NHS Greater Glasgow and Clyde and Glasgow City Council

Parenting Support Framework

June 2009
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1. The Vision

The vision of the Parenting Support Framework is to achieve better outcomes for all children and their families and to ensure that those who most need support, benefit appropriately from parenting support services.

In Glasgow we want to have:

- fairer communities where children and families do not experience poor health, education and social outcomes as a result of disadvantage or discrimination;
- positive communities with confident and empowered parents;
- parents who are able to promote and support their children's learning and development;
- parents with access to information and support when and where they need it;
- families with good emotional well being; and
- services working with parents as equal partners.

We know that most parents try to ensure that their children receive the care they need in terms of keeping them safe and well, their education and other aspects of their lives. We also know that many parents rely on support from others to care for their children. This support comes from other family members as well as child care and other services. The Parenting Support Framework aims to complement the informal and formal supports already available for parents in Glasgow in order to assist them with their parental role.

2. The rationale for coordinated parenting support

There is good evidence that parenting support makes a vital contribution to improving outcomes for children and can support a reduction in educational, social and health inequalities. To be most effective, parenting support should be available to the whole population. We know, however, that most parents do not use parenting support at present but would value it if it were available. There is also good evidence that parenting interventions are amongst the most powerful and cost-effective tools available to prevent and treat behavioural problems in children. The case for using effective parenting interventions is overwhelming as research continues to reveal how influences on children’s development can be changed to achieve better outcomes.

Children have two main educators in their lives: their parents and their teachers. Parents are the prime educators until the child attends nursery or starts school and remain a major influence in their children’s learning through school and beyond. The impact and lasting benefit for a child is greatest if parents and schools work in partnership. Research has shown that positive father involvement in a child’s education leads to not only better educational but also better social and emotional outcomes for children.

*In this document the term ‘parent’ refers to the main caregivers of a child, for example birth parents, grandparents, kinship carers, adoptive parents and foster carers.
Our greatest health challenge in Glasgow is variation in health, particularly related to the effects of disadvantage. In order to help close the inequality gap, there must be a focus on interventions for children and their families as these are the most cost-effective in building understanding, attachment and self-esteem and improving future health and wellbeing.

Previous research in Glasgow showed a marked variation in and unequal distribution of parenting services. The research confirmed that services from a range of providers have developed on an ad hoc basis. Children’s services in Glasgow City want to build on the services and training which are already in place across education, social services and health to achieve consistent best practice in supporting parenting in the early years.

3. How was the Framework developed?

Glasgow City Children’s Services Planning Executive group established a multidisciplinary Parenting Support Subgroup in 2006. The group included representatives from education, health, social work and voluntary groups. It has developed this Parenting Support Framework on the basis of a review of evidence on what works in parenting support, from consultation with a wide range of key stakeholders including voluntary and parent groups and also the Framework has been helpfully informed and influenced by a discussion paper ‘A model for parenting support services for Glasgow’ prepared by some members of the Parenting Support Subgroup who all work with children and families in NHS Greater Glasgow and Clyde and are associated with Glasgow University. This paper is available from p.wilson@clinmed.gla.ac.uk”. The engagement with parents was particularly important and is described in more detail in section 12 (page 16).

4. Aim of the Framework

The aim of the Framework is to improve outcomes for children through coordinated support for parents. It will support children and family services (including education, health social work, culture and leisure) to plan, implement and monitor their local parenting support services. It is consistent with and complementary to Glasgow City Council’s Early Childhood and Extended Services Strategy, which aims to ensure that all children have the best possible start in life.

The Framework includes provision for ongoing research and evaluation, recognising that parenting support services can continually be improved as further evidence emerges locally, nationally and internationally. Implementation of the Framework and evaluation of its impact will run in parallel, each informing and developing the other. The Framework will be regularly reviewed and developed based on emerging evidence of impact, including involvement and engagement with parents, new research and other children and family plans and policies.
5. **Initial scope of the Framework**

Phase 1 of the Parenting Support Framework is focused on 0-7 year old children, including the antenatal period. The evidence base for antenatal parenting work is less strong than in the early years of life when considered in isolation. However, given the critical importance of early parent-child relationships, the Subgroup believe that antenatal support for parents-to-be and continuity into the postnatal period are essential components of parenting support and included in the Framework.

The Parenting Support Framework will influence service delivery across the city specifically in relation to services for children aged 0-7 and their families particularly delivered by the following:

- Midwifery services
- Primary Care Teams
- Child and Family Health Teams
- Parent and Children Together (PACT) teams
- Multidisciplinary Pre School Assessment Teams
- Oral Health Action Teams
- Health Improvement teams
- Educational establishments and early years services
- Voluntary sector services

The Framework can only be delivered by an integrated, multi-agency, coordinated approach. CHCP-level, multi-agency child and family planning groups that will coordinate implementation of this Framework, will have active representation from each service and from the voluntary sector. All of the partners in children’s services planning are committed to prioritising early intervention and prevention and this Framework is integral to that priority.

6. **How will we achieve our vision?**

To support all parents and to ensure services meet the needs of parents living in the most vulnerable circumstances, services need to be:

- accessible and inclusive and meet the needs of families, taking into account different family circumstances
- involving parents in planning and designing these services for children
- evidence based
- operating within a multiagency environment
- offering clear ways for parents to receive consistent, coordinated information, advice and support in a way which has no stigma attached
7. What are the specific outcomes we hope to achieve by the provision of parenting support services?

1. An improvement in the wellbeing of our children with a particular focus on reducing inequalities
2. Parents who are better able to provide protection for their children
3. Parents who are better able to provide consistent boundaries, secure attachment and enhanced emotional wellbeing in their children
4. Parents who are better able to provide healthy and active lifestyles for their children
5. Parents who are better able to provide a learning environment for their children and to support their children's wider learning environment e.g. at nursery and school
6. Parents who are better able to involve children and young people in their communities and decisions that affect them
7. Children who are ready to learn and who are less at risk of serious behavioural difficulties and subsequent anti-social or violent behaviour

8. Parenting support and reducing inequalities

The recently published Early Years Framework, Glasgow's Education Commission Report and the report on health inequalities, 'Equally Well', all set out the case for a focus on early years and supporting parents to improve outcomes for their families and reduce inequalities. Evidence suggests that high quality services can make a difference to these inequalities.

Poverty is a particular issue in Glasgow. For example, nearly 40,000 children in Glasgow (41% of all families with children) live in households with no working adults.

The role of education in helping overcome poverty and disadvantage is well documented. The implementation of the Education (Additional Support for Learning) (Scotland) Act 2004 in Glasgow has highlighted the extent of need for additional support for children and young people in the city. 47% of children require additional support, compared to an average of 20% elsewhere in the country. The involvement of parents in their children's learning has been found to be a positive influence on the educational outcomes for children and on other aspects of children's wellbeing, such as their cognitive development and behaviour. Evidence also suggests that educational success might be related to patterns of communication between parents/carers and children.

Some families will have needs that require more intensive or specialist services tailored specifically to their circumstances. Others will need additional support to access wider, universal services available for all. For example:

- substance-misusing parents
- parents who are in or have been in prison
- parents with mental health problems or learning difficulties
- families experiencing domestic violence
- parents who have been in care
There may also be child-related factors that would point to increased need of support including low birth weight or disability.

Interventions to strengthen the relationship between children and their parents have been found to have a strong impact on mental health and physical health. Promotion of resilience can help children and young people cope with difficulties. Factors which strengthen resilience include family harmony and co-operative relationships between parents. Studies have shown that positive parenting can help ease hardships, such as poverty.

There is evidence of the ‘inverse care law’ operating on a number of levels in relation to parenting support programmes. This ‘law’ is based on the observation that in many services providing care, the amount of care provided to people is inversely related to their need for it. Families who are most in need of support may be less likely to take up the offer of a parenting programme. Some families may have such difficult, unsettled circumstances that participating in a parenting programme may not be appropriate until other needs are met.

In addition, we know there is a need for further work to be done on how to address the needs of parents from different ethnic groups, the needs of fathers and interventions that reduce the risk of postnatal depression.

Focusing parenting support solely on individual family difficulties without providing support to address wider social issues such as poverty, gender based violence, racial discrimination etc may actually widen inequalities. It is important therefore that implementation of this Framework builds on and integrates with other initiatives and services that support children and families, for example:

- the NHS Greater Glasgow and Clyde infant feeding strategy
- Culture and Sport Glasgow’s Family Futures and Talk2 programmes
- the joint social work and health Parents and Children Together Teams (PACT)
- curriculum programmes on citizenship and values
- the Nurture Class initiative and nurturing approach across early years establishments
- sexual health programmes for young people and their parents
- employability strategies.

Parenting support services need to take into account the difficult life circumstances of some of the most vulnerable families in our population and ensure that support provided is sensitive to these circumstances and wider needs. The training of practitioners also needs to reflect this reality. Parenting support should be provided across all agencies through a coordinated and integrated pathway following the lead given by, and learning from, the lessons of the PACT teams.

To make this happen, local parenting coordinators will be appointed. They will lead the implementation of a comprehensive parenting support programme and support a cohesive and consistent approach to the development of parenting support services at local level.
9. **The Parenting Support Framework**

Phase 1 of the Parenting Support Framework will be operational between 2009/10 to 2010/11. This phase will incorporate a number of approaches, ranging from population and group approaches to interventions with individual families. Services may be delivered by the statutory and/or voluntary services.

The Framework is a broad outline of parenting support and detailed plans will be developed at local level, building on existing services. Learning will be generated quite rapidly from areas that are already developing services. For example, learning from early implementation in West and North Glasgow will be shared across the system.

Parenting support services are provided at different levels of intensity according to need and both education and health and social work services have developed staged intervention models to describe these services.

The model below is based on that used by the education services in Glasgow to describe the staged additional supports available and to ensure that children and young people have their needs met appropriately and in an open, fair and consistent way. This is called the staged intervention model. Staged intervention recognises that children and young people facing barriers to their learning and development require differing levels of support and intervention. The forms of support required by individuals vary across and even within stages. In terms of this Parenting Support Framework, knowing the level of support required by the child will help inform assessments and decisions around parenting support.

Below the model have been added the four different levels (tiers) of parenting support services provided in the community as described within the Integrated Children’s Services Staged Model of Intervention. Whereas the education model describes the provision for those already found to have additional needs, the Integrated Children’s Services model has as its first tier universal provision for all, e.g. all families with a newborn child receiving home visits from health visitors.
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**Tier 1:** Universal service provision, e.g. early years establishments / schools; General Practice; Nursing.

**Tier 2:** Health and Social Work Children's Teams (e.g. Speech and Language Therapy, Occupational Therapy, Nursing, Child protection; Family Support. Additional targeted intervention available to all schools and learning communities.

**Tier 3:** Pan / Cross Community provision, e.g. Learning Centres; Nurture classes Psychiatry Services; Paediatric Services; Youth Justice Teams; Psychological Services.

**Tier 4:** Regional and City Wide Multi-agency Specialist Provision. e.g. Inpatient services.

NOTE: Universal provision is also relevant across all Tiers and Stages, e.g. a child may require a Tier 4 service or Stage 4 interventions, but also continue to access universal services such as schooling or GP services.
10. **The model of assessment and intervention**

10.1 **Assessment**

Virtually all families with children under three years old have contact with primary health care services. Core roles of primary care include the identification and grouping of need and the provision of support and referral to other services. The key personnel involved are generally the midwife, the health visitor and the general practitioner.

There is also a duty on the education authority for children under the age of three. Where a child under the age of three has been brought to the attention of the authority as having a disability which gives rise to additional support for learning and where the authority find that this is the case, additional support must be provided for them. Glasgow City Council gives priority to identifying and supporting all children in the early years who are, or may be, vulnerable.

As the child gets older and for some families from birth, other professionals such as social workers, child development officers, nursery nurses, primary school teachers and the voluntary sector have an increasingly important role to play.

Universal assessment of parenting support needs by these staff will identify the support needed by parents and filter those requiring further assessment and intervention, thereby providing more intensive or specialist support for those who need it.

The process of active filtering determines access to more detailed assessment and/or intensive parenting services. Active filtering is based on a partnership between parents and professionals and identifies the needs of parents, children and their relationships.

For example, where both parent(s) and professional(s) agree about whether or not problems exist for a family in relation to their child’s behaviour, the family is filtered to ‘intervention’ or ‘no intervention’ accordingly (see model below). Where either parent(s) or professional(s) feel there is a problem, but there is not agreement, then further assessment (formal or otherwise) may be required.
The model below summarises the approach.

This model is adapted from the discussion paper ‘A model for parenting support services for Glasgow’ available from p.wilson@clinmed.gla.ac.uk

*Active filtering is based on a partnership between parents and professionals. Where parents and professionals disagree, a process of assessment and collaborative discussion regarding what is best for the child’s wellbeing should take place.

Despite the high level of skills of health visitors, there appears to be an unmet need for training in the field of evaluating parent-child relationships. This will be particularly important in relation to the 10-15% of families where the mother has postnatal depression. Although postnatal depression is a risk factor for problems in the child, including disruptive behaviour disorders such as attention deficit and hyperkinetic disorder (ADHD) and conduct disorder, it is the quality of the parent-child interaction which is of key importance rather than the severity of
the depression. Therefore it is crucial that health visitors are trained to assess relationship quality rather than simply recognise problems in the mother or child.

By the time a child is three, families may not have regular contact with a health visitor unless they have already been identified as having additional needs. However, universal services still play a crucial role in recognising children and families with vulnerabilities. The universal services of health visiting and primary care (including GPs) will be supplemented for most children at this age with contact with early years education through nursery, family learning centre or other pre-school resource.

10.2 Population Wide Approaches

The National Early Years Framework recognises the need to develop population approaches for the promotion of positive parenting. This can include the use of the media and public services to communicate consistent information and guidance to parents, carers and the wider community.

Evidence from the Scottish Practitioner Guide on Infant Mental Health demonstrated the effectiveness of health improvement information on the value of face-to-face shared or reciprocal interaction and babies’ capacity to respond socially. In practical terms this can be supported by public information on the use of baby carriers and backward-facing buggies that bring babies into close contact with parents’ faces and bodies. Some of these messages will be best communicated at local level through early years’ workers, but the child public health team will also work with the local multiagency children’s services groups in the Glasgow City Council CHCPs, NHS Greater Glasgow and Clyde and Glasgow City Council communication teams as well as national bodies such as Health Scotland to develop city-wide and national campaigns.

Baby massage, taught to both mothers and fathers, has been shown to improve babies’ sleep and contentment as well as to lift the mood of depressed mothers. Other effective interventions include the Bookstart initiative which needs the active and enthusiastic endorsement of health visitors to influence parents for whom literacy and books are not a high priority. Culture and Sport Glasgow’s Bounce N Rhyme and Toddlers Tales contribute to the development of literacy, communication skills and family wellbeing.

Each CHCP working with their community planning partners should assess the potential for increased access to baby massage, Bookstart and other universal interventions including addressing social circumstances and wider needs.

Another key strand of the universal service is the delivery of open-access (largely instructive) parenting classes to large numbers of families, ideally at CHCP level. An existing evaluated seminar programme exists as part of the Triple P System http://www.triplep.net/ which is the main Parenting Support System which will be used across the Glasgow City CHCPs. There is also a highly successful STEPS delivery model for primary care psychology services that has been developed in Glasgow.

The Solihull Approach http://www.solihull.nhs.uk/solihullapproach/ is a theoretical approach and resource pack to assist early years staff, primarily health visitors, to understand and identify family problems and intervene at an
early stage on simple childhood problems or refer on to other supports as appropriate. As part of the universal component of the framework, a significant proportion of early years staff will be trained in this approach.

10.3 Evidence based interventions

The Triple P-Positive Parenting System is a multi-level, parenting and family support strategy. Triple P aims to prevent behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Parents have differing needs and desires regarding the type, intensity and style of assistance they may require. Triple P addresses these differing needs through its levels.

The various levels of the Triple P parenting system will be the main parenting support programmes delivered throughout the Glasgow City Council area.

The five levels of Triple P are described below. The system is suitable for use at all stages of the intervention models shown in section 5, for example universal and selected will be used at stage 1, while the enhanced intensive family intervention programme may be delivered at stages 2-4. Parents may enter the programmes at the level or levels appropriate for their need and the support they require.

**Universal.** This level provides parents with access to information about parenting through a coordinated media and promotional campaign using print and electronic media. This level of intervention aims to increase community awareness of parenting resources, to encourage parents to participate in programmes, and to create a sense of optimism by depicting solutions to common behavioural and developmental concerns.

**Selected.** This intervention involves brief, individual or seminar-based consultation with parents and caregivers. Selected interventions provide topic specific guidance to parents of children with mild behaviour difficulties, with the aid of user-friendly parenting tip sheets and videotapes that demonstrate specific parenting strategies.

**Primary.** This is a 4-session intervention targeting children with mild to moderate behaviour difficulties and includes active skills training for parents.

**Standard and group.** These interventions are more intensive than lower level interventions. These interventions may be run with individual parents, groups of parents or simply by guiding parents who are working from a Triple P self-help parenting book. Standard and group interventions take between 8 to 10 sessions and are for parents of children with more severe behaviour difficulties.

**Enhanced.** Often practitioners work with parents and caregivers experiencing relationship conflict, parental depression or high levels of stress. These parents often benefit from a more intensive family intervention programme. The enhanced level is usually delivered to parents after they have undertaken a standard intervention in an individual consultation.
Many staff across health, social work and education services have already been trained in the Triple P system and will have the opportunity to refresh their skills following refresher training.

Although Triple P is the system of choice in Glasgow City, there is an expectation that other parenting support approaches, namely Webster Stratton and Mellow Parenting will be used if more appropriate or acceptable to individual families or when staff are already trained and experienced in their use.

The “Future for Families Handling Children’s Behaviour” programme is used by some staff. With no controlled trials to date, there is currently insufficient evidence to recommend its use if there are alternative evidence based systems being provided. We recommend that its use should be restricted to the context of a clinical trial.

10.3.1 Levels of activity
Evidence from trials of parenting programmes in North America suggests that, to achieve population level effects, at least a third of parents of children aged 0-5 years should participate in a parenting programme.

Practitioners trained in Triple P should aim to deliver three Triple P groups per year (12 parents per group) in addition to using the programme on an individual basis and delivering one seminar series of three seminars for approximately 50 parents per year. These estimates should enable the parenting coordinators working with each agency to assess how many staff need to be trained and to provide parenting programmes to achieve population level effects on parental confidence and wellbeing and child behaviour.

10.4 Antenatal and early postnatal parenting interventions

A review of the published evidence on antenatal parent support programmes demonstrated that the evidence-base for their success when used in isolation is currently weak. There is certainly no single intervention approach that has been extensively and soundly evaluated. Given the level of disadvantage and need of many pregnant women in Glasgow City and experience from existing maternity services focused on the needs of vulnerable women, it has been agreed to explore the appropriate additional provision required in the antenatal period. The evidence that exists suggests that the following points are worthy of consideration in designing and evaluating such services.

- Many parents/families may need ongoing support to sustain the positive effects of antenatal education.
- Antenatal parenting support may increase postnatal engagement with services.
- There is no clear evidence that interventions aimed at increasing parenting ‘knowledge’, ‘skills’ and ‘confidence’ are successful when these outcomes are assessed in the postnatal period. This requires more robust evaluation.
- There is some evidence that demonstrating and providing information on infant social capabilities and modelling responsive, nurturing and sensitive caregiving can promote optimal caregiving and parent-child interaction in the postnatal period.
• There is evidence of benefit when relationships between parents and professionals start in the antenatal period and continue after the child is born.

11. Workforce Development

Much of the Parenting Support Framework is dependent on the development of a workforce that has the competence and capability to both identify parenting support needs and respond to that need in a way that is sensitive to the impact of inequalities. This requires a substantial investment in workforce development in order to develop and strengthen practice across mainstream services, with targeted training for relevant staff.

11.1 Key areas for workforce development

The model underpinning the Parenting Support Framework relies on a workforce able to assess and filter according to need and do this in a way that helps reduce inequalities. Key competencies for doing this are:

• Knowing and understanding the importance of attunement and attachment and how to identify actual or potential problems in the carer and infant interaction.

• Knowing and understanding the potential impact of inequalities on parent and child attunement and attachment, with a particular focus on the impact of gender based violence and poverty.

• Knowing and understanding the need for parenting support services to be sensitive to inequalities, for example disability, racial/ cultural identity, communication difficulties such as visual, auditory or language comprehension.

• Knowing and understanding how to effectively support families into the appropriate pathways according to their need. This will require a clear working knowledge of how and where to access information about all the services available.

• Knowing and understanding how to deliver effective parenting support at group and individual family level.

• Knowing and understanding their own local area and communities they are serving.

11.2 Delivering Workforce Development

A number of approaches can be used to develop mainstream children’s services early years’ workforce.

The Parenting Subgroup has identified training in the Solihull approach as the main workforce development programme for all early years’ staff.
11.2.1 Solihull Approach
The Solihull Approach (see 10.2 page 12) is both a theoretical framework and a comprehensive resource pack developed by practitioners from health visiting, psychotherapy and psychology for all those working with pre-school children.

The approach is also now being used to train staff working with families pre-birth and currently being evaluated.

The Solihull Approach is based on the principles of containment, mutual exchange or reciprocity and behaviour management. The approach recognises that primary health care and early education staff are in an ideal position to identify family problems. The training and resource pack should be backed up by regular consultation groups with an experienced practitioner. With these resources and support, early years workers from a variety of disciplines are able to intervene early before simple childhood problems become entrenched. The Solihull Approach does not preclude other more targeted interventions, but early intervention is hoped in the longer term to reduce demand for specialist services, by containing parental and professional anxiety, addressing the relationship between parent and child and planning brief interventions.

11.2.2 Inequalities sensitive training
In addition to training on the Solihull Approach, specific inequalities sensitive training for all early years staff will be required. Further work to develop an integrated, inequalities sensitive workforce development programme is proposed. This Framework has been subjected to an Equality Impact Assessment (EQIA). The resulting actions from that assessment will influence how the Framework is implemented. The EQIA is attached in Appendix 1.

12. Engagement with parents

It is recognised that engagement with parents is fundamental to the success of any parenting work. It is also acknowledged that the services provided are intended to empower and support and not replace parents in their role but to support parents in their role of parenting.

Each CHCP working with local educational services should develop a plan to promote parental engagement in an inclusive way and to take on board parents’ views systematically in the planning and development of services.

Some initial work has been carried out with the voluntary organisation of Stepping Stones for Families, which has provided valuable feedback.

- There was general agreement about the value of help with parenting.
- Any help provided must be in the context of families’ whole lives and account taken of other pressures, relationships, finance, health and employment that all impact on parenting and family life. Programmes just looking at parenting will fail to take account of these life issues and remain too abstract.
- Practical advice and learning opportunities such as healthy cooking and financial inclusion were all seen as important and helped groups to share expertise and knowledge as well promoting confidence and esteem through success.
Parents recognised the value of peer support. They wanted to hear real experience and meet other parents – so groups where there are people of similar age group and circumstances are most likely to work and can afford opportunities to start relationships with other parents.

Professionals need to gain trust and credibility through building relationships.

Informal groups and contact were greatly valued but there was a recognition that there needed to be group facilitation. This is more than just organising, but is not leading. A facilitator should be someone who can be trusted to provide advice and information, respond to ideas and thoughts and help people to access other information as well as challenge and get groups to think outside their normal comfort areas.

More help is required for new fathers.

Parents should be respected and listened to.

Flexible contact and a lot of support for out of office hour’s advice – there was recognition this was more likely to be provided by other parents met in groups than professional contact.

Parents also wanted to be able to help their children and encourage learning but would like more help in knowing the best way to do this.

The importance of parental engagement and involvement is already well recognised in education and social work services. Education services aim to enable parents and carers to play a full part in their child’s education and welfare and be fully informed about their child’s learning. Parents and carers will be encouraged and welcomed as active participants in the life of educational establishment attended by their child and will be able to express their views and have them taken into account at every level of education services.

13. Research, evaluation and monitoring

As stated in the aim of the Framework, the intervention and evaluation must run in parallel, each informing and developing the other. This is the only means by which we can systematically identify the successes and shortcomings of the Parenting Support Framework and to optimise it. This is a groundbreaking project which will establish Glasgow City as a pioneer in this nationally and internationally important policy area. Only a robust evaluation will ensure sustainability and emulation.

A structured collection of process and outcome data is proposed. The key components of the evaluation include:

- Activity data on parental involvement and uptake in parenting services.
- Outcomes of individual interventions in relation to child behaviour, parental confidence and satisfaction.
- Views of both parents and staff through interviews and focus groups.
- Population level measures over time for parents and for child behaviour (for example the Edinburgh Post Natal Depression Score, the Parenting Daily Hassles questionnaire and the Eyberg child behaviour inventory or strengths and difficulties questionnaire.
- Measurement of progress in addressing inequalities.
This is the subject of a separate paper. A summary of the Evaluation process is attached as Appendix 2.

14. Central and Local responsibilities

Parenting coordinators will be appointed to each CHCP. They will lead the implementation of a comprehensive parenting support programme and support a cohesive and consistent approach to development of parenting support services at local level. Although these posts are located in CHCPs their role will not only be with health and social work children’s services but they will also support and coordinate parenting support work across other relevant agencies including education, Culture and Sport Glasgow and the voluntary sector.

Parenting Coordinators will undertake the following key functions:

- Leadership and coordination of the implementation of the Parenting Support Framework.
- Local administration and coordination of parenting programmes.
- Identification and implementation of key workforce development programmes including training and supervision.
- Development of key partnerships across the statutory and voluntary sector.
- Planning and developing effective parental engagement.

A full job description for the post is attached as Appendix 3.

Parenting coordinators will be supported through the central support functions of NHSGGC Public Health and Corporate Inequalities Teams. Key development areas for the parenting coordinators which will need to be addressed include:

- Developing their leadership skills with a specific focus on connecting parenting support work to wider support strategies for parents within early years frameworks, for example Equally Well, the Infant Feeding Strategy, the Maternity Strategy and the Early Childhood and Extended Services Strategy.
- Developing their knowledge and understanding of the impact of social inequalities on child development, learning, health and life chances with a particular emphasis on gender.
- Developing their ability to ensure equality impact assessments are carried out and used to inform the implementation of all parenting support programmes.
- Developing and supporting their role in relation to other local implementation plans such as the gender based violence action plan.

14.1 Coordination of implementation of the Framework

Local Children’s Services Planning groups will drive forward, monitor and oversee implementation of this Framework. Many local children’s services groups already have Parenting Subgroups. At Glasgow City level, the Parenting Subgroup, with a revised remit and membership, will oversee implementation and report to the Children’s Services Executive Group.
15. Summary

The key elements of the Glasgow City CHCPs Parenting Support Framework are:

- Driving forward and coordination of parenting support in each local area through the appointment of Parenting Coordinators.
- Engagement with parents in a systematic and inclusive way.
- Development of media campaigns and parenting information at central and local level.
- Delivery of parenting support through a variety of modalities including one to one, large group seminars and small group work. Estimated levels of service are indicated in the Framework.
- Review of parenting support in the antenatal period.
- Adoption of the Triple P system for the main parenting support in Glasgow City.
- Use of Mellow Parenting and Webster Stratton if more appropriate for individual families and staff already trained in use.
- Workforce development by Solihull training, training on Triple P and inequalities training.
- Contributing to reducing inequalities for children and in the population.
- Monitoring, evaluation and research.

Resources have been secured through the Fairer Scotland Fund to put certain elements of the Framework in place including, appointing five Parenting Coordinators, training the workforce and supporting the evaluation process.
Appendix 1

NHS Greater Glasgow and Clyde and Glasgow City Council

Equality Impact Assessment
2nd February 2009

Name of Service Development:
NHS Greater Glasgow and Clyde and Glasgow City Council Parenting Support Framework January 2009

Please tick box to indicate if this is a:

- [ ] Current Service
- [x] Service Development
- [ ] Service Redesign

Brief description of the above:
The Parenting Support Framework aims to improve outcomes for children through coordinated support to parents and carers. It will support children and family services (including education, health, social work, culture and leisure) to plan, implement and monitor their local parenting support services.

Who is the lead reviewer and where based?

- Jackie Erdman, Corporate Inequalities Team, NHSGGC, Dalian House
- Louise MacKenzie, Corporate Services Equality Team, GCC, City Chambers

Please list the staff groupings of all those involved in carrying out this EQIA:

Anne Bryce NHSGGC, Inequalities Sensitive Practice Initiative; Maggie Lachlan, NHSGGC, Public Health; Claire Cassidy, Parenting Co-ordinator, West Glasgow CHCP; Lucy Thompson, NHSGGC, Public Health Research; Jac Beveridge, GCC, Education Department; Pauline Craig, Glasgow Centre for Population Health; Jackie Erdman and Louise MacKenzie, as above.

Impact Assessment – Equality Categories

<table>
<thead>
<tr>
<th>Equality Category</th>
<th>Existing Good Practice</th>
<th>Remaining Negative Impact</th>
<th>Specific Actions</th>
</tr>
</thead>
</table>
| Gender            | • The Parenting Framework (PF) recognises the impact of gender based violence on parenting and the need to take this into account in designing the services.  
|                   | • The PF mentions that the Parenting Coordinators will develop their role in relation to the Gender Based Violence Action Plan.  
|                   | • The PF recognises the impact of ethnicity and | • The PF has no specific analysis of the impact of gender on parenting.  
|                   | | • The PF has no specific actions on language | • The Parenting Coordinators will actively assess the needs of women and men to ensure that services meet their needs and they can participate in services provided and develop a gender sensitive approach to their work.  
<p>|                   | | | • The Parenting Coordinators will actively |</p>
<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>racial discrimination on parenting and the need to take this into account in designing the services.</th>
<th>support needs.</th>
<th>assess the language needs of parents and children to ensure they can participate in services provided and continue to take race into account in designing and delivering services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>• The PF acknowledges the needs of parents with mental health problems and learning difficulties. • The PF acknowledges the needs of children with disabilities.</td>
<td>• The PF has no specific actions on the communication needs and access needs for parents and children with disabilities or analysis of any other issues relating to disability and parenting.</td>
<td>• The Parenting Coordinators will actively assess the communication and access needs of parents and children to ensure they can participate in services provided and use the social model of disability to develop their work.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td>• The PF does not mention the needs of lesbian and gay parents or the discrimination they may face as parents or that their children may face.</td>
<td>• The needs of lesbian and gay parents will be included in the equality training for the Parenting Coordinators so that the services can adopt an inequalities sensitive approach.</td>
</tr>
<tr>
<td>Religion and belief</td>
<td></td>
<td>• The PF does not mention any issues in relation to religion and belief and parenting.</td>
<td>• The equality training for the Parenting Coordinators will cover issues of religion and belief so that services can adopt an inequalities sensitive approach.</td>
</tr>
<tr>
<td>Age (Children/Young People/Older People)</td>
<td></td>
<td>• The PF does not mention any issues in relation to age and parenting.</td>
<td>• The equality training for the Parenting Coordinators will cover issues in relation to age so that services can adopt an inequalities sensitive approach.</td>
</tr>
<tr>
<td>Social Class/ Socio-Economic Status</td>
<td>• The PF acknowledges the scale of the issue of low income on parents in Glasgow.</td>
<td>• The PF does not mention the impact of social class discrimination on parenting e.g. judgements on parenting style due to class, access to services etc...</td>
<td>• The equality training for the Parenting Coordinators will cover issues in relation to social class so that services can adopt an inequalities sensitive approach.</td>
</tr>
<tr>
<td>Additional marginalisation</td>
<td>• The PF acknowledges a range of additional marginalisation including substance mis-use, ex-prisoners, parents who have been in care.</td>
<td>• The PF does not mention any issues for asylum seekers and refugees in relation to parenting.</td>
<td>• The equality training for the Parenting Coordinators will cover issues in relation to asylum seekers and refugees so that services can adopt an inequalities Sensitive approach.</td>
</tr>
</tbody>
</table>
### Cross Cutting Actions

1. The PF acknowledges the need to address inadequate service responses to reduce inequality and the need for better coordination of parenting support. The action plan from the PF will define the specific role of the programme in reducing inequality using the Dahlgren and Whitehead model developed by Pauline Craig to ensure effective service response and evaluation plans to measure change.

2. A fuller discussion on vulnerability and targeting needs to take place to ensure that the aim of the PF to address inequality is integral to the action plan.

3. The PF will continue to involve and engage parents from inequality groups through the City Wide Implementation Group and the implementation plans locally.

4. The Coordinators will require support to achieve the aim of tackling inequality through the parenting framework and to develop inequalities sensitive services. Some form of central support will be required to ensure a joint approach to inequalities sensitive practice and to link the work of the Co-ordinators...

5. Parenting Coordinators will use and develop information on their local population to influence local services and make them inequalities sensitive.

6. The Triple P parenting programme has been evaluated with different equality groups and continues to be as part of the world-wide programme. Suggestion: learning from this evaluation will inform the use of the Triple P and other programmes being used in the PF.

<table>
<thead>
<tr>
<th>Action Description</th>
<th>Date for completion</th>
<th>Who is responsible? (initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ongoing</td>
<td>City Wide Implementation Group and Parenting Coordinators.</td>
</tr>
<tr>
<td>2.</td>
<td>Immediate</td>
<td>City Wide Implementation Group and Parenting Coordinators.</td>
</tr>
<tr>
<td>3.</td>
<td>Ongoing</td>
<td>City Wide Implementation Group and Parenting Coordinators.</td>
</tr>
<tr>
<td>4.</td>
<td>Immediate</td>
<td>Parenting Coordinators.</td>
</tr>
<tr>
<td>6.</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

**Ongoing 6 Monthly Review Please write your 6 monthly EQIA review date:**

3rd August 2009

**Lead Reviewer:** Name:  
**Sign Off:** Job Title:  
**Signature:**  
**Date:**
Appendix 2

Evaluation of the NHS Greater Glasgow and Clyde and Glasgow City Council Parenting Support Framework – Summary Document

Evaluation Strategy - overview

The evaluation will take into account all aspects of the Parenting Support Framework and collect a range of data from different sources in order to assess the success of the Framework in relation to the key elements of action detailed above.

Objectives

1. To describe implementation of the framework in terms of new posts, activities and costs
2. To describe any barriers to implementation including resources, facilities, uptake, etc.
3. To assess the effectiveness of universal population based parenting campaigns in terms of public awareness and knowledge of the messages
4. To use population level data to monitor changes in short and medium term child and family outcomes that can be considered to be indicators of longer-term improvement in child health and wellbeing. e.g. child growth data
5. To measure uptake of universal and targeted parenting support services by area, type of service, deprivation, demography
6. To use questionnaire data collected before and after universal and targeted parenting interventions in order to evaluate the effectiveness of interventions in improving outcomes for children and families with additional needs
7. To collect qualitative data from practitioners and families to allow the assessment of the experience of implementing the Framework in order to identify areas of success and areas in need for improvement. This information can then be used to inform the continual improvement and refinement of the Framework.

Scope of the evaluation

The Parenting Support Framework covers the pre-birth to 16 year age range, with the initial focus on children aged birth to seven years, and the first intervention relating to preschool children. The focus of the current proposals for evaluation is therefore on the preschool age group. The proposed evaluation covers both the universal and targeted aspects of the Parenting Support Framework (see overview above). As this is a complex intervention the evaluation is also complex. Both outcome and process focused approaches will be adopted in order to capture this complexity. Every attempt has been made to keep data collection and reporting as simple as possible. The use of IT systems will help in this respect but needs to be developed during a pilot phase. An evaluation of this scale and will require considerable pilot work to be done to ensure acceptability and suitability of questionnaires and the process by which they are administered, scored and used clinically.

Underlying Principles

- The intervention and evaluation must run in parallel, each informing and developing the other. This is the only means by which we can systematically identify the successes and shortcomings of the Parenting Support Framework and to optimise it. This is a groundbreaking project which will establish Glasgow City as a pioneer in this nationally

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1 For full details please see Parenting Support Framework Evaluation Strategy May 2009
and internationally important policy area. Only a robust evaluation will ensure sustainability and emulation.

- The evaluation must combine a focus on hard outcome data with explication of process in order to maximise learning from the implementation of the Framework. Some outcome data can be used to measure the impact of earlier interventions within the Framework, so a longitudinal approach is required.

- the evaluation should make optimal use of routinely collected data wherever possible, and be parsimonious in the introduction of novel data collection.

- data should only be entered once by practitioners, and then can be accessed as required by other individuals and agencies under established governance procedures.

- this coordination of data (both existing and newly collected) will serve a number of purposes:
  - Needs assessment
  - Informing practitioners’ work with families and children
  - Monitoring services
  - Independent evaluation

- for the universal aspect of the intervention, the main health visitor who has developed a relationship with families should be the one to gather family level data wherever possible, at least in the pilot phase.

- Assessment of the impact of the parenting support framework on inequalities is a key element of the evaluation and will be studied in relation to population outcomes, inequalities sensitive practice and success of the programme with targeted groups.

Table 1: Breakdown of objectives: how, when, and by whom they will be measured

<table>
<thead>
<tr>
<th>Objective</th>
<th>How?</th>
<th>Who?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To describe implementation of the Framework in terms of new posts, activities and costs</td>
<td>Meeting minutes</td>
<td>Evaluation administrator</td>
<td>Retrospective record compilation &amp; ongoing monitoring</td>
</tr>
<tr>
<td></td>
<td>Budget reports</td>
<td>Parenting coordinators</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other paper records</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Survey of parenting interventions (training and delivery)</td>
<td>Parenting coordinators</td>
<td>As soon as possible (to provide baseline) and monitor throughout</td>
</tr>
</tbody>
</table>

<p>| | Interview with parenting coordinators | PHRU researcher | 3 mths into post, 6 monthly intervals thereafter |
| 2. To describe any barriers to implementation including resources, facilities, uptake, etc. | Meeting minutes | Evaluation administrator | Retrospective record compilation &amp; ongoing monitoring |
| | Budget reports | Parenting coordinators | |
| | Other paper records | | |
| | Interviews with parenting coordinators | | |</p>
<table>
<thead>
<tr>
<th>Objective</th>
<th>How?</th>
<th>Who?</th>
<th>When?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. To assess the effectiveness of universal population based parenting campaigns in terms of public awareness and knowledge of the messages</td>
<td>Survey and interview responses from families (including those hard to engage)</td>
<td>PHRU R&amp;E team</td>
<td>Early in evaluation period and again towards the end of the initial 2 years</td>
</tr>
<tr>
<td></td>
<td>Statistics on use of dedicated Parenting Support Framework website</td>
<td></td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. To use population level data to monitor changes in short and medium term child and family outcomes that can be considered to be indicators of longer-term improvement in child health and wellbeing. e.g. child growth data, language development, child behaviour problems</td>
<td>Access routinely-collected data (child health surveillance, social work, education)</td>
<td>PHRU R&amp;E team with evaluation administrator</td>
<td>Baseline and periodically (useful/feasible timescales to be established during pilot phase)</td>
</tr>
<tr>
<td></td>
<td>New measures in family health record</td>
<td>Health visitors and Evaluation Administrator</td>
<td>Continuous – expect to see improvement over time</td>
</tr>
<tr>
<td>5. To measure uptake of universal(^2) and targeted(^3) parenting support services by area, type of service, deprivation, demography</td>
<td>Universal: Practitioner monitoring sheets</td>
<td>Health visitors / parenting coordinators</td>
<td>Throughout</td>
</tr>
<tr>
<td></td>
<td>Qualitative data from interviews with practitioners</td>
<td>PHRU / contract researcher</td>
<td>Towards the end of the initial 2 year period</td>
</tr>
<tr>
<td></td>
<td>Case studies</td>
<td>PHRU / contract researcher</td>
<td>Compiled toward end of initial 2 year period</td>
</tr>
<tr>
<td></td>
<td>Targeted: Monitoring of parenting groups: numbers attending and</td>
<td>Practitioners and parenting coordinators (with Big Lottery Fund)</td>
<td>Continuous</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^2\) ‘Universal’ aspects of the Framework are the Solihull approach, the public awareness (marketing) campaign, and the enhanced health visitor support

\(^3\) ‘Targeted’ aspects of the Framework are the Triple P system (beyond universal level), other parenting interventions where relevant (e.g., baby massage, Mellow Parenting), and intensive health visitor support
Objective | How? | Who? | When?
---|---|---|---
participant information forms | administrator & Evaluation Administrator |  |

6. To use **questionnaire data** collected before and after universal and targeted parenting interventions in order to evaluate the effectiveness of interventions in improving outcomes for children and families with additional needs

**Universal:**
- Family health record questionnaires (13m and 30m contacts)
- Health visitor & Evaluation Administrator
- Continuous

**Targeted:**
- Standard questionnaires for group interventions (ECBI/SDQ and Parenting Daily Hassles)
- Practitioners and parenting coordinators
- Continuous (as required)

7. To collect **qualitative data** from practitioners and families to allow the assessment of the experience of implementing the Framework in order to identify areas of success and areas in need of improvement. This information can then be used to inform the continual improvement and refinement of the Framework.

**Survey of health visitors and other early years workers**
- PHRU R&E team
- Early in the project (about 3 months) and again at 1 year and 2 years

**Interviews with health visitors and other early years workers**
- Contract researcher
- Masters student/s

**Survey of families**

**Interviews with families (including those hard to engage)**

**Structured universal child surveillance contacts**

The most significant change to universal services instigated by the Framework, and therefore the most significant challenge for the evaluation team, is that health visitors will make contact with all families when their children are 13 and 30 months old. The content of these contacts will include monitoring of the emotional, cognitive and social development of the child and assessing any need for support by services. Information will be added to the Family Health Record (Green Book, held by Health Visitors) and will allow the monitoring of outcomes that relate to the stated aims of the framework. It will also allow an assessment of wellbeing of families at baseline and throughout the implementation of the Framework (see objective 6 above) to supplement that which is already routinely collected (e.g., child injury data). The following measures will be used:

- Edinburgh postnatal depression scale (EPDS, 6-12 weeks)
- Adult Wellbeing Scale (AWBS, 13 months)
- Parent-child interaction checklist (bespoke, 13 months)
- Parenting Daily Hassles Scale (PDHS, 30 months)
- Richman Behaviour Checklist (BCL, 30 months)
- Language screen – modified McArthur CDI and 2-item questionnaire (30 months)
Some of these measures may be a good way to establish need and their use in telephone or postal contacts may reduce the need for universal face-to-face contact. Work has begun to establish the acceptability of these contacts. West Glasgow CHCP health visitors have recently given feedback on the experience of administering the questionnaires and how they thought families might feel about their use. We are following this up with pilot work concerning particular questionnaires.

Pilot evaluation
An evaluation of this scale and will require considerable pilot work to be done to ensure acceptability and suitability of questionnaires and the process by which they are administered, scored and used clinically. The West Glasgow CHCP will undertake the pilot of the evaluation for six months, commencing July 2009. The aims and methods are summarised in Table 2 below.

### Table 2: Aims of pilot and associated data collection

<table>
<thead>
<tr>
<th>Aims of pilot phase</th>
<th>Questionnaires</th>
<th>Routine data</th>
<th>Process data</th>
</tr>
</thead>
<tbody>
<tr>
<td>To examine the acceptability of proposed questionnaires and administration procedures to staff and parents</td>
<td>✓</td>
<td></td>
<td>✓ ✓ ✓</td>
</tr>
<tr>
<td>To examine the suitability of questionnaires for clinical and evaluation purposes</td>
<td>✓ ✓ ✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>To establish the pattern of need for parenting support in West CHCP</td>
<td>✓ ✓ ✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>To examine the feasibility of universal 13 month and 30 months contacts by health visitors</td>
<td>✓ ✓</td>
<td></td>
<td>✓ ✓</td>
</tr>
<tr>
<td>To develop care pathways to enable staff to plan appropriate interventions if the new measures identify problems for an individual family</td>
<td></td>
<td></td>
<td>✓ ✓</td>
</tr>
<tr>
<td>To develop data capture systems that are consistent with the principles set out above by adapting existing IT systems</td>
<td></td>
<td>✓ ✓</td>
<td></td>
</tr>
</tbody>
</table>

**Timescale for evaluation**

Planning and development of systems: Jan-June 2009

Pilot of evaluation framework (West): July-Dec 2009

Roll out of evaluation across the city: Feb 2010
Appendix 3

NHS GREATER GLASGOW AND CLYDE
JOB DESCRIPTION

1 JOB IDENTIFICATION

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Parenting Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible to (insert job title):</td>
<td>Head of Children’s services</td>
</tr>
<tr>
<td>Department(s):</td>
<td></td>
</tr>
<tr>
<td>Directorate:</td>
<td>CHCP</td>
</tr>
<tr>
<td>Operating Division or GGHB:</td>
<td>CHCP</td>
</tr>
<tr>
<td>Job Reference number (coded):</td>
<td></td>
</tr>
<tr>
<td>No of Job Holders:</td>
<td>1</td>
</tr>
<tr>
<td>Last Update (insert date):</td>
<td></td>
</tr>
</tbody>
</table>

2 JOB PURPOSE

The purpose of this post is to provide a leadership and coordinating role of parenting support as laid out in the Glasgow City CHCPs Parenting Support Framework. The Framework applies to all early years staff providing services from pre-birth to age 19 and proposes a process starting with assessments and interventions for the universal child population followed by active filtering of those who require further assessment, intervention and more specialist support. The postholder’s role will include developing, co-ordinating and implementing a local parenting support strategy, adhering to the Framework, by developing an action plan for the planning and delivery of parenting programmes across partner agencies within the CHCP boundary in order to maximise the outcomes and potential of all and particularly vulnerable children and families.

The rigorous monitoring and evaluation of the various elements of the parenting strategy will be essential from the outset and will adhere to the overarching framework’s evaluation strategy.

The post will aim to maximise and develop existing resources within Health, Education and Social Work to develop and coordinate a strategy of engaging with the most excluded and vulnerable parents across the CHCP. This work will involve collaborative and partnership working with all of the above as well as with voluntary service providers.

A key objective of this post is to promote the delivery of early intervention, parenting support and community-based services for vulnerable families. The postholder will contribute to the development of and research into new services, engage with service users and be involved in the delivery of parenting groups.
3 ROLE OF COMMUNITY HEALTH & CARE PARTNERSHIP (CHCP)

Community Health and Care Partnerships operate for the population within five geographical areas of the city; West, North, East, South East, and South West. CHCPs provide general social work and primary care services, planning and health improvement services, community engagement and a range of specialist community health and social care services to people with addictions, learning disabilities, mental health problems (including older people’s mental health inpatient services) and people who are homeless. Most services within CHCP either have or are working towards a programme to establish integrated health and social care services.

Community Health and Care Partnerships are governed by CHCP Committees; each Committee is chaired by a Councillor of Glasgow City, has an NHS Board member as Vice-Chair and has representatives from the CHCP Sub Committees; the Public Partnership Forum, the Staff Partnership Forum and the Professional Executive Group.

This post is part of the CHCPs Children’s Services. This Service consists of Children & Families and Criminal Justice Social Work Services, Health Visiting and School Nursing, and Specialist Community Child Health Services. CHCP Children’s Services Teams play a key part in local Joint Planning arrangements. This post will operate within this framework.

4 ORGANISATIONAL POSITION

Head of Children’s Services

Ops Mgr Criminal Justice
Ops Mgrs Children & Families
Integration Manager
Senior Nurse Children’s Services
Clinical Services Mgr CYPSS

THIS POST

5 SCOPE AND RANGE

The post holder contributes to the CHCP objective of improving outcomes for children and families across the CHCP area. This post has a focus on parenting; specifically responsibility for developing a partnership approach to improving support to parents. The postholder provides leadership for the development, delivery and evaluation of parenting strategies across the CHCP and partners. This includes staff employed within the CHCP; Education Services & Learning Communities; and local nurseries. The postholder will develop and work to an action plan for which there will be a ring-fenced, delegated budget.

6 MAIN DUTIES/RESPONSIBILITIES

Partnerships
- To co-ordinate the delivery on the Glasgow City Council Parenting Support Framework in the CHCP, working jointly with the parenting co-ordinators across the CHCPs
- Make significant contribution to the development of the CHCP annual plan and Glasgow City Council’s Children’s Plan
- To progress and develop joint working arrangements with Children and Family Services in the CHCP
• To consolidate the work described in the action plan for the integration of local services for children and families
• To ensure a co-ordinated approach to implementing the action plan
• To develop opportunities, including joint training for the sharing of skills and resources across agencies
• To secure other appropriate sources of funding to support the action plan
• To develop links between local, city-wide and national strategic planning structures and processes
• To encourage local partners to refer families to the service
• To encourage local partners to participate in the delivery of services

Needs Assessment
• In collaboration with partners and using local needs assessment data, identify gaps in terms of vulnerability and inequity in child health and development, and support to parents

Management
• To maintain appropriate reporting system to line manager and relevant Strategic Development Groups, e.g. circulating papers etc.
• To be available to offer mentoring and guidance in the delivery of actual programmes so that staff across agencies are skilled and confident in the delivery of programmes.
• To manage a delegated budget identified for the delivery of the service.
• To manage other early years staff within the CHCP in accordance with the organisational structure and as appropriate for the delivery of the service.
• Manage other resources and activities related to the development of the service, e.g. joint funding for evaluation, grant funding for parenting initiatives.
• Identify actual and potential risk associated with implementing the action plan in line with Health and Safety policy and procedures
• Develop referral criteria / referral systems /monitor uptake of services
• Work within the organisational policies e.g. equal opportunities, confidentiality and data protection.
• Identify own personal development needs and participate in the organisation’s annual personal development planning process

Monitoring and Evaluation
• To develop monitoring and evaluation systems for the local parenting strategies adhering to the overarching parenting support framework implementation plan
• To co-ordinate the local collection of date for monitoring evaluation and research purposes.
• Regular reporting to Senior Nurse or delegated line manager in written and verbal feedback.
• To ensure that the action plan is evaluated appropriately and the findings used to inform service developments

Community-based Programmes
• By liaising with health improvement staff, be familiar with and take cognisance of local, regional and national policies when implementing service developments and community based programmes
• Ensure a co-ordinated approach to community based programmes of support for families with an emphasis on early intervention and prevention
• Develop a range of opportunities to promote child health wellbeing and development
• Develop a range of services to assist parents enhance their knowledge and understanding of positive parenting and child development
• Increase opportunities for young children to socialise and learn with other children
• Create opportunities to improve health and nutrition in families by liaising with infant feeding advisers and by promoting the infant feeding strategy.
• By liaising with community workers, promote access to leisure and physical activities for parents and children.

7a. EQUIPMENT & MACHINERY

The post holder will be competent in the use of and have responsibility for ensuring that the team is able to use the following:

- I.T. equipment
- Mobile phone
- Visual presentation equipment

The above equipment and machinery requires a high degree of knowledge and expertise to operate. This also requires manual dexterity skills and adequate hearing and eyesight.

7b SYSTEMS

- IT Systems e.g. MS Word, Outlook, PowerPoint, Internet Explorer, Intranet
- Monitoring and evaluation system for parenting support framework

8 DECISIONS AND JUDGEMENTS

- The postholder manages their own workload under the supervision of the line manager and has the opportunity to use initiative in prioritising areas of work in line with the framework and local action plan
- The postholder uses discretion in engaging and selecting appropriate partners to progress the framework and local action plan
- The postholder influences budgetary decisions associated with developments related to the priority themes of the framework and local action plan
- The postholder is involved in the decision making processes regarding the allocation of work associated with the framework and local action plan to independent contractors

9 COMMUNICATIONS AND RELATIONSHIPS

The postholder will engage in regular communications with statutory and non-statutory agencies such as health, education, social care, voluntary and community sectors. This includes presentations, e-mails, letters, telephone, and face to face communications to ensure partners are engaged with current work associated with the framework and local action plan. The postholder will actively participate in a range of meetings and events that encourages networking and information sharing. All this requires highly developed communication skills such as negotiation, persuasion, empathy and listening.

Communication with parents:

The postholder is required to receive and communicate complex and sensitive information about vulnerable families on a daily basis.

Internal Communications

- Public Health and Corporate Inequalities Teams
- Senior Nurse – Children’s Services
- Reporting to the Local Children’s Services Planning Group
- Social Work Managers and Staff
• Lead Nurse
• Maternity services
• Infant feeding team
• Practice Development Nurse
• Health Practitioners (e.g. Health Visitors, Support Nurses and Community Midwives)
• Health improvement team
• Oral Health Promoter
• Parents and children together (PACT)
• School Nurses
• Child protection Links
• Team Leaders

External Communications
• Adult Health and social care services. i.e. Mental Health, Addictions.
  Mental Health services
• Principals of the New Learning Communities and associated management teams i.e.
  Nursery Heads, Primary Head teachers and Secondary Head teachers.
• Education Department, Childcare/Nursery staff (e.g. Nursery Head Teachers,
  Nursery Nurses and Child & Family Workers)
• Health Development Officers
• Childcare Strategy Development Officer
• Voluntary Sector staff
• Culture & Leisure Staff (Community Action Team, Libraries, Sports
  Development and Museums)

10 PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

Managing competing demands on time. Managing different interests/viewpoints and bringing
These to a consensus.

Physical
The following skills and demands are performed on a daily basis requiring a level of
manual dexterity precision and hand eye co-ordination:
• driving
• daily computer use, laptop/PowerPoint equipment occasionally

Mental
• concentration on administrative tasks (project planning; preparation for and
  chairing meetings)
• concentration required while supervising family support worker

Emotional
• supervising and supporting family support worker who may be faced with
difficult situations, e.g. relating to child protection, personal safety
• dealing with difficult relationships and situations in meetings and day to day
  contact with a variety of partners
• dealing with complaints
• dealing with staff management issues

11 MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

• Ensuring that parenting support services contribute to a reduction in health inequalities
• Delivering agreement and change in relation to the development and delivery
  of parenting across a wide range of interests and a variety of internal CHCP services
  and external organisations with competing demands
• Ensuring a presence in and intelligent input to strategic planning fora and makes a
significant contribution through influence and negotiation to develop and promote change based on evidence of good practice and outcomes
- Establishing credibility and productive working relationships with a wide range of stakeholders
- Influencing and developing joint working arrangements
- Introducing and managing change

12 KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

<table>
<thead>
<tr>
<th>Essential</th>
<th>Desirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognised qualification in Health, Public health, Social Work, Education or equivalent</td>
<td>Qualified to degree level or equivalent</td>
</tr>
<tr>
<td>Knowledge and understanding of the impact of social inequalities on health and wellbeing and how these relate to parenting.</td>
<td>Project management experience</td>
</tr>
<tr>
<td>Experience and understanding of positive collaborative and partnership working</td>
<td>Experience and knowledge of health and social care structures</td>
</tr>
<tr>
<td>Experience of strategic work and service redesign.</td>
<td>A good understanding, knowledge and at least 2 years post qualification experience of the voluntary sector</td>
</tr>
<tr>
<td>At least 2 years post-qualification experience of working with children and families</td>
<td>Knowledge and experience of sourcing funding</td>
</tr>
<tr>
<td>Good organisational and project management skills</td>
<td>Knowledge and experience of Glasgow City Council’s Child Protection procedures</td>
</tr>
<tr>
<td>Ability to develop partnership working</td>
<td>Knowledge and understanding of the Children’s Hearing System.</td>
</tr>
<tr>
<td>Knowledge and experience of what works in parenting support</td>
<td>Knowledge and understanding of the support structures with education establishments and barriers to effective teaching and learning for primary and secondary school children.</td>
</tr>
<tr>
<td>Proficiency in the use of information technology</td>
<td>Knowledge and understanding of Social Work Practice and interventions and working knowledge of the Children’s Hearing System.</td>
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<tr>
<td>Ability to work as part of a team and independently</td>
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<tr>
<td>Ability to adopt a flexible approach to the delivery of services within the CHCP</td>
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<tr>
<td>Awareness of the wider political context of improving outcomes for children</td>
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<tr>
<td>Problem solving skills</td>
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<tr>
<td>Ability to work to challenging deadlines</td>
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<tr>
<td>Vision and enthusiasm for developing services for vulnerable families</td>
<td></td>
</tr>
<tr>
<td>Excellent verbal and written communication skills</td>
<td></td>
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</tbody>
</table>