Llywodraeth Cymru
Welsh Government

Parenting in Wales: Guidance on engagement and support

May 2017

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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. 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.

The type of parenting support that meets parents' needs will vary. 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. 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 a lot of 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 families.

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, adoptive parents, step-parents, 'kinship' 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 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. It 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 NOS (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 Wales.

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.

A loose classification of approaches to supporting families (as set out in the rainbow model below) suggests four typical areas:

- **Universal** - families with mostly no additional needs who are in receipt of universal services such as education and healthcare.
- **Early intervention** - families with some additional needs which can be addressed through targeted early intervention support
- **Intensive support** - families with multiple needs who require a coordinated multi-agency package of support to prevent needs from escalating into crisis
- **Specialist services** -families with acute, high-end needs requiring statutory support

This guidance is focused primarily on mainstream parenting support services which address parenting issues experienced by a substantial proportion of parents in the universal early intervention segments.
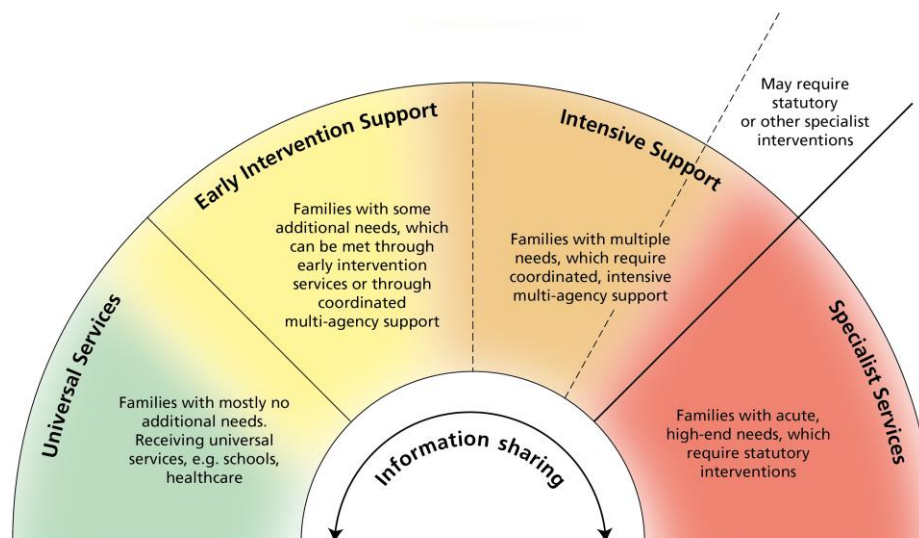
Audience

The purpose of this non-statutory guidance is primarily to assist those who have a direct or indirect role in, and responsibility for, providing parenting support. It is intended to support local authorities, Local Health Boards, Third Sector and other relevant commissioners, managers and practitioners in making 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 referral; and
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1. Introduction

The Welsh Government recognises the importance of providing good quality parenting support because there is plenty 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' 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 relationships; 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.

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; Nixon, 2012). 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 considerable body 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).

"..parental involvement in the form of 'at-home good parenting' has a significant positive effect on children's achievement and adjustment even after all other factors shaping attainment have been taken out of the equation…….The scale of the impact is evident across all social classes and all ethnic groups" (Desforges and Bouchaard 2003).

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).

The University College London Institute of Health Equity was commissioned by 4Children to identify the most important outcomes Children's Centres should be focussing their efforts to give all children positive early-years experiences. In their recommendations they stated that parenting should be placed on an equal footing with influencing children directly (Bowers and Strelitz, 2012).

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 parents' 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 in the best interests of children.

Keeping a strong focus on positive outcomes intended for children[1] 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' needs 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.

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[1] A child refers to any child or young person under the age of 18.

3. Principles and Expectations

This section covers the principles that the Welsh Government expects should underpin the delivery of parenting support.

3.1 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 UNCRC[2] as a basis for its policy with children and young people, as encapsulated in the Rights of Children and Young Persons (Wales) Measure 2011.[3] 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 and 27), play and education (Articles 28, 29 and 31);
- protection from abuse, neglect and degrading treatment (Articles 19, 24 and 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. It also states that children should be encouraged to respect their parents (Article 29).

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

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[2] 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
[3] 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.

3.2 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 NOS (see section 8) and can be used alongside it.

3.3 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.**

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[4] (shortly to be replaced by Volume 5 of Working Together to Safeguard People – Guidance for Protecting Children at Risk)[5] 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.

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[4]http://wales.gov.uk/topics/childrenyoungpeople/publications/safeguardingunder2004act/?lang=en.

[5] http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en

3.4 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.

3.5 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.**

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, 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. Ideally this should be articulated in a face-to-face visit, not just in a letter.

3.6 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.

3.7 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).

The Welsh Government wants parents to be given information, support and encouragement to address challenging behaviour in their children using positive parenting styles. Universal messages about positive approaches to discipline which are given to parents should be consistent with those being given to parents through structured parenting programmes. Providing this coherent approach was identified by the Parenting Review as best practice (see section 4.6 for more information on promoting positive parenting).

3.8 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 4.7).
- **Practitioner skills, qualities and knowledge**
Practitioners should be appropriately skilled, trained and supervised to work with parents (see section 8).
- **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 5.1.2).

- **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 9 and Appendix C).

4. Focus of Parenting Support

> **Parenting support should be offered under the following age-related themes:**
>
> - **Perinatal and support in the early years to age 7**
> - **Support for parents of children in middle childhood**
> - **Support for parents of teenagers**
>
> **Each of these age-related themes 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**

Ideally parents should be offered a range of universal, preventative support, as well as more targeted support for those with children with known risk factors such as conduct disorder or parents with known risk factors such as mental health issues.

4.1 Perinatal[6] and support in the early years to age 7

4.1.1 *Antenatal and postnatal support*

> **A range of provision for pregnant and new 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 postnatal depression and the promotion of attachment and responsiveness (see Appendices B, D, E and F for details of relevant programmes).**

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 sets out a child's 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;

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

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 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, midwife or health visitor. (Royal College of Midwives, 2012).

Article 24 (2 d and 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 2011a) 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 the 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 University[7]).

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-

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[7] http://developingchild.harvard.edu/science/key-concepts/serve-and-return/

emotional, cognitive and behavioural development (Moran, 2009; Howarth, 2013).

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 by 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 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 of 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 baby[8]; postnatal support; identification and support for post-natal depression and the promotion of attachment and responsiveness (see Appendices B, D, E and F for details of relevant programmes, including using baby massage, NBAS (Neonatal Brazelton

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[8] 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.

Assessment Scale), Video Interactive Guidance, the Incredible Years Baby programme and the Solihull Approach).

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.

4.1.2 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 (see Appendices B, D, E and F for details of relevant programmes).**

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) (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 parents' strengths and resources by providing opportunities for social support; the development of positive parenting skills; supportive relationships and secure attachments.

Parents should be recognised and 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).

Health visitors; childcare and family centre staff; and early years teachers 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 or other 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.

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.

4.2 Support for parents of children in middle childhood (approximate age 7 – 12)

> **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 supporting children with their learning and fostering aspiration.**

The middle years of a child's life are an important period for the development of children's self-esteem, sense of identity and growing independence.

During this period children will undergo rapid spurts in height and weight and develop physical, social, and mental skills. Many will also undergo the physical and hormonal changes that accompany puberty, which may also have psychological and emotional effects, such as seemingly unexplained mood swings.

While at school they will be in regular contact with the wider world and friendships will become more important to them. They may also increasingly begin to compare themselves to their peers. They will also start to develop a sense of who they are and what they can achieve. Their expectations of success or failure are shaped through experiences they have in all areas of their life, such as through their family and peer relationships, leisure activities, schoolwork and sports.

Some children in middle childhood may also experience loss, such as bereavement or the divorce or separation of their parents[9]. This may come at a time when they have to cope with the transition from primary to secondary school. This period of transition may cause anxiety for some children. They may find it difficult to adapt to new routines, more complex timetables, teachers and friendship groups. The primary school teacher is for many children an important source of stability. They will often be familiar enough with the child to recognise changes in behaviour and what it might be communicating about their experience. Primary schools are also more likely to be in regular contact with parents making it easier for both the school and the parents to share concerns.

Research suggests that negative experiences during middle childhood can have a lasting impact on outcomes in later life including on mental health, academic success and involvement in anti-social behaviour and criminal activity (Margo and Sodha, 2007; Action for Children, 2008). Neglect can have negative effects across the lifespan. Children of primary school age may be more likely to be socially isolated, lack social skills, appear withdrawn and show other signs of neglect such as consistent hunger and fatigue, apathy, poor hygiene, inadequate clothing, and low academic achievement (Moran,

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[9] Please see section 4.4 for further information on the impact separation can have on children.

2009). Children growing up and living in low income households are much more at risk of having poorer physical and mental health outcomes, are less likely to reach cognitive and developmental milestones and have poorer educational attainment (Welsh Government 2015).

One in ten children between the ages of five and sixteen have a mental health problem and many more have behavioural issues (The Office for National Statistics, 2005). These problems can start as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Research suggests that middle childhood is an important period in shaping emotional well-being and that supportive family relationships are critical in its development. Research also suggests that the way parents interact with their child (and each other) is more important than factors such as income and parental education in predicting children's emotional wellbeing. A positive (authoritative) parenting style has been suggested to be particularly important in positive social and emotional development (Margo and Sodha, 2007; Action for Children, 2008; Nixon, 2012).

Supportive and responsive parents and carers are vital in fostering positive outcomes, for example by supporting children with homework, having high expectations and providing a positive nurturing environment with consistent boundaries. 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.

There is also a considerable body 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; Nixon, 2012).

4.3 Support for parents of teenagers (approximate age 13 – 18)

A range of provision should be provided for parents, which will strengthen positive parenting skills that help reduce challenging adolescent behaviour and improve parents' confidence. Please see Appendices B, D, E and F for details of relevant programmes. There are also resources and information which parents can be directed to which cover topics such as sex and relationships, internet safety, drugs, bullying and emotional well-being.

The teenage years are categorised by considerable biological, emotional and social changes, which have an impact on the parent-child relationship. The teenage years as a consequence are considered by many parents to be particularly stressful. This is not helped by the negative stereotypes often portrayed of teenagers in the media, which can increase parents' anxiety about poor school performance, drug taking, anti-social behaviour and

teenage pregnancy. Some parents also worry about peer pressure and may be concerned that their child's friends will become so influential in their lives that their own role will diminish. Some parents do not realise how critical it is for them to remain involved with their child to help them avoid some of the risks associated with adolescence.

Teenagers are undergoing rapid hormonal changes in puberty and for some this may be a difficult time (NHS Direct). They have to cope with a number of changes in their body and they may also have acne or body odour. This may make them feel self-conscious about their body and self-image. Puberty may also have psychological and emotional effects such as:

- unexplained mood swings
- low self-esteem
- aggression; and
- depression

In the last decade developments in neuroscience have shown that the brain undergoes significant changes during adolescence and is recognised to go through massive reorganisation between the ages of 12 and 25 years. Although many brain areas do mature during childhood, the frontal and parietal lobes, which are responsible for planning and self-control, mature later. It has been suggested that this neurological activity makes it more difficult for teenagers to read social situations and may explain their tendency for risk-taking behaviour (Steinberg, 2009; Dobbs, 2010; Coleman, 2012).

The Health Behaviour in School Aged Children HBSC[10] Survey 2014/15asked children a range of questions around four topics: social context of health, health outcomes, health behaviours, and risk behaviours. It found that 8% of 11 to 16 year olds in Wales reported having used drugs in the last year. Cannabis is the most widely used drug among this age group. According to the Crime Survey for England and Wales (2012/13) young adults (aged 16 to 24) were more likely to have used drugs in the last year than older adults. The most commonly used drug was cannabis, with 13.5% of adults aged 16 to 24 using it. The proportion of these young people taking any drug in 2012/13 was 16.3%, down from 19.3% in 2011/12. The use of drugs can have an effect on a teenager's inhibitions and judgement, leading to risky sexual behaviour (Welsh Government, 2010). Their use can also affect their physical and mental health.

Parents may find it difficult to talk about drugs with their child and often do not understand enough about substance misuse to talk to them in an informed way. While it is not uncommon for teenagers to experiment with drugs, only a small proportion will develop a drug problem. However parents need to be able to recognise the warning signs that their child may be developing a problem. For those that do develop a substance misuse problem, research

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[10] The Health Behaviour in School-Aged Children (HBSC) has been conducted in 43 participating countries every four years since the 1985. The target population of the HBSC study is young people attending school, aged 11, 13, and 15 years old.

suggests that the involvement and support of parents can make a big difference to the child's health and their ability to deal with their drug habit.

Economic, social and cultural influences have an impact on children's sexual health and wellbeing. Children who have lower aspirations are more likely to experience sexual ill-health or an unplanned pregnancy than those with good educational and employment prospects. The media, peer pressure and drug and alcohol use can also influence sexual behaviour (Welsh Government, 2010). One in seven Year 11 pupils had their first sexual experience when they were 13 years old or younger according to the HBSC Survey (2014/15). However data suggests that fewer young people are having sex in 2014 than in 2002– which fits with the decline in teenage pregnancies. Parents often feel reluctant to address the subject of sex and relationships because they find it embarrassing or do not know how to approach it.

One in ten children between the ages of five and sixteen have a mental health problem and many more have behavioural issues (The Office for National Statistics, 2005). These mental health and behavioural problems often start early in life, and can be as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Some young people also self-harm, as a strategy to cope with their problems and overwhelming feelings of distress. Self harm is a significant issue, affecting around 1 in 15 young people in the UK (Welsh Government, 2009). An inquiry into self harm conducted by the Mental Health Foundation (2006) found that self harm is usually intended to harm; not kill. It is also not usually intended to inflict serious or permanent damage. However a minority of young people who self harm do also try to kill themselves at some point. Naturally if parents discover their child is self-harming they may feel shocked, upset, confused, guilty or angry. Parents should be encouraged to seek advice from their GP. There is also information available for parents on self-harm and Young Minds runs a Parents Helpline. Please see the 'supporting documents' section.

As noted, neglect can have negative effects across the lifespan. By adolescence, neglected children are more likely to have dropped out of school; be involved in substance misuse; be socially withdrawn; be more likely to have mental health issues and attempt suicide. There is also a higher rate of antisocial and violent behaviour among adolescents who have experienced neglect (Moran, 2009; Howarth, 2013).

The peer group usually assumes greater importance to teenagers and exerts a greater influence on them. They will spend increasing amounts of time with their peer group, both in person and through social networking sites and on-line gaming. A majority of teenagers have a mobile phone, which they also use to take and share photos; play games, swap videos and access social networking sites. This makes it more difficult for parents to monitor their activity, especially as many teenagers' knowledge of technology far outstrips that of their parents. Parents can be directed to sources of advice on keeping children safe when using the internet.

Many teenagers also feel more pressure at school and at the same time may also be the victim of bullying. The HBSC (2009/10) survey found that children in older year groups report progressively more pressure from school, and less enjoyment of school. More than one in four students also reported being bullied at least once in the last couple of months.

Although peers are especially influential during adolescence than at any other point in child development, they are still not nearly as influential as parents are. Research shows that the home environment and parenting practices continue to be a key influence in promoting healthy adolescent development and preventing negative outcomes (Asmussen et al, 2007; Coleman, 2012; Hutchings and Clarkson, 2012). Research suggests that during adolescence, an 'authoritative' style of positive parenting is more likely to lead to better social and emotional and academic outcomes (Asmussen et al, 2007; O'Connor, 2007; Hutchings and Clarkson, 2012):

- being a strong role model;
- being loving, nurturing, respectful;
- being supportive and involved;
- providing close monitoring (not control); and
- setting clear age-appropriate boundaries, whilst encouraging growing autonomy.

The HBSC (2014/15) survey found that students were less likely to find it easy speaking to their parents about their problems as they grow older. The proportions of both boys and girls who said they get emotional support from their family dips in Years10-11. Parents may also feel that they have little or no influence on their teenager's life or realise how important their continued interest and support is in guiding their child through adolescence. Their teenager's behaviour may reinforce this view.

Supportive relationships with both mothers and fathers are linked with lower risks of substance misuse, depression, negative peer influence, and delinquency. Teenagers who remain emotionally attached and connected to their parents are also more likely to do well in school and have good self-esteem (Moretti, 2004; Asmussen et al, 2007; Coleman, 2012).

Some parents may require appropriate support to develop skills to support their child through adolescence and improve communication between them and their child. Research suggests that offering parallel work with young people as well as with parents is more effective than work with parents (or young people) alone (Moran et al, 2004; Hutchings and Clarkson, 2012). Parents can also be directed to sources of information and advice on emotional issues such as eating disorders and self harm; talking to their teenager about drugs and alcohol; and about growing up, sex and relationships.

Cross-cutting themes:

4.4 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)

4.5 Early Intervention to support vulnerable families

It is essential that families have timely access to support to address emerging issues before they escalate. Ideally, to avoid stigma, active targeting of vulnerable families should be combined with open-access services. Please also see section seven, '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 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 Families First - Year 1 (Welsh Government 2013e) reported that Wales is experiencing a relatively high level of child poverty compared with the rest of the UK, and the following compounding challenges:

- a rise in the number of children in need because of domestic abuse;
- high levels of child obesity; and
- unequal outcomes in levels of attainment between those eligible for Free School Meals and other children.

The evaluation of Sure Start in England[11] (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-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). Any universal parenting support 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.

Evidence gathered from the evaluation of the Sure Start programme in England by the National 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 support increases the possibility of preventative work and early intervention. The ante and postnatal period is an opportune time to engage parents. It is also worth bearing in mind that targeting just the parent-child relationship where there is ongoing inter-parental conflict is unlikely to lead to sustained positive outcomes for the child.

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 (Barrett, 2003; Moran, 2004; Welsh Government 2013a). Parents' impressions 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.

Supporting vulnerable families often involves many different teams and services. In order to ensure these services work well together, as part of Families First, local authorities are required to develop a Joint Assessment Family Framework (JAFF) and a Team Around the Family (TAF) model. The JAFF and TAF models coordinate support to families with a range of needs that can include parenting.

Health visitors and midwives are a trusted service for parents and have a key role in engaging vulnerable families in the early years. Families may also be identified through the TAF model of working. Relevant service providers may also consider families' needs and any risks through information sharing panels or meetings if a TAF is not appropriate.

Getting as full a picture as possible about the barriers parents face when accessing services and their motivations can be critical in improving identification and signposting. Some parents are resistant to accessing

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[11] 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.

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 (Brown et al, 2012).

Some parents may require sustained 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.

4.6 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 (see Appendices B, D, E and F for details of relevant programmes).**

Research suggests that positive (authoritative[12]) parenting is beneficial at all points in a child's development (Sroufe, et al 1990; Seaman et al, 2005; Daly, 2007; Moretti, 2004; Asmussen, 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

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[12] This is where parents show high warmth, positive/assertive control and in adolescence high expectations

use of alcohol/drugs; and whether parents had themselves 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. a 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 why a parent may change 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 parents may use positive parenting methods 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. They 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 parents seeking information about positive parenting methods (see also section 7.1.2). 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 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 were likely to be receptive to receiving information and advice on safe, effective and non-physical strategies to discipline children. Providers 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 suggested 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 childcare and family support 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 or family centre.

Childcare and other 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.

4.7 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.

4.7.1 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).

4.7.2 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).

4.7.3 Parenting styles theory

Parenting styles theory suggests that a child's behaviour is directly related to their parents' 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).

4.7.4 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).

5. Types of Support

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

5.1 Evidence-based, group-based structured parenting programmes

> **Evidence-based parenting programmes should be delivered with fidelity and all staff delivering them should have received specific training to do so (see Appendix B for a list of the evidence-based parenting programmes suggested for use).**

Evidence-based, group-based structured parenting programmes are 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 Practitioners[13] 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
- ✓ adhere to the programme developer's manual and employ all of the necessary materials to ensure consistent implementation of the programme.

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[13] http://guidebook.eif.org.uk/

Evidence-based structured parenting programmes can provide parents with necessary knowledge and skills and build their parenting capacity. Research findings 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 parents' 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). Qualitative research with high need families, as part of the National Evaluation of Flying Start (Welsh Government 2013) also found that parents gain encouragement from realising 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. It is also worth bearing in mind that however strong the evidence base of a particular parenting programme, how well it works in an area will depend on the systems and resources in place locally. This includes referral mechanisms, quality of the workforce and the availability of good supervision. The costs of training, delivery and supervision will need to be weighed up against the potential benefits of the programme. (Asmussen et al 2016).

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 (See section 8 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 recommended structured evidence-based parenting programmes is provided at 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/1lTkQ9r**

5.1.2 Delivering programmes with fidelity

Evidence-based parenting programmes have a set of key ingredients or principles, which need to be adhered to for them 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.

5.1.3 Accreditation for practitioners

To ensure that a programme is delivered with fidelity and as a means of quality control, practitioners should ideally 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.

5.2 One-to-one support and home-visiting programmes

One-to-one support can be used to make initial contact with parents, make assessments, encourage engagement and provide support for those who would not benefit from 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 (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 not benefit from group based interventions and may require one-to-one tailored support before they are ready to engage in group-based activities. 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[14]) or using bespoke approaches. Ideally 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.

One-to-one support should meet the following criteria[15]:

- ✓ 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.

5.3 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 5.2. 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 (see Appendix E for a list of suggested programmes).**

Informal structured courses are those with a structured curriculum and a set number of group-based sessions. They may be less formal than the evidence-based parenting programmes described above and can be used to engage parents in parenting support. They have a set start and end date and are closed to new entrants once started. They should meet the criteria set out in section 5.2.

These parenting programmes were not specifically identified in the 'Review of parenting support for Flying Start' (Welsh Government 2013) as having

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[14] See Appendix D for further information

[15] 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

independent robust evidence that they improve outcomes for parents and children. These are programmes, however, that 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 and a clear focus on what the intervention is expected to deliver.

A list of suggested informal structured group-based parenting programmes is provided at Appendix E.

5.4 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 5.2. There should be a clear focus on what the intervention is expected to deliver (see Appendix F 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. These are particularly suitable for providing advice and factual information to parents, including on child development, health promotion and managing 'simple' behaviours.

Informal drop-in support can be used as an effective strategy for engaging families in services and preparing them for formal structured parenting programmes. It gives parents an opportunity to meet 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 help 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 issues such as 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. Informal drop-in support should meet the criteria in section 5.2.

5.5   Accreditation for parents

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

Agored Cymru's website provides further information:
http://www.agored.org.uk/default.aspx?id=236andnatcode=HF11CY003andlang= (positive parenting)

http://www.agored.org.uk/default.aspx?id=236andopusid=CCX935andnatcode=HF11CY019 (Familiy Links)
Parents can also complete the Council for Awards in Care, Health and Education CACHE Level 1 Award, Certificate and Diploma in Caring for Children (QCF). These cover children's growth, learning and development.

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

6. Designing and Delivering Parenting Support

6.1 Assessment processes, signposting and referral

> **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.**

Assessment processes, signposting and referral are essential to the successful engagement and retention of parents in parenting support. Research suggests that the initial contact a parent has with the service provider is a key factor in engagement with parenting support (Moran, 2004; Whittaker et al, 2012). In the early years health visitors have a key role in promoting the benefits of services and encouraging parents to attend. Parents could also be signposted to services by the Family Information Service, childcare staff, GPs and from staff providing other services.

Gathering information is essential to the quality of the signposting and referral process. Family Information Service and other staff should have an understanding of the difference between signposting and referring and feel confident in knowing when to signpost and when to refer. Through gathering information about the family, relevant staff should gain a picture of the complexity of the issues faced to be able to determine whether signposting is sufficient or whether referring would be more appropriate. Effective signposting is determined by the quality of the information provided, the understanding of the service by the relevant staff and the confidence of the family in being able to access the service. Effective referrals are determined by the relationship between the professional and the family, the knowledge and understanding of services by professionals, the quality of information, and effective communication. Exploring the history and nature of the issue, the current parent-child relationship and existing sources of support for the parent are important in deciding on the most appropriate response.

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 achieved through parenting support are also important. Assessments should also consider and understand parents' motivation and readiness to change (see section 6.1.2). 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.

Family Information Services should have an up to date picture of services in their locality and should be the first port of call for information on services for parents and families. Relevant staff should be fully informed of what services are available when signposting families including knowledge of how they operate, what they have to offer and referral routes and criteria. They should also be familiar with the content of any 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.

A lack of understanding by referrers of the different parenting interventions offered, and what they are expected to achieve may lead to a mismatch between the parents' needs and the parenting programme. This may make it more likely for a parent to drop out of the programme and for their goals not to be met. It may also lead to staff and parents having unrealistic expectations of what can be achieved through attendance and the degree of effort required by the parent.

The National Institute for Health and Clinical Excellence's (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 be made clear to parents that attendance at the group, without actual participation and changes in interactions with their child will not contribute to the child protection plan requirements. It is also important that parents are made aware that the completion of a parenting group does not constitute an assessment of parenting capacity, or the ability to parent safely.

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 2013c) also suggests that reducing waiting times also 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.

6.1.1 Joint Assessment Family Framework (JAFF) and a Team Around the Family (TAF) model

As part of Families First, local authorities are required to develop a Joint Assessment Family Framework (JAFF) and a Team Around the Family (TAF) model. The JAFF and TAF models coordinate support to families with a range of needs, which often includes parenting.

Joint Assessment Family Framework (JAFF)

The Joint Assessment Family Framework JAFF is designed to assess whether a family requires support, and if so, the type of support needed.
The strengths based approach taken by the JAFF helps families to take ownership of the assessment process and any plan that is put together and allows practitioners to develop bespoke solutions. The National Evaluation of Families First Year 3 Report[16] found the JAFF to be an important part of engaging families, with one practitioner commenting, "It's encouraging and looks at strengths of the families which is a positive thing, sometimes the families don't realise that they have strengths so the JAFF can support this."[17]

Team Around the Family (TAF)

Information gathered through the JAFF is used to assess what type of additional support a family may require. If a family needs further multiple forms of support, a Team Around the Family (TAF) will be established. A TAF is the term given to the team that coordinates and oversees the interventions received by families and identified through the JAFF. The team may include a number of professionals from different agencies who meet regularly to discuss the needs of the whole family. This can be either face to face or virtually. Typically there is a key/lead worker who is the main point of contact for the family and is responsible for co-ordinating the involvement from other professionals.

The National Evaluation of Families First Year 3 Report found the TAF to have been effective in embedding a whole family focus with its bespoke and strengths-based approach being one of the biggest successes of Families First. [18] JAFF and TAF provide common tools and processes for agencies within each local authority to work with; they have played an important role in developing and cementing multi-agency working arrangements which has contributed to more effective support for families with multiple needs. [19]

6.1.2 Readiness to change

Research in New Zealand (Stokes et al 2005), commissioned to support positive parenting initiatives, identified five stages to becoming conscious

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[16] http://gov.wales/docs/caecd/research/2015/150930-evaluation-families-first-year-3-en.pdf
[17] As above – page 52
[18] http://gov.wales/docs/caecd/research/2015/150930-evaluation-families-first-year-3-en.pdf– page 58
[19] As above page - 40

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 make changes to their parenting behaviour and their stage in the 'model' set out below 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 (see section 6.4.2 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 (see section 6.3.1 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 (see also section 6.4.2 on sustaining engagement).

- *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: See section 6.4.3 on ensuring progression.

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).

6.2 Costs and potential benefits of parenting programmes

Costs of delivering parenting programmes

Delivering parenting programmes is relatively cheap, especially when group-based. In the UK, estimates of costs per family range widely depending on whether calculations include start up costs, training, resources and the provision of crèche facilities. Typical parenting programmes cost approximately £600 per child. The cost per participant is also heavily influenced by the number of parents attending the average course.

Potential benefits

Disruptive behaviour disorders, including conduct disorder, affect around 5-10% of children. One study estimated the mean extra cost of services to children aged 4-8 was an extra £15,282 a year. The cost of supporting children with conduct disorder into adulthood is ten times the cost of provision for children without conduct disorder. Unresolved conduct disorder is strongly associated with poor employment prospects, marriage breakdown and self-harming or antisocial behaviour. (Scott et al 2001; Edwards et al 2007).

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Parenting is a key determinant in child behaviour. Parents who encourage pro-social behaviour are less likely to have children with behavioural problems (Scott et al 2001). Research indicates that a parenting style, characterised by harsh and inconsistent discipline, is associated with more severe child anti-social behaviour, even after accounting for a range of child and family socio-economic factors. (Department for Education, 2012).

Evidence-based parenting programmes can be effective in supporting parents who have children at risk of developing conduct disorder (associated with anti-social behaviour). (Edwards et al 2007). However the relative effectiveness and cost-effectiveness of different models (such as therapy intensity and setting) require further investigation (Dretzke et al, 2005).

Evidence suggests that parenting programmes reduce the chance that conduct disorder will persist into adulthood and are cost-saving to the public sector within 5-8 years under base case conditions. Total savings to society over 25 years are estimated at £16,435 per family, which compares with an intervention cost in the range of £952 - £2,078 (2008/09 prices). (Bonin et al 2011).

Conclusion

Very few studies have assessed the lasting impact of parenting programmes on children's and parents' outcomes. Without this robust measurement of outcomes it is difficult to provide a cost benefit calculation with real certainty. (DfES 2007; Moran et al 2004).

Whilst the evidence on cost-effectiveness is very limited, the costs associated with various discrete adverse social outcomes which might be attributable (to some extent), to parenting quality are fairly well established. These include costs associated with anti-social behaviour, which can be very high both financially and to society. The costs of delivering parenting programmes are also well documented, although vary widely depending on the programme, intensity, costs of resources, training, attendance levels and who is delivering it. These costs, compared to remedial interventions related to anti-social behaviour, are very low. Even if only a small number of families benefited from programmes and the costs associated with these negative outcomes were avoided a cost saving would be made. The long-term benefits of any parenting programme would, therefore, only have to be small to make the relatively minor investments in parenting programmes efficient.

6.3 Service Commissioners' Checklist

Things to consider when designing or commissioning parent support services:

Understand the current position
Commissioners should consider the parenting support needs of parents in the local area or community the service is being commissioned for (e.g. through good quality community profiling data). Consideration should also be given to the level of need the service will need to target - from universally available,

preventive support to highly focused, targeted interventions (see the rainbow model on page 3). This should link with, and contribute to, the over-arching priorities of the local authority or Local Health Board's strategic plans. Commissioners should also consider what services are already provided in the area (e.g. through health, Welsh Government funded family support programmes such as Flying Start and Families First) and whether resources can be pooled. Co-commissioning parenting support services with partners who share similar goals on outcomes can not only deliver a more integrated approach but can also provide better value for money.

Plan

Commissioners should consider how the local needs identified may be met and how the service would meet that need. Decisions on what, and whether, to commission should also be based on available funding, the resources needed to provide the service; the activities that can be accomplished with the available resources; the availability of staff, their skills and training needs and the extent to which the appropriate supervision and resources are available. A 'one size fits all' approach is unlikely to be successful and no single programme is likely to meet the needs of all families in an area. It is also worth bearing in mind that "a single, short intervention by itself does not provide an easy solution for serious problems" Asmussen et al (2016) (chapter 2). When considerations are made about commissioning services cost and benefits need to be taken into account, as well as the needs and characteristics of the local population and the resources available locally for delivering the intervention.

The following should also be considered in any specification relating to a parenting support service:

- Does the parenting support service meet the core purpose of parenting support (section 2)
- Does it reflect the underpinning principles? (section 3)
- Will the interventions delivered be evidence based? Evidence-based programmes (group and one-to-one) are preferable as they have evidence that they deliver positive outcomes and are therefore more likely to be cost-effective (see Appendix B and D. Appendix B provides details of evidence based programmes and, where available, also provides cost effectiveness ratings). What systems will be put in place to ensure fidelity? (section 5)
- Will there be a mix of group-based support and one-to-one provision? Group support is thought to be more cost effective than individual work and can also facilitate social networks, providing essential peer support for parents and reduce their isolation. One-to-one support should also be provided to those unsuited to group work. (section 5)
- Will any informal support delivered meet the criteria in section 5.2?
- Who is the service targeted at? Have the cross-cutting themes been considered? (section 4)
- Who will be eligible to receive the parenting support service? What are the access routes into the parenting support service – will it be universal or targeted to a particular population? (section 6)

- How will the service be delivered? How will parents and referrers find out about it? How will parents engagement be sustained and will an exit strategy be considered for parents? (section 6)
- How are the views of parents using the services going to be taken into consideration? (section 6)
- How will the specific or additional needs of particular groups of parents be accommodated? (section 7)
- Who will deliver the parenting support service? Is the workforce skilled and competent to deliver parenting support? Will the workforce be properly supported; suitably supervised and trained? How will their performance be monitored? (section 8)
- How will the parenting support service be monitored and evaluated to ensure that it meets the needs identified? (section 9)

Procure services

Commissioners should make decisions about procurement based on considerations of the type of parenting support service that is most likely to successfully meet the range of identified need recognised in the planning stage and the standards set out above.

When evaluating tenders the following should be considered: the parenting intervention is likely to successfully meet the range of identified need in the planning stage; it meets the core purpose of parenting support; reflects the underpinning principles; is evidence–based; has considered access and referral routes and the engagement of parents; considers the specific needs of a range of parents; will be delivered by a skilled and appropriately trained workforce and will be monitored and evaluated to ensure quality.

Monitor and Review

Commissioners should ensure the delivery of the parenting support service should be monitored against the outcomes expected for children and parents (section 9).

6.4 Improving access to, and engagement in, parenting interventions

> **All families, regardless of race, gender, culture, religion, disability or lifestyle should be encouraged in a positive, non-stigmatising way, to participate in 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 partnership areas were doing a lot of preparatory and underpinning activity 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 (Youth Justice Board, 2001; Page et al, 2007; Fatherhood Institute, 2009; Katz et al, 2007; Brown et al, 2012; Whittaker et al, 2012; British Psychological Society, 2012 (Welsh Government 2017, 2011a). 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. There may also be a number of emotional barriers to parents engaging – they may fear they will be judged by other parents or practitioners; they may feel intimidated in groups and have low self-esteem, low confidence and they may feel worried about exposing their emotions in public.

Information on barriers to engagement and tips and strategies for overcoming them to increase parental engagement have also been suggested in the literature (Webster-Stratton, 1998; Youth Justice Board, 2001; Morawska, 2006; Katz et al, 2007; Page et al, 2007; Hutchings et al, 2007; Pledger, 2008; Fatherhood Institute, 2009; National Quality Improvement Network, 2010; Parents Plus, 2011; Brown et al, 2012; Whittaker et al, 2012). These are summarised below. Examples of local solutions and practice are also outlined.

6.4.1 Initial engagement

Universal 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 services

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

- Ensure that universal services are widely advertised and marketed, so that parents and referrers are aware of what is available (utilise social media where applicable);
- Provide parents with attractive, high quality, written information and ensure that forms and procedures are straight forward and easy to understand.
- Put flyers up on notice boards in Integrated Children's Centres and family centres, schools, shops, libraries or GP surgeries.

- Consider the reading level of parents. NIACE has 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".
- 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.[20]'
- Childcare staff, health visitors and other Flying Start/Families First/community development staff can provide information to parents about parenting programmes that are due to run.
- Post information about universal parenting support services on-line (for example on the Family Information Service website).
- Staff who will be delivering parenting support can attend Stay and Play sessions; parent and toddler groups; family fun days and other relevant sessions 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:

- 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

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[20] For more tips on engaging fathers please see chapter 7

- a relationship with parents and an opportunity to address barriers and concerns;
- 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 issues such as handling tantrums and use this as a hook to recommend a parenting intervention;
- 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 cultural backgrounds feel welcome and that racism is challenged;
- Be aware of parents' personal context (e.g. their gender, ethnicity, disability, mental health, sexual orientation 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 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; and
- Use open access sessions such as 'Stay and Play', family learning events, end of term parties and trips and outings which 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 and suggestions from the literature to overcome parents' practical barriers to engagement that could be considered:

- provide transport, if necessary and possible;
- provide a crèche;
- co-locate parenting support services with childcare and other services/support used by parents;

- provide 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; and
- consider the timing and location of services that will most likely be convenient to parents, including working parents. Bear in mind school times, term dates etc.

6.4.2 Sustaining engagement

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

After parents have agreed 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 their 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, disengaged, 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 programme through home visits, phone calls; text messages and Facebook
- Provide support during the course of an intervention 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;
- Ensure activities and written information is accessible for parents with limited literacy, learning difficulties or English as an additional language;
- Make sessions informal and fun and use a range of learning techniques such as role-play, video clips, discussion and 'homework';
- Give parents opportunities to share ideas and knowledge with each other, and 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; and
- Offer incentives for attending such as certificates for particular sessions, accreditation, travel expenses and refreshments.

6.4.3 Exit strategy and ensuring progression

When parents have completed a parenting programme or intervention their on-going needs should be addressed to ensure progression.

Parents who have undergone a parenting intervention may well have formed friendships and informal support networks and have mixed feelings about a parenting intervention ending. It is therefore important that there is an 'exit strategy' that addresses parents' ongoing 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 their 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 the 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;
- Signpost parents to on-going support, learning, volunteering or employment opportunities or other services and activities in the area;
- Offer parents the opportunity to engage in a parenting intervention for the next stage of their child's development;
- Offer "booster" sessions, where a group continues to meet occasionally;
- 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 or social media. This could include parenting tips and news of relevant activities in the community.

6.5 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 development.**

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 them. 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 other kinds 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.

7. Parents with Specific Needs

> **Some parents' minority status or situation may make them vulnerable and they may therefore require special consideration. Parenting support services should consider their particular requirements and adapt services to ensure their needs are met.**

Some groups of parents may require special consideration and service providers may need to adapt services to accommodate their particular needs. The following is not an exhaustive list and local areas will have identified groups of parents in their area who have specific needs which should be accommodated and who may require specialist advice and services.

7.1 Minority ethnic parents

Minority ethnic parents face a number of different barriers accessing services including discrimination; language and cultural barriers and a lack of awareness of services and how to access them. This is especially true of migrant, refugee and asylum seeking families whose problems may be compounded by the traumatic circumstances in which they have left their home country (Utting, 2006). Research has found that minority ethnic parents report fewer than average support networks, which may leave them feeling isolated (Welsh Government, 2013a). Some minority ethnic parents may feel there is a stigma attached to using services; have concerns about confidentiality and communication and the potential need for translators (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).

Gypsy, Roma and Travellers of Irish Heritage are defined in law as ethnic groups and are protected under the Race Relations (Amendment) Act 2000. A review of service provision for Gypsies and Travellers by the Equality of Opportunity Committee (National Assembly for Wales, 2003) found that in many respects Gypsies and Travellers are the most discriminated against minority ethnic group in Wales. They also found that there was an emphasis by them on: a strong family unit, very strong extended families; value placed on children and the importance of education; strict cultural traditions and a sense of pride in their cultural identity. The report also found that families may be reluctant to use services for fear of stigma and prejudice; have a lack of trust in service providers and may also have limited literacy.

Suggested strategies for working with minority ethnic parents are outlined below.

- 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;
- Use staff with sufficient credibility and trustworthiness in relation to the parent's background;
- 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;
- If possible use venues familiar to minority ethnic populations;
- Don't assume parents are able to read information in English or in their own language;
- When translating written materials use professional interpreters rather than someone who speaks the language;
- 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 person 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.

7.2 Young parents

Teenage pregnancy rates in Wales have dropped by around 25% in the last 10 years (Office for National Statistics 2013) however many of these young parents will live in the most deprived areas. They also face additional challenges such as being a lone parent, living in poor housing and managing on a low income. They are also more likely to have low educational achievement, low self esteem and depression (including post-natal) (Bradshaw, 2006). Young mothers are at a higher risk of postnatal depression than average which, if not dealt with, can have long-term consequences for both the mother and her child (see also section 8.9 below). In addition they may have experienced family and relationship breakdown so may have limited or no support.

Young people who are, or have been looked after children, are also more liable to become parents early. Teenage parents and their children are vulnerable to a wide range of poor outcomes including higher rates of infant mortality, premature births and higher rates of admissions to A&E. Children of teenage mothers often experience lower educational attainment and tend to become teenage parents themselves (Hendassi and Dodwell, 2002; Taylor, 2011).

Early parenthood often puts a lot of pressure on young parents resulting in them having poor emotional health and well-being. This can be exacerbated if young parents experience isolation due to their living arrangements. Many young people feel conscious of negative stereotypes associated with their

age. They may feel under pressure to prove that they are good parents and thus feel reluctant to ask for help. This may be particularly the case with young parents who are, or have been in care (Hendassi and Dodwell, 2002; Taylor, 2011).

Young people who have been in care or fostered are almost 2.5 times more likely to become teenage parents, compared with those brought up with both natural parents. Research has shown that a quarter of children who had been in care were young parents by the age of 20. Young parents leaving care may experience similar difficulties to those faced by all young mothers but they are less likely to have consistent, positive adult support and more likely to have to move. For some care leavers having a baby may be one constant in a continually disrupted life; providing them with some stability and a sense of purpose or direction in their lives. Some may perceive parenthood as a chance to have someone to love and an opportunity to compensate for their own negative experiences of family relationships and being parented (Haydon, 2006; National Children's Bureau, 2006).

Some looked after young people have negative views about professionals, feeling they have been let down, and may view professionals as intrusive and uncaring. They may consequently be distrustful of services and reluctant to engage with them or see them as a source of help and support. They may also have concerns that these services will judge them as unfit parents and that their child will be removed from their care.

Young fathers also face barriers to being involved in their children's lives. They may be living in poor housing, have a low income or face resistance from the mother or mother's family. Unfortunately they may also face negative assumptions from service providers, despite research suggesting that they would like to be more involved in their child's upbringing. Research also suggests that young fathers tend to be 'ignored, marginalised or made uncomfortable' by services, despite a desire to be included and wanting information and advice. Various studies, including the Millennium Cohort Study have found that 50% of teenage mothers' partners lived with them during their pregnancy, suggesting an ideal opportunity for engaging both parents in services. The involvement of young fathers has also been shown to have a number of positive outcomes including mothers being less stressed, reporting lower levels of depression and higher self-esteem and more positive attachment behaviours towards their child (Fatherhood Institute, 2013) (see also 7.3 Fathers).

For some teenagers having a baby young "increased their sense of confidence, self-worth and achievement; it brought them social status and independence; it gave focus and purpose to lives that had seemed empty and it motivated them to work and plan for a better future.' (Prince's Trust 2001).[21].

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[21] Cited in Hendassi, M. and Dodwell, C. (2002) "Supporting. Young Parents Models of Good Practice", YWCA

There is evidence to suggest that good antenatal care, home visiting and parenting education (individual or group-based) can improve outcomes for young mothers and their babies (National Children's Bureau, 2006).

Suggested strategies for working with young parents (including young people who have been in care) are outlined below:

- 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 Fathers[22]

Article 18 of the United Nations Convention on the Rights of the Child recognises the principle that "both parents have common responsibilities for the upbringing and development of the child……The best interests of the child will be their basic concern" and "States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities".

Fathers (resident or non-resident, biological or step) can have a significant impact (both positively and negatively) on the lives of their children. This is why it is important that services take the father-child relationship into account when considering what parenting support should be provided to a family (McAllister and Burgess, 2012).

In making assessments of parenting and parenting support need most practitioners recognise that engaging with fathers was "considered an important aspect of making a complete assessment of the family situation, supporting the family and bringing about change in behaviour" (Kellett and Apps, 2009).

Some services may be wary of engaging with fathers, due to concerns about risks to children. Concerns about risks from a parent should always be taken seriously, however most fathers (like mothers), can be supported to learn

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

skills and be supported to strengthen their parenting (Burgess and Bartlett, 2004). Most fathers (both resident and non-resident) are keen to be involved in their children's lives and take on a more active role. Levels of father involvement established early on tend to endure, and the antenatal period seems to be a period when fathers are most receptive to engagement (Children in Wales, 2008).

Research (Utting, 2006; Children in Wales, 2008; Fatherhood Institute, 2010; McAllister and Burgess, 2012) shows that there are many benefits to children of a father's involvement, which include:

- better language development and higher educational attainment;
- fewer child behaviour problems;
- lower criminality and substance misuse;
- higher self-esteem; and
- increased occupational mobility.

These effects are also found in separated families, where non-resident fathers are actively involved in their children's lives. Children born to teenage mothers were also found to have fewer behaviour problems and higher reading scores where there was greater father-child contact, taking account of maternal risk factors (Fatherhood Institute, 2009, 2010, 2013).

Many men see parenting support services as places primarily designed to support mothers and their children and, therefore may feel reluctant to seek help through these avenues. The evaluation of Flying Start (Welsh Government, 2013a) confirmed this with some fathers feeling reluctant to attend a child-related service as it was not their 'place', as parenting was still seen by some as the mother's domain. There was also a perception that services would be dominated by women, which made some fathers wary of joining in and being the only male in the group. This view may be substantiated by many parenting support services being female dominated and perceived as feminised (Ghate et al, 2000).

Some men (and women) may also have a perception that men are not naturally suited to a nurturing role, which may make them more likely to believe that parenting support services are not meant for them. While most women using parenting services support the inclusion of men in those services, some may find the inclusion of men unsettling. This needs to be acknowledged and handled sensitively.

- Strategies to encourage and increase father engagement suggested in the literature (Children in Wales, 2008; Fatherhood Institute, 2009, 2010, 2013; McAllister and Burgess, 2012; Panter-Brick et al 2014) 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 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.
- Ensure that parenting services are promoted, through positive language and images, as being available for mothers and fathers (including non-resident, whenever possible).
- 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 and co-parents;
- Staff (backed at management level) should have a positive commitment to work with men and value fathering;
- Ensure both mothers and fathers are explicitly informed of parenting support services and invited to participate;
- 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.

7.4 Disabled Parents

It has been estimated that there are 1.1 million households with dependent children in the UK with at least one disabled parent (SCIE, 2007). Research with disabled parents found that they want to have their parenting role recognised and do not want assumptions made about their capacity to parent. The support that disabled people most often value in parenting their children is essentially no different from the kind of support that all parents need, including access to parenting support and information services (Commission for Social Care Inspection, 2009).

Evidence suggests that people with physical impairments, sensory impairments, learning difficulties, mental health difficulties, long-term illness or HIV/AIDS experience common barriers to receiving appropriate support in their parenting role (Morris, 2003). The individual needs of disabled parents

and any necessary adjustments that are required should be addressed before making judgements about parenting capacity (Utting, 2006; Social Care Institute for Excellence, 2007).

Parents with learning difficulties may need support to fulfil their role. Research in Wales (Learning Disability Wales, 2008) found that parents with learning difficulties are up to fifty times more likely to have their children removed than other parents, which is usually due to concerns about the risk of harm due to neglect rather than abuse. Lack of support services are a key factor in influencing court decisions. Parents with learning difficulties can and do learn child care, home safety, child health and how to interact with their children - home based programmes being more successful.

The following good practice for working with parents with learning difficulties (which may be applicable to other disabled people) has been identified (McGaw, 2000; Social Care Institute for Excellence, 2007; Learning Disability Wales, 2008; Howarth, 2013):

- Recognise the importance of family ties and supporting parents in the context of their own extended families and communities; and support;
- Recognise low levels of need which, if unaddressed, are likely to lead to difficulties for parents and undermine children's welfare and development;
- Emphasise prevention rather than crisis intervention - recognise support needs at the early stages of the parenting experience;
- Anticipate support needs which may arise at different stages in a family's life cycle and from the outset build in the extra time that may be needed to enable parents to experience feeling competent and in control;
- Clarify responsibilities between adult and children's services and mechanisms for coordination and planning;
- Treat parents with respect and in a manner that makes them feel listened to and provide them with support around how to do things;
- Ensure information is accessible, in appropriate formats, and communicated clearly – tailored visual aids can work well;
- Skill development can be enhanced if complex tasks are broken down; parents learn 'on the job', with a focus on skills and opportunities for modelling and feedback;
- Families respond well to services that provide consistency and continuity in staff support and resources;
- Emphasise parents' strengths; and
- Provide long term and flexible support that takes account of the new skills needed as children develop.

7.5 Parents with a disabled child and/or a child with additional learning needs

Parents with a disabled child and/or with additional learning needs may require additional support to help them adjust and cope with their often

challenging set of circumstances. They will therefore face the same parenting issues experienced by other parents but will also have to adjust to changes associated with their child's particular needs which can result in additional emotional, social, physical and financial pressures. Some children may require on-going physical care while others may display challenging behaviour (Utting, 2006; Contact a Family, 2013a; 2013b).

There are a few programmes (see Appendices B and E), which have been tailored to the specific needs of parents with a disabled child. Some generic parenting programmes may also be suitable, if delivered by staff with a knowledge and understanding of the child's additional needs.

7.6 Foster and kinship carers

Children who cannot live with their own parents may be placed in foster care. On 31 March 2016, 5,662 children were looked after by their local authority in Wales. Three-quarters (75 per cent) of children looked after[23] were in foster placements (National Statistics, 2014). Fostering may be used to help children or young people through a difficult period in their lives or to provide temporary care while parents get help sorting out problems. Children will often return home once these problems have been resolved and it is considered that their parents are able to look after them safely. Others may continue in long-term foster care, may be adopted, or move on to live independently.

Caring for looked after children can be a stressful and complex task as some children and young people who come into care may have challenging emotional and behavioural difficulties and may suffer from emotional or conduct disorders. Many have suffered abuse or neglect (Utting, 2006; National Assembly for Wales, 2009).

Some children are cared for by another family member occasionally or on a more regular basis. Some family members (usually grandparents) may also become kinship carers[24] and look after their grandchildren full time. These can be both official fostering arrangements and informal (without the involvement of child welfare agencies). The majority of such care arrangements are informal, which means kinship carers have no automatic entitlement to support (Selwyn et al, 2013).

Research indicates that Wales has the highest proportion of children living in kinship care in the UK. Kinship carers were most likely to be living in the most deprived areas of Wales and have higher than average rates of limiting long-term illness or disability (National Assembly for Wales, 2012a). Children often come to live with a kinship carer because of emotional or physical abuse and neglect by their parents. The circumstances in which children come to live with relatives may be unplanned and chaotic. The children in these cases

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[23] Looked after children – These are children who are looked after by the local authority through a care order made by a court or by agreement with their parent(s), whether in a residential home, with other members of their extended family or with foster carers.

[24] Kinship care is the term used for situations where children live full time with relatives other than birth parents. These relatives may be grandparents, aunts and uncles or older siblings.

often have complex emotional and behavioural problems due to the circumstances relating to them coming into care, which provides challenges for their carer (Selwyn et al, 2013).

Children may also be cared for under a Special Guardianship Order (SGO). Special guardians are often members of the child's family or may have been the child's foster carer. The SGO grants the special guardian a high degree of parental responsibility for virtually all decisions affecting the child, and limits the rights of birth parents to intervene or challenge the order without leave of a the court. Special guardianship therefore provides an alternative legal status that offers greater security than long term fostering, but without the absolute legal break with the child's birth family that is associated with adoption. SGOs usually remain in place until the child turns 18.

7.7 Parenting adopted children

Some families with an adopted child or children may experience difficulties, and the post-placement needs of adoptive children are sometimes underestimated (Utting, 2006). Children who have been adopted may well have early needs that have not been met, and all will have experienced some form of loss or trauma. In 2015-16, 64 per cent of children entering the care system in Wales did so as a result of abuse and neglect during their early lives and around 40 per cent of children placed for adoption have significant health and social care needs (including physical and developmental difficulties) which require specialist services.

All adoptive children have been separated from their birth families and have spent time in the care system. These experiences mean that the children may feel insecure, have developmental issues and/or have social and behavioural difficulties. Their attachment and relationships may be affected, particularly If they have had multiple placements in the care system. They may struggle with relationships and day-to-day life. In addition, parents who adopt a child or children often have no previous direct experience of parenting.

The difficulties experienced by some families with adopted children may go beyond the initial settling in period. Many families struggle at major transition points in life, such as when their children move to secondary school and / or when they reach adolescence, which may be many years after the adoption has taken place. Adoptive parents may, therefore, continue to have support needs, including the need to develop parenting skills for dealing with emotional and behavioural difficulties (Utting, 2006; Adoption UK, 2013).

The Welsh Government commissioned research into adoption disruption and post-adoption support which showed the need for support that is timely, accessible, appropriate, informed and professional. Good quality adoption support helps to offset the need for more intensive services later on and can prevent an adoption from disrupting. (Ottaway/Holland et al and Selwyn/ Meakings et al.). This research was planned so as to be published around the same time as the creation of a National Adoption Service for Wales in 2014, which brought together adoption services on a national basis, with the majority of services being delivered through five Regional Collaboratives.

One of the central pieces of work that is being delivered by the National Adoption Service is the national framework for adoption support services, which for the first time provides a coherent approach towards the development of adoption support across Wales. The framework is built around a clear offer of: universal support, for all adoptive families; targeted support, for adoptive families with particular needs; and specialist support, for adoptive families where specialist and therapeutic assessment and services are required.

Some adopted children with attachment issues may display aggressive behaviour arising from distress, and might act violently towards their parents. This signals that specialist support may be required for some parents and their children.   Adoption UK and After Adoption have developed a Child to Parent Violence (CPV) training session which provides specialised CPV support through a qualified Non-Violent Resistance (NVR) practitioner for families that struggle with such violence in the home. Further information about dealing with child aggression for adoptive families can be found here: http://www.adoptionuk.org/our-workshops/above-and-beyond-child-parent-violence

7.8 Families with a parent in prison

The parental status of prisoners in the UK is not routinely monitored. The Prison Reform Trust (2012) however, estimate that in England and Wales in 2009 there were 200 000 children with a parent in prison. A significant strain is put on families when a parent is in custody and the difficulty of maintaining contact (when appropriate) is exacerbated by the distance many prisoners are held from their home. In 2009 the average distance for men was 50 miles and for women 55 miles (Prison Reform Trust, 2012). Families on a low income or in receipt of benefits may be entitled to get help with the cost of visiting their relative in prison[25]. Some prisons also hold children and family days or have play areas, which make visits less daunting for children.

Families of prisoners are more likely to face financial difficulties, debt and housing disruption; have mental or physical health problems and experience social isolation and stigmatisation.   The stability and quality of family relationships can also be badly affected when a parent is imprisoned and families can face a great deal of uncertainty prior to and during imprisonment which can cause stress for the parent remaining at home. The children of prisoners may suffer anxiety and feelings of insecurity due to their parent's (often sudden and unexpected) absence from the home (Action for Prisoners' Families, 2010).   Changes in a family's structure may result in the father, partner, grandparent or other relative taking on the primary care of children. In some cases children may be taken into foster care or adopted.

Research evidence suggests a strong association between parental imprisonment and adverse outcomes for children including the risk of

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[25] http://bit.ly/2bm2mJp

antisocial behaviour and mental health problems (Social Care Institute for Excellence, 2008). Families affected by parental imprisonment are a vulnerable group likely to require additional support. They may, however, prefer to remain unknown, due to embarrassment or concerns about the stigma associated with parental imprisonment.

Initial health visitor engagement and relationship building with families and a non-judgemental attitude may help families feel more confident about seeking support and information about their situation. The children in these cases may have emotional and behavioural problems, which are challenging for their carer. Parenting support may provide the carer with effective strategies for responding to the behaviour and support them to build a positive relationship with their child.

Practical support and information can also be provided to families, for example through links with other organisations that provide services for families affected by imprisonment.

Training and awareness-raising among practitioners can help better meet the needs of prisoners' families. Action for Prisoners' Families offer "The Hidden Sentence" training and 'Train the Trainer' courses[26], which are suitable for professionals working with families of offenders including play workers, health visitors, and family support workers. The course gives an overview of the issues that affect prisoners' families and strategies and resources to help professionals to support them.

7.9 Parents with mental health needs

Between 30% and 50% of users of mental health services are parents with dependent children who are often disadvantaged and socially excluded (Fowler et al, 2007). Parents may have a mild or short-lived problem such as anxiety or mild depression or may have a severe and enduring mental illness. These long-term illnesses include schizophrenia, personality disorders and bi-polar disorder.

Estimates suggest that between 50% and 66% of people with a severe and enduring mental illness live with one or more children under 18 (Mental Health Foundation).

Mental health problems do not necessarily affect the parent-child relationship but they may be associated with a reduced capacity to parent consistently and positively (Utting, 2006). Some children of parents with a severe and enduring mental illness may experience greater levels of emotional, psychological and behavioural problems than children and young people in the rest of the population. Children may feel insecure and anxious that their parent will become unwell and may be bullied at school. Some children may be reluctant to ask for help for fear that they may be taken away from their parent/s.

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[26] http://www.prisonersfamilies.org.uk/Page.aspx?id=1169

Children may become carers for their parents and lose out socially and educationally. (Mental Health Foundation)

There are factors that may protect children's mental health when their parents are unwell for a long time. These include:

- getting support from agencies who take a 'whole family' approach to supporting the child, their parent and other family members;
- support from relatives, teachers, other adults and friends;
- having another caregiver who does not have mental health problems; and
- being parented in a consistent way.

Young carers' groups can also be an important source of support for some young people and may also be able to provide advice to parents on how to explain to their child about their mental health.

As previously noted, 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).

Parents should be encouraged to seek help to address their mental health so they are able to meet their child's needs. They should be reassured that they will not be judged negatively if they talk to their midwife, health visitor or GP (Mind 2010). In 2016 the Welsh Government funded the development of community perinatal mental health teams across Wales to ensure that women identified as having mental health problems pre and postnatally have access to timely advice and support. This should improve outcomes for women their babies and families. Such services will often work closely with Families First workers to ensure early parental bonding and parenting skills are supported.

The Welsh Government's strategy for mental health and wellbeing (Welsh Government, 2012b) recognises the importance of mental wellbeing for the healthy functioning of families. Following the introduction of the Mental Health (Wales) Measure 2010[27], all individuals who are receiving specialist secondary mental health care in Wales, have the right to a holistic Care and Treatment plan. This Care and Treatment plan specifies eight areas of life for consideration, one of which is "parenting or caring responsibilities", in order

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[27] http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en

that where relevant every individual in secondary services has a plan as to how to address and support those parenting responsibilities.

Similarly with the introduction of Local Primary Care Mental Health Support Services, following £5 million investment in the Mental Health Measure, there are now specialist services available locally across Wales for those with less severe problems. GP's can refer to professionals based either in or near their surgeries, for additional assessment and support for parents. Over 130,000 people have been seen for assessment in these local services since June 2012.

7.10 Parents affected by domestic abuse

Domestic abuse affects 11% of women and 5% of men each year and approximately 42% of domestic violence victims have been victimised more than once. The British Crime Survey (now the Crime Survey of England and Wales CSEW) indicates that victims experience an average of twenty incidents of domestic abuse in a year, which can often increase in severity each time (Walby and Allen, 2004).

It is well acknowledged that domestic abuse is a form of gender based violence which, at its most serious and severe, primarily (but not exclusively) impacts on women. Evidence suggests in cases of repeat patterns of abuse women are more likely to be victimised and they constitute 89% of all those who experience four or more incidents of domestic abuse.

Whilst the incidence of domestic abuse is alarmingly high, those who experience it are known to under report and all prevalence figures must be treated as under-estimates.

The impact of domestic abuse on those who experience it directly

Domestic abuse can cause physical harm and, in the most serious cases, death (including suicide). Domestic abuse involves a pattern of behaviour which emerges over time. It is rarely confined to physical abuse and generally involves varied behaviour incorporating psychological, emotional, financial, physical and sexual abuse. Domestic abuse is not always visible to a professional; by its very definition it involves coercion which is covert and hidden purposefully and manipulatively by the abuser.

Where physical violence does emerge (often as abusive behaviour escalates) assaults are rarely isolated incidents and re-occur regularly, often increasing in severity. The co-occurrence of physical violence with other coercive methods of abuse plus the presence of other complex needs which often include mental health concerns, misuse of drugs and alcohol often means that a victim's ability to make choices about their future are restricted, governed by threatening behaviour and inhibited by ground down self esteem.

The average length of an abusive relationship is five years (Safelives, 2012). Moreover, the decision to leave can place the victim and their children in a dangerous position. Women are at greatest risk of homicide at the point of separation or after leaving a violent partner (Lees, 2000).

Even when the impact is less obvious physically, the experience of domestic abuse has serious and negative social impacts on the health of adult victims, with known consequences for mental health, pregnancy, eating disorders, reproductive health and physical wellbeing; it is also linked to homelessness and substance abuse (Safelives, 2010; World Health Organisation, 2013).

The impact of domestic abuse on children

At least 750,000 children a year witness domestic abuse. Of these 130,000 are living in homes where high risk domestic abuse is ongoing (Department of Health, 2002) and 62% of these children are also directly harmed, 91% by the same perpetrator who is abusing the adult victim (Safelives, 2014).

In addition to the physical risk of harm, children living in households where domestic abuse is ongoing are known to experience negative impacts on their emotional wellbeing, social and relationship development and school adjustment (Safelives, 2014).

The impact of domestic abuse on parenting

There are a number of ways in which domestic abuse and hostile but non-violent conflict may negatively affect the quality of parenting:

- **Example setting -** Parents involved in a relationship, marked by conflict and violence engage in and thus show their children that negative and aggressive behaviour is an acceptable means of exchange and problem solving (Bandura, 1977).
- **Hostility -** In addition to the known link between direct child abuse and domestic abuse parents experiencing domestic abuse may be more hostile towards their children, using harsher forms of parenting, which in extreme cases could constitute maltreatment (Holdern et al, 1998). Parents may blame their children for the occurrence of conflict and violence, particularly if the abuse rose out of a child related issue, such as contact or difficult behaviour.
- **Withdrawal -** The experience of domestic abuse can create an environment which is deficient in the positive and nurturing responses which promote healthy development of children. Parents may become withdrawn and less warm towards their children as they try to cope with the abuse. This is enhanced where a parent is also using unhealthy coping strategies such as substance or alcohol abuse
- **Inconsistency -** The experience of domestic abuse can lead to inconsistency in the boundaries and expectations set for children. There will likely to be little co-operation between caregivers where domestic abuse has been or is an issue and periods of restrictive parenting or over compensation. Practice based feedback indicates

that some perpetrators of domestic abuse wilfully contradict the non abusive parent as a means of undermining their parenting skills (Humphreys, 2007). Where a parent leans on a child for emotional or practical support the boundaries of parenting are further blurred.

Parenting programmes have been shown to be effective in reducing children's adjustment problems in the context of domestic abuse. Children whose mothers took part in a parenting programme exhibited fewer behavioural problems and mothers were less likely to use aggressive child management techniques, such as slapping, when a child misbehaved. Furthermore, mothers reported decreased parenting stress (Ducharme et al, 2000; Mcdonald et al 2006).

However, parenting programmes may be less effective when conflict and abuse are ongoing (Dadds et al 1987; Dadds and McHugh, 1992). In these instances parenting may continue to be undermined in the ways explained above. The experience of witnessing domestic abuse may continue to impact on a child's development, even where parenting issues are addressed.

Children may continue to be affected by ongoing domestic abuse, even where parents have addressed difficulties in parenting, because they may continue to generate negative thought processes about abuse. Exposure to domestic abuse may shape children's understanding of the parent-child relationship and so even where there are measurable improvements in parenting; children's problems may still persist, as they continue to perceive negativity in the relationship with their parents, in the context of abuse.

Where domestic abuse is ongoing (in cases where the couple remain together or have separated) intervention to address the domestic abuse will be required ahead of any parenting programme. Where a couple plan to remain together and the chances of further abuse and violence are deemed to be high, professionals must consider carefully the risk of providing parenting interventions to both the adults and children and consider alternative interventions.

Identifying domestic abuse
Adequate and appropriate safeguards, including targeted enquiry for domestic abuse at the assessment stage must be in place. This will require interviewing parents separately and utilising professional networks to ensure appropriate avenues for data sharing are pursued.

Those running parenting programmes should be trained to identify violence against women, domestic abuse and sexual violence. The Welsh Government has published statutory guidance on the National Training Framework on violence against women, domestic abuse and sexual violence, which outlines the requirements which are placed on relevant authorities to this regard. http://gov.wales/topics/people-and-communities/communities/safety/domesticabuse/publications/national-training-framework/?lang=en

Risk

As outlined above, the impact of domestic abuse on adults and children who experience it can be severe and for children, the experience of hostile but non violent conflict can also have negative consequences.

This risk must be acknowledged and should not be ignored. Careful consideration should be given as to whether a parenting programme is appropriate where domestic abuse is ongoing. A joint parenting class is unlikely to be appropriate. The parenting intervention should not increase the risk faced by a victim of adult domestic abuse or their children. Safeguarding protocols must be followed in relation to child protection and adults should be offered appropriate support.

Partnership

Those running parenting programmes should ensure strong working relationships with specialist service providers in their local area. These service providers can offer expertise and advice to those running the programme, provide efficient access to support to those experiencing domestic abuse and support decision making based on risk and safety considerations of all family members.

8. Workforce Development

> **Practitioners should be appropriately skilled, trained and supervised 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 (see Appendix A).**

The parenting support workforce is diverse, consisting of a wide range of individuals from a variety of agencies and sectors. They may be paraprofessionals without formal qualifications or be graduate level professionals, such as social workers, psychologists and health visitors. It is essential that all practitioners are appropriately skilled, trained and supervised to work with parents. Parenting support staff need the skills to build and sustain relationships with parents from a diverse range of backgrounds. 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 National Occupational Standards for Work with Parents NOS principles and values (see Appendix A). 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' 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

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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, within programmes and across other agencies and initiatives.

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

8.1 National Occupational Standards for Work with Parents NOS

The National Occupational Standards for Work with Parents apply to work with parents across the four countries of the UK. They were developed in consultation with the sector and were originally approved by the United Kingdom (UK) Regulatory bodies (QCA, SQA, ACCAC and QCA NI) in 2005. The Standards were reviewed during 2010 and the updated version was approved by the UK regulatory body UKCES in January 2011.

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.

8.2 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

8.3 Coordinating parenting support services

There are lots of different professionals who support parenting from education, health, the voluntary sector, children's services and through Welsh Government family support programmes such as Flying Start and Families First.

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 parenting support services 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;
- co-delivery (for example Flying Start and Families First staff co-facilitating parenting programmes);
- sharing and accessing relevant information across appropriate agencies (see section 3.3 on information sharing); and
- regularly liaising with service providers to ensure coherence and consistency.

The co-ordination of parenting support services across local authority areas may be enhanced through the role of a Parenting Coordinator, who would have strategic responsibility for parenting support services across the authority or through multi-agency forums or working groups.

9. Evaluation and Monitoring

> **Monitoring and evaluating parenting interventions is an important aspect of measuring service quality; assessing whether services are working effectively; and gauging whether parents are benefiting from the support they receive.**

Having systems in place for monitoring and evaluating parenting interventions is an important aspect of measuring service quality; assessing whether services are working effectively; and gauging whether parents are benefiting from the support they receive. It also provides valuable information that can be used in planning and developing services and may be useful for identifying workforce development needs.

Looking at processes and procedures when evaluating parenting support services can provide valuable information about whether services are meeting the needs of the 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.

9.1 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. They can help parents identify their own goals and demonstrate any progress made in meeting these.

9.1.1 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 provided in Appendix C, 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 and this information is available in Appendix C.

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).

9.2 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.

9.2.1 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).

9.3 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 range[28] 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 the whole group is statistically significant, i.e. greater than could be expected by chance.

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[28] 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.

- 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. 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 neglecthttp://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

Sexual health and relationships resources for young people:

Family Planning Association Cymru has advice and information for parents and young people www.fpa.org.uk

SPLAG Wales (**Support for Parents of Lesbians and Gays in Wales**)
www.splagwales.org.uk

So You Think Your Child Is Gay? Is a bi-lingual leaflet for parents produced by Stonewall Cymru. It provides answers to parents' common questions about sexual orientation, including 'is it just a phase?', 'did I do something wrong?'
http://www.stonewall.org.uk/help-advice/coming-out/so-you-think-your-child-gay-lesbian-or-bisexual It can also be ordered from Stonewall's Information Service on 08000 50 20 20.

Family Lives website has video clips, leaflets to download, and other advice and information on-line to support parents of teenagers. This includes information about drugs and alcohol; on-line safety; school and learning; behaviour; health and well-being, self-harm and sexhttp://familylives.org.uk/advice/teenagers/

Internet Safety resources

The Parents' and Carers' Guide to the Internet, is a video that has been produced by CEOP. It covers topics such as, talking to children about the technologies they use and the things they might see, such as pornography.
https://www.thinkuknow.co.uk/parents/

NSPCC has advice for parents about keeping children safe when using the internet, social networking websites and online gaming. There is also advice for parents about cyberbullyinghttps://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/

Wise Kids has the following guides and information for parents: How to use the Internet safely - a guide for parents; Social Networking Sites; Cyberbullying and sextinghttp://www.wisekids.org.uk/parents.htm

BBC Online Safety has a range of information and advice for parents http://www.bbc.co.uk/webwise/0/21259413

Advice and Information about drugs/alcohol

DAN 24/7 (an independent bilingual Welsh Government funded website) has confidential**,** accurate, and up-to-date information about different types of drugs and sources of help and support. It also has a range of leaflets which will be sent out, free of charge, to anyone living in Wales. The free confidential Drug Helpline and Alcohol Helpline is open 24 hours a day, 365 days of the year and is run by fully trained operators. Freephone: 0300 123 6600
http://www.talktofrank.com/worried-about-a-child

There are also two guides for parents which can be downloaded **Drugs: Does your child know more than you?** and **The truth about drugs: Know the Score**
https://www.gov.uk/government/publications/frank

Adfam provides support and advice for families affected by drugs and alcohol http://www.adfam.org.uk/families

Emotional well-being

MEIC is an (independent Welsh Government funded) bilingual website and advocacy and advice helpline for children and young people in Wales. Contact (24hrs a day, 7 days a week): FREEPHONE: 0808 80 23456; SMS TEXT: 84001 and IM/Webchat: www.meiccymru.org

Young Minds provides information and advice on the emotional well being and health of children and young people. They also run a **Parents' Helpline** which offers free confidential telephone support, including information and advice, to any adult worried about the emotional problems, behaviour or mental health of a child or young person up to the age of 25. Call free on 0808 802 5544 (Monday to Friday 9.30am-4pm) or Email: parents@youngminds.org.uk (the query will be responded to in three working days)https://www.youngminds.org.uk/for_parents

The Royal College of Psychiatrists has guidance - **Self-harm in young people: information for parents, carers and anyone who works with young people** http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx

Barnardos has advicefor young people on self-harm. http://www.barnardos.org.uk/selfharmreportenglish.pdf

Mind has a leaflet to download for young people and their carers/family Understanding Self-harm http://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/

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 on Samaritans (24 hour service), Email jo@samaritans.org http://www.samaritans.org/

Inter parental relationship advice

The Parenting Plan available on CAFCASS 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 possiblewww.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 childrenhttp://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 programmeswww.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 settingshttp://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 fathershttp://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 childhttp://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 child http://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 Language http://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://asdinfowales.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 0319Monday 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 prisonhttp://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_Public ations_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 availablehttp://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 Foundation[29], 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

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[29] NEF is a UK independent think tank promoting social, economic and environmental justice.

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/

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+parentsandtype=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=ZGVmYXVsdGRvbWFpbnxob25vcnJob2Rlc2diYm8wMHhneeDo0MDc4NzJhZjc2NjJjYmQz

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

11. 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:[30] 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 practice[31] 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

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[30] 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/
[31] 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.

Neglect[32] 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:[33] 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:[34] A strength-based approach occurs when key workers place a positive emphasis on resilience, protective factors and

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

[34] 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:[35] 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:[36] 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.

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

[36] 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.

Appendix B: 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 tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
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/YVNdvt	SDQ (Strengths and Difficulties Questionnaire)	Early Intervention Foundations Rating:3	
Family Foundations	Antenatal Inter-parental	Five group sessions during the last trimester and an	Short-term goals: Less parental anxiety, improved couple and co-	Universal; Selected Prevention	Fatherhood Institute	Standardised self-report measures for conflict, anxiety and depression	Early Intervention Foundations Rating:3	

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
	relationships (First time Parents from prenatal to 6 months)	additional 4 sessions between 4-6 months. 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. From 4-6 months – parents discuss their experiences of	parenting relationship and improved parental self-efficacy. Long-term goals: Increased parental warmth and sensitivity, and Improved child self-regulation and behaviour.		Email: mail@fatherhoodinstitute.org Tel: 0845 634 1328 http://ow.ly/1dux303h6kK	Head Start Competence Scale Child Behaviour Checklist	NAPP Commissioning Toolkit: 3 stars	

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		parenthood and explore ways of improving their co-ordination as co-parents.						
Incredible Years Parent and Babies Programme	0-12 months	10 – 12 week course

Video 'vignettes' of parent and baby interactions are used to generate discussion and aid learning. Helps parents learn to observe and read their baby's cues and provide nurturing and responsive care (including verbal communication). It also provides information to parents about child development and child safety.

Underpinning | Improved parenting practices and competency | Universal | www.centreforearlyinterventionwales.co.uk | Karitane Parenting Confidence Scale

See also http://incredibleyears.com/for-researchers/measures/ | | |

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		theory: 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. *Underpinning theory:*	Improved parenting practices and competency	Universal	www.centreforearlyinterventionwales.co.uk	WEMWS (Warwick and Edinburgh Mental Wellbeing Scale) Beck Depression Inventory (BDI) Arnold-Oleary Parenting Scale See also http://incredibleyears.com/for-researchers/measures/	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 tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		Cognitive theory, social learning theory, humanistic and relationship theory.						
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 local parents to run parenting groups in schools and children's Centre's.	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-being scale Arnold-O'Leary Parenting Scale	Early Intervention Foundation: 3 stars	Cost rating: 1 (low)
Let's Play in Tandem	Pre-school	Home-visits over 12 months Let's Play in	Enhancing school achievement and employment.	Targeted	Ruth Ford ruth.ford@anglia.ac.uk http://www.anglia.	Eyberg Child Behaviour Inventory	Early Intervention Foundation: 3 stars	Cost rating: 3 (medium)

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		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.	Preventing crime, violence and anti-social behaviour.		ac.uk/science-and-technology/about/psychology/our-staff/ruth-ford	SDQ (Strengths and Difficulties Questionnaire)		
Triple P Positive Parenting Programme	Toddler (1-2 yrs), Pre-school (3-5 yrs) Primary (5-11 yrs)	8-10 week 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.	Improved child behaviour; Improved parenting practices and competency and 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 Checklist	NAPP Commissioning Toolkit: 4 stars Early Intervention Foundation: 4 stars	Triple P has been identified by NICE as cost-effective in reducing conduct disorder. The large lifetime costs associated with conduct disorder, estimated to average £75,000 in milder cases to £225,000 in extreme ones, suggest that even a low success rate would constitute good value for money..

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		Underpinning theory: 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.						The Social Research Unit at Dartington estimates a 'rate of return on investment' of 36% and a benefit-cost ratio (pounds saved for each pound invested) of 5.05. http://investinginchildren.eu/interventions/triple-p-positive-parenting-programme-all-levels
Triple P Pathways	Children aged 12 or younger	12 individual or 10 group sessions For parents who have either maltreated their child, or are at risk of doing so. Parents learn how to develop appropriate expectations of	Improved child behaviour, Reduced child maltreatment (actual or risk), Improved parenting practices/competency	Targeted, Specialist	www.triplep.net	Eyberg Child Behaviour Inventory (ECBI) Arnold-Oleary Parenting Scale Depression Anxiety Stress Scale DASS 21 Parenting Tasks Checklist	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 tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		their child's behaviour, manage their own anger and moods, increase their self-efficacy as parents and better manage unwanted child behaviour. *Underpinning theory:* Studies demonstrating that parents who maltreat their child often misattribute children's intentions and behaviour.				Parent Problem Checklist Parent's Attributions for Child's Behaviour Measure Parent Opinion Questionnaire Parental Anger Inventory		
Triple P Stepping Stones	Toddler (1-2 yrs), Preschool (3-5 yrs)	10 group sessions Parents with children with a physical or learning difficulties, such as autism spectrum	Improved child behaviour; Improved parenting practices/competency; Improved parent wellbeing; and Reduced parent stress/depression	Targeted (Parents of children with a physical or learning difficulties)	www.triplep.net	Arnold-Oleary Parenting Scale Depression Anxiety Stress Scale DASS 21 Parenting Tasks Checklist	NAPP Commissioning Toolkit: 4 stars Early Intervention Foundation: 4 stars	

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		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. *Underpinning theory*: primarily social learning theory.	/mental health problems.			Parent Problem Checklist		
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	Improved child behaviour; Improved parent wellbeing; and Reduced parent stress/depression /mental health	Targeted	www.parentsplus. ie	SDQ (Strengths and Difficulties Questionnaire) Parenting Stress Index short version Kansas Parent	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 tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		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 through videotape examples and and practising skills at home. *Underpinning theory*: child development, including attachment	problems.			Satisfaction Scale		

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		theory, family systems theory, social learning theory and cognitive-behavioural theory.						
Handling Children's Behaviour	Pre-school	8-10 weeks group 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	Improved parental confidence and understanding of child behaviour. Enhanced parent/child relationships.	Universal	www.futurechildcaretraining.com/2012/05/handling-childrens-behaviour-parenting-programme/	tbc		

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		and cooperation.						
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 behaviour and emotional difficulties through group discussions, role-play and homework assignments. *Underpinning theory:* behavioural theory and social learning theory.	Improved child behaviour; Reduced parent stress/depression /mental health problems.	Targeted	Di Hampton, Unit for Parenting Studies, DeMontfort University (Parenting Positively) Tel: 0116 257 7748; dhampton@dmu.ac.uk	SDQ (Strengths and Difficulties Questionnaire) The Parenting Daily Hassles Scale Beck Depression Inventory (BDI) Rosenberg Self esteem Scale	NAPP Commissioning Toolkit: 2 stars	
Incredible	3-5 yrs	4 group	Improve	Universal	www.centreforear	Parenting Stress		

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
Years School Readiness Programme		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. *Underpinning theory*:	children's school readiness and transition from home to school.		lyinterventionwales.co.uk	Index, SDQ (Strengths and Difficulties Questionnaire, WEMWS (Warwick and Edinburgh Mental Wellbeing Scale) Parenting Sense of Competence Scale See also http://incredibleyears.com/for-researchers/measures/		

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		Cognitive theory, social learning theory, humanistic and relationship theory.						
Family Links Nurturing Programme (FLNP)	3-11 yrs	10 weekly group sessions. Parents are supported to 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	Improved child behaviour; and Improved parent wellbeing.	Universal	www.familylinks.org.uk	WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale) SDQ (Strengths and Difficulties Questionnaire) TOPSE (Tool to measure parenting self efficacy)	NAPP Commissioning Toolkit: 2 stars	Given the low cost of the programme the evaluation (Simkiss 2013) deemed FLNP to be cost effective

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		Puzzle, which provides an overview of the programme content. Parents also learn through role-play exercises, group discussion, homework and DVD vignettes. *Underpinning theory*: social learning theory, experiential learning, cognitive behavioural theory, attachment theory, humanistic (Rogerian), ecological theory and social constructivist theory.						
Incredible	3- 6 yrs	12 part	Improved child	Targeted	www.centreforear	Arnold-Oleary	NAPP	The IY programme

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
Years Pre-school BASIC Parent Programme		programme For parents with serious concerns about the behaviour of a child. Parents learn strategies for interacting positively with their child and discouraging unwanted behaviour through the use of video vignettes, group discussion and practicing skills learnt with their children at home. *Underpinning theory*: Cognitive theory, social learning theory, humanistic and relationship theory.	behaviour; Reduced child maltreatment (actual or risk); Improved parenting practices/competency; and Reduced parent stress/depression /mental health problems.		lyinterventionwales.co.uk	Parenting Scale BDI (Beck Depression Inventory) WEMWS (Warwick and Edinburgh Mental Wellbeing Scale) SDQ (Strengths and Difficulties Questionnaire) Eyberg Child Behaviour Checklist See also http://incredibleyears.com/for-researchers/measures/	Commissioning Toolkit: 4 stars Early Intervention Foundation: 4 stars	has undergone several cost-benefit analyses, all demonstrating considerable financial savings when the programme is implemented effectively (O'Neill et al 2013; Edwards et al 2007) One such study conducted in Ireland found that the IY preschool programme had the potential to deliver a taxpayer return on investment of 11% due to reduced education, crime and unemployment costs. (O'Neill et al (2013) The Social Research Unit at Dartington estimates a 'rate of return on investment' of 6%

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
								and a benefit-cost ratio (pounds saved for each pound invested) of 1.37. http://www.investinginchildren.eu/node/78 IY has been identified by NICE as cost-effective in reducing conduct disorder. The large lifetime costs associated with conduct disorder, estimated to average £75,000 in milder cases to £225,000 in extreme ones, suggest that even a low success rate would constitute good value for money.
Incredible Years Pre-School Basic parenting Course (prog 1 & 2)	3-8 years	Six group based formal sessions Collaborative, group based programme, including video	To strengthen children's social skills, emotional regulation and school readiness. Use praise and incentives to	Universal	The Centre for Evidence Based Early Intervention https://www.bangor.ac.uk/corporate/contactus.php.e			

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		vignettes, practice problem solving and discussion with tasks to complete at home and in between sessions. The first two programmes of the full IY Preschool Basic Programme	encourage cooperative behaviour		n			
The Incredible Years School Age (IYSA) - BASIC and ADVANCE	Primary (5-11 yrs)	12 weekly group sessions Parents learn strategies for discouraging unwanted behaviour and interacting positively with their child. IYSA BASIC can be combined with IY ADVANCE for families with more complex issues, including parent anger management	Improved child behaviour; Improved parenting practices/competency; and Reduced parent stress/depression/mental health problems.	Selected prevention, Targeted	www.centreforearlyinterventionwales.co.uk	tbc	NAPP Commissioning Toolkit: 4 stars Early Intervention Foundation: 3 stars	See above

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		and mental health issues. The ADVANCE programme requires that families attend up to 10 additional sessions.						
Families and Schools Together (FAST)	Pre-school (3-5 yrs), Primary (5-11 yrs)	8 weekly sessions FAST is generally offered in communities and schools experiencing difficulties in engaging parents in socially disadvantaged areas. Sessions are delivered by the FAST team made up of representatives from the school and community, including other parents.	Improved child behaviour; Improved child achievement; Improved child social skills; Reduced risk of child substance misuse; Reduced risk of child offending; Improved parenting practices/competency; and Improved parent wellbeing.	Universal, Targeted	lynn.mcdonald@gmail.com	Family Environment Scale (FES) SDQ Strengths and Difficulties Questionnaire Social Relationships Scale	NAPP Commissioning Toolkit: 4 stars Early Intervention Foundation: 4 stars	Social Research Unit at Dartington estimates a 'rate of return on investment' of 14% and a benefit-cost ratio (pounds saved for each pound invested) of 3.03. http://bit.ly/2bhZOMr

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		Families learn about communication with their child and other parents and a meal is shared by the families and children together. *Underpinning theory*: Ecological theory, cognitive development, social capital theory, family stress theory and family systems theory.						
Solihull Approach "Understanding your child's behaviour" programme	Preschool (3-5 yrs), Primary (5-11 yrs)	10 weekly group sessions (Also 1:1) Parents learn how to respond sensitively to their child's needs and effectively manage their child's	Improved child behaviour; and Reduced parent anxiety.	Universal	www.solihullapproachparenting.com	Pianta' s CPRS (Child Parent Relationship Scale) SDQ (Strengths and Difficulties Questionnaire) DASS 21 (Depression Anxiety Stress Scales)	NAPP Commissioning Toolkit: 2 stars	

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		behaviour. *Underpinning theory:* Psychoanalytic theory, theories of child development and behaviourism.						
Parents Plus The Children's Programme (PPCP)	6-11yrs	8 - 10 weekly group sessions group sessions (Also 1:1) Parents learn strategies for managing unwanted child behaviour and improving family communication. *Underpinning theory:* Attachment theory, family systems theory, social learning theory and cognitive-behavioural	Improved parent-child communication; and behaviour management.	Universal	www.parentsplus.ie	tbc	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 tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		theory.						
Standard Teen Triple P	Teenage (11-16 yrs)	7 - 10 individual or group sessions It is intended for parents of adolescents with mild to serious concerns about their child's behaviour. Parents learn strategies for improving the quality of their relationship with their teenager and managing problematic behaviour. *Underpinning theory:* social learning theory	Improved child behaviour; and Improved parenting practices and competency.	Universal; Selected prevention; and Targeted	www.triplep.net	Strengths and Difficulties Questionnaire (SDQ) Parenting Scale (adapted version for parents of teenagers). Relationship Quality Index Conflict Behaviour Questionnaire (completed by both parents and teens to assess the relationship between parents and teens)	NAPP Commissioning Toolkit: 2 stars Early Intervention Foundation: 2 stars	Triple P has been identified by NICE as cost-effective in reducing conduct disorder. The large lifetime costs associated with conduct disorder, estimated to average £75,000 in milder cases to £225,000 in extreme ones, suggest that even a low success rate would constitute good value for money.. The Social Research Unit at Dartington estimates a 'rate of return on investment' of 36% and a benefit-cost ratio (pounds saved for each pound invested) of 5.05. **http://bit.ly/2bPuVuz**
Strengthenin	10 – 14	7 weekly group	Increase parental	Universal	http://bit.ly/2bC62	SDQ (Strengths	NAPP	

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
g Families Programme 10-14 (SFP 10-14), UK	yrs	sessions (followed by 4 weekly booster sessions 6-12 months later) of teenagers and their parents (preferably both).

It is intended to reduce alcohol and substance misuse and other behavioural problems during adolescence. In the first session the parent group has a focus on parenting skills and the teenagers group has a focus on personal and interpersonal skills. In subsequent sessions parents and teenagers work together to | empathy; effective family communication and teenage management of emotions. | and targeted levels, with a focus on preventing substance misuse. | Sa My Strong Family Centre, School of Health and Social Care, Oxford Brookes University, Jack Straw's Lane, Marston, Oxford OX3 OFL

Tel: + 44 (0) 1865 482575 | and Difficulties Questionnaire)

SFP10-14(UK) has its own evaluation as part of the programme manual,. Oxford Brookes University offer a free data analysis service when practitioners send their pre-post surveys. | Commissioning Toolkit: 3 stars

Early Intervention Foundation: 3 stars | |

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Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		promote positive family interactions. Parents and teenagers learn through discussions, fun games and activities. *Underpinning theory:* Bio-psycho-social vulnerability model, resiliency model and family process model.						
Functional Family Therapy	10 – 18 yrs with moderate to high needs particularly those engaging in persistent antisocial behaviour,	14 – 30 sessions (depending on need; once or twice weekly The programme is based on the proposition that every family member's behaviour	Reduced rates of re-offending; drug and alcohol use and improvements in the young person's behaviour and emotional functioning	Targeted/specialist Therapists need to be certified with a background in social work or clinical psychology			Early Intervention Foundations Rating: 4	

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
	substance misuse and/or youth offending	affects the entire family system. Initially the therapist works with the family to motivate them to change and interact more positively with each other. In the middle phases the therapist suggests new strategies for family interaction. In the final phase family members learn to 'generalise' the skills they have learnt and identify risk for the future. Methods include role-play, family discussion and homework. Underpinning theory: Family						

Programme	Age range	What is it?	Intended outcomes	Nature of programme	Contact for further information	Standardised tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		systems theory, social learning theory, ecological theory and cognitive-behavioural principles						
Parents Plus Adolescents Programme	11 – 16 yrs	8 to 10 weekly group sessions (Also 1:1)

The programme has four levels: a short universal level; a targeted level for prevention with additional sessions for families with complex needs and an individual family level for families with special circumstances or needs.

Parents also learn through group | Support parents to manage behaviour problems and promote children's learning and confidence. | Universal, Prevention, Targeted | www.parentsplus.ie | tbc | 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 tools to measure impact suggested for use by programme developer	External ratings of the evidence base	Cost-effectiveness (where information is available)
		discussion, homework and DVD vignettes. *Underpinning theory:* social learning theory, attachment theory, family systems theory and cognitive behavioural theory.						
Take 3	13 - 16 yrs with general concerns about behaviour	10 weekly group sessions, with an option to choose an extra 2 booster sessions (out of a choice of 10). Can also be delivered 1:1. *Underpinning theory*: Family systems theory and social learning theory.	Improve the parent/adolescent relationship and improve behaviour at home, school and the community.	Universal	info@take3parenting.co.uk www.take3parenting.co.uk	SDQ (Strengths and Difficulties Questionnaire) Family Grid Parent Self Assessment PSA 36 (a tool built in to the Take 3 programme)	NAPP Commissioning Toolkit: 2 stars	

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Appendix C

Suggested List of Standardised Tools to Measure Impact ('Distance Travelled')[37]

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	Child Behaviour Measures			
Eyberg Child Behaviour Inventory **Reference:** Eyberg, S., and Pincus, D. (1999); Eyberg, S. M., and Robinson, E. A. (1983))	• 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 **Administering the scale:** Takes approximately 10 minutes to complete by parents. **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.	Children's behaviour problems as reported by parents Suitable for children aged 2 – 16 years old	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 Can be purchased from www.pearson-uk.com or www.par.ic.com	Available in English and Spanish There is a cost to use this tool. Please see website for more information Some of the language may not be familiar to Welsh parents e.g. 'sasses' rather than insolent.
Goodman Strengths and Difficulties Questionnaire **Reference:** Goodman R (1997)	• 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; and • The follow-up version of the SDQ has 2 additional questions for use after an intervention: Has the	Measures the behaviour of children aged 3-4 years, as reported by the parent	http://www.sdqinfo.com/b1.html	Available in English, Welsh and other community languages Paper versions may be downloaded and subsequently photocopied without charge for non-commercial purposes

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[37] Please also see the Ontario Centre of Excellence for Child and Youth Mental Health website, that contains an online directory of measures **http://bit.ly/2bquh6Z**

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	intervention reduced problems? Has the intervention helped in other ways, e.g. making the problems more bearable? **Scoring:** The SDQ can be scored and reports generated 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				
Karitane Parenting Confidence Scale **Reference:** Črnčec, R., Barnett, B., and Matthey, S. (2008)	• 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). **Administering the scale:** Completed by parents. The manual contains advice about administering the scale. **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.	Parenting efficacy of parents with infants 0-12 months of age.	http://preventchildabusenj.org/newsletters/hf_weekly/kpcs_manual.pdf	free to use Only available in English
Infant/Toddler Home Observation for Measurement of the Environment (HOME) **Reference:** Caldwell and Bradley 1984; Bradley et al 2000)	• 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; and • Eighteen items are based on observation, 15 on interview, and 12 on either observation or interview. **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	Measures the quality and extent of stimulation available to a child (birth to age 3) in the home environment. There is also an Early Childhood	Contact Lorraine Coulson at lrcoulson@ualr.edu / 715-835-4393, HOME INVENTORY LLC, Distribution Center, 2627 Winsor Drive, Eau Claire, WI 54703 http://fhdri.clas.asu.edu/home/contact.html	Available in English only There is a cost to use this tool. Please see website for more information

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	caregiver and child. **Scoring:** A binary-choice (yes/no) format is used in scoring items. Higher total HOME scores indicate a more enriched home environment.	HOME Inventory for children 3 to 6 years old.		
The Parenting Scale **Reference:** Arnold, O'Leary, Wolff and Acker, 1993)	• 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. **Administration:** Takes approximately 10 minutes to complete by parents. **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.	Parental discipline practices of parents of parents of young children over 18 months.	http://www.incredibleyears.com/Measures/forms_GL.asp	English only It is worth considering when measuring pre- and post intervention that the parent is asked about their parenting "**during the past two months"**
TOPSE (Tool to Measure Parenting Self-Efficacy) **Reference:** Bloomfield, L. and Kendall, S (2007)	• 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; and • Parents indicate how much they agree with each statement by responding to a Likert scale from 0 (completely disagree) to 10 (completely agree).	Parenting efficacy.	http://www.topse.org.uk/	A copy of the pdf may be downloaded free after completing a registration form on the website 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 difficulties. These are being

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	Administration: Completed by parents. **Scoring:** Responses are summed to create a total score; the lower the score, the lower the level of parenting self-efficacy.			piloted and on-going testing is needed to verify their reliability and validity
Parenting Sense of Competence Scale **Reference:** Johnston, C., and Mash, E. J. (1989).	• 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); and • 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. **Administration:** Takes approximately 5-10 minutes to complete by parents.	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)	• 28 item scale with 2 subscales both comprising 14 items that assess parental confidence dealing with difficult child behaviours; and • 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). **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.	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	• Measures parenting skills across eight areas: promoting good health; keeping your child safe; social networks; supporting learning; setting	Measures parenting skills	http://www.outcomesstar.org.uk/	The resources for the Family Star and Family Star Plus are available free of charge to

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Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
parents	boundaries; keeping a family routine; providing home and money • 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) **Administration:** Suggested that this is completed by the parent with a family support worker **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			those who have received training in its use. View-only versions are available to download free from the website
The Family Learning Signature	The Family Learning Signature is a simple self assessment tool which generates information about how a family 'learns' together. The signature has 36 triangles which allow families to discuss how each element operates in and impacts on their family. The process gives families, learning providers and decision makers an insight into a family's strengths, and areas to be developed to assist a family in its own learning development. It gives insights into the learning dynamics of the family. It can also be used to engage families and build their capacity to support their child's learning. Families use a simple traffic light system, to identify where their strengths, challenges and opportunities lie in relation to learning.	The learning dynamics of the family.	http://www.businesslab.co.uk/tools/family-learning-signature	
	• Lists 20 events that routinely occur in families with	Pinpoints	http://webarchive.nati	Available in English

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
The Parenting Daily Hassles Scale **Reference:** Crnic and Greenberg (1990); Crnic and Booth (1991)	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 **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.	parents anxieties or issues with challenging behaviour and how the parent/caregiver sees the situation	onalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144	Free 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
Parenting Stress Index **Reference:** Loyd, B. H., and R. R. Abidin. R. R. (1985)	• 101-item questionnaire • a short version with 36 items is also available which comprises three scales: Parental Distress, Difficult Child Characteristics, and Dysfunctional Parent-Child Interaction **Administration:** Completed by parents. It takes 30 minutes to complete original; 10 minutes for short version **Scoring:** A Total Stress Score is calculated. In addition both Child and Parent Characteristics are scored, which pinpoint sources of stress within the family	Designed to identify stress in the parent-child relationship Developed for use with parents of children 3 months to 10 years of age	http://www.hogrefe.co.uk/parenting-stress-index-psi.html	There is a cost to use this tool. Please see website for more information Should be administered by someone qualified in using it and interpreting the outcomes
Parent Problem Checklist **Reference:** Dadds, M. R., and Powell, M. B. (1991)	• 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	Measures disagreement between parents about rules and discipline for child behaviour	http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Parent_Problem_Checklist_(PPC).pdf.	Free

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Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	extent of the problem from a scale from 1(Not at All) to 7 (very much) **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			
The Kansas Parenting Satisfaction Scale (KPS) **Reference:** James et al., 1985)	• 3-item instrument that measures parent satisfaction. Parents respond on a seven-point Likert scale ranging from "extremely dissatisfied" to "extremely satisfied". • **Scoring:** Scores of 15 or less indicate low parental satisfaction	Designed to assess parent-satisfaction with 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	• 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) **Administration:** completed by parents **Scoring**: Ratings can be summed into groups of items	Measures the parent-child relationship (suitable for children ages 3-12)	www.curry.virginia.edu/pianta/measures	Free to download

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Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	corresponding to conflict and closeness subscales			
Family Environment Scale (FES) **Reference:** Moos, R. and Moos, B. (1994)	• Developed by Bernice S. Moos and Rudolf H. Moos • A choice of three forms to to measure the family environment in three ways: Real (Form R), Ideal (Form I) and Expected (Form E). (All three forms are included) NOTE: Administration of a single form (R, I, or E) is counted as an administration, while administration of all three forms one time is counted as three administrations. • Ten subscales measuring three underlying dimensions of the family environment: Family Relationship, Personal Growth, System Maintenance and Change • Requires approximately fifteen to twenty minutes to complete • Ages eleven through adult	Designed to assess the interpersonal relationships and the overall social environment within the family	http://www.mindgarden.com/products/fescs.htm	There is a cost to use this tool. Please see website for more information
Parent's Attributions for Child's Behaviour Measure **Reference:** Pidegon and Sanders (2002)	The Parent's Attributions for Child's Behaviour measure assesses parents' attributions for children's behaviour. It employs three subscales: blame and intentional, stable, and internal, to assess parents' tendencies to attribute blame and mal-intent to their children's actions. **Administering the scale:** It is self reported by parents. Length of time taken to administer is not known. **Scoring** After reading each of the six scenarios parents are asked to imagine their own child in the situation and to indicate how strongly (on a scale of 1 = disagree strongly to 6 = agree strongly) they believe that their child's actions would result from different causes.	Measure is designed to assess parents' tendencies to attribute blame and intentions to their children's actions.	Tool available from: Aileen M. Pidgeon Faculty of Humanities and Social Sciences Bond University QLD 4229 Australia Telephone: +61-7-559-52510 E-mail: Aileen_Pidgeon@bond.edu.au	There is a cost to use this tool. English only
Parent Opinion Questionnaire	The Parent Opinion Questionnaire assesses parents' expectations of their children in the areas of appropriate interpersonal and social behaviours and self-care.	Measure is designed to assess parents'	Tool available from: Dr. Sandra Azar	Free English only

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
Reference: Azar, S.T., Robinson, D.R., Hekimian, E., and Twentyman, C.T. (1984)	This measure may be used to assess parental expectations of child behaviour/abilities, to identify parents who may require further intervention, or as an assessment measure of parenting competence in child abuse situations. **Administering the scale:** self reporting by parents. Length of time taken to administer is not known. **Scoring:** There are 80 items on Self-Care, Family Responsibility and Care of Siblings, Help and Affection to Parents, Leaving Children Alone, Proper Behaviour and Feelings, and Punishment. Parents are asked to agree or disagree. Measure is scored manually. Scores can be derived for subscales and for the total measure	expectations of their children's behaviours.	Professor, Department of Psychology The Pennsylvania State University 541 Moore Building University Park, PA 16802-3106 Phone: 1-814-863-6019 Fax: 1-814-863-7002 E-mail: sta10@psu.edu	
**Measures of Parental Mental Health and Well being**				
Rosenberg's Self-Esteem Scale **Reference:** Rosenberg, M. (1965)	• 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" **Scoring:** The scores for the 10 items are added up. The higher the score, the higher the self esteem	Used to measure parents' self-esteem	http://www.socy.umd.edu/research/rosenberg.htm	Free
The Family Grid Scale		Designed by psychologist Professor	https://goo.gl/8KYH50 (see Appendix 2)	

Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
		Hilton Davis in order to assess parental self-esteem and his or her relationship with partner and child/ren.		
WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale) **Reference:** Tennant R, Hiller L, Fishwick R, Platt P, Joseph S, Weich S, Parkinson J, Secker J. and Stewart-Brown S (2007)	• 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) **Scoring:** The scale is scored by summing responses to each item answered. A higher score indicates greater well-being	Parents subjective well-being and psychological functioning	http://www.healthscotland.com/documents/1467.aspx	It is freely available but prospective users should register with: Dr Kulsum Janmohamed K.janmohamed@warwick.ac.uk or Professor Sarah Stewart-Brown sarah.stewart-brown@warwick.ac.uk.
Beck Depression Inventory (BDI) **Reference:** Beck, A.T., Steer, R.A., Ball, R. and Ranieri, W. (1996)	• 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.) **Administration:** Should be administered by someone qualified in using it and interpreting the outcomes	For measuring the severity of depression in parents	www.pearson-uk.com	There is a cost to use this tool. Please see website for more information Should be administered by someone qualified in using it and interpreting the outcomes

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Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	Scoring: Higher total scores indicate more severe depressive symptoms			
Depression Anxiety Stress Scales DASS 21 is a shortened version **Reference:** Lovibond, S.H. and Lovibond, P.F. (1995)	• designed to measure the three related negative emotional states of depression, anxiety and tension/stress • 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 **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 **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.	Gives measures on depression, anxiety and stress	www.psy.unsw.edu.au/dass/ With Scoring: www.blackdoginstitute.org.au/docs/3.DASS21withscoringinfo.pdf	Available in English and a variety of other languages but not Welsh. Permission is not needed to use the DASS questionnaire. The DASS questionnaires and scoring key may be downloaded from the DASS website free. Interpretation of the DASS should be carried out by individuals with appropriate training in psychological science.
General Health Questionnaire (GHQ) **Reference:** Goldberg, D. (1988)	• The General Health Questionnaire (GHQ) is a screening device for identifying minor psychiatric disorders in the general population and within community or non-psychiatric clinical settings such as primary care or general medical out-patients. • Suitable for all ages from adolescent upwards – not children, it assesses the respondent's current state and asks if that differs from his or her usual state. • It is sensitive to short-term psychiatric disorders but not to long-standing attributes of the respondent. **Administration:** self-administered questionnaire. All items have a 4 point scoring system that ranges from a	Measures minor psychiatric disorders in the general population and within community or non-psychiatric clinical settings such as primary care or general medical out-patients	http://www.gl-assessment.co.uk/products/general-health-questionnaire-0	There is a cost to use this tool. Please see website for more information. Available in English and a variety of other languages but not Welsh.

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Name of tool	What it is	What it measures	Where to find it	Other factors to consider[38]
	'better/healthier than normal' option, through a 'same as usual' and a 'worse/more than usual' to a 'much worse/more than usual' option.			

Appendix D

Suggested List of One to One Parenting Support and Home Visiting Programmes

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information	External ratings of the evidence base
Video Interaction GuidanceTM	Any age but often used with babies	It aims to give individuals a chance to reflect on video clips of their own successful interactions with their baby or child and to support them to build on this. The process begins by helping the family to negotiate their own goals of what they want to change. Adult-child interactions are then filmed and edited, to produce a short film that focuses on positive interactions. In video review sessions, the family and professional reviews the micro-analysis of successful moments. These might include when the adult has responded in an attuned way to the child's action or initiative using a combination of non-verbal and verbal responses.	It aims to enhance communication within the parent-child relationship.	Targeted	The Association for Video Interaction Guidance UK can be contacted for more information about training. It also has a directory which can be used to contact members of the association who have been accredited to provide training. http://www.videointeractionguidance.net/	
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	Increased attunement[39] between the parent and child. Improved child behaviour, Reduced parent anxiety	Universal	http://communityservices.heartofengland.nhs.uk/default.asp?page=324	

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[39] "Attunement" is the term used to describe parents' reactiveness 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
		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.				
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	
Community Based Home Visiting	Birth to 24 months	The Community Parents Programme trains experienced, volunteer mothers from the local	Improved parenting skills and improved parental well-being.	Universal/targeted		

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information	External ratings of the evidence base
Programmes e.g. the Community Parents Programme		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				
SafeCare®	Birth to age 5	SafeCare is an evidence-based training curriculum for parents where there are concerns about neglect. 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: • 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 and other difficult behaviour • make the home safe and establish safe routines The SafeCare® model has been tried and tested in the USA	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	

Appendix E

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 "Welcome to the World"	Antenatal	8-week course. Parents attend the group from the second trimester of pregnancy. Topics include empathy and loving attentiveness; infant brain development; healthy choices; managing stress and promoting self-esteem and confidence; and effective communication. Parents reflect on their own values and their hopes and fears for the future. Practical information about pregnancy, birth, breast-feeding, and healthy eating is also included.	Improve the emotional health of the couple and the baby. Prevent some of the difficulties many new parents experience, which can lead to depression and problems within relationships.	Universal	https://www.familylinks.org.uk/antenatal-programme
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: • 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
Baby Steps	Perinatal (6 sessions before birth	9 week group programme. This is a manualised,	Improvements in: • parent-infant relationship;	Targeted	http://www.nspcc.org.uk/what-we-do/the-work-we-do/priorities-and-

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Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
	and 3 afterwards)	relationships-based perinatal education programme, developed by NSPCC with Warwick University. It is based in the latest evidence about how to strengthen protective factors such as family relationships, social support and emotional wellbeing during pregnancy. It uses a variety of interactive approaches to engage and support parents, and to help them recognise and respond to their babies' needs. The programme is delivered by a health practitioner (midwife or health visitor) and children's services practitioner (e.g. social worker or family support worker). It begins with a home visit to engage parents who may be 'harder to reach'. Core themes include parent-infant relationships; couple relationships; social support; babies' states, cues and communications; infant brain development; mental and physical health during the perinatal period; labour and birth; breastfeeding and infant development.	• couple relationship; • parental self-esteem; • parental mental health; • healthy behaviours (e.g. breastfeeding, smoking cessation).		programmes/under-ones/baby-steps/baby-steps_wda94564.html
Parents Early Education Partnership PEEP Reflective Parenting	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	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

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
Programme		period. The programme aims to: • support parents to reflect on their developing baby, tune in to their baby's feelings and respond sensitively; • 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.			http://www.peep.org.uk/standard.asp?id=4534andcachefixer=cf14323320557763
Time Out for Parents: The Early Years	Pre-school	6 sessions. Encourages parents to build strong relationship with their children and also looks at behaviour management and boundaries.	Improved parental self-esteem, self-efficacy, confidence and understanding of child development. Enhanced parent/child relationships	Universal	http://www.careforthefamily.org.uk/Courses/parenting_courses_time_out
Early Bird	Pre-school For parents of pre-school children who has	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	Targeted	http://www.autism.org.uk/our-services/residential-community-and-social-support/parent-and-family-training-and-support/early-intervention-

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
	received a diagnosis of an autism spectrum disorder (ASD)		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.		training/earlybird.aspx
Incredible Years Autism and Language delays	2-5 years For parents of children with autism and language delays	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	To promote children's emotional regulation, social competence, language skills, school readiness and relationships with others	Targeted	Centre for Evidence Based Early Intervention https://www.bangor.ac.uk/corporate/contactus.php.en
Talk, Learn, Do: Parent, Kids and Money	3-11	1 additional week of 2 hour sessions included in existing parenting programmes Talk, Learn, Do is a pilot parenting 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	Increased parental awareness of their behaviours towards money and the impact of these on their children. Enhanced parental confidence and skill in dealing with money issues. Parents have the skills to develop their child's financial capability, and the strategies to reduce stressful situations	Universal	Money Advice Service www.moneyadviceservice.org.uk/ Kevin Bartholomew Kevin.bartholomew@moneyadviceservice.org.uk 020 7943 0137

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		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.

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. | involving money and children.

Increased parental confidence in their role as educator and supporting their child with learning about money.

Improved parent-child relationships. Well-developed attitudes and aspirations around money management and saving.

Earlier parental access of financial support networks and interventions.

A strong evidence base of the effect of early intervention on financial capability.

Support the wider strategic aims of financial inclusion policy and poverty strategy. | | |
| EarlyBird Healthy Minds programme | For parents of children in Key Stage 1 or 2 who have received a | 6 group sessions lasting 2 and a half hours

Healthy Minds aims to empower parents, carers and accompanying professionals to | To help promote good mental health in children with autism (including Asperger syndrome). | Targeted | Autism-experienced professionals run the programme for families in their local area. The professionals are trained and licensed by The National Autistic Society's |

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
	diagnosis of an autism spectrum disorder (ASD)	understand more about the mental health issues that young people with autism may face. The sessions explore strategies that can help children with autism to: • build self-esteem • increase confidence • reduce anxiety • develop resilience			Early Bird Centre team http://www.autism.org.uk/healthyminds Tel: 01226 779218 Email: earlybird@nas.org.uk
Five Pillars of Parenting: 4-11 years	For Muslim parents with children aged 4-11 years.	8 weekly group sessions. Five Pillars combines behavioural management skills with Islamic teachings. The sessions help parents master skills within each of the 'Five Pillars' of parenting — character, knowledge, action, steadfast and relationships. During the course parents learn: • How to communicate effectively with their child • How to use praise to encourage positive child behaviour • How to use reward charts • The importance of play • About different parenting styles • How to manage difficult child behaviour • How to manage parenting	Short-term goals: In the short term, it is expected that parents will experience: Improvements in parenting behaviour, greater parenting satisfaction and improved parental adjustment. Long-term goals: In the long-term, it is expected that: The child's behaviour will improve, the child will do better at school and the parent will experience less stress.	Universal	Approachable parenting team www.approachableparenting.org.uk Tel: 0121 773 8643 Email: info@approachableparenting.org.uk

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		stress.			
Cygnet programme	For parents of children aged 7- 18 years who have received a diagnosis of an autism spectrum disorder (ASD)	6 two and a half – three hour sessions Sessions work towards behaviour management relevant and appropriate for this age group of children and young people. Sessions explore: • Autism and diagnosis • Communication • Sensory issues • Understanding behaviour • Managing behaviour • Choice decided by parents/carers		Targeted	Barnardo's Cygnet Parenting Support Service Telephone: 01274 481183 Email: andy.morris@barnardos.org.uk http://www.barnardos.org.uk/cygnet_leaflet-_t__jan2011.pdf
The Parent Factor in ADHD	For parents of children aged 5-16 years who have received a diagnosis of ADHD	8 week group sessions • Understand the ADHD diagnosis and treatment • Learn new strategies to help them support their child • Advocate on their child's behalf, particularly in the education system It is an NCFE (national awarding body) accredited course at Level 3.	To help parents whose children are diagnosed with ADHD to support their child.	Targeted	Barnardo's ADHD Service Tel: 0191 240 4800 Email: alison.silvers@barnardos.org.uk http://www.barnardos.org.uk/the_parent_factor_in_adhd_pdf The lead facilitator of the programme (there should be two facilitators) should have experience of working with parents of children with ADHD and experience of group work.

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Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
MEND Mind, Exercise, Nutrition… Do it!	For parents **and their** children aged 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/whatweoffer/mend2-4
HENRY Health, Exercise and Nutrition for the Really Young	Children under 5	8 week programme for parents/carers – programme for parents/carers – one session per week 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.	It aims to tackle childhood obesity by promoting healthier lifestyles through children's centres or other community venues. Parents and children improve diet, increase physical activity, eat together as a family more often, and have less screen time. Parents feel more confident at parenting and feel happier and less stressed.	Universal or in can be targeted through one-to-one work with parents	www.henry.org.uk Tel: 01865 302973
Living with Teenagers (sometimes referred to as Challenging Years)	10 -18 yrs	8 weekly group sessions. It can also be delivered on a 1 to 1 basis Parents consider the many changes teenagers experience; consider the effect their parenting style has on their teenager, and learn about the importance of a consistent approach.	Aims to enhance parents' self-esteem and confidence in managing their children's behaviour. Improved relationships between young people and their families.	Universal	Cris Hoskins CH Consultancy

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Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		Parents learn through group discussions, role-play and homework assignments. *Underpinning theory*: Social learning theory and family systems theory			
Time Out for Parents: The Teenage Years	For parents of teenagers	6 week course Parents learn through group discussions, role-play and homework assignments.	Aims to enhance parents-child relationship and child behaviour	Universal	http://www.careforthefamily.org.uk/Courses/parenting_courses_time_out
Speakeasy	For Parents of children	8 week course Parents are taught in small groups using creative methods such as collage and artwork, role play and games. The course is intended to help parents to: •Be able to talk positively about relationships and sex with their child according to their age and level of understanding; •Understand the changes children go through during puberty; • Have up-to-date information on contraception and sexually transmitted infections; and •Know more about the relationships and sex education that is taught in schools. The Speakeasy course is accredited with the	Parents gain the confidence and knowledge to talk to their child about growing up, relationships and sex.	Universal	http://www.fpa.org.uk/what-we-do/helping-parents-and-foster-carers#514BA6cmcQ3wdb3S.99 Tel: 020 7608 5277 Email paulc@fpa.org.uk

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		Open College Network.			
The Parents Plus Parenting when Separated Programme (PWS)	For parents going through or who have gone through a separation or divorce	6 week course Aims to help parents: •Solve co-parenting problems in a positive way that focused on the needs of children; •Cope with the emotional impact of separation; •Help children cope with the impact of the separation; and •Enhance communication with their children and with their children's other parent.	Promote communication between parents, positive co-parenting and conflict resolution.	Targeted	http://www.parentsplus.ie/node/87#separate
Caring Dads	Any age	Fathers attend a two-hour weekly session for 17 weeks. 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. 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	The programme sets out to achieve four major goals: 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	The programme was developed in Canada by Katreena Scott, Associate Professor and Clinical Psychologist at the University of Toronto. http://caringdads.org/ NSPCC interim evaluation report: http://www.nspcc.org.uk/Inform/research/findings/evaluation/caring-dads-pdf_wdf101264.pdf

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		children.			
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 and 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 male perpetrators of domestic abuse)	For perpetrators of domestic abuse	12 week course Accredited programme which includes a focus on recognising controlling behaviour, challenging beliefs; understanding the impact of domestic abuse on children and victims; and alternative choices and problem solving.	To build confidence and self-esteem. To support knowledge 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.	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
STEPS	Any Parent	8 week course 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-create their learning through interactive discussions, personal	Intended to give parents higher levels of motivation; increased self esteem; improved ability to set goals; raised levels of personal accountability; and improve their relationship with their children. It can	Universal	http://daretraining.co.uk/

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		reflection time, the use of short video bursts and activities.	help prepare parents for structured parenting programmes and have confidence to engage in other services.		
Introducing Community Food and Nutrition Skills	Any parents	6 week course Parents look at: • 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. The programme compliments the practical nature of the Get Cooking programme (see below) Accredited through Agored Cymru at Level 1 for 1 credit. 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 consistent, evidence based	To provide participants with basic knowledge and skills regarding food and nutrition.	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
		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.			
Get Cooking!	Any parents	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 Community Food and Nutrition Skills training.	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
'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	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

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Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		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)			Start teams. Contact: Andrea Basu Community Development Dietitian Team Lead Betsi Cadwaladr University Health Board Email: andrea.basu@wales.nhs.uk

Appendix F

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 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	Helps 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	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
		parenting issues. Sessions may also be used as an opportunity to work with other agencies such as Family Information Service or other health professionals. This gives parents the opportunity to access specialist advice.	staff the opportunity to make observations of 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/ar easofwork/childsafety/accidentpreve	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@childr eninwales.org.uk

Name of programme	Age Range	What is it	Intended outcomes	Nature of programme	Contact for further information
		ntionresources/communitydelivery/index.html A report providing practical examples of accident prevention activity in Wales is also available to download and includes examples in Flying Start areas http://www.childreninwales.org.uk/areasofwork/childsafety/goodpractice.html			