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Insight 41

Support and Services for Parents in Scotland



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The Scottish Government is committed to the use of sound evidence in the development of policy and practice as well as in the evaluation of policy and its implementation. We therefore want to disseminate the results of research that we have undertaken and funded, in a manner that is accessible, interesting and attractive.

Insight aims to present the essence of research projects in a format that will be useful and informative for practitioners, policy makers, parents, academics, and anyone else who has an interest in economic and social research in these areas.

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Support and Services for Parents in Scotland

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Introduction

Background to and aims of the study

The Criminal Justice Development Centre for Scotland (the Centre) was commissioned by the Scottish Executive¹ to look at the availability of support and services for parents in Scotland, local approaches to providing support and services, and the broader evidence base on the most effective ways of supporting parents. This work was commissioned as part of a broader project intended to evaluate the operation of Parenting Orders (POs) as they were implemented in Scotland. However, in the absence of any POs to date, the evaluative element of the research has not taken place.

The study focused on 3 factors related to parenting support and services across Scotland:

1. Strategies developed to guide the provision of parenting support and services across Scotland
2. Actual parenting support and services currently operating in Scotland
3. Findings from a 'mapping' of services conducted by each Local Authority (LA) in Scotland.

A literature review on parenting support and services was also completed. The full report for the study (Hutton *et al*, 2008) and the literature review (MacQueen *et al*, 2008) can be found on the Scottish Government website.

The Antisocial Behaviour etc. (Scotland) Act 2004 made provision for POs, introducing for the first time the potential for compulsory measures over parents who had refused to voluntarily engage with support services when poor parenting had been identified as an issue. Before a PO could be applied for a parent would have been offered relevant and targeted services, and demonstrated that they were not willing to engage with those services in the interests of their child. On that basis the purpose of a PO would be to compel the parent to undertake certain actions, such as parenting courses, that would lead to improving the behaviour and/or welfare of the child. Although it is a civil order, breach of a PO could lead to criminal action.

What is a Parenting Order?

Methods Used in the Study

A number of methods were used in the study:

- 18 Local Authorities (LAs) were approached regarding strategies developed to guide provision of parenting support and services, from which 3 stand-alone strategic documents were obtained. These documents were analysed using a framework of questions, derived from evidence from the literature review on 'what works' in providing effective support to families.

¹ It should be noted that since this study was commissioned a new Scottish Government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not, therefore, be treated as current Government policy.

- Interviews were conducted with relevant personnel at 21 LA social work departments, 10 LA education departments and 14 Community Health Partnerships (CHP), covering a total of 85 interviewees. Interview schedules were designed to facilitate this.
- A number of different types of documentation regarding parenting support and services were gathered – leaflets, programme descriptions, etc. – while attending interviews, from various local authority websites, and during the examination of local authority strategic approaches. All were examined and used for information over the course of the study
- An extensive review of literature relating to parenting support and services was also undertaken.

Findings

Strategies for Providing Parenting Support and Services

This part of the research aimed to provide an overview of strategic approaches to parenting support at local level, looking at strategic development within Community Health Partnerships and Local Authorities, based on interviews with key personnel in the sampled area and an analysis of parenting strategies where available.

Strategic development within Community Health Partnerships: Although none of the 14 Community Health Partnerships included in the study had a fully developed strategy for providing parenting or family support, health professionals work within the 'Hall 4' framework.

What Framework do Health Personnel Use to Work with Families?

Hall 4 is based on a report – "Health for All Children" – produced by the Royal College of Paediatrics and Child Health and updated a number of times since its first publication in 1989. It sets out an evidence-based practice framework for intervention to assess, monitor and support children's health and development throughout childhood and adolescence. Under the framework all families are offered core health services and support, and their level of need for support is assessed. Families can then be offered additional structured support to suit those needs, either solely from health professionals or from a range of local agencies.

Strategic development within Local Authorities: Strategic planning for parenting support and services was examined in a sample of 18 LAs, from both social work and education perspectives, and all were found to be at different stages in developing these strategies. Of these LAs, three had made considerable progress in drafting a parenting support strategy. These were examined in depth using a framework of 7 questions based on evidence from the literature review on 'what works?' in providing parenting support and services:

1. Is the strategy the outcome of multi-agency work?
2. Are basic levels of need in the local area known/ been measured, and are they taken into account by the strategy?
3. Does the strategy take into account different levels of need that families might have, target services towards these needs, and explain how the services are delivered?
4. Does the strategy provide for support that is suited to the age and developmental stage of children, and take into account different needs within these stages?

5. Does the strategy clearly set out what each service can do, who they can do it for and what it hopes to achieve with families, including follow-up work once they have left the service?
6. Does the strategy acknowledge any gaps in the provision of services?
7. Does the strategy set out criteria for the use of compulsory measures, such as supervision or Parenting Orders?

All three of the strategies examined in detail were the outcome of multi-agency work, and two had begun to consider services in terms of levels of need. However, none of the 3 LAs had measured basic levels of need in their area, or documented how to provide a staged model of service for the different age and developmental needs of children. Key target groups for services were only loosely defined in each of the three strategies. None provided entry or exit criteria to different tiers of provision or the use of follow-up and maintenance work with families.

Centre-based services were more common than those provided in the home; there was also a lack of structured, intensive family work for parents with high levels of need. Many different ways of providing services were used, with a high number providing simple advice and support to parents on a voluntary, informal basis. Encouraging parents to become involved with services on a voluntary basis was a key practice philosophy in all 3 of the strategies, and little emphasis was placed on compulsory measures as there was deemed to be less requirement for these.

At the lower need/risk levels, models of provision including a number of appropriate methods of service delivery were being used, including simple advice and support to parents on a voluntary, informal basis. One LA outlined within its strategy document an 'ideal' model of provision to work towards. This incorporated many of the methods identified in the research literature on 'what works?', although this model was also notable lacking in the provision of home-based support and services.

While the study found that none of the LAs could yet provide a model of best practice that could be promoted as a template or example for strategic planning, some LAs were on their way to shaping strategies that recognised all of the factors considered important in the 'what works?' literature.

Interviews with People Involved with Parenting Services and Support

A total of 85 personnel were interviewed from LA social work and education departments, and Community Health Partnerships. These personnel ranged from senior managers responsible for strategic planning to those working directly with families. The same questions were asked at each interview.

The main aim of the interviews was to find out as much information as possible on key factors relating to parenting services and support in each of the particular geographic areas, along with some basic questions relating to Parenting Orders. Topics covered in the interviews were:

- Parenting issues in that particular area
- How and when parenting issues come to light
- Issues commonly identified as a source of difficulties for parents and families
- Steps taken to assess and address parenting issues

What Framework do Local Authorities Use to Work with Families?

- Ways to engage parents with services
- The kind of services/support available in that particular area
- What other agencies could be approached for assistance in dealing with parenting issues
- What gaps, if any, were there in services/support for parenting issues
- Any set strategy or protocol that was in place for addressing parenting/family issues

Although not set out in the way of a formalised strategy or protocol by any authority, CHP, agency, etc., when information from all the interviews was examined together it was possible to present a picture of the key points, in terms of the age of the child, when parenting issues were most likely to come to the attention of professional mainstream and specialist agencies. Potential parenting difficulties can be highlighted as early as pre-birth. It would appear that parenting issues are most difficult to identify in relation to children in the 3 to 5 years age group, unless these issues are serious and very visible ones. This gap appears to exist as there are no formal health checks under Hall 4 during this period and, unless a child regularly attends some form of pre-school, any issues are not likely to be picked up until the child enters primary education. The importance of early intervention was emphasised, although lack of resources and demands on time were often mentioned as barriers to providing this.

Actual availability of services varied widely between each LA and CHP area with funding and resources in general being commonly cited as a particular problem with regard to service provision. Services that were very structured were reported as being generally only available for those families where the level of need and/or risk was high. The main gap in services was reported to be provision for early intervention or preventative work to be carried out. Procedures and protocols related to child protection issues are better developed than other formal approaches to family interventions identified in the interviews. Although multi-agency work was reported as common in many areas, inter-agency communication regarding individual cases was often reported as being patchy at times.

How do families engage with services?

Engaging families with services was not viewed as a particular problem, with levels of engagement reported as being dependent on many variables and likely to change over time. Factors considered to impact on engagement include poor service provision, low levels of self-esteem and confidence in parents, and wider social factors such as social isolation and deprivation. It was further highlighted in many interviews that parenting issues extended across all socio-economic classes, with only the way these issues display themselves being different.

The majority of those interviewed felt that the Parenting Orders legislation was well intentioned but misguided, with the main concern being that forcing a parent to do something was unlikely to promote genuine engagement or change. Concern was also expressed that current resource levels may be inadequate to provide the intensive service required to support a Parenting Order. However, some interviewees did feel that POs could have a place in supporting families with parenting issues. Interviewees further suggested that a consistent and universal approach should be taken in parenting education, perhaps with courses or similar being given in schools.

Mapping of Parenting Services

Before the PO legislation came into force, the Scottish Executive asked each of the LAs to 'map' all parenting services in their area. To make sure the information provided by each LA was consistent, the Scottish Executive provided a template for this. Responses to the mapping exercise were received from 27 of the 32 LAs. Two other LAs had commissioned their own audit of services while in 3 LAs the response is unknown. Information was gathered on 381 services across Scotland that provided some form of parenting service or support.

Two-thirds of services were able to provide intensive support, which means a high ratio of staff to clients, while 47% could offer crisis support and 42% group work. Work addressing parenting skills/training, or offering support/advice with regard to parenting issues, were the most common ways that services were delivered (both at 68%), followed by home visits (58%) and peer support (45%). Individual work was offered by 35% of services, while preventative work was offered by 30% of services.

How Do Services
for Families
Operate?

'Parents and family' were the most common target group for services (44%), with homeless families (4%) and travellers (1%) being the least well served. A little over one-third of services (36%) offered a 'universal' service to all. The most common service providers were social work services (35%), voluntary organisations (30%) and education (29%).

Although some LAs identified problems in completing the mapping exercise, such as the layout of the template and lack of time to undertake the task, the findings from the mapping still present an interesting picture of parenting service provision across Scotland. It seems that in terms of services, reasonable provision exists in Scotland that can be built upon for the future.

Literature Review

The literature review (MacQueen *et al*, 2008) examined relevant evidence on effective approaches to family service provision, on risk and protective factors and inter-related issues of antisocial behaviour and child care. It also looked at the historical policy context to the introduction of Parenting Orders and the apparent under use of the provisions. These themes set the context and framework for examining the evidence on the practice of engagement with clients and the use of compulsion.

The evidence reviewed highlights that for some young people, early criminal activity combined with multiple disadvantages can provide a warning sign for later behavioural difficulties (Rutter *et al.*, 1998). Early involvement in offending or antisocial behaviour may be a stepping stone to more serious, violent, and persistent offending (Loeber and Farrington, 2000). There is consistent evidence that persistence into late adolescence and adulthood of offending, violence and other chronic forms of antisocial behaviour is strongly associated with this behaviour beginning at an early age, which in turn underlines the importance of parenting, family and school factors. However, because children tend not to commit particularly serious or violent offences and because they usually have not acquired an extended pattern of criminal or antisocial behaviour, they often receive limited appropriate attention for this behaviour at an earlier stage.

Many studies have noted that problem behaviour often starts at an early age with a combination of temperamentally difficult toddlers and inexperienced or vulnerable parents, which can lead to a downward spiral toward early onset of problem behaviour where poor monitoring and discipline can inadvertently reinforce pre-school childhood difficulties. (Patterson and Yoerger 1997). Three major risk factors associated with

antisocial behaviour can become observable during primary school years including persistent physically aggressive behaviour, fighting and bullying (Farrington, 1996), poor academic achievement and academic failure (Maguin and Loeber, 1996) and low commitment to school (Dreyfoos, 1990). Limitations in pro-social skills mean vulnerable children often do not mix well, are unpopular, withdrawn, isolated and rejected by other children. This, in turn, can result in their leaning towards the company of similarly isolated and potentially antisocial peers.

Reviews of family factors associated with antisocial behaviour and youth offending have found that poor parental supervision, harsh and inconsistent discipline, parental conflict and parental rejection are important predictors of offending; disrupted homes and early separations (both permanent and temporary) and criminality in the family are commonly associated with delinquency (Farrington, 1996). Family structure seems less important than factors such as parenting style, family controls, relationships and activities. There is a strong association between delinquency and lower levels of parental supervision in managing day-to-day routines, friendships, use of money, bedtime, and behaviour. However, it is not possible to predict which vulnerable children will go on to become adult offenders.

What are the best ways of dealing with families with who have parenting issues?

The evidence suggests that a continuum of support from universal provision through to specialist targeted provision is likely to be required to meet the needs of children and families at different ages and stages across the life course, related to levels of difficulty and matched to appropriate provision (Carr, 2000; Tunstall and Aldgate, 2000; Moran *et al.* 2004; Department for Education and Skills, 2007). This evidence points to the importance of 'pick up' mechanisms through health visiting practice, pre-school provision and at entry to primary school, all of which provide structural opportunities for preventive work or early years intervention to address disadvantage and difficulty through universal and targeted means within universal provision without stigmatising children, and before antisocial behaviour consolidates through peer association and further school failure by adolescence.

Maintaining programme integrity and employing appropriate methods are important to effective outcomes; this element is the most likely one to be 'watered down' as programmes are rolled-out. Behavioural and skills based methods have proven to be the most effective in making improvements, in particular home visitation, daycare/preschool for under five's, general parent training, school based parent training, home/community programmes for older children and parents, structured family work and multi-systemic family work for adolescents (Farrington and Welsh, 2003; Moran *et al.*, 2004). Evidence on the issues of the duration, intensity and sequencing of programmes of intervention remains limited.

Studies highlight the importance of ensuring appropriate methods are delivered when required. For example recent studies have suggested that pre-school centred based provision, such as family centres and nurseries, are strongly associated with improved cognitive functioning and educational achievement (maths and reading) at a later age for disadvantaged children, particularly for those beginning at age 2 to 3 years. In contrast, however, entering child care early seems to hold negative socio-developmental outcomes "increasing behavioural problems" for these same children. (Loeb *et al* 2005:80). However, these findings are from the U.S. and may not reflect outcomes in Scotland – care needs to be taken when planning provision to ensure appropriate methods are adopted to achieve the required objectives.

Conclusions

The *Antisocial Behaviour etc. (Scotland) Act 2004* ("the 2004 Act") Part 9 made provision for Parenting Orders. The provisions were introduced across Scotland following commencement of the 2004 Act on 4 April 2005.

At the time the fieldwork for the study was completed (November 2007), no local authorities had applied for a Parenting Order in Scotland. The interview data from this study shows a very clear and consistent philosophy in regard to the use of compulsion in dealing with vulnerable children and their families, a stance very much aligned to the Kilbrandon² approach. People that were interviewed indicated that their local authorities and Community Health Partnerships attempted to promote voluntary engagement and co-operation with parents, with compulsion used only as a last resort.

Scottish Executive guidance indicated that the consultation on the government's *Antisocial Behaviour Strategy 'Putting our communities first'* (Scottish Executive, 2003) highlighted agreement over the need for parenting provision but 'there is less universal agreement about the need to introduce parenting orders in Scotland' (paragraph 10). The findings from this study would suggest that while hypothetically many considered that Parenting Orders may have a place in assisting their work, the primary means of compulsion, and one considered likely to be most effective, was compulsion over the child through the Children's Hearings system. Interviewees suggested that the greatest impact on lack of engagement related to service inadequacies, parental confidence and structural factors that would not be overcome by compulsion. There is no practice experience, as yet, in Scotland to indicate that compulsion over parents through Parenting Orders would make a notable difference in difficult cases.

The mapping of services demonstrated that a vast array of provision considered suitable in supporting parents and families exists in varying measures across Scotland. Most authorities in the sample examined are working on developing strategic plans to systematize this wide range of provision of parenting services to meet the evidence from research on the need for services to be staged or tiered, and progressive from universal provision through to very specialist targeted provision across the life course for those at highest risk. While there is encouraging evidence on progress, good baseline data to allow for gap analysis or effective decision-making on capacity requirements against levels and type of need or risk is limited.

To date, progress and development varies greatly, with most authorities appearing to be at a very early stage of strategic development. No authorities yet provide a model of best practice that could be promoted as a template or exemplar for strategic planning. However, a few authorities are on their way to shaping their strategies in ways that recognise the different needs presented by families depending on their level of vulnerability, the kinds of difficulties presented by children and parents and differentiated by age across the life course.

Few have clear criteria for entry or exit to different tiers of provision or have matched their provision tiers to capacity/demand data (gap analysis) or the availability of trained staff to provide the service to meet the demand. No authorities have yet refined their practice method requirements or matched these to specific criteria in order to ensure a 'best fit' against baseline data on capacity requirements and the need profile of families in their communities.

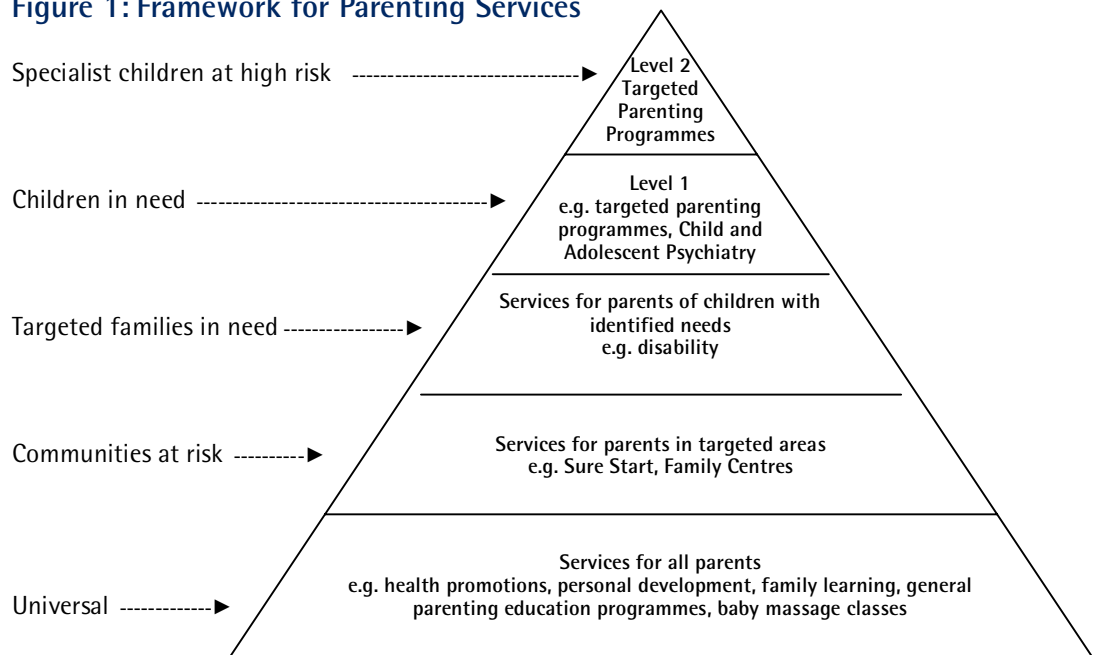
² Kilbrandon Report (1964), Report of the Committee on Children and Young Persons, Scotland, Cmnd.2306. Edinburgh: HMSO

It was not possible to establish from documentation or from interview data that key methods, highlighted by research as likely to be most effective at different stages and tiers, are incorporated explicitly within the strategies, nor the mechanisms to ensure they are delivered by specifically trained staff with rigor and integrity. The most obvious examples of this are in-home skills based modelling work for children under 5 and structured 'functional' family work for adolescents. There was evidence from interviews that the former does exist, particularly as part of some health provision, but no clear indication of specific criteria for its application. There was no evidence that there are trained staff available to deliver specialist family work for adolescents considered to be to high risk of reoffending despite the positive evidence to support its use. Most documented data related to provision for young children and much of it seems centre based.

There is strong evidence of a multidisciplinary approach to strategic planning in most authorities. The evidence at this stage is less convincing that *delivery* is multi-disciplinary or co-ordinated although there were some good examples of attempts at multidisciplinary approaches with high-risk adolescents.

The legislation and policy direction has given a major impetus to planning for parenting services across Scotland. The conceptual model promoted by the work of Aberlour³ (see Figure 1) captures the direction of travel for many LAs. While it has still to become an empirical reality, many elements are in place in a number of LAs.

Figure 1: Framework for Parenting Services

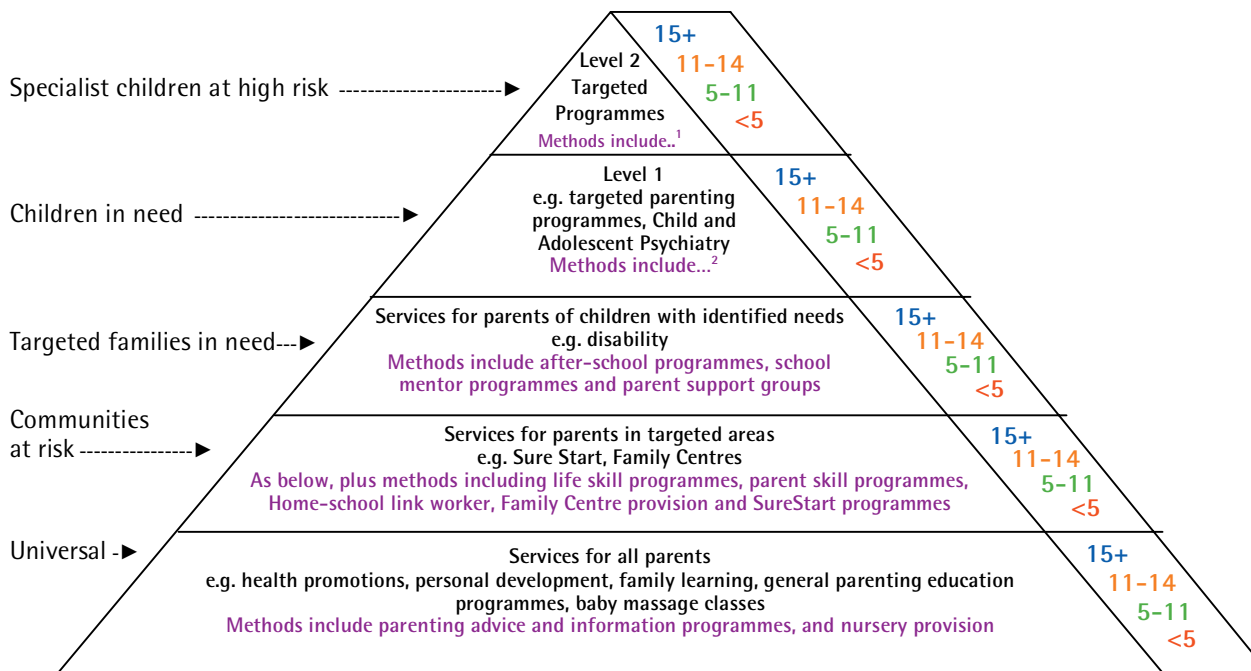


What Should a Framework for Parenting Services Look Like?

At present the conceptual models do not incorporate the age thresholds or methods suggested in Figure 2. This is a complex challenge and requires a continuous improvement approach to allow time for strategies to incorporate new elements as they develop (such as the additional dimensions of age against stage, to match appropriate 'methods' to the different tiers) before authorities will be able to achieve a clear pathway that takes account of issues highlighted in effectiveness research on duration, sequencing and intensity of provision which should vary and increase with increased levels of vulnerability and risk.

³ www.aberlour.org.uk

Figure 2: 'Ideal' Framework for Parenting Services



¹ In-home modelling, behaviour skills programmes, Functional Family work, educational enhancement programmes and family conferencing

² Multi-systemic family work, intensive wrap-around support, offence focused programmes, drug/alcohol counselling and restorative practices

Each authority seems to be working in relative isolation and is to some extent inventing its 'strategic wheel'. There may be a case, as with the work being done by Aberlour, for consultancy support for those likely to produce some exemplary models of best practice from which other authorities can draw and apply to their own situation.

There is strong evidence of a multidisciplinary approach to strategic planning in most authorities. The evidence at this stage is less convincing that *delivery* is multi-disciplinary or co-ordinated although there were some good examples of attempts at multidisciplinary approaches with high-risk adolescents.

Data generated from health provision seems more refined in differentiating methods and age. The Hall 4 framework for health practitioners, though not without its critics, supports an age-stage approach. Evidence of this in many of the local authorities' provision was that it was still in its early stages. Also, evidence of specific educational provision was limited and seemed often subsumed within the general provision led by social work.

The Hall 4 model adopted by health provides, in principle, universal contact points with children and their families across the life course ages 0-14. These are complimented by universal educational assessment on numeracy, literacy and personal management at primary 1 and primary 7, approximately ages 5 and 11. While social work has no equivalent structure, these universal stages broadly match the age-stage structures in the literature as crucial 'pick up' points for vulnerable children allowing for strategic links to various 'levels' of multi-disciplinary preventive or early intervention as a key element of any strategy for the provision of parenting services and support.

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