

Bath and North East Somerset



Parenting Strategy 2016-18

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1. Introduction

Bath and North East Somerset published its first Parenting Strategy in 2007 and reviewed it in 2011. During that time there were a number of successful initiatives, including Celebrating Fatherhood, the development of attachment aware schools and the delivery of evidence-based parenting programmes, all of which continue to inform and strengthen work with parents and children. The current refreshed strategy builds on this good practice and thanks are due to the working group of staff from the Council and the voluntary sector who compiled it and the parents, carers and wider workforce who gave us their feedback and shared their experience.

Within Bath and North East Somerset, we are increasingly recognising the importance of supporting whole families in order to ensure that children have the best possible outcomes. This includes promoting a positive home environment for children and specifically, the adult workforce considering the needs of any children and the children's workforce taking account of the needs of fathers, mothers, carers, siblings and other relevant household or family members. In 2015, the Family and Childcare Trust ranked Bath and North East Somerset as "the most family friendly local authority area in England."¹ Even so, some families experience considerable difficulties. Adults' needs as parents² are hard to separate out, because as their wider needs are met, they are usually better able to parent their children. Signposting and supporting parents to access services commissioned to address a range of issues including mental health, substance misuse, domestic abuse, worklessness, housing and economic well-being will have a positive impact on children.

This strategy sets out a local framework for the specific practice of parenting. The need for advice, information and reassurance is common to all parents and many access this from their own wider community and family networks and universal services such as Health Visitors. Some parents also benefit from additional support with particular challenges in relation to their children's additional needs or gaps in their own experience of being parented and understanding of their children's needs. This can include learning new skills and approaches. This strategy sets out what we believe children need from their parents in order to be able to achieve positive outcomes, together with common principles for working with parents. It has been developed to complement early help and statutory services for children, young people and adults. The development work has identified a number of continuing work streams which are reflected in the action plan which will be reviewed annually.

Whilst the focus here is on parenting, this Strategy paves the way for the eventual publication of a wider, family strategy for Bath and North East Somerset.

¹ Rutter, J. Where is the most family friendly area in England? Family and Childcare Trust, 2015

² All references to parents include fathers, mothers and carers

2. Our Vision

The Children and Young People's Plan 2014-17 set out the agreed vision for supporting children and young people to achieve the best possible outcomes:

We want all children and young people to enjoy childhood and to be well prepared for adult life

The three associated outcomes are that children and young people:

- **are safe**
- **are healthy**
- **have equal life chances**

Therefore the local ambition for parenting is that:

Parents take responsibility for understanding and meeting their children's needs, enjoying their childhood with them and preparing them for adult life

We are also adopting the Early Intervention Foundation's ambition to support positive intergenerational cycles of parenting, relationships and behaviour³

3. Parenting Capacity and Skills

To achieve our vision for children, parents need capacity and skills to nurture them, keep them safe and support their development throughout their childhood, up to the age of 18. The role continues beyond 18, as parents continue to prepare their children for adult life. Parenting is a complex responsibility and parents need to be aware of what their child is experiencing and be willing to see things from their perspective. Parenting is also a challenging responsibility, particularly when their children have disabilities or learning difficulties or a different sexuality or racial heritage. They may need an opportunity to reflect on their own experience of being parented and understand why they parent as they do. Parents' ability to emotionally regulate and understand the impact of their own behaviour on their children is critical. They must be able to respond in the best interests of the child to meet their needs. It is recognised that many families experience financial or other hardships that make the task of parenting very challenging but this does not necessarily mean they are unable to meet their children's needs.

Practitioner awareness of early brain development, child /parent attachment, impact of trauma and forming positive relationships with families has been shown to be vital in empowering them and providing help that overcomes resistance to engagement. In particular, working alongside, or through voluntary and community-based organisations may be the best way of

³ Early Intervention Foundation (www.eif.org.uk)

working with families who feel marginalised or with whom statutory services find it difficult to engage.

Parents need to be able to provide the following for their children:

a) Basic care, ensuring physical health, safety and protection (Safety)

Provision of food, drink, warmth, shelter, appropriate clothing, personal and dental hygiene, engagement with services and a safe and healthy environment

b) Emotional warmth and stability, ensuring strong attachment, stability and mental health (Good health)

Stable, affectionate, stimulating family environment, consistent messages, wider family support networks, praise and encouragement, secure attachments, and stability

c) Guidance, boundaries and stimulation, ensuring positive aspiration and optimal attainment (Equal life chances)

Encouraging self-control, modelling positive behaviour, effective and appropriate discipline, negotiation and effective problem-solving, attending to spiritual needs, avoidance of over-protection, consistent messages and behaviour from all parents/carers and support for positive activities, education and training

These elements of parenting capacity are included in the Threshold for Assessment of Children and Young People and Guide to Level of Service Intervention in Bath and North East Somerset, where they are matched against levels of need for support. A snapshot of local provision for parenting is set out in the appendices but the most up-to-date information can be found through the Family Information Service.

Much has been written about what it takes to be an effective parent. The following skills and qualities, used consistently, contribute towards positive parenting that ensures babies,' children's and young people's needs are met.

a. Giving descriptive praise

Giving positive attention and authentic descriptive praise. Strengthening attachment by giving individual time and energy to each child every day playing and affirming their uniqueness and the things they have worked hard at

b. Recognising and acting on safety issues

Being clear about what a child is developmentally capable of and taking action to keep them safe. This includes internet safety across the age range.

c. Being a good role model

Setting a good example of how to behave, for example showing respect, handling difficult situations or accepting responsibility for mistakes.

Parents should have a united front in their parenting, even when they do not live together or have a continuing personal relationship.

d. Helping children to progress

Supporting children to meet their developmental milestones and achieve key transitions in physical, educational, emotional and other development

e. Effective communication

Keeping calm and listening to what a child has to say. Taking care to explain to a child what they need to do or know in a way they understand.

f. Plan for success with realistic aspirations

Encouraging children to stretch and having realistic aspirations for them to be the best they can be. Using solution-focused approaches. Knowing how to negotiate and compromise.

g. Being positive, firm and consistent

Not making 'empty threats' about sanctions, but being clear with children about consequences and following through with constructive and appropriate sanctions

h. Parents taking care of themselves

Looking after their own health and well-being and drawing positive support from friends, family and others in the wider community.

4. Principles for Working with Parents

The following core principles underpin B&NES' vision and values and guide the development and delivery of the activities that address our service priorities. These were first set out in the local Children and Young People's Plan 2006-2009 and still stand for all children's services (see also appendix 4)

1. Rights and responsibilities

- Recognise and value children's and young people's rights
- Recognise and value the responsibilities of parents, carers, the community and young people themselves towards children and young people
- Improve public understanding about standards and access to services

2. Participation

- Secure and monitor the active participation and involvement of children, young people and their parents and carers in all processes to make plans and improve services
- Listen to, consult and involve children and young people and give their views equal weighting to those of adults
- Feed back to those who were consulted in order to explain decisions and the reasons for them

- Provide support and training where needed to children, young people and their parents and carers to enable them to participate in planning, reviewing and evaluating

3. Partnership

- Build effective partnerships with children, young people, parents and carers.
- Continue to build strong and efficient partnerships with public, private, voluntary sector organisations and community to groups in order to deliver high-quality, integrated, cost-effective services
- Build on the current practice of inter-agency working to secure local co-operation, co-ordination and accountability
- Partnerships between children's and adults' services are likely to lead to better outcomes for children
- Clear lines of communication between services

4. Equity

- Ensure that all children, young people, parents and carers have the same access to support and services
- Implement strategies for equality of opportunity which promote social inclusion and which oppose all forms of discrimination
- Consider all policy and service developments from an equalities perspective
- Focus resources in areas and or with groups with greatest need

5. Focus on prevention

- Ensure that a comprehensive range of universal services is available to support parents and carers in meeting the overall needs of their children and families
- Services should be available at the right time and at the right level to address identified need, with clear pathways

6. Evidence Based

- Always use available evidence or best practice models.
- Use reflective practice and evaluation.

In addition, the following specific principles underpin parenting work:

7. Whole family approach with children and young people at the centre

- Where children have significant needs, we are increasingly supporting their whole families in order to ensure the best possible outcomes. In doing this, we will draw on the learning from other family-focused services
- A whole family approach includes promoting a positive home environment for all children and adults within the family/household
- Addressing wider ('adult') issues such as domestic abuse, mental health, substance misuse, housing, worklessness and access to education and training will impact positively on children

8. Parents' needs matter too

- Parents and carers will best be able to meet the overall needs of their children and families when their own needs, including mental health, substance misuse, domestic abuse, worklessness, housing and economic well-being, are met
- Services should be inclusive, non-judgmental and meet the diverse needs of parents and carers, whilst always keeping the child in mind
- Parents should have access to a range of services, from universal provision of information and advice through to targeted services for those with greater needs
- Some parents want information in a range of formats, not just on-line

9. Building on strengths

- When things get difficult, parents can often feel they have failed in their parenting or cannot make the necessary changes; work with them should avoid reinforcing these feelings, but encourage reflection and learning
- Recognise what is already working well and affirm and develop it
- Recognise that parents are their children's first teachers and the people who matter to them the most.⁴ Parents' voices are important in understanding a child's needs

10. Whole workforce responsibility

- All staff working with children and young people need to have a good understanding of children's parenting needs
- All staff working with adults need to consider the impact of the issues they are addressing on any children
- Work to improve parenting capacity and skills is best undertaken in parallel to work with the children – or as part of joint, family interventions
- Staff delivering parenting interventions must be supported by specific induction, training, consultation and reflective supervision

11. Shared values

- Parents are responsible for meeting their children's needs and keeping them safe
- The seeking and provision of help for parents and carers is viewed positively, as a fundamental necessity, not as an indication of failure
- Children and parents need to belong to a family 'in the widest sense' and to a community
- Children's and parents' basic needs for safety, health, housing, play and leisure facilities, education, training and employment and freedom from poverty must be met in order for effective work to be undertaken with them
- Everyone is entitled to be listened to and treated with respect

⁴ Jacobs and Weisz, 1994

12. Outcomes-focused

- All parenting work will start with an assessment of need to include an analysis of parenting capacity and result in a ‘SMART’ plan, written in partnership with parents, to support them to achieve positive outcomes in skills, confidence and effectiveness as parents. Assessment begins with Common Assessment and there is a growing interest in the use of the KIPs assessment tool for measuring parenting capacity. A specific approach is needed within statutory services to inform decisions about whether to remove children when parents are unable to keep them safe, or to support them to ensure their children attend school or do not offend. Specific parenting programmes will also have their own assessment tools. A range of tools will be made available for practitioners
- Ultimately, positive outcomes for parenting are measured by positive outcomes for their children
- Services should be subject to monitoring and evaluation to ensure that
- parents and carers are satisfied with the intervention and that outcomes are positive for both them and their children

5. Understanding Parenting Need

This Strategy focuses on meeting people’s needs *as parents*. The following table shows how often parenting capacity was identified as a need in Common Assessment in the last 18 months:

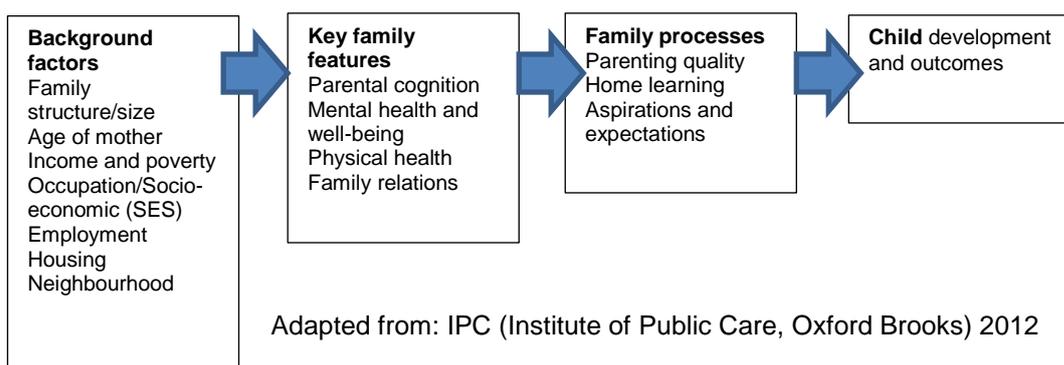
	April 2014 – March 2015 (12 months)	April – September 2015 (6 months)
Bath East	26	5
Bath West	14	5
Somer Valley	16	5
Keynsham/Chew Valley	4	4
Out of area	0	1
TOTAL	60 (8% of all CAFs)	20 (10% of all CAFs)

A review of feedback from parents (see appendix 2) gave some useful pointers as to how parents want to receive services. This includes advice about the timing and accessibility of interventions, but also, “they need consistent messages from professionals that can be transferrable through their years as a parent. If they are attending multiple groups, they need consistent strategies that they can draw on and they need to feel confident in the knowledge of the professional/s delivering the work.”

Services for children are organised to meet their level of need, as set out in the continuum of need below. Support for parenting should complement this at every level. Work with children who have needs at level 2 and above begins with an assessment and unless a child is in receipt of statutory

services, the Common Assessment is the starting point for this. More specialist assessment will be undertaken by Social Care, Children Missing Education or the Youth Offending Service or agencies offering accredited parenting programmes. Support for parenting can be integrated with the cycle of assessment, planning, intervention and review provided for their child (see also appendix 4).

Parental and wider environmental factors are often more significant contributors to child outcomes than the characteristics of the child or young person themselves.



These issues affect a significant proportion of the adult population, and the extent to which these difficulties impact on parenting capacity varies enormously. Research shows that the impact on families can be reduced by a second parent, or care by extended family involvement and community support (E Sawyer and S Burton, Building resilience in families under stress). It is also recognised that where parents themselves are in receipt of support or treatment that this also increases the protection and well-being of their children.

An initial needs assessment has highlighted the issues below, as well as the need to gather further information where there gaps in our intelligence. This illustrates the range of factors and pressures experienced by many parents. Information is not collated to show what aspects of parenting practice present the greatest difficulties for parents.

a) Parental mental health

It is estimated however that 1 in 4 people will be affected by mental illness during their lives and estimates suggest that between 50% and 66% of parents with a severe and enduring mental illness live with one or more children under 18⁵. Therefore, many children will grow up with a parent who at some point will experience mental ill health. Most of these experiences are short-lived and mild and managed by a person's GP, with a smaller number of children living with a parent with a more severe condition. Poor parental mental health can, however, have a significant impact on the

⁵ Royal College of Psychiatrists

health and wellbeing of children in the family especially where there are other contributory factors. No routine data is collected to show how many adults receiving mental health services are parents. Local data for 2014-15 suggests that poor mental health was a significant factor in 47% of cases that proceeded to child protection conferences. A piece of work is currently underway to identify adults who are parents with dependent children, who are receiving support or treatment for their mental health; consideration will be given about how to improve the information and support young people receive about mental health conditions and parental ill-health and the joint working arrangements with adult (primary and specialist) mental health and housing support services will be improved.

b) Domestic abuse

Local Children's Service data for 2014-15 shows that domestic violence and abuse is a factor in 66% of family cases that reach child protection conference stage. This has increased from the previous figure of 57% in 2012-13. Further data collection and analysis is being undertaken locally.

c) Parental drug or alcohol misuse

Local data for 2014-15 shows that drug use by one or both parents, whilst steadily declining over the last 2 years, is still a factor in 31% of family cases reaching child protection conference stage, and alcohol misuse is a factor in 34% of cases. More than a quarter of the adults receiving drug or alcohol treatment services in B&NES live with a child or young person under the age of 18. This is similar to the national picture. The proportion of these adults who successfully complete and leave alcohol treatment in B&NES is significantly higher at 60% than the national average of 39%.

d) Family offending or anti-social behaviour

A growing body of national research is highlighting the impact of parental imprisonment and offending on outcomes for children. Family offending is also a criterium for the next phase of the Troubled Families programme. Locally, the Children Affected by Parental Imprisonment working group is developing proposals to increase awareness, identification, information sharing and provision of support to children and parents.

e) Housing

Self-reported (snapshot) information provided when people apply to go on the register suggested there are 2,534 households with one or more children (43% of those registered). Of the 48 households accepted as statutory homeless in 14-15, 35 had dependent children.

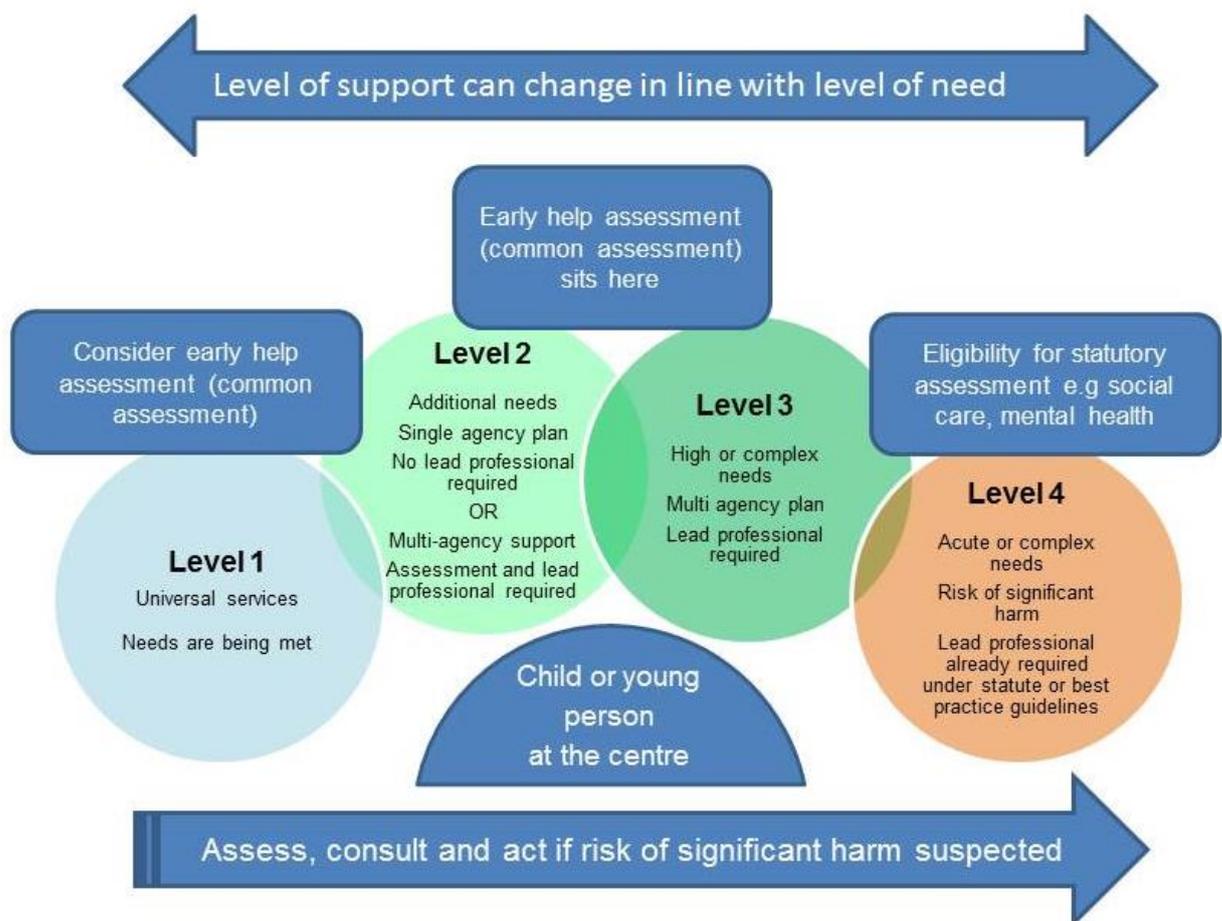
f) Family debt

According to the End Child Poverty report, approximately 4,056 children (12%) in children in Bath and North East Somerset live in poverty. It is important not to equate poverty with poor parenting, but the financial pressures that families face do have an impact.

g) Parents' own experience as children

Not all parents have had positive experiences of being parented themselves and may grow up with attachment issues and significant gaps in their knowledge and understanding.

6. Addressing Need



With reference to the 'windscreen' model above, we will promote the following where it is already in place and develop provision along these lines

Level 1: Information for all

The Family Information Service website, 1 Big Database, is the leading online resource for local parents and families, containing information about childcare, toddler groups, Children's Centres, schools, benefits, parenting support and activities and a blog for the latest news and articles etc. – www.1bigdatabase.org.uk. The Family Information Service also manages a lively Facebook account which advertises a range of family related activities, including parenting support, on a regular basis. One specialist worker supports families in economic disadvantage – helping with debt issues, benefits etc. and the second supports families who have a child with additional needs, providing a holistic offer to the whole family. The helpline

can be contacted on 01225 395343 or by email or text to answer individual enquiries.

The children's workforce and commissioned services are expected to keep Family Information Service colleagues abreast of changes in provision in order that the website can be kept up-to-date and to make use of it when working with families to identify wider support

Level 1: Workshops for all

Schools, Children's Centres and Youth Hubs are encouraged to facilitate themed workshops for parents across the three localities. The topics will be chosen by parents and could include the following:

- ❖ Building strong attachment
- ❖ Meeting the needs of different aged children within the family
- ❖ Healthy eating
- ❖ Setting age-appropriate boundaries and ground-rules
- ❖ Talking with your child about relationships and sex
- ❖ Safe internet use across wide range of age-groups
- ❖ Talking with your child about legal and illegal drugs
- ❖ Keeping children safe from child sexual exploitation
- ❖ Children with additional needs
- ❖ Keeping children safe at home

Level 2: Support for all

Many parents already have access to a range of informal support networks within their families, friendship groups and communities. Council services and other partners will encourage opportunities for parents who cannot readily access these. Support networks sometimes grow from more structured parenting programmes or courses, with participants continuing to meet. Continued support needs to be addressed with parents towards the end of any piece of parenting work undertaken. Where parents are interested in informal support, staff may be able to:

- ❖ (With consent) put parents in contact with others who have established support networks
- ❖ Advise on low-cost venues or activities
- ❖ Host groups or events in areas where there is the greatest need
- ❖ Provide professional input to a parents' group on relevant topics e.g. stopping smoking, healthy eating, substance misuse or child sexual exploitation

Levels 2-4: Individual or group support for those who need it the most

For parents and carers of children in greatest need of help or at risk of significant harm, an assessment of parental well-being and capacity will inform specific individual support. In some instances, where young people are involved in the youth justice system or where their parents are being

prosecuted due to non-school attendance; this parenting support may be ordered by the Court. This includes a commitment to provide evidence-based parenting programmes to parents and carers who meet the eligibility criteria for early help or specialist provision. It is also recognised that some agencies are developing their own courses and programmes for parents. These need to take account of the evidence base for effective programmes:

- ❖ Assessment undertaken jointly with the parent(s) and taking account of the needs and wishes of the child(ren)
- ❖ SMART plan jointly written with the parent(s), setting out clear outcomes to be achieved and clarity about the lead professional
- ❖ Matching the intervention with assessed needs and learning style
- ❖ Sequencing and co-ordinating of work with interventions carried out with children and any work being undertaken by adult services
- ❖ Parallel work with children rather than provision of childcare facilities
- ❖ Regular review undertaken jointly with the parent(s)
- ❖ Arrangements for 'step down' into continued lower level support when main elements of the plan have been achieved

7. Effective Parenting Programmes

The original Strategy promoted the use of parenting programmes that have been independently evaluated as effective. Three previously evaluated programmes have been available locally – the Family Nurse Partnership, Webster-Stratton's Incredible Years Basic Pre-School Programme and Strengthening Families, Strengthening Communities. Commitment remains to offering evidence-based programmes to parents who need them the most and these will be reviewed in light of the latest evaluations to ensure that we are maintaining programme integrity and making the best provision possible.

The Early Intervention Foundation published its latest Guidebook in October 2015, rating programmes as to the strength of evidence. The Family Nurse Partnership and the Webster-Stratton Incredible Years Basic Preschool programmes are given their highest rating (4) and described as 'established' and 'consistently effective.' These programmes continue as significant components of the local offer. The following elements (from the evaluation of the National Academy of Parenting Practitioners' Training Offer in evidence based parenting programmes (DfE-RR186) published in 2012) will help sustain the effectiveness of this provision:

- Effective leadership and co-ordination
- Systems in place for recruiting and selecting staff
- Referral pathways and systems for referring parents
- Good relationships between agencies involved in delivery
- Sufficient resources for venues, refreshments, workbooks etc.
- Fidelity to the model – for example, adhering to the content of sessions
- Management support
- Supervision for programme facilitators

The Strengthening Families, Strengthening Communities programme has until recently been the local evidence-based programme for parents of teenagers. The course was introduced as part of the government's Parenting Early Intervention Programme, with national funding to promote selected parenting programmes that "already had evidence of their efficacy in improving parent outcomes and associated reductions in children's behavioural difficulties." The overall programme was shown as effective in improving parenting skills, parent mental well-being and in reducing children's behaviour difficulties. Outcomes were maintained when measured twelve months on from the end of the programme and the differences in outcomes between the programmes were small. The programme was not one of the parenting programmes evaluated in 2015 by the Early Intervention Foundation and it is unclear how its evidence-base now compares with other parenting programmes. The intention is to continue to offer the Strengthening Families, Strengthening Communities programme to parents of teenagers, but also to review whether an alternative would be preferable. The model of delivery, via a virtual team, is also under review because of the difficulties in releasing staff.

Due to the high unit costs of delivering accredited parenting programmes, they will be offered locally only as part of an agreed plan, including with parents who are subject to a Parenting Order and where work is also being undertaken with the children or young people concerned. Current provision is for approximately 60 places each for Webster Stratton's Incredible Years, which was positively evaluated by the Early Intervention Foundation in 2015, and Strengthening Families, Strengthening Communities. This is unlikely to be sufficient for the level of need identified and needs review.

Future commissioning of parenting programmes needs to ensure that programmes have a compelling evidence-base if they are not accredited. There is also a place for less intensive support, often best provided through peer led initiatives.

8. Outcomes

Effective parenting and parenting support can best be measured by improved outcomes for children and young people, as set out in the Children and Young People's Plan (see appendix 1). Although it is understood that improved outcomes for parents and carers will impact positively on children, not all parenting support locally measures its impact on children. Equally, parenting programmes can impact positively on other outcomes for adults (such as confidence, self-esteem and aspiration). We are seeking to impact positively on the following areas:

1. Parents have improved parenting skills to be able to understand and meet their children's physical, emotional health and educational needs
2. Parents have effective strategies for keeping young people safe, including online, and for positively managing their behaviour
3. Parents and children are able to play together / enjoy time together

4. Strengthened attachment between children, young people and parents
5. There is consistent parenting between two or more parents/carers
6. Confident parenting
7. Parents establishing peer networks and support
8. Parental engagement with informal and formal learning
9. Financial stability - budgeting
10. Parents participating in the governance, delivery and review of services
11. Parental satisfaction with services and interventions
12. Children giving positive feedback about the impact on their parents
13. Parents of children aged under 12 years with a learning disability and behaviour that challenges are offered a parent-training programme (NICE Quality Standards Statement 8 (October 2015))
14. Relevant Public Health outcomes

9. Workforce Development

- a. All staff working with children or with adults who have responsibilities for children need to understand the local ambition for parenting and how it relates to improved outcomes for children.
- b. Professionals need to have a clear understanding of what constitutes positive parenting and be able to identify when parents are not able to provide this. This is included in the multi-disciplinary child protection training that staff undertake and concern about parents' capacity to keep their children safe will lead to a referral for assessment by Children's Social Care.
- c. All staff working at any level need skills in assessment and supporting improved parenting capacity. This includes listening and reflecting and skills in phrasing questions. Their work needs to be informed by what parents have told us they need.
- d. Job Descriptions need to be clear about expectations in relation to supporting positive parenting. This includes giving consideration to the best venues and times for interventions, taking account of work and other commitments.
- e. Staff induction, training and professional development need to take account of responsibilities in relation to parenting and to ensure staff are aware of where to find good quality information about local services, activities and family support.

- f. All staff supporting parents need to access regular reflective Supervision. Those involved in facilitating group work programmes benefit from Supervision that also develops how facilitators work together.
- g. Managers need to oversee the quality of work undertaken with parents in the same way as they oversee interventions with children. This includes introducing effective audit arrangements.

10. Governance

Whilst it is recognised that this Strategy applies to parenting across the spectrum of children's services, implementation will be led by the Early Help Board, which will oversee delivery of the action plan. A sub-group will be established which will also make annual reports to the Health and Wellbeing Board and the Local Safeguarding Children Board.

Appendix 1: Outcomes in the Children and Young People's Plan 2014-17

<http://www.bathnes.gov.uk/cypp>

Our Vision

We want all children and young people to enjoy childhood and to be well prepared for adult life

Our Outcomes

Children and young people are healthy
Children and young people are safe
Children and young People have equal life chances

Under the three specific outcomes are sub priorities, some of which directly relate to parents

A year 1 review of the plan was undertaken in 2014-2015 and some examples of activity specifically related to parents are underlined below

Children and young people are healthy

1. All children and young people maintain a healthy weight

- (Further Public Health Investment in 2015/16 to deliver commissioned lifestyle services for pregnant women, children and families (Health in Pregnancy Service, Cook It!, HENRY, SHINE, Slimming on Referral)
- School nurses are routinely weighing and measuring all children in reception as part of a school health review, and at year 6 and follow up any children who are very overweight to offer support. The service leads have updated their service handbook to ensure all school nurses are delivering an evidence based healthy weight package of care and referring and signposting onto relevant services, based on Community, Universal, Universal Plus and Universal Partnership Plus
- A Somer Valley Early Years Healthy Weight Children's partnership group has been established to review the lifestyle provision of healthy weight services for families. The work is being led by Somer Valley Children's Centre Co-ordinator. Recommendations from the partnership will be shared with the strategy group and replicated across the locality

2. All children and young people have good emotional wellbeing and resilience

- **Theraplay** is a child and family therapy for building and enhancing attachment, self-esteem, and trust in others. It focuses on healthy interaction between parent and child through structured intervention at home and in nursery/school
- **Community Play Services** includes group work and family based parenting support and healthy play and interaction with children
- **Specialist Family Support** includes a range of services to support parenting (counselling, group support, keyworker)

- **Stepping Stones** for parents with mental health difficulties and their children.
3. All children and young people are free from misuse of substances
- A Hidden Harms Resource has been developed for frontline workers – Keeping Children Safe in the Home. A version for clients/families is in development and the updating of safe storage plans is also underway

Children and young people are safe

4. Improving 'early help offer to families and signposting to other services
- An integrated Family Support Service will be commissioned to work jointly with the Connecting Families team and Children Centre services. It will provide targeted support to families with dependent children aged 5-18 who have additional or more complex needs which cannot be addressed through universal services, and will bring together the play, support and therapeutic interventions for children, parents and families through a whole family approach
 - The Children's Centre services are being remodelled to enable the delivery of targeted family support service to families with young children who have additional or complex needs
5. Ensuring children and young people's life chances are not adversely affected as a result of domestic abuse
- Bath and North East Somerset will be launching a Multi-Agency Safeguarding Hub together with key partners in June 2016. A key area of focus for the MASH will be domestic abuse. The intention of the MASH will be to share more effectively, information in relation to domestic abuse to assist early intervention and to ensure that concerns are then incorporated into plans for working with families where this is an issue. The MASH will be predicated on a whole family approach

Children and young people have equal life chances

6. Vulnerable children, young people and their families receive timely and effective early intervention

Early Help services

- There are a range of services which contribute to the early help agenda Bath Area Play Project, specialist family support service delivered by Southside Family support Project and Bath West Children's Centre service provided by First Steps. There are quarterly performance meetings with all the service providers
- The two community play and specialist family support contracts are due to come to end next year and a service review has taken place with key stakeholders as part of the commissioning process. The services will be replaced with a new Family Support and Play Service which will bring

together the play, support and therapeutic interventions for children, parents and families through a whole family approach. The service will be jointly funded and commissioned with Schools and Public Health. This will provide an opportunity to develop stronger links between community based family support, schools and behaviour and attendance panels and facilitate access to a broader range of family support services

- The new Family Support and Play Service will form part of a more clearly defined targeted support service for Bath and North East Somerset. It is being commissioned to align and work closely with Children's Centre Services and Connecting Families and form a coordinated early help offer for children and their families providing a whole family approach. All three will provide targeted early help support which will sit alongside statutory social and health care service. The services are being commissioned along an age related pathway and on the basis of the level of need they meet. The Early Help targeted family support model will comprise:
 - a. The Children's Centre services (families with children aged 0-5). These services will provide support at levels 2 and 3
 - b. Family Support and Play Service (families with children aged 5-19). These services will provide support at levels 2 and 3
 - c. Connecting Families (families with children 0-19). This service provides support and interventions primarily at level 3 and provides more intensive support

- The Children's Centre services and the new Family Support and Play service will take on a small case load of families which meet the Connecting Families criteria and deliver the outcomes for these families contributing to the wider delivery of the local programme

- The Children's Centre services are being remodelled in response to the Children's Centre and Early Years budget reduction and commissioned Children's Centre services are now providing:
 - ❖ The delivery of targeted family support service to families with young children with additional or complex needs.
 - ❖ Two main service centre areas in Bath; First Steps and Parkside and two main service centre areas in North East Somerset; Radstock and Keynsham. Other Children's Centres continue to act as service outlets for Children's Centres, Health Visitors and other community organisations
 - ❖ Children's Centres are also delivering, through their new transacted service, other groups to all families including baby massage and stay and play

Appendix 2: Local Provision 2015

It is never possible to produce a complete list of services, as changes are made all the time. The Family Information Service (www.bathnes.gov.uk/fis) holds the most comprehensive list and all agencies are encouraged to provide them with up-to-date information. The following gives a good flavour of provision in 2015, matched against the levels of need set out in the diagram on page 14.

1. **Level 1:** This is available to all parents and includes:
 - a. Family Information Service, providing online and telephone advice and information
 - b. General Practitioners
 - c. Health Visitors and family nurses deliver the Healthy Child Programme (HCP) for 0-5 year olds and their families. Health visitors are qualified nurses or midwives with additional specialist training in public health. They work collaboratively with individuals, families, communities and other agencies to identify and address local need. They improve population health through early intervention and changes to lifestyle behaviours, and link families to further services.
 - d. Schools e.g. pastoral staff employed directly by schools
 - e. A range of provision within the independent/faith sector including self-care and national parenting helplines (also independently advertised)

2. **Levels 2 - 3**
 - a. Children's Centre services for families with children aged 0-5 years who have additional needs (level 2) or high or complex needs (level 3). This includes home-based learning utilising Theraplay principles and Portage principles and level 1 Theraplay and Nurturing Touch / Infant Massage. The Step by Step programme is available for families with additional needs
 - b. Family Support and Play Service for families with children and young people aged 5- 19, also providing support at levels 2 and 3 (externally commissioned by the Council)
 - c. Connecting Families for families with children and young people aged 0-19, providing support primarily at level 3 where they meet national criteria (national Troubled Families agenda)
 - d. Family Intervention Team (8 Family Support Practitioners and 2 Parent Support Worker for families referred to children's Social Care
 - e. Family Nurse Partnership – this is a voluntary home visiting programme for first time young mums aged 19 years and under. A specially trained family nurse visits the young mum regularly from the early stages of pregnancy until their child is two. The programme enables young women to have a healthy pregnancy, improve their child's health and development and plan their own futures and achieve their aspirations. The programme is underpinned by an internationally recognised, robust

evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long-term, while also providing positive economic returns.

- f. Webster-Stratton's Incredible Years parenting programme 6 per year, offering places for up to 72 parents of children aged 0-4 through the Children's Centres (also traded programmes)
- g. Strengthening Families, Strengthening Communities parenting programme offered principally to parents young people aged 11+ (due to be offered after a long gap, in spring 2016. Previously also offered places for up to 72 places, but no current plan for this)
- h. Stepping Stones for parents with mental health difficulties and their children.
- i. Traded Parent Support Advisers, who are school-based, but not in all schools
- j. Provision within the independent/faith sector, including parenting programmes and counselling services
- k. Children Missing Education Service – working with parents to support their children's improved engagement in education
- l. Families Also Matter (Developing Health and Independence) support groups
- m. Making Time to Talk (www.curo-group.co.uk) – service for “when things in the family home are not going so smoothly.”
- n. HENRY programme - an intervention to promote a healthy start in life and prevent child obesity by focussing on babies and children aged 5 and their families through training for front line staff as well as a preventative 9 week parenting programme
- o. Support for parents of children and young people with Special Educational Needs or disabilities – SEND Partnership and Parents/ Carers Aiming High
- p. Support for Young Parents, Off The Record
- q. Support for adoptive parents (funded by Adoption Support Fund)
- r. Parenting Worker in the Youth Offending Service, working with parents of young people assessed as at risk of offending or re-offending
- s. Contact sessions to enable access to parents not living with the child or young person
- t. Family therapy, groups and a range of provision within the Children and Adolescent Mental Health Service (CAMHS)
- u. Assessing Parental Engagement and Capacity to Change pilot within Social Care)

Appendix 3: Summary of Key Messages from Parents and Carers

As part of the preparation for this Strategy, we asked services for the feedback they had received from parents in order to inform our work. This was not a scientific piece of research but was instead a collation of feedback based on parental experience of services received within the Authority. The full report is held on behalf of the working group by the Youth Offending Service.

Charlotte Egmore-James was commissioned to undertake this piece of work and she held face to face meetings and made email and telephone contact with staff from a cross-section of voluntary sector, commissioned and directly provided services across Bath and North East Somerset. She was not asked to meet with any parents/carers. She asked the following questions:

- What have parents/carers told us that they need from services?
- What have parents/carers appreciated about the services provided?
- What interventions have made a difference and impacted on parent confidence?
- What is the impact of completing parent course/programmes/1-1 work on the children they are responsible for (and how is this measured)

Collated responses:

- a. Parents need professionals to be direct with them but they need to be given the support to work at their own pace
- b. Parents need practical support to feel some level of control within their homes before they commence or consider attending a group or having intensive parent support
- c. Parents need professionals to consider the venue/location of a group in relation to the financial situation of the family and where possible offer ways to reduce practical obstacles to their attendance
- d. Parents appreciate the time and space away from their children, to reflect, feel valued and feel part of something. They most importantly need to know that their children are safe in the childcare available to them when the work is happening. They need help with childcare full stop
- e. Parents need consistent messages from professionals that can be transferrable through their years as a parent. If they are attending multiple groups they need consistent strategies that they can draw on and they need to feel confident in the knowledge of the professional/s delivering the work
- f. Parents find the holidays difficult as many groups both for themselves and their children finish. They find this time challenging and would appreciate groups/meet-ups to continue
- g. Parents need professionals to colloquially 'speak in their language'
- h. Parents 'need help' to 'get help' - especially in relation to understanding forms/processes and knowing what's out there

- i. Many parents appreciate an 'open door' and an 'informality' within parent support
- j. Parents want courses that are just 'there' when the energy and interest is there for it
- k. The suggestion of 'parenting residentials'

With thanks to Children's Centres (Somer Valley, Parkside, Weston, St Martin's, Keynsham and Chew Valley and First Steps), Connecting Families, Young Parents Project, Youth Offending Service, Strengthening Families, Strengthening Communities parenting programme, Compass, Family Intervention Team (Social Care), Parent Support Advisers, Southside Family Project, Bath Area Play Project (Family Play and Inclusion), Black Families Education Support Group, CAMHS, Julian House, SEND Partnership Service, Education Psychology, DHI Bath, Sirona - Health Visitors, Family Information Service, Missing Education Team, Bath Polish School and Bath ADHD Support Group

Appendix 4: Summary of Key Messages from Professionals

In the course of the piece of work summarised above, it became apparent that whilst most services ask for feedback from parents, they do not always collate it to identify the key themes and messages or feedback to parents on what they have done as a result. This in itself was a key finding.

A number of services volunteered their own learning from working with parents and this is set out below, broadly grouped.

1. Needs and Gaps

1. Parenting classes (regularly requested)
2. Support with behavioural difficulties (early years and teenage);
3. School attendance (reluctance or non-attendance)
4. Drugs and alcohol work/safe lifestyle choices
5. Positive activities for children/parents together
6. IT safety support
7. Childcare (ad-hoc for medical/court attendance)
8. Support around divorce and separation
9. Greater support needed for teenagers around safe-lifestyle choices (with a view to this reducing the overall level of need for parents)
10. Greater support needed for parents of teenagers
11. Currently no formal training offered to parents through the service in the last two years although much informal parenting works happens in the course of normal casework
12. The need for childcare for younger family members whilst parents access support work/group programmes
13. Parent support for families with children displaying difficult behaviour but whom fall below thresholds for e/g/ CAMHS, YOT (or that are too young to access Off the Record/mentoring projects)
14. Greater support needed for split families/step families (around having a united approach)
15. Gaps identified between learning and knowing how to be a good enough parent, putting it into practice consistently and challenging the blaming of children for the family's problems. Further gaps identified were; attachment based parenting intervention and the need for a co-produced intervention with young people and parents/carers
16. The need for more hours/and more money for the service to deliver more intensive parent support for parents of 'children' who are in their 20's/30's/40's and drug/alcohol dependent
17. Closer working between health/universal and targeted services to develop programmes or look towards parenting models that are consistent in their ethos through the different age groups
18. Toolkit or a library of resources for all workers working with parents
19. Over 11 year olds, big gaps in support
20. Mediation between parents
21. Pathways to services need updating – more community referral system, not just through schools. Parents refer direct to services

2. Parenting programmes

1. The need for shorter parenting courses (4-6 weeks?)
2. Greater support/programmes needed for parents of children with additional needs. Specifically in relation to 'letting go' (as young people start approaching 16 years of age and have mental capacity to make decisions for themselves about their future)
3. Incredible years can often feel quite dated as a programme (video clips especially and clips not diverse enough)
4. Reflection on the Incredible years programme and it not fitting entirely with the ethos of other support systems
5. Acknowledgement that the principles of the incredible years programme form the backbone of the Parent Support Adviser work
6. Need a programme like SFSC (or a shorter programme) to refer parents to
7. Other suggested parenting programmes include 'HENRY' and 'SHINE'- health in pregnancy support services
8. Suggestion of the Solihull parenting programmes or Theraplay.
9. Previous suggestions of 'prepare for birth and beyond' (PBB) courses but challenges in gaining a multi-agency buy in to deliver this. First Steps very interested in supporting a PBB project in terms of venue/staffing
10. Gaps identified in parent groups supporting parents of older children
11. The need for parents to feel safe in the childcare set up whilst they are attending groups. This is key within the freedom programme.
12. Structured courses were not the most effective for the families that Southside supports. They felt that a 'bespoke' approach was more appropriate and would also cover the priority parenting issues. They thought that a psychological approach, in particular an understanding of the impact of trauma on parenting capacity, is essential. 'We are often supporting parents/carers who have survived the most abusive childhoods, were never praised or played with and generally blamed for their parent's unhappiness
13. Sirona has developed a local PBB programme and is cascading it to health visitors to enable them to facilitate antenatal PBB based courses. Vision to co-facilitate with midwives and Children Centre staff.
14. The need for safety and trust within the group
15. Sustainability - course participants going on to lead their own groups (building skills/confidence/educating professionals and spreading awareness and understanding of domestic violence and abuse) - as proven in the groups 'Voices' and 'Seeds'
16. Southside will be piloting an attachment based intervention for parents/carers that would help participants to make sense of their lives and the way that they parent in a more convincing way and create a way of people exploring feelings that have been shut off from awareness and often 'acted out' in parenting
17. Schools awareness of parenting services, particularly for Key Stage 3

3. Different approaches

1. To move more in the direction of 'self-help' parenting. Suggested need for better information/resources for young people to act as a preventative measure to help them early on. (note 'tip sheets' were previously offered to families between 2009-2012 when parents received a letter about universal health/vaccinations). They could then opt to contact FIS for specific 'tip sheets' which included information on e.g. sleep/routines or they could obtain copies from e.g. libraries. The tip sheets were loosely based around the triple P programme principles. Issues were raised around accessibility (they were wordy) but there was a good uptake from parents. Notably it was the already 'more informed' families who would request the information. Emotion coaching verses the behavioural model (Janet Rose, Bath Spa University is currently researching this)
2. Open college network - for accredited courses
3. The service would like to develop a 'stakeholder group' that includes parents to develop ways of being more responsive to need
4. Acknowledgement of the benefits of joint parent/child work and the need for more groups of this nature (informal/creative based?)
5. Partnership with schools to offer parenting courses in school. Sort group in early part of term, year 7
6. Releasing staff to be part of multi-agency teams/delivery
7. Person-centred planning
8. Targeting better off or very under privileged who won't ask for help, who have gone under the radar

4. Measuring outcomes

1. The need for evidence based models for measuring outcomes
2. Working with families who are not voluntarily engaging with the service presents problems in terms of feedback. Feedback is requested but in the main, forms are not returned. The service would very much like to improve how they capture parent feedback
3. Draft school nurse spec outcomes/health visiting contracts include measures of parent support outcomes

5. Tips for workers

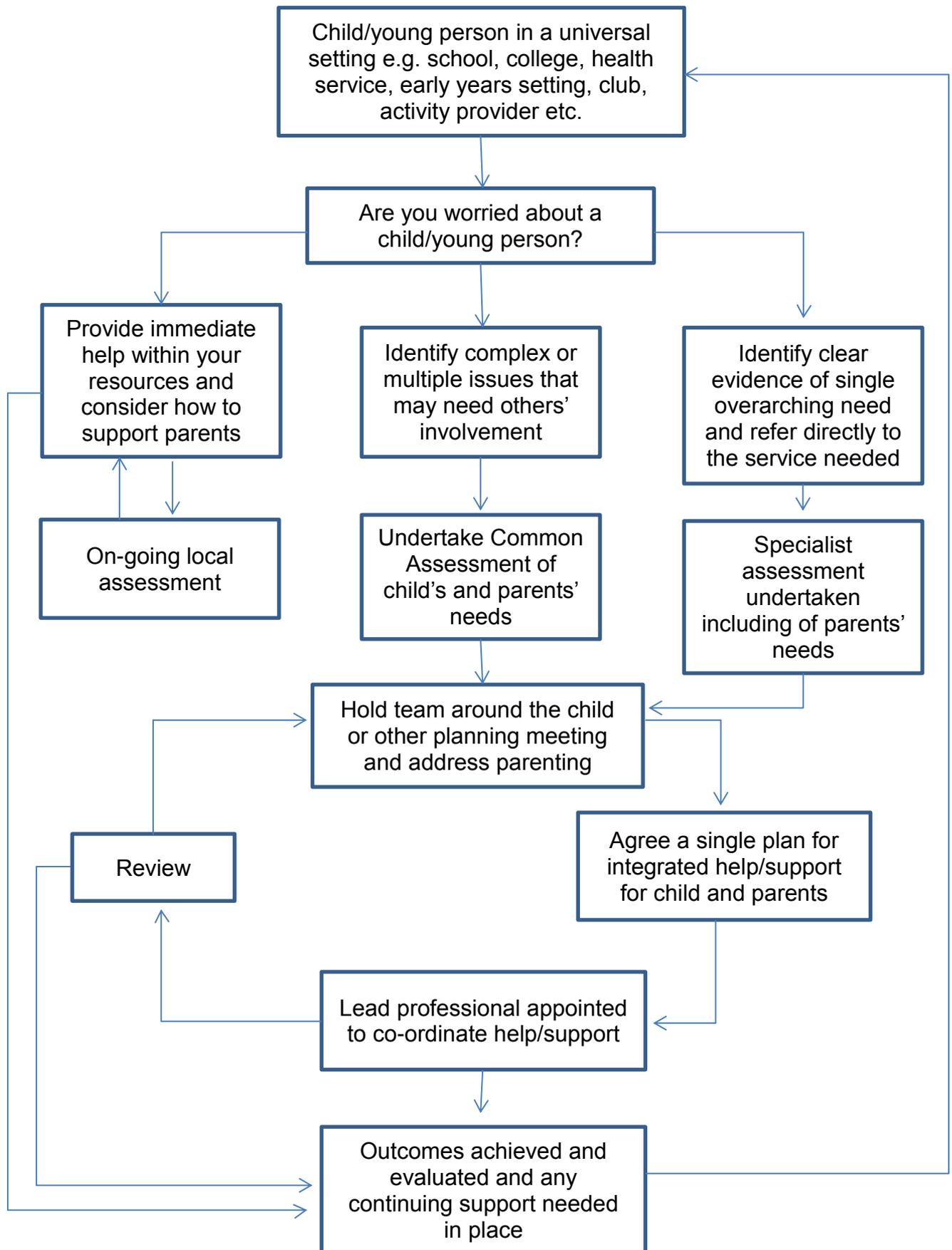
1. The need for professionals to speak the language of the service user and the need for professionals to understand what domestic violence and abuse looks and feels like
2. Parents like support with using reward charts for positive behaviour and help with ignoring negative behaviour
3. All workers felt that the principle of 'readiness' needs to be taken seriously and that creative approached to supporting parents is the best way forward'
4. Benefits of pre group visits to families and follow up phone calls, normalising within groups 'it's not just me'
5. Benefits of services (where appropriate) having a 'fluid/informal' approach with parents
6. Ability to signpost – refer to the more appropriate service

7. Help parents to understand that they need and what they can access.
8. Multi-agency working will help to improve understanding of all other services so can always help parents

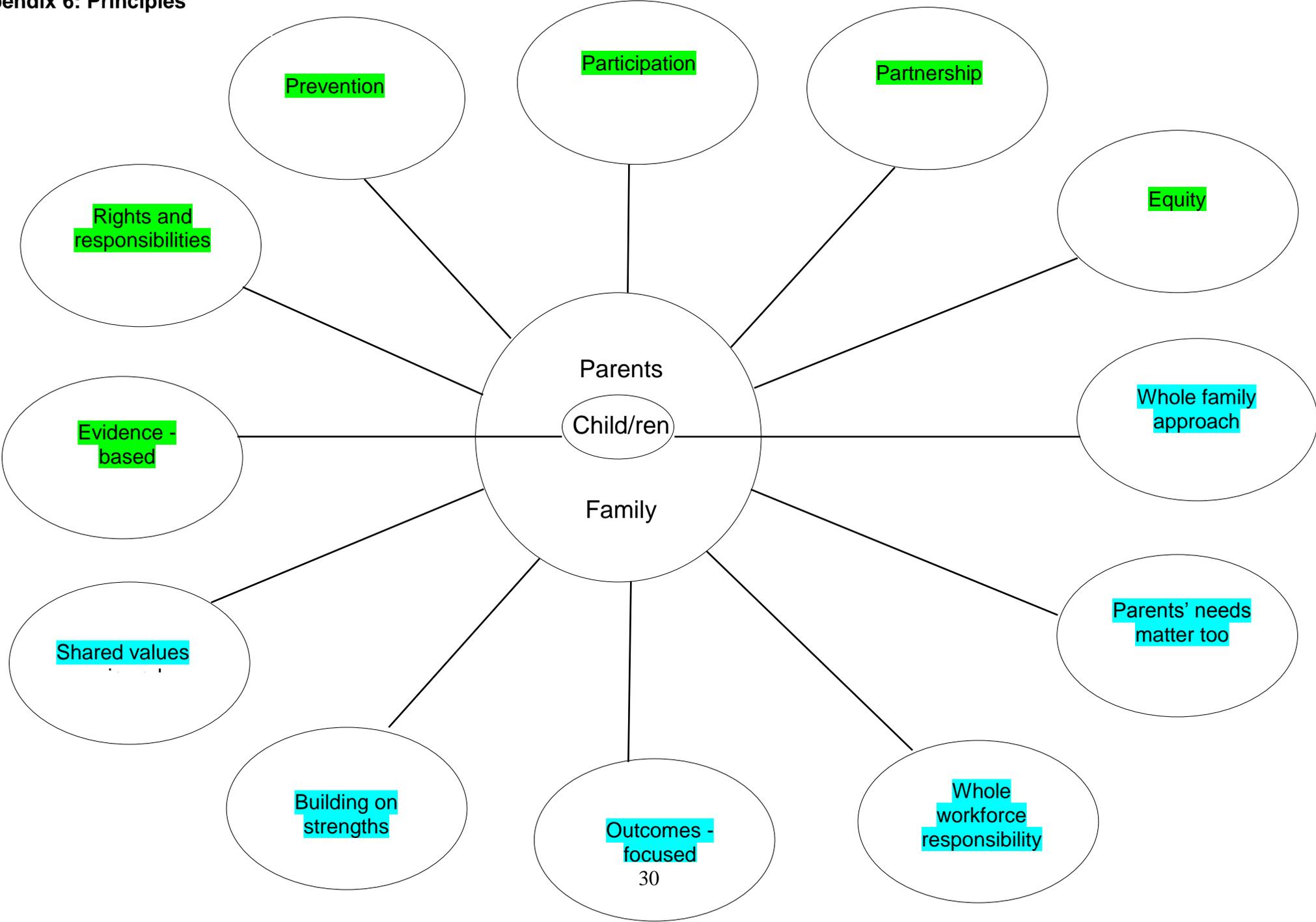
6. Other comments

1. Strong belief that preparing for parenthood and breastfeeding work should sit under the overarching parent strategy
2. Conflict of interest if parents 'trying to prove parenting capacity e.g. if there is a Court Order in place'
3. If not got capacity – increase

Appendix 5: Model for integrated working involving parents



Appendix 6: Principles



Parenting Strategy Action Plan 2016-17

	Action	Intended Output	Responsibility	Timescale
1.	Establish a sub-group of the Early Help Board to oversee and report on delivery of the Parenting Strategy	Multi-agency engagement in delivery of Parenting Strategy	Sally Churchyard, 11-19 Prevention Service Manager	April 2016
2.	Ensure that the Family Information Service is kept abreast of new information for parents and carers on emerging new concerns and issues e.g. child sexual exploitation, radicalisation, children of prisoners and continue to promote this resource	Up-to-date information for all parents	Jackie Fielder, Family Information and SEND Partnership Service Manager	March 2017
3.	Review staff induction and training to ensure it equips staff to work in accordance with the Parenting Strategy	Workforce trained to work with parents	Jen Russell, LSCB and Children's workforce Training Manager	March 2017
4.	Ensure that the development of an early help application for staff includes information about parenting	Ready access to parenting support information	Debbie Forward, Senior Commissioning Manager	June 2016
5.	Explore whether the Council's new online resource bank, which includes parenting models, tools, exercises, top tips and other helpful material, can be extended to the whole children's and adult's workforce	Range of resources for all practitioners	Michelle Mohammed, Service Improvement – Ofsted Lead	March 2017
6.	In partnership with schools, Children's Centres and Youth Hubs, establish a pattern of workshops on key topics for parents (focused on localities)	Non-stigmatising, open access to information about keeping children safe	Sally Churchyard, 11-19 Prevention Service Manager	June 2016
7.	Pilot a new delivery model for Strengthening Families, Strengthening Communities parenting programme	Increased provision for parents of teenagers	Sally Churchyard, 11-19 Prevention Service Manager	March 2017

8.	Explore alternative/additional provision of parenting programmes (particularly for parents of teenagers) based on published evaluation of effectiveness (including Early Intervention Foundation and Department for Education)	Better range of provision to match with need	Sally Churchyard, 11-19 Prevention Service Manager	March 2017
9.	Scope how to provide better support parents of children with persistent mental ill health, including those who do not engage with CAMHS	Meeting needs of specific groups of parents	Margaret Fairbairn, Child Health Commissioning Project Manager	June 2016
10.	Ensure the Children of Prisoners work stream addresses parenting needs	Meeting needs of specific groups of parents	Sally Churchyard, 11-19 Prevention Service Manager	June 2016
11.	Promote early referral of parents into support when a Family Behaviour Agreement has been made	Early referral for early help of families involved in anti-social behaviour	Harriet Bosnell, Director of Health, Care and Support, Curo	March 2016
12.	Register an account to consider the Keys to Interactive Parenting assessment more fully alongside use of the VARRS (Vulnerability, Adversity, Risk, Resilience and Resistance) Tool	Identification of locally recommended tool(s) for assessing parenting	Heidi Limbert, Children's Centre Service Manager	March 2016
13.	Explore a range of other evidence-based assessment tools, including the Marschak Interaction Method for Theraplay (MIM) assessment	Identification of locally recommended tools for assessing parenting	Sally Churchyard, 11-19 Prevention Service Manager	September 2016
14.	Ensure work in developing early help pathways to support includes the needs of parents	Promotion of whole family approach	Debbie Forward, Senior Commissioning Manager	March 2017
15.	Ensure work in developing a framework for measuring outcomes includes work with parents	Understanding the impact of parenting work	Debbie Forward, Senior Commissioning Manager	March 2017

A word cloud centered around the word "parenting". The word "parenting" is the largest and most prominent, written in a dark brown color. Surrounding it are various other words in different sizes and colors (including shades of green, gold, and brown). The words include: "love" (large green), "advice" (large gold), "discipline" (vertical gold), "laughter" (green), "fun" (small gold), "responsibility" (vertical gold), "pain" (vertical brown), "decisions" (green), "patience" (brown), "joy" (small brown), "struggle" (small brown), "choices" (vertical brown), and "exhaustion" (brown).

parenting

love

advice

discipline

laughter

fun

responsibility

pain

decisions

patience

joy

struggle

choices

exhaustion