



SUPPORTING PARENTS TO BE ALL THEY CAN BE – EVENT REPORT

**SUPPORTING PARENTS TO BE ALL THEY CAN BE:
USING SCOTTISH EVIDENCE TO INFLUENCE
SCOTTISH SOLUTIONS FOR SUPPORTING
PARENTS**

EVENT REPORT

Scottish Government

September 2011

Table of Contents

1	EXECUTIVE SUMMARY	1
	The event	1
	Key themes from group discussions	1
	Conclusion	1
2	THE EVENT	2
3	RECENT EVIDENCE	2
	Growing Up in Scotland (GUS)	3
	Family Nurse Partnership evaluation	3
	Other presentations	4
4	TABLE DISCUSSIONS	4
	Parents	5
	Perception of parent needs	5
	Information needs and risk of overload	5
	Parental confidence and stigma	5
	Education	6
	Challenges facing parents	6
	Services	7
	Funding and sustainability/continuity	7
	Multi-agency working and the GIRFEC model	7
	The role of the community	8
	Universal and targeted services	8
5	SUMMARY AND CONCLUSION	9
	Key themes and issues	9
	Communication	9
	Relationships	9
	Multi-agency working	9
	The role of the community	10
	Parent involvement	10
	Conclusion	10
6	ANNEX A LIST OF PARTICIPANTS	12
7	ANNEX B PRO-FORMAS	14
8	ANNEX C EXAMPLES OF SUCCESSES	28

1 EXECUTIVE SUMMARY

The event

- 1.1 The event aimed to disseminate recent findings on parenting to an audience of stakeholders working in the area of supporting parents, to facilitate sharing of best practice examples and to inform the development of policy around parenting.
- 1.2 Sixty delegates (researchers, policy makers and practice workers) from local and central government, NHS and the voluntary sector participated.
- 1.3 Recent evidence on parenting from the Growing Up in Scotland study and the evaluation of the NHS Lothian Family Nurse Partnership pilot was presented. Further presentations focused on the effectiveness of early childhood interventions and how to turn evidence into action through strategic planning.
- 1.4 Presentations were followed by group discussions, covering questions such as “What are the challenges facing parents today?”, and “How can we meet these challenges”, and “What successes have you had in your area?”. This report focuses on summarising the group discussions.

Key themes from group discussions

- 1.5 It was clear that people felt that all parents need support, but the level of support needed would vary. The wider community would have a role to play in providing this support.
- 1.6 Services should be geared towards parents’ needs and should be delivered in a non-stigmatising way. It is not clear how a mix of universal and targeted services would take shape.
- 1.7 Communication was seen as a key issue. Communication to parents could be clearer but communication within and between services should also be improved. Building up trusting long term relationships was seen as a further main concern.
- 1.8 Further collaboration between services was perceived as important, but there is also a need to further clarify how this takes shape in practice.

Conclusion

- 1.9 The event provided participants with the opportunity to hear about the latest findings on parenting and to share their experiences with others. The discussions delivered some interesting thoughts on how support for parents can be improved to ensure that they can be all they can be.

2 THE EVENT

- 2.1 This paper reports on the event “Supporting parents to be all they can be: Using Scottish evidence to influence Scottish solutions for supporting parents”. The event aimed to:
- disseminate recent findings on parenting to an audience of stakeholders working in the area of supporting parents,
 - facilitate sharing of best practice examples, and
 - inform development of policy around parenting.
- 2.2 The event, held on 28 June 2011, was organised by the Growing Up in Scotland team and supported by the Scottish Government. Sixty delegates were invited from a range of backgrounds. Participants included researchers, managers and practice workers, and came from local government, NHS and the voluntary sector (full list in Annex A). The event was chaired by Anne Houston, Chief Executive Children 1st. Angela Constance, MSP, Minister for Children and Young People delivered the opening address. Recent findings from the Growing Up in Scotland (GUS) study and the evaluation of the Lothian Family Nurse Partnership (FNP) pilot were presented. In addition Rosemary Geddes from the Scottish Collaboration for Public Health Research and Policy presented on measuring effectiveness of early childhood interventions with more detailed information on the Early Development Instrument (EDI). John O’Dowd (NHS Glasgow and Clyde) focused on how to turn evidence into action through strategic planning for children. Finally, a panel session was held where people were given the opportunity to ask questions. Two sessions of round table discussions took place, see chapter 4. Scottish Government policy makers and analysts acted as discussion facilitators.
- 2.3 The event was positively evaluated. Around 80% of participants who returned a feedback form (48 in total), felt more or a lot more informed, and felt the event was quite or very interesting and relevant in their job. Around 70% rated the speakers as good or very good, and 80% felt the round table discussions were useful. Participants indicated that they would use what they had learned on the day to disseminate to teams in their organisations, in discussions and to inform practice and (strategic) priorities.

3 RECENT EVIDENCE

- 3.1 Most recent evidence on parenting and specifically parental perceptions of and engagement with services was presented. The presentation slides are available on the Growing Up in Scotland website via the “event” tab www.growingupinScotland.org.uk.

Growing Up in Scotland (GUS)

- 3.2 Parenting was a repeating theme across the four GUS reports published in June 2011. The study interviews the child's main carer, which in most cases is the natural mother. GUS is able to look at parenting, the influences on parenting and the effects of parenting. GUS covers day-to-day parenting and looks at aspects of parenting ranging from attachment and parent-child relationships to the number and kind of activities parents undertake with their children. Significant events (e.g. job loss, parental separation) and socio-economic circumstances were found to influence parenting. Parents living in more disadvantaged circumstances tended to have lower parenting skills. Parenting in turn influences child outcomes in terms of health, and cognitive and behavioural development.
- 3.3 GUS further showed that some parents are reluctant to engage with services. Between 50 – 60% of parents agree with the statement "Nobody can teach you to be a good parent". About 25% agreed that it is difficult to ask for help and that it is difficult to know who to ask for help. About 10% agreed that if you ask for help people start to interfere. Reluctant attitudes were shown to be related to family disadvantage as well as confidence in one's self as a parent.
- 3.4 Reluctant attitudes were also related to actual lower service use, but the direction of the relationship can not be determined. Mothers with lower education levels, lower income and lower socio-economic status were more likely to be low service users (in terms of the number of services they use at 10 months and age 4). Levels of informal support were quite similar for low and high service users, showing that informal support does not compensate for the lack of formal support in the form of service use. Mothers who were both low services users and lacked informal support were more likely to have lower educational qualifications, to be in a workless household and live in an urban area. For some services (e.g. ante-natal classes and parent-baby/toddler groups) reasons for not accessing them were related to not liking the group format and not knowing classes were available.

Family Nurse Partnership evaluation

- 3.5 Louise Marryat from the Scottish Centre of Social research presented some initial evidence around the evaluation of the Family Nurse Partnership pilot in the Edinburgh Community Health Partnership.¹ This showed that the relationship between the Family Nurse and the women was key, specifically the idea of a "therapeutic relationship". The women felt that the family nurse was always available and they could talk to them about anything without feeling judged.

¹ The report has since been published: <http://www.scotland.gov.uk/Publications/2011/07/28142203>

Other presentations

- 3.6 The presentation by Dr Rosemary Geddes from the Scottish Collaboration for Public Health Research and Policy (SCPHRP) focused on her work on the effectiveness of early childhood interventions in Scotland. She further argued that Scotland lacks a standardised measurement of early childhood development and proposed that the Early Development Instrument (EDI), which is currently piloted in East Lothian, could be used. The information gathered with the EDI is not used at an individual level, but is used to identify assets in the community, and retrospectively identify where the gaps in services are.
- 3.7 Dr John O'Dowd from NHS Greater Glasgow and Clyde explained how they turn evidence into action, e.g in the introduction of a 30-month contact and assessment. Some key issues he raised were on "focus on planning across services for children rather than children's services", and the implementation of "progressive/proportionate" universalism.

4 TABLE DISCUSSIONS

- 4.1 Two half-hour sessions of table discussions were held. Delegates were assigned a table number to ensure a mix of backgrounds at each table. Discussions were led by a Scottish Government facilitator, who did not actively take part in the discussion, but took a note of the discussion. Participants were further encouraged to add information on post-its and were send a pro forma in advance of the event asking them to give information on parenting strategies in their organisation and examples of how they work to support parents (see Annex B).
- 4.2 Participants were asked to discuss the following questions:
- What are the challenges facing parents today?
 - What successes have you had in your area?
 - How can we work better together to support parents? How can we engage parents?
 - What are the challenges and how can we meet these challenges?
- 4.3 The report of the discussions below has taken the approach of pulling out some key emerging themes. It discusses, per theme, what was said. For clarity of presentation, this section distinguishes between discussion related more to parents and those related more to services, albeit there was overlap in these themes. In the conclusion section these are drawn together under key themes. The examples participants gave for success in their areas are included in Annex C.

Parents

Perception of parent needs

- 4.4 Both findings from FNP and the discussions indicate that for some parents, certain needs have to be addressed *before* parents can start to engage with services to support them in their parenting role. Be it to build more self-confidence or to help parents stabilise their chaotic life styles, early engagement is needed to ensure that parents will be able to commit to a programme, especially where this may run over a longer period.
- 4.5 It is also important to take parents' needs better into account and have a better understanding of parents' needs. A bottom up approach, starting from parents, was suggested, in order to let them have more of a say in what they need and want. In addition, the provision of services should be led more by what parents need rather than by what services do provide. It was thought that better relationships between services and parents will exist when parents know the person offering support personally and trust has been built up.
- 4.6 Everyone should realise that parenting does not just concern mothers. The important role of fathers, family networks including grandparents and the wider community needs to be recognised (i.e. the idea that "it takes a community to bring up a child").

Information needs and risk of overload

- 4.7 All parents need information on parenting. A wealth of information is available, but with that comes a risk of information overload. In addition, parents are confronted with mixed messages. A lack of consistent messages across services was mentioned, e.g. midwife, health visitor, social worker. This may be partly due to the language that is used. Some terms may have different meanings, or different people use different terms for the same concept (e.g. parenting).
- 4.8 It was perceived that it is not always clear to parents where they can go for help and what services are available to them. "If workers don't know what services are available, parents have no chance".
- 4.9 A positive example of where people have started thinking of alternative ways in which to get messages across is the production of a DVD to inform parents in addition to written materials (e.g. NHS Ready Steady Baby).

Parental confidence and stigma

- 4.10 Parental confidence was cited as an important aspect. Confidence is seen as an important first step in enabling parents to access services and ask for help if they need it. Confidence is undermined by media and society. Expectations are raised about being a "perfect parent" and having a "perfect child". Some parents may lack belief that they can be a good parent and this may undermine their motivation and whether they believe that they can make a difference for their children.

- 4.11 There is a need for increased recognition of difficulties associated with parenting. There should be more support for “normal concerns” for all parents, and asking for help needs to be normalised. Calling certain groups of parents “vulnerable” was seen as unhelpful. All parents can be vulnerable at some point. In addition, we should put more emphasis on the strengths of parents and get away from a deficit model. Peer mentoring and parents sharing their real experiences were mentioned as a positive way to approach these issues. One example is a Buddy programme in Fife that trains lone parents to help other lone parents.
- 4.12 Parenting programmes were seen as potentially stigmatising. This could be due to targeting of services, language used to describe services and the above mentioned issues around the lack of recognition that every parent can have issues and every parent can be in need of some additional support to help them in their parenting.
- 4.13 A number of examples were given of where interventions have had positive effects on parents beyond the focus of the intervention. For example, parents were involved in boards, in the recruitment process of the workers or otherwise enhanced their own skills (e.g. literacy) in the process of the parenting programme they were involved in.

Education

- 4.14 The need to start educating children and young people early about parenting was raised at a number of tables. A real difference can be made when people are being taught about parenting and its challenges when they are young. This might also result in a shift in cultural attitudes around parenting.

Challenges facing parents

- 4.15 The current financial climate was cited as having an impact. For example, especially in rural areas, participants felt parents were getting more isolated because of the lack of affordable transport. Practical accessibility was seen as important in order to engage with parents. For example, in Whitecraig (East Lothian), where transport to the existing site was an issue, moving a service to a better accessible community centre resulted in a higher uptake of a parenting programme. Co-location of services may also improve accessibility.
- 4.16 Further challenges mentioned were lack of support from families and friends. This can be related to issue of housing when families are moved from one area to another they may lose their support network. Also parents' busy working lives can make it difficult for them to access services or commit to longer term programmes. Service provision needs to be flexible to suit these needs and employers could do more to support parents. Lack of support for older children was also mentioned as an issue.
- 4.17 A final general remark concerns the perceived lack of undervaluing parenting within society, and the realisation that Scotland compares unfavourably internationally.

Services

Funding and sustainability/continuity

- 4.18 Funding and limited resources were felt to be critical to the ability to provide long term support. Lack of time was mentioned as a factor influencing the ability to build up relationships and making connections between services, parents and communities. "Parents need to feel a commitment from the service provider that they will be with them across the journey".
- 4.19 Continuity and sustainability of services was a recurring theme, both in terms of continuity over time and continuity between the use of different services. For example, support should be available beyond the early years. It was mentioned that continuity of support can be lost when children move to primary school or even over the school holidays.

Multi-agency working and the GIRFEC model

- 4.20 Trust and building relationships is important. More realism is needed about what can be achieved on the ground via joint working. Non-statutory and voluntary services have an important role to play.
- 4.21 Some tables discussed how they saw health visitors as having a central role. It was perceived that they can signpost parents to other services but importantly they have links within the community (or should have these). In order for health visitors to have more space and time to deliver more tailored interventions, investment in health visitors should be increased.
- 4.22 The principles of the GIRFEC approach were generally supported, although questions/issues were raised about how it works in practice. For example, participants were unclear about how it will be determined who takes the lead to encourage and co-ordinate organisations to work together. Also it is not always clear who is best placed to provide and co-ordinate support. Should this be the worker that has build up a relationship with a family? It is not clear to everyone what the role of the lead professional is. In addition, questions were raised about how new and existing strategies fit together at the national and local level.
- 4.23 More knowledge about what other services are doing is desirable. In relation to this, there was a focus on the need for adult services to consider the impact of their services on children. Parenting is an issue that concerns all services, not just health. Better links between different services, e.g. maternity services and financial services are needed. The complexity of issues that some families face needs to be recognised. Linking adult services with children's concerns should not be done as an afterthought, but considering impacts and needs of children really need to be build into adult services. Thus there is a need for collaborative working and the realisation that different services may be working with the same families. Substance misuse was giving as one key example of an area where more attention to the support needs of parents and children should be given.

- 4.24 In addition, questions were raised about whether parenting was sufficiently recognised within the Community Planning Partnerships and the Single Outcome Agreements.
- 4.25 A positive example of how multi-agency working improves services provisions is that one Early Years Network group started a new group for 2 year olds because this was identified through multi-agency working as a gap.

The role of the community

- 4.26 The community was mentioned in a number of discussions as being able to make an important contribution to supporting parents. On the one hand an apparent loss of community support networks was noticed, on the other hand opportunities for involving communities in providing support and making better use of community assets were mentioned.
- 4.27 *Community mums* was given as a positive example, as was getting the community involved in delivering Bookbug sessions.

Universal and targeted services

- 4.28 Dr Rosemary Geddes argues that successful interventions utilise a mixed (centre and home-based), two generation (parent and child) approach and that childhood development programmes should adopt a model of universal care and support with the intensity of support graded according to need². Dr John O'Dowd in his presentation mentioned, what he calls, progressively universal services, i.e. support available to all parents but more intensive support should be available to those who need it.
- 4.29 There is a lack of clarity about what is understood by "targeted services". Is it about targeting certain geographical areas or certain groups of parents, or is it about universal services being flexible and flexibly adjusting their approach to individual needs, taking on board that "one size does not fit all"? Some suggested that a tiered approach to parenting support would work.
- 4.30 At the same time it was felt that if we just focus on targeting services to vulnerable groups (e.g. those in poverty) or in certain areas only, we run the risk that children who are struggling but do not belong to these targeted groups go unnoticed and their problems unrecognised and therefore not the same level/type of services is available to all.
- 4.31 Questions were raised around the universal (i.e. country-wide) implementation of interventions for which evidence on their effectiveness is available. For example, should the same interventions be available in all council areas? And can FNP be implemented in rural areas? The availability of support beyond the period of the intervention was also raised as an important issue.

² Geddes, Frank and Haw (2010): [Interventions for Promoting Early Child Development for Health](#).

5 SUMMARY AND CONCLUSION

5.1 A number of themes emerged from the discussions across tables and are described below.

Key themes and issues

Communication

5.2 Communication was seen as a key issue, both in relation to communication to parents, as in communications between services and parents and between and within services. Different services may be using different terms for the same thing and this can be confusing to parents. More clarity on what is understood by universal and targeted services or progressively universal services may be helpful. In conclusion, consistency in language use seems key.

5.3 In addition, the language used may add to feelings of stigmatisation attached to service use. It was suggested that simply using a different name for a service or programme might enhance uptake. For example do not speak about a parenting programme but frame it in terms of something that is acceptable to all and non-stigmatising.

5.4 The way society and the media communicate about parenting influences parents' confidence. It was felt that we need to get away from a deficit model of parenting to a "can do" model of parenting and pressures need to be taken off parents' feeling that they need to be a "perfect" parent.

Relationships

5.5 Relationships between services and between services and parents were seen as key. Building trust is important. This can take a long time, therefore the continuity of services is important. Workers need time to build up relationships. Also break down of relationships when people are moved on or signposted to other services needs to be taken into account.

Multi-agency working

5.6 GIRFEC: How is GIRFEC implemented at the local level? There is a need to link up existing and new initiatives at the local and national level.

5.7 Not clear who takes the lead, and what the role of voluntary services is. More thinking is needed around how a tiered approach or a progressive universal approach of service delivery could take shape. The key seems to be that universal services need to have some flexibility in order to give targeted support geared towards individual needs.

The role of the community

- 5.8 Community was thought to be able to play an important role in supporting parents. The idea that “it takes a community to raise a child” was supported. Some thought that health visitors had a role to play in forcing connections in the wider community. Community assets can be used to provide support to parents.

Parent involvement

- 5.9 More needs to be done in order to identify parents’ needs. Parents need to be involved in the development and delivery of services. Services need to be more flexible in meeting parents’ needs. The establishment of long term positive relationships with parents is seen as key.
- 5.10 Services need to be delivered in a non-stigmatising way, and parents should be able to access support in a way that suits them.

Conclusion

- 5.11 The event presented recent evidence on parenting and provided stakeholders the opportunity to share thoughts and experiences in this area and raised awareness about services and practices that have proven to be successful. On the basis of the discussions we can finish with some suggestions for activities that will help us to improve services in the support they can give to parents in order to ensure parents will be all they can be.
- 5.12 Services need to be able to flexibly deliver programmes that are geared to individual needs, and parents need to be involved in identifying what their needs are. Services should be delivered in a non-stigmatising way. More thinking is needed around what a model of universal and targeted services should look like in practice. Some parents need support *before* they can engage with services or take part in a programme.
- 5.13 Communication with parents, but also within and between services, needs to be improved. Collaboration between different services is needed. The principles of GIRFEC were supported, but some aspects of it, i.e. how it works in practice, should be further clarified. Further collaboration between services will also ensure that families receive continued, rather than short term, support that deals with all aspects of the, sometimes very complex, problems a family may face. Sustained services will also help building up much needed trusting relationships.
- 5.14 Parental confidence was seen as an important barrier to seeking help. A more positive attitude to parenting in the media and society will help to boost parents’ confidence. Also starting to educate young people about parenting may contribute to a change in societal attitudes to parenting.

- 5.15 Parents need consistent messages from services and more can be done to make them aware of the support that is available to them and how they can access it.
- 5.16 Any parent can struggle at some point, and all parents need to be supported. Parenting is not just about mothers, but also about fathers, the family and the wider community. A community that is supportive of parents and that values children will make a positive contribution to their development. Finally, we also need to rely on parents themselves, as they can help to shape the very services that are there to support them.

6 ANNEX A LIST OF PARTICIPANTS

First Name	Surname	Post	Organisation
Donna	Bell	Head of Early Years	Scottish Government
Maureen	Black	Family Engagement Worker	Whitecraig Community Centre
Eileen	Blackie	Community Mental Health Worker	Child and Adolescent Mental Health Service
Mary	Boyle	Programme Director	NHS Education for Scotland
Paul	Bradshaw	Research Director	Scotcen
Cheryl	Brown	Manager	Midlothian Sure Start
Mary	Brownlee	Early Years Support Officer	Fife Council Education Service
Ann-Marie	Burgess	PHN/Early Years Manager	NHS Lothian
Joyce	Clark	Business Development Manager	Sacro
Sara	Collier	Assitant Policy/Research Officer	Children in Scotland
Clare	Collin	Early Years Team	Scottish Government
Gillian	Collins	Health Improvement Senior	Inverclyde CHCP
Rhona	Cunningham	Manager	Fife Gingerbread
Jacque	Fee	Early Years Development Officer	Learning & Teaching Scotland
May	Fong	Regional Consultant	Home-Start UK
John	Froggatt	Deputy Director, Child and Maternal Health Division	Scottish Government
Rosemary	Geddes	Research Fellow	SCPHRP
Lesley	Gibb	Service Manager	Stirling Council
Stella	Gibson	Chief Executive	Scottish Marriage Care
Jacky	Gillan	Early Years Co-ordinator	Midlothian Council
Sharon	Glen	Senior Researcher Officer	Scottish Government
Heather	Gunn	Service Manager	Dundee City Council
Mary Ann	Hagan	Inspector	HMIe
Maureen	Halliday	Supporting Families Worker	East Dunbartonshire Council
Christine	Henderson	Parenting & Family Support Lead	Midlothian Council
Rhona	Hogg	Research Lead for Community Nursing	NHS Lothian
Anne	Houston	Chief Executive	Children 1st
Rosemary	Howe	Group Manager	West Lothian Council
Katherine	Hudson	Senior Researcher	Scottish Government
Laura	Hunter	Senior Health Improvement Promotion Officer	NHS Health Scotland
Lena	Hutton	Community Development Officer	Whitecraig Community Centre
Taletta	Jamieson	Parental Involvement Officer	Dundee City Council
Lesley	Kelly	GUS Dissemination Officer	CRFR, University of Edinburgh
Nancy	Loucks	Chief Executive	Families Outside
Alison	MacKenzie	Oban Education Office	Argyll and Bute Council
Louise	Marryat	Senior Researcher	Scotcen
Laura	Marshall	Events Officer	CRFR, University of Edinburgh
Jane	Mason	Learning & Teaching Officer Early Years	Fife Council Education Service
Joanna	Mathieson	Early Years and Childcare Officer	City of Edinburgh Council
Michele	McCoy	Specialist in Public Health	NHS Lothian
Sandra	McFadyen	Service Manager	Quarriers

Brendan	McKenna-Nicoll		Experiential Play
Pamela	McQuaker	Specialist Public Health Nurse	Lochside Childrens Services Centre
Liz	Mercer	Head	Cathkin Community Nursery
Elaine	Milligan	Early Years Worker	Cathkin Community Nursery
Dave	Milliken	Director for Scotland	Home-Start UK
Vikki	Milne	Senior Researcher, Health	Scottish Government
Graham	Monteith	CAMHS Advisor	Scottish Government
April	Montgomery	Parenting Co-ordinator	Bridgeton Health Centre
Leonee	Moorhead	Service Manager	Barnardo's Scotland
Karen	Mountney	Project Manager: About Families	Centre for Research on Families & Relationships
John	O'Dowd	Consultant in Public Health Medicine	NHS Glasgow & Greater Clyde
Judy	Ormond	Section Head Early Years & Childcare	West Dunbartonshire Council
Alison	Parkes	Investigator Scientist	MRC Social & Public Health Sciences Unit
Katrina	Reid	Development Officer: About Families	Centre for Research on Families & Relationships
Marie	Renaud	Senior Trainer	Mellow Parenting
Patricia	Renfrew	Lead Professional Childrens Services	NHS Highland
Brenda	Renz	Programme Director	NHS Education Scotland
Anncris	Roberts	Early Years Framework Team	Scottish Government
Carolyn	Roulstone	Communications Development Manager	Children in Scotland
Irene	Russell	Parental Involvement Development Officer	Learning & Teaching Scotland
Joanne	Sharp	Health Care Manager	NHS Ayrshire and Arran
Clare	Simpson	Project Manager	Parenting across Scotland
Pat	Southall	Co-ordinator - Parent & Carer Support	Children & Families of Edinburgh Council
Shona	Taylor	Inspector	HMle
Hilary	Third	Team Leader - Parenting and Family Support	Scottish Government
Lucy	Thompson	Senior Researcher	NHS Greater Glasgow & Clyde
Wendy	van Rijswijk	Senior Researcher	Scottish Government
Janis	Walker	Manager Pre School Education Home Visiting Service	Fife Education Service
Danny	Wight	Programme Leader	MRC Social & Public Health Sciences Unit
Philip	Wilson	Senior Lecturer in Infant Mental Health	University of Glasgow
Carolyn	Wilson	Head of Early Years Team	Scottish Government
Steven	Wray	PHP	Midlothian CHP
Joanna	Wright	Parenting Service Co-ordinator	Dumfries & Galloway Council
Jonathan	Wright	Principal Researcher	Scottish Government

7 ANNEX B PRO-FORMAS

SHORT SUMMARY OF YOUR LOCAL PARENTING STRATEGY INCLUDING KEY INTERVENTIONS, APPROACHES, DURATION OF THE STRATEGY

<p>Argyll and Bute</p>	<p>Staged intervention – using Family Caring Trust Materials. Delivered on an interagency basis over previous 12 months. Universally available “4T’s Today’s Tods, Tomorrow’s Teens. ‘Parenting Plus’. More intensive 1 to 1, under development.</p>
<p>Experiential play</p>	<p>Experiential Play is an Early Years training organisation offering SQA qualifications in SVQ Children’s Care, Learning and Development at levels 2, 3 and 4. We also deliver a wide range on in-service training and CPD courses to early years workers in Glasgow and throughout the country. These courses cover a diverse range of topics but will consider the place of the child and their family through discussion and thinking. We have links to early years establishments in Belfast and London where we observe and share best practice for working with families.</p> <p>A new parenting programme that we are currently developing is ‘Tickle Giggle’ which is designed to raise parents awareness of the importance of spending time and bonding with their children and how this impacts on the child’s development. Currently we are piloting taster session in the Glasgow area for ‘Tickle Giggle Baby’ and ‘Tickle Giggle Bump’ (takes place before birth).</p> <p>http://www.tickle-giggle.com/</p> <p>http://www.experientialplay.com/</p>
<p>Midlothian Sure Start</p>	<p>The Midlothian Parenting and Family Support Strategy was launched in 2008. The strategy is a 10 year strategy and includes family support. The strategy spans the development of a “menu of parenting programmes” agreed for Midlothian which include Incredible years, Escape and the Challenging years. The approach taken is the Solihull approach with staff from all agencies trained in the use of the approach. A key aspect of the strategy is engagement and participation and a “Midlothian parents voice” network has been established with parents from across the Local authority area and spanning a range of need. This network links into a wider network of parents engaged with a range of services both statutory and voluntary.</p> <p>A further key element is the development of capacity building and work is ongoing to develop a network of parenting befrienders who will be involved in cascading</p>

	support to parents.
Parenting Across Scotland	<p>Parenting across Scotland is not a local organisation. We provide booklets to parents, web based information and undertake policy and research.</p> <p>www.parentingacrossscotland.org</p>
Cathkin Community Nursery	<p>Our Parenting Strategy:</p> <ul style="list-style-type: none"> • To establish a coherent, multi-agency approach to support families through conception, pregnancy, birth and beyond. • To ensure a consistently high standard of accessible support to parents which is appropriate, proportionate, timely and effective. • To increase the capacity of professionals and to deliver appropriate, effective and evidence based parenting interventions within a shared set of values and principles. • Parents, carers, pupils and staff are partners in the education process, each with a distinctive role to play. <p>parents@southlanarkshire.gov.uk</p>
Graham Monteith CAMHS Advisor Scottish Government	<p>Involved through Reshaping Care and Mental Health Division in supporting The NES Psychology of Parenting Project which was established in 2010 to examine issues relating to a future widespread implementation of evidence based parenting programmes (EBPP) in Scotland. The project has been successful in achieving these aims and in generating interest in the potential societal and economic gains that widespread implementation would bring</p> <p>At a recent Scottish Government meeting (7th June 2011) with cross directorate representation we discussed issues of</p> <ul style="list-style-type: none"> • Future investment to support a Scotland wide roll out of targeted EBPPs for 3-4 year olds who are presenting with behaviours which indicate that Triple P or Incredible Years programmes will be effective (if delivered with fidelity) • The importance of embedding these targeted programmes as one discreet essential element within a wider strategy for parenting which includes universal approaches. • Communication and coordination • Reaching a shared understanding of what EBPPs (and associated issue of fidelity to model) are and

	<p>about some of the challenges of integrating EBPPs within conceptual frameworks underpinned by a general philosophy of individually tailored solutions and a stepped approach to intervention.</p>
<p>Learning and Teaching Scotland (LTS)</p>	<p>Learning and Teaching Scotland (LTS) has a Development Officer for Parental Involvement who co-ordinates Parental Partnership planning for the organisation. LTS promotes and supports the development of the parental involvement agenda, as set out in the Scottish Schools (Parental Involvement) Act 2006:</p> <ul style="list-style-type: none"> • Learning at Home • Home/school Partnerships • Parental Representation <p>LTS works collaboratively with a range of stakeholders, including early years centres, schools, local authorities and parents' groups to both increase understanding of parental involvement, including the impact it can have on the outcomes for children and young people, and highlight good practice. LTS links the parental involvement agenda to key priorities within Scottish education, with special attention to Curriculum for Excellence, and ensures that parental representation and parental involvement are reflected in all aspects of LTS work. LTS works closely with and supports the work of the Parental Involvement Policy Adviser in the Scottish Government and the National Parental Involvement Co-ordinator to ensure that the latest policy, direction and thinking are reflected in developments.</p> <p>http://www.ltscotland.org.uk/parentzone/index.asp http://www.ltscotland.org.uk/earlyyearsmatters/h/genericcontent_tcm4628175.asp</p>
<p>Dumfries and Galloway Council</p>	<p>Our Positive About Parenting Framework was published in October 2009 and whilst it sets a long term vision for parenting work, with a notional 10 year plan – it is reviewed every year and an annual action plan is published.</p> <p>The Framework talks about 4 areas of action – Information, Informal Support and Individual Development of Parents (adult activities, numeracy, literacy), One to One support, Formal Parenting Programmes.</p> <p>Since publication we have focused largely of establishing the right infrastructure for multi-agency working and in delivering structured work with parents in the form of group work and one-to-one parenting support. In the region we use the Solihull Approach as our underpinning theoretical framework, Mellow Parenting, and Parents as First</p>

	<p>Teachers in the earliest years, and are currently looking at the use of Incredible Years at age 3 / 4.</p> <p>For parents of teenagers we are using Handling Teenage Behaviour as our underpinning training for staff and using the ESCAPE / Parallel Lines programme for more intensive group work.</p> <p>We are also looking at how we support all staff to deal with certain groups of parents and are developing guidance to support this – ie Parents with Learning Disabilities, Parents with Addictions.</p> <p>Finally we are looking at ways to improve parent engagement which will allow us to tap into the objective views of parents to inform future service developments.</p>
<p>West Dunbartonshire Council</p>	<p>In West Dunbartonshire we are in the process of writing a parenting strategy. Our model will deliver parenting support on four levels.</p> <ul style="list-style-type: none"> • Public information • Universal • Targeted • Universal. <p>The interventions will include</p> <ul style="list-style-type: none"> • Mellow bumps, mellow babies • Play at home • Triple P • Mellow parenting • Incredible years • Handling teenage behaviour.
<p>About Families, CRFR</p>	<p>I am the Development Officer for a BIG Lottery funded project called About Families. The project is a partnership between CRFR, Parenting across Scotland and Capability Scotland. About Families aims to support voluntary and statutory sector organisations to develop their services to meet the changing needs of parents and families, including those with disabilities. We do this by making relevant evidence accessible and then by providing support to organisations to plan, develop and evaluate their services using this evidence. As a result we hope to work with different local authorities, potentially on a wide range of services related to supporting parents.</p> <p>www.aboutfamilies.org.uk</p>
<p>Whitecraig</p>	<p>Last full strategy document 2007. Implementation plan</p>

<p>Community Centre</p>	<p>updates 2010/11. All children in East Lothian will get a better start in life.</p> <ol style="list-style-type: none"> 1. Clear communication process with services enabling co-ordination of provision. 2. Identify and respond to training needs and promote recognised models of practise 3. Maintain multi agency teams of staff trained in delivering parenting programmes 4. Accessible information to parents across age ranges including ante natal and according to levels of need 5. Identify opportunities for joint working 6. Develop M&Eval tools including parents 7. Identify and allocate resources to areas of need <p>The parenting strategy group is likely to undergo some changes in the next year and an early years review is currently being undertaken by Ron Hill Head of Children's Services.</p> <p>http://edubuzz.org/blogs/equallywell see 'Healthy, Happy Bairns'</p> <p>Document evaluating last two years of Support from the Start.</p>
<p>NHS Greater Glasgow and Clyde</p>	<p>Glasgow City as part of NHSGGC: Three elements – parenting coordinators; Solihull approach for early years' staff; Triple P system as intervention. Three year strategy (2009-12) – this covers the initial training and implementation period with a view to making services sustainable within existing resources. Evaluation will run Jan 2011 – Dec 2013. Other NHSGGC local authorities are developing their strategies, with expectation that Triple P be included as the main evidence-based parenting programme.</p> <p>http://www.gla.ac.uk/departments/mentalhealthandwellbeing/psf/intro/ http://www.nhsggc.org.uk/content/default.asp?page=s974</p>
<p>East Dunbartonshire Council</p>	<p>The East Dunbartonshire Parenting Support Framework is being developed. We have a tripart agreement with Health, Social Work and Education regarding the delivery of the Triple P system of parenting support. This details the training requirements of the work force to meet the delivery of the programme and includes how it will be delivered. Within the Education Service we have a team of three Supporting Families Workers and one of their main roles is to deliver Triple P to parents in groups and on a one-to-one basis. They sit in the Early Years Supporting Families team whose other members provide support for parents in a</p>

	<p>variety of ways including managing the Day Care Child Minding service and a holiday play scheme for children with additional support needs.</p>
NHS Lothian	<p>Each of the local CHP/Local Authority areas have a parenting strategy. All these are aimed at addressing local need by increasing parenting support and access to evidence based parenting programmes. The implementation of these strategies has been supported by one-off Scottish Government funding which enabled training to increase capacity in health services staff, local authority and voluntary organisations to provide appropriate support based on need.</p> <p>Progress on the implementation of action to increase parenting support has been prioritised by Public Health, NHS Lothian working in partnership with Community Health Partnerships and Local Authorities.</p>
Families Outside	<p>Families Outside is a national Scottish charity that works on behalf of children and families affected by imprisonment. As such, our focus has been on informing and influencing criminal justice services as well as providing direct support to families and to the professionals who come into contact with them.</p> <p>A need that is increasingly clear in our work is the need to include parents in prison in wider parenting strategies and supports. Being in prison does not stop someone from being a parent; indeed, this group often needs more support to parent effectively and to maintain ties with their children and families, where this is in their best interest. As yet this does not happen, both because adult services focus on the offender and because children's services focus on work they can do in the community.</p> <p>We realise this is not a parenting strategy but rather a gap in support for and engagement with parents and their children. As more children each year experience a parent's imprisonment than a parent's divorce, engagement with this group is critical.</p>
Lochside Childrens Services Centre	<p>Positive About Parenting, A Framework for Developing Parenting Services in Dumfries and Galloway 2009-2012</p> <p>This document sets out the commitment to support parents and carers in Dumfries and Galloway, building on existing work in all sectors, local government, the health service and third sector, and highlights the importance of interagency working. These services will operate on a continuum of need and will be age appropriate, from universal to</p>

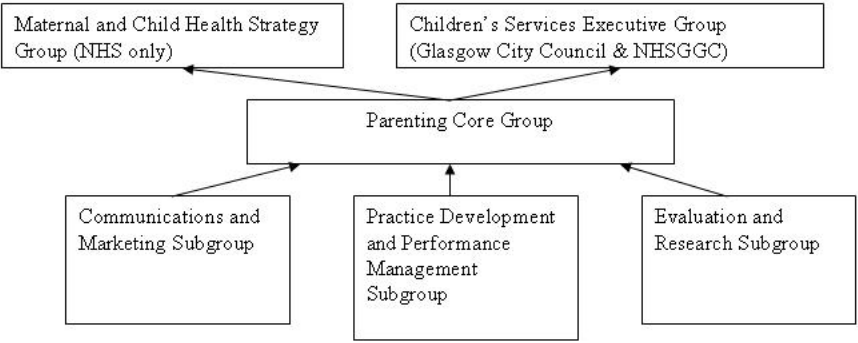
	<p>specialist services for children at high risk.</p> <p>The key action plans are around, Governance and Communication, Audit and Mapping, Supporting Practice and Service Development.</p>
<p>Children and Families Edinburgh Council</p>	<p>Supporting Edinburgh's Parents and Carers A Framework for Action 2009-2012. This Framework makes clear our commitment to supporting parents and carers in their task of raising children. It builds on good work already being taken forward across the city and recognises the skills and abilities of staff across all sectors who are working with families in a wide range of settings.</p> <p>Supporting parents and carers is central in our approach to 'Getting it right for every child' and is a core component of our Early years and early intervention work.</p> <p>Principles of the Solihull approach underpin the Framework and informs the delivery of our support to parents and carers.</p> <p>This support is offered in a number of ways:</p> <ul style="list-style-type: none"> • accessible information and advice • group support • 1-1 support • Evidence based parenting programmes universal to targeted. PEEP, Raising Children with Confidence, Mellow Parenting, Family Nurse Partnership, The Incredible Years, Teen triple P. <p>http://egfl.net/girfec/resources.html</p>
<p>University of Glasgow</p>	<p>Whole-system triple P.</p> <p>Universal assessments of child language, social and emotional functioning at 30 months and at primary school entry.</p> <p>Several areas in which Mellow Parenting is used.</p> <p>www.gla.ac.uk/psfevaluation</p>
<p>West Lothian Council</p>	<p>West Lothian Parenting Strategy is led by a multi-agency steering group which has representatives from Local Authority, Health and the Voluntary Sector. A Parenting Strategy (2009-2012) has been endorsed and signed by our Chief Executive and Director of the CHCP The appointment of a parenting co-ordinator has helped to develop new programmes in response to identified need e.g. parenting programme for parents of children looked after (both accommodated and at home)</p> <p>1. Key Interventions</p>

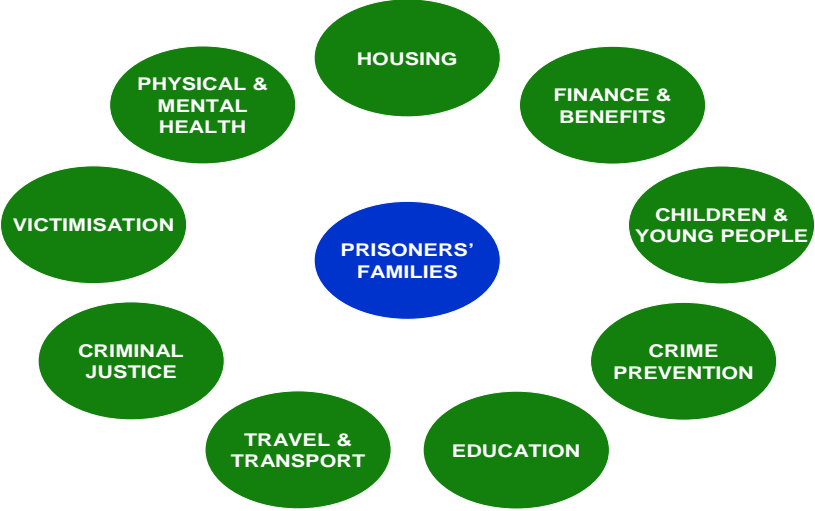
	<p>3 levels of parenting interventions:</p> <ul style="list-style-type: none"> • Basic programme which is delivered through early years centres, schools and locality groups and via website • Programme for those experiencing difficulties – using Incredible Years, Video interaction Guidance etc. • Programmes for those experiencing major problems e.g. those on CP register or Looked After Children <p>1.1 Training</p> <p>Key to our strategy is ongoing training. We have, this year, trained staff in all the main programmes and enhance this by providing a monthly peer support /mentoring group for workers to discuss any areas of difficulty and benefit from the experience of others. Additional training is offered in, for example, basic group work.</p> <p>www.parentingwestlothian.org.uk has information about the range of services available in West Lothian to support parents and also information on parenting programmes and how to access.</p>
<p>Midlothian CHP</p>	<p>Support from the Start</p> <p>Our aim is to improve existing and /or develop new service pathways for addressing health inequality in the early years, and to develop the engagement of the target communities in improving the health of their youngest members.</p> <p>http://edubuzz.org/blogs/equallywell/</p>
<p>Dundee City Council</p>	<p>As part of the implementation of the Early Years Framework, Dundee City has developed a strategy called Being a Parent in Dundee.</p> <p>The strategy focuses on four areas:</p> <ul style="list-style-type: none"> - promoting parental responsibilities - prevention programmes and engagement - community supports - organisational success <p>The strategy brings together partners working in Dundee working to a development/action plan. This work has included a survey of supports available to parents in Dundee and the production of a literature review related to parenting programmes, the aim of this review is to guide future commissioning and funding of parenting supports.</p> <p>https://www.dundee.gov.uk/chserv/docs/BAPID.pdf</p>

HIGH LEVEL DETAIL OF WHERE ‘PARENTING’ SITS WITHIN YOUR LOCAL STRUCTURES, AND YOUR ROLE (TEXT OR PICTORIAL REFERENCE)

Argyll and Bute	Integrated Children’s Service Plan and in Early Years Service Plan and PW locality plans.
Midlothian Sure Start	Midlothian has just restructured its community planning structure. The Parenting and family support strategy fits into the Prevention sub- group of the Getting it Right for Every Midlothian Child Partnership. This in turn reports to the Community planning partnership.
Cathkin Community Nursery	<p>Integrated Children’s Services</p> <p>NHS Greater Glasgow developed a Parenting Support Framework</p> <p>Early Years Framework- Parenting sits at the very core of this framework.</p> <p>Strategy for Parental Involvement (making a difference, working together to support children’s learning)</p> <p>South Lanarkshire council Parents as partners procedure/policy.</p> <p>Cathkin Community nursery was Education award winner for “Partnership in Learning” We take a holistic approach recognising and responding to the needs of children, parents and family groups. We promote positive, effective parenting building a “whole family approach” into everything that we do.</p>
Graham Monteith CAMHS Advisor Scottish Government	<p>The current relationship between the Scottish Government Reshaping Care and Mental Health Division and the NES Psychology of Parenting Project has arisen in recognition of the evidence for improved mental health outcomes (amongst other educational, general health and welfare outcomes, and reduced offending etc) which exist for targeted EBBPs (see above)</p> <p>In addition the requirement for fidelity to model (in order to replicate the conditions for which evidence of effectiveness exists) means that, in any possible future roll out, there is likely to be a pull on the CAMHS workforce (child psychologists, CAMHS nurses etc) to supply the required supervision and other inputs which will assure for quality (and therefore fidelity). The quality assurance required is similar to that currently being offered by the Child Psychologist who provides supervision for the Lothian Family Nurse Partnership.</p>

Learning and Teaching Scotland (LTS)	<p>See section on local parenting strategy above.</p> <p>My own role is as Development Officer for Early Years: research informs us that during our earliest years and even pre-birth, a large part of the pattern for our future adult life is set; therefore we acknowledge that positive early years experiences give children the best start in life and it is therefore essential that we acknowledge parents' pivotal role too.</p>
Dumfries and Galloway Council	<p>Chief Officers Group → GIRFEC Group → Early Years Planning and Delivery Group → Parenting Group</p> <p>Whilst the Parenting Group sits formally under our GIRFEC Early Years Group, there is some recognition that Parenting is wider than early years and our Youth Justice Strategy Group takes a role in consideration of work pertaining to parents of teenagers.</p> <p>At present we have a Regional Parenting Coordinator, who covers pre-birth to 18. We are developing locality structures to coordinate, manage and supervise delivery locally.</p>
West Dunbartonshire Council	<p>The parenting strategy has a strategy group which will lead on the work. We have a part time parenting co-ordinator. The work of the group feeds into the joint strategy group which is a high level multi agency group chaired by the strategic director of education.</p>
Whitecraig Community Centre	<p>Community led initiatives where families are at the heart of developing activities and services such as Stay and Play also Playgroup. (Musselburgh, Whitecraig and Wallyford)</p> <p>Parenting sits within the Adult Ed and Guidance group within Community Learning and Development Service but no specific resources or funding designated. Wallyford and some parts of Musselburgh have resources through housing association wider role which is targeted at parents. At present Maureen Black funded through HIF, Health Improvement Fund to work with families in Musselburgh Area. Whitecraig is a small ex mining town and the community centre is co-located in the primary school. Initiatives include working with schools, ESOL parents, Dadswork and health visitors. Work in Whitecraig began with new Community Development Officer and launch of Support from the Start some initiatives include</p> <ul style="list-style-type: none"> • Stay and Play (parent and child playtime 0-5yrs led by qualified childcare worker) • Play2gether (school based as above 0-3yrs)

	<ul style="list-style-type: none"> • Breakfast to Bedtime (four week informal learning opportunity for parents to discuss issues and potential solutions regarding behaviour, routines, parent confidence) • Family Fun Days (regular events in community centre for whole family to come together) • ABC baby group and playgroup • Oral Health Implementation Group. (multi agency approach to increasing oral health) • Community storytelling garden (joint project with school and community groups) • NOWEL (New Opportunities for Women in East Lothian) 12 week course getting women into work, learning. • Prepare your child for school in partnership with Adult Literacy and Numeracy • First Aid courses, computing course , safety on line for parents • Getting back to work or learning • Breakfast Club started for children of parents working or in learning • Facebook set up to proactively engage parents in discussions and events
<p>NHS Greater Glasgow and Clyde</p>	 <pre> graph TD MCH[Maternal and Child Health Strategy Group (NHS only)] --> PCG[Parenting Core Group] CSC[Children's Services Executive Group (Glasgow City Council & NHSGGC)] --> PCG CM[Communications and Marketing Subgroup] --> PCG PDM[Practice Development and Performance Management Subgroup] --> PCG ER[Evaluation and Research Subgroup] --> PCG </pre> <p>As senior researcher in the Public Health Resource Unit, my role is to coordinate the evaluation of the Parenting Support Framework. I sit on the Parenting Core Group and the Evaluation and Research Subgroup.</p>
<p>East Dunbartonshire Council</p>	<p>'Parenting' sits within the Supporting Families and Improving Health themed group which is a multi agency group that reports to the Delivering for Children and Young People which is also a multi agency group.</p>
<p>NHS Lothian</p>	<p>'Parenting Support' and 'Parenting Programmes' has been progressed as a public health priority, supporting the early intervention/early years national agenda.</p> <p>A programme of work to build capacity at local level was</p>

	<p>supported by Scottish Government funding (report due out). This has supported local level strategies in all four local authority areas within Lothian. 'Parenting' remains a priority.</p>
<p>Families Outside</p>	<p>Parenting is one of a wide range of issues that affect children and families of prisoners. These issues include kinship care, child safety and wellbeing and more:</p> 
<p>Lochside Childrens Services Centre</p>	<p style="text-align: center;"> Children's Services Executive Group ^ ^ Girfec Group ^ ^ Planning and Delivery groups ^ ^ Parenting Services Coordinating Group ^ ^ Short term working groups </p> <p>My Role: Specialist public Health Nurse and Co-Manager of Home Support Project (includes the management of a Pilot for Parents as First teachers), Part of the Parenting Services Coordinating Group. Currently developing Parents as First Teachers within Public Health Nursing, delivery by Nursery Nurses for whole of Dumfries and Galloway. This will commence July 2011 and be targeting first time parents, antenatal – 3 years. Mellow Parenting Facilitator of the only group in Dumfries and Galloway.</p>

	Solihull Approach Trainer, Group Facilitator and Trainer.
Children and Families of Edinburgh Council	<p><u>City-wide Partnership work</u></p> <p>Implementation Group (Supporting Parents and Carers) <i>Reports to</i> Best Start in Life group <i>Reports to</i> Children and young Peoples Strategic Partnership (All groups are Multi-Agency)</p> <p><u>In Neighbourhoods</u></p> <p>5 Children's Services management Groups (multi-agency) Team around the School Cluster</p> <p>12 Neighbourhood (community planning) Partnerships (of which a number have a specific focus on supporting parents)</p> <p><u>Managerially</u></p> <ol style="list-style-type: none"> 1. Coordinator – Parent and Carer Support – reports to Service Manager (then Head of Service) 2. Getting It Right for Every Child Lead Officer (NHS) Edinburgh (Early Intervention Change Manager
West Lothian Council	<p>The strategy group reports to the Children and Families Management Group which is the main group overseeing children's services. The Chief Executive launched our website in 2005 and has endorsed the Parenting Strategy.</p> <p>I have been the chair of the Parenting West Lothian group since its inception in 2004. Representatives include clinical and educational psychology, social work, health, education, Barnardos and social work IT management services (the latter specifically for website development).</p> <p>I am also a manager in Social Work and one of my responsibilities is for early intervention and early years.</p>
Midlothian CHP	Support from the Start Planning Board chaired by Executive director of Education and Children's Services.
Dundee City Council	The implementation of the Being a Parent in Dundee sits within the Early Years Framework.

QUESTIONS FOR THE PANEL

- Where does / should support for parents of older children sit?
- Has consideration been given to Ready, Steady, Primary Ready Steady Secondary –type national written information for parents?
- How can we engage with parents who are not able to access community-based services themselves?
- What is a child’s best interest, and how do we determine that?
- How can GPs be engaged in the process of supporting parents?
- Is the government’s policy of supporting parents compatible with a year-on-year loss of health visitors?
- Will there be any national communications strategy related to promoting parenting and parental responsibilities?

8 ANNEX C EXAMPLES OF SUCCESSES

- We had success getting parents to attend classes to further their education.
- Avoiding the use of the term “parenting programme”, instead “Today’s tots, tomorrow’s teens’.
- Community asked to deliver Bookbug sessions, that works better in order to get parents through the door.
- Getting a speech and language therapist to visit the nursery on a weekly basis.
- St Andrews family support project in Dundee. Three groups of people working tightly together, and not that expensive to run.
<http://www.dundee.gov.uk/orgs/group.php?id=2795>
- Are where transport options were poor, therefore the service moved to a community centre and as a result there was greater uptake.
- Training parents to be parent-coaches. Was a time consuming process but then the parents also benefitted by getting a SQA qualification at the end.
- Sure Start bringing together health and education.
- Early Years Network group, example of local group of practitioners who have regular meetings. Identified gaps in services for 2 year-olds in the community. Started the ‘Now you are 2’ group, this came from a multi-agency identified need. Example of local staff thinking innovatively.
- Homestart working with parents in their own homes – volunteers choosing to give their time to this cause. High take-up rate.
- In Dumfries and Galloway, Sure Start funding (no longer available) was used to set up Family Centres at the heart of deprived communities, providing a range of multi-agency services for children and their families. Dumfries and Galloway have also successfully implemented the ‘Parents as first teachers’ programme
- Fife Council have a network of Children and Families Centres, providing pre-school education for ages 3-5 but also a range of services for parents and for younger children. Family Support Workers are employed to engage with parents.
- West Lothian: working with young mums. Twelve week antenatal course includes wide range of activities (e.g. Salsa dancing) reflecting healthy life choices (e.g. includes lunch).
- Peer mentoring for parents: ‘Instructions not included’: mothers supporting other mothers on parenting (e.g. breastfeeding).

- Website with information on parent support available and how to access it. And information leaflets on practical parenting for those who don't require direct support.
- NHS Ayrshire and Arran: common strategic approach across partners (health, social work, and early years). Creating common messages, supporting culture change and integrating at strategic level.
- Information for services/practitioners available online. 'start smart' texting service to wide range of workers on ways of working with parents.
- Greater Glasgow and Clyde 30-month contact is a good example of how services can work together, bringing in non-health services (not just health visitors). Speech and language services new model, tailoring to free up resources.
- You first – Midlothian; see <http://www.parentingacrossscotland.org/policy--research/good-practice/parenting-skills/you-first-a-booster-programme-for-young-parents.aspx>
- Triple P, Glasgow. Also in Fife. <http://www.triplep.net/> and Teen Triple P
- Solihull approach in Midlothian, North Lanarkshire and Glasgow. <http://www.solihull.nhs.uk/solihullapproach>
- Community education has helped.
- Siblings included in family days; engaging with the whole family at centre.
- Extended community teams (LTS). Team pooling of resources from across professions.
- Parenthood/parenting as a motivator to encourage adult literacy. E.g. 'learning together' project at HMP Parc in Wales, where prisoners learn their children's curriculum so that they can help them with their homework. This encourages their own literacy/numeracy without the stigma of adult literacy courses.
- Fife "Buddy" programme which trains lone parents to help other lone parents.
- Midlothian Sure Start. Key to success is adopting a two pronged approach: prevention and early intervention. Need to do both.
- South Lanarkshire: Cathkin Community Nursery.
- "Together we can", birth to three guidance South Lanarkshire. <http://ecas.southlanarkshire.gov.uk/submissiondocuments.asp?submissionid=18519>
- Use of counselling, art therapy and play therapy to support families with "HOPE".

- Developing a 16-week antenatal parenting programme which engages parents at an early stage.
- Dad's group. Working with dads in delivering parenting programmes.
- Teen parent work in Fife, Levenmouth area. Ninety parents engaged and supported in two years. US based and community remit.
- 'Being a parent in Dundee' strategy. <http://bit.ly/p9bBGv>
- PEEP (Peers Early Education Partnership) <http://www.peep.org.uk/>
- Edinburgh's Supporting parents and Carers Framework (City of Edinburgh Council).
- Mellow parenting; Mellow bumps <http://www.mellowparenting.org/>
- Incredible Years; <http://www.incredibleyears.com/>
- Play@home
- 'Growing confidence' project <http://www.growingconfidence.org/>
- Fife Early Years Strategy Group
- Fife VIP: Vulnerable in Pregnancy
- Rights respecting nurseries
- PSCT: pre-school community teams
- Quarriers Family Resource Centre
<http://www.quarriers.org.uk/en/AboutQuarriers.aspx>
- Family Support and Community Childcare Initiative now mainstreamed.
- Testing of Early Development Instrument (EDI) in East Lothian to support Equally Well Early Years test site programme.
- Teenage parent peer mentoring project.
- Working with parents of tomorrow by counselling/ group work for emotional mental health issues and teaching skills about early about relationships and family relationships.
- Establishment of Family Nurse Partnership in Tayside.
- Learning Teaching Scotland (LTS) Pre-birth to Three Guidance.