

**Calderdale
Parenting Support
Strategy**

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1 Foreword

- 1.1 This Parenting Support Strategy describes Calderdale's ambition and key priorities for improving the lives of families, parents and carers in the Borough.
- 1.2 The strategy has been developed following widespread consultation with partner agencies. The views of many have been listened to and where possible included in its production.

Parenting Support Strategy

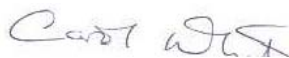
Parents, carers and families are the most important influence on outcomes for children and young people. The Every Child Matters: Change for Children programme aims to ensure that support for parents becomes routine, particularly at key points in a child or young person's life.

This strategy symbolises the commitment we have in Calderdale to respect and support parents and carers because every child and young person matters. Being a parent is an extraordinary responsibility as well as being a personal and private experience that can be complex, challenging and incredibly rewarding. It is also an experience that can impact significantly upon the family and indeed upon the wider community, especially if things go wrong.

We are working to ensure that parents and families have access to the support that they need, when they need it, so that all children can benefit from confident, positive and resilient parenting, from birth right through to the teenage years.

This strategy has been produced on behalf of the Children and Young People's Management Group. It sets out our proposed vision and key priorities for supporting and promoting parenting in the borough through a strong multi-agency approach. It is important that we have a clear sense of direction and a shared understanding of the challenges we face across all communities and services.

Carol White
Group Director
Children and Young People's Services



Cllr Craig Whittaker



Calderdale Community Forum

The Voluntary and Community Sector has played a key role in the development of the Calderdale Parenting Strategy. There has been VCS involvement and participation in the audit and mapping of the parenting support services and in wider discussions and consultations that have shaped the Calderdale Parenting Strategy.

It is hoped that the local good practice can be built on and that the VCS in Calderdale will be able to fully contribute to the early intervention and prevention work being undertaken with families across Calderdale.

Additionally we will seek through our well established links with service providers to enable the participation of children, young people, families and communities in the planning, delivery and evaluation of parenting and family support services.

We welcome the fact that the strategy will provide a framework for inter-agency, single agency and partnership decision making on service development and commissioning and are confident of the role the VCS will be able to play in all aspects of service delivery.

Angela Everson
Deputy Chief Executive
Calderdale Women's Centre



2 Definitions

In order to develop and promote a shared understanding, the following definitions have been adopted.

2.1 Parent/Carer

Person who is caring for a child/young person and who usually has legal responsibility for their welfare and developing including corporate, foster and adoptive parents.

2.2 Parenting Support

Can be any activity or input that enables parents/carers to understand their child's needs, has the intention of recognising parents' skills and builds confidence in their ability to support their children's development and well-being.

2.3 Parenting

The process by which a parent/carer fulfils their role in raising, nurturing and caring for their child or young person's personal, social, emotional, intellectual, physical and spiritual needs.

2.4 Family Support

Family Support is defined as any programme or activity that promotes the well-being of children, young people and their families.

3 Setting the Scene – Why we need a Parenting Strategy

- 3.1 The promotion of 'good' parenting is now a key priority for Government and all Children and Young Peoples Services. Nationally, there are compelling arguments for a strong partnership approach to supporting parents, carers and families.
- 3.2 *'Parenting is the most important influence on children's and young people's outcomes. We need to shift away from associating parenting support with crisis interventions to a more consistent offer of parenting support throughout a child or young person's life. We will work towards a mix of universal and targeted parenting approaches including advice and information, home visiting and parenting classes. Support should be accessible from a range of locations and include a focus on key transition points in a child's, young person's or parents' life....'* (Next Steps Document, 2004)
- 3.3 The role of parents and carers in improving children's life chances is emphasised in a number of key Government Legislation and Policies including; 2004 National Service Framework for Children, Young People and Maternity Services; Every Child Matters, the Children Act 2004; the 2005 Schools White Paper 'Higher Standards, Better Schools for All' and the 2006 Respect Action Plan. Government recently announced through the National Children's Plan, a series of commitments to supporting parents, e.g. by 2010 all schools will offer a range of Parenting Support including information sessions at transition to primary and secondary level as well as more specialised support for parents where children have problems with attendance and behaviour. Schools can use Parenting Contracts or where necessary Parenting Orders to get parents to co-operate in addressing their children's poor behaviour outside the home
- 3.4 The Every Child Matters Programme for change sets out the five outcomes which should be achievable for every child and the support needed from parents, carers and families in order to achieve those aims. Parents and carers who do the following in a consistent, loving and encouraging way are likely to be providing 'good enough parenting'.
- 3.5 **Be Healthy** – *Parents, carers and families promote healthy choices*
To Safe – *Parents, carers and families provide safe homes and stability*
Enjoy and Achieve – *Parents, carers and families support learning*
Make a Positive Contribution – *Parents, carers and families support positive behaviour*
Achieve Economic Well-Being – *Parents, carers and families are supported to be economically active*
- Working in Partnership**
- 3.6 This strategy has been developed in collaboration with a wide range of partner agencies. The views of some parents and those people who support them have been listened to and have been integral to identifying needs and agreeing our strategic priorities.

- 3.7 The first stage of our 'journey' involved consulting with some parents and carers. Some of these views were reflected in a DVD (*Consulting with Parents and Carers in Calderdale, 2007*).
- 3.8 Parents told us:
- What it's like being a parent in Calderdale,
 - What services they use,
 - What services they would like to see.
- 3.9 Building on this work, providers of parenting and family support were also asked to feedback views of parents and families that they work with.
- 3.10 Running parallel with this activity was an audit and mapping exercise of Calderdale's Parent Support Services. In total, 126 parent support services from across the private, voluntary and statutory sectors were asked to complete a detailed questionnaire that covered the following areas:
- 3.10.1 general service information, including what type of parenting support was offered and the thresholds of need within which the service operated
 - 3.10.2 the quality of service provision in relation to the National Occupational Standards for Work with Parents
 - 3.10.3 the training and development needs of staff
 - 3.10.4 the commitment of parent support services towards equality and diversity
 - 3.10.5 the nature and frequency of communication between parent support services across all sectors
 - 3.10.6 the nature and frequency of parental consultation
 - 3.10.7 future service provision (including service improvements, re-design and future joint commissioning)
- 3.11 The main findings and recommendations of the audit indicated that a lot of good work was happening across the borough and some of these findings are referred to in this document.
- 3.12 The next stage of development brought partners together from a wide range of organisations at two strategy seminars. These seminars provided an opportunity to analyse the findings and develop a strategic response to identified need. Core components of this strategy were developed through a range of interactive workshops which partners contributed to.
- 3.13 Information collated from each of these stages has been used to develop a draft strategy. The final stage involved the draft document going out to consultation which gave partners a final opportunity to contribute.

4 Our Ambition for Calderdale's Families

- 4.1 Building on our Children and Young Peoples Ambition Statement, (*Children and Young People's Plan, 2007-2010*), partners worked together to produce the following statement for Calderdale's Parenting Strategy.

'Every Family Different, Every Family Matters'

- 4.2 Families come in all shapes and sizes. Grandparents, stepparents, brothers, sisters, other relatives, friends and foster carers are all involved in raising happy, healthy children. We know that parents want to do the best they can for their children, but sometimes family life can be challenging and difficult. There is after all, no one right way to parent. In Calderdale we recognise that seeking help and support is a sign of strength, and we aim to provide the best services possible so that parents feel confident in their role.
- 4.3 With our partners we want to support all families in Calderdale to achieve their full potential. Our priority is to provide the best services possible for families. The following strategic objectives will help us to accomplish our ambition:
- 4.3.1 Parents and Carers have access to information, which is varied, relevant and timely
 - 4.3.2 We will develop a co-ordinated approach to service delivery to the planning of parent support services
 - 4.3.3 We will promote and share best practice in parenting support / parental involvement through appropriate learning and development routes for those who work with parents
- 4.4 Each objective has a series of associated actions, which are detailed in the action plan (see Appendix). These objectives will build on the considerable strengths and good practice in our parenting and family support services.

5 Principles of Practice

- 5.1 Partners in Calderdale have agreed a set of fundamental principles which underpin our ambition statement and the work ahead.
- 5.1.1 We acknowledge that effective parenting is one of the strongest protective factors for a child, as set out in the UN convention on the rights of the child
 - 5.1.2 Work with families should be non judgemental, anti discriminatory and should seek to empower by building on and valuing existing strengths, knowledge and experience, whilst safeguarding children and young people
 - 5.1.3 Children and young people are the responsibility of the wider society as well as their families
 - 5.1.4 Families will be given the opportunity to be involved in services or organisations. Their views will be included in service development,

delivery and review and feedback offered to those who were consulted in order to explain decision and the reasons for them

- 5.1.5 Parenting education and support will be available to parents/carers and those working with families
 - 5.1.6 Services will strive to be flexible, organised and developed according to the needs of the families that use them. Those who support parents will work in partnership with families to achieve this
 - 5.1.7 Those who work with families should be specifically trained, reflect on their practice and continually search for improvement
 - 5.1.8 We acknowledge that a diverse range of people have parenting responsibility and we value the contribution that they make to children's lives
- 5.2 We will uphold these key principles across all family services and ensure that they are used to support the commissioning of all parenting support and related services.

6 Calderdale’s Model of Need

Calderdale’s model of need

Children, young people and their families have varying needs that requires different kinds and levels of support at different times in their lives. Surveys show that 75% of parents and carers say that there are times in their lives or the lives of their children when they need access to additional information and support. (*DfES Five Year Strategy for Children and Learners*).

If we are to achieve our ambition, we need to ensure that we are able to assess, plan for and take action to meet all of these needs, especially those parents who are more vulnerable for example, teenage parents and parents of children with additional needs.

Calderdale’s model of need consists of four tiers, with each tier corresponding to the level of need. There are not distinctive service boundaries between the tiers. Children, young people and their families move seamlessly between the tiers with services provided according to their level of need. This model also describes the type of support that is available to parents, carers and families.

Identification of Need / Thresholds for Intervention	Identification of Need / Thresholds for Intervention	Identification of Need / Thresholds for Intervention	Identification of Need / Thresholds for Intervention
Tier 1 – Universal All children and young people aged 0-18 years (for disabled children and a statement of special educational need, this is extended to 19 years).	Tier 2 Targeted – Vulnerable Children, Early Prevention Children from households where the carer(s) is /are under stress, which may affect the child’s health and/or development. Children whose health and development may be adversely affected.	Tier 3 Targeted – Children in Need, Family Support Children whose health or development is being impaired or there is a high risk of impairment.	Tier 4 Complex – Children in Need, Statutory Intervention, Significant Harm Children experiencing significant harm or where there is likelihood of significant harm. Children at risk of removal from home and entering the care system. Acute, life threatening or severe and enduring physical or mental health needs requiring multi-agency support. A child or young person with complex needs who has a statement of Special Educational Needs.
<i>If a child is experiencing significant harm or there is a likelihood of significant harm child protection procedures must be followed</i>			

<p>Tier 1 Actions to take</p> <p>Universal Services. These are services that are available for all children & young people such as the GP or schools. At this tier no additional concerns exist, no additional action needs to be taken.</p>	<p>Tier 2 Actions to take</p> <p>At this tier the agency would normally draw on its own resources but may wish to complete a Common Assessment to clarify their thinking. Consideration could be given as to whether to involve another agency.</p> <p>Concerns about children can be reduced at this stage by giving advice, providing information, support and advocacy.</p>	<p>Tier 3 Actions to take</p> <p>If the Common Assessment and / or consultation with other agencies indicate the need for co-ordinated multi-agency response, the agency identifying the concerns must complete a Common Assessment and may convene a Team Around the Child (TAC) Meeting (See below). The purpose of the meeting is to share information and agree an action plan to address the specific needs identified.</p> <p>Tier 3 / 4</p> <p>If the needs are at Tier 3 and one of the following applies:</p> <ul style="list-style-type: none"> • The child / family is not appropriately linked to services, • and / or is not benefiting from the help provided • and / or the concern persists, <p>This is the threshold for a referral to be made to Care Services, Initial Response Team using the appropriate referral form.</p> <p>It is acknowledged that it is not always easy to decide the tier of need. The Thresholds for Intervention offers guidance but if in doubt a referral should be made if there are concerns at Tier 3 that border on Tier 4.</p>	<p>Tier 4 Actions to take</p> <p>If a child is experiencing significant harm or there is a likelihood of significant harm child protection procedures must be followed. A referral must be made to Children's Care Services (Initial Response Team) when consideration will be given to the need to undertake child protection enquiries (Section 47, Children Act 1989).</p>
<p>If a child is experiencing significant harm or there is a likelihood of significant harm child protection procedures must be followed</p>			

Tier 1 -Support for Parents	Tier 2 -Support for Parents	Tier 3 – Support for Parents	Tier 4 – Support for Parents
<p>Family and Community Networks of Support and Access to Universal Provision.</p> <p>Definition of Need:</p> <p>Support for all parents before problems have been identified.</p> <p>Types of Support:</p> <p>Information, involvement and opportunities. E.g. Transition Project (Starting School Information Sessions) Midwives, Community Groups.</p>	<p>Family and Community Networks of Support and Access to Universal Provision Plus Additional Targeted Support.</p> <p>Definition of Need:</p> <p>Parents needing some additional support, either self referred or because a service has identified the need for targeted support.</p> <p>Types of Support:</p> <p>Support for Parents. E.g. Parenting Support Drop In, Children’s Centres, Homestart.</p>	<p>Family and Community Networks of Support and Access to Universal Provision Plus Intensive and Targeted Support.</p> <p>Definition of Need:</p> <p>Parents in Families with complex needs.</p> <p>Types of Support:</p> <p>Interventions with Families. E.g. Child and Adolescent Mental Health Service, Family Support Workers, Youth Offending Team.</p>	<p>Family and Community Networks of Support and Access to Universal Provision Plus Statutory Intervention.</p> <p>Definition of Need:</p> <p>Parents who can’t or won’t cope.</p> <p>Types of Support:</p> <p>Statutory Intervention. E.g. Family Support Workers, Senior Social Workers, Youth Offending Team.</p>

Every Parent in Calderdale has an entitlement to a range of parenting & family support services throughout the child’s life from 0-19 years. This entitlement is aimed at all parents, not just those who are experiencing difficulty. This also includes access to information. From the 1st April 2008, local authorities will be required by section 12 of the Child Care Act 2006 to extend the information services they provide to parents through families’ information services.

7 What is already happening locally?

- 7.1 An audit and mapping exercise of parent support services was undertaken between June and September 2007, within the Borough of Calderdale in order to inform the Children and Young People's Strategic Partnership's Parenting Strategy.
- 7.2 In total, 126 parent support services from across the private, voluntary, statutory and independent sectors were asked to complete a detailed questionnaire that covered the following areas:
 - 7.2.1 general service information, including what type of parenting support was offered and the thresholds of need within which the service operated
 - 7.2.2 the quality of service provision in relation to the National Occupational Standards for Work with Parents
 - 7.2.3 the training and development needs of staff
 - 7.2.4 the commitment of parent support services towards equality and diversity
 - 7.2.5 the nature and frequency of communication between parent support services across all sectors
 - 7.2.6 the nature and frequency of parental consultation
 - 7.2.7 future service provision (including service improvements, re-design and future joint commissioning)
- 7.3 The main findings and recommendations of the audit indicated that a lot of good work was already happening across the borough:
 - 7.3.1 There was evidence of local informal multi-agency networking and a willingness to work collaboratively
 - 7.3.2 The findings indicated that the most frequently used parenting programme was the evidence based *Webster-Stratton 'Incredible Years'*
 - 7.3.3 Half of the programmes identified in the audit were evidence-based, which indicated that the quality of provision should be of a high standard
 - 7.3.4 A high percentage of services undertook consultation, the key areas consulted about being service satisfaction and the impact of the service
 - 7.3.5 There were good links with the Third Sector, providing the foundation upon which to engage more parent support services
- 7.4 Whilst Calderdale recognises the achievements of our parenting and family support sector, we also know that there are some areas where we need to

focus our initial attention. This will mean putting new process and structures in place before improved outcomes will be achieved and some of these processes will take time to implement fully. Calderdale will integrate the parenting support strategy within the framework of the Children and Young People's Plan and its priorities. We will also review all relevant policies and plans to ensure they have a parenting support prospective.

8 What do Calderdale Families tell us they want?

8.1 In September 2007, YouGov conducted a survey on of parents' perspectives on parenting services to inform the work of the new National Academy for Parenting Practitioners. (*Parenting Services: Parents' Perspectives, 2007*).

8.2 Parenting Services: Parent's Perspectives - key messages

YouGov surveyed over 5,500 parents with a child or children under 16 between 5th and 7th of September; 2,277 were fathers and 3,233 were mothers. In general, mothers were more positive about parenting services and more likely to use them than were fathers.

8.3 Information about parenting services

24% of the parents (19% of fathers and 27% of mothers) had received information about parenting services – almost a quarter of all parents. The overwhelming majority (81%) had been given information by Health Visitors, with friends (29%) and doctors (25%) the next most likely sources of information.

70% of parents said they had not received information on parenting services. Of these parents, 38% would like information on person to person parenting services; 21% would like information about drop-in centres; 17% about telephone helplines; 14% would like to know about parenting courses, 10% about counselling and 10% about home visits; 62% did not feel the need of information at present.

Parents had received information on a range of services, from counselling and drop in centres to parenting courses, telephone helplines and therapeutic support. Leaflets and books were much more likely to be signposted than internet or TV, though these are 'distance' information sources that parents would like to know about, for information on child development and general parenting.

8.4 Experience of parenting services

12% of parents (653 parents, 200 fathers and 453 mothers) reported using parenting services. Parents with children under 12 months (23% of these parents) and parents with disabled children (22% of them) were twice as likely to have used parenting services as other parents.

Health visitors are again the most common route to help. They referred 34% of parents to services; 25% of parents found their own way to services.

93% of referrals were for parents who voluntarily wanted parenting services. Only 5% were compulsory attendees.

Over a third, 36% of parents who had used parenting provision had only had to wait a week for services.

Parents had used a range of services from counselling, one-to-one help, home visits and therapy to groupwork. 13% (85 parents) had been on a parenting course.

8.5 Parents know what they want from parenting services

Amongst parents who did not receive information about parenting services, 53% said they wanted general information on parenting and 52% wanted information on child development – two of the things current provision is providing. Of parents who had received information on parenting services, 59% had received information on child development and 52% on general parenting.

Within provision used, child development (56%) and general parenting (43%) were the two top issues addressed.

Within adult-couple services there was an identified need for parenting specific provision. With 68% wanting information with raising children, and 61% on pregnancy.

8.6 Parents are happy to attend

Of parents who attended a parenting course 51% attended the whole course, 96% attended either all or most of the sessions.

51% who had used local parenting provision felt it was useful with almost a third 31% feeling that it had made a difference to them.

8.7 Parents want more provision

20%, one fifth, of all parents surveyed feel that there are not enough parenting services in their area.

But 26% of all parents surveyed think that there are more parenting services than there were ten years ago.

8.8 Current provision is not always adequate

28% of parents who had used provision did not think that it had made a difference to them and 15% thought it was not useful. It is not clear whether this was because provision was not good, or was inappropriate or too late. Better training through National Academy for Parenting Practitioners (NAPP) could help with this, as it aims to increase numbers of practitioners, improve the quality of help offered to parents and spread knowledge from research and good practice.

8.9 **Waiting times are a problem**

Although just over a third 36% of parents only waited a week or less, a quarter 24% had to wait a month or more, with some waiting over a year. In the south east 46% waited a week whereas the figure for London was only 28% suggesting patchiness of provision, or higher demand for services.

Information was sometimes received too late.

8.10 **Perceptions of availability**

Those who had not used parenting services were asked about difficulties in access: 48% believed that it was difficult for working parents to access services; 31% thought low income families would find access difficult 20% thought access would be difficult for lone parents. This may be a perception problem or it may be a real gap in provision, either way NAPP is ideally placed to rectify this through increasing numbers of parenting practitioners.

8.11 Research has also highlighted some factors that contribute to effective services for parents & families. (Family, Parenting Institute, 2007)

8.11.1 Highly flexible models which are culturally sensitive and tested

8.11.2 Small teams containing a wide range of skills

8.11.3 Family support worker hours

8.11.4 Partnerships 'at the heart of it'

8.11.5 Evenings and weekends, Bank Holidays and bright and early in the morning

8.11.6 Lunchtime seminars for interested professionals

8.11.7 Family support both at home, at Centres and in other locations where it is required, school, laundrette or hospital

8.11.8 Groups and group work

8.11.9 Direct work with children

8.11.10 Direct work with any family member where this will make a difference

8.11.11 Comprehensive parenting training programme

8.12 We recognise the prevalence of this research but understand that local parents and families have unique and diverse needs that will differ significantly this is due to a wide range of factors. We have listened to parents in Calderdale and some of their concerns are:

8.12.1 Costs and flexibility of activities (all activities for children and young people)

8.12.2 Sibling opportunities

- 8.12.3 Affordable, regular transport
- 8.12.4 Affordable, accessible childcare
- 8.12.5 Provision for adults, including education
- 8.12.6 Advice / support regarding children's behaviour
- 8.12.7 More outreach services / community / 'door step delivery' rather than centre based provision
- 8.12.8 Safe, clean, community space / physical activity
- 8.12.9 Breastfeeding friendly culture
- 8.12.10 More information
- 8.12.11 Right services at the right time / right place
- 8.12.12 More visits from professionals e.g. Health Visitors, Midwives
- 8.12.13 More dentists
- 8.12.14 More support for lone parents

8.13 Local providers of parenting and family support have also told us what they think effective future service provision looks like. 95% of service respondents identified how current services could be redesigned to improve effectiveness. These responses have been grouped and themed in the table below (*Audit & Mapping of Parent Support Services in Calderdale, Summer, 2007*).

Redesign to Improve Effectiveness	
Parenting Programmes/Training Opportunities	<p>More parenting support groups e.g. for women affected by domestic violence (taking into consideration guidance for local commissioners of children's services 'Vision for services for children and young people affected by domestic violence' (May 2006))</p> <p>More flexible parenting courses to meet a range of needs</p> <p>Increase in training opportunities</p> <p>Parents who have already benefited from the service to train as trainers</p> <p>Overall parenting strategy to provide focus for parenting interventions</p> <p>Focused group work addressing attachment problems</p> <p>Ongoing, peer and mentor supervision. Time allowed by agencies for group leaders to attend specific focused groups for practitioners</p>
Resources/Staff/Funding	<p>More resources required to improve effectiveness, offer more sessions and/or continue the service</p> <p>More multi-agency working to ensure consistency of plans, reduce duplication, promote opportunities for staff development</p> <p>More funding grants sought to improve the service environment and/or purchase material resources and equipment</p> <p>Parenting is secondary to main work focus. Need more staff</p> <p>To ensure staff have dedicated time to prepare and evaluate service provision</p> <p>More staff to delivery and manage service and/or to offer training and/or to work with a more diverse group of parents</p> <p>To ensure budgets are spent in such away as to ensure children in most need are able to access services</p> <p>To ensure continuity of carers e.g. invest into community midwifery to develop a caseload model of midwifery Specialist Midwifery roles, in particular Domestic Violence Midwife who has made a huge impact in training mainstream midwives to screen, in supporting complex DV women. This role needs sustained funding from the Primary Care Trust (PCT.) (Evaluation and Business case available)</p>

	<p>Utilisation of and integrated working in the Children's Centres of Calderdale. Co-location of Midwives and Health Visitors to improve communication and encourage a seamless service to families. Develop the midwifery support worker role</p> <p>Capacity to deliver more crisis intervention and support groups to help parents come to terms with their child's sexual orientation</p> <p>Funding to allow child care provision to be developed</p> <p>More management support for practitioners to prepare for and run specialist groups</p>
<p>Parents/Consultation/Referrals</p>	<p>Establish links with the community</p> <p>More in-depth assessments would improve the service</p> <p>Meeting with parents and professionals involved when reviewing individual provision would improve the service</p> <p>Tailor provision to meet individual needs</p> <p>Improve referral processes to encourage other services to direct parents to the service</p> <p>Include more parents within service delivery</p> <p>Offer more opportunities to consult with parents</p> <p>Improve links with other services that provide support to parents and children</p> <p>Continue health promotion or preventative work</p> <p>No need to re-design, just needs to be made more widely available</p> <p>To provide a drop-in for ex-clients</p> <p>To develop as part of core function work with specific groups e.g. teenage parents and/or dads</p> <p>To expand service to reduce waiting list</p> <p>More specialist services for children affected by domestic violence</p> <p>Should be more needs-led services for older children</p> <p>Implement plans for integrated service delivery</p> <p>Develop high dependency service</p> <p>One stop shop to enable all families to access a range of services</p> <p>Offer service 7days a week</p> <p>Statutory front line services to be involved with families with complex needs only. Other community services need to respond to the lower level needs of families in the community</p> <p>Offer longer term support to ensure that changes are sustained</p> <p>Strategy to bring together personnel providing Family Support in their localities and virtual teams formed to ensure good communication</p>

	Service adapted accordingly depending on experiences and increase in knowledge base
	Service already effective, just need more physical space
	Pooled budgets, sustainable programmes and commissioned services

9 Commissioning

- 9.1 In Calderdale, we recognise that an effective model of commissioning is needed to procure services that meet local need, furthermore, we believe that 'done well' commissioning is about:

Right services, *being in the...*

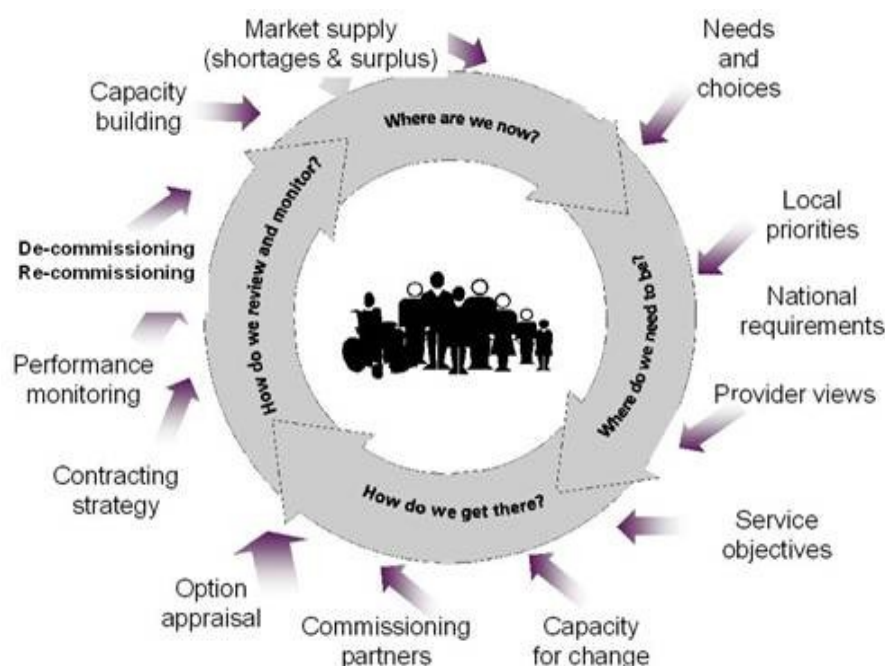
Right place, *at the right...*

Right time, *delivered to the...*

Right people, *achieving the...*

Right outcome

- 9.2 In Calderdale, we know that service development should be strongly influenced by what parents and families tell us about their needs and preferences. We will ensure that parents, carers, families and providers have every opportunity to participate in decision making about service design, delivery and review as this is fundamental to the future development of our child and family centred services. We also recognise that further work is necessary in terms of parents and carers involvement and this will be a focus for improvement. Integrated Community Based Services will look at how we deliver at a district level and how families will be able to access at a local level.
- 9.3 Local Commissioning Model



- 9.4 The audit and mapping exercise of parent support services will help to inform our future commissioning intentions for the parenting support sector and this will be made explicit through our contracting strategy and service specifications.
- 9.5 Service specifications will ensure that Calderdale's future parenting provision will be targeted according to need. This will address:

- 9.5.1 A growth in evidence based interventions
- 9.5.2 Service knowledge and awareness of the National Occupational Standards for Work with Parents
- 9.5.3 Engagement in more formalised multi agency networks / forums
- 9.5.4 Geographical location of services

10 Workforce Development

- 10.1 In the past services for families have been delivered by professionals working collaboratively but remaining within their own distinct professional boundaries. We recognise that to improve service delivery traditional ways of working must be open to challenge and possible change, while at the same time maintaining professional accountabilities. This is a significant cultural shift that will require investment in staff development, work force reform and the development of new skills sets.
- 10.2 *Every Child Matters* strongly supported the proposition that everyone working with children, young people and families should have a common set of skills and knowledge.
- 10.3 The Common Core reflects a set of common values for practitioners that promote equality, respect diversity and challenge stereotypes, helping to improve the life chances of all children and young people and to provide more effective and integrated services.
- 10.4 In addition to the Common Core skills, specific standards have been developed for professionals who work with parents. The National Occupational Standards (NOS) are nationally agreed statements of competence which describe what an effective and competent worker does and needs to know to deliver quality in their job. Training and development needs will be identified and assessed through the Children and Young People's Workforce Development Strategy.
- 10.5 We will also liaise with external bodies when commissioning quality assured training programmes (Parenting UK's Commissioners Toolkit) and where possible, continue to access training through the new National Academy of Parenting Practitioners (hub of national excellence) to build on the expertise of our workforce.

11 Monitoring and Evaluation

- 11.1 Appendix one consists of an action plan for progressing the objectives of this strategy. This will be reviewed on an annual basis by the Parenting Support Implementation Group to ensure that it is effectively and efficiently meeting its objectives and that the priorities, time scale and systems within it remain appropriate. Outcome, impact, (quantitative and qualitative) and process measures will be applied at several levels for example:

Systems	Service providers	Families	Community
Measures of communication, consultation & participation across sectors.	Practitioner confidence ratings in using parenting and family interventions, Ratings of satisfaction with back-up supervision and consultative support	<p>Quantitative Outcomes</p> <p>Return to school. Increased parental engagement. Parental self report ratings on parenting confidence & anxiety. Improved achievement & attendance at school. Fewer incidents of poor behaviour. Numbers retained in parenting programmes / sessions.</p> <p>Qualitative Outcomes</p> <p>Improved behaviour Parent satisfaction Attention at school Mental health Sibling behaviour</p>	Involvement Health: prevalence of common mental health problems.

Appendix I - Action Plan

Strategic Objective One:		1. Parents and Carers have access to information, which is varied, relevant and timely				Lead Officer
Measures	2008/09 Actual	Targets			Linkages with other plans and strategies	
		2009/10	2010/11	2011/12		
The number of parents accessing information via Children's Centres.	Establish baseline	To be agreed	To be agreed	To be agreed	Calderdale Challenge	
The number of enquiries received by Families Information Service (FIS) using methods other than the telephone as parents find information in other formats and venues.	80%	65%	To be agreed	To be agreed		
Actions		Time Scales		Costs/budgets		Officer Responsible
1.1 Improve the availability of information to families relating to parenting support.		April 2009		base budget - FIS		Principal Officer – Family Services
1.2 Procure, implement and evaluate new FIS database		April 2009		base budget - FIS		Principal Officer – Family Services
1.3 Trial the use of information kiosks in one Children's Centre		December 2008		base budget - FIS		Principal Officer – Family Services
1.4 Ensure information is appropriate and culturally sensitive - FIS to deliver Equality Impact assessment action plan		April 2009		base budget - FIS		Principal Officer – Family Services
1.5 Review Childcare Sufficiency Assessment with a specific focus on information sources for parents.		December 2008		base budget - FIS		Principal Officer – Family Services

	1.6 Consult with parents to see what they would like their information to look like and monitor effectiveness of access to information	June 2008	base budget – Family Service	Principal Officer – Family Services
	1.7 Produce a parent handbook	December 2008	12K FIS	Principal Officer – Family Services
	1.8 Establish Parent Support Adviser programme in localities following consultation with headteachers	September 2008	Extended Schools' Sustainability Funding	Central Services Manager
	1.9 Embed the Transition Information Sessions for Parents in 50 Calderdale TIS pilot schools at all transitions points	September 2008	DCFS TIS roll-out funding and Extended Schools ABG Funding	Principal Officer – Family Services
	1.10 Embed the Transition Information Sessions for Parents in 53 non-TIS pilot schools at all transitions points	September 2008	DCFS TIS roll-out funding and Extended Schools ABG Funding	Principal Officer – Family Services
	1.11 Implement planned actions identified in 08-09 Calderdale teenage pregnancy action plan, in relation to information for parents of teenagers, and also teenage parents	April 2009	Don't know what funding Children's centres and FIS would draw on	Principal Officer Family Services

Strategic Objective Two							Lead Officer
2. Develop a co-ordinated approach to the planning of parenting support services							Head of Family Services
Measures	2008/09 Actual	Targets			Linkages with other plans etc.	Officer Responsible	
		2009/10	2010/11	2011/12			
Number of service providers participating in training on future service development in line with a more competitive service provider market.		20	40	50	Calderdale Challenge		
Reduction in Under 18 conception rate	41.1	35.0	26.7	maintain	CYP Plan		
% of Young parents into EET	tbc	tbc	tbc	tbc	NEET		
Self Assessment	Actions	Time Scales	Costs/budgets	Officer Responsible			
	2.1 Clarify the remit of the Parenting Strategy Implementation	June 2008	Officer time	Head of Family Services			
	2.2 Develop a Parent Reference Group to link to Implementation Group	December 2008	2k budget to be identified	Principal Officer – Commissioning and Partnership Services			
	2.3 Develop and implement guidelines for effective participation and consultation with parents/carers.	September 2008	Officer time	Principal Officer – Commissioning and Partnership Services			

	2.4 Support service providers in future service development in line with a more competitive service provider market.	April 2009	Children's Workforce Development Grant 2k budget to be identified	Principal Officer – Commissioning and Partnership Services
	2.5 Review the Service Directory and develop it to become an interactive management tool for providers as well as parents and carers	December 2008	Officer time FIS base budget	Principal Officer – Family Services
	2.6 Develop a database of appropriate venues for the delivery of Parenting Programmes that can be accessed through the Services Directory	December 2008	Officer time	Principal Officer – Family Services
	2.7 Undertake an Equality Impact Assessment of the Parenting Strategy	April 2009	Officer time	Principal Officer – Commissioning and Partnership Services
	2.8 Develop the Parent Support Adviser role in schools	June 2008	332K per annum 2008-2011 Standards Fund	Principal Officer – Family Services
	2.9 Provide an annual report to the Children and Young People's Management Group	April 2009	Officer time	Head of Family Services
	2.10 Deliver 'prevention of early conception' and 'support for young parents' activities as identified in Calderdale Teenage Pregnancy Action plan (08-09)	April 2009	To be confirmed	Teenage Pregnancy Co-ordinator

Strategic Objective Three		3. Promote and share best practice in parenting support / parental involvement through appropriate learning and development routes for those who work with parents				Lead Officer
Measures	2008/09 Actual	Targets			Linkages with other plans etc.	
		2009/10	2010/11	2011/12		
Number of volunteers involved in parenting support service delivery	Baseline to be agreed	+10%	+10%	+10%	Calderdale Challenge	Head of Family Services
Self-Assessment Actions		Time Scales			Costs/budgets	Officer Responsible
3.1 Collaborate with the Workforce Strategy Manager and the Children's Workforce Development Council to develop a co-ordinated programme of training to up skill parenting support staff and volunteers.		April 2009		Officer time		Principal Officer – Commissioning and Partnership Services
3.2 Liaise with the National Academy of Parenting Practitioners to secure future free partnership places on NAPP training programmes.		April 2009		Officer time		Principal Officer – Commissioning and Partnership Services
3.3 Review the terms of reference of the Parenting Forum in partnership with Forum members		May 2008		Officer time		Principal Officer – Commissioning and Partnership Services

	3.4 Develop a flexible and variable choice of multi agency meetings targeted at need as identified by providers	September 2008	Officer time 1K budget to be identified	Principal Officer – Commissioning and Partnership Services
	3.5 Produce a definition of positive parenting	July 2008	Officer time	Principal Officer – Commissioning and Partnership Services
	3.6 Plan and deliver an annual partnership ‘supporting parents’ event.	March 2009	Officer time 4K budget to be identified	Principal Officer – Commissioning and Partnership Services
	3.7 Work with third sector and others partners to increase the participation of volunteers in parent support service delivery	April 2009	Officer time	Principal Officer – Commissioning and Partnership Services

Appendix 2 – Life in Calderdale

Calderdale is in West Yorkshire, between Manchester and Leeds. The Borough is one of the smaller metropolitan districts with a population of about 193,400. However it covers a very large, mainly rural area of 363 sq km. About half of local people live in the historic town of Halifax. Other towns include Brighouse and Elland to the east; Hebden Bridge and Sowerby Bridge to the west and Todmorden on the border with Lancashire. Together with Halifax, these towns and a number of surrounding villages were brought together to form Calderdale in 1974.

Over 80 per cent of the district is rural in character. It has areas of outstanding landscape beauty and a rich architectural heritage. The trans-Pennine M62 motorway provides the main road link across the region. Between 1990 and 2001, the black and minority ethnic population increased to seven per cent with most of those being of Pakistani/Kashmiri origin. This community lives mainly in one area of Halifax where it comprises more than half of the population. Smaller ethnic minority communities live in Elland and Todmorden. Although the district is now relatively prosperous overall, there are areas of deprivation. Some isolated communities also experience difficulties with transport and access to services.

Calderdale's traditional economic base was founded on textiles and engineering. These industries have declined although manufacturing remains important to the local economy. Recent years have seen a growth in financial services, particularly Halifax Bank of Scotland (HBOS), and the area has benefited from the economic success of Leeds and Manchester, both within easy reach. Local job creation remains a challenge with increasing numbers of residents travelling to work in nearby towns and cities. Average earnings are now the highest in the region and unemployment is below average. Housing is predominantly owner occupied. House prices have risen by 56 per cent over the past two years.

Appendix 3 – National Institute for Health and Clinical Excellence Clinical Guidance – Parenting Interventions

The following guidance is in relation to parenting interventions for parents / carers of children who have been diagnosed with oppositional conduct disorder. Children who have been diagnosed as having 'oppositional conduct disorder' are at level 3/4 as described within the levels of need.

This strategy acknowledges that specialist practitioners who are delivering parenting programmes at this level should be in receipt of regular clinical supervision.

National Institute for Health and Clinical Excellence

Parent-training/education programmes in the management of children with conduct disorders

The guidance is written in the following context

This guidance represents the view of NICE and SCIE, which was arrived at after careful consideration of the available evidence. Health and social care professionals are expected to take it fully into account when exercising their judgement. The guidance does not, however, override the individual responsibility of social and healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Group-based parent-training/education programmes are recommended in the management of children with conduct disorders.

Individual-based parent-training/education programmes are recommended in the management of children with conduct disorders only in situations where there are particular difficulties in engaging with the parents, or a family's needs are too complex to be met by group-based parent-training/education programmes.

It is recommended that all parent-training/education programmes, whether group or individual-based, should:

- be structured and have a curriculum informed by principles of social-learning theory
- include relationship-enhancing strategies
- offer a sufficient number of sessions, with an optimum of 8–12, to maximise the possible benefits for participants
- enable parents and carers to identify their own parenting objectives
- incorporate role-play during sessions, as well as homework to be undertaken between sessions, to achieve generalisation of newly rehearsed behaviours in the home situation
- be delivered by *appropriately trained and skilled facilitators who are supervised, have access to necessary ongoing professional development, and are able to engage in a productive therapeutic alliance with parents

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

The following programmes fulfil the recommendations from NICE, Respect guidelines and Parenting UK "What works in parenting support" they are:

- Webster Stratton
- Triple P
- Strengthening Families Strengthening Communities
- Parent Child Game

Programmes should demonstrate proven effectiveness. This should be based on evidence from randomised controlled trials or other suitable rigorous evaluation methods undertaken independently. Programme providers should also ensure that support is available to enable the participation of parents and carers who might otherwise find it difficult to access these programmes.

***Facilitators should be accredited as meeting relevant standards (such as the National Occupational Standards for Work with Parents)**

Appendix 4 – National Occupational Standards – Work with Parents

What are National Occupational Standards?

National Occupational Standards (NOS) are nationally agreed statements of competence which describe what an effective and competent worker does and needs to know to deliver quality in their job.

Standards for Work with Parents

The National Occupational Standards for Work with Parents were developed in consultation with the sector and approved by the UK Regulatory bodies (QCA, SQA, ACCAC and QCA NI) on 26 April 2005. They apply to Work with Parents across the four countries of the UK. National Occupational Standards for Family Learning have also been developed and were approved at the same time. There is some common ground between the two sets of standards and because they have been approved at the same time, qualifications can be developed which take account of skills and knowledge common to both areas of work.

What do the National Occupational Standards for Work with Parents look like?

The NOS for Work with Parents are made up of:

- Principles and values. All work should be undertaken in accordance with the identified principles and values
- Units which describe an area of work
- Elements which give detailed descriptions of the activities for the area of work
- Performance criteria which describe the competence performance that needs to be achieved
- Knowledge and understanding which describes what the person needs to know and understand in order to perform to the National Occupational Standard
- Links to Key and Core Skills
- Glossary of some of the words used in the unit

www.parentinguk.org/2/standards

Appendix 5 – National Academy for Parenting Practitioners

Mission

The National Academy for Parenting Practitioners works to transform the quality and size of the parenting workforce across England so that parents can get the help they need to raise their children well.

Vision

All parents who need it should be able to access quality support from trained practitioners capable of helping them to raise their children to be happy, healthy, safe, ready to learn and to make a positive contribution and achieve economic wellbeing.

What NAPP does

The Academy's work focuses on four main areas – research, training, knowledge exchange and parenting policies.

Research

The Academy aims to build on existing knowledge of what works best by carrying out research into parenting practices. Their findings will inform training and policy and ensure that parenting support provided in England is among the best in the world.

Knowledge exchange

NAPP is a hub for the exchange of ideas and learning. They provide information for commissioners and practitioners about existing parenting programmes, how to get funding and how to manage and deliver parenting services.

Training

NAPP aim to increase the size and skill level of the parenting workforce, so that all parents have access to quality support from trained practitioners. They promote continual professional development, based on evidence of what works best. They offer training, develop curricula and link practitioners to ongoing supervision and support.

Policy

NAPP apply evidence from their research, evaluations and practitioners' direct experiences in order to influence parenting policies. They provide advice to local and national governments contribute to current debates and consult with stakeholders to drive forward parenting provision.

<http://www.parentingacademy.org>

Appendix 6 – List of agencies and organisations involved in the Parenting Strategy Seminars – November 2007

Brighouse Explorer Scout Unit & Brighouse District Scout Council
 Calderdale PCT
 Calderdale Women's Centre
 CAMHS
 Children's Resource Centre
 Community Safety – Calderdale Division
 Connexions
 Cornerstones
 Himmat Project
 Home/School Liaison Todmorden
 Horton Housing
 Information Shop for Young People
 Job Centre Plus
 Laura Mitchell Health Centre
 Lee Mount Primary School
 Lifeline
 Parents and Carers Council
 PCT NHS
 Rastrick High School
 Savile Park Primary School
 St Johns Health Centre
 St Malachay's Primary School
 Sure Start Elland
 Sure Start North Halifax
 Young Carers Service

Council Services

Intensive Family Support
 Care Services
 Children's Information Service
 CMAS
 Commissioning & Partnership
 Extended Schools
 Family Support Services
 Housing & Community Support
 Learning Services
 Parent Partnership
 Siddal/New Road/Field Lane Children's Centres

Calderdale Association of Secondary Heads

Jeremy Waxman – Halifax High School

Calderdale Association of Primary Heads

Jane D Ingham – Wood Bank School

13 Glossary

ACCAC	The Qualifications, Curriculum and Assessment Authority for Wales
CMAS	Calderdale Multi-Agency Assessment Service
FIS	Families Information Service
NAPP	National Academy for Parenting Practitioners
NEET	Not in education, employment or training
NICE	National Institute for Health and Clinical Excellence
PCT	Primary Care Trust
QCA	Qualifications and Curriculum Authority
QCANI	Qualifications and Curriculum Authority for N. Ireland
SCIE	The Social Care Institute for Excellence
SQA	Scottish Qualification Authority

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