The Scottish Government

Support and Services for Parents: A Review of Practice Development in Scotland

Education and Training

SUPPORT AND SERVICES FOR PARENTS: A REVIEW OF PRACTICE DEVELOPMENT IN SCOTLAND

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It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy. The name 'Scottish Executive' has also been changed to 'Scottish Government' since inception of the evaluation.

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EXECUTIVE SUMMARY

1. The Antisocial Behaviour etc. (Scotland) Act 2004 ('the 2004 Act') made provision for Parenting Orders ('POs') across Scotland as part of a three year national evaluated pilot intended to focus on systems and practice for the operation of POs. Parenting Orders introduced, for the first time, the potential for compulsory measures over parents and were designed to support those who refused to engage with voluntary support services to improve their parenting where this was considered seriously deficient.

2. No POs were applied for during the life of the research (April 2005 to August 2007). Findings from the research do, however, show a clear and consistent philosophy within local authorities ('LAs') regarding the use of compulsion in dealing with vulnerable children and their families.

3. The research suggests that LAs and Community Health Partnerships ('CHPs') attempt to promote voluntary engagement and co-operation with parents with compulsion only as a last resort measure. The evidence from this study would suggest that while, hypothetically, many considered that POs may have a place in assisting their work, the primary means of compulsion, and one considered likely to be most effective, was compulsion over the child through the Children's Hearings system.

4. Respondents suggested that the greatest impact on lack of engagement by parents was related to service inadequacies, parental confidence and structural factors that would not be overcome by compulsion. There is no practice experience, as yet, in Scotland to indicate that compulsion over parents through POs would make a notable difference in difficult cases.

5. In the absence of POs the study focused on:

- An examination of strategic approaches to the provision of parenting support and services taken across Scotland;
- Obtaining information on the provision of parenting support and services, as currently operated in Scotland, via interviews with relevant social work and education personnel from LAs, and health personnel from CHPs; and
- Analysing findings from the mapping of parenting services requested of each LA by the Scottish Executive.

6. A literature review (MacQueen et al, forthcoming) on parenting support and services was also completed and is being published separately by the Scottish Executive. The methodologies addressing the 3 areas covered by the study are discussed at relevant points below.

Strategic Approaches to Parenting Support

7. Fourteen Community Health Partnerships were covered by the study. None had a fully developed strategy for the provision of parenting/family support services. Health professionals were, however, working within the 'Hall 4' framework that provides a consistent, systematic and staged approach to the provision of family support.

8. Developments in strategic planning of parenting support and services were examined in a sample of 18 LAs. All were at different stages of development. Two had made little progress since the inception of the legislation and a further 13 were in the process of or still considering developing a strategic approach. Three LAs had made considerable progress in drafting a parenting support strategy. These were examined in some depth using a conceptual framework developed from the literature review of parenting support and services.

9. All three of the developed parenting support strategies were the product of multi-agency work, and two had begun to stage services according to levels of need. None had fully developed a baseline of need or provided a staged model of service provision according to the age and developmental needs of children. Key target groups for services were only loosely defined in each of the three strategies. None provided entry or exit criteria to different tiers of provision or the use of follow-up and maintenance work with families.

10. In two of the developed strategies, services were weighted towards the use of centre or institution-based rather than in-home provision. Both of these strategies were lacking structured, intensive family work for parents considered at high need/risk. At the lower need/risk levels, models of provision included a number of appropriate methods of service delivery including simple advice and support to parents on a voluntary, informal basis. One LA outlined within its strategy document an 'ideal' model of provision to work towards. This incorporated many of the methods identified in the research literature on 'what works?' although this model was also notably lacking in the provision of home-based support and services.

11. The evaluation found that none of the authorities studied yet provide a model of best practice that could be promoted as a template or exemplar for strategic planning. However, a few authorities are on their way to shaping their strategies in ways that recognise the different needs presented by families depending on their level of vulnerability, the kinds of difficulties presented by children and parents and differentiated by age across the life course.

Interviews with Practitioners

12. Relevant personnel were interviewed from 21 LA social work departments, 10 LA education departments and 14 CHPs; a total of 85 interviewees were involved. Availability of services varied widely between each LA and CHP area, with the main gap reported as the provision for early intervention or preventative work. More structured approaches were reported as generally only available where levels of need and/or risk were considered high.

13. The evaluation suggests that procedures and protocols relating to child protection practice are better developed across Scotland than any other formal approaches to family intervention identified in the interviews. Although multi-agency work was reported as common in many areas, inter-agency communication regarding individual cases was often reported as being patchy at times.

14. Engaging families with services was not viewed as a major problem for practitioners. The level and success of engagement was reported as dependent on many variables and likely to fluctuate throughout the life of a case. Factors considered by respondents to impact on engagement included inadequacies in service provision, low levels of self-esteem and confidence among parents, and wider social factors such as social isolation and deprivation.

It was also stressed by many respondents that parenting issues extended across all socio-economic classes.

15. Respondents' views were fairly consistent that the PO legislation was well intentioned, possibly useful but largely misguided; the primary concern was that compulsion was unlikely to facilitate genuine engagement or change. Greater concern was expressed about current resource levels for providing the intensive service required to support a PO. Respondents suggested that a consistent and universal approach was needed towards parenting education, perhaps with courses or similar approaches being added to the national schools' curriculum.

Mapping of Services

16. Responses to the mapping exercise were received from 27 of the 32 LAs in Scotland. The mapping submissions varied widely, with returns recording anywhere from 1 to 52 parenting services as being available. The format of the mapping template, provided by the Scottish Executive during the development process prior to implementation of POs, was cited as one potential reason for this variation. In the end, information was gathered on 381 services across Scotland which were providing some form of parenting service or support.

17. Two-thirds of these services reported being able to provide intensive support, with a high ratio of staff to clients, while 47% offered crisis support and 43% group work. A focus on parenting skills/training or offering support/advice on parenting issues, were the most common methods of service delivery recorded in the exercise (both at 68%). This was followed by home visits from professionals (58%) and peer support (45%). Individual work was offered by 34% of services, while preventative and group work approaches were offered by 30% of services.

18. 'Parents and family' was the most common target group or category for services (43%), with homeless families (3%) and travellers (1%) being the least well served. Around one-third of services (36%) were offered on a 'universal' basis. The most common service providers were social work services (35%), voluntary organisations (30%) and education (29%).

Conclusions

19. There was strong evidence from the research of a multidisciplinary approach to strategic planning in most authorities studied. The evidence at this stage is less convincing that the *delivery* is multi-disciplinary or co-ordinated although there were some good examples of attempts at multidisciplinary approaches with high-risk adolescents.

20. No authorities have yet refined their practice method requirements or matched these to specific criteria in order to ensure a 'best fit' against baseline data on capacity requirements and the need profile of families in their communities.

21. It seems reasonable to conclude, in the context of all findings presented in this report, that although strategic planning and service development has still some way to go, in terms of the range of services available, there is a reasonable basis to build on.

22. The legislation and policy direction has given a major impetus to planning for parenting services across Scotland. This is a complex challenge and requires a continuous improvement approach to allow time for strategies to incorporate new elements as they develop (such as the additional dimensions of age against stage, to match appropriate 'methods' to the different tiers) and to take account of issues highlighted in effectiveness research on duration, sequencing and intensity of provision which should increase with increased levels of vulnerability and risk.

CHAPTER ONE INTRODUCTION

Policy and Legislative Background

1.1 In its strategic consultation document entitled "Putting our Communities First: A Strategy for Tackling Anti-social Behaviour" (2003) and under the heading of 'Parenting Orders-Putting Children First', the Scottish Executive noted that there was "…a small minority of parents who do not fulfil their parental responsibilities" (Scottish Executive 2003:35). As a consequence, the document stated, such parents put their children and their communities at risk. Parenting Orders ('POs') were to be targeted at "…those who deliberately or recklessly fail their children".

1.2 Parenting orders introduced compulsory measures designed to support people to improve their parenting where they have been identified as needing help with their parenting skills. The measure is aimed only those parents who have refused to engage with voluntary support services where poor parenting has been identified as an issue. In its consultation document, the Scottish Executive noted that, prior to a Parenting Order being pursued, a parent will have been offered "relevant and targeted services" and will have demonstrated that they were not willing to engage with those services in the interests of their child. On that basis, the purpose of the Parenting Order would be to require the parent to undertake certain actions that would lead to reducing the offending or antisocial behaviour of their child or to improvements in the welfare of the child (Scottish Executive 2003:37).

1.3 The Scottish Executive's consultation document outlined those circumstances under which a Parenting Order might be applied for on welfare grounds. It suggested that there would have been a number of referrals to the Reporter and the parents would have been offered help with which they had not engaged. As a consequence, the Children's Hearing would be considering, as the next step, the possibility of removing the child from its parents.

1.4 Finally, the consultation advised that families being considered for a Parenting Order sometimes had dealings with a number of local authorities and other services and that it would be important for applications to draw all relevant information together and consider the family circumstances as a whole (Scottish Executive 2003:38).

1.5 Antisocial Behaviour etc. (Scotland) Act 2004 (Commencement and Savings) Order 2004, and measures in Part 9 of the 2004 Act came into force on 4 April 2005 allowing parenting orders to be applied for. Prior to implementation, the Scottish Executive issued a further consultation document in December 2004 on Draft Guidance on Parenting Orders. The document acknowledged there was not universal agreement about the need to introduce Parenting Orders in Scotland. It noted, nonetheless, that Ministers remained of the view that Parenting Orders would be a useful tool for improving the position of children who suffered because of deficient parenting. (Scottish Executive 2004: paragraph 3). The consultation document promised that the legislation would be supported by advice and guidance (which was the subject of the consultation) and by a framework document that would assist in ensuring consistent practice, setting standards for assessment and service provision (paragraph 6).

1.6 The draft guidance covered relevant issues under the umbrella of 'parenting services', such as strategic planning, assessment and referral, and voluntary intervention. In the context of POs, the draft guidance covered such matters as when a PO might be considered, managing

a PO and reviewing and breaching a PO. The finalised guidance was issued by the Scottish Executive in April 2005.

1.7 A comprehensive framework document was commissioned from the Aberlour Trust, with the aim of offering advice on how best to implement the guidance, and a draft was provided to LAs. The document sought to illustrate best practice; outline key indicators for effective practice; and encourage consistent implementation of strategic planning, development and practice (Scottish Executive, 2005a:4).

1.8 The framework document also emphasised the need for LAs to consider all parenting support services when developing their strategies for the use of POs. Such strategies, the document noted, should take into account interventions at different stages of families' lives and not only their problematic moments.

1.9 The final version of the framework was published by the Scottish Executive in March 2007 and offered advice to LAs, Children's Panel members, Reporters and other relevant agencies on working with parents to improve their parenting and outlining where POs fit into a continuum of services, from voluntary support to compulsory measures (Scottish Executive, 2007: 1). The framework also set POs within the wider government policy on 'getting it right for every child' (Scottish Executive, 2005b).

National Pilot Evaluation

1.10 Parenting Orders were introduced across Scotland following commencement of the 2004 Act on 4 April 2005 as part of a three year national pilot intended to focus on systems and practice for their successful implementation and operation. A proposal to evaluate the Parenting Orders pilot in Scotland was accepted by the Scottish Executive in 2005, the five main aspects of which were:

- A baseline mapping of existing parenting services
- A two-fold process evaluation, the first stage of which would examine the set up and preparation stages necessary to implement a Parenting Order
- The second stage of the process evaluation, which would examine the steps from consideration of a Parenting Order through to application and implementation
- A review of the way in which the effectiveness of parenting services used during commission of a Parenting Order were evaluated by local authorities
- A cost assessment of implementing Parenting Orders

1.11 The baseline mapping of existing parenting services was to be achieved through analysis of responses to a mapping exercise required of local authorities by the Scottish Executive; a report on findings from this exercise was submitted to the Scottish Executive in early 2006.

1.12 The second objective of the evaluation was to examine the set up and preparation stages necessary to implement a Parenting Order; to be achieved by re-visiting of the mapping exercise. Each local authority was asked to consider their original mapping submission in light of any changes that had been made to facilitate POs. This objective was ultimately revised in agreement with the Scottish Executive and will be discussed below. The final 3 objectives were dependent upon POs being applied for/implemented. At the time of reporting (November 2007) no POs have been applied for.

1.13 In the absence of Parenting Order applications, a revised approach to the study was necessary. It was agreed that the research team would conduct interviews in each local authority to discuss universal parenting service provision. From these interviews it was intended that an overall picture of service provision related to parenting needs would be obtained, including factors such as agency views on engagement of parents with services and how particular needs were served. Information and opinions around the use and value of Parenting Orders themselves would also be sought, although it was recognised that much of this would have to be on a hypothetical basis.

1.14 In relation to revisiting the mapping exercise, analysis of the original mapping submissions had revealed considerable disparity in the responses given by local authorities. It was clear that different local authorities had interpreted the mapping exercise in different ways, with some detailing only those intensive services that parents subject to or at risk of a Parenting Order might be offered; others detailing very general services that were not documented as providing direct parenting or family support. Given the disparity in responses, and the remit of the exercise to help local authorities plan and develop the parenting support provision, it was proposed that the original mapping strategy be altered to allow each LA the opportunity to revise their mapping submission in order to present the most complete and accurate picture possible of parenting services in their area. This replaced the original proposal to revisit the mapping exercise to track changes in provision over the pilot period, with a new aim of obtaining as complete a picture as possible of parenting service provision across Scotland. In addition, a literature review (MacQueen et al, forthcoming) was conducted to inform the analysis of strategic planning. This included an examination of the PO policy context, effective approaches to family service provision, engagement of parents and families with services and the use of compulsory measures as a means to secure engagement.

1.15 A draft interim report was submitted in February 2007, but it was not possible at that time to present a full picture of parenting services and support across Scotland. The Scottish Executive extended the study to the end of August 2007 in order to incorporate data collection from health and education-based personnel, and to allow a closer examination of any strategies or protocols that might be in place regarding the provision of services across the local authorities. Including health personnel in the study required consideration of the framework within which many of them work: 'Hall 4'.

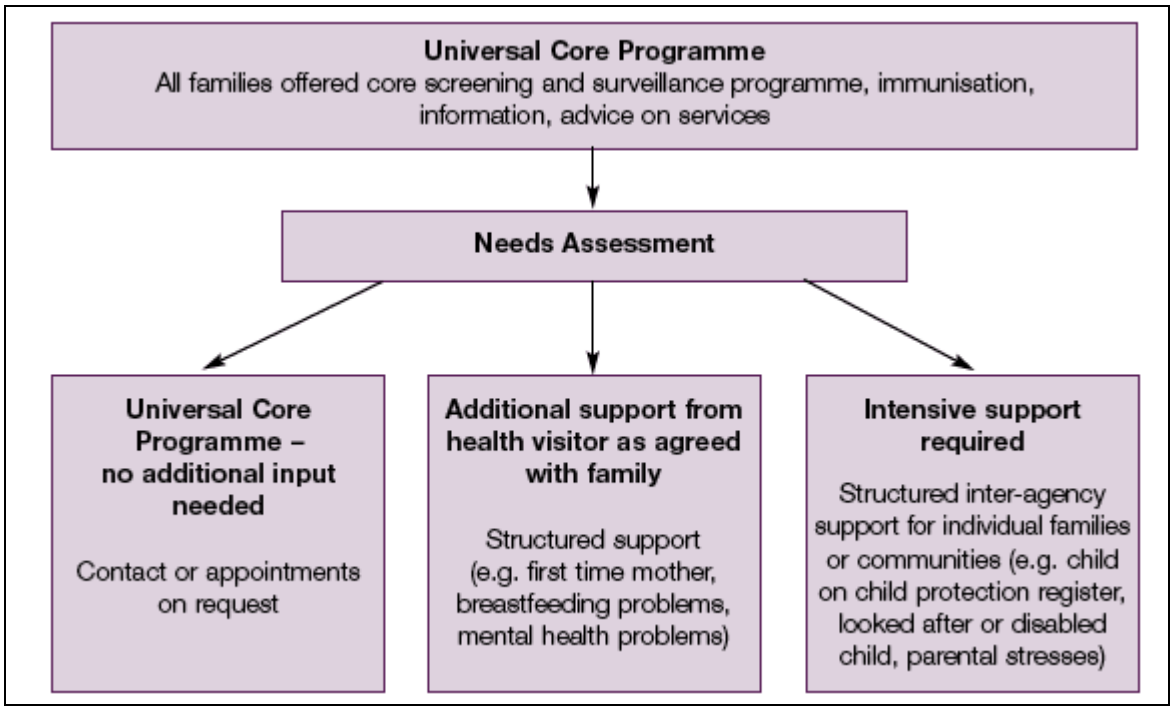
1.16 The system referred to as 'Hall 4' arose from a multi-disciplinary working group established by the Royal College of Paediatrics and Child Health that was convened to look at routine health checks for young children. The first report – "Health for All Children" – was published in England and Wales in 1989. The recommendations of that report, developed over the years, now take the form of 'Hall 4', published in 2003 (Hall and Elliman 2003).

1.17 In Scotland, draft guidance for the implementation of Hall 4 was issued by the Scottish Executive in 2005 for consultation. It was proposed the guidance reflect:

> *"...the evidence-based practice framework set out in Hall 4, for intervention to assess, monitor and support children's health and development throughout childhood and adolescence, based on staged intervention and underpinned by strong health promotion activities" (Scottish Executive, 2005c)*

1.18 The Hall 4 approach takes the following format:

Figure 1.1 Hall 4 approach



Notes to figure
Adapted from Scottish Executive, 2005c

1.19 In addition, the Hall 4 approach requires:

- Genuine joint working between services and agencies
- Effective information exchange and transfer protocols and systems
- Effective cross-referral mechanisms
- Multi-agency staff training and development
- Clear referral protocols and pathways which are familiar and accessible to non-health professionals

1.20 Standardised checks, tasks and targets are laid out in Hall 4, to be met at certain stages in the child's life:

- Within 24 hours of birth
- Within 10 days of birth (several visits, depending on level of need)
- At 6 to 8 weeks
- At 3 months
- At 4 months
- At 13 months
- Between 3 to 5 years
- At the transition to primary school
- In Primary 7
- At the transition to secondary school

1.21 The guidance set out a staged implementation of Hall 4 between 2005 and 2007; Hall 4 ultimately became fully operational in March 2007.

1.22 This evaluation report will first describe the methods by which all information for the study was collected. Findings regarding strategic approaches to service provision will then be presented, followed by a discussion of findings from interviews with social work, education and health practitioners. Finally, data from the mapping exercise will be examined and overall conclusions drawn.

CHAPTER TWO DESIGN AND METHODOLOGY

Introduction

2.1 In view of the revised focus for the evaluation due to the absence of Parenting Orders and a need to reflect emerging policy and practice needs more fully, it was agreed with the Scottish Executive that an extended examination of local authority approaches to parenting support provision would be undertaken. The intention in this was to build upon the information gathered in early interviews with social work personnel in two ways:

- Conduct interviews with health and education-based personnel in order to gain information from all main practitioners working with families; and
- Give in-depth consideration to any strategies or protocols that agencies may have in place regarding the provision of parenting support.

2.2 The full design and methodology for the study is discussed below.

Strategies and Protocols

2.3 In order to gather information on strategies and protocols, and obtain key documents, a number of methods were adopted. In the early phase of the study, key contacts and interviewees at 9 local authorities had reported during the course of interviews and other exchanges that their local authority was using the Aberlour National Parenting Development Project to assist with the development of a strategic approach to parenting support provision. The Aberlour Project was funded by the Scottish Executive's youth crime monies and established in June 2003 to assist develop the range and quality of parent support services across Scotland. The Parenting Development Project had provided assistance to 9 local authorities by auditing their existing parenting services and/or advising on how to develop a strategic approach to parenting service provision.

2.4 The research team drew on the experience of staff at the Aberlour project to assist them identify key respondents in the thirteen local authorities included in the research sample (see paragraph 2.21 for sampling details). They were also able to provide details of key respondents in a further 5 authorities in addition to the initial sample group of 13, based on their experience that these authorities were sufficiently advanced in the development of a strategic approach to provide exemplars of multi-agency development work. Strategic approaches to parenting support were examined in a total of 18 local authorities.

2.5 Using the details provided by Aberlour, the research team made telephone contact with each of the named individuals within the local authorities. Where Aberlour had been unable to provide a named contact, the original contact for the evaluation was used. These key respondents were asked for information on whether or not their local authority had a planned strategic approach to the provision of parenting support, or if any work was underway to develop one. All relevant strategic documents were also requested. Where attempts at telephone contact were unsuccessful, emails were sent requesting the same information. To ensure all relevant information was obtained, the same requests were put to the interviewees in health and education, and publicly available strategic documents such as local Integrated Children's Services Plans were extracted from the local authority websites.

2.6 All eighteen local authorities approached were able to provide information on their status regarding the development of strategic approaches to parenting support provision. Of these 18 however, only 3 could provide a distinct stand-alone document detailing their strategic approach to the provision of parenting support. Nevertheless, all available information was examined and was subject to in-depth, qualitative analysis. Details of the documents analysed are available in Annex 1.

2.7 In order to analyse the documented strategic approaches to parenting provision, the research team designed a framework of questions that can be found at paragraph 2.14 below. The questions were derived from the evidence of the literature review (MacQueen et al, forthcoming) on 'what works?' in providing effective support to families. This is published separately. The review principally indicated that providing a graduated continuum of support appropriate to both levels of need, risk and the age and developmental stage of the child can allow parents to be successfully supported and the risk of poor outcomes for children reduced. The evidence of the importance of adopting a holistic approach to parenting issues and providing integrated responses to parents' often complex needs was incorporated within the analytical framework.

Key Points from the Literature Review Informing the Framework for Analysis of Strategy and Protocol Documents

2.8 The literature review (MacQueen et al, forthcoming) highlights that for some young people, early criminal activity combined with multiple disadvantages can provide a warning sign for later behavioural difficulties (Rutter *et al*., 1998). Early involvement in offending or antisocial behaviour may be a stepping stone in a pathway to more serious, violent, and persistent offending (Loeber and Farrington, 2000). There is consistent evidence that persistence into late adolescence and adulthood of offending, violence and other chronic forms of antisocial behaviour is strongly associated with early age of onset, which in turn underlines the importance of parenting, family and school factors. However, because children tend not to commit particularly serious or violent offences and because they usually have not acquired an extended pattern of criminal or antisocial behaviour, they often receive limited appropriate attention for this behaviour at an earlier stage.

2.9 Many studies have noted that problem behaviour often starts at an early age with the combination of temperamentally difficult toddlers and inexperienced or vulnerable parents, which can lead to a downward spiral toward early onset of problem behaviour where ineffective monitoring and discipline inadvertently reinforces pre-school childhood difficulties. (Patterson and Yoerger 1997). Three major risk factors associated with antisocial behaviour become observable in school setting during primary school years including persistent physically aggressive behaviour, fighting and bullying (Farrington, 1996), poor academic attainment and academic failure (Maguin and Loeber, 1996) and low commitment to school (Dreyfoos, 1990). Limitations in pro-social skills mean vulnerable children often do not mix well, are unpopular, withdrawn, isolated and rejected by other children. This, in turn, can result in their gravitation into the company of similarly isolated and potentially antisocial peers.

2.10 Reviews of family factors associated with antisocial behaviour and youth offending have found that poor parental supervision, harsh and inconsistent discipline, parental conflict and parental rejection are important predictors of offending; disrupted homes and early separations (both permanent and temporary) and criminality in the family are commonly

associated with delinquency (Farrington, 1996). Family structure seems less important than factors such as parenting style, family controls, relationships and activities. There is a strong association between delinquency and lower levels of parental supervision in managing day-to-day routines, friendships, use of money, bedtime, and behaviour. However, it is not possible to predict which vulnerable children will go on to become adult offenders.

2.11 The evidence suggests that a continuum of support from universal provision through to specialist targeted provision is likely to be required to meet the needs of children and families at different ages and stages across the life course, related to levels of difficulty and matched to appropriate provision (Carr, 2000; Tunstill and Aldgate, 2000; Moran *et al.* 2004; Department for Education and Skills, 2007). This evidence points to the importance of 'pick up' mechanisms through health visiting practice, pre-school provision and at entry to primary school, all of which provide structural opportunities for preventive work or early years intervention to address disadvantage and difficulty through universal and targeted means within universal provision without stigmatising children, and before antisocial behaviour consolidates through peer association and further school failure by adolescence.

2.12 Maintaining programme integrity or fidelity and employing appropriate methods are important to effective outcomes; an element most likely to be 'watered down' as programmes are rolled-out. Behavioural and skills based methods have proven to be the most effective, in particular home visitation; daycare/preschool for under five's; parent training; school based parent training; home/community programmes for older children and parents; structured family work and multi-systemic family work for adolescents (Farrington and Welsh, 2003; Moran *et al.*, 2004). Evidence on the issues of the duration, intensity and sequencing of programmes of intervention remains limited.

2.13 Studies highlight the importance of ensuring appropriate methods are delivered as required. For example recent studies have suggested that pre-school centred based provision, such as family centres and nurseries, are strongly associated with improved cognitive functioning and educational attainment (maths and reading) at a later age for disadvantaged children, particularly for those beginning at age 2-3. Paradoxically, however, entering child care early seems to hold negative socio-developmental outcomes "increasing behavioural problems" for these same children. (Loeb et al 2005:80). These findings are from the U.S. and may not reflect outcomes in Scotland; however, care needs to be taken when planning provision to ensure appropriate methods are adopted to achieve the required objectives.

Framework for Analysis of Strategy and Protocol Documents

2.14 The points from the literature review cited above have provided an empirically based framework for assessing the progress and quality of the LA strategies and protocols. General 'ABCDE' models of strategic planning (see, for example, Lachman and Pint, 2007 at Annex 2) have also been used to assist in the assessment of material presented in strategic plans. The following questions form the final framework for analysis:

- Is the strategy the outcome of multi-agency work?
- Does the strategy consider baseline measures of need within the local authority area?
- Does the strategy use a tiered or staged model of intervention re risk/need of parent and family? What types of support are available at each tier/stage? Are the methods of service delivery documented?

- Does the strategy consider a continuum of support appropriate to the age and developmental needs of children (re: method, sequencing, duration, intensity of provision)? Does this tie in with a tiered or staged model of intervention?
- Does the strategy document entry and exit criteria for services and provide for follow up or maintenance work with families?
- Are gaps in service provision based on evidence of need and capacity data acknowledged?
- Does the strategy identify criteria for the use of compulsory measures, such as supervision or Parenting Orders?

2.15 Each strategic document was subject to the same series of questions and examination, although the lack of a coherent parenting support provision focused strategy in the majority of local authorities meant that no answer was recorded in the majority of cases. As a consequence this report presents evidence of the full progress of the eighteen local authorities (as described at paragraph 2.4) included in this phase of the study but an in-depth analysis of only the three local authorities that had a clear strategy.

Interviews with Practitioners

Local Authority Interviews: October 2006 to February 2007

2.16 As it was the intention to obtain information from all local authorities in this phase of the study, sampling criteria were not required. The main social work PO contact, as supplied by the Scottish Executive, was the primary target for interview, although they were invited to suggest alternative respondents and/or invite other relevant individuals to be interviewed. An interview schedule was developed to promote consistency in the information that was being requested; a practicing social worker was consulted in this process to ensure as far as possible that the questions would be relevant to practice (see Annex 3). The first part of the interview schedule (10 questions) was designed to address general issues around parenting services while the second part (7 questions) addressed Parenting Orders specifically. However, the approach was sufficiently flexible to allow scope to discuss emerging issues during these interviews and findings from these are reported where relevant.

2.17 Throughout the interviews, respondents were encouraged to draw from knowledge of actual cases in their responses where this was possible. Although this was done on occasion, the majority of respondents appeared to be drawing on their experience, in general in responding to questions. In the few instances where specific case examples were cited, the level of detail supplied was insufficient for any conclusions to be drawn. When it became evident that case examples would not be forthcoming in the interviews, requests were made for limited access to a sample of case files to gather supplementary data. However, no case files were made available, with issues relating to data protection requirements cited as the reason for this.

2.18 No request for interviews was made to Highland region as other research was being conducted at the same time in relation to the 'Getting It Right For Every Child' (GIRFEC) agenda; this arrangement was made with the agreement of the Scottish Executive. The research teams liaised and agreed to share relevant data if this was available. No data had been exchanged at time of writing (November 2007). Of the remaining 31 LAs, no contact was achieved with two of these; that is, despite making sure that the correct people were being contacted, phone messages were not returned and e-mails not replied to. Due to reasons

such as staff changes or absences in the local authorities concerned, it was ultimately not possible to arrange interviews at a further 7 LAs.

2.19 Interviews were arranged in 22 of the remaining LAs, with one being cancelled (due to interviewee illness). Successful interviews were conducted at 21 LAs, with all but 2 having been recorded[1]. Permission to record the interviews was obtained from all participants before the interview commenced. Two researchers arranged and conducted the interviews, with both researchers attending the first two interviews in order to promote consistency of approach in the remaining interviews and also to ensure that both interviewers were aware of any initial problems arising from use of the interview schedule; no obvious problems were noted. Of the remaining 19 interviews, one researcher conducted 8 of these while the other conducted 11. At these interviews, the main contacts held positions within Children and Family Services on 10 occasions, and Youth Justice in the remaining 11. Other personnel present at interviews included health visitors, representatives from educational services and practitioners involved with agencies such as Sure Start, services working with teenage offenders and those providing general parenting support.

2.20 Information from all 21 interviews is included in this report. In order to facilitate analysis, a database was created where the interview responses to each question in the schedule were recorded. A field for comments of interest not directly related to the questions asked was also included, as was a field for interviewer comments. In recording this information the LAs were identified by a unique ID number in the format 'LA01' etc., as one condition of the interviews was that all reporting of findings would be done so anonymously.

Health Personnel Interviews[2]: June to August 2007

2.21 As time was a factor in arranging and conducting these interviews, and obtaining and analyzing strategies and protocols, it was decided to revisit the local authorities that had participated in the first phase of fieldwork interviews (21 in total) and select as representative as possible a sample from these for the extended study. As a result, 11 local authorities were initially selected as being the most representative in terms of size, geographical location and urban/rural split; a further 2 local authorities were added to this (at which social work interviews had not been achieved) in order to complete this coverage. Thus the final sample for the second phase of fieldwork consisted of 13 broadly representative local authorities.

2.22 As discussed above, 13 local authorities were sampled in the second phase of the study. To cover these areas it was decided to target the relevant Community Health Partnerships (CHPs) as a starting point for obtaining interviews with key health personnel. As some of the larger local authorities are served by more than one CHP, it was necessary to select 15 CHPs to approach for interview. In order to gain as accurate a picture as possible of developments with children and families from a health perspective, it was thought best to seek interviews with both those working directly with families on a daily basis and those responsible for making decisions at a strategic level. Therefore, the manager of each CHP

[1] In the first interview, one interviewer asked the questions while the other, a touch typist, took contemporaneous notes on a laptop computer. In another interview (conducted by telephone), as the interviewee had a family emergency it was agreed that her pre-prepared notes for the interview would be submitted in order to allow the interview to be cut short, with a further agreement being made that the interviewer would contact her for further information if required. With regard to recording, a digital recorder was used. In one forthcoming telephone interview, equipment allowing both sides of a telephone conversation to be recorded will be employed.

[2] Interviews were recorded and processed as detailed in the section on social work interviews

was approached for recommendations of at least one health visitor and one senior nurse manager (or equivalent) in each area. Ultimately, interviews were achieved at 14 of the CHPs targeted, and the personnel interviewed in these areas are detailed at Annex 4.

Education Personnel Interviews[3]: June to August 2007

2.23 The same rationale for selecting health respondents was also followed for education-based interviews within the same 13 local authorities. In initial discussions it was suggested that teachers be targeted for interview; however, it was decided that obtaining a accurate strategic view from their perspective would be problematic. Contact was made with the Directors of Education in each target LA for recommendations as to the best staff to approach for interview; this was achieved for all target LAs. In two cases, the personnel identified had already been involved during the course of the social work interviews. As a consequence, following further investigation that all relevant information had already been obtained from them original, no further interviews were untaken in these authorities. Although interviews were successfully arranged in the remaining 11 local authorities, in one case the interviewee was absent from work on the designated day and it was not possible to arrange an alternative (either with that interviewee or an appropriate substitute) within the timescale of the study. In the end, interviews were conducted at 10 local authorities and the respondents interviewed in these areas are detailed at Annex 4.

2.24 It must be noted that, as the focus of the study changed in the period between conducting the social work-based interviews and considering the health and education-based interviews. At the request of the Scottish Executive a revised interview schedule was designed to address more directly issues relating to the existence of strategies/protocols for the provision of services, along with the nature of services themselves, rather than focussing primarily upon the Parenting Order legislation (see Annex 5). The research team expressed some concern at this change, as it posed a number of challenges in matching findings across the two interview phases. However, although a range of unique information came to light during the interviews with health staff, the data gathered from education staff broadly mirrored the main findings from the social work interviews. One notable difference, however, was that the education interviews 'updated' much of the information provided during the social work interviews and as such gave a clearer picture of the progress made in the months between the two exercises.

Mapping of Services

2.25 As discussed above, the original intention in re-visiting the mapping exercise was to examine what changes/additions to services had been made since the implementation of the Parenting Order legislation. However, given the disparities in submissions from the local authorities, it was agreed with the Scottish Executive that the approach be revised to allow each LA to modify their original submission if they felt this was necessary in light of these disparities. Abbreviated findings from the report on the mapping exercise were provided to each LA by the Scottish Executive, along with some guidance on what was subsequently required and with the information that the research team would contact them regarding revised submissions.

2.26 The mapping responses were ultimately revisited in three ways. The first of these was to return to those LAs that had not submitted a response within the original timeframe set by

the SE to establish whether or not they would indeed be completing the exercise. In the end only one further LA submitted their mapping exercise in the format laid out by the Scottish Executive, giving a final total of 27 responses (84%). Two further LAs commissioned audits of service that the research team were given sight of. With regard to the three remaining LAs, despite repeated attempts at contact (by both telephone and e-mail), factors such as staff leave, illness and work pressures at each of those LAs resulted in no response from the mapping exercise. In total information on the services available in 29 local authorities (91%) was obtained.

2.27 The second method of revisiting the mapping exercise was to return to each of the 29 LAs that had submitted material to ask if they wished to add any further or updated information and/or services to their original submission; the research team pursued this information until August 2007. As discussed at paragraph 2.16 above, by agreement with the SE one local authority was not approached, as they were already involved with an extensive evaluation around the GIRFEC agenda and at time of writing (November 2007), no information on services had been obtained.

2.28 Thirdly, at each of the interviews conducted with health and education personnel questions were asked regarding services available in their area. Services mentioned during the education-based interviews were, in the majority of instances, already recorded in the mapping responses submitted by their respective local authorities; the same was true for the health-based interviews, though to a lesser extent. However, details of a few 'new' or additional services came to light during these interviews and were recorded.

2.29 A number of issues regarding the quality of the data obtained via the mapping exercise arose during the course of the project, and these are discussed fully in Chapter 5.

CHAPTER THREE STRATEGIC APPROACHES TO PARENTING SUPPORT

Introduction

3.1 The following chapter details the development of strategic approaches to parenting support provision in the selected sample of 13 local authorities (see paragraph 2.21 for details of sampling technique), and in the 5 local authorities highlighted as potential exemplars by the Aberlour National Parenting Development Project (see paragraphs 2.3 – 2.15 for details on the selection of local authorities). Findings from the in-depth examination of the three draft parenting strategies are also discussed.

3.2 The Scottish Executive framework for the implementation of Parenting Orders stipulated that local authorities should seek to develop a "strategic and coordinated approach to parenting support in each local authority area to underpin the implementation of parenting orders" (2007:3). The framework provides clear advice that such approaches are necessary, as the support needs of parents change as children develop and different levels of need (i.e. low to high) require different methods of support. While the framework indicates what some of these different methods and approaches are, and that they should be available along a continuum of local authority provision, it does not provide an ideal model of what a strategic continuum of support provision, appropriate to level of parental need and the age and stage of development of the child, might look like. This is left to the individual local authority to determine these finer details. For the purposes of the development of strategic and coordinated approaches, the Scottish Executive has provided local authorities with funding to the sum of £7m for the period 2004-2008. Further funding has also been accessed from sources as diverse as the Youth Crime Prevention Fund and lottery monies.

Strategic development within Community Health Partnerships

3.3 With regard to the Community Health Partnerships (CHP) sampled for interviews, none have a fully established strategy for parenting/family support activities in place or under operation. However, health professionals now work within the Hall 4 framework described in Chapter 1 and are therefore the only body approaching family support in a consistent, systematic fashion as the same service is offered to all within a universal structure.

3.4 Of the 14 CHPs included in the study, while 4 had no family support strategy in place other than Hall 4, the majority had some form of structured approach to this work under development or already in place. For example, while three CHPs had no documented strategy they contributed to or were actively involved in a system of Multi-Agency Resource Groups to which families could be referred for support; another was involved with Joint Action Teams operating in a similar role. Also, one other CHP had over a period of time developed a 5-year outline plan for the delivery of co-ordinated, stratified parenting support services; however, the funding required for this could not be found.

3.5 Three of the CHPs were actively developing a strategic approach to the delivery of parenting and family support services, through the development of multi-agency working groups and commissioning full audits of the services in their areas, while one of these is due to appoint a parenting co-ordinator in their area. Although sight of relevant paperwork was given during the process of these interviews, because the official reporting stage had not been

reached, it was not possible to obtain formal access to these documents to examine full details.

Strategic development within the local authorities

3.6 Local authorities had made varying degrees of progress in developing strategic approaches to parenting support and service provision. The full range of responses from each of the local authorities approached for this study is presented in a table in Annex 6. As this shows, strategic development was very much in its early stages amongst this sample of local authorities.

3.7 In two local authorities (LA17 and 20) no overarching or strategic work was reported as presently being undertaken for parenting support provision. In one of these authorities (LA17) it was claimed that parenting support was integral to children's services and therefore addressed fully within the integrated children's services plan. However, analysis of this plan revealed no strategic model employed. Little mention was made of parenting services beyond provision for the parents of under 5s and no attention given to the need to provide a continuum of parenting support in relation to need/risk and the age and developmental stage of the child. The second authority (LA20) had put a youth justice strategy into operation and had incorporated parenting support within this in response to the parenting order legislation. However, there was no evidence or reporting of a model of support that considered the broader spectrum of parents and need/risk levels.

3.8 Six local authorities reported that consideration was being given to the development of a distinct strategy for the provision of parenting support:

- Two (LA05 and 10) of these appear to have made some progress towards establishing a staged model based on 'what works?' evidence either in terms of stratifying services according to the levels of need/risk addressed, or by utilising a range of appropriate methods matched to key developmental stages of children
- One of these authorities (LA05) documented family support as central to children's services, but did not yet have any strategic model of provision
- Two of the authorities (LA10 and 11) appeared to emphasise parenting and family support as key to early intervention and early years work, but did not seem to acknowledge its place in relation to work with older children and teenagers. No models of parenting support provision, ideal or otherwise, were offered
- The other three authorities (LA08, 22 and 23) in this group did not appear to be as far advanced in their planning or conceptualisation of parenting support thus far, but had nevertheless acknowledged the need to put parenting support on the agenda
- Notably, all six authorities had put in place multi-agency groups to take forward this agenda

3.9 Seven local authorities had reported that the development of a parenting strategy was underway. Three of these (LA16, 26 and 27) were undertaking this development work in conjunction with the Aberlour National Parenting Development Project, with two aiming to have completed the initial strategy by the end of 2007. All three had begun the development process by commissioning the Aberlour Project to conduct an audit of the available parenting services. Another local authority (LA04) had commissioned Aberlour to conduct their audit but was using a separately recruited development worker to take forward the strategic work. Only one other local authority (LA12) reported that it had undertaken an audit of service. It is

clear that these seven local authorities in this group are at various different stages of development, with some making encouraging progress towards the production of a strategic approach, and others very much in the early planning stages in terms of getting the appropriate structures in place to facilitate the task.

3.10 Three local authorities (LA13, 21 and 29) had produced a draft strategy document that detailed the current state of parenting provision in the local authority area and set objectives for the future provision and practice. All three had done so in conjunction with the Aberlour National Parenting Development Project, and were happy to be utilised as exemplars of the work that is currently underway and to be analysed for the purposes of this evaluation.

3.11 However, it is crucial to note that none of the local authorities has yet reached the final stages of their strategy development and it must be borne in mind here that each of the cited strategies is still very much a 'work in progress', with each of the authorities hoping to complete the current documents by the end of 2007. Moreover, it is important to acknowledge that the strategy documents are not static entities, as what they provide is a set of objectives for the local authorities to work towards in terms of parenting support provision. Therefore, the strategies will be subject to considerable change over time and should not be seen as an end product. Nevertheless, the evidence on 'what works?' provides a conceptual framework for assessing progress to ensure that authorities adopt an approach to parenting support that is 'fit for purpose'.

Analysis of the Strategic Approaches

3.12 The following section discusses the findings from analysis of the three strategy documents provided by the local authorities detailed above in paragraph 3.10. The findings are presented in line with the structure of the analytical framework (see Chapter 2 for a full discussion of the method of analysis), with each question from the framework providing a section heading as follows:

- Is the strategy the outcome of multi-agency work?
- Does the strategy consider baseline measures of need within the local authority area?
- Does the strategy use a tiered or staged model of intervention re risk/need of parent and family? What types of support are available at each tier/stage? Are the methods of service delivery documented?
- Does the strategy consider a continuum of support appropriate to the age and developmental needs of children (re: method, sequencing, duration, intensity of provision)? Does this tie in with a tiered or staged model of intervention?
- Does the strategy document entry and exit criteria for services and provide for follow up or maintenance work with families?
- Are gaps in service provision based on evidence of need and capacity data acknowledged?
- Does the strategy identify criteria for the use of compulsory measures, such as supervision or Parenting Orders?

Is the strategy the outcome of multi-agency work?

3.13 Each of the three strategies is the outcome of multi-agency work, whereby the input of several agencies involved in parenting support was required. Each of the local authorities had

adopted a similar approach to the development process, bringing together a strategic group to bear responsibility for the production of the strategy. A wide range of agencies and organisations were cited as represented on the strategic groups, including social work, education, health, Scottish Children's Reporter Administration, the police, and the voluntary sector. These agencies acted in an advisory capacity within the groups, and facilitated the sharing of existing resources for parenting support.

Does the strategy consider baseline measures of need within the local authority area?

3.14 The use of baseline measures of need to inform the strategy development was, apparently, weak in each of the three local authorities. Each of the strategy documents provided a context or justification for the increased focus on parenting work but none linked this to identifiable levels of need within their area.

3.15 LA13 is the strongest in this respect, including a section providing a statistical 'snapshot' of the region that contains some indicators of levels of need amongst parents and their families, for example the number of referrals to the reporter in the previous year, the numbers of children on the Child Protection Register, and the numbers of children 'looked after' or accommodated. While such indicators are important, they are partial and do not provide any information as to levels of need at the lower end of risk spectrum.

3.16 LA21 does not provide any discussion on levels of need, while LA29 only acknowledges need in stating that each locality within the local authority region must seek to provide a parenting action plan that is reflective of local assessed need. This of course limits the analysis of need to families already assessed by key agencies and is not representative of need across the region. Moreover, it is very dependent on the mechanisms for assessment being fit for purpose, an area highlighted for attention in each of the three approaches.

3.17 It would appear that, so far, strategic development has been carried out somewhat 'blind'. The local authorities in question here have not utilised baseline measures to inform their approaches and this instantly limits the potential success of these strategies.

Does the strategy use a tiered or staged model of intervention re risk/need of parent and family? What types of support are available at each tier/stage? Are the methods of service delivery documented?

Models of Intervention

3.18 Two of the local authorities had begun classifying parenting services into a tiered model according to the level of need the services addressed. Both had developed a model of service provision and conducted a full audit of their parenting and parenting related services, classifying each service according to its corresponding tier in the model. LA13 adopted the following model:

Table 3.1 LA13 Tiers

Tier	*Description*
Universal	*Mainstream advice, guidance and minimum-level intervention available for all parents*
Tier One	*Services responding to single-faceted difficulties employing targeted resources on a short term basis*
Tier Two	*Services responding to complex difficulties where a multi-agency, intensive response is required*
Tier Three	*Services responding to multi-faceted difficulties where families are resistant to change*

3.19 There is clear distinction in this model of the level of need that each tier of service is responding to. LA13 acknowledges however that the boundaries between tiers two and three can be blurred and that the key difference is not always what the services provide, with both tiers representing intensive support, but rather the application of statutory measures on the child to gain compliance from parents. While parents requiring a tier two response may have been referred into the Children's Hearings System, it is documented as unlikely that they will be subject to statutory measures. It is also suggested that parents suitable for tier three support will require a greater intensity of support, with a greater number of agencies having to be drawn upon to resolve the difficulties within the family.

3.20 The model in LA21 is similar, bar the addition of a tier addressing geographical patterns of need and risk:

Table 3.2 LA21 Tiers

Tier	Description
Universal	Mainstream services available to all parents
Communities at Risk	Services offered to all parents within a selected locality e.g. Sure Start
Targeted	Services provided for parents of children with identified needs e.g. disability
Children in Need (Level 1)	Services provided for parents of children presenting some risk factors and/or behavioural problems
Children at High Risk (Level 2)	Services provided for parents with multiple problems, e.g. substance misuse, and children/young people presenting serious problems

3.21 As in the one adopted by LA13, the model of services in LA21 states that it is only at the top tier 'Children at High Risk' that it is anticipated services will have to respond to parents subject to statutory child protection measures.

Types of support and methods of delivery

3.22 Examining the outcomes of the audits of services in LA13 and LA21 allowed an assessment of provision in each tier/stage of the models of intervention. The information on actual provision was available in different formats in each of the local authorities. LA13 had utilised the data gathered in the audit to compile a directory of services for the local authority area. The data from LA21 was available as it had been gathered for the audit, presented in simple tabular form (see Annex 7 for a complete list of services in LA13 and LA21). Service provision was assessed by the research team on the basis of the evidence cited in the literature

review on effective parenting and family support. Crucially, evidence of home-based provision across the tiers was sought, and the appropriateness of method of service delivery was considered. As noted in the literature review (MacQueen et al, forthcoming) successful methods with parents and families presenting low-level risk/need include the provision of simple advice and information, progressing to more structured work, including cognitive behavioural programmes, for higher risk/need parents and families.

Summary

3.23 Although none of the Community Health Partnerships covered for interview had a set strategy with regard to the provision of parenting/family support services actually in place, health professionals were working within the 'Hall 4' framework. As such, they were the only body approaching family support in a consistent, systematic fashion with the same service being offered to all.

3.24 The sample of 19 local authorities examined with regard to the development of strategic planning for the provision of parenting support and services were at different stages in this process. Both LA17 and LA20 had apparently made little or no progress since the inception of the legislation and 13 others were in the process of developing a strategic approach, or were considering the necessity of doing so. Three local authorities (LA13, 21 and 29) had made considerable progress in drafting a parenting support strategy and a framework was developed to analyse relevant documents from these authorities.

3.25 All three strategies examined in detail were the product of multi-agency work, while two of these (LA13 and 21) had begun to stratify services according to levels of need. However, no LA had fully developed a baseline of need for their area, or provided a model of service provision according to the age and developmental needs of children. In the strategies from LA13 and LA21 there was a tendency towards the provision of centre or institution-based work rather than in-home provision. While centre-based work is best suited to cognitive development and future educational needs for disadvantaged children, the 'what works' literature suggests that home-based services and support are the most effecting in decreasing behaviour difficulties in children at risk. Both strategies were also lacking in the provision of structured, intensive family work for parents with high levels of need/risk.

3.26 At the lower stages of the model of provision, it appeared that a number of appropriate methods of service delivery were being employed, with a number of services documented as providing simple advice and support to parents on a voluntary, informal basis. LA13 detailed an 'ideal' model of provision in the strategy to work towards, incorporating many of the methods recommended in the 'what works' literature, although this model was also notable lacking in advice on the provision of home-based support and services.

3.27 Key target groups for services were very loosely defined in each of the three strategies with none discussing entry or exit criteria, or the use of follow-up and maintenance work with families. Voluntary engagement of parents was the key practice philosophy in each of the local authorities, with little comment on compulsory measures and their role, or 'fit' within the strategies.

CHAPTER FOUR INTERVIEWS WITH PRACTITIONERS

4.1 Interviews were conducted at 21 social work departments, 10 education departments and 14 Community Health Partnerships between October 2006 and August 2007, covering a total of 85 interviewees. As discussed in Chapter 2, two different interview schedules were utilised (see Annexes 3 and 5). Given that the majority of interviews were conducted using the second of these schedules, findings from all interviews are framed in that context.

How Parenting Issues Come to Light

4.2 If all agencies interviewed – health, education and social work – are taken together, the approaches and services operated by all three can be arranged loosely according to the age of the child, and this will be used to illustrate the points at which parenting issues most commonly come to light. Aside from the Hall 4 system for health professionals discussed above, so far as it is known there is no stratification of services in this manner.

Antenatal to birth

4.3 The earliest point at which parenting issues are identified is at the antenatal stage, with midwives being the main referrers, followed by GPs and other health professionals in the majority of cases. Factors such as previous experiences with children from the same family, literacy difficulties, issues that can impact on capacity to parent (e.g. addiction issues, mental health problems, disabilities, etc.) and the mother's medical history can all point towards potential parenting issues, and can facilitate intervention at this stage. It is also the case that health services will receive referrals from police when domestic violence is affecting an expectant mother.

Birth to 13 months

4.4 During this period, issues around parenting will primarily come to light during scheduled health visitor contacts, though issues can also come to light via GPs, referrals from other services and concerns expressed by relatives or neighbours. There is some consensus among health visitors that problems related to parenting start to become fully apparent at around 9 to 10 months, when the child begins to require more input from the parent. Although many such issues remain manageable at this stage, difficulties tend to increase as the child becomes more mobile. These 'milestones' are supported by the general literature around child development, which will not be discussed here.

Age 13 months to 3 years

4.5 There are no formal health-based checks during this period for all children, although health visitors will have maintained contact with families in particular need during this time. It is therefore likely that families with parenting issues will only come to the attention of professional services in extreme circumstances.

4.6 Before the implementation of Hall 4, there was a standard health check at 2 years, at which it is reported many parenting issues were picked up. This check was removed in the Hall 4 framework as there was not considered to be any evidence to support its' usefulness. However, many health visitors believe that this lack of evidence was a result of both poor record keeping and the sometimes-ephemeral nature of evidencing change (e.g. at times, simply maintaining a family at home in a stable fashion is an achievement that may have required intensive support, but is not a 'change' that can be measured). All health professionals interviewed expressed concern over the removal of this particular checkpoint.

Age 3 to 5 years

4.7 Along with the professionals mentioned above, and the checks required under the Hall 4 framework, as many children will begin attending some form of nursery or pre-school programme, issues around parenting may now come to the attention of staff in these areas.

4.8 Although true for all ages (as will be discussed further below), for those children aged 3 years and over but not yet at primary school the general impression is that, unless there is some serious concern over the child's welfare then the availability of parenting and/or family support is ad-hoc at best. Provision appears to depend very much on not only the availability of funding but also the enthusiasm of individuals who are willing to take that extra step (either as an extension of their work or as a potential service user) to develop a service. With the health service as the primary contact and source of advice for those with children under school age, while all health-based interviewees emphasised the desire to provide proactive and preventative services to families beyond the checks laid out by Hall 4, the resources are rarely available to do this.

4.9 As such, there is a large variation in the availability of services for this age group, with the more structured services such as Sure Start tending only to be available in cases where there is the greatest need (e.g. in child protection cases). Sure Start is one of the few services mentioned by the majority of interviewees across all professions as being available in their area, along with health-based services such as that offered by Child and Adolescent Mental Health Teams, addiction services and adult mental health provision. Examples of the services available can be found at Annex 8.

4.10 Doubts around the usefulness of certain services were also raised in some of the health-based interviews as a potential barrier to implementation. For example, although the 'Baby Massage' service offered in many CHPs is proven to assist in the bonding/attachment process along with being good for the health and well-being of the baby, it was reported that some senior managers were reluctant to provide funding for this service as they did not fully appreciate its value.

> *"..[it] was a bit of a fight to be able to get the funding for...[Baby Massage] because it was kind of seen as massage whereas it is part of the parenting programme. That's one thing you hardly get anybody that won't turn up to, because parents don't see it as a parenting programme" (CHP20)*

4.11 Health professionals were keen to continue providing services such as these, with a high proportion (62%; 22 from 35 interviewees) reporting it was the kind of non-stigmatising, stress-free service that all but the rare few would engage with.

Transition to Primary School

4.12 At this stage, school nurses come into the picture as being a potential source of identifying children who may be subject to the impact of parenting issues. However, school nurses appear to be particularly under-resourced, with one CHP reporting that for 23,000 school-age children, they had 11 school nurses. This same CHP has begun to operate a series of 'transition days', where school nurses and health visitors are brought together. Not only is this considered to promote joint working, but is also believed to increase the potential for picking up problems with children on their transition to school. No other CHP personnel mentioned such a practice.

4.13 On the whole, up to this point it appears to be the health-based services that have the best overall picture of the services available for families when parenting issues are a concern.

School-age[3] children

4.14 Along with those identified above as playing a role in identifying families with parenting issues, once a child comes into the school system professionals such as teachers, education support workers and classroom assistants are added to this list. There are also Education Home Visiting teams who, technically, can be called in for consultation from birth if organically based developmental issues are identified. In addition, there are Community Skills Workers in at least one third of local authority areas who are well positioned to pick up issues around older children. For the first time, and providing a child attends school regularly, it will be possible for individuals responsible for a child's care to observe indicators related to possible parenting issues such as changes in behaviour. As can be seen in Annex 8, along with the services already available to younger children programmes such as 'Managing Children's Behaviour' now become available. For older children, there is also a 'Managing Teenage Behaviour' programme, as well as more focused interventions such as 'Baby Think It Over'[4], although funding for the later has been mentioned as a particular issue.

4.15 In addition, at least 3 local authority areas have groups that work specifically with fathers, something that is identified in the literature as often being lacking. In these cases interviewees mentioned the importance of adapting parenting support approaches to suit male participants; as they had been found to be less likely to engage with such as group work the use of activity-based tasks, for example, had proved to be very effective. In some areas there are also a range of activities for school-age children that, while not explicitly directed at parenting issues, can be of use in building resilience in children. Examples of this are after-school clubs, sports-based activities and drama clubs. However, it must be stressed that provision of these types of services is patchy and, as with those services detailed in Annex 8, much will depend on the availability of funding and the capacity of individuals to give up free time and/or work extra hours to operate these services.

4.16 Overall, although a number of services have been identified during the interviews conducted with practitioners and the mapping exercises undertaken by various agencies, it has become clear that none, as yet, has a clear idea of all services available in their own particular

[3] Some areas work with children beyond school age, e.g. one LA will work with 'children' up until the age of 24. Therefore, the term 'school age' refers to those children and young people who are 5 years of age and older.

[4] A programme where teenage girls deemed to be at risk of pregnancy are asked to take care of a 'synthetic' baby in order to get some idea of what caring for a child is actually like.

area. Some are further ahead on this task than others, such as the local authorities discussed in Chapter 2, but there are many factors that have an impact on accurately mapping services that are perhaps not fully appreciated by those external to the task. For example, one difficulty in accurately mapping service provision is the transitory nature of funding for many programmes. This not only makes it difficult to anticipate how long a service will be available, but also can create an instability and uncertainty in the workforce that can lead to significant staffing (and therefore capacity) issues.

4.17 Funding is also a factor in providing consistent provision across an entire local authority or CHP, with different sub-divisions of these larger areas relying on different levels of financial support. These sub-divisions also come into play with regard to availability of specific services, with a particular programme perhaps being available in one locality but not another. Perhaps the best examples of this are CHPs that incorporate parts of two different local authorities within their boundaries, with very different provision available to clients in each LA. For example, in one of these CHPs there is a Family Centre available only to clients in one area because they come under a particular LA.

4.18 One CHP interviewee also raised the concern that, although a range of services was available in her area, she was unaware of any empirical evidence of their effectiveness, or attempts to evaluate their usefulness. Under these conditions, the interviewee felt uncertain about referring clients to these services as she was unclear as to their appropriateness and what the level of benefit to the client would be. Although not explicitly stated in other interviews, this would appear to be a relevant issue as, from the experience of the authors of this report, there are indeed few services of any kind that adequately evaluate the work that they do.

4.19 The majority of CHP interviewees (83%; 29 from 35) also raised the issue of services being targeted at those clients where the level of need is highest, e.g. in child protection cases, therefore limiting the level of work that can be done with lower-level cases. While at least 2 LAs are developing a structured approach that stratifies services by need, in reality this means that those in the greatest need get the services, while there is very little *structured* provision for those outside of this bracket – work will still be done with all families where need is identified, but programmes such as Triple P will tend only to be available in the most concerning of cases. This is not to say that children and families in this category should receive less support. However, although it is widely acknowledged that early intervention and support, particularly in the first year of life, can be crucial to a child's development, there is very little scope in terms of time or resources for practitioners to be able work preventatively. This is a particular point of frustration for health workers, given their unique early access to almost every child.

First Steps in Addressing Parenting Issues and Working with Other Agencies

4.20 Aside from examples such as those used in the child protection and Children's Hearings context by all practitioners in Scotland, in most areas there is little evidence to suggest a formal approach to providing support to a family is taken in the initial stages of a case. In the health context, some consistence is provided by the 'Solihull Approach', a psychotherapeutic and behavioural model that addresses factors such as sleeping, toileting, feeding and behavioural difficulties in young children that most health visitors appear to be trained in. Originally conceived by health visitors and Child and Adolescent Mental Health

teams ('CAMHS') between 1996 and 1999, the Solihull Approach is based on three key concepts:

- **Containment**: Helping parents manage their own anxieties and emotions so they do not interfere with their parental roles and responsibilities
- **Reciprocity**: Promotion of positive child/parent communication and the interactions between mother and infant, in order to maximise the attachment process
- **Behaviour management**: Promoting positive reinforcement of good behaviour and not rewarding negative behaviour with excessive attention.

4.21 Along with one-to-one interaction with a family, the Solihull Approach is supported by a resource pack to assist families with a range of issues, and promotes consistent working practices. Also, the development of a parenting course based on the Approach was completed in 2006.

4.22 A small but apparently robust study by Milford et al (2006) found that outcomes for children and parents were better for those in a group subject to the Solihull Approach than those in a control group. In addition, a study examining health visitors' experiences of the Solihull Approach (Whitehead and Douglas, 2005) reported that health visitors felt it promoted consistency in the way families were worked with, along with improving the referral process and multi-agency working. According to Whitehead and Douglas (2005) through using the Solihull Approach, health visitors were able to:

> *"..play a crucial role in facilitating the relationship between parent and child, empowering the parent and creating resilience for the child." (Whitehead and Douglas, 2005:23).*

4.23 A reliance on professional judgement regarding the particular needs and circumstances of a case, along with the exercise of usual working practices and personal experience, appears to drive the actions taken by a practitioner. The availability of services in an area will also have an impact on the first steps taken with a family, as will a practitioner's experience of training in particular programmes or affiliations with particular services; this later issue was raised in around one third (35%; 16 of 45) of interviews. The issue of training was raised in a number of interviews, as funding is rarely available to train all practitioners in a particular programme. Added to this is an apparent lack of consistency in the approach to training, with the majority of practitioners appearing to be able to 'self-select' the type of off-the-job training they undertake.

4.24 The approach to providing services appears to be based on an assessment of need, although there are few formal statements to this effect either from interviews with personnel or in the strategies produced in relation to service provision. In health, for example:

- The first step in addressing parenting issues will be to offer general support and advice in the home, with information supplied on any appropriate programmes/groups that may be operating in that area, such as a sleep clinic or Baby Massage programme. Of course, as mentioned above, in many cases this later point will be dependent on the individual experiences of the practitioner concern.
- At the next level of need, where possible work will be done in the home utilising programmes such as 'Play at Home' or 'Acorn', again with information on/referrals to other programmes or organisations being made where appropriate. It appears to be at this level where the involvement of other agencies, such as social work, begins to be sought in certain cases.

- Should concern for the welfare of the child increase or the level of need be identified as high, more formal procedures will then begin to take effect in the form of such as child protection protocols. In general, as the level of need increases, the intensity and structure of the support will increase.

4.25 This staged approach obviously follows the structure laid out in Hall 4, although systems prior to this operated in a similar manner.

4.26 At least 2 local authority/CHP areas have multi-agency teams to which families can be referred for an assessment of their needs, and then be directed towards appropriate interventions. Practitioners from all services can refer to these teams although, as these teams tend to be locality based/driven, again the service provided will not be consistent across an entire area. These multi-agency teams operate in a similar fashion to many child and family centres, though at lower levels of need in most cases.

4.27 In 6 of the 16 interviews conducted at CHPs it was reported that the protocols around child protection procedures would be followed in all cases of high concern, although these will tend to tail off if no actual child protection action is required. One CHP makes use of a 'Family Support Form' in less formal cases, to assist in developing a plan of support for a family. However, it was mentioned that these forms were not always completed fully, particularly when a delay in receiving information from a third party was impeding progress. Other areas have similar forms, while one operates a system of family support 'key workers' through which information is channelled.

4.28 Although no consistent approach has been identified regarding the first step taken with families where parenting is identified as an issue, one interviewee suggested that this was perhaps a good thing as if pathways and protocols were too structured, then this may be detrimental to developing an effective intervention. This position was based on the experience that different families will respond in many different ways to specific interventions, so it was important to be able to tailor response to need.

Inter-agency Communication

4.29 With regard to communication between agencies in respect of individual cases, although a few areas are working towards developing practices to systematise this, there would appear to be no formal systems (again, outside of the child protection protocols) to facilitate this. Perhaps the best example of a structured approach to contacts and communication with other agencies is a form of 'service level agreement' that has been developed by one local authority, to which each of its partner agencies (in both the public and private sectors) will ultimately be asked to follow. Also, in one of the small local authorities, formal systems are already in place to facilitate communication with other agencies, although it was openly admitted that these systems were not always perfect. One example of this system was the regular, multi-agency reviews that took place, at which all current cases were discussed. In this particular LA, it was stated that strong communications were viewed as standard good practice and there was a strong ethos of multi-agency working, with one interviewee adding that the LA had:

> *"...a clear vision [and] actually what happens is that people work much better here than my experience of working with local authorities for the last 15 years." (ED10)*

4.30 In the main, however, communications between agencies are dependent on not only the needs and circumstances of a case, but also the personal relationships developed between individual practitioners and the persistence of these individuals in making follow-up contacts with agencies. In some cases a simple lack of time due to heavy caseloads was identified by interviewees as one reason why contacts with external agencies may be sporadic.

4.31 Particular issues around obtaining feedback from health-based services when a family has been referred to them were identified by CHP interviewees as well as those from local authorities. This would seem to be particularly problematic when dealing with mental health services, with issues of confidentiality being cited as the main reason for lack of even the most basic feedback. A further concern was expressed at 2 LA interviews and 3 CHP interviews around external agencies that may close a case, perhaps through apparent lack of engagement from the family referred, without informing the party that referred the family to them. It was also stated by many interviewees that time, again, was a factor in inter-agency communications, as it was not always possible to attend such as case conferences.

4.32 Overall, those who were not already working on a system of formalising contacts with other agencies felt it would be a useful to develop one, providing there would be enough flexibility to deal with individual cases.

Gaps in Service Provision

4.33 Around one-third of LA interviewees (32%; 16 from 50) raised the issue that, as actual levels of need were unknown on the whole, it was difficult to state accurately what the gaps, if any, in service provision were. In one CHP such a measurement is indeed underway but, although it was possible to have sight of initial figures produced in this exercise, they are not yet in the public domain and so cannot be included here. In all the interviews conducted during this study, this was the only exercise of its type to come to light.

4.34 Although all interviewees identified a general lack of resources as a factor in the provision of services, this was particularly the case with regard to what could be described as the lower-level, more preventative work. Resources tend to be focused on the provision of services to families where the need for intervention is greatest; although understandable, most interviewees felt that a continued emphasis on this was a "fire-fighting" or "elastoplast" approach to problems, while a more proactive stance taken before serious issues arose could have the most benefit in the long term. This issue is further related to the reports from interviewees that structured interventions and services are primarily available for those families where the level of concern is highest. An interviewee at a large city CHP had the following to say regarding such cases:

> *"Sometimes somebody says why was this not brought up before.. and you've been trying for years to get support for the family... [then] it comes to the stage where that child in need becomes a child protection issue" (CHP05)*

4.35 As mentioned previously, the issue of services perhaps only being available in certain areas (even within the one local authority or CHP), or being limited due to lack of resources, were also raised again as a factor related to gaps in service provision. It was further stated that there could be tensions between what parents and families actually need from services and what that service is willing to provide. One example of this was cited as a multi-agency group, having consulted with local families, working with staff from one particular service

provider to run a programme in a specific area with particular need. Although this service provider was initially co-operative, once the families had been recruited the service provider decided unilaterally to operate their standard service instead. As a result, drop out rate was reported as high and ultimately the multi-agency group had to spend additional time and resources to develop their own programme to address local need.

4.36 This difficulty with a service provider highlights another issue raised by interviewees, that of the quality and efficacy of services being provided, as interviewees considered few services to properly evaluate their provision, particularly in the light of the many external pressures (such as poverty) that families are subject to. Some interviewees were concerned that service providers may, in some cases, not fully appreciate the impact that such pressures could have on an individual's capacity to fully engage.

4.37 As may be expected, a range of services were suggested by interviewees as requiring increased provision, with family centres, men's health provision, domestic violence services, intensive support services (particularly those that are residential in nature), support for relatives caring for children, and mental health service being examples of these. The later was identified most often as lacking, with long waiting times cited as particularly problematic. An interviewee at one CHP felt particularly strongly about this issue with regard to child mental health:

> *"If we are talking about the kids that are really, really damaged or they have got a mental health or emotional problem, it is scandalous. I think it is because the children are not valued; they are not voters either. I know that sounds cynical but that's the bottom line, it's those that shout the loudest that get the money" (CHP20)*

Engaging Families with Services

4.38 Engaging families with services was reported by all interviewees as usually being an issue in all cases at some point. It is not viewed as an overt problem in the sense that practitioners see it as part of their job to work hard at engaging individuals with services, and feel that their persistence and motivational skills will win through in the end.

> *"..[engagement] is our job; if you cannot [engage a client] there is something really wrong with the service we provide." (LA04)*

4.39 It was further stated that *deliberate* non-engagement was rare and still something that would eventually be overcome in most instances. In addition, it was consistently reported that a 'multi-agency' approach to achieving engagement was standard working practice, particularly in high-concern cases, where the emphasis was placed on someone from any one of the agencies involved gaining access to the family, rather than one particular agency persisting in isolation. This approach could be particularly useful in situations where, for example, a family may feel stigmatised by previous social work contact, and would therefore be more amenable to contact from the health or education sectors.

4.40 In achieving engagement, it was suggested that best results were obtained when workers were open, honest and non-threatening towards parents, with an emphasis being placed on really listening to families about what their needs and concerns are. The consistency and reliability of contact was also considered to be a key factor in achieving

engagement. Further to this, it was also considered important to be able to offer families something concrete and structured in the way of support, a factor that can be badly affected by the availability (or not) of services. Excessive waiting times or delays can also have significant implications, as families may be ready and willing to engage when a problem is first identified, but may have lost enthusiasm if they have to wait a considerable time for assistance. For example, two local authorities (LA05 and LA12) reported delays of up to 18 months in accessing specialist teams for assessment of autistic spectrum disorders as having a particular impact on some families under their care. However, another local authority reported that a great deal of effort had gone into listening to families over the previous several years, giving full consideration to their concerns. As a result, they reported, new services were being based on identified need and engagement was believed to have improved:

"We don't try and fit square pegs into round holes" (ED01)

4.41 One interviewee provided a good example of where approaches were being tailored to the needs of families to promote engagement, with a system having been established whereby parents could get in touch with practitioners via text message as this method was preferred over actual telephone conversations.

4.42 It was stated by one interviewee that, sometimes, a lack of engagement could be a result of "circumstances and bad timing" rather than any wilful refusal or lack of capacity on behalf of the parent. This, along with wider issues affecting many families such as poverty and social deprivation can have a significant impact on their ability to engage with services, and these factors should not be ignored "in the rush for progress". One interviewee also highlighted a 'cultural ethos' present in some areas, where factors ranging from unemployment to a lack of interaction between children and parents were viewed as normal, therefore making it difficult to facilitate change in these circumstance. The depth of any problems must also be taken into consideration, as the parent(s) currently given concern may be a product of poor parenting themselves and, aside from not being aware that what they are doing has is having a detrimental impact on the child, as such will not be 'fixed' in a short space of time.

4.43 This latter factor also relates to the capacity of parents to engage with services. Although factors such as substance misuse and mental health issues were cited as a source of capacity issues, the issues most commonly mentioned as having an impact on capacity to engage were denial, self-esteem and self-confidence. With regard to denial, this was primarily related to issue around the parents' own experiences, as to acknowledge their own faults would be to admit they had also been poorly parented. A further factor reported to be increasingly relevant to engagement was a denial by the parent that they had any role in or influence on a child's behaviour, particularly in cases where this behaviour had been given a medical label such as attention-deficit hyperactivity disorder.

4.44 Self-esteem and self-confidence were commonly reported as being barriers to engagement across the spectrum of parents, from single teenage mums to middle-class individuals having their first experience of becoming a parent after many years of independent living. In such cases, it was reported as being vital to tackle these issues before parenting work could commence. As with all cases, taking time to build relationships with the families and individuals being worked with is an important factor in achieving a successful outcome. Identifying barriers such as these mentioned here is an important factor in tailoring interventions to suit individual need.

4.45 Finally here, the issue of resources were highlighted as creating difficulties with engagement at times, as core services in some areas are reported as being badly under-resourced and/or at their limit of capacity, with this often being an issue in cases presenting with a range of complex need. One interviewee stated:

> *"..core services are badly under-resourced, and they are some of the reasons why there are barriers to engagement for many families." (LA04)*

Parenting Orders and the Use of Compulsion

4.46 Although a range of questions on Parenting Orders were asked during interviews with social work personnel, given the shift in the emphasis of the study in the health and education interviews only basic questions around POs were asked during the interviews where possible, although in two cases time pressures did not allow this. As would be expected given their status as 'PO contacts' for the study, social work interviewees had the best knowledge of POs. All of those education-based personnel interviewed knew details of POs and could remember receiving information on these, many times from social work colleagues. In contrast, the majority of health interviewees (27 from 35) had only basic knowledge of POs and the attendant legislation, with two openly admitting to knowing nothing of the subject. All of these, however, were confident that they could obtain information quickly from a colleague in, for example, social work if required.

4.47 When asked to consider what may be the advantages and disadvantages of Parenting Orders, those who had knowledge of the legislation in the health and education sectors made similar comments to those recorded in the social work-based interviews conducted earlier in this study, with POs being viewed as well intentioned but ultimately misguided. The prime concern expressed was that there is little evidence to suggest that compulsion will have an impact on genuine engagement or facilitate real change:

> *"You can't legislate [people] to change and that's fundamentally the problem with Parenting Orders." (CHP10)*

4.48 However, one interviewee mentioned that a more formalised system, perhaps support by statutory powers, in which parenting support could be structured would be welcomed, perhaps in the format of an Acceptable Behaviour Contract or similar. That is, something that was less punitive and could be applied earlier on in a contact with a family. However, the resources required to provide intensive intervention, and the format that an intervention would take, are still of concern to some:

> *"The statutory 'clout' is important and could be constructive in an approach that includes the availability of staff to deliver intensively. The disadvantage is that we have only 50% of that formula available to us" (ED23)*

> *"[One of my worries] is that unlearning takes longer than learning and focussed interventions of a behaviourist type require quite a skilled and ..intensive input and I am not sure that would be sustained by parents, or would be in fact offered in the first place. So a kind of 12 week, 1 hour, 2 hour a week kind of session dressed up as outcome driven, I am not convinced that ..it is achievable." (ED23)*

4.49 Whether or not a Parenting Order had been given consideration in their area was asked of interviewees, with three responding in the positive. In one LA it was reported that POs had been discussed at a number of case conferences; however, in all cases it was concluded that more work could be done with the family and so the process did not formally initiate. In one other case, resources were again an issue:

> *"We could not see, given the resource limitation, what we would gain over what we might achieve without it" (ED05)*

4.50 In the final instance, one local authority had passed information to the Scottish Children's Reporter Administration for serious consideration of a Parenting Order in March 2007; at the time of interview (July 2007), no response had been received.

4.51 Where appropriate, interviewees were asked if they felt Parenting Orders would ever be used. Of the 10 that responded, only 1 felt that a PO could be used productively, providing adequate resources were available. The remaining 9 could not envisage a situation where a Parenting Order could be used productively:

> *"By the time folk get to the sharp end of need maybe a Parenting Order will have no effect what-so-ever." (ED22)*

Additional Comments Made by Interviewees

4.52 Throughout the interviews it became clear that problems around parenting were not the sole province of the deprived or socially disadvantaged, as many interviewees reported difficulties with parenting issues in more middle-class families also. One of the differences between the two would seem to be that problems in the middle-class families can often be more hidden, with parents not only being less likely to seek help from outside parties but also more capable of blocking attempts at intervention, e.g. through use of their superior communication skills. It was also reported by one interviewee that it could be difficult to get agencies to take problems seriously in such families, with an example cited of a child being sexually abused but authorities discounting the concerns of the practitioner due to the families 'good' reputation. It was not until the child became older and came forward in person that action was taken.

4.53 Somewhat allied to this is the impression of over half (54%; 27 from 50) of the LA practitioners interviewed that those external to the service do not always fully appreciate the complex issues affecting many of the families coming to their attention, or the intensity of the service actually provided in these cases. One interviewee stated:

> *"It's easy to look at these [families] and say 'They should do more, it's their fault and they should control their children' or whatever. But as soon as you get into these cases and you see behind this presenting of the problem, there's usually this huge history that needs addressed, assessed and dealt with… This is beneath the surface of a lot of these families in Scottish society. But it's never revealed… widely acknowledged and understood because it doesn't really fit the confidentiality principles that we have, or doesn't fit the kind of media agenda about, if you like, simplistic notions of blame." (LA05)*

4.54 Three further interviewees mentioned the difficulties that can arise for those better-off families moving into new housing developments, where a lack of an established community and a sense of social isolation can be particularly problematic for stay-at-home mothers. One of these interviewees also mentioned the increase in women having children later in life than has previously been the norm as a source of problems, with the dramatic change to lifestyle that a late baby can bring being overwhelming for some.

4.55 The majority of interviewees (84%) stressed the importance of early intervention for parenting issues with a general view being expressed that, in order to facilitate true change for the future, it would be more constructive to focus resources here than on crisis points. Given the general acknowledgement (and support from the literature) that positive attachment and early care are crucial to a child's development, it seemed incongruous to these interviewees that more effort was not made to channel resources in this direction. One interviewee stated that by neglecting early interventions:

> *"We are denying these children the opportunity to live and have a normal childhood, and to know what normal life is.... it's not about taking them away from their families but it's about helping their parents to recognise that their issues are impacting on their children" (CHP11)*

4.56 Concern was also expressed about the way new initiatives and legislation were introduced and it was stated that a more "joined-up" approach to this would be welcomed. One example of this was given as the apparent contradiction between the premise put forward by the GIRFEC agenda while provision is being focussed on the "top end" of the spectrum, e.g. antisocial behaviour and persistent offender targets. Another phrased the problem as the separate welfare and youth justice agendas creating difficulties in promoting a co-ordinated approach towards working with young people. The way in which new initiatives are introduced was cited as a concern by two interviewees, with an expectation of immediate implementation within current resources being viewed as:

> *"..not respecting our value and the staff that are trying to deliver a service. ...It's not respecting the children." (CHP20)*

4.57 Aligned to resources issues is a concern expressed throughout the health-based interviews regarding a current review of nursing in the community, where it is being proposed that health visitors, for example, take on more responsibility for such issues as long-term and palliative care. It is felt that such a change would detract even more from their ability to provide proactive and preventative support to families. Resources related to low staffing levels were also highlighted in many of the health interviews, with the ability to provide adequate cover for maternity leave, sick leave etc. being one of these issues. The clearest example of low staffing issues and increased workload came from a CHP with around 23,000 school-age children and only 11 school nurses:

> *"How hard is it for a school nurse who is so pushed to have a child come over and say to her they want to kill themselves? And she says sorry I've got to go and get round 5 schools and do this immunisation programme. It's terrible." (CHP20)*

4.58 There was also a suggestion from one interviewee that, perhaps, the emphasis placed on keeping a family together can be counterproductive at times, as it could lead to some parents not trying very hard to engage in the confidence that no extreme measures would be

taken. The interviewee explained that the attitude of some parents in these circumstances was:

> *"You can do what you like; you can't take my [child] away." (CHP16)*

4.59 The other side of this coin came through in another interview, where both a lack of resources and an increase in the number of children being removed from their families was a cause for concern. The number of children in foster care was reported to have almost doubled in ten years and the scale of the problem, combined with an increase on other demands on services, was summed up as follows:

> *"there are between 11,000 and 16,000 adults who have got problematic illnesses, ...9,500 adults on methadone programmes... 100,000 people of working age ...who are not economically active, so communities are already stretched. ...If we want to have an extra 200 or 400 foster carers, that means we have to generate an extra 2,000 or 4,000 adults to come forward." (CHP23b)*

4.60 Given the many and complex needs often affecting families, one interviewee expressed concern that measures of success in terms of intervention were not always obvious, and this could lead to a lack of understanding regarding progress actually made. An example of this was cited as occasions where an intensive package of support will be put in place to support an extremely vulnerable and chaotic family, and while there might be little evidence of change to an external observer, the fact that the family remains together, in their own home, some months down the line is actually a significant sign of progress.

4.61 One potential solution put forward by many interviewees to reduce problems in the future was the generic provision of parenting information and advice, perhaps something that could be operated in schools and included such as discussions around relationships and basic household management. For example, on interviewee stated:

> *"...if you're going to look at supporting parents you have to plan it really well. I suppose we've lost a generation in some respects. I think that children and young people should get parenting within the curriculum. It should be aligned to sexual health and relationships... what's the point of teaching folk about having or not having babies when you're not teaching them about how to look after them?" (CHP20)*

4.62 Somewhat aligned to this approach was a suggestion from one interviewee that they would like to see a "national resource that provides support and assistance to families throughout Scotland" that would be funded at the Scottish Executive level rather than locally, in order to provide a consistent and universal approach to parenting education. Another interviewee cited an example from the Scandinavian countries, where expectant mothers are required to attend antenatal classes in order to receive benefits, with similar incentives applied after a child was born. A statement by one interviewee, although lengthy, sums up many of the opinions emerging from the study:

> *"In our experience things that have made the most positive impact on families have been the things where there's a sense of voluntary engagement, where there's been a sense of being involved from the beginning, where they know each professional involved what they're doing and what their role in the*

assessment is and what they have identified as being the issues that need addressed and trying as much as possible to have that no blame culture, and the no Order principle. Let's only intervene if we can make a positive difference, let's not do something for the sake of doing something. I think that any future legislation or guidance that comes out from the Scottish Executive, if it keeps in mind those parameters then we would really welcome that and would work with that as positively as we can, that would be really, really helpful because I think that's the way that we are actually going to make progress with some of our families who are in danger of kind of falling off the edge, and what we would consider to be normal society." (ED12)

Summary

4.63 Although not set out in writing by any authority, agency etc. when information from all the interviews is examined together it is possible to present a picture, in terms of the age of the child, of the main times when parenting issues are most likely to come to light. Such potential parenting difficulties can be highlighted as early as pre-birth. It would appear that parenting issues are most difficult to identify in relation to children in the 3 to 5 years age group, unless these issues are serious and very visible ones. The importance of early intervention was emphasised, although lack of resources and demands on time were cited as often being barriers to this.

4.64 The more structured services and interventions were reported as being most likely available only for those cases where the level of need and/or risk was high. Actual availability of services varied widely between each local authority and CHP area, and often within smaller sub-divisions of these areas, with funding and resources in general being cited as a particular problem with regard to service provision. The main gap in services was reported to be provision for early intervention or preventative work to be carried out, with resources tending to be focussed where level of need/risk was considered greatest. Procedures and protocols related to child protection issues are better developed than other formal approaches to interventions identified in the interviews. Although multi-agency work was reported as common in many areas, inter-agency communication regarding individual cases was often reported as being patchy at times.

4.65 Engaging families with services was not viewed as a particular problem for practitioners, with levels of engagement being dependent on many variables and likely to fluctuate throughout the life of a case. Factors considered to impact on engagement include inadequacies in service provision, low levels of self-esteem and confidence in parents, and wider social factors such as social isolation and deprivation. It was further highlighted in many interviews that parenting issues extended across all socio-economic classes, with only the manifestation of these issues tending to vary.

4.66 The majority opinion regarding Parenting Orders themselves was that the legislation was well intentioned but misguided, with the primary concern being that compulsion was unlikely to facilitate genuine engagement or change. Concern was also expressed that current resource levels may be inadequate to provide the intensive service required to support a Parenting Order. Interviewees suggested that a consistent and universal approach should be taken parenting education, perhaps with courses or similar sited in the national curriculum.

CHAPTER FIVE MAPPING OF SERVICES

Background of the Data

5.1 In its *Consultation on Draft Guidance on Parenting Orders*, the Scottish Executive noted that existing provision of parenting services across Scotland was patchy (2004:4). With this in mind, the Scottish Executive provided additional monies to assist local authorities (LAs) to plan and develop the provision of their parenting services. It emphasised the importance of key agencies working together to develop a strategic overview and to plan the way ahead. Part of that planning process required LAs, in collaboration with their partner agencies, to set out an 'agreed approach' for the use of POs to ensure coordinated and consistent practice.

5.2 Agreed approaches were to be set within the context of all available local parenting support activity and include the steps to be taken to engage with a parent before a PO was considered[5]. As a precursor to that strategic planning, and to prepare for the pilot, LAs were asked to 'map' existing parenting services in their area, both statutory and voluntary, that provided some form of parenting support, either as a universal or a targeted provision. The mapping exercise was intended to assist local strategic planning for the pilot by ensuring that all involved would have a clear idea of what services were available, what client groups they were designed for and what additional services might be required. In turn, this information would provide the basis for the LAs to develop their agreed approaches to POs. The responses to that mapping exercise are examined in this report. The template provided by the Scottish Executive for the mapping exercise can be found at Annex 9.

Quality of the Data

5.3 Initial analysis of the mapping exercise were based on returns from 26 of the 32 Scottish local authorities, an 81% response rate. The mapping exercise was to be completed by 31 March 2005 and it was agreed with the Scottish Executive that returns submitted by the end of July 2005 would be included in the analyses. Of the returns received, three were self-stated by the LA as being 'incomplete'. Of those that did not respond by the due date, 4 were small authorities, one was medium sized and one was large. For the purposes of classification for this report only, 4 local authorities returning data were classified as 'large', having populations of over 300,000; 13 authorities were classified as 'medium' with populations between 100,000 and 300,000; and 9 were classified as small.

5.4 Despite earlier discussions by the Executive about the purpose of the mapping exercise in preparing LAs to make strategic plans and the Executive's letter to LAs which asked for the inclusion of all available universal and targeted services, it is clear that some LAs interpreted this widely while others interpreted it narrowly. The form of some presentations also made analysis complex. For example, one medium sized authority included eight family support teams under one return. Finally, it seems likely that some returns on individual agencies within an authority were made by those agencies and may reflect differences in perceptions of such services. For example, one medium sizes LA reported one health visiting service and described it as a preventative service offering formal education, parent training, advice and information, home visits, peer support and therapy or

[5] Much of this was repeated in the Executive's *Guidance on Parenting Orders* (April 2005)

counselling. In another health visiting service in the same authority, however, the service was described as therapeutic and preventative intervention for individuals and groups, through the provision of advice and information, home visits and therapy or counselling. These differences may be real but they may also reflect differences in perceptions of the services.

5.5 By way of further illustration of these problems, one large local authority (LA05) reported 5 individual services, 4 of which were provided entirely by the voluntary sector. This authority appears to have omitted universal services provided by its own social work and education departments and by the health services. In contrast, a medium sized local authority (LA21), with a fifth of the population of the large authority, reported 48 services, 19 of which were schools and eight were health centres (not all of which were include in the analyses as they did not provide any parenting services or support), whereas a small local authority (LA02) reported 32 services, 9 of which were schools.

5.6 Given the nature of the Scottish Executive's request and its purpose, it is difficult to say why certain authorities interpreted the request narrowly. It may have been that they felt that certain universal services were self-evidently available and that the purpose of the mapping study was to identify only special and targeted services that could be brought into play in the difficult circumstances that would be likely in the context of a PO.

5.7 In the draft[6] of its *Framework for Implementation of Parenting Orders – Best Practice Guidance* the Scottish Executive reasons that local authorities "…need to consider all parenting support services when developing a strategy for a consistent and co-ordinated approach to the use of Parenting Orders" (page 4; unpublished draft version). The *Framework* provides a focus both on the provision of parenting services generally and the service provision for POs specifically. One implication of this might be that any service that would assist parenting could also feature in a menu of provision to be provided in support of a Parenting Order.

5.8 One problem with this broad perspective may be, of course, that almost anything could be called into the service of counselling or guiding parents. The *Framework* document maintains that the use of services should be guided by existing evidence from research and practice (page 5; unpublished draft version). An examination of the likely risk and protective factors outlined in the *Framework* (pages 61-62 draft version) would suggest that these are extensive and that, consequently, the range of possible support services is also extensive. This is confirmed by the menu of parenting services listed in the *Framework* which range from universal services such as 'drop in' facilities to peer support to targeted services such as Sure Start, befriending, mentoring, family group conferencing and dyadic developmental psychotherapy (pages 59-60; unpublished draft version).

5.9 The decision on which agencies to include in this analysis has been based on the suggestion that they could say 'yes', in principle, to a specific request for services that would address a parenting need or problem. It would seem unlikely, for example, that a victim support scheme or a library would be able to specifically address such a need. If a social worker decided that a parent who had lost self confidence as a parent as the result of being a victim of crime might gain a more realistic perspective by visiting a victim support scheme to

[6] The 'Framework' document is unpublished at the time of writing (and as such cannot be fully referenced), although draft copies have been circulated to local authorities. In the course of meetings with LA contacts during the early stages of the project, the research team was told on a number of occasions that the Framework document would have been useful in completing the mapping exercise.

hear how other victims had learned to cope, then it might be argued that the social worker was providing the parenting service and had skilfully utilised victim support.

5.10 This hypothetical example alerts us to the complexity of deciding what a parenting service is, while also identifying the fact that it requires a professional assessment to establish the nature of a parenting problem and how to tackle it.

5.11 On the basis of the classification outlined, it might be reasoned that schools should be excluded; after all, schools generally are most unlikely to be able to offer to help with a parenting need or problem. This probably explains why many of the individual entries for schools provided no answers to the questions asked in the mapping exercise. Some individual schools did, however, provide relevant answers, for example maintaining that they provided parent training and skills building by way of, for example, a 'supporting parents group'. This was the case for two of the 19 schools listed by a medium sized authority and they have been included in the analysis.

5.12 Answering some of the questions does not, however, necessarily mean that the service is relevant. A small authority's secondary schools provided guidance on choice of courses, drugs misuse and ran parents' evenings. The services offered were intended to help parents support their children, could involve home visits and were intensive. These services are, however, part and parcel of what one might expect secondary schools to offer and, it is argued here, are not specifically focused on solving parenting problems and meeting parenting needs. This is not to argue, however, against the possible efficacy of using these services in the context of a PO. Again, this highlights the complexities of deciding on the definition of a parenting service and is something that any future mapping exercise would need to clarify.

5.13 The template for the mapping exercise supplied by the Scottish Executive to local authorities also gave rise to difficulties in obtaining a clear picture of service provision. Firstly, the template did not facilitate the recording of any structure around service delivery, such as a set number of group sessions or any outcome measurements. Secondly, there was no capacity to consistently record the parameters of a service, i.e. age group covered, level of need addressed etc. From the interviews with LA and health personnel it was clear that the majority of structured services were only available for those considered to be in the greatest need and would therefore not be utilised in a more preventative fashion in lower-level cases.

5.14 As mentioned in Chapter 4, a further difficulty in accurately mapping service provision is the transitory nature of funding for many programmes, which can make it difficult to anticipate how long a service will be available and what its capacity will be. Funding is also a factor in providing consistent provision across an entire local authority or CHP, with different sub-divisions of these larger areas relying on different levels of financial support. These sub-divisions also come into play with regard to availability of specific services, with a particular programme perhaps being available in one locality but not another. Given all of the issues discussed here regarding the mapping template, it would seem reasonable to state that it is unlikely the exercise will have presented an accurate picture of parenting services and support across Scotland.

Responses to the Mapping Exercise

5.15 In total, 385 services/agencies were reported in the original mapping exercise. Of these, it was decided that 52 services either could not be considered as having a parenting

element (e.g., Victim Support, who will have parents as 'clients' but are unlikely to have a parenting specific elements to their service), or were explicitly stated as having no parenting element, and were therefore excluded from the analysis. In addition, the information supplied for a further 22 agencies required important clarification and was also be excluded from the analysis. At the start of this study a total of 311 services were recorded.

5.16 The mapping responses were revisited in three ways during the course of the study. The first of these was to return to those LAs that had not submitted a response within the timeframe set by the SE to establish whether or not they would indeed be completing the exercise. One further LA submitted their mapping exercise in the format laid out by the SE, giving a new total of 27 responses (84% of all 32 LAs). Additionally, two further LAs commissioned audits of parenting and family service provision that the research team have accessed however, as these cannot be translated into the template format, the services detailed within those report cannot be included in the quantitative analysis (the audit findings are discussed in Chapter 3 of this report). With regard to the 3 remaining LAs, despite repeated attempts at contact (by both telephone and e-mail), factors such as staff leave, illness and work pressures at each of those LAs have resulted in no response regarding the mapping exercise being achieved. In total, therefore, information on the services available in 29 local authorities (91% of all 32 LAs) has been obtained.

5.17 The second method of revisiting the mapping exercise was to return to each of the 29 LAs that had submitted material to ask if they wished to add any information and/or services to their original submission; the research team pursued this information into August 2007. In one case, by agreement with the Scottish Executive a local authority was not approached, as they were already involved with an extensive evaluation around the GIRFEC agenda. Although in close contact with the team conducting this evaluation, at time of writing (November 2007) no information on services had been made available.

5.18 Of the remaining 28 local authorities, 16 reported that they would not be updating the mapping exercise within the timeframe of the evaluation. Twelve of these 16 LAs reported either being in the process of redoing their mapping and having difficulty doing so, or having commissioned their own audit of services. Only 2 of these independent audits were available to the research team as the others were not completed within the timeframe of the study. Again, the information in these audits could not be included in the quantitative analysis presented in this chapter, as details of services were not supplied in the template format (see chapter 3 of this report for a discussion on these). At the time of finalising this report (November 2007), of the 12 local authorities that reported they would be updating their mapping responses only one of these updates had been submitted, with the remainder still in the process of being completed.

5.19 Finally here, at each of the interviews conducted with health and education personnel in between June and August 2007 questions were asked regarding what services were available in their area. Services mentioned during the education-based interviews were, in the majority, already recorded in the mapping responses submitted by their respective local authorities; the same could be said for the health-based interviews, though to a lesser extent. The few 'new' services that came to light during these interviews tended to be those operated on a voluntary basis in a particular area (e.g. a mother in one area ran a group referred to as 'Buggy Walk', encouraging stay-at-home mothers to get together with others on regular walks), and as such interviewees had little concrete information on these. As to the other services mentioned, these all fell under the umbrella of provision provided by health visitors, and will be discussed in the reporting of the interviews conducted with health personnel.

Findings

5.20 As discussed above, in the original mapping responses information on 385 services was submitted. Of these, 52 were excluded as unsuitable, 22 required further clarification and 311 were included in the analysis. Of those requiring clarification, information was ultimately obtained in 6 cases, providing a total of 317 services from the original mapping exercise to be included in the final analysis.

5.21 In the second phase of the mapping exercise, information on 78 additional services was obtained. Of these, 10 were excluded because they did not have a direct parenting element (4 cases) or had already been submitted as part of the first phase of the mapping exercise (6 cases). One local authority reported having introduced new services to replace three of its original services. Adding the 68 new services therefore results in a final sample of 382 services from 27 local authorities to be considered here. This, of course, does not include the 2 LAs whose audits of parenting services were discussed in Chapter 3.

5.22 Although by no means a complete picture of parenting service provision across Scotland, given the limitations of the mapping template, the information collected by the mapping exercise gives an idea of the efforts being made to address parenting issues and provide support. Those categories most consistently completed (i.e. information was recorded in the majority of cases) in the mapping template will now be utilised as illustrators of the services provided. *As each service could provide a range of support, it should be noted that numbers in the following tables will not add up to the 382 included in the whole sample, nor will percentages total 100.*

Level of Service Provided

5.23 Also referred to as the intensity of the service provided, this category indicates the level of interaction that clients can expect from service staff.

Table 5.1 Level of service provided

	Number	Percentage	No. of LAs
Intensive (high ratio of staff to clients)	232	61%	25
Crisis support	181	47%	24
Group (high ratio of clients to staff)	162	42%	26
Resource-based (leaflets, etc.)	19	5%	10
All levels of service provided	26	7%	15
Not stated/Unknown	33	9%	0

5.24 It was reported that two-thirds of services (68%) could offer an intensive service, with staff being able to work with clients either individually or in very small groups. Group work was offered by 49% of services while crisis support was offered by 54%. There were also 26 services (7%) that offered all levels of service to clients, and only a small percentage (5%) operating on a resource-only basis.

Method of service delivery

5.25 Methods of service delivery refers to the way in which an intervention or support is supplied to the client.

Table 5.2 Method of service delivery

	Number	Percentage	No. of LAs
Parenting skills/training	260	68%	27
Advice and information	260	68%	27
Home visits by professionals	222	58%	24
Peer support	172	45%	16
Therapy/Counselling (Individual or Group)	132	35%	24
Formal education classes/courses	96	25%	21
Befriending	80	21%	21
Other	65	17%	19
Helpline and web-based	56	15%	21
Not stated/Unknown	16	4%	0

5.26 The most commonly deployed methods of service delivery are the provision of parent skills/training (68%) and advice/information (68%). Home visits by professionals accounted for over half (58%) of approaches to clients; in reality, the majority of mother of newborn children will have contact with health visitors in this respect. The utilisation of peer support in almost half (45%) of services gives some indication of the input required from non-professionals in the delivery of parenting support.

5.27 Of the 17% recorded as having 'other' methods of service delivery, the most commonly recorded response to this (11 cases) was 'multi-agency work, although there was no capacity on the mapping template to describe what this refers to. The provision of education (10 cases), childcare (6 cases) and mediation services (5) was also recorded.

Approach to service delivery

5.28 Although referred to as 'type of service' in the mapping template, perhaps a more accurate description is the approach taken to service delivery. It is impossible to tell, given the way in which the template was laid out, what the relationship is between the mode of service delivery and the level of service provided, particularly as there appear to be some contradictions in the findings for each section. For example, under the section 'level of service provided' group work was recorded for 50% of services. However, this figure falls to only 36% under the current heading.

Table 5.3 Approach to service delivery

	Number	Percentage	No. of LAs
Individual	132	35%	23
Preventative	114	30%	21
Group	115	30%	24
Other	77	20%	18
Therapeutic	40	10%	16
All modes of delivery	23	6%	11
Not stated/Unknown	17	5%	0

5.29 In the highest proportion of cases (41%) it was recorded that an individual approach to service provision was taken, which equal proportions (36%) took either a preventative or group approach. The 'other' approaches to service delivery included education (28 cases) and crèche/childcare (8 cases).

Target Group

5.30 Client 'target group' was recorded for all but 15 of the services detailed in the mapping exercise, while 80 services had just one target group. The coverage for client groups across all of the LAs submitting a mapping response can be found at Annex 10. It is difficult to judge the full value of these categories, however, as it is not possible to extract from the template if services could actually adapt to the individual needs of each client group or simply delivered the same service to all. For example, 82 services are recorded as having fathers/male carers as one of their target groups – this is in direct contrast with information gathered during interviews with social work[7], education and health professionals where only three services adapted to suit the needs of fathers were mentioned.

Table 5.4 Target group for services

	Number	Percentage	No. of LAs
Parents and Family	169	44%	26
Universal	136	36%	23
Mother/Female carer	97	25%	25
Low income families	94	25%	24
Teenaged parents	92	24%	22
SEN/Disability	88	23%	19
Father/Male carer	87	23%	22
Drug misusing parents	81	21%	22
Couples	80	21%	20
Domestic abuse	73	19%	21
Ethnic/Cultural minorities	67	18%	19
Other	47	12%	15
Not stated/Unknown	15	4%	0
Homeless families	14	4%	9
Travellers	4	1%	3

5.31 The highest proportion of services (44%) had 'parents and family' as one of their target groups, followed by a little over one-third (36%) providing a 'universal' service. However, as 20 services recorded their target group as 'universal' while also selecting other categories, it is unclear if the selection of this referred to provision for all, or only those within the further categories selected. Homeless families (4%) and the travelling community (1%) appear to be the least well served. Those services that recorded having 'other' target groups included 10 working specifically with children and young people, and 5 working with the families of young offenders or those at risk of offending.

Referral routes

5.32 How clients come to be involved with services was recorded in all but 24 cases, although a definitional issue again limits the value of any findings here. That is, it is unclear what 'mandatory engagement' refers to in terms of services provided to adults as, prior to the implementation of the Parenting Order legislation, there was no capacity to compel parents to engage with any service.

[7] A question related to services for fathers was asked at all 21 social work interviews.

Table 5.5 Referral routes

	Number	Percentage	No. of LAs
Agency referral: voluntary	208	54%	25
Self-referral	199	52%	24
All referral routes	74	19%	20
Agency referral: mandatory	55	14%	20
Not stated/Unknown	23	6%	0

5.33 Almost three-quarters of services could be accessed via an agency-based referral with voluntary engagement (73%) or by self-referral (71%). Although it was recorded that 14% of services were accessed via a mandatory referral, as discussed above it is unclear what this refers to.

Service provider

5.34 Services recorded in the template were primarily provided by local authorities and the health sector, with social work accounting for 35% of provision, education 29% and health a further 22%. The 30% of services provided by the voluntary sector gives some indication of the important role such agencies have in supporting children and families.

Table 5.6 Service provider

	Number	Percentage	No. of LAs
Social Work	132	35%	23
Voluntary organisation	113	30%	21
Education	110	29%	24
Health	85	22%	23
Youth or Criminal Justice	28	7%	16
Not stated/Unknown	17	4%	0
Leisure	6	2%	6
All agencies	4	1%	4
Housing	1	< 1%	1

5.35 In order to give some depth to the findings from the mapping exercise, some key findings from the interviews with practitioners, along with support for these from the literature review, will now be discussed.

Type of Provision

5.36 Throughout the interviews the importance of being able to provide an intensive, individualised service to families was stressed. In addition, for families with young children it was emphasised that preventative work, preferably conducted in the home, was the most productive approach to addressing parenting issues. Therefore, factors relating to these have been drawn from the mapping template, namely:

- Intensive service provision (from 'level of service provision')
- Home visits by professionals (from 'method of service delivery')
- Individual work (from 'approach to service delivery')
- Preventative work (from 'approach to service delivery')

Table 5.7 Target group by service factors

	All factors N=47	Intensive provision N=211	Home visits N=221	Individual work N=108	Preventative work N=88
Universal	26	98	84	60	67
Parents and family	15	124	104	56	57
Drug misusing parents	9	64	65	30	36
Mother/Female carer	8	75	56	30	29
SEN/Disability	8	71	52	32	22
Low income families	6	72	7	26	28
Father/Male carer	7	68	49	27	23
Domestic abuse	7	58	44	20	28
Teenaged parents	6	73	51	26	27
Couples	6	59	41	24	22
Ethnic/Cultural minorities	5	51	40	19	19
Homeless families	3	12	12	8	7
Travellers	2	4	3	2	3
No. of LAs	***16***	***24***	***27***	***23***	***24***

5.37 A total of 47 services appeared to offer intensive provision in combination with home visits while taking both preventative and individualised approaches. The highest proportion of these (55%) fell within the 'universal' target group, while a further 32% were available in services targeted at parents and family. It is this target group that appears to be best served in terms of what may be considered 'ideal' service provision.

Table 5.8 Service provider by service factors

	All N=46	Intensive provision N=211	Home visits N=221	Individual work N=108	Preventative work N=88
Social Work	20	85	98	52	55
Education	14	71	50	30	31
Health	14	43	57	29	31
Voluntary Sector	11	79	68	37	36
Youth or Criminal Justice	7	17	21	11	5
Leisure	1	2	3	2	1
All providers	1	2	4	4	1
Housing	0	1	1	1	0
No. of LAs	***16***	***24***	***27***	***23***	***24***

5.38 Social work departments provide the highest proportion (43%) of services offering all factors highlighted here, with the same being true for each factor individually. The importance of services provided by the voluntary sector is evident once more.

Summary

5.39 Responses to the mapping exercise were received from 27 of the 32 local authorities in Scotland. Of the remaining 5 LAs, 2 had commissioned their own audit of services while 3 did not respond to contact during the evaluation period and so their status is unknown. The mapping submissions received varied widely, with returns recording anywhere from 1 to 52 parenting services as being available in their areas. The format of the mapping template is cited by LAs as one potential reason for this variation. Ultimately, information was gathered on 382 services across Scotland that provide some form of parenting service or support.

5.40 Two-thirds of services were reported as being able to provide intensive support, with a high ratio of staff to clients, while 47% could offer crisis support and 42% group work. Work addressing parenting skills/training, or offering support/advice with regard to parenting issues, were the most common methods of service delivery recorded in the exercise (both at 68%), followed by home visits from professionals (58%) and peer support (45%). Individual work was offered by 35% of services, while preventative and group work was each offered by 30% of services.

5.41 'Parents and family' were the most common target group for services (44%), with homeless families (4%) and travellers (1%) being the least well served. A little over one-third of services (36%) offered a 'universal' service to all. The most common service providers were social work services (35%), voluntary organisations (30%) and education (29%).

5.42 Given the problematic mapping template design and the issues discussed above that may have impacted on its completion, the findings from the mapping exercise nevertheless present an interesting picture of parenting service provision across Scotland. It seems reasonable to conclude that, in the context of all findings presented in this report, that although provision may still need some work, in terms of services there is a reasonable basis to build upon.

CHAPTER SIX CONCLUSIONS

6.1 The *Antisocial Behaviour etc. (Scotland) Act* 2004 ("the 2004 Act") Part 9 made provision for Parenting Orders. The provisions were introduced across Scotland following commencement of the 2004 Act on 4 April 2005 as part of a three year "national pilot" intended to focus on systems and practice for the operation of parenting orders.

6.2 At the time of writing (November 2007), no local authorities had applied for a Parenting Order in Scotland. The interview data from this study shows a very clear and consistent philosophy in regard to the use of compulsion in dealing with vulnerable children and their families, a stance very much aligned to the Kilbrandon approach. Respondents indicated that their local authorities and Community Health Partnerships attempted to promote voluntary engagement and co-operation with parents with compulsion only as a last resort measure.

6.3 Scottish Executive guidance indicated that the consultation on the government's Antisocial Behaviour Strategy, *Putting our communities first* (Scottish Executive, 2004) highlighted agreement over the need for parenting provision but 'there is less universal agreement about the need to introduce parenting orders in Scotland' (paragraph 10). The evidence from this study would suggest that while hypothetically many considered that Parenting Orders may have a place in assisting their work, the primary means of compulsion, and one considered likely to be most effective, was compulsion over the child through the Children's Hearings system. Respondents suggested that the greatest impact on lack of engagement related to service inadequacies, parental confidence and structural factors that would not be overcome by compulsion. There is no practice experience, as yet, in Scotland to indicate that compulsion over parents through Parenting Orders would make a notable difference in difficult cases.

6.4 The service mapping exercise demonstrated that a vast array of provision considered suitable in supporting parents and families exists in varying measures across Scotland. Most authorities in the sample examined are working on developing strategic plans to systematize this wide range of provision of parenting services to meet the evidence from research on the need for services to be staged or tiered, and progressive from universal provision through to very specialist targeted provision across the life course for those at highest risk. While there is encouraging evidence on progress, good baseline data to allow for gap analysis or effective decision-making on capacity requirements against levels and type of need or risk is limited.

6.5 To date, progress and development varies greatly, with most authorities appearing to be at a very early stage of strategic development. No authorities yet provide a model of best practice that could be promoted as a template or exemplar for strategic planning. However a few authorities are on their way to shaping their strategies in ways that recognise the different needs presented by families depending on their level of vulnerability, the kinds of difficulties presented by children and parents and differentiated by age across the life course.

6.6 Few have clear criteria for entry or exit to different tiers of provision or have matched their provision tiers to capacity/demand data (gap analysis) or the availability of trained staff to provide the service to meet the demand. No authorities have yet refined their practice method requirements or matched these to specific criteria in order to ensure a 'best fit' against baseline data on capacity requirements and the need profile of families in their communities.

6.7 It was not possible to establish from documentation or from interview data that key methods, highlighted by research as likely to be most effective at different stages and tiers, are incorporated explicitly within the strategies, nor the mechanisms to ensure they are delivered by specifically trained staff with rigor and integrity. The most obvious examples of this are in-home skills based modelling work for children under 5 and structured 'functional' family work for adolescents. There was evidence from interviews that the former does exist, particularly as part of some health provision, but no clear indication of specific criteria for its application. There was no evidence that there are trained staff available to deliver specialist family work for adolescents considered to be to high risk of reoffending despite the positive evidence to support its use. Most documented data related to provision for young children and much of it seems centre based.

6.8 The legislation and policy direction has given a major impetus to planning for parenting services across Scotland. The conceptual model promoted by the work of Aberlour (see Figure 1 in Annex 11) captures the direction of travel for many authorities. While it has still to become an empirical reality, many elements are in place in a number of authorities. At present the conceptual models do not incorporate the age thresholds or methods suggested in Figure 2 (Annex 11). This is a complex challenge and requires a continuous improvement approach to allow time for strategies to incorporate new elements as they develop (such as the additional dimensions of age against stage, to match appropriate 'methods' to the different tiers) before authorities will be able to achieve a clear pathway that takes account of issues highlighted in effectiveness research on duration, sequencing and intensity of provision which should vary and increase with increased levels of vulnerability and risk.

6.9 Each authority seems to be working in relative isolation and is to some extent inventing its 'strategic wheel'. There may be a case, as with the work being done by Aberlour, for consultancy support for those likely to produce some exemplary models of best practice from which other authorities can draw and apply to their own situation.

6.10 There is strong evidence of a multidisciplinary approach to strategic planning in most authorities. The evidence at this stage is less convincing that *delivery* is multi-disciplinary or co-ordinated although there were some good examples of attempts at multidisciplinary approaches with high-risk adolescents.

6.11 Data generated from health provision seems more refined in differentiating methods and age. The Hall 4 framework for health practitioners, though not without its critics, supports an age-stage approach. Evidence of this in many of the local authorities' provision was that it was still in its early stages. Also, evidence of specific educational provision was limited and seemed often subsumed within the general provision led by social work.

6.12 The Hall 4 model adopted by health provides, in principle, universal contact points with children and their families across the life course ages 0-14. These are complimented by universal educational assessment on numeracy, literacy and personal management at primary 1 and primary 7, approximately ages 5 and 11. While social work has no equivalent structure, these universal stages broadly match the age-stage structures in the literature as crucial 'pick up' points for vulnerable children allowing for strategic links to various 'levels' of multi-disciplinary preventive or early intervention as a key element of any strategy for the provision of parenting services and support.

REFERENCES

Carr, A. (ed) (2000) *What Works With Children and Adolescents?: A Critical Review of Psychological Interventions with Children, Adolescents and their Families* London: Routledge

Department for Education and Skills (2007) *Aiming High for Children: Supporting Families* London: HM Treasury

Dreyfoos, J.G. (1990) *Adolescents at Risk* New York: Oxford University Press

Farrington, D. (1996) *Understanding and Preventing Youth Crime,* York: Joseph Rowntree Foundation

Farrington, D. and Welsh, B.C (2003) 'Family Based Prevention of Offending: A Meta-analysis' *The Australian and New Zealand Journal of Criminology* 36(2) pp127-151

Hall, M.B. and Elliman, D. (2003) *Health for All Children, 4th Edition.* Oxford: Oxford Medical Publications

Lachman, B., and Pint, E. (2007) *ABCDE Model of Strategic Planning*. USA: Rand Corp

Loeb, S., Bridges, M., Bassok, D., Fuller, B. and Rumberger, R.W. (2007) 'How much is too much? The influence of preschool centres on children's social and cognitive development' *Economics of Education Review* 26 pp52-66

Loeber, R. and Farrington, D. (2000) *Child Delinquents: Development, Intervention and Service Needs,* Thousand Oaks CA: Sage

Maguin, E., and R. Loeber. 1996. "Academic Performance and Delinquency." In Michael Tonry (ed.). Crime and Justice: A Review of Research, Vol. 20. Chicago, Ill.: University of Chicago Press.

Moran, P., Ghate, D. and van der Merwe, A. (2004) *What Works in Parenting Support?: A Review of the International Evidence* London: HMSO

Patterson, G. R. and Yoerger, K. (1993) 'Developmental Models for Delinquent Behavior' in Hodgins, S. (ed) *Mental Disorder and Crime*, edited Newbury Park, CA: Sage.

Rutter, M., Giller, H. and Hagell, A. (1998) *Antisocial Behavior by Young People*. New York: Cambridge University Press

Scottish Executive (2003) *Putting our Communities First: A Strategy for Tackling Anti-social Behaviour*

Scottish Executive (2005a) *Getting it Right for Every Child – Proposals for Action (The Children's Hearings System).*
Available at: http://www.scotland.gov.uk/Resource/Doc/54357/0013270.pdf

Scottish Executive (April 2005b) *Guidance on Parenting Orders – Antisocial Behaviour etc (Scotland) Act 2004*.
Available at: http://www.scotland.gov.uk/Resource/Doc/37432/0011355.pdf

Scottish Executive (2005c). *Health for all Children 4: Guidance on Implementation in Scotland.* Available at http://www.scotland.gov.uk/Resource/Doc/37432/0011167.pdf

Scottish Executive (March 2007) *A Framework for Parenting Orders in Scotland.* Available at: http://www.scotland.gov.uk/Resource/Doc/169230/0047138.pdf

Tunstill, J and Aldgate, J (2000) *Services for Children in Need: From Policy to Practice* London: The Stationery Office

ANNEX 1 DOCUMENTS CONSIDERED IN THE ANALYSIS OF STRATEGIC APPROACHES

Local Authority	Documents Consulted
LA01	• Agreed Approach to the Implementation of Parenting Orders • FUSIONS Operational Plan 2006-2007 • FUSIONS Strategic Plan 2005-2006 • Various notes and bulletins were also presented to the research team detailing the progress of implementation
LA03	• DRAFT 'Parents as Partners' Children's Services Parent Policy • Integrated Children's Services Plan
LA04	• Audit of Parenting Services • Arrangements for Implementing Parenting Orders
LA05	• Social Work Department Service Plan • Protocol on Parenting Orders • Tables of service provision in this local are were also presented to the research team
LA08	• 'Tell us what you think!' A consultation on Family Support Services for families with pre-school children
LA10	• Integrated Children's Services Plan • DRAFT Parenting Order Policy
LA11	• Integrated Children's Services Plan
LA12	• Parenting Support: Audit of Parenting Services
LA13	• DRAFT Parenting and Family Support Strategic Framework • Directory of Parenting and Family Support Services • DRAFT Protocol for Implementation of Parenting Orders
LA16	• Arrangements for implementing Parenting Orders
LA17	• Integrated Children's Services Plan • Implementing Parenting Orders: A Protocol
LA20	• Integrated Children's Services Plan • Report on the Parenting Service provided through the Youth Justice Strategy • Various committee notes were also presented to the research team to allow understanding of the local Youth Justice Strategy • DRAFT Parenting Order Policy
LA21	• DRAFT Parenting Strategy • Audit of Parenting Services • Interagency Protocol and Practice Guidance for Implementation of POs
LA22	• Integrated Children's Services Plan • Protocol on Parenting Orders
LA23	• Integrated Children's Services Plan • Parenting Orders: Protocol for Implementation
LA26	• Audit of Parenting Services
LA27	This local authority reported being so close to completion of a draft strategy that the research team decided it would not be a fair representation to assess them on the basis of their old approach
LA29	• Parenting Strategy • Approach/Policy on the Implementation of Parenting Orders

ANNEX 2 'ABCDE' MODEL OF STRATEGIC PARENTING

A B C D E Model of Strategic Planning

Where we are?	*Where we want to be?*	*How we will do it?*	*How are we doing?*
Assessment	**Baseline**	**Clear Goals**	**Down to Specifics**	**Evaluate**
• Environmental Scan	• Situation – Past, Present and Future	• Mission & Vision	• Performance Measurement	• Performance Management
• Background Information	• Significant Issues	• Values / Guiding Principles	• Targets / Standards of Performance	• Review Progress – Balanced Scorecard
• Situational Analysis	• Align / Fit with Capabilities	• Major Goals	• Initiatives and Projects	• Take Corrective Actions
• SWOT – Strength's, Weaknesses, Opportunities, Threats	• Gaps	• Specific Objectives	• Action Plans	• Feedback upstream – revise plans

Adapted from Lachman and Pint (2007)

ANNEX 3 SOCIAL WORK INTERVIEW SCHEDULE

1. Below are the questions we would like to focus on in discussing parenting orders. While we appreciate that there will be many differences between local authorities in their approach to POs and their implementation, we have created this schedule in order to collect information as consistently as possible across each LA. It would therefore be appreciated if you could give consideration to the questions presented here in advance of our meeting.

Part 1

2. First of all, we would like to ask you some general questions about how cases where parenting is identified as an issue of concern are dealt with by (your LA). We would like you to consider practice both pre- and post-Parenting Order implementation.

- Thinking of cases you are familiar with, what are the most common reasons for considering parenting intervention on the grounds of
    a) the *behaviour* of the child, and
    b) the *welfare* of the child

- Typically, how do these cases (behaviour related and welfare related) come to your attention?

- What steps are typically taken to engage families with the intervention? You may find it useful to think of examples of cases you have dealt with in the past to illustrate your answer here.

- POs have been designed to address parents who do not engage with support services. What do you define as non-engagement?

- What steps are typically taken with families when engagement becomes a problem? Again you may find it useful to think of examples from your past experiences.

- Do you have mechanisms in place for recording the level of attendance/non-attendance in relation to parenting services?

- Are there any common characteristics in the cases where engagement is a problem? Characteristics could include those of the individuals targeted, the type of service/support used, the types of problems being addressed, or any other relevant issues you can think of.

- Do you feel that services can adequately deal with families where barriers to engagement may exist, e.g. mental health problems, learning disabilities, addiction issues etc.?

- In the 21st century the notion of what comprises a 'traditional family' is less often reflected in reality. Factors such as divorce, step-parents, fewer extended families (i.e. an apparent decrease in contact with grandparents etc.) and various forms of parental separation appear increasingly common. Do you feel that child and family services are operate in such a way to deal with such issues? For example:

c) What steps are taken (if any) to engage non-residential parents in any intervention?
d) Does the capacity exist to deal with siblings who may have disparate needs?

- Pre-Parenting Order legislation, did you have a policy or protocol on when a practitioner should stop trying to intervene with a parent/s? We appreciate that the needs of each family are different, but could you give an example of an instance where engagement was considered to be failing?

Part 2

3. We would now like to ask some questions about parenting orders.

- What would you consider to be the advantages and the disadvantages of the Parenting Orders legislation?

- Given the requirement of parenting orders that all action taken prior to considering an order be evidenced, what impact (if any) has this had on case management procedure?

- So far as we are aware no parenting orders have been applied for in Scotland. Have there been any cases in which serious consideration of a parenting order arose? Why was the order not applied for?

- Based on your previous experiences, do you foresee POs being useful in the future?

- Given the wider GIRFEC agenda, how do you see parenting orders relating to this?

- With regard to the implementation process for parenting orders, using the scale below, how would you rate the information and guidance provided by the Scottish Executive?
  Why did you choose this rating?

  1 (Very Poor) ---------- 5 (Adequate) ---------- 10 (Excellent)

- As part of the implementation process the SE required each LA to conduct an exercise that would 'map out' service provision in their area that could assist in parenting issues. Using the scale below, how useful did you feel this exercise was in your preparation for the implementation of POs?
  Why did you choose this rating?

  1 (Not useful at all) ---------- 5 (Useful) ----------10 (Integral to the process)

ANNEX 4 PERSONNEL AT HEALTH AND EDUCATION INTERVIEWS

Interviews with health personnel[9]

Location	Attendees
CHP01	No interview achieved
CHP03	Senior Health Visitor
CHP04	Parenting Services Co-ordinator
CHP05	Service Manager for Children & Young Peoples Services, and 2 Health Visitors
CHP08	Senior Nurse Manager, 2 Health Visitors, Vulnerable Families Worker and Family Support Worker
CHP10	Senior Nurse, Children & Family Services
CHP11	2 separate interviews: Service Development Manager and Associate Director of Nursing in Primary Care
CHP12a	Senior Nurse Manager and 2 x Health Visitors
CHP12b	Senior Nurse Advisor, 2 Health Visitors and 2 School Nurses (1 secondary school/1 primary school)
CHP16	Senior Nurse Manager/Children's Services and 2 Health Visitors
CHP20	Lead Health Visitor and Lead School Nurse
CHP21	Nurse Consultant
CHP22*	2 Primary Care Team Managers and 1 Health Visitor
CHP23a*	Senior Nurse Manager/Children's Services and Head Public Health Nurse for Schools
CHP23b*	2 separate interviews: Senior Nurse, Children & Families and Head of Integrated Children's Services

Interviews with education personnel[8]

Location	Attendees
ED01	Integration Manager of 'Fusions Initiative'. One other contact was suggested but had already been interviewed as a SW contact
ED03	Contacts suggested for interview had already taken part in the SW based interviews. After pursuing this further, confident that all relevant information had been obtained from the original SW interview so no further action taken.
ED04	Parenting Services Co-ordinator. Other contacts given but had already been interviewed as SW contacts
ED05	Principal Officer, Education
ED08	Early Years Manager
ED10	Education Service Manager, Principal Psychologist and Social Work Manager/Early Years.
ED11	Unable to achieve interviews here due to staff absences and periods of annual leave (within the targeted local authority)
ED12	2 separate interviews: Parenting Services Manager and Area Depute Principal Psychologist
ED16	Contacts suggested for interview had already taken part in the SW based interviews. After pursuing this further, confident that all relevant information had been obtained from the original SW interview so no further action taken.
ED20	Head of Planning & Policy for Services to Children and Young People, Strategist (Policy and Planning - Care)
ED21	Additional Needs Manager (Education and Lifelong Learning): interview arranged but interviewee not at work on designated day
ED22*	Head of Support for Children, Young People and Families and Service Manager for Children, Young People and Families.
ED23*	Senior Officer, Education

[8] Area ID numbers correspond to those assigned to the same local authority for the interviews conducted with social work personnel. Two additional ID numbers, marked with *, were added to cover the local authorities where no social work interview was achieved.

ANNEX 5 INTERVIEW SCHEDULE FOR EDUCATION/HEALTH PERSONNEL

Part 1

1. First of all, we would like to ask you some general questions about how parenting is identified as an issue of concern and is dealt with in your area.

- Typically, how do parenting issues first come to light?

- What would be the first step taken in trying to address the issue? For example, does your area have a set protocol/procedure in place to deal with parenting issues, such as a key referral point/person?

- What type of parenting services are available in your area, e.g. service offered, target client group and organisation offering the service?

- Is there a set protocol/line of communication to make contact with other organisations?

- Do you find that engaging parents with services is an issue? If yes, what kind of steps are taken to encourage engagement with services?

- What kind of feedback, if any, do you receive from other organisations once a family has been referred to them?

- Do you feel that services in your area can adequately support families where parenting is an issue?

Part 2

2. We would now like to ask some questions about Parenting Orders.

- What do you know about Parenting Orders?

- What kind of information has been supplied to you regarding Parenting Orders?

- What would you consider to be the advantages and the disadvantages of the Parenting Orders legislation?

- So far as we are aware no parenting orders have been applied for in Scotland. Are you aware of any cases where serious consideration of a Parenting Order arose? Why was the order not applied for?

- Based on your previous experiences, do you foresee POs being useful in the future?

ANNEX 6 PARENTING STRATEGY DEVELOPMENT DETAILS

Local Authority	Information source[9]	Strategy Status	Details of planned and current work
LA01	Education; Social Work	Developing a strategic approach	• Have established the 'Fusions' initiative, where managers from partner agencies involved with children's services – health, social work, police, community learning, voluntary agencies etc. – meet regularly to look at needs, strategies etc. • In the process of using the Fusions structure to set up locality based groups in the region • The primary focus of Fusions so far has been parenting of younger children and as yet there is no broad strategic model of intervention for the wider spectrum of parents
LA03	CHP; Social Work	Developing a strategic approach	• A parenting policy is currently under development, to provide a framework for work with parents for all staff involved in Children's Services. The framework outlines the legal rights and responsibilities conferred on the local authority and parents, and outlines key principles informing work with families • The most recent Children's Services plan documents that the authority are working towards the development and implementation of a positive parenting strategy that will review and develop planning, advocacy and services for children, young people and their families at key transitional stages • The strategy will also develop targeted support for vulnerable families and families with teenagers • As yet, no strategic model has been offered
LA04	Parenting Development Worker	Developing a strategic approach	• A parenting development worker has been appointed on a fixed term basis • The parenting development worker has brought together a multi-agency parenting group who are responsible for the development of a draft strategy • An audit of parenting support has been conducted by Aberlour, using a tiered model to classify services and assess gaps in provision • The audit will provide the foundation for the parenting strategy • The group are aiming to have a finalised strategy by the end of the financial year 2007-2008

[9] All CHPs work under the Hall 4 framework so do provide services in a strategic/stratified fashion. The information here refers to work being carried out in addition to normal working practices.

LA05	Education; CHP; Early Years and Childcare	Considering a strategy	• Introduction of multi-agency 'Joint Action Teams' located in each school cluster, bringing together health, education, police, housing and social work to provide a co-ordinated approach to supporting families in need • Health based services have been mapped out and categorised according to age group, mode of delivery, level of support (in Hall 4 terms: additional, core or intensive), area covered and if universal or targeted. • The protocol for the implementation of parenting orders indicates progress being made in terms of classifying services according to level of need/risk addressed, and the appropriateness of method of delivery • A multi-agency group (NHS, social work, family support services, early years, criminal justice, education and Dundee University) is mapping out the current state of parenting service provision. The first full report is due in September 2007, after which consideration will be given to the development of a parenting strategy
LA08	Education & Social Care; CHP	Considering a strategy	• Work falls under the umbrella of family support rather than just parenting • Family Support strategy is being developed around the ages of children and communication pathways between agencies • Looking to move toward a 'key worker' approach, i.e. each family would have a worker that would co-ordinate input from all agencies • No set date for finalising full strategy document as Education and Social Work departments have only recently merged
LA10	Education; CHP; Social Work	Considering a strategy	• Audit of services underway and is due to report in September 2007 • Once audit is complete, will be considering how to best stratify and target services • Parenting/family work is presently incorporated into the Integrated Early Years Strategy and documented in the Integrated Children's Services plan • The documented methods of delivery for the early years services appear to correspond to the literature on what works but there is no strategic model of parenting and family support
LA11	CHP	Considering a strategy	• Have commissioned an external contractor to conduct a full audit of services, along with an examination of 'what works'. First report due in September 2007 • Have a multi-agency group, driven by the GIRFEC agenda, to look at what is needed with regard to parenting support/services and is pushing hard to promote multi-agency working • Piloting a single-agency assessment tool • Piloting a locality-based Children's Services Planning Group
LA12	Education; 2xCHP; Social Work	Developing a strategic approach	• An audit of services was completed in 2005 • The audit was informed by 'what works' literature and classified services according to tier of need/risk • A Parenting Services Manager came into position in early 2007 (funded by Lottery monies) • Have invited Aberlour to consult on the development of a strategy but the strategy development task is still to be allocated • Have some in-house health systems to promote strategic working but nothing formalised

LA13*	Social Work	Have a draft strategy	• A first draft of the Parenting Strategy has been produced in conjunction with the Aberlour National Parenting Development Project
LA16	CHP; Social Work	Developing a strategic approach	• Have formed a multi-agency working group to work with Aberlour National Parenting Development Project in developing a parenting strategy • Have recently begun using a new 'Family Health Needs Assessment' tool in order to promote consistency of approach and to assist in recording practices
LA17*	Social Work	No parenting strategy	• Parenting incorporated into Integrated Children's Services Plan • There is no evidence here of a strategic model of parenting intervention, and little attention to parenting beyond early intervention and work with under 5s
LA20	Education; Social Work; CHP	No parenting strategy	• Have Multi-Agency Resource Groups (MARG) in place across the CHP and LA, taking a co-ordinated approach to supporting families. Are reported to be more successful in some areas than others, as each MARG can decide how it operates. • Have a local youth justice strategy group that has conducted an audit of youth justice related services. The group has used the audit to identify priority areas for youth justice funding and commissioned Aberlour to develop an intensive parenting service for parents at risk of or subject a parenting order. • There is no broader strategic model of intervention for parents and families
LA21	CHP	Have a draft strategy	• A first draft of the Parenting Strategy has been produced in conjunction with the Aberlour National Parenting Development Project • A newly-formed integration group is developing a menu of services • Developing an integrated assessment framework to promote consistency of approach and to help decide who gets what service – hoping to complete by April 2008 • Have made significant investments in parenting training for health workers • Developing multi-agency teams to work with families in each of the 5 areas within the CHP
LA22	Education; Social Work; CHP	Considering a strategy	• Multi-agency working group in place, developing a strategic approach to parenting support involving health, Children and Families, and Services for Community departments. No actual strategy document available as yet. • The working group is one part of a wider agenda on working with parents, e.g. a draft strategy for 'Parental Involvement in Schools' due at the end of August 2007. • Have seconded two members of staff to develop work in supporting parents of older children (came into post in July 2007)

LA23	Education; 2xCHP	Considering a strategy	• Children's Services Executive Group developing a multi-agency staged framework around parenting support. • First framework document produced July 2007 • A multi-agency group recently developed a five-year plan to deliver targeted, stratified services with regard to parenting but no progress has been made on this since March 2007. Funding stated as one issue behind the delay • Have recently formed multi-agency Local Children's Services Departments, with one priority identified as the developing consistent delivery of parenting support/services • Have created new 'parenting co-ordinator' post for the area, and hope to have this filled by end August 2007. In the process of developing a system of integrated referrals, screening and pathways to help inform this post. • Are about to pilot a multi-agency programme in one of the school clusters to deliver a parenting programme through the schools.
LA26*	Social Work	Developing a strategic approach	Have just completed (August 2007) an audit of parenting services in conjunction with Aberlour National Parenting Development Project. A draft report of the audit will be disseminated amongst the local authority in October 2007. On the back of the feedback from this, the multi-agency parenting group will draft a parenting strategy for the end of 2007.
LA27	Parenting Development Worker	Developing a strategic approach	Strategy is under development in conjunction with Aberlour National Parenting Development Project. A draft will be ready for autumn 2007.
LA29*	Social Work	Have a draft strategy	• A first draft of the Parenting Strategy has been produced in conjunction with the Aberlour National Parenting Development Project

Notes to table
* denotes local authority approached on basis of recommendation from Aberlour National Parenting Development Project

ANNEX 7 INFORMATION ON SERVICES (LA13 and LA21)

LA13: Adapted from Service Directory

Tier	Service	Target Group	Target Age	Programmes and Methods
Universal	Care and Learning Team	Looked after or accommodated children with social, emotional and behavioural difficulties	0-16/18 years	• Support inclusion of most vulnerable children • Re-integration of pupils into mainstream schools
Universal	Duke of Edinburgh Award 'New Start' Project	Not specified (universal service)	14–25 years	• Challenging and rewarding programme of personal development for young people
Universal	Lifelong Learning	Claims to be targeted but not who is targeted	15 years +	Courses offered include: • What Can A Parent Do? The 5 – 15 Parenting Programme • The Teenager Parenting programme • Even Better Parents (for parents of school-age children) • Being Assertive: The Parent Assertiveness Programme • Confident Parents, Confident Children • Handling Stress • Changing Selves/Changing Relationships/Changing Communities • Taking Charge of Your Life: The Young Adult Assertiveness Programme • Make your experience count • Parent and child together
Universal	Psychological Service	Not specified (universal service)	0–19 years	• Provides advice and support to Educational establishments in South Ayrshire, to families, children and to other agencies about children and young people in the 0 – 19 age range. • The service uses psychological knowledge, skills and expertise to help raise educational attainment, support inclusion, support the needs of children in relation to their learning, behaviour and development and to contribute to the knowledge skills and expertise of teaching staff.
Universal	Spark of Genius	Any secondary aged pupil whose needs are better met out with the mainstream school system.	12–16 years	Not specified

Universal	The Flexible Curriculum Project	Final year pupils whose needs are better met out with mainstream school	15-16 years	The programme includes • core curriculum work • Duke of Edinburgh Award Scheme • Career's Scotland • work experience opportunities • College tasters • Outward bound Courses • Health Education • I.T
Universal	The Prince's Trust XL Project	S3 and S4 students who are facing a range of difficulties at schools	14–17 years	Team-based programme of personal development
Universal	Action for Mental Health	People with a mental health problem	18-65 years	• Strathyre Housing Support Service • Turnaround drop-in centre • The Voice group advocacy project
Universal	Housing Aid	Not specified (universal service)	16+ years	• Advice on housing rights • Appeals against a homeless decision
Universal	Children's Contact Centre	Non-residential parents (those no longer living with children due to separation or divorce)	0-10 years+	• Provides neutral place for non-residential parents to spend time with their children • Pick-up and drop-off point for parents • Staff provide advice on play
Universal	Childcare and Recreation Information Service	Not specified (universal service)	Not specified	Provides free, accurate and up-to-date information and advice on all registered childcare, including childminders, ante-pre and pre-school provision, playgroups, out of school care and day nurseries
Universal	LEAP	Looked after children	5-16 years	Offers support to individual children and young people around the issues of separation from their community, family, friends and sometimes the trauma they have experienced
Universal	One Parent Families Scotland	Lone parents and their families	Not specified	• A free phone telephone helpline • Free publications and factsheets • Web-based advice
Universal	Scottish Marriage Care	Not specified (universal service)	Not specified	Relationship counselling
Universal	Couple Counselling	Not specified (universal service)	Not specified	Relationship counselling
Universal	Seascape	People who are homeless or likely to become homeless	18+ years	• Provide a Rent Deposit Guarantee • Tenancy Support Service • Befriending Service

Universal	Stepfamily Scotland	All members of stepfamilies	Not specified	Provides support and information
Universal	Stepping Stones for Families Childcare Development Project	Not specified (universal service)	All ages	• Support and maintain childminding and out of school care • Sitter service • Respite service All encourage and support parents into employment
Universal	The Learning Shop	Any adult wishing to improve their reading, writing, spelling or calculation	18+ years	• One-to-one tuition • Small group tuition • Local drop-in facilities
Tier One	Young People and Alcohol	Not specified	11–18 years	A free, confidential information, support, advice and counselling service
Tier One	Barnardos Families Service	Children, young people and families living in temporary accommodation or at risk of becoming homeless	Not specified	• Staying in contact with the family whilst they are living in temporary accommodation and for a further period until they are settled • Providing support if about to become a parent • Providing practical help and support • Providing advice and information about rights and responsibilities • Providing information and help to access services and resources • Providing play opportunities and services for children from birth to sixteen
Tier One	Barnardos Substance Misuse Young Person's Worker	Children and young people aged 11 – 18 years who are involved, or at risk of becoming involved in substance misuse, or are affected by their parent' substance misuse	11-18 years	Offers individual support, group work and alternative activities such as physical activities, confidence building and offering healthy options
Tier One	BIBS	New and expectant parents	Infants	Offers support and information on: • Parenting skills • Nutrition • Health • Play & Development • Finance • Further Education • Training and Employment Opportunities • Safety • Feelings • Relationships

Tier One	Children and Families Services Area Teams	Not specified	Not specified	• Daily Duty Service offering advice on: Family Relationships Child Development Counselling Services and a Parents Group – supporting parents who struggle to cope with their Children • Child care • Group Work within schools in conjunction with Guidance staff as required • Kincaidston Youth Café Project – working in partnership with Community Support • Youth Strategy Management • New Community Schools • Surestart • Substance Abuse Forum • Youth Crime Strategy Group • Child Protection Committee • Youth Homeless Group
Tier One	Children and Families Disability Team	Children and families who are significantly affected by disability	Not specified	• Ardfin – offers a wide range of flexible supports including overnight, day support and a sitting service to families. • Shared Care- popular resource for families. Developments planned to recruit new carers in response to the changing needs of children and families i.e. day, weekend and after-school support. • Day Care Link- popular short break support service. Children are placed and supported in mainstream settings – childminders, independent users and playgroups. • Easter and Summer Play and Leisure Provision- developing the opportunities for children and young people to do the same things as their peers. • Home Care • Joint Working- already established between Special Needs Team and Ardfin with After School Clubs at Wellington Square – service for 8 children.
Tier One	Children 1st Family Group Conferencing	Families where there are concerns about a child	0-18 years	Family group conferencing
Tier One	Diversionary Incentives for Youth	Young people at risk of committing crime and young offenders	8-18 years	A range of informal accredited learning experiences, which increase personal skills and contribute to active citizenship
Tier One	Foster and Adoption Team	Foster carers and adopters	Not specified	Counselling and support groups

Tier One	Family Mediation	Separated and divorced parents	7-17 years	• Information and advice • Mediation • Children's Contact Centres • Support/Counselling for children and young people
Tier One	Public Health Facilitator for Homeless Clients	Homeless people or those at risk of homelessness	Not specified	Facilitate mainstream services
Tier One	Public Health Facilitator for Looked After & Accommodated Children	Looked after and accommodated children	Not specified	Identify and address the holistic health needs of looked after and accommodated children
Tier One	Antisocial Behaviour Team	Those affected by antisocial behaviour and those committing antisocial behaviour	8+ years	Preventative and diversionary measures to tackle antisocial behaviour
Tier One	Befriending Project	Vulnerable young people, for example those with disabilities or those experiencing problems at home and school (offers specific criteria for each of the target groups of young people)	8-18 years	Befrienders provide supportive friendships and act as positive role models for the children and young people, often enabling them to pursue and develop a particular interest or hobby and generally broaden their horizons
Tier One	Stepping Stones for Families Girvan Family Connections	Not specified	All ages covered	Early intervention family support, curriculum based childcare for children aged 6wks-3 years, income maximisation support, and groupwork programmes for adults and targeted young people to build confidence and self esteem and develop skills. Programmes dependent on identified need
Tier One	Target Leisure	Young people – no further specification	11-18 years	Varied and responsive programme to reduce youth crime through leisure, recreational, social and educational activities
Tier One	The Princesss Royal Trust Young Carers Initiative	Young carers living in families affected by physical/mental illness, disability and drugs/alcohol misuse	8-18 years	• Information, advice and support • Individual and group activities • Access to other resources in the community • A chance to have some fun and meet other carers

Tier One	Throughcare Team	Young people looked after by the authority or who are homeless	15-21 years	• Individual contact and crisis support • Financial support • Group work/drop-in facilities • Practical support. Laundry, telephone and computer facilities (laundry and computer facilities should be booked in advance) • Emotional support • Information and links to advocacy services • Evening and week-end support • Mediation services • Support at an early age of presentation • Continuous assessment process involving regular reviews of young people's circumstances • Family mediation
Tier One	Throughcare Team – Mediation	Young people looked after by the authority or who are homeless	15-21 years	Mediation between young people, parents, carers and extended family where homelessness exits
Tier One	Turning Point Scotland	People who have been excluded as a result of their mental health, learning disability, homelessness, or their drug or alcohol misuse	16+ years	Customised community care packages including: • One-to-one support with a named key worker • Groupwork • Lifeskills work • Acupuncture • Indian Head Massage • Outreach work • Advocacy, Information and Advice
Tier One	Viewpoint	New service for people with learning disabilities who currently go to resource centres within the authority	16-65 years	Support to allow individuals to engage in activities of their choice and forming supportive social relationships through: • Individualised supports • Locality based inclusive opportunities • Use of natural supports and building relationships
Tier One	Women's Aid	Women currently experiencing or previously experiencing physical or emotional abuse from a male partner	Not specified	• Support and practical help • Counselling and advice • Safe refuge
Tier One	Children's Unit	Children and young people who require to be accommodated	0-18 years	Residential care

Tier One	Intensive Outreach Team	Families in crisis	11-16 years	Aims to prevent family breakdown and unnecessary accommodation of young people, and help with the transition from care via: • Intensive support to young people and their families during the move back home. • Introduction to recreational activities • Independent living training • Employment/Benefit advice, advice on budgeting, cooking • Advice on Housing/Accommodation • Further Education advice • Working with young people with behaviour problems • Joint work on addiction support • Individual support to young people • Support to families • Provide evening and week-end support within the family home • Focus work on living together as a family • Conflict, communication, negotiation and compromising • One-to-one with young people • Group work with young people who are being accommodated by South Ayrshire • Relationship building • Advocacy • Socialising
Tier One and Two	Barnardos Hear 4 U	All children and young people with priority for: • Children and Young People who are subjected to compulsion i.e. short term detention, compulsory treatment orders, youth criminal justice provision • Children and Young People who are in conflict with staff in Social Work, Education or Health where these staff would normally be expected to act as their advocate • Children and Young People whose wishes appear to clash with those of their families • Children and Young People finding difficulty in upholding their rights as citizens	12+ years	A community based advocacy service for children and young people ensuring that they are aware of their rights as defined in the UN Convention on the rights of the Child and the Children (Scotland) Act 1995 and related legislation

Tier One and Two	Mentoring Project	Young people who are persistent offenders or have 3+ offences	8-18 years	Mentoring for periods of 6 months
Tier One, Two and Three	Change Project	Offenders who have: • Pled guilty to a sexual offence • Have been convicted of sexual offences and are subject to statutory orders • Who have been identified by Child Protection Conferences or Community Safety Protection Case Conferences as presenting as 'at risk' of sexual offences.	18+ years	• Consultation • Assessment of risk • Risk management plans • Programmes of work
Tier One, Two and Three	Child and Adolescent Mental Health Service	Children and adolescents with mental health issues	2-16 years	The service provides assessment, diagnosis and treatment of mental health problems in children. Treatments available include family therapy, individual therapy and behavioural therapy
Tier One, Two and Three	Children 1st Directions Project	Parents who have difficulty in providing appropriate parental care and control	5-12 years	Two or three group work programmes are delivered per year for children and families. Themes discussed and addressed may include: • Living in the community • Parenting skill and issues • School issues • Challenging behaviour • Problem solving • Peer and family relationships Individual work with a child and a family will include: • Assessment of needs • Individual needs planning • Use of resources such as workbooks and issue based games • An allocated Project Worker for each individual child and family
Tier One, Two and Three	Family Centre	Early preventative therapeutic interventions that seek to protect and promote the welfare of the most vulnerable children in our local community	0-12 years	Family support, including advice, guidance and assistance, Positive Parenting (6-8 week groupwork programme), Video Interactive Guidance, Creative Play (groupwork), PostNatal Depression Group, Individual Art Therapy, Stress Management (groupwork), Groupwork programmes for children tackling self esteem, social skills, communication and listening skills, and Solution Focused Brief Therapy

Tier One, Two and Three	SACRO	• Young people who have been charged by the police and referred to the Children's Reporter • Young people referred to an antisocial behaviour team	8-17 years	• Restorative Justice Conferencing • Face-to-Face Mediation • Shuttle Mediation • Awareness Programmes • Reparative Tasks and Programmes. The following programmes have been developed for this purpose: • Taking responsibility for offending • Managing anger and aggression • Alcohol and drug abuse • Managing peer pressure • Relationship skills • Emotional intelligence and management
Tier Two and Three	Addiction Unit	Men and women who have identified substance use problems co-existing with mental health problems	16–65 years	Through group and individual work clients are enabled to identify positive coping strategies and help them recognise they can utilise these in their own environment
Tier Two and Three	NCH Crossover Project	Young people who are persistent and serious offenders	14–17 years	Through work with individuals and in groups, the Project explores their involvement in crime and makes them face up to the impact their actions have on their victims. It also provides them with strategies to control aggression and anger, to defuse difficult situations and to handle drugs and other problems. A key part of the Project's work is helping to find training opportunities and employment for the young people to establish a new future for themselves.
Tier Two and Three	Youth Support Team	Children in need, and Looked After young people and their families	11–16 years	The team support young people to stay at home, within their own communities and within mainstream education wherever possible. The team deliver focused groupwork programmes based on identified needs of young people. In addition, we offer individual support, family work where appropriate, and the development of joint working practices with other Social Work staff, Community, Education, Schools, Youth Projects and Voluntary Organisations. Programmes included will focus on: • Offending behaviour • School support – behaviour and truancy • Alcohol/Drugs • Conflict and aggression • Self-esteem and Social skills A typical group will consist of between 4 – 8 young people staffed by 2 – 3 workers. The group usually meet one night per week, over a period of between 6 – 14 weeks. Programme sessions will consist of a variety of methods and approaches including exercises and workshops, games, discussion, quizzes, focused inputs, counselling sessions and outings all designed towards building positive relationships with young

				people, providing support and addressing the outstanding issues and concerns. The Youth Support Team is actively involved in other areas of work, contributing to both direct Service delivery, as well as Service development initiatives. These include: • Screening and Resource Groups • Joint Assessment Teams • Youth Housing Support Group • Youth Support Strategy • South Ayrshire Befriending Project • Target Leisure • Kincaidston Youth Café • Groupwork Training • Alcohol and Drugs Service Development and Training
Tier Two and Three	Youth Support Team – Family Support Worker	Parents of Young People who are known to the Social Work Department	11–16 years	The worker is responsible for the development and delivery of community based provision that aims to support and assist parents in developing positive and effective styles of parenting /caring. Utilising a range of techniques and approaches the worker will aim to strengthen and support family life and promote the upbringing of children and young people, where appropriate, by their family and within their own communities. • Provision of accredited group work programmes that address areas such as understanding and knowledge of issues affecting young people, positive parenting / caring approaches, conflict resolution and child development. • Provision of individual programmes which will aim to promote positive parenting / caring strategies, building on strengths and assist in the development of skills. • Promote and enable participation in preventative and diversionary opportunities that will strengthen family life. • Encourage the implementation by families' strategies to promote positive family and promote strengths and resilience. • Monitor the implementation and compliance with Parenting Orders (Anti – Social Behaviour etc. (Scotland) Act 2004) offering appropriate guidance and assistance to families who may be subject to these. • Contribute to the integrated training plan and deliver training to other practitioners in relation to parenting approaches and programmes.

Tier Two and Three	Youth Support Team - Substance Misuse Worker	Young people affected by substance misuse issues and their families	12–18 years	Offers support, advice, education and consultancy to young people affected by substance misuse issues and their families: • Delivery of tailored support and intervention packages to individuals and groups in partnership with social work staff. • Development and delivery of drug and alcohol education to young people, individual practitioners, local authority staff groups and key voluntary sector partners. • Development and delivery of effective research-based preventative and diversionary initiatives, intervention programmes and assessment models and advising and informing key partners of them. • Promotion of harm reduction and positive lifestyle approaches to youth drug and alcohol difficulties. • The development and maintenance of an up-to-date resource directory and resource library to ensure the regular sharing of current relevant information and initiatives related to alcohol, drugs/youth crime is available to practitioners.
Tier Three	Adolescent Mental Health Team	Young people with complex, severe mental health problems: • Young people with self-harming behaviours • Young people with past history of abuse • Young people with longstanding difficulties in managing their emotions, behaviour and relationships, and, who are at high risk of, but may not currently have a diagnosable psychiatric disorder • ADHD, Asperger's Syndrome etc.	15–19 years	The team consists of an Adolescent Psychiatrist, a Clinical Psychologist, a Community Health Nurse, a Social Worker and a Cognitive Behaviour Therapist. To carry out the assessment and treatment of young people.
Tier Three	NCH Intensive Supervised Structured Care (ISSC)	Not specified in directory – but we know it is young people at risk of, or leaving, secure accommodation	11–17 years	This is a robust alternative to secure care, a close support service covering all Scottish Local Authorities. The service provides 5 residential places and 5 specialist family placements. The object of the Project is to focus on minimising placement breakdown by providing a placement service that addresses the associated risk factors experienced by young people.

Service directory also includes all the relevant social work teams and health professionals e.g. midwives, GPs, health visitors and schools etc.

LA21: Adapted from Audit of Parenting Services

Tier	Service	Target Group	Target Age	Programme and Methods
Universal	Couples Counselling	Not specified	Adults	Counselling
Universal	Public Health Nurse Team (Health Visitors and School Nurse)	Not specified	0-5 years	Proactive health promoting service. Work in partnerships with families and others, health promoting to meet the needs of the health and well being of the practice population. Solihull. Cognitive behavioural therapy - individual practical psychotherapy individual practitioner. ICP - Post Natal Depression, HALL 4.
Universal	Childcare Partnership	Not specified	0-16 years	To develop and support good quality accessible and affordable childcare for children 0-14
Universal and Targeted	Parent to Parent CESEL	Not specified	0-16 years	Not specified
Universal and Targeted	Parent to Parent Abbey Soft Play	For all children, plus specialist provision for children with disabilities	0-8 years	Play sessions
Universal, Targeted and Level 1	Learning for All: Adult Literacy Learning	National Adult Literacy target group: parents may belong to any; limited education; disadvantaged area; low income; unemployed/redundancy; ESOL dealing with disability; young people with limited education	Adults	Individual Learning Plans, Group Learning Plans. Learner-centred approaches based on needs and aspirations/negotiated curricula/social practice model Homework Workshops for parent information evenings etc are features of provision.
Universal and Level 1	Primary School	Not specified	5-12 years	To give parents support with parenting skills and providing a forum for discussion of some school related issues. • Formal 'education' classes & courses • Parent training and skills building • Advice and Information 'interventions' • Group Work • Supporting parents group which is held in the community annexe and to which the school has direct input • Provides parenting training, personal/personal development, links to adult education
Universal, Communities at Risk, Targeted, Level 1&2	Victim Support	Victims of crime	Adult	To provide emotional support, practical help, support in court, help with CKA, information about the criminal justice system

Communities at Risk	Family Support Service	Families with additional needs	Not specified	To work in a child centred way, to support parents, to bolster "good enough parenting" Use of Parenting programmes: • Getting Through the Day • After school groups • Stay and Play • Play and Health • Play and Learn • Managing Difficult Behaviour • Basic Parenting
Communities at Risk	Borders Health Living Network	Not specified	Not specified	A network of 5 community health projects in re-generation areas providing a range of health-related programmes including "timeout", assertiveness skills etc for parents Improve health and well being through:- • smoking reduction • exercise • stress management • "tips" for parents • C for confidence • joint work/baby massage • healthy catering, cooking skills • training and involvement of local people in projects including young parents • increase access to fruit and veg • improve confidence and skills • improve access to range of new opportunities e.g. taichi, dance, • provision of crèches for time out for parents
Communities at Risk and Level 1	Supported Childminding Scheme for Families in Crisis	Families in crisis	0-8 years	Provide quality registered childcare to families in crises to allow them to access needed support without compromising the care of their children Provide quality care to help prevent difficult situation spiralling out of control

Communities at Risk, Levels 1&2	Family Support Centre	Not specified	0-5 years	Parenting groups: • getting through the day • play and health • dealing with temper tantrums • After school clubs (5-7yrs + 8-11yrs) • 1:1 work with parents • supervised contact • cooking groups • drop-in each Friday
Targeted	Borders Young Carers Project	Young people who have caring responsibilities within the family due to illness and disability	5-11 years	• Provide information to alleviate worries about parent's illness • Provide fun time out in way of group activities • One to one support to reduce impact of stress of caring
Targeted	CHAD Social Work Services	Parents of children with disabilities	0-19 years	Not specified
Targeted	Lone Parents Advisor	Lone parents	0-16 years	• To assist lone parent clients with search for training or jobsearch Advise and arrange in work incentives • Arrange work placements if required to gain experience • All lone parents participate voluntarily
Targeted	Borders Independent Advocacy Service	Not specified	Adult	Advocacy Service including: • Mental Health • Learning Disability • Citizen Advocacy To provide advocacy to ensure that disempowered people are able to effectively and efficiently make their counsellor aware of their views to work towards a more appropriate outcome. Befriending and peer support
Level 1	Borders Counselling on Alcohol	Not specified	Adult	Counselling
Level 1	Family Mediation Borders	Separated parents, their children and their family members	0-16 years	• individual advice and info • mediation • individual and group work with children • family contact centres

Level 1	Primary School	Not specified	5-12 years	• Collecting children for school where attending is an issue or there are specific family difficulties • Working with individual children and groups • Liaise with other groups / agencies • Improve school attendance and attainment • Improve health / well-being and welfare • Personal/social development/assertiveness/life skills • Parent training and skills building • Advice and Information 'interventions' • Therapy or counselling for families and individuals (Cognitive Behaviour Therapy) • Peer support • Befriending
Level 1	Youth Project	Vulnerable children with social and emotional issues	Not specified	Support and befriending
Level 1	Family Centre	Not specified	0-5 years	Support parents and children to ensure wherever possible children can remain in their home communities Offer advice/support/guidance to family re: many issues Aims of intervention are to decrease risks to children in need and bolster parenting skills/social supports/links with other professionals. Programmes offered: • Solihull Model • Stay and Play • Managing Difficult Behaviour • Surviving Teenagers • Getting through the day • Play and Health
Level 1	Children 1st	Not specified	0-16 years	• Family Group Conference Service • Abuse and Trauma Recovery Service
Level 1&2	Children 1st Home-School Link Workers	Not specified	3-12 years	• Parenting Groups looking at managing children's behaviour • Use of SPIN Vip (video work with families) as a method to allow parents to see results quicker. • Work with children in completing Life Story work • Combination of group and 1:1 work • Different pieces of work taking place in the schools according to need e.g. Balmoral: social skills with peers though games, activities & storytelling work with P5

Level 1&2	Education & Social Work Centre	Young people experiencing SEBD	Not specified	3 strands: • day placement • linkwork to secondary schools • outreach service Work includes: • Survival skills for parents and teenagers • Frequent support to parents through keyworker system on individual basis • Groupwork programmes occasionally offered as part of outreach service
Level 1&2	Support Living Service	Clients with varying degrees of social and mental health problems	Adult	Tenancy support Advice and Information 'interventions' service
Level 1&2	AG Gate Youth Project	Vulnerable teenage mums	Not specified	Young Mums Group & Young Dads Group
Level 1&2	Housing Advice Support and Mediation Service	Not specified	Not specified	Offer mediation to intervene and stop neighbourhood disputes escalating into ASBO type situations
Level 1&2	Health Centre	Not specified	5-18 years	• 1:1 behavioural problem support • 1:1 health / eating advice • 1:1 mental health problem support • 1:1 support for children
Level 2	Community Addiction Team	Those with moderate to severe substance misuse	Adult	Not specified
Level 2	Big River Project Parenting Project	Parents with substance misuse issues, who may struggle with managing their families	Adult	Weavers Triangle Model of planning support. Work undertaken linked to research and local policy, in line with health education and social work.
Level 2	Women's Aid	Not specified	0-16 years	Services include: • Refuge for Women & their children • Drop-in groups offering practical and emotional support, computer classes and welfare benefits advice. • Planning a healthy eating programme
Level 2	Women's Health Midwifery Service	Teenage mothers and drug misusing parents	Adult	Provide accommodation within the postnatal ward for mothers post delivery to assess their parental skills when social services have identified a need for a longer period of assessment under supervision as there is no provision for this anywhere else. Assess and teach basic parenting skills: feeding, changing, bathing and making up food.

Level 2	Throughcare /Aftercare, Youth Offending Service	Not specified	8-18 years	Implement and support accommodated and looked after offenders and support to a mere independent form of accommodation A parent programme to support parents who have youths who offend has been developed, but has NOT been delivered as yet as a "group programme" - offered to individual parents in a different format
Not specified	Youth Offending Team	Young people although work with parents is undertaken for the benefit of the young person	8-18 years	Work includes: • Anger management sessions with parents and young people • ORP(Offence Resolution Programme) involves young person undertaking modules, generally on a group work basis e.g. anger management, social skills, accredited programmes. The work is geared at specific offences • YOS have undertaken development work in writing a 'Parenting' programme but this has not been implemented. Ideally staff would like to work more in response to preventative service

ANNEX 8 COMMON PARENTING SERVICES/PROVISION

1. A number of parenting services/programmes appear to be commonly provided across Scotland, and the following table attempts to give a flavour of the services that are available across the whole span of childhood. Also, in health terms these are service provided beyond standard health care provision. Each area is different and most provide their own, individualised programmes to some extent, and so it is not practical to list ALL services here. N.B.: not all services will have the same name in each area, e.g. those offering baby massage and sleep clinics are known to vary in title considerably.

Programme/Service	**Age group**	**Details**
Baby Massage	Post natal	Helps to promote the attachment and bonding between parent and child.
Post-natal depression support	Post natal to early years	Support, therapy and parenting education for mothers with post natal depression
Breast feeding support	Post natal to early years	Support and advice for breastfeeding mothers
Sure Start	Early years	Support to very vulnerable families with young children
Mellow Parenting	Early years	Structured course with a psychoanalytical approach to helping mothers deal with any personal difficulties they may have that impact on their ability to parent
Play at Home	Early years to pre-school	One-to-one work with families in their own homes, encouraging positive interactions between parent and child
Bounce and Rhyme	Early years to pre-school	Library-based programme encouraging parents to sing and interact with their children
Book Start	Early years to pre-school	National initiative designed to encourage parents to read with their children from a young age
Triple P	Early years to primary school years	Structured programme to promote good communication and relationships between parent and child
Sleep management	Early years to teens	Structured support and assistance to manage sleep problems
Home Start	Pre-school	Informal support provided in the home, by peer volunteers
Handling Children's Behaviour	Primary school age	Structured course aimed at dealing with and controlling children's behaviour
Positive Parenting	Early years to teens	Workshops and courses in parenting skills
Handling Teenage Behaviour	Teens	Structured course aimed at dealing with and controlling teenage behaviour

ANNEX 9 MAPPING EXERCISE TEMPLATES

A. Excel Template

Name of Local Authority		
Person Completing Form		
Contact Details		
		Ser No 1
Name of Service		
Service Description		
Aim of Service		
Factors that intervention aims to decrease or bolster		
		tick
Service Type (tick one)-	Therapeutic	
	Preventative	
	Group Work	
	Individual Work	
	Other (Specify Service Type)	
Format	Formal education classes & courses	
	Parent training and skills building	
	Advice and information interventions	
	Helplines & web based	
	Home visitation by Professionals	
	Befriending & Family Aides	
	Peer support	
	Therapy or counselling for families and individuals	
	Other (specify format type)	
Target Group	Universal	
	Mothers or female main carer	
	Fathers or male main carer	
	Parent and Family	
	Couples	
	Ethnic/Cultural Minority	
	Low income parents/carers	
	Teenaged parents	
	Drug misusing parents	
	Domestic Abuse	
	Homelessness	
	SEN/Disability	
	Travellers	
	Other	
Intensity of Service	Intensive (high ratio of staff 1:1, 1:2	
	Group support (lower ratio of staff)	
	Resource (little or no interactive back-up	
Further details of types of support provided	Crisis support	

	Learning support to parent - parenting training	
	Learning Support - personal/social/development/assertiveness/life skills	
	Learning Support - vocational/ employment/ literacy	
	Learning Support for child - describe	
	Transport for clients to service – financial support	
	Transport for clients to service – actual transport	
	Other support	
Referral Routes	Self referral	
	Agency referral voluntary	
	Agency referral mandatory	
Date Set Up	Pre 01	
	Apr 01/Mar 02	
	Apr 02/Mar 03	
	Apr 03/Mar 04	
Delivery	Funding Sector - Statutory	
	Funding Sector - Voluntary	
	Providing Agency - Health	
	Providing Agency - SW	
	Providing Agency - Education	
	Providing Agency - Youth or Criminal Justice	
	Providing Agency - Leisure Services	
	Providing Agency - Voluntary Organisations	
	Staffing - Professionals	
	Staffing - Volunteers	
	Staffing - Peers	
Number of Places	Incl full time/part time	
	Integrated packages	
Waiting List	No Waiting	
	Ave length of wait (days)	
Evaluation of Service	Level 1 - association between prevention programme and an outcome measure at one point in time.	
	Level 2 - Includes pre and post intervention measures. (ie measures at 2 points in time) but no control group.	
	Level 3 - pre and post intervention measures, (ie measures at 2 points in time) and also treatment and control group.	
	Do not evaluate/no evaluation done.	

B. Word Template

Name of Local Authority
Name of person completing form
Contact Details

Name of Service

Briefly describe the service

1. Briefly describe the overall aims and objectives

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

3. Service type (tick <u>one</u> main category)

- ❑ Therapeutic
- ❑ Preventative
- ❑ Group work
- ❑ Individual work
- ❑ Other (please specify) _____

Any additional information you may wish to add?

4. Format (tick all that apply)

- ❑ Formal 'education' classes & courses
- ❑ Parent training and skills building
- ❑ Advice and information 'interventions'
- ❑ Helplines & web-based
- ❑ Home visitation by professionals
- ❑ Befriending and family aides
- ❑ Peer support
- ❑ Therapy or counselling for families and individuals
- ❑ Other (please specify) _____

Any additional information you may wish to add?

5. Target Group (tick all that apply)

- ❑ Universal
- ❑ Mothers or female main carer
- ❑ Parent/main carer Couples
- ❑ Ethnic/cultural minority
- ❑ Teenage/young parents
- ❑ Domestic abuse
- ❑ Parent and family
- ❑ Father or male main carer
- ❑ Drug misusing parents
- ❑ Low income parents/carers
- ❑ Homelessness
- ❑ Parents of children with SEN/Disabilities

❑ Other (please specify):

Any additional information you may wish to add?

Notes:

6. Intensity of service (please tick)

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

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

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

Describe:

❑ Transport for clients to service

Financial support	❑ Yes	❑ No
Actual transport run by service e.g. minibus	❑ Yes	❑ No

❑ Other informal/non-measurable support

Describe:

8. Referral Routes (please tick all that apply)

❑ Self Referral ❑ Agency referral voluntary

❑ Agency referral mandatory (available but not yet used)

9. Date set up (please tick)

❑ Pre 01 ❑ Apr 01/Mar 02 ❑ Apr 02/ Mar 03 ❑ Apr 03/ Mar 04

10. Delivery (please tick all that apply)

Funding Sector

❑ Statutory ☐ Voluntary

Providing Agency

❑ Health ❑ Social Services ❑ Education

❑ Youth or Criminal Justice ❑ Leisure Services ❑ Voluntary Org.

Staffing

❑ Professionals ❑ Peers ❑ Volunteers

11. Number of places (specify number)

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

12. Waiting list (specify number)

☐ Parent – number waiting

☐ Parent – Average length of time to wait (days)

13. Evaluation of Service (Please tick <u>one</u> main category)

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

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

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

❑ Do not evaluate/No evaluation done

ANNEX 10 SERVICES BY LOCAL AUTHORITY

	Total Services	Universal	Mother/ Female carer	Father/ Male carer	Parents and family	Couples	Ethnic/ Cultural minorities	Low income families	Teenaged parents	Drug misusing parents	Domestic abuse	Homeless families	SEN/ Disability	Travellers families
LA01	**3**	0	3	2	2	0	1	2	1	3	3	0	0	0
LA02	**38**	8	2	3	10	3	1	2	6	3	3	1	7	0
LA03	**11**	2	3	3	8	2	3	4	4	5	4	4	3	2
LA05	**10**	4	2	1	4	4	1	2	4	2	0	0	2	0
LA06	**19**	8	4	3	7	2	2	1	3	6	1	1	1	0
LA07	**11**	8	3	3	5	1	2	4	4	3	3	0	2	0
LA08	**18**	13	4	3	4	2	1	3	3	4	3	0	3	0
LA09	**23**	1	18	18	19	19	18	18	18	1	18	1	20	1
LA10	**23**	10	12	10	7	7	8	6	5	7	3	2	7	0
LA11	**7**	0	1	1	7	1	7	7	5	6	7	0	3	0
LA12	**28**	4	9	7	23	7	3	7	5	5	3	1	7	0
LA15	**9**	4	1	0	4	0	0	1	1	1	1	0	3	0
LA16	**18**	6	3	4	10	7	4	6	4	3	1	1	5	1
LA17	**6**	3	1	1	1	1	0	1	2	2	1	0	0	0
LA18	**12**	6	5	5	7	5	4	4	5	6	5	2	4	0
LA19	**19**	8	5	3	8	2	0	6	3	5	2	0	3	0
LA20	**33**	8	4	3	6	2	1	2	2	3	2	0	0	0
LA21	**18**	6	1	2	8	3	2	2	4	2	4	0	4	0
LA22	**24**	10	5	5	9	6	4	7	5	4	2	0	5	0
LA23	**5**	1	2	2	3	2	1	2	1	2	2	0	0	0
LA26	**2**	2	0	0	1	0	0	0	0	0	0	0	0	0
LA27	**20**	10	3	2	5	2	1	1	3	4	1	0	2	0
LA28	**1**	1	0	0	0	0	0	0	0	0	0	0	0	0
LA29	**3**	2	1	0	1	0	0	1	0	0	0	0	0	0
LA30	**19**	11	3	5	8	2	3	4	4	4	4	1	6	0
LA31	**1**	0	1	1	1	0	0	1	0	0	0	0	1	0
LA32	**1**	0	1	0	1	0	0	0	0	0	0	0	0	0
		136	**97**	**87**	**169**	**80**	**67**	**96**	**94**	**81**	**74**	**14**	**88**	**4**

ANNEX 11 FRAMEWORK FOR PARENTING SERVICES
FIGURE 1

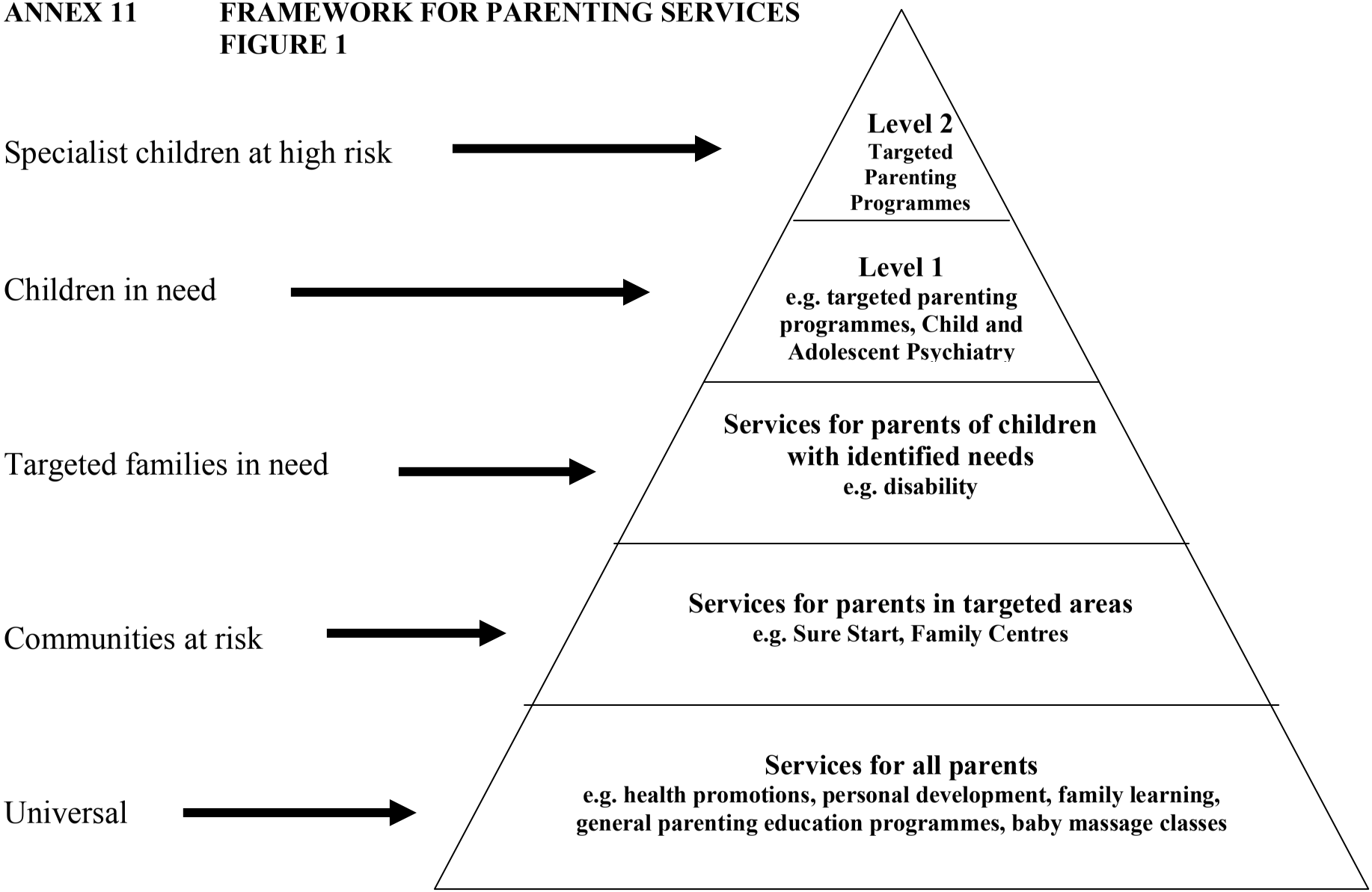
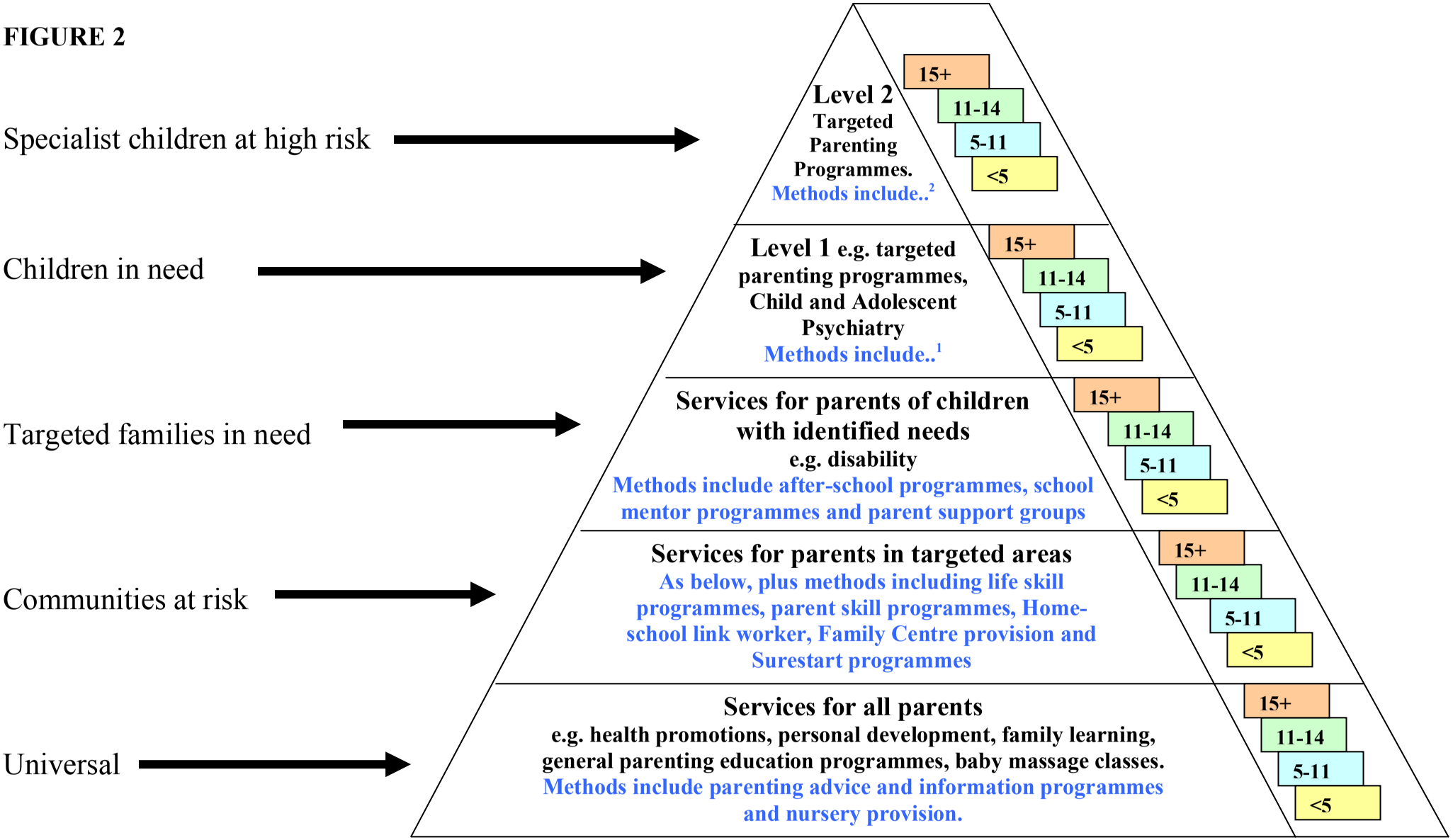


FIGURE 2



[1] In-home modelling, Behaviour skills programmes, Functional family work, Educational enhancement programmes and family conferencing
[2] Multi-systemic family work, intensive wrap-around support, offence focused programmes, drug/alcohol counselling and restorative practices

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