



The Care Forum

**South Gloucestershire
Parenting Support Strategy**
Consultation with Parents and Carers

April 2008

Contents

	Page no
1. Introduction	3
2. Context	4
2.1 National policy	4
2.2 Local policy	5
3. Methods	6
3.1 Aims	6
3.2 Focus groups	6
3.3 Questionnaires	7
3.4 Parent forums	8
3.5 Confidentiality and anonymity	8
4. Consultation findings	9
4.1 Information	9
4.2 Communication with parents	11
4.3 Access to services	13
4.4 Flexible help for families	16
4.5 Mutual support	17
4.6 Parenting training	18
5. Conclusions	21
5.1 Information	21
5.2 Communication with parents	21
5.3 Access to services	21
5.4 Flexible help for families	22
5.5 Mutual support	22
5.6 Parenting training	22
6. Recommendations	23
6.1 Information	23
6.2 Communication with parents	23
6.3 Access to services	23
6.4 Flexible help for families	24
6.5 Mutual support	24
6.6 Parenting training	25
7. Evaluation	26
8. Details of consultation participants	28
9. References	29

Appendices

Appendix 1: South Gloucestershire Parenting Support Strategy – Focus Group Questions

Appendix 2: South Gloucestershire Parenting Support Strategy – Questionnaire for Parents

1. Introduction

This document is aimed at managers and professionals providing parenting support services in the statutory, voluntary and private sectors. It is a record and analysis of consultations with parents and carers undertaken to underpin the South Gloucestershire Parenting Support Strategy. The second section of the report describes the context of national and local policies to support parents. The third section outlines the methods used and the aims of the consultation. The main body of the document, section four, outlines the findings of the consultation. This is followed by the conclusions and recommendations for improvements to parenting support in South Gloucestershire and an evaluation of the consultation process. In this document, the term 'parent' is used from hereon to mean parents and carers.

This report would not have been possible without the input of the parents and carers who took part in the study. We are grateful to the parents who offered their time to take part in the consultation.

2 Context

2.1 National policy

Recent governments have promoted a number of initiatives aimed at improving the lives of Children and Young People. These include:

- *The Children Act 2004*
- *The Every Child Matters/Change for Children Programme: Including provision for the Common Assessment Framework and the Lead Professional*
- *The National Service Framework for Children, Young People and Maternity Services (2005)*
- *The Childcare Strategy (2004)*
- *The Childcare Act (2006)*
- *Aiming High for Disabled Children (2007)*
- *The Children's Plan (2007)*

Increasingly, the role of parents has been recognised as having a significant bearing on a range of outcomes for children. Using research evidence, the government has asserted that:

"Parents, carers and families are the most important influence on outcomes for children and young people."

(Department for Children Schools and Families, 2008)

In its guidance to local authorities on developing parenting support services, national government highlights parents' influence on educational achievement, self-esteem and mental health. The guidance recognises informal support used by parents, and asserts that the public and voluntary sectors have a crucial role to play in supporting parents, particularly where needs are 'acute'.

In order to improve outcomes for children, the government has directed local authorities to:

- *'develop a strategic and joined up approach to the design and delivery of parenting support services, ideally through a parenting support strategy that informs the Children and Young People Plan and takes account of parents' views'*
- *Think of support for parents as a 'continuum from . . . prevention . . . to . . . enforcement'*
- *And to identify a 'single commissioner of parenting support services'.*

(Department for Education and Skills, 2006)

C:\Documents and Settings\William\Local Settings\Temporary Internet Files\Content.Outlook\LCL02IQ4\South Gloucestershire Parenting Support Strategy Consultation Report The Care Forum April08.doc

The following section examines how South Gloucestershire Council and its partners have approached these goals.

2.2 Local policy

South Gloucestershire Council and its partners identified parenting support as a cross-cutting theme in its Children and Young People Plan 2006-2009, prioritising the development of Children's Centres and effective integrated working as key targets for improved parenting support. The Children and Young People Plan seeks to improve work with families using a number of initiatives. These include:

- Audit of parenting support
- South Gloucestershire Disabled Children's Strategy and the LDD Implementation Plan (2007-2009)
- Provision of information through the Children and Young People Information Service
- Provision of 11 Sure Start Children's Centres
- Extended schools
- Implementation of the Lead Professional role and the Common Assessment Framework
- Implementing the localities model for the planning and delivery of services.

In addition, the local authority established a multi-agency Parenting Support Strategy Steering Group. The steering group was set up to oversee the next steps at the strategic level which were identified as:

- Consulting and engaging with parents and carers, to audit local needs and to identify gaps and priorities for action in developing locally-based parenting support across the authority
- Establishing parental consultation mechanisms within the three localities of Severn Vale, Yate and Kingswood, as indicated by the planning diagram in the Children and Young People Plan

(South Gloucestershire Council, 2007)

In March 2007 The Care Forum was awarded the contract for undertaking the consultation and the Parenting Support Consultation Coordinator was appointed to start work in June 2007. This report addresses the first aim of consulting and engaging with parents. The second aim regarding consultation mechanisms is covered in a second report delivered to the Parenting Support Strategy Implementation Group in April 2008.

3 Methods

3.1 Aims

The aims of the consultation were:

- To gain parents' views on parenting support in South Gloucestershire: the quality of services used and perceptions about gaps in parenting support services
- To gain parents' views about the content and timing of structured parenting support workshops.

The main methods used for consultation with parents were focus groups and questionnaires. Focus groups were selected as a method in order to speak to parents in settings where they would feel comfortable to express their views about services and where issues affecting particular groups of parents might be identified. The use of focus groups allowed parents the opportunity to interact with each other, to consider and revise their statements in relation to other parents in the room. They could express agreement or disagreement with their peers.

With the questionnaires, the study hoped to gain knowledge of parents' individual perceptions and experiences of services, in particular their experiences of parenting training. In depth interviews with parents may well have given more insight into parents' individual experiences of services but the use of this method would have limited the number of parents included in the consultation.

3.2 Focus groups

Nine focus groups were undertaken in South Gloucestershire. The number of participants ranged from three in three of the focus groups to twenty in another. The organisations taking part and helping to organise the focus groups were:

- Supportive Parents (South Gloucestershire)
- Young Mums - Bumps and Babes, Southern Brooks Family Support Service and Hilltop Young Mums (Kingswood and Severnvale)
- Ashfield Young Offenders –Barnardo's (South Gloucestershire)
- Dyspraxia Foundation (South Gloucestershire)
- Domestic Violence Support Group (Patchway)
- Asperger's Support Group (South Gloucestershire)
- South Gloucestershire Asian Group (South Gloucestershire)
- South Gloucestershire Chinese Association (South Gloucestershire)

- South Gloucestershire Drug and Alcohol Service (South Gloucestershire)

The breakdown of the 77 focus group respondents is as follows:

- 26% were from minority ethnic communities
- 21% were men
- 18% had at least one child with a disability
- 46% had at least one child under the age of five
- 48% had at least one child between the ages of five and eleven
- 30% had children between the ages of eleven and sixteen
- 5% had children from sixteen to eighteen years old.

3.3 Questionnaires

Parents were contacted in a number of settings and asked to complete questionnaires about parenting support. Where appropriate, the Parenting Support Consultation Coordinator completed questionnaires as part of discussions with parents, or alternatively parents completed the forms themselves. The sites for these discussions with parents were:

- Yate Sports Academy (Yate)
- Yate Shopping Centre (Yate)
- Hanham Library (Kingswood)
- Bradley Stoke Library (Severnvale)
- Southern Brooks Toy Library - Stoke Gifford (Severnvale)
- Southern Brooks Toy Library - Filton Clinic (Severnvale)
- Patchway - with a detached Youth Worker (Severnvale)
- International Women's Day Celebration in Bradley Stoke (Severnvale).

Of the 116 questionnaire respondents:

- 20% of respondents were male and 80% were female
- 13% cared for children whom they considered as disabled
- 6% of respondents considered themselves to be disabled
- 22% were from Black or other minority ethnic communities
- 32% had at least one child under the age of two years old
- 28% had at least one child between the ages of two and four years old
- 41% of respondents had at least one child between the ages of five and ten years old
- 28% had at least one child between the ages of eleven and fourteen years
- 12% had at least one child who was aged fifteen or sixteen years
- 3% had at least one child who was seventeen or eighteen years old

3.4 Parent forums

Four parent forums were organised on Saturdays in November 2007. Saturdays were chosen so that parents who have paid work could participate. There was very little interest in these sessions (only one enquiry) but they were not cancelled because publicity had been sent out giving the times and places for the sessions. A number of probable reasons may be assumed for the lack of interest in the meetings:

- Families being busy in the run up to Christmas
- Publicity for the sessions was started late, awaiting the production of the draft strategy and additional publicity materials
- The Parenting Support Consultation Coordinator was on sick leave in November
- More time was needed to build interest in the parent forums through work with groups and in South Gloucestershire more generally.

3.5 Confidentiality and anonymity

Within this report, some of the details of individual respondents are limited in order to protect their anonymity.

The questionnaire and the focus group questions are included as appendix 1 and appendix 2.

4 Consultation findings

4.1 Information

The questionnaire asked respondents to consider a list of services in South Gloucestershire and to identify the services that they recognised. The responses to this question are listed as table 1.

Table 1: Awareness of different services in South Gloucestershire for parents with children in age groups

Service	Proportion of parents aware of the service with a child at age:					
	Under 2	2-4 years	5-10 years	11-14 years	15-16 years	All Parents
CYPIS	43%	58%	40%	28%	43%	46%
Health Visitors	97%	91%	79%	81%	79%	84%
Youth Clubs	46%	33%	50%	53%	64%	50%
1 Big Database	11%	6%	23%	16%	7%	15%
Sure Start Children's Centres	54%	61%	33%	25%	36%	40%
School Nurses	30%	45%	65%	69%	64%	53%
Connexions	24%	24%	23%	31%	64%	28%

Unsurprisingly, parents were more aware of generic health and school services than they were of specific local authority services. Parents with younger children were more aware of Sure Start Children's Centres and the parents of older children were more aware of the Connexions service. Table 1 shows that awareness of 1 Big Database is most common where parents have a child between the ages of five and ten years.

Significantly the Children and Young People Information Service is better known than 1 Big Database and it is likely that some parents prefer non-internet based information or information based solely in the South Gloucestershire area.

One questionnaire respondent, a mother of a disabled child, stressed her difficulty in gaining useful information. She said:

*"We need information on what **is** [her emphasis] available. I find that I spend ages chasing a group or activity for my son, only to find it is not suitable.*

C:\Documents and Settings\William\Local Settings\Temporary Internet Files\Content.Outlook\LCL02IQ4\South Gloucestershire Parenting Support Strategy Consultation Report The Care Forum April08.doc

Everything is so vague - special needs covers a large spectrum services should be more specific about who they are for."

Another questionnaire respondent expressed her confusion about the availability of a particular service, and possibly a lack of knowledge about where she might get more information. She responded:

"There is Sure Start in Pilning but I am confused about times and whether it's only for low income groups."

In the focus groups, parents were asked how they currently found out about services or activities and how they would publicise new services to parents like themselves.

Some parents in the focus groups used the internet in order to find out information about services available for their families. In particular, parents in the Asperger's, Asian and Dyspraxia Foundation groups were enthusiastic about the internet as a source of information about parenting support:

"The internet would probably be one of the first places I would go for information."

In contrast, other parents were far from positive about using the internet. They preferred the idea of paper-based information that could be referred to again and again. Parents in the Supportive Parents focus group explained the difficulty of using 1 Big Database when looking after children. Parents said that it was hard to find time to use the computer when looking after children.

Speaking about a local directory of services for the families of children with additional needs, one mother in the Supportive Parents Focus Group said:

"The Yellow Book is an excellent resource because you can just flick through it during the day. It's also good to have a book because it increases awareness of the other things that are available."

Parents also spoke about another disadvantage associated with using both the Internet and telephone services. One parent in the Supportive Parents focus group said that telephone help lines could be intimidating because sometimes:

"You don't know what you need to know".

In one of the focus groups, a mother who regularly used the internet said:

"You need a website that will give you help and give you help in one easy hit."

When asked about the best ways to promote services for parents, young men at Ashfield Youth Offender Institute did not mention the internet. They spoke of texting, leaflets and posters in hospitals and nurseries, TV, cinema and radio advertising, and referrals through health visitors as the best way to reach young parents. Leaflets were mentioned as a good way to contact parents in several of the focus group. One mother who did not have access to the internet said that she regularly checked the notice boards in her local library and her health centre.

Personal recommendations or referrals to services were also crucial ways in which parents found out about services that were new to them. Many parents heard about services through friends, family members and trusted professionals. Health visitors, GPs, family support workers and play workers were amongst those who were mentioned for passing on useful information to parents. In the Domestic Violence focus group, one mother spoke about how after experiencing domestic violence for some time, she eventually took advice from her GP and sought help. She spoke kindly about the GP who had persuaded her to get in touch with the domestic violence group:

“You need someone to give you that push in the right direction . . . someone to physically give it [contact information] to you. I was given the card with a name and a phone number on it by my GP, after two weeks of having it in my purse, I rang the number.”

Similarly, in both the Asian and Chinese group, word of mouth was a popular method for getting information, and parents seemed unlikely to attend a service without such a recommendation from trusted professionals, friends or family. When asked how he came to attend the Chinese Association meetings, a father said:

“I heard about the group through friends, and came, I was happy to see lots of Chinese people”.

One negative issue was raised regarding referrals from professionals. A mother of a disabled child described the problem of being referred by professionals who had not checked whether services they were recommending had vacancies or were appropriate to the parent:

“There’s a problem with being referred on, you pluck up the courage to attend a service and then you are referred elsewhere.”

4.2 Communication with parents

In the focus groups parents described several examples of very positive experiences of communications with professionals. For example, one parent in the young mums focus group said:

“Support workers help you with the kids and give you good advice about the kids’ behaviour if you need it.”

Another participant in a group for the parents of children who are disabled remarked that:

“The one person who listened was an educational psychologist; she showed a deep understanding of where I was coming from and it was a two-way process.”

She went on to describe a process of the professional taking time to learn about her child.

A young father in the Ashfield YOI group commented:

“The Chaplain here gives me good advice, I feel able to talk, he doesn’t judge me.”

And a mother in the Chinese focus group gave the following praise:

“My health visitor is definitely an angel . . . someone who really listens to what you need.”

Listening well to parents is a clear theme in the above quotes and in the unreported data from the focus groups. Parents valued professionals who were willing to take time to consider their feelings and wishes and their point of view. Parents in the young parents’ groups in particular were wary of being judged harshly as bad parents.

In the two Black and minority ethnic groups the consultation identified possible issues of cultural differences between professionals and parents which appeared to hamper communication. Parents in the Asian focus group agreed with a father who said:

“We don’t feel that we know what is actually going on at school, because the feedback is only positive. Parents want more factual feedback . . . we want clearer feedback to be able to [help our children] to concentrate on areas of performance that are weak. We also need more interaction, more of a relationship with school.”

This father refers to a current trend of speaking about children in a very positive way as a way of encouraging children and fostering self-esteem. Several parents in the group agreed that they found this confusing. The parent wanted clearer information about weaknesses in his child’s educational performance and suggestions for specific ways in which his child could be helped to improve.

In the Chinese group, several parents agreed that GPs could be 'dismissive' of Chinese parents. A father felt that professionals were too slow in taking action when his wife was in labour:

"My wife was in labour for... [a long time]. I felt it was an emergency but they seemed to think there was no problem."

Similarly with regard to taking their children to the GP, several mothers in the Chinese focus group agreed that GPs were:

"not so enthusiastic to help – slow to respond . . . Chinese parents are seen as over reacting but mothers spend the most time with their children and know if there is a problem."

In the Dyspraxia focus group, a parent was disheartened by what she saw as a lack of recognition of her son's disability at school which led to him being treated less favourably than other children:

"Teachers devalue your children; it's like sending messages to your children that they are not good enough."

4.3 Access to services

This section examines parent complaints about being unable to access services. This analysis is not suggesting that services were always difficult to access; rather that parents were more likely to speak about difficulties in accessing services than to acknowledge the positive aspects. The positive experiences of services feature in other sections of this report.

One young mother was concerned about a perceived lack of support for fathers:

"Young fathers don't get as much help as young mums."

One focus group participant expressed her difficulty in gaining access to basic health visiting services as a new resident in the area:

"It's been nearly a year and I've only seen my health visitor twice. I have four kids . . . I saw her a few weeks after I got here but then I only saw her again once before Christmas. Whenever I rang I found that she was busy doing something else or on holiday . . ."

In the domestic violence group, local housing services came in for particular criticism from mothers who found they were battling against a service reluctant to deal with their family's needs:

“Only when I went to the refuge did I get the support that I needed. The housing basically said to go back to where you came from, they weren’t gonna re-house me . . . even when I explained the situation . . . they wouldn’t listen to me.”

A housing association was also identified as failing in its pledge to support a parent:

“I have a floating support worker . . . but I have only seen her once in 6 months. Until [the family support worker] got involved I just felt like I was in the middle of no-where, left to deal with things on my own. At the time, I was terrified that he would find me.”

An adoptive parent expressed her dissatisfaction about a lack of help from her social worker:

“If you don’t know what is available, you don’t know what to ask for. I got a flyer and found that adopted children had priority with seeing psychologists. So I phoned my social worker who said “well I haven’t seen them for [a while] . . . what do you want me to do?”

CAMHS services were found to be particularly inaccessible in one focus group, where a mother revealed:

“My middle child has been on the waiting list for two years.”

When asked how she had coped with her child’s behaviour while waiting for a service, she replied:

“You have to just blank it all out and just deal with it.”

With some parents of children with special educational needs, there seemed to be a resignation about services not providing help. Parents seemed to struggle in the time it took for services to respond adequately. In describing this, one mother in the Asperger’s group said:

“With any disappointment, I’m used to it and I’m just numb when I get bad news. When things go wrong, for example the school will phone and you think here we go again.”

This issue was most graphically described in relation to accessing social work services. Here a mother in the Supportive Parents focus group describes her view:

“It seems you have to get to breaking point before you get a social worker.”

Similarly, in the young mother’s group, the inaccessibility of services was highlighted in very negative terms:

“Services seem to only contact you if they think you are abusing your kids.”

Certain workers were able to facilitate successfully parents’ access to a number of services, and this was greatly appreciated by parents in the consultation:

“The only service that has really helped me [has been] getting a family support worker. She doesn’t only help me around the house with support about the children’s behaviour; she also supports me around how I am feeling. She helped me to come to this group, she works with the school to help my eldest son out.”

When asked which professionals she had found most valuable, another mother in the Domestic Violence group said:

“The health visitor has been most useful. They have helped my son a hell of a lot; sorting out speech therapy, behaviour patterns, I probably see them every six weeks when we review my son’s achievements.”

And a mother in the young mums group judged that:

“Connexions workers give good support, they help with filling in forms, housing, jobs, money, etc. give guidance, advice and support.”

It is not clear whether or not these professionals were officially classed as ‘lead professionals’, but it is clear that they undertake a similar role and introduce parents to a range of services.

Another issue of accessibility was raised in one of the groups where differing views about health visitors were aired. Although one parent in the Domestic Violence group did not see her health visitor frequently, she seemed to be reassured by the fact that she could gain access to the health visitor if she needed to:

“I don’t see my health visitor but I know she’s there if I need her.”

In response to many of the accessibility issues raised above, participants in the Supportive Parents focus group suggested that what they would like ideally would be a professional who could co-ordinate services and undertake advocacy on behalf of parents of children with disabilities. One of the key aspects of the service that they envisaged was that it would be a service which did not wait for parents to access it; it would be one which approached parents at crucial times, asking if they needed help. Mothers said it would be:

“A health visiting type service where the person has status so that they can negotiate on the parents’ and child’s behalf. They should also have up-to-date information about the family [which can be shared with other

professionals. It needs to be] someone who is well informed, who knows what's going. They will come to you and tell you what is available and they will be able to support you, for example in hospital with your child – letting other professionals know their needs. They will give you up-to-date information. The service needs to find you. All parents of disabled children should be registered on a database.”

The role described by these parents has resonance with the lead professional role which should become standard for all children who are subject to the Common Assessment process. Goals for early and proactive intervention are addressed in the South Gloucestershire Disabled Children and Children with Learning Difficulties Strategy (2007-2009).

Parents in the Supportive Parents focus group also expressed the need for more pro-active professional support and for parents to be told about the range of support that is on offer at appropriate times in the child's life.

With regard to GP services, while completing an individual questionnaire, one mother expressed difficulty in accessing morning appointments. Highlighting the inaccessibility of current practices for many families she said:

“...you can only ring at 8.30 am and that is the time that I am taking my kids to school, so you leave it until you get back from school and then you don't get an appointment.”

One focus group respondent outlined her difficulty in getting the support needed having taken on caring responsibility for her granddaughter. She said that she needed:

“Somebody who I could ring up for advice about his situation, what should I do? I want an assessment for my grand daughter, being paid (for fostering) might be good but the government don't like giving up this money.”

4.4 Flexible help for families

This section examines the types of support that were valued by parents in the study. When asked to identify a professional who had played a significant role in helping the family, one mother participating in the focus groups replied:

“My eldest has a social worker. She seems to have a good understanding and works for the CHAD team. She appears to have gone over and above her duties. She seems to come to appointments at the drop of a hat and appears to be going above and beyond her remit. It's definitely appreciated. She writes letters to put his point of view across, which has more clout. For example she helped with a complaint to Education and wrote a report. She seems to be able to describe him to other people quite well and how it could be for him with extra support.”

C:\Documents and Settings\William\Local Settings\Temporary Internet Files\Content.Outlook\LCL02IQ4\South Gloucestershire Parenting Support Strategy Consultation Report The Care Forum April08.doc

A young father in the Ashfield YOI group agreed that the best professionals:

“help you with anything you need help with”.

In an example of good integrated working, one parent in the Asperger’s group felt that she had a team around her supporting her family:

“For me, I have quite a good team of professionals around and if I need them I always have someone to ring.”

In contrast, professionals who were seen as inaccessible and out of touch with parents were experienced negatively. Parents in the Asperger’s focus group perceived specialist health professionals as particularly ‘out of touch’ with the day-to-day difficulties of parents with disabled children:

“I find that the professionals don’t really understand the reality of family life.”

“I went to CAMHS and got told off because my husband didn’t come. I have a baby, the appointment had been changed a week before and I haven’t got the privilege of lots of extended family to call upon. My husband would have had to have taken time off unpaid. They don’t seem to understand. I am beginning to dread what we are going to do next time. Home visits would be helpful.”

In a criticism of housing services, one young mums group participant criticised communication within the local authority:

“They have bad communication, even amongst themselves; you’re having to go round in circles, being sent to different departments in the council. There are too many forms. It takes a long time to get what you need.”

4.5 Mutual support

Many parents in the study spoke about how much they valued the opportunity to meet with and gain support from other parents. In the young mums group one woman explained that within the group she attended:

“You learn new skills, get a good support network and time for yourself.”

Similarly, in another support group, parents supported each other for several years informally before trying to set up a funded self-help group:

“We all met on a course . . . We were put in a group with mostly Asperger’s families and we’ve kept in contact for almost two years now and that is the best support we’ve ever had: speaking to people that understand what you are going through on a daily basis.”

In the Chinese parents group, participants spoke of how important it was to meet with other Chinese parents:

"I heard about the group through friends . . . I was happy to come and see lots of Chinese people, to make new friends. It's also good for the children."

Chinese parents also valued learning new skills such as computing and continuing cultural practices such as Tai Chi.

Many parents expressed a wish to seek support from friends and family before going to a formal service. One father in the Asian parents group said:

"I prefer to go to friends and family for support first and only think of professionals if it's a very serious issue."

In the Dyspraxia focus group, parents offered each other advice about very practical efforts to offer physical comfort to their children when they were in distress.

In the South Gloucestershire Drug and Alcohol Service group, one woman explained that she had only come across the group when she attended to support a friend. She explained that once she had attended that first meeting, she realised that she had similar problems to members of the group:

". . . When members of the group started talking it was like she was talking about me. I thought, wow, I'm not the only one who is suffering because of my husband . . . I most probably wouldn't have come to the group on my own. I wouldn't have thought it was for me . . ."

4.6 Parenting training

Of the 116 questionnaire respondents, 23% had attended a parenting course. Participants were asked to score the course or workshop for how useful it had been to them, 0 being not at all useful and 10 being the most useful. For those who responded, the mean score given for the course or workshop was 7.23.

Where respondents scored the course or workshop highly, they often valued the general advice that was given. Where parents specified particular aspects of the training, they gave high rating for input on how to deal with bullying, internet safety and what to expect with your first child. Furthermore, they identified the chance to meet with other parents as a positive aspect of parenting courses. One mother of two children said that she appreciated the:

"Topics covered but also support from being part of a group of people with similar circumstances and experiences".

Where parents scored the parenting courses at 5 points or below, they made the following criticisms:

“Was good as social, not much gained. I was the only male, I felt a bit left out”.

“It wasn’t really helpful for special needs children.”

“The lady who ran it did not have the answers to some of the questions. It did not help with special needs issues.”

“They kept changing the dates of one of the sessions so in the end I could not attend it.”

Parents were asked to identify the three parenting topics of most interest to them from a list of 19 possible topics for courses. Table 2 shows the three most popular choices for the total group of questionnaire respondents and then again for parents according to the ages of their children. In nearly all the groups, ‘how to build your child’s confidence’ was selected by the largest proportion of parents. ‘Supporting your child’s learning’ and ‘dealing with difficult and challenging behaviour’ were also very commonly chosen. Issues relating to teenagers were highlighted as important by the parents of older children in the study.

Table 2: Preferences for different parenting topics for parents with children at different ages

All parents (n=116)	
How to build your child’s confidence	43%
Dealing with difficult or challenging behaviour	28%
Supporting your child’s learning	26%
Under two (n=37)	
How to build your child’s confidence	38%
Safety and first aid for your child	35%
Supporting your child’s learning	30%
Two to four years (n=33)	
How to build your child’s confidence	39%
Dealing with difficult or challenging behaviour	33%
Supporting your child’s learning	33%
Five to ten years (n=48)	
How to build your child’s confidence	52%
Dealing with difficult or challenging behaviour	31%
Supporting your child’s learning	25%
Eleven to fourteen years (n=32)	
How to build your child’s confidence	47%

Parents and teenagers	34%
Dealing with difficult or challenging behaviour	28%
Fifteen to sixteen years (n=14)	
Parents and teenagers	43%
Dealing with difficult or challenging behaviour	36%
How to build your child's confidence /Promoting positive relationships in your family	29%

Table 3 shows the similarities between 'White British' respondents and those from other ethnic groups concerning their preferences for training on different parenting issues. One difference here is that parents from Black or other minority ethnic groups were more likely to mention bullying as an important issue.

Table 3: Preferences for different parenting topics for parents from different ethnic backgrounds

White British (n=90)	
How to build your child's confidence	45%
Dealing with difficult or challenging behaviour	30%
Supporting your child's learning	28%
All other respondents (n=26)	
How to build your child's confidence	36%
Bullying/ Dealing with difficult or challenging behaviour	24%
Supporting you child's learning	20%

Table 4 compares the responses of single and two parent family members regarding their preference for different parenting topics. Single parents were more likely to identify 'building your confidence as a parent' as an important topic for parenting training.

Table 4: Preferences for different parenting topics for single and two parent families

Single parents (n=15)	
How to build your child's confidence	33%
Dealing with difficult or challenging behaviour	27%
Building your confidence as a parent	27%
Two parents (n=95)	
How to build your child's confidence	44%
Supporting your child's learning	30%
Dealing with difficult or challenging behaviour	29%

Table 5 shows the preferred timing of parenting events for parents completing questionnaires. Only fourteen percent of participants listed Saturdays as a

suitable time with weekdays in the daytime, the most popular time for parenting courses or workshops.

Table 5: Preferred timing of parenting groups

All parents	
Weekdays : daytime 9.30am -2.30pm	38%
Weekdays : evenings 6.00pm-9.00pm	30%
Saturdays: 10.00am-4.00pm	14%
Total	100%

5 Conclusions

5.1 Information

Parents highlighted the importance of up-to-date information about the availability of different services in South Gloucestershire. A large proportion of parents were unaware of the 1Big Database service.

The report shows the need for continued marketing and development of 1Big Database alongside a commitment to the continued availability of non-internet based information for parents. As 1Big Database develops work needs to continue on ways to make the database easy to use and accessible for parents.

5.2 Communication with parents

Listening was an important theme in the positive accounts that parents offered about their relationships with professionals. Parents were discouraged by professionals who seemed too busy to listen parents' points of view.

Comments made by parents in the Chinese group suggest that there may be some cultural differences at play in the communications between GPs and Chinese parents. Some parents expressed confusion about the structures of education in the UK and the expectations of children at specific ages. This suggests a need for basic information for parents who are new to the UK education system.

This consultation identified more general problems with basic communications with parents; for example where parents' needs were not listened to or where parents found it difficult to make contact with professionals when they needed it.

Creating responsive services is a crucial aspect of any move towards a preventative model for service provision.

5.3 Access to services

Parents spoke about the long waiting lists and the inaccessibility of specialist services for the families of children with acute needs. Even in situations which were thought of as urgent by parents (and in some cases by professionals) parents had waited for considerable periods of time for a service from CAMHS in particular.

A negative assessment of housing services was made by parents who had experienced domestic violence and also by young parents. In these

C:\Documents and Settings\William\Local Settings\Temporary Internet Files\Content.Outlook\LCL02IQ4\South Gloucestershire Parenting Support Strategy Consultation Report The Care Forum April08.doc

accounts, parents described services which were unsympathetic to their needs. One parent expressed difficulty in making routine GP appointments. It may be that families are discriminated against by the way that surgery appointments are organised.

5.4 Flexible help for families

Professionals who took an interest in the family's day-to-day life, who helped parents to gain access to other services and who showed an understanding of practical obstacles to using services were praised by parents in the study. Even when parents' needs cannot be accommodated, professionals can demonstrate an understanding of the difficulties faced by parents who may have to juggle multiple journeys and commitments to get the support that their families need.

5.5 Mutual support for parents

It is evident from the consultations that parents value spaces where they are able to meet with others and discuss issues in an informal setting. Increasing the opportunity for peer support is congruent with overarching strategies for prevention and early intervention. The development of opportunities for peer support has a number of benefits, including:

- Space for parents to develop valuable friendships which can potentially support parents over a number of years
- Opportunities for parents to gain informal input from other parents in the form of ideas and suggestions about parenting and information about services
- Avenues for professionals to deliver parenting input to parents in a setting which may be more accessible than attendance at a formal parenting course
- Opportunities for children to meet, play and socialise with the associated benefits for their development.

It is noted that in recent months, two successful young mothers groups in South Gloucestershire have been closed due to lack of resource.

5.6 Parenting training

In this consultation, parents were asked to identify their interest in specific aspects of parenting training. They showed a preference for courses in the evening or daytime compared to courses run at weekends and they highlighted the importance of social aspects of meeting to undertake parenting training.

Parents of children with learning difficulties felt that general parenting training was often not relevant to their needs.

6 Recommendations

6.1 Information

- 1 Big Database should be more specifically aimed at parents and the kinds of issues for which they need support. The website should give examples which identify a particular problem that the parent might have and how they might find an appropriate service for that issue.
- The Children and Young People Information Service should be more strongly marketed as a place where parents can discuss an issue with a telephone advisor who can work with the person to identify the services most likely to meet their needs.
- 1 Big Database should give clear signposting to the telephone service to those who have been unsuccessful in finding the service that they want via the database.
- Consideration should be given to how mobile phones might be used to publicise services, particularly where services aim to attract young parents.

6.2 Communication with parents

- Professionals should be constantly reminded of the importance of listening to the views and expressed needs of parents. Good listening should be embedded into everyday practice and managers should consider the organisational barriers which prevent professionals from carrying out this basic skill.
- Professionals in South Gloucestershire should be providing a responsive service which replies promptly to requests for help whether or not a particular staff member is available.
- Cultural awareness training should be provided for all professionals engaging with parents and carers in South Gloucestershire. This training should be regularly reviewed and updated.
- Current guides for parents provide extensive information about admission to primary and secondary school but these should be made more accessible for those who are unfamiliar with the UK school system.

6.3 Access to services

- When professionals refer parents to a service, the referral should be noted and the access and uptake monitored.
- Consideration should be given to whether or not parents need an interim service or scheduled meetings with the professional who has referred them while they wait to be assessed for the service to which they have been referred.

- In cases where there is no designated Lead Professional, consideration should be given to referral to a service which will support parents, children and young people into appropriate services, hold caseloads and support parents while they await a service. The Children and Young People Information Service is currently establishing this service at Sure Start Children's Centres in South Gloucestershire.
- A service is needed to provide advocacy for the parents of disabled children or children with learning disabilities. Advocates would take on the role of helping parents to access services in situations where the parents' relationship to services is complex or difficult or where a Lead Professional has not been appointed.
- Training in domestic violence issues and policy should be available and mandatory for all housing officers. This training should be evaluated to demonstrate how it impacts on the practice of housing officers.
- The Primary Care Trust and GPs should review procedures to ensure that services are family friendly and support the preventative agenda.

6.4 Flexible help for families

- The Children & Young People Partnership should draw up key principles for work with children, young people and parents in South Gloucestershire. These should include listening to the expressed needs of parents and considering the practical barriers that make it difficult for parents to attend services.

6.5 Mutual support for parents

South Gloucestershire services should consider the ways in which they can facilitate mutual support for parents. This can include:

- Allowing time for parents to talk informally at parenting courses and workshops
- Offering funding or in-kind support for self-help groups; for example free meeting space or use of facilities
- Promoting opportunities for networking parents through organisations such as The Care Forum, South Gloucestershire CVS and specialist networking groups such as the Young Mums Umbrella Group
- Giving advice and information to those who are or wish to be engaged in self-help groups
- Identifying priority areas for parents groups and putting in measures to ensure that groups can be established and sustained within these settings.

6.6 Parenting training

- The most popular aspects of parenting training identified in this report should be used to market general parenting courses
- Social aspects of meetings with parents should be acknowledged and time allowed within course programmes for parents to get to know each other and make friends if they wish
- The expectations and needs of participants undertaking parenting training should be noted at the beginning of the course and the content should be relevant to the parents who attend. If the content does not sufficiently deal with issues relating to children with learning difficulties and those who are disabled, it may be necessary to offer tailor-made courses to respond to the needs of these families.

7 Evaluation

Reaching parents

The project was successful in reaching parents from a number of different ethnic backgrounds in both the questionnaire and focus group samples (see monitoring information in section 7). However, for the purposes of the analysis of questionnaires, some of these groups have been too small to usefully analyse as single ethnic groups and have been merged in order to gain a more sound comparison with the 'White British' respondents (see section 4.6). This is not ideal, as the concerns of specific ethnic groups may be missed.

Information about the geographical spread of the questionnaire respondents was not available.

The focus groups

Group leaders were asked to comment on the process and the content of the group sessions and where they responded (4 out of 9 consultation groups) their responses were mostly positive. Speaking about an evening session, one group organiser commented:

"I think the parents felt that they were being listened to. Hopefully some of our points and concerns will be mentioned. Really relaxed informal session."

Another group organiser offered the following feedback when asked what was enjoyable within the session:

"Everything, it was very enjoyable, very interesting, very efficient . . ."

However, another professional suggested that young mothers were disappointed that their event did not contain enough of the rewards which had been advertised and there was a lack of clarity about how these could be obtained:

"I think they enjoyed it initially but were disappointed as they did not get to do the more fun activities . . ."

Interest in knowing the outcome of the consultation was shown by parents and professionals in many of the settings covered.

There was, however, one significant area for improvement with the focus groups. The focus in the early stages of the project was on the parent forums and production of the Parents Summary of the Draft Parenting Support Strategy. It was only towards the end of the project that some of the targeted groups could be contacted. While acknowledging this, one of the group organisers said:

"It was rushed because Lorna was coming to the end of her research and we as a group had only just started. Considering the timescale we had I thought it went really well . . . I wish we could have had more group members involved however it was unfortunate due to time constraints."

Individual feedback on the sessions was mainly positive. Many parents valued the social aspect of the day, the opportunity to meet with other parents. One young mother said that it was, *"nice to find out what other mums thought."*

Another young mother said that what she liked least was *"chatting"* and that she preferred to *"do practical things"*.

A participant in the Asian parents group said that what was valued most was, *"that it was very informal and information was given in a practical way."*

Questionnaires

On one of the key questions in the questionnaire which asked parents to identify three topics of interest for parenting classes, the instructions were not clear to a number of parents who chose more than three topics and were therefore listed as not responding to the question (22 cases). It may be that this question was too complex for this kind of questionnaire (see appendix 2, question 3a).

Paperwork

The monitoring and evaluation requirements for the study seemed weighty with requests for parents to complete monitoring and evaluation forms in a session which was up to one and a half hours long. The decision was made early in the project to prioritise gaining monitoring information and to ask group coordinators to assess how well the session had gone overall. There needs to be a balance between collecting the necessary individual information needed and overwhelming parents with form filling and affecting their enjoyment of the session.

Aims

The parents' consultation set out:

- To gain parents' views on parenting support in South Gloucestershire: the quality of services used and perceptions about gaps in parenting support services
- To gain parents' views on the content and timing of structured parenting support workshops.

In its first aim of gaining parents' views, the consultation work has been largely successful, particularly with regard to the quality of services. Some gaps in services have also been identified (see recommendations). The

C:\Documents and Settings\William\Local Settings\Temporary Internet Files\Content.Outlook\LCL02IQ4\South Gloucestershire Parenting Support Strategy Consultation Report The Care Forum April08.doc

consultation was successful in gaining information about the preferred content and timing for parenting training.

8 Details of consultation participants

Focus Groups

	Participants	Mothers	Fathers	Grandparents
Ashfield Young Offenders	8	0	8	
Asian Group	12	6	6	
Asperger's Group	3	3	0	
Chinese Group	11	9	1	1
Domestic Violence Group	3	3	0	
Dyspraxia Group	6	5	1	
Drug and Alcohol Service	3	1	0	2
Supportive Parents	11	11	0	
Young Mums Day	20	20	0	
Total	77	59	16	3

Questionnaires

Relationship to children

Mothers	Fathers	Grandparents
77%	20%	3%

Family structure

Single parents	Two parents	Grandparents	Other
13%	82%	2%	3%

Ethnic backgrounds of participants

Asian or Asian British	Chinese	White British	White other	Other ethnic groups
9%	5%	78%	4%	4%

9 References

Department for Children Schools and Families (2008) *Every Child Matters/ Change for Children*, <http://www.everychildmatters.gov.uk/parents/>, accessed: 09.03.08.

Department for Education and Skills (2006) *Parenting Support, Guidance for Local Authorities in England*.

South Gloucestershire Council (2007) *Development of the South Gloucestershire Parenting Support Strategy 2007-8, Invitation to the Voluntary Sector for expression of Interest*.

**The Care Forum
The Vassall
Centre
Gill Avenue
Fishponds
Bristol BS16 2QQ**

**Tel: (0117) 965 4444
Fax: (0117) 965 0200
Minicom: (0117) 965 0800
Email: admin@thecareforum.org.uk
Web: www.thecareforum.org**

The Care Forum is a Registered Charity No. 1053817 and a Company Limited by Guarantee in England No. 3170666

