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## Policy Brief from Research Project:

### Governing New Social Risks: The Case of Recent Child Policies in European Welfare States

#### **Some Suggestions Towards Improving Practice in Parenting Support**

These suggestions arise from a two-year study of the governance and operation of parenting support in England. The study was funded by the ESRC (grant number: ES/I014861/2.) and led by Professor Mary Daly at the Department of Social Policy and Intervention, University of Oxford. Dr Rachel Bray was a Research Officer on the project.

All of the following suggestions are considered to have application in different settings and at both local and national levels.

#### **1. Spread of provision**

Parenting support is spread not just across providers but also sectors – primarily children’s services, education and health. These sectors are typically governed and run separately.

**Problem/Potential problem:** There is a risk of fragmentation, gaps and overlap in services.

**Action:** When any service considers delivering parenting support it should examine and critically assess the forms of parenting support offered by other services (locally and nationally) to see how any new service can fit in and be co-ordinated with existing provision. This assessment exercise should be used to:

- build understanding of parenting support as a cross-service objective and service offer;
- identify gaps and overlaps between services (in terms of objectives, target group coverage and geographical coverage);
- include provision by the private, voluntary and informal sectors (including on-line resources) and consider the merits of new forms of collaboration;
- seek readily accessible means to share routine data in ways that ease the burden on staff.

In terms of organisation at local, county and national level, the possibility of children's services having a strategic approach and perhaps leadership role to coordinate the work on parenting support should be seriously considered.

## **2. Managing diversity in provision**

Parenting support is quite diverse and is also seen as serving a number of quite different purposes and expectations. Sometimes these relate to children, sometimes to parents, sometimes to the parent-child relationship and sometimes to more than one or all of these.

**Problem/Potential problem:** In a context where parenting support has a wide range of desired aims, the aims for different groups are sometimes conceived of in isolation from each other. This can result in difficulties in identifying the limits of a particular service and missed opportunities in terms of the cumulative impact of two or more services provided in tandem.

### **Action:**

- Facilitate discussions within service teams (and across sectors where possible) about the primary purposes of parenting support, as well as its anticipated secondary benefits.
- Be realistic about what parenting support can achieve, especially if it is stand-alone.
- Ensure that the action planning fully describes the goals that the agencies and family are working towards and how the interventions each service will provide will contribute to that coordinated plan to bring about the desired change. Undertake a collaborative mapping of the existing relevant services, what they aim to achieve, with whom, how and where.
- Ensure that measures used to monitor outcomes reflect the primary purposes and secondary benefits, rather than a wider set of aims.

## **3. Stigmatisation**

Within the last decade parenting support has become more accepted and sought after by the general public. However in the current context of cut-backs and streamlining of services, open access services have been reduced and the universal orientation is fading. There is now much greater targeting.

**Problem/Potential problem:** Targeted services carry the risk of (re)stigmatising parenting support and those who participate in the relevant services.

**Action:** Providers should work more closely with parents and pay greater attention to parent perceptions of and reactions to a particular service offer, especially at the time of the initial request. Aim for transparency by explaining to parents:

- the purpose of the service (e.g., help in improving parental well-being and/or child outcomes);
- why the individual or family concerned has been selected;
- the content of the service and its practical benefits;
- how it will be delivered and any alternatives (one-to-one home visiting, groups and so forth).

Services offered by familiar people in familiar settings are less likely to be experienced as stigmatising. The possibility of offering services in locations which are more 'neutral' and hence less associated with stigma (e.g., schools) should be a routine part of the decision-making around service provision.

Action needs also to be taken to retain the universal basis of parenting support, in particular by children's services. Wherever they are no longer able to be providers of universal services, children's services need to work with partners to establish how and who might provide provision at the universal tier and what support would be needed to ensure this prevents further escalation into targeted services.

#### **4. Tools to define the need and the response**

The Common Assessment Framework was designed to ensure a thorough analysis of the underlying need and to put in place a plan of action based on evidence. However it has been hard to implement in some areas and by some key agencies.

**Problem/Potential problem:** The Common Assessment Framework is not being used as intended and so referrals are not systematically based on an assessment of need.

**Action:** Ensure the systematic use of the Common Assessment Framework (or early help assessment) to ensure a coordinated multidisciplinary approach is taken.

#### **5. Fewer self-referrals**

When parenting support was more open access and universal in orientation, there was a greater opportunity for self-referral and other help-seeking behaviours on the part of parents. The proportion of self-referrals by parents has decreased. In this context, raising parental demand, uptake and retention is a constant pre-occupation for service providers.

**Problem/Potential problem:** People who self-refer tend to be more highly motivated. They also tend to be more actively consulted about their needs. Hence, a reduction in the numbers of self-referrals may re-enforce tendencies to treat participants as beneficiaries rather than as partners.

**Action:**

- Make raising the proportion of self-referrals a target. Assess the extent to which increased targeting is reducing the number of self referrals. Monitor progress towards this target and any change in perceptions of services more generally.

**6. Knowledge hierarchies**

Evidence-based practice prevails as the ideal and in this evidence collected through Randomised Controlled Trials or other highly quantitative means has pride of place. This tends to subordinate understanding obtained through long experience in provision in favour of new highly-specific knowledge that applies only under certain conditions.

**Problem/Potential problem:** In a context where formal knowledge and especially that obtained through quantitative measures is regarded as the best knowledge, qualitative or informal knowledge obtained by providers on an everyday basis is in danger of being lost to the service.

**Actions:**

- create opportunities for learning and professional exchange using different types of evidence;
- examine the extent to which information gathered for other purposes within the service or organisation can be used to create an evidence base;
- identify ways to record the knowledge of frontline workers through existing practice and supervisory or monitoring systems;
- ensure practitioner observations are systematically collected, analysed and disseminated 'up' the system, in order that they contribute to the overall evidence base;
- give attention to longer-term follow up of service recipients;
- integrate evidence creation and assessment into training exercises.

**7. The contribution of parenting programmes**

Parenting support has changed considerably since it was first introduced under the Labour administrations of the late 1990s and early 2000s. It has now become accepted as part of the policy landscape and has expanded considerably beyond parenting programmes.

**Problem/Potential problem:** Stand-alone parenting support – for example short-term parenting programmes – have a specific and delimited remit and possibility for effectiveness. As provision becomes more targeted, the needs become more intensive and deep-seated and are likely to extend beyond information-giving or other possible deliverables of parenting programmes.

**Action:** Parenting programmes need to be continuously interrogated for their utility vis-à-vis the presenting problem(s). Consider mainstreaming parenting

support into the service provision offer more broadly so that it is part of a response that seeks to deal with other problems also (e.g., alcohol use).

## **8. Role for parents and children/young people in provision**

While partnership with parents and children/young people is widely spoken of, parents (and children and young people) tend to be treated as the intended beneficiaries of services. Too little attention is devoted to the agency of parents and that of their families as well as the lived experiences of being a parent or a child/young person.

**Problem/Potential problem:** Parents and children/young people become marginalised within the service.

**Action:** Activating parents' own resources and communities should be given more priority. Parenting support needs to be made accessible (acceptable, respectful and reachable) for an ethnically and religiously diverse context and needs to be continually interrogated in this regard.

## **9. Gender as a challenge and opportunity**

In a context where the vast majority of 'parents' taking up parenting support are women, providers face a range of unresolved difficulties in how to engage fathers. They tend to attribute these either to a general reluctance of men to get involved, to women's wish to preserve female-only spaces in service settings or family life and/or to inadequate community outreach on the part of front-line staff.

**Problem/Potential problem:** Describing fathers as 'a hard to reach group' can lead to a lack of curiosity about what underlies the gender imbalance and a lack of effort to change this. In a two-parent setting, it is difficult if not impossible for one parent to effect a change in parenting practices alone.

**Action:**

- Make a gender balance in the offer and take-up of services a goal.
- Collate existing knowledge about what has worked and what has not worked with regard to engaging fathers. Conduct some internal reflection that identifies practical reasons and also explores any hidden assumptions about what men like to do (e.g., playing soccer) or the settings in which men feel comfortable. Where necessary, do some research among fathers and practitioners working with entire families to build an informed strategy.