A Parenting Strategy for North Yorkshire 2011-2014
Supporting parents and developing strong families

Contents

1. Introduction 3
2. How we developed North Yorkshire’s Parenting Strategy 5
3. Why we are focussing on parents and carers 6
4. Definitions 7
5. The Parenting Strategy’s link to the Children and Young People’s Plan 8
6. The Parenting Strategy’s vision 9
7. Principles 10
8. North Yorkshire’s children, young people and families 11
9. Provision 13
   Universal and targeted provision:
   • Family Information Service 14
   • Healthy Child Programme 14
   • Early learning and childcare 15
   • Children’s centres 15
   • Schools 16
   • Parent Support Advisers (PSAs) 16
   • Community, voluntary and third sector organisations 17
   Specialist services:
   • Family Intervention 17
   • Child and Adolescent Mental Health Services (CAMHS) 18
10. Priority groups 19
11. North Yorkshire’s priorities for parenting support 20
    Universal 20
    Targeted 21
    Specialist 21
12. North Yorkshire’s parenting programmes 22
13. How we will measure our performance against the priorities 24
14. Governance and accountability for parenting 25
Appendix 1: North Yorkshire’s Parenting Strategy action plan 26
Appendix 2: Parenting Steering Group members 29
1. Introduction

In North Yorkshire we recognise that good parenting makes a big difference to a child’s wellbeing and future success. Many parents will need help and guidance at some point in their parenting experience. Provision should focus on supporting all parents but particularly those where the need is greatest. Seeking help should not be seen as a weakness.

We understand that from conception onwards parents may need help in the transition to parenthood and thus require support from early pregnancy. This strategy aims to promote sensitive parenting during the first months and years of life through early assessment of parenting ability and early identification of need and risk. The strategy recognises the need for parenting support as children grow older, which will differ with the developmental stages that children and young people pass through.

This strategy aims to build on North Yorkshire’s first Parenting Strategy (2007-10) and includes an action plan to support achievement of a key strategic priority contained in North Yorkshire’s Children and Young People’s Plan 2011-14, which is to develop strong families to improve outcomes for children. The intention of this strategy is to ensure all parents have access to a core offer of support with their parenting skills and that, where necessary, further targeted and specialist provision is available.

The principles underpinning this strategy are based on a ‘Think Family’ and family support approach, by offering support to children and adults within the same family. The Parenting Strategy acknowledges that encouraging families to access parenting support is a mainstream activity for many services rather than an additional responsibility. Therefore, services that have been identified within the strategy need to assume the parenting support responsibilities outlined.

Services will address and acknowledge the complexity and importance of the parenting role and support will empower and develop parents’ and families’ abilities, rather than directing them or making them reliant on professional support. In order that we respond to the needs of parents in a meaningful way, it is important that high quality support is offered at different levels and at different stages, enabling parents to access support and feel confident and competent about their parenting abilities.

From our audit of provision, we know that North Yorkshire offers a range of parenting initiatives across the universal, targeted and specialist services. This strategy therefore builds on the high quality parenting education and support work already established, developing a more coordinated and integrated approach by all those working with parents and families.
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Parenting support is the main focus of the role. Parenting support constitutes a significant element of the role, but not all. Parenting support can be included within the breadth of the role (e.g. parenting focused school pastoral support worker), but it is not usually an explicit element of it.
2. How we developed North Yorkshire’s Parenting Strategy

The strategy has been developed over a number of months and builds on the previous Parenting Strategy. The development process has incorporated the widespread involvement of parents, carers, service providers and other key stakeholders.

In addition, local research about North Yorkshire’s parents and families, the County’s parenting provision offer and a review of literature regarding evidence-based approaches have substantially shaped and influenced the strategy and its priorities. Specifically, this has involved:

- Consultation and engagement in developing the strategy with key stakeholders across local health, education and social care services, as well as the voluntary and community sector organisations interested in parenting support.
- A series of face-to-face interviews with service providers during the autumn and winter of 2011/12.
- The needs assessment supporting the Children and Young People’s Plan (2011-14)
- The locality profiles which identify numbers of children and young people; the percentage living in social housing; the percentage living in households on benefits; the numbers requiring support from Children's Social Care and through the CAF process, and the percentage living in single parent households.
3. Why we are focussing on parents and carers

Parents and carers are the most influential people in a child’s life. A child’s home life has a significant impact on achievement and wellbeing, regardless of the parent/ carer’s social class or level of education.

Parenting can also affect the likelihood of a child developing issues such as childhood obesity, offending and anti-social behaviours, smoking and teenage pregnancy. Caring for children and young people can be very complex and parents and carers can sometimes find it difficult to access support for many different reasons.
4. Definitions

For the purpose of this strategy, the following definitions have been used:

- **Parent** – a person who is caring for a child or young person and has responsibility for their welfare and development. It also includes expectant parents.

- **Parenting** – the process by which a parent fulfils their role in caring for a child or young person.

- **Parenting support** – any activity intended to support parents in meeting all the needs of their children, including practical and emotional support.

- **Child/young person** – a person under the age of 19 (or 25 for a young person with learning difficulties or disabilities).

Most of the time, we need to be ready to help parents who find themselves in a difficult situation. This means we need to respond flexibly to parents experiencing a wide variety of difficulties to offer them high quality advice and support in a manner that is accessible, to enable them to be good parents.

The term vulnerable refers to children and young people who are considered to be disadvantaged by physical, emotional or socio-economic factors affecting their lives. This includes children and young people who are living in low income households, are disabled, are in need or in need of protection, have special educational needs or are in care.

The Parenting Strategy will support vulnerable children and families through:

- Working collaboratively with partners to ensure a consistent and complementary approach to reducing child poverty and crime in our communities.
- Encouraging universal services to improve the resilience of families to risk.
- Ensuring that vulnerable children and young people are identified early and offered targeted interventions to prevent poor outcomes.
- Meeting the full range of needs within each family we are supporting.
- Empowering communities to assist families who are in need.
- Delivering integrated services organised around the child, young person and their families.
- Strengthening the ability of family members to provide care and support to each other.

"We need to respond flexibly to parents experiencing a wide variety of difficulties."
The Parenting Strategy sits under North Yorkshire’s Children and Young People’s Plan (CYPP) 2011-14 and sets out how a key priority of the plan, ‘Enable people to be confident parents and learners’, will be achieved. Specifically, this strategy will realise the following objectives of this priority:

- Parents have access to good information, advice and guidance.
- Integrated early help improves parents’ ability to meet children’s needs and is value for money.
- Improve integration and impact for families with Level 3 needs to improve nurture and children’s progress.

Aligning with North Yorkshire’s CYPP vision and values, this plan is explicit that additional support will be given to “empower parents and young people through participation, information and advocacy” and will “improve chances and outcomes for vulnerable groups by being proactive and joining up well”.

The values that will govern our approach are based on a collective aspiration to improve outcomes for all children, young people and families in North Yorkshire, irrespective of their starting point, by adopting a ‘Think Family’ approach. In particular, there is a need to support those identified as vulnerable.

The strategy can be mapped against the principles of working given in the CYPP for each level of support offered:

<table>
<thead>
<tr>
<th>Level</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal</td>
<td>Mainstream services: 1. have quality and capacity to keep public confidence; and 2. are widely available and access is fair.</td>
</tr>
<tr>
<td>Early prevention</td>
<td>1. Personal circumstances do not prevent children from fulfilling their potential. 2. Services join up locally so families and children solve problems simply and move forward.</td>
</tr>
<tr>
<td>Targeted prevention</td>
<td>1. Deeply integrated work for complex needs clears pathways and has impact. 2. Guidance for families knows how to get them to nurture their children and meet their needs.</td>
</tr>
<tr>
<td>Acute/ intensive</td>
<td>1. We are decisive and fair on acting on signs of acute need. 2. High needs interventions are skilful, well-informed and make things better.</td>
</tr>
</tbody>
</table>
6. The Parenting Strategy’s vision

The Parenting Strategy’s vision is to provide parents within North Yorkshire with a ‘core offer’ based on:

- High quality information – ensuring families are aware of services available to them in their area.
- Accessibility – ensuring services can be accessed wherever a family lives and no matter what their personal circumstances.
- Minimal assessment – ensuring families have to complete the minimal paperwork to qualify for services.
- Active participation – ensuring families are involved in the planning and delivery of services in their local area.
- Accountability – ensuring families give feedback on their experiences of the services provided and that these comments are used to inform future provision.
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7. Principles

The key principles underpinning our strategy are:

• Improving outcomes for all children and young people by providing effective support for their parents is a priority.

• Services will be provided at a level suitable for the needs of parents and children. Wherever possible, support will be provided by universal services and in non-stigmatising settings.

• Consultation with, and participation by, families will be an integral part of planning, evaluation and development.

• We will work collaboratively and coordinate effectively to ensure provision is equitable, accessible and avoids unnecessary duplication.

• Services will be delivered on the basis of need, not supply, within the resource capacity. There will be equity of service provision across the County.

• Services provided will be evidence-based and outcomes evaluated to ensure that effective and appropriate support is provided.

• We accept that some children and families are more vulnerable and at risk than others and we will develop specific services to help these groups. We will also work to seek out these families and engage them, providing the support they need.

• We will provide integrated front line services, where partner agencies work closely together, share information where appropriate and keep families well informed.

• The workforce, including volunteers, will be appropriately trained and supported to deliver effective support to parents and carers.

• There will be appropriate systems in place to ensure children, young people and vulnerable families are safeguarded.

• We value diversity. We will recognise and counteract discrimination, ensuring equality and fairness in provision.
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8. North Yorkshire’s children, young people and families

There are 138,000 children and young people under the age of 19 in North Yorkshire. The children of service families account for about 3 per cent of this population. This relatively high percentage of service children brings its own issues with parenting support.

North Yorkshire is served by 323 primary schools, 47 secondary schools, 11 special schools (including academies) and 37 children’s centres. The schools provide a high standard of education, with average attainment levels for North Yorkshire being above the national average for almost every indicator at all stages.

There is, however, variation across the County with Craven, Hambleton, Harrogate and Ryedale being consistently well above the regional and national averages, while, in general, academic performance is poorer in the districts of Scarborough and Selby which are often below the national averages.

During 2010/11, there were over 5,500 referrals to Children’s Social Care, 37.4 per cent of which were for abuse or neglect, 16 per cent for domestic violence, 14.2 per cent for family dysfunction and 12.5 per cent because the family was in acute stress.

During the same period, 654 Team Around the Child groups were established in North Yorkshire bringing the total number undertaken in the County to 1,953 at the end of March 2011. The main reasons for setting up these groups were ‘family under stress’ (17.9 per cent), emotional/behaviour (17.3 per cent) and special educational needs and disabilities (SEND) (6.1 per cent), with the majority of referrals coming from schools (39.8 per cent) and Children’s Social Care (12.1 per cent).

Our locality profiles confirm that although the majority of children and young people live in settled, moderately prosperous circumstances, there is a rising proportion affected by deprivation. The change in population has been noticeable through an increased demand for services; from school places and social care services to health services. We are therefore committed to delivering integrated community based services in the localities of North Yorkshire. The Needs Assessment supporting the
Children and Young People's Plan (2011-14) analysed the children and young people population of North Yorkshire from the perspective of access to local and central services against deprivation. Needs vary across different public and voluntarily provided services in North Yorkshire in which levels of deprivation are often the common factor. In addition, it set out to quantify possible gaps at the local area level where need is greatest but access to local services is poor. Overall, it shows that people living in social housing have good access to local services, but that an important and growing disadvantaged group is single parent households living in private accommodation. A further problem, regardless of level of deprivation, is that rural areas of North Yorkshire have measurably worse access to local services. There are problems of how to ensure access to specialised services in sparsely populated areas.
9. Provision

The Parenting Strategy will contribute to all five improvement strategies found in the CYPP:

- Succeed in good schools and settings – parents support learning.
- Lead healthy lifestyles and have good health care – parents promote healthy choices.
- Be kept safe and protected from harm – parents provide safe homes and stability.
- Make positive choices for personal responsibility – parents promote positive behaviour.
- Be economically secure – parents are supported to be economically active.

In the DCSF guidance, ‘Parenting and Family Support for Local Authorities in England’, which was published in March 2010, it shows the continuum between universal, targeted and specialist services.
The services to be offered to aid and improve parenting are summarised in the following paragraphs.

**Universal and targeted provision**

**Family Information Service**

Local authorities are under a duty to provide mothers, fathers and other carers with accessible information about the services, support and advice available to help them support their children up to their 20th birthday. In North Yorkshire, this is being delivered through the Family Information Service, which acts as a central information point with links to NHS provision, children’s centres, Job Centre Plus, schools, youth clubs, libraries and other facilities.

**Healthy Child Programme**

The Healthy Child Programme (HCP), an NHS priority contained in the NHS National Operating Framework (2009-10 and 2010-11), is intent on improving the health and wellbeing of children, as part of an integrated approach to supporting children and families. The programme offers every family screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy choices at key development stages – all services that children and families need to receive if they are to achieve their optimum health and wellbeing. The effective implementation of the HCP will lead to strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children.

In North Yorkshire, the 0-5 part of the HCP is health visitor led and is increasingly being delivered through integrated services that bring together children’s centre staff, GPs, midwives, community nurses and others. Children’s centres are being used as delivery points for community based services as they are visible and accessible to families who might be less inclined to access traditional services.

The 0-5 part of the North Yorkshire and York HCP provides a major emphasis on supporting:

- mothers and fathers to provide sensitive and attuned parenting, in particular during the first months and years of life;
- strong couple relationships and stable positive relationships with families;
- the transition to parenthood, especially for first-time mothers and fathers;
- parenting, using evidence-based programmes and practitioners who are appropriately trained and supervised; and
- parents, through providing timely and accurate parenting information, such as ‘The Pregnancy Book’ and ‘Birth to Five’, which provide good quality information for parents on the full range of child health, development and parenting issues.

The HCP expects contact with the family routinely involves and supports fathers, including non-resident fathers. The contribution that fathers make to their children’s development, health and wellbeing is important, but services still do not do enough to recognise or support them. Research shows that fathers’ behaviour, beliefs and aspirations can profoundly
Supporting parents and developing strong families

influence the health and wellbeing of both mother and child in positive and negative ways. Maternity and child health services are used to working mainly with mothers and this has an impact on their ability to engage with fathers. Fathers are being routinely invited to participate in child health reviews and are having their needs assessed but all recognise that more work needs to be undertaken to make services more father-friendly.

The multiagency North Yorkshire and York Healthy Child Programme Delivery Board agreed a local plan for all three health providers in North Yorkshire that included nine sections for Universal Services and two sections for Universal Plus (targeted) and Universal Partnership Plus (specialist) services. By October 2011, the majority of the plan was in the course of being implemented.

Early learning and childcare

In the Government’s response to the consultation on reforming the Early Years Foundation Stage, they indicated that in their specification to potential providers of the Parenting Classes trials (which seek to provide universal parenting classes in targeted areas), they will make it clear the classes should cover key aspects of the Early Years Foundation Stage (i.e. relevance of play, exploration and learning to children’s development) and should help parents to provide the best support for their child and stimulate their child’s learning and play. They also stated that the Department for Education (DfE) are working with the Department of Health on options for developing a Digital Advice Service that would support parents on a wide range of issues, including encouraging parents to get more involved in their child’s learning.

Early years and childcare providers have a critical role to play in supporting parents and families. Delivery of high quality, early learning and childcare prioritises effective engagement with, and support to, parents in supporting the early home learning environment. Early learning and childcare providers fulfil a function of identifying at an early stage whether children and their families have additional needs and are able to refer families onto additional services.

Across North Yorkshire, there are 1114 early years providers, such as childminders, nurseries, playschemes and playgroups. They are given help in supporting parents by the Childcare Sufficiency Support Officers who are based in our children’s centres.

Children’s centres

The 37 children’s centres that cover the whole of North Yorkshire are at the hub of communities, linking children and parents to a range of services and activities provided by
Supporting parents and developing strong families

the local authority and other partners. One of the key principles of the centres is that family support services offered through them are available to everyone in the community but they are sensitive to the needs of the most vulnerable and disadvantaged groups.

A revised Children’s Centres Core Purpose was released in August 2011 that will be incorporated into revised statutory guidance for children’s centres, which will be published in 2012. The main element of the core purpose is improving outcomes for young children and their families, with a particular focus on the most disadvantaged families, in order to reduce inequalities in child development and school readiness. It states this is to be achieved by improved parenting aspirations, self esteem and parenting skills, so that parents are able to give their child the best start in life.

Children’s centres give parents access to universal information, advice and guidance, drop-in facilities, structured evidence-based parenting programmes, outreach services and home visiting – giving special attention to those who need extra help with their children. Crucially, they provide that all important informal opportunity for parents to meet and chat with other parents and young children.

Schools

Schools play a crucial role in identifying the needs of children and their families and ensuring these are addressed, as well as providing or facilitating service delivery, such as extended services. As part of extended services, ideally, schools should be providing access to a full core offer of before and after school activities; for primary schools, childcare from 8am to 6pm, 48 weeks a year, delivered on the school’s site or through other local providers; swift and easy access to specialist services; community use of facilities; and parenting and family support.

To meet the parenting support as part of the extended services offer, schools are providing:

- information sessions for parents of pupils joining reception and on transfer to secondary school;
- information about nationally and locally available services and sources of advice and support;
- access to parenting groups using structured evidence-based parenting programmes, as well as more information on opportunities for parents to be involved with the school and each other;
- family learning sessions to allow children to learn with their parents; and
- advice to parents on how they can help their children with their learning.

Parent Support Advisers (PSAs)

North Yorkshire County Council has 117 Parent Support Advisers (PSAs) based in children’s centres and schools, who work with families with children and young people. The PSA's role is to:

- work with partners in identifying and supporting the most vulnerable families;
- undertake common assessments of children and use other assessment processes as necessary to support their development;
- work with children and families on social interaction skills;
- promote emotional wellbeing through planned interventions;
Supporting parents and developing strong families

- provide bereavement support and support around family separation;
- ensure specific health and other needs are met via appropriate liaison and referral; and
- undertake group work with targeted families to improve parenting skills, using evidence-based models of intervention.

Community, voluntary and third sector organisations

There is much evidence to support the fact that the quality of relationships within families plays a key role in both the emotional, social and educational achievement of children. The voluntary, community and third sector are one of the key players in providing services and support to promote and encourage better mental and physical health of all involved.

Specialist services

Family Intervention

North Yorkshire had two Family Intervention Projects as part of the national pilots, in Harrogate and Scarborough. Their success has led to Children’s Social Care creating teams across the County and from March 2012, there will be 22 Family Intervention Support Workers providing intensive support to vulnerable families. Through multi-agency, whole family support plans and assertive working methods, combined with the possibility of sanctions, the teams will help families to address their problems. The workers will take a ‘whole family’ approach that recognises the link between children’s and adult’s problems. Accredited parenting
programmes will be delivered and services (such as health) brought in and coordinated around the family.

In the DfE research report ‘Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011’, published in December 2011, it indicated that, of the families that were supported, 81 per cent of all families entering the programme had a problem with family functioning at the support plan stage. The most common problem for families was poor parenting (67 per cent of families). Other key risk factors for these families were relationship or family breakdown (32 per cent), domestic violence and child protection issues (30 per cent each).

At least half of the families completing a family intervention were reported to have a successful outcome. There was, on average, a 47 per cent reduction in the proportion of families experiencing risks associated with poor family functioning, including poor parenting, marriage, relationship or family breakdown, domestic violence or child protection issues.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS provide mental health services for children and young people and their parents or carers. CAMHS is provided within a national framework of a four tier service, as described in ‘Together We Stand (1995)’. Within a universal context, mainstream health, social care and education professionals all contribute to providing the services identified at the universal level. In North Yorkshire, targeted services and specialist services are commissioned through three NHS providers of mental health care.

Working alongside parents is a crucial element to improving children and young people’s mental health. Staff working directly with children and young people have knowledge, training and support to promote the psychological wellbeing of children, young people and their families and to identify early indicators of difficulty. They provide a balance of direct and indirect services and are flexible about where children, young people and their families are seen, in order to improve access to high levels of CAMHS expertise. In three areas of the County, the work of RELATE and the early intervention workers, through targeted mental health within schools (TaMHS), has been vital in identifying early signs of mental wellbeing issues and in developing packages of support.

Dedicated resources are given to addressing the needs of some of the most vulnerable groups of children, including those with a learning disability or who are in care, to ensure that their parents and carers are given additional support in managing sometimes complex, severe and persistent behavioural and mental health problems. Family support and interventions includes a personalised needs-led assessment of individual children and young people, in order that interventions are appropriate. Clinical and therapeutic interventions include parenting programmes for parents and carers, family therapy, psycho-education to families, children and young people and their professional network and individual, family and group-based therapies.
10. Priority groups

The following have been identified as groups of parents who require targeting. These groups may need specialist family and parenting services. More likely, mainstream services will need to accommodate their requirements:

- fathers;
- those caring for children who are not their own;
- families with a disabled parent;
- families with a disabled child or a child with special educational needs;
- teenage parents, including young fathers;
- families living in poverty;
- families who are reluctant to accept help;
- families with children and young people on the edge of care; and
- families with complex and multiple needs (especially those with mental health, domestic abuse and/or substance misuse issues).
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11. North Yorkshire’s priorities for parenting support

In addition to providing all parents with the core offer, the following priorities have been identified during the process of developing this strategy. These are set out under each level of need - universal, targeted and specialist.

**Universal**

- Promote early interventions to avoid having to intervene when a situation has turned into a crisis, such as children in need and those displaying antisocial behaviour.
- Improve the capacity of universal services such as children's centres, settings and schools to identify parenting issues that would benefit from early intervention.
- Ensure parenting support provision is being accessed by the priority groups of parents listed in section 10 (see page 19).
- Increase the availability of evidence-based parenting programmes.
- Improve the quality of parenting provision by ensuring course providers have access to professional supervision.
- Fully implement the Healthy Child Programme action plan and ensure that the parenting elements of the programme are delivered within the new model of care by the appropriate professional, using evidence-based interventions.
- Promote the availability of learning opportunities for adults and, by helping parents into work, contribute to a reduction in child poverty and an overall improvement to the quality of life for families.
- Ensure accessibility to services, support and interventions, e.g. enabling parents to attend parenting support programmes by expanding and increasing the provision of childcare arrangements.
- Support the spread of self help parents' groups and provide spaces for parent groups to continue to meet after parenting courses have ended.
- Utilise social media for communicating with parents and to allow parents to set up self help groups.
- Ensure information about parenting support is widely available and easily accessible, especially through web-based services.
- Enable front-line staff to signpost effectively, providing one point of contact for parents.
- Develop greater access to advocacy services to act as intermediaries for families.
Supporting parents and developing strong families

Targeted

- Develop systems for improved and rapid information sharing across services for vulnerable families.
- Improve the ability to identify and assess vulnerable families and offer targeted support.
- Improve the ability to identify and refer vulnerable families displaying low and moderate mental health problems to appropriate service provision.

Specialist

- Strengthen integrated work around families with multiple problems (also referred to as troubled families), to include parenting support where appropriate.
- Increase the number of families with the most complex problems who are supported by the family intervention teams, through clear referral and assessment protocols and processes and evaluations.
- Enhance CAMHS support for specialist parenting support programmes.
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12. North Yorkshire’s parenting programmes

North Yorkshire is committed to early intervention with vulnerable families, as well as responding to the needs of families who are at significant risk of poor outcomes, by ensuring that parents have access to parenting programmes to reflect their needs.

North Yorkshire has been delivering parenting programmes through a variety of settings for many years. With the additional resources provided through the ‘Think Family’ grant, it has enabled more practitioners to be trained to deliver a whole package of tailored parenting programmes across all the levels of need. Between March 2009 and March 2011, a total of 106 parenting courses were organised for 881 parents.

The development of parenting courses has been good. However, there has been a tendency for staff to deliver courses they like and to fit families into these courses. Unfortunately, many staff who have come on the training have not honoured or been allowed to meet their commitments and many courses have had to be cancelled. It should also be noted that North Yorkshire, like the majority of areas, has delivered courses without systematically checking on short and long term outcomes, i.e. we have not been

| Level 4/Specialist | Universal Parent Craft | Level 2/Early Intervention | Module of Family Links | Level 3/Targeted | Family Nurse Partnership | Level 4/Specialist | Mellow Parenting, Early Bird Plus, Ascend | To be developed as part of payments by results pilot programme | Positive Parenting (Time Out for Teenagers) | Strengthening Families (with preventative staff) | Strengthening Families (with preventative staff) | Strengthening Families (with preventative staff) | To be developed as part of payments by results pilot programme | Positive Parenting (Time Out for Juniors) | Strengthening Families (with preventative staff) | Strengthening Families (with preventative staff) | Strengthening Families (with preventative staff) | Strengthening Families (with preventative staff) | Strengthening Families (with preventative staff) |
|-------------------|------------------------|----------------------------|------------------------|-----------------|--------------------------|-------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Antenatal         | 0-7                    | 8-11                       | 11-16                  |                 |                          |                   |                                                                                           |                                                                               |                                                               |                                                               |                                                               |                                                                               |                                                               |                                                               |                                                               |                                                               |                                                               |                                                               |                                                               |                                                               |                                                               |                                                               |
Supporting parents and developing strong families

using good evidence-based practice, despite offering training with an evidence-based emphasis.

We need to be in a position in North Yorkshire where staff are delivering well supported parenting programmes that are evidence and needs based interventions. They should be delivered by trained practitioners who both know and understand their families’ needs and the programmes should be offered in a variety of settings, both within schools and community venues such as children’s centres.

It is intended that the programmes, outlined on page 22, will be supported with appropriate workforce development, funding for materials and other course materials and admin support. Agencies and organisations will be expected to donate staff time and premises for use by the parenting programmes. Staff will only be trained when their organisations and their managers sign up to this commitment.

In addition to this training, all professionals working with parents will be given access to training on working with parents, including the Solihull Approach and the Solution Focussed Approach.

In 2012/13, North Yorkshire is working with East Riding on a DfE funded pilot to develop universal parenting programmes that will be delivered through a payments by results model. It is expected that lessons learnt from the pilot will be rolled out across the County during 2013/14.

We need to be in a position in North Yorkshire where staff are delivering well supported parenting programmes that are evidence and needs based interventions.
13. How we will measure our performance against the priorities

The priorities detailed in section 11 have formed the basis of a Parenting Strategy action plan (see Appendix 1).

Within the Children and Young People’s Service, a performance board will oversee the performance management of the Children and Young People’s Plan (CYPP), which this action plan feeds into. Delivery and impact will be monitored in terms of the main outcomes section of the CYPP that relates to parenting, i.e. ‘Make positive choices for personal responsibility’.

In addition, individual service areas within the directorate will be expected to monitor their own contribution to delivery of the action plan. Its delivery and success will be assessed through a set of quantitative and qualitative performance measures, including proxy indicators, and other success criteria. These will provide evidence of progress in delivering commitments and, importantly, will demonstrate their impact on the lives of children and young people.

For partner organisations it is expected that similar processes will be adopted. The monitoring will come together when the CYPP is subject to a detailed performance review every six months, and this will be reported to a variety of audiences, including executive members of North Yorkshire County Council and the Children’s Trust Board.

In 2014, we will look back and ask whether we did what we said we would do in this plan, and whether, in doing so, we improved outcomes for children and their families in North Yorkshire. Particular attention will be given to ascertaining the efficacy of the parenting programmes that are being supported and if the evidence-base suggests other programmes produce more impact. The evidence provided through our enhanced performance arrangements will enable us to answer these questions.
14. Governance and accountability for parenting

A steering group will take responsibility for implementing the Parenting Strategy. The steering group will be a sub group of the North Yorkshire Children’s Trust. The functions of the group will be to:

- have the responsibility for the development, commissioning, implementation, direct service delivery, partnership development and performance management of the Parenting Strategy, including embedding the work across agencies in North Yorkshire;
- act as the central co-ordinating body for developing and delivering North Yorkshire’s Parenting Strategy, using the initial action plan (set out in Appendix 1), to achieve the stated priorities, ensuring that this remains the key document to support delivery and review; and
- champion the ‘Think Family’ agenda and identify key priorities where appropriate.
## Appendix 1: North Yorkshire’s Parenting Strategy action plan

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Outputs</th>
<th>By when?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The number of parents referred to specialist services is reduced</td>
<td>1.1 Increase the availability of evidence-based parenting programmes.</td>
<td>Increase the number of universal and targeted parenting courses offered in 2013/14 by 50 per cent compared with 2011/12.</td>
<td>April 2014</td>
<td>Integrated Services, CYPS</td>
</tr>
<tr>
<td></td>
<td>1.2 Improve the capacity of universal services to identify parenting issues that would benefit from early intervention.</td>
<td>12 awareness raising sessions arranged for staff on parenting support.</td>
<td>April 2013</td>
<td>Integrated Services, CYPS</td>
</tr>
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<td></td>
<td>1.3 A decision is taken on which courses are supported for targeted provision.</td>
<td>A menu of courses is agreed.</td>
<td>April 2012</td>
<td>Parenting Steering Group</td>
</tr>
<tr>
<td></td>
<td>1.4 Increase the number of staff leading targeted and universal parenting courses.</td>
<td>50 staff trained in leading targeted and universal parenting courses. Courses organised with the 50 trained staff leading the courses.</td>
<td>April 2013</td>
<td>Parenting Strategy Workforce Development (WFD) sub group</td>
</tr>
<tr>
<td></td>
<td>1.5 The parenting elements of the Healthy Child Programme are delivered by the appropriate professional, using evidence-based interventions.</td>
<td>Health Visitors input into 50 per cent of courses. Health Visitors lead on 12 targeted courses a year.</td>
<td>April 2014</td>
<td>NYY Healthy Child Programme Board</td>
</tr>
<tr>
<td></td>
<td>1.6 Ensure parenting support provision is being accessed by the priority groups of parents listed in section 10.</td>
<td>Records show that at least 50 per cent of attendees are coming from the priority groups.</td>
<td>April 2014</td>
<td>Parenting Steering Group</td>
</tr>
<tr>
<td>2. Specialist support is available for parents when required</td>
<td>2.1 A decision is taken on which courses are supported for specialist provision.</td>
<td>A menu of courses is agreed.</td>
<td>April 2012</td>
<td>Parenting Steering Group</td>
</tr>
</tbody>
</table>
## Supporting parents and developing strong families

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Actions</th>
<th>Outputs</th>
<th>By when?</th>
<th>By whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.2 Increase the number of staff leading specialist parenting courses.</td>
<td>20 staff trained in leading specialist parenting courses. Courses organised with the 20 trained staff leading the courses.</td>
<td>July 2012</td>
<td>Parenting Strategy WFD sub group</td>
</tr>
<tr>
<td></td>
<td>2.3 Ensure that the family intervention teams are linking into parenting support programmes.</td>
<td>The parents of 10 young people supported by the family intervention teams access parenting courses.</td>
<td>September 2013</td>
<td>Children’s Social Care</td>
</tr>
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<td></td>
<td>2.4 The CAMHS specialist parenting support is agreed and publicised to agencies working with children and young people.</td>
<td>All agencies are aware of the support CAMHS can offer on improving parenting.</td>
<td>April 2013</td>
<td>CAMHS Executive Board</td>
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<td></td>
<td>2.5 Strengthen integrated work around families with multiple problems, to include parenting support where appropriate.</td>
<td>The policy on families with multiple problems has a section on parenting support.</td>
<td>September 2013</td>
<td>Children and Young People’s Leadership Team</td>
</tr>
<tr>
<td>3. The quality of parental support is improved</td>
<td>3.1 Improve the quality of parenting provision by ensuring staff have access to professional supervision and there is direct observation of practice.</td>
<td>All providers evidence supervision of staff and are able to provide evidence of good practice seen through direct observations.</td>
<td>April 2014</td>
<td>Parenting Steering Group</td>
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<td>3.2 Ensure accessibility to services, support and interventions, e.g. enabling parents to attend parenting support programmes by expanding and increasing the provision of childcare arrangements.</td>
<td>10 per cent of parents supported to access childcare arrangements.</td>
<td>April 2014</td>
<td>Parenting Steering Group</td>
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<td></td>
<td>3.3 Develop systems for improved and rapid information sharing across services for vulnerable families.</td>
<td>Lists of vulnerable families are shared across agencies.</td>
<td>September 2012</td>
<td>Integrated Services, CYPS</td>
</tr>
</tbody>
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### Supporting parents and developing strong families

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<td>3.4 Improve the ability to identify and assess vulnerable families and offer targeted support.</td>
<td>Processes and procedures are agreed by key agencies that allow early identification and support of vulnerable families.</td>
<td>April 2013</td>
<td>Integrated Services, CYPS</td>
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<td></td>
<td>3.5 Improve the ability to identify and refer vulnerable families displaying low and moderate mental health problems to appropriate service provision.</td>
<td>Processes and procedures are agreed by key agencies that allow early identification and support of family members with low and moderate mental health problems.</td>
<td>April 2013</td>
<td>CAMHS Executive Board</td>
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<td>4. Parents are aware of the support they can access</td>
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<td></td>
<td>4.1 Ensure information about parenting support is widely available and easily accessible, especially through web-based services.</td>
<td>The NYCC website is updated to include the latest information on parenting support.</td>
<td>December 2012</td>
<td>Parenting Steering Group</td>
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<td></td>
<td>4.2 Utilise social media for communicating with parents and to allow parents to set up self help groups.</td>
<td>The NYCC website is set up as the platform for communicating through social media.</td>
<td>December 2012</td>
<td>Integrated Services, CYPS</td>
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<td></td>
<td>4.3 Enable front-line staff to signpost effectively, providing ‘one point of contact’ for parents.</td>
<td>Front-line staff are informed about where to signpost parents.</td>
<td>December 2012</td>
<td>Parenting Steering Group</td>
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<td></td>
<td>5. Empower parents and local communities to support children and young people</td>
<td>Eight self help groups are established across the County within children’s centres.</td>
<td>April 2013</td>
<td>Integrated Services, CYPS</td>
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<td>5.1 Support the spread of self help parents’ groups and provide spaces for parent groups to continue to meet after parenting courses have ended.</td>
<td>Eight self help groups are established across the County within children’s centres.</td>
<td>April 2013</td>
<td>Integrated Services, CYPS</td>
</tr>
<tr>
<td></td>
<td>5.2 Develop greater access to advocacy services to act as intermediaries for families.</td>
<td>Pathways to named advocates are established and 20 parents access the services available.</td>
<td>April 2013</td>
<td>Integrated Services, CYPS</td>
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</table>
Appendix 2: Parenting Steering Group members

**Chair:**
Marc Mason, Strategic Development and Commissioning Manager, Children and Young People’s Service (CYPS)

**Group members:**
- Mandy Whitehead, Integrated Services Manager, CYPS
- Simon Ashby, Senior Adviser, CYPS
- Dave Chapman, Performance and Review Officer, CYPS
- Michael Cotton, Principal Educational Psychologist
- Alan Critchlow, Principal Education Social Worker
- Vanessa Handley, Workforce Development Manager, North Yorkshire County Council
- Jo Johnson, Matron (Universal Children’s Services), Harrogate and District Foundation Trust
- Shauna Liptrot, Early Years Foundation Stage (EYFS) Consultant
- Jos Mortimer, Senior Youth Support Officer
- Janet Newton, Head of Safeguarding, CYPS
- Carly Walker, Strategy and Commissioning Manager, CYPS
Supporting parents and developing strong families

Contact us

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