# West Dunbartonshire Parenting Review and Improvement Group

# Report of 'Support for Parents' Provision

# In West Dunbartonshire Council

June 2014

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*Compiled in collaboration with The West Dunbartonshire Parenting Review and Improvement Group (RIG). Chair – Shona Crawford (Principal Educational Psychologist) – Membership of Parenting RIG 2014-15.*

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# Executive Summary

The purpose of this report is to provide a summary of parenting activity in West Dunbartonshire Council during the period April 2013 to the end of March 2014. This report aims to update the previous 'Support for Parents' report (April 2013)[1], compiled by the Parenting Review and Improvement Group (RIG),[2] and will go into details about achievements made against goals set in the previous report, summarised around four main questions, including;

1. What did we say we would do?

2. What have we done?

3. What is the evidence of impact?

4. What do we need to do next?

An introduction to parenting support in West Dunbartonshire, and highlights of the evaluation follow.

In West Dunbartonshire we are committed to ensuring that all of our children get the best possible start in life. In June 2011 West Dunbartonshire developed a parenting strategy with the aim to improve the co-ordination, integration and delivery of parenting programmes. The strategy sets out how West Dunbartonshire Community Planning Partnership works to enable parents to raise healthy and achieving children and young people (i.e. those aged 18 years or younger) through the provision of a comprehensive suite of parenting interventions.At the core of our local approach is an emphasis on supporting and reinforcing attachment and resilience and emphasising opportunities for nurturing throughout a child and young person's development. In keeping with the principles of Getting It Right for Every Child (GIRFEC), the West Dunbartonshire model aims to improve integration, co-ordination and delivery of parenting programmes and to offer a consistent level of support and interventions across West Dunbartonshire. The model is a West Dunbartonshire wide approach across all agencies involved in parenting support and brings together a number of mutually supportive parenting programmes that all emphasise the importance of enabling attachment and building resilience amongst both parents and children.

Within West Dunbartonshire parenting support is provided by:

- Education Services;

- Community Health and Care Partnership (CHCP);

- Community Learning and Development; and

- The Third Sector.

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[1] Report available at *www.wdchcp.org.uk/EasySiteWeb/GatewayLink.aspx?alId=83983*

[2]The RIG is the Integrated Children Services Strategy group with responsibility to oversee parenting and detail parenting activity within West Dunbartonshire Council (WDC).

What Did We Say We Would Do in 2012-13?

In the previous 'Support for Parenting Report' (2012-13), the RIG set out to achieve a number of core goals for parenting throughout 2013-14, including building capacity of staff, publicising parent support services, developing the evaluation of parenting approaches, developing the 'Request for Support for Parenting' process and enhancing the involvement of parents and the community in the development of parenting support.

What Have We Done in 2013-14?

- ***Staff training was provided to 211 frontline workers*** across local services in West Dunbartonshire in five separate parenting programmes including Triple P, Families and Schools Together (FAST), Play@Home, the Webster Stratton Incredible Years programme, Mellow Parenting Programmes, in addition to training in the Solihull Approach.

- ***Parenting programmes/groups were accessed by 486 parents***, including Triple P, Handing Teenage Behaviour, Incredible Years and Mellow Babies, indicating a **steady increase** in parents supported from 2011-14, in particular Triple P provision for parents across a three year period (from 2011-14). Since developments were made to the 'Request for Support for Parenting' process, a more diverse range of agencies, and individual parents requested support in 2013-14,

- ***Survey and focus group methods were used to consult with parents in the community*** to gather quantitative and qualitative information about parent's experiences of support, and to explore what parents want from support services. Results indicate there may be complex barriers experienced by 'vulnerable groups' of parents in relation to accessing support, and provide suggestions for future developments.

What is the Evidence of Impact?

Staff training was reported as 4 (very good) or 5 (excellent) by 97.5% of participating workers, who indicated feeling they had benefited from the various training and were able to highlight areas of their practice they feel will improve, including utilising approaches/programmes in their own practice.

Parent groups/programmes were given the two highest possible ratings by 99% of parents in relation to satisfaction with the support service they received. More than half of parents who completed evaluations reported increased use of other services/activities or supports since previously accessing the service (51%; n=86). Increased numbers of evaluations of impact were completed by parents in 2013-14 in comparison to previous years, since the introduction of a standardised measure across services for gathering feedback from parents about services.

<u>What Do We Need to Do Next?</u>

- ***Build Capacity of Staff***through the development of a quality assurance model based within supervision and review processes for staff delivering regulated parenting programmes.

- ***Work On Parental Engagement & Engaging Hard to Reach Parents***through innovative pre engagement activities which will be evaluated through small tests of change (PDSAs), and a change to the terminology to advertise parent programmes/groups to 'Opportunities for Parents' instead of 'Support for Parenting', as the term 'Support' has been identified as a disincentive among parents, associated with negative perceptions and stigma of services.

- ***Continue to Include the Involvement of Parents in the Development of Parenting Activities*** through further audit and survey of parents in the community to seek their views and suggestions for developing parenting groups/programmes.

- ***Develop the Evaluation of Impact Processes***through use of small tests of change to increase evaluation numbers and begin to engage with children on their views of the impact of groups/programmes and collect follow up evaluations of parent programmes/groups to explore the longer term impact and outcomes for parents, children/families.

- ***Review the West Dunbartonshire Parenting Strategy in Accordance with the National Parenting Strategy***toupdate and explicitly incorporate fathers into the parenting strategy for West Dunbartonshire.

<u>In Summary</u>

Findings indicated that services for parents in West Dunbartonshire are providing high quality support which is having a positive impact on wellbeing outcomes for parents, children, families and the wider community.  More parents have accessed evidence based support in 2013-14,through parenting groups/programmes and other support services for parenting in comparison to previous years.  There are year on year improvements in numbers of parents accessing support since the introduction of the West Dunbartonshire parenting strategy in 2011. Evaluations of support made by parents have increased in 2013-14, in comparison to previous years, since the introduction of a standardised measurement tool for use across all parenting services in West Dunbartonshire. The findings of this evaluation will shape the new Work-Plan for the RIG (2014-15), which will include aims to build capacity of staff delivering parenting programmes, targeted through supervision and review. In addition we will aim to reduce the barriers to engagement in services identified by 'vulnerable' groups of parents by exploring innovative pre engagement activities evaluated through small tests of change (PDSAs). There will be a move away from the use of 'Support for Parenting' as terminology to advertise parent groups/programmes in West Dunbartonshire to help reduce perceived stigma of accessing parenting support services and present parenting as more of a 'universal' support.  Finally, the parenting strategy will be updated during 2014-15, in line with the national parenting strategy, which will result in more focus being placed on fathers in services for parents in West Dunbartonshire.

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# 1. What Did We Say We Would Do?

The Review and Improvement Group set out to:

- Build capacity of staff to deliver high quality parenting support across all age ranges;

- Publicise parenting support services more widely in West Dunbartonshire to frontline staff, parents and the community;

- Develop a 'Request for Support for Parenting'

- Standardise, where possible, the gathering of impact measures;

- Consult with parents in the community about development and delivery of parenting support.

# 2. What Have We Done?

## 2.1 Building Capacity of Staff:

Staff Training

In the period between April 2013 and March 2014, **211** frontline workers across local services in West Dunbartonshire received training in five separate parenting programmes and the Solihull Approach (table 1). Solihull training has been extended to include Partnership Nursery Staff (n=25) and to Early Stage Primary School Teachers (n=25). Training also commenced for staff in the Triple P Discussion Groups. The details of training are provided in the table below:

Table 1: Staff Training in 2013-14

| Training | Solihull Approach | FAST | Handing Teenage Behaviour | Play@Home | Triple P | Mellow Parenting | *Total Staff Trained* |
|---|---|---|---|---|---|---|---|
| Number of Staff Trained | 148 | 15 | 5 | 12 | 29 | 2 | *211* |

## 2.2 Publicising Parent Support Services:

EngagementandCompletion Rates 2013-14

Five evidence based parenting programmes were run throughout 2013-14 in West Dunbartonshire, through the CHCP by Education, Health and Social Work commencing at various times throughout the year (see Appendix A) including Triple P, Handing Teenage Behaviour, Incredible Years and Mellow Babies. Other parenting activities were also provided by library services, community learning and development, the CEDAR Project and third sector organisations (See Appendix C for details of this activity). Individual support for parenting was also offered by the Young Family Support Service for West Dunbartonshire throughout 2013-14, to parents of children aged 0-5 years. This included 'Outreach' support (from workers based in education) and 'Young Family' support (from workers based in health).

On average, 39% of parents referred to four of the parent groups (table 2) engaged in some way. The figures indicate parents attended 5-8 sessions of their parenting programme on average, and 24% fully completed the programme. The engagement and completion rates in West Dunbartonshire are in line with figures fromresearch outcomes which indicate only 20% of parents on average complete full programmes of support (Cunningham et al, 2000) and figures from Glasgow City Council who reported Triple P engagement rates at 19.1-48.6%.

Table 2: 2013/14 Figures for Parent Engagement and Completion in Groups

| | Triple P Stepping Stones | Handling Teenage Behaviour | Incredible Years | Mellow Babies | Average |
|---|---|---|---|---|---|
| No. of Referrals Made | 10 | 38 | 115 | 19 | |
| % Never Engaged | 30% | 78% | 76% | 61% | 62% |
| *% Engaged | 70% | 22% | 24% | 39% | 39% |
| *Average Range of Sessions attended | 3-5 (of 6 sessions) | 6-8 (of 8 sessions) | 11-14 (of 16 sessions) | 6-10 (of 14 sessions) | 5-8 Sessions |
| *% Full Completion | 20% | 22% | 21% | 32% | 24% |

*at least two sessions completed

### 2.3 Support for Parenting Requests:

Agencies Making Support Requests

The referral process has undergone changes in 2013-14. In a move away from the traditional referral process, in which staff working with parents request support for parents, a new document has been developed, which is widely available on the Parenting Support webpage [3] for West Dunbartonshire, which enables parents to complete a request for support for parenting with the help of a key staff member *or* to self-request support.

The majority of requests for support for parents were made through Social Work in 2013-14. However, through tracking support requests year on year, it is clear that a more diverse range of agencies have supported parents to request support in 2013-14 in comparison to 2012-13, with an observed increase in particular from Public Health Nurses, and Educational Psychology. Self-referrals have also substantially increased in particular for Incredible Years (see appendix H for full details).

***It should be noted that within some services, for example Health Visiting, support for parenting is not being sought externally, because workers are providing this support to parents from their own teams.***

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[3] Parenting support webpage for WD available at http://www.wdchcp.org.uk/services-we-provide/childrens-health-care-criminal-justice/getting-it-right-for-every-child-girfec/health-care-services-for-children/parenting-support/

Annual Data Trends for Parenting 2011-14

The following table provides a summary of annual data trends for parenting support in West Dunbartonshire, from 2011-2014. In the period between April 2013 and March 2014 a total of **486** parent's (see table 3), the majority mothers, accessed parenting support or a programme run through the CHCP by Education, Health and Social Work.

Table 3: Annual Data Trends for Parenting Support from 2011-14

| Parent Support Provision | 2011-12 Number/or Average % | 2012-13 Number/or Average % | 2013-14 Number/or Average % | *Total Number/or Average %* |
|---|---|---|---|---|
| Staff Training in Parent Programmes & Solihull | 124 | 324 | 207 | *637* |
| Parents Accessing Evidence Based Parenting Support | | | | |
|     PLAY@HOME | 15 | 16 | 0 | *31* |
|     TRIPLE P | 28 | 140 | 247 | *415* |
|     INCREDIBLE YEARS | 14 | 49 | 26 | *89* |
|     MELLOW BABIES | 10 | 9 | 6 | *25* |
| Other Support Accessed | | | | |
|     AUTISM SUPPORT | | 118 | 118 | *236* |
|     FOSTER AND ADOPTION | | | 15 | *15* |
|     SLEEP SCOTLAND | | 12 | 9 | *21* |
|     TEENAGE BEHAVIOUR | 14 | 16 | 8 | *38* |
|     BABY MASSAGE | | | 49 | *49* |
| Overall | _81_ | _360_ | _486_ | _**927**_ |
| [4]Support Engagement Rates (at least 2 sessions) | 66.5% (29.7-100%) | 43.8% (23.3-95.5%) | 38% (21-70%) | *49.4%* |
| Support Completion Rates (all sessions) | | | 24% | *24%* |
| Parents Accessing Third Sector Support | 45 | 64 | 49 (*numbers still to be added) | *158** |

The figures indicate a **steady increase** in parents supported from 2011-14, from 81 parents in 2011-12, 360 parents in 2012-13, and 437 parents in 2013-14. In particular, the figures indicate a substantial rise in Triple P provision for parents across the three years from 28 parents in 2012-12, to 140 parents in 2012-13 and 247 parents in 2013-14.

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[4] *Research suggests only 20% of parents on average complete full programmes of support 20% (Cunningham et al, 2000) and Glasgow City Council Reports Triple P engagement rates at 19.1-48.6%*
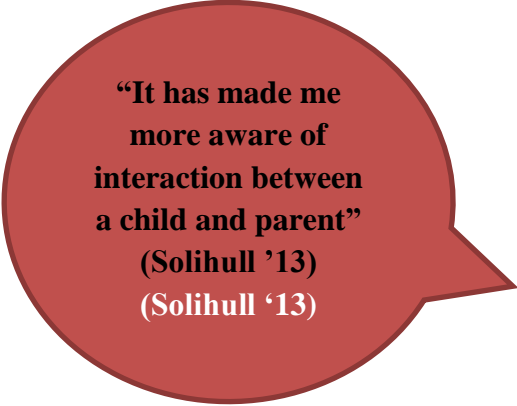
# 3. What Is The Evidence of Impact?
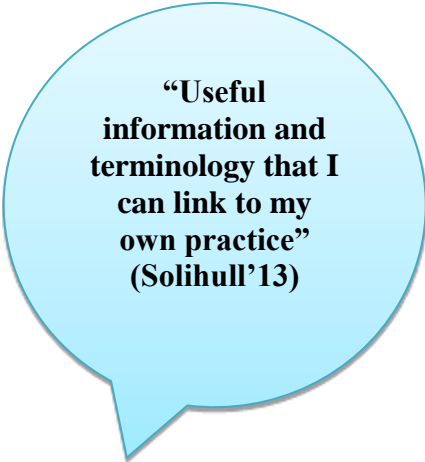
## 3.1 Evaluation:

Staff Training Evaluations

Overall those who took part in training in parenting programmes and the Solihull Approach were satisfied, finding the training informative and relevant to their practice. Of the staff who completed training evaluations for the above programmes, 97.5% rated training as 4 (very good) or 5 (excellent). Many of the workers feel they have benefited from the various training and are able to highlight areas of their practice they feel will improve, including utilising the approach/programme in their own practice.
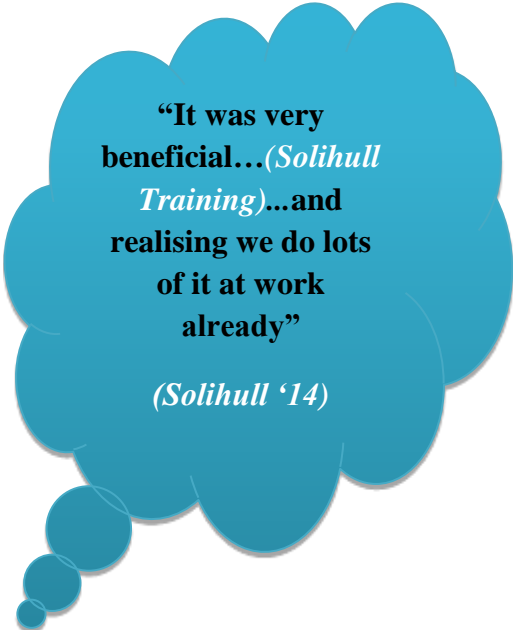
*Some quotes of what workers found most useful about the training:*
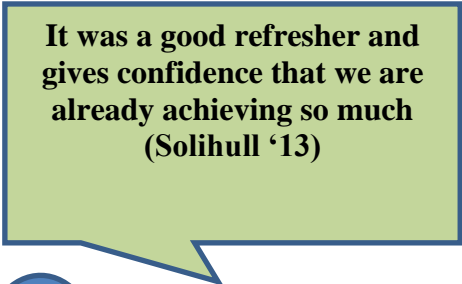
"It has made me more aware of interaction between a child and parent" (Solihull '13) (Solihull '13)
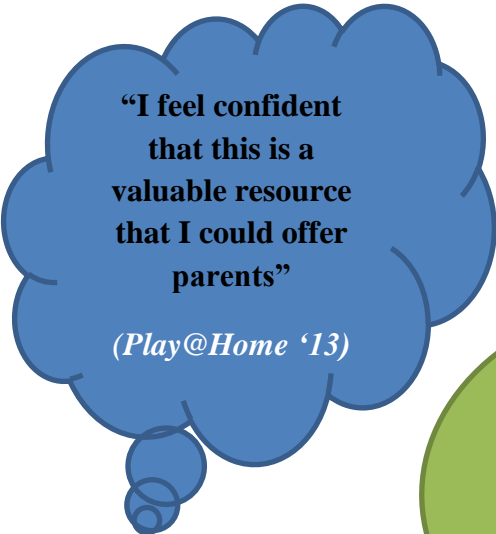
"Useful information and terminology that I can link to my own practice" (Solihull'13)

"It was very beneficial…*(Solihull Training)*...and realising we do lots of it at work already" *(Solihull '14)*

It was a good refresher and gives confidence that we are already achieving so much (Solihull '13)

"The course made us look at issues faced by our families and reasons why there are barriers to play and now we can help them approach these issues and access help" *(Play@Home '13)*
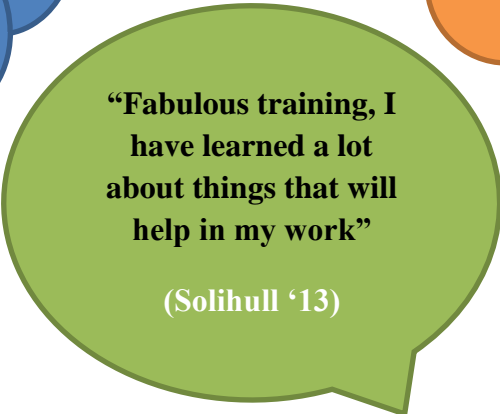
"I feel confident that this is a valuable resource that I could offer parents" *(Play@Home '13)*

"Fabulous training, I have learned a lot about things that will help in my work" (Solihull '13)

<u>Parent Support Evaluations</u>

Progress has been made in relation to the gathering of evidence from parents regarding their views of support. A number of agencies providing parenting support across West Dunbartonshire are now actively using the same standardised evaluation form developed by the Review and Improvement Group[5].

A summary of the Client Satisfaction Questionnaire evaluations made by parents regarding their views of the five of the parenting programmes, Triple P Primary Care, Triple P Level 4, Incredible Years, Handling Teenage Behaviour (HTB) and Mellow Babies, from April 2013-March 2014, are presented in table 4.

Table 4: 2013/14 Summary of Parents Responses on the Client Satisfaction Questionnaire

| Parent Ratings | Triple P Primary Care (n=36) | Triple P Level 4 (n=3) | Handling Teenage Behaviour (n=8) | Incredible Years (n=26) | Mellow Babies (n=6) | *Averaged Totals* (n=80) |
|---|---|---|---|---|---|---|
| Rating of Service % Satisfied/Very Satisfied | 100% | 100% | 100% | 96% | 100% | *99%* |
| Childs Needs Met % Most/Almost all | 100% | 100% | 92% | 91% | 100% | *97%* |
| Parents Needs Met % Most/Almost all | 100% | 100% | 100% | 90% | 100% | *98%* |
| Child Behaviour % Slightly/Greatly Improved | 96% | 100% | 89% | 94% | 40% | *84%* |

*\*n=number of parents who completed an evaluation for group*

The results were analysed in relation to parent's scores of the specific services. On average, the two highest possible ratings were made by 99% of parents in relation to satisfaction with the support service. Furthermore, 97% of parents reported feeling that almost all their child's needs were met. In addition, 98% of parents reported feeling almost all their own needs had been met and 84% of parents believed their child's behaviour had greatly improved.

In addition to use of the Client Satisfaction Questionnaire to evaluate the impact of support, many groups have additional and specific measures for evaluations which are reported in appendix G. Key themes from these evaluations mirror the findings of the Client Satisfaction Survey Results, for example by highlighting reports of improved child behaviour and parental well-being.

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[5]The Client Satisfaction Questionnaire is a standardised measure, which was developed and piloted in 2013, for use with all agencies providing support in West Dunbartonshire. Completed questionnaires are fed in to a central system (on survey monkey) for storage of the results and data management purposes.

Impact of Support on **Parents**

*Some quotes from evaluations by parents highlight the impact of support on parents:*

"I've learnt from doing this course…"
*(Triple P '13)*

"Confident knowing I am doing the right thing"
*(Triple P '14)*

"I know instantly what actions to take when my child misbehaves"
*(Triple P '14)*

"less angry and more confident"
*(Incredible Years '14)*

"…a lot calmer when dealing with bad behaviour"
*(Triple P '14)*

"…calmer, less shouting, more confident"
*(Incredible Years '13)*

"I do a lot more"
*(Triple P '14)*

"…at the end of the programme I show such a change in my son & myself."
*(Triple P '13)*

Impact of Support on **Children**

*Some quotes from evaluations made by parents highlight the impact of support on children:*

"My son responded well to having a friend come to see him and enjoyed showing his internet to him"
*(Young Family Support Service '14)*

"…more confident, better at school"
*(Triple P '14)*

"when things go to plan they are much better behaved"
*(Young Family Support Service '14)*

"My son is more settled, calmer…"
*(Triple P '14)*

"more behaved and well maintained"
*(Triple P '14)*

"…improved sleep at night"
*(Baby Massage '14)*

"More relaxed and less stressed
*Young Family Support Service'14*)

"greater eye contact"
*(Baby Massage'14)*

"My daughter has improved speech…"
*(Young Family Support Service '14)*

"listen more, better behaviour, playing together more"
*(Incredible Years'14)*

<u>Wider Impact of Support on **the Community**</u>

Over half the parents who completed a Client Satisfaction Questionnaire (51%; n=86) after taking part in a parent support service in West Dunbartonshire indicated increased use of other services/activities or supports since previously accessing the service (as highlighted in Figure 1, appendix D). The most frequently accessed activities after support included leisure activities, parent groups, library visits, soft play visits and contact with friends.

### *3.2 Parent and Community Involvement:*

<u>Parent Consultation</u>

To help involve parents and the community in the development of parenting support, survey and focus group methods were used to consult with parents (recruitment and participant details in appendix E) to gather quantitative and qualitative information about parent's experiences of support and what parents want from support services. The research was carried out in interlinked phases (see full results in appendix F), of which the key findings are presented in the following sections.

*Phase One (Parents Awareness of Support Services in the Community):*

- Most parents surveyed did not know what support was available in the council and felt that they didn't need support. However, a majority of parents felt more knowledge and information would be welcomed to help make it easier to access if needed.

- Online methods were most commonly cited as the best way to give parents information about support available including email, Facebook and online generally (webpages etc.).

- Some possible barriers and facilitators for access to support were made by parents in a small focus group in phase one, including internet access (external/environmental resources), level of intelligence, having a voice (internal/ person level factors), and perceived stigma attached to accessing support, including individual perceptions and the wider societal perception of support. These findings were supported in phase four by vulnerable parents who have disengaged with support previously. The parents who had disengaged indicated negative perceptions of support, which was a barrier to engagement, as they felt patronised and stigmatised when invited to support groups.

*Phase Two (Parents Experiences of the Availability and Accessibility of Support):*

- The 'universal group' of parents [6] reported having more resources for accessing support if required, as this group of parents indicated better access to transport and childcare to attend support groups if necessary. In addition, the 'universal group' of parents believed they had higher levels of self-confidence about asking for support and attending support groups if needed, in comparison to the 'vulnerable group' of parents in services. In contrast, 'vulnerable' parents in services reported more satisfaction with the information and knowledge they have about support in West Dunbartonshire, and the flexibility of support services within the council in comparison to parents in the 'universal group', and more positive responses about support at different age stages.

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[6]The 'universal group' of parents in this samplewere parents in the community, who would be considered under 'universal services' in the WD parenting model. These were parents not currently accessing parenting support services, and not considered to be a 'vulnerable' group of parents in need of targeted or intensive levels of support

- The findings suggest 'vulnerable' parents may have more opportunities to access support, in addition to more awareness and knowledge of support in comparison to 'universal groups' of parents, but may also experience more barriers to accessing support in terms of resources (including transport, childcare and confidence to access support groups if needed) when compared to 'universal groups' of parents.

*Phase Three (Views of Parents in Services about the Quality and Impact of Support):*

- Vulnerable groups of parents in services suggested a positive impact of support in various areas, including helping to resolve a specific issue, the adjustment of the parent, parent-child relationships, the adjustment of the child, parent's level of social support and parenting skills.

- The support had an impact on family conflict and parent relationships, although to a lesser degree.

*Phase Four (Exploring Parents Reasons for Disengagement with Support Services):*

- Parents who have previously disengaged with support groups suggested a number of factors for their non-engagement, including lack of readiness to accept support and negative perceptions of support held at the individual and societal level. Some parents perceived no need for a support group or a lack of confidence about attending groups. These issues appear to be particularly important barriers amongst parents who don't engage with support. Practical barriers to engaging with support were also indicated by some, including childcare, location of group, work commitments, a need of support to access support and home life difficulties.

- The findings indicate there can be multi-factor/levelbarriers for parents to accessing services that should be tackled in a holistic way by professionals working with parents to help them engage with services.


*Implications:*

- Importance of supporting 'vulnerable parents' with confidence when thinking about attending parenting groups

- Awareness of complex and additional barriers experienced by 'vulnerable parents' in accessing support in comparison to 'universal groups' of parents - need to focus on the roots of these barriers in attempts to reduce them

- Ensuring parents feel listened to and included in decisions affecting them and their families to enhance their readiness to access support

- Reducing stigma surrounding 'support'

    o Change of terminology for parenting from 'Parenting Support' to 'Opportunities for Parents'

- Wider advertising of universal support to all parents

- More use of internet as a method of communication about Parenting Opportunities

- Ensuring follow up to parents who disengage from groups, and enquire about what other type of support they may feel they need instead

- Re-offer parenting groups to parents who don't attend

- Need to improve pre engagement activities with 'hard to reach' and 'vulnerable' groups of parents to build relationships and confidence as a precursor to participation in any parent group

### 3.3 Overall Summary:

The findings clearly indicate a positive impact of support provision in West Dunbartonshire on parents, children and the wider community. The evaluations made by parents who participated in support groups in 2013-14 indicated a high level of satisfaction with the service (99%). The majority of parents (97%) suggested the service met the needs of their child as well as their own needs (98%) and they believed their child's behaviour had greatly improved (84%). Furthermore, over half of the parents (51%; n=86) reported increased use of other services/activities or supports since previously accessing a service. In addition to the evaluations, by engagingwith parents and carers to understand their view about the services provided to support them across West Dunbartonshire, evidence has been gathered about the awareness of parents in relation to parenting support. The findings have been useful tohighlight areas where there is the potential for service improvement, in particular by addressing the additional barriers experienced by 'vulnerable groups' of parents in relation to accessing support. However, the views of parents provide evidence that services are having the desired effect, by providing high quality support which is having a positive impact on those who participate in support programmes and groups. Participants who were involved with services, in particular, parents of children who have disabilities reported feeling well supported.

# 4. What Do We Need To Do Next?

1.  *Discuss the potential risks to parenting support across the West Dunbartonshire Council area with strategic managers. The key risks are:*

*   As support staffing numbers reduce in key services and the funding available to deliver parenting programmes is cut, the capacity to maintain current levels of support to parents is reducing.
*   The regulated programmes require two to three staff to dedicate almost a full working day for the length of the programme (2 – 16 weeks). This is difficult to maintain as many staff are offering parenting groups alongside increasing case loads.
*   The cost of taxi's for parents to attend groups is increasing because of lack of local venues.
*   Organising a crèche for each group is an increasing cost as WDC does not have its own crèche facilities suitable to the needs of groups.
*   Finding appropriate premises which are convenient for parents and which are available for groups running for up to 16 weeks, is extremely time consuming and at times groups cannot convene because of lack of suitable accommodation. Paying for council run community venues to hold the group is increasingly untenable as the cost of renting rooms in the community for groups can be as much as £75 for one week.

2.  *Building Capacity of Staff:*

*   The development of a quality assurance model based within supervision and review processes for staff delivering regulated parenting programmes.
*   A focus on fidelity to support programmes amongst staff. Research suggests the fidelity with which an intervention is implemented affects how well it succeeds (e.g. Carroll, Patterson, Wood, Booth, Rick &Balain, 2007). Programmes implemented with high fidelity can significantly improve parenting practices, compared to effects when implementation fidelity is low (e.g. Forgatch, Patterson &DeGarmo, 2005). It is important that implementation fidelity of support programmes is measured. Suggestions for assuring fidelity to parent programmes include; leader session checklists, peer and self-evaluations, weekly session evaluations by participants, video review of sessions and standardised observational measures of delivery methods and processes (Webster-Stratton; The Incredible Years).

3.  *Parental Engagement & Engaging Hard to Reach Parents:*

*   Focus on building relationships with our 'hard to reach' and 'vulnerable' groups of parents.
*   Further audit and survey of 'vulnerable' groups of parents' to explore support needs and experiences of support.
*   Continue to develop innovative ways for engaging parents:
    *   Development sessions to consider how to make services easier to access for 'vulnerable groups'
    *   Involve parents to comment about how the service can make itself more friendly and appealing, and involve parents with advertising and recruiting for groups, so that more parents are likely to engage.

- o Train parents who have previously engaged in support as peer mentors and/or advocates to help new parents to engage in support.
- o More use of technologies (i.e. a discussion board, facebook, twitter etc) for communication with parents.
- o Sessions with Early Years Establishments to help enhance pre engagement with parents (for example through 'tea toast and talk' sessions).

- Routinely contact parents to find out why they did not engage with services previously to re-offer parenting programmes and help reduce any barriers for parents to access or identify another type of support that may be more suitable (i.e. confidence building sessions).
- A re-consideration of the terminology used for advertising around parenting support provision, as it has been identified that terms such as 'support' can be a disincentive among parents, associated with negative perceptions and stigma of services. Parents have suggested that these terms give the perception of being aimed to "*teach you how to be a parent*" or to *"people who are not coping"*.

*4. Reviewing the West Dunbartonshire Parenting Strategy in Accordance with the National Parenting Strategy:*

- Update and explicitly incorporate Fathers into the parenting strategy for West Dunbartonshire

*5. Developing Evaluation of Impact Processes:*

- Implement small tests of change (PDSA) to improve evaluation of support rates.
- Seek follow up evaluations from parents who completed parenting support groups at 6-12 months after completion to explore longer term impact of support.
- Design novel methods to engage with children about their expectations and experiences of parenting services.

***Please see separate document for an outline of the West Dunbartonshire Parenting Review and Improvement Group Work Plan***

# 5. Conclusions

Overall, this report has provided evidence about the provision of parenting support in West Dunbartonshire throughout 2013-14. Findings have indicated that services for parents in West Dunbartonshire are providing high quality support which is having a positive impact on wellbeing outcomes for parents, children, families and the wider community. More parents have accessed evidence based support in 2013-14, in comparison to previous years, with year on year improvements in numbers of parents accessing support since the introduction of the West Dunbartonshire parenting strategy in 2011. Furthermore, evaluations completed by parents have increased in 2013-14, in comparison to previous years, since the introduction of a standardised measurement tool for use across all parenting services in West Dunbartonshire.

The findings of this evaluation will shape the new Work-Plan for the RIG (2014-15), which will include aims to build capacity of staff delivering parenting programmes, through supervision and review, in addition to reducing barriers to engagement in services identified by 'vulnerable' groups of parents such as poorer access to transport or childcare, lower self-confidence and negative perceptions/stigma, which will be targeted through innovative pre engagement activities evaluated through small tests of change (PDSAs).

There will be a move away from the use of 'Support for Parenting' as terminology to advertise parent groups/programmes in West Dunbartonshire Council to help reduce perceived stigma associated with accessing parenting support services. Finally, the parenting strategy will be updated during 2014-15, in line with the national parenting strategy, which will result in more focus being placed on fathers in services for parents in West Dunbartonshire in the future.

**Appendix A: Parenting Calendar 2014:**

| Name of Group | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Play @ Home or bookbug | | | | Meadowview EECC (6 weeks) | | | Lennox EECC (6 weeks) | | | Meadowview EECC (6 weeks) | | |
| | | | | Clydebank EECC (6 weeks) | | | Ferryfield EECC (6 weeks) | | | Clydebank EECC (6 weeks) | | |

| Name of Group | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mellow Parenting | Mellow Babies (14 weeks) | | | | | Evaluation | | Prep Time | Mellow Babies (14 weeks) | | | |
| | Mellow Bumps (6 weeks) | | Mellow Bumps (6 weeks) | | | | | | | | | |

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| Name of Group | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Handling Teenage Behaviour | | Prep Time | 10 weeks | | | | | Prep Time | 10 weeks | | | |

| Name of Group | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Incredible Years | St Kessogs Ladyton Cunard | | | | | | | Dumb/Alex Clydebank | | | | |

| Name of Group | JAN | FEB | MARCH | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Triple P Stepping Stones | 5 weeks + 3 weeks telephone support | | | 5 weeks + 3 weeks telephone support | | | | | | | 5 weeks + 3 weeks telephone support | |

**Appendix B: Evidence Based Parenting Activity in West Dunbartonshire 2013-14**

Table 5: Parenting Activity

| Parenting programme | Group | Number of Parents | Total Number |
|---|---|---|---|
| FAST | February 2014 – Bonhill Primary | 5 Completed | 31 Parents |
| | October 2013 – Kilbowie Primary | 9 Completed | |
| | March 2014-St Eunans | 17 Completed | |
| Children with Disabilities Team – Support at Home Worker Support to families | April 2013 – March 2013 Families with a child diagnosed with ASD | 56 Completed | 56 Parents |
| Sleep Scotland Programme | 2013 – Children with Disabilities Team | 9 Completed | 9 Parents |
| Autism Awareness and Support Course | Ages 3 to 12 years March 2013 – Children with Disabilities Team | 44 Completed | 62 Parents |
| Autism Awareness and Support Course | Ages 13 to 19 years May 2013 – Children with Disabilities Team | 18 Completed | |
| Foster and Adoption Support Course | August 2013 | 8 Completed | 15 Parents |
| | January 2014 | 7 Completed | |
| Triple P | Primary Care individual work provided by Health Services Level 3-Primary Care | 186 Completed | 247 Parents |
| | Level 3- Group Discussion EECC's | 47 Completed | |
| | Level 4- Standard | 6 Completed | |
| | Level 4-Stepping Stones *(Support for Parents of Children with a Disability)* | 8 Completed | |
| Handling Teenage Behaviour | May 2013 – The Answer Café | 8 Completed | 8 Parents |
| Incredible Years | February-June 2013-Dumbarton | 9 Completed | 26 Parents |
| | September 2013 - Dumbarton | 3 Completed | |
| | September 2013 - Clydebank | 4 Completed | |
| | February-June 2013 – Clydebank | 10 Completed | |
| Mellow Babies | April 2013 – Auchnacraig EECC | 6 Completed | 6 Parents |
| ***Total Support Provision for Parents during April 2013-April 2014*** | | | ***460 Parents*** |

*Completed-finished a core number of sessions

**Appendix C: Other Services Providing Parenting Support in West Dunbartonshire Council and Third Sector:**

A number of other services provide parenting support in West Dunbartonshire, which will be outlined in the following sections. This parenting activity does not follow specific parenting programmes, but provides much needed support to vulnerable parents and families through a variety of activities.In the period between April 2013 and March 2014 a total of 49 parents accessed a parenting activity through these other services (refer to Table 6).

**Library Services:**

Libraries and Cultural Services offer literacy support activities for parents and children informed by *Getting It Right for Every Child, The Early Years Framework* and *Joining the Dots*; most services are also linked to the Curriculum for Excellence. The service offers a child centred approach to promote the development of children and young people.

*0-3yrs*
- Mellow Bumps
- Baby massage
- Baby yoga
- Bookbug Sessions
- Bookbug Library Challenge

*3-5yrs*
- Storytelling Sessions
- Tales for Tots

West Dunbartonshire Leisure Services provide 'Parents Physical Activity Workshops' for local child-minders and parents with children aged 2-5 years old, with the aim to reach as many parents and make attending workshops easy, regardless of family circumstances (refer to Appendix 3). The primary function of the workshops is to advise parents and child-minders on the importance of physical activity and play for their child's health and wellbeing along with demonstrating practical ideas on how to introduce play and physical activity in the home environment.

**Community Learning & Development (CL&D):**

These services run family programmes, such as FitFamilies, FunFit, the Family Art Programme, Creative Families Project and the Family Literacy Programme, where parents and children attend the programme together as a family.

**The CEDAR Project:**

The CEDAR project offers comprehensive therapeutic interventions (refer to Appendix I) aimed at improving parenting by allowing parents the forum to explore trauma and how being in a domestically abusive situation impacts on their ability to parent effectively. CEDAR is currently in the process of developing a group work programme for adoptive or foster parents and non-abusing fathers with custody to enable them to support their children. They have also begun talks with the national workers to look at developing CEDAR groups for

children with disabilities. The aim of these programmes and activities is to raise parental confidence and self-esteem, support parents to support their children, build positive relationships between parents, children, schools and services and teach parents new skills.

The total number of parents that CEDAR has supported in 2013-14 is 29. This is broken into the following:

- 21 mothers supported through CEDAR either in group or on a one 2 one basis

- 2 female kinship carer's

- 1 female parent with adopted child

- 1 male kinship carer

- 1 non abusing father

- 1 male parent with adopted child

- 2 mothers supported over a period of 3 months but then child declined a place at group

**Third Sector Parenting Activity:**

Parenting activity ran throughout 2013 and 2014 through a number of third Sector organisations including:

- Y Sort It and

- The NSPCC.

**NSPCC:**

Within West Dunbartonshire the NSPCC are running two new intensive parenting programmes, 'Parents under Pressure' and 'Improving Parenting, Improving Practice' (refer to Appendix I).

*Parents Under Pressure:*

Parents Under Pressure is a programme aimed parents with children under 2 years old who have substance abuse issues. Parents who take part in the programme must be either on a drug treatment programme or in an alcohol abstinence/relapse prevention programme. The primary aim is to help parents facing adversity develop positive and secure relationships with their children. Support is provided in the home and combines psychological principles relating to parenting, child development and parental emotion regulation within a case management model. The NSPCC staff provide a highly individualised programme and work closely with other agencies involved with each family.

*Improving Parenting, Improving Practice:*

Improving Parenting, Improving Practice consists of two parenting interventions, Video Interaction Guidance (VIG) and Pathways Triple P (PTP), targeted at parents identified as complex cases by partner agencies, who may be struggling with poverty, past abuse, domestic violence, mental ill-health, disability and substance misuse. Both programmes are designed to address poor parenting where neglect or other harm presents as a risk and offers a choice of approaches to referrers, for example where use of video is not possible. Focussed preparatory work is undertaken on a sub sample of complex cases in order to enable them to benefit from the service. This work involves up to 4 sessions were NSPCC practitioners work with partner agencies, utilising tools shown to have merit in increasing engagement with services. The NSPCC are as of March 2013 providing support to 5 families in West Dunbartonshire, utilising this programme.

The NSPCC have negotiated a service level agreement with WDC and report on the progress of their parenting activity through the Parenting RIG.

Table 6: Other Services Parenting Activity

| Parenting Groups | Group | Number of Parents | Total Number of Parents |
|---|---|---|---|
| Cedar | Individual/Group Work | 29 | 29 Parents |
| Up2Us | Handling Teenage Behaviour | 12 | 20 Parents |
| | Group (School Based) | 8 | |

**Appendix D: Wider Impact of Support on the Community:**

Figure 1: Percentages of Parents who Accessed Activities/Services after Support 2013-14
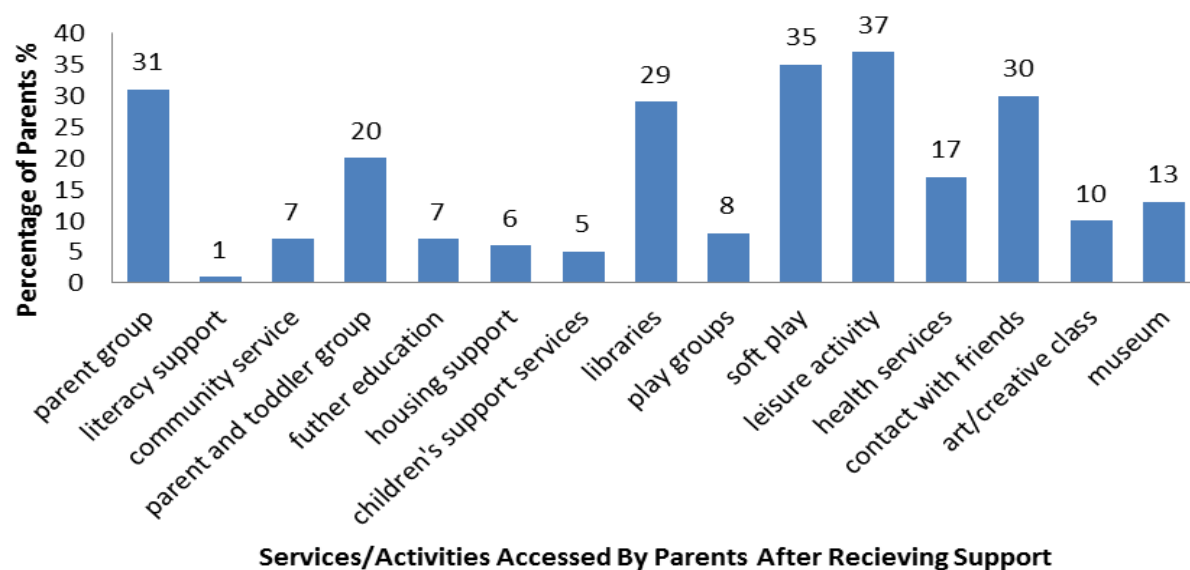
**Appendix E: Parent Consultation, Participants and Recruitment:**

**Phase One:**

| Family Group | FME (2012) | Mothers | Fathers |
|---|---|---|---|
| 1 | 11 | 9 | 2 |
| 2 | 11 | 11 | 0 |
| 3 | 7 | 6 | 1 |
| Unknown | 9 | 1 | 1 |
| *Total* | *40* | *36* | *4* |

**Phase Two & Three:**

| | Participation | | Totals |
|---|---|---|---|
| | Target Group Participants n=19 | Control Group Participants n=11 | Total Participants n=30 |
| *Location of Recruitment* | | | |
| Have Your Say Group | 3 | 0 | 3 |
| Y Sort It | 4 | 0 | 4 |
| Outreach | 3 | 0 | 3 |
| Friends of Kilpatrick Group | 3 | 0 | 3 |
| Clydebank Family Centre | 3 | 0 | 3 |
| Baby Immunisation Clinic | 0 | 11 | 11 |
| Kilpatrick Parent Support Group | 3 | 0 | 3 |
| **Support Accessed** | | | |
| Social Worker | 9 | 0 | 9 |
| Health Visitor | 5 | 0 | 5 |
| Breast Feeding Support | 0 | 0 | 0 |
| Outreach Worker | 7 | 0 | 7 |
| Pastoral Care | 1 | 0 | 1 |
| Doctor | 4 | 0 | 4 |
| Care Worker | 1 | 0 | 1 |
| Support Group | 8 | 0 | 8 |
| *Autism Group* | 2 | 0 | 2 |
| *Incredible Years* | 1 | 0 | 1 |
| *Triple P* | 2 | 0 | 2 |
| *YSortIt* | 3 | 0 | 3 |
| **Age range of Children** | | | |
| Pre Nursery | 16 | 16 | 32 |
| Nursery | 10 | 4 | 14 |
| Primary School | 8 | 2 | 10 |
| High School | 6 | 1 | 7 |
| Post School | 4 | 0 | 4 |

**Appendix F: Parent Consultation, Main Results:**

***Views and Experiences of a Representative Sample of Parents (parents n=40)***

The parents sampled with the survey in phase one were from a range of family groups identified by free school meal entitlement. The majority of parents were mothers (see Appendix for participant details). Responses indicated;

- 27% of parents had heard of parenting support programmes available in West Dunbartonshire
- 2% of parents had accessed support for parenting
- The health visitor was most frequently accessed overall.

- 100% of parents who had accessed support felt that they/their family benefited from the experience

- 98% of parents would have no concerns about accessing parenting support

A number of themes elicited from open ended questions included;

- *How to Make Accessing Parent Support Easier*

  o Provide more knowledge and information about the available support (n=11)

  o It is actually easy enough to access support for parenting (n=9)

  o Online support forums (n=4)

  o Out of office hour's support (n=1)

  o Groups in schools (n=1)

  o Free transport (n=1)

  o A direct contact to help access support (n=1)

  o Support to access support (n=1)

- *Type of Support Needed*

  - Don't need support (n=9)

  - Don't know what support needed (n=10)

  - The council already provide adequate support for parents (n=5)

  - Play activities (n=5)

  - Help to get in to employment (n=1)

  - Confidence building (n=1)

  - Support to access support (n=1)

- *Four Best Methods for Providing Information about Parenting Support*

    o Email (n=10)

    o Online (including Facebook) (n=9)

    o School Bag (n=4)

    o Letter (n=4)

- *The Impact of Parenting Support*

    o Helped to target a specific problem (n=4)

    o It improved parental relationships (n=1)

    o Boosted social support networks (n=1)

    o Reduced conflict in the home (n=1)

A small focus group was conducted with parents who had taken part in the initial survey for phase one. The parents who attended this focus group had little knowledge of support available to parents in West Dunbartonshire. However, these were parents also who felt that they didn't need support and would know how to go about finding it. One parent associated the ability of parents to find support if needed to a number of factors including internet access (external/environmental resources), level of intelligence and having a voice (internal/ person level factors). The parents believed that support groups were for parents of children with disabilities or behavioural problems or for those who need to improve their parenting skills:

*Aspergers, that's the big one. They need support, and quite often they are from working families and mums at the end of her tether and she is trying her best and blablabla. Now I just think I'm lucky" (Parent A: Focus Group)*

*"I think we are of average intelligence and would know how to go about finding out, but there are people out there that don't know or don't have internet or they are maybe just not as vocal" (Parent B: Focus Group)*

Parents believed support was beneficial for parents who do have 'problems', as they felt that these difficulties would have a negative impact on the children if not identified. However, there was the perception that the terms 'parent support' and 'parent programme' had a negative connotation, and stigma. When parents hear these terms, they are viewed as being aimed to "*teach you how to be a parent"* or to *"people who are not coping".* The parents suggested terms they felt may be more attractive to parents in advertisements for parent groups, including: *"Local"*, and *"Positive Parenting" and "Praise and Incentives for Children".*

***Views and Experiences of Parents in Services vs. A Universal Group of Parents (parents n=30)***

The second phase focused on vulnerable groups of parents in services; including parents with children who have a disability (n=14), young parents (n=5) and a comparison group of parents (n=11) not involved in support services previously/not in need of support (control/universal group). A developed questionnaire asked participants to rate their views of statements by selecting scores ranging from 1-5, with higher scores indicating more positive views. The 'Target Groups' (i.e. vulnerable groups of parents in services) were identified by speaking to Health Visitors, Outreach Workers, Family Nurse Partnership, links to groups with parents who have children with physical or learning disabilities, young parent groups and early years centres. The parents in the control group were identified from visits to health centres, schools, community centres, breast feeding clinics and early year's centres.

Parents were asked about their views of support, how able they felt to access support in relation to resources etc., (Figure 2) and about support at various age stages (Figure 3). The parent's responses were split according to parents of children with disabilities, young parents and parents in the control group.

Figure 2: Mean Scores of Parents Views about Support
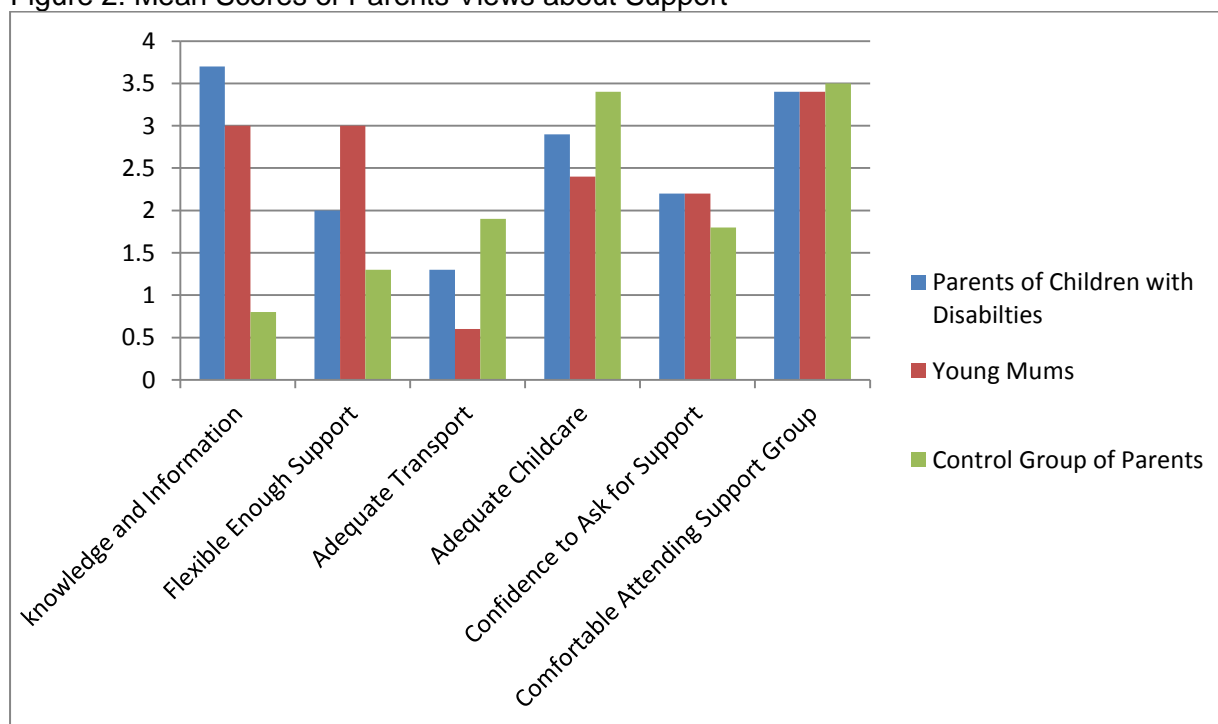


*score range from 1-5 with higher scores indicating more positive perceptions*

Parents in the control group perceived having less knowledge and information about support and less flexible support services in West Dunbartonshire than parents of children with disabilities, and young mums. In contrast, parents in the control group were more satisfied that they had resources, including transport, childcare and confidence to access support if needed, in comparison to the other parents.

As shown in figure 3, there were more positive responses from parents of children with disabilities about support at different age stages. In particular, parents of children with disabilities reported feeling more supported at the pre nursery, high school and leaving

school stage than parents in the control group. The young parents only responded for pre nursery stage, as this was the age range of their children.

Figure 3: Mean Scores for Level of Support Perceived by Parents at Different Age Stages
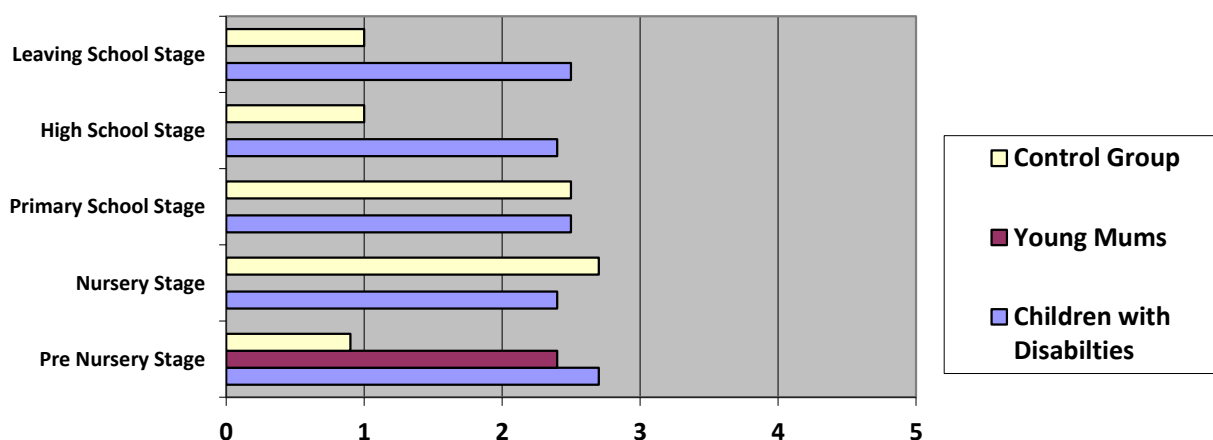


*score range from 1-5 with higher scores indicating more positive perceptions of support*

Parents made a rating of services available to support parents (On a scale of 0-10 from very poor to excellent respectively).

- A mean rating of 6 was made by parents of children with a disability

- A mean rating of 5 was made by young mums

- A mean rating of 4 was made by parents in the control group.

Figure 4: Average Score for Support Available in West Dunbartonshire
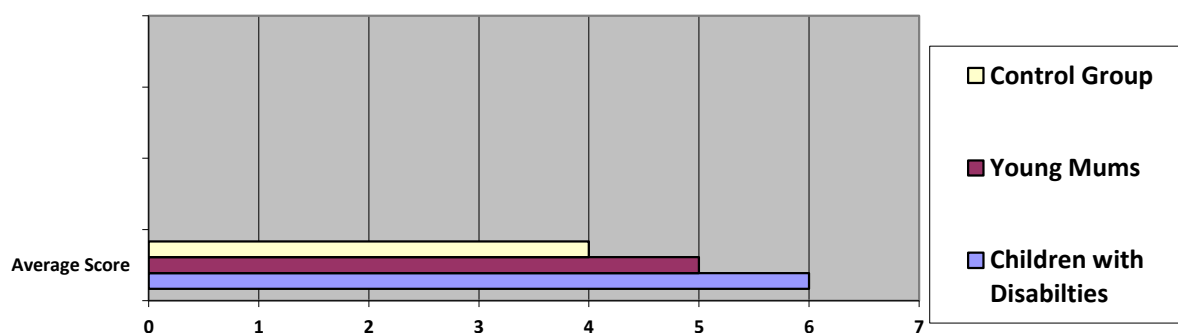


* Score ranges from 0=very poor-10=excellent

The overall rating of support available in West Dunbartonshire was highest among parents who were most in need/had accessed services i.e. parents of children with a disability, followed by young mums and parents in the control group.

***The Views and Experiences of Vulnerable Parents about Specific Support Services (parents n=19)***

Parents were asked a range of open ended questions, from which themes were elicited, and are presented in the following sections.

- Why Was Support Offered?

    o Help with a child with a disability (n=3)

    o Emotional support (n=1)

    o Respite (n=2)

    o Pregnancy (n=1)

    o Social support (n=1)

    o Going through ASN diagnosis assessment process with child (n=2)

    o Social activity for child (n=1)

    o Child behaviour support (n=2)

- Where Was Support Offered From?

    o Social Work (n=6)

    o Health visitor (n=3)

    o Nursery (n=3)

    o Midwife (n=2)

    o Careers course (n=1)

    o Sought independently by some (n=2)

- What Type of Support Was Accessed?

    o Social worker support (n=9)

    o health visitor support (n=5)

    o breast feeding support (n=5)

    o outreach support (7)

    o doctor (n=4)

    o care worker (n=1)

    o Support groups (n=8) *(Autism Group (n=2), Incredible Years (n=1), Triple P (n=2), Y Sort It – Young Mums Group (n=3)).*

- Why Did The Parent Accepted Support?
  - just because it was offered (n=3)
  - need for ideas for supporting a child with a disability (n=2)
  - see if they would like it (n=1)
  - get out of the house (n=1)
  - feeling support would be beneficial (n=1)
  - extra support at home (n=1)
  - boost parents confidence (n=1)
  - ideas/input from non-relatives (n=1)
  - to understand more about being a mum (n=1)
  - Help with child's behaviour (n=1).

- What Other Support Might Parents Have Liked Other Than What Was Offered?
  - support for dealing with children with ASN (n=2)
  - peer support groups (n=1)
  - social activities for teens (n=1)
  - more Information about supports (n=1)
  - support groups (n=1)

Parents rated the specific service/s they have used (on a scale of 0-10 with higher scores indicating a more positive experience).

- A mean score of 8 was reported in relation to parent's views of the specific services they have received.

- A mean score of 8 was also indicated in relation to how valued and listened to parents felt when provided with the service;

Thus, overall a high level of satisfaction was indicated among parents about the parenting support services in West Dunbartonshire.

Figure 3: Views about Support Received by Parents in West Dunbartonshire
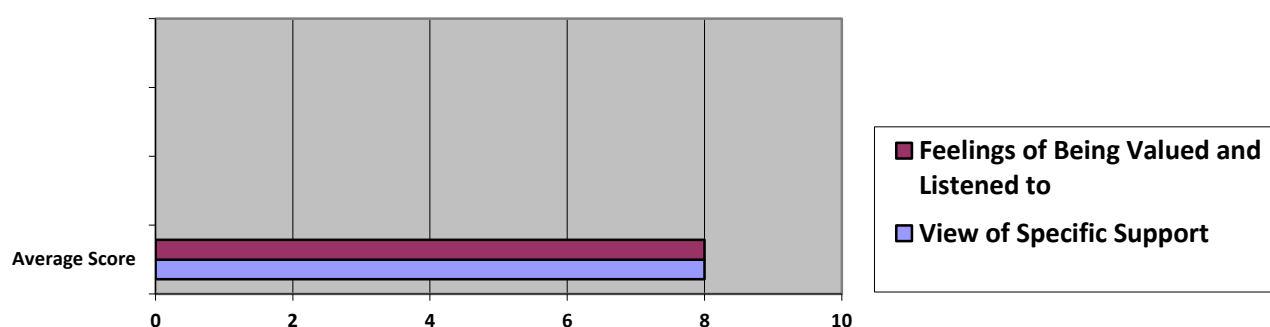


* Score ranges from 0=very poor-10=excellent

- Parent's ratings about the impact of the support on various specific areas suggested;

  - 50% strongly agreed and 33% agreed that the support had helped to target and resolve a specific issue;

  - 50% strongly agreed and 25% agreed that the support had a positive benefit on them;

  - 43% strongly agreed and 33% agreed that the support had a positive benefit on the child;

  - Of the parents who had a partner (59%), 33% strongly agreed and 33% agreed that the support had improved their relationship with their partner;

  - 50% strongly agreed and 25% agreed that the support had improved their relationship with their child;

  - 42% strongly agreed and 25% agreed that the support had increased their level of social support;

  - 42% strongly agreed and 25% agreed that their parenting skills had been improved because of the support;

  - 25% strongly agreed and 25% agreed that the support had helped reduce family conflict.

***Views and Experiences of Parent Who Previously Disengaged With Support Groups (n=12)***

In Phase Four, phone interviews were conducted with parents who have previously disengaged (either never attended or stopped attending) from parent support groups in West Dunbartonshire (Handling Teenage Behaviour/Incredible Years). The findings are limited by the small number of parents that were available to take part in the research (n=12/ n=10 incredible years; n=2 handing teenage behaviour), but the participants who took part indicated a range of reasons why they had disengaged from groups. The barriers to engagement indicated by parents were;

1) Perceptions of Support

    ▪ felt patronised to be asked to group

2) Readiness for Support

- didn't feel comfortable attending

- didn't feel in need of the support group

- felt they were already getting enough support


3) Practical Barriers to Accessing Support

- had other commitments that prevented attendance (i.e. work)

- felt they needed a different type of support, such as one to one support

- no childcare place available

- needed someone to help get settled into group

- location was not suitable

- challenging incidents at home prevented attendance

- had their child/ren taken in to care

**Appendix G: Group Specific Evaluations 2013-14:**

Handling Teenage Behaviour (evaluations n=8)

The evaluations of handling teenage behaviour were made by parents on completion of the programme in relation to eight questions, specifically exploring the impact of HTB on child-parent relationships. Parents reported improved satisfaction with a range of factors including;

- Ability to handle the teenager;

- Ability to discipline the teenager;

- How they rate their own parenting skills;

- Time spent with teenager;

- Level of praise and positive encouragement given to teenager;

- Effectiveness of looking after own needs;

- Level of team work-in working with other carers also supporting the teenager; and

- Overall relationship with teenager.

Incredible Years (n=7)

The evaluations for the Incredible Years groups running between January and December 2013 were completed at pre/post intervention by parents on the Parenting Daily Hassles Scale. Parents reported less hassle over a number of areas including child behaviour, family cohesiveness and parenting including;

- being nagged, complained to;

- meal-time difficulties;

- children listening and doing what they are asked;

- bed-time struggles; and

- managing children in public;

- kids schedules (like pre-school or other activities) interfere with meeting your own household needs,

- Parents reported significant increases in the amount of hassle they feel in regards to finding babysitters.

- No reported change in hassle for;

  - getting kids ready for outing and leaving on time,

Mellow Babies (evaluations n=4)

The evaluations for the Mellow Babies group which started in April 2013 were made on the Mellow Parenting Evaluation and the Warwick-Edinburgh Mental Health Well-being Scale (WEMHWBS) at pre/post intervention. Evaluations individually suggested a clear positive trend in improved well-being and mental health.

Triple P

- Stepping Stones (evaluations n=2)

The evaluations for Stepping Stones (level 4 Triple P) which began in May 2013 were made on the Parenting Scale and the DASS at pre and post intervention to explore five areas of adjustment as follows;

- *Parenting Style and Competence:*

  o A decrease in scores was evident for both parents across each domain of parenting style and competence including; laxness, over reactivity, hostility and total scores, indicating a positive change in all areas.

- *Behavioural Self Efficacy:*

  o Scores increased from pre to post intervention, indicating more positive adjustment, for both parents.

- *Setting Self Efficacy:*

  o Again, scores increased from pre to post intervention indicating more positive adjustment for both parents.

- *Partner Support:*

  o Fewer difficulties with partners and more positive support were reported by both parents from pre to post intervention.

- *Parental Adjustment (only available for one of the parents):*

  o A decrease in scores was apparent from pre to post intervention, indicating less adjustment difficulties and more positive parental adjustment.

**Appendix H: Referrals in 2013-14:**

The following provides a summary of agencies making referrals to groups in 2013-14. The following provides a breakdown of agencies making referrals, followed by the number of referrals made and engagement in support during April 2013- March 2014.

Incredible Years

- The majority of referrals were from Social Work (19%) and Public Health Nurses (16%). Other referrals include Educational Psychologists (9.5%), Heads of Centre (2%), GPs and Paediatricians (9.5%), Outreach/Family Support Workers (2.9%), School Nurses (14.2%), Staff Nurses (8.6%), Teachers (4%), Psychologists (8%), Support Workers (0.9%), CAMHS Team (0.9%) and Solicitors (0.9%). A percentage of parents (3.6%) self-referred to the group.

- 90% of those who attended in either February or April are mothers and 10% are both parents.

Handling Teenage Behaviour

- The majority of referrals came from Youth Services (45%), with a proportion of self-referrals (3%);

- 71% of referrals were for mothers, 10.5% for both parents, 10.5% for dads and 8% for other carers (e.g. aunt/gran);

- Of those who attended, referrals came from Youth Services team (n=3), educational psychology (n=3), social work (n=1) and respite leisure coordinator (n=1).

Mellow Babies

- The majority of referrals are made by Social Workers (47%) and Public Health Nurses (42%). There was one self-referral (1%).

Triple P (Stepping Stones Level 4)

- The majority of referrals came from Social Workers (40%), followed by Public Health Nurses (40%). There were two self-referrals (20%).

- 100% of the referrals were for mothers.

**Appendix I: Outline of Parenting Activities / Programmes:**

*Public Information*

1. *West Dunbartonshire Parenting Handbook / Poster advertisements*

   The Parenting Handbook was developed to provide useful, local information to each household with children in West Dunbartonshire and reinforces the key principles of positive parenting. The handbook is due for review.
   Posters to advertise the parenting programmes have been purchased and will be displayed in EECCs and primary schools.

*Universal Support*

2. *The Solihull Approach*
   *(http://communityservices.heartofengland.nhs.uk/default.asp?page=376 or http://www.solihullapproachparenting.com/)*

   The Solihull Approach is a highly practical way of working with families. The aim of the Approach is to help practitioners become reflective in their work with children, young people and their families; focusing on issues of attachment and resilience. It provides reference to evidence based practical advice and resources, developing a more consistent approach, and enables practitioners to identify trigger points for early referral to other professional services.

3. *FitFamilies/FunFit*

   Programmes run in local Primary Schools (FitFamilies) and Preschools (FunFit), through Community, Learning and Development and Active Schools. The programmes aim to support parents to support their children. Parents and Children take part in activities together such as cooking and dance, teaching both parents and children new skills and building strong family relationships.

4. *Family Art Project (http://www.causingcaos.co.uk/home/index.php)*
   The Project is run in conjunction with CAOS and local Primary Schools. Parents and Children take part in an art project in the school, such as painting a mural on a school wall, helping to develop relationships between families and the school.

5. *Family Literacy Programme (http://www.causingcaos.co.uk/home/index.php)*

   The Programme is run through CAOS and Community, Learning and Development, in conjunction with local schools, helping parents and children with literacy skills. Programmes such as Creative Story Telling teach parents how to choose story books to read with their children and teach computer skills to create their own story book with their child

6. *Creative Families Project (http://www.causingcaos.co.uk/home/index.php)*

This project aims to build relationships between parents and infants through the medium of story books. Parents and infants take part in dance, drama and art activities based around a particular story book, such as the hungry caterpillar. Unfortunately funding has recently finished for this project, despite its success, and it is no longer running.

7. *Bookbug Sessions (http://libraryonline.west-dunbarton.gov.uk/rooms/portal/page/10092_Pre_School_Bookbug)*

Bookbug Sessions are free, fun and friendly events for babies, toddlers, pre-schoolers and their families to enjoy together. Each session lasts around 30 to 40 minutes and includes songs, actions, stories and rhymes. These sessions run weekly throughout West Dunbartonshire Libraries, for toddlers aged 0-3 years and their parents and carers, and are a great extension to the Bookbug pack gifting programme.

8. *Parents Physical Activity Workshops*

Aimed at child-minders and parents with children age 2-5 years old, courses are delivered in the local Community Education Centre or Leisure Facilities with the choice of attending a morning, afternoon or evening workshop. The primary aim of the workshops is to provide parents and child-minders with information on the importance of physical activity and play for their child's health and wellbeing along with demonstrating practical ideas on how to introduce play and physical activity in the home environment.

9. *FAST (www.familiesandschools.org)*

The FAST programme runs over 8 weeks and aims to create a positive environment that helps to enhance child resilience, strengthen the family and parent-child bond, increase the child's success at school, reduce family stress and social isolation and reduce alcohol and substance misuse. FAST is delivered within Educational Services in West Dunbartonshire in conjunction with Save the Children and feeder nurseries.

***Universal to Targeted***

10. *Play@Home (http://www.wellscotland.info/guidance/casestudies/playhome/index.aspx)*

Play@Home is based on a series of three books aimed at babies (0-1 years), toddlers (1-3 years) and pre-schoolers (4-5 years) aimed at encouraging healthy choices and physical activities with parents and new babies. Play@Home groups run

for 6 weeks and each session features 2 or 3 planned activities including a snack time and music session. The sessions are responsive to developmental needs of the infants and the activities are not restricted by a timetable. Play@Home is also delivered in the home on a universal one-to-one basis by Health Visitors in West Dunbartonshire.

11. *Young Mums 2 Be (http://ysortit.com/youngmums.php)*

Young Mum's 2B group provides support, information & advice to pregnant and new young mothers and fathers. Groups run for 8-weekly cycles and are supported by midwives and Y Sort It youth workers. Activities include health checks, advice and baby care and hospital tours. The aim of the group is to provide antenatal and early parenting support in a relaxed and supportive atmosphere to young mothers.

*Targeted*

12. *Sleep Scotland Programme (http://www.sleepscotland.org/index.php)*

Provides support for parents of children with additional needs with severe sleep problems. Parents are taught on an individual basis specially adapted behavioural and cognitive techniques. This reduces stress levels for the parents which, in turn leads to improved health and quality of care for the whole family. Parents and carers can look after their children better, and make the best decisions about care for their children with additional support needs.

13. *Autism Awareness and Support Course (http://www.barriecooper.co.uk)*

The Children and Disabilities Team offers an awareness and support course aimed specifically at parents whose children have received a diagnosis of Autism Spectrum Disorder, including Asperger's Syndrome, and/or Challenging Behaviour in the past 2 years. Two 2-day courses run in the year, one for parents/carers of children aged 3 to 12 and another for parents/carers of teenagers aged 13 to 19 years. The course covers topics such as Diagnosis, understanding Autism Spectrum Disorders, Communication, managing anger and aggression, practical tips for school and benefits and services etc. The course is run in association with and funded by WDC and Barry Cooper who runs his own autism training and consultancy service.

14. *Family Support Group*

The group runs two or three times a year for 8 to 12 weeks through Alternative to Care. The aim is to provide peer support for vulnerable families and parents, with children and teenagers at risk of being taken into care. The group meets weekly for lunch, after which they receive some informal parenting support in the form of peer support, teaching of parenting skills and receiving presentations from other agencies

in West Dunbartonshire, a programme based on Handling Teenage Behaviour (HTB) and the Therapeutic Crisis Intervention (TCI) System.

*15. CEDAR Abuse, Trauma, Recovery Group (http://cedarnetwork.org.uk/)*

Provides support for children and young people aged 4 to 16 years old who have experienced domestic abuse in the home. A concurrent group work programme for mothers, enabling them to support their children in their recovery, runs alongside the children and young people programme, using a gendered analysis framework. The programme runs over 12 weeks, with the aim of addressing factors that have impacted on parenting capacity and ability to parent effectively, reflect on their children's needs and prepare for issues that may arise from the children's group.

*16. Triple P (http://www8.triplep.net/)*

Triple 'P' is a multi-level, multi-disciplinary, evidence based parenting programme. It aims to empower families by building on existing parenting strengths, develop a safe, nurturing environment to promote positive family relationships, develop effective strategies for promoting children's development and enhance parents' self-efficiency for future problem-solving.

Primary Care, 'Level 3', Triple 'P' programmes is delivered in West Dunbartonshire. Triple 'P' is delivered on an individual, one-to-one, basis by Health Visitors and Early Education and Childcare Outreach Workers. Parents' complete 4 sessions of Triple P. 'Level 4' Triple P is delivered on a one-to-one basis by two of the Outreach Workers trained at this level in West Dunbartonshire.

*17. Handling Teenage Behaviour*

HTB is aimed at any parent experiencing difficulties with their teenage children. Groups aim to build the self-esteem of parents, encouraging them to manage behaviour appropriately whilst helping to improve parent-child relationship and prevent family breakdown. HTB runs over a period of 8 weeks.

**Targeted to Intensive**

*18. Incredible Years (http://www.incredibleyears.com/)*

The Webster Stratton Incredible Years (IYs) programme runs for 16 weeks. In West Dunbartonshire Preschool and Primary Programmes are combined. Parents with children aged between 3 and 12 years old are recruited for the programme. The programme aims to strengthen parent competence and encourages parental involvement in their child's school experience, with the goal to foster child academic, social and emotional competencies and reduce conduct problems.

*Intensive*

19. *Mellow Babies (www.mellowparenting.org)*

   Mellow Babies is a specialised version of Mellow Parenting designed for parents of infants under 1 year old. There is a focus on adult mental health, child care skills and child protection. Mellow Babies groups run over an intensive 14 week period.


20. *Mellow Bumps (www.mellowparenting.org)*

   Mellow Bumps aims to help mothers to relate to their baby before birth and prepare for motherhood. There is a focus on self-care and stress management. It also aims to help mums-to-be to understand that babies are prepared for social interaction from birth. Mellow Bumps is run over an intensive 6 week period, with mothers who start the programme between 20 and 30 weeks pregnant.


21. *Parents Under Pressure (http://www.nspcc.org.uk/what-we-do/the-work-we-do/priorities-and-programmes/under-ones/parents-under-pressure/parents-under-pressure_wda86824.html)*
   Parents Under Pressure is an intensive programme aimed at opioid and alcohol dependent parents with children under 2 years old and consists of 10 modules delivered over a 20-week period. The programme aims to help parents facing adversity develop positive and secure relationships with their children. Within this strength-based approach, the family environment becomes a more nurturing place with less conflict.


22. *Video Interaction Guidance (VIG) (http://www.nspcc.org.uk/inform/resourcesforprofessionals/neglect/improving_parenting_improving_practice_wda85523.html)*
   In West Dunbartonshire VIG is part of the Improving Parenting, Improving Practice Programme aimed to support and challenge parents who are struggling to care for children aged 4 to 10 years old, whose case is identified as complex by partner agencies. The programme runs for approximately 9 weeks, in the family home, and by utilising filming children when they are engaged in an activity with their parents aims to help parents view their interactions with the child and become more attuned to their child's needs. Through watching the videos the worker builds parents' confidence in their parenting skills and also explores what else they can do to improve their interactions with their children.


23. *Pathways Triple P (PTP) (http://www.nspcc.org.uk/inform/resourcesforprofessionals/neglect/improving_parenting_improving_practice_wda85523.html)*

In West Dunbartonshire PTP is part of the Improving Parenting, Improving Practice Programme targeted to support and challenge parents struggling to care for children aged 4 to 10 years old, whose case is identified as complex by partner agencies. The programme runs for approximately 9 weeks and teaches parents behavioural approaches to improve parent child relationship and availability to the child. The programme is delivered through home visits and telephone contact, with sessions including helping parents manage stress, anger, and mood swings.