

Evaluation of Time to Talk Community Programme

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EXECUTIVE SUMMARY

Introduction

This report presents the findings of an evaluation study of the Parentline Plus Time to Talk (TTT) community programme to help parents address sexual and relationship issues with their children in order to delay the onset of sexual behaviour and promote safe sex. The evaluation was conducted by the Centre for Educational Development, Appraisal and Research (CEDAR) at the University of Warwick on behalf of the Teenage Pregnancy Unit at the DCSF.

Policy Background

Teenage pregnancy has been a significant concern in England for some time because of the associations between teenage births and poor outcomes for mothers and children (Social Exclusion Unit, 1999). The Teenage Pregnancy Strategy was launched in 1999 to reduce under-18 conception rates by half by 2010, yet success has varied across the country and rates have continued to rise in some areas.

There are well established associations with the likelihood of teenage pregnancy; these include deprivation and social exclusion, the children of teenage mothers, and ethnicity with higher rates in Caribbean, Pakistani and Bangladeshi women (Berthoud, 2001). Other risk factors for teenage pregnancy include risky behaviour, family and parental influences, poor educational attainment and school attendance, and low aspirations. However, support for parents and carers to adopt a positive parenting style has been shown to have a positive impact on child outcomes and to protect against teenage pregnancy (DfES, 2006 p27).

Intervention

Within the context of targeting parents of children at highest risk of teenage pregnancy to improve their skills and confidence in discussing sex and relationships, the Teenage Pregnancy Unit at the DCSF funded the pilot and evaluation of the TTT community programme to be delivered by Parentline Plus in five areas of England. Five local authorities with persistent high rates of teenage pregnancy were selected by the DCSF and within these the programme was targeted at specific wards known as teenage pregnancy 'hotspots'.

Parentline Plus is a national charity that trains parents to offer free and confidential support to other parents. Through its helpline, one-to-one support sessions and website, Parentline Plus

already had a positive track record in supporting parents and carers to talk more openly with their children about sex and relationships. The key objective of its new intervention, the TTT community programme, was to enable parents to have a stronger understanding of how to negotiate with their children on issues of discipline and responsibility, with messages about delaying sexual activity and practising safe sex at the core.

The TTT programme was intended as an early intervention to help prevent teenage pregnancy but with the aim of broader parent support. The overall aims were:

For early intervention:

- To give parents the confidence to make informed choices and to encourage their children to do so by encouraged parents to talk to their children about sex and relationships and to enable them to encourage their children to delay early sex and to understand the dangers of unprotected sex.
- To target parents (particularly mothers) who themselves gave birth as teenagers and parents of younger children (aged 8-12) in order to prevent their children becoming young parents.

For broader parent support:

The effectiveness of the core aim of enabling parents and children to talk openly about sex and relationships had to be underpinned by parents feeling confident in themselves and their parenting skills. Parentline Plus therefore aimed:

- To enhance parents' skills in interacting with their children, in order to improve their ability to inform and influence their children's behaviour both now and in the future.
- To build trusting and one-to-one relationships to encourage more vulnerable parents to take part in the programme by intensive outreach.
- To work with parents over a longer period offering regular and personalised support to those whose family life is challenging and difficult and where relationships with their children have or threaten to break down.

- To enable parents to share their feelings and experiences or problems with others and to expand their supportive social networks.

The programme was envisaged as flexible and to consist of one or more individual sessions and/or one or more group sessions (workshops or courses) facilitated by a Parentline Plus-trained Parent Support Co-ordinator (PSC). The group sessions were to be drawn from Parentline Plus course materials, including but not limited to 'Time to Talk about Sex and Relationships', 'Talking about Drugs' and 'Let's Talk Teenagers'. In both one-to-one and group sessions, the aim was to include 'delay messages', that young people should be encouraged to delay sexual activity and to practice safe sex from the start of their sexual experiences.

Evaluation Aims and Methods

The evaluation of the TTT pilot programme began in January 2007 and finished at the end of April 2008.

The initial overall aim of the evaluation was to determine whether the TTT community programme resulted in parents being able to give their children messages about delaying the onset of sexual activity and practicing safe sex when they do begin and in improvements in general parenting, including improved communication and more effective negotiation. More specifically, the evaluation addressed five main research questions:

- What/how much did each area carry out in relation to their plans?
- Were parents successfully engaged?
- What were the characteristics of the parents who attended?
- How did parents rate the event or course and the staff?
- What were the outcomes from more intensive individual and group work?

The original research design included a focus on outcomes as measured by questionnaires to the participating parents before and after their involvement. However, because of delays and challenges in recruiting staff, implementing the programme locally and engaging parents, the research design was adapted, with the agreement of the Teenage Pregnancy Unit, to one based on qualitative interviews, supplemented by basic quantitative data collected by Parentline

Plus. This approach was deemed more appropriate as a way of capturing and exploring the emerging issues and lessons to be learned from the pilot programme.

In each area interviews were held with six categories of interviewee (number of interviews in parentheses): Parentline Plus managers (7), Parent Support Coordinators (12), PSCs' line managers (4), Teenage Pregnancy Coordinators (11), other relevant professional (12), and parents who had participated in the programme (18). Interviews were semi-structured, recorded with interviewees' permission and analysed thematically. Data were also provided by Parentline Plus regarding outputs.

Key Findings

Implementation:

- The programme was set up in four of the five intended areas after delay resulting from:
 - insufficient consultation with professionals and parents;
 - initial lack of clarity and managerial direction;
 - extended training of the core staff;
 - difficulties in engaging professionals and parents.

Parent Engagement:

- There were considerable difficulties in engaging parents and the barriers included:
 - reluctance in both professionals and parents to talk about sex;
 - targeting “hotspots” and not natural parent groups;
 - parental wariness of professionals in general;
 - parents not seeing early pregnancy as a problem or the need to talk to their children about it;
 - language, culture and gender; the short-term nature of the project;
 - high turnover of staff in other agencies.
- Successful engagement resulted from:
 - the interpersonal skills of the coordinators (e.g. warmth, approachability, enthusiasm);
 - knowing the area, and reaching parents through professionals, existing groups and other parents;

- using a community development approach, listening to parents and gaining their trust as the basis of partnership;
- introducing Time to Talk through other learning.

Delivery and Outputs:

- 158 parents took part in TTT activities; largely mothers (86%) and very few fathers (3%).
- Although a range of parents had participated, the indications were that they included the target group in terms of locality, socioeconomic and marital status, ethnicity, children's age and parents who had had teenage pregnancies.
- From the range of delivery options available, one session workshops in groups were the most popular, with individual support used least.
- General parenting sessions with the topics of sex and relationships were more successful in engaging parents than sessions specifically on sex and relationships.

Outcomes:

- The work of the Parent Support Coordinators and the Parentline Plus materials were valued by the parents who became involved.
- Although no definitive evidence on outcomes can be provided, there were tentative indications that parents were helped:
 - to acknowledge and understand their own feelings;
 - to be more confident in talking to other adults about sex;
 - wanted to be more open with their children;
 - more understanding of their children;
 - more confident and appropriate in parenting.

Detailed findings

During the period of the pilot, the TTT programme was seen as having many challenges and limited overall success in terms of achieving its original aims, but towards the end of the evaluation period, with the persistence of the Parent Support Co-ordinators, there were indications in some areas that more parents and professionals were becoming involved and the service was appreciated. The pilot was successful in confirming the need to assist parents and professionals to feel more confident about talking about sex and relationships, and highlighted

strengths and difficulties in engaging the target parents and the processes involved in encouraging them to talk about sex and relationships.

Evaluation aim: What/how much did each area do in relation to their plans?

Implementation of the programme

- Five Parent Support Co-ordinators (PSCs) with a wide range of experience were recruited and took up post in the five pilot areas between January and March 2007. The programme was set up in four of the five areas, and in an area where the PSC left after 2 months, a training programme for professionals replaced the original programme.
- Training introduced the Parentline Plus approach successfully, but provided insufficient operational guidance on TTT, and delivery was delayed whilst facilitation training took place. Training was provided to other professionals in two areas. In one area there was concern that the needs of participants had not been addressed or negotiated sufficiently.
- PSCs generally appreciated the quality of support and supervision they received, but the need for more personal contact with other PSCs, and for all PSCs to be based in Parentline Plus offices were identified.
- Insufficient consultation and negotiation with local parents and related professionals was thought to have contributed to an initial lack of clarity and managerial direction, and the unfounded assumption that the target parents and professionals would access a short-term programme about sex and relationships.
- Issues and challenges were recognized and addressed part way through the pilot in a 'clarification' document.

Links with other professionals

- The PSCs spent considerable time networking with other professionals, and although they became more aware of Parentline Plus, and saw the TTT community programme as complementing their work, there were relatively few referrals from them. The exception was a small number (notably home-school liaison workers or voluntary agencies) who were instrumental in engaging parents to group sessions.
- The TTT programme was seen as complementing the more structured Speakeasy Course in offering a useful lead in to it.

Delivery of the programme

- Individual (1-6 sessions of about 45 minutes each) and group support (one-session workshops or 2-5 session courses) were provided in varying quantities in all areas. One-session workshops were most popular and attended by 93 (59%) parents, followed by courses of 2-5 weeks attended by 44 (28%). Individual support was least popular in all but one area, and accessed by 20 (13%) parents.
- Group sessions on sex and relationships were provided but some were cancelled in each area because of lack of interest. More general parenting sessions were therefore also offered and were more effective at engaging parents.
- In 3 areas 'TTT about sex and relationships' was delivered as one or two sessions of parenting courses being provided by other professionals, and the topics of 'risky behaviour' and sex and relationships were sometimes introduced in more general parenting sessions.
- Although only a relatively small number of parents were interviewed, they reported favourably on the groups they attended. Parents and PSCs identified challenges in balancing the structured content of the course versus enabling parents to explore experiences and feelings. The emotions sometimes evoked suggested a possible need for two facilitators.
- Successful facilitation methods were described including: talking, questioning, pair work, the use of visual aids, humour and fun, some Parentline Plus techniques and concepts such as 'Traffic Lights' and 'The fountain of needs', and an exercise to explore how participants first found out about sex. More role play was requested by one group of professionals, lack of childcare was a difficulty for parents with young children and there were requests for further TTT support.
- There was positive and no negative feedback on Parentline Plus leaflets and materials which were particularly valued by other professionals.

Evaluation aim: Were parents successfully engaged?

It was very difficult to engage parents, although towards the end of the evaluation, there were indications that more parents were becoming involved, particularly in one area. Parentline Plus management encouraged the PSCs to critically reflect on the strengths and difficulties of engaging the target parents, and the parents and professionals interviewed provided suggestions:

Some barriers to engagement

- 'Targeting' the programme in hotspot areas, with parents of 8-13 year olds and parents who had had children when they were young, was seen as limiting the engagement of natural groups of parents.
- The strong resistance by parents and professionals to talk about sex and relationships.
- Parents having more pressing issues to deal with; not seeing teenage pregnancy as a problem or not feeling the need to talk to their children about it.
- Parents being wary of professionals and that attending parenting courses implied they were inadequate parents.
- Language, cultural or gender barriers with additional difficulties in engaging fathers.
- The short term nature of the project, the high turnover of staff in some partner agencies, and the fact that PSCs were not based with parents in the community, were seen as inhibiting the development of trusting and productive relationships.
- Leaflets, letters and posters were least effective at attracting the target parents.

Successful engagement

- The PSCs were seen as having essential qualities and interpersonal and communication skills identified to work with parents. 'Excellent communication skills' were defined by commonly repeated descriptions including: lovely, approachable, warm, enthusiastic, empathic, being non-judgemental, 'down to earth', 'like us', unshockable, calm and having a sense of humour. They were seen as working in partnership with parents by listening and enabling parents to explore issues and come to their own conclusions, rather than telling parents what to do.
- Using a community development approach, starting where parents are and reaching them through other professionals with whom they already had relationships of trust, enlisting the help of other parents in recruitment.
- Getting to know parents, gaining their trust and listening and responding to their suggestions.
- Offering TTT in the context of a range of other learning.
- Using a parent-friendly venue and sensitive publicity and marketing (usually avoiding the word 'sex').
- Of the methods used to engage parents, links with existing groups of parents and face to face interaction were most effective, with leaflets and posters being least effective.

Evaluation aim: What were the characteristics of the parents who attended?

- Data supplied by Parentline Plus in March 2007 indicated that 158 people had taken part in TTT activities and 118 had completed parent profiles to provide demographic information. One hundred and one (86%) were mothers, three (3%) fathers, three (3%) professionals and 11 (9%) other relatives or friends.
- The data suggested that a range of parents had been engaged including 'target' parents in terms of their locality, socio-economic and marital status, ethnicity, having children between the ages of 8-13 years, and although precise data were not available, the programme did attract some parents who had had children when they were young.

Evaluation aim: What were the outcomes?

As a result of the difficulties encountered by the pilot it was not possible to undertake an evaluation that addressed the outcome measures originally intended, consequently no measured judgement can be made of the impact of TTT on:

- the prevention of early pregnancy
- whether parents were more confident or more able to relate to, communicate with and influence their children specifically or generally
- whether young people were delaying sex or having protected sex.

However, the qualitative data from the small sample of parents and professionals interviewed provide tentative suggestions that once parents were engaged the programme had some impact.

Those interviewed reported the programme had helped in the following ways:

- Talking about sex and relationships helped parents acknowledge and understand more about their own feelings, helped them feel more confident to talk to other adults and to want to be more open with their children.
- Although there was little evidence that parents had learnt more factually about sex and relationships, they had gained more general knowledge, for example about the 'right time to talk to their children'.
- Parents had more confidence in their general parenting skills, particularly through understanding the thoughts and feelings of their children.

- Parents considered their own behaviour more and were more able to stop and 'walk away', and talk more and shout less.

Other professionals reported on:

- Positive feedback from parents about the PSCs, the quality, content and style of provision and changes for parents as a result of the programme.
- Closer partnership working.
- More awareness of the need for professionals to feel comfortable helping parents talk about sex and relationships.
- The programme was successful in raising awareness of Parentline Plus, and leaflets and materials were widely distributed and remarked on positively.
- There was concern at the loss of the programme:

'If this goes, I don't think there is anyone who can pick this up, and I really think it's a shame, because those parents do need to be reached, and all they'll do is they'll avoid it, and their children will go on in the same way they did. It is about teenage pregnancy, but it's a huge support to the parents which makes them think about things. It all hinges on communication.' (PSC4)

Recommendations

- There is a need to assist parents in talking to their children about sex and relationships from an early age.
- Those who work with parents should be selected for their interpersonal and communication skills and qualities, ability to relate to and engage with wary parents and other professionals, and the skills to work in partnership with parents and others.
- Programmes with parents should be designed and planned after consultation and negotiation with parents and relevant professionals and strategic managers.
- Clarity of direction and skilled overall strategic and local management of workers is essential.
- Workers need to be physically based with relevant colleagues and to have accessible support and supervision.
- Initial training of Parent Support Coordinators is necessary, taking into account and building upon their previous experience, which is likely to be varied.

- Programme delivery needs to incorporate a community development approach that starts where parents are, listens to them, builds relationships of trust and negotiates programmes that respond to needs they identify.
- Programmes that encourage parents to talk about sex and relationships should be introduced as part of a range of other learning and support for parents, since recruitment of parents is highly dependent on this.
- All professionals who work with parents require training: to help them explore their own attitudes to sex and relationships, in order to feel comfortable talking to parents about sex; and to know to whom to refer for more specialist help.
- Funding and evaluation should reflect the time (usually at least a year) needed to establish initiatives with parents, and the design of evaluations should take this into account. An initial stage of the evaluation of such initiatives should focus on *process* factors related to set up. Once the initiative has been set up the investigation of outcomes is appropriate.
- The most effective intervention format once parents are engaged is likely to be workshops and groups with individual support provided if required.
- Parenting programmes should be delivered in accessible family friendly venues with childcare provided.

1 INTRODUCTION

1.1 Aims of the Time to Talk Community Programme

The Time to Talk (TTT) community programme was delivered by Parentline Plus in five areas of England, selected because of persistent high rates of teenage pregnancy. Parentline Plus is a national charity that trains parents to offer free and confidential support to other parents. Through its helpline, one-to-one support sessions and website, Parentline Plus already had a positive track record in supporting parents and carers to talk more openly with their children about sex and relationships. The key objective of its new intervention, the TTT community programme, was to enable parents to have a stronger understanding of how to negotiate with their children on issues of discipline and responsibility; the TTT messages about delaying sexual activity and practising safe sex were to be at the core of this programme.

The programme, funded by the Teenage Pregnancy Unit within the Department for Children, Schools and Families (DCSF), had two types of aims: early intervention to help prevent teenage pregnancy and broader parent support.

Early intervention aims

- To give parents the confidence to make informed choices and to encourage their children to do so by promoting the messages developed and disseminated through the Parentline Plus TTT campaign. This encouraged parents to talk to their children about sex and relationships and to enable them to focus on encouraging their children to delay early sex and to understand the dangers of unprotected sex.
- To target parents (particularly mothers) who themselves gave birth as teenagers and to work with parents of younger children (aged 8-12) aiming to prevent the possibility of their own children becoming young parents.

Parent Support aims

The effectiveness of the core aim of enabling parents and children to talk openly about sex and relationships had to be underpinned by parents feeling confident in themselves and their parenting skills. Parentline Plus therefore aimed:

- To enhance parents' parenting skills and improve parents' ability to inform and influence their children's behaviour both now and in the future.
- To build trusting and one-to-one relationships to encourage more vulnerable parents to take part in the programme by intensive outreach.
- To work with parents over a longer period offering regular and personalised support to those parents whose family life is challenging and difficult and where relationships with their children have broken down or threaten to do so.
- To enable parents to share their feelings and experiences or problems with others – and to expand their supportive social networks.

The Parentline service, a free, confidential national telephone helpline, was also to be promoted throughout the TTT community programme.

The programme itself was envisaged as flexible, consisting of either one or more one-to-one sessions with a Parentline Plus-trained Parent Support Co-ordinator (PSC) and/or one or more group sessions (workshops or courses) facilitated by a PSC. The group sessions were to be drawn from Parentline Plus course materials, including but not limited to 'Time to Talk about Sex and Relationships', 'Talking about Drugs' and 'Let's Talk Teenagers'. In both one-to-one and group sessions, the aim was to include the 'delay messages' – that is, that young people should be encouraged to delay sexual activity and to practise safe sex from the start of their sexual experiences.

1.2 Background

Teenage pregnancy has been a significant concern in England for some time because of the wealth of evidence showing the associations between teenage births and poor outcomes for teenage mother and child in both the short and long term (Social Exclusion Unit, 1999). There is evidence from Australia, though, that allowing for background characteristics, teenage pregnancy *per se* has no additional negative associations, except a greater chance of not marrying and of being a single parent by age 30 (Bradbury, 2006). The Teenage Pregnancy Strategy was launched in 1999 with a target of reducing under-18 conception rates by half by

2010. Yet, as was made clear in *Teenage Pregnancy: Accelerating the Strategy to 2010* (DfES, 2006), success in cutting rates differs across the country and in some areas, rates have continued to rise. A recent study shows that teenage pregnancy rates in the UK are the fifth highest across 31 countries (WDI, 2005).

Research has identified certain key associations with likelihood of teenage pregnancy. For example, it is known that, *'teenage pregnancy is strongly associated with the most deprived and socially excluded young people'* and, *'half of under-18s conceptions occur in the 20% most disadvantaged wards'*. (DfES and DoH, 2007 p4) Teenage pregnancy is also likely to be cross-generational - the children of teenage mothers are twice as likely to become teenage parents as their peers (Rendall, 2003). It is also clear that there is a strong association with particular ethnicities – Caribbean, Pakistani and Bangladeshi women have much higher rates than White women who in turn have higher rates than Indian women (Berthoud, 2001).

The Teenage Pregnancy Strategy update (DfES, 2006) highlights a number of broad risk factors for teenage pregnancy, including risky behaviour, family and parental influences, poor educational attainment and school attendance and low aspirations. Within the section on tackling family/background factors, the strategy encourages support for parents and carers to adopt the positive parenting style that has been shown to have a, *"strong and positive impact on children's outcomes and can act as a protective factor against teenage pregnancy"* (p27).

It was in this context of seeking to target parents with children at highest risk of teenage pregnancy to improve their skills and confidence in discussing sex and relationships, that the Teenage Pregnancy Unit at the DfES funded the pilot and evaluation of the TTT community programme in five areas of England.

Previously, in 2005, the TTT programme had been piloted as outreach work with Teenage Pregnancy Co-ordinators in teenage pregnancy hotspot wards in four areas (Barking and Dagenham, Newcastle, Nottingham and Waltham Forest). That pilot had set out to test what would work in terms of marketing the programme, recruitment of parents, venues, format of support, materials and signposting.

The 2005 pilot highlighted some key learning for the future:

- That time needs to be allocated to developing good working relationships with relevant professionals with whom the Parentline Plus outreach worker will work in partnership, planning, developing contacts and implementing innovative ideas
- That parents of teenagers and teenage parents should both be targeted
- That the future focus of community-based preventative intervention should be the parents of pre-teens
- That a community-based focus must underpin proactive engagement of target parents
- That in engaging parents existing suspicions of professionals, viewed as authority figures, will have to be overcome.

These lessons were incorporated into the TTT community programme rolled out in five selected areas from January 2007.

1.3 The evaluation

The evaluation of the TTT community programme was funded by the (Department for Children, Schools and Families). It began in January 2007 and finished at the end of April 2008.

1.3.1 Aims and design

The aim of the evaluation was to find out how far the TTT community programme resulted in parents changing their parenting behaviour both in terms of becoming more likely to give their children the message that they should delay the onset of sexual activity and should practice safe sex when they do begin, and in terms of improved parenting more generally – improved communication skills and more effective boundary setting.

Specifically, the evaluation sought to address five main research questions:

- What/how much did each area carry out in relation to their plans?
- What are the characteristics of the parents who attended?
- Were parents successfully engaged?
- How did parents rate the event or course and the staff?
- What were the outcomes from more intensive individual and group work?

The original research design included a main focus on outcomes as measured by 'before and after' questionnaires to the participating parents. Because there were delays and challenges in recruiting staff, implementing the programme locally and engaging parents, this research design was adapted, with the agreement of the DCSF, to one based on qualitative interviews, supplemented by basic quantitative data collected within Parentline Plus and provided for the team. This approach was deemed more appropriate as a way of capturing and exploring the emerging issues and lessons to be learned from this pilot programme.

1.3.2 The sample

Areas

Five areas with high rates of teenage pregnancy were chosen by the DCSF for the Time to Talk Community Programme Pilot: Barking and Dagenham (East London), Manchester, Newcastle, Nottingham and Swindon. Within each, the pilot programme was targeted at specific wards, known as teenage pregnancy 'hotspots'. In one area, the TTT Parent Support Co-ordinator was only briefly in post (March-May 2007) and the proposed TTT programme was not implemented but replaced by a TTT training programme for professionals delivered in Autumn 2007. The Evaluation covered all five of the TTT areas. To preserve confidentiality, in the report, the five areas are referred to using randomly assigned code numbers 1 - 5, for example, Area 1.

Interviewees

Interviewees were from six different categories, each with their own perspective on the TTT community programme. These were Parentline Plus managers, who had an overview of the programme, Parent Support Co-ordinators and their line managers, Teenage Pregnancy Co-ordinators from each of the five areas involved, other relevant professionals from the local areas and parents who had participated in the programme. To preserve anonymity, all interviewees have been given a code. Interviewee categories have been allocated a letter - Parentline Plus Manager (M), Parent Support Co-ordinator (PSC), Line Manager of PSC (LM), Teenage Pregnancy Co-ordinator (TPC), other professional (OP), parents (P). Within each category, each interviewee has been allocated a random number. These interviewee codes deliberately do not match up to the Area codes so for example PSC4 did not work in Area 4.

Table 1.1 shows when the interviews were held.

Table 1.1 Interviewees by phase of evaluation

Interviewee type	March/April 2007	June-Sept 2007	November 2007	Feb/March 2008
Parentline Plus managers	5		1	1
Parent Support Co-ordinators	4		4	4
Line Managers				4
Teenage Pregnancy Co-ordinators		6		5
Other relevant professionals			2	10
Parents*				18

Note: *Post-course evaluation forms completed by another eight parents were also obtained.

Parentline Plus Managers (M)

Seven Parentline Plus managers or officers were interviewed - the Director of Research and Development (twice), Training and Development Manager, two Training and Development Officers, two Deputy Chief Executives and the Operations Support Co-ordinator.

Parent Support Co-ordinators (PSC)

The Parent Support Co-ordinator for one area was only briefly in post, March- May 2007, and was not replaced. She was not interviewed and her details have not been included in this evaluation. Each of the other four Parent Support Co-ordinators was interviewed three times: once soon after they had started in post (March-April 2007), once midway through the pilot (November 2007) and once towards the end (February 2008). Telephone and face-to-face interviews were used and each lasted an hour to an hour and a half.

PSCs' Line Managers (LM)

Interviews were conducted with the line managers (LM) of the four PSCs towards the end of the evaluation period in February 2008. All were senior Parentline Plus employees with two being Area Managers, one a Senior Support Co-ordinator and the fourth a Team Manager. Two had

been line managing the PSC throughout the period of the pilot, and in two areas there had been changes.

Teenage Pregnancy Co-ordinators (TPC)

A total of seven Teenage Pregnancy Co-ordinators (or those acting in the post) were interviewed. Interviews were conducted twice in four of the five areas and once in the fifth area. The first interviews were conducted with five TPCs between July and September 2007, and the second interviews took place in March 2008. In two areas, the same TPC or acting TPC was interviewed twice, and in two areas staff changes meant that different TPCs were interviewed on each occasion. Face-to-face and telephone interviews were conducted and took on average one hour.

Other relevant professionals (OP)

One-to-one interviews were held with two professionals from one area in December 2007 and with seven others, drawn from the other four areas, in February 2008. These professionals included home-school liaison workers, Parenting Officers from youth offending teams, a Family Support Worker from a Family Centre, teenage pregnancy development workers, a Sex and Relationships consultant and a Parenting Commissioner. Interviews were conducted face-to-face or over the telephone and took on average one hour. All had relevant experience such as working with parents, working with young people around sex and relationships, providing parenting courses and/or individual support.

In addition, a group interview of 90 minutes was held in one area with three professionals who had participated in a TTT training programme for professionals. A further three sent apologies and forwarded written accounts of action taken since the training. These six professionals had been selected from the 18 trained as being the most likely to have gone on to deliver a workshop or course as a result of the training within the timetable of the evaluation.

Parents (P)

Because of the short duration of some of the TTT community programme activities and difficulty in engaging parents on the programme, relatively few were available to be interviewed. As one PSC said:

'Parents aren't ready to talk to an evaluator after only one session with TTT PSC so haven't agreed to be interviewed. They say, 'It's all right to talk to you, but not to someone else'. They are really wary because you are someone from outside and they worry about where, what they say is going to go.' (PSC3)

Nevertheless, 18 parents from four of the five areas were interviewed, 16 by telephone and two face-to-face at a primary school. Comparison with the overall numbers of parents who took part in courses, one-session workshops or individual support suggests that the evaluation sample is representative in terms of type of support received.

In addition, eight parents, all women, from the fifth area provided written evaluations of the 'Time to Talk about Sex' sessions they attended. These sessions had been appended to an existing parenting course. The parents did not wish to be interviewed because they were already participating in the evaluation of the parenting course they had attended.

All 18 parents interviewed were female. Sixteen were mothers; two were grandmothers. In terms of age, one parent was under 25, four between 26 and 35, eight between 36 and 50, two over 50 and no information on age was available for three. Ten were White British, two Black Caribbean, one Black African and no information on ethnicity was available for five. One had an annual income of under £5,000, one between £5,000 and £10,000, two £10,000-£20,000, three £20,000-£30,000, three over £30,000 a year; eight preferred not to give their annual income. Four of the mothers lived alone with their children, three were co-habiting, three married, two were grandmothers and six gave no information about their marital status. The number of children each interviewee had ranged from one to eight, with an average of three children. Nine of the parents had children in the target age-group of 8-13 years, eight had children under five years, eight had children of 5-7 years, six of 14-19 years and two had children of over 19 years. Nine of the interviewees had, or had caring responsibilities, for children with disabilities and

special needs, five had children with emotional/ behavioural problems and four did not report any specific difficulties with their children.

1.3.3 Analysis of the qualitative data

Permission to record each interview was sought and granted. Interviews were transcribed and analysed for themes. All data was then collated under these themes to ascertain the range and relative balance of views within each topic.

1.4 The focus of the report

The report is structured thematically. Section 2 reports on the Parent Support Co-ordinators (PSCs), their recruitment, training, where they were based and their management and supervision. Chapter 3 describes the links PSCs made with Teenage Pregnancy Co-ordinators, other relevant professionals (such as those delivering ‘Speakeasy’), and the extent to which the TTT community programme was seen as ‘fitting’ with the work of other professionals and local strategies. Chapter 4 describes the barriers and challenges of engaging hard-to-reach parents on the TTT community programme. The following chapter looks at the methods and publicity used, and what has been learnt from the pilot about successfully engaging parents on the TTT community programme. Chapter 6 reports first on the type of support offered - individual support, general parenting groups, TTT groups, how discussion of sex and relationships was included, and the use of Parentline Plus materials. Chapter 7 presents interviewees’ reflections on the delivery of TTT. In Chapter 8, the focus turns to outputs – the numbers participating and the numbers of individual support sessions, workshops and courses delivered – accounts of outcomes from parents and professionals and interviewees’ views about what could be learned for the future.

2. THE PARENT SUPPORT CO-ORDINATORS, THEIR TRAINING AND MANAGEMENT

This section reports on the Parent Support Co-ordinators (PSCs), their recruitment, training (and the training of other professionals in one area), where they were based and their line management, supervision, peer support and strategic direction and management.

2.1 Recruitment of the Parent Support Co-ordinators

Parentline Plus recruited five PSCs for the TTT community programme. Three of the five took up post at the end of January 2007 and two in March 2007. Four of the five were still in post in March 2008; the fifth left in May 2007 and was not replaced. Unless otherwise stated, the information presented in this chapter concerns the four PSCs who remained in post.

All four of the PSCs interviewed were women. Three classified themselves as 'White British' and one 'Black Caribbean'. One was aged between 31-40 and three between 41-50. In line with Parentline Plus policy, all had children of their own. The four PSCs had a range of previous work experience rather than coming from a single discipline. One was already employed by Parentline Plus as a call-taker and had had a previous career in IT systems, one had worked as a Lone Parent Adviser and was a trained counsellor, one had had experience of working for voluntary and community agencies with hard-to-reach parents and young people, and one had had previous experience of early intervention work with the Youth Offending Service, and had worked more with young people than parents. They saw their previous experience as beneficial. For example, one said:

'I could never have done this work if I hadn't had experience of facilitating groups in the community. There are such difficult issues coming up and you have to be able to bring it back, and still get the messages through without pressuring the parents.' (PSC4)

The Parent Support Co-ordinator for one area was employed briefly from March- May 2007 and not replaced. She was not interviewed for this evaluation as she resigned before the date booked in to do so. One interviewee from the same area indicated that the problems started during the recruitment process when local recruiters disagreed with Parentline Plus recruiters as to the optimum background, characteristics and skills of the person to be appointed as PSC.

Local recruiters were keen to recruit someone from within the hotspot ward who would understand the needs of the community and, ideally, be familiar with working there. They had two preferred candidates but conceded the final choice to Parentline Plus, as employers, and a third person was appointed. People within the local hotspot ward community were hostile to an outsider working with them around parenting skills. Although not the only reason for the failure of the pilot in this area, the appointment of a PSC who did not have the backing of the local professionals involved in the recruitment process contributed to it.

2.2 Training

2.2.1 Initial training

The PSCs had one day of training in the TTT community programme which included information about 'Delay Messages', two days training on 'Individual Support', and they had to evidence two Parentline Plus core units on 'Reflective Listening' and 'Supporting Parents'. This initial training introduced them to the Parentline Plus ethos and parent-centred approach. According to a Parentline Plus manager, the training was, '*Less about facts and figures*', and more about:

'Opening up communication channels between parent and children. It's about free choice, informed choice, sex for the right reason.' (M3)

2.2.2 Additional training

Once the programme became more established, group sessions proved more popular with parents than individual support. Hence facilitation skills training was offered at a later date. This was a relatively new aspect of Parentline Plus' work - '*Facilitating parenting groups is a fairly recent evolution for Parentline Plus*' (M3) - and it was five months before all of the PSCs had gained facilitation accreditation by developing a portfolio of evidence of experience, thus allowing them to deliver workshops or courses on their own.

This delay caused frustration among the PSCs. Although three of the four PSCs had previous experience of facilitating groups, it took time to, '*evidence their facilitation competences*', to '*Judge us on what we had already done*'. Whilst they appreciated Parentline Plus's strict quality

control, it was suggested that it may have helped if this could have taken less time so they could have delivered to groups earlier in the programme:

'I think a lot of time at the beginning was spent on training which took too long, but it was necessary. By the time we could get to work with the parents we were starting to reach the summer term, and school holidays.' (PSC4)

It was also suggested that it was unfortunate that it had not been possible for existing Parentline Plus staff, who had already been trained and were doing similar work with parents, to fill the PSC posts since, *'The Parentline Plus ethos is strong and takes time and training.'* (LM3)

2.2.3 Views about the training of the PSCs

The PSCs varied in how effective they had found the training, ranging from 'very helpful', 'helpful', 'fair', to 'quite helpful'. Three of the PSCs, who had been employed because of their relevant experience, were surprised they had to complete additional training before they could work with parents, but felt the training helped them understand more about Parentline Plus, its ethos and what it provided. As one said:

'I didn't realize I had to have training, but when I started I realized I had to do it. I was frustrated at first, but I do think it's necessary and it is beneficial. I felt de-skilled at first. I have had a range of experience, but I realize that what we are offering here is quite unique. As time went on, and I learnt from the training, I think it's fantastic what Parentline Plus does and has added to what I already had.'(PSC4)

At least one PSC found that the training challenged how many professionals work with parents, involving a shift from seeking to 'solve' parents' problems to working to provide parents with the confidence to plan the next steps themselves:

'The training was extremely helpful and necessary, but I think it could have been less painful. Some people felt they had to solve the problems before, and this was a different way of working. The shift was that we might spend an hour or more about how the parent was feeling, and acknowledging their feelings. It was new for me. I realized how quickly I had tried to solve their problems. It has made me feel de-skilled. At one point

about midway, I felt I was being reprogrammed and I didn't enjoy that. It was difficult for me, but I got over it, and realized the importance and the ethos. It was a turning point for me.' (PSC4)

The general training about the rationale and aims of the TTT community programme seemed to have been successful as all of the PSCs were clear about what these were in their first interview. One stated: *'We found out about the background to TTT and reasons why the programme came about.'* (PSC3)

All four PSCs felt they had gained more understanding of young people - *'Seeing it from the teenager's point of view'* (PSC1).

After the training, all four understood their role as:

'Helping parents understand and realize what their teenagers are feeling, and getting them to talk and tell them what their needs are' (PSC2).

One PSC said it had been helpful for, *'Identifying and challenging my own beliefs and attitudes about sex and relationships'* (PSC1). As the pilot progressed, this emerged as a useful exercise for professionals who work with families, since, *'sex isn't discussed openly in our society and people don't have the language to talk about it'* (PSC4).

Whilst PSCs were clear about the *aims* of the programme, they all felt the training did not prepare them sufficiently about the *content* and *delivery* of the programme, specifically in how to introduce the TTT messages:

'The Time To Talk training wasn't sufficient, and I don't think Parentline Plus appreciated what Time To Talk involved. I feel I need more of a grasp of it.' (PSC4)

'It wasn't clear from the training how this [TTT] will be delivered' (PSC2).

One line manager also suggested the PSCs needed more training for TTT messages, risky behaviour and engaging parents. Whilst PSCs learnt about delay messages, (for example being

able to say, 'No', to sexual experiences) there was some concern that there was insufficient factual, biological training to enable PSCs to talk confidently with parents:

'I don't feel I know enough about the boundaries of what I can tell them, like facing pregnancy and all that's involved, and how they can manage.' (PSC4)

2.2.4 Training existing professionals in one area

In the one area where the PSC had resigned, the decision was made not to recruit a replacement but, instead, to try a different approach – the training of relevant local professionals to deliver the TTT programme. Two trainers from Parentline Plus delivered a two-day course of 'Time to Talk practitioners' training' in November 2007, to 18 local professionals drawn from Health, Education and the voluntary sector. The only requirement of participants was that they should be willing to offer at least one workshop as a result of the training.

The brief for the two days was discussed and agreed at a meeting between Parentline Plus representatives and representatives from the area. According to two of the professionals interviewed from the area, this option of training for professionals was not the only one discussed, or even the preferred option locally, but was the only one Parentline Plus were prepared to offer within the context of an evaluated pilot programme:

'There was a full circle debate for quite a while about how we could use that money, and what we actually realised was what they [the Parentline Plus representatives] were saying was that we couldn't use the money on anything other than this core training package, which is what we ended up with. So, really our decision was, "do we take that core training, or do we just remove ourselves with our interaction with Parentline?" And it felt like, well, the money's there, so we'll just use it for training. [...] We want to develop closer links with what is already in place and working successfully, [our] curriculum [...] which involves Years 4, 5 and 6 pupils, aged 7-11, that is already in place. And what we initially wanted to do was a development – a homework programme which would link the school provision with parents at home, so you've got that automatic link of parents being able to talk to children because of what is being delivered in school. That was where we wanted to go first of all, and then on to specific parent courses talking about sex and relationships. So we thought it [TTT parent courses] was a step too far really. But that,

from my understanding, it's only my perception of that meeting, that didn't fall into the brief [...] of what was possible.' (OP8)

Much of the material covered in the two days was taken from Parentline Plus' standard training for its own practitioners but, in accordance with local wishes, it was adapted to include a focus on sex and relationships education (SRE) and to allow time for two local professionals to deliver a 90-minute session on the local context and action planning for next steps (although, in the event, there was disappointment that earlier over-running led to this time being much shorter than planned). All participants were also provided with a folder of Parentline Plus materials including workshop or session plans for 'Time to Talk about Sex', 'Talking about Drugs', 'Let's Talk Teenagers', Parentline Plus's 'Common content – good practice' applicable to any group support for parents; and seven 'Listening exercises'.

Three people who had attended the training attended a group interview as part of the evaluation (a further three sent apologies and written information). The consensus among them was that the trainers had failed to adapt the training to the differing needs of the participants – those who had experience of parenting support but not specifically around sex, and those who knew a lot about working with young people around promoting delay messages and safe sex but had no experience of working with parents. The result was that participants felt their time was being wasted as they covered familiar ground:

'I do think it is to do with identifying your target audience because perhaps they hadn't realised that a good deal of the people there were already running parent groups and were parent practitioners so all the stuff on active listening and the benefits of running parenting workshops, we thought 'We don't really need that. We've been doing it three years.' (OP9)

'I'm not sure there was very clear understanding of the audience; most people that were there either worked within parenting or within SRE [sex and relationships education]. I think the people that were being trained have a substantial knowledge around a lot of these issues and there was a lot of exploration of things and I'm not really sure – this sounds really harsh – but I'm not sure it moved my understanding on.' (OP10)

They also agreed that it had been unfortunate that the final session on local action planning for delivery had been reduced by over-running earlier in the day. This caused frustration and a sense that time had been wasted:

'[The earlier over-running] has meant that groups of three or four of us have had to then find time outside of this so – if you're going to do two days, I would build in some of that time to work together and I felt that was very rushed at the end. That last bit that we did – the delay messages and working together, we just completely lost it. It wasn't there and we'd spent ages and ages on developing self-esteem and that's intrinsic to the work we do anyway.'(OP10)

The materials were judged to be useful by two of the three but unlikely to be used as presented. For example one said, *'We felt that the materials were basically valuable and that they met a need'* (OP9) and another said:

'I personally find it very difficult to deliver what somebody else thinks should be delivered. It's a process, isn't it? You need to work together so that you can say, 'We think this is important? Why do we think this is important? How can we link this to the next activity? What journey are we going to take the parents through? So just having a 'do this, then do this, then do this' is not process for me so we probably will use the materials but we'll use them to do our own planning.' (OP10)

The third interviewee said, *'The truth is that I haven't looked at them since'* (OP8).

Written information sent in by two other professionals who had run a two-session 'Time to Talk about Sex' course since the training, included comments on the materials – how they had used them and how parents had responded to them:

'The sessions were planned in line with the Parentline Plus resource pack but, as much work had been done on active listening on the parenting course [to which the sessions had been appended] and relationships were already established, some elements at the beginning merely needed to be revised with this group. [...] The group were enthusiastic throughout and enjoyed all the discussions and activities. In the evaluations, there were some suggestions that we could have done more role play (role play had been a strong

content of the parenting course) and this will inform future sessions and need to be designed and planned in.' (OP12 & 13)

2.3 Professional support for the PSCs

2.3.1 Location and line management

Two of the Parent Support Co-ordinators were based in Parentline Plus offices, one in a Children's Fund office with links to the Parentline Plus office in a town some miles away, and one was based at home with access to a Parentline Plus office some distance away. There was agreement from both management (LM2, LM3, M1) and the PSCs that there have been additional difficulties and lack of support for those not based in Parentline Plus offices. Where there was no Parentline Plus office in the area, and the line manager was some distance away, it felt harder not being able to, *'Chat things over with people.'* (PSC1). Another stated:

'[The base] should have been with a Parentline Plus office or the PCT [Primary Care Trust], but not in isolation. I've really struggled and felt really down when courses failed. I know they're there, but it's not the same as if you're in the same office.' (PSC2)

In the one area where the PSC resigned, there was no local Parentline office so line management was provided from Parentline Plus's London office. Although efforts were made to link this PSC in to the local parenting team, she was not physically based with them. The local TPC wondered if the less than ideal location and line management arrangements were contributory factors in the PSC resigning:

'I don't know if that was one of the problems. Clearly, Parentline Plus don't have a [local] office. The Parent Support Co-ordinator was managed from London and, particularly as she was the only Parentline Plus employee in [city], I think she found that quite isolating. Initially, it was thought that she would be working from home because Parentline Plus don't have an office [here]. Before the post-holder resigned, we were trying to get her accommodated in one of the council offices in the district she was asked to work in. I guess she probably felt a little bit isolated. Even though she was connected in to people here, they weren't her colleagues in the sense they were from the same organisation.'

Her manager was in London so I guess that was a little bit of a tricky situation for her.'
(TPC7)

2.3.2 Supervision

Since PSCs were potentially dealing with the complex issues parents bring to groups, supervision was seen as particularly important:

'I've found it very difficult where people have 'unloaded', to the point where I thought I didn't want to continue, but we have good support and debrief discussions at the office almost straightaway. Once I went home first and that was a mistake. I've definitely needed the support and needed to talk through some of the things that came up in the sessions.' (PSC4)

Three of the four Parent Support Co-ordinators were very positive about the quality of support they received from their individual line managers and from other Parentline Plus colleagues. They appreciated individual supervision sessions (at 4-6 weekly intervals), the fact that they could always telephone or email for support at any time, and 'debriefing', where they reported back to colleagues after contact with parents. One comment was: *'I can't fault Parentline Plus. They're in touch and not on pedestals.'* (PSC2) The fourth PSC was less satisfied and felt that initially her line manager didn't provide enough guidance or the opportunity to reflect sufficiently on practice or individual cases.

Whilst the quality of supervision and support provided was generally greatly appreciated, three of the four felt that, as the programme had been particularly challenging, they would have appreciated, *'a little more professional support'*. This was exacerbated by the fact that two had changes in line management during the period of the evaluation.

2.3.3 Peer support

The four PSCs all considered peer group support to be very valuable. Although they had met during training, there was regret that the geographic distance separating the four areas meant they could spend little time together. They argued that email and teleconferencing provided less effective communication and support than face-to-face meetings:

'The Time To Talk workers need to be more of a team and to meet up. It would be invaluable to discuss how we work. Phone conferences aren't the same.' (PSC2)

Nevertheless, there were examples of sharing ideas, letters and publicity materials, and it was suggested that it was, *'important we are learning from each other.'* (PSC2)

2.4 Strategic direction and overall management of the programme

Professionals in the TTT areas were involved in presenting action plans for the TTT community programme, but initially, there appeared to be a lack of ownership and clarity, both locally and in Parentline Plus, about who 'drove' and managed the programme, how it would 'fit' with existing teenage pregnancy, parenting and Parentline Plus provision, the role of the PSC, how parents would be engaged, and how the TTT messages would be delivered:

'There were a lot of people involved, too many. All directions have to take into account at all levels, central, branch, DCSF [Department for Children, Schools and Families] and it felt confusing to many people.' (LM2)

A number of interviewees said it had been difficult bringing TTT into areas where there was no Parentline Plus presence and little strategic or operational support:

'When you try to superimpose something on a local structure that you're not embedded in, you will come across resentment and duplication.' (M4)

'Strategic ownership and leadership are important and Parentline Plus isn't a local organization, and it was the way it arrived didn't help. It came in 'sideways'. It wasn't something we had commissioned or bid for, or been engaged in, it was something that was 'given' to us. Received gratefully but not integrated in any way. The preparatory work wasn't there, you need a strategic approach, and I wouldn't launch a worker in without preparing the ground first. You need to work with the agencies.' (TPC4)

One TPC thought that it was hard to 'fit' the TTT community programme with local teenage pregnancy priorities:

'If I'm being absolutely honest with you, if I'd been involved in [the initial] discussions I might have tried, either to delay having Time to Talk, or, perhaps, turning down the offer, for two reasons. One, we're clearly failing in terms of our prevention of teenage pregnancy and we're under a great deal of scrutiny at the moment in terms of trying to get the under-18 conception rate down. Our emphasis has to be on preventing these pregnancies from taking place. The quick win is around contraceptive services and getting people to use contraception. Also, I felt a little bit conscious that Time to Talk and Speakeasy are relatively – they are different, but they would be targeting the same groups of parents and offering a similar offer. [...] Even though [the TTT community programme] is something the Teenage Pregnancy Unit nationally have been keen to roll out, in [this area] the better fit has been for that to fit in with the wider parenting work.' (TPC7)

All of the PSCs initially found the lack of clarity and relative lack of guidance on how to proceed difficult, particularly because it was so challenging engaging hard-to-reach parents on the TTT programme, *'I struggled from day one with lack of information and clarity.'* (PSC3) There was a lack of, *'understanding about the actual project and knowing what form it's going to take'.* (P2)

The appointment of a senior Parentline Plus manager, who took responsibility for the TTT programme from March 2007, enabled many of these early challenges to be identified and presented in a clarification document in May 2007, 'Early Intervention Pilots Revisited'. As one Parentline Plus manager explained:

'It was originally confusing for everyone and took quite a long time, but became clearer as time went on and as one person clarified the boundaries with one main contact person.' (LM2)

With some reservations, PSCs felt the clarification document provided them with more support and direction, and gave them permission to adopt a more flexible approach in line with the Parentline Plus ethos of following the needs of parents and building relationships of trust, rather than feeling pressurized to introduce issues before parents were ready:

'We've been given permission that, as long as we stick with the Parentline Plus material, we can pick and mix to respond to what the parents want, but still get the 'delay messages' through, and 'risky behaviour', to slot that in.' (PSC2)

'I think for me, if I'd realised there was as much flexibility from the onset, it would have felt better for me.' (PSC4)

There was some tension, however, that, *'the focus was still on numbers and the need to deliver Time To Talk, rather than following the needs of parents.'* (PSC3)

Conclusion

Recruitment, Training and Supervision

- Five PSCs were appointed between January and March 2007. One left in May 2007 and four were still in post in March 2008. The PSCs had a wide range of experience rather than coming from specific professional disciplines. One had previously worked for Parentline Plus and this was seen as advantageous as additional training for others was time-consuming.
- Training was seen as providing a valuable introduction to the Parentline Plus parent-centred approach, ethos and individual support, but there was insufficient guidance on how to introduce the TTT messages. The initial lack of facilitation training inhibited the development of the group-work parents preferred. During the pilot, training was also provided for other professionals in two areas.
- Although Parent Support Co-ordinators were generally positive about the line management, support and supervision they received, support was seen as insufficient in the three areas where there was no Parentline Plus office base and the distance between PSCs limited their opportunity to meet.

Strategic direction and management

- The difficulties in implementing the TTT community programme were underestimated in the planning stage, and there was an initial lack of clarity and direction about how the programme fitted with the needs-led ethos of Parentline Plus or with existing local work with parents, and how TTT would practically be delivered and parents engaged.

- There was insufficient local consultation and planning with the 'target' parents, those who work with them and relevant strategic managers, and the pressure to reduce teenage pregnancy was thought to have contributed to the lack of clarity and direction.

3. MAKING LINKS WITH TEENAGE PREGNANCY CO-ORDINATORS AND OTHER RELEVANT PROFESSIONALS

In the first months of the pilot, much of the PSCs' time and effort was taken up in networking with the Teenage Pregnancy Co-ordinators (TPCs) and other relevant professionals in their areas. Learning from the 2005 pilot, it was hoped that by raising awareness of the TTT community programme amongst other professionals, particularly those working to reduce teenage pregnancy, partnerships would evolve and parents would be referred to the programme. This section reports on the links PSCs made with Teenage Pregnancy Co-ordinators, other relevant professionals (such as those delivering 'Speakeasy'), and the extent to which the TTT community programme was seen as 'fitting' with the work of other professionals and local strategies.

3.1 Links with Teenage Pregnancy Co-ordinators

All five of the PSCs had contact with the Teenage Pregnancy Co-ordinator in their areas, although staff changes meant that only one area had the same TPC in post throughout the period of the evaluation. Early relationships with four of the TPCs who were in post at the time, were positive:

'I'm working very closely with the Teenage Pregnancy Unit who are already doing a lot of work. I'm working alongside them and asking them to identify what we should do. The Teenage Pregnancy Co-ordinator is wonderful. She's established and is so good at signposting me, and has asked me to run a workshop.' (PSC2)

In one area, though, the TPC acknowledged that other priorities within the area meant the relationship had not gone as well as had been hoped:

'I guess it probably hasn't gone as smoothly as either I or perhaps Parentline Plus would probably have hoped. Certainly, I think part of the problem has been with me, if I'm being absolutely honest, in not being able to give [name of PSC] enough of my time but, unlike a lot of the other areas, we don't have a teenage pregnancy team. It's just me and, given the high priority that the prevention agenda has got at the moment, it's just unfortunate that neither I nor Parentline Plus could properly support [her].' (TPC7)

In two areas, the PSCs reported working with their local TPC at outreach events on information stands to tell parents about the TTT community programme.

Although there were expectations that the TTT community programme would continue to link closely with other teenage pregnancy reduction work, this was hard to sustain, partly because of staff changes. Parent Support Co-ordinators met their local TPC regularly (monthly, bi-monthly, and, in two areas, quarterly), where the PSC informed the TPC of what they had been doing, but as the pilot progressed, little joint work was reported. It was suggested this may have been because new or 'acting' TPCs were newly appointed or settling into their new posts, and in two areas the posts were covered by people already doing other jobs. The fact that TPCs' work tended to be, *'aimed very much at young people, where ours works directly with the parents'* (PSC4), may also have reduced opportunities for joint work.

On the other hand, complementary work was reported by the acting TPC in one area who line-managed a team of detached youth workers who valued being able to signpost the parents to the PSC:

'A lot of young people that we get asked to work with, the requests come through from Youth Workers who have to get the consent from parents if the youngster is under the age of 16 to participate in our sessions, and it's nice to be able to say to them, 'If you do come across anything or there's any concerns or anxieties, then this is where you can actually signpost the parent to' [i.e. the PSC] so you're not leaving and abandoning the parents high and dry with little information.' (TPC 5)

3.2 Links with 'Speakeasy'

Three of the five areas also had professionals who delivered 'Speakeasy', a more structured, accredited course for parents to learn factual information about sex and relationships. There was some initial concern that the TTT community programme might duplicate or replace 'Speakeasy', although this was addressed in one area:

'We had a bit of an issue about whether there was possible confusion with the 'Speakeasy', but I drew up a document to say what the difference was.' (PSC1)

This concern about potential duplication may have also been influenced by the insecurities of short term funding:

'[The people delivering] 'Speakeasy' wanted information on Time To Talk. I went to a meeting and was 'grilled', but I explained they would complement each other. The trouble is, they may lose funding'. (PSC4).

Others felt that the TTT community programme and 'Speakeasy' were appropriate for parents at different stages of their understanding and confidence:

'I'm also trained in 'Speakeasy' and sometimes parents feel it's not appropriate for them. Speakeasy is more structured and Time to Talk more time for discussion, more opportunity to bounce ideas and deal with topics. It could link with Speakeasy.' (OP6)

'I have worked with the really hard to reach, and those accredited courses like Speakeasy are for different sorts of parents, not the very hard-to-reach. The difference with Time to Talk was the messages still got through, but there was less pressure on them.' (PSC4)

Five interviewees believed there was need for both programmes as they complement one another, *'[Speakeasy and TTT PSCs] have done joint work and hand out each other's leaflets. They are complementary.'* (TPC2)

It was thought there could be a progression route between the two approaches:

'If they were to work both in the same venue, I think it would be a natural progression that they [parents] would do a Parentline Plus course first, and then, if they wanted more information, they could move on to Speakeasy.' (PSC4)

3.3 Links with other relevant professionals and agencies

All four of the TTT PSCs put considerable time and effort into networking with other professionals, both individually and at multi-agency meetings, such as Teenage Strategy

Partnership, Parenting Strategy, Extended Schools Agenda, Common Assessment Framework (CAF) and Youth Offending Team (YOT) meetings. The four PSCs had had contact with some schools and three had had contact with school home liaison workers and three with Personal Social and Health Education (PSHE) co-ordinators in schools. Three had worked with YOT Parenting Officers. Other contacts or referrals had come from Children's Centres, Family Centres, Access and Attendance, Children's Information Service, Connexions, a Behaviour and Education Support Team (BEST), GP surgeries, libraries and supermarkets. Voluntary and statutory agencies working with families, particularly some working with children with special needs and disabilities, were seen as especially helpful

The seven professionals who were interviewed in the four areas with PSCs had mostly met them when the PSC had given talks, and were very positive about their enthusiasm, the subject matter and felt their parents would accept them. As one said:

'Her enthusiasm and pragmatic outlook has had quite an impact. She asks challenging questions about linking with others like CAMHS (Child and Adolescent Mental Health Service), the Extended Schools cluster groups, Youth Offending Team, health visitors, BEST (Behaviour and Education Support Team) and not duplicating.' (OP7)

Those interviewed understood that the TTT community programme was about sex and relationships but had also been told about the other Parentline Plus workshops and courses the PSC could offer if parents wanted them:

'[Name of PSC] explained about the different courses and about teenage pregnancy stats. and about preventative methods to cut down teenage pregnancy, but it [TTT community programme] is not just about sex and relationships, but also other courses like, 'Less Shouting, more Co-operation'.' (OP4)

There was frustration in two areas where Extended Schools/services and a school were keen to adopt the TTT community programme, but were unable to do so because they were outside the target wards. As one home-school liaison worker said:

'We're not in the target area so could only have one workshop on 'Time to Talk about Growing Up', and the parents had asked for it. We would have liked a follow-up session

as there were so many questions. It would have been better if the session had been halved and another week added. Not a two-week course, as they wouldn't commit themselves. It opens up ideas and questions, then they go away and think about things and they need a follow-up.' (OP4)

3.4 The 'fit' with other local teenage pregnancy reduction work and related strategies

Almost all the professionals interviewed thought the TTT community programme addressed an identified need and potentially fitted well with local strategies and their work, although they recognized and difficulties associated with it and it wasn't always clear whether it was yet having an impact on other strategies:

'I think in theory [TTT community programme] does [fit with other strategies] but, in practice, I'm not sure it has had a big impact.' (TPC4)

All but one of the TPCs mentioned that part of their Teenage Pregnancy Strategies included seeking to help parents to talk about sex and relationships and appreciated that the TTT community programme was designed to address this:

'[The TTT community programme] definitely fits. Parents are key to how their children are as teenagers. They are the fundamental building blocks.' (TPC4)

Another professional said:

'[The TTT community programme] hasn't duplicated our work but added to it. It's a part of the Teenage Pregnancy Strategy to get parents to talk to their children, and it's ideal and would be helpful, and would help in making them more sexually healthy and delaying their sexual activity.' (OP3)

Other professionals who were working with parents in a more general way could see how the TTT community programme complemented the work they were doing, in particular leading on from working with parents on how to communicate with their children:

'I already have coffee mornings and courses for a lot of parents in the school. The Parentline Plus courses are what my parents are asking for. It would complement my

work well, as I am speaking to parents one-to-one, and for questions they ask that I'm not trained for.' (OP4)

Others were aware of the gap around skilling-up parents to talk to their children about sexual relationships, particularly since young people want to be able to talk to their parents:

'I have a role around working in schools, working with community staff within the schools, but also within that is the parents and it is a gap that has been identified that skilling-up, training, whatever you want to call it, is a gap for parents of children in our schools. And that's been backed up by a piece of work that I'm presently doing where we have tracked 32 young people in eight different high schools across [city], from leaving primary school and they are now in Y10, asking them about their Sex and Relationships Education. And what is starting to come out quite clearly is that they aren't getting information from their parent. We all make the assumption that it's because parents are too close to them but what they are saying, underneath that message, is, 'We would like parents to talk to us, if parents were skilled up enough and felt confident enough'. So they are talking to their friends; they are getting it from magazines and playgrounds and all that type of thing but the key person they would like to tell them about growing up changes is their parents.' (OP8)

'One of the things that we talk about with parents in our groups anyway – we start off one of our sessions with a big survey done by the BBC of about 3 000 youngsters about their thoughts on parenting and one of the key points we pick out is that twice as many parents said they felt able to talk about sex with their youngsters as youngsters said they felt comfortable talking with their parents. The thing we constantly stress on our course is that usually the people youngsters want to go and talk to is their parents, much more than other agencies.' (OP9)

As well as Teenage Pregnancy Strategies, the TTT community programme was seen as relevant to other initiatives and strategies:

'[The TTT community programme] fits with the Teenage Pregnancy Strategy and local implementation of plans, the Parenting Strategy and the Extended Schools programme, transition, risk of offending, Youth Justice Board preventative work.' (LM3)

There were some concerns in one area that the community programme was competing with other parenting support to get parents to attend, '*There is already a lot of parenting support in [name of LA]*' (LM3).

Conclusion

- Considerable time was spent networking with a wide range of other professionals to raise awareness of Parentline Plus and TTT, and they were generally seen as enthusiastic and supportive.
- The professionals interviewed felt that TTT theoretically fitted well with their work, local teenage pregnancy and parenting strategies and Speakeasy, an initiative with similar aims, but difficulties were identified in introducing sensitive work around discussing sex and relationships with the target parents in a short term pilot.

4. BARRIERS TO ENGAGEMENT WITH THE PROGRAMME

Engaging parents on the TTT community programme proved very difficult and all of the PSCs had been disheartened when courses were cancelled because of lack of interest. In their first interviews, all four of the PSCs expressed concern about how they would be able to engage the target parents, and even more concern about persuading them to talk to their children about sex and relationships. One line manager echoed this:

'The topic is very restrictive and is putting people off. It needs to be packaged and presented in a different way. It's so blatantly about sex. Parents pick up leaflets and put them down immediately.' (LM2)

The PSCs were encouraged by Parentline Plus to reflect on successes and difficulties in engaging parents on the TTT community programme. The pilot has provided much evidence about what works, and what does not work so well in engaging hard-to-reach parents, and at what stage in the relationship it may be possible and respectful to challenge parents to consider their attitudes towards sex and relationships.

This chapter reports on the barriers and challenges of engaging hard-to-reach parents on the TTT community programme. The following chapter looks at the methods and publicity used, and what has been learnt from the pilot about successfully engaging parents on the TTT community programme.

4.1 The barriers and challenges to engaging parents on the TTT community programme

There were a number of suggestions from parents, PSCs and other professionals about why parents might have been reluctant to attend the TTT community programme. These are highlighted below but, first, to set the scene, an extended quotation from one PSC is given where she describes the inter-connectedness of a number of the barriers encountered with the 'target' parents:

'The main barrier we are facing is attracting hard-to-reach parents, and especially to get them to talk about sex and relationships. The parents I've met who've had babies as

young as 13 are really, really difficult to work with. And they'll admit they didn't get any help, or any talk with their parents about sex education, and they went on to make mistakes, and they don't want that to happen to their children. But they need to be educated on how they can change things. They quite often came from a home where parents didn't live together and some of them wanted love and attention which is one of the reasons they had sex in the first place. But their parents just hadn't talked to them and they said, 'Yes, they would have wanted them to.' And they openly say they want to talk to their children, but don't know how to. They typically cringe and hide and pull their jumpers over their faces, the young people I worked with, if you say the word, 'sex'. When they were brought up it just wasn't mentioned at all. And there hasn't been any sort of support for them and they've had really difficult upbringings. They'll say something, and if you try to work with what they've said, they'll realize they've let their guard down and that they've told you something they didn't really intend to. And you have to be careful in how far you go with them, because some of them have had quite traumatic times when they were growing up.' (PSC4)

4.1.1 Why parents may have been reluctant to become involved

- The 'target' parents hadn't been consulted

'Time To Talk [community programme] is good but, in the future, parents need to be central. We need to consult them, to take what they want on board. We need to use a community development perspective, so it's coming from the people, not looking on them as being needy. Not doing it to them, doing it with them.' (OP2)

'It would be more helpful if parents perceived the need, rather than DCSF [Department for Children, Schools and Families]. [...] Parents are hard to recruit to parenting courses. What works is when parents seek the support and then it is made available and not imposed.' (LM2)

'We need to find out what they [parents] are struggling with in the first place, then offer Time To Talk [community programme]'. (LM3)

- Many of the 'target' parents were extremely reluctant to talk about sex and relationships

'Parents don't want to talk about sex.' (PSC3).

'With sex, there's a stigma for parents and it's harder for a parent to talk freely about the sexual activity of their child. One, it's an indication that their child is growing up and is not under their authority. You're talking about sensuality as well as sexuality and for most parents, it's about a loss of innocence, a loss of the childlike state. What [name of PSC] is doing is really, really hard. The amount of one-to-one work that is required to gain the trust and rapport to talk about something as central as your own sensuality, or your children's growing sexuality, and all the implications of that are hard, challenging aspects that reflect back on the family setting.' (OP7)

This discomfort was confirmed by parents:

'It's awkward talking to children [about sex and relationships]. They'll think, 'You've done that'. It's like the thought of your Mum and Dad doing it!' (P11)

'People may not come because of embarrassment. They might be scared of what they are going to be told? They're sometimes frightened of what they will find, 'Is it me?' Perhaps it might put people off?' (P1)

'I would have found it [talking about sex and relationships] very uncomfortable. I don't think I would have wanted to have a conversation with them [my children]. Sometimes my daughter says things. She had a smock top and they [children at school] said, 'You look like you're pregnant.' And she said to me, 'Do I look pregnant, mummy?' and I said, 'You're far too young to be pregnant.' She knows.' (P8)

- Teenage pregnancy was seen by some as usual and acceptable

'These are middle class values about deferring your gratification and actually we're imposing those, in a sense, when they may not actually be wanting that.' (M5)

'We're assuming parents want it [TTT community programme], and assuming [teenage pregnancy] is a problem for them, and it isn't necessarily what they see as a problem. Some feel teenage parents are not a bad thing. Teenage pregnancy has gone on for generations. It's acceptable and they have the support of family and community.' (PSC3)

- Some parents did not feel they needed to talk to their children about sex and relationships.

'My child is 14 and I don't think I need to talk to her about it [sex and relationships]. She's learning it at school.' (P1)

'There was courses on drugs and alcohol abuse, and sex and relationships was offered as well. But some of them [parents] thought they [children] were too young to talk about it.' (P12)

- Parents might feel the programme is a criticism of their parenting skills

'They can be so intimidated; it makes them feel as if they are bad parents. They feel it's a criticism of their parenting skills and they don't realize that everyone finds it hard to deal with talking with their children.' (OP3)

'People within the community, I understand, quite rightly turned round and said – well, perhaps not quite rightly but I can understand why it happened – "Why are you coming in here and telling us how to bring up our children?"' (TPC7)

- Parents may not see talking to their children about sex and relationships as a priority in comparison to some of the other difficulties they are facing

'Talking about sex is not usually their first problem.' (PSC 3)

'Parents are managing in very hard circumstances and the public and social support isn't there any more. They bristle when they're sent to parenting classes. They are parenting with no money, with complex problems, and the extended family in white working class families can be a problem more than a help.' (PSC1)

- The short-term nature of the programme

'It takes at least a year before things really start to get going.' [OP7]

'Trust is absolutely key to all of this, I think, and it's not just trust from families but also from the professionals who will prepare families and engage them. And when you don't have a well-established programme, and you don't have that trust at any level, and you're doing it short term, you're never going to get there.' (TPC4)

'It's all about building relationships of trust and that takes time.' (OP2)

School holidays were seen as further reducing available time and interrupting the establishment of relationships on a short term pilot.

- There were language and cultural issues

'There are cultural issues. It's a diverse population, a traditionally white working class area with strong cultural norms and a strong BNP [British National Party], compared with one ward with 70% and one 43% BME [Black and Minority Ethnic] where English is not the first language and 57 different languages are spoken.' (PSC1)

'I was always very conscious of the fact that [the hotspot area had] a high proportion of particularly Black people and quite a big Asian community. I was always very conscious that, bearing in mind I'm familiar with those areas, quite often criticism from the community is that the council, in particular, have had a tendency of parachuting in White, middle class women to do particular pieces of work to a community and the communities, quite rightly, feel that quite often that work needs to come from within the communities themselves.' (TPC7)

- Parents may be very wary of services and professionals

'At one parents' evening I advertised workshops but there was no interest. A couple of parents were quite hostile. I looked like a social worker to them.' (PSC1)

'Parents think that if they say they need parenting, social services will come and take their children from them.' (TPC1)

Parents confirmed this wariness of professionals:

'I think people, especially in this area, are embarrassed to say they have problems. People on council estates are wary to admit problems, [fearing] that people will come and judge them. They worry and think they'll have Social Services on their doorstep. They're not confident.' (P8)

- Parents may not want a course, they may want a support group

'We need to adapt Time To Talk so it is issues-based and group-related so we could talk about sex and relationships with parents rather than being a formal course.' (LM4)

4.1.2 Why some professionals may have been reluctant to refer to TTT

Despite PSCs' efforts to liaise closely and network with relevant local professionals, the PSCs and others interviewed said there had been relatively few referrals from other agencies: *'Although we have had good relationships, it hasn't resulted in bums on seats.'* [PSC3]

This theme was explored with interviewees who made several suggestions as to why professionals may not have referred parents to the TTT community programme and these are listed below:

- Lack of time

It takes other professionals time to understand and remember new services, and then trust them enough to refer parents to them:

'It's human nature that they need to be told more than once, the message needs to be reinforced.' (M4)

'Time To Talk would have needed a longer period of time to work with professionals. You need time to identify the professionals who are in contact with the young people and families and decide how can you enable those professionals to know about the programme, and be able to explain it to the families and support them in how they enter the programme? A lot of work is needed with key professionals before parents come anywhere near a group.' (TPC4)

'Outreach is essential but it takes time and effort and is very hard work. The pilot hasn't had enough time to make the relationships with professionals who need to do the outreach.' (LM4)

It was also thought that professionals may be reluctant to establish referral links with a service that will only be available for a few more months, not wanting to build parents' expectations.

- Status of different sectors

There was a suggestion that some statutory agencies may be less likely to refer to voluntary agencies:

'As organizations they're very closed, and unless you're a clinical professional they don't refer on. It's less likely unless you're a statutory agency.' (OP7)

- Staff turbulence - levels of staff turnover and service re-organisation

A high turnover of staff was seen as a difficulty in building relationships with other professionals, for example in some Children's Centres and Teenage Pregnancy Units and other services for children, young people and families that were being re-organized.

'There's a lot of movement of staff, and they're often only getting established themselves.' (PSC4)

'There are so many changes here.' (PSC2)

'Some staff in Children's Centres move frequently.' (LM4)

- Duplication of services leading to competition for clients

In two areas several agencies were reported as competing to attract parents to parenting courses, and might be reluctant to 'share' parents (PSC2, PSC4).

'The duplication of services has come up. There seem to be a lot of people out there tasked to work with parents.' (M4)

'From what I can gather, it's been very difficult. The age group is ferociously fought over, so [the PSC] is competing with all sorts of other agencies for the same age kids.' (OP7)

- Professionals' personal issues about discussing sex and relationships

It was suggested that professionals may be wary of referring parents to the TTT community programme because of their own lack of confidence in talking about sex and relationships. In one LA, where some professionals attended TTT sessions, it was observed that although some professionals might be confident talking about factual information such as contraceptives and sexually transmitted infections (STIs), they might feel less confident talking about sexual relationships and feelings. This was supported by a PSC who commented on, *'the number of professionals who will come up to me at the end of a meeting, as a parent, and ask your advice. I've given them information from Parentline Plus.'* (PSC4)

'It's been a hard trek for [PSC] and hard with other professionals who are not comfortable talking to parents about sex and therefore aren't encouraging parents to come. We need to raise awareness with colleagues. Parents don't come if the outreach hasn't been done and we have relied on colleagues.' (LM4)

'I asked [PSC] to run a workshop for professionals at an event about the TPS [Teenage Pregnancy Strategy], and feedback from one GP practice manager was that [PSC] had asked them about their experiences of learning about sex and relationships and, 'It took me right back. My mother told me nothing and it made it difficult for me to talk to my

children.’ We need to raise the awareness of workers. If they haven’t analysed their own attitudes and experiences it’s hard for them to help other parents’. (OP3)

- Negative attitudes towards talking about sex and relationships

The attitudes of some professionals and school staff towards the approach of the TTT community programme was seen a barrier:

‘We have professionals who are working with groups of parents but gate-keep a lot. I think a lot of professionals think that talking about sex and relationships encourages them to have sex. A lot of professionals have their own values and attitudes and I think we need something like Time to Talk to help other professionals feel more comfortable about teenage pregnancy.’ (TPC1)

There were three reports of schools being wary of embracing the TTT community programme, *‘I’ve tried schools and sex isn’t appealing to them.’ (PSC3)* One school, reported by a PSC as having a good sex and relationships programme for children, had had hostility from some parents who didn’t want their children learning words like ‘penis’ and ‘vagina’. Some secondary schools appeared not to want to acknowledge that their young people were having sex, and it wasn’t an issue with which they wanted to engage parents: *‘Some schools have a lot to learn about how useful parents are.’ (OP5)*

4.1.3 Difficulties in publicising and marketing of TTT

The TTT subject matter was seen as one of the biggest barriers to engaging parents, and the content of publicity materials was a huge consideration. Inclusion of the word ‘sex’ on publicity materials was widely debated and seen as a barrier by almost everyone interviewed:

‘The Time to Talk programme here is difficult to market because of the Time To Talk messages.’ (LM3 & PSC4)

Two professionals, however, felt the word ‘sex’ should be included in order to be open and honest with parents about the content of TTT:

'I think it's important to include the word 'sex'. We don't want it to be taboo; we need to be braver and talk openly about it.' (OP3)

'I prefer to use the word 'sex', as we need to be honest.' (LM4)

One professional could see pros and cons:

'A positive about using the word 'sex' is that they'll look at it; a negative could be a scare-factor.' (OP4)

Some schools and other agencies felt it was inappropriate to use the word 'sex' in publicity:

'One school sent [our fliers] home in brown envelopes because they had the word 'sex' on them and the children might see it.' (PSC1)

'At one school with a lot of Bangladeshi families the school said, 'No way use the word 'sex''. (PSC4)

'In some places I won't put the 's' word up at all; for example, at a community centre attached to a church' (PSC3).

Even in their first interviews, PSCs were concerned that overtly advertising, 'Time to Talk about Sex and Relationships' was unlikely to attract parents:

'Marketing it as sex and teenage pregnancy isn't going to work. They won't come.' (PSC4)

Other professionals agreed:

'I think the word 'sex' is a huge barrier, and I think [the PSC] has had more success calling it something else like, 'Growing up'. Parents find sex and relationships, 'It's not what I want to talk about'. What we call it makes a huge difference.' (TPC2)

Towards the end of the evaluation period, the PSCs were adamant that publicity should be subtle and timely. This was influenced by the reactions of parents:

'When parents see publicity with the word 'sex', they drop them face down and quickly pull their children away'. (PSC1)

4.1.4 Other barriers encountered

Attracting Dads and having mixed sex groups

Very few fathers or male carers attended the sessions (5 (3%) of the total of 118 for whom Parentline Plus provided demographic information). Since many parents find the subject difficult to discuss, there were questions about the pros and cons of having men and women in the same group and whether it influenced the atmosphere and discussion. One parent suggested positive aspects to having fathers in the group:

'There were a couple of dads there. That was quite interesting. One was a lone dad with two girls. I think there were areas that he needed extra support with and we sort of wanted to point him in the right direction. My dad brought me up so he had quite a lot of hard times. Having my periods was hard but we had a good neighbour'. (P11)

A PSC felt having fathers on the courses did not seem to inhibit conversation:

'I have had some dads on the courses and it didn't seem to stop the discussion, although in one smaller group there was a slight issue when the dad adopted a 'naughty boy' role.' (PSC1)

On the other hand, one two-session 'Time To Talk about Sex' course appended to an existing parenting course was attended by all eight of the women on the parenting course but not by the one father who had attended.

Limited contact between PSCs and parents

There were also operational issues that hindered crucial outreach work. The PSCs were able to carry out little outreach work directly with parents as they were not based in the communities in which the parents lived. Rather than building relationships of trust, PSCs tended to be '*parachuted in*' (PSC1) to do a specific, isolated piece of work and had to rely on other professionals to promote the service on their behalf. The PSCs also had limited time because they only worked for 21 hours a week.

Conclusion

Some barriers to engagement were seen as:

- the lack of consultation with parents prior to the programme starting
- parents' reluctance to talk about sex and relationships
- teenage pregnancy not always being seen as a problem
- some parents not seeing a need to talk to their children about sex and relationships
- parents might regard the programme as a criticism of their parenting skills
- some parents having more worrying challenges in their lives
- the short term nature of the programme
- language and cultural differences
- parents may be wary of services and professionals
- parents may not want a course, they may want a support group.

Some professionals were seen as reluctant to refer to the programme because of:

- insufficient time for professionals to become familiar with and trust TTT
- a high turnover of staff in some relevant agencies
- duplication of services leading to competition for clients
- professionals' own discomfort at talking about sex
- professionals believing that talking about sex would encourage, rather than discourage, young people to engage in early sexual activity.

Other barriers encountered

- difficulties in marketing 'sex and relationships'
- engaging dads and questions about mixed sex groups
- limited outreach as PSCs were not based in the target communities

5 WHAT WORKED IN ENGAGING PARENTS

Having identified some of the barriers to engaging parents in the TTT community programme in Section 4, this section will compare the different methods used to engage parents, and the process that has emerged from this pilot about overcoming the barriers.

5.1 Methods used to engage parents

Parent Support Co-ordinators mentioned a wide range of engagement methods they had tried, and were asked to rate how successful each had been at engaging parents in TTT activities. The results are shown in the Table 5.1 below starting with those considered most successful. (For some methods, different agencies or events were given individual ratings which have been amalgamated.)

TABLE 5.1: Success of different methods to engage hard-to-reach parents

Methods	Number of PSCs who had used this method	Success Rating				
		Not at all	Not very	Moderate	Success-ful	Very successful
Links with existing parent groups	4	0	0	2	2	4
Stalls at events (events were rated individually)	4	0	2	3	1	0
Word of mouth	2	0	0	1	1	0
Referrals from other professionals	4	1	1	2	0	0
Meetings with, talks to other professionals	4	1	1	1	0	0
Fliers in school book bags	4	1	2	1	0	0
Posters	4	1	3	0	0	0
Fliers in community venues	3	0	3	0	0	0

Engagement through professionals who work with families in existing groups was seen as most effective at attracting parents to TTT community programme activities, followed by stalls at events, word of mouth and referrals from other professionals (other than those attached to groups). Fliers, leaflets and posters were considered to be least effective at attracting parents. Each of these methods will be discussed below in order of perceived effectiveness.

5.1.1 Engagement through professionals working with families in existing groups

All four Parent Support Co-ordinators believed that engaging parents through existing groups was the most successful method, and suggested that personal contact with professionals and parents, rather than letters, was most effective:

'People can send out letters but you need face-to-face' (PSC1)

'You need to do the ground work first. Go in person to schools rather than sending materials. It should be face-to-face.' (PSC3)

This was also the view of the professionals trained in the fifth area. For example, one said his team had no intention of offering the courses 'cold':

'We certainly weren't at all sure that this ['Time to Talk about Sex' course] is something that you could take a group of cold parents with whom you'd not worked before and just do two sessions around this particular work. We felt that would be really quite difficult. But, as I say, we don't intend doing it that way. It would only be as an add-on to our present programme. But we think it would be a valuable add-on. We do think it is an area we need to cover in more detail.' (OP9)

Seventeen of the 18 parents interviewed had been introduced to TTT activities through professionals in various community or school-based parent groups, with whom they had already developed relationships, often over a number of years. Of these 17, eight had been recruited to TTT through parent-activities at their child's school, *'The primary school runs lots of courses, keep fit, Maths and literacy with the children'*. (P8), five had been recruited to TTT through a local group for the carers of children with disabilities, three through other community parents'

groups and one through a Family Centre. The eight parents who provided written evaluations had also all been recruited through the local Parenting Team's existing parenting course.

Parents emphasized how important those known and trusted professionals and groups were in giving them the support, confidence and information to attend other activities such as TTT:

'I did have depression but went to Sure Start and got more confident and then I joined things.' (P17)

'Without these groups I wouldn't really know what's going on. It's word of mouth to hear about these places. [...] And sometimes talking to somebody can diffuse the situation and make you feel a lot better and you don't feel so alone. I think these groups are so important, especially if you've got children with special needs, you do feel very isolated'. (P7)

Three of the PSCs engaged parents through home-school liaison professionals, two with Youth Offending Team Parenting officers, two with the PHSE co-ordinators in schools and others with Children's Centres and voluntary agencies.

Schools with home school liaison workers were seen as particularly effective at engaging parents and the programme was usually introduced in the context of other courses and groups for parents. (Schools without parent-workers rarely had the time and capacity required to engage parents.) Other professionals and line managers recognized the success of working with home-school liaison workers, such as the Parent Support Advisers [a national pilot running in two of the TTT community programme areas also being evaluated by CEDAR^{1, 2}]:

'What's made the difference is, we've had the PSAs [Parent Support Advisers], and where there are PSAs is where she's got in. It's having that parent-link in the school has

¹ Lindsay, G., Band, S., Cullen, M.A., Cullen, S., Davis, L., Davis, H., Evans, R., Stewart-Brown, S., Strand, S., & Hasluck, C. (2007). *Parent support adviser pilot: First interim report from the evaluation DCSF.*

² Lindsay, G., Band, S., Cullen, M.A., Cullen, S., Davis, L., Davis, H., Evans, R., Stewart-Brown, S., Strand, S., & Hasluck, C. (2008). *Parent support adviser pilot: Second interim report from the evaluation DCSF.*

been key because they've got a parent-focus, where they're doing lots of work with parents, for example if they hold coffee mornings and they're networking their parents. It's ensuring the importance you give to recruitment of parents, because that sometimes is, 'Well, we'll just recruit ten parents' without thinking about how hard that might be. You've got to give that time and effort. It's no good just giving leaflets out. Maybe in a school the PSA needs to be talking to your parents in the playground, you need to be communicating with your parents, getting to know them, so when you invite them in, or you're able to offer them something, its not coming from a, 'I think you need this now.' It needs to be part of a wider programme you're offering anyway.' (TPC2)

A voluntary agency that worked with parents of children who had disabilities and special needs was also very effective at engaging 14 parents to one TTT community programme course:

'The Carers' organization is wonderful. They have good links with parents and the parents trust them. They offer a lot of support and they have monthly parents' group. It's a great model of good practice. They helped me and phoned people, they phoned parents on the morning, and checked and nurtured parents, and arranged a crèche.' (PSC1)

Another professional who worked in the community with families described how she and the PSC had worked together, seeking to recruit parents to the TTT programme:

'We booked the venue and advertised the [TTT community programme] courses. They weren't well attended, but what worked (where six parents did attend) we did a lot of outreach. It was a 'Stress Busting for Parents' session. We went to a Sure Start event for teenage parents and I went and chatted to the parents and asked if they would like to come on a parenting course and said to them, '[Name of PSC] who is going to run the course is here and she's really lovely. Why don't you come and talk to her?' And they said, 'Oh, all right then,' and I took them over. It was only from one room to another, but they need that hand-holding. Then they met [name of PSC] and she phoned them the morning before the course to make sure they were coming. And that's how much you really need to put into it. You need two people and it's really helpful for people to meet the person who is going to run the course.' (OP3)

In some areas Children's Centres had been very helpful at providing a venue and crèches, and helping to recruit parents (in other areas this had been less successful):

'It's worked in Children's Centres where people mainly have younger children, which I think is fine as you need to start speaking to your children at a young age. But there's still the need to get parents to talk to their growing children and their early teens. Both are essential.' (TPC2)

5.1.2 Stalls at events and word of mouth

Stalls at events were thought to be the second most successful way of engaging parents and, although many parents were wary, stalls at events provided the opportunity to network with other professionals, raise awareness of Parentline Plus and enable the distribution of leaflets and materials to high numbers of parents. Of the parents who expressed an interest, however, relatively few progressed on to other TTT activities:

'There were three events in the Easter holidays [...] It was indoors on a sunny day and we couldn't drag parents in even though we had magicians and activities. They gave excuses. We tried to get the children in to bring the parents in, but they thought it was a trick.' What's Parentline? I did an information stand at a local supermarket and I'd spot the right sort of parents, but when you tried to approach them, 'No, I'm not interested'. They'd come over and look at the literature, but when they knew what we were they'd walk away. The two or three you do make contact with said it was very useful.' (PSC4)

'Although we reached 70 parents we have not had any feedback from them yet.' (PSC3)

'Word of mouth' was considered to be the third most successful method to engage parents. However, there was limited opportunity for this method to develop within a short-term pilot project where the PSCs worked across relatively wide areas.

5.1.3 Referrals from other professionals

Although Parent Support Co-ordinators spent considerable time networking with other professionals, referrals from them had been disappointing (with the exception of some who were

already working closely with groups of parents). Reasons for the lack of referrals were discussed in more detail in Chapter 4 *'Barriers to engagement with the programme'*. There were, however, some referrals from schools, Children's and Family Centres, Connexions and YOT [Youth Offending Teams].

5.1.4 Fliers, posters and letters

Posters, leaflets, fliers and letters home in school book bags had had limited or no success at engaging parents. One professional, who had mounted an energetic campaign to recruit parents to a TTT workshop, estimated that with just leaflets and without all the other personal engagement methods, three or four parents might have come instead of 18.

5.2 The process of successful engagement

Analysis of the interview evidence suggested that seven key elements underpinned the successful engagement of parents with the TTT community programme. These were: having, *'the right person'* (TPC4), that is someone with appropriate skills and qualities; a community-development approach to engagement, including starting where parents are; taking time to build relationships and get to know parents; active listening and responding to what parents want; offering TTT in the context of a range of other learning; providing a parent-friendly environment and support; and sensitive marketing and publicity.

5.2.1 The 'right' person

Engaging parents successfully was viewed by PSCs, parents and other professionals as requiring a key set of qualities and skills:

'A key thing about working with parents is getting 'the right' person, and to talk about sex and relationships you need the people to deliver who are comfortable with it.' (TPC4)

The key qualities and skills identified by the four PSCs were:

- good communication skills:

'Good communication skills are everything to be effective with parents and children.'(PSC2)

- working in partnership with parents:

'It's about [parents] learning from one another' (PSA3)

'Being led by them [parents]' (PSC2)

'Not telling them [parents] what to do' (PSC1)

'Acknowledging and respecting their problems but not feeling you have to solve their problems for them' (PSA4).

Other words related to working together included: *'listening', 'empathy', being 'non-judgemental', 'down to earth, 'Not being better than them'.*

- a sense of humour.

'She was good, funny, quite light hearted.' (P10)

Other professionals and parents were very positive about the PSCs and mentioned many of these qualities and skills when they described them. Professionals used descriptions such as: *'lovely', 'reliable', 'cheerful', 'unshockable', 'tenacious', 'enthusiastic'* and *'a phenomenal worker'*. One said:

'They [parents] need a lot of reassurance. A friendly person; a person that's going out and communicating and getting the message across. [Name of PSC] is lovely and once they meet her they think, 'Wow, she's all right.' (OP3)

There was considerable consistency in how parents viewed the TTT Parent Support Coordinators and they spontaneously used similar words or phrases to describe them. The

descriptors used most frequently (between four and seven times each) were: *'comfortable to be with', 'on our level', 'not looking down on us', 'easy to talk to', 'approachable', 'friendly', 'not judgemental', 'didn't question us', 'open', 'helpful', 'nice' and 'lovely'.*

Illustrative comments parents made about PSCs included:

'Very friendly. She was lovely. She understood, she talks about things at our level. She spoke to us in words that we would understand. She was lovely'. (P5)

'She was really helpful. Dead polite. She was dead nice, you know what I mean? Any problems I had, like filling in forms, she was really dead nice. Felt like she was really your friend, do you know what I mean? She didn't like, question anybody or anything like that. It felt comfortable like, you could talk, not prying'. (P12)

'Down to earth, speaks as they see things. Some of the parents in the group swear and it's to be ignored. If you've got a child with ADHD it's not that you have to do it, but you've got to get used to it. So it's no good having someone doing a group who says, 'Hey, watch your language'. The last thing a parent needs to be told is that, 'You're swearing, that's why your child swears'. Sometimes the parents swear because they're sick of being swore at'. (P2)

Parents reported feeling an affinity with the Parent Support Co-ordinators and seven appreciated the PSCs' own experience of being parents:

'She was great. She had children of her own. She's been there and done that, sort of thing'. (P2)

Only one parent made a tentatively critical comment and said she felt the PSC was *'a bit strict'*:

'I must say she was, well, how can I put it? She was professional; she knew what she was doing, but she was a bit firm, not too firm, but maybe a bit, how can I put it?, a bit over the over the top; not too much. She could be, she was friendly, right, but she was a bit strict'. (P9)

This parent went on to say how the PSC's experiences resonated with her own, however:

'It was good, she talked about personal experience and it was like stories, where you remember. It rings a bell.' (P9)

5.2.2 A community-development approach to engagement

Five of those interviewed recommended the need for 'a community-development approach' which has been illustrated in the success in working with existing groups of parents. This involves starting from where parents are, physically, emotionally and in terms of their knowledge and needs. By working with them, programmes can be negotiated that respond to them and are more successful if parents are instrumental in making the activity a success. This approach was illustrated in one school where parents had already established a relationship of trust with a professional. They felt confident enough to ask her how to talk to their children about sex, and the TTT community programme was provided at their request rather than being offered because they were perceived as 'needing it'. The professional involved described the complex skills, methods, people, time and energy used to successfully engage parents in that TTT activity:

'Some parents had come to me in the playground and asked me, 'What age should we start talking to our children about sex?' And I didn't know, so I contacted the PSC who asked me to, 'Please go out into the playground and get parents in.' So the following coffee morning I said I'd got a date and I told the parents, 'I'll need you to go out into the playground and bring parents in.' It's good to use the parents for networking. I say to them, 'Could you do me a favour?' Some parents said, 'My children are too young.' Others said they didn't need to know strategies, and others said, 'I don't know what to say to them.' Lots of parents find it awkward to have one-to-one conversations about sex.

I printed leaflets on different coloured paper to go in book bags (the head said that the children would be more interested if their friends had different colours), 'Time to Talk about Growing Up'. There were about five responses, but some parents caught me in the playground and said, 'What's all this about?'

People who fill in forms don't always come. It's word of mouth and keeping reminding them to come. There is one lone dad with a big girl in Year 4 who I knew would find it hard, and I persuaded him to come. I was shocked he agreed as he doesn't usually

engage. The course was on a Friday, and on Wednesday I sent a reminder slip to everyone. It was brief but exciting. The day before, I was in the playground, reminding them and asked the parents who were coming to bring a friend. In the end 18 parents were there and there was tea and coffee and biscuits as it was at normal coffee morning time. It was in the community classroom so there was room and there were toys.' (OP4)

5.2.3 Getting to know the parents, building a relationship

Relationships of trust were seen as essential for working with parents and, even where parents had attended other groups, it was often necessary for the PSC to spend time with them before introducing a TTT activity. Getting to know parents might mean, *'going to regular drop in coffee mornings in the school, so they can get to know you and trust you and see you're OK.'* (PSC2)

One PSC explained the risk of putting parents off by introducing sex and relationships before trust had been established:

'You need to meet parents about every week for six weeks before offering Time To Talk. It's not something you can do in a one-off workshop or when you first meet them. You need to build up that trust. If you try to talk about sex and things too early, the parents can think you're quite perverted in some of the things you would talk about. You can only do Time To Talk after at least two or three other general workshops.' (PSC4).

This was confirmed by other Parent Support Co-ordinators:

'You can't just leap in and talk about sex and relationships.' (PSC2)

'One session is not enough time for parents to feel relaxed enough about doing Time To Talk.' (PSC3)

5.2.4 Listening to parents and responding to what they want

Asking parents what they want, rather than making assumptions and imposing things on them, were seen as very important considerations: *'Let parents choose their needs'*. (OP6)

'If it's for young mums, you need to ask them how they think the group should be run. Ask people what they would like.' (P17)

In this respect, the Parentline Plus approach and ethos were felt to be strengths:

'[Parentline Plus] is very parent-focussed and aims to work with the parents where they are now, rather than delivering a pre-planned prescription. I do believe it, and people feel supported by it. I don't think they'll go away and be perfect parents, but I think it makes quite an impact on parents to be listened to, to have the opportunity to think in a supported way, and to action-plan targets.' (PSC1)

Parents interviewed appreciated feeling they had had an influence over what was provided and two parents said they had been offered choices:

'[Name of PSC] came and talked to some of the parents about what she could offer. We could choose from a list of courses. It wasn't like she came in and said, 'I'm doing this one'. She gave us a list. Parents decided what they wanted'. (P12)

'She [Parent Link Worker] told us about the Time to Talk courses that were available. She gave us the names'. (P5)

In terms of the style of delivery, three parents suggested that the more informal, less structured sessions offered by Parentline Plus were more appropriate than structured parenting courses:

'It [TTT course] was parent-led. It wouldn't have worked if it was set in stone. It isn't what people want. They want to resolve things. I know what I wanted from it. People are given that opportunity at the beginning of the group. If it was just structured it would be irrelevant.' (P8)

Professionals also recognized the need for responding to what parents felt comfortable with:

'It needs to be informal, parent-led. You can have courses but need to be where they are and hope they will progress.' (LM3)

5.2.5 Offering TTT in the context of a range of other learning

During the pilot, PSCs realised that it was more likely to be successful if the TTT programme was introduced once parents had had experience of other, perhaps less threatening, groups and courses. This was something the Teenage Pregnancy Co-ordinators also commented on:

'What [Name of PSC] has discovered is the difficulty to do group work with parents who are not familiar with operating in that sort of environment, talking about very, very personal business, and it feels like it's going about it in the wrong way.' (TPC4)

'Even going back into learning is quite a scary thing to do. So they can be introduced to learning in a more subtle way, in programmes that might help them with their children in a way that doesn't feel like they are going on 'a parenting programme'. (TPC2)

The parents interviewed confirmed this. Sixteen of the 18 parents interviewed had had considerable experience of attending a range of courses before they attended the TTT programme. Nine had attended groups related to their children's special needs or disabilities, and other courses included Speakeasy (4), Face to Face (3), English/literacy (3), Parenting (3), Maths (2), Keep Fit, computers, First Aid, Drugs and alcohol and mental health awareness. One parent said she would not have attended TTT as a first course: *'I wouldn't have wanted to do it as the first course. It's when you're ready.'* (P15)

Two parents suggested that in future, providing more general, fun courses might initially attract less confident mothers and fathers. They could then get to know other parents and the people who run the group, and then might have the confidence to progress on to more 'personal' issues:

'For teenage mums, they need more makeovers, having their nails done and a voucher or more incentives to attend. You could have videos of parents talking, to bring to the group. Or using the media or rap music for young dads?' (P17)

'People who aren't used to groups might do something in a smaller group, something a little bit light-hearted – maybe for fun, not as personal? Cos then you get to know the other parents quite well, then it makes you a bit more easy to open up, rather than... . If

you get on really well you feel more comfortable. A lot of people don't feel confident in a big group and may just sit back and listen. Maybe if they did a few sessions beforehand they could get to know the people who run the groups, and the other parents, and it would definitely help.' (P7)

Professionals agreed with the need for introductory activities that suited parents before TTT, and suggested that in future they would plan to do this:

'We would work with community groups and schools and engage with the parents and might do a coffee morning and some Easter crafts or something and you would chat with them and we would signpost the parents on to other organizations.' (PSC4)

Other interviewees thought it would be helpful to offer more general sessions before TTT:

'I think you've got to open the subject differently. I would get them to start talking generally about difficult issues and how hard it is to talk to children about sex, and then they admit they find it really hard. So then when I say, 'I've got a course', in a way they feel they are asking for it.' (OP3)

5.2.6 Using a parent-friendly venue

Offering the TTT community programme in familiar and accessible venues was also seen as important by parents. Several parents and professionals felt schools (but not secondary schools) would be places parents would be likely to go:

'Schools are good places. At my daughter's school they do Maths and English for parents, but the only place I would go for a course like this is schools or Carers [local parents' group].' (P15)

'Parents bring their children to school anyway so it's easier to stay.' (OP4)

'I don't think the kids like it you going to the [secondary] school. It's when they get to secondary school they don't want you there.' (P4)

'Primary school is a quite inclusive, parent-friendly environment, whereas secondary school is much more distant and young people themselves no longer want their parents involved. It's that whole move into independence and parents think, 'Where are they going, what are they going to be doing?' (TPC2)

It should be noted that those interviewed were often already involved in schools and may not represent the views of all parents and it was suggested that schools were not necessarily the best venues, particularly in rural areas. Schools were also seen as sometimes being more concerned with fitting the TTT course content to the curriculum rather than to the needs of parents:

'The challenge is where work on sex and relationship sits. That's what we haven't resolved in this project. It has to fit in the schools to some extent in towns, but in rural areas some parents never come to school. You need to offer options. Where they've had someone championing them it has worked really well, but there are some people who will never be comfortable talking in front of their neighbours and you need a set of options. [...] If we try to do it in schools they try to tie it in with sex education and the curriculum at a specific time, and I don't think that isolating it in that way is helpful and that doesn't fit with our ethos of following the needs of parents.' (M4)

5.2.7 Sensitive publicity and marketing

Although written publicity was thought to have had limited impact in engaging parents, the general view was that it was important to, *'know your parents and what they are comfortable with'*, and in some cases this also applied to the professionals/schools with which they were working. This maxim seemed to guide the PSCs and, as the pilot progressed, the words, 'sex and relationships' were increasingly omitted or reduced to smaller print, according to the audience. It proved easier to engage parents initially through invitations to more general parenting support that responded to their needs, before progressing to more personal, sensitive issues.

There were examples of creative marketing:

'Everyone says it, you have to be really cagey about the way you market it and sell it, so I have been marketing it differently. This time I've been using the Parentline Plus poster but I overload it with my own bit. Instead of saying, 'Parent support' or 'Parent group', I've done a little cartoon punk rocker character that says, 'Have you got primary school age teenagers?' I didn't say about help for parents, I said, 'Do you have help to support them through the tricky stuff?' So, although I didn't reach many, I reached more than the last one.' (PSC2)

Although it was agreed that the word 'sex' should be used in publicity with discretion and sensitivity according to the audience, there were indications that, where PSCs or others working with parents had established trusting relationships with parents over time, it was possible and acceptable to present parents with more explicit publicity, if done personally. This was illustrated by a trusted home school liaison worker who handed out publicity in the playground and could immediately answer questions and alleviate anxieties.

Although publicity was thought to have had limited success for this pilot, when parents were asked how they felt the programme could be promoted, some suggested publicity and marketing should be part of the process:

'It should be publicized more.' (P4)

'They need to advertise more, there are bound to be people out there.' (P16)

'To get parents in, perhaps say, 'Are your children starting to ask questions about the birds and the bees? Would you like help and advice with that?' There is no syllabus to being a parent, there is no structure.' (P8)

'Promote through the council website? Most people can get to the internet now?' (P7)

Conclusion

- Of the methods used to engage parents, links with existing groups of parents and face to face interaction were most effective, with leaflets and posters being least effective.

The process of successful engagement was seen as:

- having professionals with the right interpersonal skills
- using a community development approach and starting from where parents are
- tenacity and a range of engagement tactics including enlisting the help of other professionals and parents
- getting to know parents and gaining their trust
- listening and responding to what parents want and their views on delivery style and content
- offering TTT in the context of a range of other learning
- using a parent-friendly venue
- sensitive publicity and marketing.

6 DELIVERY OF THE TIME TO TALK COMMUNITY PROGRAMME

This chapter reports on the types of support offered and received by the parents who were interviewed. It describes how discussion on sex and relationships was integrated into support and Parentline Plus materials used. Interviewees' reflections on the delivery of the programme are presented in Chapter 7.

6.1 Types of support

The TTT community programme provided individual support (up to six one-to-one sessions of about 45 minutes each) or groups - either one-session workshops or courses of two to five weeks. Sessions either focussed on helping parents talk to their children about sex and relationships or on more general parenting.

The type and content of provision were adapted and evolved from the original Time to Talk programme proposal. It had been anticipated by Parentline Plus that individual support would be more popular - *'We feel one-to-one support would probably be the one that makes the most difference to families in this position'* (M6) – but in all but one area, groups were better attended, with one-session group workshops being most popular. (See Table 8.5) The programme was also originally mainly designed to help parents to talk to their children about sex and relationships, but early on in the pilot, all four of the PSCs experienced 'Time To Talk about Sex and Relationship' courses being cancelled because of lack of interest from parents. This led to the offer of more general parenting support, as well as sessions to talk about sex and relationships. (See Table 8.5)

Of the 18 parents interviewed, 16 had attended group sessions provided by the TTT Parent Support Co-ordinators (PSCs). Of these 16, 10 had attended one-session workshops. One parent had received individual support only, and two had received both individual and group support (see Table 6.1). The proportions taking part in each different type of support are comparable with those for the total number of parents who took part in each type of TTT activity (Table 8.5).

Table 6.1 Types of support received by the parents who were interviewed

Type of support	Number
Individual Support only	1
Individual Support <i>and</i> Group	2
Courses of 3, 4 or 5 weeks	4
Single session workshops	10
No response	1
Total	18

Of those interviewed, 10 attended sessions about general parenting issues, four about sex and relationships, two said sex and relationships had come up in other sessions and there was no response from two interviewees (See Table 6.2)

Table 6.2 Topics of sessions mentioned by the parents who were interviewed

Topics covered in sessions	Number of parents
General emotional and behavioural problems with children	10
Specifically 'TTT about sex and relationships'*	4
Sex and relationships came up in other sessions	2
No response	2

Note: *A further eight parents (who provided only written evaluations) had also attended a 'Time To Talk about Sex' course.

6.2 Individual support

Although it had originally been assumed most parents would opt for individual support from the TTT programme, this was generally not the case, although in one area there was more individual support than group work. Of the 20 parents who had received individual support by March 2008, three were interviewed for the evaluation. Views on why individual support may have been less well attended are presented in Chapter 7.

Two PSCs reported referrals for individual support being for specific problems about sex and relationships:

'Some parents come about sex. One girl was forced to do things she didn't want, and her mum couldn't talk about it but had to write it on a note and leave it for her.' (PSC2)

When parents were referred because of an issue related to sex and relationships, more general worries usually arose about behaviour, bed times and communication difficulties and examples were given of the need to listen to and support parents:

'Listening really works. We always ask them [parents] how they are looking after themselves, and that is something other professionals often forget.' (PSC1)

'Mum needed space to talk for her own well-being. We used stress busting strategies. 'If I sort me out, it will help him'. (PSC3)

Other examples were given of individually helping parents to listen to their children and understand their feelings, with practical parenting strategies relating to bedtimes and other behaviour. Materials (Parentline Plus and Family Planning Association) were given out - *'If it's relevant I give them FPA books re periods or STIs [sexually transmitted infections].'* (PSC2) - and some parents were signposted to other services.

There were concerns about the appropriateness of some referrals for individual support from other professionals. Some examples were given where difficulties children were having at schools, such as attendance or bullying, sometimes led parents to feel that support was 'forced' on them in order to get the children back at school, rather than addressing the problems the children were having. An example was given of a father who was referred for individual support but was angry because he felt bombarded with support because of his daughter's attendance issues at school. His response to the PSC was, 'I don't want to talk to you. I want someone to talk to my daughter. They just want me to jump through hoops, and then fine me or send me to prison.' Because the PSC really listened, he did talk and was friendly afterwards, but he had withdrawn from all other professional help. It was suggested that, *'Parents are unlikely to put themselves forwards unless they're in a crisis'.* (PSC1)

The three parents interviewed who had received individual support sessions were appreciative. For example, one said:

'I don't fly off the handle so much, I walk away. It stops the argument. I listen better, we listen. [My daughter] wanted the last say and now I let her say it, but I still win. It was getting out of hand and I went to the doctor and couldn't get help, and social services got involved, and it wasn't the help I wanted. It was the wrong way of going about it. I couldn't have done it without [name of PSC].' [P1]

Another described how the PSC guided her to make her own decisions about managing her son's behavior and that her relationship with her son had improved as a result. She also appreciated being told about other organizations that could help:

'Now I just walk away. I said it [to the PSC] and she said, 'It's a good idea. Don't give in to him'. It's easier to walk away. I had to do it. You can't smack your child now so you have to find an easier way. [PSC] backs me up and tells me about organizations I could contact, clubs for him, with special needs. Now I walk away, calm down and he comes up and says, 'Sorry'. It has made a difference. At home I send him to his room and don't look at him. He stays a little while and then comes and apologizes.' (P3)

6.3 Group support

Sixteen of the 18 parents interviewed had attended group sessions, as had all eight of the parents who provided written comments on their 'Time To Talk about Sex' course. Table 6.2 (earlier) shows the topics covered in these sessions.

6.3.1 General parenting workshops and courses

Since few parents were ready to engage with 'TTT about sex and relationships', more general parenting sessions were offered that responded to parents' expressed needs. Issues such as behaviour, relationships, communication, boundaries, drugs, alcohol, mental health, domestic violence, lack of confidence (both parents and children), sibling difficulties and issues with reconstituted families were identified. Parentline Plus general workshops and courses that were mentioned as being provided by the TTT community programme PSCs in response to these general parenting needs were:

- 'Bringing up Confident Children'
- 'Coping with Children'
- Understanding Children's Behaviour'
- 'Preparing for Teenagers'
- 'Stress Busting for Parents'
- 'Tackling Bullying'
- 'Dealing with Anger'
- 'Less Shouting more Co-operation'
- 'Moving on to secondary school'.

Parents interviewed gave examples of some of the content for more general parenting groups about behaviour, communication and feelings. For example, speaking about 'Coping with Children' (six sessions of two hours), parents said:

'It was about like, night time like, when the kids come in and they're in a bad mood. And how to cope with them, and things like that'. (P12)

'We talked about problems with children. Instead of getting tantrums, methods to try to calm them down and get issues resolved. Discussion played quite a big part. It was pretty informal but some confidentiality and not interrupting. Flipcharts showed the steps, the processes to take: letting them settle down, walk away, talking, methods to stay calm'. (P8)

'It was to help understand what she [the child] was going through. It was about communication and what she was feeling. Putting ourselves in her position' (P16)

6.3.2 TTT workshops and courses

Where TTT workshops and courses had been provided, parents and professionals explained what they were about and gave some comments. One school had one two-hour session attended by 18 parents on 'Time to Talk about Growing up' and this was described by the professional who had organized it as follows:

'In the workshop there was some talking and confidentiality was agreed. Parents were asked to reflect on their own experience of learning about sex. Hardly any were told by their parents. There was a good discussion. Some parents were quiet, some used a lot of humour, some were interested and listening. There was a good variety of speaking and listening. There was a questionnaire and parents did it in groups of three. Then they discussed their answers and some of them were surprising. There was an exercise to name body parts and some didn't realize the correct names. It was about puberty and body weight. The dad was interested because his daughter was coming up to her periods. Afterwards he told me he had talked to his daughter about it, although he said he had probably made a mess of it, and I arranged that his daughter could talk to the PSHE [Personal, Social and Health Education] person or the teaching assistant to ask more questions. There was such a range of experience and knowledge.' (OP4)

In three areas, PSCs had been invited by other professionals to incorporate a TTT session into an existing parenting course, although this only took place once the group had had several other sessions and had got to know one another. Two of the professionals who organized it were interviewed and were very positive:

'[Name of PSC] delivered one session of the parenting course and it went really well. It was quite general, about puberty and communication with young people and relationships, about how to be safe, stay safe, and about feelings and emotions. She came in about Session 4 when the parents had a relationship. The group had gelled and shared information and were more comfortable. The group took to her and the dynamics of the group worked well together. For a new visitor the group have to be established to build up confidence so they are willing to share. It can be difficult to come in at that stage. Having one session worked very well as it linked to communication and behaviour as part of everyday life. It did really well as part of the whole picture. Sex is difficult to talk to children about, and at 15/16 they [parents] think it's already past, but they still need to talk. Puberty is hard with all the hormones, and it helps to understand about moods and behaviour. They all came on the course voluntarily and it was quite a mixed group. One dominates as usual! It was all mums, although on a recent course there were two dads and it worked well.' (OP6)

In a fourth area, two local parenting support professionals, who had received two days of Parentline Plus practitioners training, ran a two-session course on 'Time to talk about Sex' for eight women who had previously attended their parenting group. The women completed post-course evaluation forms and all were very positive about the delivery and content of the course. Typical comments included:

'What I liked [was] open discussion on sexuality and sex concerning young people. Openers on how to begin this discussion with my daughter. What didn't work so well for me [was] nothing. What I would like more of [was] role play on talking about the act of sex amongst couples.' (P19)

'What I liked [was] that I feel less of a red-faced parent! Very relaxed session. Everyone involved and happy with discussion. Sheet of information very useful to keep handy. What didn't work so well for me [was] ... no problems. What I would like more of [was] more sessions please! All brilliant. Thanks!' (P20)

'What I liked [was] the information, the company and the way the session was put to us. Everyone was open with each other. What didn't work so well for me [left blank]. What I would like more of [was] follow-up to see how we got on.' (P26)

6.4 The inclusion of the topic, 'sex and relationships', in individual and group sessions

Parent Support Co-ordinators said that, although the group or individual sessions may not have been directly about sex and relationships, it was surprising how often issues to do with communication, or 'risky behaviour' led fairly naturally into discussions about sex and relationships:

'It's about listening to parents. Most parents are concerned about the safety of children. We can hook in under that as parents worry about that. If the child hasn't come home at night, it follows on from stranger danger.' (PSC1)

'I may not mention the word 'sex'. It depends on why they come to me anyway. Time to Talk is about sex, but I think now it's more about risky behaviour and keeping children safe. It's about communicating, about social skills and catching kids young. It's not 'if sex, but 'when'.' (PSC2)

'And what was very popular was 'Bringing up Confident Children', and it looked at self esteem issues and confidence and how to communicate with the children. At that point there was no message that came through to do with sex and relationships unless it came from the parents. But it did lead on to parents talking about things they were worried about, and it would generally lead into conversations where parents would express their fears. And then I could ask them if they'd like me to do a 'Risky Behaviour' workshop, bearing in mind that what Parentline Plus is all about is to look at things from the parent's point of view, and I used to slip in the delay messages then, and sex and relationships.' (PSC4)

'In the 'Preparing for Teenagers', sex was always mentioned and Time to Talk offered, but workshops of one session is not enough time for parents to feel relaxed enough about committing to doing Time to Talk.' (PSC3)

When asked what proportion of their work with parents had included talking about sex and relationships, on reflection, some PSCs were quite surprised that it had been introduced more than they had realized. Estimates varied. One PSC said the sex and relationships topic was discussed with 100% of the parents with whom she had worked individually (11 parents at time of interview - data provided by Parentline Plus):

'I've discussed the Time to Talk messages with every parent I have supported individually. I question how they communicate with their children and say, 'Do you talk about sex and relationships?' In an hour session we'd talk about that for about 20 minutes? I give them all Family Planning Association books for them to use'. (PSC2)

The other PSCs, who had done proportionally less individual work, but run more courses and workshops, estimated sex and relationships had been discussed to some extent with respectively 70%, 50% and 15% of the parents with whom they had worked.

6.5 Use of Parentline Plus materials

As part of the delivery of the TTT programme, the PSCs had distributed many Parentline Plus materials and professionals and parents commented on them.

Professionals were appreciative of the materials and phone line:

'The Parentline Plus leaflets are good, and the phone line.' (OP4)

'The materials were very visual and good.' (OP6)

'The leaflets are fantastic.' (OP1)

'The leaflets and resources are really interesting and absolutely fantastic, and there will always be a need for those that should be retained, and could have been more used.'
(LM4)

Parentline Plus leaflets and materials were mentioned by eight parents, too:

'There was loads of leaflets. There were that many. It were a lot easier, loads of information.' (P5)

'She left a load of leaflets so we could pick up leaflets.' (P7)

'The little cards she gave out that you could just put in your purse or put on your message board in your kitchen. Like they say, you're not given a book on how to bring up children. And sometimes you don't like phoning people and saying, 'The kids are driving me mad', because people haven't got the time of day to listen, or they're busy themselves.' (P7)

'She gave out information, leaflets and handouts. They were easy to read and follow. They were useful. I've kept them in a file.' (P18)

'The handouts concerning communication were excellent.' (P25)

One Parent Support co-ordinator was very positive about the Parentline Plus facilitator manual, *'We have the facilitator manual which was brilliant'* (PSC4)

Conclusion

- Individual (up to six sessions of about 45 minutes each) and group support (one-session workshops or two-to-five session courses) were provided.
- Individual support included general parenting and/or sex and relationships issues.
- Group sessions on sex and relationships were provided in all areas but some were cancelled in all areas because of lack of interest.
- In three areas 'TTT about sex and relationships' was delivered as an additional part of other established parenting courses.
- General Parentline Plus parenting sessions were provided in all areas because of the difficulty in recruiting parents to sessions on sex and relationships
- The topics of 'risky behaviour' and sex and relationships were sometimes introduced in more general parenting sessions.
- Parents and professionals gave positive (and no negative) feedback on Parentline Plus leaflets and materials for parents.

7 REFLECTIONS ON DELIVERY OF THE TTT GROUPS

This section reports on interviewees' reflections on individual and group support; the facilitation skills and methods used by parent support co-ordinators; the need for childcare; and requests for additional TTT support.

7.1 Reflections on individual support

There were varying views on why individual support may not have been popular and on the relative benefits of individual support versus group provision.

One TPC was not surprised individual support had not been popular - *'Not one-to-one. I never understood that right from the start, and knew parents weren't going to do that'* (TPC2) - and one PSC had found parents had not wanted to talk about sex and relationships on their own.

There were a number of suggestions why parents may or may not have chosen individual support. Parents *'not feeling safe'* or on familiar territory was seen as a reason they did not choose individual support:

'Individual support has been very disappointing. It's because of safety. They [parents] don't feel safe enough for a service like that, in a context like that. If people are connected with a Children's Centre or a school they are already familiar with, they are more likely to use the service.' (LM2)

One professional felt the subject matter had been a barrier and suggested the notion of less formal sessions:

'With Time To Talk I don't think the one-to-one has been that successful but the slightly wider brief, introducing sex and relationships in a softer way, a broader range of communicating with your child. Also [name of PSC] has done shorter programmes that might be more comfortable and more convenient for some parents. She's been doing more informal sessions when there's something else going on like coffee mornings or parents' evenings and linking up with the PSAs et cetera.' (TPC2)

One parent said she preferred having the support of other parents:

'I actually, me personally, find it easier speaking in a group than I do one-to-one. It's quite nice to listen rather than talk as well. It's quite nice to know you're not the only one thinking these things.' (P7)

One PSC suggested the lack of demand for individual support may have been because parents felt more self-conscious talking individually than in a group with their peers, where they could approach the PSC informally after a group if they need to and three parents confirmed this view:

'If we wanted a one-on-one we could come to her [the PSC]. We haven't done one-on-one as we feel comfortable together. If we had an issue we didn't want anyone to know about, she would be available for a one-on-one. If people did ask for one-on-one, we wouldn't know as it's all confidential.' (P5)

One parent who had had individual support and attended a group said she preferred individual support, but other people thought there was a place for both:

'You need group work and one-to-one as some things are too private. You can't think through alone.' (P8)

'I think it's a combination of one-to-one and group work is needed and being able to set up workshops quickly and know who can do them.' (OP7)

It is not clear why there was more individual support than group work in one area, although it was suggested that there was fierce competition in the area to attract parents to parenting courses, a lack of support from other professionals and that parents may not have been ready for group work:

'Individual support is harder than groups but people here like individual support more and don't like groups. We need to work with parents a couple of years before they'll go to a group.' (PSC2)

7.2 Reflections on being with other parents in groups

7.2.1 The value of being with other parents

Fourteen of the 18 parents interviewed reported already knowing others in their TTT session. For 11 parents, the TTT activity was delivered as part of a regular group. Parents valued and reported benefiting from being with other parents. Fourteen of the 18 parents interviewed said it helped to be with other parents they already knew and they appreciated knowing that others were having similar difficulties:

'It's helpful being with other parents because some things you do isn't the right thing, and they have better ideas. It does make you feel you're like, not on your own, and there's other people with the same sort of... . It makes you relax a bit more, don't it?' (P18)

They gave many examples of the value of listening to each others' experiences and views and sharing their own, rather than being 'told':

'It [Time to Talk about sex and relationships' workshop] went really well. It was in the parents' room at the school and we had a good discussion and talked about issues. She [the PSC] wasn't exactly telling us, we all discussed it together and it was our ideas. It was very much relaxed'. (P5)

'The group discussed things about being confident with how you are with your kids. It was really good. It got everyone involved. Everyone could have their say and everyone had a chance to say what they wanted to say. It made people think about things. No one was embarrassed to say things and stuff'. (P18)

'You can get other ideas and suggestions. Sometimes if you're in a group, something you don't think of, somebody else might think of'. (P7)

7.2.2 The size of groups

The parents interviewed estimated that the size of the groups they attended varied considerably from two or three people to 18. One parent said she thought it was better if the group was not

too big, *'The group weren't too big so you get to know them and talk to them. If there's too many it can be embarrassing.'* (P18)

Three parents said they felt it was a shame more parents did not attend:

'It seems to be the same people go to each of them. I don't know why more people don't attend. Mostly it's the same faces.' (P2)

'It would be nice to have more people.' (P16)

'We could have had more young mums there.' (P17)

7.3 Parent Support Co-ordinators' facilitation skills

Facilitation skills were described and were seen as necessary to maintain a balance between: the demands of covering the content of the sessions, introducing sex and relationships, and being parent-centred to enable parents to explore and discuss issues.

7.3.1 Management of time and materials in sessions with parents

Some parents and professionals had views on timing, both in terms of length and number of the sessions and day of the week, and time management was a consistent challenge for the PSCs.

It was suggested that parents might find it hard to commit to more than one session at a time, and by offering taster sessions parents would be likely to come back for more:

'A one-off workshop is good and it would be good to then have follow-up workshops. Parents can't commit for three or four weeks, although I think a longer behavioural course would be good now.' (OP4)

'Parents may not want longer courses. In an area where school wasn't that great for them, there's not been a lot of learning for them going on, a longer programme is quite a scary thing to do.' (TPC2)

One parent suggested avoiding Monday mornings:

'Not a Monday morning. People forget and they're rushing around after the weekend, getting the children to school. They're worn out. They've had the children all weekend.'
(P8)

Three of the PSCs found that three sessions for the 'TTT about sex and relationships' course provided insufficient time to cover the materials:

'I really responded to what the parents wanted. One session [of a three-session TTT course] didn't go so well on puberty, as there wasn't enough time as there was far too much content. I did feel pressured to cover it all. However we're told the parent's need is the most important thing.' (PSC4)

This lack of time was exacerbated when the course was reduced to a one-session workshop preferred by some parents. - *'I condensed aspects of the TTT three-session course into a two-hour session.'* (PSC3)

Too much material and too little time was also mentioned in some of the general parenting sessions - *'The 'Preparing for Teenagers' four-session course, was the right length but too much material.'* (PSC2) Three parents thought there was so much to talk about in too little time:

'There was so much to say and so little time. We could have had longer in the pairs. It could have been two days over two weeks, instead of one day.' (P13)

'I would have liked more sessions, not just one. A couple of hours is quite a short time. We needed more time to give opinions.' (P6)

'It could have been longer, with more information.' (P15)

7.3.2 Allowing time for the parents' views and experiences

One reason PSCs felt there was often insufficient time to cover material was because many of the parents needed time to explore, acknowledge and understand their own, often painful

feelings and attitudes they may rarely have spoken about. They needed time for themselves before they could begin to think about talking to their children, and the course design may not have taken into account the complexity of this process:

'It is such a sensitive issue. One parent had her first baby at 16 and doesn't want the same thing to happen to her children, but she couldn't bear the thought of her two daughters having intercourse, or talking to them about it one day. That led on to a discussion about delaying sex and how a young person might decide. Penetrative sex was mentioned and that was enough for that parent to be in such shock, because it was so difficult for her to be able to talk about sex. You have to know how to bring parents around, and need to know them for some weeks. It was much more difficult than I had anticipated. There are such strong inhibitions from the parent. And I can go in and deliver a workshop, but it certainly won't change things over night from one workshop.'
(PSC4)

As well as allowing time for parents to talk, good facilitation skills were needed to help parents listen to each other and to help them accept each others strongly held views and attitudes:

'Three weeks was too intense to cover Time to Talk. It was surprising. They had been teenage parents themselves, but when they opened up in the group about taking their children along to get condoms, or allowing their children to sleep together, the criticism they got from each other! They didn't encourage each other but said, 'I don't know how you dare do that.' And we talked about what worked for each person and to show you don't judge them. Some are so strongly against termination of pregnancy. A lot will come from the 'Attitudes and Belief' session. It's a balancing act dealing with all these needy parents and acknowledging their feelings, rather than what was on the session plan.[...] It was quite emotional. Once they open up it can be hard to deal with it.' Interviewer question: 'Do you feel the Time to Talk programme may have been designed for slightly less hard-to-reach parents?' *'Exactly, exactly. It was much better when I could pick and mix from the facilitator manual, and I could adapt the sessions.'* (PSC4)

A parent and two professionals also commented on how the PSC managed discussions:

'It did get a bit ... it did spurt off into little discussions about people's own experiences. Some people were more up for talking about their own experiences, and others were just wanting to listen, but she brought it around!' (P10)

Few of the parents had had experience of talking to their own parents about sex and relationships and appreciated time to think and talk about this:

'When you ask them how they found out about sex, the majority don't learn from their parents. You ask them if they had known more if it would have made a difference to them becoming teenage parents, and it isn't clear. When you ask them, 'How did you tell your Mum you were pregnant?' They say it was hard and they weren't proud of it, but termination wasn't an option.' [PSC4]

Parent support co-ordinators, professionals and parents recognized the value of discussion time:

'You can notice how they help one another and get talking as a group and support each other so they develop more self esteem and confidence, which has an impact on how they are with their children' (LM3)

'We are encouraged to be flexible and follow the needs of the parents. I sometimes ask the group if they want to continue discussions and they decide. We don't tend to get through all the materials. As the facilitator, I introduce an idea and model, but don't talk too long.' (PSC1)

7.3.3 Benefits of using two facilitators

It was suggested by two professionals that because of the sensitive nature of TTT it would be more appropriate for two facilitators to run sessions, as practised on some other parenting courses:

'For workshops we need to work with other people so we can work together and buy in a co-facilitator. You need a co-facilitator because you don't know what you're going to hear, and it's about trial and error and what works and what doesn't.' (OP7)

'You need two people for organizing, recruiting and delivering.' (OP3)

7.3.4 Social, cultural and language challenges

Apart from managing materials and discussions, there were also social, cultural and language challenges in group work. For example, one PSC said:

'Some things don't work in some groups. In one primary school some parents knew each other well and some didn't. Two had difficulty with English and there was erratic attendance.' (PSC1)

7.4 Parent Support Co-ordinators' facilitation methods

Parent Support Co-ordinators, other professionals and parents gave their views on different methods used to present the TTT messages. Methods mentioned included: talking and questioning, pair-work, using visual aids and humour, Parentline Plus techniques such as 'Traffic Lights' and the 'Fountain of Needs', questionnaires, an exercise to explore how people first heard about sex and homework.

- Talking, listening and pair work
Comments from parents included:

'She put the message across nicely. She talking and talking. She ask us questions, she pair us up in groups. And different styles of teaching. That over and over again in different ways, so if you didn't pick the first time, you pick it the second time. She give us good ideas.' (P9)

'She asked us questions what we thought of different things like, how you'd act if you were watching television, 'East Enders' or something, and there was a sex thing come on or something, and how would you approach your child? Asking questions like that.' (P4)

- The use of visual aids:

She drew pictures as well of the body and things like that. And there was as much coffee and tea as you wanted'. (P4)

'I like preparing flip charts. Everyone learns differently so it's good to use games and visual learning. The parents were talking. It was very informal.' (PSC2)

'There was a board with bubbles about behavior.' (P6)

- Humour and fun were seen as important:

'Humour is helpful. It doesn't have to be deadly serious. It relieves the tension in a potentially embarrassing situation.' (PSC1)

'I chose activities that were pro-active and fun.' (PSC3)

- 'Traffic Lights' and 'The Fountain of Needs'

Three parents and one professional mentioned the Parentline Plus technique, 'Traffic Lights' and one 'The Fountain of Needs' which help parents stop and think about their child's feelings and needs and pausing before they respond.

'It was red traffic lights, where you stop and you think what's going on for you, why are you feeling like this and what's going on for the child for them to react like that? It's like jumping in feet first. Now I would take a step back. We can understand more about why are we feeling like this? What's going on for the child for them to be like that? That's what it's called, 'the Fountain of Needs'. That's it.' (P5)

- One parent mentioned a questionnaire:

'We done a little questionnaire thing, about our thoughts about sex and things.'
Interviewer's question: 'How did you feel about that?' *'We done it in groups so it was all right.'* (P11)

- Exercise about how parents first heard about sex

Three of the PSCs mentioned using exercises, sometimes involving creating a personal timeline of relevant experiences, where parents were asked about how they had first found out about sex which seemed to create long and lively discussions often referred to by other professionals and parents:

'We did an exercise on how they found out about sex and their own values, which had a fantastic response from parents.' (PSC3)

'We did a time-line on when they were teenagers and it would lead to so much. It would take an hour and so much would come up. Some had difficulty with writing and language, so we used pictures, happy faces and things, and no one else would see their time line. It worked quite well.' (PSC4)

- Homework

Two parents mentioned homework exercises - one in neutral terms and one in more negative terms:

'We were given homework to go through our childhood, and could we relate certain things, like the age we lost our virginity, and what stuck out at different ages.' (P16)

'We had homework on the course, but I'm not at school. It's hard. It was a graph, 'Things you remember through childhood', like the first time I kissed a boy. I didn't see what it had to do with my child. I didn't do it.' (P1)

- Role play

Three of eight parents who attended a two session course wrote that they would have liked more use of role play to help them practise talking to their children. For example, one wrote:

'What I would like more of [was] role play to practise how to broach subject with my children.' (P23)

7.5 Need for crèche provision

No funding was provided for crèches, although other agencies such as a Children's Centre or local college were occasionally able to provide a crèche, and the lack of childcare was remarked on by parents and professionals. Only two parents interviewed reported childcare being available during the TTT session. Other parents had to take their children into the groups and were not happy about this:

'I had my 10 month baby with me and there was no crèche. [...] My baby was crying in the session and I was more stressed than anyone.' (P6)

'You need a crèche to talk about things. If you're with the kid it should be around working with the child and doing things together.' (P17)

One PSC also spoke about feeling 'horrified' at being put in the position of offering the TTT programme without a crèche:

'I am horrified to offer this without crèches. It's nonsense to offer parent support without it. There can be problems of parents asking for a crèche place and then not turning up, but one place asks for a deposit and refunds it if the parent uses the place.' (PSC1)

Parents said they were uncomfortable talking about sex and relationships; having children present may not have been appropriate for the subject matter.

7.6 Requests for more

Six parents who had taken part in TTT activities were keen for more. One, who had attended a general parenting course, felt ready to attend something on sex and relationships:

'I would be interested in doing something about sex and relationships now. It's a taboo subject ... how to approach it?' (P7)

Two parents who had attended workshops on sex and relationships said they would like more:

'I would like her to come back and go over what she's already done. Elaborate more.'
(P13)

'I think she should come back in as well and I would like more about sex and relationships.' (P18)

One non-target area had only been 'allowed' one workshop and would have liked more input:

'We would like to have access to 'Less Shouting, More Co-operation' as that would be useful. It's more non-threatening to discuss it together. We could do with a parenting course to help with strategies.' (OP4)

Conclusions

Interviewees' commented on: individual and group support, the facilitation skills and methods used by parent support co-ordinators, the need for childcare and requests for additional TTT support.

- Views given on why individual support may have been less well-attended
 - parents not knowing professionals well enough
 - not feeling 'safe' about asking for help
 - feeling self-conscious about the subject matter
- Reasons given for parents appreciating being in groups with other parents
 - they usually already knew one another
 - there are other people with the same sort of worries
 - they appreciated discussions and being able to support and advise each other
- The size of groups varied from 2-18 with a suggestion that it was best if groups were not too big.
- Positive views on the facilitation of groups
 - the skills and careful management of time, materials, session content and the need to be parent-centred to enable parents to discuss their own experiences, feelings and ideas

- Questions on facilitation of groups
 - the need to allow time for parents to explore their own thoughts and feelings about sex and relationships
 - the suggestion that two facilitators may be beneficial since the topic can be emotive
 - the need to address the challenges of social, cultural and linguistic differences
- Facilitation methods reported on favourably included:
 - talking, questioning and pair work
 - the use of visual aids
 - humour and fun
 - Parentline techniques: 'Traffic Lights' and 'Fountain of Needs'
 - a questionnaire
 - an exercise about how parents found out about sex and relationships
- Facilitation methods which were questioned
 - homework
 - insufficient role play
- The lack of childcare/crèche provision was a problem for some parents of young children
- There were requests for additional TTT support, including that for sex and relationships.

8 OUTPUTS, OUTCOMES AND LEARNING FOR THE FUTURE

This section reports on the outputs of the pilot: the people who took part in the programme and what support they received; the outcomes in terms of the parents' and professionals' views on what had been achieved, and learning from the pilot for the future.

The difficulty in measuring the longer term effectiveness of the TTT community programme approach with parents was identified by three people,

'[The life of the pilot] is a short time as there are established habits in [the area] and in a short time you're not going to be able to see that there's been an impact.' (PSC1)

'There is money available for working with parents about teenage pregnancy, but will it reach the parents it needs to reach? Most work is with young people and our work with parents may take longer to show effectiveness.' (PSC4)

8.1 Outputs

Although it proved very difficult to engage parents in the TTT programme, data supplied by Parentline Plus in March 2008 indicated that 149 people had taken part across four of the five areas but information made available from the fifth area brought this to a total of 157 (Table 8.1). Almost half (45%) of the parents (70 of 157) were from Area 5. This outputs section reports on who took part, comparing this to the target group of parents with children at high risk of teenage pregnancy, and on what they took part in.

8.1.1 Who took part?

Of the 157 parents who participated in TTT programme activities, 118 (75%) completed parent profiles providing information about themselves and their family. The numbers for each area are shown in Table 8.1 below. The demographics reported here are of the sub-group of 118 who provided information.

Table 8.1 Number of parents who participated in TTT by Area and the number who provided demographic information*

	Area 1	Area 2	Area 3	Area 4	Area 5	Total
Participated in TTT activities	8	21	23	35	70	157
Provided demographic information	0	21	14	28	55	118

*Data, except for Area 1, supplied by Parentline Plus, March 2008

Mothers made up 86% (101 of 118) of those taking part; three (3%) were fathers, 11 (9%) were other relatives or friends and three (3%) were professionals.

Fifty four (46%) of those who provided information about their family chose not to supply information about their income. Of the 64 who did, annual income ranged from £5,000 or under, to £30,000 or over (Table 8.2). The highest number (18) had an income of under £5,000 per year and just under half (31) had £15,000 or less per annum. This indicates that a high proportion of the parents participating were from income-poor households.

Table 8.2 Family income per year

Family Income in £	Number (%)
No response	54 (46%)
0 – 5,000	18 (15%)
5,001-10,000	8 (7%)
10,001-15,000	5 (4%)
15,001-20,000	15 (13%)
20,001-30,000	7 (6%)
30,000 plus	11 (9%)
Total	118 (100%)

Source: Parentline Plus, March 2008

Forty-three people (36%) who attended TTT activities were married, 40 (34%) were lone parents, 15 (13%) co-habiting, 12 (10%) were in other categories, such as foster family, and there was no information for eight (7%) participants.

Thirteen (11%) of the 118 participants providing demographic information were under the age of 25. Forty-seven (40%) were aged 26-35, 47 (40%) aged 36-50 and 8 (7%) over 51. Three did not give their age. (Table 8.3)

Table 8.3 **Ages of participants**

Age	Number (%)
16-19	4 (3%)
20-25	9 (8%)
26-35	47 (40%)
36-50	47 (40%)
51-70	8 (7%)
No response	3 (3%)
Total	118 (100%)

Source: Parentline Plus, March 2008

The target audience for the TTT community programme was parents of 8-12 year olds and those who had had their own children when they were young, since the offspring of young parents are more likely to become teenage parents (DFES, 2007). In two areas half of the parents had children in the target age group, in one area a third of the parents and in one a quarter of parents had children in the target age groups.

Data were not available to show the age at which participants had their first children but, given that the target was to recruit parents of 8 – 12 years olds, the age range of the parents (Table 8.3) suggests that at least some would have been teenage parents themselves.

Of the 118 participants in the TTT programme, the majority - 84 (71%) - were White British but 26 (22%) were from BME (Black and minority ethnic communities) (Table 8.4).

Table 8.4 Ethnic background of participants

Ethnic Background	Number (%)
White British	84 (71%)
Black African	8 (7%)
Black British	5 (4%)
Mixed White/Asian	4 (3%)
Mixed White/Black Caribbean	2 (2%)
Indian	2 (2%)
Pakistani	1 (1%)
Mixed White/Black African	1 (1%)
Other White background	3 (3%)
Other ethnic	3 (3%)
Other mixed background	1 (1%)
Other Asian/Asian British	1 (1%)
Total	115 (100%)

Given that the likelihood of teenage motherhood is higher among young women of' black and minority ethnic groups (DFES and DH, 2007), it is worth noting that the TTT community programme attracted 26 (22%) parents from BME groups (Table 8.4)

8.1.2 Numbers accessing different elements of the TTT programme

Of the 157 participants, only 20 accessed individual support. The majority opted for group sessions through single workshops or two-to-five session courses (Table 8.5).

Table 8.5 Number of parents who took part in individual support, courses and workshops in each area

Type of support	Area					Total (%)
	Area 1	Area 2	Area 3	Area 4	Area 5	
Workshops (1 session)	0	20	9	11	53	93 (59%)
Courses (2 - 5 sessions)	8	0	3	23	10	44(28%)
Individual support	0	1	11	1	7	20 (13%)
Total parents	8	21	23	35	70	157(100%)

Source: Apart from Area 1, data supplied by Parentline Plus, March 2008

Although the figure for Area 1 is low, this is because the training for local professionals to deliver the TTT community programme did not take place until November 2007. More courses were being planned in the area but would not take place until after the evaluation.

Table 8.6 Number of workshops (W) and courses (C) delivered in each area to end April 2008

Title of workshop or course	Number of workshops (W) or courses (C)				
	Area 1	Area 2	Area 3	Area 4	Area 5
TTT about sex & relationships		3W		1W	5W
	1C			3C	1C
Preparing for secondary school				1W	3W
Preparing for teenagers				1W	
			2C		
Less shouting, more co-operation					1C
Stress busting		3W			2W
			1C		
Risky behaviour				1W	1W
Bringing up confident children					3W
				3C	
Understanding children's behaviour					3W
Totals		6W		4W	17W
	1C		3C	6C	2C

Source: Data provided for evaluation, not through Parentline Plus. Courses were from two to five sessions.

In addition to the workshops and courses run (Table 8.6), individual support sessions were given to 29 parents (14 parents in Area 3, nine parents in Area 5, four parents in Area 4 and two parents in Area 2). (Data supplied by Parentline Plus, March 2008)

8.2 Outcomes for parents

8.2.1 What parents had learnt about sex and relationships

There was little evidence from the interviews that parents had learnt more *factually* about sex and relationships, although one parent said she had understood more about puberty from the TTT sessions:

'It was interesting going, and all the different opinions. I didn't realize how much teenagers had to go through, especially boys. I thought girls went through more. The stage of boys having mood swings in Year 5 in primary school, and that all boys go through that.' (P11)

They had gained more general knowledge about sex and relationships such as at what age it is appropriate to talk to children about sex and relationships. Two parents had specifically asked for guidance on this and it was also identified by other parents as an issue and had generated considerable discussion. There seemed some agreement that there was no 'right time' to talk to children about sex and relationships:

'We all had different views on when we thought the time was right (to talk to children), because of the five or six [in the group], we all had different ages of the children. There wasn't really a specific time it was right. It was when we thought we were ready, plus the child was ready. It was when we felt comfortable to discuss. When we felt the time was right and when we felt it was the appropriate time. It was individual and we found out that not every child is the same. When we thought that child was old enough, and ready enough to understand about the feelings.' (P5)

'I don't believe it goes by age. It goes by mental age of the child. You know at 12 he's got a lot going on with his ADHD, but there's little things he's coming out with. So he's getting there, and he's picking up a lot of street talk, street sex talk. But as for my daughter, she's such a sensible girl. She's never had a boyfriend and she's into art and saving the planet!' (P2)

'I didn't know how it would affect my kids as they are that bit younger (6 and 4 years). But it came out of what my daughter said a couple of weeks ago to a friend of hers, and it was about a sex game [it was a kissing game]. And it's things like that. So she's beginning to get aware of hearing things. I think she's hearing a lot from school from what the others have been saying. Another little boy in her class said, 'I know what 'gay' means', and she didn't. That all happened in two weeks, and I thought, 'Yeah, I've got to go [to the TTT session].' (P10)

Six parents thought it was important to be prepared for when children started asking questions, and talked about their children aged 3 or 4 displaying sexual behaviour, and not knowing how to respond. Others thought discussion of sex and relationships was not necessary until the children were older.

'It [the workshop] touched on sex and done it well. Some children were very young and my child is only 3 so I couldn't apply it to him. It was good for the older ones.' (P18)

8.2.2 What parents had learnt by talking to other adults about sex and relationships

Parents reported feeling more confident and less embarrassed about talking about sex and feelings to other adults, that it was helpful and they could help each other:

'I don't hide away in a corner now and I'm comfortable of saying about my feelings now. I don't get embarrassed and things like that, because we're all the same.' (P5)

'It was nice to sit with friends and laugh about it and not take it seriously. And it just gave me the confidence, because you knew you were going back the next week so you could say, 'Well, I had a chat to her about this'. And it was nice to have that, for you to know that you're doing it right and you're not doing the wrong things.' (P2)

'There was a man there and he was a bit stuck about what to say as he has like, got foster children. And us three girls told him how we approached it.' (P4)

By talking to other parents, they were able to discuss and think about their own experiences and feelings. They discovered that relatively few had found out about sex from their own parents,

and the discussion around this helped them to think and talk about the issue and to decide that they wanted to be more open with their children:

'I think it helped to reinforce that it's important to be open with your children. Twenty years ago it wasn't mentioned [...] Only two in the whole group [of 18 parents] their parents had told them about it. But I want it to be different with my kids.' (P10)

8.2.3 What parents had learnt about talking to their own children

Of the parents interviewed, four parents had attended 'TTT about sex and relationships' and all said it had helped them to talk to their children about sex and relationships:

'Before it was like, I was frightened to talk to them on certain issues, but now, now its OK. I can talk to them now. It's too much for them I think! [Laughter] I'm more confident with my lot (children), see mine are all different ages. It was easier for me with the girl than the boys. With me having two older boys it was quite different the way I talk to them and understood them. But now I'm OK asking them how the day went, or if they've got any worries. We can sit and talk and now I don't get embarrassed. And now they know they can come to me and talk about anything. If I've got problems we discuss with each other.' (P5)

'I was a bit angry with [my son] coming home with condoms, at the beginning, at 14, you know? But I don't bother so much now.' (P4)

'She [the PSC] was good. She explained it and you did feel you could put it into the conversation. She was really interesting.' (P4)

In addition, eight parents provided written comments on a 'Time To Talk about Sex' course. Of these, two said they felt better equipped to tackle the subject with their children – *'Felt I have 'hooks' to lead my daughter and open discussion'* (P21) - and a third had done so:

'Felt pleased with myself that I have tackled some issues at home but more confident now.' (P22)

8.2.4 What parents felt they had learnt from more general sessions about parenting and communication

Parents said how important the more general parenting sessions were in giving them support to cope so they could help their children, and that it helped them think about how their children were feeling and about how they related to their children:

'[You can look after your children] if you can cope yourself and keep yourself well and healthy. If you're not mentally stable, you can't function.' (P7)

Parents identified things they had learnt, and ways in which they felt better or were behaving differently:

'The course was helpful about the stages in children's lives. It's learning yourself. It is hard and you need to know what other people are going through. It's about the anger we have and the children have. When you get down to the roots of it, it's stress. [...] I am trying a few groups. Going to groups, I can see to what I was. You look at yourself, shouting instead of talking. You go in and subconsciously remember what you just learnt. [...] I'm enjoying being a mother more.' (P6)

'When he came in from school it was like World War 3 and now I feel more relaxed and I'm not as stressed. I feel more, like, independent with my children. Now I can take them out and they behave. I couldn't take them out before. It helped us talk around, listen to both of them. I spend an hour with one of them, and then an hour with the other one, and it really helped.' (P12)

Parents felt they were more able to put themselves in their children's position and understand what they were feeling:

'Thinking about how she [my daughter] would feel. Put ourselves in her position, like angry, miserable. I can talk more to her. There is a difference. We do talk instead of shouting and screaming.' (P16)

'I understood my children's feelings and how to get things out of them without coming down too heavy on them.' (P5)

'I understand more about how my other two children are feeling. The youngest has special needs and everything is around him. Making him aware of how the other two feel. I talk to the other children more now and spend more time with them.' (P13)

As well as understanding their children more, several parents felt they had learnt to 'walk away' and not get drawn into arguments:

'Walking away works amazingly.' (P8)

8.2.5 What effects parents felt there had been on their children as a result of TTT

Only four parents had attended courses of more than one week and 10 had only attended one two-hour session, so it was unsurprising that only four parents reported noticeable changes in their children as a result of the sessions. These included changes in children's social and emotional well-being:

'Before he was boisterous, but now he's OK and he'll discuss his feelings now. They're more open with other adults now. Before they used to keep everything to themselves, but now it's changed.' (P5)

'[Our children] are more relaxed around us now and don't have to hide their feelings. We're closer and can talk about anything.' (P5)

'My sons were always fighting and she talked us around how to deal with them, and it seemed to work. They seem to listen more and don't argue back. They always used to fight and now they get on more friendlier than what they used to be. There's less arguing and bickering!' (P12)

8.2.6 Learning about Parentline Plus reported by parents

Five parents mentioned learning about Parentline Plus and the phone line, and had not heard of it before:

'One parent used the phone line. A grandparent. I didn't know it existed but it's a good service.' (P13)

'She gave us the cards and told us about Parentline courses, and gave us Parentline phone number if we're at our wits end with the children. I don't think any of the parents knew about Parentline.' (P7)

8.3 Outcomes reported by the PSCs and other professionals

The four PSCs were cautious about how successful the programme had been because of the difficulties in engaging parents, although agreed that towards the end of the pilot, there were indications that progress was being made:

'We feel as if we've only just started to make a difference, but I haven't really started on the work that could be done here. The ground work is done, and then it closes and it seems such a shame.' (P2)

8.3.1 Engagement as a measure of success

Because engaging parents had been extremely difficult, any engagement and positive feedback from parents was seen as evidence of success:

'Any engagement with parents was evidence of success.' (PSC1)

'Those who do talk about it are very enthusiastic.' (PSC3)

'When a mum came and thanked me because she was beginning to like her daughter again, that made me feel I was doing something.' (PSC2)

'I felt I had made that difference where I was getting parents who don't usually come to groups, and I have got some satisfaction in that.' (PSC4)

8.3.2 Successful relationships with parents

Feedback from professionals about what parents had said also provided some evidence that the PSCs had built relationships with parents:

'Feedback from the parents about [name of PSC] is that 'she's just so lovely.' One mum she talked to at a drop-in said, 'She's just like us. She's so down to earth.' That's the barrier with some of our families. With professionals, they see the power as all on one side and they don't engage.' (OP1)

'Parents' feedback was really good. They sometimes feel patronized but didn't at all and talked about their own experiences. She's a parent.' (OP4)

8.3.3 The quality, content and style of support

Professionals who had referred parents to PSCs for individual and group support said parents thought it had had a real impact because of the quality and content of the support:

'The feedback from parents that have attended individual or group sessions with her, say it has had a real impact. One around the warmth and the lack of criticism and the support and information and guidance offered.' (OP7)

'Feedback was that the parents were pleased to meet other parents. One said they had felt cut off. One said they had been to another parenting session and came out feeling worse.' (PSC1)

'The sessions the parents went to, they were very appreciative and gave feedback and suggestions of how to deal with things differently.' (LM2)

8.3.4 Helping parents to think and talk about sex and relationships

It was reported that the supportive atmosphere enabled parents to feel more confident to talk about their own feelings and experiences of sex and relationships and this made them more aware of the need to talk to their children:

'I have heard from parents themselves who have explained how they have moved on and the confidence they have. They can talk about their feelings. If they can't talk or describe their own feelings, they won't be able to talk to their children.' (PSC4)

'Different parents got different things from Time To Talk. Some already had quite an open relationship. Some hadn't even realized they needed to talk. It hadn't occurred to the dad that his daughter would start her periods at primary school. Now he tries to be a bit open.' (OP4)

Parents who had been teenage parents themselves were able to discuss the pros and cons and felt they wanted their own children to have more choice:

'Many parents who have had their children as young as 13 talk about it and they really struggle and they don't want their children to have the same thing happen to them. They want them to have more choices.' (P4)

8.3.5 Partnership work with other agencies

There was some evidence that the Parent Support Co-ordinators were working in partnership with other agencies and professionals:

'PSAs are good, and the TPC is helpful at giving [name of PSC] credence.' (LM2)

'She's [PSC] very good, very proactive. We pass information on to her and within two days she contacts the family. The feedback is always good. She is a familiar face and has done little talks on parenting for the older child which the parents said would be helpful.' (OP1)

8.3.6 Raising awareness of Parentline Plus and the TTT community programme and distributing materials

There was evidence that the Parent Support Co-ordinators were having some success at raising awareness of Parentline Plus and the TTT community programme and distributing leaflets:

'I work with the PSAs and they have the relationship with schools and parents, and they will know about Parentline Plus.' (PSC4)

'We have been raising awareness with the stands at outreach events. Letting people in the area know about Parentline Plus and getting the leaflets. It has raised the profile of Parentline Plus and raised awareness of Time to Talk issues.' (PSC3)

'At 'Preparing for Teenagers', ten parents took loads [of materials] away from it. It was very rewarding, even if they only took one thing away.' (PSC3)

'Lots of leaflets have gone to all Year 6s in the target wards. The seeds have been sown. A lot of parents have accessed the website and made calls to the helpline.' (PSC1)

'Having the back up of the [Parentline Plus] helpline and website' (PSC1) was seen as useful.

8.4 Learning for the future

8.4.1 Confirmation of the need for support to help parents talk to their children about sex and relationships

There was considerable agreement and evidence from the professionals and parents interviewed that there is a need for support to help parents talk to their children about sex and relationships. One professional who was also a parent, said:

'If you're not speaking to your child about sex, someone else will be.' (OP4)

All seven of the TPCs interviewed identified the need to help parents to talk to their children:

'We had a strategy development day and teenage parents came and the strong feedback from them was that we should work more with parents. Parents have a key role in terms of sex and relationships education.' (TPC3)

Although it was difficult to engage parents in the TTT programme, once involved, parents admitted feeling confused about what to say and when and how to say it, and felt it was important to be open with their children. As one TPC said:

'Once they're [parents] involved in it, they are very interested and do find it really helpful. We're still a nation where we don't find it comfortable talking about sex and relationships amongst ourselves, let alone talk to our children about it. We have to be careful what we call it and how we sell it. When you talk to parents individually it is something they worry about and they don't know what to do.' (TPC2)

It was suggested by one line manager that the TTT programme was *'normalizing'* the subject:

'[Name of PSC] has brought enormous strengths and skills, insight and awareness and practicalities. Parents are normalizing the subject on the table for discussion. It may be embarrassing but it needs to be done.' (LM2)

Training in the 'TTT about sex and relationships' course had been provided professionals in two of the five areas and more was planned in one of these. Three professionals and one PSC suggested that professionals needed training in talking about sex and relationships since they were not always comfortable with the subject:

'The message to professionals is, that it's a time to be open and honest about sex, and call our body bits by the right name, and it's time to give the facts. And giving them the facts is not encouragement to have sex. It's the other way round, it makes them stop and think a little bit more, and discuss it.' (OP3)

'Train professionals like school nurses. Get them on board.' (PSC3)

'[We need] a programme for other professionals. A training module as part of the wider parenting picture for workers, so they have the skills.' (TPC4)

The TTT community programme was seen as a useful parenting model but one that would take 'years to establish', a reference to the short-term nature of the funding supporting the programme:

'Group sessions in local areas is a really good model. Parents need the opportunity to go on parenting courses to learn the best way to broach these subjects. It's awareness raising. There's definitely a place for it. It takes years to establish and it's about trial and error and this is only at the beginning.' (OP3)

There was a fear that the learning, expertise and opportunities the TTT community programme had generated would be lost as parents needed to be reached. A PSC talked about the uniqueness and quality of the TTT programme and Parentline Plus approach to achieve this:

'If this [TTT community programme] goes, I don't think there is anyone who can pick this up, and I really think it's a shame because those parents do need to be reached, and all they'll do is they'll avoid it, and their children will go on in the same way they did. It is about teenage pregnancy, but it's a huge support to the parents which makes them think about things. It all hinges on communication. We're the only people doing it and I realize now, that no one can do it as well as we can.' [PSC1]

The loss of this aspect of parenting was seen as particularly unfortunate at a time that support for parenting was being promoted and TTT was included in Teenage Pregnancy Strategies:

'It's a shame the programme is coming to an end. It has taken time to get going which is true for a lot of programmes like this, but it could really get going now, with integrated family support and extended schools, and we're going to get a new group manager for parenting who will be looking at bringing in parenting programmes.' (TPC2)

8.4.2 Restrictive effect of targets

The programme was targeted in teenage pregnancy hotspot areas with the parents of 8-13 year olds and parents who had had children when they were young themselves. There was agreement from PSCs and other professionals, that the targets defining the audience for the TTT community programme had created particular challenges, and that pressure to adhere them and *'perform'* for the evaluation may sometimes have taken precedence over the needs of parents:

'It has been really, really challenging. The pressure to deliver the Time to Talk [about sex course] hasn't helped. You won't force parents, it doesn't work. There has been pressure because of the evaluation so that it has become evaluation-led with disregard for all the other workshops and what parents want.'(PSC3)

'To be successful, it needs to be more flexible without age or ward restrictions.' (LM2)

Issues around targeting of Teenage Pregnancy Hotspot wards

In each area, PSCs were allocated to work with two or three wards that were teenage pregnancy 'hotspot areas'. Whilst all of the wards had particularly high rates of teenage pregnancy, the targeting of specific wards was found to be limiting. In fact, high rates of teenage pregnancy was often a borough-wide issue - *'It should be borough wide not in specific areas'* (PSC2) - and five people interviewed suggested that teenage pregnancy and anti-social behaviour 'hotspots' change.

'Fifteen of our 17 wards are in the top 20% for teenage pregnancy and the young people are pretty mobile and I think targeting wards sometimes become a little irrelevant, especially with secondary schools. If you don't get success in a target ward it can be quite disheartening, can't it? If you go for an area where you get some success, then if you get good feedback from schools and other professionals, word will spread won't it, and you'll build up your evidence then? Then you can move it on.' (TPC2)

'There is a difficulty in sticking to strict targets and target groups. It would be better to treat the whole borough as a Teenage Pregnancy Hotspot area, and deliver it to as many primary schools as possible, rather than specific wards.' (PSC1)

On the other hand, another professional suggested that getting to know parents in a more concentrated area may have been better - *'The geographic areas are too big to get to know parents'* (LM2) - and that it may have been easier to trial this sensitive initiative with a more open policy, since in neighbouring wards (also with high rates of teenage pregnancy) there often seemed to be proactive professionals keen to work in partnership. For example, one professional had heard the PSC talking at a meeting, realised what was being offered would meet expressed need of parents in her area but was not able to benefit because of being outside the target hotspot area:

'I thought, 'My parents are asking for help like that,' but we couldn't have it because we're not in the target area.' (OP4)

A line manager also spoke of the demotivating effect such limitations had on a PSC:

'Because of the evaluation of TTT we have tried to keep focussed on TTT hotspot areas and have occasionally had to reign her [the PSC] back from working in another hotspot area, not part of the TTT evaluation. It tempered her enthusiasm.' (LM3)

Issues around targeting parents of 8-13 year olds

The TTT community programme was targeted at the parents of 8-13 years olds, and there were comments over the values and difficulties of restricting the service to these parents, whether it was appropriate to do so and when might be the best age for parents to start talking to their children about sex and relationships.

There were views that targeting the parents of 8-13 year olds was *'filling a gap'*:

'[The programme] has been invaluable and came at the right time and for the right age group, the older children.' (OP1)

'The Time to Talk age range over transition is good, Years 5, 6, 7, 8.' (TPC2)

'[The programme] is unique and it's filling the teenage/pre-teenage gap.' (PSC2)

It was, however, difficult for PSCs and other professionals to restrict the service by age of children:

'The PSC is looking at the Transition age, but also the younger age, and it's easier to recruit from Children's Centres. The target 8-13 drives the work to work with schools which is difficult and it needs time.' (TPC2)

'I have stuck to parents of 8-13 year olds although I haven't turned parents away as it's been hard enough to get parents. Some of the children were only 8 years old and that was difficult for parents to know how to talk to the children about puberty and relationships and sex, but this was the age I needed to reach. I have had parents who have said that 3 year olds or 5 year olds are doing or saying things to do with sex. The Teenage Pregnancy Co-ordinator thought there was scope for us to work in Children's Centre with parents with younger children.' (PSC4)

Parents of the 8 - 13 age group were difficult to access:

'Parents of children in this age group are not like the parents of toddlers, they've re-found a life and may not be coming to the school gates, and it isn't so easy to get them.'
(M4)

Some attempt at age-specific targeting had taken place by going to parent evenings - *'Parents of Year 7 [11-12 year olds] are a captive audience as they will go to school to find out what their children are doing at secondary school.'* (PSC3) – but another PSC remarked that parents had not felt comfortable talking about sex and relationships at these events.

Three parents, two PSCs and six other professionals felt the earlier parents felt comfortable talking to their children about sex and relationships, the better:

'It's important to be honest and open from an early age.' (P11)

'There was that issue of what age is appropriate. If you can model a way for a parent to chat honestly to a child from the beginning, you're setting in motion a process where they have that way of behaving, and they can respond and talk honestly about anything.'
(M4)

'[Helping parents talk to their children about sex and relationships] needs to be introduced early. It's about parents' relationship with the child. You have to try to be honest early on. Who teaches the child to be safe? It's not just about crossing the road, it's about relationships. It's about communicating, about social skills and catching kids young. It's not 'if' sex, but 'when'.' (PSC2)

'If you start when they're young and then when they get to teenagers you've got all the basics out in the open, and you can get down to what's important now.' (OP3)

Conclusion

This section reported on the outputs (the people who took part in the programme and what support they received); the outcomes in terms of the parents' and professionals views on what had been achieved, and learning from the pilot for the future.

Outputs

- From data supplied by Parentline Plus in March 2008, 149 people had taken part in TTT activities and 118 had completed parent profiles to provide demographic information. One hundred and one (86%) were mothers, three (3%) fathers, three (3%) professionals and 11 (9%) other relatives or friends.
- There was some indication from the data that 'target' parents had been attracted in terms of geographic, socio-economic, marital status, ethnicity, having children between the ages of 8-13 years. Although data was not available to determine the extent to which the programme had attracted parents who had been teenage parents themselves, there were indications that these parents did become engaged in the programme.
- One-session workshops were most popular and attended by 93 (59%) parents, followed by courses of 2-5 weeks attended by 44 (28%). Individual support was least popular - 20 (13%) (as at March 2008)

- The number of courses and workshops varied in each area, with considerably more in one area. More individual than group support was provided in one area.

Outcomes

Outcomes reported by parents

The small sample of parents interviewed, and the fact that more had attended one two-hour session rather than longer courses, enables only very tentative conclusions, but there were favourable responses from parents.

- There was little evidence that parents had learnt more factually about sex and relationships, but they had gained general knowledge, for example about the 'right time to talk to their children'.
- Talking to other adults in groups had enabled them to help each other learn more about themselves and their own feelings and attitudes towards sex and relationships. Considering the strength of the taboo about sex identified in this pilot, this was seen as a very positive outcome.
- Parents discovered that few of them had heard about sex from their own parents and they reported wanting to be more open with their children.
- All four of the parents interviewed who had attended sessions about sex and relationships reported feeling more confident to talk to their children about sex and relationships.
- As a result of the sessions (general parenting and sex and relationships) parents reported being more aware of how their children were feeling, being more relaxed, more able to 'walk away' rather than being drawn into arguments, having a better relationship with their children and talking more and shouting less.
- There were relatively few reports of changes in children, but two parents who had attended five-week courses remarked on improvements in their children's behaviour.
- Five parents reported learning more about Parentline Plus.

Outcomes reported by PSCs and other professionals

- Whilst recognizing the challenges, the programme was seen as successful in terms of
 - engaging some hard-to-reach parents
 - positive feedback from parents about their relationships with PSCs
 - positive feedback about the quality, content and style of provision

- positive changes reported by parents
- closer partnership work with other professionals
- wider awareness of Parentline Plus
- distribution of Parentline Plus leaflets and materials.

Learning for the future

- The pilot confirmed the need to assist parents and professionals to feel more confident about talking about sex and relationships.
- 'Targeting' the programme had been problematic:
 - Targeting teenage hotspot areas was seen as unhelpful because their boundaries were not meaningful to parents and there were often high levels of teenage pregnancy in surrounding areas.
 - in a community programme, targeting the parents of 8 -13 year olds was seen as artificial. The programme was seen as useful for parents of children of all ages, particularly those of younger children before they first start displaying sexual behaviour or asking questions about sex and relationships.
- It was suggested that once parents were engaged, the Parentline Plus approach helped parents talk about sex and relationships.
- A need was identified for training professionals to support parents comfortably and appropriately, in the area of sex and relationships education .
- The loss of TTT at this stage was seen as regrettable as there were indications that other professionals were becoming more aware of it, more parents were attending sessions and it was evolving into a necessary and specialized element of wider parenting support.

9 CONCLUSIONS AND RECOMMENDATIONS

During the period of the pilot and the evaluation, the TTT programme was seen as having many challenges and limited overall success in terms of achieving its original aims, but towards the end of the evaluation period, with the persistence of the Parent Support Co-ordinators (PSCs), there were indications in some areas that more parents and professionals were becoming involved and the service was appreciated. The pilot was successful in confirming the need to assist parents and professionals to feel more confident about talking about sex and relationships, and highlighted strengths and difficulties in engaging the target parents and the processes involved in encouraging them to talk about sex and relationships. The conclusion will outline the aims of the evaluation and discuss the extent to which these aims have been addressed and the lessons learnt.

The aims of the evaluation were originally to assess what each area achieved in relation to its plan, the characteristics of the parents who attended, whether parents were successfully engaged, how parents rated the service and the outcomes from individual and group work. Initial delays and difficulties in engaging parents, however, meant it was not possible to implement the proposed before and after comparisons to assess any impact on parents' behaviour, and it was impossible to focus on outcomes in any controlled way. It was agreed therefore, that the evaluation would critically assess the evolution of the programme and the processes in engaging parents to talk about sex and relationships. The following conclusions have been drawn and are presented in the order of the evaluation aims:

Evaluation aim: What/how much did each area do in relation to their plans?

Implementation of the programme

- Five Parent Support Co-ordinators (PSCs) with a wide range of experience were recruited and took up post in the five pilot areas between January and March 2007. The programme was set up in four of the five areas, and in an area where the PSC left after 2 months, a training programme for professionals replaced the original programme.
- Training introduced the Parentline Plus approach successfully, but provided insufficient operational guidance on TTT, and delivery was delayed whilst facilitation training took place. Training was provided to other professionals in two areas. In one area there was concern that the needs of participants had not been addressed or negotiated sufficiently.

- Parent Support Co-ordinators generally appreciated the quality of support and supervision they received, but the need for more personal contact with other PSCs, and for all PSCs to be based in Parentline Plus offices were identified.
- Insufficient consultation and negotiation with local parents and related professionals was thought to have contributed to an initial lack of clarity and managerial direction, and the unfounded assumption that the target parents and professionals would access a short-term programme about sex and relationships.
- Issues and challenges were recognized and addressed part way through the pilot in a 'clarification' document.

Links with other professionals

- The PSCs spent considerable time networking with other professionals, and although they became more aware of Parentline Plus, and saw the TTT community programme as complementing their work, there were relatively few referrals from them. The exception was a small number (notably home-school liaison workers or voluntary agencies) who were instrumental in engaging parents to group sessions.
- The TTT programme was seen as complementing the more structured Speakeasy Course in offering a useful lead in to it.

Delivery of the programme

- Individual (1-6 sessions of about 45 minutes each) and group support (one-session workshops or 2-5 session courses) were provided in varying quantities in all areas. One-session workshops were most popular and attended by 93 (59%) parents, followed by courses of 2-5 weeks attended by 44 (28%). Individual support was least popular in all but one area, and accessed by 20 (13%) parents.
- Group sessions on sex and relationships were provided but some were cancelled in each area because of lack of interest. More general parenting sessions were therefore also offered and were more effective at engaging parents.
- In 3 areas 'TTT about sex and relationships' was delivered as one or two sessions of parenting courses being provided by other professionals, and the topics of 'risky behaviour' and sex and relationships were sometimes introduced in more general parenting sessions.
- Although only a relatively small number of parents were interviewed, they reported favourably on the groups they attended. Parents and PSCs identified challenges in balancing the structured content of the course versus enabling parents to explore

experiences and feelings. The emotions sometimes evoked suggested a possible need for two facilitators.

- Successful facilitation methods were described including: talking, questioning, pair work, the use of visual aids, humour and fun, some Parentline Plus techniques and concepts such as 'Traffic Lights' and 'The fountain of needs', and an exercise to explore how participants first found out about sex. More role play was requested by one group of professionals, lack of childcare was a difficulty for parents with young children and there were requests for further TTT support.
- There was positive and no negative feedback on Parentline Plus leaflets and materials which were particularly valued by other professionals.

Evaluation aim: Were parents successfully engaged?

It was very difficult to engage parents, although towards the end of the evaluation, there were indications that more parents were becoming involved, particularly in one area. Parentline Plus management encouraged the PSCs to critically reflect on the strengths and difficulties of engaging the target parents, and the parents and professionals interviewed provided suggestions:

Some barriers to engagement

- 'Targeting' the programme in hotspot areas, with parents of 8-13 year olds and parents who had had children when they were young, was seen as limiting the engagement of natural groups of parents.
- The strong resistance by parents and professionals to talk about sex and relationships.
- Parents having more pressing issues to deal with; not seeing teenage pregnancy as a problem or not feeling the need to talk to their children about it.
- Parents being wary of professionals and that attending parenting courses implied they were inadequate parents.
- Language, cultural or gender barriers with additional difficulties in engaging fathers.
- The short term nature of the project, the high turnover of staff in some partner agencies, and the fact that PSCs were not based with parents in the community, were seen as inhibiting the development of trusting and productive relationships.
- Leaflets, letters and posters were least effective at attracting the target parents.

Successful engagement

- The PSCs were seen as having essential qualities and interpersonal and communication skills identified to work with parents. 'Excellent communication skills' were defined by commonly repeated descriptions including: lovely, approachable, warm, enthusiastic, empathic, being non-judgemental, 'down to earth', 'like us', unshockable, calm and having a sense of humour. They were seen as working in partnership with parents by listening and enabling parents to explore issues and come to their own conclusions, rather than telling parents what to do.
- Using a community development approach, starting where parents are and reaching them through other professionals with whom they already had relationships of trust, enlisting the help of other parents in recruitment.
- Getting to know parents, gaining their trust and listening and responding to their suggestions.
- Offering TTT in the context of a range of other learning.
- Using a parent-friendly venue and sensitive publicity and marketing (usually avoiding the word 'sex').
- Of the methods used to engage parents, links with existing groups of parents and face to face interaction were most effective, with leaflets and posters being least effective.

Evaluation aim: What were the characteristics of the parents who attended?

- Data supplied by Parentline Plus in March 2007 indicated that 158 people had taken part in TTT activities and 118 had completed parent profiles to provide demographic information. One hundred and one (86%) were mothers, three (3%) fathers, three (3%) professionals and 11 (9%) other relatives or friends.
- The data suggested that a range of parents had been engaged including 'target' parents in terms of their locality, socio-economic and marital status, ethnicity, having children between the ages of 8-13 years, and although precise data were not available, the programme did attract some parents who had had children when they were young.

Evaluation aim: What were the outcomes?

As a result of the difficulties encountered by the pilot it was not possible to undertake an evaluation that addressed the outcome measures originally intended, consequently no measured judgement can be made of the impact of TTT on:

- the prevention of early pregnancy

- whether parents were more confident or more able to relate to, communicate with and influence their children specifically or generally
- whether young people were delaying sex or having protected sex.

However, the qualitative data from the small sample of parents and professionals interviewed provide tentative suggestions that once parents were engaged the programme had some impact.

Those interviewed reported the programme had helped in the following ways:

- Talking about sex and relationships helped parents acknowledge and understand more about their own feelings, helped them feel more confident to talk to other adults and to want to be more open with their children.
- Although there was little evidence that parents had learnt more factually about sex and relationships, they had gained more general knowledge, for example about the 'right time to talk to their children'.
- Parents had more confidence in their general parenting skills, particularly through understanding the thoughts and feelings of their children.
- Parents considered their own behaviour more and were more able to stop and 'walk away', and talk more and shout less.

Other professionals reported on:

- Positive feedback from parents about the PSCs, the quality, content and style of provision and changes for parents as a result of the programme.
- Closer partnership working.
- More awareness of the need for professionals to feel comfortable helping parents talk about sex and relationships.
- The programme was successful in raising awareness of Parentline Plus, and leaflets and materials were widely distributed and remarked on positively.
- There was concern at the loss of the programme:

'If this goes, I don't think there is anyone who can pick this up, and I really think it's a shame, because those parents do need to be reached, and all they'll do is they'll avoid it, and their children will go on in the same way they did. It is about teenage pregnancy, but

it's a huge support to the parents which makes them think about things. It all hinges on communication.' (PSC4)

Recommendations

- There is a need to assist parents in talking to their children about sex and relationships from an early age.
- Those who work with parents should be selected for their interpersonal and communication skills and qualities, ability to relate to and engage with wary parents and other professionals, and the skills to work in partnership with parents and others.
- Programmes with parents should be designed and planned after consultation and negotiation with parents and relevant professionals and strategic managers.
- Clarity of direction and skilled overall strategic and local management of workers is essential.
- Workers need to be physically based with relevant colleagues and to have accessible support and supervision.
- Initial training of Parent Support Coordinators is necessary, taking into account and building upon their previous experience, which is likely to be varied.
- Programme delivery needs to incorporate a community development approach that starts where parents are, listens to them, builds relationships of trust and negotiates programmes that respond to needs they identify.
- Programmes that encourage parents to talk about sex and relationships should be introduced as part of a range of other learning and support for parents, since recruitment of parents is highly dependent on this.
- All professionals who work with parents require training: to help them explore their own attitudes to sex and relationships, in order to feel comfortable talking to parents about sex; and to know to whom to refer for more specialist help.
- Funding and evaluation should reflect the time (usually at least a year) needed to establish initiatives with parents, and the design of evaluations should take this into account. An initial stage of the evaluation of such initiatives should focus on *process* factors related to set up. Once the initiative has been set up the investigation of outcomes is appropriate.
- The most effective intervention format once parents are engaged is likely to be workshops and groups with individual support provided if required.

- Parenting programmes should be delivered in accessible family friendly venues with childcare provided.

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