

Early Help (Parenting) Task Group



December 2020

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1. Foreword

- 1.1 On behalf of the Children and Young People Overview and Scrutiny Committee, we are pleased to present this review of parenting support in Medway, to Medway Council's Cabinet. The recommendations from this review will, if agreed, form part of the forthcoming Parenting Support Strategy which we believe will have a beneficial and positive impact in supporting Medway's families at an earlier stage, to empower them to live happy and healthy lives and to thrive and move us closer towards child friendly city.
- 1.2 The Task Group would like to thank all the witnesses who assisted in providing evidence at its various meetings, both those representing external organisations and families themselves, who gave their time to meet with the task group and share their own thoughts and experiences.
- 1.3 The Covid-19 pandemic made conducting this review very different to our usual methods, instead meeting with everyone virtually. However, we are so thankful to everyone who embraced the technology and participated. Equally, the pandemic has shown us all more than ever, how vital parental support is.
- 1.4 We firmly believe that the recommendations in this report and the wider Parenting Strategy that will be developed, are key in creating Medway as a Child-Friendly City that promotes positive physical and emotional health and wellbeing amongst our children and young people. Parenting is at the heart of happy and healthy children and families, therefore getting the offer right and early enough for Medway families, will enable them to be strong and resilient for Medway's future.
- 1.5 Finally, we would like to thank the five officers, detailed within section 5.1 of this report, for their support over the course of the three months we have worked on this review.

2 Executive Summary

- 2.1 Establishing a cohesive and consistent approach to parenting support is a key factor in Medway's improvement journey and in safeguarding our children. Currently, we know from our data that a high number of families are entering statutory safeguarding processes, when compared with our statistical neighbours. It is firmly believed, based on research as well as the task group findings detailed within the report, that if Medway improves its parenting offer from universal to specialist provision, with all agencies delivering support in a consistent way that is accessible to all communities, this will safeguard more families and enable them to be happier and healthier.

- 2.2 This is also true in relation to referrals for neurodevelopmental conditions. Currently, approximately 60% of all children referred onto a neurodevelopmental pathway do not end up with a formal diagnosis. Again, it is believed that with the right parenting offer and approach, this will prevent families from being referred onto a specialist pathway which might not necessarily be appropriate for the child's or the family's needs.
- 2.3 All agencies in Medway want to enable our families and communities to be resilient. The work from this review will feed into the forthcoming Parenting Support Strategy and will dovetail the forthcoming Early Help Strategy and those two documents will enable Medway the place to operate in a coherent and cohesive way, delivering the best for Medway's children and families working to ensure families get support at the earliest point of need.
- 2.4 This review document and the forthcoming strategies will go beyond just parents. They are relevant for mothers, fathers, carers, grand-parents and any other significant adults within the family setting, recognising that many families in Medway are blended and made up in many different ways. In the context of this report the word parents refers to anyone involved in the raising of a child.

3 Setting the Context

3.1 The national perspective

- 3.1.1 There is no single guidance document or Act of Parliament that underpins the need for parental support services. Instead, there are requirements set out within numerous legislative areas and national priorities, that require parent support to be provided; some of these are explicit, such as the legislation underpinning Local Authority social care systems, whereas others are implicit – for example the NHS Long Term Plan commitments relating to a strong start in life for children and young people.
- 3.1.2 This provides local areas with the scope to develop systems of parenting support that best suit their unique populations, and accounts for the variation that is evident between how support for parents is designed and delivered in different areas.
- 3.1.3 Whilst there may not be a wealth of documents providing guidance and direction in relation to the ways that parenting support should be structured and delivered, there is a significant amount of research and evidence that outlines the importance of parents as the key factor in delivering positive outcomes for their children, as well as evidence supporting models of early intervention. Empowering parents to become sensitive and engaged caregivers is an enabling factor to develop secure attachments between a parent/carer and the child. This secure attachment forms the basis of the

child's wider relationships and is a protective factor against adverse childhood experiences (ACEs) across the life course.

3.1.4 Examples of this research include the following:

- 'Fair Society, Healthy Lives' (The Marmot Review), UCL Institute of Health Equity, 2010¹
- 'Conception to Age 2: the Age of Opportunity' (The Wave Trust, 2012)²
- 'Building Great Britons' (All Party Parliamentary Group for Conception to Age 2, 2015)³

3.2 The local context relating to parenting support

3.2.1 Effective systems of support for parents directly links to a number of key strategic drivers at a local level. These include:

- Medway Council's strategic priorities, particularly in relation to "Supporting Medway's people to realise their potential".
- Medway's Joint Health and Wellbeing Strategy – Theme 1: Giving Every Child a Good Start
- Medway's aspiration to become a Child-Friendly City
- The NHS Kent and Medway CCG five year strategy, which commits to make sure children, young people and adults with special educational needs and disabilities, learning disabilities and autism - and their families and carers - receive the care and support they need and deserve
- The Local transformation plan for CYP emotional wellbeing and mental health, which includes the following key areas:
 - identifying and providing support for children and young people at greatest risk,
 - reviewing support for children and young people with neurodevelopmental need or learning difficulties,
 - improving transition and increasing the support available to young adults,
 - increasing investment in early intervention and prevention support

3.2.2 In addition to the key drivers identified above, there are a number of local strategies and approaches which are dependent upon the role of parents for their success. These include, but are not limited to:

- Early Help Strategy
- Looked-after children strategy
- Safeguarding children procedures
- Children's services sufficiency strategy
- Infant feeding strategy

¹ <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

² <https://www.wavetrust.org/conception-to-age-2-the-age-of-opportunity>

³ <https://plct.files.wordpress.com/2012/11/building-great-britons-report-conception-to-age-2-feb-2015.pdf>

- Special educational needs and disabilities strategy

4 Parenting Support in Medway

- 4.1 Medway has a varied offer of support for parents that is already in place. This is comprised of services provided directly by Local Authority officers, commissioned health providers, schools, voluntary sector organisations and peer support groups.
- 4.2 Throughout the course of the task group, it has become evident that a key issue relating to parenting support in Medway is a lack of joined-up working with agencies and an inconsistent offer, as well as a lack of awareness between agencies about what the full offer is for Medway parents.
- 4.3 Currently of all children and young people assessed for ADHD or Autistic Spectrum Disorder within the Medway Community Healthcare caseload (i.e. under 11 years old), 60% do not end up with a diagnosis. The task group firmly believe that with earlier, accessible parental support offered to address the presenting need of the family it would reduce the number of children and families being referred inappropriately for assessment.

5 Methodology and approach

- 5.1 The Task Group comprised five Members of the Children and Young People Overview and Scrutiny Committee – Councillors Kemp (Chairman), Cooper, Johnson, Thorne and Mrs Elizabeth Turpin. The Task Group was supported by five officers; Kelly Cogger, Head of Early Help and First Response; Aeilish Geldenhuys, Head of Public Health Programmes; Michael Griffiths, Programme Lead; Stephanie Ponter, Group Manager for Early Help and Teri Reynolds, Democratic Services Officer.
- 5.2 The Task Group agreed the following key lines of enquiry:
- 5.2.1 To hear from Medway families in relation to what they need from parenting support and how they wish to receive messages about what is on offer and being developed.
- 5.2.2 To consider national context in relation to the parenting support element of Early Help and what a good strategy and good offer looks like.
- 5.2.3 To review what exists already across the Medway landscape and whether the offer for parents in Medway is clear and joined up and meets the identified needs.
- 5.2.4 To review whether work around early help and parenting is joined up.

- 5.2.5 To review how unmet need can be addressed through parenting support.
- 5.2.6 To review whether wider partners are engaged in the vision for parenting, such as the education and health sectors.
- 5.3 The Task Group carried out its review from September through to December 2020 and met virtually with a number of stakeholders to gather information to inform its findings and recommendation. Each evidence session is detailed within section 6 of the report.

6 Summary of evidence collected and findings.

6.1 Stakeholder event

6.1.1 Commissioners facilitated a stakeholder group on 29 September 2020, which aimed to gain feedback from a wide range of partners relating to parenting and the support systems that are in place in Medway. Alongside a number of internal Medway Council departments, the following organisations participated in the stakeholder session:

- Medway Community Healthcare
- North East London NHS Foundation Trust
- Kent and Medway Designated Clinical Officer for SEND
- Medway Voluntary Action
- ADHD parent support group
- Medway Parent Carer Forum
- Homestart Medway
- Salvation Army
- The Marlborough Centre
- Primary and Secondary Head Teacher representatives

6.1.2 The session took place virtually, and included break out groups to discuss the following key areas:

- Medway's parenting support system: linking key areas of work with the development of our strategy
- Key issues relating to parenting support: to identify trends, successes and areas for improvement relating to parenting support
- Principles, ethos and vision: to consider these areas moving forwards and draw out common themes
- Outcomes: to discuss potential outcomes of improved parental support systems in the short, medium and long terms

6.1.3 It is very difficult to summarise the feedback from this stakeholder engagement event in a succinct way within this document; the session was attended by a wide range of colleagues from across Medway and there was extensive and wide ranging discussion. The event provided a fantastic

platform for the task group to commence its review work and its full feedback will greatly influence the development of Medway's parenting support strategy, however some key elements can be summarised as:

- Acknowledgement that there are a range of support options available, but that this can cause confusion and that there are insufficient systems of support for some groups
- Language and presentation of parenting support services is key in engaging parents and avoiding the stigma that can be associated with service uptake
- It is important to develop a system with core "universal" messages or building blocks that are easily accessible to all parents, which can then be built on with more specialist options for support
- Developing resilient families and communities that can self-sustain is crucial to ensure that the approach to parenting support is sustainable
- An improved communication plan in relation to parenting support is crucial to ensure that professionals and parents are aware of the services available

6.2 Best practice examples

6.2.1 On 22 October, the task group met with the following representatives to learn how parenting support operated in their areas, learning from best practice:

- Clare Burrell, Head of Strategic Commissioning and Policy, Essex County Council
- Martyn Lee, Early Help Professional, Bedford Borough Council

6.2.2 Both representatives informed the task group about the change in emphasis in their early help arrangements, with a greater focus on responding to the needs of parents, in order to improve the lives of vulnerable children and families. The need to change attitudes around parenting support was raised, enabling parents to become equipped with the skills needed for challenges that arise at that time or in the future.

6.2.3 A strength-based approach was considered key when working with parents, ensuring the right evidence based approach was matched and used with the right family. Stigma was still recognised as an issue with families accessing support but by making the offer easily accessible, well advertised and as a tool to equip parents for challenges ahead, such as teenager difficulties for example, was slowly having an impact with people starting to buy in to a 'normal' offer.

6.2.4 Although neither area had its own parenting strategy, parenting was embedded strongly within all strategies. The Task Group considered that at this stage, for Medway the place, a Parenting Support Strategy would still be hugely beneficial for the area, to bring all agencies, partners and families

together in delivering a consistent and coherent parenting offer to families.

- 6.2.5 Various techniques and approaches were used within Bedford, Essex and within Medway, and both witnesses explained that programmes in their areas benefited from being targeted around specific issues and needs. What was highlighted by both as key, was that all practitioners, across the whole system, needed to be trained in delivering various approaches, whether that be non-violence resistance, reducing parental conflict, Triple P or other examples. By all practitioners having these skills, it enabled the whole system to be provided in a consistent and effective way across agencies.
- 6.2.6 Measuring impact – longitudinal measuring of tracking families who have received early intervention and whether that work gives those families the resilience to cope with crisis later on was considered important in measuring successes and this needed to be built in to any approach.
- 6.2.7 In relation to support for parents of adolescents Bedford’s universal offer included workshops for parenting teenagers. The area ran a programme called Teen Brain Matters, which was delivered via secondary schools and had been very positively received by parents.
- 6.2.8 Engagement with schools – Bedford explained how their Early Help Practitioners each acted as the point of contact for designated schools. In addition, school staff had been trained in certain programmes which they then delivered within their school clusters. This is in addition to some parenting programmes being delivered from schools to make them more accessible for parents and helped in building relationships between schools, families and early help support.
- 6.2.9 Both emphasised the importance of a universal offer to ensure help is provided at the earliest opportunity and also to make accessibility to support easier and with less stigma. Access to the universal offer should be for any significant adult, including grandparents or older siblings for example and should be accessed without the need for an Early Help assessment. It was also explained that in Bedford, there was also targeted support provided around key transition points for children, such as nursery to primary school and primary to secondary, which were delivered from the schools and were open to all families.
- 6.2.10 The task group also learnt about Reducing parental conflict (RPC) at this session. The programme states; “conflict between parents is normal, but if exposure is frequent, intense and poorly resolved, this can have a damaging impact on children, resulting in long-term mental health issues and emotional, social, behavioural and academic problems as they grow up”. Essex have trained many practitioners across agencies in RPC, giving the

example of GPs who have found the training useful in a variety of patient needs including older couples, not just those with young families. Essex also allows self-referral to the programme which they explained has the positive effect of self-recognition. It also produces a flyer for parents with hints and tips on resolving conflicts positively.

6.2.11 Finally, the use of language and finding ways to reduce stigma were identified as key and it is therefore suggested that some parenting skills programmes could be delivered separately to social care, particularly for universal level support, which could be accessed via Adult Education services, for example, to normalise accessing support. A graduated response with various approaches and strategies was needed to provide a toolkit that could be used with families to adapt and offer new solutions across agencies and to address various levels of need.

6.3 Professionals and partners

6.3.1 On 6 November, the task group met with the following partner representatives:

- Sue Crabb – Family Action
- Jane Jarman – Behaviour Team, Medway Community Healthcare
- Sarah Jenner – NSPCC
- Tabitha Nelson – Team Manager, Practice Development, Medway Council
- Anthony Pallett – Parenting Worker, Medway Council
- Palvinder Sandhu – Health Visiting and School Nursing, Medway, Community Healthcare

6.3.2 Each of the participants gave the task group a brief description of how they support parents in Medway currently.

6.3.3 The following parenting programmes were discussed:

6.3.3.1 **Incredible years** – an evidence based programme, deemed one of the best in the world. The programme generally runs for around 12 weeks but could be extended where necessary. The programme starts with the fundamental aspects of parenting; the importance of play, talking and listening, problem solving, and building self-esteem. It covers attachment, the importance of recognising and rewarding good behaviour, building social and emotional skills, creating clear rules and boundaries and managing misbehaviour. The programme is aimed at preventing children from developing conduct problems.

6.3.3.2 **Triple P** – this is a positive parenting programme which is now one of the mostly researched and provides practical strategies to provide parents with a toolbox of ideas and enable them to raise happy, confident children

by increasing parental knowledge, skills and confidence and is aimed at reducing the prevalence of mental health, emotional and behavioural problems in children and young people.

- 6.3.3.3 **Solihull approach** – an approach that focusses on emotional health and wellbeing. It encourages practitioners to look at the needs of a family, and tailor work to address needs, making sure families have a good understanding of their needs and how they can be supported in partnership. There is a focus on the understanding of early years brain development.
- 6.3.4 It was clear from all the practitioners that met with the task group that early intervention was vital, as well as reducing the stigma and providing a level of wrap around support to help parents in their understanding of why they are being recommended a particular program.
- 6.3.5 Evidence and science also demonstrate that early intervention and support in early years, with a long term vision of support, create a future generation of resilience and support parents to understand the fundamental role of parenting in a child's development. Therefore, getting that early offer right would have the greatest impact in preventing harm or the requirement for more intense targeted and specialist safeguarding support later on in life.
- 6.3.6 The task group explored with the witnesses, whether there was duplication and whether the system worked collaboratively. It was explained that the referrer of a family was key in knowing the family and exploring what interventions they may already have received, to enable an informed judgement to be made regarding the next steps to support the family. It was felt that a strategy would clarify the pathways and the roles to improve collaborative and cohesive working further. The point was also made that health visitors and midwives also sit within children and family hubs so were linked closely with Early Help.
- 6.3.7 Aspiration from those present was for there to be a universal offer, which families could self-refer to at the earliest opportunity. Although, reference was also made to a single point of access to act as a triage and reduce the possibility of scattergun referrals, so that services could work in partnership to establish the best service for a family and could build on previous relationships with a family and professionals. It was clear that a range of services was needed but so was a more collaborative approach with understanding of all the services available to families. It was considered that there was currently too much fragmentation and that a strategy would help build and sustain a more cohesive picture.

- 6.3.8 When the witnesses were asked about how they evaluated their programmes and success, they explained that usually, an evaluation of the family and its needs would be undertaken at the beginning of the referral and at end of the program to demonstrate impact and lessons learned. However, it was recognised that much of the impact would be seen in longer term results and experiences and so the mapping of that needed to be looked at.
- 6.3.9 When asked about whether any particular groups were difficult to engage with or had barriers in accessing support, reference was made to the growing community of Eastern Europeans within Medway which required an increased use of translators to effectively reach them with public health messages and to inform them about available support services.
- 6.3.10 Reference was also made to fatherhood, with fathers, not always, but often absent from accessing support and with there being a focus on mums. Equally families in Medway are becoming increasingly blended and so support and services should be open to be accessed from any relevant adult in the family; mother, father, carer, grandparent, older sibling, aunt, uncle. This needed to be part of the culture shift in recognising it is not always just the immediate parent that may need support.

6.4 Parents

- 6.4.1 On 6 November the task group met with five parents who had all completed the Triple P Parenting Programme. The parents all shared their experiences of support and navigating the neurodevelopmental referral pathways.
- 6.4.2 The parents spoke very positively of the Triple P programme which they had all found beneficial in developing strategies to develop positive parenting skills at home. However, unfortunately there were experiences of delay in accessing the programme, which had been incredibly frustrating for the families. The parents equally shared their frustration with accessing support towards possible diagnosis and accessing the neurodevelopmental pathway.
- 6.4.3 Some parents shared their experience of professionals not taking lead responsibility. The task group heard about there being a lack of clarity around roles and responsibilities for referrals between schools and GPs in some cases and also some inconsistencies in picking up difficulties between primary and secondary schools.
- 6.4.4 All of the parents commented on the delays in receiving certain services, particularly in terms of accessing an assessment. It was also explained that there was little clarity given to them about likely timeframes which made managing expectations difficult and in turn led to greater stress on the family.

- 6.4.5 All of the parents participating explained their experiences of accessing support as difficult, referencing delays, lack of clarity in which agency should lead and a lack of follow up after certain programmes are completed or if the child/family did not meet the criteria for a particular service.
- 6.4.6 These experiences, which were so valuable to the task group and its review, made it so clear how vital a consistent system-wide approach to parenting support in Medway at all levels of need and intervention was in addressing the frustrations and inconsistencies experience by these families and also to support them with strategies to help support their resilience and confidence.
- 6.4.7 Reference was made to the benefits of peer support and the parental community and how this could help support families support each other.

6.5 Young Parents

- 6.5.1 The Task Group also met with representatives from Medway Community Healthcare who support young parents. They referred to the different needs of young parents and the different styles of support provided, recognising that as a young person themselves, their brain development was still maturing and they therefore often operated in a different way to older adults.
- 6.5.2 There was often a tension with school age pregnancies and protecting their education, in terms of continuing their education at school during pregnancy but also enabling them to return to school post birth. It was explained that there was no clear national policy on returning to school post pregnancy and there being little use of the 'Care to Learn' funding which provides free childcare to under 20s to enable them to continue their studies.
- 6.5.3 Often, but not always, young parents had a vulnerable background and needed emotional support as well as practical parenting support. Grandparents were involved as much as possible, with the young person often still living at home. This helped ensure consistent messages and advice are provided to the young person, which are in line with current best practice and helped to address possible tensions of more out-dated advice that may be shared from grandparent experience.
- 6.5.4 In relation to the specific needs of young parents, it is the experience of colleagues that they are often disadvantaged by virtue of their age; for example with practical elements such as transport and living arrangements, which can place pressure on their family. In addition, it was remarked that the prevalence of domestic abuse was high amongst young parents and that due to the stigma associated with having a child at a young age, they were often reluctant to access services that are available.

6.5.5 On a more positive note, colleagues did share with the group that becoming pregnant and having a child was the biggest motivator for positive change amongst young parents.

6.6 Educational settings

6.6.1 On 19 November, the task group met with the following officers:

- Deborah Allcorn – Early Years Sufficiency Manager
- Chrissie Clark – Attendance Advisory Practitioner
- Lynn Simms – Inclusions Manager
- Rebecca Smith – Head of Education Performance
- Wendy Vincent – Head of Integrated Disability Services

6.6.2 Early intervention was again raised by this group, recognising the need to be able to support parents in ‘renewing their skills’ at the earliest point of need to prevent more serious behavioural or developmental issues going forward.

6.6.3 Post diagnosis support was also identified as a gap, explaining how families could often feel quite unsure about expectations once their child receives a diagnosis and so supporting parents with that uncertainty and giving them some ideas on what to expect for transition points and developmental stages going forward was really needed. It was added that to support some local peer support groups, for example relating to Autistic Spectrum Disorder or ADHD as examples, would also be beneficial to families.

6.6.4 Reference was made to Medway’s Local Offer directory for children with SEND and their families, which was crucial in providing information about services available and thereby enabling those families to maximise their control over the services they use. The SEND Local Offer links directly to the wider directory provided by the Family Information Service, which provides details relating to a vast amount of family support services available in Medway, covering things such as domestic abuse support, leisure facilities and holiday schemes. Awareness of this service did not particularly come through during any of the evidence gathering sessions and so clearly greater use and promotion of this service was required.

6.6.5 Officers informed the task group about the work undertaken with schools in relation to reducing exclusions rate in Medway schools, the outcome of which was that 78% of the schools reduced exclusion rates to below or significantly below the national average. A Positive Behaviour Support programme was embedded into this project. A second wave to the project was working with SENCOs looking at the quality of teaching and learning for children with SEN (but who did not have an EHCP). Part of that work involved looking at outreach support, including family and parenting work undertaken or signposted by the school. This work had recently concluded, and it found that there was a lot of support services available for families but

that these were not well promoted amongst schools, who were therefore unclear and unaware about the opportunities available.

- 6.6.6 An issue was raised about the role of the SENCo in schools. The point was made that it was important to not dilute the SENCo role by over burdening the post holder with teaching responsibilities, while at the same time, exposing them to regular teaching in order to maintain quality teaching skills. Where necessary, schools were supported with how to manage this balancing act by the School Challenge and Improvement Team. The point was also made that to maximise the impact of the SENCo and the support they can provide children and their families with, was ensuring that they were fully connected and aware of services available to signpost families to.
- 6.6.7 Officers spoke about there often being a real willingness of parents to engage and work as a family to address difficulties, but they wanted this to happen at pace and so response to referrals and signposting needed to be appropriate and timely as much as possible. Lengthy delays often led to families disengaging in support.
- 6.6.8 The task group also considered the results of a survey that had been completed by 83 schools (primary, secondary, special and PRUs) and 24 Early Years providers. The task group were really encouraged to see that almost all respondents considered it a responsibility of their provision to provide support for parents, but there was much less clarity in their capacity to deliver this or their knowledge in where to access support for families. The survey also found that over 50% of the most common concerns raised by parents related to routine and boundaries or general parenting and so clearly, more opportunities for services to be delivered from schools or signposted to by educational settings, would be extremely beneficial.

7 Recommendations

- 7.1 The Parental Support Strategy needs to be a document that works across the whole system and be supported by all agencies. It is recommended that the Medway Safeguarding Children Partnership be asked to champion the strategy and seek assurance that the approaches within the strategy are used consistently across Medway.
- 7.2 The Parental Support Strategy needs to advocate a positive behaviour approach and encompass a universal and varied offer with a graduated clear pathway. The universal offer should include readily available guidance material on issues such as behaviour management techniques and boundaries as well as broader issues such as sleep, eating habits and continence, using positive parenting approaches and should be accessible to families at the earliest point of need.

- 7.3 Medway needs to drive digital inclusivity to enable easy access to support for parents across all communities by providing clearer access to tools and resources available within the community, whilst recognising a blended approach in the provision of support is beneficial and needed.
- 7.4 Medway's parenting support offer needs to be easily understood and accessible to both parents and support agencies throughout Medway. The parenting support offer spans a wide variety of services and will require some focused communication for it to become established throughout Medway's communities. It is therefore recommended that better use of and marketing (for example, in Medway Matters) of the Family Information Services is used to achieve a better understanding across Medway of what is available.
- 7.5 Schools and Early Years providers should be encouraged and supported to offer behaviour management strategies, advice and signposting as part of the provision that is ordinarily available to children and families. This reflects the feedback from schools that "routine and boundaries" is the most frequent concern shared by parents.
- 7.6 Families should have access to a lead professional at the earliest opportunity of need, to support them in navigating the services and support that is available. This lead could be from a variety of organisations from across the partnership, depending on agency relationships and involvement with the family and they need to be able to draw on the varied offer of support for parents that will be developed and publicised as a part of the strategy.
- 7.7 The strategy should be focussed on the support that a family needs to enable them to thrive and for children to meet their potential. All children that require assessment and/or diagnosis will be supported through this process, however there must be recognition that behavioural support and parenting support strategies will be required to meet the presenting needs of children and young people, regardless of whether a clinical diagnosis is in place.
- 7.8 Post diagnostic support needs to be bolstered to enable clearer and easier access to support for families once a specific diagnosis, for example of ADHD or Autism, is in place.
- 7.9 Support for families relating to children's mental health and neurodevelopmental needs to be more clearly mapped out so the system works more effectively. It is therefore recommended that a summit is organised involving all partners and stakeholders, to map all the support in Medway that is available and raise awareness of the opportunities for

families that exists at various levels of need.

- 7.10 The Parental Support Strategy should seek to drive cultural change within Medway, so that parental support is seen as an entitlement whereby all families and communities can access support without fear of stigma or judgement. It needs to be encouraged for all significant adults within the family to access and to be normalised as an offer to all families across Medway and embedded as part of the pathway to building Medway as a Child Friendly City.
- 7.11 To reduce possible stigma, it is recommended that courses should be readily available via alternative routes separate to social care settings, such as Adult Education, Community Hubs, schools and further education establishments for example, to 'renew and refresh' parenting skills.
- 7.12 The strategy should span a longer-term period, perhaps 10 years, to provide the opportunity for cultural change to become embedded and long-term outcomes to be assessed. There should be intermittent periods of review at both officer and member level, defined within the strategy, to ensure that it remains current, and the strategy should have a set of short, medium and long term outcomes associated with it.