

Parent Child Information Project

Improving the information to support parents and organisations that work with families: final report

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May 2002

The project

Aims

The Child Psychotherapy Trust (CPT) was funded by the Family Support Grant to consult parenting and family organisations on how best to provide information on parent-child interactions.

The Parent Child Information Project aims to support parents by helping them to:

- make more sense of their own and their children's behaviour, by understanding what lies behind the interactions between children and their parents;
- feel more empowered to understand and manage their children, without necessarily needing professional intervention;
- form a picture of how the emotional world of the child develops at different ages and stages of development and is affected by changes in their circumstances;
- have a greater awareness of what their children need from them in order to thrive emotionally;
- understand the part played by their own emotions and personal history in how they react to, and manage, their own children, so that they can stand back and reflect on their own parenting;
- develop a more reflective approach to parenting;
- deal with the challenging issues that they are likely to come across at each stage of development, with practical tips and guidelines.

Judith Stone was engaged in a freelance capacity to carry out the research and produce new editions of all the leaflets. She has written this report on the findings of the project, with recommendations to the Child Psychotherapy Trust based on the outcome.

Research

The consultant's brief was to focus on the 11 existing and two new leaflets in the *Understanding Childhood* series. (The brief did not include the *Understanding Childhood* booklet and poster.)

The original CPT proposal was based on in-depth collaborative work with 20 organisations, accessing the views of 200 parents from those organisations. However, it was clear immediately that this would not be feasible. The consultant therefore proposed to carry out a postal survey to reach a wide range of organisations and to hold a small number of focus groups for in-depth discussions. CPT agreed to this revised proposal before any work started.

The research was carried out between February and July 2001.

Questionnaire

The aim of the survey was to find out from organisations that buy CPT leaflets:

- how they use the leaflets with parents
- their impression of the strengths and weaknesses of the current leaflets

- how CPT can modify its current information, and develop new information, to ensure that it is useful, relevant and effective for parents and supports organisations that work with families.

CPT office staff drew up a list of 223 organisations that had bought copies of *Understanding Childhood* leaflets in the period immediately prior to the project. A questionnaire was circulated to these organisations (see Appendix 1).

To try and achieve a large response rate, organisations were offered a free booklet on the key stages of a child's emotional development and a free poster if they completed the questionnaire.

Questionnaires were returned by 74 organisations (33%). A full list is given in Appendix 2.

The responses received were spread across different sectors and therefore reflect the views of a wide range of users. Most of CPT's work is with primary care professionals, so it was anticipated that the majority of replies would be from health visitors and health services.

Sector/ service	Number of responses
Health visitors and health services	17
Voluntary sector projects	9
Home Start	8
Under 5s, including Sure Start	8
Social services	6
Family centres	5
Schools/education services	5
Child and Adolescent Mental Health Services	4
Information Services	4
Bereavement projects and hospices	4
Universities/colleges	2
British Forces worldwide	2
Total	74

Information from the responses is analysed in this report.

Focus groups

CPT provided details of 13 organisations that were suitable for holding a parents' focus group. Those that agreed were offered a subsidised half-day workshop, facilitated by a child psychotherapist, on issues and approaches that were relevant to their area of work.

After a positive initial response from six organisations, only three of them were able to find time to hold a focus group:

- Contact a Family, Southwark, London
- Newark Family Centre, Nottinghamshire
- Goole Home-Start, Humberside.

The organisations each chose two leaflets to discuss in the focus groups and copies were sent in advance to give participants a chance to read them before the event.

The issues that emerged from these discussions were different from those addressed in the questionnaires and combine:

- *general* comments from parents
- *specific* comments on their reaction to particular leaflets.

The specific points have been passed on to CPT; any general points are included in this report.

New editions of the leaflets

During the course of the project:

- 2 new leaflets have been published
- 7 existing leaflets have been fully revised and published, with new designs and full colour illustrations
- 4 existing leaflets have been fully revised and are awaiting publication.

Achievements

The project has successfully:

- involved 77 organisations in evaluating CPT leaflets, including 3 groups of parents
- confirmed that the leaflets reach organisations that work with disadvantaged children and families
- enabled these organisations to give feedback to help CPT to improve the leaflets
- given them an opportunity to suggest new topics that would be helpful to the families they work with
- identified the support that the workers and volunteers need to help them use the leaflets more effectively with families
- produced new versions of 13 leaflets, edited and designed to be more attractive and accessible to parents
- identified the media that organisations believe to be the most effective in helping parents to respond positively to new ways of thinking about their child's emotional development.

Which families do the leaflets reach?

Data from the questionnaires

The tables that follow in this report are expressed as a percentage of those responding **Yes** to particular questions. For instance, the table below shows that 68% of the 66 organisations responding said that they work with lone parents. (The table does **not** indicate that 68% of the families they work with are from lone parent families.)

How many parents do the leaflets reach?

The questionnaire asked *How many families used your project last year?* Information was provided by 39 of those responding. They reached a total of 14,527 families (excluding the School Nursing Service that has a caseload of 24,000 children):

- 16 organisations reached fewer than 100 families a year
- 11 reached between 100 and 200 families
- 8 reached between 300 and 600 families
- 4 reached over 1,000 families.

Those with smaller caseloads are most likely to be able to provide personal support to the families they work with, either one-to-one or in groups. The staff of small organisations are also the most likely to need suggestions on using the leaflets with parents.

40 of the organisations responding are part of local initiatives in their area, such as Sure Start, Early Excellence Centres, Health Action Zone, Education Action Zone, On Track, Lifelong Learning and Regeneration. This opens up the possibility of sharing resources and reaching far more families than those who are in contact with an individual organisation.

Family background

66 organisations gave information about the background of the families that use their services.

Family situation	
<i>Situation</i>	
Lone parents	68%
Couple	65%
Local extended family	62%
Isolated	62%
Teenage parents	61%
<i>Family experience</i>	
Involved with social services	67%
Children on the child protection register	58%
Children in care	44%

Background	
Minority ethnic origin	44%
English as an additional language	41%
Refugee/recent immigrant	29%
Housing	
Council housing	94%
Private rented	86%
Home-owner	82%
Social housing	76%
Homeless	50%

It can be seen that the majority of the organisations that responded to the postal survey work with disadvantaged families. Fewer than one-third of them provide a service to refugee families and recent immigrants.

Parents

64 questionnaires gave information about the background of the parents that use their services.

Percentage of organisations which reach parents	
Personal background	
Mental health problems	88%
Learning/literacy problems	86%
In care as children	80%
Educational experience	
School-level qualification	94%
No qualifications	92%
Higher education	78%
Professional qualification	77%
Employment	
Unemployed and living on benefits	94%
Employed	92%
In education or training	78%

Almost all the organisations responding are supporting parents who have emotional problems, financial problems and few, if any, educational qualifications. For information to be relevant and effective, it needs to take this into account.

Recommendations on reaching families

It is recommended that the Child Psychotherapy Trust should:

- take active steps to develop strategies for supporting the families of refugees and recent immigrants, who are less likely to be reached through the organisations that currently use CPT leaflets**
- explore ways of encouraging organisations to use their existing networks to share CPT information on the child's emotional development.**

The leaflets

Age-range addressed in the leaflets

The CPT currently publishes 13 leaflets. Most of these address issues that are particularly relevant to babies and pre-school children.

Current leaflets	
All ages	<ul style="list-style-type: none"> Fathers Grandparents and the extended family Bereavement Divorce and separation
Under 3	<ul style="list-style-type: none"> Your new baby, your family and you Postnatal depression Crying and sleeping Sibling rivalry
3 to 5 years old	<ul style="list-style-type: none"> Separation and changes in the early years Temper and tears
5 to 11 years old	<ul style="list-style-type: none"> Attending to difficult behaviour Children at school
11 to 16 years old	<ul style="list-style-type: none"> The early teenage years

65 organisations gave information about the children of the families that used their services.

Children's ages	
Under 3 years old	82%
From 3 to 5	89%
From 5 to 11	68%
From 11 to 16	51%
Over 16	32%

Whilst the focus of most of the work of these organisations is the under fives, up to two-thirds of them support the families of school-age children. The CPT needs to reflect the full age-range in its publication programme.

Children with special needs

62 organisations provided information about whether the families they work with have children with special needs.

Special needs	
Learning needs	85%
Medical needs	77%

Disabilities	73%
Mental health problems	73%

CPT needs to ensure that all writers consider their topic from the point of view of a family that has a child with special needs, and that they give advice that is appropriate for children with a wide range of special needs.

General approach

The overall impression is that the leaflets are generally welcomed, with 56% of the questionnaires responding positively to some aspects. Some added an enthusiastic comment:

- *You are doing a good job.*
- *Very, very useful – lots more please.*

A health visitor from Northern Ireland said:

- *The authenticity of the Child Psychotherapy Trust lends credibility to the advice and strategies offered to parents.*

A consultant psychiatrist in a CAMH Service said:

- *Keep up the important work of raising public awareness of children's emotional 'inner world' and consequent needs.*

Some organisations particularly appreciated the 'tone of voice' of the leaflets:

- *Not judgemental in tone and they are encouraging and supportive.*
- *The information is gentle, to the point and empathetic.*
- *Parents have found the positive slant very helpful.*

Parents also wanted positive messages, but they felt that some of the leaflets did not offer this:

- *The message is bad, bad, worse.*
- *Too alarming.*

From the discussion groups, it was evident that parents who were facing difficulties were often experienced and knowledgeable. Some of them had several children and recognised that one child had a problem by comparison with their other children. Those whose children had significant problems (behaviour difficulties, in particular) were well informed about their child's condition and the range of treatments and therapies available.

In two of the focus groups, parents felt that some of the leaflets were 'condescending' and assumed that they were quite ignorant and inexperienced as parents:

- *The assumption should be that parents recognise when there's a problem.*
- *Parents should be told to 'follow your own instincts'.*

Reflecting family life

All the feedback – from the questionnaires and the groups – identified the need for the leaflets to recognise the realities of family life.

- *I found that parents from social class groups I and II find the advice more appropriate than a parent living on a council estate with minimal social support.*
- *Should take into account other issues in families' lives:*
 - *economic situation*
 - *housing*
 - *working situation*
 - *social support*
- *Needs to be tailored to parents' lives ie*
 - *working parents and pressures of working and parenting*
 - *childcare arrangements and dynamic/relationship between parents and carers.*

Parents in the focus groups wanted more recognition of the other demands within the family. Some of the leaflets seemed to reflect the perspective of a child psychotherapist seeing one child at a time in a consulting room. Parents were often coping with competing demands from other children – having to provide meals, get the children dressed, get them to and from school and so on – often in the midst of other difficulties. They felt that the suggestions were not always realistic.

For the parents, one important issue was the problem of having children who don't 'fit in'. They wanted advice on how to achieve social acceptability and to have some kind of social life for themselves and their children.

Style and presentation

The questionnaire asked: *Are leaflets easy to read and understand? Have you any suggestions for making them more accessible and appealing?*

Around 86% of the organisations responding to the questionnaire provide services to families with learning and literacy problems. About 28% of the responses commented that the leaflets assume a high level of literacy and are too long and wordy for many families.

The following comments were echoed by many others:

- *Not all parents find it easy to read at this level.*
- *I don't think they are that easy – especially for families with very low levels of literacy development.*
- *I wouldn't use them with those less literate.*
- *We don't hand them out to parents as we find them inaccessible, but use them as a staff resource.*
- *I think that for some of the families I work with the wording is too complex and the length puts them off.*
- *Some leaflets are quite long and on occasion parents have found them difficult to read ... some parents don't want to read long pages and are put off, thinking the leaflets are too complicated.*

As a result, organisations found that the leaflets appeal to the most educated parents:

- *They appeal to middle class parents with a high level of literacy. Very appealing presentation but often wordy to plough through.*
- *Only useful for more literate client groups as they are all words and no pictures and use language which is out of reach for more vulnerable, less educated people.*
- *For motivated educated parents I'm sure they are excellent.*
- *I find the leaflets very accessible for literate parents.*

Parents in the focus group discussions said:

- *They don't use everyday language – they sound like they're talking to professionals.*
- *Very medical – textbook style.*

Titles and headings

Titles and subheadings are evidently important in drawing parents in. Naturally, parents – and the workers who support and advise them – choose a leaflet from the title. They then look through the headings to find the sections that are of most interest. They feel frustrated and disappointed when they don't find exactly what they were expecting in the text. They complained that the headings sometimes suggested something more helpful than the content turns out to be. For instance:

- A parent in one of the focus groups was desperate to stop her two boys, aged seven and nine, from fighting all the time. She was eager to read *Sibling rivalry: growing up with a new brother and sister*, and really frustrated to find that it only really deals with the birth of a new baby. To try to avoid future misunderstandings, the title of the new edition has been changed to *Sibling rivalry: the arrival of a new brother or sister*.
- Some organisations that support parents when their child dies bought copies of *Bereavement: helping parents and children cope when someone close to them dies*. From the title, they thought the leaflet would talk to parents who had lost a child. This title will need to be reviewed when the leaflet is reprinted to reflect the focus on how parents can support a child who has suffered a bereavement.
- A subheading in the leaflet on *Attending to difficult behaviour* said *What do I say to other people whose lives are affected by my child's behaviour?* This identified a source of real misery for the parents in two of the focus groups and they had turned to that section first. They felt particularly frustrated and disappointed when they found that the content did not give them any real advice at all.

Revised editions

A number of the questionnaires made suggestions for producing shorter, simpler leaflets, with more bullet points, and more pictures or a humorous cartoon format. However, this does not seem at all appropriate for parents who are struggling with difficult – and often very sad – situations. It would inevitably change the focus of all the leaflets from 'reflecting on your own feelings and offering insight into the child's feelings' to 'practical tips for dealing with a difficult situation'.

However, the main issues about style and presentation have been addressed in the new editions:

- Extra subheadings have been added to reduce the solid blocks of text.
- To make the leaflets easier to follow, the sections have been rearranged.
- Bullet point lists have been added wherever it seemed appropriate.
- The 'textbook' language has been translated into plain English, without condescending to the reader.

It had been hoped to wait until all the consultations were complete before producing revised editions of the leaflets, in order to take full account of the research.

However, stocks ran out so new editions had to be produced at a stage when some useful comments had not yet been received. These will be taken into account when the leaflets are reprinted.

Other media

The questionnaire asked: *In your experience, which medium is most effective in encouraging parents to respond positively to new ways of thinking about their child's emotional development?*

63 organisations responded to this question.

The most effective medium	
Printed materials	46%
Printed materials and video	32%
Video	22%
Internet	10%
CD Rom	2%
Audiocassette	2%

Organisations recognised the value of a choice of media:

- *All can be effective.*
- *It varies from parent to parent – useful to have a range.*
- *Dependent on each individual's ability or circumstance.*

The surprising lack of enthusiasm for computer-based resources – CD Roms, websites and so on – appears to be a concern about the ability of disadvantaged families to access them.

Video

There was some enthusiasm over the potential of video – particularly when it complements written materials. The children's service manager of a county council said that printed materials and video were 'equally valuable'.

A child psychiatrist wrote:

- *I think videos are a very accessible medium. The development of videos on some of the topics would be a good idea.*

Translation

Oral and visual resources were recognised as having a particular value for providing materials in other community languages. The only response that favoured the use of audiocassettes wanted them for translating CPT leaflets into community languages.

A health information centre said:

- Videos in other languages are a very useful resource.

Cultural sensitivity

The questionnaires asked *Are the leaflets presented in a culturally sensitive way?*

A number of responses said that there were very small minority ethnic populations in their area or that *'unfortunately we do not have a broad cultural and ethnic mix here'*. Several said that they were not aware of problems regarding cultural sensitivity or that they were not in a position to comment.

Some replies expressed general concerns:

- *Leaflets mainly reflect white British culture.*
- *The use of language takes for granted a high level of literacy and English as a first language.*

A health visitor said:

- *I think the leaflets are as sensitive as it is possible to be in a generic sense. However, cultural differences exist in parenting styles eg Asian, Chinese.*

There was also recognition of the need to acknowledge specific cultural differences:

- *Issues about wider family involvement in different cultural groups eg how divorce and separation is seen.*
- *Some cultures do not recognise conditions such as postnatal depression.*

Only two of the respondents commented that ethnic minority families used their service. They said:

- *We work with families from Pakistan, India, West Indies and Ireland who all find the leaflets useful.*
- *No problems ... most of the users of the materials on behaviour have been from ethnic minority families.*

Topics for future leaflets

Some general points were made about the content of future leaflets:

- *Parents want age-related information on development as well as information on specific issues.*
- *Need to highlight 'what is normal' behaviour for all groups.*
- *More indication that the behaviour displayed may be symptomatic of underlying problems.*

Additional topics

There were also many suggestions for additional topics:

What counselling is (to demystify it)

Child development

- Attachment
- What is OK and what is not OK in child development
- When behaviour displayed may be symptomatic of more underlying problems
- Temperament

Childcare and school

- issues around the relationship between parents and carers
- Role of school nurses
- How parents can support their children in school

Special needs/disability

- Coming to terms with having a child with special needs/disability
- Dealing with the rest of the family (brothers and sisters, grandparents etc.) when a child is born with special needs/disability

Discipline

- Positive discipline
- Dealing with cheek
- Setting appropriate boundaries
- How difficult it is for a parents to say 'No'
- Responding to the child saying 'No' at every age

Eating disorders and problems

- Feeding – enjoyment or battleground
- Feeding problems with younger children
- Food refusal or overeating/bingeing
- Food additives

Families

- Child rearing in lesbian/gay relationships
- Different position in family (eg oldest, middle or youngest child)
- Helping parents with learning difficulties

Family problems

- Children and domestic violence
- Drug/alcohol abuse and physical abuse between parents – effect on children

Habits

- Phobias (spiders, extreme and noisy weather)
- Holding breath/head-banging
- Comfort blanket, dummy, thumbs – what it means to the child to start with and as they get older

Parenting skills

- Building self-esteem and confidence
- Communicating with children – how to do it at different stages
- Emotional development, showing good examples of associated behaviour
- Encouraging children – parents interacting with children
- How to guide your child towards emotional intelligence
- Information on age-related development as well as on specific issues

- How to stay calm, relax and unwind
- Pressures of working and parenting
- How to deal with the child's reaction to things seen on TV
- Picking up what Mum and Dad say and do
- How to respond to nightmares

Specific problems

- School phobia
- Self-harm
- Depression in young people
- Dyslexia, dyspraxia, autism
- Surviving trauma
- Bullying
- Racism
- Arguing and fighting
- Protecting children from abuse by adults and the effect on parenting

Play and development

- How to enjoy and have fun with children – importance of play, fun and enjoyment
- Playing with your child – practical ideas for parents

Toilet training and bedwetting

- psychology of potty training

Recommendations on the leaflets

- The Child Psychotherapy Trust should continue to develop the *Understanding Childhood* series of leaflets with a regular publication programme for new topics, and new editions of existing titles to keep them up to date.
- The age balance of the issues addressed in the leaflets should be kept under review, with a view to:
 - providing age-related information on development as well as information on specific issues
 - highlighting what is 'normal' behaviour within each age group
 - publishing material on topics that are particularly relevant to older age groups.
- In developing its work with refugee and other minority ethnic communities, the CPT should consider the use of video in community languages rather than publishing written translations.
- The CPT should ensure that all materials are appropriate to children with special needs, based on knowledge of current legislation, procedures and provision.
- All writers should be given a clear written brief for their topic:
 - highlighting issues relating to the background and situation of families for whom the information is intended
 - stressing the need for the approach to be positive
 - reminding them to take the realities of family life into account.
- General notes should be produced for writers:
 - providing a guide to presentation, stressing the need for plain non-technical English (eg 'brother and sister' not 'siblings')
 - reminding them to take particular care to ensure that all titles and subheadings are descriptive and accurate.

Using the leaflets with parents

The questionnaire asked how the materials were used and 67 questionnaires were completed:

How organisations distribute the leaflets to parents	
Select leaflets to meet the needs of individual parents	78%
Discuss leaflets with parents in a one-to-one advice or counselling session	67%
Discuss the leaflets in group sessions	52%
On display for people to help themselves, in conjunction with support from staff	45%
Only on display for people to help themselves	3%

About 43% of those who were positive about the leaflets emphasised that the leaflets must be used alongside personal contact, support and follow up from staff. Comments include:

- *Would never leave them on display freely available.*
- *Not on their own except as information and reassurance.*
- *It gives an outline but needs a professional to read through and highlight useful bits.*

It appears that the organisations responding to the questionnaire would not endorse the original aim of the Parent Child Information Project to help parents 'feel more empowered to understand and manage their children, without necessarily needing professional intervention'.

Overall response

A number of questionnaires commented that the leaflets make parents feel they are not alone; parents in the focus group discussions said the same.

- *Parents have been able to identify with the feelings described, therefore reduce sense of isolation/guilt.*
- *Often give new ideas and reassurance which helps parents relax.*

About 16% of those who responded did not know what use parents made of the leaflets. Comments included:

- *Never asked parents for feedback on leaflets.*
- *The leaflets are popular with our parents and they take them but we are not aware of what use they make of them.*

Increasing understanding

The leaflets are published under the general heading of *Understanding Childhood*, and aim 'to give insight into the child's feelings and view of the world and help parents ... to make sense of their behaviour'.

The questionnaire asked: *Do the leaflets give parents new insights and increase their awareness of their child's emotional development?*

Three responses sum up many other comments:

- *Helps to give the 'fuller picture' of difficulties they may be encountering.*
- *Definitely gives new ways of looking at an issue ... the CPT approach is useful for providing very relevant insights, often from the child's point of view.*
- *Volunteers and parents comment that the leaflets give them food for thought.*

Seeing the child's point of view

A parent in the group that discussed *Crying and sleeping* said that she now understood the baby's point of view. This point was highlighted in a number of questionnaires:

- *Highlighting child's emotions and development does increase parent awareness.*
- *Helps parents look at their own behaviour and have more of an insight into the child's behaviour.*
- *Help understand difficult situations from the child's point of view.*
- *Gives them better understanding of why the child is reacting this way.*
- *The idea that the child is a person in their own right and may disagree strongly with the parent's idea of what is appropriate eg dress.*

Changing behaviour

The questionnaire asked *Do the leaflets help parents to manage difficult situations?* Most responses were positive, with around 84% of those organisations responding to the question stating that parents and/or staff thought that the leaflets were effective.

A parent in one of the focus groups said that the leaflets *make you think about what you do*.

Responses to the questionnaire made similar points:

- *Most leaflets seem useful to most parents at different times.*
- *Helps them identify what they can do.*
- *It gives them ideas to try, an understanding of the situation.*
- *New ideas and ways of handling certain problem situations have been very helpful to young inexperienced parents.*

The organisations that responded to the questionnaire made it clear that, although the leaflets '*create an atmosphere to help change take place*', they cannot provide the whole answer.

- *During a crisis parents find it difficult to be consistent.*
- *They are a way of raising suggestions and then the family often needs a lot of support to carry it through.*

- *They help them consider alternative ways – not always so easy to implement.*
- *Action plan needed.*

The leaflets are a useful back-up for parents at home:

- *It's mother who usually seeks the initial help. Being able to take some information home to share with their partners straightway reinforces advice etc.*
- *Tend to go back to them in times of trouble.*
- *Leaflets act as reminders between sessions.*

Recommendations on using the leaflets with parents

The Child Psychotherapy Trust should:

- **publish a sheet of suggestions to be distributed free to organisations that buy copies of each leaflet, to include:**
 - **guidelines on the most appropriate ways of distributing the leaflets to parents**
 - **ideas for using the leaflets with parents**
 - **an outline for a one-to-one session using the leaflet**
 - **an outline plan for a discussion group on the leaflet**
 - **asking service-users for feedback about whether the leaflets helped them**
- **set up a system for involving users in evaluating the leaflets on a regular basis, and certainly before new editions are commissioned.**

Using the leaflets with staff and volunteers

The aim of the *Understanding Childhood* leaflets is to help those who work with children – as well as parents – to gain an insight into the child's feelings and view of the world and make sense of their behaviour.

Professional background of staff

67 of the organisations that responded to the questionnaire provided information about the professional background of their staff. Most of them have people from several different professions within their staff team.

Professional background of staff	
General (co-ordinators, play workers, family workers)	37%
Health Visitor	31%
Social worker	30%
Teacher	21%
Nurse	19%
NNEB (Nursery Nurse)	18%
Psychiatrist/therapist/counsellors	16%

From this analysis, it appears that most of the staff who offer the leaflets to parents, and facilitate discussions in one-to-one or group sessions, are not trained in the aspects of a child's emotional development that are the focus of the *Understanding Childhood* leaflets.

It is not, therefore, surprising that many of them need support from CPT if they are to make the most positive use of the leaflets in their work with parents. This was very evident during the focus group discussions: parents were looking to the workers to help them with complex issues relating to their child's feelings and their own responses, and the workers sometimes found it difficult to know how best to support and advise them.

Using the leaflets as training materials

59 of the 74 organisations (80%) that responded to the questionnaire used them with staff and volunteers.

How the leaflets are used with staff and volunteers	
Staff resource	66%
Staff training	44%
Volunteers	10%
Students	10%
Induction of new staff	7%

Several of the Home-Start groups give a full set of CPT leaflets to all their volunteers.

A child psychiatrist commented on the value of the leaflets as training materials '*in liaison with other agencies and services*'.

Some organisations felt that the leaflets were more useful for staff training than for parents:

- *I do tend to use the sheet more with professionals because at times I feel there is too much content for families to take in.*

However, a number of organisations felt that staff needed some support or training in using the leaflets generally:

- *Staff seem to want ideas about how to use resources.*
- *Training packs on key areas would be helpful to use as in-service training and a prompt sheet of appropriate ways of using these.*
- *It would be useful if there were ideas available on ways to use the leaflets.*

They also wanted help on specific issues:

- *Emotional development linked to practical applications in the nursery.*
- *The needs of staff in helping parents with learning difficulties.*

Other uses

Groups highlighted other uses of the leaflets, including:

- new staff/induction
- health visitor students:
- student nurses on secondment to community as part of their general nurse training
- resource for parenting classes
- as aide memoires
- with other professionals as part of consultation
- to inform other professionals about child and adolescent mental health issues
- with peer mentoring groups in senior school.

A Primary Care Trust said:

- *Very useful for showing students (nurses, HVs etc) the range of issues we deal with.*

An Opportunity Group for children with special needs said:

- *Whenever we have training courses or meetings and visiting professionals, we often find they 'raid' the leaflets as useful resources.*

A Home-Start group said:

- *I think you need to sell yourself more. Some professionals I work with (eg health visitors and social workers) are not aware of your organisation and are very impressed when shown your information.*

Recommendations on using the leaflets with staff and volunteers

The Child Psychotherapy Trust should:

- **publish a sheet, to be distributed with all bulk orders, which offers an outline for a training session or group discussion with staff or volunteers highlighting the key messages of the leaflet to help their own understanding of the child's emotional development**
- **consider producing a leaflet that explores the ways in which the worker's own early experiences might affect their relationship with the children they work and with and the children's parents**
- **consider the possibility of marketing the leaflets more actively as training materials.**

Appendix 2 Organisations responding to the questionnaire

Acorn Centre (CAMH Service), Dumbartonshire, Scotland
Anna Freud Centre (Parent and Toddler Group), London
Atkinson Health Centre, (Health Visitor), Barrow-in-Furness
Barnardos Cornerstone Project, Halifax
Barnardos New Families, Yorkshire
Beverley Health Centre (Health Visitor), Yorkshire
Branch Surgery (Health Visitor), Exeter
British Forces Germany Health Services
Buddle Lane Family Centre, Exeter
CAMHS, Scarborough
Charters Surgery (Health Visitor), Exeter
Child and Family Service, Lifespan Healthcare, Cambridge
Children 1st, Children and Families Counselling Project, Glasgow
Children's Resource Centre, NCH Action for Children, Bracknell, Berkshire
Colman Hospital (Child Bereavement Support), Norwich
Contact Project, Newcastle-upon-Tyne
Conwy Sure Start, Wales
Cullompton Health Centre (Health Visitor), Devon
East Devon Primary Care Trust (Health Visitor)
Edinburgh's Telford College (Childcare and Education Team)
Family Matters (Barnardos), Kirkcaldy
First Step, Hornchurch, Essex
Flintshire Children's Services, Wales
Foster Street Clinic (Health Visitor), Maidstone
Foyle Health and Social Services Trust (Health Visitor), Derry, NI
Fridays Club, Basingstoke, Hampshire
Grosvenor Road Surgery (Health Visitor), Paignton
Haringey Social Inclusion Team, London
Hastings Country District Under Fives and Sure Start
Health Focus, Doncaster
Health Information Centre, Loughborough
Health Promotion Department, Thames Gateway NHS Trust
Hexham General Hospital, Northumberland
Hillfoots Family Centre, Clackmannanshire, Scotland
Hollybush Family Centre, Hereford
Home-Start Leeds
Home-Start Newport, Wales
Home-Start Tamworth, Staffordshire
Home-Start, Bradford North
Home-Start, Exmouth
Home-Start, Kings Lynn
Home-Start, South Hams, Devon
Home-Start, Stockland Green/Erdington, Birmingham
Hull Royal Infirmary
Keighley Kiddicare
Kempston Clinic (Health Visitors), Bedfordshire
Manchester and Salford Family Service Unit
Mancroft Advice Project, Norwich
Meanwood Health Centre (CAMHS), Leeds

Norfolk Social Services (Family Support Team)
Ottery St Mary Hospital (Health Visitor), Devon
Parklands Road Surgery (Health Visitor), Chichester
Playgroup Network Richmond, Twickenham
Primrosehill Family Centre, Aberdeen
Prince of Wales Hospice, Pontefract, West Yorkshire
Resources and Information Service, Ashton-under-Lyne
Roskear Centre, Camborne, Cornwall
School Nursing Service, North East Yorkshire
Skimped Hill Health Centre (CAMHS), Bracknell, Berkshire
South London Family Service Unit
SSAFA Forces Help
St Benedict's Hospice, Sunderland
St Leonards Medical Practice (Health Visitor), Exeter
St Mary's Primary School (Parent Support Team), West Lothian, Scotland
Stevenage Education Support Centre, Hertfordshire
Stoneygate Nursery School, Preston
Sure Start, Middlesbrough
Tiverton Clinic (Health Visitor), Devon
Under Fives Project, Parkside Health, Willesden, London
University Hospital, Nottingham, Department of Paediatrics
University of Bristol (Early Childhood Studies)
Welburn Hall School, Pickering, Yorkshire
Western Health Board, Co Mayo, Ireland
Whitelot Family Centre, West Sussex