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Summary

This non-statutory guidance replaces ‘Parenting Support: Guidance for Local Authorities in England’ (October 2006) and incorporates subsequent developments in parent and family services including the national roll-out of ‘Think Family’ working between childrens and adults services, and targeted parent and family intervention.

It is intended for local authority service commissioners, service managers and decision-makers and will also be of interest to Children’s Trust partner agencies.

Chapter A considers the case for supporting families and parents. It identifies the impact that effective parenting and strong family functioning can have on children as well as the benefits of supporting parents and families. This chapter also outlines the key issues that commissioners in local authorities will have to address.

Chapter B outlines our vision of a range of high quality services being delivered across the continuum of need. It considers the contribution of some of the most critical services – looking at the role of universal services as well as more targeted interventions.

Chapter C considers in more detail the needs of mothers, fathers and other carers. It outlines the basic principles of ensuring services are inclusive and responsive to families’ needs. It then goes on to identify a number of priority parent and carer groups who are likely to need support that is tailored to and targeted at their particular circumstances.

Chapter D outlines the strategic and governance framework within which support to parents and families should be commissioned. It describes the overarching relevant strategic arrangements in local areas, especially the establishment of Children’s Trust cooperation arrangements and the development of the Children and Young People’s Plan. It identifies the elements of an effective commissioning strategy for parents and families. It also describes the key functions of a local commissioner for parents and families.

Chapter E considers the range of partnerships that will need to be in place in order to deliver effective parenting and family support. It describes how systems and processes should be brought together to ‘Think Family’ and ensure integrated working and processes.

Chapter F describes what a good approach to commissioning looks like in the context of parenting and family support services. It considers the commissioning cycle that will need to be implemented in order to achieve high quality planning and delivery, based on a rigorous analysis of need.
Chapter G discusses how to respond to the challenges involved in ensuring practitioners who support parents and families have appropriate skills. It describes the range of practitioners who work with parents and families.

Chapter H addresses issues relating to performance management of parenting and family support services. It considers how to adopt an outcomes focused approach and provides guidance on establishing effective performance monitoring systems.
A. The case for supporting parents and families and the challenge for local areas

This chapter considers the case for supporting families and parents. It identifies the impact that effective parenting and strong family functioning can have on children as well as the benefits of supporting parents and families. This chapter also outlines the key issues that commissioners in local authorities will have to address.

1. Why families matter

Strong families give children love, identity, a personal history and a secure base from which to explore and enjoy life as they grow up. Family is of lifelong importance but for children its significance cannot be overstated: what happens within the family has more impact on children’s well-being and development than any other single factor.\(^1\)

It is widely accepted that the relationships mothers and fathers have with their children are strongly associated with the children’s outcomes.\(^2\) However, the relationships that children have with others, including step parents, siblings, grandparents and other carers also impact on child well-being. It should also be recognised that the quality of relationships between adults in the family will also impact on children.\(^3\)

The very significant economic, social and demographic changes seen in recent decades have had a pronounced effect on family forms, family life and public attitudes.\(^4\) This poses significant challenges for those seeking to respond to and meet family and parent needs.

The sheer diversity of family life now means that one size fits all approaches are unlikely to be successful. Giving families access to information, advice and support of various kinds that they can make use of as and when they think best, is most likely to be effective. Services need to be tailored to match need and targeted at those who most require support. They should also recognise the diversity of modern family life and make sure that support is available to all family members, like grandparents, who may play a key role in bringing up children.

Support for All: The Families and Relationships Green Paper

Published in January 2010 for consultation Support for All sets out a wide range of measures to support all families as they bring up their children and to help families cope with times of stress and difficulty. The proposals recognise that while all families need some help, there are families in our society with complex needs and others who require additional – and sometimes non-negotiable – support. They also recognise that support should help families to help themselves.

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1 See analysis of relevant evidence contained in DCSF, 2010, Support for all: the Families and Relationships Green Paper
4 Cabinet Office and the Department for Children, Schools and Families, 2008 Families in Britain, an evidence paper
2. The role of local service delivery

Strong families build strong communities. Their well-being should be a central concern to local decision makers who are seeking to build thriving communities and achieve good outcomes for local inhabitants. For example, strengthening parenting capacity and improving the quality of family life will have numerous benefits for local areas. Providing parents with information and advice regarding child nutrition and diet may prevent obesity and other poor health outcomes. Enabling parents to engage in their child’s learning and development boosts attainment, and may help narrow the achievement gap. Improving parenting capacity can reduce antisocial behaviour and youth offending.

Communities vary and each has different needs. It follows that the first response to addressing these needs will most often be found within the local area – and that the shape of services will need to be tailored to suit local circumstances. Decisions will most frequently rest with local authorities and their Children’s Trust partners.

However, 2006 research identified that local areas were not consistently organising themselves well to address the multiple needs of local families.\textsuperscript{5} Indeed the research described a highly fragmented, patchy and complex situation. A range of support was available locally, but often in the absence of a coherent strategy for delivery.

In response to this, the then Department for Education and Skills published ‘Parenting Support: Guidance for Local Authorities in England’ in 2006.

Since 2006 the pace of development has increased and the landscape of parenting and family support has changed. The significance of parental and family influence is more widely recognised and there has been more investment in services. This has impacted on the organisation, availability, accessibility and type of support offered in local areas – helping build the family dimension into both children and adults’ services.

- Local authorities in England have nominated lead commissioners for parents and most have established clear priorities to improve child and family well-being through the delivery of assistance and support to mothers, fathers and other carers;
- A multi agency approach is increasingly being taken to address parent and family needs. Integrated and joined up working – with health and adults services as key partners – is increasingly the norm;
- Sure Start Children’s Centres and extended services around schools provide a comprehensive framework to reach and support all families. As of March 2010 there are over 3500 children’s centres and over 95\% of schools offer extended services;

\textsuperscript{5} ‘The Market for Parental and Family Support Services’ and ‘Designing and Delivering Effective Parental and Family Support Services’, PricewaterhouseCoopers, for DfES
The statutory framework better recognises the need to offer high quality support to parents and families. For example, revised requirements for the preparation of the Children’s and Young People’s Plan (CYPP) make explicit that its scope includes all services that affect children and young people’s well-being,\(^6\)

The roll out of ‘Think Family’ and targeted parenting and family programmes to all local areas is improving support to families at risk by increasing service availability and better coordinating the support they receive from a range of agencies. From April 2011 all CYPPs will need to set out the arrangements made by Children’s Trust Board partners for cooperating to coordinate services for children and young people and adults within their family;\(^7\)

The Healthy Child Programme 0-19 is in place. It is the overarching evidence based programme for health offered to all families, with additional services for those with specific needs.

“In 2010 Children’s Centres have ‘grown up’, parenting programmes are more numerous and delivered in a more complementary fashion, and service delivery across agencies, via Children’s Centres and Extended Schools, has improved.”

Local Authority Parenting Commissioner

### 3. Key principles underpinning parenting and family support

This document provides guidance on how best to plan, organise and deliver effective services to mothers, fathers, carers and families. Underpinning all its recommendations are a set of key principles which need to be kept in mind at all times:

#### Key principles

Support for parents and families should:

- see parents as partners – they are the driving force behind design and delivery;
- be evidence based;
- focus on improving outcomes for children and families;
- be matched to rigorously assessed need;
- be accessed through a variety of routes, including universal services;
- address issues with parenting, adult-child and adult-adult relationships;
- look at and address the needs of all the key adults in a child’s life;
- empower and enable families

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\(^6\) DCSF, 2010, Children’s Trusts: Statutory guidance on cooperation arrangements, including the Children’s Trust Board and the Children and Young People’s Plan

\(^7\) supra
4. The principal challenges for local authorities

The demands of organising and delivering a complex range of services, involving a wide range of interests, settings and practitioners, in the public, private and third sectors, are many. While many local areas can demonstrate real progress in meeting family needs many would also acknowledge that there is more still to be done.

The planning and service development that has occurred in recent years has led to an increased understanding of how to address the challenges identified in 2006. As policy and understanding has developed new issues have been identified that require a response from local strategic planners.

There is an increased awareness that we need to consider and respond to wider family needs as well as tailoring services more to adapt to the fluidity of modern family life. This has implications for the strategic commissioning functions within local areas. Linked to this is a greater understanding of the need for integrated needs assessment and deployment of response. These challenges require service and process redesign. In a tight economic climate the need to achieve efficient and sustainable service delivery only reinforces the importance of evidence based commissioning and practice, which is subject to tight performance management.

Parental Opinion Survey

The Department for Children, Schools and Families has commissioned an annual Parental Opinion Survey to seek the views of a sample of 2,300 parents. The survey is designed to measure parents’ confidence in their parenting skills and in the services available to support them in their parenting role. Among the key findings for 2009 are:

- The vast majority of parents (94%) were confident when caring for their children. Confidence was highest for parents of older children and amongst parents who left the education system at a later age (aged 22 or over);
- Nearly all parents (99%) found parenting rewarding. Non-resident parents expressed the lowest levels of satisfaction (73%);
- The research exposed a lower level of confidence and higher frustration levels amongst particular groups e.g. parents of children with disabilities and SEN, parents whose first language is not English and non-resident parents;
- Over two thirds of parents found parenting frustrating some of the time, with 10% finding it frustrating most of the time.

While the findings confirm that good progress has been made they do highlight a number of areas where further attention is required. These include tackling parental frustration generally while also targeting support towards particular low confidence groups (including lone parents, non-resident parents and parents of children with SEN and disabilities) who are finding it more difficult to access the help they need. The survey findings also indicate that there is a continuing need to communicate more clearly the support available to families.

5. Purpose of this guidance

This guidance is intended to support local authorities, working with their Children's Trust partners in their development of a continuum of outcomes focused, high quality support which successfully addresses parent and wider family needs. It aims to:

• Bring together the latest policy position;
• Outline the basic principles of sound commissioning and planning for parents and families;
• Provide guidance, based on experience, on how to achieve high quality service delivery;
• Enable local areas to assess their own progress and identify their priorities for development.

The guidance is principally aimed at strategic commissioners of services for parents and families. It will be of particular relevance to those who fulfil the functions of ‘single commissioner of parenting support services’. It will also be of interest to those who take a strategic lead for the development of ‘Think Family’ working between children and adult services, or commission targeted parent and family intervention (roles which do not always sit with the parenting commissioner). These roles most commonly, but not exclusively, sit in local authority structures.

The guidance emphasises and encourages partnership working throughout – recognising that successful support of families and parents is dependent on the contributions of a range of agencies. Consequently, it is anticipated that this guidance will be of interest to a range of commissioners and other professionals.

Terms used:

‘Parents’ – describes mothers, fathers, carers and other adults with responsibility for caring for a child, including families and friends, carers and those caring for looked after children.

‘Parenting and family support’ – To provide services, interventions, education and support which improve parenting capacity, parent child relationships, safeguard and promote positive outcomes for children, young people and families, improve family functioning, through working in partnership with mothers and fathers, carers and other agencies.

‘Third Sector’ – encompasses voluntary and community organisations, charities, social enterprises, mutuals and cooperatives.
B. Support for parents and families across the continuum of need

This chapter outlines a range of high quality services being delivered across the continuum of need. It considers the contribution of some of the most critical services – looking at the role of universal services as well as more targeted interventions.

It should be read alongside Chapter C which identifies some of the priority groups of parents and other family members that local planners of services will need to consider.

In recent years there has been a massive expansion in the provision of support for mothers, fathers and carers. For example, all local authorities now offer a Family Information Service, parenting programmes, one-to-one support and intensive family intervention services. Over 4,000 Parent Support Advisers are working directly with parents through schools. This provision is offered with and through the services delivered by local health partners, children’s centres, schools and many others. The Healthy Child Programme has been introduced offering support to all families, with an emphasis on parenting and family support.

The precise shape and pattern of local service delivery will vary with local circumstances. Planning is a complex task and should be undertaken from the perspective of the family, including families from different cultural, class or ethnic backgrounds – taking into account their expressed desires, the circumstances they live in, the risk factors they face and the outcomes they are achieving. Parents should be equal partners in the design and delivery of services. Services should empower families to make the right choices for their family and enable them to achieve good outcomes.

While parenting and family support services will look different in every area there will be common elements. In all local areas health services, Sure Start Children’s Centres and schools will provide an overarching framework. They will deliver services to mothers, fathers and carers, across the continuum of parent and family need. This will encompass open access and universally available services, through specialist provision to more structured, targeted and intensive support.

Under the auspices of the Children’s Trust cooperation arrangements systems and process should be in place which enable early identification of need and referral to additional support if required. The roll out of the ‘Think Family’ approach will support this identification and referral as well as ensuring the systems and processes are in place to enable a multi agency response to the more complex problems some families may face.

A wide range of partners will be involved in making this vision a reality – the overarching principle is that working with families is everyone’s business.
The diagram below illustrates the likely spread of services across the continuum of need.

Parenting and family support services in local areas

This chapter goes on to consider some of the principal ‘building blocks’ that should be in place to ensure families are able to access the right services at the right time.

1. High quality information – Family Information Services

Local authorities are under a duty to provide mothers, fathers and other carers with accessible information about the services, support and advice available to help them support their children up to their 20th birthday. This is usually delivered through their Family Information Service, which should act as a central information point with links to local NHS provision, Sure Start Children’s Centres, Jobcentre Plus, schools, youth clubs, libraries etc.

Information on services, support and advice should be available to all families in the local area. As part of their work on the CYPP, the Children’s Trust Board should take the lead in ensuring that partners are providing this information.

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9 s12 Childcare Act 2006. See statutory guidance: DCSF, 2008, Duty to provide information, advice and assistance: guidance for local authorities Childcare Act 2006

10 DCSF, 2010, Children’s Trusts: Statutory guidance on cooperation arrangements, including the Children’s Trust Board and the Children and Young People’s Plan
The Board’s engagement with families as part of the needs assessment should help them come to a judgment on whether the information provided is sufficiently comprehensive and accessible and identify any improvements needed.

Evidence suggests that the provision of local information services could improve and that robust planning to deliver agreed priority outcomes is not always in place. However, they have a significant role to play in the achievement of local priorities for children and families. The provision of easily accessible information about local services and facilities extends their reach and facilitates access. The provision of information about issues of interest and concern to parents can help build parenting capacity, improve choice and help remove stress and strain from everyday life.

As with the delivery of all parenting and family support services, local information services need to be delivered in response to identified need. For the most effective and efficient service a variety of means of providing information should be used. This includes offering information online, in particular through the ‘Family Information Directory’. It should be made available in the places families already go to.

### An Integrated Information Service for Families in Kirklees

Kirklees council is taking a strategic approach to develop a local authority-wide integrated information service for families, through partnerships with other departments and service areas. Responding to evidence of how parents prefer to access information, Kirklees is working towards a ‘Hub and Satellite’ model, utilising key community based information access points such as libraries, children’s centres, schools and health centres via partnership agreements with other services, to deliver key information and support to families. These ‘Family First’ information points will be complemented by a dedicated helpline commissioned through the Council’s central call centre and supported via a Family First ‘Hub’ Team.

The Hub team will provide Quality Assurance, Outreach services, Information Management and coordination of the Family Information Directory. They will also deliver more in-depth brokerage support to meet the more complex needs of families and professionals across the 0-19 age range. Working towards the National Association of Family Information Services ‘Families First’ Quality Standards, the Hub will be a key driver in shaping the partnership approach to information delivery across the authority.

The new service is being championed by an interdepartmental strategic level programme board and developed by a partnership group which includes Early Years, Children’s Centres, Libraries, Jobcentre Plus, Connexions, Kirklees Direct, Parent Partnership and Extended schools.

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12 All local authorities have received funding to develop the Family Information Directory which should contain comprehensive records of local childcare provision and other services. For more information see [http://www.dcsf.gov.uk/familyinformationdirect/services-directory.shtml](http://www.dcsf.gov.uk/familyinformationdirect/services-directory.shtml)
2. Health services

Locally commissioned health services will have a crucial contribution to make in supporting families. Services will be delivered across the continuum of need and will be relevant to all families. Their influence may be particularly felt in the early years of a child’s life when parents may be most amenable to receiving support.

The Healthy Child Programme (HCP) is the overarching evidence based progressive universal programme for physical and mental health from pregnancy to 19 years offered to all families, with additional services for those with specific needs. The HCP has a significant emphasis on parenting support, and aims to ensure that each family receives support that is appropriate for their needs. The most vulnerable families receiving intensive interventions and coordinated support packages.

Health visitors have a long tradition of delivering preventative services and parental support to families and children from birth to at least five years. They form a vital link between family medical and health care, and social care available for children. Health visitors are the lead professional for delivering the birth to five years components of the HCP. It comprises screening, clinical examinations, developmental checks and parental support and guidance. The Programme emphasises the value of engaging with parents during the antenatal period, beginning with an assessment by a health care worker, usually a midwife or health visitor, so that the level of service can be tailored to the families’ needs at the earliest opportunity. A range of new activities and opportunities in pregnancy and the postnatal period are also in development to help all mothers and fathers to care for themselves and their growing child in pregnancy, to be ready for birth and to prepare for early parenthood.

The recent Action on Health Visiting Programme has described the role of health visitors in relation to the new landscape of services for children and parents, including new responsibilities such as being the named health visitor for Sure Start Children’s Centres. “Maternity and Early Years – Making a Good Start to Family Life”, published in March 2010, makes the clear case for helping families to give their baby the best possible start in life and sets out a vision of renewed and more integrated maternity and early years services that put the excellent clinical care already available at the centre of a wider network of family support.

3. Early learning and childcare

The influence of parents on their children in their early years is profound. The Childcare Act 2006 requires local services to join together to support families and improve the outcomes for children by age five. Early years and childcare providers, including Sure Start Children’s Centres, have a critical role to play in supporting parents and families.

Delivery of high quality early learning and childcare in accordance with the Early Years Foundation Stage prioritises effective engagement with and support for mothers, fathers and carers, in particular in supporting the early home learning environment.
This is because parents’ involvement in their children’s early learning at home has continued and significant positive benefits on attainment and social behaviour at ages seven, ten and 11.\textsuperscript{12} We also know that parents participating in early learning services with their children demonstrated significant improvements in their awareness of their children’s needs and ability to provide learning opportunities.\textsuperscript{13}

A good practice guide, ‘Early Home Learning Matters’, has recently been published for those who are developing early years services. The guide helps local authorities plan services to support early learning and development at home. The early home learning environment is enriched by sharing books, stories and rhymes. Bookstart, the national programme, offers all families with babies and young children of six to nine months, 18 months and three years a free book pack and advice on reading with children. Delivery is facilitated by Booktrust in partnership with LAs and services and settings including libraries, PCTs and Children’s Centres.

Early learning and childcare providers also fulfil a vital function of identifying at an early stage whether children and their families have additional needs. They should also be able to refer families on to additional services.

4. Sure Start Children’s Centres

Sure Start Children’s Centres are at the hub of communities linking children and parents to services. They work with the local authority and with other partners (health, Jobcentre Plus, private and third sector providers) to offer access to a range of services and activities which support and help improve outcomes for children and their families.

One of the key principles of Sure Start Children’s Centres is that family support services offered through them are available to everyone in the community, and are sensitive to the needs of the most vulnerable and disadvantaged groups. Parenting support is part of their core offer to families and includes a range of universal and targeted services. These include universal information, advice and guidance, drop-in facilities, structured evidence based parenting programmes (group based or one-to-one support) and outreach services and home visiting – giving special attention to those who need extra help with their children. A welcoming children’s centre will also provide informal opportunities for parents and carers to ‘drop-in’, meet and chat with other parents with young children.

The Healthy Child Programme (HCP) for pregnancy and the first five years of life, led by health visitors, is increasingly being delivered through integrated services that bring together staff, GPs, midwives, Community nurses and others in Sure Start children’s centres.

The parenting offer made available through each children’s centre needs to be developed as part of the Parenting and Family Support Commissioning Strategy, and should be informed by consultation with parents as well as partners in health,

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Jobcentre Plus and the private, voluntary and independent sector. Increasing co-location and clustering of schools and children’s centres means greater opportunities for developing a continuum of support for parents.

When providing services, centres are required to focus in particular on reaching vulnerable families, including teenage parents. ‘Sure Start Children’s Centres Practice Guidance’ also stresses the importance of involving fathers, including young fathers, and non resident parents in their children’s care, learning and development, and includes advice on how to provide effective services for young fathers through children’s centres.

5. Schools

To achieve the best for all children, schools need to develop constructive relationships with mothers, fathers and other carers. Every parent should know that they will be supported and encouraged to play their essential role in their child’s education and wider development within and beyond the school gates. The government and many local authorities are encouraging better support in schools for parental engagement with their child’s learning and development and are encouraging schools to offer a wider range of services (extended services) to support families. Home School Agreements enhance the partnerships between parents and teachers and provide a framework to help these develop.

The delivery of support through schools will be a critical element of any local strategy to support parents, carers and other family members. Like children’s centres schools play a crucial role in identifying needs of families and ensuring these are addressed, as well as providing or facilitating service delivery directly. There should be close links and good working relationships between the relevant commissioners of services.

Local authorities can support through:

- The deployment and training of Parent Support Advisers (or equivalents) as well as training for other school teaching and non-teaching staff on working with parents and families.

- Helping schools establish, use and develop systems for effective communication with families, including reporting online to parents

- Helping schools understand the needs and views of families in their local area

- Making sure that parents can access through schools the variety of resources to support them that have been developed nationally and locally.

Parental engagement in learning and development

To ensure that every pupil is able to achieve their full potential schools need to maximise the positive impact of parents’ engagement in their own child’s learning and development. Such support can help parents engage more effectively –
particularly those who wish to play a larger part in their child’s learning but are unsure how to get started, or those who feel that they do not have the time, skills or confidence to do so.

Local authorities will play a vital role in helping to deliver the benefits of parental engagement through their relationship with schools as well as their overarching responsibility for family-facing services. There is an increasing range of resources available to help schools to identify and put in place effective practice to support and improve parental engagement. One aspect of local authority support for this activity is to facilitate the identification and sharing of best practice in local schools.

By working closely with schools to improve parental engagement, e.g. by sharing good practice, local authorities will see a positive impact in both the attainment and well-being levels of their pupils as well as improved Ofsted inspection reports for its schools. Schools that form more effective partnerships with parents and families will find it easier to help them access the wider support that is available through the school and locally.

**Parent Support Advisers**

Parent Support Advisers (PSAs), and the many other similar professionals who work with families in and around schools, work in an integrated way with the broad range of agencies and organisations that provide support to parents and families and can help to deliver the extended services full core offer, in particular, parenting support and swift and easy access.

Their role is to work with parents in a school context to support their children’s learning; help improve behaviour and attendance and overcome barriers to learning; provide targeted preventative support and early intervention; and increase the number of parents involved in their child’s education.

PSAs can be employed by the local authority, school or other organisation. They come from a variety of backgrounds and are frequently mothers recruited through schools moving back into professional working life – factors which mean that parents often find them far easier to relate to and approach than more formal routes of contact with their child’s school.

“The work of the parent support advisor and strong links with outside agencies is already paying off and attendance is beginning to improve”

**Netherton Moss Primary, Ofsted Inspection Report, December 2009**

**Extended services**

The Government’s aim is that by the end of 2010 every school will provide access to a full core offer of extended services. Those services include a varied range of before and after school activities; for primary schools, childcare from 8am to 6pm,
48 weeks a year, delivered on the school site or through other local providers; swift and easy access to specialist services; community use of facilities; and parenting and family support. Schools should consult with mothers, fathers and other carers in developing extended services.

To meet the parenting support part of the extended services offer, schools need to provide:

- Information sessions for fathers and mothers of pupils joining reception and on transfer to secondary school;
- Information about nationally and locally available services and sources of advice and support;
- Access to parenting groups using structured evidence based parenting programmes, as well as more informal opportunities for parents to be involved with the school and each other; and
- Family learning sessions to allow children to learn with fathers, mothers, and carers where there is demand shown through consultation.

Access to parenting support can be offered directly by a school or cluster of schools, or by signposting to other schools or third-party providers (in the voluntary, community or private sectors or in the local authority). The provision should be within the local area and suitable for those fathers, mothers and carers who would benefit from it. We recommend provision is promoted via the local Family Information Service to increase awareness and access.

**Family Learning**

Family Learning refers to learning approaches that engage children and their mothers, fathers, carers or grandparents in learning and involve explicit learning outcomes for adults and children. Alongside learning new skills for themselves and gaining confidence, the adults learn how to support their children's intellectual, physical and emotional development. Adults also have the opportunity to improve their literacy, language and numeracy skills and go on to further learning, voluntary work or jobs.

Their inherent flexibility and ability to respond to individual and family needs make Family Learning programmes particularly effective in targeting disadvantaged families. Family learning is most commonly delivered in schools but also through community centres, Sure Start Children’s Centres, libraries and in a variety of other settings. Local commissioners should look at the availability and take up of family learning in their area. More details and information about resources are given in Annex A.
6. Relationship support

There is extensive literature which shows that the quality of the relationship between parents is linked to positive parenting and better outcomes for children too.¹⁴ The evidence is clear that stable and loving relationships between parents and with their children are vital for their progress and well-being. Parents in a happy relationship have been found to interact more positively with their infant, pre-school child and with their school age child.¹⁵ Research also shows that happy relationships between couples lead to better mental and physical health for all involved.¹⁶

Practical support such as relationship counselling, most often offered by Third Sector providers, is available. However, parents are often reluctant to access such services until their relationship has reached a crisis point. Consequently, it is important to encourage earlier access to services.

The Government has a role to provide practical support and advice which people can draw on when they need it, and it is currently providing strategic funding to a number of third sector organisations such as Relate and Marriage Care working to support couple relationships within families. Government also funds national, online relationship support services delivered by Relate and OnePlusOne.

Local commissioners should consider the availability of and, where possible, encourage local practitioners who deliver parenting and family support, including Family Intervention Projects, to signpost parents to relationship support services where appropriate. Making it more socially acceptable for families to seek support for their relationship, and improving access to that support, are both crucial to strengthening families.

Research shows that families find it beneficial to have access to services which facilitate continuing contact with non-resident parents and support networks for children whose parents have separated.¹⁷ It is therefore also important that commissioners of services consider the need for, and availability of, such services as part of their planning. Local parenting and family support services should also signpost families to such services wherever relevant.

The Government, through the joint DCSF / DWP Child Poverty Unit, is funding a pilot aimed at better coordinating local services for separating and separated parents. The pilot, in 10 local areas, will continue until the end of March 2011. In three areas, local authorities are the lead partner; third sector organisations lead in the other seven areas.

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¹⁶ Coleman, L. and Glenn, G., 2009. supra
7. Structured and more intensive support

Some families will have intense needs and – where children and young people are at significant risk of poor outcomes because of either their, or their parents’ actions – their parents and carers will need more structured and intensive support. This support will need to be offered by appropriately qualified and trained practitioners. It can be delivered in children’s centres and schools, or by more specialist services. It might also be provided in the home.

Evidence based parenting programmes

Research has shown that the use of parenting programmes with a proven theoretical base is an effective way to support the development of parenting skills. Evidence based practice has been described as a combination of practitioner expertise and knowledge of the best external research, and evaluation based evidence.\(^\text{18}\) When public funds are being invested and child well-being is at stake it is critical that programmes used are evidence based, and able to demonstrate positive impact.

A wide range of proven parenting programmes is now available. Through the development of children’s centres and extended services, as well as the introduction of roles such as Parent Support Advisers, dedicated expert parenting practitioners and the increased availability of ‘Think Family’ services, availability of places on programmes has also increased significantly. The majority of parents attend support sessions on a voluntary basis although a small minority are required to do so as a condition of a Parenting Contract or Order. Evaluation evidence suggests these approaches are working. For example eighteen Parenting Early Intervention pathfinder local authorities were funded (2006-08) to implement one of three evidence based parenting programmes. By the end of the parenting programmes the number of parents who classified their children as having significant behavioural difficulties was halved and self-reported parental mental well-being, parenting behaviour, parental efficacy and satisfaction had all improved.\(^\text{19}\)

Programmes can be used to address a range of needs. Mothers, fathers and carers attending need not be in crisis and parenting programmes should be an integral part of any early intervention strategy.

In deciding which programmes to commission, local decision makers should consider the needs of the population, the availability of local services (and gaps in provision) and whether the resources needed are in place to deliver support. This will include ensuring that the necessary funding, trained staff, appropriate supervision and facilities are in place, or can be put in place. Without these issues being addressed the chosen programme is unlikely to support the achievement of local strategic aims (or indeed may never take place for lack of proper planning).

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18 Aamussen (2010), Evaluating the Evidence, NAPP
19 DCSF, 2008, Parenting Early Intervention Pathfinder Evaluation, Ref: DCSF-RW054
The Commissioning Toolkit

The National Academy for Parenting Practitioners developed a searchable online database of parenting programmes and approaches available in England. It is aimed at commissioners and provides detailed information about each programme’s aims, content, target groups and training requirements. Most importantly, it also provides information about their quality and effectiveness, enabling commissioners to make informed choices about how suitable a programme is for meeting the needs of specific group of parents and carers. It is available at www.commissioningtoolkit.org. From April 2010 the Children’s Workforce Development Council will be responsible for the maintenance and dissemination of the toolkit.

The National Academy for Parenting Practitioners (NAPP) has determined that there are three key elements underpinning the success of evidence based parenting interventions.20

Eligibility The intervention’s target audience is appropriate, clear and known
Fidelity The ‘active ingredients’ of the programme are rolled out without significant deviation.
Intensity The amount and quality of support provided matches need.

To know whether a programme was the right response to the identified need the achievement of its objectives should be monitored. An outcomes focused approach should be adopted. This will involve establishing systems for monitoring and evaluating service outcomes to ensure that it is achieving its intended objectives. These systems should ideally use pre- and post-services measures. More guidance on performance management of parenting and family support is given in Chapter H.

Intensive Family Intervention – Family Intervention Projects

Children in families that experience multiple disadvantages are much more likely to have poor outcomes. Research commissioned for Treasury and the Department for Education and Schools demonstrated that children aged 13-14 years who live in families with five or more problems are 36 times more likely to be excluded from school than children in families with no problems, and six times more likely to have been in care or to have contact with the police.21

These problems – such as domestic violence, chaotic lifestyles, drug and alcohol misuse and mental illness, or a parent being in prison – risk undermining the parenting capacity of the adults and the safety, physical and emotional well-being and healthy development of children. Children who come from families with multiple risk factors (e.g. mental illness, substance misuse, debt, poor housing and domestic violence) are more likely to experience a range of poor health and social outcomes. These might include developmental and behavioral problems,

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20 Ainsussen (2010), Evaluating the Evidence, NAPP
21 Cabinet Office Social Exclusion Taskforce, 2007, Families at Risk: Background on families with multiple disadvantages
poor mental health, substance misuse, teenage parenthood, low educational attainment and offending behaviour. This can put a huge strain on family relationships and needs to be tackled quickly to prevent problems becoming deep-seated and children being placed at risk.

Families facing these challenges will require input from a range of agencies and services. Effective provision will depend upon the ability of these services, and the practitioners working in them, to assess and then agree on the most appropriate set of interventions to support and achieve better outcomes for each child’s needs while, whenever possible, helping the child’s parents and other adult family members. However, focusing on the full range of needs within a family should not detract from the overriding duty to safeguard and promote the welfare of the children involved.

**Family Intervention Projects (FIPs)**

FIPS provide intensive support to vulnerable families and, in particular, those facing legal actions, evictions, or who are affected by longstanding worklessness and poverty. Through multi-agency whole family support plans, and persistence, projects reduce the likelihood of legal sanctions and help families to address their problems. The package of support offered to families often includes evidence based parenting programmes and a coordinated programme of support from other services such as health or drug treatment which responds to the needs of different family members.

FIPS will reach 10,000 families from 2012. As of March 2010 they are reaching around 4,000 families a year. Local authorities are also now being encouraged to offer an intensive family intervention service, combining existing FIPs into one service to avoid duplication, whilst ensuring that there are different referral routes according to the funding provided.

**MST – Multisystemic therapy**

MST is an evidence based community intervention for families with children aged 11-17 years with severe conduct problems, including offending. DH, DCSF and YJB have commissioned ten pilot sites of MST and a randomised controlled trial to evaluate MST in the English context.

MST therapists work intensively with families over three to five months to improve parenting skills and capacity and to improve family relationships and reduce family conflict and violence. They also work alongside family members with schools, peer group and other community services to improve young people’s engagement in education and to develop positive activities. Therapists receive a high level of training and supervision in evidence based approaches, including cognitive behavioural and systemic therapy. They work flexibly to fit the needs of families and also offer 24 hour on-call cover.
There is strong evidence from the international research that MST is effective in reducing offending by young people, improving family relationships and reducing the need for young people to be placed away from home in custody or care. It has also been shown to be highly cost-effective (www.wsipp.wa.gov) Initial findings from the pilot sites indicate that MST is effective in reducing offending in young people, strengthening parenting skills and reducing numbers of young people entering care and also supporting families when a young person is returning home from care.
C. Ensuring services are inclusive and accessed by all who need them

This chapter considers in more detail the needs of mothers, fathers and other carers. It outlines the basic principles of ensuring services are inclusive and responsive to families’ needs. It then goes on to identify a number of priority parent and carer groups who are likely to need support that is tailored to, and targeted at, their particular circumstances.

To ensure that parenting and family support is truly available to all, it is important that services are accessible and responsive to the wide range of needs in the local area. Service planning should be based on extensive knowledge of local families, and accommodate the diverse family groups and needs in the local area. Needs analysis is discussed in Chapter F: Commissioning parenting and family support services: a strategic approach.

1. All services need to be inclusive and accessible

The design and delivery of all services, including those that are universal and openly accessible, should ensure that they are sensitive to the specific or additional requirements of the full range of people who may wish to access them, with particular attention to the diverse needs of the ethnic, cultural, social, and faith groups that make up the local community.

Research suggests that parents’ experience of accessing services and support can vary based on their class, gender, racial or cultural backgrounds.

For example, a study of Sure Start Children’s Centres identified a number of factors likely to be successful in engaging minority ethnic groups in parenting and family support services: 22

- adopting a wider community development role, and working with local community organisations, recognising that engaging certain groups takes time;
- developing targeted services for particular BME groups;
- using outreach work;
- employing staff from local communities.

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**Family diversity**

Family arrangements can be more varied and diverse than ever, and it is important that all those with responsibility of caring for children and young people find services that are supportive and welcoming. This also means making sure services recognise the needs of fathers in particular, who can feel marginalised, and grandparents who often play a key role in helping raise children.

Non-resident parents more commonly report that they find their parenting role difficult; they may not be accustomed to using services and may feel excluded when they do. They may also have some different service needs in terms of support to spend good quality time and build relationships with their children.

Services need to be responsive to changes in family life and not hold a fixed view of what families look like. They should be developed from the perspective of the family – in its different shapes and forms. Good quality and ongoing parental involvement in the design and delivery of services will assist in making this a reality. It is important that steps are taken to ensure the views of parents gathered are representative of the families in the local community.

**Family friendly services**

Part of the task of making services more welcoming is to make them feel relevant and accessible to the whole family. Ideally, services should be designed to be “family friendly”, with flexible opening hours, and regular consultation with non-users as well as users, about what works best.

Service provision should also be built into relevant information and communication strategies to ensure that online services are available and meet the same high standards as face-to-face services. Many parents access services online and through telephone helplines all hours of the day and night and, as far as possible, services should be designed with this in mind.

**Proactive services**

It should also not be presumed that families can easily find the services that they need, or will be aware that they exist. Families whose first language is not English or families new to the area may, for example, struggle to find and access services. Recent evidence also shows that those parents who are least confident at parenting are also the least likely to seek out or accept an offer of support. A good quality information strategy that uses effective and imaginative marketing and communications will support the aim of ensuring families can find services. For some families one-to-one contact from skilled practitioners, such as outreach workers, may be the most effective route to secure their engagement in services.

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23 Cabinet Office and the Department for Children, Schools and Families, 2008. Families in Britain, an evidence paper
2. Some priority groups

The following section identifies some groups of parents and families who are likely to require some special consideration. This is not an exhaustive list and each local area should identify, based on its needs analysis, its relevant priority groups. The groups highlighted may need specialist family and parenting services. Critically, mainstream services will also need to accommodate their needs.

Fathers

Research shows that where fathers are highly involved with their children, the children develop better friendships, higher levels of educational achievement and self-esteem, and are less likely to become involved with crime or substance misuse.25

However, while more and more fathers want to be actively involved in their children’s lives, many feel they do not get the support they need to do this effectively.26 They can often be the forgotten parent when it comes to children’s services because these services can still be very mother-focused. As a result, fathers can feel unwelcome or uncomfortable and, inadvertently, be excluded.

The most effective way to support father-child relationships is to engage with fathers routinely and systematically in all mainstream services, and make this an explicit part of the universal support offer.

This requires:

- explicit policies and procedures developed in consultation with local fathers as well as mothers;
- training for all staff in relevant services to give them the knowledge and skills they need to support fathers confidently and effectively;
- targeted information for fathers about the services available to them, and services that are genuinely welcoming and accessible for men as well as women (e.g. put on at times men can attend, and in settings they feel comfortable in);
- Clear objectives for engaging with, and supporting, fathers should be adopted, and performance against them should be carefully monitored and evaluated.

The DCSF ‘Think Fathers’ campaign has helped to stimulate debate and change attitudes and practice amongst public services, including local authorities.27 A useful tool in developing services that are welcoming to fathers is the ‘Dad Test’. It allows practitioners and providers of services to self-assess how effectively they interact with, and support, fathers. It enables them to look at their services and

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27 www.fatherhoodinstitute.org/thinkfathers
identify small changes they can make to better support fathers and make them feel more welcome.

Other ways to support the inclusion of fathers include the development of a local Fathers’ Strategy, mapping activities that support fathers as parents in the local area and publishing this, involving fathers in service shaping, the creation ‘Think Fathers’ Networks that support fathers locally and encouraging more men as facilitators and leaders in all these activities. Local commissioners of parenting and family support can register as a Think Fathers’ Champion and should encourage other service managers and practitioners to do likewise.  

Many services now also deliver or commission dedicated support for fathers. These services support fathers to build relationships with their children in very ‘hands-on’ and practical ways e.g. dads’ cooking groups, lone fathers groups, dad and children play groups, dads and lads learning/activity groups, etc. However, while, if appropriately outcomes focused, they can make an important contribution, these services are not in themselves a substitute for mainstreaming father engagement throughout all relevant services.

**Mainstreaming Engagement with fathers in a Teenage Pregnancy Service**

Hull’s Teenage Pregnancy Support Service (TPSS) achieves high levels of referrals of young and expectant fathers. In the year to March 2009, 34% of those referred to the service were fathers. Mainstreaming of work with young fathers within Hull TPSS has been key – with commitment at all levels backed up by enthusiastic and trained staff.

Systems have been amended to accommodate fathers (e.g. special referral forms for fathers, enabling fathers to self-refer and systematically asking young mothers about their child’s father) and young fathers’ needs are individually assessed via a comprehensive Father’s Assessment Form. Fathers under 18 are also routinely offered a CAF and TPSS are encouraging local agencies to tell these dads they have a right to a CAF. The young men often present with housing or benefits issues to address, moving on to accept a much wider range of support, including parenting skills.

Hull TPSS has also influenced other local services: a partnership with the PCT is making fathers more welcome within maternity services; and local Children’s Centres’ awareness of how to extend their welcome to dads has been raised. Now TPSS has set up a multi-agency Task Group that focuses on all local agencies taking responsibility for effective support. Agencies set SMART goals, which are reviewed at the Task Group, and wider changes are starting to show through. Hull’s largest FE college is now tracking which of their students are young fathers. And the local YOT is asking all young men and women they work with if they have any difficulties in caring for their own children, they then sign posts to TPSS – and their success rate in asking this question is monitored internally.
Those caring for children who are not their own

The diversity of caring arrangements and of families more generally today requires an approach which continues to value mothers and fathers but which is more inclusive of other family members too. Many family members will play a role in the day-to-day care of children and they may be regular users of children’s centres and other services.

Sometimes too, family and friends carers, particularly grandparents, take on a full-time role in bringing up children, whether on a short or long-term basis. They may do this as a family and friends foster carer of a looked after child, as a carer with a legal order, such as a special guardianship order, or as a result of an informal arrangement. Their circumstances of family and friends carers may be different from those of other users of parenting and family support and it is important that universal and specialist parenting services are mindful of the need to ensure their services respond to the particular needs and circumstances of family and friends carers.

The Care Matters White Paper and Children and Young Persons Act 2008 set out a range of measures intended to provide a more visible and strengthened framework for supporting family and friends carers, including reducing barriers to obtaining legal orders. We are strengthening support for family and friends carers by:

- publishing for consultation statutory guidance for local authorities on family and friends care, which will set out what an effective support framework looks like and will expect local authorities to publish accessible policies and procedures on family and friends care;

- consulting on revised national minimum standards for fostering service providers;

- producing a support pack for relatives who are caring for children because of a parent’s drug or alcohol misuse; and

- exploring with stakeholders the difficulties experienced by family and friends carers and how to help them to access the support they need.

For children that come into care, local authorities must also ensure they have sufficient good quality foster and residential care placements. As the corporate parent, they must ensure that all children in their care have the same opportunities as their peers outside of the care system to fulfil their potential. Providing foster carers with the skills and support they need is crucial to improving outcomes for children in care. Government is supporting this by:

- Funding a national roll-out of “Fostering Changes”, a practical training package to help foster carers deal with challenging child behaviour;

- Piloting the multidimensional treatment foster care (MTFC) programme, an intervention targeting children with the most challenging needs;
• Piloting the KEEP Intervention Project (Keeping Foster Carers Safe and Supported), with the aim of increasing the parenting skills of foster carers, including family and friends foster carers to support children with challenging behaviour.

Families with a disabled parent

It is critical that all parents should be able to access mainstream parenting and family support services, when they need them, including mothers, fathers and other carers with a disability.

Disabled parents can include parents:

• who may have additional requirements related to physical and/or sensory impairments;
• with learning difficulties or disabilities;
• with mental health problems;
• with drug and alcohol-related problems;
• with serious illnesses such as HIV/AIDS;
• who identify as ‘Deaf’;
• who may or may not identify with the term ‘disabled’.

The Social Care Institute for Excellence Guidance Working together to support disabled parents 2007 highlights the importance of services being responsive to specific groups with specialist needs. It also highlights the importance of addressing the needs of disabled fathers, disabled family and friends carers and grandparents, and non-disabled kinship carers and grandparents who are involved in caring for the children of disabled relatives.

In the case of complex family needs, specific local protocols should be in place so that services can deliver an effective and coordinated response to disabled parents and their children across children’s and adults’ services, supported by staff with the skills training and confidence to usefully support parents with a disability.

Five key features of good practice in working with parents with learning disabilities were highlighted in DH/DCSF ‘Joint Good Practice Guidance on Supporting Parents with a Learning Disability’, which could be also applied to parents with other disabilities:

• Accessible information and communication;
• Clear and coordinated referral and assessment procedures and processes, eligibility criteria and care pathways;
Support designed to meet the needs of parents and children based on assessments of their needs and strengths;

- Long-term support where necessary;
- Access to independent advocacy (if appropriate).

Think Family guidance on working with drug and alcohol, and mental health services as well as services to support young carers and their families has been published. These documents set out authoritative guidance for local areas on how to establish the integrated working practices needed to support families affected by these issues.

**Families with a disabled child or a child with special educational needs**

Disabled children and their families face a unique and often challenging set of circumstances.

Improving their outcomes, allowing them to benefit from equality of opportunity, and increasing their involvement and inclusion in society, will help them to achieve more as individuals. It will also reduce social inequality, and allow communities to benefit from the contribution that disabled children and their families can make, harnessing their talent and fostering tolerance and understanding of diversity.

Disabled children and their parents will often demand a unique and specialised response from both the universal and targeted services that support them. It is essential that they are able to influence the design and delivery of services which should be responsive to their needs. Through the ‘Aiming High for Disabled Children’ programme work is being undertaken to transform the services that disabled children and their families receive, through a range of initiatives, including Short Breaks, Early Support and Parent Forums. ‘Healthy lives, brighter futures’, published in 2009, also emphasised the need to ensure high quality, timely and accessible support is available for children and young people with acute additional health needs and their families, supporting the implementation of Aiming High for Disabled Children and the children’s palliative care strategy ‘Better Care, Better Lives’.

All families expect to get a break from each other. But many families of disabled children care for their children 24 hours a day, seven days a week. This has a huge impact on their ability to lead ordinary lives. As a result, eight in ten families with severely disabled children told Mencap that they were at, or close to, breaking point. The provision of short breaks is consequently an important part of local family and parenting support.

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29 Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services; SCIE Guide 30: Think child, Think parent, Think family: A guide to parental mental health and child welfare; Working Together To Support Young Carers – A Model Local Memorandum of Understanding between Directors of Children’s Services and Adult Social Services

30 Mencap (2006), Breaking Point – Families still need a break, Mencap London

31 Government has announced an intention to place a statutory duty to provide short breaks see DCSF, www.dcsf.gov.uk/consultations/
Early Support is the Government’s programme to improve the quality, consistency and coordination of services for young disabled children and their families. It is targeted at families with babies or children under five with additional support needs associated with disability or emerging special educational needs. It is designed to help families access better coordinated services for their children from both local authority and health professionals:

To support ambitions to ensure local families have a say in their local services all local areas have been funded to support parent forums. The satisfaction of parents with disabled children’s services is now also measured through national indicators which all local authorities are monitored against.

Every local area also has a Parent Partnership Service to provide parents of children with special educational needs (SEN) with information and advice to make decisions about their child’s education and to achieve their potential. The Lamb Inquiry investigated in 2008 – 2009 a range of ways in which parental confidence in the SEN assessment process might be improved.\(^{32}\) Drawing on work with parents themselves, pupils, teachers and other professionals involved in delivering and managing services, the Inquiry found the SEN framework largely to be sound, but that parental experience of its operation varied – some parents were very positive, while others had experienced great difficulties. The DCSF is taking forward the Inquiry’s recommendations through an implementation plan, focusing on five key implementation areas:

- Improving skills and practice within the workforce and focusing on children’s outcomes;
- Strengthening engagement with parents;
- Local strategy;
- System accountability;
- The national framework.

It is important that local authorities consider the outcomes of the Inquiry and respond to its findings.

**Teenage parents, including young fathers**

Teenage parents are often less involved in services than other parents. Teenage mothers, for example, book much later for antenatal services (at an average of 16 weeks compared to 12 weeks for all mothers) and can be poor users of them once they have booked.\(^{33}\) Family Nurse Partnership nurses report that teenage mothers can sometimes be reluctant to attend children’s centres because of fears of being judged, especially about their parenting.\(^{34}\) Young fathers say that services do not engage with them, especially maternity services.\(^{35}\)

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32 Lamb Inquiry – Special Educational Needs and Parental Confidence, 2009
33 Department of Health (2007) Unpublished analysis of hospital episode statistics first ante-natal visit data
As with effective strategies to reduce teenage pregnancy, improving outcomes for teenage mothers, young fathers and their children, involves a range of services working together across health, local authority and third sector.

Young fathers need special consideration and there are actions local authorities and PCTs can take to support them. Services need to identify and support young fathers to be actively involved with their child and to continue or re-engage with education and training. ‘Invisible Fathers’ offers advice for local areas on supporting young fathers. The Teenage Pregnancy Strategy: Beyond 2010 also makes clear that support for teenage parents should be an integral part of local parenting strategies.

**Family Nurse Partnership programme**

The Family Nurse Partnership (FNP) programme is an intensive, preventative home visiting programme for vulnerable, first time young mothers and fathers that begins in early pregnancy and ends when the child reaches two. Pregnancy and birth are key points when most families are highly receptive to support and extra help. The programme goals are to improve antenatal health, child health and development, and parents' economic self-sufficiency. Over 30 years of US research points to short and long-term benefits to children and families, including improved child health and well-being; improved language development and school readiness; reductions in children’s injuries, neglect and abuse; and reductions in arrests and criminal behaviour for both the children at 15 and their mothers. Early evaluation in England suggests that the programme is being delivered well, that it is reaching the most vulnerable, is popular with parents and is successful in engaging young fathers, and that potential early impacts, such as reducing smoking in pregnancy and increasing breast feeding, are promising.

FNP has been tested in England since 2007. There are currently over 50 sites, and FNP has so far benefited over 4,000 families. It will have reached over 7,000 families by April 2011.

**Families with teenagers**

In developing a local parenting and family support strategy, local areas should bear in mind that parents of young people may require support – support should not be focused solely on the parents of younger children.

The development of Integrated Youth Support Services in every area has driven better joint working and given greater focus to young people’s needs and aspirations. In addition, Targeted Youth Support (TYS) arrangements are widely in place, providing the mechanism for local agencies to work together to support vulnerable young people. Arrangements focus on early intervention and prevention, integrated support and, where necessary, providing a tailored package of support for vulnerable young people, including access to advice and family support where appropriate, coordinated by a lead professional.
Local areas should continue to focus on embedding and sustaining these important reforms to young people’s services to ensure positive and lasting impact on outcomes for vulnerable teenagers in all areas. In doing so, they should ensure that parenting and family support services are effectively linked in to the arrangements so that they can be part of the response if the family context is an area where a need for support is identified. Further information, including guidance for local areas, is available at: http://www.dcsf.gov.uk/everychildmatters/Youth/

Local authorities are required to provide parents with information on services, facilities or publications which may be of benefit to young people in their area, including information on positive activity provision (and its benefits), drawing on that provided to young people.

Schools can also play a role in helping parents to support young people’s engagement in positive activities, and local authorities should encourage schools to provide adequate information to parents regarding the positive activities available under the school’s extended offer and within the wider local offer. Providing information to parents is in keeping with the duty on governing bodies to consult with parents and carers when offering extended services to improve provision.

Successful activities recognise the continuing influence of parents on their teenagers, especially in encouraging them to participate. Local Authorities should make sure that young people, their parents and the wider community are involved in planning what activities and services are provided, and in assessing how well those activities and services meet their needs.

**Families living in poverty**

Low income and material deprivation are at the core of a complex cycle of interaction between material resources, environmental factors and family circumstances which harm children’s healthy development and prevents children in poor families enjoying and achieving in childhood. Poverty blights children’s lives and prevents them fulfilling their potential, leading to intergenerational cycles of poverty and disadvantage.

Although family has an even greater effect on children’s life chances than socio-economic status, the two are inextricably linked because families in poverty find it harder to support and bring up their children to the best of their ability. Lack of resources affects parents’ aspirations, beliefs, stress, relationships and ability to provide for their children, which makes it more difficult to provide a supportive environment and engage in their children’s learning.

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36 DCSF/DH/PMSU, 2010. Maternity and Early Years – Making a Good Start to Family Life
Consequently, families who live in disadvantage are more likely to require support – but that support can help them address the stresses and difficulties they face, improving both their lives and outcomes for their children. Robust needs assessment will identify families living in disadvantage and enable services to be targeted where they are needed most.

In 1999 the Government pledged to end child poverty and ensure that no child’s standard of living or future life chances falls far behind that of their peers. This requires shaping a fairer society by tackling the causes and consequences of poverty – so all children have a good start in life, enjoy a fulfilling childhood and have the capabilities and opportunities to flourish. Considerable progress has been made with local action focusing on improving early years and childcare services, school standards and tackling poor housing and providing training and support into employment for families affected by unemployment.

Joined up working with a range of partners, including health services, Sure Start Children’s Centres, schools and Jobcentre Plus, can enable effective parenting and family support to be offered to families living in poverty.

Reducing Child Poverty

The Child Policy Bill places duties on local authorities and other delivery partners to work together to tackle child poverty, conduct a local needs assessment and produce a child poverty strategy. Local authorities will need to take child poverty into account in the production and revision of their Sustainable Communities Strategies. Following Royal Assent we will consult on, and publish, statutory guidance setting out in more detail how we expect local authorities to perform the duties in Part 2 of the Bill.

Families who are reluctant to accept help

We know that whilst many parents are happy to receive support, such as a referral to a parenting programme, some are reluctant or feel unable to accept help – even where their children are at risk of poor outcomes or their behaviour is causing them or others serious problems. There can be many reasons for this: parents may not know what is available or see services as inaccessible, they may lack the confidence to speak to professionals or they may have had bad experiences with similar services in the past. Some parents may be worried that they will be labelled a ‘bad parent’ or even think their child could be taken into care.

It is important in these circumstances that professionals work with families in a firm and persistent way to ensure that those who need support the most, do in fact receive it. Evidence from evaluation of programmes such as the Parenting Early Intervention Programme and Family Intervention Projects shows that these approaches do work.38

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38 DCSF, 2010, Evaluation of the Parenting Early Intervention Programme: 1st interim Report
DCSF, 2010, ASIB Family Intervention Projects: Monitoring and Evaluation
This can mean being proactive in encouraging families to use services and, when discussing the problems facing them and their child/young person, making clear the possible consequences they or their child could be facing if things do not improve (e.g. the child being excluded from school or being at risk of offending). It needs to be explained how taking up offers of support can help avoid this happening. In some cases it may be necessary to make repeated visits to the family home, or following up families who refuse to accept help or don’t turn up for appointments that are offered and, where necessary, offer an assessment of their child and family needs.

Practically, it might also mean, if parents consistently fail to use the services that are on offer and the problems with their children continue, confirming offers of support in writing and seeking informal written agreements with the parents, such as home school agreements and parenting contracts. If this voluntary approach fails, then legal action may need to be taken by either the local authority or school i.e. seek a Parenting Order from the courts.

There are three levels of tools and powers for working with parents:

- **Home School Agreements** will set out behaviour and attendance expectations so that parents can support the school in these aims. Parents will be expected to sign the agreements when their child is admitted to the school. Failure to comply with the terms can lead to the school offering a parenting contract or applying to the court for a parenting order.

- **Parenting Contracts** to help address irregular school attendance and misbehaviour are a supportive measure that enable formal agreements between parent and school or parent and LA. They can also be used by youth offending teams who are offering parenting interventions where a young person is involved in offending or antisocial behaviour. Each party sets out the steps they will take to secure an improvement in the child’s attendance and behaviour, and sign the contract. Contracts are voluntary and enable schools and local authorities to approach parents who may be willing to take up the offer of help but have not done so in the past. Similarly, Youth Offending Teams (YOTs) should use parenting contracts where this will help engage parents and formalise the steps that each will take to address the young person’s offending/antisocial behaviour.

- **Parenting orders** can be used in cases of irregular school attendance, exclusion and serious misbehaviour in schools. They can also be used in relation to offending and anti-social behaviour in the wider community. Schools, local authorities and YOTs can seek parenting orders from the courts in the above circumstances and where parenting is a factor. Parenting orders are also available as a sanction for courts where parents are prosecuted for school attendance offence or their children receive an ASBO or criminal conviction. Orders require parents to attend parenting classes or counselling. Schools, local authorities and YOTs can apply to the courts for parenting orders.
in the above circumstances. These provisions complement parenting contracts and should be used where parents are unwilling or fail to engage with the school/YOT/local authority on a voluntary basis.

**Families with children and young people on the edge of care**

Children and young people “on the edge of care” include both those who are living with their families, and those in the care system with the potential to return home. Coordinated interventions should, therefore, focus not only on preventing the need for children to come into care, but also seek to underpin a sustainable family situation to enable a successful and long-term reunification back home. This will also include ensuring that the family situation is sustainable for those children who may have remained in the family home.

For families with children on the edge of care, family interventions can be effective alternatives to care, or in removing risks that may require care, and families may be part of a Family Intervention Project. Support from social care is a key part of the parenting and family support continuum, as are Think Family systems, working effectively to deal with the adult problems that place children at the edge of, or in, care.

Family group conferences also have a key role here, and bring whole families together to make decisions about how best to support the children where important decisions need to be made. The Government is funding the roll-out of a toolkit to equip local authorities to develop and sustain a family group conference service, in partnership with third sector organisations.

**Families with complex and multiple needs**

Where families face multiple issues the risks to them, and to outcomes for the children in the family are at their greatest. This is discussed further in Chapter B. However, addressing these needs presents significant challenges. The need for support may be at its most intense, and it will have to be drawn in from a range of agencies. Identifying these families is critical and robust needs analysis (discussed in Chapter F) and strong multi agency ‘Think Family’ working (see Chapter E) will be needed in order to implement the appropriate response.
D. Strong governance and accountability for parenting and family support

This chapter outlines the strategic and governance framework within which support to parents and families should be commissioned. It describes the overarching relevant strategic arrangements in local areas, especially the establishment of the Children’s Trust Board and the development of the Children and Young People’s Plan (CYPP). It identifies the elements of an effective commissioning strategy for parents and families. It also describes the key functions of a local commissioner for parents and families.

1. Governance arrangements for parenting and family support

Governance arrangements for the delivery of parenting and family support in the local area are needed to ensure proper strategic oversight of the identified priorities is in place. This should ensure joined up working and proper accountability.

Governance mechanisms will vary from area to area. However, there is likely to be value in establishing a multi agency Parenting and Family Strategic Group (or equivalent). This group will need to establish and maintain an ongoing working relationship with the Children’s Trust Board. This helps ensure that parenting and family support is strategically and operationally aligned with the development and implementation of the CYPP and other relevant strategies and plans. Strong representation from partners working in health, adults and youth services is very important.

Such a group should highlight challenges to service delivery and identify opportunities for integrating services. This ensures the priorities and actions taken by Children’s Trust partners in delivering parenting and family support through the CYPP are not duplicated, and there are no unhelpful strategic gaps, or operational gaps in services or practice. The group can also help prepare and implement the local Parenting and Family Support Commissioning Strategy – ensuring that it is a significant driving force in the local area.

2. Working in partnership through Children’s Trust cooperation arrangements

Better outcomes for children and young people depend on services being child- and family-centred and working together effectively. Children’s Trust cooperation arrangements are the means by which all the key organisations responsible for services for children, young people and families come together in partnership and shared commitment to improve children’s lives.
Legislation in The Apprenticeships, Skills, Children and Learning (ASCL) Act 2009 builds on the Children Act 2004 and strengthens Children’s Trusts by:

- CYPP will set out the arrangements made by the Children’s Trust partners on how they will cooperate to improve the well-being of children and young people including how the Children’s Trust partners will coordinate services for children;

- extending the number of statutory “relevant partners” to include maintained schools, non-maintained special schools, Academies, sixth-form and further education colleges, Job Centre Plus and Pupil Referral Units/Short Stay Schools – from 12 January 2010. Regulations will allow Pupil Referral Units/Short Stay Schools to become relevant partners, this is intended to come into force in April 2010;39

- placing the Children’s Trust Board on a statutory footing – from 1 April 2010;

- making the CYPP a joint strategy which sets out how the Children’s Trust partners will cooperate to improve children’s well-being in the local area – every local area must publish a joint CYPP on or before 1 April 2011;

- transferring responsibility for preparing, publishing and revising the CYPP from the local authority alone to the Children’s Trust Board (individual partners are responsible for delivering the CYPP within the delivery of their normal functions); and

- giving the Board responsibility for monitoring the extent to which each partner acts in accordance with their commitments in CYPP, and for producing and publishing an annual report on the results.

Children’s Trust Board

Children’s Trust partners have a major part to play in the delivery of a range of cross-cutting areas, including parenting and family support, Think Family and the approach to tackling and reducing youth crime. The purpose of the Children’s Trust Board is to bring all partners with a role in improving outcomes for children and young people together to agree a common strategy on how they will cooperate to improve children’s well-being and to ensure that the partners stick to the agreed strategy. Delivering the strategy, however, remains the responsibility of the partners, both individually and together.

Keeping children safe is a top priority for the Children’s Trust Board and each of the partners. Children’s Trust Boards should, therefore, work closely with, and be clear how they relate to, the Local Children’s Safeguarding Board (LSCB). Lord Laming’s progress report, ‘The protection of children in England, 2009’, stressed the importance of a “clear distinction between the roles and responsibilities between LSCBs and Children’s Trusts to ensure appropriate challenge, scrutiny and impartiality”. The Children’s Trust Board is specifically accountable for overseeing

39 Section 249 of the Apprenticeship, Skills, Children and Learning Act 2009 changes the name of Pupil Referral Units to Short Stay Schools on 1 September 2010
the delivery of the CYPP. The LSCB is responsible in turn for challenging the Children’s Trust Board and the Children’s Trust partners individually on their success in ensuring that children and young people are kept safe.

**The Children and Young People’s Plan**

The Children and Young People’s Plan (CYPP) is the agreed joint strategy of the partners in the Children’s Trust on how they will cooperate to improve children’s well-being across the five ECM outcomes. This includes cooperating to coordinate provision of services for children and relevant young persons and adults within their families with a view to improving their well-being. The plan informs and is informed by, the strategic vision for the whole population set out in the Sustainable Community Strategy.

In preparing the CYPP, the Children’s Trust Board engages with other thematic partnerships in the Local Strategic Partnership, including the Crime and Disorder Reduction Partnership (CDRP), which has a duty to develop and implement strategies to tackle crime and disorder, antisocial behaviour, and misuse of drugs and alcohol. The two partnerships have many of their partners in common, including the police, probation services and the Youth Offending Team (YOT). They have an important role to play in delivering the local priorities of both. The work of the local Behaviour and Attendance Partnership, made mandatory through the ASCL Act 2009, will also have some common priorities, with its focus on promoting good behaviour and reducing persistent absence. The Children’s Trust Board is required to take account of it in preparing the CYPP.

The scope of the new CYPP includes all services that affect children and young people’s well-being, including services for adults and families that have an impact on children and young people. This gives the CYPP a stronger family focus, expecting parents and families to be well represented in the commissioning intentions set out in the CYPP, alongside children and young people.

A Parenting and Family Support Commissioning Strategy can make an important contribution to the CYPP and other local strategies. Partners responsible for delivering specific aspects of the parenting and family agenda need in turn to align their strategic priorities, planning and operational delivery and can use the CYPP to coordinate this. This includes a whole range of service providers for adults.

**3. Developing a Parenting and Family Support Commissioning Strategy**

Local authorities have made great progress since 2006 when guidance first recommended local areas produce a parenting strategy to reduce the fragmentation of parenting and family support services. Many local areas have found enormous benefit in setting out in one document their strategic approach and securing the agreement of local partners to its implementation. They are now reviewing and updating them, as well as strengthening implementation arrangements.
The preparation of the CYPP to meet the new requirements offers a good opportunity for review if this has not already taken place. When reviewing, it will be important to ensure the new strategy takes account of the needs of whole families and makes the best use of available funding.

The Parenting and Family Support Commissioning Strategy should set out the full range of services planned by local authorities, with their partners, to meet the spectrum of needs of, and achieve improved outcomes for, parents, families, and children and young people. It should be set out in such a way that performance can be monitored against the strategy – the extent to which all efforts in the local area are contributing towards the planned outcomes. It should be based on good commissioning practice, which is discussed in Chapter F.

Elements of a good Parenting and Family Support Commissioning Strategy

- **The key improvements to outcomes for children, parents, families and communities** that the strategy aims to achieve, linked to the vision in the Children and Young People’s Plan, local priorities and national requirements and targets. An outcome is the desired end result. Examples are “young people do well at school”, “parents promote education and good behaviour” and “family-friendly society”.

- **the needs, resources and gap analysis that has helped inform the strategy** in order to explain how decisions about outcome priorities and future resource allocations have been reached.

- **how families and key stakeholders are being encouraged to participate** in planning and implementing the strategy.

- **the roles and responsibilities of each partner organisation** in the delivery of each action, and clear reporting and scrutiny arrangements.

- **the priorities partners have agreed** the strategy will deliver, informed by: the needs analysis; identified gaps; performance information; inspections; what service users want and national guidance and legislation. Priorities should contribute to delivering the Children and Young People’s Plan and link to other strategies and plans where appropriate.

- **how providers will be encouraged and supported to deliver efficient and effective services** across the continuum and how procurement and contracting arrangements will support development of a strong local provider market and efficient service delivery.

- how the direction of the strategy impacts on **workforce development** across partner agencies and how this will be addressed.

- **how performance** will be monitored and, if necessary, improved.41
To help ensure that the strategy translates into effective action there will be value in developing alongside it a clear implementation plan setting out the targets, actions, milestones and resources that will be used to carry forward the delivery of the strategy. This needs to be described in sufficient detail to make a useful working document for commissioners, providers and other partners. A plan that is separate from the strategy itself will enable easy reference, regular monitoring and performance management.

Partners who play a key role in developing local parenting and family commissioning strategies include Primary Care Trust commissioners (responsible for parent and family services commissioned through the Healthy Child Programme) and the Youth Offending Teams (responsible for early identification, assessment and intervention with young people at risk of offending or re-offending.

4. Parenting and Families Commissioner functions

The introduction of the role of a single commissioner of parenting support services in 2006 has had a significant impact on delivery of services, changing the landscape of parenting work. Since then, the demands on local authorities have meant that the role has changed and expanded significantly. There is also now a clearer recognition of the importance that the commissioner works within the context of the Children’s Trust commissioning arrangements and within the framework of priorities set out by the CYPP.

The parenting commissioner function has now developed, with significant variations across the country, both in terms of the seniority of postholders and consequent strategic influence, and the range of activities and resources (including staff) they are responsible for.42

In addition, there have been significant strides made in connecting the parenting support agenda with other family support, at both a strategic and operational level. Parenting commissioners are likely to be working alongside a broad range of other commissioners to ensure an integrated response across the full range of family needs. Given the importance of providing an integrated range of universal, targeted and specialist support for parents and families, it is more appropriate to now refer to a commissioner or commissioning function for parenting and family support.

A nominated lead individual was recommended to take on this role in the 2006 guidance, and local authorities have largely seen the value of this, sometimes allocating particular responsibilities to others. However, the increased breadth of the agenda means that it is right to review this. Consequently, this section sets out a range of functions that will need to be fulfilled in the best way for each local area. Significant advantages remain in having a dedicated single commissioner to champion parenting and family support at a strategic level, with others contributing to the range of supporting functions.

42 e.g. ‘The role of the Parenting Commissioner in the PIP local authorities; PIP Resource Kit – see Annex A for details
Ultimately, it is the responsibility of the Director of Children’s Services (DCS) (together with the Lead Member for Children’s Services) to champion the interests of all children, young people and their families in the local area. The DCS can, however, be supported by someone with sufficient seniority to exert strategic influence and leadership of the cross cutting Families and Parenting agenda with key partners. That person should have oversight and influence over all relevant funding streams to enable resources to be used effectively, and to steer the commissioning and performance management of all parenting services.

There will need to be effective links with other commissioners of family support services, and those fulfilling this function will work closely with the strategic commissioning function, such as a joint or strategic commissioning unit.

Some local authorities, particularly in the Family Intervention or Young Carer Pathfinder areas, have created a Think Family Champion role. This function can help exert influence across the local area to better align adult and children’s services, health and the voluntary sector, and other partners so that they recognise the mutual benefits of taking a whole family approach to improving outcomes for young people and families. This role may be accommodated within the wider Parenting and Family Commissioner role, or it may be additional e.g. where it is fulfilled at member level.

### Parenting and Families Commissioner functions broadly encompass:

**Holding and championing a strategic view of family and parenting support across the local area**

- Chairing and/or coordinating the Parenting and Families Strategic Group;
- Developing, implementing and monitoring the local Parenting and Family Support Commissioning Strategy, embedding its priorities in the CYPP, and effectively aligned with the commissioning strategies of the Children’s Trust partners;
- Incorporating national programmes and support into the overall strategic direction, ensuring they meet local need and that other local activity is well aligned;
- Coordinating the full range of commissioning activities (see Chapter F Commissioning Parenting and Family Support Services);
- Promoting parental engagement in the development of the local family and parenting agenda.

**Engaging partners across the local area**

- Developing relationships with all relevant agencies to ensure they are working to a single strategic view of family needs and planned outcomes;
- Working with partners to pool resources aimed at supporting parents and families to provide a coordinated response;
• Working with and influencing the delivery of targeted support through universal settings, such as children’s centres, extended services, preventative health services and adult services;

• Promoting and supporting the development of ‘Think Family’ systems across children’s, adult and community services in line with new CYPP requirements; and

• Supporting the development of a diverse, secure and skilled local provision base and building effective relationships between local providers from the public, private and third sectors, and commissioners.

**Ensuring services are delivered to meet need**

• Developing processes to enable a full understanding of local needs and the implications of this for developing responsive services;

• Using a commissioning approach to develop a broad continuum of support relevant to local needs, and ensuring these meet the additional needs of some families and parents, including Think Family services and support for families with complex needs;

• Ensuring local families understand what is available locally and how they can access services;

• Supporting the consistent and coordinated use of tools and powers associated with parenting interventions (e.g. contracts and orders), and where appropriate, convening multi-agency panels to agree application of these and ensure coordination of agencies working with the same family.

**Achieving better outcomes and high quality services**

• Building knowledge of evidence based interventions for families, including evidence of cost-effectiveness;

• Identifying where services need to be reconfigured and, if necessary, decommissioned;

• Developing the family and parenting workforce, including increasing the quality, capacity and skill base of the workforce across a range of agencies, who may or may not identify as being part of the ‘parenting and family’ workforce;

• Performance managing against local targets and national indicators, and monitoring service quality and contribution to planned outcomes.
“I am now both the Parenting Commissioner and the Lead Specialist Practitioner for Family Support and Parenting. This means that I have what amounts to the clinical responsibility for the quality of the family and parenting support across the City, the workforce reform and training issues arising from that and the performance monitoring work that will in time inform the future commissioning of family and parenting support as we become more sophisticated in developing impact and outcomes data.

I do not directly manage services, this is done through our Integrated Service Managers and area based teams, and we all report into the Head of Integrated Targeted Services, who in turn reports into our DCS. I am responsible for Think Family, FIP and the Parenting Early Intervention Project in the LA. Our Executive Director for Children's Services is both the champion for Think Family and for Parenting.”

Local Authority Parenting Commissioner
E. Integrated processes and whole system thinking

This chapter considers the range of partnerships that will need to be in place in order to deliver effective parenting and family support. It describes how systems and processes should be brought together to ‘Think Family’ and ensure integrated working and processes.

The Children’s Trust oversees the cooperation arrangements and partnerships between organisations in the local area with a role in improving outcomes for children and young people. It operates at every organisational level.

Children and Young People’s Plans (CYPP) will be required from April 2011 to set out the arrangements made by Board partners for cooperating to coordinate services for children and young people and adults within their family, driving forward the Think Family agenda across the Children’s Trust. This is an important change and will support those responsible for commissioning parenting and family support services to secure a coordinated approach, particularly for families at risk.

Children’s Trust cooperation arrangements should include the structures, tools and systems which can support, sustain and embed a culture of integrated working. This means universal services working together to intervene early, identify needs and engage more specialist help for children, young people and their families where this is needed. To address the needs of families this should be backed up by effective joint working, in particular, between children and adult services, health partners and youth offending teams. Support should be targeted where it is needed most and should facilitate the multi-agency solutions that families with complex needs require. These arrangements also need to identify children who may need safeguarding and ensure the appropriate response is implemented.

The range of commissioning partnerships that need to be put in place is wide. In addition to the services highlighted here, the relationships with Family Information Services, Sure Start Children’s Centres and schools are very important and these are considered in Chapter B.

1. Early Intervention

Early intervention needs to be part of the culture in all services which work with children, parents and families.

All services that have contact with children or with members of their families need to be alert to signs that a child has additional needs. Universal services – like schools, Family Information Services, general practitioners, midwives and health visitors – which have more regular contact with families than other services have a particularly important role to play in identifying those who need extra support. Sure Start Children’s Centres, which bring together a wide range of agencies and practitioners, have a particularly important role. To act as a gateway to more specialist help, those working in universal services should understand what additional more targeted and specialist support is available, and how to make a referral if needed.
It is also crucial that professionals working with adults, for example those in drug or mental health services, prisons and probation services, are alert to the implications of their clients’ problems for other family members, especially the children. Information should be shared intelligently to enable effective early intervention and preventative work. The police also have a key role to play as part of their day-to-day work on patrol, in responding to incidents, and as part of their targeted youth activity. Where appropriate, they should engage with both universal and specialist services to support individuals and their families. Think Family is everyone’s business.

Government will publish in March 2010 a document on early intervention to help local authorities and their partners, working within Children’s Trusts, to improve the quality and consistency of the support they offer to vulnerable children and families. This document will:

- Help Children’s Trusts to fulfil their new responsibilities to set out their early intervention arrangements in their CYPP;
- Make the case for a strong focus on early intervention with children and young people, by presenting the evidence from research and from outstanding examples of good practice.

2. Assessment

It is important that parenting support and intervention services are targeted at those with greatest need and who are likely to benefit most from them. Where the needs of a child or young person are being assessed, professionals working with them should routinely consider whether parenting and wider family need should also be directly assessed. Support, such as a referral to a parenting programme, might, for example, play an important role in improving outcomes for the child or young person where they have been permanently excluded from school, engaged in offending or antisocial behaviour, or where a parent is receiving treatment for drug and alcohol misuse. In most instances, the common assessment framework will be appropriate here as it assesses the needs of the child or young person within the context of the whole family.
The Common Assessment Framework (CAF)

All local authorities, working with their other partners in the Children's Trust, are responsible for introducing arrangements to ensure that the CAF process is being conducted in a high quality way across all children's services. These include Sure Start Children's Centres, schools offering access to extended services, and services provided by third sector organisations. The CAF process is the four-step process outlined in national guidance for managers and practitioners –

Step 1: Identify needs early
Step 2: Assess those needs
Step 3: Deliver integrated services
Step 4: Review progress

The CAF provides a standardised approach to identifying, recording and sharing information about a child's additional needs and strengths. The assessment is holistic and helps a practitioner draw together the right team to meet the needs identified in a coordinated and child-centred way, thereby moving away from silo working within traditional service boundaries. It is also useful for identifying wider family and parenting related needs as it includes within the assessment part of the process sections relating to parents and carers, and wider family and environmental factors.

(http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework/)

3. Safeguarding

Better coordinated interventions by adults' and children's services will usually help parents and families secure better outcomes for their children. But focusing on the full range of needs within a family must not detract from the overriding duty to safeguard and promote the welfare of the children.

Parenting and family support services have a fundamental role in supporting families where there are concerns that children may be at risk. This is particularly the case for children on the edge of care, those who may become the subject of a child protection plan or those who live in homes where there is violence, substance misuse, or an adult with mental health difficulties.

This is not just about intervening to protect children at risk but also about intervening early with children and families who have additional needs to make sure that those needs are met before an issue turns into a major problem. And it's not just about frontline social workers: everyone in the wider public services – schools, police, health services – has a vital role to play in helping keep children safe.

All services supporting families where there are safeguarding concerns need to have clear arrangements for working jointly with social care services. For example areas delivering Family Intervention Projects (FIPs) need to have in place
a safeguarding protocol signed off by the Local Safeguarding Children’s Board (LSCB) setting out the safeguarding arrangements between social care and FIP.

The remit of the newly established National Safeguarding Delivery Unit includes work on improving access to support and safeguarding interventions for children in families where there is domestic violence. The revised statutory guidance for practitioners, ‘Working Together to Safeguard Children’, published in March 2010, contains more information about chronic parental problems and what action should be taken to safeguard children who are adversely affected by parental problems, including the damaging effects of domestic violence.

4. Think Family

“Think Family has led to closer working ties with Adult Mental Health Services and with Drug and Alcohol services for adults. The Think Family Young Carers Pathfinder is well placed to facilitate further gains in strategic and practitioner Think Family approaches in these areas and, through the development of a Protocol, we will also seek advances in work with Adult Services for families where parents have disabilities. The Family Intervention Projects will create better join up between services focused on the needs of families which persistently demonstrate highly problematic behaviour, including antisocial behaviour. Think Family has helped me to deliver partnerships with some Adult Services. This is not easy to effect in practice. The evidence base approach across all Think Family interventions, including those of the Parenting Early Intervention Pathfinder, is undoubtedly helpful in seeking to produce outcome driven partnerships with Adult Services.”

Local Authority Parenting Commissioner

The Think Family approach to coordinating support between adult and children’s services is both more effective and cost-effective. It provides better outcomes for children and adults as well as reducing future demands on services which arise from ineffective and uncoordinated responses to family needs.

Processes need to be in place that are sufficiently integrated to enable staff in different agencies to work together as a team around the child or family. Systems need to enable local areas together to:

- **Enable effective information sharing:** Effective information sharing underpins partnership working and is a vital element in improving outcomes for all. The cross-Government guidance, ‘Information Sharing: Guidance for practitioners and managers’, provides advice on when and how practitioners can share information legally and professionally. It has been produced for practitioners who have to make decisions about sharing personal information on a case-by-case basis in all services and sectors, whether they are working with children, young people, adults or families;
• **Identify families at risk** to provide support at the earliest opportunity, through robust referral arrangements and whole family assessment processes such as ContactPoint, the (CAF), National eCAF and as set out in the Health Child Programme (HCP);

• **Effectively coordinate delivery** of the right package of support for each child and family needing multi-agency support. All support practitioners from different agencies or work areas need to work together effectively, often through a team around the child, or family, coordinated by a lead professional, and with a clear framework of the respective roles and responsibilities of universal services, multi-agency teams around the child or family, and specialist services;

• **Meet the full range of needs within each family** they are supporting or working with. Even where outcomes for many children and young people may be adversely impacted by their parents’ low level mental health needs, learning difficulties, substance misuse or relationship difficulties, their parents’ needs often do not reach the thresholds for adult services.

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### Information Sharing in Westminster

Westminster has developed the ‘Information Desk’ designed to collect, analyse and present data on families for practitioners working within its Think Family Pathfinder. All practitioners who are members of the Team Around the Family (TAF) can access data held on the families they are working with via SharePoint. After a family has been referred to the Pathfinder, and once consent has been obtained from the family, an information request is sent to all relevant agencies. This information is used to develop a number of intelligence reports, including a Family Timeline or visual chronology of intervention and a Family Network Chart, similar to a family tree, providing a visual representation of all family members and presenting issues e.g. rent arrears, mental health issues, domestic violence, offending issues, drug use, etc. The chart also helps highlight ‘intelligence gaps’ which can be explored further at TAF meetings. Both of the above are used by practitioners at TAF meetings to agree strategies for family support.

Westminster is one of several pathfinders leading the implementation of Think Family. More information about the progress of this group of local authorities is available in ‘Think Family Pathfinders: Research Update’ published by DCSF in March 2010.

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### 5. Working with health partners

It is important to engage early on with PCT commissioners in the development of the Parenting and Family Support Commissioning Strategy and the planning of services. PCTs and local authorities, will have a number of common priorities for improving outcomes for children and families, and a joint approach at the strategic and operational level will be enormously beneficial.
Wider parenting and family support is offered through PCT commissioned services – in particular the Healthy Child Programme (HCP), which now goes up to age 19, and plays a key role in improving the health and well-being of children, as part of an integrated approach to supporting children and families. It offers universal services to all families, with additional services for those with specific needs and risks.

The HCP should inform joint strategic plans to promote child health and well-being across all agencies. It places a major emphasis on supporting mothers and fathers to provide sensitive and attuned parenting, in particular during the first months and years of life. The HCP also recognises that strong parent-child relationships are important as children develop from dependent children to adults and that parenting teenagers can bring anxiety and frustration, and present very different issues compared with challenges faced by parents of younger children.

‘Fair Society, Healthy Lives – The Marmot Review’ has recently proposed an evidence based strategy for reducing health inequalities from 2010. It found that required action to deliver on this will include effective local delivery systems focused on health equity in all its policies.

At the operational level, close working with health practitioners in universal settings is essential. The HCP for pregnancy and the first five years is led by health visitors. It is increasingly being delivered through integrated services that bring together Sure Start Children’s Centre staff, GPs, midwives, community nurses and others. One of the HCP’s key roles is to identify children with high risk and low protective factors, and to ensure that these families receive a personalised service, as well as access to additional services as identified through the Common Assessment Framework. Concerns about safety can also be detected.

GPs and practice nurses are particularly important. They are well placed to offer opportunistic health promotion and to identify children and families who are in need of support. In addition, health professionals are notified of all pregnancies and births, and are responsible for this registered population, so are in a good position to identify families in the community who are not accessing services such as early years provision.

The HCP from five to 19 years contains recommendations for how health, education, local authority and other partners, as well as commissioners of services, can work better together across a range of settings to enhance a child’s or young person’s health and well-being. It explores who will deliver the HCP locally and its delivery components. The five to 19 HCP also emphasises the importance of identifying and responding to the needs of children who are more vulnerable to poor health outcomes as well as the importance of parent-child relationships. Effective local commissioning will help to ensure children, young people and their families have a comprehensive set of services and support available to them as they grow up.
The involvement of Child and Adolescent Mental Health Services (CAMHS) in delivering Parenting Early Intervention Programmes (PEIP) and other parenting support programmes can be beneficial in supporting children, young people, families. CAMHs will often employ family therapists with significant levels of expertise in working with parents, and may be a potential source of advice, supervision or consultation depending on local commissioning arrangements.

### Targeted mental health in schools

As part of the wider framework to support emotional well-being and mental health, DCSF are funding the Targeted Mental Health in Schools (TaMHS) programme (investing £60 million between 2008-11). The programme is being used to develop innovative models of early intervention and mental health support in school clusters for children and young people aged five to 13, who are at risk of developing mental health problems, and their families. TaMHS aims to improve mental health outcomes for children and young people by delivering integrated provision through schools (based on need), which is linked to CAMHS. From April 2010, there will be a TaMHS cluster in every local area.

### 6. Working with providers of services for adults

Professionals in adult services – primarily social care, health, police and probation – need to be conscious of the wider effect of a service user’s needs on other family members, especially children and young people, and the impact they may be having on outcomes. Similarly, where a child is identified as having some additional needs, this may be linked with parental needs which may require support to address, where this is not in place, an appropriate referral may be required. Practitioners delivering services to parents and families should have access to professional supervision and understanding of local safeguarding procedures.

**Drugs and Alcohol misuse:** Parental or carer drug or alcohol misuse can reduce the capacity for effective parenting. In particular, the children of parents or carers who are dependent on drugs or alcohol are more likely to develop behaviour problems, experience low educational attainment, and are vulnerable to developing substance misuse problems themselves.43

By engaging in effective drug and/or alcohol treatment, parents who misuse drugs are very likely to enhance the life chances of their children. These parents will be better able to support their children physically, emotionally and materially, resulting in a more secure and stable start to life, when they receive treatment which is ambitious for their recovery and reintegration into the wider community.

Drug and/or alcohol misuse is regularly a contributory factor in both child protection and serious case reviews. For those who need to be protected, drug treatment services are an essential contributor to the multi-agency arrangements to safeguard children. For the majority of families, the key is to maximise the opportunities for intervention, treatment and support by drug treatment services and children/family

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services working together. For the children, having a parent in treatment is a protective factor.

Where parents’ drug or alcohol misuse puts their children at risk, it is particularly important that assessments take account of family needs, and they have prompt access to treatment. DCSF, DH and the National Treatment Agency have published guidance designed to support professionals working in adult drug and alcohol treatment services and children, parenting and family services such as FIPs.44 It contains guidance on the development of local protocols which enable improved joint working to ensure that the children of drug users are protected from harm and their welfare needs met, and improve outcomes for drug and alcohol service or alcohol misusers who are parents.

**Mental Health problems:** Effective ways of ensuring that adult mental health services and children’s services work closely when parents and carers are experiencing mental health difficulties are set out in the Social Care Institute for Excellence (SCIE)’s guide on working with parents with mental health problems and their children,45 and ‘New Horizons: a shared vision for mental health’.

In addition, DCSF have published new guidance for Children’s Trust partnerships on promoting the emotional health of children and young people. The guidance contains a detailed service specification that sets out the core support and services for children and young people. It outlines effective ways in which services can help mothers, fathers and carers in nurturing, promoting and supporting children’s emotional health.

**Young carers:** Families with young carers are in particular need of effective coordination between adult and children’s services, and the National Carers Strategy has drawn attention to the vulnerability of children who are carers in families affected by parental substance misuse or mental health problems. This stresses the importance of better prevention and whole family working across the different agencies involved. Recent guidance published by ADCS and ADASS shows how such coordination might be developed through a local memorandum of understanding.46

**Domestic violence:** As part of the Government’s strategy to tackle violence against women and girls, local authorities need to ensure that appropriate support and signposting is provided for the child, the parent and the family.47 Women and girls who are victims of violence are likely to come into contact with a wide range of services, offering opportunities for many professionals (including Parent Support Advisers and Family Intervention workers) to spot signs of abuse.

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44 Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services, 2009 [DCSF/DH/ National Treatment Agency for Substance Misuse].
45 SCIE Guide 50: Think child, think parent, think family: a guide to parental mental health and child welfare (Social Care Institute for Excellence).
46 “Working Together To Support Young Carers – A Model Local Memorandum of Understanding between Statutory Directors for Children’s Services and Adult Social Services” [ADASS/ADCS].
47 HMIC, Together We Can End Violence Against Women and Girls: a Strategy, 2009
These can include:

- poor educational attainment and behaviour, persistent school absence and drop-out;
- mental health problems such as depression;
- alcohol and drug misuse, obesity and sexual health problems;
- family breakdown;
- teenage pregnancy;
- behaviour change and physical signs of abuse.

Where children and young people may be at risk, the advice of children’s social care should be sought in line with local children safeguarding arrangements. Intervening early to reduce violence and abuse against both adults and children not only protects victims from immediate harm but can have longer term benefits, too, including reducing the likelihood of children going into care or going missing.

**Prison and Probation Service:** The children of offenders are a particularly vulnerable group and ‘Think Family’ systems should ensure their needs are identified. Maintaining contact between children and their parent in prison can help children (and those in prison) cope. The DCSF and Ministry of Justice (MOJ) have recently published a framework setting out how prison and probation services and family services should work together to support families of offenders to help offenders maintain family ties and improve support for their children and families.\(^4\)\(^8\) The DCSF is working with the National Offender Management Service to develop minimum standards for the work that prisons and probation services undertake with the families of offenders.

**Police:** The police and probation have a key role in identifying children and young people at risk of harm or other poor outcomes. Parental or sibling offending, children staying out late, unsupervised or engaging in antisocial or offending behaviour may all suggest a need for parental support. The Home Office, DCSF, Association of Chief Police Officers, Youth Justice Board and National Policing Improvement Authority have produced guidance for neighbourhood policing managers and practitioners on early intervention and prevention. This shows how this can have a real impact on reducing crime and antisocial behaviour.\(^4\)\(^9\) The guidance demonstrates the role the police have to play in Think Family service delivery.

7. **Working with Youth Offending Teams**

Parenting is a key factor in the likelihood of a young person offending or engaging in antisocial behaviour.

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\(^4\)\(^8\) Reducing re-offending: supporting families, creating better futures – A Framework for improving the local delivery of support for the families of offenders. [DCSF/MOJ]

\(^4\)\(^9\) Local policing guidance for early intervention and prevention of youth crime and anti-social behaviour http://www.neighbourhoodpolicing.co.uk/publication.asp
Where a need for parenting and family support has been identified, parenting practitioners in Youth Offending Teams (YOTs) work with the parents or guardians of young offenders and those at risk of offending, to help improve their parenting skills. Practitioners work with both fathers and mothers wherever appropriate.

YOTs work closely with other agencies and practitioners delivering parenting and family support to ensure good coordination and consistency, including in the use of tools and powers, such as parenting contracts and orders, and wherever needed referral to other mainstream support for families, targeting parenting programmes, and FIPs.

YOTs follow a three step approach to engaging parents/guardians. For those assessed as needing support:

a) Intial support should be offered on a voluntary basis.

b) If parents refuse voluntary support, or where a contract would help clarify the terms of engagement for both the YOT and the family, the YOT can proceed to a formal, written contract committing both parties to specific actions.

c) Where necessary, and where voluntary engagement or use of a contract has failed, a Parenting Order should be applied for from the Court.

The planned growth of FIPs over 2010/11 will mean most areas will have the capacity for all parents in receipt of orders and contracts to be supported by a FIP. However, because FIPS are very intensive interventions designed for challenging families needing a high degree of support, there will be circumstances where other interventions, such as targeted parenting support, will be more appropriate. Where this is the case, these should be resourced by the range of partnership funding available locally – including YOT prevention funding, but not exclusively so. The Youth Justice Board has encouraged YOTs to become, if they are not already, a key local partner working within local arrangements for providing FIPs, targeted parenting support and other services reflecting ‘Think Family’. With the wider range of agencies now able to use and benefit from tools and powers such as parenting orders, the responsibility for resourcing this work should be borne across partners.

8. Working with housing

Strong partnerships working with housing providers are essential for identifying households in need of parenting and family support. In particular, antisocial behaviour in communities can be instigated by a small number of households which often suffer multiple disadvantages and have underlying problems such as substance abuse, mental health issues and domestic violence. These issues impact on the whole family as well as the communities they are within. For these families a FIP may be an appropriate response.

Commissioners of parenting and family support working, within the Children’s Trust cooperation arrangements and in partnership with social landlords to deliver FIPs are able to offer the following opportunities:
• To identify and reach disadvantaged households who are receiving landlord services but not currently well supported by child and family services;

• To target intensive resources at families at risk of homelessness and other poor outcomes;

• Scope to include social housing staff in the range of professionals trained to ‘think family’.

While families identified through partnerships can refuse to work with FIPs, the Housing and Regeneration Act 2008, which created the ‘Family Intervention Tenancy’ (FIT), is a powerful tool under which families are provided with accommodation on a non-secure tenancy which becomes secure (or assured) on successful completion of their work with FIPs. FIT is thus an incentive which encourages families to work with FIPs in order to improve outcomes.

### Improvements in family functioning and other risk factors through Family Intervention Projects.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Start of intervention</th>
<th>End of intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor parenting</td>
<td>66%</td>
<td>29%</td>
</tr>
<tr>
<td>Inappropriate peer group</td>
<td>48%</td>
<td>20%</td>
</tr>
<tr>
<td>Family Debt</td>
<td>34%</td>
<td>20%</td>
</tr>
<tr>
<td>Marriage, relationship or family breakdown</td>
<td>26%</td>
<td>11%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>23%</td>
<td>9%</td>
</tr>
<tr>
<td>Child protection issues</td>
<td>24%</td>
<td>14%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Base: All families who had reached Planned Exit stage

Emerging evidence suggests that family intervention services can reduce the risk of children being taken into care. Of the first 1013 families who successfully completed a FIP intervention by October 2009, child protection issues were identified amongst 24% of families at the beginning of the intervention, and only 14% of families had continuing concerns at the end of the intervention (a 42% reduction). Reductions in the risk factors associated with family functioning (e.g. poor parenting, domestic violence, relationship breakdown, debt) ranged between 40% and 60%. Early indications suggest that these outcomes are sustained for the 108 families who have been followed up nine to 14 months after they exited from a FIP intervention.

F. Commissioning parenting and family support services: a strategic approach

This chapter describes what a good approach to commissioning looks like in the context of parenting and family support services. It considers the commissioning cycle that will need to be implemented in order to achieve high quality planning and delivery, based on a rigorous analysis of need.

There are various different models of commissioning, and each Children’s Trust Board should agree a common model that all partners can recognise and in which they can participate. The basic stages in any commissioning process are:

**Understand** – recognise current local family outcomes, needs, resources and priorities and agree what the desired end product should be. This includes gathering the views of parents and families, service users and providers, so that services can be configured most appropriately to address those needs within available resources.

**Plan** – map out and consider different ways of addressing the needs identified through the needs assessment to ensure best use of available resources – including the workforce, facilities, external funding as well as existing services – regardless of who invests in them. Planning should ensure support is available for everyone, but directed more at those children and families who need help the most.

**Do** – make decisions based on the appropriate action identified in the ‘plan’ stage to secure better outcomes – using the resource available in the best possible way. This may be in full partnership or informal cooperation with individual partners undertaking activities aligned within the Parenting and Family Support Strategy.

**Review** – monitor service delivery against expected outcomes and report how well it is doing against the strategy. This stage also includes a review of the commissioning arrangements themselves to ensure they are working effectively.

It is important to keep in mind that commissioning is not an end in itself, but simply a tool for achieving better outcomes for children, young people, families and communities.
The Commissioning Support Programme

The Commissioning Support Programme is sponsored by the Department for Children, Schools and Families and the Department of Health to help Children’s Trust partners plan, design and implement services more effectively. The Programme will provide tailored support as and when Children’s Trust partners need it, and has developed online resources and networks to help commissioners share best practice. The Programme aims to help Children’s Trusts partners deliver better outcomes for children, young people and their families. The Programme will run until April 2011, working at national, regional and local levels, with a clear focus on creating sustainable capacity. It will cover the commissioning of all services for children, young people and their families, including both health and education. www.commissioningsupport.org.uk

It is good practice for the Children’s Trust Board to have a locally agreed Strategic Commissioning Framework setting out a shared understanding of how commissioning will take place – a common vision for commissioning, common principles and standards and an agreed local process. The framework, should help local commissioners design a unified system in each area which puts outcomes at the forefront of decision making, and creates a clear picture of what children, young people and families need. Those responsible for commissioning parenting and family support services should work within any agreed strategic commissioning framework, and the process or cycle it sets out. The Children’s Trust commissioning principles should underpin the Parenting and Family Support Commissioning Strategy.

1. Understanding local need to ensure services are responsive and inclusive

A thorough understanding of the full range of child, parent and family needs in the local area is critical. Parenting and family support will need to be planned to meet needs right across the continuum. Services need to be sensitive to the specific or additional requirements of the full range of mothers, fathers, carers and families who may wish to access them, including the diverse needs of ethnic, cultural and faith groups. Chapter C: ensuring services are inclusive and accessed by all who need them provides further relevant advice.

This comprehensive needs assessment of parents and families should be linked to the Children and Young People’s Plan (CYPP) needs analysis and the Joint Strategic Needs Assessment. These will provide high level information about family needs, but are unlikely to provide sufficient information for detailed service planning of parenting and family support.

It is important to keep in mind the reasons for doing the needs analysis.

- It is the key means through which local areas can set their priorities for improvement;
Developing information about the outcomes of particular groups within the community, also allows an understanding of where help can best be targeted and how the outcomes gap might be narrowed between these families and others in the area;

It enables local areas to be confident that the range and quantity of parenting and family support services is right, and that the right kind of integrated working processes are in place with other agencies.

**Good needs analysis will include:**

**Demographic data:** a profile of all children and families in the area

**Characteristics and circumstances of families:** identifying families who may need particular support for different reasons, e.g. the differing needs of families from minority communities; families with children who have disabilities and/or statements of special educational needs; young parents; families with complex needs most at risk of poor outcomes and what this means for the commissioning of services;

**Service user data:** Information about families using parenting and family support services (including online services). It is helpful to compare this with the profile of all families likely to need support – are they the same? Are there any particular groups under or over represented?

**Views of families,** both those who use services and those who don’t, about the perceived strengths and deficits in their lives and the outcomes they want.

**Service mapping and gap analysis**

The next stage is to undertake a service mapping exercise to see where existing services are successful at meeting the range of identified need. This will help with an understanding of where the gaps in services lie, or where services are not addressing identified need. A robust analysis of the needs of local parents and families, will have a strong focus on analysis, and be able to draw out the implications of the data for service commissioning.
Provision Mapping and Analysis in Staffordshire

Children's services staff including those from Staffordshire police, Staffordshire county council, the third sector, extended services and children's centres, the PCT and Hospital Trust, Job Centre Plus, Probation and the Youth Offending Service were requested to take part in a parental provision mapping exercise. The purpose of this exercise was to help clarify what parental provision exists where across the County and for whom. It was intended that the provision audit would help to identify gaps in service provision and/or duplication and support the efficient commissioning of any new provision. The data collected includes categories such as:

- parental provision per district;
- provision available to parent 'types' e.g. teenage parents, lone parents, foster parents;
- availability of provision based on parents specific issues e.g. children's involvement in the criminal justice system;
- the purpose of parental support based on the child's needs e.g. behaviour related, attendance at school;
- the main providers of parental services;
- the main outcomes of parental provision e.g. advice, childcare;
- the percentage of parental provision delivered at each 'threshold of need';
- parental provision by the child's age; and duration of provision.

The results of the provision map are supporting Staffordshire to consider what parental provision is required. When planning to increase parental provision, this provision map will be used in conjunction with the quantitative and qualitative children's services needs analysis which includes parental consultation and hard outcome data. In this way, a diverse range of needs can be met; avoiding overlaps and gaps in services and resources can be efficiently targeted.

Staffordshire’s Mapping of Parental Provision and Quantitative Needs Analysis is available online at: http://www.staffordshirechildrenstrust.org.uk/commissionerparents strat egy/

2. Parental and family involvement in commissioning and service shaping

Mothers, fathers and other family members want to influence how services are planned, designed and run. Their expertise in what will work best should be seen as a huge asset and an integral part of the commissioning process. There is evidence that services which involve users in their design and implementation are more likely to succeed with those they are trying to help.\(^\text{50}\) This goes beyond conducting user
satisfaction surveys in existing services, or asking a group of parents to comment on the Parenting and Family Support Strategy after it has been written. Parental and family involvement should run throughout all service commissioning and delivery.

One way to help make this a reality is to develop a set of standards for family involvement in service shaping. Regular audits should then be carried out to ensure that commissioning processes and services are using the standards well. Having standards for parental participation will also be a good way to make clear to mothers, fathers, carers and families the local commitment to family participation.

Local areas should be both ambitious and inclusive in designing ways for families to participate in service commissioning and delivery, and aspire to genuinely shared decision making processes, involving mothers, fathers and carers as a general feature rather than as a special arrangement. Steps should be taken to ensure that the family members involved in the commissioning processes are representative of the wider community. Some examples of how parents can be involved are:

- Involvement in undertaking service reviews;
- Mothers, fathers and other carers on steering groups;
- Parent forums to agree proposals;
- Equal partners on strategic planning and service design groups;
- Parents on evaluation panel for awarding contracts;
- Ongoing parent panels for reviewing services and interpreting findings.

And parents can play a vital role in governance arrangements, for example by creating a Shadow Parent Board, and having parents on the Board itself.

### Parenting Implementation Project Resource Kit

Over the course of 2008-09, the DCSF and 18 local authorities worked together to examine and develop ideas on how to commission and deliver better services for parents and families. Several resources for local authorities were developed as a result of the work and these are available at: [www.dcsf.gov.uk/ecm/pip](http://www.dcsf.gov.uk/ecm/pip)

The group worked on several themes including parental involvement in commissioning. Resources developed here include sample standards for the involvement of families, checklists for services and practitioners and a case study on developing a parents and carers shadow board.

Regulations governing Children’s Trusts, will require from April 2010 that Children’s Trust Boards consult families, as well as children and young people, in developing the local CYPP.51
3. Service design and efficient use of resources

Needs assessment is the basis for deciding on the priorities and actions which will help to improve outcomes. Different ways of addressing the needs identified through the needs assessment should be considered, to ensure optimal use can be made of all available resources – the workforce, facilities, external funding as well as existing services – regardless of who invests in them.

Providers will have a valuable contribution at this stage, and it is important that, when planning, commissioning and coordinating parenting and family support services, local authorities draw on the skills and knowledge of all those involved in delivery. These include midwifery and health visiting services, Sure Start Children’s Centre staff, Child and Adolescent Mental Health Services, teachers, schools and extended services, Youth Offending Teams, Family Information Services, social care services, adult services, the third sector, faith-based organisations, private providers and volunteers.

All services should be evidence based and focused on outcomes – commissioners need to understand the rationale for services which should present a convincing case that they can deliver, or contribute to the achievement of, improved outcomes.

**Knowing what works**

DCSF supports the Centre for Excellence and Outcomes (C4EO). The organisation identifies and disseminates knowledge about ‘what works’ in supporting children and families. Using this information, C4EO will offer support to local authorities and their Children’s Trust partners, working with them to improve outcomes for children, young people and their families. One of their workstreams is Families, Parents and Carers. [www.c4eo.org](http://www.c4eo.org)

Where there is no current service response to identified need, or to achieve identified priorities, or existing services are no longer delivering in line with strategic direction, or are inefficient or unsustainable, a range of options can be considered:

- Commission new service(s);
- Change practices within existing services;
- Re-design services or deliver them in a different way;
- De-commission services.

Decommissioning is a challenge and performance information should be sufficiently robust to justify such decisions where they need to be taken. Decommissioning requires good forward planning, risk assessment, and clear leadership. This will help to demystify the process and ensure that it is viewed as an
important and necessary step. It is important to remember that as resources come under increasing pressure, the decommissioning of redundant services is key to freeing up resources for new service development that does meet current need.

**Achieving efficiencies**

The challenge for public services now and over the coming years, is to ensure that outcomes continue to improve, while inefficiencies are removed from the system. Priorities across the local area agreed through the CYPP help to ensure that the broadest possible perspective is brought to the commissioning of services. Think Family also encourages the commissioning of services for children, young people and their families to be considered as part of a whole system, emphasising prevention and early intervention.

Good commissioning supports efficiency. Commissioners that understand need, use evidence of what works to improve outcomes and target resources where they will have greatest benefit – will increasingly be able to demonstrate efficient use of resources. System redesign should address identified service fragmentation as well as areas of duplication of effort, bringing a joint or aligned commissioning approach across children’s and adult services that improves outcomes while ensuring the most efficient use of resources.

**Tameside Anti-Social Behaviour Family Intervention Project (known as Cornerstone Project)**

Mrs B required the intervention of a FIP because of alcohol misuse, police call outs due to the anti-social behaviour of her children and the children not attending school. The work of the FIP and other agencies has resulted in Mrs B going through detox and continuing to attend an alcoholic support group as well as parenting classes. Anti-social behaviour has reduced and the children are no longer subject to child protection plans. There have been no police call outs over the last 12 months. The younger children are now back in education and are attending youth programmes.

The cost of providing the FIP over the last 16 months has been £15K. The estimated savings are £156K (court/eviction costs: £12K; neighbourhood/enforcement officer time: £6k; police savings: £12K; social work/intervention: £6K; and prevention of going into care over a 12 month period: £120K).

There is also scope for services to become more efficient through the sharing of ‘back office’ functions and so reduce costs. As joint commissioning approaches become more mature, for example, there will be an increasing opportunity for partners to share many of the activities relating to the commissioning cycle, from assessment of needs to performance monitoring and review, as well as activities relating to contracting and procurement.
Whole system design and Total Place

Total Place is a new initiative that looks at how a ‘whole area’ approach to public services can lead to better services at less cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level. Using ‘Total Place’ principles, all resources flowing into an area are mapped against the outcomes intended from their use as a means of identifying where there are areas of duplication and where, through services working more closely together, there is scope for improvements in service delivery as measured through outcomes, but for less cost. Total Place provides local partnerships with an opportunity to consider how partners can work more closely together, sharing resources to deliver improved outcomes for reduced overall cost. See www.localleadership.gov.uk/totalplace/

At a time when public sector resources are likely to be under significant pressure, partners may be reluctant to take steps that bring with them an increased demand for services. However, where decision making is able to take place within the context of the ‘Total Place’ perspective, there is greater potential to use resources creatively to target needs.

4. Working with the third sector

Local third sector provision will play a key role in any local strategy to support mothers, fathers, other carers and families. Third sector services have a long history of working with families, including those with the most complex of needs, because of their detailed local knowledge and their approachability in the eyes of family members. These factors also mean that they should be considered strategic partners in both the development and delivery of the local strategy to support parents and families.

As the third sector has an essential contribution to make, every Children’s Trust Board should include third sector representation. Where smaller third sector organisations do not have the capacity to engage, the local authority should take steps to engage them in the Children’s Trust Board, through local third sector infrastructure organisations, for example voluntary sector forums.

Given the critical role that third sector providers play in supporting families there may also be value in establishing local family and parenting provider forums, including the third sector in particular, to bring together local agencies, disseminate information and gather local intelligence. All engagement with the third sector should follow the Compact principles which provide a framework for good partnership work for mutual benefit.

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52 DCSF, 2010, Children’s Trusts: Statutory guidance on cooperation arrangements, including the Children’s Trust Board and the Children and Young People’s Plan
53 The ‘Compact on Relations between Government and the Voluntary and Community Sector in England’ (Compact), is the framework agreement for how the government and the sector should work together. Further information on Compact can be found at the following address – http://www.thecompact.org.uk/
While the importance of the role of the third sector in supporting children, parents and families is widely recognised, it should also be acknowledged that the relationship between local authorities, statutory services and the third sector is complex and at times challenging.

Trends in commissioning and procurement practice, with more robust needs assessment and an emphasis on ‘market development’ and contractual relationships can be perceived as a significant cultural shift for some third sector services. Similarly while the need to secure good outcomes is not debated, an increased emphasis on the use of clearly evidence based practice may necessitate changes to ingrained practices and beliefs.

Local commissioners should consider how to respond to these challenges. This will involve working collaboratively with local providers, through forums and other mechanisms and applying the principles of good change management where appropriate. The development of commissioning processes, in particular those relating to procurement of services, should consider the position of the third sector. Issues such as bid preparation times and administrative requirements, long term availability of funding and access to support and training can all impact significantly on the ability of the third sector to participate in the local market for parent and family support.
**G. Workforce development and capacity building**

This chapter discusses how to respond to the challenges involved in ensuring practitioners who support parents and families have appropriate skills. It describes the range of practitioners who work with parents and families.

1. **Identifying the workforce**

The parenting and family support workforce is large and complex, consisting of people working in many different jobs, with diverse levels of responsibility and qualifications ranging from para-professionals without formal qualifications, to graduate level professionals. It cuts across the children's and adult’s workforce, the statutory, third and private sectors, and operates in both universal and more targeted services. There is added complexity as the roles and titles of parenting and family support practitioners vary from area to area.

Many parenting and family practitioners work in familiar roles – as health visitors, clinical psychologists, family therapists, childcare providers, social workers, nurses, counsellors and housing workers. Others are in relatively new roles dedicated to parenting support, such as parent support advisers, parenting experts, parenting group leader/facilitators and family intervention key workers.

Parenting and family practitioners may also work with parents and carers on other issues, such as physical and mental health, disability, substance abuse, family conflict, housing or employment. Although not their prime responsibility, offering support and advice on parenting may be one aspect of their role.

Analysis undertaken by the National Academy of Parenting Practitioners (NAPP) shows growth in parenting and family support practitioners. It estimated that there are now at least 12,000 practitioners for whom parenting and family support is the whole of their role. 127,000 for whom it is part of their role, and around a million individuals for whom this may be tangential to their role. Annex B presents a suggested occupational map of the workforce. It demonstrates that the ability to work with parents and families, is a skill set that is important to a wide and evolving range of practitioners.

2. **Developing the workforce**

Developing the workforce, across a range of agencies and sectors, will be important to achieve the aims of any local strategy to support parents and families. Priorities and actions for local family and parenting support workers should be aligned and integrated with any broader local workforce strategy and link to the Children and Young People’s Plan (CYPP). Integrated working and early intervention should be key principles underpinning activity.

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54 PWC, Jan 2010, Parenting Workforce Analysis for NAPP
Integrated working focuses on enabling professionals to work together and adopt common processes to deliver frontline services, built around the needs of children, young people and their families. It is critical that those who work with mothers, fathers and carers and address wider family or adult needs have common training and understanding of priorities and principles. This should not be restricted just to those classified as the ‘children’s workforce’.

Safeguarding is everyone’s responsibility and it is crucial that front line staff – across professions and agencies – have the ability to identify family based risk factors and the knowledge of how to offer appropriate support, including signposting or referring to additional services. Local safeguarding procedures should be effectively disseminated, and staff well trained in them.

Services for families should be welcoming and accessible, particularly where they potentially carry some stigma. Consequently staff need the skills to build and sustain an appropriate relationship with mothers, fathers and other family members. The common core of skills and knowledge for the children’s workforce has been revised to better reflect the skills and knowledge that those working with parents and families need. It will be published at the end of March 2010. As well as being communicated to the children’s workforce, it will also be targeted specifically to practitioners working with families in adult services.

The needs of this whole range of practitioners will need to be considered. This should include local third sector providers who may struggle to access training. A range of training opportunities will need to be offered to ensure that the workforce is aware of the principles of working with parents and families as appropriate to their role. This could include investment in the Working with Parents level 3 modular training, whether through The Children’s Workforce Development Council (CWDC) offer or bought in specifically to meet local authority needs.

Local workforce leads should consider the steps they can take to support their workforce in becoming more diverse and more culturally sensitive, and thus better able to reflect the needs of the families who use services. When services better reflect the families they support, they are more likely to feel welcoming and to meet their needs. This should include considering the needs of mothers and fathers, grandparents and others who may be fulfilling a caring function.

For professionals working with the most challenging families particular skills are required. In recognition of this DCSF with CWDC will develop a national training programme to develop core knowledge and skills for family intervention key workers.
CWDC Support to Work with Parents and Families Programme 2010/11

From mid-March 2010, the CWDC will become responsible for supporting the parenting and family support workforce following the transfer of this work from NAPP. This will enable this work to be better aligned with the training and development of the wider children's workforce. King's College will continue its world-class programme of research into what works for parents, children and families.

The CWDC programme ‘Support to Work with Parents and Families’ will have three distinct threads:

- Qualifications and training development and delivery;
- Communication and strategic change;
- Promotion of evidence based practice throughout the workforce.

In 2010-11 CWDC will deliver training in evidence based parenting programmes to 2000 workers in priority groups, and Level 3 QCF qualification in ‘Working with Parents’ to up to 600 workers in priority groups by March 2011.

Priority for training will go to local areas who were either not ready to access the NAPP offer in 2008-09 or did not receive their full allocation of places. LAs that received their full allocation of places as part of the 2008-09 offer will not be considered a priority for 2010-11 although all local authorities will receive a minimum of five places. Any places not taken up by priority authorities will be opened up to all authorities.

CWDC will write to all local authorities in March 2010 setting out their individual allocation for places in 2010-11. Training will only be available for practitioners in priority groups and services. Specifically:

- Family Intervention Project (FIP) workers;
- Parenting Early Intervention Project practitioners;
- Workers in Youth Offending Teams (YOT);
- Workers in Children’s Centres and extended services in schools.

3. Training in, and delivery of, evidence based parenting programmes

There has been a significant increase in recent years in training and delivery of, evidence based parenting programmes. NAPP offered 4,133 training places in evidence based programmes to local authorities in 2008-09 with a 93% take up of places. Take-up varied by region, however all areas were able to access some places under the Academy’s offer. Nationally there was a high level of take up amongst priority groups with 726 practitioners working in Sure Start Children’s Centres, 567 practitioners delivering extended services, 229 YOT workers, and 228 FIP workers all taking up training in 2008-09. Analysis of take up will inform the
identification of priority groups and areas to access free training offered by CWDC in 2010-11, as outlined above.

Local commissioners should ensure that those who have accessed training go on to deliver programmes. Early findings from the first two phases of NAPP’s offer show that over 40% went on to deliver a parenting group. Practitioners, were more likely to deliver a parenting group if they had strong agency support. Practitioners were also significantly more likely to run a parenting group when more time was allocated for this activity. Local authorities were more likely to take up the training offer if they had a parenting expert in post.

Local commissioners should continue to consider these factors when identifying practitioners for access to training. In light of the increased number of trained practitioners, a further priority will be to ensure the provision of post training support and supervision.

As discussed earlier the effective embedding of evidence based approaches locally remains a key priority. CWDC are committed to effective marketing and dissemination of the Commissioning Toolkit www.commissioningtoolkit.org. This tool helps identify effective parenting and family support interventions and programmes. It provides information and guidance for commissioners, service developers and programme developers on the quality and effectiveness of interventions.

CWDC is working closely with King’s College to develop other tools to supplement the toolkit and strengthen commissioning practice.

**Workforce development in Rotherham**

Rotherham have recognised the importance of enabling their workforce to work better with parents and families. They have taken a strategic approach to parenting support coordinated by the parenting commissioner and have invested resources in qualified, experienced and committed practitioners. Activity undertaken, includes exploring how a universal approach to parenting and family support, using evidence based practice, could be used to provide early intervention and prevent escalation into more intense support. As a result the FAST programme was piloted across two primary school years with early indications showing a marked increase in parental school involvement and parental self esteem and family relationships. Two parenting experts have undertaken train the trainer in the FAST programme to ensure long term sustainability of this approach within the authority.

Rotherham have also recognised the importance of improving the ability to value and work with parents across the authority, embedding a cultural change in approach to working with parents and families. In particular, recognising the diversity and breadth of the workforce they are piloting Work with Parents core skills training which is being delivered by their trained parenting experts.
H. Performance management

This chapter addresses issues relating to performance management of parenting and family support services. It considers how to adopt an outcomes focused approach and provides guidance on establishing effective performance monitoring systems.

Good quality performance information and analysis helps commissioners and service providers judge the efficiency and effectiveness of services, and to justify changes to provision and contracts to ensure high quality services that achieve planned outcomes. Performance management includes measuring, monitoring and managing poor performance.

Effective performance measurement and monitoring, will demonstrate how well the totality of commissioned services and other resources are contributing towards the desired outcomes and priorities set out in the Parenting and Family Support Commissioning Strategy, and the Children and Young People’s Plan (CYPP). These systems also influence the way providers behave – for example focusing them on outcomes rather than inputs.

The starting point for performance management of parenting and family support services are the agreed strategic priorities and overarching desired outcomes for all mothers, fathers, carers and families in the local area. These should have set the direction of the Parenting and Family Support Commissioning Strategy.

Effective governance of the performance management arrangements through the Parenting and Families Strategic Group to the Children’s Trust Board will enable the alignment of the framework with the overall performance management arrangements of the authority and the Children’s Trust. It will then be possible to demonstrate the contribution parenting and family support services are making to the high level outcomes for children and families outlined in the Sustainable Communities Strategy and the CYPP.

The impact of services in terms of their contribution to improved outcomes will need to be considered in relation to measures of their cost and efficiency, as well as service quality, in order to establish an overall view of performance.

1. Outcome measurement and Outcomes Frameworks

An outcomes focused approach is critical to improve outcomes for children, parents and families. Service delivery is not an end in itself. Services should be designed to achieve specified outcomes, and their contribution towards that can then be measured through an outcomes framework.

We know there is significant evidence that good parenting has a positive impact on outcomes for children and young people. So not only does support for parents to become more confident, skilful, informed, and involved with their children’s upbringing, improve their own well-being, it also has a positive impact on their children’s outcomes.
Every Child Matters (ECM) offers a comprehensive framework for monitoring changes to children and young people’s outcomes. However, measuring family outcomes is more challenging and many local areas have found it difficult to evidence the impact parenting and family support services are having, on either family or child outcomes.

Some areas are developing a local outcomes framework to address this. An outcomes framework will include a range of desired outcomes that not only set out the aspiration for parents and families in the local area, but also support the achievement of the five ECM outcomes by their children.

### An outcomes framework for London

Government Office for London commissioned the Parenting Outcomes Framework for London to help local authorities focus on the impact and outcomes of parenting and family support activity delivered through borough strategies. It was developed in partnership with the local authorities in the region. The outcomes framework uses existing performance measuring tools, to demonstrate the contribution parenting support is making to achieving existing targets and indicators and supports decisions about future investment in commissioning, decommissioning and performance management of parenting strategies. It provides signposts to performance and evaluation tools which will help to adopt a more systematic and rigorous approach to investment, and contribute to a clearer picture of what has worked well, with particular groups of parents. see [www.younglondonmatters.org](http://www.younglondonmatters.org)

With this approach, the performance of a service is measured in terms of the impact it is having on the lives of parents and their children, and not on the amount of service being delivered. An Outcomes Framework will also include:

- A set of indicators (both national and local) which will measure the achievement of specified outcomes;

- A description of how the contribution of individual services to those desired outcomes can be measured.

### A performance management glossary

<table>
<thead>
<tr>
<th><strong>Outcomes</strong></th>
<th>Conditions of well-being for families, children and young people, and the community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicators</strong></td>
<td>How we measure these conditions</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>The level, or quantity of service provided</td>
</tr>
<tr>
<td><strong>Performance Measures</strong></td>
<td>How we know if the service is working, e.g. How much? How well? Is anyone better off as a result?</td>
</tr>
</tbody>
</table>
Outcome indicators

Outcome indicators (i.e. measures of the extent to which the outcomes are being achieved) will need to be designed to measure progress on the desired outcomes. They will probably be a combination of some national indicators taken from the National Indicator Set, and others which have been agreed locally. There may be two groups of outcome indicators: those that are indicators of outcomes for parents and families themselves, and those that are indicators of outcomes for children and young people, that parenting and family support might have an impact on.

Outcome indicators are useful both for measuring progress on the whole strategy, and for measuring the contribution of individual services to overall outcomes. This will require data to be collected in such a way that it can be disaggregated to show how users of that service are doing compared to the whole population. This approach also enables the outcomes of particular groups of families (such as those living in one area of the authority, or families where children are eligible for free school meals) to be measured separately to see whether achievement gaps are being narrowed. It can provide helpful information about what is working and not working, and where efforts should be concentrated.

2. Monitoring the performance of individual services

For individual services, performance measurement systems should monitor:

- Service outcomes (Is anyone better off?)
- The quality and experience of using the service (How well did we do it?)
- Service costs – (how efficient and sustainable are services?)
- Service activity and outputs (What did we do?).

A service’s contribution to improving outcomes

Individual parenting programmes and other services such as health visiting, will be commissioned to make a contribution to some of the desired outcomes identified as local priorities, but not all. So a relevant subset of outcomes and indicators will need to be agreed for each service being commissioned that reflects the contribution it is designed to make to the agreed population outcomes. Those outcomes to be improved as a direct result of each particular service need to be specified from the outset, and services performance managed against those identified outcomes.

Services need to be commissioned to ensure that together, there will be an impact on the full set of agreed desired outcomes.

Service performance measures may then need to be individually designed for each service, depending on its purpose and the outcomes it has been commissioned to make a contribution to. Outcome indicators relevant to an individual service now become measures of that service’s performance. For
example, the desired population outcome “Parents demonstrate positive parenting skills and problem solving approaches”, becomes “Parents using X service demonstrate positive parenting skills and problem solving approaches”.

It can be difficult to measure outcomes, and measurement methods may include outputs as proxies. The change in parenting and child behaviour can be measured by standardised questionnaires. Changes in outcomes for both parents and their children may be measurable at the end of an intervention, but measuring sustained results might require longer term follow up. It might also involve the need to disaggregate local area wide data to identify the change delivered as a result of a particular service.

**Measuring service quality**

Quality measures are an important part of a performance framework. Measuring quality enables poor practice to be challenged and improvements identified, both in the use and choice of resources and in the quality of services. This results in a culture of reflective practice and continuous improvement. Aspects include:

- sensitivity to the diverse needs of parents;
- service accessibility;
- effectiveness of systems for obtaining and using service user feedback;
- embedding of equal opportunity principles;
- as well as monitoring service take up and repeat visits.

Collection methods will need to be designed to measure quality, and feedback from parents and families about the experience of using services is important here.

**Value for money and achieving efficiencies**

Efforts should be made to collect an accurate picture of service costs in order to measure the cost effectiveness of services in delivering what they have been commissioned to do.

In terms of efficiencies, it is also highly relevant to consider the impact of early intervention on potential future costs, and the costs of other services. For example, by reducing the risk factors affecting a family, Family Intervention Projects (FIPs) will reduce the demands a family makes on other agencies. This can make a persuasive case for further investment particularly when there are competing demands for resources.
National monitoring of Family Intervention Projects

In February 2007 the National Centre for Social Research (NatCen) set up an Information System to collect comprehensive data on all families referred to FIPs. The information, which is provided by FIP staff (using information from multi-agency meetings) via a web based system, monitors families’ progress as they go through the FIP intervention. This provides national level data on how effective FIPs are at reducing risk factors and the numbers and types of families reached across the country. It also provides important local data to enable project managers and commissioners to monitor their own performance. In particular the data can be used to monitor whether risk factors have reduced at the end of the intervention, compared to at the beginning. Results from the first 1013 families to receive the intervention shows reductions in anti-social behaviour and a number of child and health outcomes including persistent school absence, exclusions, mental health issues, domestic violence and substance misuse.

Managing service performance

Having established performance measurement arrangements, it is important that they are used effectively to monitor how well services are actually performing against the specification. It also needs to be agreed and understood who is responsible for monitoring service delivery, which may be complex in the context of family and parenting support which is commissioned and delivered across a range of agencies. Good quality performance information and analysis will enable those fulfilling the parenting and family support commissioner function to judge the effectiveness of services, and where indicated, to justify changes to services and contracts.

Where performance management indicates that services are not achieving the agreed outcomes, or are inefficient, ineffective or unsustainable, commissioners will need to either support and challenge that service to improve, or decommission it and find other provision to meet the identified needs. Performance information must be sufficiently robust to justify such decisions where they need to be taken.

A review of strategic direction or a needs analysis refresh may identify that even though a service is performing well against its original contract, it is no longer meeting need or local priorities. In this situation too, robust decisions will need to be made about the continuation of the service.

3. Reviewing the overall strategic direction

Services need to be commissioned to ensure that together, there will be an impact on the full set of agreed desired outcomes. Robust performance management arrangements will enable the overall progress in delivering the Parenting and Family Support Commissioning Strategy to be kept under review: are the combined efforts as set out in the strategy having the impact intended overall? Are priority outcomes improving?
An Outcomes Framework will present the local and national indicators to be used to measure the achievement of each desired outcome, and regular review of the selected outcome indicators should take place.

Moving round the commissioning cycle, the monitoring of outcome indicators also provides a useful contribution to a needs analysis. This provides up-to-date information on current outcomes for children, parents and families in the local area. This can then indicate where further attention needs to be prioritised – so supporting the continuous improvement of service planning and delivery.
Annex A: Resources and useful links

Summary

http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00169/

The Families and Relationships Green Paper, 2010
‘Support for All’
http://www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1685&external=no&menu=1

The ‘Parenting Implementation Project (PIP) Resource Kit’ contains eight themes under the headings Commissioning and Delivery which can be located on the PIP website. The themes are:

Commissioning
- Strategy, governance and partnership
- Parental involvement in commissioning and From strategy to delivery
- Workforce development
- Performance and quality management

Delivery
- Working with Adult Services
- Father-inclusive services
- Improving access to services

www.dcsf.gov.uk/everychildmatters/strategy/parents/pip/

Think Family guidance and protocols can be found at:
www.dcsf.gov.uk/everychildmatters/strategy/.../thinkfamily/tf/

The Think Family Toolkit is available at:
www.dcsf.gov.uk/everychildmatters/.../laethinkfamilytoolkit/

A. The case for supporting parents and families and the challenge for local areas

www.dcsf.gov.uk/everychildmatters/resources-and.../RS00021/
Every Parent Matters, 2007
http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00219/

The Children’s Plan
http://www.dcsf.gov.uk/childrensplan/

Parental Opinion Survey 2009
www.dcsf.gov.uk/rsqateway/DB/RRP/u015929/index.shtml

B. Support for Parents and Families

Children’s Trust Guidance
http://www.dcsf.gov.uk/everychildmatters/

Positive Activities for Young People (PAYP)
http://www.continyou.org.uk/children_and_families/supplementary_education/
what_we_do/supporting_local_authorities/policy_map/positive_activitie


DCSF, 2008, Statutory guidance: Duty to provide information, advice and assistance http://www.dcsf.gov.uk/everychildmatters/strategy/parents/
workingwithparentscarersandfamilies/

Additional support and resources are available from the National Association of Family Information Services http://www.familyinformationservices.org.uk/

projectinformation.cfm?projectId=15349&type=5&resultspage=1

The Healthy Child Programme can be found at:
Maternity, Healthy Child Programme and Early Years
wwwdh.gov.uk/en/Healthcare/Children/Maternity/DH_081642

Action on Health Visiting Programme is available at:
Action on Health Visiting Programme – Home – Together for Children
www.childrens-centres.org/Lists/WhatsNew/DispForm.aspx

Early Home Learning Matters – Good practice guide
http://www.familyandparenting.org/item/publication/71

DH, 2010, Maternity and Early Years: Making a good start to family life
www.dh.gov.uk

Bookstart
http://www.bookstart.org.uk/Home
Sure Start Children’ Centres
Working Effectively with Families in Sure Start Children’s Centres – Drawing up a Strategy November 2009, provides a work plan and ideas for drawing up and reviewing an authority wide strategy for working with families in children’s centres. These are available for download from:
http://www.childrens-centres.org/Topics/ALLTfCSupportProducts.aspx#Strategy

Sure Start Children’s Centres Practice Guidance
www.dcsf.gov.uk/.../surestart/surestartchildrenscentres/practiceguidance/

Family Learning
http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-
by/Documents-by-type/Thematic-reports/Family-learning

Resources to help parents engage in their children’s learning and development can be located at:
http://www.direct.gov.uk/homeworksupport

Children, Schools and Family Bill
www.publications.parliament.uk

Materials on Early Support can be found on the Early Support website at:
http://www.dcsf.gov.uk/everychildmatters/earlysupport

Maternity and Early Years – Making a good start to family life
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_114023

Parental Confidence and the Lamb inquiry
The Government’s response to the House of Commons Education and Skills Committee Report Special Educational Needs: Assessment and Funding is available at:
www.publications.parliament.uk/pa/cm200607/cmselect/.../1077/1077.pdf

Parental Engagement
Early Home Learning Matters, a good practice guide
www.earlyhomelearning.org.uk/news

Links to PSA resources
TDA website with links to resources and publications
http://www.tda.gov.uk/psa

http://www.dcsf.gov.uk/evaluationfinalreport

http://www.dcsf.gov.uk/evaluationfinalreportshort
PSA pilot evaluation – 2nd interim report (2008)
http://www.dcsf.gov.uk/evaluation2ndinterimreport

PSA pilot evaluation – 1st interim report (2007)
http://www.dcsf.gov.uk/evaluation1stinterimreport

NAPP use of evidence based parenting programmes:
NAPP Evaluating the evidence
www.parentingacademy.org/

Database of parenting programmes and approaches including the
Commissioning Toolkit available in England
www.commissioningtoolkit.org

C. Ensuring services are inclusive and accessed by all who need them

Fathers
‘Think Fathers’ http://www.fatherhoodinstitute.org/thinkfathers

Dads Test
www.fatherhoodinstitute.org/index.php?id=0&cID=1007

Family, friends and foster carers
Fostering Changes
http://www.parentingacademy.org/research/fostering.aspx

Multidimensional Treatment Foster Care
http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/
childrenincare/fostercare/multidimensionaltreatment/mtfc/

Families with a disabled Parent
SCIE Guidance Working together to support disabled parents 2007

DH/DCSF Joint Good Practice Guidance on Supporting Parents with
a Learning Disability
publicationspolicyandguidance/DH_075119

Families with a disabled child or child with special educational needs
Aiming High for Disabled Children programme
www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/

The Government’s response to the House of Commons Education and Skills
Committee Report Special Educational Needs: Assessment and Funding is
available at:
www.publications.parliament.uk/pa/cm200607/cmselect/…./1077/1077.pdf
Teenage parents, including young fathers
Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts is available at:
www.everychildmatters.gov.uk/resources-and-practice/IG00250/

Family Nurse Partnership Programme
www.everychildmatters.gov.uk/parents/healthledsupport

Families who are reluctant to accept help
Guidance on education-related parenting contracts, parenting orders and penalty notices
www.teachernet.gov.uk

Parenting Contracts a Guide for Parents
www.teachernet.gov.uk

Education-related parenting contracts evaluation report
www.dcsf.gov.uk/research

Families with complex needs
Think Family guidance and protocols can be found at:
www.dcsf.gov.uk/everychildmatters/strategy/.../thinkfamily/tf/

The Think Family Toolkit is available at:
www.dcsf.gov.uk/everychildmatters/.../laethinkfamilytoolkit/

Family Intervention Projects
Anti-Social Behaviour Family Intervention Projects Monitoring and Evaluation 2009
www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RBX-09-161.pdf

D. Strong governance and accountability for parenting and family support

DCSF, 2010, Children’s Trusts: Statutory guidance on cooperation arrangements, including the Children’s Trust Board and the Children and Young People’s Plan

Lord Laming’s report
The Protection of Children in England: A Progress Report is available at:
details&PageMode=publications&ProductId=HC+330

Marmot Review report ‘Fair Society, Healthy Lives’ is available at:
http://www.idea.gov.uk/idk/core/page.do?pageId=16908107

The Healthy Child programme guidance, 2009

Healthy Weight, Healthy Lives – a cross-government strategy to combat obesity
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/
PublicationsPolicyAndGuidance/DH_082378
The Youth Crime Action Plan

Parenting Implementation Project
http://www.dcsf.gov.uk/everychildmatters стратегия/parents/pip/pip/

**E. Integrated processes and whole system thinking**

‘Think Family’ Toolkit
http://www.dcsf.gov.uk/everychildmatters стратегия/parents/ID91askclient/thinkfamily/tf/  

Children’s Trusts – Statutory Guidance on cooperation arrangements, including the Children’s Trust Board and the Children and Young People’s Plan: Consultation draft, 2009
http://www.dcsf.gov.uk/everychildmatters/about/aims/childrenstrusts/childrenstrusts/  

Common Assessment Framework
http://www.dcsf.gov.uk/everychildmatters стратегия/deliveringservices1/caf/cafframework/  

Anti-Social Behaviour Family Intervention Projects Monitoring and Evaluation 2009 is available at:
www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RBX-09-161.pdf  

DCSF, 2010, Working together to safeguard Children: A guide to interagency working to safeguard and promote the welfare of children:  
www.publications.dcsf.gov.uk  

Information Sharing: Guidance for practitioners and managers;  
www.governornet.co.uk/.../Information%20sharing%20guidance%20for%20practitioners%20a...  

The Home Office Drug Strategy Overview can be located at:  
www.governornet.co.uk/.../Information%20sharing%20guidance%20for%20practitioners%20a...  

‘Drugs: Protecting families and communities’ – 2008  

Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services  
www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00637/  

Social Care Institute for Excellence (SCIE), Think Child, think parent, think family: a guide to parental mental health and child welfare  
http://www.scie.org.uk/publications/guides/guide30/
Carers at the heart of 21st Century families and communities: a caring system on your side, a life of your own  

Working Together to Support Young Carers  
A Model Local Memorandum of Understanding between Statutory Directors for Children's Services and Adult Social Services  
http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00678/

Together We can End Violence Against Women and Girls: a strategy  
www.homeoffice.gov.uk/crime-victims/.../violence-against-women1/

Reducing re-offending: supporting families, creating better futures - A Framework for improving the local delivery of support for the families of offenders. [DCSF/ MOJ]  
http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00638/

Local policing guides for early intervention and prevention of youth crime and anti social behaviour  
http://www.neighbourhoodpolicing.co.uk/publication.asp

Teenage Parents next steps: Guidance for LAs and primary care trusts  
http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00250/

Anti-social Behaviour Family Intervention Projects - Monitoring and Evaluation Research Information – 2009  

Family Intervention Tenancy  
http://www.communities.gov.uk/publications/housing/familyinterventionguide

F. Commissioning parenting and family support services: a strategic approach

Securing better health for children and young people through world-class commissioning – A guide to support delivery of ‘Healthy lives, brighter futures’  

Parenting Implementation Project (PIP) Resource Kit  
http://www.dcsf.gov.uk/everychildmatters/strategy/parents/ pip/pip/

The Child Poverty Bill  
http://www.dcsf.gov.uk/everychildmatters/strategy/parents/childpoverty/childpoverty/

Aiming High for Children: Supporting Families (March 2007)  
Total place
http://www.localleadership.gov.uk/totalplace/

The ‘Compact on Relations between Government and the Voluntary and Community Sector in England’ Compact can be found at:
http://www.thecompact.org.uk/

The National Programme for Third Sector Commissioning
http://www.idea.gov.uk/idk/core/page.do?pageId=6583598

G. Workforce development and capacity building

Commissioning Toolkit
www.commissioningtoolkit.org

NAPP
www.parentingacademy.org/

H. Performance management

NatCen research and publications
http://www.natcen.ac.uk/study/family-intervention-projects

Parenting Outcomes Framework for London
http://younglondonmatters.org/hottopics/parenting_support_/

Annex B: Suggested occupational map of the work with parents workforce

NAPP and CWDC commissioned Price Waterhouse Coopers in January 2010, to undertake an analysis of the parenting workforce. One of the objectives was ‘To establish how many parenting practitioners there are, which have parenting as the “whole” of their role and which have parenting as part of their role.’ The report found that there are over a million practitioners whose role involves an element of parenting work.

The diagram below is a ‘work in progress’ based on the findings of the analysis and is a suggested possible configuration of the occupational map of the parenting workforce. The titles used to describe particular parenting roles and the roles themselves vary considerably from one Local Authority to the next, as may the positioning of roles within each category.

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55 The definition of parenting work used is ‘To provide services, interventions, education and support which improve parenting capacity, parent child relationships, safeguard and promote positive outcomes for children, young people and families, through working in partnership with mothers and fathers, carers and other agencies.’
Notes: 1Includes PSAs, Home School Link Workers. 2E.g. Romani Communities, Somali Communities etc. 3This is not a widely used title but involves roles such as Behaviour Support Teacher, Behaviour Support Teaching Assistant, Integration Support Assistant, Behaviour Support Special Needs Assistant 4E.g. Nursery Nurses, Childminders, Nannies. 5Includes Fostering and Adoption and other specialist services. 6Includes Housing Support Officers, Young People’s Housing or Accommodation Support Worker, Housing Association Worker. 7E.g. Child Clinical Psychologist, Child Psychiatrists, Primary Mental Health Worker, CAMHS workers. 8E.g. Speech and Language Therapists, Paediatric Dieticians, Occupational Therapists. 9E.g. Clinical Psychologist, Psychiatrist.


This diagram is based on NAPP and CWDC commissioned Price Waterhouse Coopers LLP ‘Parenting Workforce Analysis’ 28 January 2010.
or order copies online at: http://publications.everychildmatters.gov.uk

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