Contents

The sound parenting evaluation

Introduction

"Early intervention is essential to support children and families before problems, either from within the family or as a result of extreme factors which have an impact on parenting capacity and family life, escalate into crisis or abuse."[1]

Sound Parenting is a group for children and their families. It addresses the specific issues of parental substance misuse upon the child and is aimed at early intervention, identifying risk and building on resilience.

The group was created following a study day that explored the impact of parental substance misuse on the child. It became very apparent through inter-agency discussions that there was a clear unmet need as whilst there are services throughout Torbay they are not specifically focused on this specific client group (i.e. families with young children) and issues of inclusion.

The group was established following discussion between Social Services, the Specialist Health Visitor for Substance Misuse and the Exeter Drugs Project (EDP) South Devon. This in itself is a triumph as there are few examples of collaborative working amongst agencies. Furthermore the following Agencies/Services have contributed to the group:

Shrublands Drug and Alcohol Services – clinical nurse specialist inputting into the Risk and Resilience section of the course
Young Carers – workshop for children
Youth Offending Team – specialist drug advice for children
LinK Youth Support – activities programme
Job Centre Plus/ Progress to work – attendance at week 12 to offer families access to other services[2]
Gateway to learning -
Woman's Aid – provide input to week 4 of the programme
Domestic Violence Officer [Police] – as above
Sure Start – staffing at the course and support when the course has finished
Homestart – follow-up at the end of the course and support for the families

The structure of the course will be discussed in more detail later in this report.

This evaluation looks at the initial aims and underpinning theories of the group and asks should the group continue, if so does it need to be changed or if not what the issues were and what the alternatives would be.

[1] Framework for Assessment, Department of Health (2000)

Original Aims and Objectives

"Facilitating a safe place for families affected by substance misuse and/or domestic abuse and for them to:

- be less isolated
- feel more empowered
- involve other community services
- identify appropriate coping strategies
- build communication skills within the family
- improve positive mental health and self esteem
- feel valued and listened to."

In addition child protection is a major reason for the existence of the group. In a recent submission by the NSPCC they identified "parental mental illness and substance misuse (especially alcohol)…as important factors in the most extreme manifestation of child maltreatment, namely children who have been killed or maltreated by their parents"[3].

Statistics show that at 50% of child protection case conferences, alcohol is a contributory factor.[4] Further research from the NSPCC tell us that these children are at risk of developing mental illness or substance misuse issues of their own.

Referral and Group process

Referrals are taken from statutory and non-statutory agencies with the consent of the individuals concerned. Once a referral is received the family is seen along with the referrer and personal aims and objectives are identified. The family has the opportunity to view the setting and discuss any anxieties they may have. The referrer is included from the outset due to the need for ongoing support beyond the group and in the community context.

Referral forms are entered into the Social Services database and data protection is discussed from the outset.

The Group lasts twelve weeks which is sub-divided into three blocks of four weeks looking at specific, related themes. Block 1 looks at the individual and their role within the family. Block 2 is concerned with the specific impact of substance misuse and domestic violence. During this phase of the program a relevant professional (for example from Shrublands Drug and Alcohol Service or Woman's Aid) are invited to offer their expertise. The final three weeks are about moving on and identifying appropriate community services and support. Please see Appendix A for a copy of the group path.

[3] NSPCC Submission to the Department of Health on the National Service Framework (2002)
[4] Health Visitors Toolkit (2000)

What makes the group unique in the area is that it works with both the child and the adult, focusing on resilience factors. According to the Hidden Harm report[5] "children … are more likely to overcome adversity if they have:

- strong social support networks
- the presence of at least one unconditionally supportive parent or parent substitute
- committed mentor or other person from outside the family
- positive school experiences"

The document goes on to identify a further four factors that can help reduce harm to children:

- one or both parents receive effective treatment
- other responsible adults are helpfully involved in the child's care
- the family's routines and activities are maintained
- there is a stable home with adequate financial resources

The model is based on the existing path used successfully in previous groups by Halswell House Family Centre and a model developed by the Chrysalis Project used successfully by Brighton and Worthing Family Service.[6]

Training opportunity for staff

The Sound Parenting group offers an excellent training opportunity for qualified staff to work in a multi-skilled, multi-disciplinary group. The group also fulfils certain core competencies of a student Social Worker's training. Of the twenty-six core competencies students are expected to demonstrate experience in, attendance, planning, facilitation and proper evaluation of a Sound Parenting course will help contribute to fourteen of them. For a full list of those competencies demonstrated at Sound Parenting that have been identified by student social workers refer to Appendix B.

Opportunities for group work experience in the Torbay region are very rare making attendance at the group a valuable experience for student social workers and to expand knowledge and skills for qualified workers.

Methodology

Feedback for this evaluation was taken from child, parent, initial referrer and group facilitators. The children were informally interviewed by a member of staff from the group. The parents that completed the course, each referrer that referred a client to the group and each member of staff that helped facilitate the group were asked to fill in a questionnaire (Appendices C, D and E respectively).

[5] Hidden Harm, *"The impact of parental problem drug use on children"*, page 37
[6] An evaluation of the project is available upon request.

Results

Table 1 shows the return rates from the three groups that questionnaires were sent out to:

Table 1: Response rates for questionnaires

Group	Number sent	Number returned	Response rate
Parents	5	3	60%
Referrers	6	4	67%
Staff	10	3	30%

The following table shows the attendance figures both of families and staff (by agency) over the three Sound Parenting courses that have run. It is worth noting that from the second course onwards, the specialist health visitor, who was formerly recorded as a PCT representative, had been seconded to the Sure Start teams in Torquay and Paignton.

Table 2: Client attendance figures for course 1 in 2003

	Dates of sessions											
Attendee(s)	**18.3**	**25.3**	**1.4**	**8.4**	**15.4**	**22.4**	**29.4**	**6.5**	**13.5**	**20.5**	**27.5**	**3.6**
Mothers	4	3	4	3	3	1	4	2	2	3	3	2
Children	7	6	6	6	3	1	7	2	5	6	5	5
Total	11	9	10	9	6	2	11	4	7	9	8	7

Table 3: Agency attendance figures at course 1 in 2003

	Dates of sessions											
Attendee(s)	**18.3**	**25.3**	**1.4**	**8.4**	**15.4**	**22.4**	**29.4**	**6.5**	**13.5**	**20.5**	**27.5**	**3.6**
Social Services	3	4	1	3	3	2	4	5	4	4	5	5
PCT	2	2	1	2	1	1	2	1	2	2	2	1
EDP	1			1	1	1	1			1		
Shrublands							1					
Total staff	6	6	2	6	5	4	8	6	6	7	7	6
Ratio[7]	6:11	2:3	1:5	2:3	5:6	2:1	8:11	3:2	6:7	7:9	7:8	6:7

Table 4: Client attendance figures for course 2 in 2003

	Dates of sessions											
Attendee(s)	**9.9**	**16.9**	**23.9**	**30.9**	**7.10**	**14.10**	**21.10**	**28.10**	**4.11**	**11.11**	**18.11**	**25.11**
Mothers	3	3	5	4	4	4	3	2	4	4	4	3
Children	4	5	7	6	5	5	5	3	6	6	6	5
Total	7	8	12	10	9	9	8	5	10	10	10	8

[7] This ratio indicates the staff to clients figures.

Table 5: Agency attendance figures at course 2 in 2003

	Dates of sessions											
Attendee(s)	**9.9**	**16.9**	**23.9**	**30.9**	**7.10**	**14.10**	**21.10**	**28.10**	**4.11**	**11.11**	**18.11**	**25.11**
Social Services	3	3	4	3	4	3	1	2	3	3	5	3
SHV[8]	1	1	1	1	1	1	1	1				1
Sure Start Torquay	1	1	2	1	2	1	2	2	2	1	2	1
Sure Start Paignton	1	1			1	1	1		1			1
EDP	1	1	1	2	1	1	1	1	1	1		1
Shrublands							1					
Total staff	7	7	8	7	8	7	7	6	7	5	7	7
Ratio	1:1	7:8	2:3	7:10	8:9	7:9	7:8	6:5	7:10	1:2	7:10	7:8

Table 6: Client attendance figures for course 3 in 2004[9]

	Dates of session								
Agency	**23.3**	**30.3**	**6.4**	**13.4**	**20.4**	**27.4**	**4.5**	**11.5**	**18.5**
Mothers	5	7	3		3	3	2	2	2
Children	6	9	3		3	3	2	2	2
Total	11	16	6		6	6	4	4	4

Table 8: Agency attendance figures for course 3 in 2004

	Dates of session								
Agency	**23.3**	**30.3**	**6.4**	**13.4**	**20.4**	**27.4**	**4.5**	**11.5**	**18.5**
Social Services	2	2	1		2	2	2	1	1
SHV	1		1		1	1	1	1	
Sure Start Torquay	1	1	2		1			2	1
Student Social Workers	2	3	3			2	3	2	3
EDP						1		1	
Shrublands								1	
Total staff	6	6	7		4	6	6	8	5
Ratio	6:11	3:8	7:6		4:3	2:1	3:2	2:1	5:4

The following table shows the varying areas of Torbay that the families attending have come from.

Table 9: Attendance of families by area[10]

	Course 1	**Course 2**	**Course 3**
Torquay Sure Start	2	3	2
Torquay	2	1	2
Paignton Sure Start			2
Paignton			
Brixham	1	1	2

[8] SHV – Specialist Health Visitor – Included as a separate category here as between course 1 and 2 the SHV was seconded from the PCT to both Sure Start teams, so is therefore a representative of both but should not be counted twice.

[9] Please note that course 3 was abandoned after week 9 due to poor attendance figures.

[10] Torquay Sure Start & Torquay and Paignton Sure Start & Paignton are mutually exclusive areas for the purposes of these figures.

Feedback from Staff Questionnaires

Disappointingly only three members of staff returned questionnaires. It is saddening that this report is unable to include the feedback from seven members of the staff group.

Two out of the three respondents felt that the preparation time was just right, while the third felt it was not enough and identified a difficulty in getting professionals together. Interestingly one of the respondents that felt preparation time was adequate stipulated that this was only the case if all staff were briefed and understood their role.

While one respondent felt that staffing was adequate the other two identified issues around cover for annual leave and sickness and the staff to attendees ratio. It was identified that staffing levels were difficult to measure as some weeks too many staff could have been in attendance while others too few, depending on the attendance at the group.

Family absence was felt to be a big issue, with lack of consistent attendance being the major difficulty.

Evaluation of the group was identified as a further issue. One respondent felt that proper evaluation from the staff, children and parents would be an improvement. Another respondent felt the evaluation of sessions could be more effective by recording instances more consistently and specifically as there were gaps in the reporting.

One respondent felt that the staff groups within sessions seemed very fixed. Furthermore a second respondent felt the group could be more effective by looking at individuals particular skills and using them.

All the respondents identified support after the course had finished as an issue with suggestions to set up a support group with past attendees and ongoing support to reduce isolation as remedies.

Feedback from Carer Questionnaires

Again disappointingly of the sixteen different carers that have attended a Sound Parenting course, questionnaires were only sent to five of them and there were only three returns.

The three that did return questionnaires identified meeting new people and friends (both for themselves and their children) and being appreciated as part of a group as the things they most enjoyed.

Two of the three felt that the sessions were too short and should be lengthened to improve the course.

When asked what other support they felt they needed one was not sure, one did not want any and the third wanted somebody to continue talking to. It is interesting to note that the mother that did not want further support was the only mother to feel worse at the end of the course then she did at the start:

“More tired than I used too.”

The other two gave positive feedback such as:

"I'm glad I did it. Happy to have shared and learned from others."
"Confident at what I do."

Feedback from referrer questionnaires

The main reasons for referring families to the Sound Parenting group were:

- for families to enhance their parenting skills
- to receive individual support with an emphasis on managing substance misuse
- to build a family's self-esteem so that they can attend more interventions

There were mixed reactions to what the families actually achieved. Two of the respondents noted that one of their referred families stopped attending due to other members of the group that were intolerant or intimidating. The same respondents, however, also felt one of their families received adequate support and another gained "huge benefits from group support".

By referring clients the referrers were hoping to achieve the following:

- improved family functioning
- further access to services
- support and a reduction in isolation
- alternative methods of coping

They felt that the successful families did achieve this and further identified the following factors as resulting from the group:

- further access to support; peer support in addition to professional support
- more confidence

The following three factors were the identified difficulties making referrals to the group:

1) A delay in the commencement of the group.
2) Social Services' database, paperwork and forms.
3) Geographical location – both families referred by this referrer lived in Torquay and needed to travel to Paignton.

The referrers felt that there were a number of positive outcomes from the group for the families that attended. Firstly was the development of new skills such as parenting strategies and assertiveness. An increase in confidence was noted as well as friendships and group support. Finally an increase in access to services was reported.

The following factors were identified as negative outcomes for some of the attendees. One family was put off attending further groups (of any sort) as they did not engage with the sharing aspect of group work. Furthermore another group ended in just two families attending, one of whom was intimidated by the other. Finally two respondents identified a gap in further support once the group has ended.

Case studies

The following case studies have all been anonymised and identifying data removed from them. They are intended as an illustration of the outcomes that families have achieved as a result of attending the Sound Parenting course.

1 – Mother came to the first group but at the time did not accept she had an alcohol problem. She had a small baby but had no eye contact with her and described her as an object. There were concerns with attachment to the baby and she had low self esteem. After a routine follow-up she agreed she needed more support and started to attend the second group. As a result of attending the group she continued to engage in services, especially those introduced at the group. Has now addressed difficulties in her relationship and is setting herself up in business.

2 – The issues with this mother were domestic abuse associated with the alcohol use of her partner. Suffered from very low self esteem. The group raised her confidence and she contributed greatly towards others. She has now moved from her accommodation and has a job with support accessed through Gateway to Learning who attended the group. She is now more confident in accessing services.

3 – Was in early recovery from alcohol usage and isolated and dealing with behavioural issues of her child around boundary setting and attachment. Due to her isolation and low self-esteem she had difficulties accessing support. Following the group she accessed EDP and a child in need referral was completed with her. Lapsed when the course had finished but self referred back immediately for support. She is now accessing mainstream parenting groups. Has self-referred to social services for support and Halswell House for one-to-one support. She is accepting support from CAMHS and attending Alcoholics Anonymous

4 – This mother had a history of recreational drug use. She attended every week and had ongoing issues with self-esteem, parasuicide and relationship with her child. She gained confidence and her relationship and communication with the child has improved from group reports, as well as insight as to how her behaviour effects the child. She is now accessing

5 – This mother suffered from domestic abuse and had alcohol issues of her own. There was bereavement in the family, the abusive partner left and the children had behavioural issues around boundaries. As a result of the group the family accessed Young Carers for support and YOT for specialist advice around drug misuse. The mother is due to start college which indicates an increase in confidence following the course. Mother has commented that the family now “sit down to meals together” and the course has changed their way of thinking. She now finds quality time for each child.

6 – Issues with heroin usage. Attended the group and enjoyed positive reinforcement. Her non-attendance coincided with a relapse but she immediately accessed services by herself. Started attending rehab, relapsed again but is still engaging with services. The child is presently in the care of a family member.

Child attendee's feedback:

7 – Many of the children were too young to offer feedback. One child was interviewed and remembered making music during the sessions which made him happy. When asked about snack time he "liked bananas" and "sat next to [another child] and mummy." He also enjoyed the artist's doll exercise when exploring feelings.

Discussion and conclusions

Over the past two years the Sound Parenting group has run three times. The great difficulty has been to engage this hard to reach client group and attendance has been an ongoing challenge. Halswell House (Social Services), as the host, should look into different methods of recording attendance that do not involve entry onto the Social Services database. For a client group that is naturally suspicious of Social Services, the expectation for them to be entered on this database is a major deterrent and one that could simply be overcome. A recommendation would be to have one of the partner agencies, such as EDP, keep attendance figures on their database.

Success with a client group such as this is difficult to measure. It is actually difficult even to define what success is. For instance referring back to case study 6 a traditional outlook on success would suggest that relapse was a failure. However, the immediate engagement with services for support ensured the relapse did not 'snowball' into a more complex situation which would have been more harmful for the child. This engagement in services is likely to be a result of the non-threatening environment of Sound Parenting in which they were initially presented to the client. For that family the child not being taken into care and staying with the family with support is a success.

Although few conclusions can be drawn from the staff questionnaires due to the very low response rate certain issues can be identified.

Evaluation of the group needs to play a more prominent role, firstly on a session-to-session basis and secondly overall as a course evaluation. The first point made here came up as a feeling that there were inconsistencies in the recording of information from each session and that this needed to be rectified to ensure the session evaluation was a valued and meaningful activity. Secondly (and particularly salient in light of the staff response rate) was that more work needed to be done on evaluating Sound Parenting as a whole, by all the team and with more input from the parents and children. For future occurrences this should be built into the agency commitment that staff will participate in the evaluation process, both with their own feedback and gathering that of parents and children.

There were many issues identified around the staffing of the course and the structure will certainly need to be reconsidered for future groups. Firstly levels of staffing were an issue depending on attendance of families. The staff to client ratio fluctuated from two members of staff to every one client to one member of staff for every five clients. This has obvious ramifications for risk assessing the course and suggests two main points.

1) More effort needs to be made to ensure families are attending consistently. One method would be to assign a member of staff to encourage each family between sessions to attend the next and to offer assistance (such as accompanying them on bus journeys) to further ensure they attend.
2) A more dynamic approach to the staffing needs to be adopted. A solution would be to create a rota of staff members so that in the event a session is over-staffed, there is pre-agreed process for which members of staff can leave that still ensures the key competencies of the group are not diluted.

Secondly clarification is needed around what each member of staff is there to do and what each is capable of doing. A more structured approach to each person's responsibilities within the group would ensure that there is no confusion over who is doing what and hopefully resolve some of the problems with preparation time. A clear commitment for what they are providing to the group is needed from each agency/organization to ensure there is no confusion around who is attending and for what reasons they are attending.

Finally as part of the staff planning process the representation from different agencies needs to be representative of the clients that will be attending. So for example if no Sure Start Torquay families are attending it is unlikely that Sure Start Torquay would be included in the staffing of that course. Services such as this need to be mainstreamed and therefore cannot rely on the support of Sure Start programmes to provide staffing, when, by their very nature, they are time-limited. After more extensive evaluation in the future has been carried out decisions will need to be made as to whether the group continues and if so which agencies should be contributing staff and other resources.

Although the group does not see large numbers of clients it needs to be emphasized the difficulty of empowering this client group to attend any service or support and measuring success in a group such as this is a slippery concept. The case studies show that the group has made a difference to families and their functioning. Due to the complexity of these families that is an achievement, especially when you consider the costs of not intervening (see Appendix F).

Whilst the group aimed to work preventatively, six families that completed the course had either been on or were removed during the course from the Child Protection Register (CPR). The children of two families were in the care of another family member whilst attending the course. All other children that attended the course were classed as children in need. This is certainly illustrative of the need for services that aim to help families stay together, especially as a key message from Hidden Harm[11] is that "reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategy."

[11] Page 70, *"Recent relevant developments in government strategies, policies and programmes"*

One of the bigger aims has been to engage the families with existing services and the feedback received is that it takes confidence and self worth to get to that stage and there has to be some service in place to enable this. Attendees have described feeling different and find it difficult to access mainstream services without support. Referrers have noted that the group has enabled some families to access other services more readily. However families and professional alike have highlighted the need for ongoing support in order to maintain stability and at the moment there is a gap in support for families that have completed Sound Parenting.

The Hidden Harm report states that "local Health and Social Services should forge links that will enable them to respond in a coordinated way to the needs of children of problem drug users". The Sound Parenting program is an excellent example of collaborative working looking specifically at the need of these children. It has received positive feedback from the client group and has been staffed by professionals from Health and Social Services as well as other agencies in the non-statutory sector. Discontinuing the service would create an even bigger gap in services for those families that have issues of substance misuse but to continue effectively certain changes need to be made.

Recommendations

- The staffing needs to be rethought and structured differently. An agreed staffing rota needs to be created in the planning stage of each occurrence of the course. Agencies need to be clear in exactly how many members of staff they are agreeing to and what they will be expected to do. This is essential to ensure the safety of the staff and the quality of the service delivered. Staffing ratios need to be agreed by those key staff that receive the referrals and contact the families initially. By assessing the potential group dynamics and staffing needs, if families withdraw from the group this should be reassessed. The staff rota should also take into account a plan for allowing certain non-essential members of staff to leave the group in weeks of poor family attendance. Staffing ratios need to take into consideration that the group is performing therapeutic work and insufficient numbers will, with certain clients, likely reduce the quality of the service being provided. However this does not mean the sessions become over-staffed. Careful assessment and planning needs to be undertaken to ensure a balance is reached.

- Evaluation is a core part of the delivery of every service. Future courses need to evaluate what they do with more depth and breadth. At the planning stage, along with staffing there should be clear and concise agreements made with agencies that staff will participate and facilitate quality evaluation of the course.

- During the planning core competencies required to run each session of the course should be identified. This will enable identification of which key members of staff are required at which session. From this a rota of appropriate staff should be planned with clear roles and responsibilities. Agencies should be involved in the planning discussing their contribution so that appropriate staff are identified. This will then give those agencies the opportunity to budget for their staff's time for planning and evaluating as well as facilitating the course.

- Poor family attendance has been a past issue – a 2:1 staff: client ratio which occurred during some weeks is an unnecessary waste of resources. While the rota mentioned above will alleviate the waste of resources it does not solve the underlying problem of families not making it to every session. It may be useful for the planning group to discuss what may be the most appropriate venue and how transport issues can be addressed. While a minibus service would likely disempower most families, support from home to the course using public transport could provide them with the impetus they need to attend, especially those families with multiple or difficult children. This extra support should be assessed and agreed by those facilitating the group (and in the first instance involve workers not necessarily involved in the course – such as health visitors, social workers – but who have experience of working with the family) and reviewed after every session. It may be that the referring agency is best placed to encourage and support parents to attend the course and their input should be sought during planning.

- Continuity and ongoing support has been identified as an issue and needs to be addressed. Unfortunately this report is unable to make any specific recommendation in this area due to a lack of information at this time but further research is needed to ascertain the best way to support families once the group has finished.

References

Scott-Flynn, N. and Malfait, R. (2004) The Evaluation of the Chrysalis Project [kindly supplied by Pauline Watts of Options (Brighton)].
Hidden Harm: Responding to the needs of children of problem drug users
Framework for Assessment, Department of Health (2000)
NSPCC Submission to the Department of Health on the National Service Framework (2002)
Health Visitors Toolkit (2000)

Appendix A – Group Pathway

Appendix B – Practice requirements met by Sound Parenting[12]

SOCIAL WORK VALUES

Value requirements

A2 Respect and value uniqueness and diversity and recognize and build on strengths.

A4 Assist in control and quality of life, recognizing that control of behaviour is required at times to protect children and adults from harm.

A6 Practice in a manner that does not stigmatise or disadvantage individual, groups and communities.

CORE COMPETENCIES

1. **Communicate and engage**

1.1 Form and develop working relationships with children, adults, families, carers and groups.

1.2

1.3 Network and form effective working relationships with and between individuals, agencies, community resources, volunteers and other professionals.

2. **Promote and enable**

2.3 Promote the rights of children and adults at risk or in need in the community.

2.4 Enable people to use their own strengths and expertise to meet responsibilities, secure rights and achieve change.

3. **Assess and plan**

3.1 Work in partnership to assess and review people's needs, rights, risks, strengths, responsibilities and resources.

3.3 Work in accordance with statutory and legal requirements.

4. **Intervene and provide services**

4.2 Contribute to the management of packages of care, support, protection and control.

4.3 Support and sustain children, young people and adults through the process of change.

4.4 Sustain and maintain working relationships with children, young people, adults, carers and groups.

4.5 Contribute to the care, protection and control of people who are at risk to themselves or others.

5. **Working in organizations**

5.2 Contribute to the planning, monitoring and control of resources.

5.3 Contribute to the evaluation of the effectiveness, efficiency and economy of services.

6. **Develop professional competence**

6.4 Respond to unexpected opportunities and problems.

[12] Adapted from K111: Social Work Practice Learning (Stage 1) – Meeting Practice Requirements from the National Open Learning Programme.

Appendix C – Questionnaire for parents

Sound Parenting Evaluation Form

1) What did you enjoy the most?

2) What do you feel needs to be changed?

3) What other support do you feel you need?

4) How did you feel when you began the course?

5) How do you feel now?

Appendix D – Questionnaire for referrers to Sound Parenting

Questionnaire for referrors to Sound Parenting

As part of our continuing efforts to ensure the service we deliver is as effective as possible we would appreciate it if you could take the time to answer this brief questionnaire. All of your answers will be dealt with in the utmost confidentiality and we will not seek to identify anybody from any responses we receive. If you refer to a family please ensure that you change their names to protect their identity and confidentiality as well.

1. Why did you refer a family to the Sound Parenting group at Halswell House?

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……..

……..

……..

……..

2. What did the family hope to achieve from attending the group?

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……..

……..

……..

3. In your opinion what did they actually achieve?

……..

……..

……..

……..

4. As the referring agent, what did you hope to achieve by referring the family to Sound Parenting?

……..

……..

……..

……..

5. What did you actually achieve as a result of the referral?

……..

……..

6. Please describe any difficulties you experienced making a referral to the group:

……..

……..

……..

……..

7. In your opinion what were the positive outcomes for this family as a result of attending Sound Parenting?

……..

……..

……..

……..

8. In your opinion what were the negative outcomes for this family as a result of attending Sound Parenting?

……..

……..

……..

……..

Please feel free to make any further comments about Sound Parenting:

……..

……..

……..

Thank you for taking the time to fill this questionnaire in. Your comments will be held in accordance with the Data Protection Act. If you have any queries or would like a copy of the finished report please contact Maria on 299356.

Appendix E – Questionnaire for staff at Sound Parenting

Sound Parenting
Evaluation Questionnaire for Staff

Please could you fill out this questionnaire and return to Sure start Torquay in the envelope provided.

What was your role during this course?

1. Was the preparation time

   Too much Just right Too little

   Please comment

2. Was the staffing for the parent group

   Too much Just right Too little

   Please comment

3. Was the staffing for the child group

   Too much Just right Too little

   Please comment

4. Was the preparation time prior to individual sessions

   Too much Just right Too little

   Please comment on how this can be improved

5. Was the evaluation time at the end of each sessions

   Too much Just right Too little

   Please comment on how this can be improved

6. What would improve the service?

7. What would make your role within the group more effective?

8. What would you like to see happen for the service users following attendance at the group?

Appendix F – The long term-financial cost of not intervening in infancy

Home care, per week	£140
Social work time, per week	£40
Financial support, per week on average	£30
One child to attend a family centre, per week	£180
Community family worker, per week	£50
Domiciliary team involvement, per week	£50
Average cost of one child protection case conference	£750
Preparation of a social work report	£150
Fee for child psychiatric report (4 hours work)	£400
Then if the child has to be removed from the family	
Usual expense of legal proceedings	£6 000 - £12 000
'In county' foster care, per week	£300
One week in the department's own residential care	£1 000
One week in county placement (i.e. in a therapeutic community)	£1 500 - £2 000
Social work costs per week (statutory visits, reviews)	£30
Cost of supervised contact twice weekly per week	£130
Total costs for supporting a family for three months	£14 140 - £20 640

Taken from Balbernie, R (1998) Infant-parent Psychotherapy and Infant Mental Health Services: A Strategy for Early Intervention and Prevention.

It is worth noting that these figures are now six years old.