Evaluation of the National Academy of Parenting Practitioners' Training Offer in evidence based parenting programmes

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Contents

Executive Summary

Background

- The current coalition government recognises the great importance of good parenting for children's outcomes. It has commissioned several independent reviews that underline this. The Allen Review cogently argues the social and economic benefits that arise from early parenting interventions. The Field Review emphasises the potential for good parenting to overcome the blight of inter-generational poverty. The Munro Review notes that child abuse is an extreme form of poor parenting and that effective parenting programmes are needed to ameliorate matters.

- A growing body of evidence suggests that when evidence-based interventions are implemented at scale with families that need them, significant population-wide benefits can be achieved. These benefits include significant reductions in school failure, youth crime, adolescent drug and alcohol misuse and child maltreatment.

- The National Academy for Parenting Practitioners (NAPP) was established in 2007. Its aim was to transform the size and quality of the parenting workforce in England so that evidence-based parenting programmes could be made available to families who need them. A key objective of this initiative was to provide key training to over 4,000 practitioners in one of ten evidence-based models.

Evaluation aims and methods

- This report describes findings from the evaluation of NAPP's training offer in evidence-based parenting interventions.

- The evaluation's key objective was to understand the value and impact of the Academy's training programme as it was implemented.

- A programme of evaluation was therefore designed to provide 'real-time' information on the progress of the training offer so that ongoing changes could be made within an action research framework.

- Data collected through the evaluation included information about the number of practitioners trained, their skill level and whether or not they went on to deliver parenting programmes.
- This data was collected through the training applications, as well as a series of follow-up surveys completed by practitioners immediately following their training and six months thereafter.

Key findings

- The NAPP training offer ran between December 2008 and March 2010. It involved 4,018 training places delivered through 189 separate courses. 3,614 of these places were for primary training in an evidence-based model and 404 places involved booster sessions for practitioners who had attended a primary training session. In the end, 3,162 practitioners from 147 local authorities attended and completed primary training in one of ten evidence-based parenting interventions.

- Practitioners attending NAPP training were overwhelmingly enthusiastic about their experience. Over 95% gave their course highest marks, rating it as 'good' or 'very good'.

- 42% of the NAPP trained practitioners went on to deliver a parenting intervention within 6 months of their training. Although this implementation rate is perhaps less than originally hoped for, it nevertheless resulted in a dramatic increase in the availability of evidence-based parenting interventions across England.

- The majority of practitioners also reported that the NAPP training helped them with their daily work with families whether or not they went on to deliver a parenting intervention. Therefore their training benefitted children and families and was not wasted.

- Practitioners who implemented parenting interventions reported that they found the experience deeply rewarding.

- A very conservative estimate suggests that over 6,000 parents have attended an evidence-based parenting intervention offered as a result of the NAPP training offer. A more realistic estimate suggests that at least 12,000[1] families

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[1] This estimate is based on the calculation of an average of eight parents attending a group delivered by one practitioner – with each practitioner delivering at least two groups per year.

have benefitted from support provided by a NAPP-trained practitioner within the past year.

- Practitioners were significantly more likely to implement a parenting intervention if their agency had carefully considered the resources and infrastructures required to deliver it.

- Practitioners were also significantly more likely to implement a parenting intervention within 6 months of their training if they received higher levels of managerial supervision. The extent to which practitioners perceived their managers as supportive and their work as relevant also increased the likelihood of implementation.

- The chief barrier to implementation was a lack of time. Specifically, underestimating the amount of time involved in recruiting parents to the interventions frequently interfered with practitioners' ability to run an intervention within six months of their training.

Recommendations

- These findings suggest that good quality training is just the starting point for the successful delivery of evidence-based parenting interventions. Once trained, practitioners will continue to require support from their agencies particularly in terms of time, resources and supervision.

- A key recommendation of this report is that those offering evidence-based parenting interventions (including service agencies, programme developers and governments) need to develop evidence-based ways of supporting practitioners in the set up and delivery of their interventions and need the involvement of line managers to ensure their success.

- Further studies are also needed to determine the extent to which increasing the skill of staff in delivering evidence-based programmes leads to improved child outcomes and the cost benefit of this.

1. Introduction

Key points

- Evidence-based parenting interventions can result in community-wide benefits when implemented at scale.
- The UK government established the National Academy for Parenting Practitioners (NAPP) in 2007 to increase the availability of practitioners able to deliver evidence-based parenting interventions.
- NAPP's main training offer took place between December 2008 and March 2010, involving 4,000 training places in 10 evidence-based parenting intervention models.
- Training places were provided to service agencies with the understanding that the practitioners attending them would have the resources to implement a parenting intervention within 6 months of NAPP training.
- Reviews of the research literature suggest that training on its own is rarely enough for evidence-based interventions to be implemented. Communities, service agencies and practitioners must also have the capacity and willingness to implement evidence-based programme models with skill and fidelity to the chosen programme.
- The evaluation of the NAPP training offer was designed to investigate the ways in which a variety of key community, service agency and practitioner-level factors contributed to the successful implementation of parenting interventions within 6 months of their NAPP training.

Background

A commitment to families

Over the past two decades, the UK government has demonstrated a strong commitment to improving children's wellbeing. The previous government initially expressed this commitment through a series of large-scale community initiatives, including Sure Start, On Track and the Children's Fund, which significantly increased the number of services available to children and parents. The Coalition government is now carrying this commitment forward through policies that encourage the implementation of 'evidence-based' interventions targeting parents and children. In particular, a recent ministerial review published by Graham Allen (2011) has recommended that UK local authorities expand the use of 19 child and family interventions with strong evidence of improving child outcomes. This recommendation is based, in part, on evidence from the UK and abroad that

suggests that when properly implemented, these interventions have the potential to improve child and parent outcomes in a way that can reduce the public costs associated with youth crime and children going into care.

What are evidence-based parenting interventions?

The term 'evidence-based' typically refers to interventions with strong evaluation evidence (most typically gained through randomised controlled trials) of improving children's behavioural and emotional outcomes. While many evidence-based interventions target children directly through schools, some of the most effective and cost-effective interventions target parents as well. This is because parenting interventions teach parents skills that promote children's wellbeing throughout their development. These skills include appropriate child discipline and positive family communication strategies that help children regulate their own behaviour and interact positively with others (Forgatch et al. 2009, Kazdin 2003, Martinez and Forgatch 2002).

A key feature of some of the most effective family interventions is that they include systems for ensuring that they are consistently implemented to a high standard (Sholomskas et al. 2005). These systems include methods for implementing the intervention with fidelity – i.e. in a way that is faithful to its original model. Programme fidelity is vital for ensuring that an intervention achieves its intended outcomes, since it makes certain that the programme's effective contents are not distorted or lost. Systems for ensuring programme fidelity include minimum practitioner qualification requirements, high-quality pre-service training, a clear programme manual and recommendations for ongoing practitioner supervision. Evidence-based interventions that include well-developed implementation systems are often referred to as 'dissemination-ready'.

Benefits for children = benefits for communities

Research consistently suggests that evidence-based, dissemination-ready family interventions have the highest likelihood of improving child and parent outcomes (Elliott and Milhalic, 2004). For example multiple randomised controlled trials involving the Incredible Years programme have found that children are significantly less likely to have behavioural problems after their parents attend the programme and that these effects are sustainable over many years (Hutchings et al. 2007, Webster-Stratton et al. 2010a). Clinical trials conducted within the UK additionally suggest that when Incredible Years is combined with the SPOKES (Supporting Parents on Kids Education in Schools) programme, children's literacy skills also improve (Scott et al. 2010a and b, Sylva et al. 2008).

A growing body of evidence also suggests that when evidence-based interventions are implemented at scale, significant population-wide benefits can be achieved. These benefits include significant reductions in school failure, youth crime, adolescent drug and alcohol misuse and child maltreatment. Notable examples of where this has occurred include:

- The US state of Washington, where the costs associated with building a new prison have been offset through the implementation of a 'portfolio' of interventions with evidence of preventing or reducing children's antisocial behaviour (Aos 2010; Aos et al. 1998: Drake et al. 2009).
- The US state of South Carolina, where the implementation of the full 'constellation' of Triple P interventions has resulted in significant reductions in reported cases of child maltreatment (Prinz et al. 2009).
- The country of Norway, where significant improvements in parenting skills and children's school behaviour have been observed through the implementation of a 'suite' of evidence-based interventions targeting families with high and low needs (Ogden and Hagen 2008; Ogden et al. 2005, 2009).

These promising findings have led central and local governments throughout the world to increase the availability of evidence-based family interventions (Sanders and Murphy-Brennan, 2010). For example, the Obama administration has recently committed over $8 billion to the wide-scale implementation of evidence-based home visiting parenting interventions in every US state over the next twelve years (Haskins et al. 2009). In the UK, Birmingham City Council is investing in home visiting programmes (including the Family Nurse Partnership) and other evidence-based parenting interventions with the aim of improving child outcomes and reducing the number of children going into care (Birmingham City Council 2007).

Evidence-based practice in the UK
The UK government has a long history of supporting parents and their children. The Respect Action Plan (2006), in particular, identified evidence-based parenting interventions as a means for reducing the risks associated with youth crime. The Plan therefore introduced a series of measures aimed at increasing parents' access to evidence-based interventions. These measures included guidance to local authorities encouraging them to develop a parenting strategy that included interventions aimed at improving parent and child-wellbeing. Specifically, local authorities were encouraged to appoint a parenting commissioner who would carefully assess community needs and commission parenting interventions accordingly (DfE , 2006). Funding was provided alongside this guidance through the Parenting Support Strategy Grant (PSSG) which was to be used by local authorities to increase their parenting support.

The Respect Action Plan also introduced the need for a parenting academy that would increase the size and quality of the parenting workforce. In particular, the academy would provide training and supervision to a variety of professionals traditionally involved in parenting work (e.g. social workers, clinical psychologists, youth justice workers, etc.), as well as three new practitioner roles created specifically to work with parents:

- Respect Parenting Practitioners who would be hired and trained to deliver evidence-based parenting interventions to families with children at-risk for or engaged in anti-social behaviour
- Parenting Experts who were similar to Respect Parenting Practitioners, but instead worked with vulnerable families experiencing difficulties with substance misuse, mental health and/or domestic violence
- Family Intervention Project (FIP) workers who were to assess the needs of families and coordinate services accordingly for families receiving support through family intervention projects offered to families with a chronic history of offending and antisocial behaviour.

It was anticipated that these parenting professionals, as well as others involved in parenting support (for example, Parent Support Advisors) would particularly benefit from the new parenting academy's training.

The National Academy for Parenting Practitioners

The National Academy for Parenting Practitioners (NAPP) was launched in April 2007 as a centre of excellence for training and research aimed at increasing the availability of evidence-based parenting support in the UK. One objective of the initiative was to provide 4,000 training places in one of ten evidence-based parenting programme models.

Families and Schools Together (FAST)	New Forest
Family Links	The Incredible Years
Mellow Parenting	Parenting Positively
The Solihull Approach	Triple P
Strengthening Families 10 – 14	Strengthening Families/Strengthening Communities

See Appendix for more details

NAPP allocated training places to local authorities through an application process involving input from parenting commissioners and the service managers from the agencies hosting the intervention. In order to receive training places, service managers were asked to provide evidence that their agency had sufficient funds and resources to implement the parenting intervention within six months of their

practitioners attending training. This was done with the understanding that parenting interventions stood the best chance of being effective if they were implemented immediately after practitioners attended training, when the training information was still fresh. The training application also required the details of the practitioners selected for training. Managers were asked to only put forward practitioners with a bachelor's qualification (QCSF Level 5) in a helping profession, since many of the programme models assume delivery by a bachelor's (or master's – QCF Level 6) qualified helping professionals.

Training places were allocated to local authorities based on their size and need. Priority was also given to practitioners working in a 'priority' service (e.g. an extended school, Sure Start children's centre, youth offending team or FIP) or 'priority' role (e.g. Parenting Expert or Parenting Practitioner – see previous section). This was in keeping with the Think Family Grant (replacing the PSSG grant in 2009) which provided ring-fenced funding to local authorities to appoint practitioners who could deliver evidence-based parenting interventions. In order to receive this grant, local authorities had to provide evidence that their practitioners had attended NAPP training. Alongside the training offer, NAPP additionally supported England's 152 local authorities through a team of Regional Development Managers (RDMs) who worked with Parenting Commissioners to understand how NAPP interventions could support their local parenting strategy.

Evaluating the NAPP Training Offer

Aims and objectives

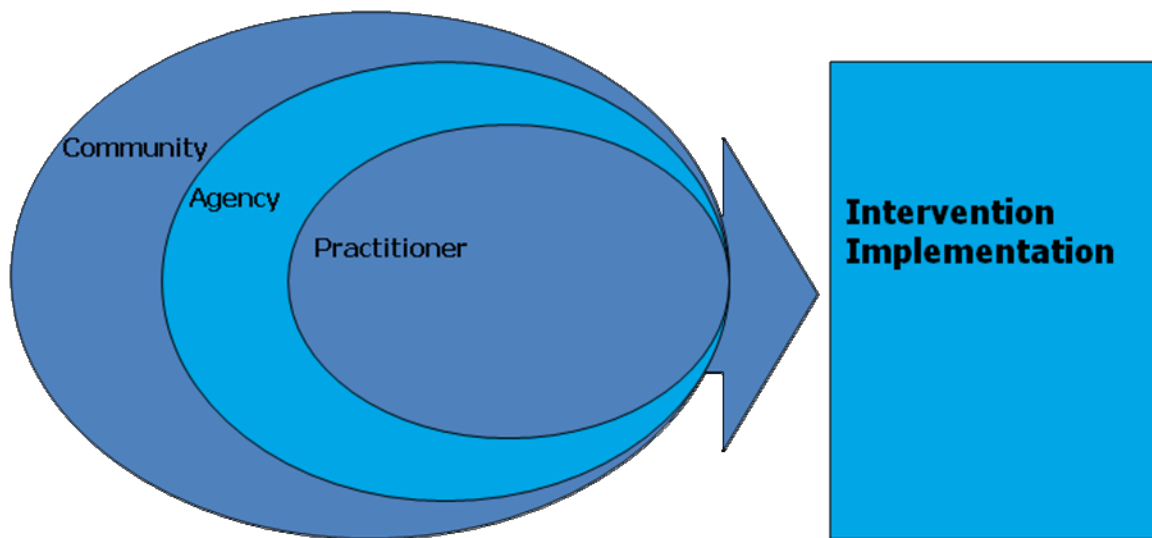NAPP's strategic plan stated the aim of the evaluation of the training offer evaluation was to:

> Evaluate the value and impact of the Academy's training programme as it is implemented, so that we know: the numbers trained; the skill level of those trained; whether or not practitioners go on to deliver programmes; how many parents they see and what the results are; and what the barriers are to implementing high-quality services and how local managers and practitioners are overcoming these.

A programme of evaluation was designed to provide 'real-time' information on the progress of the training offer so that on-going changes could be made within an action research framework. An evaluation design was agreed that would consider factors that contributed to the take-up and delivery of effective parenting groups.

Wandersman et al. (2008) have observed that successful programme implementation only take place when the communities, agencies and practitioners

involved in the intervention's delivery are both willing and able to make the changes necessary to effectively adopt the programme model (see Figure 1.1). The NAPP training evaluation was designed to consider how community, agency and practitioner-level factors either helped or hindered the implementation of NAPP interventions within six months of practitioners attending training.

Figure 1.1: Factors predicting the implementation of evidence-based parenting interventions

Aims and structure of the report

The primary aim of this report is to describe the ways in which community, service agency and practitioner level processes contributed to the implementation of parenting interventions within six months of practitioners attending NAPP training. As this information was collected through three separate exercises, their evaluation methods and findings will be presented as a series of three 'mini' reports that consider, in turn, how community, service and practitioner factors influenced the implementation of NAPP parenting interventions:

- Chapter 2 investigates whether UK local authorities were 'ready' for the NAPP training offer through their commissioning arrangements and strategic planning. This chapter considers the extent to which these factors, as well as local authorities' previous history with evidence-based models, contributed to the take-up of training places and the implementation of parenting interventions.
- Chapter 3 considers whether the service agencies hosting NAPP parenting interventions in terms of their infrastructures and interagency relationships.

- Chapter 4 considers the extent to which practitioner characteristics contributed to the implementation of evidence-based parenting interventions, as well as some of the barriers they encountered.
- Chapter 5 concludes the report and summarised key messages and recommendations for future initiatives using evidence-based parenting interventions.

2. Ready, steady, go!

Local authority readiness and the implementation of evidence-based parenting interventions

Key points

- Communities only implement new interventions when they are ready to. This means that they must have the capacity and motivation to adopt new intervention models.
- The evaluation investigated community readiness through local authorities' commissioning arrangements, their parenting strategies and previous history with evidence-based family interventions.
- Findings suggest that nearly all local authorities had appointed a parenting commissioner and developed a parenting strategy by the time the NAPP training offer was underway. The quality and influence of these activities varied considerably across local authorities.
- 147 out of 152 local authorities participated in the training offer, taking up 87% of all training places. Local authority take-up of training places was not associated with any of the local authority readiness factors measured in this study.
- 42% of the practitioners attending NAPP training went on to deliver a parenting intervention within six months of their training.
- Implementation rates were not significantly associated with any of the local readiness factors measured in this study.
- Local readiness, in the form of support for the commissioning process and strategic planning, may be necessary, but not sufficient for the implementation of evidence-based parenting interventions.

Introduction

Ready, willing and able

Communities will only adopt new, evidence-based interventions if they are ready for them. As mentioned in the first Chapter, community readiness is contingent upon local authorities having the capacity and willingness to adopt new programme models. Factors that increase a community's capacity to implement evidence-based interventions include:

- The availability of a workforce to deliver evidence-based parenting interventions
- Funding for the staff and resources to implement the intervention
- Good quality interagency relationships
- Strong leadership.

Factors that increase communities' willingness to adopt a new intervention include the belief that it will provide benefits for the community. Studies suggest that communities with a good understanding of their local needs are likely to be in a better position to appreciate how evidence-based models can support their population (Feinberg et al. 2004). For this reason, successful programme implementation often relies on a 'local champion' – i.e. an individual or team of individuals (sometimes referred to as a community coalition) who understand specifically how new interventions can help their community and are in a position to create tension for change (Wandersman, et al. 2008). A positive history with evidence-based models also increases the likelihood that new interventions will be implemented (Greenhalgh, et al. 2004).

As described in Chapter 1, the UK government introduced a number of measures to increase local authorities' capacity and willingness to implement evidence-based parenting interventions. Measures aimed at increasing authorities' capacity to adopt evidence-based models included funding to employ parenting practitioners and the offer of free training. Measures aimed at increasing local authorities' motivation to implement NAPP programmes included resources and guidelines for developing a parenting strategy.

Key questions

This chapter considers the extent to which local authorities were ready for the NAPP training offer. While government support in the form of free training, funding for practitioners and commissioning guidance may have substantially increased authorities' ability to provide parenting interventions, it is still likely that authorities' varied in terms of their understanding of what could be achieved through the NAPP

interventions. For example, some commissioners may not have been fully convinced that the NAPP interventions were needed when other locally-developed programmes were available. For this reason, the evaluation considered the extent to which:

- The influence of the parenting commissioner contributed to the take-up of NAPP training places and the implementation of parenting interventions
- The quality of the parenting strategy predicted the take-up of NAPP training places and the implementation of parenting interventions
- Local authorities' previous history with evidence-based models influenced their participation in the NAPP training offer.

Methodology

Participants

Local authority information was collected through a 'local intelligence' questionnaire completed by NAPP's eleven Regional Development Managers (RDMs) in March 2010. As explained in the previous chapter, RDMs were employed by NAPP to help local authorities understand the training offer and identify how parenting interventions could be used within their parenting strategies. Each RDM was assigned to between five and 13 local authorities, depending on the authority's size and whether the RDM worked part or full time.

Procedures

The RDMs were asked to complete the local intelligence questionnaire because it was thought that they were in a better position than local authority representatives (including parenting commissioners) to objectively rate each local authority's readiness. This methodology is similar to one used by Feinberg et al. 2004 to understand how community coalitions influenced the implementation of prevention programmes offered through the 'Communities that Care' model.

RDMs rated each local authority's readiness on a 90-item questionnaire involving yes/no answers and ratings on a five-point Likert scale. Items chosen for the questionnaire were informed by factors identified through the research literature, as well as the RDMs' own perspective on local authority readiness. A draft questionnaire was first piloted in February 2009 and then revised through a series of focus groups with the RDMs. The questionnaire was finalised during two additional consultation sessions, where the RDMs discussed how the Likert scales would be weighted to help ensure consistency between their ratings. Topics covered in the final questionnaire included:

- the influence of the parenting commissioner
- the quality of the parenting strategy
- local authority support for evidence-based parenting interventions
- the authorities' previous history with evidence-based interventions.

A copy of the final local intelligence questionnaire is provided in Appendix B.

The RDMs completed questionnaires for 120 out of a total of 152 local authorities, giving in a response rate of 79%. This means that local intelligence data was missing for just over one-fifth of the population. However, statistical analyses (chi-square) suggest that there were no significant differences between the authorities rated and not rated by the RDMs so the findings we have are reliable and not skewed by the response.

Unfortunately some RDMs did not provide information for all of the questions, resulting in some questionnaire items having high levels of missing data. For this reason, the evaluation only considered data from items with a sufficiently high response rate (85% or more).
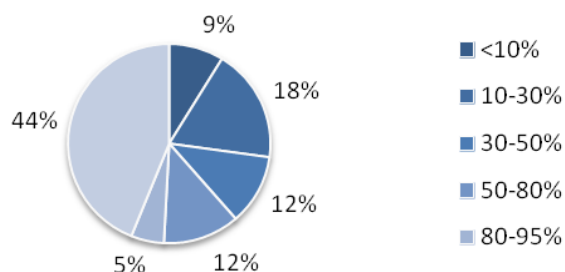
Data analysis
Once all of the data was collected, SPSS software was used to conduct descriptive and exploratory analyses with the local intelligence questionnaire data. Confirmatory factor analyses were used to establish independent domain subscales. These subscales were then used in a series of correlations and regression analyses to explore the extent to which local readiness factors predicted: 1) the take-up of the training offer and 2) the implementation of parenting groups.

Findings: How ready were local authorities for the NAPP training offer?
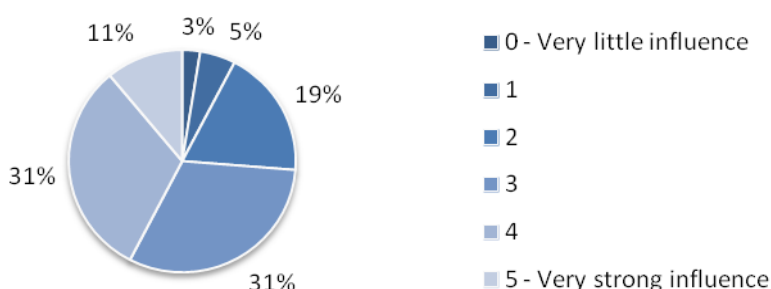
The influence of parenting commissioners

Findings from the local intelligence questionnaire suggest that 96% of all local authorities had either a parenting commissioner or strategic lead in post to develop and carry out their parenting strategy. However, there was a high degree of variation between local authorities in terms of the amount of time the commissioner had dedicated to this role, with less than half of the local authorities having a parenting commissioner in post full-time (see Figure 2.1).

Figure 2.1: Time allocated to the parenting commissioning role (n=114)

The RDMs rated the effectiveness of these commissioners on a variety of dimensions. As Figure 2.2 suggests, there was a fair degree of variation across local authorities in terms of the parenting commissioners' influence within the children's services directorate.

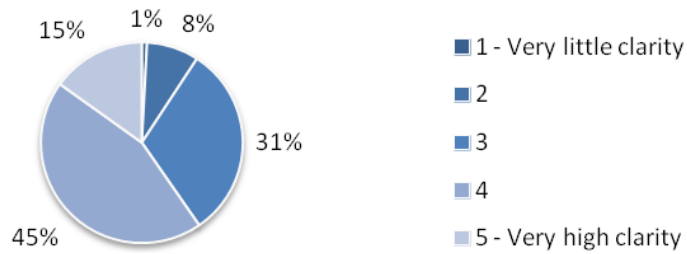**Figure 2.2: Parenting commissioner influence (n=118)**

The quality of the parenting strategy

Findings from the local intelligence surveys suggest that 99% of the local authorities had parenting support identified within their children's and young people's plan and 97% had developed parenting strategy. The RDMs were asked to rate the quality of these plans on multiple dimensions. Confirmatory factor analyses identified three independent variables:
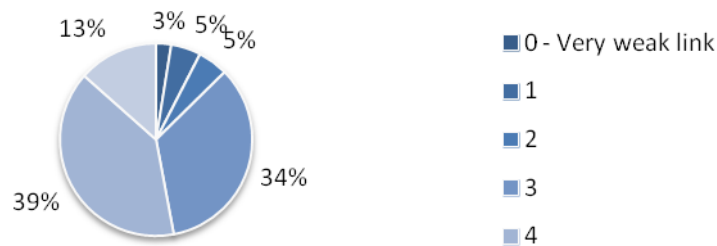
- the clarity of the parenting strategy
- the extent to which the strategy was linked to local and national targets
- the extent to which the strategy was used as a resource for future planning.

As Figures 2.3 to 2.5 suggest, the local authorities varied considerably on all three of these dimensions.
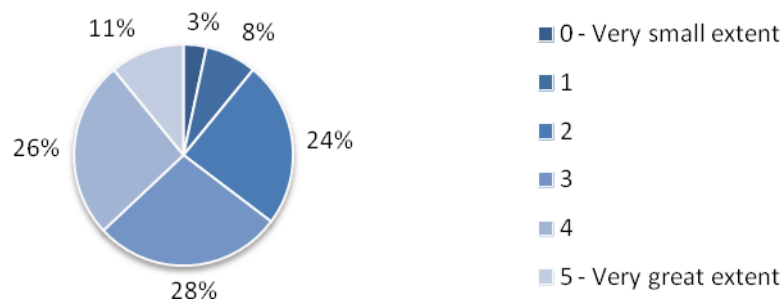
Figure 2.3: Clarity of parenting strategies (n=119)

1% 8%
15%
31%
45%

1 - Very little clarity
2
3
4
5 - Very high clarity

Figure 2.4: Parenting strategies links to local and national targets (n=119)

3% 5% 5%
13%
34%
39%

0 - Very weak link
1
2
3
4

Figure 2.5: The use of parenting strategies for future planning (n=119)

11% 3% 8%
24%
26%
28%

0 - Very small extent
1
2
3
4
5 - Very great extent

Strategic planning

The local intelligence questionnaire also included a series of questions about the extent to which local authorities had engaged in activities to assess where and how parenting interventions were needed. Responses to these questions suggested that that 82% had conducted a local needs assessment, 90% had mapped their local parenting support and 82% had conducted a parents' consultation within the last

three years. Seventy-five percent of the local authorities had done at least two of these activities and 58% had done all three.

Previous history with evidence-based family support
The RDMs provided information about each local authority's previous history with evidence-based parenting interventions, suggesting that 85% had provided some form of evidence-based parenting support in the past. While all of the local authorities provided services through Sure Start children's centres, 37% had been doing so for ten years or more. Ninety-one percent of these authorities had also offered family support services through the Children's Fund and 32% had participated in On Track.

Findings: Local authority readiness and the take-up of NAPP training places

Local authority participation
The NAPP training offer was rolled out in four phases. A phase-based approach was used to optimise take-up in regional areas and take advantage of training provider availability. Table 3.1 provides an overview of local authority participation and practitioner attendance by phase.

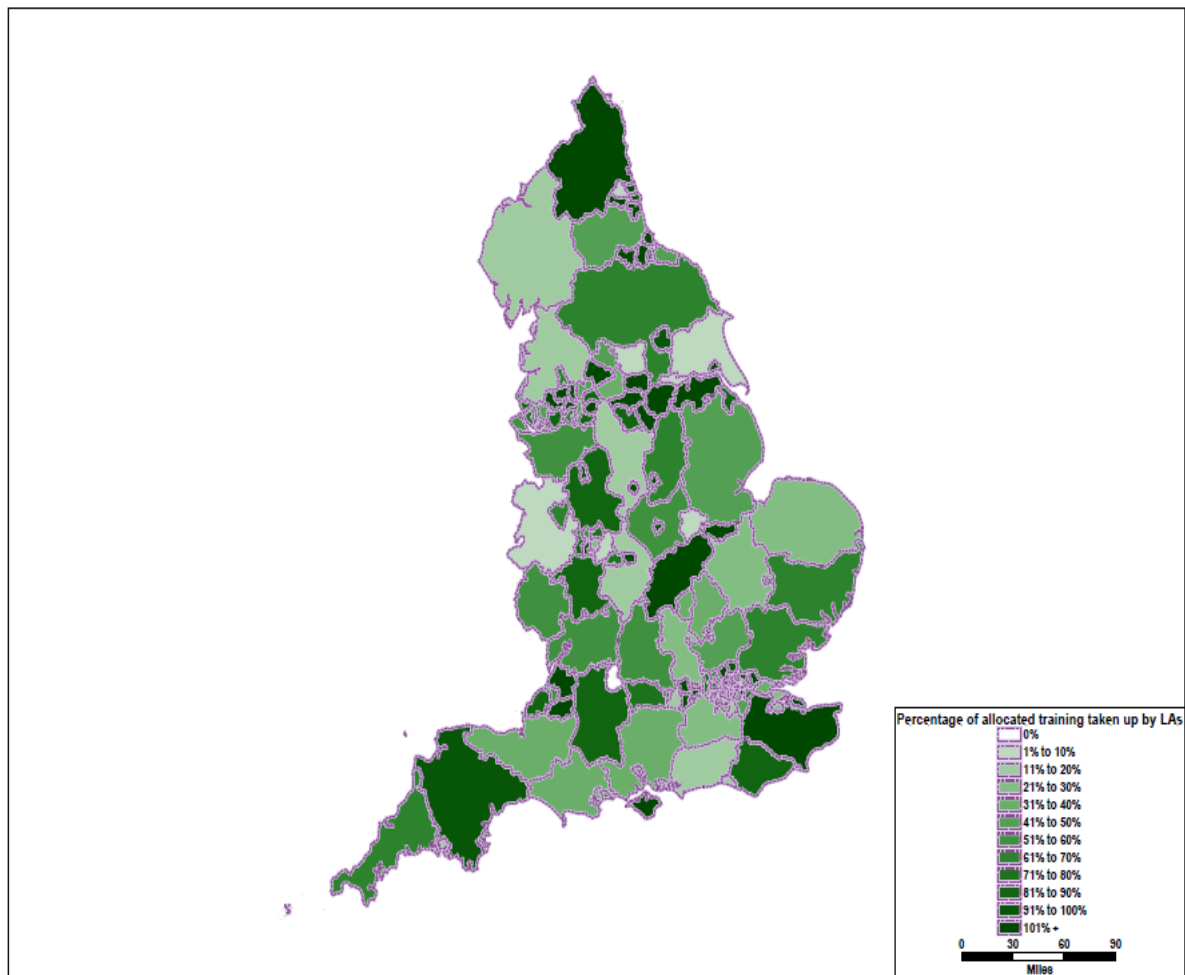| Table 2.1: Local authority and practitioner participation by phase of NAPP training			
Phase	**Training places**	**Practitioners attending**	**Local authorities participating**
Phase 1 (December 2008 – February 2009)	105	81	13
Phase 2 (January to April 2009)	699	599	69
Phase 3 (March to August 2009)	848	937	99
Phase 4 (September 2009 to March 2010)	1634	1873	117
Total	**3614**	**3162**	

As Table 3.1 suggests, NAPP provided a total 3,614 training places through 189 training courses. Fifty-nine per cent of this training took place in the last phase of the

training offer. In the end, 3,162 practitioners attended and completed NAPP training, giving a take-up rate of 87%. [2]

By the end of the training offer, 147 out of 152 local authorities had sent practitioners on at least one training course. Four per cent participated in all four phases of the training, 29% participated in three phases, 34% participated in two phases and 33% participated in one.

Figure 2.6 illustrates the take-up of training places by local authority. The shade of green indicates the amount of training activity in proportion to the training places assigned to each local authority.

Figure 2.6: Take –up of the training offer by Phase 4 of the NAPP training offer

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[2] It should be noted that 404 additional training places were 'booster' sessions offered to practitioners who had been trained in one of the core models.

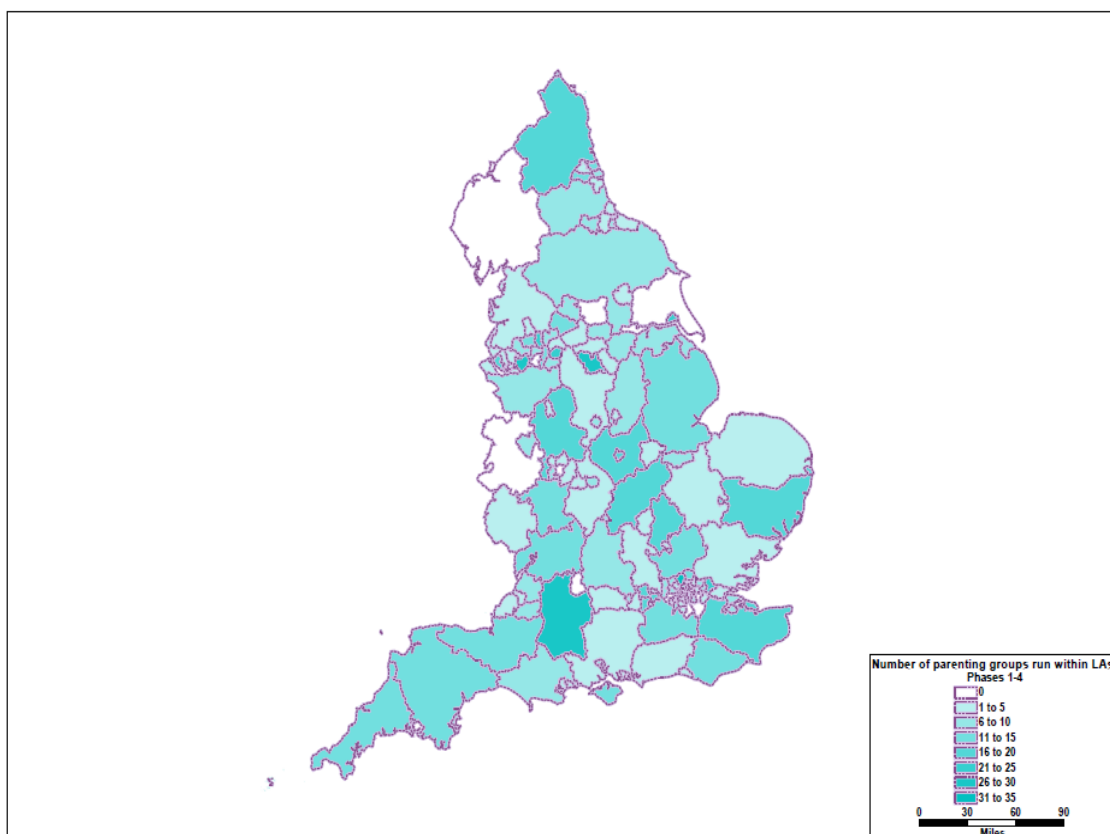## Local authority readiness and take-up of NAPP training places

A key aim of the evaluation was to understand the extent to which local authority readiness predicted the take-up of NAPP training places. In order to investigate this question, a series of simple correlations and regressions were conducted. The near universal take-up of training places resulted in none of the local authority readiness factors significantly predicting the take-up of training places by the end of Phase 4. However, previous analyses considering Phases 1 and 2 only (Asmussen et al. 2010) suggested that local authorities that had a Parenting Expert in post were more likely to participate in the earlier phases of the training offer.

Findings: Local authority readiness and the implementation of NAPP parenting interventions

Implementation rates

Findings from the follow-up questionnaire conducted with practitioners (see Chapter 5 for a description) suggest that 42% of the practitioners participating in the NAPP offer went on to deliver a parenting intervention within six months of their training. Figure 2.7 provides an overview of the implementation rates across the UK.

Figure 2.7: The implementation of parenting interventions by local authority

As Figure 2.7 suggests, implementation rates on account of NAPP training were widespread throughout the country. Authorities represented by darker shades of blue suggest higher implementation rates, with some local authorities implementing as many as thirty parenting interventions within six months of NAPP training. However, it is important to recognise that these findings only represent the activity of practitioners participating in the follow-up survey. This means that programmes may still have been implemented in areas represented as white on the map, since we do not have follow-up data on a quarter of practitioners attending NAPP training (see Chapter 5 for a complete discussion).

In order to understand the extent to which implementation rates were related to local authority readiness, a series of bivariate correlations and step-wise regressions were conducted. The findings from these analyses are presented in Appendix F, suggesting that none of the local authority readiness factors significantly predicted their implementation rates.

Summary and implications

High level of take-up

The findings discussed in this chapter suggest that nearly every local authority in England participated in the NAPP evidence-based parenting programme training offer. By the time NAPP training was under way, almost all local authorities had appointed a parenting commissioner, developed a parenting strategy and had some experience delivering evidence-based interventions. Although the RDM ratings indicated that there was a high degree of variation across local authorities on all three of these dimensions, local authority readiness, as conceptualised by this evaluation, did not significantly predict the take-up of NAPP training places or the implementation of parenting interventions. Possible reasons why the evaluation failed to detect a relationship between readiness and participation in the NAPP training offer are discussed in turn below.

Imprecise measurement

When reviewing these findings, it must be recognised that the methodology used for this study may not have been robust enough to detect a relationship between local authority readiness and participation in the NAPP training offer. It should also be recognised that the way in which readiness was conceptualised (i.e. the commissioner's influence and strategic planning) may not have been appropriate for understanding community readiness. For example, some might view the support provided by parenting commissioners as 'technical assistance' rather than community readiness. Although research evidence in this area is sparse, what does

exists suggests that technical assistance does not generally increase the use of evidence-based interventions, since communities are likely to reject the assistance if they are not ready for it (Chinman et al. 2005, Mitchell et al. 2004).

Complex systems

A second explanation for the findings reported here is that the community-level factors involved in the implementation of parenting interventions are multi-faceted and complex. Indeed, the influence of the parenting commissioner, the quality of the strategic arrangements and the authorities' previous history with evidence-based interventions are just three aspects of many complex interactions that take place within communities. Schensul (1009) has observed that even when key systems, including strategic planning and strong political support, are in place, interventions may fail to be adopted because the links between these systems are not properly synchronised. Thus, the scope of this study was perhaps too limited to explore the complex interactions between the multiple systems required to facilitate parenting intervention implementation.

Not necessary

A third explanation for the lack of relationship observed between community readiness and intervention implementation is that community-level factors may not be necessary to successfully implement parenting interventions. Given the fact that many of the NAPP interventions target families, rather than communities (as other school-based and community initiatives do), the need for community support may not be as great.

Not sufficient

A related, but alternative interpretation of these findings is that the local readiness factors investigated in this study may not have been strong enough to over-ride other community-level factors not measured in the evaluation. For example, Wandersman (2009) has observed that while community champions (or coalitions) do increase programme implementation – their influence is frequently modest and inconsistent. Although nearly all of the local authorities had appointed a parenting commissioner and developed a strategy, these activities may not have been fully embedded in local authority functioning. Hence, they may not have been sufficient to influence other community-level factors also related to programme implementation that were not measured in this study.

Necessary, but not sufficient

A final explanation for the evaluation's findings is that the government measures used to encourage the take-up training places, including the offer of free training and

funding for parenting practitioners, may have over-ridden differences in the quality of the local authorities' readiness. In other words, government policies may have been successful for getting all of the local authorities to the NAPP 'table' – but other factors may have been required to get them to 'eat' (i.e. implement parenting interventions). As the following chapters suggest, good training is just the starting point for intervention implementation and it is likely that service-agency and practitioner level processes also influence whether new interventions are adopted. From this perspective, the community readiness processes studied in this chapter may have been necessary, but not sufficient for the successful implementation of evidence-based parenting interventions.

3. Service agency readiness and the implementation of evidence-based parenting interventions

Key points

- Service agencies will only implement new interventions if they are ready for them. This means that they must have the resources and motivation to change their working practices in keeping with the requirements of the new intervention model.
- The evaluation investigated the readiness of the agencies hosting NAPP parenting interventions by examining their funding resources, supervision arrangements, interagency working, referral routes and selection criteria used to nominate practitioners for training.
- The evaluation found that service agencies were significantly more likely to implement a parenting intervention if they had identified all of the resources involved in intervention delivery and provided higher levels of managerial supervision.
- The evaluation findings suggest that greater agency preparation prior to training is likely to increase the likelihood that parenting interventions will be implemented.
- The findings also suggest that intervention implementation benefits from higher levels of managerial support, including supervision.

Introduction

Service agency readiness

The previous section revealed that while the vast majority of local authorities participated in the NAPP training offer, less than half of the practitioners attending training went on to deliver a parenting intervention. These findings suggest that much more than good-quality training is necessary for practitioners to successfully implement parenting interventions. Practitioners also require high levels of support from their service agencies, in the form of time, resources and supervision.

In order to provide practitioners with the support required to deliver evidence-based parenting interventions, service agencies must be ready for them much in the same way that communities must be. In other words, service agencies must have both the capacity and willingness to implement evidence-based parenting interventions (Wandersman et al. 2008). Capacity issues involved in the delivery of evidence-base parenting interventions include:

- Systems for recruiting and selecting staff
- Sufficient resources to deliver the intervention (e.g. training manuals, venue hire, transportation and refreshments)
- Systems for recruiting and referring families into interventions
- Good relationships between agencies involved in the delivery of the intervention
- Arrangements for practitioner supervision.

Ideally, capacity issues should be addressed by service agencies before practitioners are sent on training (Durlak and DuPre, 2008). Greenhalgh et al. (2004) note, however, that it is often difficult for agencies to anticipate all of arrangements necessary to adopt new intervention models before the implementation process begins. This is because agencies frequently need to substantially change their working practices to 'install' the new programme (NIRN, 2008). Clearly, some programme models will take more effort to install than others, depending upon the demands of the programme and the working practices of the agency. If the new programme model requires a substantial effort for an agency to adopt it, high levels of organisational motivation are inevitably required.

Wandersman et al. (2008) note that service agencies, like communities, need to understand why a new intervention is needed in order to be willing to make the changes necessary to install it. Factors that frequently interfere with an agency's willingness to install a new intervention include a lack of understanding of what the new model can achieve and competing organisational priorities. Durlak and DuPre (2008) also note that an agencies' willingness to install a new intervention is directly related to the effort involved in the installation process.

Key questions

This chapter considers the extent to which service agencies were 'ready' to implement the NAPP evidence-based parent interventions. It was anticipated that service agencies that had addressed capacity issues prior to training (e.g. resources, supervision, referral systems and interagency arrangements) would be more likely to implement parenting interventions within six months of their practitioners' training. It was also anticipated that some intervention models would be easier to install than others.

Methodology

Procedure

Information about service agency readiness was gathered from the NAPP training applications (see Chapter 1 for an overview of the process). All training applications requested information about the practitioners selected for training and verification that funding was available for seven 'core elements' associated with the delivery of parenting interventions (see Moran et al 2004 for an overview). For Phases 3 and 4, service managers were also asked to provide information about their agency's supervision arrangements, their referral pathways and practitioner selection criteria. Although training places were not provided on the basis of this information, the questions were added as a way of making sure that agencies had considered many of the key factors involved in the implementation of parenting interventions. A copy of the Phase 3 and 4 training application is provided in Appendix C.

Participants

Service managers typically requested training places for between one and eight practitioners. A total of 1,133 service managers submitted applications for NAPP training places. Just under a quarter of these were from the London region. The breakdown of training applications by phase is as follows:

Phase 1 (December 2008 to February 2009)	22
Phase 2 (January to April 2009)	204
Phase 3 (March to August 2009)	340
Phase 4 (September 2009 to March 2010)	567

This breakdown suggests that 80% of the training applications were placed in the third and fourth phases of the offer, meaning that detailed information about service agency readiness was available for 80% of the agencies.
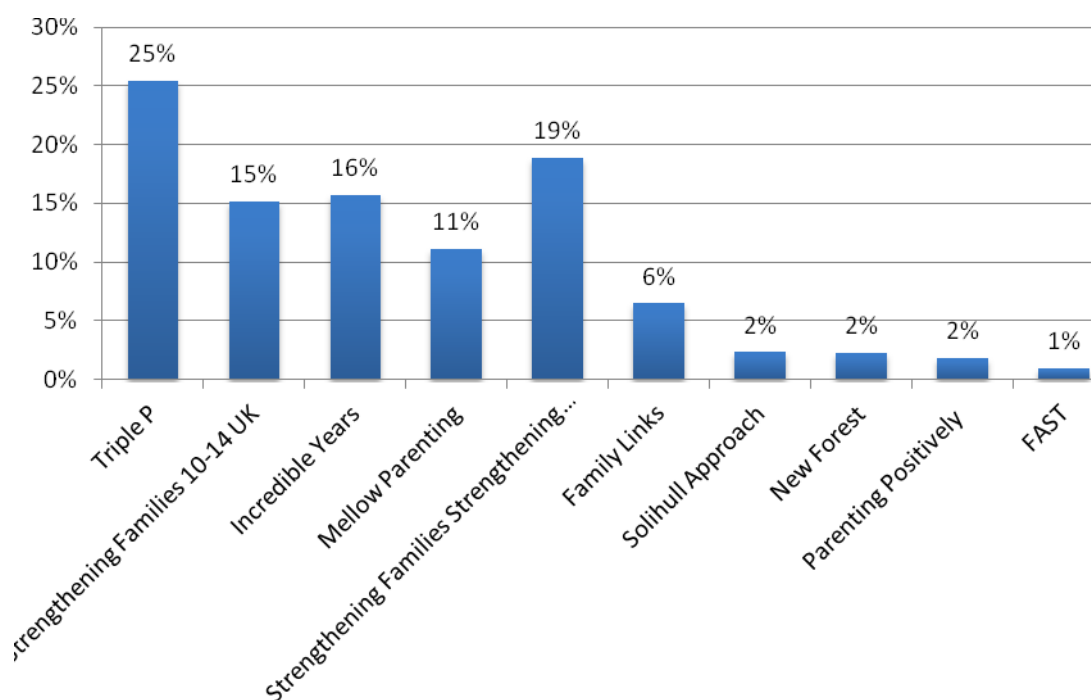
Data analysis

The information provided on the training application was analysed with SPSS software. Descriptive statistics were used to explore trends in the data. Bivariate correlations and step-wise regression models were then used to explore the relationship between agency readiness and implementation rates.

Findings: Service agency readiness

Applications by programme model

As figure 3.1 suggests, the majority of training applications were for places in one of the Triple P models (25%, n = 288). This was closely followed by training placements in Strengthening Families, Strengthening Communities (19%, n = 214), Incredible Years (16%, n = 178) and Strengthening Families 10-14 (15%, n = 171).
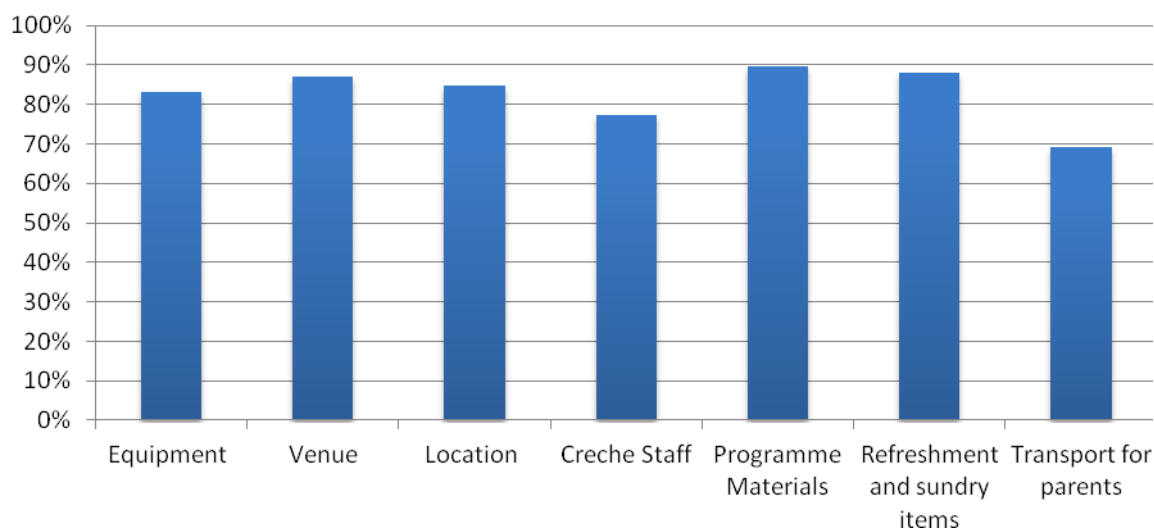
Figure 3.1:   Applications per training programme (n=1133)

Funding

The training application also requested verification that agencies had secured funding for seven 'core elements' identified by the training team as necessary for the implementation of parenting interventions . Figure 3.2 provides an overview of the extent to which service managers had taken into account and secured funding for each one of these elements.

Figure 3.2: Secured funding for core elements associated with training (n=1133)
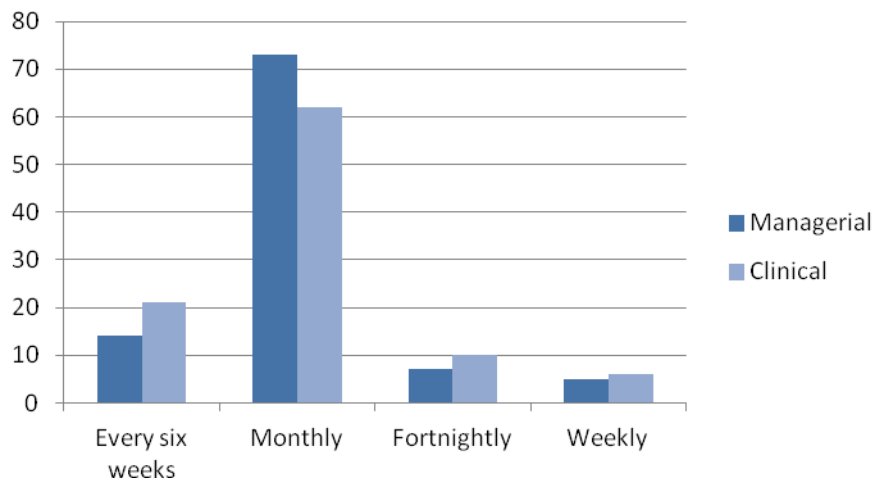

As Figure 3.2 suggests, that majority of the local authorities had identified funding for at least one of the core elements associated with parenting intervention delivery. Further analysis of this information suggested that over three-quarters (77%) of service managers indicated that they had secured funding for five or more of the core elements. However, a substantial few (12%) stated that they had secured very little or no funding for any of the core elements involved in the implementation of NAPP parenting interventions.

The training application also asked service managers to provide information about where their funding was coming from. Twenty per cent did not answer this question and just under half (49%) said that they were funded through the Parenting Support Strategy Grant (PSSG). Fifty-three per cent said that they were funding the intervention through the PSSG grant along with other funds and 18% said that they were funding the intervention exclusively through funds other than the PSSG grant.

Practitioner supervision

For Phases 3 and 4, the application requested that service managers comment on the arrangements in place for supervising parenting practitioners as they implemented parenting groups. Table 4.3 provides an overview of the kinds of general supervision managers reported having in place as part of their agency's ongoing work.

Figure 3.3: General supervision arrangements

As Figure 3.3 suggests, monthly managerial and/or clinical supervision was by far the most frequent form of supervision. Service managers were also asked to report on what kind of supervision would be made available for the practitioners' specific parenting programme. Figure 3.4 provides an overview of the kinds of supervision that were available.

Figure 3.4: Supervision arrangements for parenting intervention work
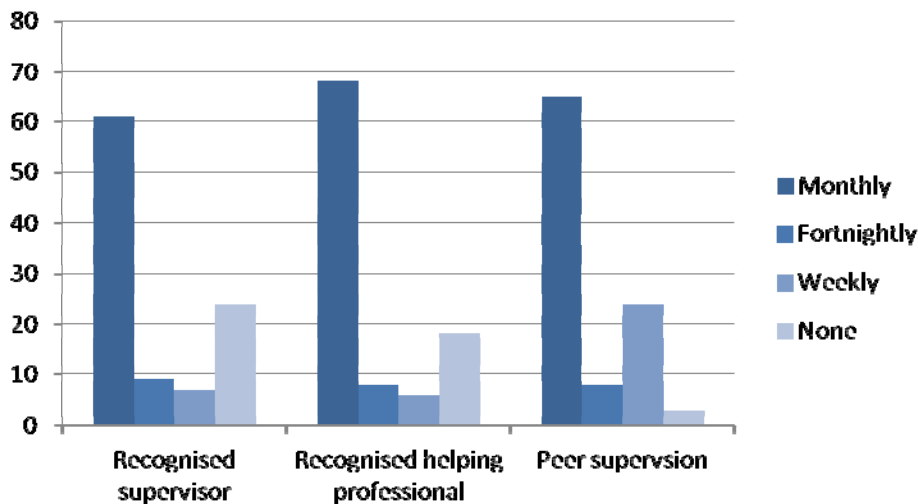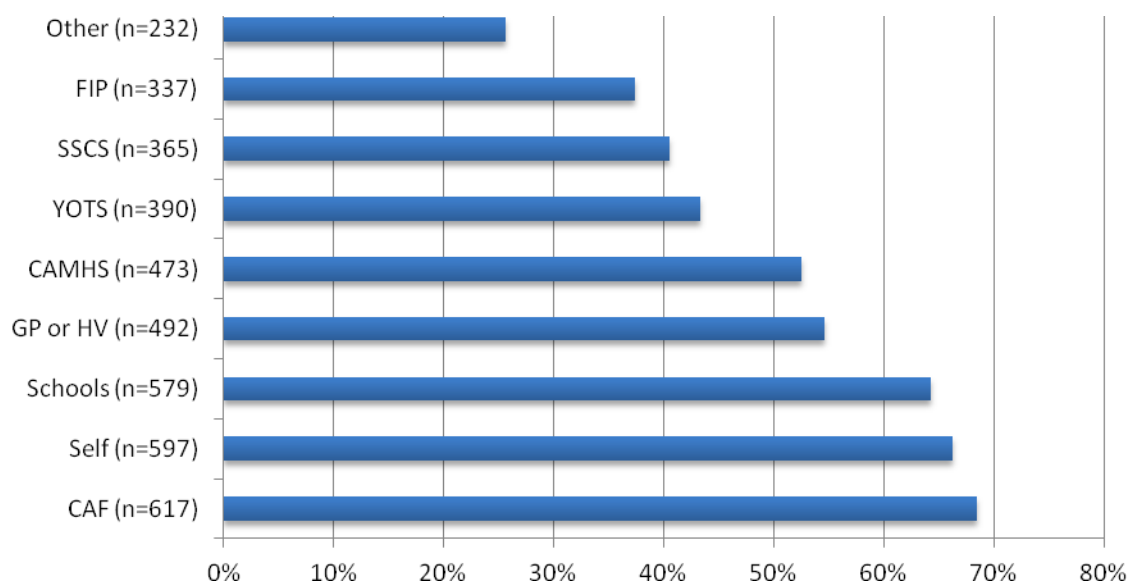

Figure 3.4 suggests that a variety of supervision arrangements were made available to practitioners, most likely based on the requirements of their programme model. For example, Triple P encourages practitioners trained in the Triple P model to provide peer supervision for each other, whereas Incredible Years recommends supervision from a recognised Incredible Years mentor.

Interagency relationships and referral pathways

The application included a series of questions about whether the parenting interventions would be implemented as part of a multi-agency effort. Seventy-five per cent of the managers said that the intervention would be co-delivered by practitioners from separate services as a form of multi-agency working. Managers were also asked whether there were practitioners working within their agency already trained to deliver the programme for which they were applying. Fifty-eight per cent said that one or more of the practitioners were already trained and currently delivering the intervention within their service.

Service managers were also asked to check the kinds of referral pathways used to recruit families into the parenting intervention. As Figure 3.5 suggests, self-referrals and the Common Assessment Framework (CAF)[3] were the most common method of referral for parenting interventions. A further analyses of the data revealed that 85% of the agencies took referrals from at least one route, 74% took referrals from at least three routes and 6% took referrals from nine routes. Interestingly, 15% of the agencies did not select any referral routes.

Figure 3.5: Referral pathways (n=901)

Practitioner selection criteria

Finally, service manages were asked to report what criteria they used to select the practitioners for training, by ticking one or more boxes involving a variety of criteria. Figure 3.6 provides an overview of their responses.

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[3] The Common Assessment Framework is a method used by most local authorities to assess the needs of children identified in need of additional social or educational services.

Figure 3.6: Practitioner selection criteria (n=901)

As Figure 3.6 suggests, the practitioner's personal skills and traits were most frequent criteria used to select practitioners. Service managers were also asked to indicate what the single most important trait used to select practitioners. Over 70% indicated that personal skills and traits were also the most important reason for selecting a practitioner for training.

Service managers additionally provided information about the qualifications and professional background of practitioners nominated for training. Although the NAPP application guidance suggested that practitioners selected for training be 'qualified helping professionals', 24% of the managers indicated that they had selected practitioners with Level 3 qualifications and 18% indicated that they had selected practitioners with only a Level 2 qualification. Further details involving the practitioners' qualifications will be provided the Chapter 4.

Findings: Service agency readiness and parenting intervention implementation

A series of bivariate correlations and step-wise regressions were conducted to determine if implementation rates were significantly associated with service agency readiness. These analyses were conducted first with composite scores derived from the questionnaire, as well as individual scores from individual questionnaire items. The results of these analyses are provided in Appendix G. As these findings suggest, secured funding for various activities associated with the delivery of parenting interventions significantly improved the chances of successful implementation. In particular, managers who indicated that they had identified funding for refreshments and a crèche were significantly more likely to implement

parenting interventions six months post practitioner training than managers who had not. In addition, agencies that provided managerial supervision to their practitioners on a weekly basis were also significantly more likely to successfully implement a parenting intervention.

Further linear regressions were conducted to understand the relative contribution of each of these variables to the implementation of parenting interventions, entering all significant variables were entered in one step. Once this was done, only funding for refreshments (β = .32, p < .001) and managerial supervision (β = .91, p < .001), suggesting that both of these activities independently improved the likelihood that parenting group implementation would take place within six months of practitioners attending their NAPP training.

Summary and Implications

Preparation, preparation, preparation

Over 1,100 service agencies sent practitioners on NAPP training. The findings described here demonstrate that the better prepared service agencies were prior to training, the more likely they would be able to implement parenting groups. In particular, attention to the details associated with group delivery (especially funding for refreshments) significantly improved the likelihood that a parenting intervention would be delivered within six months of a practitioner attending training.

These findings should not be interpreted as meaning that refreshments, etc. are the most important factors involved in group delivery. Clearly, the quality of the training and programme materials are also important. The findings do indicate, however, that careful attention to capacity issues prior to training does increase the chances that interventions will be implemented. This higher level of planning could also be interpreted as an indication of service agencies' willingness to implement the evidence-based parenting. In this respect, it is not surprising that higher levels of managerial supervision also increased the probability of parenting interventions being implemented.

Interestingly, implementation rates were not linked to agencies' previous history with evidence-based parenting models. While the reasons for this are not clear, it is possible that the offer of free training and government funding to hire practitioners may have overridden any differences between service agencies that may have otherwise predicted differences in implementation rates.

Collectively, these findings are consistent with a wide body of evidence suggesting that high levels of organisational preparation are required to successfully deliver parenting programmes. Not attending to these details before sending practitioners on

training inevitably increases the burden experienced by the practitioner post-training, which in turn, reduces the chances of the intervention being implemented. Indeed, findings from the follow-up survey (described in the next chapter) suggest that some NAPP practitioners failed to deliver their intervention because they were not able to access vital resources for programme delivery, including funding for the manual, crèche hire, etc.

Supervision, supervision, supervision

The need for high levels of staff supervision is a consistent theme in the research literature. Although good quality training is vital for acquainting practitioners with the content, theories and principles of evidence-based models, pre-service training is limited in its ability to help practitioners apply these concepts in real-life settings (Fixen et al. 2005). Sending practitioners on training without sufficient levels of supervision is what Metz et al. (2007) refer to as the 'train and hope' approach, which rarely results in successful outcomes. While host agencies need to make sure that supervision is available to practitioners implementing parenting interventions, developer-led supervision is also likely to improve the efficacy of the intervention as it is implemented.

One issue not explored in this chapter is the extent to which requirements of the programme model influenced service agencies' ability to implement the programme. Clearly, some programmes require more effort to install than others, depending on their complexity and the capacity of the host agency. As the findings presented in the next chapter suggest, the more complex the intervention model was, the less likely it was to be implemented.

4. Practitioner and programme characteristics and the implementation of evidence-based parenting interventions

Key points

- The evaluation investigated whether practitioner characteristics, including their qualifications and confidence, predicted the implementation of the NAPP evidence-based parenting intervention.
- The evaluation also considered the extent to which the complexity of the programme model predicted the implementation of the NAPP interventions.
- Findings suggest that the practitioners were overwhelmingly enthusiastic about their NAPP training experience. Ninety-five per cent gave the training content top marks and 97% gave top marks to their trainer.
- Forty-two per cent of the practitioners delivered a parenting intervention within six months of their training.
- Practitioners who believed that they learned a great deal through the NAPP training were significantly more likely to deliver a parenting intervention within six months of their training.
- Practitioners who also perceived the intervention as relevant for their agency and reported high levels of agency support were also significantly more likely to implement a NAPP intervention.
- A lack of time and competition with other services were the most common reasons for not being able to implement a parenting intervention within six months of training.
- Difficulty recruiting parents was also frequently reported as a barrier.
- Responses to the follow-up questionnaire additionally suggest that the amount of effort required to deliver these interventions was much higher than originally anticipated.
- Practitioners were significantly less likely to implement more intensive family interventions than they were the group-based models targeting less vulnerable populations.
- Practitioners' previous qualifications and experience did not improve their ability to implement a parenting intervention. Rather, agency support, in terms of sufficient time and supervision, appeared to be the driving factor.

Introduction

Practitioner characteristics

Findings from the implementation literature consistently suggest that practitioner characteristics influence the use and efficacy of evidence-based interventions. For example, a number of studies have observed that practitioners with a bachelor's degree or higher in a helping profession are both more open to using evidence-based models and more likely to implement them effectively (Asmussen et al. 2010, Michel and Sneed, 2005; Sanders et al. 2009). It is believed that this is because a higher qualification in the field of nursing, clinical psychology or social work better prepares practitioners for the theories underpinning evidence-based models (Korfmacher et al. 1999). It is also likely that helping professionals will have more experience working with parents and children that will help them understand how to apply key principles. For this reason, four of the interventions offered by NAPP (Incredible Years, New Forest, Parenting Positively and Triple P) recommend that practitioners have a bachelor's degree or higher in a helping profession attend training (Sanders et al, 2009; Webster-Stratton and Herman, 2010).

Practitioners' attitudes towards evidence-based models have also been linked to the use and efficacy of evidence-based interventions. Studies suggest that practitioners often resist evidence-based models because they believe that adhering to a manual will reduce their ability to understand and meet the needs of the families they work with (Addis and Krasnow, 2000). Practitioners' attitudes are also shaped by whether they believe the goals of the model are consistent with their agencies' priorities. For instance, findings from the evaluation of NAPP's first training offer (a dress rehearsal for the main offer) observed that practitioners were significantly more likely to implement parenting intervention if they believed the model was relevant for their agencies' work (Asmussen et al. 2010).

Recent studies have also linked practitioners' use of evidence-based models to their sense of self-efficacy – i.e. their confidence in their personal ability to successfully deliver the intervention. Turner et al. (2011) observe that a sense of self-efficacy is particularly important in the delivery of evidence-based models, since their outcomes-based focus increases the likelihood that practitioners could be blamed for poor outcomes. For this reason, it is assumed practitioners will be reluctant to implement evidence-based models if they do not think they have the skills to do so successfully. Processes that increase practitioners' sense of self-efficacy with evidence-based models include their previous experience, high levels of agency support and the ease with which programme models can be learned.

Programme Characteristics

The characteristics of the programme model, including its training format, complexity and flexibility, also influence implementation rates. For example, Beidas and Kendall (2010) have observed that training models that include high levels of active learning are more likely to be implemented and be effective. The authors theorise that this is because active learning methods provide practitioners with opportunities to practice and increase their self-efficacy with the model. These authors additionally note that the kind and quality of post-training support provided by the programme developer improves practitioners' sense of self-efficacy with the model. In a similar vein, the simplicity and adaptability of the model is also likely to influence practitioners' confidence in using it (Turner et al. 2011).

Key questions

This chapter considers the extent to which practitioners' qualifications, attitude and confidence predict the successful implementation of the NAPP parenting interventions. The chapter also considers the extent to which the complexity of the programme model influences implementation rates. The barriers to implementation are also explored through a qualitative analysis of the experiences of practitioners who did not implement a parenting intervention within six months of their NAPP training.

Methodology

Participants

A total of 3,162 parenting practitioners completed primary training in one of the evidence-based parenting programmes described in Appendix A. Information from these practitioners was gathered through the training application (see previous section and Appendix C) and a user satisfaction survey completed immediately after training (see Appendix D). User satisfaction feedback was available from 90% (2858) of the practitioners.[4]

2,119 of the practitioners also completed a follow-up questionnaire 6 months after training (see below and Appendix E). This number includes the practitioners attending all of the NAPP interventions except the Families and Schools Together (FAST) programme. This is because FAST training takes place during the actual implementation of a FAST intervention, meaning that training and implementation occur simultaneously. In addition, the practitioners involved in training were recruited

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[4] This is because not all practitioners completed the satisfaction forms and some forms were lost by either the trainer or training implementation team.

through schools who did not always share the practitioners' contact details with NAPP, making it impossible to follow them up six months after training. This fact, coupled with FAST's unique implementation model, made it necessary to exclude the FAST trainees from the follow-up sample, bringing the overall sample of trained practitioners down to 2,963. Within this group, 2,119 completed the evaluation follow-up questionnaire, resulting in a response rate of 72%, which is very high for this kind of evaluation. A summary of the characteristics of the practitioners attending NAPP training and the follow-up survey are provided in Appendix H.

Instruments and procedures

Practitioner information was gathered through three separate questionnaires:

- The practitioner section of the training application (Appendix C; see previous section for a description)
- A user satisfaction form handed out directly after training asking practitioners to rate their satisfaction with the training in terms of its content, trainer and organization through a series of Likert-scale questions (see Appendix D).
- A six month follow-up questionnaire asking practitioners whether or not they had delivered a parenting group, the quality of support received from their agency and the barriers to running groups when they were not delivered (see Appendix E).

Parts of the follow-up questionnaire (Sections 10 – 12) were informed by the Family Partnership Model in Practice questionnaire (Day, 2009). This questionnaire included a free text box allowing the practitioners to describe in their own words their experiences implementing parenting groups, as well as some of the barriers they encountered.

The follow-up questionnaire was sent to practitioners electronically 6 months after they were trained. If a practitioner did not complete the survey within one month of receiving it, they were reminded to complete it and were invited to participate in a telephone interview instead of the electronic questionnaire.
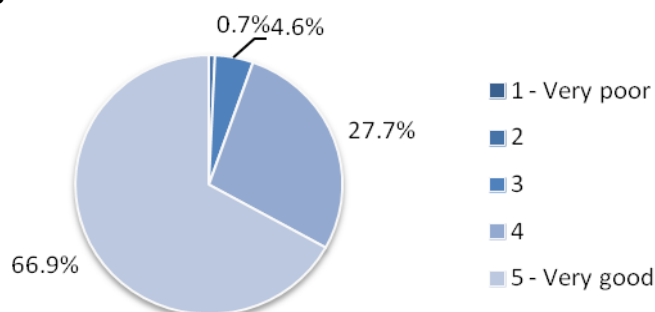
Data analysis

SPSS was used to conduct descriptive and exploratory analyses with the application, satisfaction, and follow-up questionnaire data sets. Factor analyses were also used to reduce the data into composite variables where appropriate. Binary logistic regressions were then conducted to explore the relationship between practitioner characteristics and the implementation of parenting interventions. Qualitative thematic analysis was used to analyse practitioners' feedback in the free text section of the six month follow-up questionnaire.

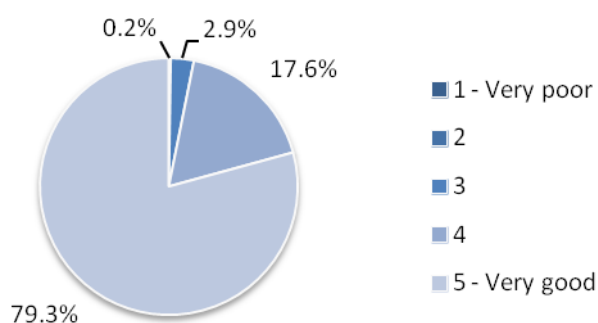# Findings: Practitioner feedback at the time of training

Training satisfaction

One of the NAPP's key performance indicators was that 80% of the training participants rate their satisfaction with the training as good (4) or very good (5). Figures 4.1 and 4.2 provide an overview of the practitioners' satisfaction with their training in the broad categories of content and trainer. These findings suggest that NAPP well exceeded its target in the training content and trainer categories, with 95% of the practitioners rating the training content as good or better and 97% rating the trainer as good or better.

Figure 4.1:   Practitioner satisfaction with the quality of the training (n=2858)

Figure 4.2:   Practitioner satisfaction with the quality of the trainer (n=2863)
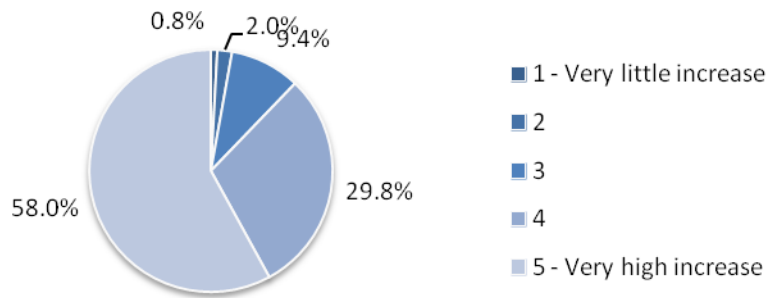

Increases in knowledge and skill

For Phases 3 and 4, the user satisfaction survey also asked practitioners to comment on the extent to which they felt the training improved their knowledge and skills. As Figure 4.3 suggests, just under 90% said that the NAPP training resulted in a high increase (4) or very high increase (5) in their knowledge and skills.
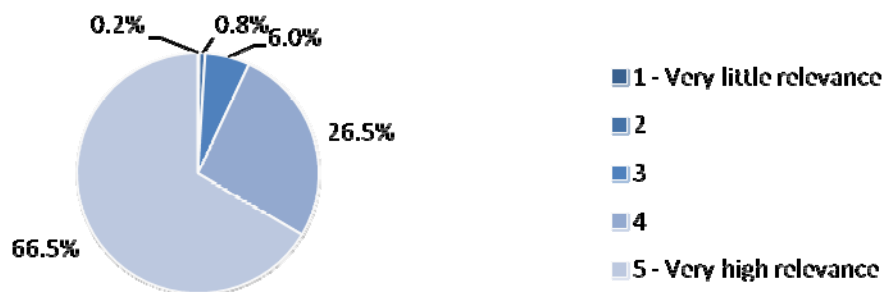
Figure 4.3: **Practitioner ratings of their increase in knowledge directly following NAPP training (n=2843)**

Relevance of the training

At the time of their training, practitioners also commented its relevance for their agency and for themselves as practitioners. As Figure 4.4 suggests, over 90% felt the programme was relevant (4) or highly relevant (5).

Figure 4.4: **Practitioner ratings of the relevance of the training for themselves and their organization (n=2853)**

Findings: Practitioner characteristics

Practitioner qualifications

As indicated in Appendix H, 51% of the practitioners attending NAPP training had a background in a helping profession and 48% had a bachelor's degree or higher. When these percentages were combined, only 30% had a graduate qualification or higher in a helping profession. This finding is interesting because four of the training models specify that practitioners have a bachelor's qualification or higher in a helping profession to deliver their programme. Specifically, *Incredible Years, New Forest, Triple P* and *Parenting Positively* recommend that the lead practitioner delivering

their programmes have at least a bachelor's qualification in psychology, social work or nursing. This is not a requirement for *Family Links, Strengthening Families/Strengthening Communities* and the *Solihull Approach,* however, which do not require any formal qualifications. For this reason, chi-square analyses were conducted to verify the extent to which practitioner qualifications varied by training model. An overview of these findings is provided in Figure 4.5.

Figure 4.5:   Practitioner qualifications by training model (n=3162)

■ Bachelors degree or higher in a helping profession

As Figure 4.5 suggests, practitioner qualifications varied significantly by training model ($x^2(16) = 51.344$, p<.001), but not necessarily in the expected direction. For example, those attending *Mellow Babies* and *New Forest* training were significantly more likely to have a bachelor's degree or higher in a helping profession than those attending training in the other intervention models. While a graduate qualification in a helping profession is required for those delivering the *New Forest* programme, no such qualifications are required by *Mellow Babies* – although a background in social work is strongly recommended. Surprisingly, those attending *Parenting Positively* were among the least to have a bachelor's qualification in a helping profession, despite the fact the programme model specifies a Master's level qualification (or higher) in psychology or social work. A similar trend was observed with those attending the *Triple P* trainings, where a third or less of the practitioners had a bachelor's qualification in a helping profession, despite the fact that a Master's degree in psychology or social work is also recommended to deliver this programme.

Practitioner role

The follow-up survey asked practitioners to provide more detailed information about their role and service than what was originally asked in the training application. As described in Appendix H, 63% of the practitioners were working out of a priority service (e.g. an extended school, Sure Start children's centre, or FIPS) and 21% were in a priority role (e.g. Respect Parenting Practitioner, Parenting Expert or FIPS Practitioner). Appendix I provides the details of the roles of the remaining 79% practitioners not working in a priority role, suggesting that a wide variety of practitioners participated in the NAPP training offer. In short, over 27 different roles were represented, with 23% saying that their role was 'other' than the 27 already listed.

Practitioner experience

As the information in Appendix H suggests, the majority of the practitioners attending the NAPP training and participating in the following survey reported that they worked with parents for a substantial length of time, with 40% saying that they had worked with parents for ten years or longer. However, the findings also suggest that these practitioners were relatively new to their specific role, with approximately half of them reporting being in their post for two years or less and 25% saying that they were in their post for less than a year.

The extent to which practitioners had experience running parenting groups was also considered, with just over half (51%) saying that they had run a parenting group before they attended NAPP training. The extent to which these parenting groups were evidence-based is unknown, however.

Findings: The implementation of parenting interventions

Implementation rates

The primary aim of this evaluation was to consider the extent to which NAPP training resulted in the delivery of parenting groups. Overall, 42% of those attending NAPP training implemented a parenting group within six months. Within this sample, 75% delivered one group, 16% delivered two groups and 9% said that they had delivered three or more groups. In total, 1,112 groups were run by practitioners participating in the follow-up survey. Applying these figures to the entire sample of 3,162 practitioners, it is possible that 1,660 groups were run within 6 months of attendance on NAPP training.

The practitioners responding to the follow-up survey reported that the average number of parents attending these groups was eight. If a ratio of one practitioner per
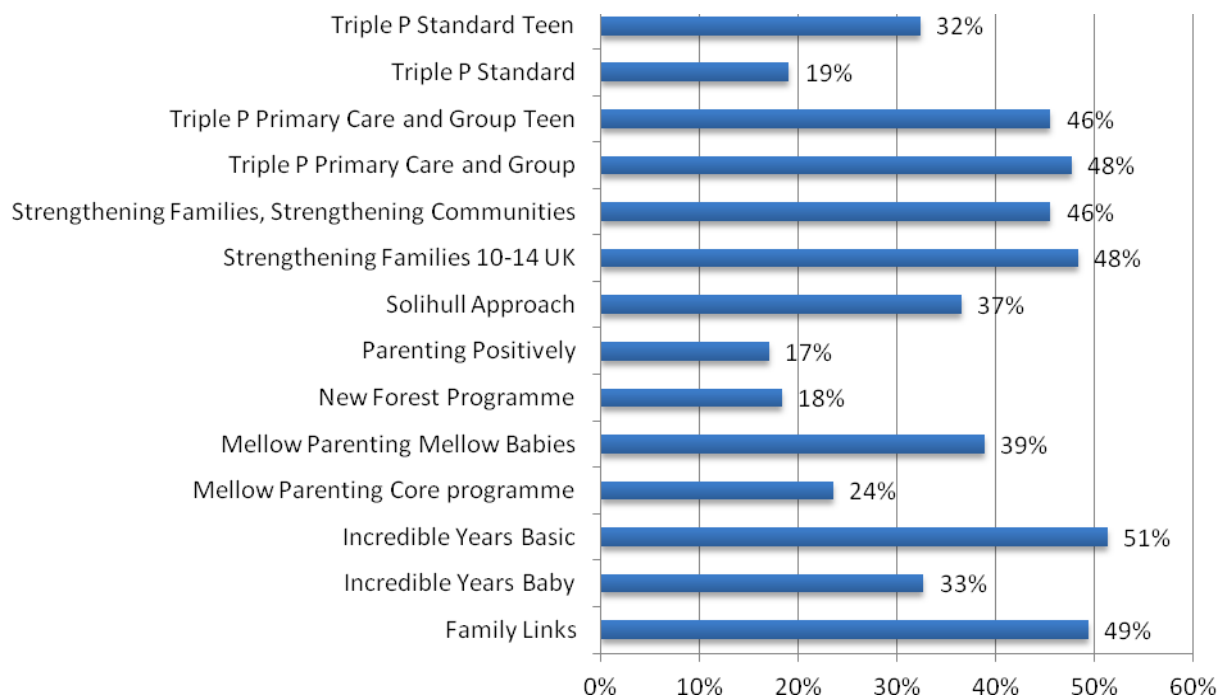
eight families can be assumed, these findings suggest that approximately 13,280 families received parenting support from a NAPP trained practitioner within six months of their training (with the assumption of 1,660 groups with eight parents each). However, it is likely that many of these interventions were delivered by two NAPP trained practitioners. Thus, a more conservative estimate of two practitioners per eight parents would suggest that 830 groups were implemented, reaching approximately 6,640 parents.

Factors contributing to the implementation of parenting groups

A series of logistic regressions were run to consider the factors that may have facilitated the implementation of parenting interventions. The findings from these analyses are presented in Appendix I. The final model suggested that the following factors significantly predict the implementation of parenting intervention:

- **Gender:** Male practitioners were significantly more likely than female practitioners to implement a parenting intervention within six months of their training. It should be noted that less than 10% of those attending NAPP training were male.
- **Service:** Practitioners working in children's centre or a YOT team were significantly less likely to deliver a parenting intervention than those working in an extended school.
- **Time:** Practitioners who were provided with sufficient time to run parenting interventions were significantly more likely to run a parenting intervention. The more time they had allocated within their role, the more likely they were to deliver an intervention.
- **Agency relevance:** Practitioners who perceived the training as highly relevant to their agency's priorities were significantly more likely to implement a parenting intervention within six months of their NAPP training.
- **Agency support:** Practitioners who perceived their managers and colleagues as highly supportive of their intervention were significantly more likely to implement a parenting intervention within six months of their training.
- **Practitioner confidence:** Practitioners that were highly confident about their ability to deliver the intervention both at the time of their training and six months following were significantly more likely to implement a parenting intervention.
- **Programme model:** Practitioners were significantly less likely to deliver a parenting intervention if they had attended *New Forest, Mellow Parenting* or *Parenting Positively*, as Figure 4.7 suggests below.

Figure 4. 7: Implementation rate by parenting intervention model (n=2119)
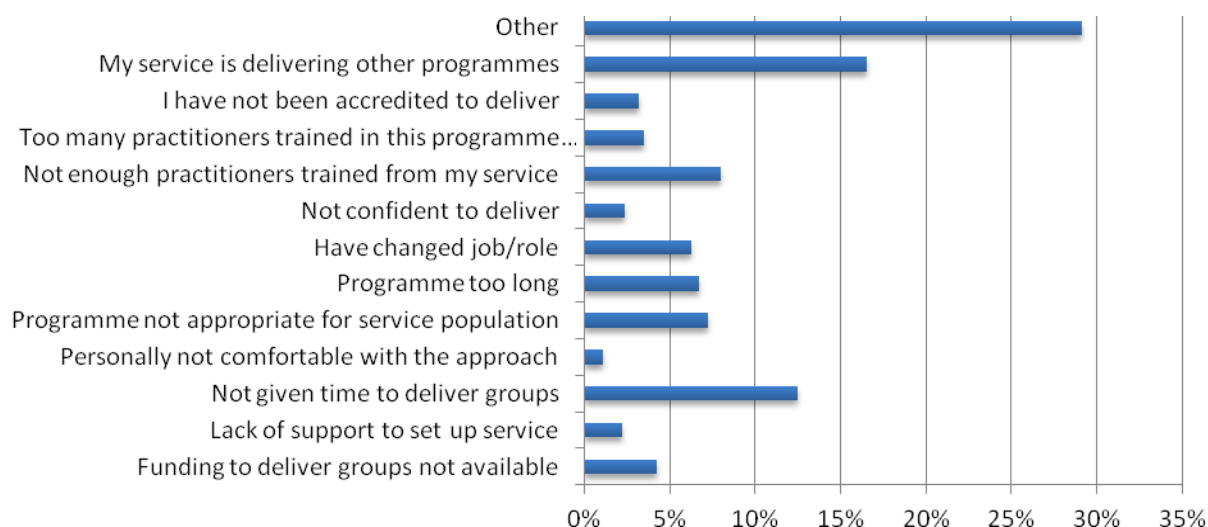

Factors not associated with the implementation of parenting groups included practitioners' age and geographical region. Interestingly, practitioner qualifications also did not predict implementation rates, as was originally expected.

Findings: Barriers to the implementation of parenting interventions

Barriers to implementation

The follow-up questionnaire asked practitioners not implementing parenting interventions to identify the barriers. As Figure 4.8 suggests, barriers 'other' than those identified in the questions below were by far the highest category. However, over 15% suggested that they did not implement the NAPP intervention because another programme was being delivered by their service. Over 12% also indicated that they did not have enough time to deliver their intervention.

Figure 4.8: Barriers to parenting interventions implementation (n=1230)

A lack of time

The above findings were compared to comments provided by the practitioners in the free text section of the follow-up questionnaire to further understand why parenting groups were not implemented. While many practitioners reported that the training was rewarding and useful, it was apparent in many cases that the implementation of parenting groups was much more work than they or their managers originally anticipated. A shortage of time was frequently cited as problem for practitioners, whether or not they were able to deliver a parenting group. As one practitioner put it:

> *"The structure of the service at present presents challenges in setting up each group due to lack of time, conflicting pressures around my role and pressures around identifying staffing for each course, plus communication between agencies can be initially problematical."*

Insufficient resources

Finding the resources to deliver the intervention was a problem for many of the practitioners:

> *"The biggest barriers for our team are the commitment of time the programme takes to implement and the logistics of securing a venue and finding solutions to transport and creche problems for parents"*

A number of practitioners also commented that the availability of the programme manual interfered with programme implementation:

"The cost of the manual has been a barrier to implementing this programme. Resources should be readily available and affordable to agencies who are willing to train their staff and deliver parenting groups".

"The manuals for parents that I ordered four weeks prior to the start of the course took nine weeks to arrive."

The need for supervision and manager buy-in
Practitioners also identified supervision as either a barrier or key to their success:

"Both my colleague who runs the programme with me and myself feel that we could have had more assistance from our manager to run the course."

"I have felt stretched and challenged by the process of preparation and deliverance. There were points that I felt very uncertain of myself and overwhelmed. However, having worked through this, I have learnt a great deal and my confidence in my own abilities has improved significantly. Solid and sensitive supervision from my line manager has been key in supporting me through this."

Several practitioners also commented that there was not sufficient buy-in from their senior managers:

"It is a pity that managers do not also do the training as they do not seem to have a clue what our work really entails. This also has implications for supervision. How can we be managed appropriately by managers who have no idea what we are doing?"

"I believe that this programme would benefit the parents I serve. This view is not shared by senior managers they feel they can't release the social workers who were trained and the family worker does not feel confident and was reluctant to train in this model"

Difficulty recruiting parents
Difficulty recruiting parents will also frequently cited as a barrier to intervention implementation.

"It was difficult to recruit the parents and to retain them takes additional time in phone calls and home visits. We are paid for

*five hours per week and time spent to prepare, contact parents
and deliver is more than this."*

*"Previously we as a Centre have experienced difficultly in
encouraging parents to attend the groups. We have sometimes
only had one parent and as hard as we try this is the outcome. I
have taken to delivering someone to one sessions with parents in
their home. If there was a way of giving incentive to parents to
attend the groups this would be fantastic."*

*"Parent recruitment is a real problem. The marketing of these
courses is of very poor quality as money is not put aside to do
this. The schools do not fully appreciate the impact of parenting
courses on the teaching and learning of the children. More work
needs to be done educating the powers that be that hold the
purse strings within the schools."*

Insufficient training

Practitioners also expressed frustration that some of the programme models did not
provide enough information about how to set-up and run a group. As one practitioner
put it:

*"A substantial amount of time on the course was spent listening
to 'stories of success' rather than imparting the skills and
knowledge necessary to run a parenting course. Despite my
considerable experience in writing and delivering a range of
courses I do not feel able to deliver this course safely and will
not do so."*

Delivery model different than what was anticipated

Findings from the free-text section of the follow-up survey additionally suggested that
implementation did not always take place because there was a mismatch between
the programme's delivery model and the agency's expectations. This was
particularly true for practitioners attending the *New Forest* and *Parenting Positively*
training sessions, who reported that they had originally hoped to deliver a group-
based programme, but were instead trained in a one-to-one model.

A lack of fidelity

Finally, a number of practitioners reported changing the programme's content rather
than delivering it as it was intended. For example, some practitioners reported trying
to modify the 20-week *Incredible Years* model (Incredible Years Basic and
Advanced) into a 12 week parent group. This is concerning as research consistently
suggests that parenting interventions must be implemented with fidelity to the model
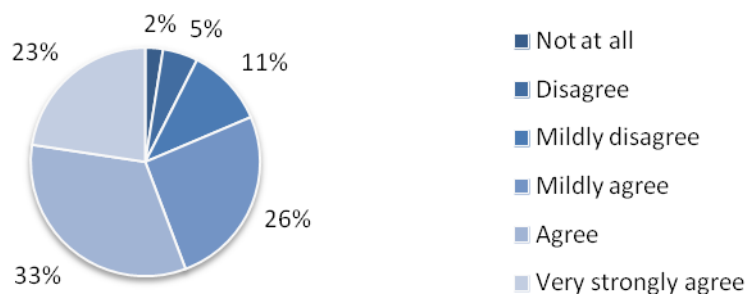to remain effective.

Findings: Practitioner perceptions of the usefulness of NAPP training

Useful in their daily work with families

Although the evaluation was primarily interested in whether NAPP trained practitioners were successfully able to implement parenting interventions, the team also considered the extent to which practitioners felt the training benefitted their work with parents more generally. Figure 4.9 provides an overview of the reported impact of the NAPP training, with 56% of practitioners stating that they strongly (4) or very strongly agreed (5) that what they learned through their training influenced their daily work.

Figure 4.9: The extent to which practitioners' felt the NAPP training influenced their daily work with parents

The follow-up survey also provided practitioners an opportunity to comment on the ways in which the training had been useful. A common theme was how the principles learned through NAPP training applied to individual work with families. As one practitioner remarked:

> "I have moved position since completing the training and . . . now work as a residential care worker in a children's home . . . I have found the Triple P principles useful when considering my own interaction with the young people that can at times present very challenging behaviour . . . On a personal basis I have found it useful in informing my own interaction with young people and children, including my own."

Highly rewarding

Another common theme was how rewarding it was to deliver an evidence-based parenting intervention:

*"I have used Triple P strategies at home and have enjoyed
successful outcomes. Consequently I am a firm believer in the
programme. I was quite surprised at the success achieved with
my first group . . . Small changes, but big successes. I love Triple
P!"*

*"This has been a very rewarding group for both the parents and
the young people - the feedback has been very positive and on a
personal level I have enjoyed it too."*

*"Have enjoyed leading these courses. I was told this would be the
best job I ever did - I think they were right!!"*

Summary and Implications

Satisfying and useful

The findings reported in this section suggest that the NAPP training was well-liked
and seen as useful by the majority of practitioners participating. In fact, the
enthusiasm for the training was overwhelming - 95% of the practitioners rating the
training as good or very good and 97% positively endorsing the trainer. The vast
majority of practitioners (89%) also said that they gained new knowledge and skills at
the time of their training and many said that they applied this knowledge to their daily
work with families. From this perspective, it is clear that NAPP evidence-based
training offer impacted positively on the quality of the parenting workforce in
England.

Challenging and resource intensive

The findings suggest that the implementation of parenting interventions was much
harder work than many of the host agencies expected. Despite 90% of practitioners
believing their training to be relevant for their work with families, only 42% went on to
deliver a parenting group within 6 months. When this percentage is considered
across all of the NAPP interventions, no more than 51% of the practitioners went on
to deliver an intervention for any one model. For three of the programme models,
the implementation rate was lower than 25%.

Collectively, these findings suggest that there were clear barriers to the successful
implementation of the NAPP parenting interventions. Lack of time and competition
from other interventions were frequently cited as reasons for not being able to
implement a parenting group. Difficulty recruiting parents was also a common
problem. Responses to the follow-up questionnaire also suggested that the amount
of effort required to deliver these interventions was much higher than was originally
anticipated – particularly for the programmes targeting highly vulnerable populations

(e.g. Mellow Parenting) or requiring one-to-one family work (New Forest and Positive Parenting). In the end, practitioners were significantly less likely to implement these more intensive family interventions than they were the group-based models targeting less vulnerable populations.

The need for agency support

Interestingly, practitioners' previous qualifications and experience did not improve their ability to implement a parenting intervention. Rather, the amount of support they received from their agency appeared to be the driving factor. As one practitioner put it:

> *"Time and resources have been a significant factor as the course needs a big commitment and therefore needs to have the backing of managers to ensure that it can be implemented effectively."*

Recommendations for how agency support can be improved are discussed in the following chapter.

5.   Summary, recommendations and conclusion

Key points

- The impact of the NAPP training in evidence-based parenting interventions was widespread. Realistic estimates suggest that at least 12,000 families have attended an intervention delivered by a NAPP trained-practitioner.
- The NAPP training offer substantially increased the size and quality of the parenting workforce. Over 3,000 practitioners were trained in one of ten evidence-based models, representing 147 out of 152 local authorities.
- It is likely that central government funding for free training and the specific posts contributed to the widespread participation in the NAPP training offer.
- Practitioners attending NAPP training overwhelmingly reported that it was a rewarding experience. Those who went on to deliver parenting interventions also reported that intervention delivery was personally empowering.
- Good quality training is just the starting point for implementation of evidence-based parenting interventions. High levels of agency support and practitioner self-efficacy are also required to implement evidence-based models.
- In this study, practitioner qualifications did not predict implementation rates. This finding contradicts previous research, suggesting that agency support and practitioner self-confidence may compensate for the lack of appropriate qualifications.
- The evaluation found that in some instances practitioners made their own changes to the programme model, potentially reducing the intervention's efficacy. A failure of the training programme was that not all trainees appreciated the importance of programme fidelity.
- The findings reported here suggest that service agencies, programme developer and governments should develop evidence-based ways to support the implementation of evidence-based interventions once practitioners have completed their training.

Summary of key findings

Widespread impact

A key finding of this study is that of the 3,162 practitioners attending NAPP training 42% went on to deliver a parenting intervention within six months of their training. Depending on one's perspective, this can be interpreted as good or bad news. It is good news in that it represents a high level of activity that has the potential for very positive and widespread impact. As the findings presented here suggest, practitioners from all but four local authorities attended NAPP training and parenting

interventions were implemented in at least 145 (out of 152) as a result. A highly conservative estimate suggests that at least 6,600 families benefitted from this support. A less conservative, but perhaps more accurate estimate is that at least 12,000 families have attended a parenting intervention implemented by a NAPP-trained practitioner. No doubt thousands more families will continue to receive support as NAPP-trained practitioners continue to implement parenting interventions. This should be viewed as a major accomplishment.

An implementation of 42% might be considered as bad news, however, if this rate is considered as low. This figure is certainly much lower than what NAPP and government stakeholders had originally hoped for and lower than rates considered as 'good' in the research literature. For example, Durlak and DuPre (2008) report that 60% as a good and achievable rate, although it should be noted that implementation rates of 80% or higher rarely occur.

A boost to the parenting workforce

Despite the lower than expected implementation rate, it is clear that parenting practitioners benefitted from the NAPP training offer. The evidence presented here suggests that practitioners were overwhelmingly enthusiastic about their training and the majority reported that it positively impacted their work with families whether or not they went on to deliver a parenting intervention. Moreover, as reported in other studies (e.g. Addis and Krasnow, 2006) none of the practitioners participating in the follow-up survey remarked that the programme models were inflexible or somehow interfered with their ability to respond to the needs of individual families. Rather, practitioners felt empowered by the benefits they could see the intervention providing to the families they worked with. As practitioners remarked:

> *"I am surprised at the positive impact on families. All families that are committed and stick with it have had a positive outcome. It is a complicated programme, but there are always bits that the families grasp on to and use to their benefit".*

> *"I found the experience of delivering alongside an experienced practitioner the first time I co-facilitated a programme an invaluable experience."*

Collectively, these findings suggest that the training was viewed positively and substantially contributed to the skills of the parenting workforce.

Good-quality training is just the beginning
As the findings presented in this report suggest, parenting interventions will only be implemented if practitioners also receive high levels of support from their agency. While government incentives will likely facilitate the use of evidence-based models, agencies must also be willing to provide practitioners with the time, resources and supervision to implement interventions once they have attended training. Factors that impede practitioners' ability to implement evidence-based interventions include the complexity of the model, a lack of time and difficulty recruiting parents.

Interestingly, this study found that the only practitioner characteristics linked to parenting group implementation were their confidence and the extent to which they perceived the training increasing their knowledge and skills. The fact that practitioner confidence predicts implementation is no surprise, since it is reasonable to assume that the process of implementation would increase practitioner confidence. What is of note, however, is the finding that practitioners' who felt that the training substantially improved their knowledge and skills at the time of training were significantly more likely to implement a parenting intervention than those who did not feel they had learned new skills. It is also noteworthy that this evaluation did not observe a relationship between practitioner qualifications and parenting intervention implementation.

Collectively, these findings contradict previous evidence that suggests that a background in a helping profession increases the likelihood of practitioners using evidence-based interventions (Sanders et al. 2009). Instead, they demonstrate that higher levels of agency support and greater self-confidence may compensate for a qualification in a helping profession when it comes to the implementation of some evidence-based models.

Limitations of the current study

Implementation ≠ efficacy
The current evaluation only investigated factors which contributed to the implementation of evidence-based parenting interventions, but could not consider whether these interventions were effective. While it is likely that many families benefitted from support provided a NAPP-trained practitioner, the extent to which this support resulted in positive change that was measurable or sustainable is unknown.

Missing data
It should also be recognised that the 42% figure may not accurately reflect the number of parenting interventions that were implemented. While a response rate of 72% is very high for this kind of a study, it does not allow us to understand the implementation rate for the entire sample. For example, practitioners who did not respond to the survey may not have done so for a variety of reasons which also

negatively affected their ability to implement an evidence-based parenting intervention. Alternatively, the implementation rates could be higher than what is reported here – particularly given the fact that the evaluation only considered implementation rates within six months of practitioner training. While implementation immediately after training is ideal, it is possible that many practitioners were able to implement a parenting group after participating in the follow-up survey.

Implications and recommendations

Implications for service agencies

The findings reported here suggest that evidence-based parenting interventions are rewarding for practitioners, but also challenging to implement. Despite high levels of national support in the form of free training and funding for parenting practitioners, only 42% of those attending training went on to deliver a parenting intervention within six months of training. In this study, practitioner qualifications appeared to have little to do with implementation rates, especially in comparison to the support they received from their service agencies. An obvious recommendation from these findings is that in order to deliver evidence-based parenting interventions effectively, agencies must be prepared to provide their practitioners high levels of support - particularly in the form of the time and resources to run groups, as well as sufficient levels of staff supervision. The finding that practitioners had difficulty recruiting parents additionally suggests that agencies should carefully consider the adequacy of their recruitment and referral routes before sending practitioners on training.

Implications for programme developers

It should also be recognised that service agencies should not have to shoulder all of the responsibility for programme implementation, as it is unrealistic to expect that host agencies will fully understand all of the requirements prior to implementation. Indeed, the National Implementation Research Network has observed that implementation processes are best facilitated through support provided by the original programme developer (NIRN, 2008). Thus, a key recommendation is that programme developers also develop evidence-based ways of helping agencies implement their programmes. As one practitioner observed:

> *"It would be useful if senior management leading on commissioning training and deliverance of [this programme] to be fully briefed on the demands that will be made on facilitators and given a clear and detailed idea of what support facilitators are likely to need, supervision, time to prepare, support around planning, admin and logistics."*

Implications for future initiatives

Future initiatives involving the wide-scale implementation of evidence-based initiatives should include a package of pre and post-training support for agencies and practitioners to facilitate the actual delivery process.

Conclusion

Findings from this evaluation suggest that the NAPP initiative accomplished a great deal in terms of increasing the skills of the parenting workforce and improving the availability of evidence-based parenting interventions.

The findings also suggest, however, that pre-service training on its own, is not sufficient for practitioners to successfully implement parenting interventions. Post-training support, particularly in terms of time, resources, supervision and managerial support is also vital. Sending practitioners on training before such support is in place is likely to reduce the efficacy of evidence-based models and in the long run, waste money. Service agencies, programme developers and governments should therefore develop evidence-based methods for supporting practitioners in the delivery of evidence-based interventions once they have completed their training.

6.   References

Addis, M., and Krasnow, A. (2000). A national survey of practicing psychologists' attitudes toward psychotherapy treatment manuals. *Journal of Consulting and Clinical Psychology, 63*, 331 – 339.

Allen, G. (2011) 'Early intervention: The next steps', London: HM Government.

Aos, S. (2010) 'Improve outcomes and save money: Evidence-based programs, picking them, passing, them, doing them, and holding them accountable', paper presented at *Blueprints for Violence Prevention* in San Antonio, TX, 9 April 2010.

Aos, S., Barnoski, R. and Lieb, R. (1998) *Watching the bottom line: Cost-effective interventions for reducing crime in Washington, Brief,* Olympia, WA: Washington State Institute for Public Policy.

Asmussen, K., Puga, F. and Eryigit, S. (2010). *The evaluation of the National Academy for Parenting Practitioners First Training Offer: Factors that contribute to the implementation of evidence-based parenting groups.* London: The National Academy for Parenting Practitioners.

Ball, M. (2002) *Getting Sure Start Started*, London: The National Evaluation of Sure Start.

Beidas, R.S and Kendall, P.C. (2010). Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective, Clinical Psychology: Science and Practice, 17, 1 – 30.

Barlow, J., Kirkpatrick, S., Wood, D., Ball, M. and Stewart-Brown, S. (2007) *Family and Parenting Support in Sure Start Local Programmes,* London: NESS.

Birmingham City Council (2007) *A Brighter Future for Children and Young People.* Online. Available HTTP:http://ebriefing.bgfl.org/bcc_ebrief/content/resources/resource.cfm?id=4314&key=&zz=20100919145327568&zs=n> (accessed 19 September 2010).

Chinman, M., Hannah, G., Wandersman, A., Ebener, P., Hunter, S., Imm, P., and Sheldon, J. (2005). Developing a community science research agenda for building community capacity for effective preventive interventions, *American Journal of Community Psychology, 35*, 143 – 157.

Corlyon J. and Hills, D. (2008). The evaluation of the Parenting Fund: Bringing services to parents through an innovative model of funding. London: Family and Parenting Institute. Available online;

http://www.familyandparenting.org/Filestore//Documents/PC2008/Workshops/16C-JUDY_CORLYON2.pdf

Day (2009) Family Partnership Model in Practice (EOT) Questionnaire. London: CPCS/SLaM.

DfES (2006) *Parenting Support Guidance for Local Authorities in England*, Nottingham: Crown Copyright.

DfES (2007) *Every Parent Matters*, Nottingham: DfES Publications.

Drake, E., Aos, S. and Miller, M. (2009) 'Evidence-based public policy options to reduce crime and criminal justice costs: implications in Washington State', *Victims and Offenders,* 4: 186.

Durlak, J.A., and DuPre, E.P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation, *American Journal of Community Psychology, 41*, 327 – 350.

Elliott, D. S. and Mihalic, S. (2004) 'Issues in disseminating and replicating effective prevention programs', *Prevention Science,* 5: 47-53.

Feinberg, M., Greenberg, M.T., and Osgood, D.W. (2004). Readiness, functioning and perceived effectiveness in community prevention coalitions: A study of Communities that Care, *American Journal of Community Psychology, 33*, 163 – 171.

Field, F. (2010) *The Foundation Years: preventing poor children becoming poor adults*, London: Cabinet Office.

Forgatch, M. S., Patterson, G. R., Degarmo, D. S. and Beldavs, Z. G. (2009) 'Testing the Oregon delinquency model with 9-year follow-up of the Oregon Divorce Study', *Development and Psychopathology, 21*, 637-660.

France, A., Hine, J., Armstrong, D. and Camina, M. (2004). *The On Track Early Intervention and Prevention Programme: from theory to action.* Home Office Online Report 10/04. London: Home Office.

Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P. and Kyruakikou, O. (2004). Diffusion of innovations in service organizations: Systematic review and recommendations, *Milbank Quarterly, 82*, 581 – 629.

Harrington, V., Trikha, S. and France, A. (2004). *Process and early implementation issues: Emerging findings from the On Track evaluation.* London: The Home Office.

Haskins, R., Paxson, C. and Brooks-Gunn, J. (2009a) 'Home visiting programs: An example of social science influencing policy', *Social Policy Report. Society for Research in Child Development, 23*, 7.

Hutchings, J., Bywater, T., Daley, D., Gardner, F., Whitaker, C., Jones, K., Eames, C. and Edwards, R. T. (2007) 'Parenting intervention in *Sure Start* services for children at risk of developing conduct disorder: Pragmatic randomised controlled trial', *British Medical Journal, 334*, 1158–1158.

James, C. (2009) *Ten Years of Family Policy: 1999-2009*, London: The Family and Parenting Institute.

Kazdin, A. E. (2003) 'Psychotherapy for children and adolescents', *Annual Review of Psychology,* 54: 253-276.

Korfmacher, J., O'Brien, R., Hiatt, S. and Olds, D. (1999) 'Differences in program implementation between nurses and paraprofessionals providing home visits during pregnancy and infancy: A randomized trial', *American Journal of Public Health,* 89(12), 1847–1851.

Lewis, J. (2011) 'From Sure Start to Children's Centres: An Analysis of Policy Change in English Early Years Programmes', *Journal of Social Policy, 40*, 71-88.

Lindsay, G., Davies, H., Band, S., Cullen, M., Cullen, S., Strand, S., Hasluck, C., Evans, R. and Stewart-Brown, S. (2008) *Parenting Early Intervention Pathfinder Evaluation*, Research Report No. 36, Nottingham: DCSF.

Martinez, C. R. and Forgatch, M. S. (2002) 'Adjusting to change: Linking family structure transitions with parenting and boys' adjustment', *Journal of Family Psychology, 16*, 107-117.

Michel, Y., and Sneed, N.V. (1995). Dissemination and use of research findings in nursing practice, *Journal of Professional Nursing, 11*, 306 – 311.

Mitchell, R. E., Stone-Wiggens, B., Stevenson, J.F., and Florin, P. (2004). Cultivating capacity: Outcomes of a statewide support system for prevention coalitions. *Journal of Prevention and Intervention in the Community, 27*, 67 – 87.

Moran, P., Ghate, D. and van der Merwe, A. (2004) *What Works in Parenting Support?,* London: Department for Education and Skills.

NIRN (2008) *What do we mean by implementation?* National Implementation Research Network. Online. Available HTTP: <http://www.fpg.unc.edu/~nirn/implementation/01_implementationdefined.cfm> (accessed 26 October 2010).

Ogden, T. and Hagen, K. A. (2008) 'Treatment effectiveness of Parent Management Training in Norway: A randomized controlled trial of children with conduct problems', *Journal of consulting and clinical psychology, 76*, 607-621.

Ogden, T., Forgatch, M. S., Askeland, E., Patterson, G. R. and Bullock, B. M. (2005) 'Implementation of parent management training at the national level: The case of Norway', *Journal of Social Work Practice, 19*, 317-329.

Ogden, T., Hagen, K. A., Askeland, E. and Christensen, B. (2009) 'Implementing and evaluating evidence-based treatments of conduct problems in children and youth in Norway', *Research on Social Work Practice, 19,* 582-591.

Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J. and Lutzker, J. R. (2009) 'Population-Based Prevention of Child Maltreatment: The US Triple P System Population Trial', *Prevention Science, 10*, 1-12.

Respect Task Force (2006) *Respect Action Plan*, London: Home Office.

Sanders, M. R. and Murphy-Brennan, M. (2010). Creating conditions for success beyond the professional training environment, *Clinical Psychology: Science and Practice, 17*, 31 – 35.

Sanders, M.R., Prinz, R.J. and Shapiro, C.J. (2009). Predicting utilization of evidence-based parenting interventions with organizational, service-provider and client variables. *Administration and Policy in Mental Health, 36*, 133 – 143.

Scott, S., O'Connor, T. G., Futh, A., Matias, C., Price, J. and Doolan, M. (2010) 'Impact of a parenting program in a high-risk, multi-ethnic community: The PALS trial', *Journal of Child Psychology, 51,* 1331 – 1341.

Shensul, J.J. (2009). Community, culture and sustainability in multilevel dynamic systems intervention science, *American Journal of Community Psychology, 43*, 241 – 256.

Scott, S., Sylva, K., Doolan, M., Price, J., Jacobs, B., Crook, C. and Landau, S. (2010) 'Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: the SPOKES project', *Journal of Child Psychology and Psychiatry,* 51(1), 48–57.

Sholomskas, D.E., Syracuse-Siewert, G., Rounsaville, .B.U., Ball, S.A. and Nuro, K.F. (2005). We don't train in vain: A dissemination trial of three strategies of training clinicians in cognitive behavioural therapy. *Journal of Consulting and Clinical Psychology, 73*, 106 – 115.

Sylva, K., Scott, S., Totsika, V., Ereky-Stevens, K. and Crook, C. (2008) 'Training parents to help their children read: A randomized control trial', *British Journal of Educational Psychology,* 78, 435–455.

Tunstill, J., Meadows, P., Allnock, D., Akhurst, S. and Garbers, C. (2005) *Implementing Sure Start Local Programmes. An Integrated Overview of the First Four Years*, London: National Evaluation of Sure Start.

Utting, D. (2009) *Assessing and Meeting the Need for Parenting Support Services: A Literature Review,* London: Family and Parenting Institute.

Wandersman, A. (2009). Four keys to success (theory, implementation, evaluation and resrce/system support): High hopes and challenges in participation, *American Journal of Community Psychology, 43*, 3 -21.

Wandersman, A, Duffy, J., Flaspohler, P., Newman, R., Lubell, K., Lindsey, S., Blachman, M., Dunnville, R. and Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation, *American Journal of Community Psychology, 41*, 171 – 181.

Webster-Stratton, C., Rinaldi, J. and Reid, J. M. (2010) 'Long-term outcomes of Incredible Years parenting program: Predictors of adolescent adjustment', *Child and Adolescent Mental Health.* Online. Available HTTP: http://www.incredibleyears.com/Library/items/long-term-outcomes-of-iy-parenting-program_10.pdf (accessed 30 October 2010).

Webster-Stratton, C. and Herman, K.C. (2010). Disseminating Incredible Years series early-intervention programs: Integrating and sustaining services between school and home. *Psychology in the Schools, 47*, 36 – 54.

Weisz, J. R., Weiss, B., Alicke, M. D. and Klotz, M. L. (1987) 'Effectiveness of psychotherapy with children and adolescents: A meta-analysis for clinicians', *Journal of Consulting and Clinical Psychology,* 55: 542-549.

Weisz, J. R., Weiss, B., Han, S. S., Granger, D. A. and Morton, T. (1995) 'Effects of psychotherapy with children and adolescents revisited: A meta-analysis of treatment outcome studies', *Psychological Bulletin,* 117: 450-468.