



**WIRRAL
INTELLIGENCE
SERVICE**

Future in Mind Evidence Base: Parenting and Sleep

**Wirral Future in Mind
Steering Group and Wirral
Intelligence Service**

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Future in Mind Evidence Base: Parenting and Sleep

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Contents

Introduction	3
Why is this important?	3
Parenting.....	3
Sleep.....	4
Facts, figures, information (Wirral and beyond)	4
Child/ Young People Population on Wirral	4
Area specific issues	4
Children with Special Educational Needs and Disabilities (SEND) on Wirral	7
Sleep.....	8
Current activity and services	10
Parenting.....	10
Youth Connect 5 Parenting Programme	10
Generic parenting	12
Antenatal parenting.....	12
Children with disabilities.....	13
Attention Deficit Hyperactivity Disorder (ADHD)	13
Autism Spectrum Disorder (ASD)	13
Sleep.....	14
What does this suggest as further action?	14
Parenting.....	14
Sleep.....	15
Appendix One	15

Introduction

[Future in Mind](#) is the government's approach to improve the emotional health and wellbeing of children and young people. It was published in 2015 and calls for action on five themes:

- Promoting resilience, prevention and early intervention.
- Improving access to effective support – a system without tiers.
- Care for the most vulnerable.
- Accountability and transparency.
- Developing the workforce.

Wirral's local approach in response to this national direction and local need is set out in our annually refreshed [Transformation Plan](#). The evidence base that underpins this work is outlined below.

Why is this important?

Parenting

1 in 10 young people aged 5-16 will have a diagnosable mental health condition (ONS, 2016), with 50% of lifetime mental illness (except dementia) beginning by the age of 14, and 75% by the age of 18 (Kessler RC, 2005). See also the annual [FiM Transformation Plan](#).

Children's self-esteem and self-confidence develops through a mixture of nature versus nurture. Some of how a child reacts to challenges is dependent on their personality. However, the other part comes from what children see around them. The most important influence on young children is their parents, how they experience and deal with the world around them, challenges and life events. ([Psychology Today](#))

Very early in a child's life, a parents' responsiveness to their babies affects the development of self-confidence and self-esteem. There are many images of parents mirroring the facial expressions and the noises a baby makes. Parents reflecting back or mirroring to their children continues throughout the child's life and teaches children acceptance and acknowledgement. Life events and circumstances that put pressure on parents, like low income/ worklessness, parental conflict, homelessness, family debt or substance misuse, might have a negative impact on a child's self-esteem and therefore their emotional wellbeing because the parental capacity to give children their full attention might be affected by circumstances around them and the fact that parents are preoccupied.

Supporting parents in bringing up their children is therefore a vital task for anyone involved with families. Whilst parenting programmes are not the answer to all of the problems families experience, parenting support will enable parents to manage their children's behaviour more effectively which will teach children boundaries, make expectations clear and will therefore help children to feel safe and secure. Parenting programmes aim to improve child behavioural and emotional problems through improving parental skills to manage behaviour.

There are many different parenting programmes, but what they have in common is that they teach parents effective parenting techniques, through a combination of group discussions and homework tasks aimed at tackling difficult behavior and improving communication. Such early intervention programmes are advantageous, firstly reducing distress of children and their families experiencing difficulties, but also because the economic and societal costs increase considerably with later intervention in the child's life.

Sleep

[MyMind](#) suggests that sleep allows us to catch up and process the preceding day's experiences, laying down new pathways in the brain that help us learn and remember information, clearing and focusing our minds for the next day. Sleep also plays an important part in regulating our physical health by supporting the growth and repair of cells and tissues. Together, this vital mental and physical health combination improves how we function, determining how well we think, feel, react, learn, and get along with others throughout our daily lives. Sleep is not a luxury, it's a necessity. 80% of growth hormone is secreted in children and young people while they sleep.

Facts, figures, information (Wirral and beyond)

Parents/carers play a central role in relation to outcomes for children. We [know](#) that positive outcomes for children are more likely when parents provide positive guidance and care for their children based on the principles set out in the United Nations Convention on the Rights of the Child UNCRC.

Parents/carers are in a stronger position to provide positive guidance if they have the mental and physical capacity to implement strategies and make changes. In order to provide the appropriate support and access for families it is essential that professionals understand the issues faced by families.

Figures below are highlighting some of the problem areas for children, young people and families on Wirral.

Child/ Young People Population on Wirral

0-4 years	18,996
5-9 years	19,330
10-14 years	18,135
15-19 years	17,979
Total 0-19 years	74,440

Source: [Wirral Compendium of Statistics 2017](#)

Area specific issues

Domestic Abuse

Domestic Abuse severely impacts a parent's ability to meet the needs of their children. High levels of domestic abuse in Wirral suggest that there are high numbers of families in need of parenting support to ensure that issues affecting them have the least possible negative impact on children and young people.

Domestic Abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members. It can include psychological, physical, sexual, financial or emotional abuse (Home Office, 2013).

The table below shows the number of domestic abuse cases discussed by Multi Agency Risk Assessment Conferences, by area, in Merseyside. It shows that domestic abuse is a significant issue in Wirral with 693 cases discussed in 2014 and cases per 10,000 population are significantly higher than the national rates, this implies a significant need for parenting support for this group of families.

Table 2: Comparison of Wirral MARAC Performance against Regional/National Data, Jan-Dec 2014

	National	Merseyside	Knowsley	L'pool North	L'pool South	Sefton	St Helens	Wirral
No of MARACS	285	6	1	1	1	1	1	1
Cases discussed	76,336	2,892	304	630	320	480	465	693
Cases per 10,000 population (SafeLives recommends 40)	32	49	49	48	49	40	63	51
Children in household	96,523	4,475	482	1,020	495	703	569	1,206
Year on year change in cases	18%	7%	41%	-12%	-3%	-9%	63%	11%
Repeat cases (SafeLives recommends 28%-40%)	24%	20%	30%	17%	18%	21%	22%	16%

Source: [Wirral Domestic Abuse Needs Assessment](#)

Domestic abuse can take many forms and have a devastating impact upon individual victims and their families. Moreover, domestic abuse is closely associated with substance misuse and poor mental health (Barron, 2004).

While this will doubtless have a negative impact upon the individual victims of domestic abuse, there are additional concerns where children are involved. Cleaver et al (2011) cited domestic abuse, parental substance misuse and poor mental health as factors affecting parenting capacity. Further evidence suggests that the impact on children extends beyond the immediate abuse and into adulthood (Bellis et al., 2014).

[Domestic abuse figures for Wirral](#) are higher than North West and England figures; the seven areas where domestic abuse is highest on Wirral are: Birkenhead Central, Seacombe Ferry, Hamilton Square, Egremont Central, Higher Tranmere, Seacombe Library and Birkenhead Park Station. Out of those, six of them are among the 3% most deprived areas in England and all rank among the top 5% most deprived areas in England. Birkenhead Town Centre might be disproportionately affected due to a greater number of crimes being committed within the night-time economy.

Child-on-Parent Abuse

A further indicator of the need for parenting support is the level of child-on-parent abuse. Child on adult violence is being described as a 'growing social problem' (Coogan, 2013), becoming increasingly more visible in children and young people who have been referred into child and adolescent mental health services for behavioural problems. Child-on-Parent abuse remains largely hidden, perhaps due to a reluctance of parents to report such problems (Kennair and Mellor, 2007).

Holt (2012) describes child-on-parent abuse as 'a pattern of behaviour that uses verbal, financial, physical or emotional means to practise power and exert control over a parent'. See table 3 below for figures (Merseyside Police):

Table 3: Numbers of reported child-on-parent abuse incidents (Merseyside Police)								
Offenders Under 16	2014-15	2015-16	2016-17		Offenders Under 18	2014-15	2015-16	2016-17
Wirral	28	49	51		Wirral	37	58	69
Sefton	19	24	32		Sefton	26	38	48
Knowsley	8	13	20		Knowsley	15	21	30
St Helens	13	12	22		St Helens	18	17	34
Liverpool	34	43	52		Liverpool	59	75	75
Total	102	141	177		Total	155	209	256
Offences Under 16	2014-15	2015-16	2016-17		Offences Under 18	2014-15	2015-16	2016-17
Wirral	36	65	79		Wirral	48	78	105
Sefton	20	34	46		Sefton	27	48	68
Knowsley	9	15	30		Knowsley	16	23	41
St Helens	13	15	23		St Helens	18	22	35
Liverpool	44	53	99		Liverpool	74	90	131
Total	122	182	277		Total	183	261	380

Source: Merseyside Police data (May 2017).

Note: the figures for "under 18" include the figures for "under 16".

The tables above show figures for the number of young offenders (under 16 and under 18) offending against parents/carers. This is not recorded in Domestic Abuse figures as abuse by children under 16 years of age is not classed as Domestic Abuse according to the Home Office definition of Domestic Abuse (Home office, 2013).

See also [Wirral Domestic Abuse Needs Assessment](#) for more details.

Looked after children

Referrals into Children's Social Care have increased year on year since 2014 and are **considerably higher** than figures for our statistical neighbours. Wirral also has a high rate of Children Looked After and the number of Children Looked After in Wirral is currently growing year-on-year.

Table 4a: Children Looked After rate per 10,000			
	2014	2015	2016
Wirral	99.0	99.0	99.0
Statistical Neighbours	81.8	81.8	85.3

Table 4b: Number of Children Looked After					
	2014	2015	2016	2017	2018
Wirral	665.0	670.0	670.0	810.0	836.0
Statistical Neighbours	437.0	441.0	454.5	Unavailable currently	

Source: Local Authority data (March 2018)

Children with Special Educational Needs and Disabilities (SEND) on Wirral

Parents with children with SEND may have particular support needs requiring specialised parenting support. The number of children with SEND on Wirral is **slightly higher** than the North West and England figures.

Year	Wirral Number	Wirral %	North West %	England %
2014	10,171	20.1	17.9	17.9
2015	9,004	17.7	15.6	15.4
2016	8,578	16.8	14.4	14.4

Source: [Wirral Compendium of Statistics 2017](#)

Specific support has been commissioned to support parents of children with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD).

ADHD

ADHD is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness. Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old. The symptoms of ADHD usually improve with age, but many adults who are diagnosed with the condition at a young age continue to experience problems. People with ADHD may also have additional problems, such as sleep and anxiety disorders.

National evidence tells us that 1.5% of children aged 5–16 will have a hyperkinetic disorder. On the Wirral, this translates to 670 children. However, local experience tells us that the figure may be far higher, with around 600 referrals for assessment received by specialist services per year.

ASD

Autism in children, young people and adults will vary enormously, but will all share the two 'core' features of autism; these are persistent difficulties with social communication and social interaction and restricted, repetitive patterns of behaviour, interests, or activities.

Some people with autism also have significant strengths which can include reliability, a good eye for detail, ability to produce highly accurate work, an excellent memory for facts and figures and the ability to thrive in a structured, well-organised work environment

There are a number of key inequalities for those people with autism and they include:

- Prone to social and economic exclusion.
- Services that are not available consistently; different adults with autism in the same area can have very different experiences.
- Risk of severe health and mental health problems, homelessness, descending into crime or addiction for those without support.
- Although many adults with autism make successful and important contributions to their communities, the economy and their families, too many could be dependent on benefits.
- There is more vulnerability to anxiety, depression and mental health issues in people with autism, with or without a co-occurring issue.

Applying mid-2014 population estimates to Emerson & Baines (2010) prevalence estimates of autism in children and young people, suggests a number of between 676 (1.0%) and 1,014 (1.5%) for children and young people with autism in Wirral (birth up to 18 years of age). Using Wirral's 2015 School Census data, around 1.40%, or 616 pupils of Wirral school population, have a primary or secondary diagnosis of autism.

Sleep

Sleep problems do not only affect a child's physical and emotional health and wellbeing but also affects the sleep and daytime function of family members. Sleep problems are very common, but what is less well known is that a lot of the time, sleep can be improved by making some simple changes to routines and behaviours that underpin quality sleep.

According to sleep medication data (table 6b and 6c), Wirral is an outlier meaning that spend on sleep medication is **higher** than in neighbouring/ similar areas. However, this might be due to the way data is recorded and services are commissioned, as not all services and commissioners will collate data in the same way. Recording of data has recently changed, which means that information can now be extracted specifically for children rather than for the number of items prescribed.

Table 6a: Data for sleep medication – Wirral 2013/14 to 2017/18			
Period Name	BNF Name	Total Items	Total Act Cost
Financial 2013/2014	Melatonin	9,863	£334,037.96
Financial 2014/2015	Melatonin	11,530	£392,035.55
Financial 2015/2016	Melatonin	13,948	£480,427.27
Financial 2016/2017	Melatonin	16,467	£571,073.23
Financial 2017/2018 (Projected)	Melatonin	17,286	£592,894.28

Source: Wirral CCG data (March 2018)

There has been a steady increase in the cost of sleep medication over the last 5 years. However, 2017/18 is projected to have a much smaller percentage increase against the previous year for both cost and items (see variance for cost and items).

Table 6b: Sleep Medication prescribed Items / 1000 Age, Sex and Temporary Resident Originated Prescribing Units (Astro PU's) for Wirral (2013 – 2018)

Organisation Name	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018 (Projected)
SOUTH SEFTON CCG	0.08	0.12	0.18	0.17	0.13
ROTHERHAM CCG	0.18	0.25	0.31	0.43	0.42
ST HELENS CCG	0.13	0.16	0.34	0.92	0.94
BARNSELY CCG	0.36	0.56	0.72	0.92	1.04
WAKEFIELD CCG	0.46	0.65	0.80	1.06	1.12
STOCKPORT CCG	0.68	0.76	0.92	0.96	1.12
DURHAM DALES,EASINGTON & SEDGEFIELD CCG	0.53	0.56	0.75	1.09	1.27
WIGAN BOROUGH CCG	0.88	1.07	1.21	1.45	1.62
NORTH TYNESIDE CCG	0.72	0.95	1.28	1.60	1.90
SUNDERLAND CCG	1.02	1.20	1.46	1.96	2.28
WIRRAL CCG	2.34	2.69	3.18	3.56	3.70
CHESHIRE, WARRINGTON & WIRRAL AREA TEAM	0.96	1.10	1.33	1.60	1.74
ENGLAND	0.52	0.64	0.77	0.93	1.04

Source: Wirral CCG data (March 2018)

Table 6c: Sleep Medication prescribed, Cost (£s) / 1000 Astro PU's for Wirral (2013 – 2018)

Organisation Name	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018 (Projected)
SOUTH SEFTON CCG	12.96	15.73	21.65	24.69	20.46
ROTHERHAM CCG	29.58	39.34	46.74	63.66	58.75
STOCKPORT CCG	152.77	192.98	144.63	119.03	126.59
NORTH TYNESIDE CCG	103.31	121.26	122.16	129.63	147.66
DURHAM DALES,EASINGTON & SEDGEFIELD CCG	108.72	106.63	135.52	167.64	164.02
WAKEFIELD CCG	138.81	169.61	188.63	212.20	187.28
BARNSELY CCG	67.23	114.76	151.88	204.56	209.53
WIGAN BOROUGH CCG	195.06	211.34	205.89	240.24	265.02
SUNDERLAND CCG	197.85	214.66	249.88	288.33	265.29
ST HELENS CCG	26.65	28.24	125.35	454.60	450.65
WIRRAL CCG	287.72	332.93	398.44	449.20	460.94
CHESHIRE, WARRINGTON & WIRRAL AREA TEAM	117.54	134.26	160.72	194.42	205.48
ENGLAND	97.87	110.31	117.79	131.02	134.81

Source: Wirral CCG data (March 2018)

Tables 6b and 6c above show the number of items prescribed per 1000 Age, Sex and Temporary Resident Originated Prescribing Units (Astro PU) and the cost per Astro PU. Wirral compares high on both; however this is partly due to the commissioning arrangements as in some areas the CCG has commissioned a different service to prescribe sleep medication which then means that the CCG is not the organisation recording prescribing data as the commissioned services collect their own data.

Table 7: Number of items prescribed and number of patients, split into children and adults for Wirral (2016/17 (full year))

	ALL AGES	0-19 yrs. old		> 19 yrs. old	
	TOTAL	No.	%	No.	%
items prescribed	16,097	13,820	85.85%	2,277	14.15%
No. Unique patients	2,560	2,159	84.34%	401	15.66%

Table 8: Number of items prescribed and number of patients, split into children and adults for Wirral (2017/18 (9 months))

	ALL AGES	0-19 yrs. old		> 19 yrs. old	
	TOTAL	No.	%	No.	%
items prescribed	12,716	10,592	83.30%	2,124	16.70%
no. unique patients	2,432	2,022	83.14%	410	16.86%

Source: Wirral CCG data (March 2018)

Current activity and services

Parenting

A mapping exercise and quarterly data collection included parenting programmes as well as more informal groups and other types of support for some organisations.

For the purpose of the analysis of information and data so far, the information taken into account has been limited to parenting programmes; the programmes listed below were included in the analysis.

Note that schools are currently not included in the analysis of parenting support due to the large number of schools and the variety of support offered. Schools will be included in the Wirral Parenting Pathway once a programme of courses has been agreed by commissioners and organisations. An update will be provided in line with the development of the Wirral Parenting Pathway.

[See Appendix One for full details of available programme activities](#)

Youth Connect 5 Parenting Programme

Youth Connect 5 is a training programme funded by Champs Public Health Collaborative through Health Education England and delivered over an 18 month period by Merseyside Youth Association (MYA). The programme aims to improve children and young people's resilience, emotional health and wellbeing, enable them to develop resilience and give families the tools to build positive emotional health for their children.

There are 33 organisations trained across the Wirral with a commitment to delivering a minimum of 2 courses each.

An evaluation report will be published by Public Health during 2018 summarising the number of courses delivered as well as the outcomes achieved.

[See Appendix One for full details of available programme activities](#)

Table 9: Parenting Programmes in Wirral		
Parenting Programme	Target group	Children's age
Antenatal parentcraft (general) – by Midwives	open to any parent-to-be	pre-birth
Antenatal parentcraft (general) – by Health Visitors	open to any parent-to-be	pre-birth
Antenatal parentcraft (YP)	open to any parent-to-be aged up to 19	pre-birth
FNP	1-1 parenting (support) for Young Parents	pre-birth - 2 yrs
Solihull	9 week parenting course	0-5 yrs
Nurturing Programme	10 week parenting programme	0-18 yrs
Talking Teens	4 week (top-up) parenting programme	11-18 yrs
Parenting Teens	12 week parenting programme	11-18 yrs
Youth Connect 5	5 week parenting programme	5-16 yrs
Teen Triple P	7 week parenting programme	11-18 yrs
Freedom Programme	12 week programme for female victims of Domestic Abuse	0-18 yrs
Gateway Programme	7 week programme for female victims of Domestic Abuse	0-18 yrs
Protecting your children	8 hour course for victims of Domestic Abuse	0-18 yrs
Leapfrog	10 week course for children who have experienced DA and their parents	5-11 yrs
You in Mind	6 week course for mums with mental health problems	0-5 yrs
Kids Time	monthly session for parents with mental health problems and their children	0-18 yrs
Early Bird Programme	12 week programme for families of children with Autism Spectrum Disorder	0-5 yrs
Parenting a child with Autism	7 week programme for families of children with Autism Spectrum Disorder	0-18 yrs
ADHD Skills Training	5 week/ 2 day programme for families of children going through Attention Deficit Hyperactivity Disorder diagnosis process or with diagnosis	0-18 yrs
Signposts for building better behaviour	7-9 week programme for families of children with global dev. delay or learning disability	3-16 yrs
Emotional Regulation Group	rolling 6 week programme for YP at risk of self-harm and their parents (within CAMHS)	14-18 yrs

Source: Mapping exercise of parenting provision in Wirral

[See Appendix One for full details of available programme activities](#)

This wide variety in types of parenting programme can be grouped into categories, as shown in table 10 below.

Table 10: Number of Parenting Programmes in Wirral		
Overall number of programmes		21
Aimed at	Number of different programmes	Number of organisations providing programmes
Generic Parenting	7	7
Antenatal parenting	3	3
Children with disabilities	4	4
Adult mental health	2	2
Children's mental health	1	1
Domestic abuse	4	6

Source: Mapping exercise of parenting provision in Wirral

[See Appendix One for full details of available programme activities](#)

This shows that 20 organisations are currently (or have been during 2017/18) delivering parenting programmes (excluding Youth Connect 5 and school provision). Some organisations are responsible for delivery of multiple programmes.

Each category is described below.

Generic parenting

The term 'generic parenting' is used for programmes covering child development, parent-child relationships, praise, expectations and boundaries without looking at specific issues like developmental problems, mental health problems, domestic abuse etc.

Evaluation of parenting data from a number of agencies over the last 3 quarters (April – December 2017) suggests that whilst a number of organisations deliver parenting programmes for families with children aged 0-5, there has been a distinct lack of generic parenting courses for children aged 6-18.

There has been a **slight increase** in the number of programmes from January 2018 as the Family Intervention Service and Early Childhood Services are co-delivering a total of 9 courses across the Wirral per year for families of children aged 0-11.

The gap in service for children aged 11+ however will remain. Data also shows that, despite waiting lists, courses that have been delivered have not been filled to capacity. Reasons for this could be:

- Waiting times resulting in families not attending when a place is offered as it is not at a time when they need the support.
- Referrals into other services which means that families do not have a relationship with the worker/ service and find it hard to attend.

[See Appendix One for full details of available programme activities](#)

Antenatal parenting

These are open to any parent-to-be, with specific courses for young parents up to the age of 19.

[See Appendix One for full details of available programme activities](#)

Children with disabilities

Generic parenting programmes will be open to families of children with disabilities and a lot of parenting strategies discussed in those groups will be appropriate for the majority of families.

However, there are some specific programmes for families of children with ADHD and ASD.

New pathways have been introduced for families of children with a diagnosis of ASD as well as families of children undergoing assessment for ADHD.

[See Appendix One for full details of available programme activities](#)

Attention Deficit Hyperactivity Disorder (ADHD)

A review was undertaken in 2015 highlighting that access to pre-diagnosis support may reduce the number of referrals for specialist opinion and diagnosis, and reduce the number of children that go on to have moderate to severe diagnosis that requires pharmacological intervention. It was therefore agreed that investment would be made in pre-diagnosis parenting support. This service has now been in place since the beginning of 2017.

Following feedback from professionals and parents, the service has been extended to include post-diagnosis parenting support. The service aims to support families in understanding and managing their children's conditions, reducing the need for specialist support in the long term.

Support to parents whose children have ADHD is provided through the ADHD Foundation, funded by the Clinical Commissioning Group (CCG).

Services have experienced very high referral rates of over 1,000 referrals onto the ADHD pathway since it was changed in September 2016. The reasons for numbers exceeding expected levels could be:

- Difficulty accessing services for families with generic parenting problems due to limited availability.
- Limited understanding of ADHD vs challenging behaviour.
- Schools referring children onto the pathway as a means of ruling out ADHD as the driver behind behaviour.

The pathway is being reviewed and adapted where necessary to ensure families' needs are met in the best possible way and that children receive assessments appropriate to their symptoms.

[See Appendix One for full details of available programme activities](#)

Autism Spectrum Disorder (ASD)

Parenting programmes are offered to families of children with a diagnosis of ASD, funded by the Clinical Commissioning Group (CCG) and provided by a local voluntary organisation – Autism Together. Referral rates for access to a 7-5 week parenting course post-diagnosis have been lower than expected during the first year of the new pathway. This could be due to waiting times for diagnoses both within CAMHS and WUTH.

[See Appendix One for full details of available programme activities](#)

Adult mental health

This term covers programmes/ sessions aimed at parents/carers experiencing mental health problems. A course is offered by the 0-19 service (Health Visitors) aimed at mothers who suffer from low mood with a baby under 1 year. A monthly drop-in session is offered for parents with mental ill health and their children, delivered by the Youth Support Service and Baranrdo's.

[See Appendix One for full details of available programme activities](#)

Children’s mental health

There is currently only one parenting programme specifically for children experiencing mental health problems and their families, available to children within CAMHS.

[See Appendix One for full details of available programme activities](#)

Domestic Abuse

There are a number of programmes available across Wirral for women experiencing domestic abuse. One of the programmes works with children as well as parents; the other programmes are for adults only.

The table below shows the type of organisations delivering parenting programmes in Wirral.

Local Authority	7 (including Leasowe Nursery School and Family Centre)
Public Health	2 (4 teams)
Health	3 (including 1-1 Midwives)
Voluntary Organisations	8

Source: Mapping exercise of parenting provision in Wirral

[See Appendix One for full details of available programme activities](#)

Sleep

A mapping of sleep services across Wirral has shown that there is currently no sleep pathway and that sleep support is delivered mainly informally and offered as and when needed as part of other support. For example, information may be included in parenting programmes when requested by parents (ADHD/ASD/Learning Disabilities) or information given on home visits by Health Visitors.

The only formal and/or specific sleep support on offer is delivered by Scope. This is for families of children who have a disability or are in the process of being diagnosed. Support is delivered either 1-1 or in the form of a ½ day workshop for families and professionals.

[See Appendix One for full details of available programme activities](#)

What does this suggest as further action?

Parenting

Our aim is that children, young people and families are well supported by the right services at the right time, which will lead to happier and more resilient families, less pressure on targeted/specialist services and a shift from crisis care and reactive service delivery to prevention and early help.

The type of parenting support that meets parents’ needs will vary. The diversity of family life means that a ‘one size fits all’ approach is unlikely to be successful. Parents need access to information, advice and support that is matched to their need.

A limited number of parenting classes, delivered over a short space of time, is not necessarily sufficient to meet the parenting needs of all parents. In many cases a lot of effort will be needed to encourage and support the successful and sustained engagement of parents.

The focus of [guidance](#) is therefore not only on ‘what’ parenting support to provide, but also on ‘how’ practitioners engage with families. Parenting support needs to be available to all those who may play a key role in bringing up children.

We are working on developing parenting support that is based on the [THRIVE model](#), offering parents access to advice and support at any level of need, ranging from self-help resources in the early stages over access to universal services and multi-agency support all the way through to specialist and risk support.

A multi-agency parenting workshop was held in February 2018, which was the catalyst for organisations to work together to develop a more coordinated Wirral-wide parenting pathway. Information from quarterly data collection as well as results from consultation with parents around parenting support has fed into the start of the design of the new multi-agency parenting pathway.

Feedback from agencies is being used to identify next steps; work will continue with parenting practitioners, service managers and commissioners from Local Authority, CCG and Public Health as well as parents/carers to ensure the future pathway reflects the needs of local families.

Sleep

The next steps will be to look into good practice in other areas to establish whether non-medical sleep support would support families either on its own or alongside medication and whether this would be a way to reduce the cost of sleep medication and families’ reliance on medication long term.

Targets for this year for both parenting and sleep have been included in the updated [FiM Transformation Plan 2017-18](#).

For further details please contact:

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Appendix One

[Wirral Parenting Programmes 2017/18](#)