Qualitative research with high need families as part of the National Evaluation of Flying Start (Welsh Government 2013a) found that parents had not realised that parenting skills could consciously be improved. Research from New Zealand (Stokes et al, 2005) has suggested that parenting is a largely assumed role for parents based on their own experience of being parented. Parents often have "a lack of consciousness" in parenting and may assume that parenting is instinctive and comes naturally. Parents may not have given much thought to the way they parent; reflected on their own behaviour towards their children or considered how this affects their relationship with

their child or their child's behaviour. Conscious parenting is about encouraging parents to make choices about the sort of parents they wish to be, parenting styles and adopting pro-active, positive approaches to managing their child's behaviour.

Experiences from New Zealand's positive parenting strategy suggests that consciousness about parenting could be an important precursor to parent's seeking information about positive parenting methods (see also section 8.1.2). Parents may become more open to change through talking to other parents or through talking to professionals.

Some lessons on affecting change in attitudes and behaviour can be learnt from social marketing research into health behaviour (Department of Health, 2011). 'Insights' have been identified into why people resist changing their behaviour and what might motivate them to change. Some of these 'insights' are relevant to parenting:

- if people can succeed in making a behaviour change in one area they may feel more confident in making further changes;
- there are major lifestyle events (such as the birth of a first child) when people are more open to change and seek new information;
- people seek to conform to what they perceive are social norms and will adjust their behaviour to fit in with what they believe other people are doing;
- people are more likely to change their behaviour through a series of small changes;
- most people respond to positive messages rather than lecturing (this also ties in with assumptions behind motivational Interviewing); and
- people will not change their behaviour if they are unsure of the outcome of doing this (i.e. they think their child may become more badly behaved if they stop smacking).

Children's behaviour being challenging was often reported by parents in the National Evaluation of Flying Start as the biggest difficulty they faced (Welsh Government, 2013a). These parents were keen to receive advice on how to manage their child's behaviour and are likely to be receptive to receiving information and advice on safe, effective and non-physical strategies to discipline children. Flying Start staff could pick up on parents' interest in their child's development or handling tantrums and use this as a hook to engage them in parenting support.

Evidence-based parenting programmes have been shown to effectively support the development of positive parenting skills (Barrett, 2003; Scott et al 2006; Hutchings et al, 2007; Bywater et al, 2009; Barrett, 2010). The evidence-based parenting programmes on the Welsh Government's approved list (Appendix B) are based on a proven theoretical basis and recognised principles of positive parenting. One-to-one support in the home can also be used to support and promote positive parenting. To reduce stigma this should be promoted as an opportunity for parents to pick up useful advice and tips to benefit their child.

It is important that positive parenting principles are promoted consistently to parents across all Flying Start settings and that parents are not given conflicting advice. A child's behaviour is more likely to improve if the positive behaviour management skills learned and applied by parents at home are consistently reinforced by staff in the childcare setting.

Childcare and other Flying Start staff also have a role to play in promoting positive parenting and providing information and advice to parents. Ideally they will also model positive parenting principles with the children they work with and in their interactions with parents and other adults. Messages given to parents about positive parenting should be consistent with those being delivered to parents through evidence-based parenting programmes. Providing this coherent approach was identified by the 'Review of Parenting Support for Flying Start' (Welsh Government, 2013b) as best practice.

5.5 Evidence based theories of child development

Parenting interventions should be underpinned by one or more of the following four core principles of child development, which are supported by extensive research.

Several theories of child development have been proposed to explain the significance of parent-child relationships and why these link to children's well-being.

5.5.1 Social learning theory

Social learning theory is based on the assumption that children will learn and imitate new behaviours from watching other people, known as observational learning (or modelling). It also suggests that observational learning is more likely to be successful, if children are motivated to imitate the behaviour that has been modelled. Good behaviour will increase if it is rewarded (e.g. through approval, attention, praise and rewards) and bad behaviour will decrease if it is either ignored or appropriately sanctioned (e.g. through time out or withholding privileges). Children can also be motivated to model positive behaviours if they see another child rewarded for exhibiting those behaviours. Parenting interventions will encourage parents to model positive behaviours and provide strategies for ignoring poor behaviour and rewarding and attending to good behaviour (O'Connor and Scott, 2007; Asmussen and Weizel, 2010).

5.5.2 Attachment theory

Attachment theory proposes that the quality of care provided to the child, (e.g. sensitivity and responsiveness) leads to a 'secure' (optimal) or 'insecure' (non-optimal) attachment. The security of this bond, (attachment security) is determined by the ability of the parent or primary carer to sensitively and appropriately respond to their child's bids for attention. Programmes based on attachment theory aim to improve parental sensitivity by increasing parents'

understanding of their children's needs and attachment related behaviours (O'Connor and Scott, 2007; Asmussen and Weizel, 2010; Moullin, 2014).

5.5.3 Parenting styles theory

Parenting styles theory suggests that a child's behaviour is directly related to their parent's child-rearing practices. It suggests four parenting styles: 'authoritative' (high warmth, positive/assertive control and in adolescence high expectations), 'authoritarian' (low warmth, high conflict and coercive, punitive control attempts), 'permissive' (high warmth coupled with low control attempts) and 'neglectful/disengaged' (low warmth and low control).

These four parenting styles have been associated with child outcomes. Parents who combine high levels of parental warmth with high levels of supervision ('authoritative') are more likely to have children who are more confident, more autonomous and more socially responsible. Most parenting programmes encourage parents to adopt this positive style of parenting (O'Connor and Scott, 2007; Asmussen and Weizel, 2010).

5.5.4 The model of human ecology

The model of human ecology suggests that a child's development is determined by his or her interaction within the 'nested' environments of the individual, family, school, community and culture. Each one of these environments contains protective and risk factors which can either improve a child's life outcomes or place them at risk for adversity. It assumes that the relationship between the child and parent cannot be fully understood without understanding how the conditions surrounding the family affect that interaction. Programmes based on the ecological model consider ways in which to strengthen and promote protective factors in order to reduce risks (Asmussen and Weizel, 2010).

6. Types of Support

- Evidence-based, group-based structured parenting programmes
- One-to-one support
- Informal structured group-based parenting support
- Informal drop-in support

6.1 Evidence-based, group-based structured parenting programmes

At least one structured evidence-based parenting programme should be provided on a rolling basis. Programmes should be delivered with fidelity and all staff delivering parenting programmes should have received specific training to do so. Please see Appendix B for a list of the evidence-based parenting programmes approved by the Welsh Government for use in Flying Start areas.

Evidence-based, group-based structured parenting programmes are defined as those that are underpinned by a strong research evidence base, which demonstrates improved outcomes for children and families. They should have a set start and end date and be closed to new entrants once started.

These are programmes identified by the Early Intervention Foundation and the National Academy of Parenting Practitioners¹¹ as having independent evidence that they improve outcomes for parents and children. These are also programmes where the content is informed by proven theories of child development and therapeutic practice; incorporate activities for parents to learn new ideas and skills and where the provider has put in place mechanisms to ensure fidelity and quality assurance.

National Institute for Health and Care Excellence (NICE 2006) Guidance outline that parenting programmes should meet the following criteria:

- ✓ be structured and have a curriculum informed by the principles of social learning theory;
- ✓ include strategies for improving family relationships;
- ✓ offer a sufficient number of sessions, with an optimum of 8–12;
- ✓ enable parents to identify their own parenting objectives;
- ✓ incorporate role-play during sessions, as well as setting ‘homework’ between sessions, to help establish new behaviours at home;
- ✓ be delivered by appropriately trained and skilled facilitators, who are able to establish therapeutic relationships with parents and receive high-quality supervision with access to on-going professional development; and

¹¹ <http://guidebook.eif.org.uk/>

- ✓ adhere to the programme developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

Evidence-based structured parenting programmes can provide parents with necessary knowledge and skills and build their parenting capacity. There is evidence to show that structured evidence-based parenting programmes (delivered by appropriately trained and supervised practitioners) can benefit young children with emotional and behavioural problems and can increase parent's confidence, satisfaction and improve well-being.

The group element of parenting programmes, is thought to be more cost-effective than one-to-one work, and can also facilitate social networks, providing essential peer support for parents and reduce their isolation (Moran, 2004; NICE, 2006). The Flying Start qualitative research with high need families (Welsh Government 2013) also found that parents gain encouragement from realising that other parents in a parenting group experience similar problems. Evidence also suggests that having a mixture of parents with different backgrounds in a group aids the sharing of experiences and that parents' value gaining insights from other parents.

In deciding which programmes to deliver it is important to consider what is the goal of the intervention and what the parenting programme is expected to achieve.

All staff delivering evidence-based, group-based structured parenting programmes should have received specific training to do so. Staff should also be provided with on-going support and supervision directly related to the programme and its delivery. Please see section 9 on workforce development.

There is a large body of evidence suggesting that high levels of organisational preparation are required to successfully deliver parenting programmes (Moran, 2004). It is therefore essential that facilitators are given sufficient time to prepare for sessions, as well as time to review sessions and keep records.

A list of the structured evidence-based parenting programmes approved by the Welsh Government for use in Flying Start areas are provided in Appendix B. The list provides a brief description of the intervention, the age group it is aimed at; the theory of change which the programme uses (e.g. behavioural approaches) and what outcomes it aims to achieve.

The National Academy for Parenting Practitioners' searchable database provides further information about structured evidence-based parenting programmes, including detailed descriptions of the programmes, as well as quality ratings <http://bit.ly/2bDhQqa>

The Early Intervention Foundation has a searchable library of evidence-based programmes. The Programmes Library can be searched by child outcome, age and the evidence rating <http://bit.ly/1ITkQ9r>

6.1.2 Programmes should be delivered with fidelity

Evidence-based parenting programmes have a set of key ingredients or principles, which need to be adhered to for programmes to be effective. Provided all the key elements are present the programme can be tailored to meet the specific needs of the group of parents and the goals identified by them. The programme should be delivered to the appropriate population it is designed for, with the right techniques, materials and appropriately skilled staff. Parents should also receive the optimum number of sessions and be supported to ensure they are actively engaged in learning the skills and techniques explored. Local authorities and other providers should ensure that systems are put in place to maintain fidelity and quality assurance through workforce training and supervision, as well as through evaluation and monitoring.

6.1.3 Accreditation for practitioners

To ensure that a programme is delivered with fidelity and as a means of quality control, ideally practitioners should be accredited to deliver a specified programme (where available). It is recommended that those commissioning or managing parenting support services factor in costs for accreditation.

Achieving accreditation indicates that the group leader is: delivering the programme with fidelity, including all the main elements; showing appropriate group leadership skills and exhibiting skills for engaging and retaining parents.

6.2 One-to-one support

One-to-one support can be used to make initial contact with parents, make assessments, encourage engagement and provide support for those who may be unsuited to group based interventions. It should meet the criteria, as set out in the guidance (below).

There should be a clear focus on what the intervention is expected to deliver and all staff delivering the programmes should have received specific training to do so. Please see Appendix D for a list of suggested programmes.

One-to-one visits can be used to make initial contact with parents, make assessments, build relationships and encourage engagement. One-to-one support can also be used to offer top-up sessions to parents who have missed one or two classes of an evidence-based structured parenting programme.

Some parents with complex circumstances or problems may be unsuited to group based interventions and may require one-to-one tailored support before they are ready to engage in group-based activities.

One-to-one support should meet the following criteria¹²:

- ✓ Meet the core purpose as outlined in section 2;
- ✓ Identify who the intervention is intended for;
- ✓ Identify what the goal of the intervention is and what the intervention is expected to achieve;
- ✓ Be underpinned by a theory or rationale as to why the intervention is likely to achieve its intended goal;
- ✓ Have a learning session plan and suggested mode of delivery;
- ✓ Be delivered by suitably qualified, trained or competent staff; and
- ✓ Collect feedback from parents (verbal or written) to gain an assessment of whether the intervention achieved its aim/objective.

Where group work is not suitable parenting skills can also be developed through individual work either using evidence based programmes (such as the Neonatal Behavioural Assessment Scale (NBAS) and Parenting Positively) or using bespoke approaches. This support should be underpinned by a model of working which is known to be effective and/or based on a sound theoretical model.

Those delivering parenting support should be suitably qualified and have experience in delivering group-based parenting support, before delivering one-to-one support.

A list of suggested one-to-one programmes for use in Flying Start areas are provided in Appendix D.

6.3 Informal structured group-based parenting support

Informal structured group-based parenting support can be used to engage parents in services and prepare them for more formal evidence based structured parenting programmes. They should meet the criteria, as set out in section 6.2. There should be a clear focus on what the intervention is expected to achieve and all staff delivering the programmes should have received specific training to do so. Please see Appendix C for a list of suggested programmes.

Informal structured courses are defined as those with a structured curriculum and a set number of group-based sessions. They should have a set start and end date and be closed to new entrants once started. They should meet the criteria set out in section 6.2.

¹² Criteria based on those used by the National Academy of Parenting Research for development of the Parenting Programmes Commissioning Toolkit and through the initial evaluation of Flying Start by SQW

These parenting programmes were not specifically identified in the 'Review of parenting support for Flying Start' (Welsh Government 2013b) as having independent evidence that the parenting programme improves outcomes for parents and children. These are programmes, however, that have been found to be effective by Flying Start staff or meet a specific need that is not met by programmes identified as having a stronger evidence base. Most of these programmes also have the benefit of a manual or session plans which provide an outline of the sessions to be delivered and a guide to how they should be facilitated. These programmes may be used to support engagement activities with parents but should be provided along side the evidence based programmes listed in Appendix B.

It is important to ensure there is a strong expectation on what can be achieved by parents attendance on the course and a clear focus on what the intervention is expected to deliver.

A list of suggested informal structured group-based parenting programmes for use in Flying Start areas are provided in Appendix C.

6.4 Informal drop-in support

Informal drop-in support can be used as an effective strategy for engaging parents in services and preparing them for formal structured parenting programmes. It should meet the criteria, as set out in section 6.2. There should be a clear focus on what the intervention is expected to deliver. Please see Appendix E for a list of suggested programmes.

Informal drop-in sessions are one-off events or a weekly session that families can join whenever they choose. They should meet the criteria set out in section 6.2.

Informal drop-in support can be used as an effective strategy for engaging parents in services and preparing them for formal structured parenting programmes. It gives parents an opportunity to meet Flying Start staff and build their trust and confidence in accessing services. It also gives parents an opportunity to talk to staff about their concerns and to ask for practical advice or information. Staff will have an opportunity to observe parents and children and to identify where parents are experiencing difficulties with aspects of parenting that might need more specialist input.

Sessions may also be used as an opportunity to work with other external agencies (such as Citizens Advice Bureau or Family Information Service) to provide parents with relevant information about debt, benefits and childcare.

It is important to ensure there is a strong expectation on what can be achieved and a clear focus on what the intervention is expected to deliver.

A list of suggested informal drop-in sessions for use in Flying Start areas are provided in Appendix E

6.5 Accreditation for parents

Parents can be offered the opportunity to be awarded an accreditation with Agored Cymru on completion of a parenting course. This can boost parents' self esteem and encourage them to continue their education or find work.

Please see Agored Cymru's website for further information:

<http://www.agored.org.uk/default.aspx?id=236&natcode=HF11CY003&lang=>
(positive parenting)

<http://www.agored.org.uk/default.aspx?id=236&opusid=CCX935&natcode=HF11CY019> (Family Links)

They can also complete the Council for Awards in Care, Health and Education CACHE Level 1 Award, Certificate and Diploma in Caring for Children (QCF). They are suitable for 14-19 year olds as well as some adults, those with special educational needs or for learners where English is an additional language.

[http://www.cache.org.uk/Qualifications/CYP/CYPL1/Pages/CACHE-Level-1-Award,-Certi%EF%AC%81cate-and-Diploma-in-Caring-for-Children-\(QCF\).aspx](http://www.cache.org.uk/Qualifications/CYP/CYPL1/Pages/CACHE-Level-1-Award,-Certi%EF%AC%81cate-and-Diploma-in-Caring-for-Children-(QCF).aspx)

7. Designing and Delivering Parenting Support

7.1 Assessment processes, signposting and referral

All Flying Staff should be fully informed of what services are available when signposting parents and should be familiar with the programmes being offered. Any parenting support offered to parents must be appropriate to meet the parents' own self-identified goals and should be framed in a positive, non-stigmatising way.

Signposting, referral and assessment processes are essential to ensure that parenting support is matched to assessed need. They are also key to promoting the successful engagement and retention of parents. Research suggests that the initial contact a parent has with the service provider is a key factor in parents' engagement with parenting support (Whittaker et al, 2012; Moran, 2004). Health visitors have a key role in promoting the benefits of services and encouraging parents to attend. Flying Start qualitative research with high need families (Welsh Government 2013a) found that without this strong encouragement from a health visitor parents were less likely to take up parenting programmes. Parents can also be signposted to parenting support by childcare staff and from staff providing other Flying Start services.

Gathering information is essential to the quality of the signposting process. Exploring the history and nature of the issue, the current parent-child relationship and existing sources of support for the parent are key in deciding on the most appropriate intervention as well as signposting parents to other services.

Information from the parents' initial point of contact, about the needs of the family; barriers to engagement and their expectations about what can be provided, and what can be achieved through parenting support are also important. Assessments should also consider and understand parents' motivation and readiness to change (see section 7.1.2). Facilitators should consider the needs of attendees on a course and the dynamics of the whole group when accepting referrals.

Parents should be involved as much as possible in the process, and it should be seen as the start of developing a supportive relationship. Parents should be provided with information about what will be expected of them to achieve change. Some assessment should also be made of parents' readiness to engage with a programme.

Staff should be fully informed of what parenting services are available when signposting parents. They should also be familiar with the content of the parenting programmes being offered (including their underpinning principles and activities). If staff are knowledgeable about the parenting programmes on offer to parents they are more likely to be successful in recruiting parents and

persuading them of the benefits of attending. Providing information to staff about the different support on offer may make a match more likely. This could be in the form of short information sessions to staff or a parenting support pack/directory could be developed.

The National Institute for Health and Clinical Excellence (NICE 2006) guidance states that when parents are referred to parenting programmes they should be enabled to “identify their own parenting objectives”. Moran et al (2004) also state that parents must believe that the services offered to them are appropriate to their own self-identified needs or they may be less likely to engage.

Ensuring clear goals for the intervention is particularly important in relation to parents in the child protection system. Staff running parenting groups should have a clear specification of what goals in the child protection plan will be met by group attendance and what role the group leader should have in relation to feedback for the plan. It must also be made clear to parents that attendance to the group, without actual participation and changes in interactions with their child will not contribute to the child protection plan requirements.

Invitations to parents to attend parenting courses should be framed in a positive, non-stigmatising way focusing on the benefits to the child, rather than the parents’ “problems”. The delay between first referral and parents starting the intervention should be minimised, as research suggests parents may be most receptive to engaging with services in the period following first contact. The National Evaluation of Flying Start (Welsh Government 2013) also suggests that reducing waiting times leads to greater parental engagement and course completion.

Staff supervision and appraisal can be an opportunity to consider whether assessment, screening and referral processes are working well and that information-sharing is effective.

7.1.2 Readiness to change

Research in New Zealand (Stokes et al 2005), commissioned to support positive parenting initiatives, identified five stages to becoming conscious about parenting practice: unaware; becoming aware; ready to change; taking action and maintaining change. These are similar to the Stages of Change Model (Howarth, 2013). Parents’ motivation and ability to change will be affected by their own history and experiences of being parented. Assessing a parents’ willingness to change and stage in the ‘model’ may help to better focus the process of engaging parents in an intervention. Building up effective supportive relationships and motivating and empowering parents through the use of techniques such as motivational interviewing may also make parents more likely to move from the ‘Unaware’ and ‘Becoming aware’ stages to the ‘Ready to change’ stage.

- *Stage 1: Unaware (Pre-contemplation)* - Parents have “a lack of consciousness” in parenting, tending to behave instinctively, often

based on their own experiences as a child. They may see no reason to change; may not have given any thought to the way they parent or they may be resigned to their situation because of previous failed efforts. Parents at this stage may be reluctant to engage as they have not yet identified or accepted a need to change.

Working with parents and caregivers: Look out for any 'window of opportunity' where a parent may show an interest in parenting or expresses concerns about their child's behaviour or their relationship with them. An opportunity may occur where a parent's attention can be drawn to a positive parenting strategy they have employed, and how their child responded positively. Awareness can also be raised by highlighting the experiences of other parents who have benefited from parenting support.

- *Stage 2: Becoming aware (Contemplation)* - Parents become more aware that there is a problem; they may start to consider how to tackle it although they may not understand the cause of the problem and what needs to change. The trigger to them seeking to make changes might be a concern about their own or their child's behaviour.

Working with parents and caregivers: The initial contact a parent has with a service provider is often a key trigger to raise awareness that parenting skills can be learned and that modifying parent-child interactions can impact on a child's behaviour. Taster sessions or drop-in activities may also help parents to become more aware and open to change. Awareness can also be raised through marketing activities. Please see section 7.2.1 on initial engagement.

- *Stage 3: Ready to change (Preparation/determination)* – Parents become aware of what needs to change and that they must do something about it. They may start to consider their own parenting behaviour patterns and styles and how these might impact on their child's behaviour. They are open to change and want ideas and advice.

Working with parents and caregivers: Service providers can pick up on parents' interest and the specific goals they wish to achieve and use this to promote engagement. Please see sections 7.2 on engaging parents.

- *Stage 4: Taking action (Action)* - Parents start to make positive changes based on advice or information they have received (e.g. through attending a parenting programme). If a parent becomes discouraged over occasional "slips" it may halt the change process and result in the parent giving up or not engaging with an intervention.

Working with parents and caregivers: At this stage it is important for professionals to offer encouragement and support to parents to help them put the skills outlined in the sessions into practice. Please see also section on sustaining engagement in section 7.2.2.

- *Stage 5: Maintaining change (Maintenance/ Staying on track)* - Parents may be put off by small failures so they need support and encouragement to maintain positive parenting practices as their children develop and change.

Working with parents and caregivers: Please see also section on ensuring progression in section 7.2.3.

Parents may exit the change process at any stage or not engage with it. They may adopt new parenting behaviours only to revert to their previous parenting styles. These 'lapses' are most likely to occur when parents face a crisis or at times of stress. Lapses are recognised to be part of the change process. Parents may attempt change a number of times before finally being successful (Howarth, 2013).

7.2 Improving access to, and engagement in, parenting programmes

All families, regardless of race, gender, culture, religion, disability or lifestyle should be encouraged in a positive, non-stigmatising way, to participate in Flying Start parenting support services. To ensure families receive the full benefit of the parenting intervention they should be motivated and able to attend sessions regularly; complete courses and meet the intervention goals set with them.

The 'Review of parenting support for Flying Start' (Welsh Government 2013b) identified that a lot of preparatory and underpinning activity was being done to support the engagement of parents and reduce drop out rates. This is important because parents who attend the prescribed number of sessions of a parenting intervention are more likely to gain maximum benefit from it.

Research literature around the engagement of parents in parenting support services identifies some of the practical barriers parents face in accessing services such as transport issues, timing and availability of provision and competing demands on parents' time. Research also highlights the sometimes complex contextual and cultural issues faced by parents which may prevent them engaging (Brown et al, 2012; Whittaker et al, 2012; Youth Justice Board, 2001; Page et al, 2007; Fatherhood Institute, 2009, Katz et al, 2007). Some parents, for example, have a number of complex problems that impact on their capacity to engage and may feel reluctant to engage because they feel the service does not reflect their cultural values or because of previous negative experiences. Studies have also identified the perceptual barriers to engagement such as a belief that there is a stigma associated with parenting programmes or that they are irrelevant or may be intrusive.

Information on barriers to engagement and tips and strategies for overcoming them to increase parental engagement have also been suggested in the literature (Brown et al, 2012; Whittaker et al, 2012; Hutchings et al, 2007; Youth Justice Board, 2001; Morawska, 2006; Fatherhood Institute, 2009, Katz

et al, 2007; Page et al, 2007; Pledger, 2008; Parents Plus, 2011; National Quality Improvement Network, 2010). These are summarised below. Examples of local solutions and practice are also outlined.

7.2.1 Initial engagement

Flying Start parenting support services should be actively promoted to parents in a positive, non-stigmatising way, so that they are aware of what is available locally and the benefits of participation, thus motivating them to take-up services for the first time.

Advertising and marketing parenting support

The following are suggestions from the literature for advertising and marketing services:

- Ensure that services are widely advertised and marketed, so that parents and Flying Start staff are aware of what is available;
- Provide parents with attractive, high quality, written information and ensure that forms and procedures are straight forward and easy to understand.
- This could be in the form of calendars, timetables, information sheets or booklets with details and timings of services. This could also include a tear-off self referral form.
- Put flyers up on notice boards in Flying Start settings, shops, libraries or GP surgeries.
- Send parents personalised letters or cards or send letters home with children attending Flying Start childcare.
- Consider the reading level of parents. NIACE have a leaflet which gives advice on how to write written material that is easy to read. The leaflet includes a simple formula for calculating a "readability level" www.niace.org.uk/current-work/readability Parents could also be asked to check leaflets and information produced for "readability".
- Childcare staff, health visitors and other Flying Start staff provide information to parents about parenting programmes that are due to run.
- Post information about parenting support services on-line (for example on the Family Information Service website).
- Develop links with Birth and Deaths Registry who could provide each family registering a birth in a Flying Start postcode area with a Flying Start information pack and registration form.
- The design and language of flyers and other promotional materials should be phrased in a way that reassures parents that they won't be labelled or judged a bad parent and rather focuses on the opportunity for parents to socialise and pick up useful advice and tips to benefit their child.
- Consider the use of positive language and images to attract more fathers (including non-resident, whenever possible). Welcome letters,

for example, should specifically invite fathers to participate rather than using generic terms like 'parent.'

- Flying Start staff who will be delivering parenting support can attend Stay and Play sessions; parent and toddler groups; family fun days and childcare settings to talk about the parenting support offered in the locality. This has a dual role of marketing services to parents and gives them a chance to find out more about various parenting interventions and how they might benefit. When parents have had a chance to meet parenting support staff they may be more likely to engage with an intervention later.

Strategies for overcoming parents' contextual and cultural barriers to engagement in parenting support

Where possible, barriers to parental engagement should be identified and strategies adopted to overcome them.

Prior to any parenting intervention practitioners should make contact with parents. This is important for building a relationship between the practitioner and the parent and also for managing the parent's expectations. This contact can also be used to address any concerns the parent may have and enables the parent's needs to be considered and taken into account. Face-to-face visits are considered the best method.

The following are suggestions from the literature for overcoming parents' barriers to engagement:

- Adopt a strengths-based, collaborative approach to engaging with parents that does not patronise parents or apportion blame, but accentuates their strengths.
- Pick up on parents' interest in their child's development or handling tantrums and use this as a hook to recommend a parenting programme.
- Present father engagement as expected and important and emphasise the benefits to mother and child.
- Ensure staff have relevant skills and training. Relationships with staff and the quality of inter-personal and group facilitation skills have been found to be a key factor in successful engagement of parents. This appears to be the case irrespective of whether the staff have the same personal attributes as parents (e.g. gender or ethnic match).
- Make sure staff are culturally aware, that parents from all minority ethnic backgrounds feel welcome and that racism is challenged.
- Initiate personal contact with parents e.g. with home visit, by telephone, letter or card. A pre-intervention assessment/preparatory visit can be very useful in checking the suitability of a programme, start developing a relationship with parents and an opportunity to address barriers and concerns.

- Be aware of parents' personal context (e.g. their gender, ethnicity, disability, mental health etc.) that may affect uptake and consider whether group or one-to-one support is most suitable for them.
- Ensure parents know what a parenting intervention entails and what outcomes can realistically be expected.
- Consider asking parents to complete a parent 'contract' or written agreement which outlines what is expected of the parent and how staff will support parents to achieve their goals.
- Consider using parents who are currently or have previously been on a parenting intervention as advocates to reassure parents, or use a DVD outlining their experiences and what they gained from participating.
- Hold taster sessions, coffee mornings or open days to give parents a chance to find out more about various parenting interventions; how they might benefit; visit the venue where they will take place and meet the facilitators.
- Open access sessions such as 'Stay and Play', end of term parties and trips and outings can be used as a 'hook' to encourage parents into services and gain their trust. It also gives staff the chance to observe parents with their children and offer them the opportunity to participate in other support.

Overcoming Practical Barriers

The following are examples of local solutions to overcome parent's practical barriers to engagement that could be considered:

- Provide transport, if necessary and possible;
- Provide a crèche;
- Provide snacks or meals and refreshments;
- Choose a venue that is acceptable to parents and accessible;
- if a parenting programme is being held that is not open-access, ensure there is a private area so that parents feel confident that they will not be overheard or seen by anyone outside the group or passing by;
- Co-locate parenting support services with childcare and/or LAP sessions; and
- Consider the timing and location of services that will most likely be convenient to parents. Bear in mind school times, term dates etc.

7.2.2 Sustaining engagement

Strategies should be put in place to ensure that parents' engagement with a parenting programme or intervention is sustained.

After getting parents to agree to parenting support, the next step is to keep them coming. The following are suggestions from the literature for sustaining engagement:

- For more vulnerable parents consider whether the health visitor, family support staff or a suitable volunteer could attend classes with parents, at least initially.
- Support parents to identify their own parenting objectives, encourage personal ownership and regularly review parent's progress
- Ensure parents feel welcome, respected and at ease sharing personal and sensitive information.
- In closed groups establish ground rules of mutual respect and a respect for diversity.
- The collaborative style of the facilitator has been shown to be effective in engaging parents e.g. the facilitator stimulates parents to generate solutions, based on their own experience with their child, which the facilitator can reinforce and expand on;
- Support the involvement of all parents by managing group dynamics effectively, including handling issues such as a parent being dominant, withdrawn, negative or challenging.
- Facilitate peer support, where possible.
- Encourage parents to anticipate barriers to attendance and provide them with diaries and calendars to help them to remember appointments and sessions.
- Follow-up on parents who miss a session, explore reasons for non-attendance and offer catch-up sessions.
- Help reduce drop-out rates by maintaining contact with parents throughout a parenting intervention through home visits, phone calls and text messages.
- Provide support during the course of the programme to parents who appear to be struggling to help them put skills outlined in the sessions into practice.
- Ensure information is not too academic and divorced from parents daily parenting challenges.
- Make sessions informal and fun and use a range of learning techniques such as role-play, video clips, discussion and 'home work'.
- Give parents opportunities to share ideas and knowledge with each other, and opportunities to provide feedback to the facilitator either in the class or by offering a contact number between sessions.
- Reflect on and respond to parents' feedback.
- Ensure activities and written information is accessible for parents with limited literacy, learning difficulties or English as an additional language.
- Offer incentives for attending such as certificates for particular sessions, accreditation, travel expenses and refreshments.

7.2.3 Exit strategy and ensuring progression

When parents have completed a parenting programme or intervention their on-going needs should be addressed to ensure progression to further support or learning, as appropriate.

Parents who have undergone 8 or 10 weeks of group parenting support may well have formed friendships and informal support networks and have mixed feelings about a parenting programme finishing. It is therefore important that there is an 'exit strategy' that addresses parents' on-going needs and ensures progression.

The following are suggestions from the literature for ensuring progression:

- Support parents to review progress on meeting their parenting objectives and ensure parents' personal goals are addressed;
- Capture parents' feedback to monitor and evaluate practice and improve and develop services;
- Provide feedback to the referrer at the end of intervention, bearing in mind information sharing and confidentiality protocols;
- Ensure learning has been embedded and encourage parents to maintain changes for example through home visits or refresher sessions;
- Offer accreditation, if applicable;
- Sign post parents to on-going support, learning, volunteering or employment opportunities or other services and activities in the area;
- Offer "booster" sessions, where a group continues to meet occasionally;
- Offer parents the opportunity to engage in a parenting intervention for the next stage of their child's development;
- Consider encouraging informal links among parents, for example by suggesting that they exchange contact information or offer a place for them to meet informally after the end of the programme; and
- Keep in touch with former participants through a newsletter. This could include parenting tips and news of relevant activities in the community.

7.3 Strategies for engaging specific groups of parents

Strategies should be put in place to ensure that specific groups of parents, identified as less likely to access parenting support, are effectively engaged.

The 'Review of parenting support for Flying Start' (Welsh Government 2013b) identified that that some Flying Start areas found it difficult to engage and retain particular groups, such as fathers, teenage parents and black and minority ethnic parents, reflecting findings elsewhere. Strategies and tips for engaging these specific groups of parents are summarised below. This should be read in conjunction with more detailed information provided in Section 7 of "Parenting in Wales: Guidance on engagement and support".

7.3.1 Minority Ethnic parents

The following are suggestions from the literature (Youth Justice Board, 2001; Becher and Hussain, 2003; Moran et al, 2004; Barn, 2006; Katz et al, 2007;

Graig et al, 2007; Page et al, 2007) for encouraging engagement from minority ethnic parents:

- Avoid making assumptions and stereotyping when responding to minority ethnic parents;
- Ensure services are culturally sensitive and challenge racism and negative stereotypes;
- Ensure staff have relevant skills and training. Relationships with staff and the quality of inter-personal and group facilitation skills have been found to be particularly important in successful engagement of minority ethnic parents;
- If possible employ a staff mix whose ethnic diversity reflects the local community and encourage parents to view pre-school provision as promoting educational achievement;
- Recruit members of the local community, either in formal roles or peer support groups;
- Use staff with sufficient credibility and trustworthiness in relation to the parent's background;
- If possible use venues familiar to minority ethnic populations;
- When using interpreters ensure that core principles and messages to parents are interpreted in a consistent way. If interpreters are being used in a parenting programme the same interpreter should attend each session and receive adequate training (Hutchings et al., 2014); and
- Monitor service take-up of ethnic minority communities to understand patterns of service use.

7.3.2 Young parents

The following are suggestions from the literature (Hendassi and Dodwell, 2002; Taylor, 2011) for working with young parents:

- Promote positive images of young mothers and fathers;
- Consider separate provision for young parents to address apprehensions about taking part in activities with older parents;
- Make sure services are not too formal and are available on a drop-in basis;
- Adopt a flexible approach to service delivery;
- Ensure that staff are skilled and experienced in working with young people;
- Build trust and provide practical support (for example through links with other organisations and colleagues who provide services for young people);
- Maintain contact with parents through home visits, phone calls and text messages; and
- Offer incentives for attending such as certificates for particular sessions, accreditation, travel expenses and refreshments.

7.3.3 Fathers¹³

Strategies to encourage and increase father engagement suggested in the literature (Children in Wales, 2008; Fatherhood Institute, 2009, 2010, 2013; McAllister and Burgess, 2012) are summarised below:

- Initial health visitor engagement and relationship building with the father to encourage his engagement and increase his confidence;
- Present father engagement as expected and important and emphasise the benefits to mother and child;
- Provide examples of how other fathers have benefited from parenting support and why;
- Consider how the needs of fathers living away from their children can best be met;
- Make a positive commitment to recruit fathers and have a 'strategy' for working with fathers;
- Staff (backed at management level) should have a positive commitment to work with men and value fathering;
- Ensure that parenting services are promoted, through positive language and images, as being available for mothers and fathers (including non-resident, whenever possible).
- Welcome letters, for example, should specifically invite fathers participation rather than using generic terms like 'parent'. Fathers often perceive the term "parent" to mean "mothers".
- Staff (irrespective of their gender) should adopt a strengths-based, collaborative approach to engaging with fathers and have the skills and ability to establish positive relationships;
- Provide training for staff on engaging with fathers and building relationships with them;
- Focus on the opportunity for fathers to pick up useful advice and skills to benefit their child rather than an emphasis on the provision of "support";
- Discourage staff and female users from expressing negative attitudes towards men;
- Encourage female service users to bring their partner along - Men are more likely to engage if their partner encourages them to do so. End of term parties, fun days and other unstructured events are often a good way of enabling this; and
- Consider whether the range and type of activities on offer will appeal to men as well as women, bearing in mind that men's groups do not necessarily have universal appeal to men.

¹³ References to 'fathers' applies to fathers (resident or non-resident, biological or step), male carers including foster carers and extended family members.

7.4 Participation of parents in parenting support

Parents should have an opportunity to articulate what parenting support they need; provide feedback on the services they receive; identify local issues and contribute suggestions for service

Involving parents in the development of services may help to make services more flexible, personalised and responsive. By providing parents with an opportunity to say what they need; provide feedback on the services they receive; identify local issues and contribute suggestions for service development, families will not only feel empowered but services are more likely to be relevant and useful to families. It can also support the development of good relationships through partnership working and parents may be more likely to have realistic expectations of services. It may also help reduce the stigma associated by some parents with parenting support and help build their confidence and skills.

By having systems in place to listen to the views of parents and identify their requirements, services may be more likely to be designed to meet the particular needs of individual parents, such as minority ethnic parents, fathers, young parents and any other kind of family for whom mainstream services may not fully cater. Parents should be provided with information and practical support to participate meaningfully and staff should report back to parents any decisions on services made and give reasons why any requests were not addressed. This will enable parents to see the benefits of their participation.

Parents, who feel they have benefited from a service and are well engaged, may encourage other parents to engage in services. Former recipients of parenting support are often the most powerful advocates.

8. Parents with Specific Needs

Some parents' minority status or situation may make them vulnerable and they may therefore require special consideration. We expect parenting interventions to take account of the particular requirements of such parents and adapt interventions to meet their needs.

Some groups of parents may require special consideration and those providing parenting support may need to adapt services to accommodate their particular needs. The following list is not an exhaustive list and each local area will have identified groups of parents in their area who have specific needs that need to be accommodated and who may require specialist advice and services.

Please see Section 7 of "Parenting in Wales: Guidance on engagement and support" for more information and strategies for working with the following groups of parents:

- **Minority Ethnic parents**
- **Young Parents**
- **Fathers¹⁴**
- **Disabled parents**
- **Parents with a disabled child and/or with additional learning needs**
- **Foster and kinship carers**
- **Families with a parent in prison**
- **Parenting adopted children**
- **Parents with mental health needs**
- **Parents affected by domestic abuse**

¹⁴ References to 'fathers' applies to fathers (resident or non-resident, biological or step), male carers including foster carers and extended family members.

9. Workforce Development

Practitioners should be suitably skilled and trained to work with parents. They should have appropriate personal skills and traits and their work should be underpinned by the National Occupational Standards for Work with Parents principles and values (Appendix A). Practitioners should be provided with regular supervision sessions from their manager to support their role.

The parenting support workforce in Flying Start is diverse consisting of a wide range of individuals from a range of agencies and sectors. They range from paraprofessionals without formal qualifications to graduate level professionals, such as social workers, psychologists and health visitors. It is essential that practitioners are appropriately skilled, trained and supervised to work with parents. Experienced and qualified practitioners are able to recognise parents' needs and make informed recommendations about the most suitable programme or intervention. It is also important that they have appropriate personal skills and traits and that their work is underpinned by the NOS principles and values. Working with vulnerable families, in particular, requires highly skilled practitioners who can both establish and maintain relationships with parents who may be challenged and challenging.

The Family Partnership Model (formerly called the Parent Adviser Model) also suggests that the following qualities should complement the knowledge and expertise of those supporting parents (Davis and Meltzer, 2007):

- Attention/active listening;
- Prompting and exploration;
- Empathic responding;
- Summarising;
- Enabling change;
- Negotiating; and
- Problem solving

As well as good quality training to deliver specific evidence-based parenting interventions, training should also cover group facilitation skills, (including the principles of adult learning); assessment skills; behaviour change techniques and using evaluation tools. Practitioners should also have an understanding of specific issues such as positive parenting, attachment, safeguarding, domestic violence, conflict resolution, substance misuse, and mental health.

The 'Review of parenting support for Flying Start' (Welsh Government 2013b) identified as good practice the training of all staff in the approach taken to parenting support. This can help to ensure consistency across services around the model of intervention and therefore the advice that parents receive from a range of professionals. Childcare and other support staff can, for example, be provided with training on the fundamentals of the parenting

approach used, such as the Solihull Approach, Incredible Years or Family Links. Joint training was also identified as an important model in achieving a coherent approach, both within Flying Start and across other agencies and initiatives.

Practitioners also require support from their agencies in terms of time, resources and supervision.

9.1 National Occupational Standards for Work with Parents NOS

National Occupational Standards (NOS) are statements of competence, describing the skills, knowledge and understanding that a worker needs to know to carry out different tasks in their role effectively and competently. They do not equate directly to qualifications, but are used to derive relevant qualifications for the sector. The NOS can be used to

- Facilitate recruitment through job descriptions, person specifications and effective interviewing;
- Identify knowledge and skills gaps;
- Support reflective practice;
- Measure performance against clear benchmarks; and
- Develop common standards when working in partnership

The NOS is also available as a qualification through Northern Advisory Council for Further Education (NACFE) and City and Guilds as:

- Level 2 Award in Work with Parents (generally for those working under supervision within a paid or voluntary capacity).
- Level 3 Award in Work with Parents (for staff who may be delivering frontline services to parents/carers and have a degree of responsibility in their role).
- Level 4 Award in Work with Parents (for those who work or want to work as Managers).

Practitioners should be competent in relevant areas covered by the National Occupational Standards for Work with Parents, or be working towards competence. Ideally this should be evidenced by a nationally recognised qualification, such as the Work with Parents qualification.

9.2 Supervision

As well as parenting programme developer-led supervision, practitioners should also be provided with regular supervision from their manager to support their role. Supervision is a safe place where staff can discuss any difficulties they are experiencing; review their day to day practice and gain support for any emotional and personal demands placed on them. For managers it is a chance to ensure that staff are meeting the principles and expectations needed to deliver quality parenting support. Supervision can also help managers to make an assessment of practitioners' current competencies and skills and consider learning and their development needs.

There is more information on providing supervision in the following document "Supervising Family and Parenting Workers"
http://search3.openobjects.com/mediamanager/durham/fsd/files/stronger_families_supervising_workers.pdf

9.3 Coordinating parenting support services

Many parents are trying to bring up children in circumstances that are challenging, which is why it is also important to work with colleagues who provide additional family support, such as housing advice, benefit help, employment and training.

Effective coordination of support to parents may be enhanced by the following activities:

- being aware of the key contacts within relevant agencies;
- developing effective partnership links with relevant agencies and within the community;
- being knowledgeable and well informed about the roles and functions of other professionals;
- co-locating services and staff;
- cross-programme training and staff induction programmes;
- multiagency meetings and learning sets between relevant professionals;
- sharing facilities, resources and personnel across the local authority area;
- co-delivery (for example Flying Start and Families First staff co-facilitating parenting programmes);
- sharing and accessing relevant information across appropriate agencies (see section 4.3 on information sharing); and
- regularly liaising with service providers to ensure coherence and consistency.

10. Evaluation and Monitoring

In order to assess whether services are working effectively, systems for monitoring and evaluating parenting interventions should be put in place. This includes information about what parenting support is delivered and the distance travelled following the parenting intervention (measured using a standardised 'distance travelled' tool). This information should be submitted to the Welsh Government through the Flying Start monitoring workbook.

The Welsh Government is committed to monitoring the reach of the Flying Start programme, including the parenting entitlement. Evaluation provides a measure of quality assurance and an indication of whether parents are benefiting from the parenting support they receive. In order to assess whether services are working effectively, systems for monitoring and evaluating interventions should be put in place. Services should use appropriate standardised tools, before and after parents participate in the service.

Looking at processes and procedures when evaluating parenting support services can provide valuable information about whether services are meeting the needs of a diverse range of parents and identify other patterns of service delivery. This could include looking at aspects such as:

- parent characteristics (e.g. how many fathers, young parents or minority ethnic parents are engaging in services);
- group characteristics (e.g. size of groups and type of parents attending groups);
- signposting/referral patterns (e.g. how parents are signposted into the parenting service and by whom);
- attendance patterns (e.g. how many sessions are attended and why parents drop out and at what stage); and
- practitioner characteristics (e.g. qualifications and background).

It is also important to monitor whether programmes are being delivered with fidelity. This means that they are being delivered in the same way in different locations. Feedback collected from service users can provide additional valuable information to support the evaluation of processes and procedures.

10.1 Planning

One of the main points of evaluating a parenting support service is to be able to recognise whether there has been positive change; determine whether that the change is attributable to the intervention and ascertain whether the aims of the intervention have been met. There are a number of tools which can be used to measure changes in the child's behaviour and parental well-being and efficacy and these may be measured at the beginning and end of the intervention and ideally followed up longer term. These tools can also be used to assess parenting need and identify parents' strengths as well as areas

where they need additional support. It can help parents identify their own goals and demonstrate any progress made in meeting these.

10.1.1 Use of valid and reliable tools

Using appropriate standardised 'distance travelled' tools, before and after parents participate in a parenting intervention is one way of measuring change. Standardisation of tools involves testing them with a large number of parents to ensure they produce reliable and valid results. Reliability of tools means that they measure something with consistent results. For example, if a tape measure shows that a table is two metres long, the same answer will be given every time it is measured. Validity means that it measures the exact issue that it is intended to measure, i.e. the correct length of the table. A number of standardised distance travelled tools for parenting have been evaluated in peer-reviewed studies and found to produce measurements that are reliable and valid.

There is a list of standardised 'distance travelled' tools in Appendix F, which can be used to measure child outcomes, parenting efficacy and parental well-being. Most of the evidence-based programmes (in Appendix B) have suggested the most appropriate tools that can be used by practitioners.

In deciding what standardised tools to use practitioners should consider:

- whether it will provide helpful information about the parenting goals that the intervention is addressing. Each tool will measure something different, for example parents report of child behaviour, or parenting stress;
- whether it is sensitive enough to show any change that has happened;
- whether it is appropriate for the age of the child;
- whether the type of language used in the tool will be understood by the parents being supported;
- how much time can be devoted to the task of measuring - some tools are quite short, with a selection of only two or three possible responses, while other tools are long.;
- cost – some tools are free to download and some have a cost associated with them;
- the skills and expertise of staff to administer and interpret the results from such tools; and
- the support provided by the standardised tool's developer (some universities will provide on-going support on interpreting and recording results).

10.2 Administering the standardised tools

It is important to consult test manuals and other supporting documentation before using standardised measures for information on what is being measured and how to support parents when completing them (most measures suggested are completed by parents themselves). Manuals also provide information on how to score the measures.

The use of standardised tools should be done in ways that allow parents to engage in the process, and conducted with their consent. It should be

emphasised to parents that by answering the questions, they can enable practitioners to identify the most appropriate intervention. Parents should be provided with information about the measure, such as how many questions there are and how long the questionnaire is likely to take to complete. Practitioners should also check that parents understand the questions asked.

10.2.1 Recording information

Some electronic way of capturing information from standardised tools will make aggregating the data easier and spreadsheets such as Excel may be adequate. Many standardised tool's developers offer support with this (e.g. Goodman SDQ has a computerised programme for collating and reporting scores).

10.3 Interpreting the information

Evaluation can be reviewed on a number of different levels:

- Individual parent
- Per group
- Per programme
- Cohort as a whole per quarter
- Cohort as a whole per financial year
- Comparison of outcomes from a number of different demographics (e.g. young parents, fathers).

Data at each of the levels above could also be reviewed to determine:

- Percentage of parents within the clinical range¹⁵ on each measure. Are the groups engaging parents with high levels of need?
- Do outcome measures show a reduction in the number/percentage of parents in the clinical range at the end of the intervention?
- What follow up interventions / support can be offered for parents who continue to show high levels of need?

Some issues with evaluation and analysis of data collected:

- It is often most beneficial to look at the mean difference in pre and post intervention measures. This can be at the level of the group, each programme, the cohort as a whole or the mean score for a particular demographic. Comparison of mean scores pre and post intervention gives a measure of the overall value of the intervention.
- Simple statistical analysis can be conducted, using EXCEL to determine whether the difference between pre and post intervention for

¹⁵ Some of the measures suggested in Appendix C refer to a 'clinical range'. It will be expected that there will be a range of responses, most of which will be within normally expected limits. Parents whose measures score in the clinical range show a level of difficulty that will require intervention or 'treatment'. For these parents, the parenting intervention will 'treat' or address the high level of difficulty identified from the measures, whereas, for parents who score within more normal limits, the parenting intervention will be primarily preventative. In practice most group based parenting interventions will include parents accessing preventative support alongside parents who are showing higher levels of difficulty requiring a more targeted intervention.

the whole group is statistically significant, i.e. greater than could be expected by chance.

- Simple statistical analysis can be conducted to look at the 'effect size', i.e. whether the improvement is small, medium or large in terms of clinical significance. If the difference in scores pre and post intervention is greater than you would expect by chance, then there is a high probability that the intervention has produced real change for the parents and the children.
- Measures should be interpreted with caution, for example, the Eyberg Child Behaviour Inventory scale is a 36 item inventory, where the minimum score is 36 and the maximum score is 252. The clinical cut off is 127 and above, which means that parents who score at this level and above are reporting difficulties within the clinical range- the higher the score, the bigger the difficulty. A parents who scores 86 on this scale pre intervention and 87 post intervention, can be deemed to be scoring well within normal limits both pre and post intervention. Even though the parent's score is higher at the end of the intervention it would not be appropriate to conclude that the problem 'got worse' because a) the parent is still scoring well within normal limits, b) the reliability of the test would suggest consistent scores within a small range but not exactly the same score.

10.4 Performance Monitoring Arrangements

Performance monitoring within the Flying Start programme is monitored through the Account Manager Structure and the Flying Start monitoring workbook. Each Local Authority submits their management data to the Welsh Government on a termly basis through this workbook. This includes information about what parenting support is delivered and the distance travelled prior to and immediately following the parenting intervention. There is a suggested list of standardised tools for measuring distance travelled in Appendix F. Please also see the Flying Start Performance Data Monitoring Guidance for more information.

11. Supporting Documents and Contacts

Early Years

Developing Child – Harvard University’s short films about brain architecture, the importance of ‘serve and return’ and effect of stress:

<http://developingchild.harvard.edu/resources/three-core-concepts-in-early-development/>

NICE Guidelines: Social and emotional wellbeing: early years (October 2012)

<https://www.nice.org.uk/guidance/ph40>

Maternal Emotional Wellbeing and Infant Development: A Good Practice Guide for Midwives

This guide provides midwives with recent evidence about the impact of the mother’s emotional wellbeing during pregnancy and the transition to parenthood. It also suggests the best ways to support healthy parent-infant relationships and has practical suggestions on how women might be supported.

<http://www.rcm.org.uk/college/your-career/information-services/resources/>

“**Understanding postnatal depression**” is a booklet produced by Mind which explains the possible causes of postnatal depression, what signs to look out for, what might help and what support is available.

<http://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression/>

UNICEF Baby Initiative provides information and supporting materials on supporting and promoting breastfeeding and early maternal-infant relationships. It also contains standards for early years settings <http://www.unicef.org.uk/babyfriendly/>

Bump, Baby and Beyond is bilingual and provided free to mothers in Wales.

<http://www.healthchallengewales.org/sitesplus/documents/1052/BB%26B%20English%20WEB%20compressed.pdf>

The **NHS Choices** website has an interactive guide to child development from birth to five years old, including videos and advice for parents

<http://www.nhs.uk/Tools/Pages/birthtofive.aspx#close>

The **Solihull Approach** website has free information sheets for parents on ‘Development and emotional milestones’ and ‘Brain development through childhood’ for children from birth until 4 years old <http://solihullapproachparenting.com/free-downloads/>

Becoming Parents Together: Ten Things To Hold In Mind When Working With New Parents (and then some ...) is a brief and practical guide for practitioners working with families. It describes some of the processes and difficulties that new families and in particular couples face when a baby arrives

<http://www.tavistockrelationships.ac.uk/training-courses/practitioner-guides-resources/204-becoming-parents-together>

Don't let baby tears tear you apart: Top tips and relationship advice for new parents is available to download free from the One Plus One website. It provides offers practical advice for parents on how best to cope with a crying baby.

http://www.oneplusone.org.uk/content_item/dont-let-baby-tears-tear-you-apart-2/

CORE INFO – The NSPCC working in collaboration with the Cochrane Institute of Primary Care and Public Health (situated in the School of Medicine at Cardiff University) have undertaken a series of systematic reviews of existing research to produce a series of easy to read leaflets on topics such as physical abuse and neglect <http://www.core-info.cardiff.ac.uk/publications>

The Literacy Trust '**Talk To Your Baby**' website has a series of quick tips for parents and practitioners to help children develop good talking and listening skills. Each sheet is available bilingually in thirteen languages.

http://www.literacytrust.org.uk/talk_to_your_baby/resources/418_q

The Literacy Trust '**Their Words for Life**' website has advice and resources for parents to help their children develop vital communication and literacy skills.

<http://www.wordsforlife.org.uk/>

I CAN is a children's communication charity which provides, information, advice, resources and assistance to parents and professionals to support children's communication needs. I CAN also has a Help Enquiry Service, online via the Talking Point website and in person through their multi-disciplinary speech and language assessments for children. Tel: 020 7843 2544 or email: help@ican.org.uk

<http://www.ican.org.uk/>

Family Lives' website has video clips, leaflets to download, and other advice and information on-line. <http://familylives.org.uk/> They also run an English language confidential free helpline for parents open between 7am and midnight. Parents in Wales are able to access this (Tel: 0808 800 2222).

Family Information Services (FIS) are the first point of contact for advice and information on local services for families and carers. FIS are found in each local authority in Wales.

Childhood Bereavement Network is the hub for those working with bereaved children, young people and their families across the UK. They give members' support and representation: bringing them together across localities, disciplines and sectors to improve bereavement care for children.

<http://www.childhoodbereavementnetwork.org.uk/about.aspx>

Inter parental relationship advice

The Parenting Plan available on CAF/CASS Cymru's website is a written plan worked out between parents after they separate and it covers the practical issues of parenting. The Plan can help clarify the arrangements parents need to put in place to care for their children after separation, without having to go to court. It can help parents in dealings with their children's other parent or carer, and it asks parents to put the best interests of their child first.

<http://gov.wales/docs/cafcass/publications/071015ParentingPlanEn.pdf>

<http://gov.wales/docs/cafcass/publications/071015ParentingPlanCy.pdf>

One Plus One – CoupleConnection is a website where parents can find out how to manage their relationship effectively. The site is designed to help couples work through changes in their relationship together through the use of self-assessment tools, blogs and forums. <http://thecoupleconnection.net/>

Splitting Up? Put Kids First are webpages provided by One Plus One which aim to help parents work out arrangements for their children as early into a break-up as possible www.splittingup-putkidsfirst.org.uk

Sorting out Separation provides information to help separated parents work together to achieve what's best for their children. It also provides Information on a range of topics including co-parenting, mediation and childcare arrangements. <http://www.sortingoutseparation.org.uk/>

Relate also offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through their website. <http://www.relate.org.uk>

The **Tavistock Centre for Couple Relationships** has put together a short guide which is intended to help parents who are in the process of separation consider the needs of their children <http://www.tavistockrelationships.ac.uk/training-courses/practitioner-guides-resources/576-parents-guide-for-children>

Supporting young parents

Invisible Fathers: Working With Young Dads Resource Pack: This pack, produced by the Fatherhood Institute includes a 'research and practice' guide, a DVD and photocopy-ready hand-outs for dads <http://www.fatherhoodinstitute.org/2013/invisible-fathers-working-with-young-dads-resource-pack/>

Teenage Parenting Reference Manual, The Tavistock Institute. This report highlights examples of good practice in supporting teenage parents, with a specific focus on vulnerable groups such as looked-after children and the role of teenage fathers <http://www.tavinstitute.org/projects/report-teenage-parenting-reference-manual/>

Voices from Care was established in 1990 to help young people who are or have been looked after in Wales and is run by people who have experienced the care system themselves. Contact: Tel No: 02920 45143, Fax No: 02920 489136, Email: Info@vfcc.org.uk, web: <http://www.voicesfromcarecymru.org.uk/about-us>

Supporting fathers

Parenting in Wales: Strategies for working with Fathers

<http://gov.wales/docs/dsjlg/publications/cyp/161207-working-with-fathers-en.pdf>

<http://gov.wales/docs/dsjlg/publications/cyp/161207-working-with-fathers-cy.pdf>

Checklist for engaging fathers in parenting programmes: The Fatherhood Institute has a short guide with tips and a checklist for engaging fathers in parenting programmes www.fatherhoodinstitute.org/uploads/publications/444.pdf

The Fatherhood Institute also has a **free on-line course “Dads Included”** which provides information on what a father-inclusive service looks like, and how to achieve

it. The course is for commissioners, managers and practitioners who work with families in early years and health settings<http://www.fatherhoodinstitute.org/training-and-consultancy/dads-included-free-online-course/>

Including Fathers in Early Years Services: Positive practice for professionals

This booklet, produced by Children in Wales, provides practical examples of projects in Wales working successfully with fathers<http://www.childreninwales.org.uk/wp-content/uploads/2014/01/fathers-guidance-english-web.pdf>

Supporting disabled parents and children

Change have three parenting resources for parents with learning difficulties: My pregnancy, my choice; You and Your Baby 0-1 and You and Your Little Child 1-5. Change also has free resources that can be downloaded from their website. Tel: 0113 388 0011; Email: info@changepeople.org www.changepeople.org

When your child has additional needs: Information for families: This guide, produced by Contact a Family, provides basic information on a range of topics which may be useful to parents with a disabled child<http://www.cafamily.org.uk/advice-and-support/resource-library/parent-guide-when-your-child-has-additional-needs/>

Understanding your child's behaviour: Information for families: This guide, produced by Contact a Family, provides practical advice to parents who are worried about their child's behaviour. The child may have a recognised impairment, be in the process of getting a diagnosis, or may have an additional need<http://www.cafamily.org.uk/parent-guide-behaviour>

Relationships and caring for a disabled child: Information for families: This guide, produced by Contact a Family, provides practical advice to parents experiencing difficulties in their relationship due to the pressures associated with bringing up a disabled child<http://www.cafamily.org.uk/advice-and-support/resource-library/parent-guide-relationships-and-caring-for-a-disabled-child/>

Face 2 Face Cymru: Face 2 Face offers a one-to-one befriending service for parents. Every Face 2 Face befriender is a mother or father of a disabled child<https://www.scope.org.uk/support/services/befriending/about-face-2-face>

The National Deaf Children's Society (NDCS) has a section of their website on **Developing parenting skills**, with information for parents on parenting a deaf childhttp://www.ndcs.org.uk/family_support/positive_parenting_families/developing_parenting_skills/index.html

NDCS also has **Positive Parenting DVD**, based on the NDCS Parenting a Deaf Child Curriculum, which can be watched on-line and is available with subtitles in English, a variety of community languages and British Sign Languagehttp://www.ndcs.org.uk/family_support/positive_parenting_families/parenting_resources/positive_parenting.html

Autism: A Guide for Parents and Carers Following Diagnosis, produced by Cwm Taf Health Board provides practical information and advice to parents including on common issues such as diet, sleep, toileting, play and body awareness (behaviour and boundaries)<http://asdinfo.wales.co.uk/resource/Autism-English-download.pdf>

Adoption and fostering and kinship care

The Fostering Network Wales provides information and an advice line. Call: 0800 316 7664 (9.30am to 12.30pm Monday to Friday, except bank holidays). Email: fosterlinewales@fostering.net

The Association for Fostering and Adoption (AFA) Cymru also provides training, consultancy and advice. Call: 02920 761155. E-mail: Cardiff-afacymru@stdavidscs.org

The **Family Rights Group** has published a number of factsheets for kinship carers about various legal orders and entitlements <http://www.frg.org.uk/need-help-or-advice/family-and-friends-carers/information-for-family-and-friends-carers>

The **Grandparents' Plus** also has a number of factsheets that can be downloaded from their website <http://www.grandparentsplus.org.uk/factsheets>

After Adoption has produced a number of fact sheets that can be downloaded from their website. They also run 'Talk Adoption' fun and creative activity group meetings for adopted children and young people aged 7-25 years old. The group sessions provide a safe space for young people to meet and aims to improve self-confidence and reduce isolation through group activities and discussion. More information can be found at Tel: 0800 0 568 578 <http://www.afteradoption.org.uk>

Adoption UK provides advice and support to parents following adoption. They provide a helpline, forum and specific training for parents. The helpline is available on 029 2023 0319 Monday to Friday 10am to 2.30pm. <http://www.adoptionuk.org>

Barnardo's provides support for adoptive families. They provide a range of learning and networking opportunities. Tel: 0800 0277 280 (9am to 5pm) <http://www.barnardos.org.uk/adoption/adopt-support.htm>

St David's Children Society provides post-adoption support - website: www.adoptionwales.org Email: info@stdavidscs.org Tel: 029 2066 7007

Families with a parent in prison

Children of Prisoners – maintaining family ties

This guide, produced by the Social Care Institute for Excellence SCIE, provides information about resources and research for anyone who works indirectly or directly with families with a parent in prison <http://www.scie.org.uk/publications/guides/guide22/>

Information Hub on Offenders' families with children for Professionals (i-HOP) is a searchable directory of information, run by Barnardo's in partnership with POPS (Partners of Prisoners and Families Support Group). It provides information about resources, research, policy, support service details, practice examples and training programmes to support professionals working with children and families of offenders,

including frontline staff, strategic managers and commissioners <http://www.i-hop.org.uk/>

What shall I tell the children?

This booklet, produced by the Ormiston Children and Families Trust, provides advice on how to inform children when a parent goes to prison.

<http://www.prisonersabroad.org.uk/uploads/documents/children/What-shall-I-tell-the-children-re-branded.pdf>

Partners of Prisoners and Families Support Group (POPS) Helpline:

Offenders' Family Helpline: 0808 808 2003 (Line open: weekdays 9am - 8pm and weekends 10am - 3pm)

The **Prison Service Website** contains information on keeping in contact with someone in prison; visiting someone in prison and getting help with travel costs to prison.

<https://www.gov.uk/staying-in-touch-with-someone-in-prison/visiting-someone-in-prison>

Action for Prisoners' Families publish a range of books, booklets and DVDs covering key issues faced by prisoners families. Resources are available for families themselves and for practitioners.

http://www.prisonersfamilies.org.uk/Publications_and_Resources/Home_page_Publications_and_Resources_Action_for_Prisoners_Families.aspx

Prisoners Advice and Care Trust (PACT) provides information and advice to families affected by imprisonment, including on visiting family in prison, kinship care, research and links to organisations and resources.

<http://www.prisonadvice.org.uk/>

Parents with mental health needs

“**Together for Mental Health - A Strategy for Mental Health and Wellbeing in Wales**” is the Welsh Government’s 10-year strategy with it’s associated delivery plans for improving the lives of people using mental health services, their carers and their families. There is also a summary version for young people.

<http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?lang=en>

C.A.L.L. Helpline 0800 132 737 (24 hour service) - Community Advice and Listening Line - Mental Health Helpline for Wales (or text ‘help’ to text 81066)

Samaritans Tel: 116 123 (24 hour service), Email jo@samaritans.org

<http://www.samaritans.org/>

Mind Infoline: 0300 123 3393 (Monday to Friday 9am to 6pm), email: info@mind.org.uk web: mind.org.uk

“**Understanding postnatal depression**” is a booklet produced by Mind which explains the possible causes of postnatal depression, what signs to look out for, what might help and what support is available <http://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression/>

“How to cope as a parent with a mental health problem” This booklet is for parents living with a mental health problem. It suggests what parents can do to help themselves and their children, and explains what support is available <http://www.mind.org.uk/information-support/tips-for-everyday-living/parenting-with-a-mental-health-problem/>

Young Carers (c/o Carers Trust) Contact: Tel: 0844 800 4361 web: youngcarers.net, Email: youngcarers@carers.org

To promote and protect positive well-being, the New Economics Foundation¹⁶, has developed **“5 Ways to Well Being”**, which are equivalent to the ‘five fruit and vegetables a day’ message. These are a set of evidence based actions promoting small changes that anyone can undertake to help them feel good and function well in daily life. They are “Connect; Be Active; Take Notice; Keep Learning; and Give”. Public Health Wales have endorsed this approach and toolkits are being developed by local public health teams to help deliver this it.

<http://www.wales.nhs.uk/sitesplus/888/page/60964>

Parents affected by domestic abuse

The Welsh Government funds the **Live Fear Free Helpline** which provides a 24 hour, 365 days per year service. The Helpline provides advice and support for victims and professionals on all areas of abuse. The Helpline can be contacted on 0808 80 10 800 or at www.livefearfree.gov.wales

Respect, the support service for perpetrators of domestic abuse can be contacted on 0808 8024040 or at respect.uk.net.

Welsh Women’s Aid is a national domestic abuse charity which can provide advice on working with those who have experienced domestic abuse.

www.welshwomensaid.org.uk

Bawso provides secure accommodation and support to Black and Ethnic Minority women and children in Wales who are at risk of or suffering domestic abuse. Contact: Tel: 029 20644 633; 24 hour helpline: 08007318147; Email: Info@bawso.org.uk; <http://www.bawso.org.uk/contact->

Workforce development

Care Council for Wales has useful information about the qualifications that are required or recommended for the social care, early years and childcare sectors in Wales. Contact: Tel: 0300 30 33 444 (between 9am and 5pm Monday to Friday), E-mail info@ccwales.org.uk <http://www.ccwales.org.uk/qualifications/>

For more information about the benefits and uses of the NOS and a list of the standards visit:

<http://www.parentinguk.org/your-work/what-is-work-with-parents/national-occupational-standards-for-work-with-parents/>

¹⁶ NEF is a UK independent think tank promoting social, economic and environmental justice.

For more information about the NOS qualification through Northern Advisory Council for Further Education (NACFE) visit: <http://www.ncfe.org.uk/qualification-search?search=work+with+parents&type=product>

For more information about the NOS qualification through City and Guilds visit: <http://www.cityandguilds.com/Courses-and-Qualifications/children/children-and-young-people/3599-work-with-parents>

Supervising Family and Parenting Workers
http://search3.openobjects.com/mediamanager/durham/fsd/files/stronger_families_supervising_workers.pdf

Evaluating parenting programmes

Knowing What You Do Works: Measuring your own effectiveness with families, parents and children: a short guide”

<http://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnoxob25vcnJob2Rlc2diYm8wMHxneDo0MDc4NzJhZjc2NjJiYmQz>

Asmussen, K. and Weizel, K. (2010) "Evaluating the evidence: What all practitioners need to know to deliver evidence based parenting support", National Academy for Parenting Research

https://www.researchgate.net/publication/265097498_Evaluating_the_Evidence_What_All_Practitioners_Need_to_Know_to_Deliver_Evidence-based_Parenting_Support

The Ontario Centre of Excellence for Child and Youth Mental Health has a database outlining information on standardised tools to measure impact.

<http://www.excellenceforchildandyouth.ca/resource-hub/measures-database>

12. Definitions

Delivering programmes with fidelity: Evidence-based parenting programmes have a set of key ingredients or principles, which need to be adhered to for programmes to be effective. The programme should be delivered to the appropriate population it is designed for, with the right techniques, materials and appropriately skilled staff. Parents should also receive the optimum number of sessions and be supported to ensure they are actively engaged in learning the skills and techniques explored.

Diversity:¹⁷ Recognising and valuing difference. Difference includes age, gender, ethnicity, disability, sexuality, and religion. It also includes different shapes and structures of families.

Domestic abuse is defined as:

- physical;
- sexual;
- psychological;
- emotional; and
- financial

Domestic abuse means abuse where the victim of it, is, or has been, “associated” with the abuser. The term association is broad and includes several relationships including marriage, civil partnerships, living together, being related, being engaged, being intimate partners or parents.

Early intervention refers to: universal preventative provision (such as universal health care and early education) to families with children in the early stages of life; targeted provision early and as soon as possible when a child or young person and/or their family first begins to experience difficulties or display problematic behaviour; and targeted programmes or initiatives, which are provided to children/young people, families or specific groups or communities who have characteristics that evidence suggests makes them more likely to be at greater risk of poor outcomes.

Evidence based practice¹⁸ is a combination of practitioner expertise and using up-to-date knowledge of sound evidence from external research, and independent evaluation when making decisions about how to work with individual parents. Evidence based practice is “finding out what works, and ensuring that the interventions we and others make in children’s lives are as good as they possibly can be”. (Lloyd, 1999).

Family support is a term generally used loosely to refer to a wide range of family-centred services across the child and family sector. There is a vast

¹⁷ National Occupational Standards for Work with Parents <http://www.parentinguk.org/your-work/what-is-work-with-parents/national-occupational-standards-for-work-with-parents/>

¹⁸ Adapted from: Asmussen, K. and Weizel, K. (2010) “Evaluating the evidence: What all practitioners need to know to deliver evidence based parenting support”, National Academy for Parenting Practitioners

array of services termed “family support” which can range from parenting support, benefits advice, relationship counselling, information and advice services and more therapeutic interventions.

Neglect¹⁹ means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being (for example, an impairment of the person’s health or, in the case of a child, an impairment of the child’s development).

Parental Capacity: The ability of parents or caregivers to ensure or contribute to a child’s developmental needs being appropriately and adequately responded to, and to [be able to] adapt to [the child’s] changing needs over time. This includes providing for the child’s basic physical needs; ensuring their safety; ensuring the child’s emotional needs are met and giving the child a sense of being specially valued. It is also about the ability to promote the child’s intellectual development through encouragement and stimulation; demonstrating and modelling appropriate behaviour and control of emotions and providing a sufficiently stable family environment.

Parenting: Parenting is an activity undertaken by those bringing up children and includes mothers, fathers, foster carers, adoptive parents, step-parents, ‘kinship’ carers and grandparents.

Parenting Support: The provision of services and support, which aim to: increase parenting skills; improve parent–child relationships; improve parents’ understanding, attitudes and behaviour and increase parents’ confidence in order to promote the social, physical and emotional well being of children.

Positive Parenting:²⁰ refers to parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child.

Resilience refers to how well an individual can “bounce back” from adverse traumatic experiences, social disadvantage or from significant sources of stress. Resilience research highlights the factors, which will put children at risk of poor outcomes or protect them. Risk factors include parents’ family upbringing, harsh and inconsistent parental discipline; and conflict/violence. Protective factors include positive parent-child relationships and a wider network of social support.

Strength-based approach:²¹ A strength-based approach occurs when key workers place a positive emphasis on resilience, protective factors and

²⁰ Council of Europe Recommendation Rec(2006)19 of the Committee of Ministers to member states on policy to support positive parenting

²¹ Children’s Workforce Development Council ((2011) “Providing intense support for families with multiple and complex needs - Full learner resource” Children’s Workforce Development Council

strengths. This has the effect of: communicating a sense of hope; establishing expectations for success within an individual's capacities; promoting empowerment and independence and setting in motion forces for improvement.

Vulnerable families:²² This refers to families vulnerable to developing parenting difficulties or those at risk of being unable to protect and care adequately for their children. Families may be at increased risk due to adverse circumstances such as poverty, unemployment, bereavement, alcohol or substance misuse, mental or physical health issues; domestic abuse or due to a lack of a support network. It also refers to families whose minority status or situation makes them vulnerable to discrimination or isolation (for example minority ethnic families, refugee or asylum seeking families, single parent families or young parents).

Well-being:²³ A positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment and a healthy and attractive environment.

²² Adapted from: Barrett, H. (2003) "Parenting Programmes for Families at risk" London: National and Family and Parenting Institute

²³ World Health Organisation; cited in Welsh Government (2012) Together for Mental Health A Strategy for Mental Health and Wellbeing in Wales WG14793, Digital ISBN 978 0 7504 7440 5

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Appendix A

National Occupational Standards NOS Principles and Values

The National Occupational Standards for Work with Parents were developed in consultation with the sector across the four countries of the UK

1. All work with parents should reflect the rights of the child set out in the UN Convention on the Rights of the Child (1989) ratified by the UK in December 1991
2. Practitioners need to work in partnership with parents at all times, encouraging independence and self-reliance
3. Mothers, fathers and those in a parenting role are acknowledged as having unique knowledge and information about their children and are the primary educators of their children
4. Children are the responsibility of, and make a positive contribution to, the wider society as well as their families
5. Work with parents should value and build on parents existing strengths, knowledge and experience
6. Parenting information, education, support and interventions should be available to, and practitioners should engage with, all those in a parenting role
7. Services should aim to offer a range of appropriate support according to both child and parent level of need, what is available in the family already and in communities
8. Respect for diversity and different needs, promotion of equality and taking action to overcome threatening, offensive or discriminatory behaviour and attitudes are of fundamental importance to work with parents
9. Anyone who works with parents should have specific training, qualifications and expertise that are appropriate to the work they are undertaking
10. Good practice requires reflection, regular and appropriate supervision and support as well as a continuing search for improvement
11. Parenting practitioners utilise effective working partnerships with agencies and individuals in providing support to parents and families. Integrated working and the sharing of approaches across services is a key element of this role
12. Parenting information, education, support and interventions should utilise the best known evidence for good outcomes for children and parents
13. Parenting practitioners should be committed to engaging with children, young people and families fully through identifying goals, assessing options, mentoring or coaching, making decisions and reviewing outcomes. They should support children's and families' involvement in the development, delivery and evaluation of children's services

14. Work with parents should place the interests of children and young people at the heart of the work. Practitioners are committed to working with parents and families so that children and young people have the opportunity to achieve positive outcomes

15. Work with parents recognises the need for innovation and creativity to address both emerging and local needs and to build self-regulating and supportive community network

Appendix B - Approved List of Evidence-based Structured Group Parenting Programmes

There are organisations that have rated the quality of the evidence base underpinning various parenting programmes and we have provided their ratings in the right-hand column. These are:

- The **Early Intervention Foundation** has a Programmes Library that contains the details of 50 early intervention programmes that have been successfully implemented in the UK. These details were obtained from other clearinghouses that have rigorously reviewed thousands of interventions and assessed the strength their evidence against a set of internationally recognised standard. Programmes are rated on a scale of 0 – 4, with 4 being the highest rating. <http://guidebook.eif.org.uk/programmes-library>
- **National Academy Parenting Practitioners NAPP Commissioning Toolkit** is a searchable database of parenting interventions designed to provide information on the quality and effectiveness of parenting programmes/approaches. Programmes are rated on a 5 point scale (where 4 is high and 0 is low) on 4 main elements common to high quality programmes. <http://www.education.gov.uk/commissioning-toolkit/Programme/CommissionersSearch>

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
Parents as Partners	Inter-parental relationships (Parents with at least one child under age 11 – both parents must attend)	16 week course Group work programme to support parents to resolve relationship issues that affect their ability to parent effectively and to strengthen father's relationships with their children.	Reduction in couple conflict, improvement in psychological wellbeing and reduction in violent problem-solving	Targeted	Tavistock Relationships Tel: 020 7380 6099 or email parentsaspartners@tavistockrelationships.org . http://goo.gl/YVNdv	SDQ (Strengths and Difficulties Questionnaire)	Early Intervention Foundations Rating:3
Family Foundations	Antenatal Inter-	Five group sessions during the last trimester and an additional 4 sessions between 4-6	Short-term goals: Less	Universal; Selected Prevention	Fatherhood Institute	Standardised self-report measures for	Early Intervention Foundations

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
	parental relationships (First time Parents from prenatal to 6 months)	<p>months.</p> <p>Parents receive information about how to cope with the transition to parenthood and work together as co-parents. They learn methods for improved communication and dealing with conflict, particularly when it comes to the sharing of childcare and household duties.</p> <p>From 4-6 months – parents discuss their experiences of parenthood and explore ways of improving their co-ordination as co-parents.</p>	<p>parental anxiety, improved couple and co-parenting relationship and improved parental self-efficacy.</p> <p>Long-term goals: Increased parental warmth and sensitivity, and Improved child self-regulation and behaviour.</p>		<p>Email: mail@fatherhoodinstitute.org Tel: 0845 634 1328</p> <p>http://ow.ly/1dux303h6kK</p>	<p>conflict, anxiety and depression</p> <p>Head Start Competence Scale</p> <p>Child Behaviour Checklist</p>	<p>Rating:3</p> <p>NAPP Commissioning Toolkit: 3 stars</p>
Incredible Years Parent and Babies Programme	0-12 months	<p>10 – 12 week course</p> <p>Video ‘vignettes’ of parent and baby interactions are used to generate discussion and aid learning. Helps parents learn to observe and read their babies' cues and provide nurturing and</p>	Improved parenting practices/ competency	Universal	www.centreforearlyinterventionwales.co.uk	Karitane Parenting Confidence Scale	

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
		responsive care (including verbal communication). It also provides information to parents about child development and child safety. <i>Underpinning theory:</i> Cognitive theory, social learning theory, humanistic and relationship theory					
Incredible Years Parents and Toddlers Programme	12 – 36 months	12 week course Video ‘vignettes’ of parent and toddler interactions are used to generate discussion and aid learning. Parents also practice skills learnt with their children at home. Helps parents to strengthen positive and nurturing parenting skills. <i>Underpinning theory:</i> Cognitive theory, social learning theory, humanistic and relationship theory	Improved parenting practices/ competency	Universal	www.centreforearlyinterventionwales.co.uk	WEMWS (Warwick and Edinburgh Mental Wellbeing Scale) Beck Depression Inventory (BDI) Arnold-Oleary Parenting Scale	NAPP Commissioning Toolkit: 2 stars Early Intervention Foundation: 3 stars
Empowering Parents, Empowering Communities (EPEC).	2-11	Group sessions. EPEC is for disadvantaged families experiencing behavioural difficulties with a child between the ages of two and 11. It is a community-based programme, training	Preventing crime, violence and anti-social behaviour.	Targeted	http://www.cpcs.org.uk/index.php?page=empowering-parents-empowering-communities	Eyberg Child Behaviour Inventory Shortened Warwick-Edinburgh Mental Well-	Early Intervention Foundation: 3 stars

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
		local parents to run parenting groups in schools and children's Centre's.				being scale Arnold-O'Leary Parenting Scale	
Let's Play in Tandem	Pre-school	Home-visits over 12 months Let's Play in Tandem is a school-readiness programme for children aged three living in socially disadvantaged communities. It aims to improve children's cognitive development and self-regulation.	Enhancing school achievement and employment. Preventing crime, violence and anti-social behaviour.	Targeted	Ruth Ford ruth.ford@anglia.ac.uk http://www.anglia.ac.uk/science-and-technology/about/psychology/our-staff/ruth-ford	Eyberg Child Behaviour Inventory SDQ (Strengths and Difficulties Questionnaire)	Early Intervention Foundation: 3 stars
Triple P Positive Parenting Programme	Toddler (1-2 yrs), Preschool (3-5 yrs)	8-10 group sessions Parents learn strategies for interacting positively with their child and discouraging unwanted behaviour through observation of video, group discussion and practising skills at home. <i>Underpinning theory:</i> social learning theory, developmental research on the promotion of social competence and attachment, social information processing models, research on risk and protective factors and family systems theory	Improved child behaviour, Improved parenting practices/co mpetency, Improved parent wellbeing	Universal	www.triplep.net	Eyberg Child Behaviour Inventory (ECBI) Arnold-Oleary Parenting Scale Depression Anxiety Stress Scale DASS 21 Parenting Tasks Checklist Parent Problem	NAPP Commissioning Toolkit: 4 stars Early Intervention Foundation: 4 stars

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
						Checklist	
Triple P Stepping Stones	Toddler (1-2 yrs), Preschool (3-5 yrs)	10 group sessions Parents with children with a physical or learning disability, such as autism spectrum disorder, Down's syndrome, Prader-Willi syndrome, etc Parents learn skills through observation, group discussions, and opportunities to practise and receive feedback through role-play exercises and homework assignments. <i>Underpinning theory:</i> primarily social learning theory	Improved child behaviour, Improved parenting practices/competency, Improved parent wellbeing, Reduced parent stress/depression/mental health problems	Targeted (Parents of children with a physical or learning disability)	www.triplep.net	Arnold-Oleary Parenting Scale Depression Anxiety Stress Scale DASS 21 Parenting Tasks Checklist Parent Problem Checklist	NAPP Commissioning Toolkit: 4 stars Early Intervention Foundation: 4 stars
Parents Plus Early Years Programme (PPEY)	Toddler (1-2 yrs), Preschool (3-5 yrs)	8 to 10 weekly group or individual sessions For parents who have concerns about their child's behaviour, emotions, development or learning. Parents learn positive parenting practices (e.g. child-centred play, active listening, praise and encouragement) and positive discipline practices, including effective rules and appropriate consequences. Parents learn	Improved child behaviour, Improved parent wellbeing, Reduced parent stress/depression/mental health problems	Targeted	www.parentsplus.ie	SDQ (Strengths and Difficulties Questionnaire) Parenting Stress Index short version Kansas Parent Satisfaction Scale	NAPP Commissioning Toolkit: 3 stars Early Intervention Foundation: 3 stars

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
		through videotape examples and and practising skills at home. <i>Underpinning theory:</i> child development, including attachment theory, family systems theory, social learning theory and cognitive-behavioural theory.					
Handling Children's Behaviour	Pre-school	8-10 weeks or one to one Support parents to manage difficult behaviour in children. It offers participants a structured and flexible approach in exploring issues that affect behaviour and relationships between parents and young people. The focus of the groups is to find new ways of improving communication and cooperation.	Improved parental confidence and understanding of child behaviour. Enhanced parent/child relationships	Universal	www.futurechildcaretraining.com/2012/05/handling-childrens-behaviour-parenting-programme/	tbc	
Parenting Positively	Toddler (1-2 yrs), Preschool (3-5 yrs)	8 group sessions and 2 follow-up sessions (for 5 to 10 parents) Parents identify specific goals for their child's behaviour at the start of the programme. Parents learn strategies for dealing with unwanted child	Improved child behaviour, Reduced parent stress/depression/mental health	Targeted	Di Hampton Unit for Parenting Studies, DeMontfort University (Parenting Positively) Tel: 0116 257	SDQ (Strengths and Difficulties Questionnaire) The Parenting Daily Hassles Scale	NAPP Commissioning Toolkit: 2 stars

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
		behaviour and emotional difficulties through group discussions, role-play and homework assignments. <i>Underpinning theory:</i> behavioural theory and social learning theory	problems		7748; dhampton@dmu.ac.uk	Beck Depression Inventory (BDI) Rosenberg Self esteem Scale	
Incredible Years School Readiness Programme	3-5 yrs	4 sessions Designed to promote children's school readiness by developing key social and emotional skills and developing language and reading skills. 2 sessions explore how parents can support children's play as a learning activity and 2 explore effective ways of introducing children to books. Parents learn through discussion, vignettes, role play and activities with their children at home. <i>Underpinning theory:</i> Cognitive theory, social learning theory, humanistic and relationship theory	Improve children's school readiness and transition from home to school	Universal	www.centreforearlyinterventionwales.co.uk	Parenting Stress Index, SDQ (Strengths and Difficulties Questionnaire, WEMWS (Warwick and Edinburgh Mental Wellbeing Scale) Parenting Sense of Competence Scale	
Family Links Nurturing	3-5 yrs	10 weekly group sessions. Parents are supported to	Improved child	Universal	www.familylinks.org.uk	WEMWBS (Warwick and	NAPP Commissioning

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
Programme (FLNP)		<p>understand their own emotional needs, learn how to respond to their child more empathetically and learn to manage unwanted child behaviour through positive parenting practices. At the beginning of the course, parents are provided with The Parenting Puzzle, which provides an overview of the programme content. Parents also learn through role-play exercises, group discussion, homework and DVD vignettes.</p> <p><i>Underpinning theory:</i> social learning theory, experiential learning, cognitive behavioural theory, attachment theory, humanistic (Rogerian), ecological theory and social constructivist theory</p>	behaviour, Improved parent wellbeing			<p>Edinburgh Mental Wellbeing Scale)</p> <p>SDQ (Strengths and Difficulties Questionnaire)</p> <p>TOPSE (Tool to measure parenting self efficacy)</p>	Toolkit: 2 stars
Incredible Years Pre-school BASIC Parent Programme	3- 6 yrs	<p>12 part programme</p> <p>For parents with serious concerns about the behaviour of a child. Parents learn strategies for interacting positively with their child and discouraging unwanted</p>	Improved child behaviour, Reduced child maltreatment (actual or risk),	Targeted	www.centreforearlyinterventionwales.co.uk	<p>Arnold-Oleary Parenting Scale BDI (Beck Depression Inventory)</p> <p>WEMWS (Warwick and</p>	<p>NAPP Commissioning Toolkit: 4 stars</p> <p>Early Intervention Foundation: 4 stars</p>

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tool to measure impact suggested for use by programme developer	External ratings of the evidence base
		<p>behaviour through the use of video vignettes, group discussion and practicing skills learnt with their children at home.</p> <p><i>Underpinning theory:</i> Cognitive theory, social learning theory, humanistic and relationship theory</p>	<p>Improved parenting practices/competency, Reduced parent stress/depression/mental health problems</p>			<p>Edinburgh Mental Wellbeing Scale)</p> <p>SDQ (Strengths and Difficulties Questionnaire)</p> <p>Eyberg Child Behaviour Checklist</p>	
Solihull Approach “Understanding your child's behaviour” programme	Preschool (3-5 yrs),	<p>10 weekly group sessions (Also 1:1)</p> <p>Parents learn how to respond sensitively to their child's needs and effectively manage their child's behaviour.</p> <p><i>Underpinning theory:</i> psychoanalytic theory, theories of child development and behaviourism</p>	<p>Improved child behaviour, Reduced parent anxiety</p>	Universal	www.solihullapproachparenting.com	<p>Pianta's CPRS (Child Parent Relationship Scale)</p> <p>SDQ (Strengths and Difficulties Questionnaire)</p> <p>DASS 21 (Depression Anxiety Stress Scales)</p>	NAPP Commissioning Toolkit: 2 stars

Appendix C - Suggested List of Informal Structured Group-based Parenting Support

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
Family Links Antenatal Programme "Pregnancy, birth and beyond"	Antenatal	8-week course The Antenatal Nurturing Programme looks at family dynamics and emotional wellbeing before and after the birth. This was piloted during 2011 and 2012 and is being launched in September 2013.	Improve the emotional health of the couple and the baby	Universal	www.familylinks.org.uk
Solihull Approach Antenatal Programme "Understanding pregnancy, labour, birth and your baby"	Antenatal	5 week course Combines traditional antenatal advice together with preparing families to have a relationship with their baby.	It aims to help parents: <ul style="list-style-type: none"> • understand information about pregnancy, labour and birth • understand information about feeding and the positive aspects of breastfeeding • understand the importance of their emotional relationship with their baby 	Universal	http://communityservices.heartofengland.nhs.uk/default.asp?page=329
Parents Early Education Partnership PEEP Reflective Parenting Programme	Antenatal/postnatal	Each family is offered an initial home visit, three group sessions during the last trimester of pregnancy, and four group sessions in the early postnatal period. The programme aims to: <ul style="list-style-type: none"> • support parents to reflect on 	Supports strong parent-baby bonding and attachment relationships	Universal	The programme was developed with Professor Jane Barlow and colleagues at the University of Warwick Medical School http://www.peep.org.uk/standard.asp?id=4534andcachefixer=cf14323320557763

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		<p>their developing baby, tune in to their baby's feelings and respond sensitively;</p> <ul style="list-style-type: none"> • develop healthy secure attachment between parent and baby; • lead to better outcomes for the child in terms of their cognitive development, the relationships they build and their resilience to cope if life gets tough; and • promote parental confidence, self-esteem and social support. 			
Time Out for Parents: The Early Years	Pre-school	<p>6 sessions Encourages parents to build strong relationship with their children and also looks at behaviour management and boundaries</p>	<p>Improved parental self-esteem, self-efficacy, confidence and understanding of child development. Enhanced parent/child relationships</p>	Universal	<p>www.careforthefamily.org.uk/Courses/parenting_courses/time_out/time_out_for_parents_the_early_years_parenting_course_young_children</p>
Incredible Years Autism and Language delays	<p>2-5 years For parents of children with autism and language delays</p>	<p>Group based, formal structured support Collaborative, group based programme, including video vignettes, practice problem solving and discussion with tasks to complete at home and in between sessions</p>	<p>To promote children's emotional regulation, social competence, language skills, school readiness and relationships with others</p>	Targeted	<p>Centre for Evidence Based Early Intervention https://www.bangor.ac.uk/corporate/contactus.php.en</p>
Talk, Learn, Do: Parent, Kids and Money	3-11	<p>1 additional week of 2 hour sessions included in existing parenting programmes Talk, Learn, Do is a pilot parenting</p>	<p>Increased parental awareness of their behaviours towards money and the impact of these on their</p>	Universal	<p>Money Advice Service www.moneyadvice.service.org.uk/</p>

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		<p>programme aimed at improving the financial capability of parents and children. The sessions were co-designed in collaboration with parent practitioners and specialists. The intervention aims to raise parents awareness of the important role they play in developing their financial capability and that of their children. It equips them with the desire, confidence and ability to manage money well, both day-to-day and through significant life events, including periods of financial difficulty. The programme supports parents thinking about, and attitudes towards, money; it supports understanding of the need to help their children learn about money ; it assists parents to develop strategies for dealing with pressure from children; and supports confidence through activities designed to further involve children in money matters.</p> <p>This programme is currently undergoing a longitudinal impact evaluation. The interim process evaluation has found practitioners surveyed would recommend the course to parents and to other practitioners. The final results of the impact evaluation are due for publication by the Money Advice Service in summer 2018.</p>	<p>children.</p> <p>Enhanced parental confidence and skill in dealing with money issues.</p> <p>Parents have the skills to develop their child's financial capability, and the strategies to reduce stressful situations involving money and children.</p> <p>Increased parental confidence in their role as educator and supporting their child with learning about money.</p> <p>Improved parent-child relationships. Well-developed attitudes and aspirations around money management and saving.</p> <p>Earlier parental access of financial support networks and interventions.</p> <p>A strong evidence base of the effect of</p>		<p>Kevin Bartholomew</p> <p>Kevin.bartholomew@moneyadviceservice.org.uk</p> <p>020 7943 0137</p>

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
			<p>early intervention on financial capability.</p> <p>Support the wider strategic aims of financial inclusion policy and poverty strategy.</p>		
Early Bird	Pre-school For parents of pre-school children who has received a diagnosis of an autism spectrum disorder (ASD)	The programme lasts for three months and combines group training sessions with individual home visits, when video feedback is used to help parents apply what they have learnt	The programme aims to support parents in the period between diagnosis and school placement, empowering and helping them facilitate their child's social communication and appropriate behaviour in their natural environment. It also helps parents to establish good practice in handling their child at an early age, so as to pre-empt the development of inappropriate behaviours.	Targeted	http://www.autism.org.uk/our-services/residential-community-and-social-support/parent-and-family-training-and-support/early-intervention-training/earlybird.aspx
MEND Mind, Exercise, Nutrition... Do it!	2-4	10 weekly sessions Parents attend each session with their children to learn about healthy eating, portion sizes and active play	Supports children and adults to become fitter, healthier and happier and to reach or maintain a healthier	Targeted	http://www.mendcentral.org/whatsweoffer/mend2-4
HENRY Health, Exercise and Nutrition for	Children under 5	8 week programme for parents/carers – programme for parents/carers – one session per	It aims to tackle childhood obesity by promoting healthier	Universal or in can be targeted	www.henry.org.uk Tel: 01865 302973

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
the Really Young		<p>week</p> <p>Families improve their knowledge on parenting techniques, food and nutrition, the importance of physical activity for children and the early signs of becoming overweight or obese. The programme recognises that emotional well-being and confident responsive parenting are just as important for a healthy lifestyle as nutrition and activity.</p>	<p>lifestyles through children's centres or other community venues.</p> <p>Parents and children improve diet, increase physical activity, eat together as a family more often, and have less screen time.</p> <p>Parents feel more confident at parenting and feel happier and less stressed.</p>	through one-to-one work with parents	
Introducing Community Food and Nutrition Skills	Any parents	<p>6 week course</p> <p>Parents look at</p> <ul style="list-style-type: none"> • The constituents of a balanced diet. • The benefits of good nutrition to health and well being. • How to adapt recipes and meals to comply with healthy eating guidelines. <p>The programme compliments the practical nature of the Get Cooking programme (see below)</p> <p>Accredited through Agored Cymru at Level 1 for 1 credit.</p> <p>To deliver this course, developed as part of the NUTRITION SKILLS FOR LIFE™ programme, staff must first</p>	To provide participants with basic knowledge and skills regarding food and nutrition		For further information contact Lisa Williams, National Nutrition Training Facilitator Tel. 02920907650 Email. Lisa.Williams16@wales.nhs.uk

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		<p>complete Community Food and Nutrition Skills training delivered by a Registered Dietitian working in the NHS in Wales. Standardised learning and teaching resources must be used for course delivery and assessment to ensure consistent, evidence based approach. Staff will be able to access the learning and teaching resources from the registered dietitian upon completion of the Community Food and Nutrition Skills training.</p>			
Get Cooking!	Any parents	<p>6 week course Based on the Food Standards Agency programme. Parents learn practical cookery skills by cooking family dishes and learn about healthy cooking methods. Accredited through Agored Cymru at Level 1 for 2 credits. To deliver this course, developed as part of the NUTRITION SKILLS FOR LIFE™ programme, staff must first complete Community Food and Nutrition Skills training delivered by a Registered Dietitian working in the NHS in Wales. Standardised learning and teaching resources must be used for course delivery and assessment to ensure a consistent, evidence based approach. Staff will be able to access the learning and teaching resources from the registered dietitian upon completion of the</p>	Increase parental skills and confidence in practical cookery	Universal	For further information contact Lisa Williams, National Nutrition Training Facilitator Tel. 02920907650 Email. Lisa.Williams16@wales.nhs.uk

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		Community Food and Nutrition Skills training.			
'Dewch i Goginio/Come and Cook'	Any parents	7 week course Accredited by Agored Cymru at Level 1 (1 credit) The following bilingual resources are available to support delivery of the course: A5 recipe, A3 table top teaching resource and the health and safety DVD The facilitator's handbook will be translated in due course. To deliver this course, developed as part of the NUTRITION SKILLS FOR LIFE™ programme, staff must first complete Community Food and Nutrition Skills training delivered by a Registered Dietitian working in the NHS in Wales (see above)	Increase parental skills and confidence in practical cookery	Universal	This has been developed by Public Health Dietetics Team within Betsi Cadwaladr University Health Board with Communities First and Flying Start teams. Contact: Andrea Basu Community Development Dietitian Team Lead Betsi Cadwaladr University Health Board Email: andrea.basu@wales.nhs.uk
PRADA (Preventing Recognising and Addressing Domestic Abuse Programme)	For victims of domestic abuse	12 week course Accredited through Agored Cymru The programme includes a focus on recognising controlling behaviour, understanding the impact of domestic abuse on children, parenting of children who experience domestic abuse	To build confidence and self-esteem. To support knowledge and understanding of domestic abuse of families and provide victims with the tools to help them recognise controlling behaviour and the impact on their children, including how this may affect a child's behaviour.	Targeted	Developed by Swansea Flying Start Contact: Lynda Hill Parenting Manager Prevention and Early Intervention Team Swansea Tel: 01792 635400 Email: Lynda.Hill@swansea.gov.uk
Family Man Programme (Programme for	For perpetrators of domestic	12 week course Accredited programme which includes a focus on recognising	To build confidence and self-esteem. To support knowledge	Targeted	Developed by Swansea Flying Start Contact: Lynda Hill

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
male perpetrators of domestic abuse)	abuse	controlling behaviour, challenging beliefs; understanding the impact of domestic abuse on children and victims; and alternative choices and problem solving	and understanding of domestic abuse; help them recognise the impact on their children, including how this may affect a child's behaviour. Promote a change in belief systems and subsequent change options.		Parenting Manager Prevention and Early Intervention Team Swansea Tel: 01792 635400 Email: Lynda.Hill@swansea.gov.uk
Caring Dads	Any age	<p>Fathers attend a two-hour weekly session for 17 weeks.</p> <p>Caring Dads: Safer Children (CDSC) is a group work programme for domestically abusive fathers, which is currently delivered in the UK by the NSPCC and London Probation Trust.</p> <p>With a primary commitment to the safety and wellbeing of children, the Caring Dads programme uses the men's role as father to motivate them to change their behaviour and reduce the risk of them further harming their children. To be eligible for CDSC, the fathers must currently care for or have contact with their children.</p>	<p>The programme sets out to achieve four major goals:</p> <ol style="list-style-type: none"> 1. to develop sufficient trust and motivation to engage men in the process of examining their fathering; 2. to increase men's awareness of child-centred fathering; 3. to increase men's awareness of, and responsibility for, abusive and neglectful fathering, and 4. to consolidate learning, rebuild trust, and plan for the future. 	Targeted	<p>The programme was developed in Canada by Katreena Scott, Associate Professor and Clinical Psychologist at the University of Toronto.</p> <p>http://caringdads.org/</p> <p>NSPCC interim evaluation report:</p> <p>http://www.nspcc.org.uk/Inform/research/findings/evaluation/caring-dads-pdf_wdf101264.pdf</p>
STEPS	Any Parent	<p>8 week course</p> <p>An accredited programme that is delivered in a group setting with a qualified facilitator, using the principles of cognitive psychology. Participants are supported to co-</p>	Intended to give parents higher levels of motivation; increased self esteem; improved ability to set goals; raised levels of	Universal	http://daretraining.co.uk/

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		create their learning through interactive discussions, personal reflection time, the use of short video bursts and activities.	personal accountability and improve their relationship with their children. It can help prepare parents for structured parenting programmes and have confidence to engage in other services.		

Appendix D - Suggested List of One to One Parenting Support

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information	External ratings of the evidence base
Brazelton Neonatal Behaviour Assessment Scale	Newborn	The scale represents a guide that helps parents, health care providers and researchers understand the newborn's language	Intended as a relationship-building tool between practitioner and parent. It supports the developing parent-infant relationship by sensitising parents to their baby's cues	Universal	www.brazelton.co.uk/	
Solihull Approach	Pre-school	Originally the Solihull Approach was designed for Health Visitors to support parents with feeding, sleeping, toileting and behaviour difficulties. The Solihull Approach Model provides professionals with a Framework for thinking about and working with the relationship between the parent and child. It integrates concepts from different areas; Containment (Psychoanalytic theory), Reciprocity (Child Development) and Behaviour Management (Behaviourism). The approach is a model that can be used by professionals in their individual work with families.	Increased attunement ²⁴ between the parent and child. Improved child behaviour, Reduced parent anxiety	Universal	http://communityservices.heartofengland.nhs.uk/default.asp?page=324	
PAFT – Parents as first teachers ('Born to Learn')	Pre-birth/infancy Toddler (1-2 yrs)	1:1 in the home During visits, practitioners help parents to be their child's first teacher by demonstrating strategies for supporting children's development and	Improving children's intellectual and language development	Universal	www.parentsasfirstteachers.org.uk/?section=12174	NAPP Commissioning Toolkit: 2 Stars Early Intervention Foundation: 2 stars

²⁴ "Attunement" is the term used to describe parents' reactivity to their babies' moods and emotions.

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information	External ratings of the evidence base
		discouraging unwanted behaviour.				
Parenting Positively	Toddler (1-2 yrs), Preschool (3-5 yrs)	1:1 in the home	Improved child behaviour, Reduced parent stress/depression/mental health problems	Universal	Di Hampton Unit for Parenting Studies, DeMontfort University (Parenting Positively) Tel: 0116 257 7748; dhampton@dmu.ac.uk	NAPP Commissioning Toolkit: 2 Stars
Incredible Years HOME Coaching	Pre-school	For the Toddler, and Preschool, Parent group programmes Incredible Years have developed a supplemental Home Coaching model. Group leaders who have received training in the 3-day BASIC parenting program and had experience delivering this group-based programme can use the home coaching model	This one-to-one model can be used along side the group-based programme as follows: to begin a parent's learning before the next IY parent group to give parents a taste of the programme in order to recruit them into the IY parent group. to provide catch up sessions for parents who have missed group sessions	Universal/targeted	www.centreforearlyinterventionwales.co.uk	
New Forest Parenting Programme	Pre-school	8 weekly sessions in the home Specialised intervention for parents of pre-school children diagnosed with ADHD or in the process of being diagnosed with ADHD. Parents learn about the nature of ADHD and strategies for managing their child's behaviour and attention. Parents learn from practitioner instruction and	Improve parent-child relationship, develop parenting skills, improve parent well-being, reduce ADHD symptoms	Targeted Practitioners suitable to deliver the programme include clinical psychologists , educational psychologists	Cathy Laver-Bradbury, Consultant Nurse Tel: 02380 743031 c.laver-bradbury@soton.ac.uk	NAPP Commissioning Toolkit: 3 Stars Early Intervention Foundation: 3 stars

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information	External ratings of the evidence base
		modelling, role-play, homework assignments, discussion and from practitioner feedback.		, primary mental health workers, health visitors and school nurses.		
Community Based Home Visiting Programmes e.g. the Community Parents Programme	Birth to 24 months	The Community Parents Programme trains experienced, volunteer mothers from the local community to visit families to provide child-rearing support. It grew out of the Early Childhood Development Programme in the UK. Monthly visits focus on healthcare, nutrition and child development	Improved parenting skills and improved parental well-being.	Universal/targeted		
SafeCare®	Birth to age 5	<p>SafeCare is an evidence-based training curriculum for parents where there are concerns about neglect.</p> <p>NSPCC workers see parents and children for approximately five months, for one to two hours every week and provide advice and guidance on how to:</p> <ul style="list-style-type: none"> • be more attentive to their children's needs and challenge neglectful behaviour • play with young children • keep children healthy and well-fed • handle crying, tantrums 	The model is intended to reduce the risk of parents becoming so neglectful that children's services have to intervene or can potentially prevent further long term involvement.	Targeted	http://www.nspcc.org.uk/what-we-do/the-work-we-do/priorities-and-programmes/neglect/safecare/safecare_wda87126.html	

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information	External ratings of the evidence base
		<p>and other difficult behaviour</p> <ul style="list-style-type: none"> • make the home safe and establish safe routines <p>The SafeCare® model has been tried and tested in the USA</p>				

Appendix E - Suggested List of informal drop-in Support

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
Baby Massage	Infants	Using a high quality non-fragranced vegetable oil, parents are shown how to use soothing holds and rhythmic strokes on each area of the baby's body, following a sequence which has been developed over many years. The massage offers parents a special time to communicate both verbally and non-verbally with their baby, so that they feel loved and soothed.	Has a role in supporting improved mother-infant interactions and reducing stress in mothers. Evidence of fewer sleep problems and less difficulty coping with crying.	Universal	International Association of Infant Massage http://www.iaimbabymassage.co.uk/iaim-baby-massage.html
Stay and Play sessions	Pre-school	Gives parents the opportunity to have a fun time playing with their child and the opportunity to meet with other parents. It also introduces parents to new ways of playing with their child to support their child's cognitive, social and language development. It gives Flying Start staff the chance to engage with families, observe parents with their children and offer them the opportunity to participate in other support, where applicable. Staff can also model sensitive and respectful adult and child interactions which support positive parenting. It is also an opportunity to provide parents with relevant information including about employment, training, child care, language development and parenting issues. Sessions may also be used as an opportunity to work	Helps FS staff to establish positive, respectful relationships with parents and their children and model positive communication and positive behaviour strategies with children to encourage and inform parents. Supports parental involvement in their child's early learning and development through observation and collaborative discussion and by giving parents confidence to repeat the same or similar activities at home. Increases parental confidence to join other groups and activities. Gives staff the opportunity to make observations of	Universal	Language and Play Sessions developed by the Basic Skills Agency can also be used.

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		with other agencies such as Family Information Service or other health professionals. This gives parents the opportunity to access specialist advice.	parent-child interactions for early identification of any concerns.		
Family Lives Parents Together Curriculum	Pre-school	The Parents Together Curriculum is a set of delivery materials made up of 21 courses and 9 workshops, which can be purchased by commissioners as a whole, or in part, for direct delivery to parents. The workshops include: Christmas stress-busting Dealing with tantrums Stress busting for parents Understanding children's behaviour The workshops can also be used as a way of engaging parents in further groups/support	Support parents to develop an understanding of their own and their children's feelings and needs and how these influence behaviour Enable parents to develop skills and strategies to address a wide range of family life milestones and issues	Universal	Contact: Shirley Parker, Head of Training and Development, Family Lives Office: 01367 245462 Mobile: 07872 507016 www.familylives.org.uk
Home Safety Accident Prevention Sessions	0-5 years	Children in Wales have developed a complete set of resources to enable practitioners to deliver 20-30 minute awareness raising sessions on accident prevention to parents within a community setting. Bilingual session plans and hand-outs are free to download from the Children in Wales website covering the prevention of the following: Falls, Poisoning and Scalds http://www.childreninwales.org.uk/areasofwork/childsafety/accidentpreventionresources/communitydelivery/index.html A report providing practical examples of accident prevention activity in Wales is also available to	To raise parental awareness of a variety of risks to babies, toddlers and young children in the home and reduce the risks of falls, poisoning and scalds to young children	Universal	Contact: Karen McFarlane Development Officer: Child Safety Children in Wales Tel 029 2034 2434 Email: karen.mcfarlane@childreninwales.org.uk

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		download and includes examples in Flying Start areas http://www.childreninwales.org.uk/areasofwork/chilfsafety/goodpractice.html			

Appendix F - Suggested List of Standardised Tools to Measure Impact ('Distance Travelled')

Name of tool	What it is	What it measures	Where to find it	Other factors to consider
Child Behaviour Measures				
<p>Eyberg Child Behaviour Inventory</p> <p>Reference: Eyberg, S., and Pincus, D. (1999); Eyberg, S. M., and Robinson, E. A. (1983))</p>	<ul style="list-style-type: none"> Developed by Dr Sheila Eyberg at University of Florida 36 questions about the child's behaviour such as "Has temper tantrums" On a scale from 1 (Never) to 7 (Always); and a Yes-No Problem scale that identifies whether the behaviour is currently seen as a problem for the parent <p>Administering the scale: Takes approximately 10 minutes to complete by parents</p> <p>Scoring: A total score for each scale is used. Higher scores on the scale indicate a greater level of conduct-disordered behaviour and greater impact on the parent</p>	<p>Children's behaviour problems as reported by parents</p> <p>Suitable for children aged 2 – 16 years old</p>	<p>It is available by post from the author: Dr Sheila Eyberg, Department of Clinical and Health Psychology, University of Florida, Box J-165 HSC, Gainesville, FL 32610, USA</p> <p>Can be purchased from www.pearson-uk.com or www.par.ic.com</p>	<p>Available in English and Spanish</p> <p>There is a cost to use this tool. Please see website for more information</p> <p>Some of the language may not be familiar to Welsh parents e.g. 'sasses' rather than insolent.</p>
<p>Goodman Strengths and Difficulties Questionnaire</p> <p>Reference: Goodman R (1997)</p>	<ul style="list-style-type: none"> Developed by UK child psychiatrist Robert N Goodman 25 items are divided between 5 scales: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems and prosocial behaviour The follow-up version of the SDQ has 2 additional questions for use after an intervention: Has the intervention reduced problems? Has the intervention helped in other ways, e.g. making the problems more bearable? <p>Scoring: The SDQ can be scored and reports generated</p>	<p>Measures the behaviour of children aged 3-4 years, as reported by the parent</p>	<p>http://www.sdqinfo.com/b1.html</p>	<p>Available in English, Welsh and other community languages</p> <p>Paper versions may be downloaded and subsequently photocopied without charge for non-commercial purposes</p>

Name of tool	What it is	What it measures	Where to find it	Other factors to consider
	on-line using the Access component of Microsoft Office. Instructions are also available for scoring it by hand. See the website for more information			
Measures of Parenting Practices/Confidence				
<p>Karitane Parenting Confidence Scale</p> <p>Reference: Črnčec, R., Barnett, B., and Matthey, S. (2008)</p>	<ul style="list-style-type: none"> Developed by the University of Western Sydney 15 questions such as “I am confident about holding my baby” On a scale from 0 (No, hardly ever) to 3 (Yes, most of the time) <p>Administering the scale: Completed by parents. The manual contains advice about administering the scale</p> <p>Scoring: Each item is scored 0, 1, 2, or 3. Scores are added up to produce a total score. Generally a high score indicates the parent is feeling confident on that item.</p>	<p>Parenting efficacy of parents with infants 0-12 months of age</p>	<p>http://preventchildabusenj.org/newsletters/hf_weekly/kpcs_manual.pdf</p>	<p>free to use</p> <p>Only available in English</p>
<p>Infant/Toddler Home Observation for Measurement of the Environment (HOME)</p> <p>Reference: Caldwell and Bradley 1984; Bradley et al 2000)</p>	<ul style="list-style-type: none"> Developed by University of Arkansas 45 items are clustered into 6 subscales: 1) Parental Responsivity, 2) Acceptance of Child, 3) Organization of the Environment, 4) Learning Materials, 5) Parental Involvement, and 6) Variety in Experience Eighteen items are based on observation, 15 on interview, and 12 on either observation or interview. <p>Administration: Formal training is not required but is recommended. It takes 45 to 90 minutes to administer a semi-structured interview in the home with the main caregiver and child</p> <p>Scoring: A binary-choice (yes/no) format is used in scoring items. Higher total HOME scores indicate a more enriched</p>	<p>Measures the quality and extent of stimulation available to a child (birth to age 3) in the home environment</p> <p>There is also an Early Childhood HOME Inventory for children 3 to 6 years old</p>	<p>Contact Lorraine Coulson at lr Coulson@ualr.edu / 715-835-4393, HOME INVENTORY LLC, Distribution Center, 2627 Winsor Drive, Eau Claire, WI 54703</p> <p>http://fhdri.clas.asu.edu/home/contact.html</p>	<p>Available in English only</p> <p>There is a cost to use this tool. Please see website for more information</p>

Name of tool	What it is	What it measures	Where to find it	Other factors to consider
<p>The Parenting Scale</p> <p>Reference: Arnold, O’Leary, Wolff and Acker, 1993)</p>	<p>home environment</p> <ul style="list-style-type: none"> • 30-item inventory • Questions around three sub-scales: Laxness, Over-reactivity and Verbosity • Statements include “When I say my child can’t do something”. Responses include –“I let my child do it anyway” (most ineffective response, score 7), or “I stick to what I said” (most effective response, score 1). Parents are asked to make a response somewhere on this 7 point scale. <p>Administration: Takes approximately 10 minutes to complete by parents</p> <p>Scoring: Each item receives a 1-7 score, where 7 represents the most ineffective response. To compute the total score, responses are averaged on all items. To compute a score for each of the factors (Laxness, Over-reactivity and Verbosity), responses for the items on that factor are averaged</p>	<p>Parental discipline practices of parents of young children over 18 months</p>	<p>http://www.incredibleyears.com/Measures/forms_GL.asp</p>	<p>English only</p> <p>It is worth considering when measuring pre- and post intervention that the parent is asked about their parenting “during the past two months”</p>
<p>TOPSE (Tool to Measure Parenting Self-Efficacy)</p> <p>Reference: Bloomfield, L. and Kendall, S (2007)</p>	<ul style="list-style-type: none"> • 48 self-efficacy statements that address 6 domains of parenting: emotion and affection, play and enjoyment, empathy and understanding, control, discipline and boundary setting, pressures of parenting, self-acceptance, and learning and knowledge • Parents indicate how much they agree with each statement by responding to a Likert scale from 0 (completely disagree) to 10 (completely agree) <p>Administration: Completed by parents</p> <p>Scoring: Responses are summed to create a total score;</p>	<p>Parenting efficacy</p>	<p>http://www.topse.org.uk/</p>	<p>A copy of the pdf may be downloaded free after completing a registration form on the website</p> <p>Updated versions of the tool have been developed for use with parents with babies and also a version for use with parents with a learning disability. These are being piloted and on-going testing is needed to verify their reliability and validity</p>

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	the lower the score, the lower the level of parenting self-efficacy.			
Parenting Sense of Competence Scale Reference: Johnston, C., and Mash, E. J. (1989).	<ul style="list-style-type: none"> 17 item scale with 2 dimensions: Satisfaction and Efficacy (final item of the scale is often omitted) Questions such as “Being a good mother/father is a reward in itself” On a scale from 1 (strongly disagree) to 6 (strongly agree) Satisfaction element examines the parents’ anxiety, motivation and frustration, while the Efficacy element looks at the parents’ competence, capability levels, and problem-solving abilities in their parental role <p>Administration: Takes approximately 5-10 minutes to complete by parents</p>	Measures parents' satisfaction with parenting and their self-efficacy in the parenting role	Dr. Charlotte Johnston Department of Psychology University of British Columbia 1902-2136 West mall Vancouver, BC V6T 1Z4 E-mail: cjohnston@psych.ubc.ca	Free
Parenting Tasks Checklist Reference: Sanders, M. R. and Woolley, M. L. (2001)	<ul style="list-style-type: none"> 28 item scale with 2 subscales both comprising 14 items that assess parental confidence dealing with difficult child behaviours Parents asked to rate their confidence in dealing with behaviours such as “Your child gets upset when they do not get their own way” On a scale from 0 (certain I cannot do it) to 100 (certain I can do it). <p>Scoring: The 28 items are rated from 0 to 100, with high scores indicating greater confidence. There are two factors: Setting Self-efficacy and Behavioural Self-efficacy.</p>	Designed to measure how confident parents are at successfully dealing with their child when the child is displaying a variety of difficult behaviours in various settings	http://www.triplepalgoma.org/files/open/AFS_Practitioners/Level_4_Group_0_to_12/Measures_Level_4_Group_0_to_12/Pre/Parenting_Tasks_with_Scoring_key.pdf	Free Previously known as the Problem Setting and Behavior Checklist
Family Star: the Outcomes Star for parents	<ul style="list-style-type: none"> Measures parenting skills across eight areas: promoting good health; keeping your child safe; social networks; supporting learning; setting boundaries; keeping a family routine; providing home and money 	Measures parenting skills	http://www.outcomestar.org.uk/	The resources for the Family Star and Family Star Plus are available free of charge to those who have received training in its use.

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	<ul style="list-style-type: none"> It is intended to map out 5 steps to being an effective parent There are a number of statements in each of these domains. For example within promoting good health parents are given 5 statements ranging from “My children have a healthy lifestyle and receive any medical treatment they need” (Effective parenting) to “I don’t think I need to do anything about my child’s health even though other people say I’m neglecting it” (stuck) <p>Administration: Suggested that this is completed by the parent with a family support worker</p> <p>Scoring: For each of the 8 areas of parenting, the parent decides “where they are” on the steps towards more effective parenting. This number is marked on the Family Star Chart. When complete for each area the points can be connected on the star. The picture produced from this exercise is intended to help decide what areas the parent should focus on and what support is needed</p>			View-only versions are available to download free from the website
<p>The Parenting Daily Hassles Scale</p> <p>Reference: Crnic and Greenberg (1990); Crnic and Booth (1991)</p>	<ul style="list-style-type: none"> Lists 20 events that routinely occur in families with young children such as “Continually cleaning up messes of toys or food” Parent asked to rate how often the event happens on a 4 point scale from rarely to constantly Parents are also asked to rate how much of a ‘hassle’ they feel the event has been for the past 6 months Takes approximately 10 minutes to complete by parents <p>Scoring: The challenging behaviour total score is obtained by adding the intensity scale scores. The parenting tasks total score is obtained by adding the intensity scale scores.</p>	Pinpoints parents anxieties or issues with challenging behaviour and how the parent/caregiver sees the situation	http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144	<p>Available in English</p> <p>Free</p> <p>It is worth considering when measuring pre- and post intervention that the parent is asked about the frequency and intensity of behaviour for the past 6 months</p>
Parenting Stress	<ul style="list-style-type: none"> 101-item questionnaire 	Designed to	http://www.hogrefe.co	There is a cost to use this

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<p>Index</p> <p>Reference: Loyd, B. H., and R. R. Abidin. R. R. (1985)</p>	<ul style="list-style-type: none"> a short version with 36 items is also available which comprises three scales: Parental Distress, Difficult Child Characteristics, and Dysfunctional Parent-Child Interaction <p>Administration: Completed by parents. It takes 30 minutes to complete original; 10 minutes for short version</p> <p>Scoring: A Total Stress Score is calculated. In addition both Child and Parent Characteristics are scored, which pinpoint sources of stress within the family</p>	<p>identify stress in the parent-child relationship</p> <p>Developed for use with parents of children 3 months to 10 years of age</p>	<p>uk/parenting-stress-index-psi.html</p>	<p>tool. Please see website for more information</p> <p>Should be administered by someone qualified in using it and interpreting the outcomes</p>
<p>Parent Problem Checklist</p> <p>Reference: Dadds, M. R., and Powell, M. B. (1991)</p>	<ul style="list-style-type: none"> Designed to assess inter-parental conflict over child rearing 16-item scale assesses conflict about child behaviour, and rates parents' ability to cooperate over rules and discipline for child misbehaviour, Parents given a series of issues such as "Disagreement over type of discipline (e.g. smacking children)" and are asked to respond on two scales. One scale asks for a yes/no response to the question "Has this issue been a problem for you and your partner? Another scale asks the extent of the problem from a scale from 1 (Not at All) to 7 (very much) <p>Scoring: To obtain a Problem score out of 16, add up the number of areas of disagreement, which the family has experienced in the last month. To obtain an Extent score, add up the responses on the Extent scale</p>	<p>Measures disagreement between parents about rules and discipline for child behaviour</p>	<p>http://www.excellenceforchildandyouth.ca/sites/default/files/measures/default/files/measures/attach/Parent_Problem_Checklist_(PPC).pdf.</p>	<p>Free</p>
<p>The Kansas Parenting Satisfaction Scale</p>	<ul style="list-style-type: none"> 3-item instrument that measures parent satisfaction. Parents respond on a seven-point Likert scale ranging from "extremely dissatisfied" to 	<p>Designed to assess parent-satisfaction with</p>		

Name of tool	What it is	What it measures	Where to find it	Other factors to consider
(KPS) (James et al., 1985)	<p>“extremely satisfied”.</p> <ul style="list-style-type: none"> • Scoring: Scores of 15 or less indicate low parental satisfaction 	themselves as a parent, satisfaction with the behaviour of their children and satisfaction with their relationship with their children		
Pianta’ s CPRS (Child Parent Relationship Scale) Reference: Pianta, 1992	<ul style="list-style-type: none"> • Developed by Robert C. Pianta, University of Virginia • It assesses parents’ perceptions of their relationship with their child • 30 item scale. There is also a 15 item short version • Parents are given statements such as “I share an affectionate, warm relationship with my child” and asked to rate the degree to which this applies to them from a scale from 1 (Definitely does not apply) to 5 (Definitely applies) <p>Administration: completed by parents</p> <p>Scoring: Ratings can be summed into groups of items corresponding to conflict and closeness subscales</p>	Measures the parent-child relationship (suitable for children ages 3-12)	www.curry.virginia.edu/pianta/measures	Free to download
Measures of Parental Mental Health and Well being				
Rosenberg's Self-Esteem Scale Reference: Rosenberg, M. (1965)	<ul style="list-style-type: none"> • Developed by Dr. Rosenberg at the University of Maryland • four-point scale — from strongly agree to strongly disagree on both positive and negative statements about the self • 10 statements such as “On the whole, I am satisfied with myself” and “At times, I think I am no good at all” 	Used to measure parents’ self-esteem	http://www.socy.umd.edu/research/rosenbergh.htm	Free

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	<p>Scoring: The scores for the 10 items are added up. The higher the score, the higher the self esteem</p>			
<p>WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale)</p> <p>Reference: Tennant R, Hiller L, Fishwick R, Platt P, Joseph S, Weich S, Parkinson J, Secker J. and Stewart-Brown S (2007)</p>	<ul style="list-style-type: none"> developed by researchers at Warwick and Edinburgh Universities 14 statements such as “I’ve been feeling optimistic about the future” On a scale from 1 (None of the time) to 5 (All of the time) <p>Scoring: The scale is scored by summing responses to each item answered. A higher score indicates greater well-being</p>	<p>Parents subjective well-being and psychological functioning</p>	<p>http://www.healthscotland.com/documents/1467.aspx</p>	<p>It is freely available but prospective users should register with:</p> <p>Dr Kulsum Janmohamed K.janmohamed@warwick.ac.uk or Professor Sarah Stewart-Brown sarah.stewart-brown@warwick.ac.uk.</p>
<p>Beck Depression Inventory (BDI)</p> <p>Reference: Beck, A.T., Steer, R.A., Ball, R. and Ranieri, W. (1996)</p>	<ul style="list-style-type: none"> 21-question multiple-choice self-report inventory A shorter form of 7 questions is designed for use by primary care providers It is composed of items relating to symptoms of depression such as hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex On a scale from 0 (I do not feel sad) to 3 (I am so sad or unhappy that I can't stand it.) <p>Administration: Should be administered by someone qualified in using it and interpreting the outcomes</p> <p>Scoring: Higher total scores indicate more severe depressive symptoms</p>	<p>For measuring the severity of depression in parents</p>	<p>www.pearson-uk.com</p>	<p>There is a cost to use this tool. Please see website for more information</p> <p>Should be administered by someone qualified in using it and interpreting the outcomes</p>
<p>Depression Anxiety Stress</p>	<ul style="list-style-type: none"> designed to measure the three related negative emotional states of depression, anxiety and tension/stress 	<p>Gives measures on depression, anxiety and</p>	<p>www.psy.unsw.edu.au/dass/</p>	<p>Available in English and a variety of other languages but not Welsh</p>

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<p>Scales</p> <p>DASS 21 is a shortened version</p> <p>Reference: Lovibond, S.H. and Lovibond, P.F. (1995)</p>	<ul style="list-style-type: none"> • The original DASS is a 42-item questionnaire. A short version, the DASS21, is available with 7 items per scale • On a scale from 0 (Never) to 3 Almost always. Parents asked to rate statements such as “I found it hard to wind down” • It is suitable for screening normal adolescents and adults <p>Administration: The DASS is a self-report instrument, and no special skills are required to administer it. Interpretation of the DASS should be carried out by individuals with appropriate training in psychological science</p> <p>Scoring: Scores are added to give a score for each of the dimensions: depression, anxiety and stress. A higher score for each dimension will indicate an extremely severe state and a low score will indicate a normal state.</p>	<p>stress</p>	<p>With Scoring: www.blackdoginstitute.org.au/docs/3.DASS21withscoringinfo.pdf</p>	<p>Permission is not needed to use the DASS questionnaire. The DASS questionnaires and scoring key may be downloaded from the DASS website free</p> <p>Interpretation of the DASS should be carried out by individuals with appropriate training in psychological science</p>

