THE PROVISION OF SERVICES AND SUPPORT GROUPS;

At the moment our Community Health and Care Partnership supports two “First Time Mother” Groups. The content of the programmes would suggest that beyond the first week, they are parent and not mother-specific so perhaps we need to review this and change the name to “First Time Parent” Group. Some of our early years establishments provide support for dads.

SOCIAL ATTITUDES TOWARDS LONE / UNMARRIED FATHERS

We do not, currently carry out systematic research on this subject. Perhaps some of the EYC work should be looking at how we are currently capturing the views of parents and how we use this to inform our services. As part of the GIRFEC Assessment and Care Planning paperwork within Health we are recording the parent's views and perspectives, perhaps this should include significant others in the Child's life.

The following case note from one of our teams may be of some use:

This team manager was a woman and expressed a number of specific concerns. She felt that social work and other agencies could be biased against men and have a tendency to regard the female parent as the main carer no matter the circumstances. For example if a mother has persistent problems with drugs or alcohol that impact on parenting, the woman will get more 'chances' than a man would in the same scenario. Women tend to be treated as the main parent due to traditional roles and values that place emphasis on mothering. When men are separated from the mother and have similar drug/alcohol problems and show an interest in their children, they are often excluded on the basis that they are unsafe without this being adequately demonstrated as being a real danger.

DAY-TO-DAY CHALLENGES EXPERIENCED AS LONE / UNMARRIED FATHERS IN SCOTLAND AND ISSUES AROUND PARENTAL RESPONSIBILITIES AND RIGHTS FOR FATHERS

With reference to Council employees, we do not record any information in this regard, i.e. it is not currently recorded in anyone’s file whether they are a lone parent or not. There would, however, appear to be a few isolated cases where our HR colleagues are aware that lone fathers are having difficulties with their work/life balance but nothing more. While the council has a Parenting Strategy (attached) it is not aimed at collecting this type of data.

However, the following reports from some of our CHCP teams illustrate some of the issues under this heading based on our experience as a provider of services:

Tam 1 The area of parental responsibilities poses some challenges for Health Visiting. When parents separate/divorce and do not communicate
with each other we have problems with sharing information. Parents get into disputes over who will take a child to an appointment, a difference in opinion between parents regarding the needs of the child. Since starting the 30month check we have different results from the tools used depending on who brings the child to the appointment. This has been evidenced through follow up interventions. The practitioner is then forced to decide on what information is factual. There is a societal expectation that the mother knows the child more than the father. However, given our economic climate, there are many fathers who have a higher level of contact with their children and can more than identify and meet unmet needs.

Team 2 – Many, if not most, parents of children with higher levels of additional needs are separated and typically the mother will be the main carer of the child. The fathers do mostly still have contact and involvement with the child but this can be restricted when the child’s needs mean that the home has to be adapted. For example some children require wet rooms/showers, ramps or other adaptations. In this situation it will be the home where the mother lives where the adaptations are typically carried out which can present a barrier to the father having overnights or more involvement in the care of the child.

If the parents of a child with high additional needs separate and the father is seeking public sector housing, he may not be able to request a home with for example ground floor access, if he is not the residential parent.

In general there are few resources locally that have been specifically set up with fathers in mind.

Team 3 – Men, as a group, may struggle more than women to express their difficulties in caring for their children or their problems in general due to societal expectations and values. Services are more familiar with supporting women as parents and may be less responsive to the needs of men in this respect. In social work we have familiarity with supporting women emotionally but men can present differently which can be a challenge to the way support is provided and managed.

When parents are separated, the child will tend to live mainly with the mother. The way the benefit system works, fathers will often have no entitlement to money for the child even if they have part time care. If the child is due to visit the father for contact, the father may have no funds to feed the child. The benefits agency will typically not acknowledge there is anything they need to do in this situation. If the father approaches the local authority for financial support to have their contact, they will often be refused as the mother has already had public funds to support the upkeep of the child. The response may be that perhaps the contact ought not to go ahead if the father is unable to feed the child. (This is not in reference to looked-after children or open cases, but more in relation to unknown fathers presenting at the duty system).

Team 4 - When people put in a housing application in the case of a lot of single fathers they need an extra bedroom due to getting access to kids. There is a form that we provide called a shared parental access form which allows this information to be taken into account in their application. Secondly the changes in benefit legislation have impacted on a lot of single fathers. We have to advise people who have had their benefit cut that there is an application for discretionary housing payment. (Not specifically for single fathers but it does apply to a lot of them).
A young man came in a few months ago, who had recently been given custody of his 2 children and had been released early from prison to allow him to take custody of the children. He was not from the East Renfrewshire area and he had no support here although he had been given a tenancy by a private landlord for the Barrhead area. He came into the service centre and didn’t know where to begin. He was assisted to complete the rebate form and council tax forms, and was given the phone numbers to contact the Child Benefit and Tax Credits teams. He also applied for a community care grant to help him out as he was starting with nothing. Unfortunately CB & Tax Credits are not the quickest at processing claims so he was back and forward keeping us up to date on what was happening. At times he was really stressed out as he was going between Barrhead and another area out with the authority (where his kids are at school). He didn’t want to disrupt their schooling. Although he was stressed out and sometimes agitated when he was here he was always thankful for the assistance he received and mentioned on a number of occasions that the housing in another local authority area was inadequate and the employees there were not willing to help him out. He was happy that East Renfrewshire Council was there to help him out and guide him along the whole time.

Kofi Tordzro
Corporate Equality Manager
East Renfrewshire Council
25 February 2014
East Renfrewshire

Parenting Strategy
Foreword by Convenor of Education & Equalities and Chair of East Renfrewshire’s Community Health and Care Partnership

Councillor Elaine Green
Convenor for Education and Equalities

Parents have always known the importance of their role in making sure that children are happy, successful and fulfilled. The recent focus on parenting nationally and locally does not necessarily tell us anything new but it does compel us to consider whether we are doing the right things at the right time to make sure that parents, and ultimately children, are able to flourish. That’s what we want for the people of East Renfrewshire.

This Parenting Strategy provides a framework for the work of services to families and supports a collaborative and integrated approach; something which we know to be successful.

I particularly like that this strategy has been written with parents and children at the heart. I have enjoyed reading the quotes from both which are scattered throughout the strategy; for me this is what makes it come alive.

The strategy sets out ambitious outcomes and I believe that these are both achievable and necessary for the future success of East Renfrewshire.

I strongly support every tenet of this strategy and will do all I can to promote its value and importance within the communities and with the services with which I am involved.

I very much look forward to seeing the benefits of the strategy for our children, young people and families.

Councillor Alan Lafferty
Chair East Renfrewshire Community Health and Care Partnership

Parenting is probably the most difficult job adults will engage in during their adult life.

Parents will always seek to do the right thing, but on occasion they do not know what this right thing looks like.

It is our collective responsibility as a society and as a community planning partnership to ensure that we do all we can to support parents to have control over their life and upbringing of their own children.

There is considerable evidence to suggest that early intervention in the early years of a child’s life will provide positive outcomes. We in East Renfrewshire want to develop in partnership with parents models of support in both universal and specialist services to achieve the best outcomes for all our children. These outcomes are based on the Getting it Right for Every Child and we will work with and support parents to ensure every child is Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsive and Included.

The strategy is the start of this journey and I would recommend it to all. I will make every effort to support and promote the strategy throughout the council area.

I believe that our children are our future and I look forward to see the excellent results from working in partnership with children, young people and anyone who is taken on the parenting role.
Rationale

“In the early months and years it is crucial that each child has the opportunity for a warm reciprocal relationship with a small group of special adults who respond to the child’s varying needs for stimulation, soothing, shaping his or her later relationships and emotional self-regulation, and give the capacity to learn and develop empathy...Creating a favourable environment for Scotland’s babies, toddlers and preschool children is therefore a key for society as a whole and the health service has an important part to play. Parenting programmes serve an important purpose in ameliorating some of the effects on a child of a family’s vulnerability, but further efforts are required to make families less vulnerable in the first place, for example by early recognition, support and treatment of mental health or substance misuse problems, improved housing and neighbourhood environments, and improved job opportunities.”

Dr Harry Burns
Health in Scotland 2006
Chief Medical officers Annual Report

The Scottish Government has set out clearly its intention to improve the outcomes for all of Scotland’s children. Its aspiration to make Scotland the ‘best place in the world to bring up children’ puts an emphasis on parenting as a key driver for transformational change.

In fact, intervention and prevention in the early years is considered one of the strongest national priorities for children services in Scotland. This priority is reflected locally through a commitment to adopt a preventative approach to the design and delivery of services, which if successful, will see fewer children and families falling into crisis and thereby requiring high levels of costly, often intrusive, intervention.

The pending Children and Young People Bill provides a legislative context for a preventative approach through placing certain duties on public bodies to work together, to pull resources and to jointly plan, assess and intervene. However, in East Renfrewshire there have already been major strides taken to working in this way and thereby achieving positive outcomes for children.

We know that parents are in a unique position to shape a child’s life forever and support them to develop the knowledge and skills required for a successful life as an adult. Being a parent is a lifelong commitment to putting the needs of children first; to provide them unconditionally with consistency, guidance, support, nurture and love.

Parents can benefit from some degree of guidance and support from others within their local community. Services that are most effective work with parents and communities to support them to connect, develop and flourish further. Services need to ensure that professionals are skilled and confident and that they are working together to prepare, advise and support parents effectively from before the birth of their child through to their transition into adulthood.

In East Renfrewshire we are wary about homogenising parenting and parents. We know that parenting roles are being fulfilled by a range of significant adults in a child’s life including, mothers, fathers, grandparents, family members, family friends, and through corporate parenting; however, significant societal changes have perhaps caused families to be more isolated within their community.

Parents make decisions about parenting based on their own unique up-bringing, their experiences, their values and their aspirations. Being a parent provides many positive experiences; it is rewarding and satisfying in a way that is not matched by any other experience. It is the ultimate accolade for parents to see their child develop physically and emotionally and recognising their role in these achievements.

Parents and children in East Renfrewshire tell us that parenting in the 21st century is not without its challenges. Becoming a parent is a life changing experience where meeting the needs of their child becomes their priority; however, within modern society parents can experience challenges which impact on their capacity to prioritise in this way. Such challenges may include:
- Mental ill-health
- Domestic violence
- Substance misuse
- Bereavement
- Unemployment
- Isolation
- Poverty
- Poor health

Through this strategy, we will challenge a wide range of services to work with parents to be the best parents they can be, not to be the *perfect parent*. It can, after all, be beneficial for children to see their parents make mistakes and learn from them.

Children need to be safe, healthy, active, nurtured, achieving, respected, responsible and included in order to reach their potential and parents have a central role in achieving these outcomes for children and young people. It is widely accepted that the quality of the relationship between children and their parent or parents is crucial in determining life outcomes. The parent-child relationship impacts greatly on children’s emotional wellbeing, physical wellbeing, behaviour, attainment, employability, future relationships and the child’s own parenting skills in adult life.

In the development of positive and secure relationships, children benefit from parents who:
- Provide appropriately for their physical needs.
- Are attentive and engaged, able to actively listen to what children are communicating and respond appropriately and consistently.
- Have positive interactions with children, showing interest in their likes and dislikes.
- Give warm, nurturing and understanding responses, including physical affection.
- Provide clear, age appropriate expectations that are established through discussion and reasoning with an emphasis on developing empathy.

The best thing for me about being a parent is that I am a better person because I am a parent. Your own, sometimes selfish and trivial needs and desires, just go on the back burner.

I feel more confident when I think that there are no prescribed rules to being a parent.

I remember my own mum telling me that there is no guide book for being a good parent. She told me that I would just know what was right and what was wrong. I have not heard a truer word since.

Perfection does not create perfect kids. I learned that a long time ago.
Our Vision for Parenting in East Renfrewshire

Our vision is that parents in East Renfrewshire have the necessary knowledge, skills, support and resources so that children thrive and fulfil their potential. It is incumbent upon all partner agencies to work together and with parents to develop further nurturing communities for the citizens of East Renfrewshire. This vision is manifested through the extent to which children in East Renfrewshire are: safe, healthy, active, nurtured, achieving, respected/responsible, and included.

Introduction to the Strategy

East Renfrewshire Community Planning Partnership (CPP) recognises and commends the focus being placed nationally on parenting. This Council and its partners are keen to echo the National Parenting Strategy: Making a positive difference to children and young people through parenting and contribute to helping to make Scotland the best place in the world to grow up. In so doing, this strategy will take account of the national drivers and the recently published strategy. In addition, East Renfrewshire’s strategy will also draw upon the already positive work which is being undertaken locally that is contributing to the tenets of promoting positive parenting. Such relevant national and local strategies and policies are listed in Appendix 1.

Aims of the Strategy

The overall aim of the strategy is to ensure that current and future support for parents in East Renfrewshire is well coordinated across the local authority and is provided and delivered in an effective and coherent way. The strategy draws upon existing strengths and evidenced-based research. In so doing, we are resisting the temptation to duplicate or replicate approaches where effectiveness has not been well evaluated. Indeed we know from comparisons made with national data, as shown in Appendix 3, that East Renfrewshire fairs better in a number of proxy indicators of positive parenting. Most notably by way of example of existing strengths are the proactive steps being taken locally to implement the Triple P programme, which demonstrate a commitment to both this approach and to supporting parents in a comprehensive way.

Triple P is a multilevel, evidence-based parenting and family support system designed to prevent behavioural, emotional and developmental problems in children (or halt their progression and reduce their severity) (Sanders et al., 1999)1. The Triple P system typically operates within a health promotion framework, however, much of the empirical work on Triple P has focused on children with severe conduct problems or with children who are high risk for the development of such problems. Triple P is one of the most evidence-based programmes worldwide and fits the criteria for dissemination as outlined by the Society for Prevention Research 2 In consultation with the NHSGGC, TPUK aims to deliver the following specific outcomes to a range of service providers and the families they work with. These outcomes have been repeated in numerous clinical trials evaluating Triple P interventions and stems from national and international experience in the implementation of Triple P as an intervention system.

Reduce risk factors associated with poor developmental outcomes in children and young people:

- A reduction in the prevalence of early onset behavioural and emotional problems in children and teenagers in the birth to 16 year age range.
- A decrease in parents’ use of coercive, harmful or ineffective parenting practices.
- A decrease in emotional distress experienced by parents including (parental stress, depression, anger).
- A decrease in parenting conflict over raising children.
- Increase protective factors associated with favourable developmental outcomes in children and young people:
  - An increase in parental confidence and efficacy.
  - An increase in the use of positive parenting practices.
  - An increase in parental participation in an evidence based parenting programmes.

We know that the vast majority of parents in East Renfrewshire are effective in bringing up children, but we are also aware that it can be difficult and challenging and sometimes families will need help. It is for this reason that we emphasise parenting support is available to all parents, although the nature,
intensity, frequency and duration of support offered by local services will vary across the course of a child’s life depending on the identified need of the child and family. Our Parenting Strategy is underpinned by the knowledge that more preventative work with families needs to be our focus along with early identification of need, and that intervening specifically in the early years, is the key to delivering positive outcomes for children.

To ensure that this intention is clear and runs throughout, this strategy has been written on the basis of a number of well accepted presumptions, based on current research, about parents and parenting; these relate to all parents regardless of values, morals, experiences, environment and capability, and are:

- Parents love and want to do the best for their children;
- All parents benefit from support at times, and some families need more than others either on a continuing basis or for a limited time;
- All parents believe they are doing the best they can at any given time;
- Effective parenting is one of the strongest protective factors for a child and is determined by the extent to which children are flourishing against the wellbeing indicators: safe, healthy, active, nurtured, achieving, respected and responsible, included.

In formulating this Parenting Strategy, East Renfrewshire’s CPP has demonstrated its commitment to taking account of the views of parents, children and young people. A consultation was conducted with a cross-section of parents, children and young people to gather views on various themes and issues relating to parenting, and included:

- The best things about being a parent and what helps parents to feel confident in their parenting role.
- The difficult things about being a parent and how the CPP could help to support such difficulties.
- The effectiveness of the information available to parents about parenting
- Which services are effective and which are less so.

A summary of the findings of the consultation is included in Appendix 2 of this document.

This strategy is written to take account of the specific context of East Renfrewshire and its population. Local statistical information relevant to the Strategy was gathered using the Parenting Across Scotland (PAS) national benchmark data; this information is attached in Appendix 3 of this strategy.
What should parents expect in East Renfrewshire?

Model of service delivery based on needs-led approach
In East Renfrewshire, we have adopted a preventative approach to service delivery. The model below depicts a tiered approach to the delivery of services to support and improve parenting capacity. This approach emphasises the strengthening of universal services in order to improve parenting capacity of the whole population of parents in East Renfrewshire. The approach also highlights the proportionate saving potential of investing in universal approaches; however, this is predicated on services, both individually and collectively, re-prioritising resources of time, money and expertise towards the base of the tier. It is expected, in prioritising resources and emphasis in this way, fewer families will require to access to acute, and more resource intensive, specialist services. Such an approach has the potential to bring about the transformational aspiration of early intervention and prevention.

As stated, universal services are those which are available generically by virtue of being a citizen of the community of East Renfrewshire and are available for all parents to take part. Universal services tend to be linked to health and education and often place a duty on health boards and education authorities to provide a range of services to the population they serve.

Specialist services are not conferred automatically to parents; therefore, such services have to be asked or applied for. For specialist services to be granted, it is probable that some additional need has been identified and a threshold of need has been met.
This strategy is based on four broad levels of need among parents. Whilst the levels are not sequential and there is no expectation that parents’ needs would escalate or de-escalate through the levels, it is also the case that they are also not exclusive.

We believe that such a needs-led approach makes this strategy more solution-focused and person-centred. Consequently, the starting point is with parents and their needs as opposed to the imperative being with services.

Table 1 describes each level of need and these are:

- Universal
- Specific
- Complex
- Intensive

“What makes a relationship with parents important and effective is that you sit down and talk or do things together”

*Primary school pupil*

Many times parents fret so much about what is the 'right and best thing,' they become unable to be emotionally available to model how to be a 'good, imperfect person.' When so much energy is spent in trying to be the perfect parent, the child picks up these cues that perfection is the goal and imperfection is intolerable.
Table 1

<table>
<thead>
<tr>
<th>Universal needs</th>
<th>Specific needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal in this context means <em>all parents</em>. At this level parents will receive universally standard, generic low level information from the community and services. Parents can expect that support is available to them both as a citizen and as a parent residing within East Renfrewshire. It should also be recognised that parents are increasingly accessing a range of websites set up by national agencies as a source of basic advice and these will be promoted by the integrated children service partnership.</td>
<td>Parents at this level of need will still of course benefit from all that is available at the universal stage; however, there is a specific issue/concern/matter which is not wholly addressed by what is available at this level. Crucially, it is likely that parents will identify such specific needs on their own and as such will actively seek out support; however, with the involvement of universal services, the specific need can be identified or suggested by professionals e.g. poor sleeping patterns of a baby, poor feeding. Support therefore will tend to be more structured and formalised and delivered either on an individual and/or group work basis dependent on the subject matter and service involved. Advice and guidance offered at this level will be available to a large proportion of the parental population with many parents self-referencing and attending on a voluntary basis.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complex needs</th>
<th>Intensive needs</th>
</tr>
</thead>
</table>
| Parents who are experiencing a complex issue or a number of factors, which are impacting negatively on their ability to parent positively, either short or long term. Consequently parents will need more intensive/specialist support in order to overcome and address the negative impact. Needs would be described as complex either if they arise from a single pervasive factor which is likely to be long-term e.g. disability or from experiencing a range of other factors which taken together would be considered complex e.g. bereavement and mental ill-health. Identification of such needs would generally be either through a single agency or integrated assessment. Such assessment would identify the extent to which the child was in need/at risk and the resultant plan would indicate who would be involved in providing support. Due to the complexity of the need it is likely that parents would benefit from the support of a multi agency team and an integrated assessment will be undertaken. Parental engagement in such activities would be encouraged on a voluntary basis in line with the minimum intervention principle. However, there may be a need to move to more formal arrangements to meet the needs of the child. Interventions at this level could be coordinated and led by specialist services such as Psychological Service or social work. | Children, young people and parents who have a very high level and complexity of need, vulnerability or disability. In such circumstances, high levels of support and supervision are required to carry out aspects of the parenting role resulting in services taking all or part responsibility for the care of a child or children. This could be characterised by the child:  
- being placed on the Child Protection Register;  
- being subject to a supervision order;  
- living away from home in a substitute care placement. |

Table 2 (Appendix 4) shows the connectedness between the type of need, parents who are likely to be experiencing such needs, the type and range of support available to them and the associated Triple P parenting programme (Appendix 4) supports partners will offer.
Outcomes, Intermediate Outcomes and Objectives

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Intermediate Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOA 4</td>
<td>More of our children have a better start in life and are ready to succeed.</td>
</tr>
<tr>
<td></td>
<td>Our vulnerable children and young people feel secure and cared for enabling them to succeed</td>
</tr>
</tbody>
</table>

Objectives

Children and young people in East Renfrewshire grow up in nurturing homes where families have formed positive, loving and lasting relationships.

Output

Children and young people in East Renfrewshire grow up in nurturing communities that are vibrant, flourishing and child-centred.

Children and young people in East Renfrewshire are raised by parents* who are well informed about parenting and make effective use of the wide range of available information, advice and support about parenting available locally.

Parents are supported by a highly skilled and confident workforce**.

* The term ‘parent’ refers to any person who undertakes a parenting role and certainly includes parents, kinship carers, foster carers and other adults providing significant care to a child or young person.

** The term ‘workforce’ refers to every worker, paid or unpaid, working with children, young people and families in relation to parenting.

Indicators, targets and activities

Objective 1:
Children in East Renfrewshire grow up in nurturing homes where families have formed positive, loving and lasting relationships.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of pupils in secondary school participating in parenting programmes as part of the Health and Wellbeing curriculum.</td>
<td>100% of secondary pupils by 2015</td>
</tr>
<tr>
<td>Reduction in the number of unplanned teenage pregnancies</td>
<td>Decrease the percentage of first time mothers under 19 years from 7.5% to 5% by 2015</td>
</tr>
<tr>
<td>Percentage of expectant mothers and fathers engaging with comprehensive and holistic ante natal parenting programmes</td>
<td>100% by 2015</td>
</tr>
<tr>
<td>Percentage of families engaging with home reaching services to support play and community play opportunities</td>
<td>Baseline to be established by 2013</td>
</tr>
<tr>
<td>Percentage uptake of 600 hours for looked after 2 year olds.</td>
<td>100% by 2014</td>
</tr>
</tbody>
</table>
- Reduction in the number of parents who expose their children to second-hand smoke in the home
- Increase in the number of volunteers participating in the parenting coaching and respite programme
- Baseline to be established by 2013
- Baseline to be established

**We will:**
- Work with young / teenage first time mothers ante and postnatal through the Family Nurse Partnership.
- Work with partners to introduce a 24 – 30 month review covering issues such as child development and physical health, parenting capacity and family matters.
- Implement a parenting programme for secondary pupils which is highly experiential and helps them to develop empathy to the needs of babies and young children and which draws upon the expertise of pre-five staff, parents and third sector agencies for delivery.
- Introduce a wider range of services to provide support to families in their own home on the importance of early play experiences for young children.
- Devise and implement a wider range of services which provide opportunities for families to engage in play experiences with their child over school holiday periods, evening and weekends.
- Work with council services and local businesses to promote the importance of achieving a work-life balance and to improve opportunities for employees to maximise their time for parenting.
- Work closely with child-minders to ensure that they are providing a service which is based on nurture and attachment.
- Re-establish the Toy Library for parents/carers.
- Mitigate against the negative effects on children’s development of substance misuse, tobacco and domestic abuse by introducing parenting support groups via GP surgeries and health centres for expectant mothers and fathers on attachment, nurture and brain development.
- Devise a corporate framework for volunteering, including intergenerational, to provide parenting coaching in context and respite.

**Objective 2:**
Children in East Renfrewshire grow up in nurturing communities that are vibrant, flourishing and child-centred.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of new parent-child playgroups and social groups across identified areas of East Renfrewshire.</td>
<td>1 additional parent-child social group in each of the areas of Barrhead, Neilston and Thornliebank by 2014</td>
</tr>
<tr>
<td>Increase the number of parent networks for</td>
<td>Baseline to be established by 2013</td>
</tr>
</tbody>
</table>
supporting parents of children with additional support needs.

- Range of activities to encourage family participation available in each of the defined areas of East Renfrewshire.
- Increase in the number of parent-led initiatives taking place in East Renfrewshire.
- Increase in the number of pre-five establishments being awarded the ‘Family Friendly’ accreditation.
- Increase in the number of employees making use of opportunities to maximise parenting time with their children

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline to be established by 2013</td>
</tr>
<tr>
<td></td>
<td>1 additional initiative in each of the areas of Dunterlie, Auchenback and Busby by 2014</td>
</tr>
<tr>
<td></td>
<td>50% in 2014; 50% in 2015 to gain the initial award</td>
</tr>
<tr>
<td></td>
<td>Baseline to be established by 2015</td>
</tr>
</tbody>
</table>

_We will:_

- Work proactively with the communities of Barrhead, Neilston and Thornliebank to introduce new parent-child social groups and playgroups.
- Provide guidance for all early years establishments and schools on family learning approaches and set out clear expectations of such in providing joint child and family learning events.
- Identify at birth all children who have additional support needs and ensure a multi agency approach undertaken to support parents at an early stage.
- Establish localised support groups for parents of school aged children with additional support needs via school clusters and engage them more effectively with third-sector agencies.
- Improve the range of facilities and amenities in communities and promote their use with the aim of actively supporting parents to engage with their children in play experiences and opportunities.
- Work closely with parents groups to promote parent-led initiatives to improve family learning and play within communities.
- Devise and implement ‘family-friendly’ accreditation in all pre-five establishments and community facilities.
- As an employer, consider flexible working arrangements / opportunities for working parents to achieve an appropriate work-life balance.
- Increase the range of opportunities for children and their parents to play and learn together.
**Objective 3:**
Children in East Renfrewshire are raised by parents and families who are well informed about parenting and make effective use of the wide range of available information, advice and support about parenting available locally.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increase in the number of children under 5 years holding ‘All Access' memberships</td>
<td>- All children by 2013</td>
</tr>
<tr>
<td>- Increase in the number of hits to the council’s ‘parenting hub’ section on the website</td>
<td>- Baseline to be established by 2015; thereafter year on year increase in the number of hits to the parenting hub</td>
</tr>
<tr>
<td>- Increase in the number of parents using the Parents' Helpline reporting successful resolution to enquiry</td>
<td>- Baseline to be established by 2015; thereafter year on year increase in the number of calls to the Parents' Helpline</td>
</tr>
<tr>
<td>- Attendance at parenting seminars and parents conferences</td>
<td>- Baseline to be established by 2013; thereafter to effect year on year increase in the number of parents attending parenting seminars and conferences</td>
</tr>
</tbody>
</table>

**We will:**
- Establish a multi-agency parents’ communication steering group to oversee all aspects of communicating with parents about parenting.
- Provide a host of information to parents supported and delivered by health visitors as the named person through their contact with parents.
- Explore alternative methods of communicating with parents and improve the range of ways we deliver positive parenting messages about parenting.
- Consider how we can ensure that fathers and male carers are treated equally and identify practices that result in greater equality in parenting responsibility.
- Provide information and support for fathers and other family members facing contact problems after separation and promote involvement of non resident fathers in their children’s education.
- Provide specialist information, advice and support tailored to meet the needs of lone parents.
- Create a ‘parenting hub’ and reinstate the Parents’ Helpline.
- Engage more formally with national organisations/initiative such as Education Scotland, *Play Talk Read* to deliver universal parenting messages.
- Host Triple P seminars held across East Renfrewshire.
- Host an annual Parenting Conference for parents of 2 year old children.
Objective 4:
Children and parents are supported by a highly skilled and confident workforce.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
</tr>
</thead>
</table>
| - Number of staff delivering Triple P training programme | - 10 social workers will undergo Triple P Level 4 (individual) training  
- 4 social workers will undergo Triple P Level 4 (group) training  
- 15 health visitors will undergo Triple P Level 3 (individual) training  
- A member of staff in each of the authority’s family centres will undergo Triple P Level 3 (group) training |
| - Number of staff indicating that Triple P parenting programmes are effective for parents | - Baseline to be established by 2013 |
| - Number of staff attending multi-agency training on opportunities on core skills | - Baseline to be established by 2014 |
| - Increase the number of male Child Development Officers/workers in prefive establishments | - Increase from zero to 3 by December 2015 |
| - Increase in the number of prefive establishments being awarded the ‘Family Friendly’ accreditation | - 50% in 2014; 50% in 2015 to gain the initial award |

We will:
- Develop for East Renfrewshire and implement a Common Core Skills approach to delivering continuing professional development activities for the children’s services workforce.
- Revise the delivery of children’s early learning and childcare to capitalize on the expertise of various disciplines and to maximise opportunities for earlier intervention and prevention.
- Implement the Triple P implementation plan with regards to staff delivering Triple P jointly across services.
- Set-up multi-agency practitioners’ forums to support the implementation of Triple P and to sustain staff knowledge base.
- Support staff to undertake additional qualifications and accredited training associated with parenting.
- Attract more male child development officers to our prefive centres with the aim of providing positive role models for fathers and for young boys.
- As part of the Family-Friendly accreditation introduce a core training programme for prefive providers across East Renfrewshire.
- Devise a framework for staffing early years provision to promote more effective partnership approaches.
## Appendix 1

### National

- **National Parenting Strategy**  
  Making a positive difference to children and young people through parenting, October 2012  

- **Common Core of skills, knowledge & understanding and values for the “children’s workforce” in Scotland**  
  [http://www.scotland.gov.uk/Publications/2012/06/5565](http://www.scotland.gov.uk/Publications/2012/06/5565)

- **Education (Additional Support for Learning) (Scotland) Act 2004 as amended 2009**  

- **Better Health, Better**  

- **Child Protection Reform Programme (Safaa)**

- **Integrated Children’s Services Plan**  
  [http://www.scotland.gov.uk/Publications/2006/04/27135008/2](http://www.scotland.gov.uk/Publications/2006/04/27135008/2)

- **Health for all Children 4 (HALL 4)**  

- **Getting it Right for Every Child**  
  [http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright](http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright)

- **The Maternal and Infant Nutrition Policy, 2011**  
  [http://scotland.gov.uk/Publications/2011/01/13095228/0](http://scotland.gov.uk/Publications/2011/01/13095228/0)

- **Refresh Maternity Services Strategy, 2011**  
  [http://www.scotland.gov.uk/Publications/2011/02/11122123/0](http://www.scotland.gov.uk/Publications/2011/02/11122123/0)

- **Scottish Schools (Parental Involvement) Act 2006**  

- **Anti-Social Behaviour etc (Scotland) Act 2004 – Parenting Orders**  

- **National Framework for the Mental Health of Children & Young People**  

- **Hidden Harm**  

- **Early Years and Early Intervention Strategy**  

- **Curriculum for Excellence**  

- **Equally Well**  
<table>
<thead>
<tr>
<th>Source</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>National CLD Strategic Guidance, 2011</td>
<td><a href="http://www.scotland.gov.uk/Publications/2012/06/2208/6">http://www.scotland.gov.uk/Publications/2012/06/2208/6</a></td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td></td>
</tr>
<tr>
<td>East Renfrewshire Council Outcome Delivery Plan</td>
<td></td>
</tr>
<tr>
<td>Integrated Children’s Services Plan</td>
<td></td>
</tr>
<tr>
<td>Education local and service improvement Plans</td>
<td></td>
</tr>
<tr>
<td>Education Parental Involvement Strategy 2010</td>
<td></td>
</tr>
<tr>
<td>Staged Intervention Guidelines for Schools</td>
<td></td>
</tr>
<tr>
<td>NHSGGC The Healthy Child Strategy, 2011</td>
<td></td>
</tr>
<tr>
<td>Play at Home Strategy, 2010</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Summary of consultation findings with parents, children and young people in East Renfrewshire

What did parents told us about what is important about parenting?
- Providing a stable, loving environment for children to grow-up.
- Having time to play and share together with their children and be with them as much as possible.
- Seeing joy on their children’s face
- Knowing that the child is happy and healthy.

What did children and young people told us is important about parenting?
- Parents who give regular love, care and attention.
- Parents who know how to keep their children healthy and safe.
- Parents who are able to teach their children right from wrong, and who set a good example.

Parents in East Renfrewshire wanted us to consider improving:
- The range and accessibility of information. Parents told us that sometimes they did not know the information that is available or where to access it. Some parents asked for specific advice matters such as behaviour, diet, sleep routines, appropriate use of social media.
- Our approaches to childcare services, particularly over school holiday periods but not exclusively.
- The number of support groups available locally so that parents can meet to share ideas and give one another informal support.
- The range and type of activities that parents and children can undertake together, particularly for families of children with additional support needs and their parents. Parents acknowledged the important place of community groups in prevention isolation, such as parent and toddler groups.
- Our approaches to early intervention for families in need, including improving support and advice.
- Providing further guidance to parents on their role with regards to health and emotional development.

Children and Young People in East Renfrewshire wanted us to consider improving:
- The ways in which parks are made safer so that they can be enjoyed by all children and their family.
- Information and advice to parents in how to address specific issues such as behaviour, how to inspire their children, how to become more involved in schools.
- The range of networks for parents so that they can discuss their parenting concerns with others.
- The amount of parent-friendly materials for parents to work on at home with their children.
- The number of activities and sports clubs for children and young people so that parents will then have more time to relax.
- Activities and parenting classes for expectant mums and parents of babies so that they are more confident in their parenting role.
- Advice and counselling support for parents of teenagers as this is a difficult time for parents.
**East Renfrewshire Context Data**

<table>
<thead>
<tr>
<th><em>National</em></th>
<th>ERC</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 million people live in Scotland.</td>
<td>89,540 people live in East Renfrewshire</td>
</tr>
<tr>
<td>Around 1,037,839 are under 18 years old.</td>
<td>Around 18,939 are under 16 years old</td>
</tr>
<tr>
<td></td>
<td>Approximately 4,885 are aged 0 - 4 years;</td>
</tr>
<tr>
<td></td>
<td>Approximately 7,785 are aged 5 – 11 years;</td>
</tr>
<tr>
<td></td>
<td>Approximately 6,269 are aged 12-16 years.</td>
</tr>
<tr>
<td>24% of households contain children (approx. 604,000 households).</td>
<td>In 2008, approximately 31% of households in East Renfrewshire contained children; it is predicted that by 2033 some 25% of East Renfrewshire households will contain children.</td>
</tr>
<tr>
<td>The number of households containing two or more adults with children is projected to decline from 19% to 11% of all households by 2031.</td>
<td>In 2008 26% of households in East Renfrewshire contained two or more adults with children; By 2033 this is predicted to fall to around 18%</td>
</tr>
<tr>
<td>There are over 163,000 lone parents with 295,000 children (almost one in four families).</td>
<td>There were 1800 households in East Renfrewshire with one adult and one or more children; By 2033 this is predicted to rise to 2800 households.</td>
</tr>
<tr>
<td>At July 2011, there were 16,171 children looked after by local authorities. This number has increased every year since 2001, and is at its highest since 1981.</td>
<td>In 2011, there were 154 children looked after by East Renfrewshire Council; 31 children were under 5 years of age. In 2012, there were 347 children referred to a Children’s Hearing.</td>
</tr>
<tr>
<td>During 2009, there were 455 adoptions. This is 37 more than in 2008, but half that of the late 1980s, and around a quarter of the early 1970s. In 2006, it was predicted that by 2010, stepfamilies would be the dominant family form.</td>
<td>In 2011 there were 7 children matched for adoption/permanency in East Renfrewshire.</td>
</tr>
<tr>
<td>One in four children (250,000) is growing up in a family whose income is below the poverty line.</td>
<td>• There are some 7100 children in East Renfrewshire (31.5%) who are growing up in a family whose income is below the poverty line. • In 2010, there were 1,640 children (10.2%) in receipt of a free school meal</td>
</tr>
<tr>
<td>The teenage pregnancy rate has been fairly steady for the past decade but Scotland has a higher rate of teenage pregnancy than most other western European countries at 12.9%.</td>
<td>In East Renfrewshire, 7.5% of first mums in 2008-10 were 19 years or under.</td>
</tr>
<tr>
<td>Teenage pregnancy is linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas.</td>
<td>The areas of Auchenback, Dunterlie and West Arthurlie in Barrhead have a higher incidence of teenage pregnancy than at national level.</td>
</tr>
<tr>
<td>The average age of becoming a mother increased from 27.4 in 1991 to 29.6 in 2010 and becoming a father from 30 to 32.4.</td>
<td>Over 2008-10 there were 1,005 first time mothers in East Renfrewshire; 75 of these were aged 19 or under and 185 were aged 35 or over.</td>
</tr>
<tr>
<td>No. of mother / toddler groups known to Childcare Information Services: 1099</td>
<td>No. of mother / toddler groups in East Renfrewshire known to Childcare Information Services: 27</td>
</tr>
</tbody>
</table>

*source Parenting Across Scotland – Scotland: the best place in the world to want to bring up children?*
Summary paper, April 2012

- Live births per year: 872
- Black and minority ethnic school children's population: 2,289
- Pupils attending Isobel Mair School: 103
- Pupils in receipt of a school coordinated support plan = 134
- Disability Living Allowance recipients (0-17) = 550
- Child protection investigations: 136
- Foster carers: 28 families supported by East Renfrewshire
- Kinship carers: 25 families supported by East Renfrewshire
Table 2 below outlines the core sources of support for parents across the levels of need. The list is comprehensive but not exhaustive.

<table>
<thead>
<tr>
<th>Type of need</th>
<th>Target audience</th>
<th>Possible sources of support</th>
<th>Triple P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal needs requiring access to high quality information and resources, which support the general principles of nurture, attachment and child development.</td>
<td>All parents – universal support, before specific needs have been identified</td>
<td>• Library books, resources and information including materials on the internet&lt;br&gt;• Local parent networks e.g. playgroups, parent and toddler groups&lt;br&gt;• Play parks and facilities&lt;br&gt;• Parent and child sport and leisure programmes/classes&lt;br&gt;• Relationships, Sexual Health and Parenthood Education curriculum&lt;br&gt;• School curriculum events&lt;br&gt;• Scottish Book Trust initiative including book gifting, Bookbug sessions&lt;br&gt;• Midwifery services e.g. <em>Ready Steady Baby</em>&lt;br&gt;• Health visitors e.g. infant nutrition, EPDS, <em>Ready Steady Toddler</em>&lt;br&gt;• Childsmile&lt;br&gt;• Ante natal services&lt;br&gt;• Play Talk Read campaign&lt;br&gt;• Play @ Home initiative</td>
<td>Triple P seminars</td>
</tr>
<tr>
<td>Specific needs requiring access to high quality information, resources and advice about identified concerns/difficulties/issues related to parenting e.g. sleeping, routines, reading.</td>
<td>Parents needing some additional support; they can self-refer or be referred because a service has identified the need for targeted support.</td>
<td>• Topic based library books, resources and information including materials on the internet&lt;br&gt;• Local parent networks related to specific need e.g. Dyslexia, ASD&lt;br&gt;• Family Learning Service workshops&lt;br&gt;• Adult and Family Learning group work with parents where English is not the first language&lt;br&gt;• Youth Services Young Mums’ Group&lt;br&gt;• ACEs programme&lt;br&gt;• Understanding Child and Teenage Behaviour delivered by Psychological Service&lt;br&gt;• Staged Intervention approach in schools and nurseries&lt;br&gt;• Speech and Language Therapy</td>
<td>Triple P – Level 3 – individual and group</td>
</tr>
<tr>
<td>Complex needs requiring access to tailored and individualised support, which is based on identification, assessment and understanding of the barriers affecting ability to parent. Such barriers may include domestic violence, disability, mental health, bereavement, separation, substance misuse, unemployment, housing issues.</td>
<td>Parents experiencing additional short or long term barriers, which affect their capability and capacity to be wholly effective as a parent.</td>
<td>• Psychological Service&lt;br&gt;• Family Learning Home Visiting Service&lt;br&gt;• Community Addictions Team&lt;br&gt;• Getting Ahead&lt;br&gt;• Adult Mental Health Services&lt;br&gt;• RAMH services&lt;br&gt;• Children and Families Social Work Team&lt;br&gt;• Criminal Justice Team&lt;br&gt;• Women’s Aid&lt;br&gt;• Benefits, money and budgeting advice&lt;br&gt;• Third sector support groups e.g. Voluntary Action&lt;br&gt;• Specialist children’s Health Services</td>
<td>Triple P (level 4) group-work programme delivered by social work, health visitors, and family learning staff.</td>
</tr>
</tbody>
</table>
| Intensive needs requiring high levels of support and supervision to carry out aspects of their parenting role resulting in services taking all or part responsibility for the care of a child or children. | Parents whose children are under Statutory Supervision Orders. | • Social Work Transitions Team  
• Speech and Language Therapy  
• Child Protection  
• Safeguarding services  
• Looked After Children  
• Children's Reporter  
• Specialist children's services  
• Psychological Service | Triple P (level 4) groupwork programme delivered by social work and health visitors. |