

Parental Provision in Staffordshire

Background

Agencies across Staffordshire have been requested to take part in a parental provision mapping exercise. The purpose of this exercise is to help clarify what parental provision exists where across the County. It is intended that the provision audit will help to identify gaps in service provision and/or duplication and can support the commissioning of any new provision.

The provision map data collection took place during December 2008 and end February 2009. During this time 646 returns were made by services whom operate as non-countywide services and a further 44 provisions were submitted by services which operate country wide; giving a total of 690 provisions that were identified. All data analysis of this kind has a limited shelf life and has therefore been conducted for the purpose of identifying provision across Staffordshire at this given time.

Agencies have been asked to identify:

- What provision they offer to parents
- In which district they offer the provision
- What age group it is focused at
- Which if any 'parental groups' it is for (e.g. lone parent, teenage parents)
- What, if any needs it is there to address (e.g. behavioural, mental health)
- What tier or threshold of need it is intended to meet
- How it is delivered (e.g. online, group, individual)
- Where it is delivered from (e.g. community centre, school, health centre)
- What qualification the main facilitator has
- What the intended outcome of the provision is

The data has been analysed at County and district levels in order to give a holistic interpretation.

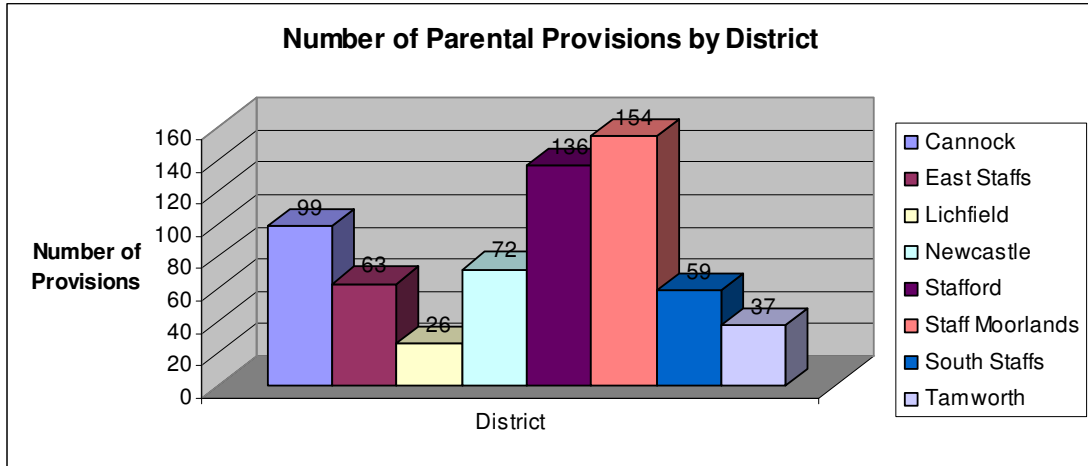
Use of the data for future planning

The National Academy of Parenting Practitioners (NAPP) is providing each LA with access to approximately £70,000 worth of free training. In addition to this the Parenting Early Intervention Programme (PEIP) brings with it funding to the sum of £193,000 per year for 2 years. This funding is also to provide training to increase evidenced based parental support, specifically for targeted parents of 8-19 year olds who are at risk of anti-social behaviour. Both offers are intended to increase the levels of evidenced based parental programmes which are delivered in LA and should form part of the local Parenting Strategy. Using the results of this provision map will of course help Staffordshire consider what parental provision is required. In planning for increasing parental provision this provision map should be used in conjunction with the quantitative and qualitative needs analysis which has been undertaken; which identifies what parents are telling us they need and what the hard outcome data is telling us.

Results

The trends laid out below are not an exhaustive analysis of the data available; but provide the reader with a general overview of findings and insight into some of the more significant and interesting findings.

Graph 1: Parent Provision by District

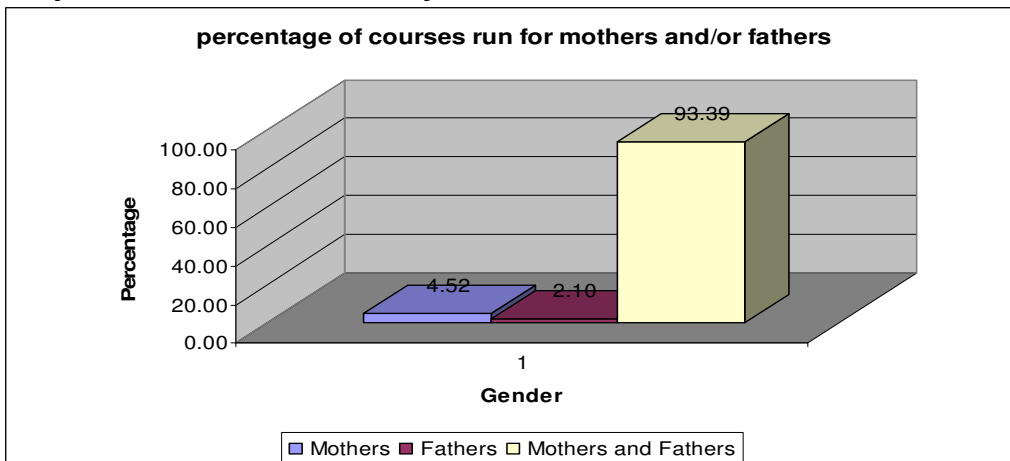


A total of 646 provisions were identified across Staffordshire. It is evident that Staffordshire Moorlands is identified as the area with the most provisions, followed by Stafford. Lichfield identified the least number of services, and less were identified by Tamworth and south Staffordshire.

One may have anticipated that based on areas of need and indices' of deprivation that Tamworth would have been higher, as may have East Staffs and Cannock.

There are numerous variables that may contribute to this picture, including lack of identification of the provisions. It is also important to consider what provisions have been identified in each area and if there is a difference in reporting. This can be identified through the district analysis which has been done.

Graph 2: Parent Provision by Gender



It is evident from graph 2 that the majority of provision provided is for males and females; little provision is set up just for males or just for females. Professionals verbally report however that while provisions are open to males and females the predominant uptake is by females, fathers and males carers are under represented as service users.

It will be interesting to compare the views of males and females and what it is they would like to see in service provision.

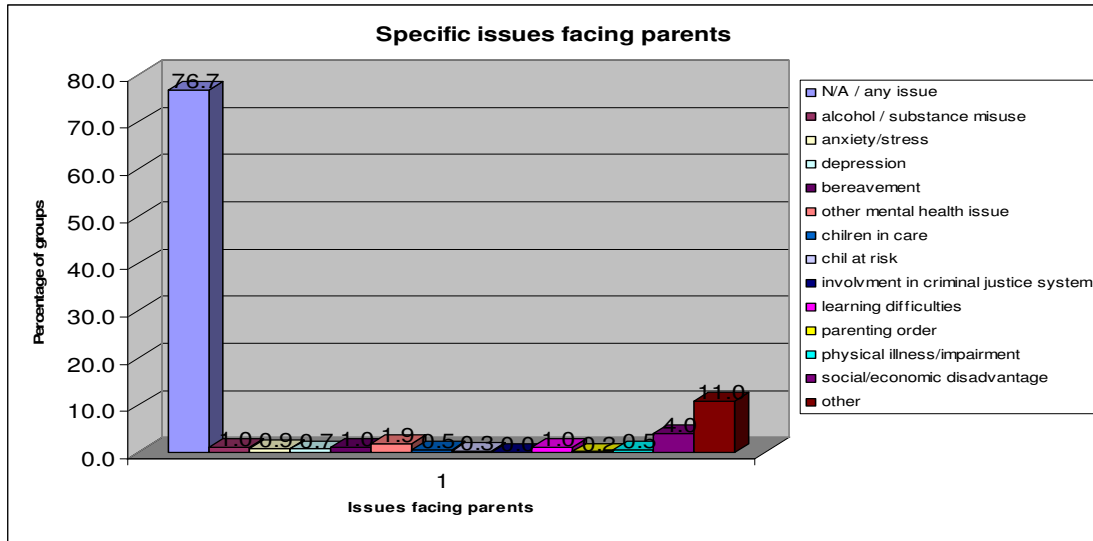
Table 1: Provision availability to different parent “types”

Parent “type”	Support #	Overall %
Any 'parent' with parental responsibility	508	88.8
Birth Parents-child(ren) living with them	26	4.5
Teenage parents	15	2.6
Specific cultural group	13	2.3
Lone Parents	3	0.5
Refugees/Asylum Seekers	2	0.3
Birth Parents-child(ren) on CP Register	1	0.2
Foster Parents	1	0.2
Same sex parents	1	0.2
Travelling community	1	0.2
Grandparents	1	0.2
Adoptive Parents	0	0.0
Kinship	0	0.0

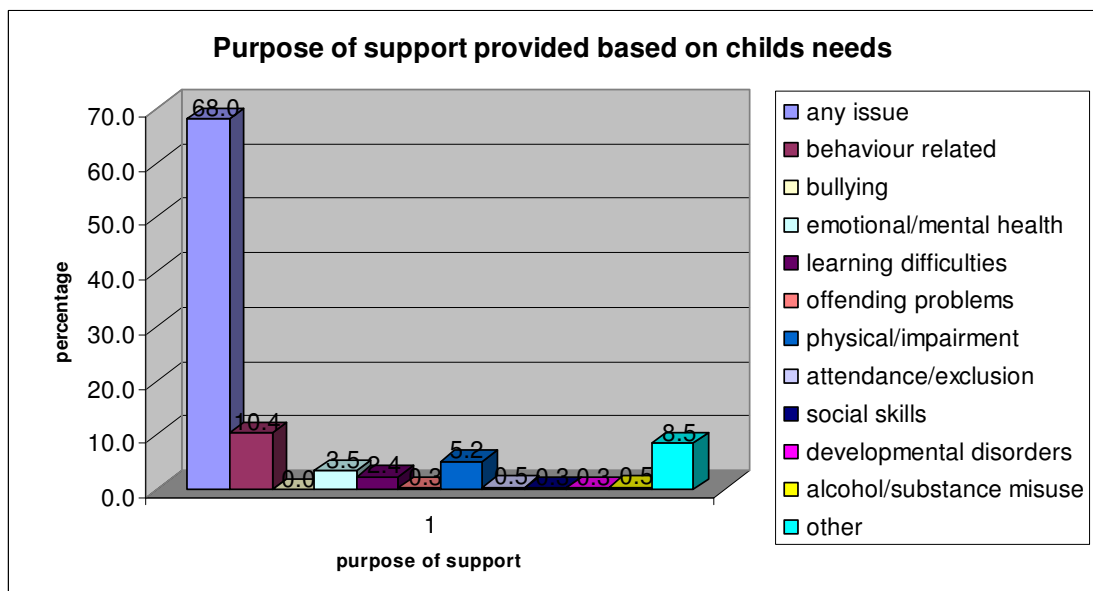
As with gender, many agencies do not differentiate programmes based on parental type, most programmes are open door access to any one who has parental responsibility. Again, it will be interesting to hear what different groups consider to be the best way of accessing support. There is also no current measure which looks at uptake of different parental groups. Verbal feedback tells us that most parents accessing services are the natural parents of the children, that BME and the travelling community are underrepresented as service users, that there are few grandparents and also few foster carers, kinship carers and special guardians whom access universal support. There is some interesting findings from focus group of these parents about what the barriers are to accessing services and what they would like from services.

Graph 3 below similarly demonstrates that the support that is available does not necessarily focus on specific needs of parents but rather that all support is available to parents whatever their needs.

Graph 3: Availability of provision based on parents specific issues



Graph 4: Availability of support based on the presenting needs of the child



In a similar vein to meeting the specific needs of parents the majority of groups are established to meet any need that a child is presenting with; there are few groups that are specific to addressing the presenting needs of children. Behaviour related needs are the most commonly addressed, however this is only 60 of the 646 groups.

Table 2: Main Providers of Services

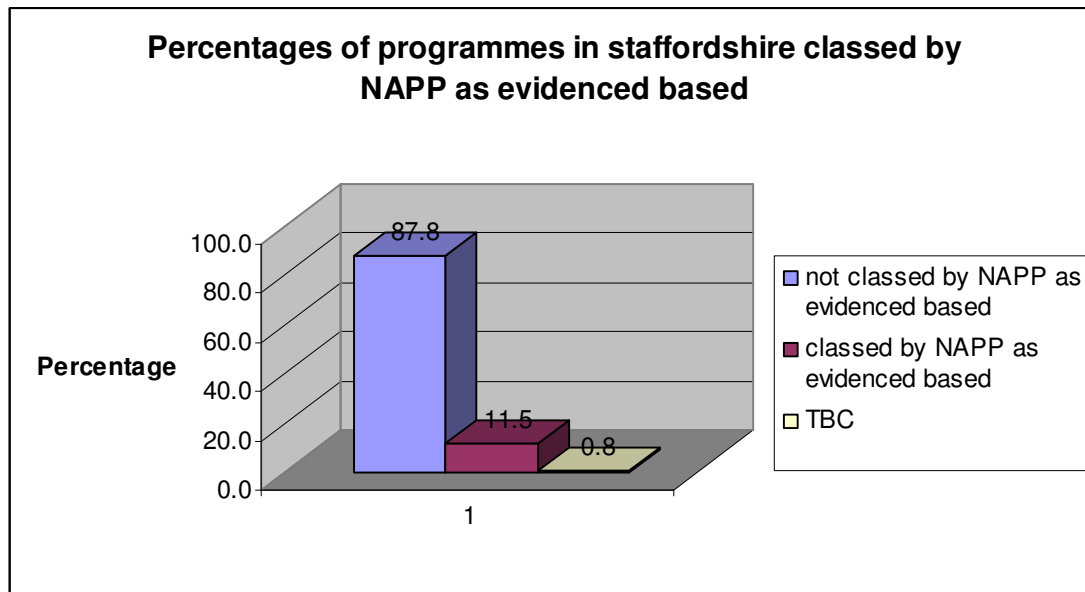
Provider of Service	Provision #	Overall %
Children's Centre	112	17.3
School	56	8.7
Health	52	8.0
PCT	37	5.7
Psychological services	23	3.6
Health Visitors	20	3.1
Relate	16	2.5
Community Centres	15	2.3
Church	13	2.0
CAMHS	12	1.9
SALT	11	1.7
School Nurses	8	1.2
FASS	8	1.2
Home Start	7	1.1

Table 3: Other providers (representing less than 1% of our overall providers) of services include:

- Health net
- Parent partnership
- Wings
- ADSIS
- Parent Direct
- Bangladeshi welfare
- Race equality
- Resource centre
- Jigsaw mentoring
- Jigsaw autism
- Caribbean association
- Domestic violence team
- Safeguarding team
- Approach
- ACL
- District Councils
- NSPCT
- Community Psychiatric nurses
- Adult and community learning
- Dove service
- Samaritans
- Barnardos
- Gingerbread group
- Teenage pregnancy team
- Signpost centre
- Women's aid
- MIND
- Social care
- ASB team
- Rainbow
- Aspire
- Dyslexia service
- Emerge
- Crystal care solutions
- AA
- Job Centre
- SSS
- SSS
- CAB
- Youth service
- Colleges
- Library
- Mencap
- PSW
- Housing
- Parents
- Connexions

Health (school nurses, CAMHS, PCT, Health Visitors etc) are the largest providers of services for families, followed by Children Centres. It is important to consider that Children's Centres adopt a multi-agency approach. The third sector (when all providers are combined) are another large provider of services, but are not as large a provider as health or children's centres. Community centres, churches, libraries, job centres and statutory services are low providers of services for parents (in this provision map)

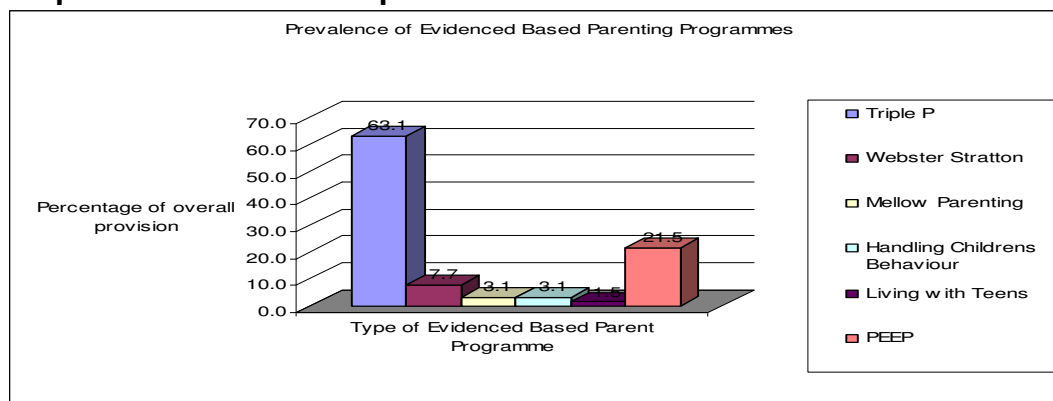
Graph 5: Percentage of Provision which is classed by NAPP as Evidenced Based



The National Academy of Parenting Practitioners (NAPP) has produced a Parent Support Commissioning Toolkit which identifies the majority of the evidenced based, manualised programmes that exist nationally. There are over 150 different types of evidenced based programmes that NAPP have identified. Of the programmes and provisions running across Staffordshire only 11.5% (74 of the 646) of the programmes are named evidenced based ones on the NAPP Commissioning toolkit (with a further 1% (five) requiring some further clarification before classification as evidenced or non-evidenced based).

Other provisions that are delivered such as counselling and family therapy will have theoretical routes and be applied based on standards and codes of practice. It does not mean that because Staffordshire has few evidenced based programmes it does not have theoretical based and quality practice. However how Staffordshire enhances it evidenced based delivery will need to be considered.

Graph 6: Prevalence of Specific Evidenced Based Practice

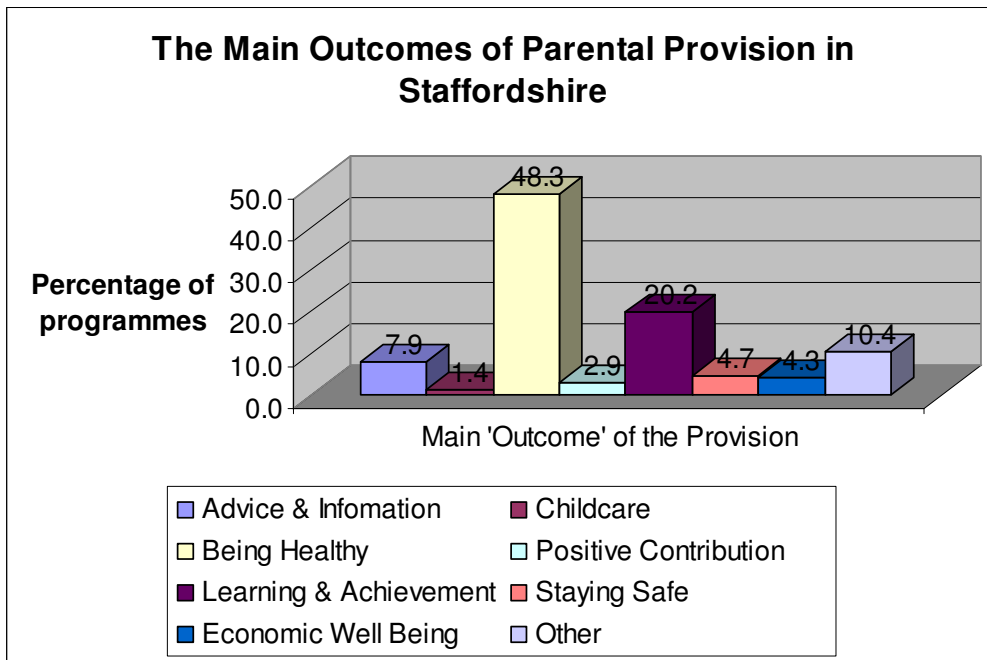


Graph 6 highlights that of the 11.5% of programmes that are evidenced based programmes in Staffordshire, 63% (41 programmes) of them are Triple P. Triple P is a versatile programme but has the main focus of supporting parents who for emotional, nurturing and behavioural challenges that their children are presenting with.

Table 4: Provisions in Staffordshire

<ul style="list-style-type: none"> • General parent group • Parent to parent support • Family learning • Baby Massage • Post-natal Depression • Young Parents Support Group • Breastfeeding • Ante-Natal • Baby Clinics • Hit Ground Crawling • Baby Café • Family Support Group • Prem Baby Group • Sleep Clinic • Special Needs Support Provisions • Mother & Toddler Groups • Stay and Play • Parents Matter • Rhyme Time for Babies • Bumps ante-natal group • Home Visiting Support • Fit, Fun and Five • One to one • Postnatal programmes • Counselling for couples and families • Family workers - advocacy and practical support • Family and parenting support • Welfare rights • Looking good feeling great • Weaning talk • Smoking cessation drop in • Child minding support • FAST - families are supported together • Sensory room experience • Special Matters - group of parents with children with LDD/SEN • Parenting mental health support • Drug & Alcohol Workshops • Advice and Counselling • Family Therapy 	<ul style="list-style-type: none"> • Transition support for families • SALT • Staffordshire First • Parents Matter • Bumps and Babies • Midwife support - Clinic in the box • Targeted family support • ELFs, structured home visiting • Early Bird Plus • Support for ASD • Parenting Craft • Volunteer home visiting to parents • Parent support social sessions • Chatterbox (S&L development) • Identification, signposting and information • Support to families affected by learning difficulties • Living with teens • Health advice to foster carers • Baby sign • Individual Counselling • Workshops • Cld Behaviour Management • School for Parents • Health advice • Parent and Toddler Group • Adult Education Courses • Parent drop in access to multi-agency support • Playgroups • Toy and equipment library-all year • Tailored parenting assessments • Breakfast club-weekly • CAF • Grandparents group • ESOL • Training for dads • Asian Women's activity group • Caribbean ladies group • Advice, guidance and information to local Pakistani community 	<ul style="list-style-type: none"> • Adult and Family Learning • Advice and guidance for teenage parents • Youth club with parental peer support attached • Online directory and phone lines • Mental Health Services Directory • Telephone Helpline • Support for adults recovering from alcohol abuse • Housing advice • Rent information • Housing repairs • Incidents to report • Advice for Women • Information on Domestic Violence • Advice and information relating to violence and sexuality • Participation groups • Help with unemployment • Access to courses • Conference service for families • Dyslexia Awareness Support • Counselling service for survivors of sexual abuse • Respite care/holidays • Emergency placement • Therapy • Supported living • Leaving care support • Counselling • Extended services for parents • Advocacy and outreach • Outreach Mental Health support • Refuge • Information, advice and guidance to Pakistani community • Advice and information, anti-harassment, community advocacy • Kushti project - weekly drop in for traveller families with extended learning opportunities • Domestic Violence Outreach weekly • Parenting Healthy Eating and Obesity 	<ul style="list-style-type: none"> • Resource Centre • Drug and alcohol support, advice and guidance • Low price furniture for families on benefits and/or struggling financially • Support for epilepsy sufferers • NCT Bumps and Babies • Healthy Walks • Smartys- Young Parents Group • Breathing Space • Krafty Kidz • Dove services bereavement counselling • Individual Case Work including social skills programme up to age 12 • Clinical Services to parents with mental distress • Parental Wellbeing Groups including Arts for Health & Baby Yoga • Preventative Whole Class Interventions, eg Tommy Walks Tall; Confident Kids (parents included for session one only); Stop Think Do - Magic Mealtimes Workshops aged 2-12 • Relationship Play up to aged 12 • Socratots • Exercise, fun and healthy lifestyles programme • Counselling • Peer support group (gingerbread group) • Baby Nosh Group • Peer support for lone parents • Family Yoga • Mens support group • Support for teenage parents - speakeasy • Education for parents regarding healthy eating • Preparation for Parenthood • Family day • Dad/male carers Saturday club • SMART • SIFS • Debt
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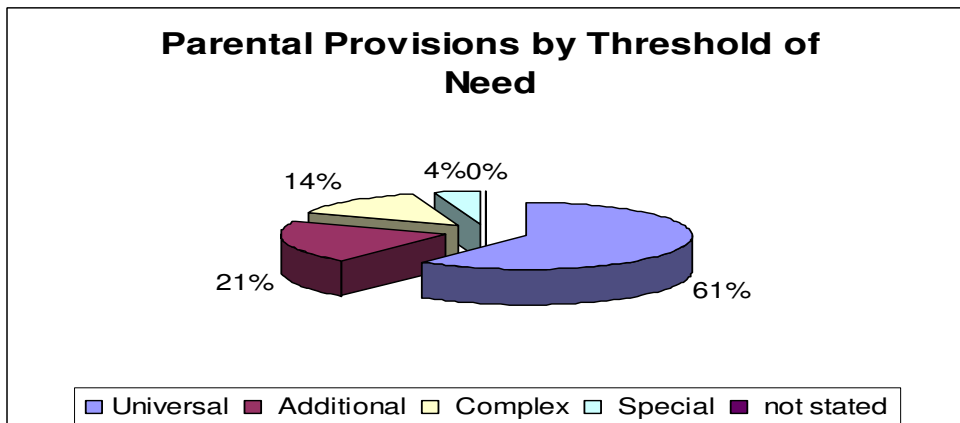
Graph 7: The Main 'Outcomes' of Parental Provision in Staffordshire



Each of the agencies completing the provision map was asked to identify which of the five outcomes their provision was most likely to support. It is evident from Graph 7 that the majority of the provisions support the Being Healthy agenda, albeit many would note that secondary outcomes would result. There are few programmes to support the Staying Safe agenda despite the existence of many national programmes such as mellow parenting which are to support parents whose children are at risk of going on to the child protection register. This is similarly true for the uptake of programmes in Staffordshire that support the Positive Contribution and Learning and Achievement agendas.

Little support is classed as child care as this provision map did not look at childcare providers.

Graph 8: Percentage of Parental Provision Delivered at each 'Threshold of Need'



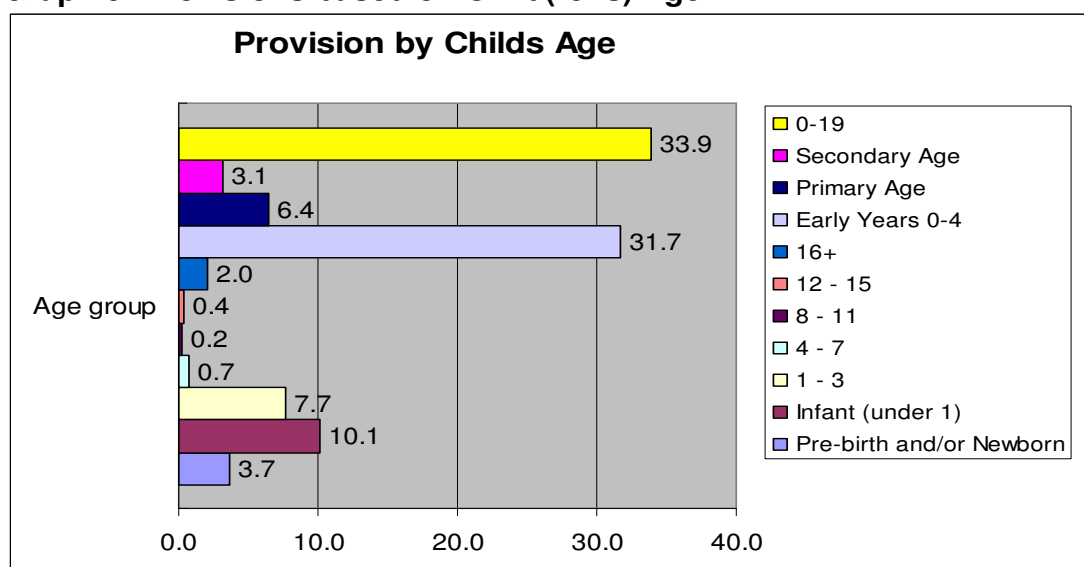
Graph 8 shows which provisions that exist across Staffordshire are universal provisions and which are there to meet more complex and specialised need. It would be expected given the push for early intervention over the last few years that one would see a focus on provision to meet all parents' needs (universal need) and that support would slowly taper as parents needs get more specific or specialised. Staffordshire's trends follow this picture, albeit further discussion on the balance of provision based on the levels of needs across the County would provide further intelligence about whether this balance was the right one locally.

Table 5: Parental Provision by District and Threshold of Need

	Universal	Additional	Complex	Special
Cannock	88.5%	7.5%	4%	0
East Staffs	72%	22%	7%	0
Lichfield	57%	14%	14%	14%
Newcastle	35%	42%	23%	0
Stafford	50.5%	21%	19%	9.5%
Staff Moorlands	70%	15%	10%	5%
South Staffs	37%	32%	27%	4%
Tamworth	63%	21%	5%	11%

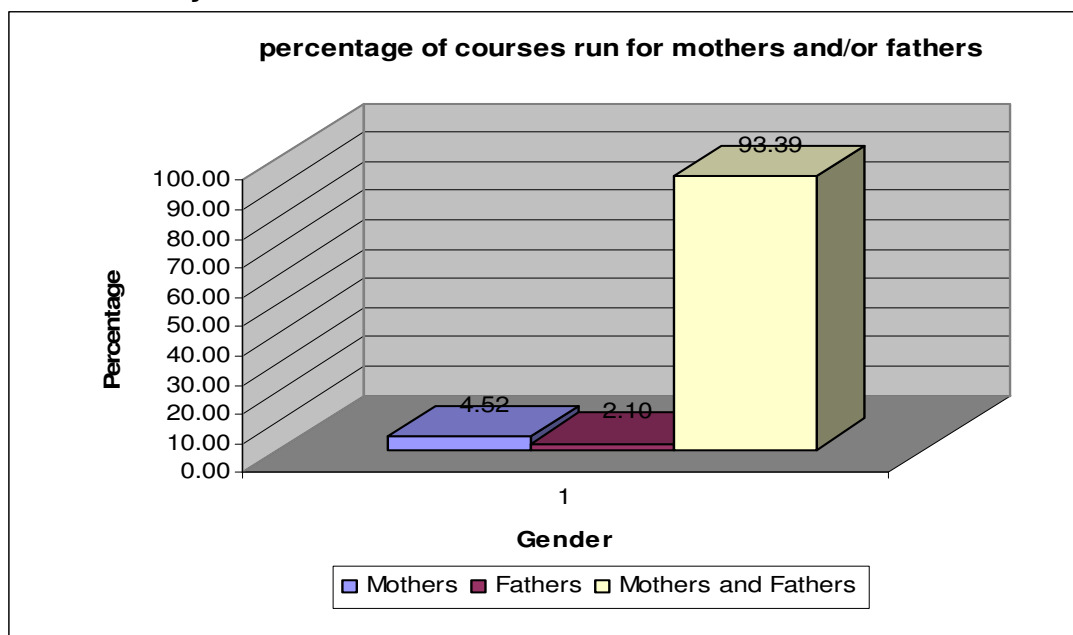
Table 5 represents the balance of provision across each of the thresholds of need by district. It is evident that three districts have near enough the expected balance across tiers 1 to 4 – these are Stafford, Staffordshire Moorlands and South Staffs. 3 districts appear to have no tier 4 support (Cannock, East Staffs and Newcastle); Lichfield has the same amount of tier 3 and 4 support and Tamworth has more tier 4 than 3 provision.

Graph 9: Provisions based on Child(rens) Age



It is evident from graph 9 that the majority of the provisions for parents in Staffordshire provide support for parents with younger children (pre-birth to age 7); over 50% of all provisions are specifically for this age group. A further third of service are for 0-19 year olds. There is minimal support for children of primary age (8-11 and primary age combined) with just 6.6% of services focusing solely on this age group. There is also minimal support for teenager and secondary aged young people with only 3.1% of our services being for this age group.

Provisions by Gender



Of the programmes available the majority are for either mothers and fathers, just over 2% of the provisions are targeted specifically at males and only 4.5% are targeted specifically at females. With regards to provision for father Stafford and South staff have not identified any specific programmes for fathers, Cannock, Newcastle, Lichfield and Tamworth have each identified they have 1 provision each, east Staffordshire has identified 3 provisions and Staffordshire moorlands has identified 6.

Table 6: Provisions by “Type” of Parent

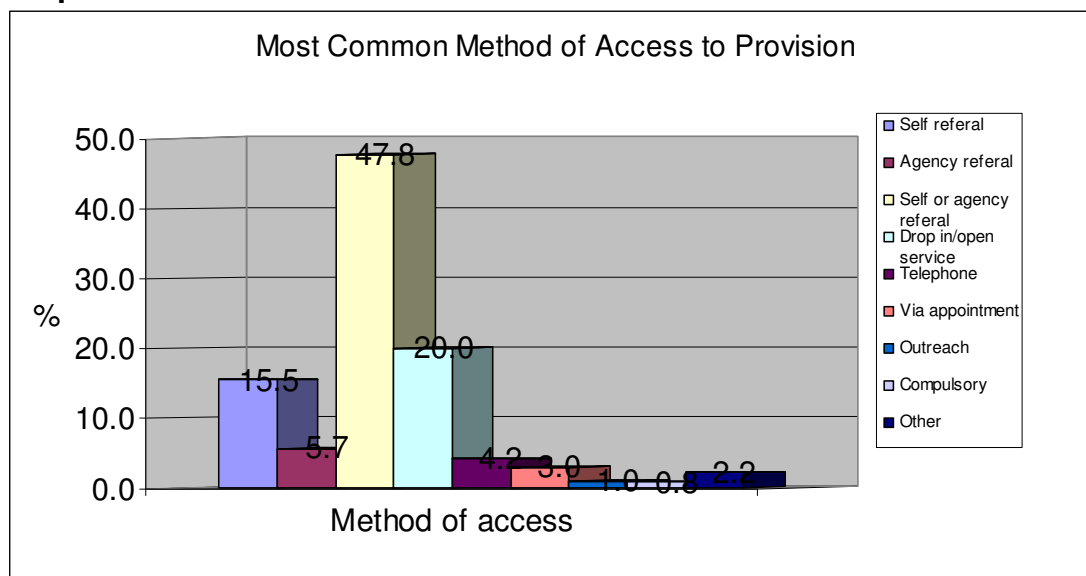
Parent “Type”	Provision #	Overall %
Any Parent with Parental responsibility	508	88.8
Parent with birth child(ren) living with them	26	4.5
Parent with birth child(ren) on CP	1	0.2
Adoptive parents	0	0.0
Foster parents	1	0.2
Kinship parents	0	0.0
Lone parents	3	0.5
Refugees/Asylum Seekers	2	0.3
Same sex parents	1	0.2
Specific cultural group	13	2.3

Travelling community	1	0.2
Teenage parents	15	2.6
Grandparents	1	0.2

Based on the data collection the assumption may be made that provisions cater for all specific 'types' of parent together. However, different parents have different needs and it may be important to follow up actual access and evaluations to ensure that if programmes do meet a range of needs that this is done in sensitive and effective ways. Nationally for example many fathers have reported that they are the minority and that delivery is very female oriented, different cultural groups have noted that some groups do not take account of cultural differences; further investigation would be required to gain the local interpretation. Some groups also report that they would like to have specific 'group' to meet their specific needs at which time they would be with people who have similar experiences and/or backgrounds to them. This may be worth considering locally.

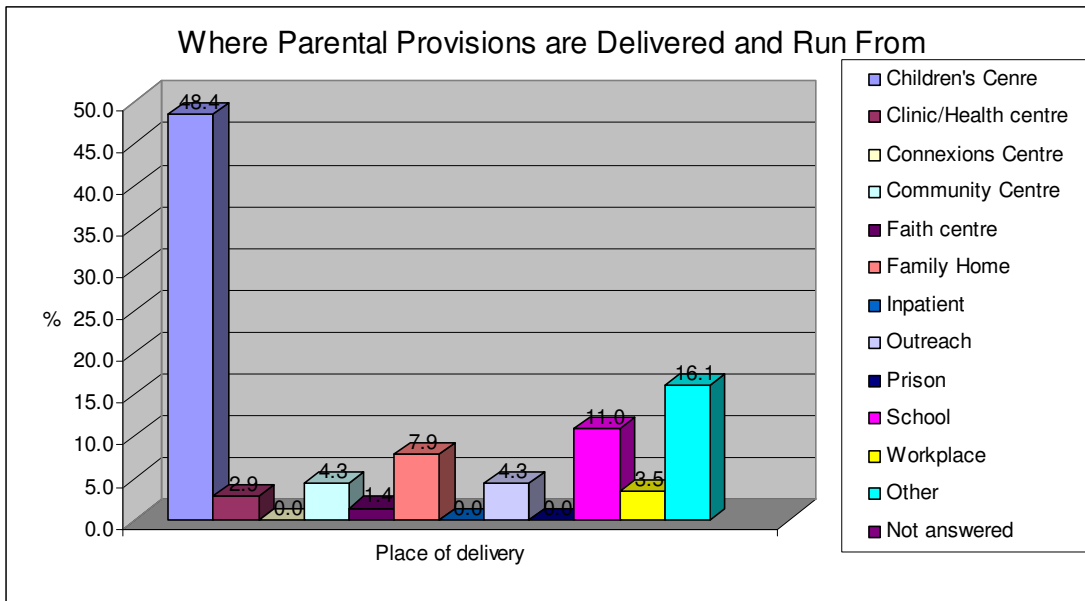
With regards to provision for teenage parents, South Staffordshire, Newcastle and Lichfield did not identify any specific provision for teenage parents; Tamworth and East Staffordshire each identified 1 provision; Stafford identified 2 provisions, Cannock 3 and Staffordshire Moorlands 8.

Graph 10: Most Common Method of Access to Provision



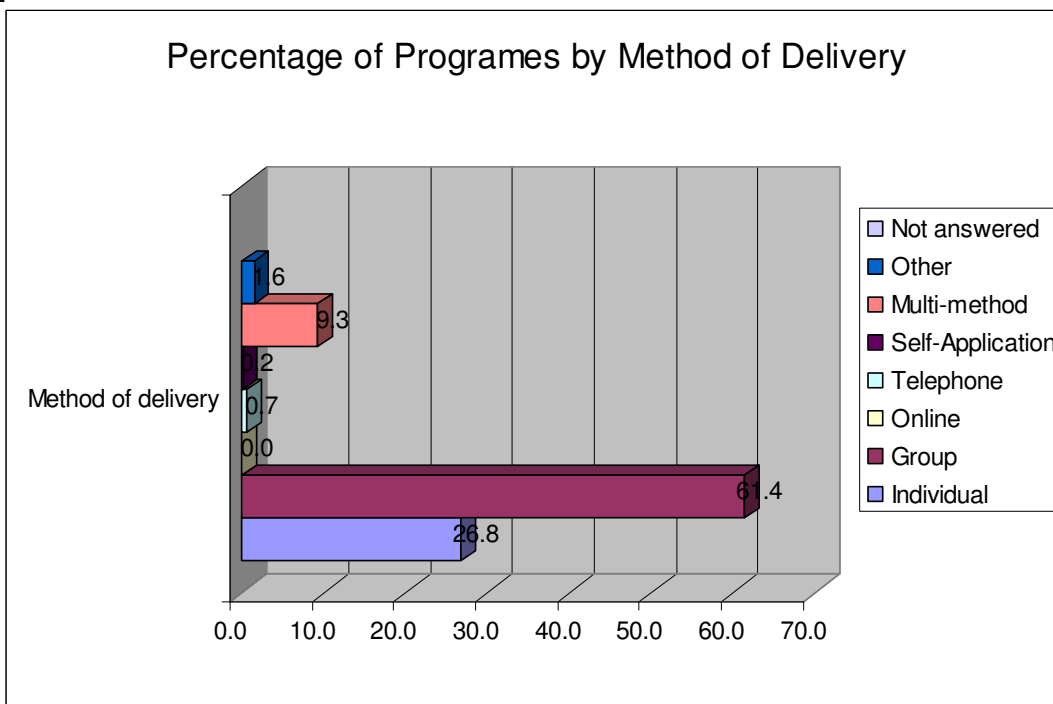
The majority of provisions can be accessed by referral to them, either by the parent themselves or via another agency (47.8%) and a further 15.5 are by self-referral alone. Many of the services offer drop in facilities and operate an open access policy. A very small number of provisions are access by providing outreach (2.2% of the overall provisions). Current Staffordshire have no compulsory parent programmes; circumstances such as parenting orders for behaviour or attendance are not used to enforce (via the courts) parents to programmes.

Graph 11: Common Places Provision is run from



Approximately 4 in 10 provisions are run from a Children's Centre; nearly 2 in 10 are delivered by 'other' settings; 1 in 10 are delivered in school settings. No services were reported to be being delivered in Connexions centres, prisons or inpatient clinics, and few were provided on or are provided on an outreach basis, in community centres, health centres, at places of work or in the family home.

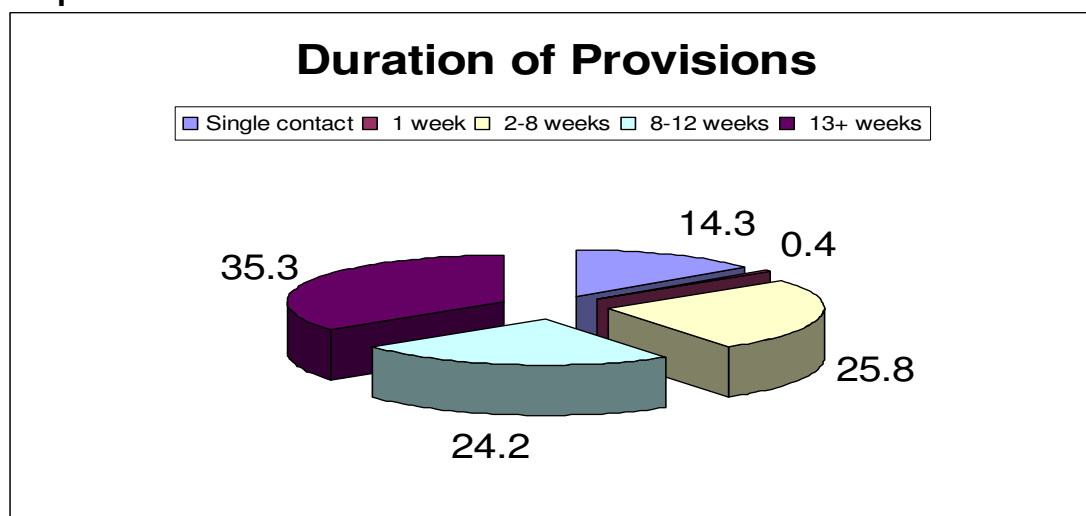
Graph 12: Method by which programme and provisions are delivered to parents



It is evident that the majority of provisions (61%) operate on a group run basis or are provided directly to the individual person or individual family unit (27%). Few services are delivered through self-application or via the telephone and

none are provided online. A number of programmes use a variety of mediums for delivery.

Graph 13: Provision Duration



The majority of the provisions are for 13 plus weeks, showing more long term and ongoing contact is made with parents. A quarter of programmes are between 8-12 weeks in length and a further quarter between 2-8 weeks in length. A very small percent are for one week and just over 1 in 10 are for a single contact.

Countywide services

Eight services (Parent Partnership, School Nurses, Health Visitors, Autism outreach, Connexions, Barnardo's, SSYF, Education- Specialist Support Service Visual Impairment Team) identified 44 distinct provisions that they run county wide. Nearly 50% of these countywide programmes were tier 3, 22% were tier one, 25% tier 2 and 5% tier 3. The majority of these programmes are for 0-19 year olds. All the 44 programmes identified were for mother and father, none were gender specific. All except one of the programmes for any parent type, one programme was specifically for teenage parents. There were no programmes for any other specific groups such as travelling community, BME groups, kinship care, grandparents etc. 90% of the programmes were for parents with any need a small percentage were classed under 'other'. 40% of the countywide programmes identified were for parents with children with learning difficulties or disabilities (including SEN) and a further 40% were classed for parents with other needs. 50% of these countywide programmes were accessible by referral, 15% by drop in and 15% by other mechanisms of access, 3% are accessible solely by agency referral and a further 5% were identified as compulsory. There were no patterns in the delivery setting, although one fifth was described as outreach services. Most of the programmes were delivered to individual parents or family groups and a similar number used multi-methods of delivery. 70% of the identified programmes last 13 plus weeks and a small percentage (7%) are programmes classified by NAPP as evidenced based.