



Cardiff Family Support Strategy



A Proud Capital



partners working together to improve services for the children and young people of Cardiff



Contents

Foreword	Page 3
Cardiff Family Support Strategy	Page 4
Appendix 1 Policy and Legislative context of the strategy	Page 20
Appendix 2 The Cardiff context	Page 23
Appendix 3 Parent's Views about family support - Survey information	Page 26
Appendix 4 Key Messages From Parents' Focus Groups	Page 29
Appendix 5 Summary of Consultation with children and young people	Page 36
Appendix 6 Matching Needs and Services - Summary of findings	Page 39
Appendix 7 Support for Young Parents Living in Cardiff	Page 42
Appendix 8 Key Messages from Professionals	Page 52
Implementation Plan, 2008 - 2011	Page 55



Foreword

A Family Support Strategy for Cardiff was identified as a priority for development in 2004 by the then Children and Young People's Framework Partnership. The partnership recognised that the wellbeing and life chances of children can be improved when agencies provide well-integrated and comprehensive services to support their families.

Families want information, advice and support to assist them in looking after their children. For children who have additional needs or who are living in disadvantaged circumstances the demands on their families' energy and resources can be greater and the Family Support Strategy seeks to improve the availability and quality of support for them.

The Children and Young People's Partnership recognises that providing the right level of support at the right time for families, wherever they live in Cardiff is a challenge and the Strategy will assist us in moving nearer to that goal over the next three years.

The multi-agency task group set up to develop the strategy and implementation plan has made an important contribution to the Partnership. It has worked with commitment and enthusiasm to ensure that the strategy has been informed through consultation with families, professionals and community groups.

Since 2004, when work began on the strategy, the Welsh Assembly Government has introduced new requirements for planning and commissioning services for children and the Family Support Strategy will be an important part of Cardiff's first Children and Young People's Plan which will be published later this year.

The Children and Young People's Partnership will work to achieve the objectives set out in this document. We would like to thank everyone who has contributed information and ideas to get us to this stage and who will be working to ensure that support is available for families when they need it.



Neelam Bhardwaja

Chair
Cardiff Children and Young People's Partnership
Board



Cardiff Family Support Strategy

The Children and Young People's Partnership in Cardiff has developed a multi-agency strategy to:

Improve the wellbeing, quality of life and life chances of children and young people, by supporting their parents and other carers.

"Family support" can describe a broad range of services, which enhance a parent or carer's ability to meet their child's needs. "Parents" include birth parents, step-parents, foster carers, adoptive parents and any other relative or significant adult caring for children. They should be able to access a continuum of non-stigmatising services, from support with everyday parenting needs through to help with very serious problems. These should be delivered by a range of organisations working together to achieve the best possible outcomes for children and young people. Children and young people in this context are those aged 0-18 years.

This strategy will: inform the commissioning of services; hold agencies accountable for effective service delivery; provide a common framework for all partners and be responsive to the diverse and changing needs of children and families.

Context of the strategy

Cardiff Family Support Strategy has been developed within a framework of:

- International policy
- UK and Wales-only legislation and policy
- The local context and locally identified needs of children, young people and families.

Details of the legislative and policy context can be found in Appendix 1. Demographic information and indicators of children's wellbeing in Cardiff can be found in Appendix 2.

Developing the Strategy

The need for a more strategic and integrated approach to family support was identified in the Children and Young People's Plan in 2004. There has been a multi-agency Task group meeting since then, with enormous commitment shown by a wide range of statutory and voluntary agencies.

Development of the strategy has included a detailed mapping survey of existing services and information-gathering from a number of different perspectives, through: two stakeholder conferences; extensive consultation with professionals, volunteers and community groups (see Appendix 8); a survey of over four hundred parents at different community events and groups; three focus groups with parents in different

areas of Cardiff and one with Black and Minority Ethnic (BME) parents of disabled children; (summaries in Appendices 3 and 4); a consultation with children and young people commissioned from Tros Gynnal (Appendix 5); use of an independent consultant to work with two groups of staff, auditing a sample of one hundred and twenty four children known to services, to determine the key needs, the level of seriousness and to what extent needs were being met (summary in Appendix 6, full report available on request). Information was also circulated widely to professionals and families, inviting comments.

There was access to recent consultations with groups of services users, such as teenage parents (Appendix 7) and to research findings on “what works” for children, young people and parents with different needs. All this information has been used to determine:

Where we are now

Where we want to be

How we are going to get there

How we will measure the success of the strategy

Where Are We Now?

In this section, we look at the positives and the areas for development which have been highlighted by the mapping survey, consultations and Matching Needs and Services process.

The Positives

- Cardiff has a number of well-regarded services which, between them, are supporting large numbers of children and families.
- Some new work has already come on stream as a result of needs identified during the development of the strategy e.g. early years support services for homeless families and appointment of staff to develop a Parent Network and to co-ordinate Parenting Programmes.
- There is a good deal of cross-agency commitment to improving outcomes for children and families
- There is a good distribution of work across statutory and voluntary sectors, and a small amount of private provision e.g. of parenting programmes, which could help to meet needs in areas which are not a priority for targeted services.
- Families who have used community-based services, particularly early years’ support and parenting programmes, are overwhelmingly positive about them.
- There are some examples of effective multi-agency working, including: the Strengthening Families programme; early identification and multi-agency support for children in need in some schools; the MARAC panel for multi-agency planning in serious cases of domestic abuse. Option 2 is a good example of a service, which addresses parenting where adults have serious personal needs (in this case, substance misuse). Some services

e.g. the Child Health and Disability Service, have a multidisciplinary “team around the child” approach.

- In the sample of children at the higher end of need, almost half were having their needs met.

Areas for review/development

What did the mapping survey tell us?

- Most agencies are working to full capacity and have waiting lists. In some cases, it is difficult to see how the gap can be bridged by any one service. For example, there are potentially over 2000 children in Cardiff with significant disabilities, including communication disorders. (see Appendix 2) Similarly, the potential demand on children’s mental health services far exceeds capacity, given that, at the most conservative estimate, one in ten children may have an emotional/mental health disorder. (see Appendix 2)
Ways have to be found to support these children, young people and their families across services and some progress is being made, for example the use of primary mental health workers to support staff in frontline services. More needs to be done.
- A very small number of services have capacity to do more, if used appropriately e.g. Family Circle, which provides family group meetings.
- Some services are completely voluntarily funded and struggle to meet

demand, others have small pots of funding from different sources and are constantly juggling money to remain viable. This is not a secure basis for developing integrated services.

- The respective responsibilities of different agencies are not always clear, and some agencies funded to provide early interventions are finding themselves working with families who have very entrenched and complex needs. This is an area which needs to be addressed.
- There are a significant number of children and young people looked after by Cardiff Council who are placed in expensive, external placements at a distance from Cardiff. Children’s Services are working towards ensuring that children who need to be looked after have high quality, appropriate care, which is local wherever possible.
- In equalities issues, progress has been made but further attention is needed e.g. provision of appropriate services for BME families and finding effective ways to involve fathers and other male carers in family support services.
- There needs to be further work around “hard to reach” families, to make services more accessible and relevant.

What did children and young people tell us?

- Children and young people valued people who listen, who help families to sort out their own problems and to communicate better with each other.

- They want to be kept together and if this is not possible, they want family members kept in touch with each other.
- They want families to be able to have fun together.
- Young parents feel stigmatised in mainstream services and would like separate services for under-20's.
- Young carers want understanding of their situation, especially in school, shared responsibility with an adult and more accessible leisure activities, especially for families with a disabled parent. They valued people who listened to them.
- Parents had very clear suggestions for services and activities, which would help them with their day-to-day responsibilities. These included: better information; more community support for parents, especially lone parents, through groups and buddy systems; more support at transitions in life e.g. birth of a first baby, or a child's move to secondary school; practical help and advice which includes parenting advice or courses, but also money and housing advice. Above all, parents wanted more safe, affordable activities for children and young people. In some areas, community safety issues were high on parents' agenda and they wanted to protect their children from involvement in drugs, alcohol, bullying and antisocial behaviour.

What did parents tell us?

- 82% of parents found managing children or young people's behaviour difficult at times and this was a serious worry for 14% of parents of younger children and 14% of parents of teenagers.
- Children's safety was a worry for 75% of parents, with 27% of parents finding this very hard.
- Money worries affected 72% of parents, with 25% saying they found money worries very hard. The costs associated with schooling were felt to be significant.
- Other worries, in descending order of frequency, were: feeling lonely; finding childcare so you can work; finding things for children and teenagers to do; helping children keep up with schoolwork; serious problems in the family affecting children; problems with school.
- Parents did not understand why services they valued were available in one area of Cardiff and not in another.
- The everyday needs identified by parents were felt to be higher for those who are parenting on a low income and/or living in a poor environment, are parenting alone, are new to the area or to the country or are without adequate extended family support.
- Parents of disabled children had many of the same needs and worries but with some additions. They worried about the level of services, such as therapies, available to their children, particularly during school holidays. They worried about educational needs being met and about what help would be available as their children got older.

They were in need of short breaks for themselves and wanted support for other children in the family. Some children were not eligible for a social work service, and this acted as a block to other kinds of support.

- If interpreters were not available, parents who did not speak English struggled to make their child's needs known or to understand what was happening to the child.

What did professionals tell us?

Professionals' views reflected some of the same issues raised by parents. They highlighted:

- Lack of services in some areas to respond to the needs of families.
- Need for practical help and out-of-hours support for families.
- Need for translation/interpretation services
- Changing and increasing demand for services for disabled children. The needs of children with a combination of learning disability and mental health issues and disabled children with complex health needs were identified as being of particular concern.
- In addition there was concern about the capacity of services to meet expectations re: the needs of those children with autistic spectrum disorders who have no learning disability; children with ADHD and children with extremely challenging behaviour; other children with

assessed need who have no "diagnosis". There was concern that absence of diagnosis does not always reflect absence of need and that eligibility criteria for services should reflect this.

- The needs of families with multiple problems, such as alcohol or substance misuse, combined with parental mental health problems, who might benefit from the longer term provision of support services. Most services were focussing on providing time-limited interventions.
- The needs of some grandparents in families with such problems, who are supporting both their own children and their grandchildren.
- The need for practical help, including financial assistance,
- Need for better multi-agency assessment, planning and delivery of services.
- Need for better information about available services and activities for professionals and the public.
- Need for support to be provided on an inter-agency basis where services, set up to meet lower level needs, find themselves working with families whose circumstances involve greater levels of complexity and risk.

What did the Matching Needs and Services process tell us?

A very wide range of agencies was involved in the Matching Needs and Services audit. The results are very

much in line with messages from the consultation with professionals and provide evidence for those views

The audit

The sample of 124 children contained a disproportionate number of boys (61%). 40% of parents were parenting alone. 58% of the sample were White British, with ten other ethnic groups represented.

- There was a stark picture of adult needs and adult behaviour: 41% of parents had an emotional or mental health difficulty, 38% of parents were misusing drugs or alcohol and domestic violence was a feature of family life for 31% of the children. In many families, there was a complex mix of problems. Lack of basic care was a key concern in 18% of the families
- The impact on children is evident in behaviour problems at home (38%), low self esteem (20%), behaviour problems at school (23%), attendance problems (22%) and poor social skills (17%).
- All agencies taking part were working with some children who already have moderate and serious needs. (84% of the sample)
- The children's needs fell into three clusters, with roughly a third in each. These were: needs around parenting (the need for much better care at home, the need for children's behaviour to be understood and managed, the need for practical help

at home, the need for stable housing); needs around family relationships (the need for parent/child relationships to improve, the need to reduce the impact of domestic abuse, and/or the need for adult relationships to improve) and emotional needs of parents and children (the need for parents to manage their substance misuse, the need for help to cope with the impact of trauma, the need for help for parents with emotional or mental health difficulties, needs around seeking asylum, the need for protection from immediate harm). The full report contains detailed analysis of each category of need.

- The needs are greatest and outcomes poorest in this sample where there is a need for:

Much improved care at home Protection from domestic abuse and its impact Adult relationships to improve The need for immediate safety

- Some referrals requesting intervention from Children's Services contained poor information and a very small number seemed to be inappropriate. There were also examples in the multi-agency sample of children who might have benefited from such intervention, but were judged not to have met the criteria for Children's Services. Nearly half the children in the sample were judged to be having their needs fully met. However, one third of the audit sample, were not. The others were still

being assessed. Reasons given for needs not being met included: lack of multi-agency, multi-disciplinary assessment, planning and delivery of services, lack of access to appropriate therapeutic services and, in some cases, non-engagement of parents.

- Results of the audit show that it is vital to improve systems and processes for multi-agency work to address complex needs (multi-agency assessment, planning and delivery of services and joint funding for some services) It is also essential to have good links between adults' and children's services. Those who are supporting adults with additional needs of any kind must take into account their needs as parents.
- The audit indicates that agencies which are not resourced to deal with high level needs should not be left as the only agency working with a family. They need to be supported by those who have the necessary skills.

Where do we want to be?

Our vision, developed on a multi-agency basis, is of family support services which:

Are Accessible

- Easy to find and use
- Available across Cardiff
- Give a quick response
- Available before problems become so serious that they cause lasting damage to children and to family relationships.

Are Respectful

(recognising and mitigating the effects of poverty and disadvantage)

- Recognise the challenges of being a parent
- Recognise the impact of poverty and disadvantage
- Listen to children, young people and parents and non-parent carers
- Help them to decide what they need
- Help them to get it
- Help with basic and practical needs, such as money and housing advice, as well as parenting
- Recognise children's rights, including the right to positive, non-violent parenting
- Are honest about what is not available
- Value what families know and what they do well
- Help parents to enjoy their children

Work Well Together

- Use a common assessment and share relevant information (with consent) so that that families do not have to answer the same questions again and again
- Know what other people can offer and have a clear plan of how they will work together
- Have systems and processes in place to make sure families with complex needs get a "joined up" service
- Help families to get what they need, even if they cannot provide it themselves.

Work Towards Outcomes

- Have goals which have been agreed with family members
- Have a clear idea what success will look like
- Base measures of success on the differences that are made for children and young people, usually within the context of their own families.
- Are realistic about what they can do and work hard to do it

Provide A Good Quality Service Which Is Value for Money

- Try to do things better all the time and are helped to do so
- Use information from research about what works
- Make sure staff are well trained and supported
- Make it known to managers/planners when there are needs which they can't meet
- Provide an agreed level of service within an agreed budget

Are Participative and Inclusive

- Make sure children, young people and families have a say in the services they use,
- Make sure there are other ways for families to get involved if they want to e.g. as volunteers or supporters for other families
- Make sure that disabled children and disabled adults can use the service
- Support fathers, grandparents and other family members who have care of children as well as mothers

- Cater for different languages
- Are confident and knowledgeable about cultural and religious beliefs, where this is relevant to the care of children
- Are positive about different sexual orientations and sensitive to any needs arising from the sexual orientation of parents or children and young people e.g. homophobic bullying.
- Don't rely too much on ability to read and write

How will we get there?

It can be seen from the feedback from families and professionals and from the Matching Needs and Services audit that the agenda for change is challenging. We have tried to identify a realistic number of key priorities to take forward over the next three years .

Shared Responsibility

There is a need to develop more support for families, sharing the responsibility for children's welfare between parents and the communities in which they live. All agencies providing a public service need to recognise that they have a responsibility for children and young people.

Access to practical help should not always depend on involvement of Children's Services.

Early Intervention

More resources need to be directed to providing help at an earlier stage for families with complex needs. Support has to be available over the longer term for some of these families.

Integration

Services must be better integrated, to meet the needs of children who currently “fall through the gaps.”

Resources

The proposals will be met within the current allocation of resources. The plan covers three budget cycles for the Children and Young People’s Partnership and during these cycles, the Partnership and constituent agencies will review, and, where necessary, change their priorities as appropriate.

Links to other plans and strategies

The evidence which has informed this strategy will also be relevant to other, linked strategies and plans, and some of the identified needs will be addressed through them, rather than through the Family Support strategy e.g.. Childcare Sufficiency plans, Young Carer’s strategy, Anti-bullying Strategy, Play strategy, Autism Strategy, Housing Strategy.

This Family Support strategy will form part of Cardiff’s Children and Young People’s Plan. The first such plan will be implemented from 1 October 2008.

The task group is continuing to meet to implement the strategy and will be supportive of other developments, which are linked to family support and to better outcomes for children at risk of exclusion. Examples include pilot schemes at a national level to offer parenting support in prisons and development of a Youth Inclusion and Support Panel for Cardiff.

Links to Community development

Parenting is a challenge at times for anyone but there are additional challenges for families on a low income and /or parenting in poor environments. Because of the diversity of neighbourhoods in Cardiff, the different facilities already in place and the different funding streams available to community groups, it is essential to link the Family Support strategy to what is happening in local areas. The Strategy will forge links with Communities First

partnerships, and with other relevant community forums, to promote the development of local, informal family support and activities, to meet the needs identified by parents.

Specific actions are outlined below, under the headings used in the previous section.

Services which are Accessible

(i) Information

Families need to know what is already on offer and “word of mouth” is often the most effective form of communication.

The strategy will:

- Make information available for families and professionals through a directory of family support services and of local activities for children, young people and families. This will include signposting to help with benefit and debt issues and information about telephone helplines. The Family Support Directory will be linked to existing directories for childcare, for young people, for special needs, for parents of disabled children and for people with housing needs.
- Make it available in different formats.
- Ask local forums to help with local mapping and distribution of information. Local champions will be identified to spread information by word of mouth and local business will be asked if they would sponsor parent information points.
- Update Cardiff-wide information on an annual basis and ask local groups to update local information more frequently.
- Provide more local housing and money advice. The Council is currently reviewing the provision of generalist advice across the city in conjunction with the Legal Services Commission which funds more specialist and legal advice. Through working together it is

hoped that more accessible and localised multi-agency advice services can be offered in the future. The new service will seek to prioritise resources to areas of greatest need. The proposals for the new service will be subject to wide-scale consultation and subsequent remodelling prior to implementation

(ii) Increased availability of parenting programmes

The strategy aims to change public perception of parenting support so that seeking advice and information is seen as responsible parenting, not as a sign of failure. It will do this by:

- increasing the availability and accessibility of advice, information and parenting programmes across Cardiff.
- Mapping parenting programmes currently available against identified need and providing a framework for programmes. This will be the responsibility of the Parenting Programmes co-ordinator. The Framework will cover different age groups of children and different needs, including specific issues such as support for parents on Parenting Orders. It will encompass both preventive and remedial programmes. It will identify which aspects of delivery need to be home-based and which need to be group based and it will enable practitioners to tailor programmes to the abilities and needs of parents.

Programmes may include:

Strengthening Families, a well evaluated preventive programme, improving family communication and helping children resist peer pressure (this will address some of parents' fears about safety);

The Parent Nurturing Programme, which is currently being evaluated across three local authorities in South Wales;

The Incredible Years programme, a well evaluated programme for children with conduct disorders;

The Early Bird programme for children with Autistic Spectrum disorders;

Other evidence-based programmes, to meet the needs of different age groups of children and different levels of need.

- Supporting the development and evaluation of new models, where there is a gap in knowledge about “what works”.
- Co-ordinating programmes and developing common evaluation methods (led by the Parenting Programmes Co-ordinator).
- Monitoring access by BME parents and addressing any low take up of programmes.
- Keeping in mind that parenting programmes are not the whole solution for families under stress – they must be linked to other kinds of support and

programme providers need close links with other services.

- Supporting parents to engage with programmes and helping them to find ongoing support after programmes. Volunteers may have a role in parental engagement and in helping parents to implement what they are learning (eg Homestart volunteers and parent mentors who have completed programmes and training themselves).
- Investigating the possibility of involving workers with expertise in adult mental health, substance misuse or learning disabilities in parenting programmes, as appropriate.
- Encouraging whole-school approaches to supporting children and families (combining parenting programmes with other forms of support to children and/or parents.)
- Encouraging private providers to take part in multi-agency training courses to ensure consistency of approach. Including their contact details in information for parents.
- Developing more parent training and support, which is specific to parents of children with disabilities/Autistic spectrum disorders/ADHD .
- Developing local resources to make “training the trainers” more cost-effective.

(iii) Informal networks and “buddy” schemes

The strategy aims to develop more informal and semi-formal services to support parents in their local

communities, including lone parents, teenage parents, fathers and grandparents who have care of grandchildren. Achieving this will depend on the engagement of local community groups, voluntary organisations, faith groups and schools. The strategy will:

- Help to provide evidence of need
- Provide “what works” research evidence
- Support local groups/organisations to identify and secure funding and to manage schemes
- Ensure dedicated provision for teenage parents

(iv) Early years’ support

The aim is for every child in Cardiff to have a flying start, no matter where they live. To achieve this, we will seek to:

- Develop more early years support services in non-Surestart/Flying Start areas, with skill-sharing from existing programmes eg around language development and behaviour.
- Give priority to areas which have high levels of deprivation but do not currently receive Surestart/Flying Start funding or funding for Homestart.
- Take into account any plans for further Integrated Children’s Centres in Cardiff.

(v) Services for disabled children and their families

Families with disabled children who have complex needs require support from a range of services, often delivered by

different agencies. Partner organisations, including health, social care and education, are working to develop more joined-up approaches to commissioning and delivery of services which are integrated and tailored to individual need. The needs of children with autistic spectrum disorders and their families are being given specific attention through the development of an Autism Strategy which will inform the Children and Young People’s Plan.

Other developments will include:

- Renewed focus on ensuring that referral and assessment processes consider the needs of the whole family
- Development of services which can be accessed directly by families (without the need for allocation to a social worker)
- Links to information about new activities for Disabled children and young people in the Family Support Directory
- Development of a directory of activities for disabled children and young people within the Child Health and Disability Service.

(vi) Earlier access to services when there are serious problems

Some families have asked for help for some time before they receive a service, and problems might have worsened in this time. The strategy will involve agencies reviewing and if appropriate updating:

- referral pathways - to help make sure that families are referred to the right service at the right time, and at the same time avoid making inappropriate referrals
- agreements about the purpose of services which have been designed to meet particular levels of need.
- Information for parents about services which they can access without a referral from someone else.

(vii) “Hard to Reach” families

Many service providers commented on the difficulty of engaging some families who might have benefited from their service. We will:

- Seek funding for local research on “hard to reach” families so that agencies can design more appropriate services for these groups.

(viii) Activities for Children and Young People

Activities and play and leisure facilities were a key theme with children, young people and parents. We will

- Advocate for the development of more (affordable) activities and facilities in response to local needs, through the Play Strategy, community development, Community Focussed Schools, Community Education, the Community Safety plan and the Council’s leisure department.

Respectful culture

- Organisations signing up to this strategy are signing up to the values and principles outlined in our vision, described in the previous section.

Working well together

There have been very clear messages in this document about the need for better multi-agency planning, funding and delivery of services, to meet the needs of children, young people and parents/carers. We will improve multi-agency and intra-agency planning and delivery of services, by:

- Participating in local action research. Identified Task Group members will participate in the Local Service Board pilot project, which will be profiling two areas of Cardiff and exploring different ways to bring organisations together to improve delivery of services to children and young people. They will be both influencing and learning from this project.
- Introducing the Common Assessment Framework and providing multi-agency training in its use.
- Developing protocols between adults’ and children’s services to ensure that adults have their needs as parents considered and that children’s needs are assessed. This includes services for adults with mental health needs, physical disability, learning disability, drug or alcohol misuse, and domestic abuse.

- Providing more opportunities for staff from adult and children's services and from a range of agencies, to undertake joint training, seminars, case discussion and networking, particularly in the areas of mental health, substance misuse, domestic abuse and neglect.
- Developing models and processes to ensure multi-agency planning and joint delivery of services to families with complex needs.
- Looking at current referral processes and identifying what needs to happen to support families who currently "fall through the gaps".
- Realigning existing resources to fill gaps in services.
- Clarifying the roles of different agencies and disciplines in relation to complex needs.
- Considering pooled budgets and joint commissioning of services to meet complex needs, as appropriate.
- Developing protocols for young people with long term needs moving from children's to adult's services.
- Providing training in skills relevant to family support on a multi-agency, multi-disciplinary basis, unless there are good reasons to provide it on a single agency basis
- Seeing it as everyone's responsibility to reduce the need for children to be looked after away from their families, by providing effective and timely support and therapeutic interventions

to support the upbringing of children in need within their families when this is consistent with safeguarding and promoting the child's welfare.

- For those children and young people who do need to be looked after, ensuring an effective matching of needs and services at an early stage, to promote stability of placement and good outcomes for them.
- Looking to re-invest any savings from new developments, such as the use of a specialist fostering scheme, which are expected to reduce the number of children and young people requiring expensive external placements. This money could effectively be invested in family support and evidence based therapeutic interventions, such as multi-systemic therapy. This would help to break the cycle of spiralling costs and their impact on the Council's resources.

Working Towards Outcomes

Much evaluation of services is currently about processes and outputs rather than outcomes. We will:

- Ensure that all services supporting families have staff trained in goal setting with families and in outcome evaluation.
- Develop some common measures and tools across services.

Providing a good quality service

- All organisations providing family support will be expected to have in place systems for ensuring quality and dealing constructively and promptly with complaints.
- Service users will be involved in training and in feedback about the quality of services.
- Consideration will be given to introducing National Occupational Qualifications in work with parents
- The task group will ensure that organisations have access to up to date research findings

Participative and Inclusive

- The Parent Network will develop a charter for parent participation in services and planning groups in Cardiff, in line with the Hear By Right framework which has been adopted by the Partnership for children and young people's participation.
- All services signing up to the Family Support Strategy will be expected to promote service user participation.
- Language support will be provided for non-English speakers. Children will not be used as interpreters.
- Codes of practice for services will ensure that cultural and religious beliefs are taken into account e.g. by ensuring that families have an option of single-sex services for young people and parents, and same-sex carers for disabled children wherever possible.

- Staff in all family support services will have training in diversity and will feel confident in dealing with cultural differences and differences in sexual orientation. They will be confident in challenging racist or homophobic bullying.
- Ethnic monitoring information by agencies will be used to improve provision.
- Agencies will be provided with opportunities to learn from each other about effective ways to engage and support fathers, other male carers and other family members caring for children.

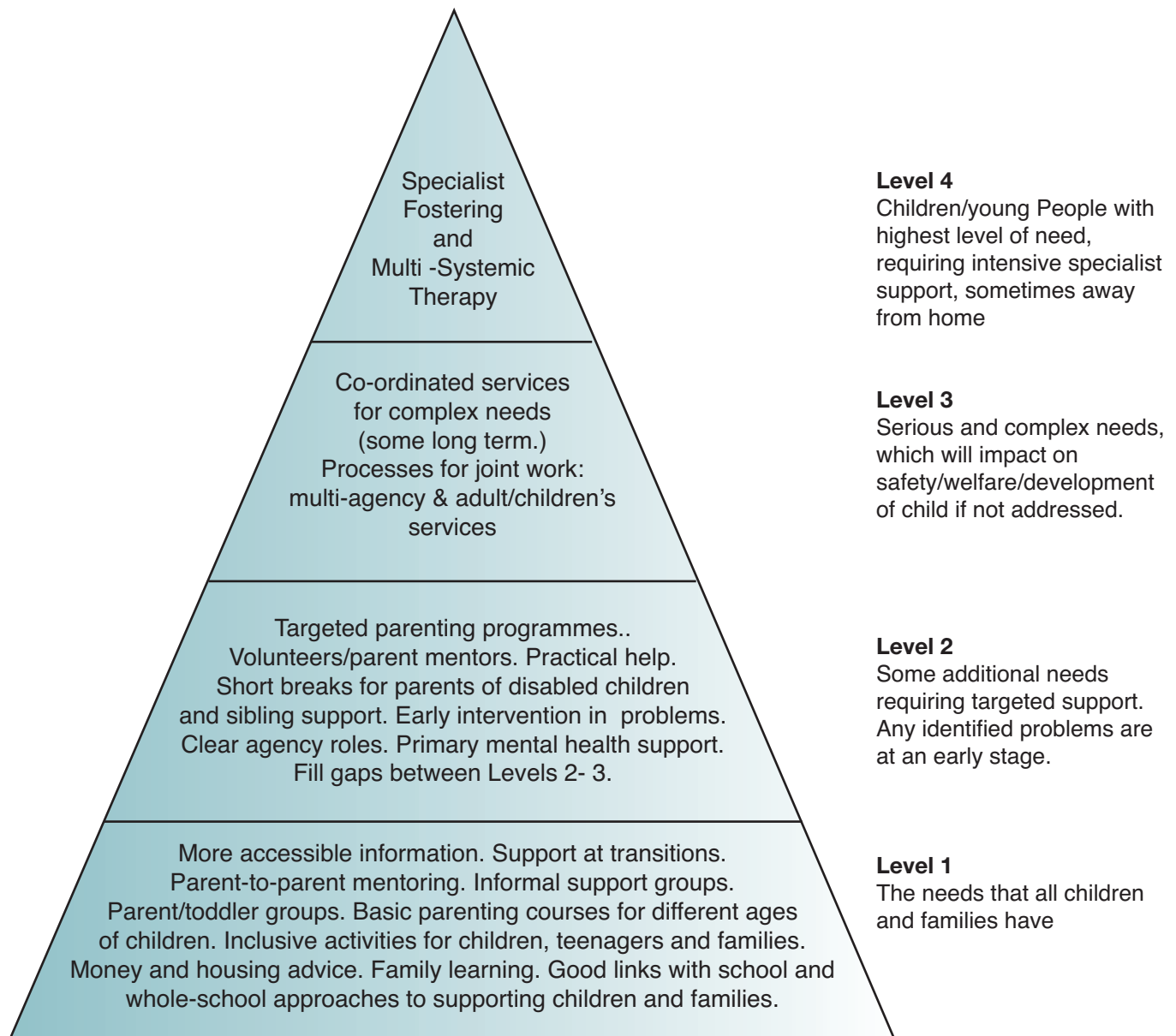
How will we measure the success of the strategy?

An implementation plan will be drawn up for the strategy, with leads identified for each action and with targets, milestones and performance measures set. The Task group will monitor progress and will report to the Core Group for Nurturing Families and Communities. There will be a major review of the strategy in 2011.

The diagram on the page below summarises the actions we want to take through this strategy at different levels of need.

Diagram - Summary of Strategy

What do we want to achieve at each level of need?



Appendix 1

Policy and Legislative context of the strategy

International policy

- The UN Convention on the Rights of the Child sets out the entitlements of children and young people but also gives government responsibility for supporting parents. eg Article 18.
- In December 2006, the European Committee of Ministers issued a recommendation to member states on support for positive parenting, (Recommendation 19) the goal being “the harmonious development and proper treatment of children”, eliminating child neglect, abuse, physical or psychological violence (including degrading treatment and corporal punishment).

The recommendation covered three areas:

- (i) the creation of the conditions for positive parenting by ensuring that families have access to the necessary material, psychological, social and cultural resources they need to bring up children.
- (ii) the removal of barriers to positive parenting for example in employment policy and childcare provision
- iii) the promotion of positive parenting by developing awareness of what it is and taking all the necessary measures to make it a reality. Governments should take a pro-active approach to promoting awareness of parenting issues and to normalising participation in parenting programmes.

The Committee suggested that parenting should be supported through the development of **informal services**, (creating and strengthening existing social bonds and encouraging better links between parents, their family, neighbours and friends, **semi-formal services** (empowering families, and NGO's, and activating a range of self –help and other community based groups and services) and **formal services** (facilitating access to public services)

Services should cover all levels of need and include fathers and other family members as well as mothers. They should be developed with the participation of children and parents. Families in difficult circumstances should be targeted for additional support and agencies are encouraged to work together.

UK and Wales-only policy and Legislation

The value of the approach recommended by the Committee of Ministers has already been accepted in the UK, though there is some way to go to achieve the necessary level of support to children and families. There have been changes to give parents more rights to flexible employment and the Childcare act 2006 gives parents an entitlement to the provision of sufficient childcare to enable them to work. This includes parents of disabled children.

The Children Act 1989 promoted parental support and partnership between professionals and families. The Children Act 2004 strengthens and builds on the 1989 Act, reinforcing the duty of agencies to cooperate to safeguard children and young people and to improve their wellbeing. There has to be a single multi-agency plan setting out how this will be done locally. “Children and Young People, Rights To Action” and “Safeguarding Children: Working Together under the Children Act 2004” set out the Assembly Government’s vision and requirements. “Working Together” makes it clear that “asking for help should be seen as a sign of responsibility rather than as a parenting failure.” In effective provision, “key local services are integrated, where appropriate, around the needs of children and young people and children and young people are actively involved in developing and evaluating the services which are provided for them” and “children, young people and their families receive effective support at the first sign of difficulties.”

Service integration should be helped by the Common Assessment Framework, which is being piloted in parts of Wales. Joint planning, funding and delivery of services is also being promoted through other Assembly Government policies such as “Making the Connections, which emphasises the need for services to be joined-up and citizen-centred.

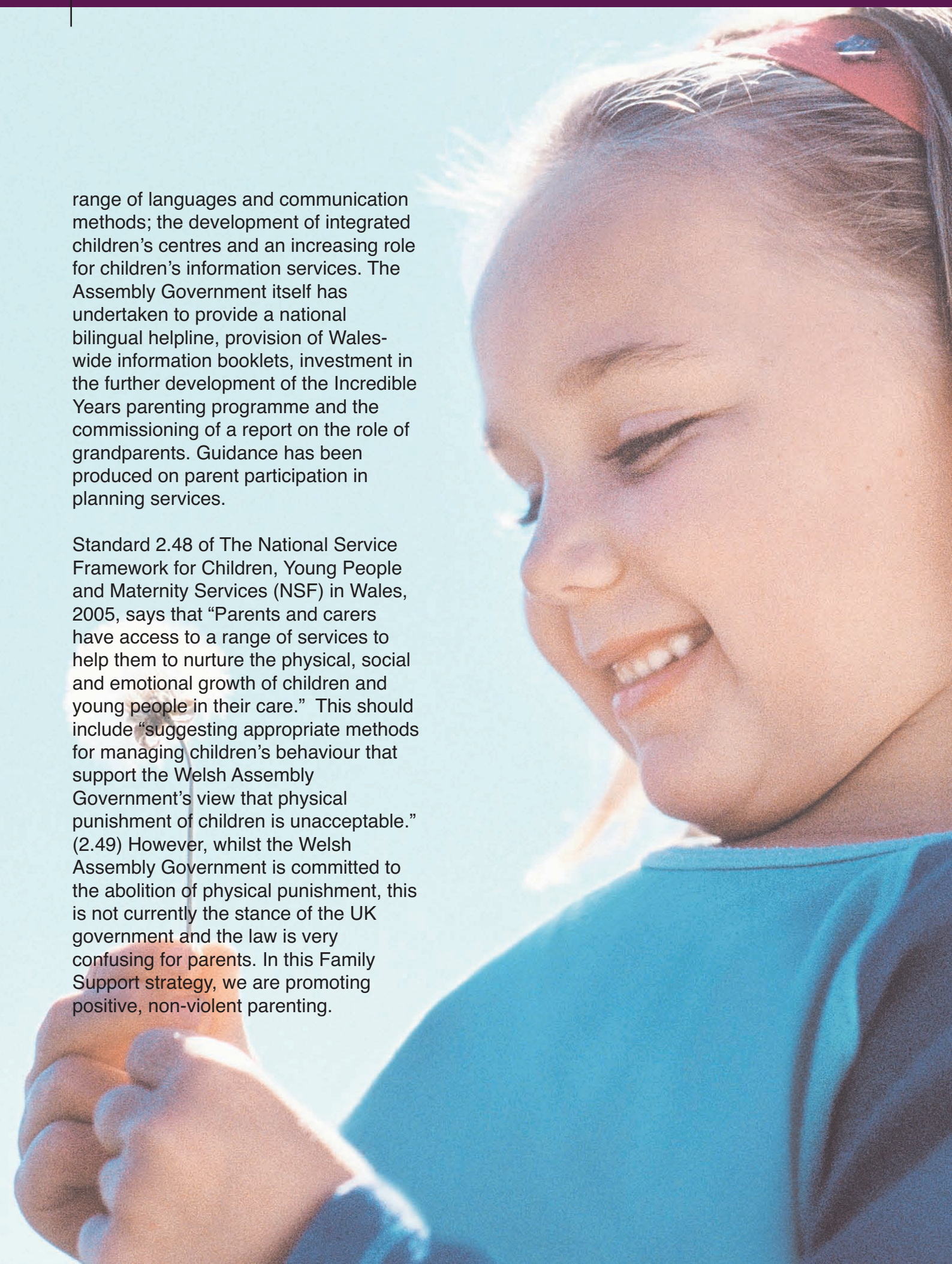
The Welsh Assembly Government’s Parenting Action plan, published in 2005, is part of “Rights to Action” and is based on the UN convention. It supports the Welsh Assembly Government’s seven core aims for children and young people. These are that children and young people:

have a flying start in life
have a comprehensive range of education and learning opportunities
enjoy the best possible health ,and are free from abuse, victimisation and exploitation
have access to play, leisure ,sporting and cultural activities
are listened to, treated with respect, and have their race and cultural identity recognised
have a safe home and a community which supports physical and emotional wellbeing and
are not disadvantaged by poverty

The Parenting Action plan recognises that these aims cannot be met without support for families. Raising children is seen as the shared responsibility of the family and the wider community. The Plan seeks to ensure a more coherent approach to the development of parenting support services in Wales, with the promotion of positive parenting and the participation of children, young people and families. Partnerships are encouraged to develop: co-ordinated support for mothers, fathers and other carers, with service delivery through a

range of languages and communication methods; the development of integrated children's centres and an increasing role for children's information services. The Assembly Government itself has undertaken to provide a national bilingual helpline, provision of Wales-wide information booklets, investment in the further development of the Incredible Years parenting programme and the commissioning of a report on the role of grandparents. Guidance has been produced on parent participation in planning services.

Standard 2.48 of The National Service Framework for Children, Young People and Maternity Services (NSF) in Wales, 2005, says that "Parents and carers have access to a range of services to help them to nurture the physical, social and emotional growth of children and young people in their care." This should include "suggesting appropriate methods for managing children's behaviour that support the Welsh Assembly Government's view that physical punishment of children is unacceptable." (2.49) However, whilst the Welsh Assembly Government is committed to the abolition of physical punishment, this is not currently the stance of the UK government and the law is very confusing for parents. In this Family Support strategy, we are promoting positive, non-violent parenting.



Appendix 2

The Cardiff context

Services

Cardiff has a range of family support services, some provided by statutory agencies and others by the voluntary sector. Many of these have an element of Cymorth funding (Welsh Assembly Government funding). There is also some private provision. Services have been mapped to inform the development of the family support strategy.¹

There is some excellent work taking place across sectors, but consultations and audits of need have identified significant areas for improvement.

Demography

The most recent information about the general population of Cardiff is that it stands at 319700, with an under-18 population of 72,100 (mid year estimates 2006).

The population is increasing by approximately 0.7% per annum, mainly because of inward migration. There have been around 4000 recent economic migrants, many of them Eastern European. This has implications for the provision of appropriate services.

The distribution of age ranges is different in Cardiff than in most places in Wales, with a much younger average age and a smaller proportion of older people. This is mainly because of the student population. 18% of Cardiff's population are in the 20-29 age group and 10% of the population are students.

The largest numbers of 16-18 year olds are in Ely, Pentwyn and Trowbridge.²

BME groups constitute 10% of the population overall in Cardiff but this is much higher in the secondary school age population (18.8%). Some schools have over 90% representation of BME pupils, others have a BME population as low as 3%.³ The majority of people from BME communities live in Butetown, Riverside, Grangetown, Plasnewydd, Adamsdown and Cathays.⁴ The main population groups are Asian (4173) Black African or African Caribbean, (1102) other ethnic communities (835). There are over 100 nationalities and all main religions represented in Cardiff. Almost 50% of the BME population in Wales live in the capital. There are also two well-established gypsy/traveller communities, in Rumney and Tremorfa. This data has implications for the development of culturally and linguistically appropriate services, and for publicising them in the right places and the right languages.

Socioeconomic factors

Cardiff is a city of huge contrasts.⁵ There is a tenfold rate of variation in unemployment across different wards (Lisvane 0.5%, Butetown 7.2%) Life expectancy for men in Butetown is 10 years lower than in Lisvane. Wages are above average for Wales but some parts of Cardiff have more than 75% of households living solely on means tested benefits 26% of children in Cardiff under 16 live in households dependent on income support.

In the southern arc of the city, 38.5% of dependent children are living in relative

¹ Family Support Strategy Survey 2007, Cardiff Research Centre

² ONS statistics

³ Figures from Cardiff LEA

⁴ About Cardiff: Information centre about Asylum and Refugees www.icar.org.uk

⁵ "The Wales Index of Multiple Deprivation 2005 - A summary brief – Deprivation in Cardiff Communities" Cardiff County Council

child poverty. 56,000 residents live in neighbourhoods within the worst 10% in Wales in terms of multiple deprivation. Poverty impacts on children's physical and mental health, accident rates, educational attainment and opportunities for social inclusion. Bringing children up in areas of deprivation creates additional stresses for parents, reflected in the consultations carried out to inform the strategy- money worries and worries about children's safety came out highest when parents were asked what they found very hard about bringing up children. Lone parents and some minority ethnic groups are at particular risk of hardship. Cardiff has significantly higher than the Welsh average percentages of children living in lone parent households.⁶

The most deprived wards are Butetown, Ely, Caerau, Splott and Adamsdown. Ely, Canton and Splott have the highest scores in Wales on overcrowded housing, which impacts on children's physical and emotional health and on their ability to study

Other Wellbeing Indicators

- There is a significantly lower than average rate (Welsh average) of 16-24 year olds with no qualifications, but this is influenced by the high student population. A recent report estimates that 550 of the 2004 school-leaving cohort are not in employment, education or training.⁷ These young people are more likely to be male, with a history of non school attendance,

fixed term exclusions, statements of special educational need, low attainment, and /or contact with the Youth Offending team. They have very complex needs. The report suggests that addressing problems earlier would be helpful.

- Cardiff scores significantly lower than the Welsh average on attainment rates of five A-C grade GCSE's.
- In the southern arc of the city, 38.5% of dependent children are living in relative child poverty
- Teenage conceptions for the whole of Cardiff are lower than the Welsh average but analysis by wards would give a more useful picture
- The worst health outcomes are in the southern arc of the city, where there are higher mortality rates, poorer educational attainment and more babies with low birth weight.
- The prevalence of mental health problems is difficult to estimate as there are no routinely collected, comprehensive data. A 1999 survey by the Office of National Statistics found that 10% of children and young people in England, Wales and Scotland have a diagnosed disorder at any one time. The Welsh Assembly Government's strategy document "Everybody's Business", estimated that 30-40% of children in Wales have recognisable risk factors for mental health problems, 30-40% of children may experience a mental health problem at some time and up to 25% may experience a diagnosable disorder.

⁶ "The Health of Children and Young People in Wales". NPHS 2007

⁷ "Research into Post 16's who are not in education, employment or training in Cardiff and the Vale of Glamorgan" 2007, Cordis Bright Consulting

According to Kurt⁸ (1996), 8.8% of children and young people under 19 years have moderate, severe or complex needs requiring CAMHs services. Even the most conservative estimate, based on ONS statistics, would represent over 7000 children in Cardiff with a diagnosable disorder. There would be many others with emotional or behavioural problems.

- The incidence of disability in children is very difficult to measure because not all disabled children are registered, for a variety of reasons. Some may have undiagnosed conditions, particularly children with Autism Spectrum disorders.

According to the National Public Health Service report for the NSF in Wales,⁹ 3% of children are under 15 years are likely to have a significant disability. This figure is based on an OPCS household survey in 1985, which used a hierarchy of descriptions of disability. Severity was rated by an expert panel. A study of this methodology in 2005¹⁰ called into question the accuracy of some of the categorisations, but not all. Some types of impairment may have been overestimated and others, particularly visual impairment, underestimated. The study recommended a new survey using updated methodology but this has not taken place.

It is likely that use of any other current data source would underestimate the incidence of childhood disability. Using the 3% figure, there would be well

over 2000 children in Cardiff with a significant disability.

The Child Health and Disability Service supports around 500 children with the most severe needs. 30 of these have continuing health care needs and 96 have profound and multiple impairments. 193 children are from BME families, who have a higher risk of some disabilities and health problems.

- 6.2% of children have a limiting long-term illness (Welsh Average 4.8%)
- 3.37% of children have a statement of additional educational needs.
- There are 233 children on the Child Protection register.¹¹ Neglect is the highest category (higher than the rest of Wales) while sexual abuse registrations are lower than elsewhere.
- There are 532 Looked After children.
- There are differences from neighbourhood to neighbourhood, even where levels of deprivation are similar. For example, Ely has high numbers of Looked After Children and children on the Child Protection register, while Caerau has low numbers of each. Grangetown and Pentwyn have a high number of Looked After Children, not consistent with the level of deprivation.¹²
- Further work is needed to profile children and young people's wellbeing in different neighbourhoods of Cardiff. The Local Service Board will be piloting this work in two areas of Cardiff over the next few months.

⁸ Kurt (1996) quoted in Cardiff CAMHs costed Action Plan 2004

⁹ The Health and Social Circumstances of Children In Wales – Disabled Children, NPHS 2004

¹⁰ Hutchinson T. and Gordon D. "Ascertaining the prevalence of childhood disability"; Blackwell 2005

¹¹ Update of Children's Commissioning Strategy May 2006

Appendix 3

Parent's Views about family support - Survey information

From June to October 2007, the Parent Network coordinators visited a wide range of parents' groups across Cardiff and attended community events. Their principle aim was to consult parents about the development of a Parent Network, but they asked three additional questions to inform the Family Support Strategy. Cardiff Council's research department assisted with questionnaire design and advised on sample size.

Over 400 parents or grandparents completed questionnaires. 399 have been analysed. The largest cohorts were from Ely/Caerau, Llanrumney, Tremorfa, Grangetown and Riverside but many other parts of Cardiff were covered as well. 40 fathers responded, the others were mothers/grandmothers. 49 parents were in their teens or early twenties. 41 parents had a disabled child. About a third of the respondents were lone parents.

The results are summarised below.

The first question was about what parents found difficult or worrying about bringing up children. Parents were asked to rate a range of factors as "very hard, "a bit hard sometimes"; "not hard at all" or "doesn't apply to me."

When "very hard" and "a bit hard sometimes" are combined, the outstandingly common issues are children's behaviour (82%), children's safety (75%) and money worries (72%).

Other issues in descending order were: finding childcare so you can work (44%); feeling lonely (42%); teenagers' behaviour (38%); finding things for teenagers to do (35%); helping children to keep up with schoolwork (31%); serious problems in the family, affecting children (28%); Problems with school (26%)

When "very hard" responses are analysed on their own, the picture changes. Top worries are children's safety (27%); money worries (25%); things for teenagers to do (19%); children's behaviour (14%); teenager's behaviour (14%); followed by serious problems in the family (9%), problems at school (6%) and keeping up with homework (5%).

The second question was whether people would know where to go for help if they had a problem at the moment. 126 said they would know, but a considerable number (89) would not know where to get help.

The third question asked parents to rate a range of services, indicating what they thought there should be increased in their area, what was about right, what wasn't needed by them and what wasn't needed at all.

The highest score by far was for more children's activities (77%), followed by centres for children and families (59%), activities for teenagers (57%), advice or

courses on children's behaviour (53%), someone to be a home/school link person (44%), childminders and nurseries (41%), family learning (41%), money advice (39%), housing advice (38%), advice or courses on living with teenagers (36%), mental health services (26%), Health Visiting (25%), volunteer help at home (22%) and Social Services (19%).

Parents were asked if they wanted to make any other comments on any of the questions. There were 67 other comments.

Activities for children and young people

- Many parents expanded on the kinds of activities parents would like to see for children and young people, including more parent/toddler groups, playgroups, facilities in parks, adventure playgrounds, sports, leisure centres, before and after school activities, youth activities, holiday activities.
- Affordability was very important to parents.
- Safety of access to parks was mentioned, because of traffic.
- The cancellation of a plan for a skatepark in Whitchurch was resented.
- Three respondents felt that teenagers were getting a bad press and just needed an opportunity to get involved with something.

Childcare

- Two parents mentioned childcare for respite rather than for work. Childminding was previously provided at Ely Family Centre and had been seen as a very useful resource.
- Three others mentioned quality issues and the need to be able to trust staff.
- Affordability was again raised as an issue.
- Childcare for older children was a problem for one respondent.

Health and wellbeing

- Some comments were around the need for early health advice in pregnancy, and after the birth of a baby, as well as nutrition advice for parents of young children.
- One respondent felt Health Visitors should remain involved until a child is 16 years old.
- Advice about children was mentioned in some comments
- There was one request for more art therapy for children who have been abused.
- Other comments were about adult mental health, respondents wishing to see more local support for people with depression, such as counselling based at GP surgeries.
- One parent asked for more breastfeeding support and more helpful attitudes in public places.

Disability issues

Parents of disabled children made the following comments:

- “There is a real need for respite care for children with a difficulty. At the moment it is only for children with an IQ of 70 but some children cannot be assessed for the IQ level. Autism is a difficulty that respite could really help with. Mental health services for children are very limited.”
- “Better understanding of autism by officials such as youth workers, police, teachers, and those who are in close contact. More information for parents (easy to understand). More in the media”.

Information

- There were some comments about needing to know what was available. One parent suggested a website. Other suggested packs available through health Visitors, Nurseries etc.
- One parent had concerns about a teenaged child and did not know where to find help on behaviour or health issues.

Comments about specific services

People already using a service were generally very happy with it and any complaints were about frequency of contact or not being able to continue with it long term. There were a small number of negative comments about statutory services.

Other

Fathers groups
Benefit advice
Housing advice to prevent homelessness
More room on buses for pushchairs
Home school link person should be available
More police patrols were seen as necessary in one area
More for non-English speakers

And finally...

Feedback for people attending meetings

- “does what we say make a difference? Are we listened to?”



Appendix 4

Key Messages From Parents' Focus Groups

Focus groups were held in different areas of Cardiff, to gather more in-depth information about parental/carer support needs, particularly at lower levels of need. This supplements information from the survey carried out by the Parent Network Co-ordinators. Parents/carers discussed the positive aspects of bringing up children as well as the concerns and difficulties. They were asked what had helped them and were asked to identify and prioritise what would help at different stages of children's development. This information should inform the development of local informal and semi-formal services, including those provided by schools. A further focus group was held with Black and Minority Ethnic parents of disabled and/or chronically ill children.

Focus groups were held in Ely/Caerau, Butetown and Gabalfa. The one in Gabalfa had by far the highest attendance (17 participants) , most of whom had never accessed formal or semi-formal services. (There are very few in that area.) One lone father had previously accessed a young parents group in St Mellons and one young mother had previously been supported by the Marlborough Rd project. Both were very positive about the help they had received and felt it should be available in all areas. The other Gabalfa participants were a mix of mother, fathers, parents, grandparents and step-parents, with a wide age range of children.

In Ely/Caerau, there were six mothers, five of whom had used services at Ely Family centre and one who was currently using the Integrated Children's Centre. In Butetown, there were eight mothers, of varied ethnic and religious backgrounds, half of whom were in the UK on a temporary basis. Most of these mothers were known to Surestart . Half had older children and adolescent children as well as under-4's. One parent in Butetown was also Homestart volunteer. In both Ely/Caerau and Butetown, there was a very positive response about services accessed, and also a view that these should be universally available.

Key Messages from focus groups

Issue 1 - Information

In all the groups, parents found it difficult to know where to go for help or support and difficult to know what was going on in their communities. Most relied on word of mouth or posters, or information brought home by children (often not discovered in their bags until too late!!) but there were perceived to be few information points in communities.

Suggested Solutions:

Possible sites for information about family support were suggested: Primary Times, Capital Times, local community newspapers/newsletters, more community notice boards, doctor's surgeries and supermarkets. Also proposed was the use of volunteers to

distribute information. Some parents used the Netmums website or other websites but many parents were uncomfortable with IT.

Issue 2- Transitions

The most difficult times for parents were at transitions:

- Having a first child - change of lifestyle, isolation, overwhelming responsibility, with worries about health and development and “doing the right thing”, changes in relationships, sleep deprivation, financial issues. With toddlers, behaviour becomes more challenging and difficult to understand and manage. There was felt to be a lack of practical support, especially for lone parents and people would also have liked more information and advice.
- Transition into primary school was seen as more positive than negative because of the freedom it gives parents but much depended on relationships between individual schools and parents. Clearly, some schools were very active in engaging and involving parents and were seen as sources of support. Other parents did not have a supportive relationship with school and would have liked this. Most families experienced an increase in challenging behaviour as children started to find out that not everyone has the same rules!
- Transition to secondary school – this is not just a change for children, but also for parents. Gone are the informal support networks at the school gate,

the informal access to teachers and the knowledge of who the child’s friends are and who their families are. As children/young people progress through adolescence, parents’ fears increase, especially in areas where there is frequent antisocial behaviour. Parents worry about drugs, alcohol, bullying and violence, paedophiles, and the possibility of their children being led into antisocial behaviour. They don’t know who their children are mixing with in and around school. Teenage behaviour could be difficult to understand and cope with.

Parents’ Suggested solutions

Babies and Toddlers

- Support during pregnancy and discussion about what to expect
- More informal support groups/parent and baby/toddler groups especially for first time parents and lone parents.
- More time with Health Visitors.
- Experienced and sympathetic advice
- Good affordable childcare to go back to work
- Buddy network for parents
- More help with language barriers
- More support for lone parents
- Homestart and Surestart in more areas.
- Gradually increased hours at nursery before starting school for children who miss the school year because of their birth date
- Parenting courses
- More practical support
- Staggered start and finish times at local schools and nurseries to allow

parents with more than one child and no transport to drop off and collect every child on time.

Primary School age

- Parenting courses.
- Close relationship with primary school
- Information about services and activities for all ages of children
- More after school activities for under-8's
- More help in school holidays especially for lone parents
- Support for parents where children really misbehave
- Homework clubs with parental involvement

Secondary School age/Teens

- Living with teenagers courses.
- Support from parents who've been through it
- More contact with secondary schools for positive reasons, not just when you are being told off! (possibly transition events, groups and courses at the school.)
- A named person to talk to about your child in secondary school.
- Information about services and activities for all ages of children/young people
- Preventive programmes for drugs and alcohol and getting drug dealers off the streets.
- More police patrols and CCTV
- Speakeasy course (talking to young people about sex)
- Career advice for young people
- More activities families can do together

Other issues

Money, play and leisure

Money was frequently raised as a concern, particularly the cost of school (uniforms, trips, photos etc) and the cost of leisure, especially in the holidays. Several parents wanted help with finances. One parent had specific difficulties in completing forms to claim benefits when she became a mother and she had no-one to help. Most parents felt that there were too few activities for children and young people. For those with more than one child and no transport, getting their children to different schools and activities was a logistical nightmare. They favoured after-school clubs on school premises. Parents of disabled children (in two of the groups) could only access facilities for their children by transporting them themselves. One of these parents felt unsupported in other ways with her disabled child.

Suggested Solutions

- Help to find out about benefits and complete forms.
- Affordable school uniforms, trips etc
- Affordable leisure activities. Leisure Centres, After-school clubs, Youth Clubs were a priority for the majority of parents.
- Improved playgrounds and parks
- Soft play centres
- Timely and well advertised information about organised activities
- Better and cheaper public transport
- Transport appropriate for disabled young people to use, to have some independence

- Better services for families of disabled children
- Somewhere for young people to feel safe
- Longer playschemes in school holidays

Key Messages from BME parents of disabled children

A focus group was held at ABCD Cymru. Ten parents attended. Others who had planned to attend had to cancel because of children's illness and hospital visits for children. Most of the parents were South Asian Muslim mothers. One couple were Somali, also Muslim.

Their children's impairments were: learning difficulties with speech, language and communication delay; cerebral palsy; autistic spectrum disorder with developmental delay and communication difficulties; glycogen storage disorder Type 3; Rett Syndrome and GDD; Bilateral severe hearing loss/cochlea implant; muscular dystrophy (two families); Down's Syndrome with complex health needs; Spina Bifida . Other children in some of the families also had health problems such as severe eczema and asthma.

What are the issues for children and parents?

Diagnosis

- A number of parents had known instinctively that something was not

right or had been warned by grandparents. Sometimes, professionals took a long time to confirm parents' suspicions. The main exception was hearing loss, which was diagnosed at six weeks, with services springing into action immediately after the diagnosis.

- Even after diagnosis, some parents were in denial. For example, one mother refused to use a wheelchair for an older and heavy child, as this would be an admission of the disability. There is clearly a need for sensitive support around diagnosis.

Family Life

- Siblings were felt to be missing out, especially where children had to attend lots of appointments for their health needs.
- Lone parents found great difficulty juggling commitments
- Short breaks were felt to be too scarce

Therapies and support at school

- Many of the parents spoke of the need for early intervention, especially with physiotherapy and language therapy. They felt that more progress could be made with more intervention. Equally, they felt that more sessions of nursery and/or school at an early age would help children's progress.
- Therapy in the school holidays was a particular gap. Some of their children need regular physiotherapy just to stop hands, feet and limbs becoming tight and distorted and it pains parents to

see a deterioration in their children in the holidays. Parents would like to be trained at home in the best ways to help their children.

- Some schools lacked budgets for adequate levels of support staff.
- Post-16 education and services were a worry for many parents

Transport

- There were issues about the availability of suitable transport
- There were concerns about the fact that unknown drivers would arrive to pick up children. Parents wanted safer practice, for example, the company ringing to say who would be arriving at the house.

Information

Information was an issue at all stages of a child's life. Parents wanted to know:

- what services are available at different stages
- what their rights and entitlements are, especially in relation to Statements of educational need, benefits and housing
- whether there are any support groups for parents
- In reality, much of this information is available but parents do not know how or where to access it.
- It is even more of an issue for non-English speakers and parents with poor literacy.

Eligibility for Services

- An issue for some of the families who were unable to attend the focus group was their lack of entitlement to services because they don't meet criteria. They included a family with twins with sickle cell anaemia, a family whose child has acquired brain injury, a child with ASD and higher ability and a child with Hirschsprung disease. These families have not met the criteria to access social workers.
- Staff, as well as parents, found it frustrating that families have to be allocated to a social worker in order to access other kinds of services, such as practical support or short breaks. Access to social workers is difficult and not always possible. The need for social workers' intervention is seen as important because they are gate keepers to other services, such as short breaks, some post 14 education/training opportunities (e.g. Vision 21), and some play schemes in the holidays.

Housing

- Adaptations and re-housing were seen to be inordinately long processes.
- One parent, on her own with two children, had felt criticised for turning down unsuitable housing. Apart from the lack of space for equipment etc, as a Muslim wearing the veil, she had also had concerns, about moving to areas which were not multicultural. She was already experiencing racist abuse on a fairly regular basis.

- Parents would have liked more options for housing and to have racism, lack of access to places of worship and lack of appropriate shops, acknowledged as legitimate reasons for refusing a house.

Language, religion and culture

- Examples were given of worrying practice in not having suitable interpreters, particularly in medical settings. One couple, who spoke no English, had signed consent for major surgery for their disabled son, (not in Cardiff) without understanding what they had signed for. Because they did not want to make a fuss and nodded when asked questions, it had been assumed that they were giving informed consent. Other examples were given of very young children interpreting medical or personal information
- Parents were afraid to refer to cultural and religious, and linguistic needs, as they did not want to be seen as a nuisance or to antagonise professionals. They felt very vulnerable, and were afraid it would be seen as an extra complication – a nuisance.
- Muslim parents do not want males providing intimate care for their daughters at school or in hospital, or indeed touching their daughters at all. However, they have concerns about this seeming personal to staff and would prefer to have a code of practice rather than to have to take it up individually.

What helped in bringing up disabled children?

- Specialist Health Visitors were universally praised for their understanding and willingness to help families get services.
- Family and friends, where present in the area, were as helpful as they were able to be. Not everyone had family in Cardiff or even in the UK. Asylum seeker and refugee families, as well as women fleeing violence are particularly vulnerable and isolated (in ABCD's experience).
- Lone parents found life particularly difficult, even with some family support.
- Some schools were notably helpful eg Ty Gwyn special school, but also some mainstream schools. However, they are constrained by lack of funding
- A parent of a child with severe hearing loss had found her child's teacher for the deaf extremely helpful.
- One parent had found her social worker very helpful, but she had left.

What would parents find helpful?

- Parents' first priority was more therapies (language and physiotherapy)
- Parent/toddler Groups, and activities for young disabled people (gender specific for Muslim families)
- More and safer school transport
- More days at nursery or school
- More help in the school holidays
- A directory of organisations and groups which is given to you by the professional you are in contact with
- Information about rights
- Easily available support groups/

- meeting other parents early on
- Funding for support staff in school and leisure activities
- Interpreters for health and social care services and staff checking out that parents have understood
- A code of practice for service providers re religious practices and beliefs
- Information in several languages and in forms other than writing
- Organisations listening to children and what they want
- Organisations listening to parents
- One to one support at home
- Parent training
- Choice of schools (mainstream if wanted, but with support)
- Short breaks and childcare (culturally, religiously, and linguistically appropriate).
- Information as children get older about their options for continuing education and for leisure and independence.
- More funding for post 16 education and services and financial help for families
- Support for siblings
- Carers rights to become a reality
- Gender specific activities for children and young people
- Support and information re sexuality
- Link between adult and children's services



Appendix 5

Summary of Consultation with children and young people for the Cardiff Family Support Strategy August/September 2007



“Safe, happy and fulfilled lives”

Introduction

Tros Gynnal was commissioned by Children's Services to consult with children and young people as part of the development of a Family Support Strategy to improve support to families within Cardiff. Cardiff Children's Services wanted to know what support children and young people were aware of, how they perceived it and what they felt made them feel safe and happy.

Methodology

During August and September 2007, 33 children and young people aged between 7 and 18 took part in the consultation exercise. 6 of these young people are currently looked after by SSD, the remainder are living either at home with parents, other family members or independently. They came from a cross-section of communities in Cardiff, including Communities First and Cymorth areas.

Questions were devised for the children and young people based on the questions that were being asked adult

respondents. (See Appendix 1 for Adult questions and Appendix 2 for Children and Young Peoples questions). The children and young people's questions focussed on services they knew of, services their family had used and services they thought there should be. There were also questions about what makes families happy and what makes families feel safe.

It was decided given the nature of the questions to be asked that 1-1 interviews with children and young people would be used rather than sending out questionnaires or setting up focus groups. The interviewers could then help young people to understand the concepts which were being explored.

Cardiff Advocacy Team carried out 1-1 interviews with six looked after young people.

Family Circle carried out 1-1 interviews with 27 children and young people who had either had or were going through the process of having a Family Group Meeting.

Summary of findings

The children and young people interviewed for this consultation on the whole found it very difficult. Many struggled with the notion of 'support', not understanding it's meaning or purpose. For some, the support that their family had received in the past or was currently receiving was interpreted by the young person negatively and as a threat rather than as a positive measure. This made it difficult for them to envisage an 'ideal' service or a service that should be provided. Nevertheless, some children and young people were able to identify sources of help which they thought would be useful.

It is interesting to see **the range of services that young people know of** or that have been used by their families. Twenty agencies are mentioned in total, but the majority of these are only known to the one young person whose family is accessing them. 65% of the children and young people identified Children's Services and Family Circle as family support services, twenty percent identified teachers as a source of support and 10% identified CAMHS. (See appendix for full list.)

In answer to **what help/support/services there should be**, one young person observed that, as every family is different there should be a range of different services.

Common categories of response were:
Support/social work/counselling roles (11)
Don't know (7)
Contact with family (Looked after young person) (1)
Peer support from other families (2)
Practical things (money, transport, clothes, computers) (9)

Powerful statements about attachment to family and wish to sort out family conflict included:

"people that can sort arguments out"

"people you can trust who can help you stay with your family"

"family liaison person to make sure families don't become strangers"

"people to help keep the family together"

The most common categories of response to **"What makes families feel safe?"** were:

Named family members (mum, dad, Nan), the family in general , communicating and supporting each other (15 responses).

A safe home and environment (including locked doors for some children) (8)

Professionals to talk to you, support you and keep you safe and knowing where to go for help (5)

Friends/being with loads of people (3)

Someone (unspecified) there for you (2)

There were also some very individual responses eg "no spiders!"

The most common categories of response to **“What makes family life happier?”** were:

Families caring for each other, listening, getting on, talking things through (13)

Families being together, doing things together, having fun, (12)

More individual responses included “being with Nan”, “not living with my family”, “no asbos” and “manageable children”!

Conclusions

Although children and young people found the concept of family a support difficult, they have given a very powerful message about what they see as important – maintaining families, enabling them to sort out their own problems and to communicate better, being there to listen and support. Activities, for families together and for young people on their own, were also an important priority.

Full report available on request from:

Angela Bourge
Operational Manager
Family Support and CAMHs
Llanedeyrn Family Centre
Roundwood, Llanedeyrn
CF23 9US



Appendix 6

Matching Needs and Services - Summary of findings

- This report describes the audit of a sample of 124 children in touch with children's services agencies across Cardiff;; an analysis of the pattern of need in the sample and an evaluation of the current effectiveness of interventions in addressing that need.
- The identification of need and judgements about the effectiveness of services has been undertaken collectively by professionals involved in the exercise and their managers, led by r t b.
- The twelve Need Groups that emerged form an agreed picture of children and family needs that can inform and assist an analysis of the type of needs that are currently being addressed effectively and indicate how future service responses might be developed.
- The results of the audit will contribute to evidence being compiled as the basis for formulating the Cardiff Family Support Strategy.
- Three main clusters of need emerged from the audit. The largest cluster, about parenting comprises just under one third of the sample (37%). Next came needs about family relationships, comprising just over a third of the sample (34%), and third are emotional needs of parents and children accounting for just under a third (30%).
- A threshold exercise on each case was completed by those doing the audit. This was designed to measure the seriousness of the children and family needs. Cases were scored, using an adapted version of the levels of seriousness described in section 17 of the Children Act 1989; as 3 (serious/complex needs), 2 (moderate/additional needs), or 1 (lower level). These three levels of need correspond with the levels of need described in guidance to the Common Assessment Framework.
- Almost half (43%) of the cases were scored at level 3 (serious/complex needs), indicating them to be children whose development was being affected adversely to a significant extent. This is a surprisingly high proportion given that agencies participating in the audit might be expected to be working with cases at level 2.
- Given the seriousness of the needs coming to attention it is heartening to note that 47% of children are having their needs met fully or partially. Of concern is the fact that 33% of cases are not seen as having their needs met.

- Children whose pressing needs are in relation to much improved care at home, domestic abuse and its impact, trauma, adult relationship difficulties and safety have the most serious needs and the least successful outcomes. They will need to be the focus of future developments. Of these groups, children who need much better care at home are the most numerous and so might become the priority for future development.
- As well as identifying the pressing need for each child, the audit identified that children and their parents are facing a range of difficulties and a range of responses will therefore be needed.
- The most frequently expressed views for not addressing children's needs was lack of multi-agency planning and difficulties in sustaining services over the longer term to address serious and complex needs.
- At this stage, there is little evidence of co-ordinated, needs-led, outcome-focused, multi-agency planning or of the involvement of adult services. In the main services operate on a single agency basis.
- Focused work to develop services to address the needs that have emerged and to develop multi-agency mechanisms for assessment, planning, and review will need to be central to the strategy.

Summary of quantitative data

- Children in the sample and their parents have a wide range of needs and those needs are serious. Almost half (43%) are judged to have reached the significant impairment threshold.
- 40% of children in the sample live in single parent households.
- For 31% of children in the sample domestic violence is, or has been, a feature of their lives. The proportion is similar in the two samples (multi-agency sample 27%: I and A sample 34%).
- Over a third (38%) of the children have behaviour problems at home. A significant number – 17% - have poor social skills.
- Almost a half (41%) of children have a parent with emotional and mental health difficulties. A fifth of children (20%) are described as having low self esteem.
- Over a third (38%) of children have a parent who misuses drugs or alcohol.
- Children are struggling at school. Almost a quarter (23%) have behaviour problems in school and a similar proportion (22%) have attendance problems.

- Children and their families will need a range of service responses from a range of agencies to address the range of need.
- Given the seriousness of the needs coming to attention and the extent of adult difficulties it is remarkable that almost a half (47%) of children's needs are judged to have been met. It is of concern that 33% of children's needs are not being met.

Full report available on request from:

Angela Bourge
Operational Manager
Family Support and CAMHs
Llanedeyrn Family Centre
Roundwood
Llanedeyrn
Cardiff
CF23 9US



Appendix 7

Support for Young Parents Living in Cardiff

1. Background to the work:

Towards the end of 2006 a group of Senior Practitioners and Service Managers came together in order to discuss their collective concerns about the fragmented support for young parents living in Cardiff with particular reference to support for those young parents who were still of statutory school age.

Discussions held by this group took them back to a small scale piece of research undertaken in April 2005 which was commissioned by the Cardiff Children & Young Peoples Partnership (CCYPP). This work was undertaken by a Health Visitor and a young parent recruited through Barnardos and involved both focus groups and individual interviews with the aim being to determine young parent's views on the provision of services for them mapped against the Welsh Assembly's core aims for Children and Young People. The findings of this research were meaningful and poignant but never acted upon. Two years later in 2007 further interviews were undertaken with young parents at Barnardos Marlborough Road Young Parents Project, these parents raised similar issues to the 2005 study and reinforced the fact that services for young pregnant women in Cardiff was poor.

These concerns culminated in a presentation being made by Bernice

Bird, Sure Start Development Officer and Sian Cadwalladr, Keeping in Touch Co-ordinator, to the members of the C&YPP Family Support Task Group in April 2007.

Members of the Task Group were unified in their support for the issues outlined and unanimously felt that services in Cardiff were failing to provide a cohesive and integrated support service for some of the most vulnerable and hard to reach young people in the city. The Task Group members tasked the presenters to work up a more detailed paper which would inform the developing Cardiff Family Support Strategy

2. The Evidence:

Within Western Europe the UK has the highest teenage pregnancy birth rate. Wales has consistently had a higher rate than England. Rates are at their highest in areas of greatest deprivation and among vulnerable young people. Rowntree Foundation's 2005 Poverty survey ranked Cardiff 8th out of the 22 LEA's for the incidence of underage motherhood (6 per thousand - 13-16 yr olds). In the UK twenty percent of births conceived to under-18s are to young women who are already teenage mothers.

Local area research and surveys undertaken by the Department for Schools, Children and Families 'Teenage Parents, Next Steps, 2007, evidenced

that teenage parents feel stigmatised and discriminated against by society, services and professionals providing support for them. Many felt they were often judged not to good parents because of their age and that often their views and voice was ignored in favour of their parents.

Further research indicates teenage pregnancy is linked with increased risk of poor educational, social, economic and health outcomes for both mother and child. Teenage mothers are at an increased risk of isolation, postnatal depression and breakdown of relationships. Longer term, they have a higher than average risk (and higher than others with a similar socio-economic background) of not completing their education (with most school age mothers and fathers leaving school at 16 with few or no qualifications. They are more likely to be living in poverty in poor housing and have an unskilled or unemployed partner (1). They are twice as likely to smoke and half as likely to breastfeed as older mothers. A quarter of young men in custody are fathers and an even higher proportion of young women in custody are mothers. Young women who have been in care are more likely than their peers to become young mothers.

Babies born to mothers under 18 have an increased risk of premature delivery, a 25% incidence of low birth weight, a 60% higher infant mortality rate than

babies of older mothers. Their babies are at higher risk of hospitalisation for accidents, diarrhoea and vomiting and are more likely to have developmental delays and poor nutrition.

Whilst the focus of this document is on supporting teenage parents, it is important to understand that this should be part of a long-term effort to reduce future teenage pregnancies and narrow inequalities.

It must be remembered that not all of the outcomes quoted above will be applicable to all teenage parents as many will have good family and support networks.

With the right kind of support there is the potential for all teenage parents and their babies to have good outcomes.

3. POLICY and LEGISLATIVE FRAMEWORK

The Welsh Assembly Government when publishing the National Service Framework for Children, Young People and Maternity service 2006 set as its 7 core aims for all children in Wales the following:

1. Have a flying start in life;
2. Have a comprehensive range of education and learning opportunities;
3. Enjoy the best possible health and freedom from abuse, victimisation and exploitation;

4. Have access to play, leisure, sporting and cultural activities;
5. Are listened to, treated with respect, and have their race and cultural identity recognised;
6. Have a safe home and a community which supports physical and emotional well-being;
7. Are not disadvantaged by poverty.

These core aims are as relevant to young parents as they are to their children, and therefore when planning a service for this group these goals need to be included in all decisions made.

National Service Framework for Children, Young People, and Maternity Services, 2006.

Some of the relevant recommendations from this document are:

- That parents will be involved at all stages in the devising , planning and reviewing of any service , (2.1 – 2.3 2.16)
- That there are individualised parenting programmes that address barriers for non attendance, and are multi agency in their approach. (2.48+ 2.49)
- That there will be mechanisms within the service for early identification of vulnerable children at risk from harm.
- That there will be an holistic assessment of need as well as information about locally available services in pregnancy, and the post natal period.(3.1-3.4)

- That there are specialist services available for young, pregnant, teenage girls such as peer and support groups (3.11)
- That services are targeted at school age parents (2.49)
- That all pregnant women and their partners have access to parent education.....in a setting appropriate to their needs.(3.14)
- That parents who are of school age are offered additional support to assist them in accessing learning opportunities to meet their educational needs. (6.7)

NICE Ante-Natal Care Guidelines 2003

Recognises that women who are vulnerable (e.g. teenagers) usually require additional support in pregnancy.

NICE Prevention of Sexually Transmitted and under 18 Conceptions 2007.

Those who engage in early sexual activity are at increased risk of sexually transmitted infections and HIV.

NICE recommends one to one sessions for those at increased risk discussing behaviour change theories and risk reduction.

Where appropriate to refer young women who are pregnant or mothers to services concerned with reintegration into education and work.

Pregnant mothers and teenage mothers should be visited regularly by their midwife and health visitor.

Welsh Assembly 'Pupil Support and Inclusion'

Guidance for LEA's regarding their duties and responsibilities for schools, working with other agencies childcare etc outlines the rights of young parents to ensure they are supported in their access to education and learning to reduce the risks of long term social exclusion.

The guidance also includes issues of confidentiality, medical and emotional support, the right to stay on at school, the right to maternity leave from school and a re-integration plan.

It also acknowledges that many young parents prefer to be educated in non-school settings.

The National Homelessness Strategy for Wales

Requires that each Local Authority's YPP conduct a young people's Housing Needs Audit by December 2007.

Consequently this is one of the priorities of the Cardiff YPP for 2006/2007 and is reflected in the Youth Housing Delivery Plan for 2006/2007.

4. Health

Health Services:

'Since 1990 people are having sex for the first time at a younger age, a greater proportion of people have multiple partners. Sexual health within the UK has deteriorated significantly over the

past 12 years. Chlamydia is up by 300%, gonorrhoea is up 200% and HIV up 300%' (Professor Mike Kelly Director of the Centre for Public Health Excellence at NICE 2007)

Young parents who took part in the 2005 C&YPP commissioned study stated that they felt health staff they came into contact with were often judgmental or closed minded in their approach. **'staff tend to look at you as a young person and think that because you are young you cannot do it'.**

The number of teenage pregnancy deliveries in Cardiff in 2006.

Age	Number of Births
18 at delivery	118
17 at delivery	92
16 at delivery	32
15 at delivery	9
14 at delivery	1

Currently no specialist health (midwifery) services support young parents to be in Cardiff. Some young pregnant girls are deemed as vulnerable and come under the support of the ELAN Midwifery team, a team of 6 midwives who provide targeted support for vulnerable pregnant women which include some pregnant teenagers.

There is one city centre Family Planning Clinic which opens on a Saturday in order to target its services to young people.

Targeted services like Sure Start and Flying Start offer one to one support in relation to breast feeding and parenting support.

5. Education

Having a baby whilst still of school age presents a number of issues; getting enough support to ensure continuance of education is one of them. It relies heavily on families being able to provide childcare support to remain in school. There is considerable evidence that school-age parents are more likely in adult life to have lower incomes, to be on income support and to be disadvantaged in the labour market. Poor educational attainment and lack of qualifications are major contributory factors. The importance of pregnant pupils and young mothers receiving support to continue their education cannot be over-estimated.

Most school age mothers have their babies in Year 11 which is a crucial time for taking GCSEs, so it is important to ensure that they are able to complete their compulsory education.

Despite WAG and DfES guidance that makes clear that pregnancy is not a reason for exclusion, a small number of young women report being excluded from school on grounds of pregnancy, or encouraged not to attend – with only limited home tuition offered as an alternative. There are also cases of

pregnant young women reporting being bullied at school once the pregnancy becomes apparent, or not being on school rolls because they have changed their place of residence.

Young people who become parents should not lose out on the opportunity of completing their education. A young woman should be given the opportunity to stay in full time education during pregnancy unless personal or medical circumstances make other arrangements necessary. Where possible, pregnant women and young mothers should be given the choice between attending a mainstream school or more individual provision outside of mainstream school. The aim of schools and LEAs should be to keep the pregnant pupil or school age mother in learning.

The Carnegie centre is a small tutorial unit in the city centre which opens for 3 afternoons per week for 2 hour sessions where girls can attend with their babies, continue with their studies and sit exams. The provision is shared with anxious non-attenders and school phobics so may not be considered the most appropriate environment by some.

Girls can also attend a young parents project run by Barnardo's in Marlborough Road. The project works with pregnant and young parents up to the age of 17 and aims to provide support, practical advice on health and welfare issues, and activity sessions including child

development, parenting and play as well as personal development opportunities. They currently work with an approximately 25 young parents of school age a year (yrs 9-11). The programme previously ran for 1 day per week but with the additional funding from Purposeful Learning, a further 2 days of engagement have been provided and the programme broadened although does not deliver formal educational provision. The young parents and their children are invited to join a 10 week course held at the Marlborough Road Drop-In. For the younger girls in years 9 and 10 this support is extended and ongoing. Transport is offered to those attending and a crèche worker works alongside the project worker providing play work and some childcare. None of the young mums are attending or expect to return to school and their educational needs remain unmet.

Within Cardiff, it is difficult for parents to access courses without childcare support, as well as good deal of encouragement and understanding of their situation.

In England, 'Care to Learn' funding is available to provide childcare support to young parents under the age of 21 to enable them to participate in education, but this is not the case in Wales. Support may be available through Genesis but this is geographically targeted and many young parents are unaware of this. Post 16 Coleg Glan Hafren offers good

childcare support but places are limited. At Michaelston Community College, childcare is available at the ICC but serves a limited geographical area.

6. Housing

Housing was the most emotive issue which emerged from the 2005 study and when parents were interviewed.

16/17 year olds:

16/17 year olds presenting to the Housing Advice Unit are referred to HOPS for possible mediation work and advice. However if they are pregnant (or have children) this step would not usually be taken initially (although a referral would be made if it was felt that additional advice would be beneficial)

The Housing Advice Unit would undertake any appropriate homelessness prevention work with pregnant 16/17 year olds (and with 16/17 year olds who already have young children) and would process their homelessness application if prevention is not possible.

Temporary accommodation would be arranged if necessary; the placement is clearly dependant upon what accommodation is available at the time. However the aim would be to place in Ty Enfys (mother and baby unit) in Roath or Ty Seren on Newport Road (depending on stage of pregnancy) as the most

appropriate accommodation. However other hostels may be used e.g. Greenfarm in Ely, Nightingale House on Newport Road, Adams Court in Adamsdown, the Ambassador with the aim of moving on to Ty Seren or Ty Enfys when a place becomes available.

Information is not held on the number of **pregnant** 16/17 year olds placed in temporary accommodation – they are only recorded by age on the temporary accommodation database without reference to pregnancy. However the numbers the number of 16/17 year olds **with children** in temp accommodation is recorded and shown in the table below:

2006

Period	Number of 16/17 year olds entering temp accommodation Number with children
Q 1	32 4
Q 2	21 4
Q 3	27 6
Q 4	14 0

2007

Period	Number of 16/17 year olds entering temp accommodation Number with children
Q 1	21 3
Q 2	16 2

7. Benefits

A key problem reported by teenage parents and the practitioners who support them, is the complexity of the benefits system, and the conflicting and sometimes inaccurate information given by Jobcentre Plus staff.

Practitioners who support young mothers also say that helping them to access benefits/housing can be extremely difficult and a major drain on their resources, diverting them away from providing more positive support, such as developing parenting skills, or providing help to find training or work.

Some of the young parents felt that there was a need for a 'one stop shop' or specialist young parent worker who they could turn to for support to ensure that they were maximising their benefit and entitlements. This was particularly the case for the younger girls interviewed who had gone via the homelessness

route as they didn't have wider networks or family support to help negotiate both housing and benefits.

If under 16, young parents have no access to benefits in their own right and are unable to claim the current maternity grant of £300.

8. Recreation

The main issue with access to Leisure, Sporting and Cultural facilities was the lack of subsidisation and information about services available.

In particular reference was made to the barriers to attending council run leisure centres. Young parents with more than one child under 6 were unable to take advantage of 'Free Swimming' due to leisure centre guidelines controlling number of children per adult. This makes it impossible for a single parent with 2 children to take them swimming.

Again for use of leisure, sporting and cultural activities for the young parents themselves it was the cost and quality of the crèches that posed the problems. Young parents stated 'The crèche in the leisure centre is open 4 days per week and it costs £3 per session so by the time you have paid that and for yourself to get in.. it is not worth it.'

'If the crèche was free of course we would use leisure facilities and do more sport'

So again finances and provision of child care were the barriers rather than willingness or apathy of young parents.

9. Models of Good Practice - UK and Welsh Perspective

Whilst the Barnardos project is an example of local good practice of co-ordinated support for teenage parents in Cardiff it also has limitations in terms of its part-time nature and lack of educational provision; other Local Authorities across Wales and in England provide far better high quality support for this group. 'Books and Babies' in RCT, The Meriton Centre in Bristol, Swansea's Young Mums R Us are excellent examples of practice providing young parents with the opportunity to develop skills and confidence and continue with their education and offer a full time and extensive programme of GCSE's, AS levels, and vocational qualifications and work experience together with a holistic programme of support in conjunction with other agencies including health, fitness, midwifery services, careers, housing and benefits advice.

The Connexions Service in England have Specialist Teenage Advisers and many LA's have specialist 'One Stop Shops' to assist young parents negotiate and access their entitlements and support.

Many LEAs have Teenage Pregnancy Co-ordinators and Re-integration Officers. Research commissioned by TPU shows the positive impact which Reintegration Officers can have on outcomes for young mothers to be, who had previously been missing school.

The biggest barrier to engaging in learning for young mothers is the cost of childcare. The Care to Learn programme in England provides the financial support that young mothers need and has been successful in re-engaging large numbers of young mothers in education or training. In the academic year (06/07), it enabled over 6,600 young parents to take up learning which they might otherwise not have been able to.

10. Recommendations

In compliance with the NSF recommendations 3.11

‘There are specialist services available for young, pregnant, teenage girls such as peer support groups’
(Recommendation of the NSF for Children, Young People and Maternity Services 2006)

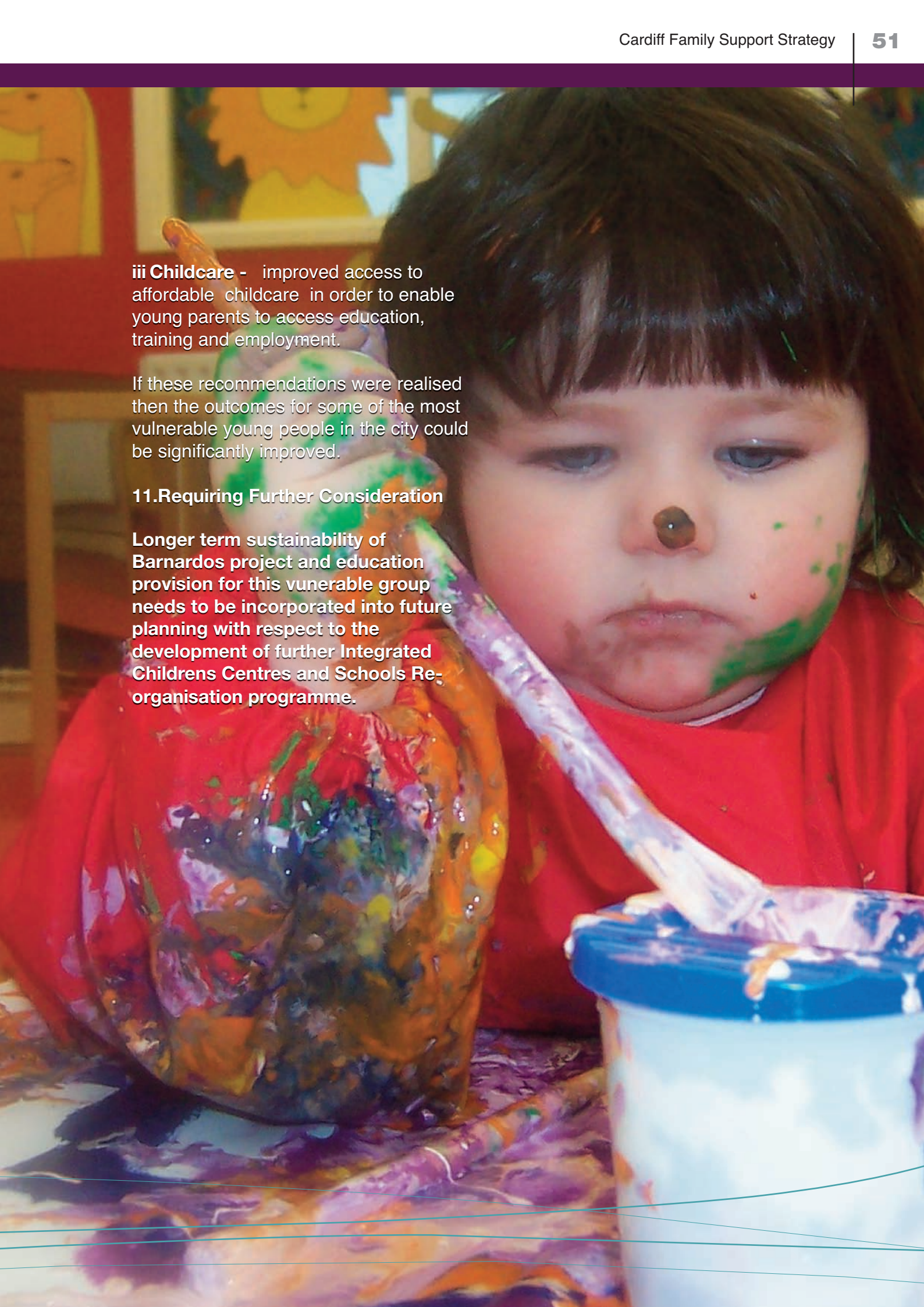
i A Teenage Pregnancy Midwife - offering individualised pre, antenatal and post natal care to all mothers aged 18 and under at the time of booking. This is something that the Elan team said it could possibly achieve by refocusing existing services.

This role should include ongoing training, support and supervision of maternity staff on the specific needs of teenage parents and the importance of not deterring their attendance at services through perceived judgmental or stigmatising attitudes and behaviours.

Identify locations where ante-natal services are provided should be places that teenage parents are happy to access and these should be established through consultation with young parents locally and a needs assessment of what works.

ii A Teenage Pregnancy Co-ordinator – young parent adviser for Cardiff - to address the parenting, educational and social needs of young parents and their children; providing advice to support school age expectant mothers to ensure that they receive the education they need to achieve their potential up to school leaving age and are well placed to continue in learning post-16. This role should be ongoing until the child enters nursery or school.

As well as looking at educational issues they would also provide additional help and support in identifying and addressing specific problems faced by school age and young mothers including support and advocacy for benefit and housing issues



iii Childcare - improved access to affordable childcare in order to enable young parents to access education, training and employment.

If these recommendations were realised then the outcomes for some of the most vulnerable young people in the city could be significantly improved.

11. Requiring Further Consideration

Longer term sustainability of Barnardos project and education provision for this vulnerable group needs to be incorporated into future planning with respect to the development of further Integrated Childrens Centres and Schools Re-organisation programme.

Appendix 8

Cardiff Family Support Strategy - Key Messages from Professionals

Between June and October 2007, information was been sought from professionals and volunteers involved in family support and/or community development through one to one discussions and attendance at team meetings and community forums. Over 150 people were consulted through these means.

In addition a postal survey produced information from about 65 organisations or individuals providing family support. This included: numbers and age range of children supported; level of need addressed, catchment area; funding sources and equalities factors. A visual map was produced to help highlight areas in need of further development. Respondents were given an opportunity to highlight unmet needs, including equalities issues.

The full survey information is available in a report: "Family Support Strategy Survey 2007", prepared by Cardiff Research Centre. The document is a reminder of the excellent work which is going on in Cardiff, something which can be forgotten when the focus is on addressing unmet needs. There were positives reported in the consultation process as well.

The key issues raised in the survey and in consultation meetings have been as follows:

Geographical inequalities

- *Few services for under 4's in non-Surestart areas – Health Visitors need access to other resources in these areas such as nursery nurses and training to deliver behavioural interventions*
- *Few support services for children and families in non-Cymorth areas*
- *Difficult to meet language needs outside main areas for BME families*

Disability/additional educational needs

Services are struggling to meet the needs of:

- *Children surviving longer with more complex needs*
- *Increase in or better recognition of autistic spectrum disorders. Some children remain undiagnosed but have major needs.*
- *Very challenging behaviour*
- *Dual diagnosis of learning disability and mental health issues*
- *Children with ADHD – may be some treatment for child, but little family support*
- *Parents in need of short breaks (some at breaking point themselves)*
- *Children where there is no specific diagnosis but high levels of need*
- *Children with ASD but no learning disability don't meet criteria for services but can have high needs*
- *Child health and Disability Team now*

doing assessments for these children but no service resource

- Parent training is needed – only available via two schools at present

Needs of adults which impact on parenting

- Parents with learning disabilities, especially those with IQ above the threshold for adult services
- Shortage of treatment facilities for drug and alcohol misuse and independent support for families of substance misusers. Grandparents taking responsibility for grandchildren were highlighted as a group in particular need of support.
- Need for joint work where parents have mental health problems
- Need for all agencies to be confident in recognising and dealing with domestic abuse
- Need for support for Gay, Lesbian, Bisexual and Transgender parents. There is already a voluntary group providing information and support for parents whose children are gay, lesbian or questioning their sexuality.

Families who need support but who won't/ can't/ don't access current services

Many concerns about how to reach them

Family support in general

- Currently decreasing support as children get older
- The most comprehensive services*

are for children up to 4 years of age(in some areas) but there are points at which parents of older children and teenagers need support

- There is a general need for more parenting work
- More needs to be done to engage fathers, though there are improvements.
- preventive programmes need to be more widely available
- teenage parents need their own services
- Contact services at weekends
- education and activities for teenagers excluded from school
- need for befrienders
- need for Volunteer drivers
- Need for families to know their rights and have access to advocacy

Practical Services

Easily accessible practical help could prevent escalation of problems for some families, especially large families, lone parents and those with mental health problems or disabilities

Pressure to meet demands on services

- Many services are very stretched and have waiting lists.
- Some are run by only one paid staff member
- Funding only short term for some services, some are completely voluntarily funded

Issues for High need families

- *Not enough longer term support for families with complex needs (Many services now offered as a short –term intervention only)*
- *High thresholds for children's services*
- *Some services can only be accessed when a social worker has been allocated but social workers have no capacity*
- *Need support for families out of office hours (Option 2 type of model)*

Interagency issues/Information/Planning

- *Need for agencies to understand each other's roles better*
- *Need for clearer assessment of need*
- *Need for multi agency planning and delivery*
- *Need for parents to understand what agencies can and can't do*
- *Need for joint commissioning and finding of disability services*
- *Need for resource directory*
- *Need for existing services to be used appropriately eg FISS team to be involved earlier and Family Group conferencing to be used more often*
- *Need for structures which help co-ordination instead of hindering*



Implementation Plan, January 2008

	= can be achieved within 6 months of strategy launch		= needs policy change – achievable within 3 years
	= achievable within 18-24 months but needs further work		= quality/equality issues – ongoing

Objective 1: Make services accessible to families Lead agency: CYPP

Action	Named Lead	Supported by	Method	Measures
Develop a resource Directory and investigate best ways to disseminate	FSS development Officer	Community Focussed schools manager, Parent, Children's Information service	Small Task and Finish Group Engagement of community groups and schools	Directory in place in different formats. Feedback re use
Map parenting programmes and resources for parenting programmes	Parenting Programmes co-ordinator (PPC)		Survey/interviews	Report available
Identify resources to develop more parenting programmes	OM Family Support; Partnership co-ordinator	Task Group	Cymorth review.Any savings generated by changes in local services at Level 4.	Funding or staff resources identified
Roll out Strengthening Families Programme	Family Support Services Development Officer, CDAT, and PPC	Reference group	Develop roll-out plan. Pilot in one area and evaluate	Feedback from pilot programmes.(children, parents, schools)

Develop a Framework for parenting programmes, from level one delivery of parenting/child development information to higher level remedial interventions. Include "before and after" support, use of volunteers, programmes for different age groups, and for specific needs eg autistic behaviour, ADHD conduct disorder. Develop models for whole-school approaches to child and parent support.	PPC	Barnardos, NCH, CDAT, Homestart, Community-focussed schools rep., Health Visitor, Youth Offending Service, Surestart/Flying Start, CAMHs, Children's Services.	Small Task and Finish group.	Framework available to assist Task group in planning.
Develop dedicated provision for teenage parents	Keeping In Touch Officer	A multi-agency co-ordinating group	Develop systems and processes for co-ordinating services. Investigate funding sources for childcare. Involve community groups in providing local support. Consider use of YISP as a co-ordinating panel.	Flowchart illustrating processes. Evidence of multi-agency plans for young parents. Number of teenage parents experiencing dedicated antenatal provision. Number, spread and use of new community groups. Feedback from parents.
Provide more affordable activities and out of school care for children, young people and families and ensure they know about them in good time.	OM Family Support; FSS development Officer	Cardiff Play Services, Cardiff Childcare Services, Community groups, Community focussed schools, as appropriate; VAC	Influence play strategy, childcare sufficiency plan, Community focussed schools, community safety plans. Ensure that relevant organisations have access to needs analysis completed for strategy.	New out of school activities and care. New youth activities.

Increase early years support services in non-Surestart/Flying start areas, especially for lone parents.	Surestart/Flying Start managers	Relevant early years' organisations and community groups	Local needs assessment. Pilot in one area (?Gabalffa)	New activities in place and used.
Increase the capacity, range and access to specialist and universal services for disabled children. Increase the knowledge and awareness of available services.	OM and Service manager, Child Health and Disability	NCH, Barnardos, Cardiff Play services.	Review existing eligibility criteria. Realign services. Liaise with Play and Leisure Core group re inclusive and specialist play and leisure provision.	Number of new children accessing services.
Ensure that disabled children (including those without a specific diagnosis) and their families, can have their needs properly assessed, can have an individual plan and can access appropriate services.	As above	All	Liaise with Play and Leisure Core group re inclusive and specialist play and leisure provision. Contribute to Autism strategy.	Individual plans in place. Increase in numbers of disabled children accessing appropriate mainstream and specialist provision.
Develop more practical support for families which can be accessed without allocation to children's services.	OM Family Support	Fieldwork managers, adult services managers, Voluntary sector, community groups.	Use information from strategy needs analysis. Identify models of good practice. Develop services incrementally as resources allow. Consider use of direct payments for some groups of parents. (eg physically disabled)	Increased range of practical services available.

Objective 2:

Services which are respectful of children, young people and families

Lead agency: CYPP

Action	Named Lead	Supported by	Method	Measures
Ask organisations to sign up to the principles and values of the strategy	OM Family Support; FSS development Officer		Symbolic sign-up process at launch	Framework Board approval of strategy. Pledges received at launch.
Investigate potential of National Vocational Qualifications for work with parents	FSS development Officer	Cardiff training section	Bring information back to Task Group	Decision re standards
Develop processes for parent participation in organisations providing services and in planning forums.	OM Family Support and FSS development Officer	Parent network, multi- agency reps	Parents Charter to be developed, in line with Hear By Right model	Survey of organisations in 2009 re progress in implementing participative approach. Feedback from service users.

Objective 3:
Services which work well together
Lead agency: CYPP

Action	Named Lead	Supported by	Method	Measures
Develop a culture of joint responsibility for children, young people and their families	Task Group	All agencies	Multi-agency training and networking. Ensure that families' views are made known in all relevant public services.	Attendance at training and networking sessions. Report back re dissemination of strategy needs analysis
Participate in Transforming Neighbourhood pilot.	Reps from LHB, NCH FSS Development Officer		Take part in steering group. Feed back to Task Group.	Impact of pilot on other developments within the strategy
Get joint working on agenda of Local Service Board	Partnership co-ordinator LHB rep			Evidence of Local Service Board supporting new approaches to multi-agency work
Re-visit joint commissioning/pooled budgets for some services eg for disabled children and Level 4 services	OM's Family Support and Child Health and Disability. LHB rep. Service manager Child Health and Disability	AW /ML	Paper to Joint Commissioning Group	Number of services jointly commissioned and funded.
Put systems in place to increase provision and/or publicity of multi-agency training, seminars, networking, and practice sharing on issues relevant to family support. Ensure training is informed by users. Investigate possibility of major conference on interface between adults' and children's services.	FSS Development Officer	Training sections of partner organisations.	Continue to develop lunch and learns. Investigate funding possibilities for conference.	Attendance figures and feedback re events.

Put in place systems/processes for ensuring multi-agency planning/joint work in complex cases.	OM Family Support.	Multi-agency working group (sub group of Task Group) including YOS	Develop procedures. Disseminate through Children's Services.	Number of children in need with a multi-agency plan.
Involve mental health professionals in some parenting programmes	PPC	Multi-agency working group as above	Develop a protocol. Make training places available to interested practitioners.	
Introduce and train for Common Assessment Framework	Chair of Board	Partnership Board. Training section		Framework being used effectively. Feedback from staff
Develop longer-term support for families with complex needs	OM Family Support	Multi-agency group as above	Assess level of local need. Re-align services.	Reduction in re-referrals to I and A.
Draw up protocols for Transition from children's to adults services (disability and CAMHs)	OM Family Support	CH Adult services managers, YOS	Small working groups. See Substance Misuse protocol as possible model.	Protocols in place and in use. Feedback from young people and parents.

Objective 4:

Services which work towards outcomes

Lead agency: CYPP

Action	Named Lead	Supported by	Method	Measures
Develop training and consultation for Health Visitors around behaviour management programmes.	Flying Start Manager, Primary Mental Health worker	Psychologist. Health Visitor Manager.	Set up regular training/consultation sessions to increase Health Visitor confidence and skills in designing and implementing behavioural programmes.	
Put systems in place to ensure that staff across agencies are trained in Motivational interviewing, solution-focussed/ negotiated goal-setting approaches with families.	OM Family Support; FSS development Officer	Training sections of partner organisations	Inclusion in training programme	Numbers and spread of staff trained each year
Ensure staff across agencies have some common methods of evaluating outcomes of interventions, including parenting programmes.	FSS Development Officer	Expert group (practitioners, Parenting co-ordinator, psychologist/ researcher)	Develop user-friendly methods. Ensure that training is available.	Information from evaluations collected by Partnership annually for planning purposes.

Objective 5:
Services which are good quality and value for money
Lead agency: CYPP

Action	Named Lead	Supported by	Method	Measures
Ensure that family support services have quality assurance systems and user-friendly complaints procedures	CYPP	Task Group members	Require information about quality Assurance systems and complaints procedures as part of funding agreements.	
Ensure that unmet need is reported to the CYPP annually	All agencies plus CYPP	Task Group	Build into Single Plan. Include a section on unmet need in reporting systems	Information used for CYP plans
Ensure that services have "What works" information on a regular basis.	FSS development Officer	CUPS team	Look at possibilities of inclusion on existing websites. Include references in newsletters.	Number and range of updates sent out each year.
Services deliver an agreed level and quality of service to an agreed budget	CYPP and all agencies	All commissioners	Service agreements	Evidence of reviews of agreements

Objective 6:
Service which are participative and inclusive
Lead agency: CYPP

Action	Named Lead	Supported by	Method	Measures
Ensure more support and involvement for fathers and other male carers	ICC manager	Surestart/Flying start	Cross-agency practice sharing and joint work	Number of additional services and usage
Develop more support for grandparents and other relatives with care of children	Family Support Services development officer, CDAT (under auspices of SMAT Families and Communities Task group)	Parent Network	Small Task and finish group. Policy paper for Children's Services re financial support. Links with Family Rights Group. Set up network locally.	Grandparents Network operating in Cardiff.
Provide language support for non-English speakers when needed.	Strategic Commissioning Group.	Task group	Language and Communication strategy being developed.	Feedback from families re availability of Language/communication support when needed.
Put systems in place to ensure and monitor take-up of training and provision of information to staff about cultural and religious issues, especially in relation to child welfare.	Task group/CYPP	Ensure take-up of training on offer.	Write training requirement into SLA's.	
Monitor access to parenting programmes by ethnicity and make adjustments as needed.	PPC	Parenting Framework development group.	Ensure that ethnic monitoring is part of Framework and that common monitoring tools are used.	

Develop Codes of practice in relevant services which take into account religious and cultural beliefs.	CYPP	Agency training sections	Include recommendation in training re religious and cultural beliefs. SLA's to require religious and cultural sensitivity in service design and delivery.	Feedback from families
Investigate funding for local research on "hard to reach" families to improve service design and delivery.	FSS Development Officer		Bid to Cymorth research fund in 2008	