Parenting support: exploring the current landscape in Glasgow

Fiona Crawford, Glasgow Centre for Population Health/NHS Greater Glasgow & Clyde
Rona Dougall, NHS Greater Glasgow & Clyde
Valerie McNeice, Glasgow Centre for Population Health
Rachel Harris, Glasgow Centre for Population Health

November 2016

ACKNOWLEDGEMENTS

The authors wish to thank the key informants who gave generously of their time and provided valuable information and insights regarding parenting/family support in Glasgow city.

CONTENTS

Executive summary	4
Introduction	6
Aim of the study	6
Methods	7
Findings	8
1. Economic, social and cultural context	8
2. Range and fidelity of parenting support programmes	11
3. Relationships and engagement	13
4. Monitoring and evaluation	17
5. Clarity of vision, leadership and future direction	20
Discussion	24
Conclusions and recommendations	26
Glossary	27
References	30
Appendix	31

Note: To support the reader's understanding of the terms used within this report, a glossary is presented at the end of the paper. All terms described in the glossary are shown in bold within the text.

EXECUTIVE SUMMARY

Background
The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. Positive family relationships and parenting play a vital role in promoting healthy child development. In recognition of the importance of this agenda, in 2009, NHS Greater Glasgow and Clyde launched a Parenting Support Framework. At the outset **Triple P** was adopted as the main parenting programme. In addition to **Triple P**, a wide range of other interventions, support programmes and approaches have been utilised by health, social work, education and third sector staff within Glasgow. These include **Incredible Years**, **Mellow Parenting**, and the **Solihull Approach**.

Study aim
The aim of this research was to provide services and agencies involved in commissioning or delivering parenting interventions in Glasgow with a better understanding of the range and extent of parenting support currently on offer across Glasgow, and to make recommendations for future service delivery.

Methods
Face-to-face/telephone interviews were conducted by a researcher during late 2015 and early 2016. Seven informants were interviewed individually. On two occasions interviews were paired, comprising 11 key informants in total. Informants were recruited from health and social care, education and the third sector. Each informant was involved in the commissioning, planning or delivery of parenting support within Glasgow City.

Findings
Five main themes emerged from the data (discussed in detail in the main report):
1. Economic, social and cultural context
2. Range and fidelity of parenting support programmes
3. Relationships and engagement
4. Monitoring and evaluation
5. Clarity of vision, leadership and future direction.

Conclusions
Parenting support is now firmly embedded in Glasgow as an important component of early intervention across the statutory and third sector. There is growing recognition of the importance of family support which can take account of and respond to a family's economic, social and cultural context.

Recommendations

Services and agencies involved in commissioning or delivering parenting interventions in Glasgow should:

1. Establish a more integrated family/parenting support model underpinned by the **'Getting it Right for Every Child'** principles that can take account of and respond to a family's economic, social and cultural context.
2. Recognise that no one programme fits all families and therefore broaden parenting programme options to widen the focus from **Triple P** to other programmes and interventions.
3. Build on existing good examples of cross-organisational working as seen in partnerships between the NHS, education and the third sector.
4. Provide greater clarity about what constitutes success and share monitoring and evaluation strategies that include a focus on outcomes for families.
5. Build relationships with families to help them take an active part in support plans rather than being viewed as passive recipients of programmes or services.

INTRODUCTION

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood[1]. Positive family relationships and parenting play a vital role in promoting healthy child development[2].

In recognition of the importance of early intervention in supporting healthy child development there has been a long-standing commitment by children's services in Glasgow to provide parenting support to families. A city-wide Glasgow Parenting Support Framework was launched in August 2009 with **Triple P** adopted as the main parenting programme[3]. **Triple P** is a 'parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents'[4]. As well as **Triple P**, a wide range of other interventions, support programmes and approaches are utilised by health, social work, education and third sector staff within Glasgow. These include **Incredible Years**, **Mellow Parenting**, and the **Solihull Approach**.

This qualitative research study was undertaken by a multi-agency evaluation group, led by Greater Glasgow and Clyde Public Health Directorate, to gain a clearer picture of the range and scope of parenting support services currently being utilised by the statutory/third sector in Glasgow Health and Social Care Partnership[a], and how these fit within wider family support structures. Findings are intended to inform future prioritisation, planning and delivery of parenting/family support across Glasgow Health and Social Care Partnership as well as other partnership areas in Scotland.

AIM OF THE STUDY

The aim of this research was to obtain a better understanding of the range and extent of parenting support currently on offer across Glasgow by exploring:

- types of parenting support delivered
- referral routes and pathways
- staff deployment and training
- monitoring of delivery and impact measures
- future plans.

[a] A second, related study focuses on scoping parenting support across the wider NHS Greater Glasgow and Clyde area, looking at services within Inverclyde, East Dunbartonshire, West Dunbartonshire, East Renfrewshire and Renfrewshire.

METHODS

Face-to-face or telephone interviews were conducted by a researcher during late 2015 and early 2016. Nine informants were interviewed individually. On two occasions interviews were paired, comprising 11 key informants in total.

Informants were recruited from health and social care, education and the third sector. Each informant was involved in the commissioning, planning or delivery of parenting support within Glasgow City.

All interviews were transcribed verbatim and coded into primary themes. Analysis was supported by use of Atlas.ti software to organise material, reflect relationships between ideas and identify secondary themes across the dataset. The analytic process was shared by three researchers taking an iterative approach. Researchers initially read transcripts individually in full, and then revisited the data in themed summaries individually and collectively, before drawing together and presenting key emergent themes which formed the basis of findings. Discussion and further consultation between the researchers helped identify consensus on key issues and meaning.

Five main themes emerged from the data:
1. Economic, social and cultural context
2. Range and fidelity of parenting support programmes
3. Relationships and engagement
4. Monitoring and evaluation
5. Clarity of vision, leadership and future direction.

These themes are discussed in more detail below. Quotations have been used to illustrate key points. Each quotation is attributed to a numbered key informant (e.g. KI 01) in order to ensure interviewees remain anonymous. Where two people were interviewed together, both key informant numbers are attributed to a quotation (e.g. KI 05 & 06).

FINDINGS

1. Economic, social and cultural context

Key points:

- Practical support for families to address immediate concerns, including poverty, was an essential prerequisite to parenting support.
- Parents' own childhood experiences influence their parenting.
- **Kinship carers** often have particular emotional needs that must be recognised and addressed.
- Parents from different ethnic groups may have important cultural and language-related issues that should be recognised and addressed.
- A community development approach can have dual individual and community benefits.

Key informants highlighted a range of economic, social and cultural factors that they felt were very important in understanding and responding to parents'/carers' parenting needs in the city.

There was recognition that rising levels of poverty as a result of the current economic context, changes to welfare benefits and the application of sanctions was leading to increased stress and anxiety particularly among low-income parents. Practical support for families struggling to make ends meet was seen as essential by a number of respondents.

> *"Very hard to focus on your parenting behaviour, your parenting style when you're thinking oh my god how am I going to pay that bill? Or how am I going to get dinner on the table? Or he needs new shoes and I don't have any money."* (KI 01)

> *".....we got a referral, you need to work on parenting strategies like bedtime routines, so we thought, right, okay, we'll go in and speak about what are the things that are getting in the way of bedtime routines, and there were no beds, because the family had no money for beds. Carpets, beds, curtains or anything. So we're going, right, okay."* (KI 03 & 04)

Examples of practical help for parents/carers cited by informants included the following:

- establishing clothes banks for school uniforms to increase attendance by children without a school uniform
- provision of short-term free nursery places/lunches and subsequent flexibility regarding payment
- access to an evening babysitting service to allow lone parents to socialise, attend parents' nights or to exercise.
- integration of a money advisor post into a family support service.

> *"There might be an issue with paying a small amount for a nursery placement and, sitting in that group, people might be able to have a bit of flexibility round about that and say, okay, for the first two months we can offer a free place and free lunches, in order to get the child engaged in the process, to get the parent in the routine, the getting up and bringing them. And then, eventually, we'll support the parent to find out how else she can*

access, or he can access, about money, by them budgeting or by doing different things that we can work with the family." (KI 03 & 04)

It was also recognised that parents' own childhood experiences and context were important. Vulnerable parents may have had a poor experience of parenting themselves, impacting negatively on their own parenting practice. In some nursery settings, staff encouraged parents/carers to come into the playroom to play with their children as part of learning to engage in a positive way.

> *"…there's no point in even looking at what's happening for the child until you've looked at what's happening for the parent because quite often what's happening for the child – well a hundred per cent actually – what's happening for the child tends to be linked to what's happening for usually mum or dad or whoever the main carer is."* (KI 01)

Cultural context was also seen as influential in parenting style and practice with parents from other countries sometimes unaware of what was viewed as appropriate or acceptable in Scottish society, thereby requiring support to raise their awareness and adjust behaviour.

> *"......you don't know how many of our parents sometimes get into trouble because they smack children. In some cultures that's how they deal with a difficult child. So it's about making them aware that you can't do that here. It is not acceptable. Or leaving, that's the other one, leaving your child on their own."* (KI 08)

There was recognition that it was important to try and meet the needs of specific population groups such as asylum seeking families, accommodated around Glasgow, who were at increased risk of social isolation and who may be anxious about their situation.

> *"So it's just about talking to them about how they are feeling and making them aware that there are people out there who can actually help them with different areas of their children's needs or help them themselves to be able to deal with whatever will be happening in their lives."* (KI 08)

Accommodating for languages spoken by different ethnic groups during parenting programmes and events was cited as a huge logistical challenge. Engaging minority ethnic families in parenting support may be viewed as a positive outcome. However, one respondent spoke of a parenting seminar that had involved six interpreters translating different languages in the same room which poses difficulties in terms of developing ongoing dialogue and relationships between members of the group.

An approach that recognises the emotional dimensions of parenting was felt to be particularly relevant for **kinship carers**. Being trauma-aware in working with **kinship care** families was seen as vital where there may have been a death resulting in bereaved children and grandparents.

“.......parenting’s a very emotional process, and for kinship carers in particular there’s a whole dynamic of disappointment, stress, sometimes bereavement, all of the anger, all of those things that are really wrapped around the fact that they are now in a parenting role, that it’s really important that we, as groups… understand, and understand how that’s different.” (KI 03 & 04)

“So our staff are very good, actually, at working with trauma and encouraging families to look at....you can’t be parenting if somebody’s completely traumatised by an event, so you have to work with both at the same time.” (K1 03 & 04)

At a broader level, third sector respondents stressed the importance of thinking about the community as a whole when considering parental capacity and family support. It was felt that community development work helped parents/carers to increase their own confidence in making the community they live in better and safer for their children. Respondents were of the view that this led to positive individual outcomes as well as benefits to the community.

“The staff make it their business to know what’s going on round about the areas these families live, so linking them into community things, community events and groups, and trying to reduce their isolation, so it’s not just about them participating in group work, or getting family support in the house, it’s about getting them out of the house and involved in things in the local communities. For loads of different reasons, increasing their confidence, making them feel part of something bigger, for them to find their own sources of support in the local area, linking them into interests to help them with their mental health, encouraging them to, if they’ve got better mental health, the children will be more involved in local things and accessing local resources. So it’s a big, there’s that bigger picture as well.” (KI 03 & 04)

There were also examples of other community development projects that had dual environmental and individual mental health benefits because local people were asked what they would like to change in their local area for the better and were then helped to make changes.

“So working with the community and looking at derelict sites that have got all sorts of rubbish on them, clear them and turn them into flower meadows. That has an impact on people’s mental health, because you look out of your window at just a pile of rubbish and you can’t let your children out because you don’t know what’s in among the grass and the bushes and you just feel well that’s all we are entitled to. This is where we live. You open your curtains and you have got poppies and flowers. It just has a different impact on you. So that kind of work is important as well for improving people’s mental health. That’s another aspect, it’s the environmental work that we do.” (KI 02)

In terms of social context, there was a view that changing housing policy in Glasgow had led to an increase in small nuclear families with a reduction in family support that had previously been more available through local extended family networks.

“Years ago you could be born in Easterhouse and your mother and your mother’s mother and your mother’s brothers and sisters etcetera all lived in the scheme. The chances now are there are a very few family supports left in the scheme because they have moved to another part of the city because the housing stock has been changed and therefore we have created a dysfunctional system within families who have been spread far and wide.” (KI 11)

It was also felt to be important to be more proactive at sustaining family units rather than waiting until signs of family dysfunction were emerging. Better planning and partnership were called for to build community services and amenities into new housing estates at the outset.

“I think we need to think differently, I think we need to look at when we are building these new housing estates, we need to think well yes housing provision is the main priority, but we need some form of community base within it so we can deliver on some of these outcomes for children and sustainability and families in the community.” (KI 11)

The role of fathers in parenting was felt to be neglected at times with a lack of recognition of the positive contribution fathers can and do make.

“…actually, we’ve got some really good examples where dads have been very productive parents and we’ve grown the dads, within the family, and it’s the dad that’s made the thing sustainable.” (KI 03 & 04)

2. Range and fidelity of parenting support programmes

Key points:

- Parenting support in Glasgow was found to operate within a mixed economy of programmes and approaches.
- Referral into parenting programmes and delivery of interventions was managed through a wide range of avenues and agencies.
- Parenting was often incorporated into broader family support services.
- Third sector organisations tended to deliver more flexible models of parenting.
- Parenting interventions should take account of the needs of individual families.

Glasgow has made considerable investment in **Triple P** since 2009 and the programme remains one of the most highly used interventions in the health sector. However, the research found that it is not always the intervention that is utilised for families where parenting is challenging. Other programmes aimed at positive parenting were also used (e.g. **Incredible Years**) as well as those with a more explicit focus on family relationships and early attachment such as **Mellow Parenting**, Mellow Babies, Mellow Dads, **Five to Thrive** and **Systemic Family Therapy**. **Triple P** remains the recommended intervention in this sector and has been subject to NHS board targets.

The **Solihull Approach** was cited as part of the suite of parenting programmes. While Solihull Community Services does produce a structured parenting programme the term '**Solihull Approach**' was also used to refer to training in understanding nurture and attachment and how to work with families, rather than programme delivery alone. Solihull has been promoted widely by NHS Greater Glasgow and Clyde (NHSGGC) as a cornerstone of the parenting framework along with **Triple P** and informants reflected that many health visitors have built this training into their routine practice. **Video Interactive Guidance (VIG)** was also described as a tool or strategy for staff and parents to record and reflect on parent-child interaction in a positive way, rather than an approach to parenting *per se*.

Parenting support was found to feature in the routine services of several agencies. At root, most services conformed to a standard programme with strong principles and a clear delivery model but many agencies adapted the style and content of programmes in response to the needs of individual families or where there were more complex and multi-layered problems. When defined as part of a holistic family support service, parenting interventions were often conceived in a less rigid way where flexibility and the ability to offer *"bespoke parenting support"* (KI 02) was the key characteristic.

> *"You'll notice my language has kind of drifted from parenting to family support and that just happens naturally for me. I actually think that's where we need to be. I think we need to stop talking about parenting and start talking about family support because parenting is only one strand of family support and it's so limiting to restrict yourself to just looking at parenting interventions, it's not how human beings work… But it's hard, it is hard to do and it's much harder to do than delivering evidence-based parenting interventions and counting them, and it's not working."* (KI 02)

A flexible attitude to parenting was found to be fairly ubiquitous across the third sector. This may be because it is less restricted by the traditional service models of statutory agencies where fidelity to evidence-based interventions is a stronger driving force. Flexibility was built into programmes in various ways, either by adjusting delivery styles or programme content or working in combination with other approaches. For example, one third sector organisation reported that the need for interpreters among their clients can mean that sessions take longer and so courses are often extended from their standard model of eight weeks to 14 weeks. Their delivery of parenting also incorporated a '**Mend the Gap**' approach, adding an element of cultural understanding to the parenting messages.

Work with families was not always overtly directed at core parenting behaviours. Across agencies, parenting was discussed alongside a range of interventions or activities that were seen as integral or at least complementary, including provision of respite (e.g. **Geeza Break**), befriending, play sessions, mental health support (e.g. **Life Link**), financial advice, cooking skills, initiatives in nursery, and so on, all of which were seen as impacting on positive parenting.

> *"...they also do parent and child together sessions and that's looking at parent-child bonding. It's about allowing parents to be playful, to play and enjoy play which they might not have done or not have done for a long, long time and it helps them to gain a better understanding of the stages of development of the child."* (KI 02)

"...they will do it in a different way. For example, instead of calling it parenting they might bring in somebody to talk about healthy eating or healthy cooking or whatever and from that it may well be the parent starts to talk about the relationship with the child or they could even bring in benefits advice for the parents or preparing your CV, so that the father or whatever can apply for a job." (KI 07)

In some cases, flexibility was built in via collaborative delivery across agencies combining evidence-based programmes such as **Triple P** with other approaches, for example the inclusion of other skills (as previously mentioned) or the application of frameworks such as the nurturing principles used in early education. The notion of flexibility in parenting interventions was found within the concept of family support where the symbiotic nature of the parent-child relationship is privileged. This is what underpins the view expressed throughout this study that the delivery of parenting needs to be focussed on the family, taking account of the emotional and material situation of the parents and of the child.

"I've never seen anything that's about family outcomes and I don't actually know what that would look like but it just feels to me that is almost what you need to have because children don't exist in isolation from their parents and you're only a parent because your child is there, so family is the more important one." (KI 01)

The model of support delivered, whether parenting or family support more broadly, rested to some extent on the confidence it instilled in those involved and this was true of staff as well as families:

"…unless the health visitor really understands and has bought into the Triple P programme or any other parenting programme, they are not going to be having that conversation with the families. They are not going to be actively promoting that kind of approach…" (KI 09)

This study suggests an acknowledgement across Glasgow that one parenting model does not suit all. If interventions are to be successful, they must respond to needs and complexities. The ability to deliver flexibly was found to be crucial to addressing the issues impacting most keenly on the lives of families. Examples were cited of families finding it difficult to engage with parenting support at all and this contributed to the need for broader support models that included, but were not defined as 'parenting'. Engagement is discussed more fully in the following section.

3. Relationships and engagement

Key points:

- The benefit of good relationships was felt at the level of organisations, families and individual parents/carers.
- Collaborative working across organisations can help to overcome practical barriers for families.
- Support frequently begins with an engagement phase for families with pressing material needs or who lack confidence and trust in social or community services.
- Engagement can take a great deal of time depending on the barriers families face.

Organisational relationships and engagement

There was repeated reference to the benefits of developing good relationships across organisations and taking a partnership approach to the delivery of family support, including parenting. This happened on a case-by-case basis where capacity and resource was shared to meet need:

> "*There are other examples of that in the northwest of the city...when there is that kind of cross-fertilisation and collaborative approach where the organisations are joining the team meeting and they are actually able to have discussion around potential referrals for support and they can take some of the family support off the child and family team and get them into parenting support that way*." (KI 10)

It was also facilitated through formal structures and initiatives such as **Joint Support Teams (JSTs)** or **Locality Planning** Groups that helped strengthen the links and joint working between organisations. JSTs, for example, have representatives from health, education and social work as well as a range of third sector organisations. For smaller organisations such as the respite group **Geeza Break**, attendance at every JST would be impossible and so this participatory role was often shared across third sector organisations who had already established good working relationships. While collaborative structures take time to establish there was evidence of progress and improvement:

> "*I think the structures now in Glasgow are much, much better. Certainly, the discussion between social work and health as part of the partnership, but also with education, I think there is much more of a linkage there*." (KI 07)

The benefits of working in a collaborative way were twofold. Firstly, parenting support was likely to reach more families if appropriate organisations within neighbourhoods had a stake. Indeed, the potential to build on such joint working was identified in the suggestion to forge links with registered social landlords who have contact with many families. This model could also expand the scope of influence into housing provision and help to embed family policies into planning processes.

Secondly, collaborative working helped to overcome practical barriers for families, in some cases. Organisations working in partnership to deliver a more tailored range of supportive services had enabled engagement with parenting support services.

> "*I think the barriers only come when services don't make themselves more reachable. For instance, if they don't provide childcare to someone who is socially isolated, who doesn't have a friend or granny to look after the child? If you don't make an interpreter available because what parents have told us sometimes is, how can I go to a parenting group when I don't speak English?*" (KI 08)

Family support in a nursery in the north of the city was cited as an example of successful joint working. As engagement with families improved, the head teacher brought in other third sector organisations to run supported toddler groups for families who were on the waiting list to ensure that they received timely family support. By the time these families had reached nursery entry stage *"...they'd already had a year of coming to something, being part of a group… giving people time to build relationships and have a bit of trust"* (KI 01).

Good interagency relationships were found to facilitate both shared provision of resources for tailored extensions to services and follow-up over time. This in turn helped organisations place their specific contribution to family support and define clear aims for individual services.

Engagement and relationships with families

Reports on parenting were found to focus on the delivery and completion of specific programme activities. This was particularly true of **Triple P** in Glasgow City where outcomes were reported with reference to the number of booklets submitted by parents, signifying completion of the programme. However, there was widespread acknowledgement that the work of parenting extends beyond programme boundaries. Frequently, support began with an engagement or even a 'pre-engagement' phase for families who, for various reasons, lacked confidence in social or community services. In this phase the focus was on building trust and developing supportive relationships. Interviewees reported that this took many forms and was largely dependent on family priorities when other pressing issues were impacting on family life and parenting (e.g. family finances, employment, housing, addiction, mental wellbeing).

> "*So we were going out, trying to do parenting strategies and approaches and, actually, people's heads were just full of stress, anxiety, they couldn't see how they were going to get to the next day, they didn't have the resources to meet their children's basic needs, never mind the complexities round about how you initiate timeout...*" (KI 03)

> *"They were just having a cup of tea and a slice of toast initially… they were just having a chat and a laugh and getting to know each other a wee bit better. But then over time things started to come out in terms of 'oh, he's a nightmare when we got to Tesco' or what have you. It took her [Head of the nursery] several months really, to get relationships within that group to a point. So that pre-engagement lead in was really important but they trust her because they already trust the service and because they took that time, that particular group became a very strong group."* (KI 01)

Engagement was about trying to engender a *"...willingness and openness and attitude. Giving people time to build relationships and have a bit of trust"* (KI 01). Identifying a parenting need was not enough: for engagement to be successful parents must understand *"...their own needs and how their behaviours can impact on their child"* (KI 10). As one informant stated:

> *"It has been proven, time and time again, that you can't fix things for people, people need to be involved in that and they need to do it for themselves, with the support of the agencies that we put in there."* (KI 03)

Interviewees felt that engagement could take a great deal of time depending on the nature of the barriers families faced. Early engagement may include addressing material issues (e.g. helping to provide basic items such as beds for children), or developing skills for improving family life generally (e.g. how to make an economical pot of nutritious, homemade soup). When families feel ready to join a parenting programme, engagement activity may be more about talking with them to ensure they know what the programme involves, providing interim support activity while they are on programme waiting lists, or working to help them become "*group ready"* (KI 03 & 04). This process of relationship building was beneficial for the individual but has been shown to impact positively on parenting groups as *"it allows people to be far more honest and feel safe, to be honest within a group"* (KI 03).

Engagement was affected by the composition of parenting group sessions. It was felt to be inappropriate and counterproductive to add new parents/carers into an established group as a way to address waiting lists, particularly if no assessment of suitability had been carried out. It makes sense also that groups are arranged with due consideration for relationships that have already been established with other services (e.g. substance misuse), and that a co-delivery arrangement with that service is built-in to provide tailored group sessions. However, the research would suggest that this has not always been the case. One respondent spoke from personal experience of the detrimental effect of two additional parents/carers joining an existing group that had formed good relationships and rapport. A further concern was that one of these new parents had a substance misuse problem at a level that rendered them unsuitable for group work of this sort.

Following attendance at a session, continued engagement of families was sometimes enhanced by making phone calls or sending text messages before the next session. Ongoing one-to-one support in the home was often put in place to keep parents engaged and to help them implement things they had discussed at parenting sessions. Without this supportive work some families would find it too difficult.

> "*Our workers would very much be out in the home, within and round about the sessions… Not only our staff but we've actually got volunteers that would be involved in supporting some of those things, so if there's activities that the family are encouraged to do, they would help them to do that. So it's very, very supported.*"
> (KI 03 & KI 04)

In one example, this kind of activity had an impact on the number of completed booklets, suggestive of greater engagement in and completion of the parenting programme. Across the interviews, the term 'engagement' was, at times, used to refer to the establishment of a

longer-term relationship with a service. As opposed to simply completing a number of sessions, parents could remain part of the service until they reached a natural exit point or become part of the service delivery through training, volunteering and co-delivering, for example.

The respondents felt that the conditions for good individual engagement could be created at community level, either directly through promoting parenting initiatives in, for example, local supermarkets, or the development of good community relations that happen over time.

> "*Some of these organisations...they've been working in Glasgow for the best part of 30 years, they've been in these communities so they're known...Their workers are known, their model is known. People will be able to talk about a good experience they had with them ten years ago… It is that bit about taking time to build relationships, build respectful, trusting relationships with individuals, with families and with communities. That doesn't happen overnight.*" (KI 01)

Several respondents emphasised the benefits of a holistic family-centred approach: building relationships between practitioners, parents/carers and children within a broader understanding of their lived experience. Group based parenting programmes had then been run based on an in-depth knowledge of the families.

> *"Because the groups that we run are people that we know, we know their background, we know all about them, we're in a group. Our staff are able to engage with them, knowing their situation and what they're good at, importantly, and also what are the things that they struggle with."* (KI 03 & KI 04)

4. Monitoring and evaluation

Key points:

- Variable approaches to monitoring and evaluation, with little consistency or coherence of approach, were reported.
- Capacity for monitoring and evaluation varied across organisations/agencies and were often dictated by funders' requirements.
- In assessing the effectiveness of parenting support, the focus by some programmes on child rather than parent or family outcomes was seen as inappropriate/inadequate.
- There was a lack of systematic quantitative information regarding the delivery and impact of the parenting support programmes and initiatives across Glasgow.

A diversity of aims, proposed outcomes, targets and goals were presented by informants in relation to monitoring and evaluation of parenting and family support provision in Glasgow City. Some were associated with local and national policy drivers such as **Single Outcome Agreements**, **Getting it Right for Every Child (GIRFEC)**, agreed service pathways to parenting within NHSGGC flowing out of the universal 30 month child health assessment or with organisational structures/funding sources.

How successful outcomes were defined and reported was complex and closely linked to referral routes and the ongoing requirement for funding, particularly in the third sector. However, all organisations were aware of the need to measure and articulate the outcomes for families engaged with family support services, and parenting support in particular. Interviewees reported varying degrees of success in this regard as the ability to assess outcomes was, at times, curtailed by a lack of clarity around the measurable aims of the service and/or inadequate resource to collect and report on them. A third sector organisation recounted that:

> "*Triple P was delivered through one of our services… with health in Glasgow City. So that service receives referrals for family support, not for Triple P specifically, but when we do assessments for families, we may assess that Triple P would be helpful within the context of broader family support. So our staff now deliver Triple P groups themselves, to families that we are referred through our family support service… so we do all the data and all the workbooks that go with it and send all that information back to Central Parenting Team. We try to do it within communities where people live.*" (KI 03 & KI 04)

As has been previously stated, making a distinction between the child and the wider family was viewed as a difficulty when considering the effectiveness of parenting support.

> *"…the outcomes all had to be related to the benefit of the child… but of course a huge number of the outcomes that they will achieve are related to the parent. It's a real challenge because we tend not to ask for family outcomes. We tend to ask – and by that I mean funding bodies and the whole plan national government tend to focus on either child outcomes or parent outcomes   it just feels to me like that is almost what you need to have…"* (KI 01)

Although almost all informants discussed evaluative approaches, much of what was termed 'evaluation' was actually monitoring – counting those engaged with parenting support, as opposed to seeking to understand the impact and value of this engagement for the family.

> *"In terms of the Triple P stuff, my view would be that impact hasn't really been monitored. I think numbers are monitored, boxes are ticked… I don't think very much happens yet about impact."* (KI 01)

> *"…what are our outcomes? What is it that we are trying to achieve as a city within the parenting framework and then what interventions are out there that are going to help us meet that aim because the parenting framework for the city kind of sits with Triple P and Solihull and I am sure that is not everything that it could be. It could be much, much more than that."* (KI 10)

Third sector informants often structured their monitoring and evaluation to meet funders' requirements commenting that their limited capacity and resource needed to be focussed on delivery.

> *"So we don't really bring in research teams to look at what we are doing and we don't have a lot of capacity for writing up stuff and getting that out there. We spend most of the time doing it and we know that that's something that we could do a lot better, but we are just a small organisation and all our resources are out there in the field."* (KI 02)

At a practical level, issues with incomplete paperwork were mentioned, largely in relation to booklets intended to be completed pre and post-engagement in **Triple P**. Some informants highlighted problems with data completeness and quality due to the establishment of recent data entry systems as part of the introduction of the new electronic child health record and associated digital platforms (**EMIS**).
Other approaches to evaluation included self-reflection, self-evaluation and quality improvement.

> *"We develop portfolios for the parents… because when you're on a journey you don't always look back and see where you came from and so that's really important because parents don't always recognise what they have achieved."* (KI 02)

One self-evaluation approach involved outcome focussed planning to chart desired outcomes for specific parents/families following initial consideration of their issues. This process drew on principles of **GIRFEC** and the **SHANARRI** outcomes. Observational data were then collected from a variety of sources to monitor progress on these desired outcomes.

> *"Observation and feedback and that can be feedback from a variety of sources. So it's not just relying on the worker's feedback. It's feedback from the nursery, if it's in a nursery. It's feedback from the head of a family centre if it's in there. If it's maybe some work in the family home, then feedback from the health visitor as well. So we try and capture a 360 degree feedback, so that we can try and see are we actually hitting the mark here."* (KI 02)

In relation to quality improvement, an example was given of local organisations using a collaborative improvement methodology to document a detailed process chart to help give staff an overview of the system and how to make decisions within it. This jointly produced pathway supported them in understanding *"...this is the system, here are the decisions that need to be made within the system, and here are the processes that need to be followed."* (KI 10)

Despite a good deal of informant feedback and discussion regarding qualitative approaches to evaluation there was recognition of the lack of systematic quantitative data regarding the effectiveness of parenting support across the parenting support landscape. Even within the well-resourced **Triple P** programme, this was recognised.

> *"We are yet to understand exactly how we can get data and be much more real-time monitoring. So there's the central monitoring and again, that's reliant on having a decent data analyst in the team that then is able to do and give you information back out into the practitioners and managers and so, it can be quite difficult to monitor exactly what is going on with the Triple P interventions for those reasons that I have*

spoken about there and various different parts of the city have different ways of doing it." (KI 09)

In terms of future focus and aspirations, there was a desire to establish a jointly agreed set of outcomes on which parenting support work in the city can focus.

"Getting that kind of consistency of outcomes for us all would be really, really helpful, just to get that nailed and focused… you have always got to start with where you want to be and work back… It has been hard to define and you do get very different approaches to it. (KI 10)

5. Clarity of vision, leadership and future direction

Key points:

- The vision for current and future parenting support across Glasgow City was varied – there was a call for identification of an agreed set of outcomes that should be pursued by parenting support programmes in the city.
- Leadership styles differed across the organisational landscape which may influence how parenting support is viewed and delivered.
- There was a lack of clarity regarding universal versus targeted services and the concept of **proportionate universalism**.
- Centralisation of processes and services was raised as a potential difficulty given the localised delivery of parenting support by the third sector in line with a neighbourhood approach.

Potential loss of expertise was a concern across the statutory and third sectors related to movement of staff and changes to funding arrangements.

As has already been discussed, the vision of what parenting support is, and should be, varied across the interviews: from an intervention to be delivered to families, to one that was part of a much wider picture of family support.

It was recognised that parenting support was being delivered by a smaller number of practitioners than had been fully trained to do so.

"…We know that from the data that has been collected there are a small number of staff in each of the areas that are doing most of the delivery." (KI 09)

Universal provision versus targeted parenting support came through as a strong but contested theme. Views were wide-ranging with an evident lack of clarity about whether parenting support is, or should be, universally provided. For some, universal provision was seen as the goal.

"...really we need to be addressing that ensuring that the children are getting the best that they can get. All children. Not just particular ones." (KI 02)

"It should be available to everyone. That is where we want to really start connecting back into that whole community networking thing and really sort of promoting and supporting within the community there are interventions available to you…." (KI 10)

However, there was recognition that targeting was prevalent and a divide was evident here. Some felt that such targeting was unavoidable in response to a range of constraints (capacity of staff, funding streams, and a lack of community-based services on the ground in more affluent areas).

"There are ways that I would like it to happen versus ways that it does happen. So at the moment it is quite targeted from the point of view that there is not enough knowledge of the interventions out in the community for parents to self-select… So you kind of lose that universality where they are aware that there is support in their area that they can access and they can choose and so what happens is that it is targeted." (KI 10)

These interviewees cited funding and capacity issues as constraints and a driver for targeting:

"…because of the way the funding was constructed it had to be targeted, it could only be three and four year olds. Basically the nursery would identify the families they felt could benefit and refer them…" (KI 01)

"They are probably working at their maximum capacity with all the referrals that they are getting from maybe the more vulnerable families and it's how do we make sure that other families that are not on the vulnerable category, how do they get the support that they are entitled to." (KI 05 & 06)

Others believed that practitioners themselves sought to target their offer of support at the expense of offering their support to a wider population.

"What tends to happen, I think in my opinion, is that sometimes it is the practitioners that can make the judgement calls to whether a parent needs a programme or not; the parent does not get to make that decision for themselves. So we do have evidence of parents saying 'I was told that was not for me, that was for poorer parents'. That kind of thing." (KI 10)

Some informants felt that affluent areas tend to have fewer services on the ground presenting difficulties in establishing partnership working to provide universal provision of parenting and family support in these areas.

A general lack of clarity was expressed across the interviews with inequalities and **proportionate universalism**[5] being alluded to, but never described in these terms. For example:

"The focus is on Triple P with a universal population approach with targeting within the teams. We do have pockets that are quite deprived and they have the same amount of band three and four support as the others, but the caseloads are smaller

there. So it's probably as you might say that they have got a wee bit more actual capacity from a population point of view, but we haven't targeted any more than that." (KI 07)

A related point is on the centralised provision of parenting support, as compared to local delivery. Within the NHS, health staff continue to deliver one-to-one **Triple P** themselves but make a referral via the **Central Parenting Team** for a family they feel would benefit from group **Triple P** support. Centralisation was raised as a potential difficulty for systems that had previously been administered more locally.

"…one of the drawbacks was that they centralised the whole organisation of group delivery about three or four years ago which meant that quite often the health visitor would have a discussion with a parent about the requirement or the opportunity for parent support and then it would be some time before there was a local group on. The parents could have forgotten all about that." (KI 09)

"I think there has been issues across the piece because you have got a system that requires everything to go centrally and yet it is carried out locally." (KI 09)

There were also differences in the perceived effectiveness of **Joint Support Teams** (JSTs). Cases brought to JSTs tend to be those with more complex needs who may benefit from multi-agency input. In general, the JST model was viewed as positive but the reality in practice was seen to be less successful.

Direct referral to parenting was often preferred for cases that would otherwise have met the criteria for discussion at a JST because of long waiting times for the next meeting.

"*If it takes longer for a family to go through a JST then you are not getting that early intervention."* (KI 02)

It was proposed that if JSTs are to be effective they need to be resourced with access to a range of personnel and services, including third sector representation, and to meet regularly enough to deal with cases in a timely way. As one informant stated in relation to inadequate representation:

" *… you'd be banging your head against a brick wall there because who are you going to pull in as part of the package? Who are you going to refer on to? Who are you going to include?"* (KI 01)

In contrast to the universal approach, third sector parenting support was described as very localised and flexible.

"We do a variety of parenting support. It's based on the needs of the individual communities that's parent-led, community-led. So we don't have a rigid parenting programme. The programme is devised according to the needs of the parents. So it's recognising the parent as an individual in their own right and not as somebody's parent. Some of them say nobody has ever treated us like that before." (KI 02)

There were also contrasting ways of working and accountability between the statutory sector and the third sector. Accountability emerged as an important factor in influencing how parenting support is offered and delivered – third sector staff evidently viewed themselves as accountable to the families and spoke of taking an asset-based approach to parenting support.

> *"It's also a whole shift from these families being the problem to being part of the solution. So, everybody has to move and shift that way, about thinking, okay, what are the strengths, how can people be involved in getting this better, rather than people going in and trying to fix it…"* (KI 03 & 04)

It was recognised that personal characteristics, skills and interpersonal relationships also influence the approach taken to the provision of parenting support.

> *"Some of it is just down to who the individuals are who are around. You know if you've got people who get it and who are open to it, it works a lot better than if you've got people who are very silo'd, they still have huge numbers of staff."* (KI 01)

Loss of expertise emerged as a concern, with some staff having had specialist training.

> *"…we need to be careful and we have a lot of turnover that we don't lose those skills and the teams. So although we have got a large number of members of staff trained, they are not all delivering. Ideally we would want them all to deliver."* (KI 07)

In addition, in the case of the third sector, funding was mentioned as a threat to extending contracts and leading to short-termism affecting relationships with families and loss of valuable skills and experience.

Lastly, a call for greater clarity was evident across the interviews in going forward, exemplified below:

> *"So again my vision would be that the range of supports on offer is really clear and the pathways to the supports are really clear and each programme is really clear on what it delivers and why, so that the parents' needs can be met better for the children."* (KI 10)

DISCUSSION

Key informants in this qualitative study painted a helpful picture regarding the delivery of parenting support programmes and interventions across Glasgow City. It is clear there is a mixed economy of programmes, interventions and approaches. These are utilised and adapted by different agencies and sectors in a flexible way contingent on capacity and organisational modus operandi, as well as knowledge and understanding of available local resources/pathways.

Many informants, particularly those from the third sector, are of the view that **Triple P**, and similar evidence-based programmes, work best within a broader context of flexible, practical family support that recognises and responds to a family's economic, social and cultural context. As well as being the most appropriate response to family need, it was felt that this approach was more effective in helping parents/carers reach the stage of being 'ready' to take part in parenting support activities.

The GCPH early years' synthesis paper[6] provides strong supporting evidence for this approach proposing actions to improve child health and wellbeing that include a focus on the health and wellbeing of parents as a crucial dimension of improving outcomes for children. This also highlights the importance of extending parenting support beyond parenting advice to sources of help for difficult life circumstances and to social networks with other parents.

Fathers' roles in parenting, their potential positive contribution and the sort of support they might need was mentioned by only one third sector organisation. A recent systematic review recommended more routine inclusion of fathers in parenting interventions and a greater awareness of gender-differentiated and co-parenting issues in the design, delivery and evaluation of parenting programmes[7].

Cross-organisational and partnership working was seen as important and valuable not only in terms of formal structures such as Early Years **Joint Support Teams** but also in the development of collaborative relationships that supported better communication, information sharing and cross fertilisation of innovative approaches or models of good practice. There is potential to build on joint working in new and inventive ways, such as the suggestion to forge links with registered social landlords who have contact with many families. Given the imminent introduction of '**Named Person**' responsibilities for health visitors and education professionals as part of the Children and Young People's Act[8], partnership working and the establishment of coherent cross-organisational relationships with a wider range of stakeholders seems helpful and timely.

There is also the potential to build more explicit community development approaches into parenting/family support programmes as described by third sector informants. Recent GCPH evidence highlights the importance of community development in strengthening social networks in a community and for empowering residents by supporting their capacity to influence decisions and take action to make the community they live in better and safer for their children[6].

In relation to monitoring and evaluation there is a lack of robust quantitative data on the impact of parenting support programmes on parenting behaviour/child behaviour. This is unsurprising given the wide range of programmes in use with very variable approaches to measuring success. However, even for those programmes that involved a more structured monitoring/evaluation process there were issues with data quality and completeness. For commissioned parenting support programmes, although commissioners discuss projects with and make personal visits to the organisations they fund, they do not ask for robust monitoring or outcome data. Without the obligation to produce evidence of impact, evaluation of parenting support mainly seems to involve largely unsystematic collection of observations from staff and feedback from participants.

There is widespread concern about the implications of how to maintain family support services currently funded through a variety of diverse, short-term funding schemes, with some organisations having contingency plans in place.

CONCLUSIONS AND RECOMMENDATIONS

Parenting support is now firmly embedded in Glasgow as an important component of early intervention across the statutory and third sector. This study found that there is growing recognition of the importance of family support which can take account of and respond to a family's economic, social and cultural context. In this sense, the situation in Glasgow reflects a picture found elsewhere in the UK and internationally. A recent collaborative study across four countries concluded that 'parenting support conceals provisions that are serving a number of very different purposes and expectations' and recommended that the forms of support offered by other services should be critically appraised 'to identify gaps and overlaps, and assess how services can be co-ordinated and data shared'[9].

Organisations could build a better shared understanding of where parenting fits within broader family support and how successful outcomes are defined. Parenting support may form one dimension of family support but needs to be integrated more closely into wider service provision that addresses the range of issues that families and their children face today. Participants in this study acknowledged the pivotal role of the third sector in meeting the needs of population groups (such as **kinship carers** or minority ethnic families) and in developing local community assets. There was widespread support for working to a flexible model that has positive impacts on the wider community.

In the interest of fairness and equality, any model of parenting and family support should be structured to reflect the principle of **proportionate universalism**. As this study has shown, services in Glasgow are often unclear about their outcomes or where they fit in the bigger picture and undertake only limited monitoring. In such a landscape it is difficult to make any claim about access and uptake.

In light of these issues and the other views expressed in this study, it is recommended that services and agencies involved in commissioning or delivering parenting interventions in Glasgow should:

1. Develop a more integrated family/parenting support model underpinned by the **'Getting it Right for Every Child'** principles that can take account of and respond to a family's economic, social and cultural context.
2. Recognise that no single programme fits all families and therefore broaden parenting programme options to widen the focus from **Triple P** to other programmes and interventions.
3. Build on existing good examples of cross-organisational working as seen in partnerships between NHS, education and the third sector.
4. Provide greater clarity about what constitutes success and share monitoring and evaluation strategies that include a focus on outcomes for families.
5. Build relationships with families to help them take an active part in support plans rather than being viewed as passive recipients of programmes or services.

GLOSSARY

Central Parenting Team	A small team of staff who coordinate the training and recording of outcomes in relation to Triple P programme delivery in Glasgow.
Community Planning Partnerships (CPP)	Community Planning is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people's lives. In addition to the core partners (Health Boards, the Enterprise Networks, Police, Fire and Regional Transport Partnerships), all Community Planning Partnerships (CPPs) involve a range of other organisations. These vary across Scotland's 32 CPPs but can include Jobcentre Plus, Further and Higher Education institutions, Scottish Natural Heritage, Skills Development Scotland and business representatives. The voluntary sector is represented by the Third Sector Interface.
EMIS (Electronic medical information system)	This system was introduced to health visiting across Glasgow in 2015. Health visitors use EMIS on tablet computers that they use to record all patient information.
Five to Thrive	A set of resources built around the promotion of five key activities: respond, cuddle, relax, play and talk. Printed guides, posters and banners help parents and practitioners gain an appropriate awareness of the science of brain development while ensuring that the focus remains practical rather than academic. They support creative, individualised work with families as well as offering a range of suggestions to meet the needs of children at different ages.
Geeza Break	A voluntary organisation providing family support and flexible respite services to parents with children aged 0-16 years (up to 18 years for children with disabilities), predominantly within the North East Area in Glasgow.
GIRFEC (Getting it Right for Every Child)	The national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by offering the right help at the right time from the right people. It supports them and their parent(s) to work in partnership with the services that can help them. It provides the guiding principles for all health and social services.
Incredible Years	A series of interlocking evidence-based programmes for parents, children and teachers. It is aimed at preventing and treating young children's behaviour problems and promoting social, emotional and academic competence. In NHSGGC it is often used with families whose children are making the transition into primary school. It is sometimes referred to as 'Webster-Stratton' after its founder.

Joint Support Team / Early Years Joint Support Team	Joint Support Teams (JST) are formalised structures headed by statutory organisations operating as a mechanism to assess need and agree appropriate pathways, including into parenting, on an individual case basis. They meet regularly to discuss progress, share information and plan any additional support that a child/young person may require. They bring together representatives from key local agencies (e.g. education, social work, health, third sector, housing, addictions, and appropriate others) who can usefully contribute to discussion around the needs of families who have been identified as 'just coping'. The JST should agree an integrated care package of support services based on family need that will help the family to move towards coping effectively.
Kindship carer(s)	Kinship care is an arrangement where a child who cannot be cared for by their parent(s) goes to live with a relative or a family friend – the kinship carer.
Life Link	A third sector organisation delivering stress, mental and emotional management services for young people and adults. It seeks to reduce people's needs for illness services through early intervention and supporting individuals to make positive changes in their lives which will have a constructive, long lasting impact.
Locality Planning	Through the Community Empowerment (Scotland) Act 2015, the statutory responsibilities of Community Planning Partnerships (CPPs) have been expanded and consolidated. This latest set of changes introduces a new socioeconomic inequalities duty for CPPs in which they must agree to reduce inequalities of outcome. The creation of Locality Plans relates to this duty. Spatially, these Plans are intended for localities that 'experience significantly poorer outcomes which result from socioeconomic disadvantage' in comparison to other localities in the Local Authority area and to the rest of Scotland. Localities have been broadly defined legally as smaller areas within a Local Authority CPP area.
Mellow Parenting	A Scottish organisation who research, develop and implement evidenced-based parenting programmes including: Mellow Bumps for Mums and Dads-to-be, Mellow Mums, Mellow Dads, Mellow Futures, a perinatal programme for parents with learning difficulties and Mellow Ready, a preconception programme for young people.
Mend the Gap	Mend the Gap is a UK registered charity. Its mission is to help individuals and communities to mend the widening gap between cultures, races, generations and people of different wealth for current and future generations.
Named Person	From 31 August 2016, children and young people from birth to 18 (or beyond if still in school) and their parents will have access to a Named Person to help them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher – such as a head teacher, or guidance teacher or other promoted member of staff – for a school age child.
Proportionate Universalism	Provision of universal care and support but with a scale and intensity proportionate to the level of need. Sometimes called 'progressive universalism'. "Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism."[5]

SHANARRI	The acronym SHANARRI is formed from the eight indicators of wellbeing: Safe; Healthy; Achieving; Nurtured; Active; Respected; Responsible and Included. They are used to record observations, events and concerns and as an aid to creating an individual plan for a child.
Single Outcome Agreements	A Single Outcome Agreement (SOA) is an agreement between a Community Planning Partnership (CPP) and Scottish Government which sets the priority outcomes for each area, and how the CPP will work towards achieving them.
Solihull Approach	The Solihull Approach provides professionals with a framework for thinking about children's behaviour to develop practice that can support effective and consistent approaches across agencies. All NHSGGC health visiting team staff are trained in Solihull Approach to help them with their work with individual families.
Systemic Family Therapy	Family therapy, also referred to as systemic therapy, is an approach that works with families and those who are in close relationships, to foster change. These changes are viewed in terms of the systems of interaction between each person in the family or relationship.
Triple P	An evidence-based parenting programme offering one-to-one, group and a universal service. Most NHSGGC health visiting staff and many social work and education colleagues are trained to deliver Triple P. It is widely used across NHSGGC.
VIG (Video Interactive Guidance)	An intervention that aims to improve effective communication. In the context of this report it refers to the use of video recordings of interactions between parent and child. It involves reflection and feedback, drawing attention to elements that are successful to support parents to make changes that will enhance sensitivity to their child[8].

REFERENCES

1. GCPH Glasgow's Healthier Future Forum 17: Thinking Ahead in the Early Years. http://www.gcph.co.uk/events/159

2. Scottish Government. *Growing up in Scotland: Parenting and Children's Health*. Edinburgh: Scottish Government; 2011.

3. NHS Greater Glasgow and Clyde and Glasgow City Council. *Parenting Support Framework*. Glasgow; NHSGGC; 2009. Available at: http://www.nhsggc.org.uk/your-health/health-services/specialist-childrens-services/parenting-support-framework/ (accessed August 2016)

4. Triple P. http://www.triplep.net/glo-en/home/ (accessed August 2016)

5. Marmot M. *Fair Societies, Healthy Lives: The Marmot Review*. London: The Marmot Review; 2010. Available at: www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmotreview (accessed November 2016)

6. Dodds S. *Health and early years, children and young people: a GCPH synthesis*. Glasgow: GCPH, 2016. Available at: http://www.gcph.co.uk/publications/658_health_and_early_years_children_and_young_people_a_gcph_synthesis (accessed November 2016)

7. Panter-Brick C, Burgess A, Eggerman M, McAllister F, Pruett K, Leckman JF. Practitioner review: engaging father – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry* 2014;55(11):1187-1212.

8. Scottish Government. *People and Society, Children young people and families, Getting it right, Named Person*. http://www.gov.scot/Topics/People/Young-People/gettingitright/named-person (accessed August 2016)

9. Economic and Social Research Council. *Evidence Briefing: Parenting support and child wellbeing*. Swindon: ESRC; 2016. Available at: http://www.esrc.ac.uk/news-events-and-publications/evidence-briefings/parenting-support-and-child-wellbeing/ (accessed August 2016)

10. Kennedy H, Landor M, Todd L. Video Interactive Guidance as a method to promote secure attachment. *Educational and Child Psychology* 2011;27(3):59-72.

11. Maternal and Early Years for early years workers. *Getting It Right For Every Child principles and values*. http://www.maternal-and-early-years.org.uk/getting-it-right-for-every-child-principles-and-values (accessed August 2016)

APPENDIX

<u>Principles and values of 'Getting it Right for Every Child'</u>[11]

Promoting the wellbeing of individual children and young people: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time.

Keeping children and young people safe: emotional and physical safety is fundamental and is wider than child protection.

Putting the child at the centre: children and young people should have their views listened to and they should be involved in decisions that affect them.

Taking a whole child approach: recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life.

Building on strengths and promoting resilience: using a child or young person's existing networks and support where possible.

Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity.

Providing additional help that is appropriate, proportionate and timely: providing help as early as possible and considering short and long term needs

Supporting informed choice: supporting children, young people and families in understanding what help is possible and what their choices may be.

Working in partnership with families: supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what may not be helpful.

Respecting confidentiality and sharing information: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality.

Promoting the same values across all working relationships: recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues.

Making the most of bringing together each worker's expertise: respecting the contribution of others and cooperating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities

Coordinating help: recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help.

Building a competent workforce to promote children and young people's wellbeing: committed to continuing individual learning and development and improvement of inter-professional practice.

Glasgow
Centre for
Population
Health

NHS
Greater Glasgow
and Clyde