

Flying Start guidance Annex C

Flying Start: an overview of parenting programmes

A report by Communities that Care

People often voice different, and sometimes contradictory, views about raising children and what it means to be a parent. The arrival of a new baby is usually a cause of intense joy and celebration. Yet it is not uncommon to hear parenting described as ‘the hardest job in the world’ (sometimes with the added caution that there is no pay, the hours are open-ended, and that children come without instruction manuals).

Parents are in most cases the first and most important external influence on the way their infants and young children develop. As research repeatedly shows, children who enjoy warm, secure, affectionate relationships with at least one primary caregiver are more likely to thrive and prove resilient in face of later difficulties, than those who, sadly, do not. The way that parents and other caregivers treat children, interact with them and respond to their physical and emotional needs can exert an influence on their wellbeing and behaviour that endures through childhood, adolescence and on into adult life¹.

On that understanding alone, it seems strange that parents have, in the past, been expected to raise children with so little access to reliable parenting guidance or sympathetic support services. ‘Common sense’ is a useful characteristic, but parents contending with the pressures of 21st century life are liable to find it only takes them so far. As one pioneering contributor to the better understanding of parent-child relationships put it:

*“Modern parenthood is too demanding and complex a task to be performed well merely because we have all once been children.”*²

In reality, there must be few parents who have not sought or welcomed advice and help during their children’s early years, whether from other family members, friends or professional service providers. For example, even the most fully-prepared new parent is unlikely to find the early weeks and months with a baby easy³.

But if doubts and difficulties about parenting are common to all young families, irrespective of social or economic status, it is also clear there are many families whose individual circumstances place particular barriers in the way of their parenting. Isolated parents, including some young single mothers, may lack the support of family and friends that others take for granted. Vulnerable parents may also include those with chronic physical or mental health problems. Those raising children on low incomes, or in a poor environment – for example, a disadvantaged, high-crime neighbourhood – may experience stress in other ways⁴.

Nor should it be forgotten how the characteristics of individual children vary, even within the same family. Parents caring for a severely disabled or hyperactive child are likely to experience demands on their emotional and physical energy that other parents find hard to comprehend.

The case for parenting support services, is, accordingly, based on both the universal and specific, individual needs of parents and their children. In the words of three leading advocates of parenting programmes in the UK, Gillian Pugh, and Celia Smith:

“Feelings of isolation and of vulnerability in the face of the high expectations that society places on parents, suggests that society itself has a responsibility to ensure that parents are afforded access to help, advice and support in bringing up their children, not just to combat moments of severe crisis, but also to deal with the everyday practicalities of being a parent.”⁵

Beyond that lies a substantial body of research showing that poor, ineffective parenting from an early age is linked to problems and problem behaviour among children and young people. A growing body of evidence, likewise, demonstrates that the most effective parenting programmes can help parents to become more confident, improve the quality of the relationship with their children and – in so doing – lead to improvements in the way that children feel about themselves and behave.

Reducing risk and enhancing protection

One useful way of understanding the part that parenting programmes can play in promoting children’s wellbeing is the idea of risk and protective factors. Studies following children’s lives from an early age into adolescence and adulthood (longitudinal research) has identified factors that are consistently associated with an increased risk of later problems, such as school underachievement and school-age pregnancy and with problem behaviour, such as drug misuse and criminal activity. The overlap in risk factors for juvenile offending also extends to mental health issues, including schizophrenia and depression⁶. In the family sphere, the major risk factors include:

- Poor parental supervision and discipline
- Family conflict
- A family history of problem behaviour
- Parents involved in – or holding attitudes that condone – crime and other problem behaviour
- Low income and poor housing⁷.

Individual risk factors cannot be said to cause the problems with which they are linked. But it is clear that where adverse factors cluster together in children’s lives, the level of risk increases disproportionately⁸. It should also

be noted other major risk factors have been identified that relate to individual children (such as hyperactivity), to their education (such as underachievement beginning in primary school), to the negative influence of friends and peers and to the neighbourhoods where they live (such as community disorganisation and neglect)⁹. This serves as a reminder that although parents and families are a profound influence on children's lives and development, especially in the pre-school years, they are not the only influence.

There are, in addition, important protective factors that can act as a buffer for children when they are heavily exposed to risk. For example, it is these factors that help explain why so many children growing up in low-income families and disadvantaged neighbourhoods are still able to achieve well in school and lead happy, healthy lives. In the early years, parenting plays a prominent part in protective factors and processes that promote **social bonding** – the warm, nurturing attachments between children and their main carers that, from birth, serve to give them a secure sense of belonging¹⁰. As babies grow into toddlers and young children, so it is increasingly protective if parents create reinforcing **opportunities** for them to feel involved and valued in the family. Growing children also need to develop their **social and reasoning skills** to take advantage of those opportunities and to receive **recognition and praise** for their positive contributions. Children also benefit from having parents and other significant adults who model and apply **clear, consistent standards** for their behaviour.¹¹

Parenting programmes

The list of activities that could be described as 'parenting' is extensive¹². The term 'Parenting Programmes' which is used here, overlaps with others that include 'Parenting Support', 'Parenting Education', 'Parent Skills Training' and 'Family Support' and are sometimes used interchangeably. Some definitions are very broad indeed and, in the early years, can range from provision of ante-natal health services to day nurseries and pre-school education. The focus here, however, is on programmes providing support and skills training for parents whose aim is to promote children's wellbeing by enhancing protective factors and reducing their exposure to risk. But even within this definition there are relevant services, such as home visiting, which are not included because they relate more closely to other core components of the Welsh Assembly Government's *Flying Start* strategy.

The emphasis is also on effectiveness and the evidence from evaluation studies regarding 'what works'. As a recent review of international research on parenting programmes has noted, it is not enough to know that participating parents liked a service and felt 'supported' by it. Evaluations very often show that this is the case. But we should also be looking for dependable evidence that the service had a positive impact on the participant's parenting and, more especially, on their children. In other words, whether there are parenting programmes with a proven ability to achieve better 'outcomes' in terms of children's social, emotional and behavioural development¹³.

Levels of service

Surveys to establish the extent of parenting and other family support services have found that in Wales, as in other parts of the UK, there is a wide range of different approaches being applied¹⁴. These include one-to one parenting programmes, working with individual families as well as services designed for groups of parents. There is also considerable overlap between the various components of parenting programmes, even when their theoretical starting points appear to be different. For instance, a broad distinction has been made between 'behavioural' programmes focused primarily on changing children's behaviour, and 'relationships' (or 'Adlerian') programmes where the emphasis is on improving interpersonal relationships within families¹⁵. But in practice, it is common for parenting services to include elements of both these approaches¹⁶.

Services tend to target parents according to the age of their children. They also vary according to the severity of problems that target families are experiencing: some programmes claim to be universally suitable for any parent (or grandparent), while others are part of intensive service packages offered to parents of 'looked after' children and other families in crisis. In accord with the age-range and objectives of *Flying Start*, this overview is only concerned with services deemed suitable for parents of pre-school children. It also concentrates on programmes that are generally appropriate for supportive and preventive work with parents, rather than crisis interventions.

Levels of evidence

In considering 'what works?' the overview follows the approach taken by the Communities that Care initiative in its 2005 *Guide to Promising Approaches*¹⁷, which is similar to that described by Moran, Ghate and van der Merwe in a 2004 report on parenting programmes for the Home Office and the DfES¹⁸. This asserts the importance of basing policy judgements about the effectiveness of programmes on evaluations whose design and methods support the conclusion that any positive outcomes were attributable to the programme, rather than other influences or factors. In practice, this refers to evaluations conducted as randomised controlled trials (RCTs) or as 'quasi-experiments'. In the former, potential participants from similar circumstances and backgrounds are recruited before being allocated, at random, to an 'experimental' group taking part in the programme being evaluated, or to a 'control' group of non-participants. In the latter, there is no randomised allocation, but the 'control' or 'comparison' group is made up of people who are as similar to the group of participants as possible. One tool devised for assessing evaluations is the Scientific Methods Scale (SMS) that takes account of the methods used by researchers and whether the results, either positive or negative, have been replicated¹⁹. This has been used to distinguish between 'what works', 'what's promising', 'what doesn't work' and – by far the largest category among parenting programmes in the UK and internationally – 'what's unknown'. Moran, Ghate and van der Merwe apply the SMS in their review of the evidence on parenting programmes, but offer an additional

rating system of their own, the Global Assessment of Evaluation Quality (GAEQ) that takes account of additional dimensions, including: the quality of data collection tools; how representative the study participants were of target groups; the sample size; the appropriateness of the analytic methods used; whether variations in the content or intensity of the service were considered ('programme integrity'), and; whether the evaluators were independent of those delivering the service.

Parenting programmes: general lessons

Although relatively few parenting programmes have been evaluated in ways that allow them to be described as 'promising' or 'what works', it is possible to draw useful, general conclusions from those that have. In particular, it is clear that programmes designed to improve parents' responsiveness and skills can have a positive impact on the wellbeing and behaviour of both parents and children. It is also apparent that while 'behavioural' and 'relationships' models can both benefit parents, behavioural, skills-based programmes have been more successful in achieving a measurable impact on children²⁰. Key messages for policy makers, service planners and practitioners taken from the review by Moran, Ghate and van der Merwe²¹ are listed in Box A

Box A

Key messages: 'what works' in policy and practice

- Early and later interventions (although early interventions report better, more durable outcomes for children).
- Programmes with a strong underlying theory and model of how they will improve outcomes for children and parents.
- Programmes with measurable, concrete objectives.
- Universal services, supporting parents and children across whole communities.
- Targeted services, aimed at groups of families or individuals deemed at particular risk for parenting difficulties.
- Programmes that pay careful attention to 'getting', 'keeping' and 'engaging' parents.
- Services with a variety of referral routes.
- Programmes with more than one method of delivery.
- Group work, where parents can benefit from working with other parents who share their experiences.
- Individual work where problems are severe or entrenched, or parents are not ready or able to work in a group (home visiting is often a component).
- Programmes using interactive teaching methods, rather than talk-based 'instruction'.
- Programmes that are carefully structured with a supporting manual or curriculum to ensure 'programme integrity'.
- Delivery by appropriately trained and skilled staff (backed by effective management, support and supervision)
- Programmes delivered over longer periods (e.g. three or more months), with 'booster' sessions for families with severe problems).

- Shorter, low-level services for delivering factual information and advice about child development and behaviour.
- 'Behavioural' programmes focusing on specific parenting skills and practical 'take home' tips for changing more complex parenting and influencing children's behaviour.
- 'Cognitive' programmes that aim to change beliefs, attitudes and self-perceptions about parenting
- Programmes that work in parallel with parents, families and children (though not necessarily at the same time)

Source: Moran, Gbate & van der Merwe (2004)

Parenting programmes in the early years

Most evaluations of parenting programmes have focused on work with parents of school-age children and young people. Moreover, parenting programmes offered to families of pre-school children have tended to be based on programmes originally developed for parents of older children²². This is not entirely surprising, given the behavioural focus of many programmes and that children's behaviour problems only emerge as their mobility and communication skills develop. Yet the fact that difficulties may not become obvious before children are 2 or 3 years old does not alter the potential value of early intervention to prevent later problems²³. Although they mostly lie outside the boundaries of this overview, pre- and post-natal support, home visiting and programmes that promote parent-child bonding (including prevention of post-natal depression) are all relevant, as are those concerned with speech and language development²⁴.

In addition, recent research reviews have been clear that some well-evaluated programmes, such as *The Incredible Years* (see below), are appropriately designed for use with the parents of toddlers and pre-school children, as well as effective²⁵. Where young children's behaviour problems are severe enough to be diagnosed as 'conduct disorders' there is further evidence that group-based parenting programmes may be more cost-effective than one-to-one 'clinical' programmes²⁶. There are also positive examples of parenting programmes that include extra components to tackle other family problems that may be placing parents under stress; for example, the more intensive levels of the *Triple P* programme described below.

Although strictly beyond the scope of this overview, it is also worth noting evidence that training programmes in parenting skills can benefit children with attention deficit hyperactivity disorders (ADHD). One randomised controlled trial of a parenting programme for families of pre-school children in the UK found improvements in ADHD symptoms were maintained for up to 15 weeks after treatment²⁷. This reinforces the case for parenting programmes as a component in community support services for children with ADHD, alongside drug treatment and cognitive-behavioural training for children themselves²⁸.

Promising approaches in Wales and the UK

As the focus shifts from international evaluation evidence concerning parenting programmes, to effective programmes in Wales and the UK, so the field of available research inevitably narrows. However, among those appropriate for parents of pre-school children, there are a number whose evaluations and results meet the criteria for 'promising approaches' or 'what works' (see above).

Neonatal Assessment Scale

The Neonatal Assessment Scale (NBAS) developed in the United States by Prof T Berry Brazelton has been used to encourage strong infant-parent relationships by helping parents to understand their baby's signals and cues. The scale was originally devised as an assessment tool for new-born babies and can be used by trained professionals to construct a profile of the baby as the basis for a care-giving plan. But it has also been used to foster attachment and raise parents' awareness of their infant's individuality and capabilities (for example, by demonstrating a baby's ability to soothe itself after crying and control its responses to different forms of stimulation)²⁹. An overview study, comparing the results from a number of different evaluations of NBAS concluded that the programme had produced a small to moderate positive effect on parents' behaviour, such as their sensitivity and responsiveness when interacting with their babies³⁰. However, not all studies using NBAS have shown positive effects, leading Brazelton to stress the need for a sustained relationship between practitioners and parents rather than relying on a single demonstration (Wolke, 1995). Reviews have highlighted a need for longer-term research to discover whether increases in parental sensitivity lead better parent-child relationships later on. It has also been suggested that NBAS might work best as the initial component of a longer-term or more intensive programme³¹.

Parenting Positively

An eight-week programme for parents of pre-school children is based on booklets advising parents on key behavioural strategies such as rewarding positive behaviour, ignoring negative behaviour and using effective, non-violent sanctions such as 'calm down time' or 'time out'. Ways of dealing with sleeping problems and other common difficulties are also suggested. The programme has been used in group settings, during home visits and using a telephone counselling method. Booster sessions are offered after the initial course.

Dr Carole Sutton who devised the programme at De Montfort University, Leicester, carried out a small-scale randomised controlled trial with 'difficult' children of 37 volunteer parents. This found that children's behaviour improved significantly using all three delivery methods compared with a control group, and continued to be better 12 to 18 months later³². A replication

trial of the telephone method with parents of children under 8 achieved similar results, with the most marked changes measured in pre-school children. Depression among mothers participating in the course became lower as their children's behaviour improved³³.

Handling Children's Behaviour

The ten-week course was developed in family centres and day care settings in Coventry for use with small groups of parents. It aims to build parents' confidence, self-esteem and understanding of children's development and behaviour. It also encourages the consistent use of non-violent 'consequences' such as 'calm down time' for misbehaviour rather than 'punishment'.

A small-scale quasi-experimental evaluation of the programme, using nursery nurses as trained course facilitators compared use of the programme with mothers of pre-school children who either participated in groups or on a one-to-one basis, with a control group who were only given reading material on child development. The programme using either delivery method achieved improvements in mothers' attitudes and knowledge of child behaviour; but the group sessions led to additional improvements in mothers' self-esteem and in children's behaviour, compared with the control group³⁴.

The Incredible Years

Developed over 25 years by Prof. Carolyn Webster-Stratton and colleagues, based in Seattle, *The Incredible Years* parenting programmes have been positively and rigorously evaluated in community settings in Wales and England as well as the United States. Webster-Stratton's original parent training programme has been expanded and adjusted to meet the needs of parents with children in different age groups, of primary school teachers and of children themselves. The available range includes a 'BASIC' 12-14 week programme of 2.5 hour sessions that has been purpose-designed for parents of children aged 2 to 7. As with all the *Incredible Years* programmes, the approach is based on 'videotape modelling' where parents discuss video clips that show parents using a range of strategies to deal with everyday situations with their child. The videotapes depict families from a diverse range of backgrounds. The BASIC programme emphasises parenting skills known to promote children's social competence and reduce behaviour problems, including effective, non-violent strategies for managing negative behaviour. The main topics include:

- How to play with your child
- How to help your child to learn
- Effective praise and encouragement
- How to motivate your child
- How to follow through with limits and rules
- Handling misbehaviour (including the use of 'time out')
- Problem solving

A supplementary eight-week 'ADVANCE' programme focuses on adult relationship and problem-solving skills as a response to family risk factors such as depression, marital conflict and poor anger management.

Trained group leaders work with parents within a collaborative model designed to be empowering and non-stigmatising. The group setting is considered important in helping parents to collaborate in problem solving, and feel less isolated in their parental role. Particular attention is paid to implementation issues, such as recruitment and retention of parents, including the provision of transport, day care, meals and flexible course times³⁵. Research suggests that the *Incredible Years* programmes have proved acceptable and effective with families from black and ethnic minorities in the US³⁶ and in the UK.³⁷

Evaluations on both sides of the Atlantic using randomised controlled trials have shown *The Incredible Years* to be highly effective as a treatment in clinical settings with parents of conduct-disordered children³⁸ and also when working preventively with parents of pre-school children from the wider community³⁹. In the UK, a course provided for parents of 2 to 8-year olds in Oxford achieved significant improvements in children's positive behaviour and reductions in conduct problems. Parents' levels of stress also fell significantly compared with a control group⁴⁰.

Another 'community' evaluation has been taking place in North and Mid-Wales with more than 150 families of pre-school children using 11 *Sure Start* centres. Detailed findings await publication, but Dr Judy Hutchings and Dr Tracey Bywater at the University of Wales, Bangor already report encouraging results from measurements after parents completed the BASIC course. These include improvements in parenting skills and reductions in the amount and intensity of children's behaviour measured by parents' reports, using a child behaviour inventory, and by independent observation in the home⁴¹. Attendance levels have been good, with 86 per cent of families in the experimental group attending at least half the 12 parenting sessions, and 100 per cent reporting high levels of satisfaction. The effectiveness of the *Incredible Years* programme has been established across all the *Sure Start* neighbourhoods taking part in the research irrespective of local crime levels⁴².

As part of its procedures to achieve programme fidelity, *The Incredible Years* organisation in the United States accredits group leaders in the UK, as well as certified mentors and trainers in the UK who are authorised to deliver the training for group leaders. The Welsh Assembly Government, as part of its Parenting Action Plan, is funding a training programme in the delivery of the *Incredible Years* BASIC programme across Wales which can be accessed through the Children's Partnerships.

Triple P – the Positive Parenting Programme

A key feature of the *Triple P* programme devised in Australia by Prof. Matt Sanders and colleagues is the five different levels of intervention that it offers of increasing strength. These range from universal services that any parent might find useful to targeted, clinical interventions for the families of children and adolescents with serious behavioural problems. The aim at each level is to provide parents with a minimally sufficient level of advice and support. For example, Level 1 includes media strategies to provide information, raise community awareness of parenting issues, and to turn the process of learning about child behaviour into a normal, straightforward activity for parents. It has been offered and tested as a peak-time television programme for parents in New Zealand⁴³ and in the UK.

Interventions become more intensive as the difficulties become more severe. Level 4 is for children with identified behaviour problems, combining information with active parenting skills training, and applying these to a broad range of behaviours and settings. Delivery formats include a ten-session programme in the clinic or home, an eight-session group programme, or a self-help parenting workbook. Level 5 is for families experiencing children's behaviour problems complicated by additional family problems. It extends the intervention to include marital communication, mood and stress management.

There are a number of strategies for ensuring *Triple P* is faithfully implemented ('programme fidelity'). Practitioners are licensed after taking part in standardised training and have to adhere to a quality assurance process. 'Protocol adherence checklists' guide practitioners through the content of each session, and they are encouraged to join a peer support network to review cases and prepare for accreditation.

There is good evidence of effectiveness from a series of randomised controlled trials in Australia that have evaluated *Triple P* as both a clinical intervention and a preventive programme in the community⁴⁴. Positive outcomes include improvements in child behaviour, parenting practices and parents' sense of competence. Among the different delivery methods, parenting groups appear to be the most effective.

No trials have yet been completed in Europe or North America. However, *Triple P* training courses have been held in Scotland (as part of the 'Starting Well' project) and England in recent years. The programme is being implemented and evaluated in two areas of Glasgow, where a programme of intensive home-based health visiting has been established and group programmes have been introduced.

Summary: Parenting Programmes in Wales

In addition to the findings from academic research (described above), it is important to consider also the local practicalities of developing new parenting programmes as part of *Flying Start* action plans. Generally speaking it will always be quicker and potentially more cost-effective to build on local

knowledge and expertise rather than starting from scratch and bringing in a completely new programme; although there may be a case for doing so if the programme addresses a gap in services.

As preparation for this review of parenting programmes a questionnaire was sent out to all Children's Partnership Co-ordinators in Wales, and guided interviews were conducted with key senior practitioners in both the voluntary and statutory sectors who have been involved in delivering parenting programmes over the past 10 to 15 years. This study suggested that at least nine different parenting programmes designed for parents of 0-3 year olds are currently used across Wales, with different local authorities favouring different programmes. Some of these programmes match those described above and have been shown by research to be effective or at least 'promising'.

Other programmes – while well thought of by practitioners and anecdotally popular with parents – have not been rigorously evaluated using controlled designs to measure their effectiveness. Most also lack systems for ensuring programme fidelity, such as accredited training programmes, standardised materials and arrangements for the on-going professional development of those who deliver the programmes. Evaluation credentials and systems for achieving programme fidelity are both crucial if we are to be confident that money spent under *Flying Start* on parenting programmes will result in improved outcomes for children.

The table below brings together findings from the literature review with the findings from the survey of Children's Partnership Co-ordinators and Welsh practitioners. It categorises parenting programmes into three groups.

- **Group A** programmes are those whose effectiveness has been proven in rigorous evaluation studies and which are already in use in Wales with the attendant opportunities for training and peer-support near at hand.
- **Group B** programmes are those whose effectiveness has been proven in rigorous evaluation studies but where there are not currently any examples of practitioners using the programme in Wales (and which therefore lack the benefits of building on existing practice).
- **Group C** includes those programmes for which there is, as yet, insufficient evidence from rigorous evaluation studies, but where there is established practice and experience in Wales.

Group A	Group B	Group C
Handling Children's Behaviour	Triple P - the Positive Parenting Programme	PIPPIN
The Incredible Years	The Neonatal Behavioural Assessment Scale	Stepping Stones
Parenting Positively		Coping with Young Children
		The Healthy Child

		The Family Links Nurturing Programme
		Fun and Families
		High Scope – Caring Start and Hand in Hand Programmes

Contact details for group A and B programmes.

Programme	Contacts
<i>Handling Children's Behaviour</i>	Ms Eileen Woodfield, Cornerstone Family Centre, NCH Action for Children, Howard Street, Hillfields Coventry CV1 4GE Telephone: 02476 256611 e-mail: mdccfc@mail.nch.org.uk Delivered in NCH run family centres across Wales.
<i>The Incredible Years</i>	Details of all trainers, mentors and mentors in training are available on the Incredible Years Web Site. www.incredibleyears.com . Dr Judy Hutchins of the University of Wales in Bangor is one of three trainers currently registered in the UK.
<i>Parenting Positively</i>	Dr Carole Sutton, Unit for Parenting Studies, De Montfort University, Scraptoft Campus, Leicester LE7 9SU Telephone: 0116 257 7748
<i>Triple P – the Positive Parenting Programme</i>	www.triplep.net e.mail: training@triplep.net Majella Murphy- Brennan, Director of Training and Development at the Triple P Institute, the University of Queensland, Brisbane. Telephone: 0061732361212
<i>The Neonatal Assessment Scale</i>	The Brazelton Centre Box 226 NICU Addenbrookes N.H.S. Trust Hills Road Cambridge CB2 2QQ www.brazelton.co.uk phone: 01223 245791 • fax: 01223 217064

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