

COVENTRY

# Parenting Strategy

2018-2023



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# Foreword

## Parenting Strategy pledge:

**There is clear evidence that confident and effective parenting has a significant impact on a child's health and wellbeing throughout the whole of their life.**

### I pledge to:

- Raise awareness about parenting support on offer in the city
- Support communities and families to access parenting support
- Work with partners to deliver the recommendations set out in this strategy
- Focus on early help and universal support to reduce the stigma associated with seeking parenting support

*E Gaulton*   *A Wignman*   *M Khan*  
*J L*   *P. Seaman*   *K. Nelson*   *T Wren*  
*J Baker*   *J Green*  
Arian Talbot



**I cannot emphasise enough how important parenting is to the health, wellbeing and life chances of Coventry's children. Working together we will maximise the benefit that all our resources can have on supporting parents to be the best they can be. This strategy provides the basis for ongoing collaboration, innovation and improvement to our parenting support systems across Coventry. It has been a real pleasure to work on this strategy with so many committed and talented partners.**

SUE FROSSELL  
Consultant in Public Health Coventry City Council

**It has been a pleasure to be involved in the development of the Coventry parenting strategy with partners. Improving the coordination of parenting support is crucial to maximising outcomes for parents, children and young people. Thank you to all those who have contributed to this strategy, for demonstrating their continued commitment to promoting the best outcomes for families”.**

HARBIR NAGRA  
Programme Officer in Public Health Coventry City Council

**I have welcomed the opportunity to work with colleagues from a range of organisations whose focus and work is with families. I feel that we have developed a framework to build an offer for families which supports them to develop parenting capacity and improve family relationships in a way that is responsive and meaningful for them.**

ANGELA HARLEY  
Early Help Manager West (Radford and Tile Hill)

**“I have been proud to be a part of writing this strategy. In this climate of austerity, to have a comprehensive and joined up strategy of parenting across services is more important than ever. We hope that you will help us turn this document into positive, practical engagement with Coventry's families”.**

ANDREA MBARUSHIMANA  
Project Worker Grapevine Coventry and Warwickshire

**As a Senior Parenting Practitioner it has been really positive to see the different services coming together to develop and promote Parenting in Coventry. We all know that Parenting support for families is essential and it is great to know that a City wide approach is making sure that there will be different interventions to meet the various need.**

GILLIAN BROOMFIELD  
Senior Parenting Practitioner

**I have been part of Parenting in Coventry since 2006 and I am honoured to still be a contributor to the current Parenting Strategy. Seeing this strategy be written by a multi-agency team gives me satisfaction that this will meet the needs of Coventry families from all walks of life. This strategy encompasses informal and informal support available across our City. It is now up to all of us as professionals to bring the paper to life and make a difference to families across our City**

VICKI FINLAY  
Senior Parenting Practitioner

**Voluntary organisations and community groups provide a huge amount of support to parents in Coventry, ranging from playgroups through to structured programmes for parents with complex situations requiring sensitive and practical support. The voluntary sector provides that crucial early help in a way that makes a difference to families, and we strongly support the delivery of this strategy.**

ROB ALLISON  
Director of Policy & Partnership

**The Parenting Strategy represents a unique opportunity to have joined up parenting support in Coventry. The commitment and energy I have witnessed from all agencies, leaves me in no doubt that it will make a real difference to families.**

ALAN BUTLER  
Team Manager  
Joint Commissioning Coventry City Council/ Coventry and Rugby CCG

**We are proud to be recognised amongst this important partnership. Our interaction with families and communities sits at the heart of everyday policing. We welcome the opportunity to continue to work alongside partner agencies to support families in need, and provide the opportunity for families to receive parenting advice, help and support at the earliest opportunity.**

SARAH TAMBLING  
West Midlands Police

**Being part of the development of the Coventry parenting strategy and working with other services to promote parenting support in Coventry has been a positive experience. This strategy will improve the cohesiveness of parenting support across Coventry, thereby, supporting parents and carers to develop effective parenting skills, which is an important part of maximising their children's potential.**

PAT GRAINGER  
Lyng Hall School



**This strategy has enabled professionals to look at the services across Coventry and provide, at the earliest opportunity, an evidence based approach to parenting and behaviour management . There are a variety of ways parents can get this support to meet the needs of the diverse population of Coventry. Our overall goal is to achieve the best outcomes for children and families.**

LESLEY CLEAVER  
Health Visiting

**Working on the parenting strategy with partner agencies has been a rewarding experience with the shared vision of bringing together services and resources to help improve outcomes for parents, carers and children across the City. By sharing our goals and individual areas of expertise we have a wonderful opportunity to offer a co-ordinated approach to services, offering help and support to our families in the most timely and effective way.**

LILI GREGOR  
Health Visiting

**As a parent leader it has been a privilege to contribute and represent the parent's voice in Coventry. It has been a fine example of co-production working alongside partner organisations in the city. It is now the time for parents in Coventry to have the resources available to feel empowered and to understand where and how they can access help to support their families journey.**

DAWN NICHOLLS  
Parent Leader, Grapevine Coventry and Warwickshire

**By introducing the right support, at the right time, in a co-ordinated way, to parents of all ages , opportunities to encourage change can be maximised. By working alongside partners and using resources more effectively, in a more streamlined approach , the appropriate wedges of support can be put place, to enable parents to successfully parent. Now It's time for partners to spread the word of what is available to help our Coventry families.**

TRACY STAND BRIDGE BOYLE  
IBumps Midwife

**At any age of a child's life, parenting provides daily challenges that requires constant learning and support from those around us. Having a common strategy which organisations across all sectors will help provide and support to prospective, new, and old(!) parents, will be of great benefit to the children and young people of Coventry, enabling them to maximise their undoubted potential.**

CHRIS FIRTH  
Special Education Needs and Disabilities (SEND) Information, Advice and Support Service (IASS)

## Executive summary

**There is clear evidence that good parenting is crucial to a child's development and to their future life chances. In the development of this strategy, the multi-agency Coventry Parenting Steering Group aimed to raise the level of awareness about the importance and impact of parenting on children's outcomes. This multi-agency group, which included voluntary organisations, statutory agencies and parents, developed Coventry's vision for parenting which is to have "More Coventry children and young people grow up within supportive families and communities".**

The Coventry Parenting Steering group sought to bring key partners together across statutory and non-statutory agencies to develop a more co-ordinated approach to parenting, sharing our resources, knowledge and experience and to review current provision and highlight recommendations for future parenting support. The Coventry Parenting Steering Group were also particularly aware of the reduction in resource across the system and the need to ensure that the provision of ongoing support and advice to Coventry parents, carers and families was maximised through joint working.

A consultation process was a key part of the development of this strategy. The steering group mapped out and reviewed the current parenting support which showed that Coventry has a large number of evidence based parenting programmes and services on offer. There are also a number of locally grown programmes which help meet the diverse needs of the city. A consultation with parents confirmed that access to parenting support needs to be strengthened and further awareness raising is required around the parenting provision.

Areas for improvements and key recommendations have been identified, bringing together the views of parents and stakeholders and the evidence.

### Key Recommendations:

1. Strengthen availability and accessibility of general information and advice to parents
2. Harness technology and the developing digital systems across agencies to strengthen the parenting offer
3. Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system
4. Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need
5. Ensure there is a clear focus on early help and prevention
6. Improve cohesiveness of parenting support across Coventry
7. Build parenting capacity in specific areas where gaps have been identified

## Next steps

**Multi-agency task and finish groups have been set up to take forward the first four recommendations, with the remaining recommendations acting as cross-cutting themes.**

**A detailed delivery plan for each of the work streams will be developed in partnership with key stakeholders.**

Parenting will also be strengthened in the future through the Family Hubs: the new Family Health and Lifestyles service has an increased focus on the delivery of parenting support, especially through the Health Visitors in the early years and the monitoring of this contract will provide levers to ensure parenting capacity is strengthened; there is an opportunity to strengthen our parenting offer through the training and development of workers

within the Family Hubs.

By bringing parents and partners together in developing this strategy, we have achieved a comprehensive vision and approach to improve outcomes for children and families through strengthening parenting across the city. Partners are committed and ready to take the next steps towards achieving our vision.





# Introduction

## 1.1 Why is parenting important?

**The relationships that mothers, fathers and carers have with their children are strongly linked to children’s outcomes. When children/young people are parented in a positive way, they are likely to grow up feeling nurtured, safe and secure. Parental neglect, poor relationships with parents and inadequate parental supervision are associated with negative outcomes. Good parenting, however, has a substantial positive impact on a child’s behaviour, educational attainment, emotional and physical health <sup>1,2,3</sup>**

As children and young people develop, families may face a number of challenges and the extent to which they are able to cope with these will differ from person to person. External factors such as unemployment, poor housing or poverty may negatively impact on a person’s ability to parent well. However, good mental wellbeing and high levels of resilience can work as protective forces in these situations. Having good parenting support available from the very beginning of parenting, the antenatal period, up to adolescence, is essential to ensure people are able to navigate life’s challenges and parent well at the same time.

Effective early help can have a positive impact, not only on the outcomes of children, young people and families, but it can save public money in the long run. When families reach crisis point, support is needed at a much more intensive level which costs more. By investing in early help to prevent difficulties from escalating, the need for these more costly services is reduced.

The Early Intervention Foundation (EIF) ‘Cost Of Late Intervention’ report found that nearly £17 billion per year – equivalent to £287 per person is spent in England and Wales by the state on the cost of late intervention<sup>12</sup>. A key way of reducing these costs is to prevent adverse childhood experiences (ACEs) from occurring. ACEs are potentially traumatic events that can have negative, lasting effects on health and wellbeing and lead to higher rates of crime, antisocial behaviour and poorer mental health and wellbeing <sup>13</sup>.

Good parenting\* plays a key role in preventing some of these issues from escalating and having a negative impact <sup>12</sup>. \*In this strategy, good parenting

is defined as safe, warm, secure home life, helping the child/young person to learn the rules of life..

There are many national policies which recognise the important role of early intervention and prevention and accessible parenting services <sup>5,6,7,8,9,10,11</sup> to improve outcomes for children and families including:

- Early Intervention Foundation: What works to support parent child interaction in the early years (2016)
- The First 1001 Days All Party Parliamentary Group (2015) Building Great Britons
- Annual Report of the Chief Medical Officer 2012 Our Children Deserve Better: Prevention Pays (2012)
- The Wave Trust (2013)
- The Marmot Review Fair Society, Healthy Lives (2010)
- The Foundation Years: preventing poor children becoming poor adults: Frank Field (2010)
- NICE guidance Postnatal Care (2013)

Sir Michael Marmot, has outlined the importance of investing early to support families and children recommending that the proportion of overall expenditure allocated to the early years should be increased and ensuring the provision of “ high quality maternity services, parenting programmes, childcare and early years’ education meet the needs across the social gradient <sup>11</sup>”

## 2. Our vision for Coventry

**In Coventry, partners who work with families to support positive parenting have come together in order to achieve the following vision:**

**More Coventry children and young people to grow up within supportive families and communities**

- This will be achieved by ensuring children and young people have the best possible chance of being happy and healthy and achieving their potential through parenting support that is accessible and responsive to individual and community needs.
- Support will be provided from maternity services to school age and beyond, which develops nurturing family environments.
- Parents will feel empowered in their communities to support each other and build capacity to encourage and promote positive parenting.

### 2.1 Strategy development aim and objectives

The overarching aim was to develop this strategy using a Coventry-wide approach, where everyone working within this area, including voluntary organisations and statutory agencies, clearly understood where their support fitted into the overall parenting support system.

The following objectives were used to achieve this:

1. Bring together key partners across statutory and non-statutory agencies in a more co-ordinated approach, sharing resources, knowledge and experience to improve outcomes for children and families;

2. Raise the level of awareness about the importance and impact of parenting on children's outcomes;
3. Provide ongoing support and advice to Coventry parents, carers and families about parenting projects including the role of technology;
4. Review current provision and highlight recommendations for future parenting provision



## 3. How was the strategy developed?

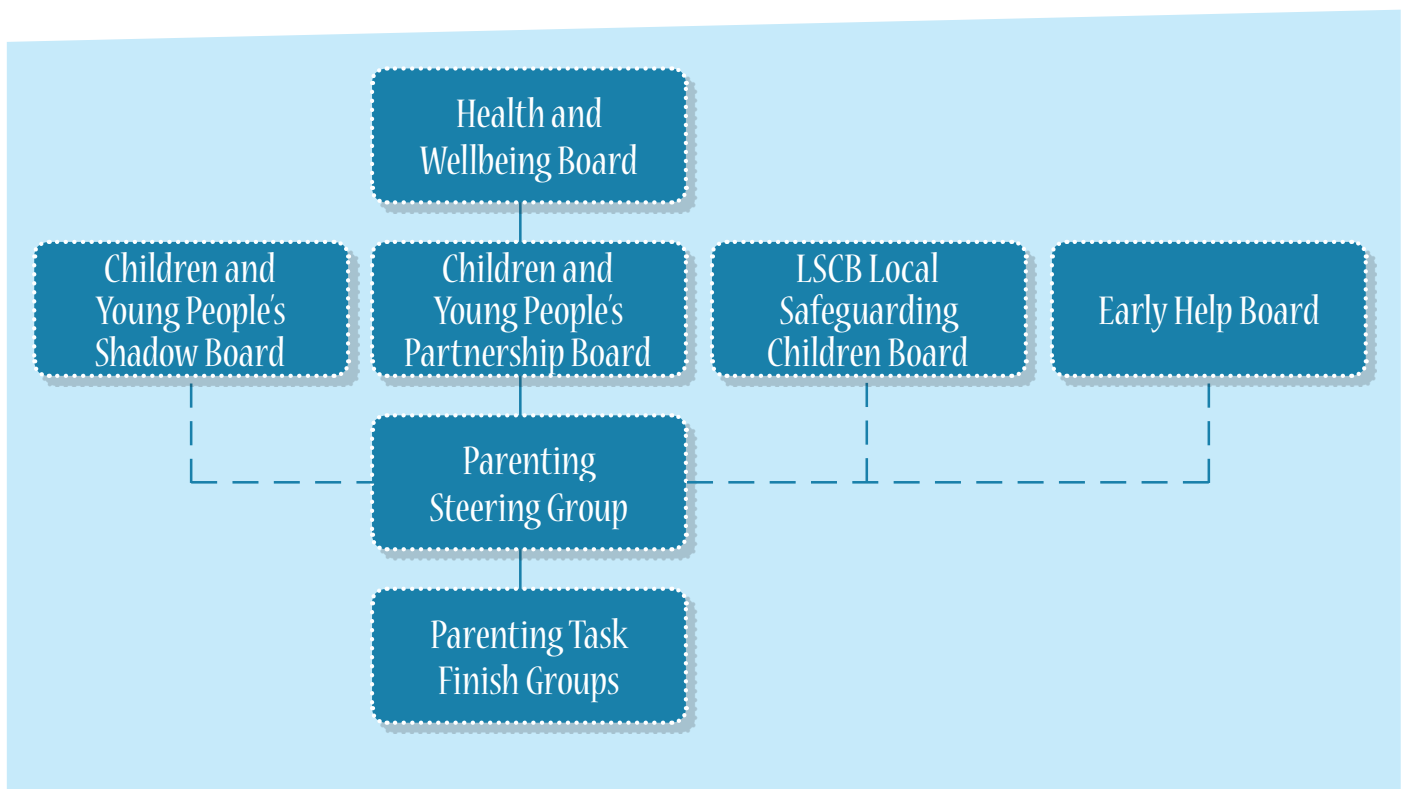
### 3.1 Governance

**In June 2017, a multi-agency steering group was set up with parents and key statutory and non statutory partners. (Appendix 1 provides a full list of members). Parents were a key part of the Coventry Parenting Steering Group.**

The role of the Coventry Parenting Steering Group is to develop the Parenting Strategy and to maintain overview and accountability for the actions delivered as part of the strategy recommendations. The

Coventry Parenting Steering Group will report progress updates to the Children and Young People’s Partnership Board. Figure 1 shows an overview of how the partnership will work:

**Figure 1:** How the partnership will work for the Parenting Strategy



### 3.2 Work undertaken to develop the Parenting Strategy

The Coventry Parenting Steering Group was instrumental in leading a consultation process that included mapping out the current parenting support offered in the city and identifying areas for improvements. In undertaking a consultation the views of those who used the current services were captured and this helped identify where improvements

needed to be made. An online survey was developed to capture the views of parents more widely (paper copies were made available in public spaces and 364 responses were received). Previous Parenting Strategy work was also reviewed by the Coventry Parenting Steering Group.

### 3.3 Links to other work happening in Coventry - service developments and strategies

Despite there being significant challenges in Coventry, there are some excellent opportunities to give our children the best start in life. The recent launch of the Family Hubs will deliver locally based early-help services, including services around health and wellbeing, benefits advice, employment and training.

The Family Hubs are in the eight most deprived areas of the city and include services for 0-19 year olds (0-25 for children with Special Educational Needs and Disabilities) including Children’s Services, School Nursing, Health Visiting and Police. In addition, seven Public Health services that support families are currently being redesigned and brought together into one service, this includes services such as Health Visiting and School Nursing.

The new redesigned service called the Family Health and Lifestyle Service will have a greater focus on parenting and family support, with early intervention at the heart. There is an opportunity to strengthen our parenting offer through the training and development of workers within the Family Hub.

There are many other local policies which have links with the Parenting Strategy. The Coventry Steering Group has ensured the Parenting Strategy is developed in line with these local policies. This includes The Health and Wellbeing Strategy which drives the plan for reducing health inequalities and improving health and wellbeing for Coventry residents<sup>18</sup>. The Coventry Early Help Strategy sets out the aims to deliver effective early help to

children, young people and their families, it aims to strengthen our parenting offer with a focus on group as well as individual work, bringing together parents and families to work effectively<sup>19</sup>. The Coventry Early Help Strategy sets out that effective early help will deliver against a range of outcomes including maximising school readiness and minimising the number of referrals to social care<sup>19</sup>.

The new Domestic Abuse Strategy for Coventry sets out the important role of parents in recognising the signs that their child may be a victim or perpetrator of domestic abuse and know where to seek help to ensure that they receive the necessary support to prevent further abuse and/or achieve behaviour change.

In addition, The Children and Young People’s Plan (2016) sets out the outcomes organisations in Coventry will work towards to deliver the best support to children and families with a key focus on early help, which includes the role of parents and their ability to demonstrate positive parenting skills that promote resilience in children<sup>20</sup>. Also, the Coventry Parenting Strategy takes account of the corporate parenting responsibilities local authorities and partners have<sup>22</sup>. The parenting provision provided by Coventry’s Special Education Needs Disability (SEND) local offer has also been considered. Key members of the Coventry Parenting Steering Group are represented on these boards to ensure the parenting strategy aligns with this work.



## 4. What do we understand about the needs of parents in Coventry?

**In order to consider the parenting support required in Coventry, it is essential to understand the current level of need in Coventry.**

### 4.1 Population of Coventry

Coventry’s population is 352,911 and children and young people make up approximately 25.04% (88,372) of the population<sup>14</sup>. The future for our young people is not as good as others across the West Midlands and the country as a whole, particularly for our poorest children.

Given the diversity in the city, one size doesn’t fit all and the impact of cultural beliefs on parenting also needs to be considered. Coventry has a growing

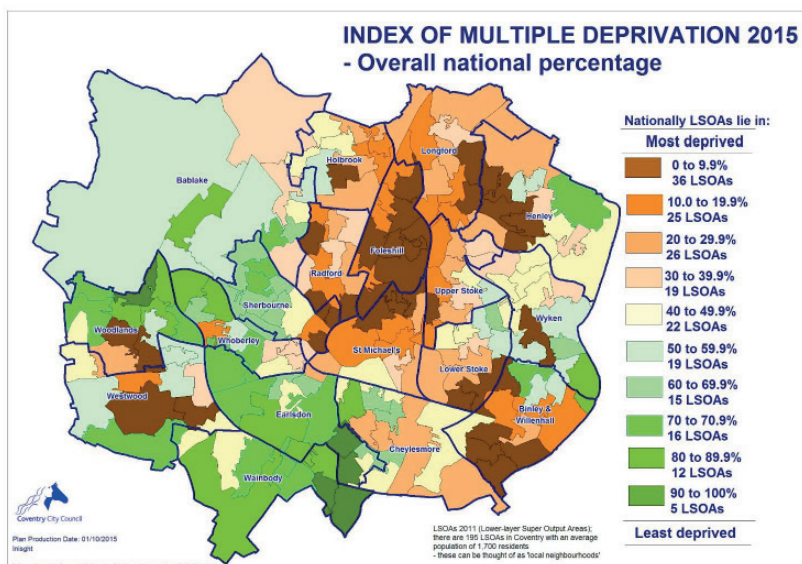
percentage of residents of Black and Minority Ethnic Groups. 46.9% (21,470) of school children are from a minority ethnic group. The Migrant Health Needs Assessment identifies that over 100 languages are spoken in Coventry and 9% of households do not have a single person within the home who speaks English as a first language. This brings challenges but also opportunities to delivering parenting support<sup>15</sup>

### 4.2 Deprivation in Coventry

According to the Indices of Multiple Deprivation (a measure based on income, education, housing, employment, crime, health, access to services and the living environment) Coventry is in the most deprived fifth of all local authorities in England, and some wards in Coventry are among the most deprived in the country. Figure 2 provides a map showing the deprivation across Coventry. Deprivation is linked with poorer outcomes for children and, therefore, the challenge to improve health and wellbeing for children in Coventry is significant. Additionally, the evidence is

clear that the first two years of life is a critical period for child development and in Coventry, areas with the highest population levels of 0-2 years correlate with the higher levels of deprivation<sup>16</sup>. There are relatively more households with dependent children in Foleshill – and in particular, one in 10 children in that ward are aged under five. Radford, Henley, Holbrook and Longford wards are also noted to have higher populations of children aged under five and the wards with higher populations of under five years tend to be in those wards with higher levels of deprivation<sup>16</sup>

**Figure 2:** Index of Multiple Deprivation across Coventry



### 4.3 Key risks and outcomes for children and families

Domestic abuse, mental health illness and substance misuse are significant issues for some Coventry parents, which impacts on their children<sup>19</sup>.

Approximately 1 in 6 people in Coventry are estimated to be affected by a common mental health condition at any one time. This means many children will grow up with a parent who at some point will experience poor mental health, which can negatively impact on outcomes for children and families. The Mental Health and Wellbeing Assets and Needs Assessment for Coventry and Rugby estimated that there are over 67,000 noted common mental health disorders in the Coventry population in people aged between 16-74 years<sup>15</sup>. However, it is expected that the total number of people who are affected by a common mental health condition will be lower as there may be an overlap as it is possible that someone could experience more than one mental health disorder. In 2015/16, the rate of domestic abuse related incidents and crimes recorded by police in Coventry was 23.5 per 1,000, similar to the West Midlands' rate of 23.6 per 1,000, with both higher than the national rate of 22.1 per 1,000<sup>13</sup>. However, the rate of parents in drug treatment per 100,000 children aged 0-15 (11/12) was lower (84.1 per 100,000) than the regional (109.8 per 100,000) and national rate (110.4 per 100,000).

In terms of under 18 conceptions, Coventry has a higher rate than the national average and West Midlands figure. When comparing Coventry to its statistical neighbours (Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbours\*), Coventry has a higher rate of teenage parents compared to many other local authorities with similar characteristics. Teenage parents are more likely to experience poor antenatal health, lower birth weight babies and higher infant mortality rates. Their health, and that of their children, is likely to be worse than average, therefore, the needs of teenage parents need to be considered<sup>16</sup>.

When considering Looked After Children (LAC) per 10,000 in under 18 population, Coventry is ranked 7th highest (77.2) out of 16 statistical neighbours where the highest is 112.2 and the lowest is 45.8, the national average is 60.6 per 10,000 <18 population. In terms of Child Protection plans per 10,000 in under 18 population, Coventry is ranked 4th highest (29.2) compared to 16 statistical neighbours where the highest is 37.9 and the lowest is 11 and the national average is 19.8 per 10,000 <18 population<sup>14</sup>. In 2014, there was a higher percentage of children in low income families than the national average and there has been a slight increase over the past few years. With regards to health outcomes, nationally the rate of young people aged 15-19 admitted to hospital as a result of self-harm is increasing, and this is the case for Coventry<sup>14</sup>. In Coventry, there is a higher percentage of children who are obese at Year 6 (23.1% in Coventry 2015/16 compared to 19.8% for the national average). This has increased over the last few years, with the percentage of obese children at Year 6 in 21.3% back in 2013/14. There are higher rates than many of our statistical neighbours.

In 2016, there was an improvement compared to previous years in the proportion of children aged five at a good level of development with 65.4% of children achieving this level. However, Coventry's performance remains worse than the national average and regional average<sup>14</sup>.

Table 1 shows that in general, Coventry's key risks and outcomes indicate a greater challenge than experienced either regionally or nationally. There is a clear need to support parenting across our population and in particular to ensure that the level of support is proportionate to the need; this means ensuring those who are most vulnerable and have higher needs have access to higher, more intensive, levels of support. We should work to maximise the benefits of our resources, ensuring the highest possible level of benefit is provided to our children and families.

**Table 1:** A comparison of key risks and outcomes for children and families in Coventry compared to national and regional rates<sup>14</sup>

		Coventry	West Midlands region	National average	Comparison to statistical neighbours* of Coventry 1 = Best 16 = Worse
<b>Safeguarding</b>	Rate of children looked after by the local authority (rate per 10,000 u18s)	<b>77</b>	<b>73</b>	<b>60</b>	<b>7 out of 16</b>
<b>Poverty</b>	Percentage of children in low income families (under 16 years) 2014	<b>25.4%</b>	<b>23.5%</b>	<b>20.1%</b>	<b>7 out of 16</b>
<b>Education</b>	Percentage of children achieving a good level of development at the end of reception (2015/16)	<b>65.4%</b>	<b>67.1%</b>	<b>69.3%</b>	<b>7 out of 16</b>
	Percentage of children with GCSEs achieved (5 A*-C inc. English and Maths) (15/16)	<b>54.3%</b>	<b>54.8%</b>	<b>57.8%</b>	<b>6 out of 16</b>
<b>Health</b>	Percentage of Year 6 obese children (2015/16)	<b>23.1%</b>	<b>22.1%</b>	<b>19.8%</b>	<b>11 out of 16</b>
	The rate of young people aged 15-19 admitted to hospital as a result of self-harm per 100,000 15/16	<b>861</b>	<b>658.9</b>	<b>648.8</b>	<b>13 out of 16</b>
<b>Domestic abuse</b>	Rate of domestic abuse related incident and crimes recorded by police per 1000 (15/16)	<b>23.5</b>	<b>23.6</b>	<b>22.1</b>	<b>5 out of 16 (joint fifth)</b>
<b>Substance misuse</b>	Parents in drug treatment: rate per 100,000 children aged 0-15 (11/12)	<b>84.1</b>	<b>109.8</b>	<b>110.4</b>	<b>Requires more investigation</b>
<b>Teenage parents</b>	Under 18 conception rate per 1,000 females aged 15-17 years (2015)	<b>29.9</b>	<b>23.7</b>	<b>20.8</b>	<b>13 out of 16</b>

\*\* Statistical neighbours refers to the Chartered Institute of Public Finance and Accounting (CIPFA) nearest neighbours. This attempts to relate Local Authorities by their traits, by using descriptive features of the area each authority administers such as population, socioeconomic, household and mortality characteristics, rather than the services it provides - The CIPFA statistical neighbours used for comparison are: Derby, Bolton, Medway, Sheffield, Oldham, Kirklees, Rochdale, Bradford, Peterborough, Walsall, Stockton on Tees, Sandwell, Dudley, Wolverhampton, Swindon.

## 5. Where are we now?

### 5.1 Review of parenting support

In July 2017, a range of stakeholders, for example the National Society for the Protection of Cruelty to Children (NSPCC), Child and Family Services (Coventry and Warwickshire Partnership Trust), and Midwifery (University Hospitals Coventry and Warwickshire NHS Trust) were asked to identify the offer of support to parents in Coventry. A total of 21 organisations responded (see Appendix 3 for further details). The purpose was to understand what was working well and what changes needed to be made to strengthen the parenting provision. The Coventry Parenting Steering Group used this information to decide what the future parenting support should look like. This involved taking into consideration the evidence base for the different parenting support, reviewing the parenting provision on offer from universal through to targeted support and reviewing the needs of local families.

The review has found that there is a variety of evidence-based parenting programmes currently used in Coventry to empower parents in managing their children's behaviour and promoting their health, education and wellbeing (this includes Triple P, Helping the Non Complaint Child and Incredible Years). A range of parenting support is offered to parents universally such as Health Visiting and School Nursing, as well as online parenting support such as the Solihull Approach and the Baby Box University syllabus. The libraries also offer a range of valuable resources, such as community support and information through the Rhyme time sessions offered to 0-4 year olds. Children are also helped with literacy and language development skills that come from the freely accessible books and intervention schemes such as Book start baby and Book start Treasure.

Stakeholders identified there were many services designed to support parents with specific needs

such as The Family Nurse Partnership (FNP) service offering support to teenage parents aged 19 or under who are first time mothers and provides regular visits until the baby is two years old. The Family Nurse Partnership (FNP) service works closely with the iBumps service, which provides support to young parents who are not eligible for, or decline, FNP and work closely with maternity and health visiting services. Stakeholders identified that the Foleshill Women's Training Centre provided peer support, prevention and intervention to parents through a range of ongoing projects such as MAMTA, a service offered in the antenatal and postnatal period working closely with early years services. In addition, parenting support is offered to families who are asylum seekers in the city. Given the diversity in the city, it is crucial to ensure the needs of the communities are met. As part of the Special Educational Needs and Disability (SEND) local offer there are a number of targeted parenting programmes such as support offered by Communication and Interaction (including Autism) Support Service and the EYSS (Early years support service) SEND offering parent/carers of children with complex needs city wide support.

Through the Coventry Parenting Steering Group, 55 different parenting support initiatives were identified. The current total number of practitioners trained to deliver a targeted parenting project is approximately 302 with approximately 163 professionals trained to deliver a universal parenting project. The Coventry Parenting Steering Group recognises that strengthening the parenting offer in the city is vital to improving the outcomes for children and young people. A full breakdown of parenting projects identified by the Coventry Parenting Steering Group can be found in Appendix 3. Table 2 provides a summary of the universal and targeted parenting offer in Coventry.



**Table 2:** Coventry parenting support offer across 0-19 years

	Universal parenting support (Level 1)	Targeted support (level 2 -4)
<b>Pregnancy – Antenatal offer</b>	<ul style="list-style-type: none"> <li>Evidence based support online such as solihull approach online</li> <li>Baby buddy app - promoted at booking and at intervals during pregnancy</li> <li>Antenatal classes – Birth Expectations, Hands On</li> <li>Family links antenatal programme</li> </ul>	<ul style="list-style-type: none"> <li>FNP young parents and iBumps</li> <li>Domestic abuse programmes surviving violence</li> <li>Just for me</li> <li>You and me mum</li> <li>Coventry and Warwickshire Mind – befriending</li> </ul>
<b>Postnatal offer</b>	<ul style="list-style-type: none"> <li>Evidence based support online such as Solihull Approach onlineBaby buddy app</li> <li>Baby box syllabus (online)</li> <li>Family links nurture programme</li> <li>infant feeding support groups</li> <li>Postnatal 0-12 months Book Start Baby</li> </ul>	<ul style="list-style-type: none"> <li>Jigsaw</li> <li>Let’s play carriers of hope</li> <li>Living With Confidence</li> <li>Women As Protectors</li> <li>Young Smiles</li> <li>Adult Education</li> <li>Triple P Stepping Stones</li> <li>Parents under pressure NSPCC</li> <li>MAMTA</li> <li>Coventry and Warwickshire Mind befriending</li> <li>Baby Bundles</li> <li>Domestic Abuse programme Surviving Violence</li> <li>Parents Under Pressure</li> <li>Just for Me</li> <li>You and Me Mum</li> </ul>
<b>0-5 years</b>	<ul style="list-style-type: none"> <li>Evidence based support online such as Solihull Approach understanding children’s behaviour (online)</li> <li>Infant feeding support groups</li> <li>OBOL one body one life 2-4 years</li> <li>One stop shop – health visiting</li> <li>Strengthening Families Strengthening Communities</li> <li>Family links nurture programme</li> <li>Book Start Treasure</li> <li>Rhymetimes sessions</li> </ul>	<ul style="list-style-type: none"> <li>SEND Early Years Team (0-5)</li> <li>Living with confidence</li> <li>NAS Early bird (0-4)</li> <li>Women as protectors</li> <li>SEND Complex communication Team (0-4)</li> <li>Jigsaw(0-4)</li> <li>Young Smiles</li> <li>Coventry and Warwickshire Mind befriending</li> <li>Adult Education</li> <li>Triple P Stepping stones 0-12</li> <li>Parents under pressures NSPCC</li> <li>MAMTA</li> <li>Incredible Years (3-5 years)</li> <li>Domestic Abuse programme Surviving Violence</li> <li>Parents Under Pressure</li> <li>Circles Of Security</li> <li>Just for Me</li> <li>You and Me Mum</li> </ul>

**5-19 years**

- Evidence based support online such as Solihull Approach understanding children's behaviour (online)
- Family links nurture programme
- Group Teen 11-16
- Triple P Stepping Stones 0-12
- Triple P Teen 11-16
- Triple P Standard 11-16
- Living With Confidence
- Women as protectors
- Young Smiles
- Adult Education
- Cyrenians alcohol mediation (13-18 yrs)
- One Body One Life (5-14 yrs)
- Incredible Years(6-12 years)
- Coventry MIND befriending
- Domestic Abuse programme  
Surviving Violence
- Relate (5-10 years)
- Just for Me
- You and Me Mum
- Circles of Security

**What worked well?**

Through the mapping exercise, those who deliver parenting support to parents in Coventry were asked what aspects were currently working well for parenting. Their responses included; evidence based programmes offering tailored support e.g. for teenagers such as Teen Triple P and Stepping Stones, opportunities for peer to peer support, partnership working between agencies and skilling parents to improve their self-esteem.

**What did not work well?**

We also asked what was not working so well. The findings showed that we need to do more to help break down barriers with certain communities and find ways of encouraging commitment from parents to attend parenting support sessions.

**What would make it even better?**

We also asked what would make the parenting support even better. Stakeholders said there needed to be more time for follow up with parents, that more staff were needed to deliver sessions and that there needed to be improved communication with partners. Stakeholders also said that having the same venues (including crèche facilities) would be helpful.

Key areas of importance were identified, including: providing a range of parenting support in a timely way to meet parent's individual needs, promoting positive coping strategies and showing that it was normal to

ask for help. Stakeholders also said we needed more joined up approaches from professionals to reduce duplication across the system; stakeholders also said programmes needed to be delivered efficiently, ensuring quality and fidelity.

Through discussions with the Coventry Parenting Steering group the value of enhancing the digital parenting support offer has also been highlighted.

**Assessing a family's journey:**

Stakeholders have also made reference to use of the 'Steps to Change' evaluation tool which is currently being used by professionals as a model to assess the progress for a child. The tool can be used at the start of the early help or Child and Family (C&F) Assessment (tools used by professionals to achieve a co-ordinated approach to supporting families or to assess the needs of a family) to provide an overview of family needs and assets<sup>22</sup>. The tool can then be used at the end of the evaluation, when the family has met their targets in order to show the progress made. It also identifies any changes where a higher level of support may be required which could include referrals to other agencies (including Social Care). The Steps to Change tool focuses on the four assessment areas of early help and Children & Families assessment.

Appendix 2 provides information about the four assessment areas which can be divided into nine areas of family life.

## 5.2 Findings from consultation with parents

We are committed to listening to service users, encouraging them to contribute and develop the Parenting Strategy with us. During September 2017, parents and the Coventry Parenting Steering Group designed a survey to capture the views of parents

and carers in Coventry, to better understand their perspectives and what they would most value from parenting support.

364 responses were received and a full report of findings can be found in Appendix 3)

### Demographics of parents

41% (202/493) of parents said they had children aged 0-4 years, more than a third (35% 171/493) said they had a child aged 5-11 years.

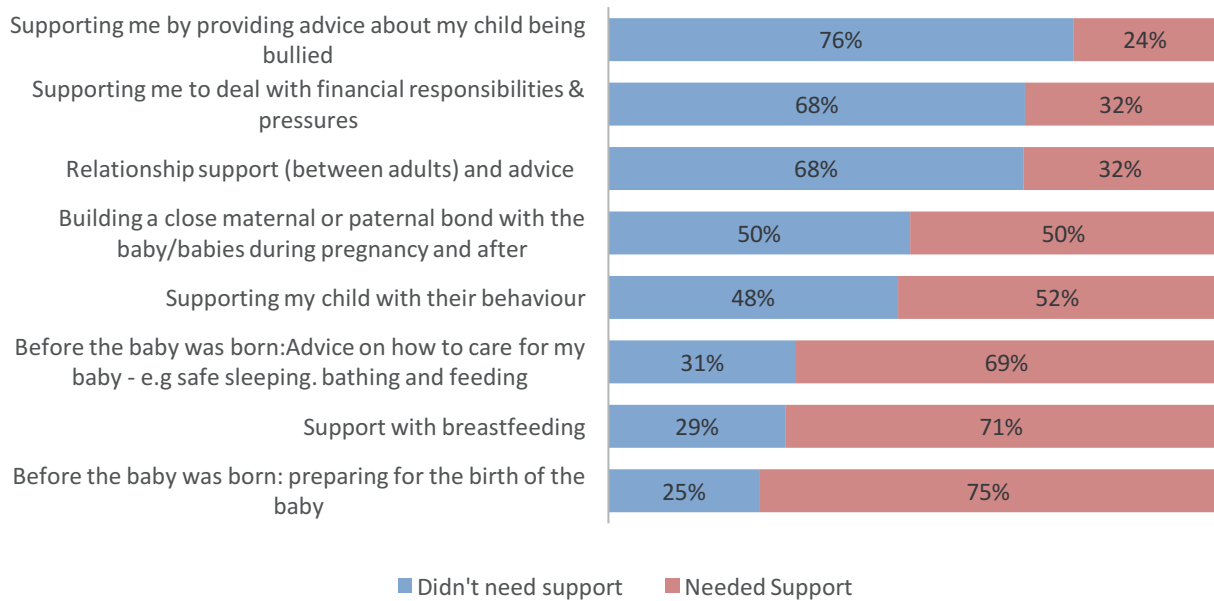
There was a lower percentage of parents with older children- 15% had children between the ages of 15-19 years and 9% had a young person aged 19 or above. Therefore, the sample may not be a truly representative sample. 19% of parents were from an ethnic minority group which is slightly lower than the Coventry population figure of 33%.

The consultation with parents confirmed that access to parenting support needs to be strengthened; further awareness raising is required around the

parenting provision. The findings show that a high percentage of parents needed support before or after birth such as preparing for the birth of the baby (75%), breastfeeding (71%), how to care for the baby - e.g. safe sleeping, bathing and feeding (69%) and supporting child behaviour (52%). A smaller proportion of parents reported needing support in areas such as relationship support between adults (32%), dealing with financial responsibilities (32%) or their child being bullied (24%). A summary of the findings is provided in Figure 4.



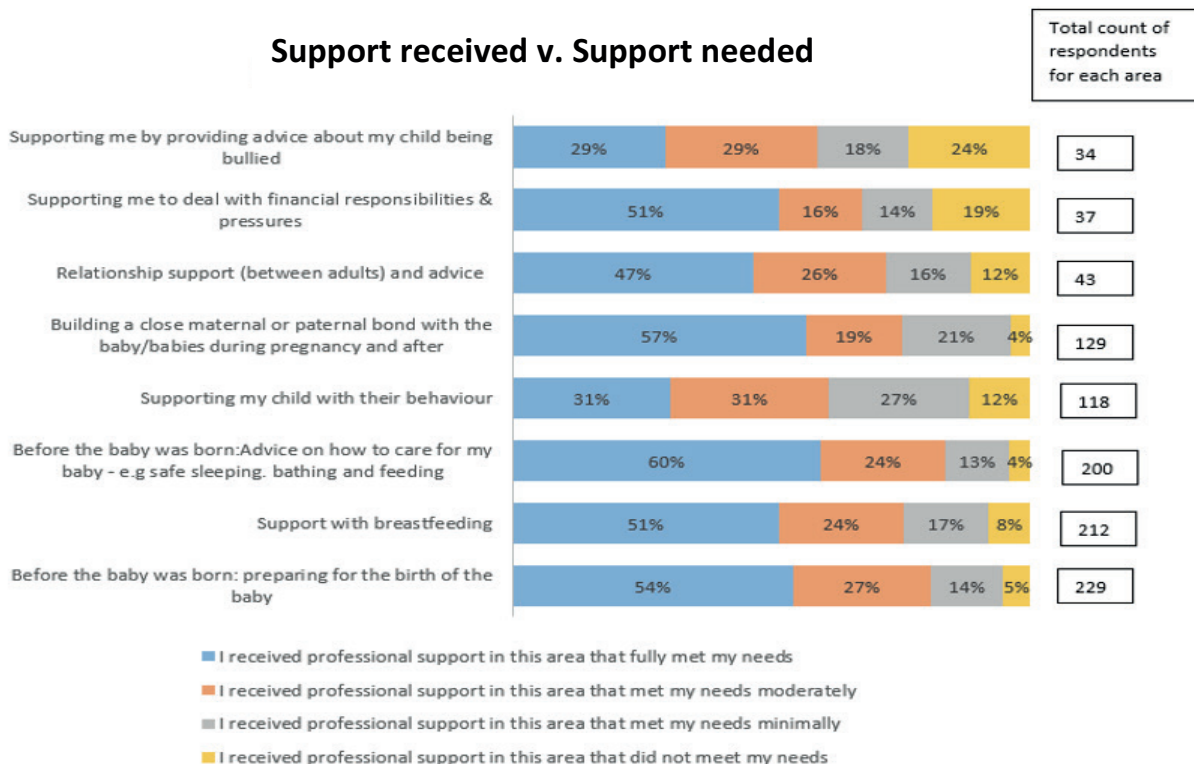
## Didn't need support V Needed support



**Figure 4:** Summary of consultation findings – Didn't need support v Needed support

The findings show that the majority of parents received support that fully met their needs or moderately met their needs. A summary of the results is provided in Figure 5:

**Figure 5:** Support received by parents versus support needed



## How parents would like to receive support

Thinking about the method in which parenting support is offered, 86/272 (32%) said they prefer to receive support one to one. 99 out of 279 (36%) parents said they would like support at home. 74 out of 272 (27%) preferred receiving advice online.

## Barriers to receiving support

### Stigma

The consultation with parents identified a number of barriers to them accessing help, such as stigma. Some of the comments highlighted included:

*“Felt self conscious and failure if I admitted I was struggling”* (infant feeding)

*“Made to feel that because I am well educated and from a reasonably affluent background and not a young mum, that the support wasn’t for me”*

### Not knowing how to access parenting support:

Access to parenting support needs to be strengthened in the following areas:

- Breastfeeding
- Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding
- Supporting my child with being bullied
- Support around transition points
- Ensuring parents are provided with support around their relationships with their partner

## Not knowing that help was available:

The consultation identified that more needs to be done to promote professional support with building a close maternal or paternal bond with the baby during and after pregnancy, Support to deal with financial responsibilities and pressures and relationship support (between adults) and advice.

### Role of social media:

The survey was promoted online via social media forums during the first six days. Nearly 40% of the total responses received (143 responses) were completed during this time period. It is likely that social media was instrumental in achieving this high response rate and demonstrates the effectiveness of social media providing information to parents in Coventry. Parents were asked how they would like to receive parenting advice; 32% said one to one support was their preferred method, the second most popular answer was online (27%) which shows the importance of using technology as a platform to provide parenting advice.



## 5.3 Findings from consultation with young people

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### Defining good parenting:

As part of the consultation with young people, we asked 15 young people how they would define good parenting?

Young people raised a number of interesting points, the main findings are shown below:

- The importance of feeling safe, being cared for, having parents who listen to them (19)
- The vital role of parents in teaching and educating their children (8)
- That good parenting was about putting their child's needs before their own (2)

### Support around technology and building parenting capacity:

We asked young people to focus on two areas which were recommendations identified by the steering group; technology and parenting capacity.

#### Technology:

To strengthen technology and its role in providing parenting support, young people felt the use of a portal providing information on areas such as health, special needs and first aid would be very beneficial. Young people also raised the importance of disseminating information in a range of settings such as libraries, schools, GP surgeries etc. Some comments made reference to the crucial role of social media e.g. Instagram and Facebook in promoting parenting support and the use of online chats to speak to advisors about parenting support.

### Building parenting capacity:

In terms of building parenting capacity, young people highlighted the central role professionals play in breaking down the stigma associated with parenting support; they also felt strongly about the need for support groups and buddying up schemes.

Support for Coventry parents in the future:

We then asked young people to think what support they would value if they became parents in the future.

Young people stated the following as essential areas for support:

- Information about finance
- Mother and father support groups
- Being able to access support on emotional health
- Knowing what sources are reliable for parenting advice
- Support for multiple births

## 6. Where do we want to get to?

### 6.1 Key recommendations

In order to drive action across Coventry partners to achieve the aims of the Coventry Parenting Strategy, a set of key recommendations have been identified:

#### **Strengthen availability and accessibility of general information and advice to parents:**

Our ambition is that agencies and parents will be clear about where they can find information and advice about parenting support. Parents will have access to information in a variety of formats. Parents and agencies will be clear about the type of parenting support on offer.

#### **Harness technology and the developing digital systems across agencies to strengthen the parenting offer:**

Our ambition is that parents will feel empowered through peer to peer support and will have access to a range of online support linking parents and communities.

Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system: Our ambition is that parenting support will be offered in a way that meets the needs of families, providing those families with more complex needs with more support.

#### **Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need:**

Our ambition is that partners delivering parenting support will feel confident in their skills and abilities to drive parenting support universally and targeted at the most vulnerable families

#### **Ensure there is a clear focus on early help and prevention:**

Our ambition is that support will be provided to families from professionals working with 0-19 years at the earliest possible opportunity to prevent issues from escalating to crisis point.

#### **Improve cohesiveness of parenting support across Coventry:**

Our ambition is that professionals will work together to share information regularly so parents don't have to keep repeating their stories; clear referral pathways will be in place for both young people and families requiring additional health or social care services, with good communication between all agencies involved

#### **Build parenting capacity in specific areas where gaps have been identified:**

A robust offer to support parents to build parenting capacity including evidence-based programmes will exist. Parents will be able to access a range of parenting advice available through a variety of methods which are easily accessible. A range of courses, group sessions, online provision, will be available appropriate to the family's needs, this will help improve parents' confidence levels in their parenting abilities. Parents will be supported with wider issues such as employment, housing, income, relationship advice taking a whole family approach. Peer to peer support will exist, encouraging community resilience.

Importantly, Coventry partners represented on the Coventry Parenting Steering Group, have committed to delivery of parenting support as outlined in Table 2 (section 3). This clear continued focus is significant given the financial challenges currently faced by statutory and non-statutory services. Table 3 provides the key recommendations and emerging actions for the parenting strategy:

**Table 3:** Key recommendations for the Parenting Strategy and emerging actions

Key recommendations	Emerging Actions
<p><b>1. Strengthen availability and accessibility of general information and advice to parents</b></p>	<ul style="list-style-type: none"> <li>• Ensure all staff are working with families to promote consistent positive messages about parenting support that is on offer with professionals being clear about referral processes.</li> <li>• Strengthen parent leadership forums to support parents</li> <li>• Harness the opportunities to integrate a newly designed parenting portal within current development of digital platforms across partners, providing information and advice to parents</li> </ul>
<p><b>2. Harness technology and the developing digital systems across agencies to strengthen the parenting offer</b></p>	<ul style="list-style-type: none"> <li>• Promote safe use of social media as a route for advertising / awareness raising around parenting support across all partner agencies.</li> <li>• Steps to Change be made available to parents via a protected online portal for parents to control.</li> <li>• Support access to online services via community centres linking in with other digital offers. Consider Youtube as a tool for communicating parenting information to parents who struggle with resources written in English.</li> </ul>
<p><b>3. Ensure there is a systematic approach to ensuring the quality and effectiveness of the parenting offer across the whole system</b></p>	<ul style="list-style-type: none"> <li>• Offer a wide range of formal and informal support for parents that is accessible, reflecting the diverse needs of parents of Coventry such as support at transition points or parents who are asylum seekers.</li> <li>• Train staff and offer ongoing peer support, particularly in steps to change and signs of safety to adopt a collaborative approach. This must be offered to voluntary, private and partner agencies and schools. There is an expectation that all partner agencies will use these tools in part or whole.</li> <li>• Ensure parenting support includes face to face and one to one services alongside online provision</li> <li>• A continual process of assessment and improvement to ensure it meets the needs of Coventry parents into the future.</li> </ul>
<p><b>4. Ensure that this system-wide parenting offer is delivered in a way which progressively provides more support across the social gradient and level of need</b></p>	<ul style="list-style-type: none"> <li>• Early help managers to complete asset mapping for local needs and resources in their communities.</li> <li>• Strengthen the intelligence that is shared between partners to help them make informed decisions about resources</li> <li>• Strengthen delivery in areas where the resource currently does not meet the demands of the population(further in-depth analysis is needed considering each parenting projects impact in relation to resource)</li> </ul>



<p><b>5. Ensure there is a clear focus on early help and prevention</b></p>	<ul style="list-style-type: none"> <li>• Strengthen antenatal parenting support – availability of antenatal classes e.g. birth expectation classes and antenatal support groups is increased.</li> <li>• Improve continuity and consistency throughout important transition periods e.g. starting school particularly for vulnerable families.</li> <li>• Early years' staff (including maternity, health visiting, voluntary agencies, children services) to promote closeness and sensitive parenting, by training staff in parent infant attachment and improve their ability to identify attachment disorders early.</li> <li>• Equip the workforce to be better placed to work together, identify problems early and share information with professionals.</li> </ul>
<p><b>6. Improve cohesiveness of parenting support across Coventry</b></p>	<ul style="list-style-type: none"> <li>• Working with partners to build training models which offer sustainability long terms e.g. train the trainer models</li> <li>• Identify workforce development needs and train key partners including Family Hub staff</li> <li>• Build knowledge, confidence and trust between professional disciplines (e.g. through the Family Hubs) to ensure parents are provided with consistent advice around parenting offer.</li> <li>• Improve relationships between those providing parenting programmes, whilst encouraging signposting and referral pathways between services</li> <li>• Professionals delivering parenting support to develop constructive relationships with parents with effective communication systems between the school and the family.</li> <li>• Professionals working with families will have face to face multiagency meetings to discuss concerns about families with unmet needs.</li> <li>• Align the Parenting Strategy implementation with the Special Educational Needs and Disability (SEND) local offer</li> </ul>
<p><b>7. Build parenting capacity in specific areas where gaps have been identified</b></p>	<ul style="list-style-type: none"> <li>• Build parenting capacity and help normalise parenting support in local communities</li> <li>• Wherever possible involve families in decision-making in respect of services that they benefit from</li> <li>• Strengthen parent relationship advice - This should include brief targeted interventions for more vulnerable families where there is increased parental conflict and universal support during the antenatal and postnatal phase to prepare parents to transition into parenthood</li> <li>• Train staff to support fathers more confidently.</li> <li>• Strengthen parenting provision universally for school aged children (5-19 years)</li> <li>• Strengthen support for parents with a learning disability</li> </ul>

## 6.2 Next steps:

A crucial part of the implementation of this strategy will be the development of a clear action plan owned by partners and managed within a governance structure which provides robust processes to assess progress. The action plan will be developed to set targets, identify organisational leads and individuals.

Multi-agency task and finish groups have been set up to take forward the first four recommendations, with the remaining recommendations acting as cross-cutting themes.

Key partners have signed up to lead the task finish groups such as Grapevine and those responsible for parenting in the council. A detailed delivery plan for each of the work streams will be developed in partnership with key stakeholders.

The Parenting Strategy Steering Group will oversee the task and finish groups in developing action plans for each key area of development. The Coventry Parenting Steering Group will be responsible for monitoring the progress against the general and specific action plans and measuring the outcomes of the strategy (see below).



## 7. How will we know we have got there?

**In order to ascertain if delivery of the key recommendations above is having a positive impact on Coventry parents it is necessary to identify a range of information/data that can be used to indicate positive progress. Drawing on a range of outcomes/data already collected, or due to be collected, will ensure there is a co-ordinated and consistent approach across the city to measuring impact on families.**

### 7.1 Expected outcomes

Parenting will also be strengthened in the future through the Family Hubs. The Family Hubs outcome metrics and Children and Young Peoples Plan will be used to measure the impact of positive parenting support on children and families' outcomes in Coventry. In terms of measuring the child's and family's journey, the Parenting Strategy identifies that the 'Steps to Change' model is a key evaluation tool measuring the family's journey over a period

of time to show the progress they are making. This includes impact in areas such as the child's health, education, relationship with parents and family life. Appendix 2 provides the 'Steps to Change' model which has many areas to measure family life. Also, questionnaires will continue to be used pre and post parenting support to measure the impact of the support.

## 8. Conclusion

**There is strong evidence that supporting parents to develop good parenting skills will have significant impact on children's lives as they grow up. Coventry is a young, diverse city, therefore, investing in our children and young people and their parents benefits everyone in Coventry.**

We are using many evidence based parenting programmes in Coventry which are embedded into practice and we have good data showing significant impact. Delivering the parenting support will require creative thinking around how resources will be used most effectively across the deprivation gradient, to improve family wellbeing and build resilience within our communities and encourage early intervention

and prevention. We need to look at the way we support families, with professionals spending time developing trusting relationships with children and families, building community capacity. We must strengthen our efforts to work with partners, parents, children and young people, tapping into the city's future ambition for its children and young people.

## 9. Acknowledgements and contributions

**This strategy relies on the time and talent of colleagues whose contributions and comments are acknowledged with grateful thanks. These include stakeholders, partners, providers and members of the Coventry Parenting Steering Group.**

## 10. Appendices

### Appendix 1: Membership of the Coventry Parenting Steering Group:

1. **Sue Frossell**, Coventry City Council Public Health (Consultant in Public Health)
2. **Harbir Nagra**, Coventry City Council Public Health (Programme Officer)
3. **Angela Harley**, Coventry City Council (Early Help Manager West)
4. **Pat Grainger**, Lyng Hall School (Director of Safeguarding)
5. **Sarah Tambling** (Police)
6. **Sheila Bates**, Coventry City Council (Children’s Champion)
7. **Alan Butler**, Coventry City Council  
(Joint Commissioning Manager Children’s Joint Commissioning team)
8. **Mary Haidar**, Health Visiting Service Manager (Coventry and Warwickshire Partnership Trust)
9. **Taffy Nyatanga** (Out reach Acts)
10. **Sue Sampson** (Carriers of Hope)
11. **Tim Jacques** (Wild Earth)
12. **Dawn Nicholls** (Parent Leader)
13. **Hamida Khalifa**, Coventry City Council (Family Hub Youth Worker)
14. **Nicky Murphy**, Family Nurse Partnership (FNP Supervisor)
15. **Emma Beckett**, Coventry City Council (Senior Practitioner)
16. **Katie McGinty/Tracy Standbridge Boyle** University Hospitals Coventry and Warwickshire (iBumps Midwives)
17. **Chris Firth** (SEND IASS)
18. **Andrea Mbarushimana** (Grapevine)
19. **Gillian Broomfield**, Coventry City Council (Senior Parenting Practitioner)
20. **Vicki Finlay**, Coventry City Council (Senior Parenting Practitioner))
21. **Lesley Cleaver/ Carmen Baskerville/Lili Gregor** Coventry and Warwickshire Partnership NHS Trust (Health Visiting)
22. **Rob Allison** Voluntary Action Coventry (Director of Policy & Partnership)

### Appendix 2: ‘Steps to Change’ Model

<i>Assessment Area</i>	<i>Building Blocks</i>
<b>① Health</b>	<b>1 Children’s physical wellbeing</b>
	<b>2 Children’s mental health and emotional wellbeing</b>
<b>② Learning</b>	<b>3 Achievement, attainment, attendance and aspiration</b>
<b>③ Parents and Carers</b>	<b>4 Safety and security</b>
	<b>5 Family attachment and relationships</b>
	<b>6 Guidance behaviour and positive role modelling</b>
<b>④ Family and Environmental</b>	<b>7 Family life</b>
	<b>8 Accommodation and money</b>
	<b>9 Parental mental health and physical wellbeing</b>

### Appendix 3:

## Coventry Parenting Steering Group mapping exercise

JULY 2017

This report analyses the results from an exercise completed to map out current parenting interventions/ programmes and general support provided in Coventry through the Coventry Parenting Steering Group.

### Number of responses:

Responses were received from 21 partner agencies:

1. Social care
2. Positive parenting team
3. CRASAC
4. NSPCC
5. Carriers of Hope
6. Three secondary schools in the North East Cluster
7. Adult education service
8. FNP (Family Nurse Partnership)
9. iBumps
10. Midwifery
11. Health visiting
12. SEND
13. Youth services
14. Neurodevelopmental Service
15. Children and Families First
16. Cyrenians Alcohol Mediation
17. One body one life
18. Child and Family Services (CWPT)
19. Coventry Haven
20. The Coventry parenting steering group
21. Coventry Libraries

**Table 1** and **2** provide a breakdown of the parenting programmes identified as part of the mapping work.

**Table 1: Coventry universal parenting support - Where are we now?**

Age group	Name of parenting programme/ support	Description	Lead
<b>ANTENATAL</b>			
Antenatal	Birth expectation classes	Antenatal support group for all expectant mothers  It concentrates on care in labour, pain relief options , care after your birth , care at home , breast feeding , safe sleeping	Midwifery
Antenatal	Hands On	Antenatal support group for all expectant mothers  More practical approach, changing, feeding, bathing, safe sleep , again varies according to what the group wish to discuss	Midwifery
Antenatal 16 to 20 weeks	Family links antenatal programme	The focus of the course is to support parents with bonding, attachment and attunement with the new baby and getting them prepared for family life with a new baby. We also have practical tasks as part of the course – nappies, bathing the baby etc.	Trained staff include:  5 Children centre workers  1 CFF worker  1 Health visitor  1 maternity support worker  1 Positive Parenting Outreach Worker  4 community nursery nurses  1 Senior Parenting Practitioner
Antenatal	Solihull approach Antenatal (online course)	This Solihull Approach antenatal online course gives parents practical information about pregnancy and birth, whilst at the same time introducing them to their baby.	Promoted by Midwifery  Promoted by Health Visiting
Antenatal and postnatal	Best beginnings app	Nationally developed app- available for free download - developing practical, simple, educational and interactive tools to support parents-to-be and new parents – includes antenatal, postnatal, breastfeeding and mental health support	Promoted by Midwifery at the booking visit , and at intervals during the pregnancy.

ANTENATAL/ POSTNATAL			
Antenatal / postnatal	Baby box university syllabus	Online local videos - syllabus includes breastfeeding advice, safe sleeping advice.	Promoted by Midwifery and Health visiting
0 – 6 months	Weaning advice	Health visiting advice	Health Visiting
Aged 6 months to 18 years.	Understanding your child - Solihull approach online course	Online course include modules such as how your child develops, understanding how your child is feeling, Responding to how your child is feeling, different styles of parenting	Promoted by health visiting
0-12 months	Book Start baby	Bookstart Baby is for children between 0 and 12 months, which is given by a health visitor at the infants six to eight week health check	Health Visiting
0-5 YEARS			
0-4	Rhyme Times – Coventry Libraries	Rhymetime sessions are a great place for toddlers to use language in a fun and engaging way. The library service also works with health partners who sometimes attend rhymetime sessions with useful health and wellbeing advice for children	Coventry City Council and health partners
0-5	One stop shop HV	Promote healthy lifestyle obesity reduction	Health visiting
0-5	Healthy child programme developmental checks	Health visiting mandated checks	Health visiting
0-5	Infant feeding support (drop in clinics and helpline)	Promote breastfeeding and skin to skin Promote emotional attachment and bonding, understanding of responsive feeding	Health visiting and infant feeding service
0-5	Family Links (nurture programme)	The Nurturing Programme aims to help adults understand and manage feelings and behaviour and become more positive and nurturing in their relationships with children and each other. It encourages an approach to relationships that gives children and adults an emotionally healthy start for their lives and learning	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker

0-5	Bookstart Treasure	Bookstart Treasure is for pre-school children which are given out at early years settings such as playgroups and nurseries in the child(ren)'s pre-school year	Playgroups and nurseries
2-4	One Body One Life 2-4 yrs (OBOL 2-4)	One Body One Life (OBOL) is a community based weight management programme for families and individuals who want to lead a healthier lifestyle. The programme meets the NICE recommendations. It's a FREE 8 - 10 week programme across Coventry aimed at helping people to make real changes to their lives by looking at their eating and exercise habits.	Be Active Be Healthy Team
<b>5-11</b>			
5-11	Family Links (Nurture programme)	A universal, group-based programme for parents with children between the ages of 0 and 18.	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker
5-11	Strengthening families strengthening communities	13 week group evidence-based parenting programme, designed to promote protective factors which are associated with good parenting and better outcomes for children.	Children centre – Hillfields
5-11	Solihull approach - Understanding children's behaviour	Online course include modules such as how your child develops, understanding how your child is feeling, Responding to how your child is feeling, different styles of parenting	Promoted by Health visiting

11 PLUS			
11-17	Raising Responsible Teenagers	Free 90 minute Triple P Seminars for Parents, Carers, Foster Carers, Special Guardians and Connected Persons of children and teenagers aged 10 – 16.	1 learning mentor 4 senior parenting practitioner 3 CFF
11-17	Triple P teen group		34- school/CFF/ children centre/ parenting
11-18	Family links (Nurture programme)	A universal, group-based programme for parents with children between the ages of 0 and 18.	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker
11-18	Solihull approach understanding children's behaviour	The Solihull Approach Understanding Your Child's Behaviour is the core universal parenting programme suitable for parents and carers of children aged 0-19 years. Includes self regulation and anger, different parenting styles and how a child develops.	Promoted by Health visiting
OTHER			
All	Online information – e.g. net mums		
0-18	The Family Links 10-Week Nurturing Programme (FLNP)	A universal, group-based programme for parents with children between the ages of 0 and 18.	5 children centre workers 7 children and families first workers 1 senior positive parenting practitioner Occasional delivery: 1 children and families assessor, 1 children centre worker, 1 children and families worker



0-12	Triple P seminars Primary Care	Free 90 minute Power Point Presentation – To give Parents basic information about Positive Parenting strategies.	Seminar primary trained: deliver occasionally  1 Home School Liaison Officer 2 Children and Families Worker 1 outreach worker , 1 children centre worker  Deliver occasionally: 1 Children and families first  Active: 4 senior parenting practitioners
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## Coventry Targeted parenting support – where are we now?

### Targeted support for vulnerable families

There are a number of vulnerable groups who require more targeted parenting support this includes:

Teenage parents

- Parents from BME community / parents who are asylum seekers
- Parents of children with special education needs
- Parents of children with substance misuse issues
- Parents with mental health conditions
- Parents experiencing relationship issues
- Parents experiencing domestic abuse issues
- Parents/children with weight management issues



**Table 2: The targeted parenting support offered in the city for 0 – 19 years.**

Age group	Name of parenting programme/support	Description	Lead	Target group
<b>ANTENATAL</b>				
Antenatal	Family Links (antenatal) programme 16 to 20 weeks	The focus of the course is to support parents with bonding, attachment and attunement with the new baby and getting them prepared for family life with a new baby. We also have practical tasks as part of the course – nappies, bathing the baby etc.	Trained staff include: 5 Children centre workers 1 CFF worker 1 Health visitor 1 maternity support worker 1 Positive Parenting Outreach Worker 4 community nursery nurses 1 Senior Parenting Practitioner	
<b>ANTENATAL/POSTNATAL</b>				
Pre birth to 3 months	Carriers Of Hope (Baby Bundles)	Targeted at asylum seekers, refugees and EU Migrants – resources for parents?	Carriers of hope	Asylum seekers, refugees and EU migrants
3 - 6 months				
Up to 2 years	Family Nurse Partnership (FNP)	It is for first time parents aged 19 and under at booking with the CMW with a gestation below 28 weeks.  Specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two	FNP nurse	Teen parents first time
Antenatal/ Postnatal	MAMTA	MAMTA staff support antenatal clinics; postnatal clinics; Parentcraft sessions at FWT; and work in partnership with midwives, health visiting teams and other health professionals in educating women on key health messages.	Mamta staff	For BME communities

0-4 YEARS				
0-2	iBumps	Service for teen parents including parent craft - Teenage parents support is offered by midwifery for those who are not eligible for FNP	iBumps Midwives	Teen parents
0-4	Communication and Interaction (inc Autism) Support Service NAS EarlyBird	A service offering advice and guidance on strategies and approaches for dealing with young autistic children	Communsation and interaction support service	Parents of children with ASD autistic spectrum disorder
0-4	Jigsaw	The service offer support, guidance and training to staff of early Years settings	Neurodevelopmental team	Parents of children with ASD autistic spectrum disorder
0-4	Early Years Group parenting sessions SEND		SEND	Parents of children with SEND special educational needs and disability
0-4	Carriers of hope lets play	Targeted at asylum seekers, refugees and EU Migrants	Carriers of hope	Targeted at asylum seekers, refugees and EU Migrants

0-5 YEARS				
0-5	Sleep advice group -	Safe sleeping	Health visiting team	
0-5	SEND Early Years	We are a team of Send Support Teachers and Portage Home Visitors who provide support to children and families through delivering high quality education to meet the needs of the child in the home and in early years provision and schools for children aged 0 to 5 who are experiencing difficulties with their development.	SEND Early Years	Parents of children with special educational needs and disability
4 -5	School readiness	Health visiting school readiness	Health visiting	School readiness issues
3-6	Incredible Years Parenting programme	Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting and communicating positively with their child, promoting optimal social and emotional development and discouraging unwanted child behaviour	CAMHS	Dealing with anti-social behaviour
0-8	NSPCC Parents Under Pressure	Aims to support parents who are on a drug or alcohol treatment programme. It can help them keep their recovery on track.	NSPCC	Parents with substance misuse issues
1-5	Circles Of Security	Circle of security is designed to help parents who have attachment difficulties and can be used to help children who are looked after it also helps professionals develop a universal therapeutic language and skills to help parents	CAMHS Psychologist	Increase attachment security among socially disadvantaged children

5 -11 YEARS				
0-12	Triple P Stepping Stones	10 weeks (7 weeks at the venue and 3 telephone calls) 10 week programme to support Parents of children with a diagnosed disability to develop a positive relationship with their children and to use Positive Parenting strategies to manage their children's behaviour	Positive parenting team	Parents of children with a diagnosed disability
6 – 10	Helping the Non compliant Child	This is an evidence based intervention that is delivered to parents of children who are difficult to manage and have oppositional behaviours  The programme is a taught with the parent and child together, there are handouts and set homework tasks to follow.	CAMHS	Delivered to parents of children who are experiencing difficulty in managing their child's behaviour
5-7	Targeted support within Neurodevelopmental service.	It is delivered across Coventry with an open referral to the Neurodevelopmental service	Neurodevelopmental team	
5-10	Relate	Counselling training / Relate specific trainer training The counsellors have key skills in supporting bereavement and divorce/ separation/ family change.	Relate	Parents experiencing relationship issues between adults
6 – 12	Incredible Years	The incredible years managing the behaviour of a child between the ages of three and six. Parents attend 18 to 20 weekly group sessions where they learn strategies for interacting and communicating positively with their child, promoting optimal social and emotional development and discouraging unwanted child behaviour	CAMHS	Child behaviour management issues
5-14	OBOL (one body one life)	OBOL Child age group is 5 – 14 years family weight management support	Be active be healthy team	Targeted towards families where one family member is overweight or obese.

11 PLUS				
5-14	OBOL (one body one life)_	OBOL Child age group is 5 – 14 years family weight management support	Be active be healthy team	Targeted towards families where one family member is overweight or obese.
11-16	Triple P Primary Care Teen practitioner (one to one)	Intervention to support specific behaviour over a 4-6 week period	Positive parenting team 6 children and family workers 1 senior parenting practitioner 1 senior youth worker	
11-17	Triple P Teen Group	9 weeks (6 weeks at the venue and 3 telephone calls) Parents may be interested in promoting their teenagers development and potential or they may have concerns about their teenager’s behaviour that they want to change.	Positive parenting team 1 learning mentor 3 senior parenting practitioners 3 children and family workers	
13 – 18	Cyrenians Alcohol Mediation Service -	Involves mediation and holistic support of needs and issues. Utilises Cyrenians services overall	Cyrenians alcohol service	

OTHER				
0-12	Triple P Parenting Plus	Support Parents to develop a positive relationship with their children and to use Positive Parenting strategies to manage their children's behaviour	Positive parenting team	
0-12	Triple P Stepping Stones	10 weeks (7 weeks at the venue and 3 telephone calls) 10 week programme to support Parents of children with a diagnosed disability to develop a positive relationship with their children and to use Positive Parenting strategies to manage their children's behaviour	Positive parenting team	To support parents with a child who has a disability
0-16	Circle of Security (0-16 years) group programme	The Circle of Security approach to treatment is built upon the rich foundation of psychoanalytic/object relations theory. Inherent in this theoretical tradition is the recognition that each of us defend against the inherent pain of attachment ruptures that went without repair in our early years	CAMHS	
0-18	Family support services	Family Support Services – Family Support Workers and Family Assistants	Senior social care practitioners	Safeguarding
0-18	Social care Graded care profiles.	Targeted to address neglect and support children who are vulnerable to neglect. The work is completed with the parents.	Senior social care practitioners	Safeguarding
0-18	Domestic Abuse Programme – Surviving Violence	Aimed at parents who have children either in their care or seeking to have them returned to their care. (only delivered in the north west)	Senior social care practitioners	Parents experiencing domestic abuse
All	Adult education ESOL	Adult Education Courses Adult Education Essential Skills / ESOL classes are targeted in the areas of greatest deprivation in Coventry.	Adult education	
All	Adult education	Parenting Plus Courses – adult education	Adult education	
All	NSPCC Women as protectors	Women as Protectors helps mums and carers who are in contact with a man who poses a risk of sexual harm to children	NSPCC	Safeguarding

All	Living with confidence	Women Only Group – 9 weeks 9 week programme to improve the confidence of women.	Positive parenting team	Parents experiencing domestic abuse
All	Young Smiles	Help support children who live with parents with mental health issues	NSPCC	Support for parents with mental health issues
Any	Triple P 1:1	Primary care practitioners triple p 1:1 Intervention to support specific behaviour over a 4-6 week period	Positive parenting team 1 family support worker 8 children and families workers 1 learning mentor 2 Adolescent support worker 4 senior parenting practitioners	
All	Coventry Haven	Just4Me sessions term time only is targeted mainly at parents (mothers) who are victims or survivors of any type of abuse or violence.	2 facilitators	Parents(mothers) who are victims of abuse/violence
All	Coventry Haven	Peer Support/DVA training	2 facilitators	Parents experiencing domestic abuse
All	Coventry Haven	“You and Me Mum” training 10 week programme for mothers who have experienced domestic & sexual abuse. It aims to empower and support survivors in furthering their understanding of their role as mothers and in addressing the needs of children & young people who have lived with domestic abuse.	2 facilitators	Parents experiencing domestic abuse
All	CRASAC - Parent/Carer Group	Targeted at females safe parent/carers of children who have experienced sexual abuse or violence	2 Practitioners	Offering parents safe space to explore their own feelings about their child’s abuse.





## Stakeholders were asked the following questions:

### What worked well?

Thinking about what works well across the programme, the following areas were highlighted:

- Positive outcomes pre and post feedback(6)
- Opportunities for Peer to peer support (6)
- Evidence based programme e.g. for teens such as teen triple p, stepping stones, skilled based activities used (5)
- Partnership working (4)
- Skilling parents e.g. to support mental health of children self esteem building making them feel empowered (4)
- Passionate staff and knowledgeable (2)
- Good advertising (2)

### What was working not so well?

Thinking about what is working less well the following areas were highlighted:

- Parental attendance rates (seminar primary and teen) referrals for Parents under pressures (5)
- High demand for session e.g. birth expectation classes and hands on (2)
- Limited staff (5)
- Difficult breaking down barriers with roma community and getting commitment from parents, parental engagement schools (3)
- Staff commitment (3)

### What would make it even better?

Thinking about what would make parenting support even better the following were highlighted:

- More staff delivering (4)
- Time and resource for follow up (3)
- Improved communication with partners (2)
- Booking the same venues /crèche facilities (2)

## Areas of focus for the strategy:

Stakeholders were asked to highlight the top five priorities for the strategy the following results were received:

	Theme	Quotes	Which TAF does this feed into
<b>Priority 1</b>	Offering targeted support tailored to needs (12)  Structured and unstructured offering (10)	<i>Providing a range of Parenting interventions in a timely way to meet parents individual needs.</i>  <i>Services need to reach out into the community to contact difficult to reach families</i>  <i>To encourage the development of a range of services and interventions that would meet the needs of a broad range of parents.</i>	<i>Information and advice</i>  <i>Parenting support offered across a gradient of need</i>
<b>Priority 2</b>	Parents promoting positive coping strategies and asking for help is OK (17)  Peer support and reducing isolation for parents (6)	<i>Parents being able to promote positive coping strategies in their children</i>  <i>Providing Peer Support regularly and on an individual basis.</i>  <i>Connect communities</i>	<i>Use of technology and reduce parent isolation</i>  <i>Build parenting capability</i>
<b>Priority 4</b>	More joined up approach from professionals - reduce duplication (9)	<i>Strong partnership working to support parenting provision</i>  <i>Partnership work is essential as we cannot afford to duplicate services</i>	<i>Improve partnership working 0-19 services</i>  <i>Early help and prevention</i>
<b>Priority 5</b>	Delivery Programmes with efficacy and ensuring quality and fidelity (5)	<i>showing empathy and offering emotional support</i>  <i>To actively encourage all case holders to refer families to a parenting group and then actively support them to attend.</i>  <i>Delivery Programmes with efficacy and ensuring quality and fidelity</i>	<i>Quality and effectiveness of parenting support</i>

## Other responses

Some partners (e.g. schools) do not deliver programmes, however, they refer into other parenting programmes. We have not been able to obtain responses from all schools however, a cohort of schools have fed back responses - Lyng Hall school mentioned referring into Primary Mental Health enhanced schools programme, they also mentioned awareness sessions for parents of all children aged 11 – 18 which is being piloted at the school. The school also refer into Citizen Advice Bureau, and also run a session on British Values. Another school in the city (Cardinal Wiseman) said they refer into a range of parenting project such as Triple P (universal seminar), Living With Confidence, Teenage Triple P, ESOL Maths and English classes. The school has also held a CSE (child sexual exploitation) prevention awareness workshop recently for parents. Other schools in the city (such as Grace Academy) fed back that they refer to the Cygnet course for parents who have children with ASD (Autistic Spectrum Disorders), REACH adult course, Living with Confidence, Triple P, Grapevine, and the Young Smiles programme (NSPCC).

## Future programmes

Future programmes which are to be launched include the following:

**Wild earth:** This is a targeted intervention for families who are receiving support from Family Hubs and Social care. The programme is initially aimed at children under 5 years old and is a City wide initiative, delivered by 2 staff members.

# Consultation with Parents: Summary report

SEPTEMBER 2017

As part of the development of the parenting strategy for Coventry, a consultation with parents ran from Friday 1<sup>st</sup> September to Wednesday 20<sup>th</sup> September 2017 to capture the views of parents and carers in the city. This was to help identify the needs of parents and where the potential gaps were in the current parenting provision.

## The methods used to capture the views included:

- An online survey for members of the public was completed between 20<sup>th</sup> January and Feb 20<sup>th</sup> 2017
- A paper based version of the survey was also made available to users as and when needed and used in Foleshill Women Training Centre and Foleshill Children Centre. Both versions of the survey asked identical questions.
- A consultation event was held in central library in Coventry to capture views of parents /carers.

364 responses were received from the questionnaire.

Respondents were asked how many children they had. The most popular answer was parents with two children 43% (166/380), more than a quarter (29%) (109/380) of the respondents said they had one child.

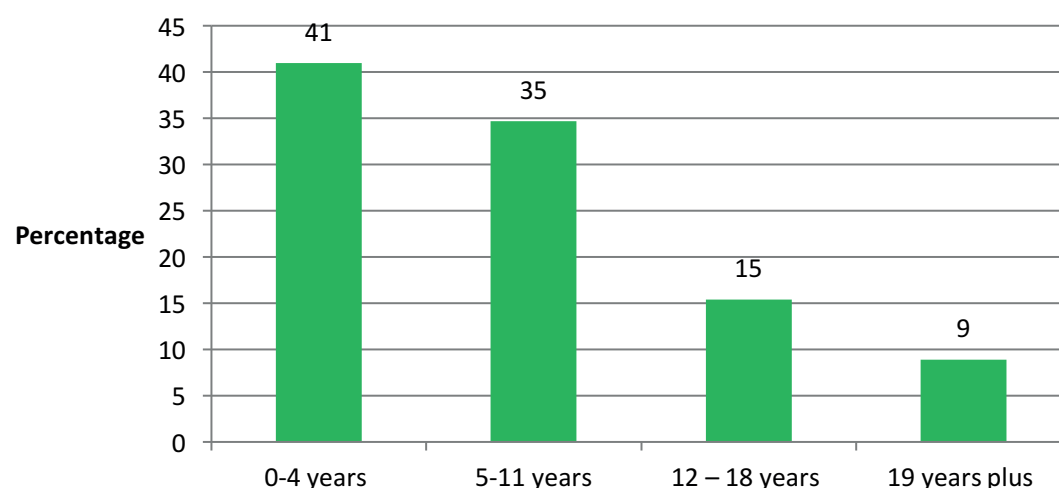
A full breakdown of responses is shown in Table 1 below:

**Table 1:** Responses from parents - How many children do you have?

Answer	Number	Percent
Pregnant	16	4
One	109	29
Two	166	44
Three	59	16
Four	16	4
Five	12	3
Six plus	2	1

Respondents were then asked how old their children were. 41% (202/493) said they had children aged 0-4 years, more than a third (35% 171/493) said they had a child aged 5-11 years. 15% had children between the ages of 15-19 years and 9% had a young person aged 19 or above.

**Figure 1:** Responses from parents – how old are your children?

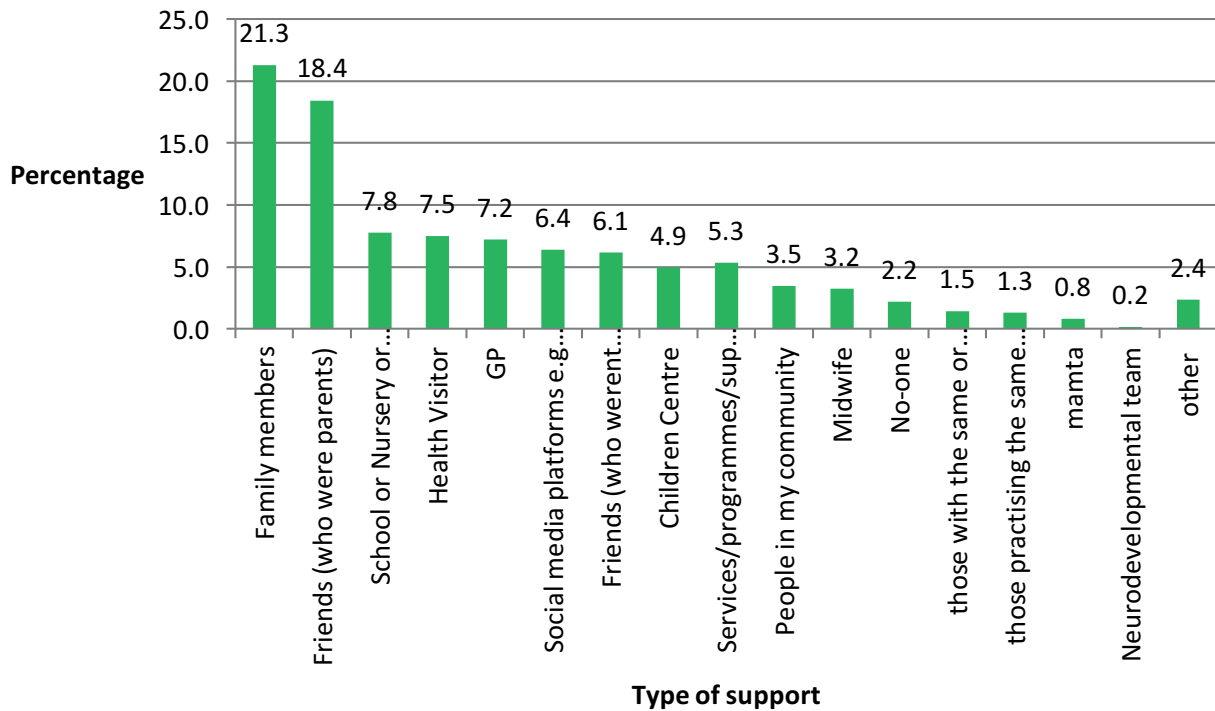


Respondents were then asked if they had a child with a disability. 24% (86) respondents said yes 76% (267) said No.

Respondents were then asked to comment on who they rely on for support in good times and bad times.

Almost a quarter 21% (263/ 1237) of respondents said they relied on family members, with 18% (228/1237) of respondents reporting they rely on friends who were parents. A full breakdown of responses is shown in Figure 2 below

**Figure 2: Responses from parents – who do they rely on support from?**

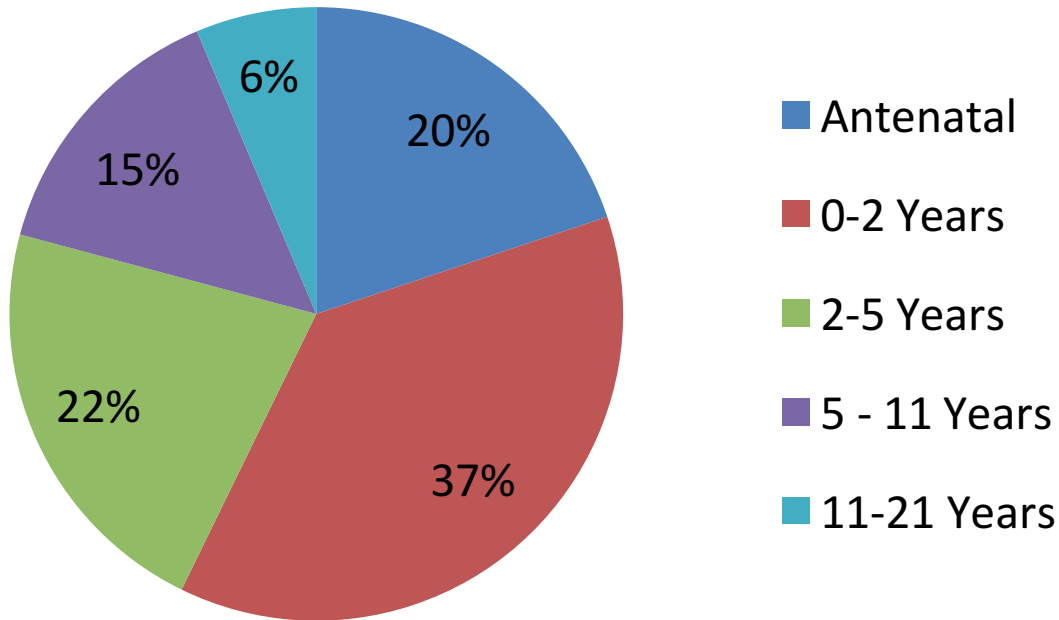


Other support groups/individuals reported included – infant feeding/breastfeeding team (3) social workers (2) education - books (1) toddler groups (2) online forums mums net (1)

Respondents were then asked at what stage do they or did they need support from other services. 37% (125/629) said that 0-2 years was the stage at which they needed/need support from other services. Fewer responses were received with regards to support at 11 -21 years (6% 40/629)

Figure 3 shows the full results.

**Figure 3: Responses from parents –**  
**At what stage of the child’s development do you/did you require support?**



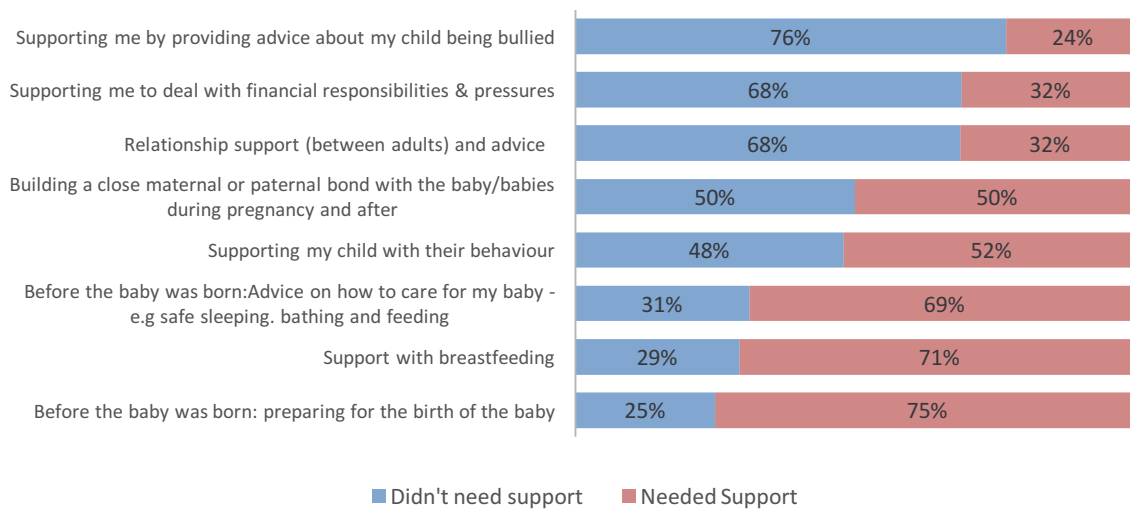
Respondents were then asked a series of questions which looked at how well supported they were in relation to:

- Breastfeeding
- Preparing for the birth of the baby
- Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding
- professional support with building a close maternal or paternal bond with the baby during and after pregnancy
- Supporting child behaviour
- Support around transition points
- Supporting about my child being bullied
- Support to deal with financial responsibilities & pressures
- Relationship support (between adults) and advice

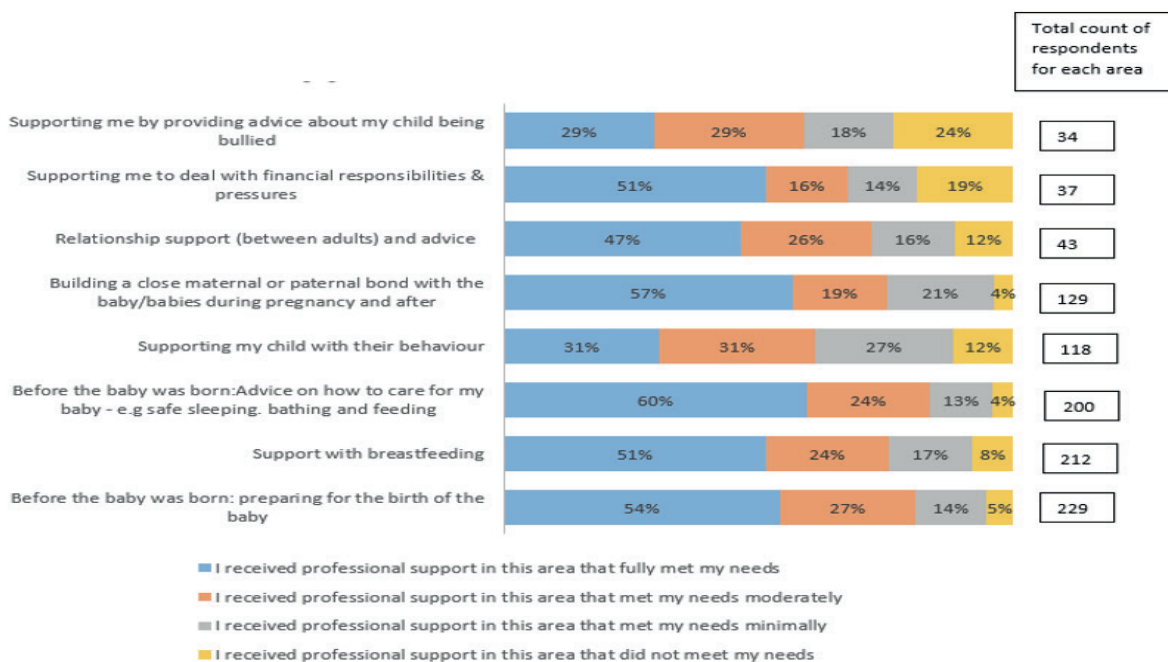
Respondents were also asked a follow up question if they would have liked professional support but didn't receive it, they were asked to comment on why they didn't receive any support.

The findings **Figure 4** below show that the highest level of need was in areas such as before or after birth such as preparing for the birth of the baby (75%), breastfeeding (71%), how to care for the baby - e.g. safe sleeping, bathing and feeding (69%). Therefore investing in support in these areas is crucial to improving health and wellbeing for children and families. A smaller proportion of parents reported needing support in areas such as relationship support between adults, dealing with financial responsibilities and pressures and support around their child being bullied.

**Figure 4: Needed support v. Didn't need support**



**Figure 5** below shows where support was received and where it was most needed.



Areas which scored the highest where respondents felt they had received support that fully met their needs included:

- Before the baby was born: Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding (60%)
- Building a close maternal or paternal bond with the baby/babies during pregnancy and after (57%)
- Before the baby was born: preparing for the birth of the baby (54%)

The majority of parents received support that fully met their needs or moderately met their needs. A small proportion of parents said they received support which didn't meet their needs this was in relation to managing their child being bullied (24%) and dealing with financial responsibilities and pressures (19%).

**Parents reported the following as barriers to them accessing help:**

**Stigma**

“Felt self-conscious and failure if I admitted I was struggling” (breastfeeding)

“Made to feel that because I am well educated and from a reasonably affluent background and not a young mum, that the support wasn't for me”

**Not knowing how to access parenting support:**

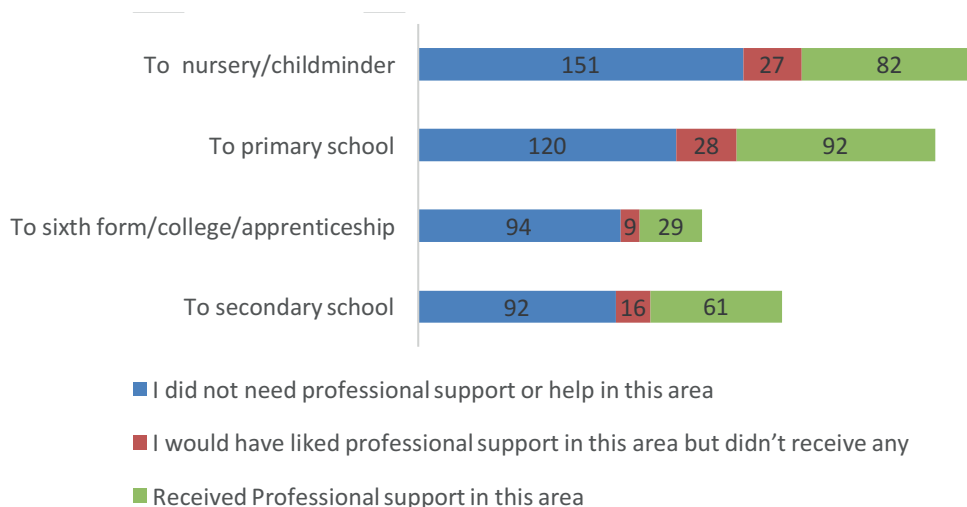
Access to parenting support needs to be strengthened in the following areas:

- Breastfeeding (8;29%)
- Supporting my child with being bullied (7;24%)
- Advice on how to care for my baby - e.g. safe sleeping, bathing and feeding (6;19%)

**Not knowing that help was available:**

- Support to deal with financial responsibilities & pressures (39;81%)
- Relationship support (between adults) and advice (31;76%)
- Professional support with building a close maternal or paternal bond with the baby during and after pregnancy (25;71%)

**Figure 6: Supporting child transition**

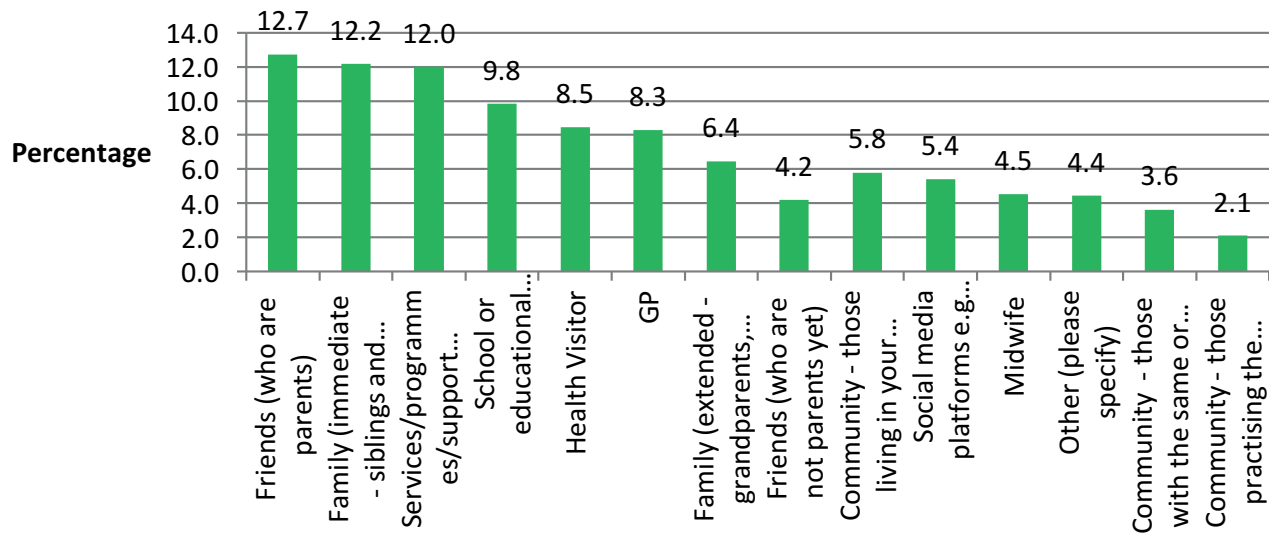




In terms of support in child transition, Figure 6 shows that the majority of responses from parents/ carers indicate that they didn't need support. A higher proportion of parents said they did need support in the transition to nursery/childminder and to primary school compared to secondary school and sixth form. Responses are relatively low in the areas of transition to sixth form and to secondary school, which reflects the number of respondents from the sample who have children in this age bracket.

Respondents were then asked to think about support in the future and who they would like to receive it from.

Figure 7 below shows the results. The most popular answer was friends who are parents



Respondents were then asked if they had any other comments:

Comments were made about the positive experiences respondents had with professionals (13)

*“Mamta is very co-operative and helpful. Very knowledgeable to training courses and also parenting support”*

*“been a first time parent was nervous but receiving help from midwives”*

Comments were made about the important role of peer to peer support (4)

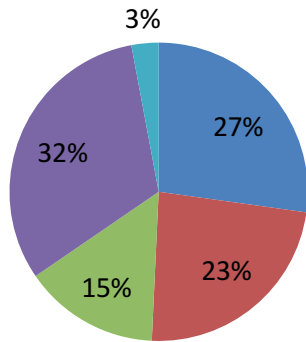
*“The support I have received has been invaluable not just in the direct help and advice, but indirectly by helping me meet other parents and build friendships and support networks through groups, i.e. feeding group. [Joining] something regular to go to has also helped get me and baby out of the house and forge a routine”*

*“The community needs to stop relying on agencies to fix our problems. If we just cared about each other more. The world might be a better place”*

Respondents were then asked how they would like to receive parenting advice: 86;32% said one to one support was their preferred method, the second most popular answer was online (74;27%) and the least popular answer was on the phone (8;3%)

**Figure 8** How would you prefer to receive parenting advice and support?

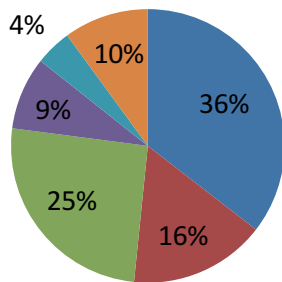
■ Online ■ Group ■ Drop in ■ One to one ■ On the phone



Respondents were then asked where they would like to meet professionals. 36% said at home and 25% said in the children centre. the least popular answer was at a coffee shop (4%)

**Figure 9** Where are you most comfortable meeting professionals?

■ At home ■ Community Centre ■ Children's Centre  
 ■ School ■ Coffee shop ■ Other (please specify)



**Demographics:**

There were 11 males (4%) and 261 (95%) females

**Ethnicity:**

43% (118) respondents were white. 29% (80) English/Welsh/Scottish/Northern Irish/British 23 19% (68/364) of parents were from an ethnic minority group \*

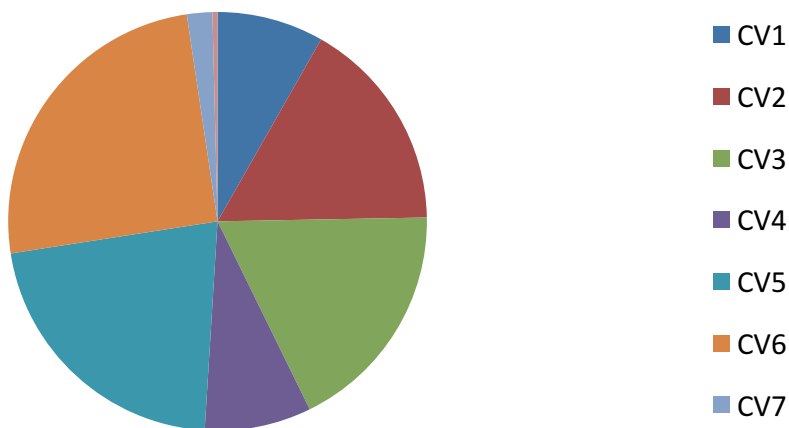
Ethnic minority group in this report refers to the following ethnic groups- mixed multiple groups, white and Black Caribbean, White and Black African, white and Asian, Asian British, Bangladeshi, Pakistani, Indian, Chinese, Asian other, Black African, Black Caribbean, any other Black background, Arab, other ethnic background.

The age of the respondents is provided in the **Table 2** below:

Age	Percent	Number
Under 16	0.00%	0
16 to 24	3.31%	9
25 to 34	41.54%	113
35 to 44	39.34%	107
45 to 54	12.87%	35
55 to 64	2.57%	7
65 to 74	0.00%	0

When asked if respondents considered themselves to be a disabled person, 7 answered yes and 263 said no.

**Figure 10** below provides the postcodes for where parents live.



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