

Interventions to support parents of older children and adolescents

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Introduction

The rationale and process for identifying and summarising evidence of effectiveness

Evidence of effectiveness from research studies helps us to identify areas for effective action. While the outcomes of individual primary outcome studies are important, these may be atypical, and potentially biased. Such issues may only become apparent when studies are repeated or interventions rolled out on a wider scale. Evidence and evidence-informed recommendations from systematic reviews and reviews of reviews seek to reduce bias by providing an overview of the findings of a number of studies. These form the basis of 'highly processed evidence', for example practice guidelines produced by organisations such as the National Institute for Health and Care Excellence (NICE) (www.nice.org.uk). While we acknowledge that other sources of evidence may be available, because of time constraints and in the interests of quality assurance, the evidence presented here is primarily 'highly processed evidence' as opposed to primary outcome studies. There may also be instances where the outcomes of a Scottish evaluation are considered important in assessing what action is required. An indication of the evidence around cost-effectiveness is included.

When considering the included evidence, the following points should be noted:

- The evidence provides an overview of what is currently known from these selected highly processed sources. However, it is apparent that the evidence base identified and included within some reviews has limitations, such as a lack of robust, relevant primary outcome studies in several areas of intervention, e.g. for key vulnerable groups.
- Throughout the evidence summaries, issues pertinent to the interpretation of the evidence are highlighted. For instance, attention is drawn to methodological issues relating to the evidence, such as much of the included studies being undertaken in the USA, and so the extent to which the findings are transferable/generalisable to Scotland is open

to question. We also highlight when it has not been possible to reach definitive conclusions as to what constitutes an effective intervention, because of the lack of evidence of effectiveness. By highlighting these issues, our intention is not to detract from the quality of the included reviews, but rather to support full consideration of the evidence and its appropriate use by the intended audience.

- It must be recognised that much of the NICE evidence is only part of the material that they consider to inform recommendations for action as part of the NICE public health guidance. Expert opinion is central as to how evidence informs decisions about new action to be taken.

Due to inevitable gaps in strong scientific evidence, the feasibility and desirability of adopting a purely evidence-based approach to health improvement and reducing health inequalities are limited. Activities that lack a strong evidence base may have important contributions to make to overall impact as part of a package of interacting activities. In judging whether to include certain possible activities, it may be useful to draw on the NHS Health Scotland approach whereby plausible theory and ethical principles are used to guide decision-making, in addition to available evidence (see Tannahill, A. 'Beyond evidence – to ethics: a decision-making framework for health promotion, public health and health improvement.' *Health Promotion International* 2008; 23:380–90 at heapro.oxfordjournals.org/cgi/reprint/23/4/380).

Context

This rapid review presents an overview of highly processed evidence about public health interventions to support parents of older children and adolescents. The included evidence mainly covers parents of children and adolescents from the age of 7 to 19. However, some of the included reviews feature parents of children from birth to the age of 20.

The evidence reviewed here has been drawn from four sources that are fully cited in the reference section of this document.

A brief summary of the evidence is provided and linked to the relevant evidence statement(s). These evidence statements have been derived from the full reviews. In most instances, to ensure the integrity of the information presented and with the permission of the authors, where possible the text has been reproduced word for word.

Consideration of this evidence should also take account of the existing policy context, legislation and current practices in Scotland. Other key sources of information and guidance which contextualise the evidence presented here include the following:

United Nations Convention on the Rights of the Child

Available from: www.unicef.org/crc

The UN Convention on the Rights of the Child is an international human rights treaty which grants all children and young people a comprehensive set of rights.

The Convention comprises 54 articles that cover different aspects of childhood, rights and freedoms. All children and young people up to the age of 18 are entitled to all rights in the Convention. Some groups of children and young people, for example those living away from home and young disabled

people, have additional rights. The UNCRC was ratified by the UK Government on 16 December 1991.

‘Getting it right for every child’ (GIRFEC) (2008)

Available from: www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec

‘Getting it right for every child’ is the national cross-cutting programme that outlines an approach to working with children and families in Scotland. Based on individual need, the wellbeing of the child is placed at the centre of the approach, which establishes the principle of giving all children and young people the best possible start in life as a priority for all services.

GIRFEC builds upon the universal services of health and education and sets out a national programme of transformational change to ensure that each child is:

- **Safe**
- **Healthy**
- **Achieving**
- **Nurtured**
- **Active**
- **Respected**
- **Responsible**
- **Included**

The National Parenting Strategy: Making a positive difference to children and young people through parenting (2012)

The Scottish Government National Parenting Strategy aims to provide easier and better access to information and support for Scotland's parents (anyone with a parenting role) of children of all ages. Available from:

www.scotland.gov.uk/Publications/2012/10/4789

Play Strategy for Scotland (2013)

The Scottish Government's Play Strategy for Scotland: Our Vision paper was published in June 2013. This sets out an aspiration to improve the play experiences of all children and young people, including those with disabilities or from disadvantaged backgrounds in Scotland. The strategy was followed by an action plan, published in October 2013 (see www.scotland.gov.uk/Publications/2013/06/5675).

Evidence summary: Interventions to support parents, their infants and children in the early years (pregnancy to 5 years)

This review focuses on the effectiveness of interventions to support parents, their infants and children in the early years (pregnancy to 5 years). The evidence overview was produced in conjunction with the development of the outcomes framework to inform the activities of the National Parenting Strategy (NPS) and was published in October 2012.

www.healthscotland.com/documents/6089.aspx

Key Points

1 Family-centred help-giving approaches

The use of a family-centred help-giving approach is associated with more positive and less negative parent, family and child behaviour and functioning. It is characterised by practices that treat families with respect and dignity; information sharing; family choice regarding involvement and provision of services and parent/professional collaboration and partnerships.

2 Parents' experiences and perceptions of parenting programmes

Analysis of parents perceptions of taking part in parenting programmes (mainly Incredible Years) suggest that perceptions of control and parental confidence in ability to parent, guilt, social influences, knowledge and skills and mothers needs are key themes. Acquiring knowledge, skills and understanding along with feelings of acceptance and support from other parents may enable parents to regain control and feel more able to cope with their parenting role. In turn, this reduces feelings of guilt and social isolation and increases empathy with their children and confidence in managing their children's behaviour.

3 Support needs of mothers, fathers and carers

Support needs of parents are often not sufficiently addressed in designing services. Parents and children's views should be taken into account through means such as surveys and focus groups or consultation. Parents seek certain types of support from friends and family and other types from professionals; this preference should also be taken into account when developing support services. Parents require support in the form of advice and practical skill development, emotional support, personal and social skills support, family relationship-building skills, opportunities to learn, education and training and financial support. Support can be preventative or treatment; some families may require both forms of support.

4 Community-based interventions

The findings suggest that community-based programmes have the potential to improve child behaviour, welfare, and reduce the amount of time spent in care and levels of juvenile crime. Successful programmes focus on parenting skills programmes or support to manage housing, employment or education.

5 School-based interventions

School-based interventions that involve parents and carers can improve child behaviour, school attendance, improve relationships, prevent or reduce substance misuse and potentially increase educational attainment. Offering support through Full Service Extended Schools or through a single point of contact for parents can improve both parental engagement and child outcomes.

6 Policy initiatives

The evidence reviewed suggests that policy initiatives in the form of welfare reform that provide financial supplements or incentives to parents had no effect or a potentially negative effect on child outcomes. However they may also lead to positive outcomes for the family and may indirectly have long-term benefits. The limited evidence is drawn from the US and the relevance of these findings to the UK context is questionable.

7 Multi-component initiatives

Multi-component or mixed interventions can have a positive impact on children and family functioning. However, as a consequence of the limitations of the current evidence, the comparative benefits of multi-component versus single interventions are unclear.

8 Barriers and facilitators to engaging parents with services

Overall, addressing the barrier of negative stigma and ensuring that parents feel comfortable in receiving help through non-judgemental,

empathic support from staff is a key facilitator to engaging parents. Giving parents a choice to opt in to services also enhances involvement. Studies have indicated that service provision in a school setting is less stigmatising than when located in other services and can facilitate engagement. Making access to support as easy as possible through accessible facilities is important (e.g. sites on parents usual routes, via public transport), as is the provision of childcare. Fathers and ethnic minority parents face particular barriers to access which should be considered as part of service design and delivery.

9 Economic evidence

The variability of included studies (methodology, interventions and outcomes) limits comparison and definitive conclusions about the cost-effectiveness of interventions of parenting programmes for families with children with, or at risk of, developing a conduct disorder.

Evidence summaries

1. Family-centred help-giving approaches

Context

The following evidence is derived from a meta-analysis ([Dunst, Trivette and Hamby, 2007](#)) examining the relationship between family-centred help-giving practices and parent, child and family functioning. The age range of children included in the supporting evidence ranged from birth to the age of 20. The analysis included 47 studies (taken from 38 research reports). Most of these studies were correlational in design. The majority were undertaken in North America, with no studies undertaken in the UK. Of note, the authors of this meta-analysis were involved in 18 of the included studies.

Definition of family-centred help-giving

A family-centred help-giving approach is an approach to working with families that is characterised by:

- practices that treat families with respect and dignity
- information sharing
- facilitating family choice about their involvement in and provision of services
- collaboration and partnership between parents and professionals.

Two dimensions of help-giving practices are defined:

1. **Relational**

Active listening, compassion, empathy, respect and positive help-giver beliefs about the families' strengths and capacity.

2. **Participatory**

Those practices which are individualised, flexible and responsive to the concerns of the family. These involve informed choices and family involvement in achieving goals/outcomes; e.g. helping a family member to learn where to access the information they need to make an informed decision.

Studies included the following measures of family-centred help-giving:

- Helpgiving Practices Scale (Trivette and Dunst, 1994)
- Measure of Processes of Care (King et al, 1996)
- The Enabling Practices Scale (Dempsey, 1995)
- Family-Centred Practices Scale (Dunst et al, 2006b).

The outcomes measured were:

- Participant satisfaction
- Self-efficacy beliefs
- Social support
- Child behaviour
- Wellbeing
- Parenting behaviour

The impact of a family-centred help-giving approach

Family-centred helping was significantly and positively associated with all six outcomes, with effect sizes ranging from .15 to .64. The outcomes most strongly related to the approach were satisfaction (with programme practitioners and services), self-efficacy and social support.

The more family-centred the approach used was, the more families were satisfied with practitioners and programmes, experienced increased self-efficacy beliefs and the more helpful they perceived the support and/or resources provided by the help-giver. Child behaviour and functioning, wellbeing and parenting behaviour were also significantly associated but to a lesser extent.

These findings suggest that the way a practitioner interacts with a family has an influence on family functioning.

[See corresponding evidence statement 1 , ([Dunst, Trivette, Hamby \(2007\)](#))]

Relational versus participatory help-giving approaches

A larger effect size was observed between a relational approach to help-giving and participant satisfaction suggesting that this approach had a greater impact on these aspects. However, the effects of a participatory help-giving approach (were larger on all other outcomes (life events control, satisfaction with programme, child positive behaviour functioning, family wellbeing and parenting behaviour). The authors suggest that the active participation of parents in the acquisition of new knowledge and skills has capacity-building effects for them. This explains the stronger link between participatory approaches and more positive outcomes in five areas. Family-centred help-giving practices are, the authors conclude, strengths-based approach.

[See corresponding evidence statement [2 \(Dunst, Trivette, Hamby \(2007\)\)](#)]

The relationship between help-giving approaches and outcomes

The authors propose that the relationship between help-giving and positive child outcomes is indirect and mediated through self-efficacy. Both forms of help-giving were more strongly related to self-efficacy beliefs related to or associated with a help-giver and/or the programme than those with no direct reference to the help-giver or programme; for example general life events. Additionally, both forms of help-giving were more strongly related to parent's perceptions of the helpfulness of support they received rather than actual provision of child and parent support.

[See corresponding evidence statement [3 \(Dunst, Trivette, Hamby \(2007\)\)](#)]

Key point

The use of a family-centred help-giving approach, characterised by practices that treat families with respect and dignity, information-sharing, family choice regarding involvement and provision of services; parent/professional collaboration and partnerships is associated with more positive parent, family and child behaviour and functioning.

2. Parents' experiences and perceptions of parenting programmes

Context

The following evidence is derived from a systematic review that used a meta-ethnographic method to review and synthesise qualitative research on parents' experience and perceptions of parenting programmes (Kane, Wood and Barlow, 2007). It is unclear which country these studies were undertaken in. It is also unclear, in this review, what the age range of participating parents' children was. However as the study includes interventions that were delivered within a school context it is included in the present paper.

A total of four studies were included in the systematic review.

Three papers covered the Incredible Years Parenting Programme and one paper covered the Family Links programme. The mechanisms of delivery include:

- by health visitors in local school
- by health visitors in general practice
- video-taped modelling and individual therapist consultations

The included studies feature a range of qualitative methodologies, including:

- grounded theory
- critical social science
- unspecified

The review authors highlight that there is a lack of qualitative research examining parents' perceptions of parenting programmes. This potentially limits the number of themes generated by the analysis.

Perceptions and experiences pre- and post-programme delivery

Themes relating to participation were derived from analysis of participating parent's reports before, during and after programme delivery. The five main themes identified were:

1. Control

Pre-programme:

- loss of control

Post-programme:

- taking/regaining more control
- increased ability to cope
- increased confidence

2. Guilt

Pre-programme:

- self-blame

Post-programme:

- reduction in feelings of guilt
- empowerment

3. Social/cultural and group differences

Pre-programme:

- social isolation

Post-programme:

- willing to seek support of other parents

4. Knowledge and skills

Pre-programme:

- difficulty dealing with children's problem behaviour

Post-programme:

- understanding parenting techniques
- increased empathy with children
- more competent in dealing with their children's problem behaviours

5. Mother's needs

Pre-programme:

- n/a

Post- programme:

- mothers need of love, care/support
- lack of support from spouse/partner.

The issue of mothers' needs was raised by participants following participation in the programme but not before.

[See corresponding evidence statement 1 ([Kane, Wood and Barlow \(2007\)](#))]

Understanding experience and perceptions

The authors propose that acquisition of knowledge, skills and understanding, along with feelings of acceptance and support from other parents enabled parents to regain control and feel more able to cope. This reduced feelings of guilt and social isolation. It also increased parents' empathy with their children and confidence in managing their children's behaviour.

[See corresponding evidence statement 2 ([Kane, Wood and Barlow \(2007\)](#))]

Positive engagement of parents

The following key factors for positively engaging parents in parenting programmes are identified:

- Parents acknowledge that there is a problem.
- The seriousness of consequences of conduct disorder is understood.
- Increased knowledge and skills in handling children's behaviour to be gained by participation are emphasised.
- Control and confidence in one's ability to parent effectively.
- Provision of non-judgemental support from professionals throughout process of gaining new knowledge, skills and understanding and implementing parenting skills.
- Parents' need peer support.
- Parents' need for their own needs to be recognised.
- Mothers' need for support from their spouse/partner.

[See corresponding evidence statement 3 ([Kane, Wood and Barlow \(2007\)](#))]

Key point

Analysis of parents' perceptions of taking part in a parenting programme (mainly Incredible Years), suggest that key themes are perceptions about their control and confidence in ability to parent, guilt, social influences, knowledge and skills and mother's needs. Acquiring knowledge, skills and understanding along with feelings of acceptance and support from other parents may enable parents to regain control and feel more able to cope with their parenting role. In turn this reduced feelings of guilt and social isolation and increased empathy with their children and confidence in managing their children's behaviour.

3. Support needs of mothers, fathers and carers

Context

This evidence is derived from a review that provided a summary of interventions with families, parents and carers of children and young people aged between 7 and 19 that improve attainment, behaviour and emotional outcomes (O'Mara, Jamal, Llewellyn, Lehmann and Cooper, 2010).

The majority of included studies were undertaken in the UK or North America. Detailed descriptions of the included studies or their findings are not provided. This section addresses the family support needs of mothers, fathers and carers of children aged 7 to 19 around achievement and emotional and behavioural outcomes. Four key aspects of family support are identified:

1. Purpose of support
2. Needs assessment
3. Delivery strategies
4. Types of support.

Purpose of support

Both preventative and treatment interventions are recommended.

The current evidence focuses on preventative interventions that have tended to be targeted at those with risk factors for poorer outcomes, e.g. low socio-economic status, intellectual or other disability, ADHD or children at risk of exclusion from school. There is limited evidence relating to universal interventions delivered to the whole population.

Similarly, treatment interventions often consist of targeted support services/ interventions for those experiencing issues including poverty, mental health problems, and substance misuse.

[See corresponding evidence statement 1 (O'Mara et al., (2010))]

Needs assessment

The design and delivery of support programmes to meet the needs of parents should be informed by needs assessment. However, this review highlights that support needs are rarely based directly on the perspective of parents or children and young people, with the majority of the identified needs assessments conducted with service providers not parents.

Needs assessment can be based on surveys, focus groups and consultations with parents and children. Coordinating and standardising needs assessment across local authorities may improve effectiveness. Parents and children needs may diverge and this should be taken into account when planning services.

Additionally, assessment of the needs of two particular groups is identified as a gap – fathers (especially non-resident) and ethnic minority groups. More targeted services may be needed to address the specific needs of these two groups, and assessing such needs is the first step.

[See corresponding evidence statement [2 \(O'Mara et al., \(2010\)\)](#)]

Delivery strategies

Sources of support are considered by two somewhat dated studies, one featuring parents of children aged 8 to 12. These suggest that families and friends are the main sources of support for child rearing. Family, friends and health practitioners are accessed for support on child health issues and social services for financial help. Ethnic minority parents are more likely to turn to other family members for financial support.

Tailoring support to needs is mentioned as important, that is support should be of sufficient duration and intensity. Parents and practitioners were both in favour of longer and/or multi-component interventions that tackle multiple problems.

[See corresponding evidence statement [3 \(O'Mara et al., \(2010\)\)](#)]

Types of support

Twenty studies consider the type of support needed by parents. Further detail on the quality of these studies is not provided. This support falls into six main categories:

1. Information, advice and practical skills (12 studies)
Support on a range of information and practical skills.
2. Emotional support (8 studies)
Parents want an empathic person to support them. This is reported as a strong parental need when their child had characteristics that increased their risk of poor outcomes, e.g. children with conduct disorders.
3. Personal and social skills (4 studies)
Support to improve the personal and social skills of parents through confidence and communication skills training
4. Family relationship-building skills (5 studies)
Five studies conclude that family relationship-building is important in improving child outcomes.
5. Opportunities to learn, education, training and employment (3 studies)
Interventions designed to improve parental learning, access to education and employability and their impact on child outcomes are considered. The direct effect on child outcomes within the timeframe measured is minimal; however supporting these needs is likely to have a longer-term indirect impact on child outcomes.
6. Financial support; housing provision (8 studies)
The evidence is inconclusive about any direct benefits of housing and financial support to children during the time frame of studies and the outcomes measured. However, such interventions may well relieve basic pressures on families and have long-term benefits.

[See corresponding evidence statement 4 ([O'Mara et al., \(2010\)](#))]

Key point

Support needs of parents are often not sufficiently addressed in designing services. Parents and children's views should be taken into account through means such as surveys and focus groups or consultation.

Parents seek certain types of support from friends and family and other types from professionals; this preference should also be taken into account when developing support services. Parents require support in the form of advice and practical skill development, emotional support, personal and social skills support, family relationship-building skills, opportunities to learn, education and training and financial support.

Support can be preventative or provide treatment, some families may require both forms of support.

4. Community-based interventions

Context

The following evidence is taken from a review that provides a summary of interventions with families, parents and carers of children and young people aged between 7 and 19 that improve attainment, behaviour and emotional outcomes (O'Mara, Jamal, Llewellyn, Lehmann and Cooper, 2010).

This section considers what the evidence tells us about the impact of community based initiatives that support and engage parents in improving their children's achievement and emotional and behavioural outcomes. Detailed descriptions of the included studies or their findings are not provided within this review.

What parenting interventions are delivered?

One study (Klett-Davies et al, 2009) asked 150 local authorities in England which parenting programmes they funded. Most funded more than one programme and the four most frequently cited programmes were:

- Incredible Years (57 %)
- Triple P (41 %)
- Strengthening Families (23%)
- Strengthening Families, Strengthening Communities (17%)

[See corresponding evidence statement 1 (O'Mara et al., 2010)]

The impact of interventions on child outcomes

A total of nine studies report on the effectiveness of community-based programmes for parents in improving child outcomes. Eight of these studies were undertaken in the UK. The other is a review consisting of studies from a range of countries. Child behaviour was the most common outcome measured.

Television

One study (Calam et al, 2008) evaluated an intervention where parents watched a six-week television series that featured five families participating in the Triple P Parenting Programme. Parents were assigned to either:

1. Standard condition (weekly email reminders to watch the show) or
2. Enhanced condition (workbook, web and email support and weekly reminders to watch show).

Most participating families were at risk because of factors including socio-economic status, mental health, etc. Parents in both conditions reported significant pre- to post-intervention improvements in child behaviour and benefits in relation to their own mental health and parenting style. It is unclear, however, whether this had been objectively assessed and there does not appear to be a control condition.

Parenting Intervention Pathfinder Programme

The UK Parenting Early Intervention Pathfinder (PEIP) programme (Lindsay et al, 2008) included three programmes that focused on parents of children aged 8 to 13, all based on social learning theory – Incredible Years, Triple P and Strengthening Families, Strengthening Communities. Parents who participated in the programme had lower mental wellbeing and described a high level of emotional and/or behavioural problems in their children. Self-reported improvements included child behaviour, parent outcomes (including improved mental health) and family relationships.

Whole-family approaches

A number of studies considered whole-family approaches rather than parent-specific interventions.

One study reported that Family Intervention Projects (FIPS) (NCSR, 2010) which offer support to those families with complex, challenging problems. Families were supported by a designated key worker who coordinated multi-agency support. Support provision was dependent on the needs of the family but interventions could include: 1:1 parenting support; help in managing the

risk of eviction; support to find education, training or work. Reported positive outcomes include improvements in child behaviour, reductions in truancy, school exclusion and anti-social behaviours. No detail is provided in the present review regarding the numbers of participants or the method of the evaluation.

A rapid evidence assessment of community-based family interventions to improve family outcomes in what are termed 'high cost, high harm household units' included studies from the UK and US (Newman et al, 2007). Positive outcomes were reported for school attendance, reduction in antisocial behaviour, and juvenile crime. The review authors conclude that there is insufficient data to determine whether the intervention had any effect on educational or child mental health and wellbeing outcomes.

Another review of family-based interventions focused on mental health problems experienced by children (Diamond and Josephson, 2005). This included depression, anxiety, anorexia, bulimia, ADHD and drug abuse. The reviewers report that family treatments are effective particularly for conduct disorder and substance misuse problems.

Another study examined the views of 30 parents with intellectual disabilities in the UK about the support they had received. Parents said that the support had contributed to safeguarding their children's welfare (Tarleton and Ward, 2007).

A further family intervention study was an evaluation of the Welsh Option 2 service. This aims to improve family functioning and reduce the need for children to enter care among families affected by parental substance misuse. The number of children entering care was the same between the intervention and control group. However, those in the intervention group spent less time in care (Forrester, 2008).

A small-scale single evaluation of the effectiveness of a local authority housing department family support team (FST) is included. The FST aimed to

assist homeless families. Parents valued family support workers, the empathy provided and provision of both practical and therapeutic support.

A two-year evaluation of the Intensive Family Support Projects (IFSPs) aimed at families at risk of potential homelessness in the UK, with a focus on families with severe 'antisocial behavioural' problems (Anderson et al, 2006). Interventions varied, but typically involved outreach to improve behavioural problems, support to find housing, and/or the provision of special residential accommodation. Data was collected from 256 participating families. The review reports that 85% of families ceased to receive anti-social behaviour complaints completely or that these were reduced to a level that did not jeopardise their tenancy. Project workers assessed that children's mental health improved in 40% and physical health in 53% of cases. However, these findings are based on 15% of the overall sample and therefore no robust conclusions can be drawn about the generalisability of these (Nixon et al. 2006).

Finally, a critical review highlights that family intervention projects can be potentially stigmatising and damaging to a family's reputation. It also suggests that evaluations of family intervention projects may not support the claims made about effectiveness. However, no further detail on this is provided in the present review (Gregg, 2010).

[See corresponding evidence statement 2 ([O'Mara et al., \(2010\)](#))]

Key point

The findings suggest that community-based programmes can potentially improve child behaviour, welfare, and reduce the amount of time spent in care and levels of juvenile crime. Successful programmes focused on parenting skills programmes or the provision of support to manage housing, employment or education.

5. School-based interventions

Context

The following evidence is taken from a review that provides a summary of interventions with families, parents and carers of children and young people aged between 7 and 19 that aim to improve attainment, behaviour and emotional outcomes (O'Mara, Jamal, Llewellyn, Lehmann and Cooper, 2010). This section considers what the evidence tells us about the impact of school-based initiatives that support and engage parents in improving their children's achievement and emotional and behavioural outcomes. Ten studies reported on the effectiveness of school-based interventions. However, detailed descriptions of the included studies or their findings are not provided in this review.

There is an even split between the number of studies conducted in UK and US. It is important to note that evidence from US studies is not necessarily transferable to UK due to cultural differences and differences in the educational system.

All interventions were conducted in school-based settings. The outcomes considered include:

- Educational attainment
- Persistent absenteeism
- Family relationships
- Child behaviour

Components of effective practice

Components of effective practice within school-based settings are:

- 1:1 approach enabling engagement with parents through a single point of contact.
- Face-to-face support: interaction between staff and parents ensures that parents share complete and accurate information about their child schooling.

- Services in one location: families using multiple services can benefit from the co-location of these. Providing services through a school can also reduce stigma.
- Maintaining the intervention effects: reunion sessions for those who have attended parent skills training, to ensure maintenance of the effects of the intervention.

[See corresponding evidence statement 1 (O'Mara et al., (2010))]

Full Service Extended Schools (FSES)

FSES provide comprehensive services including access to health services, extended childcare (8.00 to 6.00 pm), adult learning and community activities.

An evaluation of FSES reported improved children's engagement in learning, family stability, enhanced life chances and child behaviour (DCSF, 2009).

However, there was no clear, significant effect on pupil attainment.

[See corresponding evidence statement 2 (O'Mara et al., (2010))]

Knowledge-sharing

An evaluation of a knowledge-sharing scheme that focused on enabling communication between teachers and parents in three local authority areas in England, reported increased parental involvement and improved family relationships, but limited evidence of improvement in educational attainment. As the evaluation was not robust, findings are suggestive rather than conclusive.

[See corresponding evidence statement: 3 (O'Mara et al., (2010))]

Parent Support Adviser (PSA)

Evaluation of the Parent Support Advisor (PSA) intervention which targeted the parents of children at risk of developing behavioural, emotional or social difficulties in England suggested that the majority of line managers rated programmes as a success in relation to outcomes (e.g. parent's engagement with learning) (Lindsay et al, 2009). Schools with a PSA reported a decrease in persistent absenteeism by around 25% compared to pre-intervention levels.

[See corresponding evidence statement 4 ([O'Mara et al., \(2010\)](#))]

Open-access group parenting course

Limited evidence from one small evaluation of an open-access group parenting course for parents of children in Year 7 (aged approx. 11 to 12 years) in one school found no significant change in academic achievement (Orchard, 2007).

[See corresponding evidence statement 5 ([O'Mara et al., \(2010\)](#))]

Father-focused programmes

A review of studies of father-focused programmes suggests that these interventions may have benefits in relation to skill acquisition, increased confidence, improved father–child relations and increased engagement with learning. However, the small size of programmes limits the generalisability of the findings (Goldman, 2005).

[See corresponding evidence statement 6 ([O'Mara et al., \(2010\)](#))]

Parenting programmes that focus on substance abuse prevention

There is evidence from the US that parenting interventions that are delivered in a school setting and focus on substance abuse prevention are associated with preventing substance misuse:

- The Strengthening Families Program, a 14-session programme designed for substance misuse prevention (that includes both parental and separate children's training sessions) reported positive outcomes for parental involvement, child academic attainment, child social competence and child behaviour.
- A comparison of two family interventions for ethnic minority families – Families and Schools Together (FAST) (after-school, multi-family support group) vs behavioural parenting pamphlets with active follow-up (FAME) indicated that the FAST programme students performed significantly better on teacher ratings of children's social skills, aggression levels and academic skills.

Results were maintained over two years, but it is highlighted that the outcomes for students participating in the FAME approach deteriorated from the point of that the intervention was delivered so FAST may be preventing decline rather than improving outcome.

[See corresponding evidence statement [7 \(O'Mara et al., \(2010\)\)](#)]

Key point

School-based interventions that work with parents and carers can improve child behaviour, school attendance, improve relationships, prevent or reduce substance misuse and potentially increase educational attainment. Offering support in the same location such as Full Service Extended Schools or through a single point of contact for parents can improve both parental engagement and child outcomes.

6. Policy initiatives

Context

The following evidence relating to policy initiatives is taken from a review that provides a summary of interventions with families, parents and carers of children and young people aged between 7 and 19 that aim to improve attainment, behaviour and emotional outcomes ([O'Mara, Jamal, Llewellyn, Lehmann and Cooper, 2010](#)).

Six studies of US policy initiatives are included. This is understandable, given the variation in political, educational and health systems between the US and the UK the generalisability of the findings to policy and practice in the UK is very limited.

The policy initiatives included financial incentives to return to employment, with occasional supplementation with training or other support services. Detailed descriptions of the studies or their findings are not provided in the review.

Direct impact on children's outcomes

Overall, few direct positive outcomes for children were identified as a result of policy initiatives in the form of welfare reform.

However, they may have longer-term, indirect effects on child outcomes through reducing child poverty and improving family stability. Longer follow-up evaluation using direct and indirect outcomes needed.

Specifically, a review of nine North American studies of the impact of financial support (including direct cash payment and positive taxation) to poor families on child outcomes did not have an impact on child health, wellbeing, crime or attainment.

[See corresponding evidence statement 1 ([O'Mara et al., \(2010\)](#))]

Key point

The evidence reviewed suggests that policy initiatives in the form of welfare reform that provide financial supplements or incentives to parents had no effect or a potentially negative effect on child outcomes. However, they may lead to positive outcomes for the family and may have long-term benefits. The limited evidence is drawn from the US and consequently the relevance of the finding to the UK context is questionable.

7. Multi-component initiatives

Context

The following evidence covers the impact of multi-component initiatives that cannot be placed within the categories of school-based, community-based or policy initiatives. It is taken from a review providing a summary of interventions with families, parents and carers of children and young people aged between 7 and 19 that aim to improve attainment, behaviour and emotional outcomes (O'Mara, Jamal, Llewellyn, Lehmann and Cooper, 2010).

The evidence relating to the impact of multi-component initiatives includes a total of seven reviews and/or studies. These include research undertaken both in the UK and elsewhere.

Detailed descriptions of the study and findings are not provided in the review.

Types of intervention and outcomes

The interventions were mixed and included both universal and targeted services. All studies reported evidence of post-intervention improvements in children and young people's outcomes. The findings are summarised below:

- Universally available and targeted services in response to for higher need families are associated with an improvement in adolescent outcomes.
- Parenting programmes are associated with reduction in youth crime, child abuse and improvements in child behaviour. There was no evidence on child healthy behaviours reported.
- Support to parents was linked to improved family relationships
- Training in the treatment of children with a conduct disorder improved child behaviour
- Strategies to enhance positive parenting improved parent and child functioning in the short term. These strategies were also associated with improved parent outcomes. However, no/inconclusive evidence regarding the long-term impact on child behaviour was provided.

- Regarding telephone helplines and innovation services (e.g. Gotoateenager and netmums): There is currently limited evidence of improvements in family relationships and child behaviour, but most parents felt that accessing web and social media sites did not have a direct impact on their children.
- General parenting programmes to improve attendance at and behaviour in school (often in combination with helplines) are associated with improved child behaviour.

[See corresponding evidence statement [1](#) (O'Mara et al., (2010))]

Key point

Multi-component or mixed interventions can have a positive impact on children and family functioning. As a consequence of the limitation of the current evidence, the comparative benefits of multi-component versus single component interventions is unclear.

8. Barriers and facilitators to engaging parents with services

Context

The following evidence is taken from a review that provides a summary of interventions with families, parents and carers of children and young people aged between 7 and 19 that aim to improve attainment, behaviour and emotional outcomes (O'Mara, Jamal, Llewellyn, Lehmann and Cooper, 2010).

This section describes the potential barriers and facilitators to engaging parents and carers in support and services.

Overall, ensuring that parents feel comfortable in receiving help and accessing to support as easy as possible are the key facilitators. However, six key factors were identified from the available evidence:

1. Accessible delivery

Access to interventions in terms of both availability of and location of delivery is important.

Web-based parent forums may be widely accessible but their effectiveness in changing child outcomes is unproven.

Telephone helplines (as a complement to parent programme) were valued by parents because they offered them instant access when needed.

A review of parent support programmes suggested that newsletters, helplines and educational campaigns are especially effective at getting information to parents of teenagers – however no evidence about the impact on young people's outcomes is provided.

Of particular relevance, one Scottish study of parent's preferences for information provision indicated that they would most like to receive information on managing their children's behaviour through:

- internet sites (45%)
- booklets and leaflets (31%)
- telephone helplines (12%)
- CDs or DVDs (9%)

Another single study suggested that a television programme on parenting skills was effective in reaching 'hard-to-engage' parents. However, rates of non-completion were high suggesting that reaching and effectively engaging parents are separate aspects of access.

[See corresponding evidence statement 1 ([O'Mara et al., \(2010\)](#))]

2. Physical and practical barriers

Factors that should be considered (potentially through pre-intervention assessment) include:

- transportation to the venue
- venue choice e.g. appropriate and comfortable on school sites.
- affordable childcare or provision of crèche
- time commitments, e.g. parent's work schedules

[See corresponding evidence statement 2 ([O'Mara et al., \(2010\)](#))]

3. Non-stigmatising environment

This is the most commonly cited facilitator.

The provision of a non-stigmatising, welcoming and friendly service is viewed as critical to engaging parents.

Concern about being judged can be a barrier and lead to parents underestimating their own needs.

One study highlights the importance of privacy and confidentiality to parent.

A further study highlights the need to address the perception by parents that seeking help means that they have failed in their role as parents.

[See corresponding evidence statement [3 \(O'Mara et al., \(2010\)\)](#)]

4. Choice and confidence

Parents want a choice about which intervention they participate in. The ability to opt in may increase parent's sense of control, responsibility over participation and confidence. There is also a role for involving parents in the design of the service and implementation of its delivery.

[See corresponding evidence statement [4 \(O'Mara et al., \(2010\)\)](#)]

5. School collaboration

Acknowledgement that schools may be intimidating for some parents. Strategies such as the PSA outlined earlier in the school intervention section above can help enhance accessibility.

Clear communication between schools and parents is viewed as important, either through 1:1 communication between parents and a nominated staff member or the provision of a one-stop shop involving health, educational and mental health professionals. Other forms of interaction include volunteering opportunities or events held in collaboration with local community groups.

[See corresponding evidence statement [5 \(O'Mara et al., \(2010\)\)](#)]

6. Under-represented populations

The two populations identified as under-represented are fathers and ethnic minorities.

Fathers

Low involvement of fathers is highlighted. The reasons cited were timing that did not suit fathers, there was an assumption by practitioners that parent refers to mother, and a lack of male facilitators.

The mode of delivery may also have an impact. Fathers are potentially less likely to engage in courses but more likely to engage more with helplines and text-based support.

Factors that facilitate father engagement:

- Provision that appeals to fathers interests and is available in informal settings, evenings and weekends.
- Outreach especially in rural settings.
- Working with voluntary and community sector organisations with strong links to fathers.
- Reviewing communications with parents to ensure that positive language and images of fathers are used.
- Employing more male practitioners who have contact with parents.

Ethnic minority families

Ethnic minority families are at increased risk of non-engagement. Barriers include:

- Language barriers
- Staff judgement
- Ethnic minority parents may be disproportionately affected by physical and practical barriers (time and transportation).

Facilitators to engaging ethnic minority parents include culturally adapted programmes and language services. Culturally adapted programmes can improve attendance for minority ethnic parents, language classes and interpreters can help to overcome barriers. Engaging ethnic minority parents in the decision-making processes of service programmes may also facilitate their involvement.

[See corresponding evidence statement [6 \(O'Mara et al., \(2010\)\)](#)]

Key point

Overall, addressing the barrier of stigma and ensuring that parents feel comfortable receiving help through non-judgemental, empathic support from staff, is a key facilitator to engaging parents. Giving parents a choice to opt in to services also enhances involvement. Studies have indicated that service provision in a school setting is less stigmatising and can facilitate greater engagement than when located in other services. Making access to support as easy as possible through accessible facilities is important (e.g. sites on parents usual routes, via public transport), as is the provision of childcare. Fathers and ethnic minority parents face particular barriers to access which should be considered as part of service design and delivery.

9. Economic evidence

Context

This is a review of the cost-effectiveness evidence of parenting programmes for families with children with, or at risk of, developing a conduct disorder (CD). A total of six studies are included in the review ([Charles, Bywater and Edwards \(2011\)](#)).

A range of interventions were delivered to parents of children and children and young people aged 2 to 17. These interventions include: teaching parenting skills, video-taped modelling and parenting programmes.

Cost-effectiveness

This review aimed to provide an overview of the cost-effectiveness of interventions not the effectiveness.

However, a number of factors limit comparison and the overall conclusions that can be made about cost-effectiveness. These include:

- Varied methodological approach to economic appraisal.
- No economic modelling studies were identified.
- Differing intervention type and outcomes measured.
- Short follow-up period after the intervention.

[See corresponding evidence statement 1 ([Charles, Bywater and Edwards, 2011](#))]

Key point

The variability of included studies (methodology, interventions and outcomes) limits the comparison and definitive conclusions about the cost-effectiveness of interventions of parenting programmes for families with children with, or at risk of, developing a conduct disorder.

References

1. Family-centred help-giving approaches

Details of Studies

Dunst C J, Trivette C M, Hamby D W. (2007) Meta-analysis of family-centered help-giving practices research. *Mental Retardation and Developmental Disabilities Research Reviews* 13, pp370–378

2. Parents' experiences and perceptions of parenting programmes

Details of Studies

Review: Kane G A, Wood V A, Barlow, J (2007) Parenting programmes: a systematic review and synthesis of qualitative research. *Child: care, health and development*, 33, 6, pp784–793

3. Support needs of mothers, father and carers

Details of Studies

O'Mara A, Jamal F, Llewellyn A, Lehmann A, and Cooper C. (2010) *Improving children's and young people's outcomes through support for mothers, fathers and carers*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

4. Community-based interventions

Details of Studies

O'Mara A, Jamal F, Llewellyn A, Lehmann A, and Cooper C. (2010) *Improving children's and young people's outcomes through support for mothers, fathers and carers*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

5. School-based interventions

Details of Studies

O'Mara A, Jamal F, Llewellyn A, Lehmann A, and Cooper C. (2010) *Improving children's and young people's outcomes through support for mothers, fathers and carers*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

6. Policy initiatives

Details of Studies

O'Mara A, Jamal F, Llewellyn A, Lehmann A, and Cooper C. (2010) *Improving children's and young people's outcomes through support for mothers, fathers and carers*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

7. Multicomponent initiatives

Details of Studies

O'Mara A, Jamal F, Llewellyn A, Lehmann A, and Cooper C. (2010) *Improving children's and young people's outcomes through support for mothers, fathers and carers*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

8. Barriers and facilitators to engaging parents with services

Details of Studies

Review: O'Mara A, Jamal F, Llewellyn A, Lehmann A, and Cooper C. (2010) *Improving children's and young people's outcomes through support for mothers, fathers and carers*. Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

9. Economic evidence

Details of Studies

Charles J M, Bywater T and Edwards R T. (2011) Parenting interventions: a systematic review of the economic evidence. *Child: care, health and development*, 37, 4, pp462–474

Evidence statements

1. Family-centred help-giving approaches

Evidence statement 1: The impact of a family-centred help-giving approach

The relationships between family-centred help-giving and the outcomes were statistically significant in all six analyses, Zs 5 9.07–126.84, $P < 0.0001$.

Family-centred help-giving was, however, differentially related to the outcomes as evidenced by the stair-stepped relationship between the independent and dependent measures.

Two of the three outcomes most strongly related to family-centred help-giving were ones most proximal and contextual to the study participants involvement in a help-giving relationship (satisfaction with programme practitioners and services and self-efficacy beliefs), Zs 5 94.91 and 124.84, $P < 0.0001$ respectively). The provision of child and parent supports from the help-giver or his or her programme was also significantly related to family-centred help-giving, Z 5 33.97, $P < 0.0001$. In all three sets of analyses, the more family-centred the practices, the more the participants were satisfied with the practitioners and their programmes, had stronger self-efficacy beliefs, and the more helpful they judged the supports and resources provided by the help-giver and their programmes.

The three outcome measures more distal to family-centred help-giving (child behaviour and functioning, personal/ family well-being, and parenting behaviour) were all statistically related to the independent variable, Zs 5 20.53, 26.20, and 9.07, $P < 0.0001$, respectively, albeit not nearly as strongly. The results nonetheless indicate that the ways in which help-givers interact and treat families influences to some degree judgments of their own behaviour, that of their family, and their children's behaviour.

Evidence statement 2: Relational versus participatory help-giving approaches

Whether or not either relational or participatory help-giving practices were more strongly related to the outcome measures was determined by a series of between type of help-giving practices comparisons. The 21 between type of help-giving (relational vs. participatory) practices Q statistic analyses produced seven significant differences. The size of effect for relational help-giving and satisfaction with programme staff (ES 5 0.67) and all the satisfaction measures combined (ES 5 0.64) was larger than the effect sizes between participatory help-giving and these same outcomes (ESs 5 0.38 and 0.59, respectively). In contrast, the sizes of effect for the relationship between participatory help-giving and the other five outcomes (life events control, satisfaction with programme, child positive behaviour functioning, family well-being, and parenting behaviour) were larger than the effect sizes for the influences of relational help-giving on these same outcomes.

The fact that participatory (compared to relational) help-giving was more strongly related to more outcomes was expected because research has consistently found that active learner participation in acquiring new knowledge and skills is more likely to have capacity building effects [e.g., Donovan et al., 1999; Wilson, 2006].

Evidence statement 3: The relationship between help-giving approaches and outcomes

Family-centred help-giving was differentially related to the outcome measures within domains in 6 of the 12 analyses (see Table 2). Relational and participatory help-giving were both differentially related to the three self-efficacy belief measures, Qs 5 117.69 and 126.95, $P < 0.00001$. In both analyses, the strength of the relationship between help-giving practices and the two proximal control measures (practitioner control and programme control) was about twice as strong as the relationship with the distal control measures (life events control) as expected.

Both relational and participatory help-giving were also differentially related to the two social support and resources measures, Qs 5 4.87 and 8.58, P s < 0.03 and 0.01 . In both analyses, relational and participatory help-giving were

more strongly related to participants' ratings of the helpfulness of programme supports and resources (ESs 5 0.47 and 0.52, respectively) compared to the actual provision.

2. Parents' experiences and perceptions of parenting programmes

Evidence statement 1: Perceptions and experiences pre and post-programme delivery

Table 4 depicts the main themes that were identified across the four studies, and the point at which the theme was raised (i.e. before or after participation in the parenting programme).

Table 4. Identified themes of papers

Concept	'Before' parenting programmes delivered Papers 1-4	'After' parenting programmes delivered Papers 1-4
Control	Loss of control	Taking/regaining control More able to cope More confident
Guilt	Self-blame	Reduction in feelings of guilt
Social/cultural/group influences	Social isolation	Empowered Willing to seek support of other parents
Knowledge and skills	Difficulty dealing with children's problem behaviour	Understanding parenting techniques Increased empathy with children More competent in dealing with children's problem behaviour
Mother's needs	-	Mother's need of 'care'/support Lack of support from spouse/partner

Evidence statement 2: Understanding experience and perceptions

By identifying the main interconnected themes across the constituent qualitative research papers, a line-of-argument was developed (by GK and VW separately) which constitutes the synthesis achieved:

- Acquisition of knowledge, skills and understanding, together with feelings of acceptance and support from other parents in the parenting group, enabled parents to regain control and feel more able to cope.
- This led to a reduction in
 - feelings of guilt and social isolation,
 - increased empathy with the children and confidence in

- dealing with their behaviour.

Evidence statement 3: Positive engagement of parents

It identifies some of the key factors which may need to be considered when attempting to positively engage parents in parenting programmes:

- parents to acknowledge that there is a problem
- the seriousness of the consequences of conduct disorder to be understood
- knowledge and skills related to handling children's behaviour to be gained
- control and confidence in one's ability to parent effectively to be acquired
- parents need to receive non-judgemental support from professionals in the process of gaining new knowledge, skills and understanding, and help with implementing parenting skills
- parents' need peer support
- parents' need for their own needs to be recognised
- mothers' need for support from their spouse/partner.

3. Support needs of mothers, father and carers

Evidence statement 1: Purpose of support

Support services are typically aimed at either preventing problems from occurring later or treating an existing condition or problem. A study by Asmussen et al (2007) on the service support needs of families with teenagers, in which the authors interviewed 14 parents about why they sought help, supported this claim.

Several studies note that the particular support needs of some families mean that a preventative approach will be useful. This means providing support before a problem develops or is exacerbated. Preventative measures are

typically encouraged where the family is at risk of problems in the future due to low socio-economic status, intellectual disability or other disabilities. For example, Cameron et al (2008) note that low-level ongoing prevention is particularly important with families who experience poverty.

Risk factors can be inherent within the child or the parents. Child risk factors requiring prevention or early intervention support for parents include children with ADHD (Chacko et al 2009) and children at risk of exclusion from school (Orchard 2007).

Risk factors for the parents such as intellectual disability or poverty can also require early intervention. Tarleton and Ward (2007) describe examples of positive practice in supporting parents with intellectual disabilities and their children across five regions in the UK, after speaking with 30 parents with intellectual disabilities. Parents were interviewed using open-ended questions such as how they were being supported in their parenting, how they would like to be supported, and how the support could be improved. The support received took various forms: developing skills, developing self-confidence, support to keep their children, and help in understanding the court process. As such, the forms of support varied depending on the particular parent's experiences (in other words, there was no uniform type of support). The authors note that ongoing support for parents with intellectual disabilities can reduce the likelihood of future problems that might otherwise warrant the intervention of child protection professionals.

Treatment of existing problems, compared with problems that are at risk of developing, is typically advocated in cases where the problems are severe. Asmussen et al's (2007) review of universal and target support services for parents notes that more serious issues include divorce, single parenting, poverty, substance abuse, delinquency, and poor mental health of parent or child. In these cases, support needs typically require more targeted support services.

Evidence statement 2: Needs assessment

Needs assessments are used to design and deliver a support programme that meets the needs of the population with whom intervention is intended. That is, a service provider can use a needs assessment to determine what to offer to meet the needs of its service users. Unfortunately, research suggests that needs assessments are rarely well-conducted to ensure that appropriate support services are offered.

Barrett (2008) concluded, based on a literature review and interviews with practitioners, that despite an increase in parent services over recent years aimed at improving child outcomes, the nature of services is rarely determined by prior needs assessments. That is, the services being offered were not always developed on the basis of an understanding of what parents and families need.

Utting (2009) echoed this concern. The author conducted a review of relevant evidence to examine the assessment of families' need for parenting support services at the local level. The author noted 'an acknowledged shortage of bespoke (as opposed to proxy) indicators that would assist local areas to assess and aggregate parenting needs and plan their support services more effectively' (p 23). Importantly, Utting argued that assessing the needs of parents and carers can be difficult when the ultimate objective is to improve child outcomes, because their needs might diverge.

In apparent contrast, Klett-Davies et al (2009) reported that almost every local authority in England had carried out a parenting support services needs assessment within the last three years (to May 2008). This was on the basis of questionnaires sent to 150 directors of local authority children's services. However, the apparent contradiction unravels when the details are examined. The Klett-Davies et al study found that the most popular form of needs assessments were actually conducted with service providers. Very few local authorities reported seeking the views of parents, and even fewer sought the views of children and adolescents. That is, the views of service users were rarely considered. This is consistent with the conclusions of Barrett (2008) and Utting (2009).

All these review authors (Barrett 2008; Klett-Davies et al 2009; Utting 2009) seem to suggest that all stakeholders can be valuable sources of information about the service needs of parents. One way to ascertain the services available and the service needs of parents and carers could be through a 'participatory appraisal' model, which is a three-pronged approach described by a service manager reviewed in Barrett (2008 p 15). Participatory appraisal can be used to identify all the available services by seeking the views of those who participate in the services, namely parents and practitioners, complemented by statistical/demographic information. Through this appraisal, one can map both what is being offered and what needs to be offered, by triangulating the data from parents, practitioners and statistical sources.

It is important to consider how this information might be gathered. Utting (2009) suggested that surveys, focus groups and other consultation arrangements can be used to conduct needs assessments. Klett-Davies et al (2009) noted the following sources of information were used by local authorities in conducting a needs assessment:

- annual performance assessment (APA) and the joint annual review (JAR) (advocated by almost half of the 150 local authorities' children's services directors)
- common assessment framework (CAF) guidance (advocated by two-thirds of the local authorities)
- other central government guidance (used by three-quarters of the local authorities).

Certain groups are particularly neglected in terms of needs assessments. Several documents referred to the importance of assessing the needs of specific under-represented groups, the most common of which are:

- fathers in general and particularly non-resident fathers (Goldman 2005; Page et al 2008; Parentline Plus 2006; Utting 2009)
- minority ethnic parents (Cameron et al 2008; Page et al 2007; Utting 2009).

Understanding the needs of these groups is important in both engaging them and ensuring the service meets their distinct requirements. A survey of English local authorities (Page et al 2008) reported that only one in five single parenting commissioners felt that their local authority ensured fathers' needs were being met. Although this study had a low response rate (only 46 out of 150 local authorities responded), it indicates a widespread concern about assessing and addressing the needs of fathers. Various authors (for example, Cameron et al 2008; Parentline Plus 2006) argued that more targeted services were required for both fathers and minority ethnic groups to address their specific needs – although ascertaining their needs is the first step.

It was suggested that implementing and coordinating standards within and across local authorities could help to improve effectiveness of needs assessment (Virgo 2009). No clear systems are in place for information-sharing. Two factors were identified as gaps in the current structure: lack of strategic coordination roles and the lack of prioritisation of evaluations and standards. It might also be useful to explore how the common assessment framework (CAF) could be used to address these concerns.

Evidence statement 3: Delivery strategies

The literature we reviewed frequently referred to the support needs of parents and carers in terms of the way in which that support is delivered. Discussion typically focused on:

- who should provide the support
- how tailored the support can be
- the intensity of the support.

Two studies discussed the sources of support available to parents. Edwards and Gillies (2004) reported that parents of children aged 8–12 years said that family and friends were the main sources of support on child-rearing issues, but both family and professionals would be consulted on issues of child health. Social services was an appropriate place to turn for financial help, but

minority ethnic parents tended to endorse seeking financial support from other family members. Similarly, a survey by Ipsos MORI (2008) found that parents mostly turn to health visitors, doctors and their own parents or relatives for information and advice on parenting issues – depending on the issue.

These findings have important implications for needs assessments. Although parents might state that they need a particular type of support (for example, help in managing their child's behaviour), they might actually prefer to seek that help from family, friends or health practitioners. Needs assessments should therefore also assess the desired or anticipated sources of support for parents and carers.

Another common finding across studies was that the ability to tailor the intervention to parents' and families' needs is important in meeting those needs. For instance, Chacko et al (2009) noted that families with many risk factors might need supplementary individual sessions to tailor what they learned during group sessions to meet their varied support needs.

The intensity of the interventions was also cited as an important factor in meeting the support needs of parents. Parents and practitioners advocated longer interventions, or those with multiple components to tackle multiple problems. That is, interventions needed to be sufficiently intense to make a difference to children's outcomes (for example, Asmussen et al 2007; Chacko et al 2009; Forrester 2008; Tarleton and Ward 2007).

Evidence statement 4: Types of support

Twenty of the studies included in our review discussed the sorts of support needs that parents, service providers or the research authors themselves identified. For example, Tarleton and Ward (2007) reported that parents said they wanted support in being good parents through learning practical skills (including dealing with household bills and cooking). The different types of support that were mentioned as needed by parents fell into six main categories:

- Information, advice, and practical skills (12 studies). This category includes a range of information and practical skills such as information on school policies about expulsion, cooking classes, and advice on dealing with troublesome young people.
- Emotional support; someone to talk to (eight studies). Emotional support was often cited as a strong parental need when the child had characteristics that put them at risk of poor outcomes (such as children with conduct disorders). Parents desired an empathetic person to listen to their concerns and provide comfort.
- Personal and social skills (four studies). Some studies noted a need to improve the personal and social skills of parents through confidence and communication skills training.
- Family relationship building skills (five studies). Although many studies directly targeted family relationship building through their support programme (thereby implicitly suggesting a need for this type of support), five studies concluded that family relationship building sessions were important in improving child outcomes.
- Opportunities to learn, education and training, and employment (three studies). With improving child outcomes as the focus of this review, it is probably unsurprising that interventions designed to improve parental learning, access to education, and employability received little attention. As will be described in Section 5 (on the effectiveness of parenting interventions), these sorts of interventions seem to have few benefits for the sort of child outcomes measured (such as behaviour, achievement). It is possible that supporting these particular needs of parents will have a longer-term, indirect impact on child outcomes.
- Financial support; housing provision (eight studies). As with educational and employment programmes directed at parents,

evidence on financial and housing support was inconclusive about their benefits to children (at least for the outcomes measured and over the time spans covered). However, they are more frequently recommended because they are posited to relieve basic pressures on families that can lead to other problems (such as family instability).

4. Community-based interventions

Evidence statement 1: What parenting interventions are delivered?

The UK has a rich and diverse suite of community-based interventions which aim to improve child outcomes through parenting support. All the studies reported in this section were conducted in a community setting. Klett-Davies et al (2009) asked 150 directors of children's services based at local authorities about which parenting programmes their local authority funded.

Four evidence-based programmes were cited most frequently:

- Incredible Years (57 per cent of local authorities)
- Triple P (41 per cent)
- Strengthening Families (23 per cent)
- Strengthening Families, Strengthening Communities (17 per cent).

Interestingly, most local authorities funded more than one type of parenting programme. Indeed, 74 per cent of the directors listed one or more of 118 other structured programmes that they offered in addition to one of the four most popular programmes. The authors concluded that local authorities have a desire to provide both evidence-based programmes (for example, Incredible Years) and locally developed initiatives that are tailored to local needs.

Evidence statement 2: The impact of interventions on child outcomes

Nine studies reported the effectiveness of community-based programmes for parents in improving child outcomes. Eight of the nine studies were conducted in the UK; the other study was a review consisting of studies from a number of

countries (but mostly from the US). The most common outcome measured was child behaviour.

Calam et al (2008) evaluated a six-week television series aimed at parents, *Driving Mum and Dad Mad*, which aired in the UK. The evaluation authors describe it as: 'a highly accessible and entertaining observational documentary format'. It showed five families with children with severe conduct problems who were involved in an evidence-based intervention called Triple P (Positive Parenting Program). Triple P emphasises five key principles: ensuring a safe, interesting environment; creating a positive learning environment; using assertive discipline; having realistic expectations; and taking care of oneself as a parent (Calam et al 2008 p 348). The evaluation involved randomly assigning parents to a standard condition (receiving weekly emails reminding them to watch the show) or an enhanced condition (receiving a self-help workbook, extra web and email support, and detailed weekly reminders to watch the series, including tips). Most families in the evaluation were at risk due to various factors such as low socio-economic status, high parental conflict, and/or risk of depression in at least one parent. In both conditions, parents who watched the programme reported significant improvements from pre- to post-intervention in their child's behaviour. Other benefits to the parents included self-reported reductions in dysfunctional parenting, parental anger and depression, and increases in self-efficacy. The authors concluded that media interventions involving evidence-based parenting programmes can be effective in reaching families who are usually difficult to engage, such as those with low socio-economic status.

Lindsay et al (2008) reported on the UK-based Parenting Early Intervention Pathfinder (PEIP) programme, which included three parenting programmes for families with 8- to 13-year-old children and was based upon social learning theory. The programmes evaluated were: *Incredible Years* (designed for children with conduct problems), Triple P (designed to be adaptable to the families' needs), and *Strengthening Families, Strengthening Communities* (designed for minority ethnic groups). The parents in the programmes generally had lower than normal levels of mental wellbeing, and most parents

reported that their child or children had very high levels of emotional and behavioural problems. Eighteen local authorities (six per programme) located across England received funding for the interventions, and two non-funded comparison local authorities were also evaluated. Improvements, as measured by self-report in child behaviour, parent outcomes (including mental wellbeing), and family relationships were observed in the treatment groups. There was a statistically highly significant improvement in the parents' perceptions of the emotional and behavioural functioning of their children.

A study on Family Intervention Projects (FIPs), delivered by local agencies in the UK, also reported benefits in child behaviour (NCSR 2010). Other positive outcomes included reduced truancy, school exclusion and antisocial behaviours. The FIPs dealt with the most challenging families in order to tackle targeted problems such as antisocial behaviour, preventing youth crime and tackling child poverty. Support varied depending on the families' needs, but could include one-to-one parenting support; help in managing the risk of eviction; and support to find education, training or work. Families were assigned a dedicated 'key worker' who coordinates a 'multi-agency package of support'. Having joined-up service provision seems critical in engaging families, which could contribute to the success of this particular initiative.

Newman et al (2007) reported the findings of a rapid evidence assessment of studies on family interventions (mostly community-based) to improve family outcomes in 'high cost, high harm household units'. The latter refers to households which are 'at risk of becoming locked in a cycle of low achievement, high harm, and high cost (p 2)' and are prone to social exclusion. The studies derived from the UK and the US. The authors et al reported some positive outcomes for school attendance, reduction in antisocial behaviours, and reduction in juvenile crime. However, there was insufficient data available to conclude whether there were any positive effects on other educational outcomes or child mental health and wellbeing. It is important to note that studies included in the Newman review are family-centred (rather than parent-centred) interventions and so the strength of the

findings might be enhanced or diluted by the inclusion of other family members in the programmes (often including the children themselves).

Diamond and Josephson (2005) also conducted a review of evidence on family-based interventions, focusing specifically on the following disorders experienced by children: depression, anxiety, anorexia and bulimia nervosa, ADHD, and drug abuse. They reported that family treatments have proved effective for some externalising mental health disorders, particularly conduct and substance abuse disorders. However, it should be noted that once more, this review was not exclusively focused on parent-specific interventions, but included whole family approaches.

Tarleton and Ward's (2007) study examined support for parents with intellectual disabilities and their children in England, Scotland and Wales. Thirty parents in rural, urban and metropolitan areas were asked about issues concerning support and positive practice. Parents reported that the support they received contributed to the safeguarding of their children's welfare. The study design does not allow generalisation of these findings to other parents with intellectual disabilities; however, it does offer some indication that support services allow some parents with intellectual disabilities to continue parenting their children.

A Welsh initiative evaluated by Forrester (2008) also shows promising signs for improving children's welfare in high-risk families. Option 2 is a service offered by the Welsh Assembly Government to work with families affected by parental substance misuse. The aim of the programme is to improve family functioning and reduce the need for children to enter care. The evaluation found that, although the same number of children entered care in the Option 2 group as in the control group, they spent less time in care. A higher proportion of children in the Option 2 group returned home from care within 3.5 years of referral. Moreover, evidence from the interviews conducted with seven children in Option 2 services suggests that there are benefits for their confidence and family relationships. However, the small number of children

interviewed makes it difficult to determine whether this finding is representative.

Anderson et al's (2006) UK study explored the effectiveness of a local authority housing department's attempt to establish a family support team (FST) to aid homeless families. The FST was designed to provide needs assessment, parenting interventions, interagency liaison, and referral to specialist services. The evaluation included 21 families who were homeless, or had been homeless in the past, and it used a multi-method approach: in-depth interviews with families, diaries, reflective activities, participatory learning and action, and observation of the FST. The evaluation demonstrated that the availability of hostel facilities meant that fewer families were homeless. In interviews, the parents gave negative comments about living in a hostel, but positive comments about the family support workers. Apparently critical to this was the provision of both practical and therapeutic interventions: parents valued the empathy that family support workers provided. This demonstrates the importance of staff quality in supporting parents.

A report on a two-year evaluation of six Intensive Family Support Projects (IFSPs) similarly addressed the issue of potential homelessness for families in the UK (Nixon et al 2006b; see also interim report, Nixon et al 2006a, and executive summary, DCLG 2006). Specifically focusing on families with severe anti-social behaviour (ASB) problems, the IFSPs offered multi-disciplinary, multi-agency interventions which were tailored to individual families and differed by local authority priorities. The projects typically entailed outreach to improve behavioural problems, support to find housing, and/or the provision of special residential accommodation.

The interventions were evaluated using quantitative and qualitative methods, with statistical data collected from 256 families – however, the analyses were only based on a subsection of these families. The report authors concluded that 85 per cent of families ceased to receive antisocial behaviour complaints completely or to an extent that did not jeopardise their tenancy, while 80 per cent of families were deemed by project workers to be sufficiently stabilised.

Project workers' assessment of the impact of interventions suggested that children's mental health improved in 40 per cent of cases and physical health in 53 per cent of cases. However, these findings were based on data from only 15 per cent of the total sample, and only applied to the families who 'fully or partly engaged' with the projects. This suggests that the sample from which conclusions are drawn is biased.

A recent critical review by Gregg (2010) highlights further flaws in the evaluation of these and related family intervention projects, with the conclusion that (a) they lead to 'demonisation' of the families involved and (b) the evaluations do not adequately support the strong claims made about the effectiveness of the programmes. The effectiveness of these programmes is therefore called into question.

To sum up, community-based interventions – typically parenting skills programmes or those to help parents manage housing or education/training – can improve outcomes such as child behaviour, child welfare and juvenile crime. Television programmes can improve accessibility for families who might otherwise be hard to reach (such as low socio-economic families). Community-based programmes are often multi-component, multiagency initiatives, which can make evaluation of their effectiveness difficult, and might affect parental engagement in the programme (see Support for mothers, fathers and carers more on this in Section 6). Having a dedicated coordinator of the service provision is important in engaging parents and organising service delivery across agencies and intervention components.

School-based interventions

Evidence statement 1: Components of effective practice

School-based programmes targeted a wide range of outcomes, including educational attainment, persistent absenteeism, family relationships, and child behaviour. For the most part, the evaluated interventions had an impact on soft outcomes (such as parental engagement, family relationships), rather

than on hard outcomes (for example, academic attainment, persistent absenteeism).

From the evidence, ingredients for effective practice are:

- Offering a one-to-one approach. Having a single point of contact, such as parent support advisers based in schools, is important in engaging parents and carers. Parent support advisers mean that parents do not have to deal with numerous teachers and support staff if they need help.
- Providing face-to-face support. The interface between parents and school staff can ensure that parents and carers have complete and accurate information about important aspects of the child's schooling, such as the child's performance and school rules about expulsion.
- Offering a range of services in one location. Families with multiple service needs (such as health, mental health, education and employment services) can benefit from having these services offered in one location. Not only is it more convenient, it can also ensure that the services are properly linked and information is shared between services. Providing these services through a school, such as a full service extended school, can reduce some of the stigma and difficulty that parents face in pursuing various and multiple types of support.
- Maintaining the intervention effects. Running 'reunion' sessions for attendees at parental skills training and other interventions can help to ensure that the benefits of interventions are maintained in the long term.

Evidence statement 2: Full service extended schools

In a large-scale research programme, Cummings et al (2007) evaluated the effectiveness of Full Service Extended Schools (FSESs). FSESs are designed to provide a comprehensive range of services, including 'access to health services, adult learning and community activities, as well as study support and 8am to 6pm childcare' (p 2). Most FSESs serve areas of disadvantage. FSESs are asked to focus on five areas – childcare, out of school hours

activities, parenting support, referral to other agencies, and community access to ICT and other facilities. Among other methods, the evaluation included detailed case studies, examination of standardised achievement test results, and a questionnaire completed by the students. The study reported improvements in children's engagement with learning, family stability, enhanced life chances, and child behaviour. However, there was no clear, significant effect on pupil attainment. It is important to note that FSES are not a parent-focused intervention, but rather a holistic service provision for the child and family, making it difficult to ascertain how much of the improvement in outcomes is due to the parents' component.

Evidence statement 3: Knowledge-sharing

The previous Government (DCSF 2009b) set up a knowledge-sharing scheme in three local authorities in the UK, with the aim of informing schools about how to help parents and carers improve their child's learning. The programme involved easing communication between parents and teachers. Ten primary and five secondary schools were involved in the project. There was some evidence of increased parental involvement and improved family relationships (for instance, 62 per cent of parents in the evaluation reported enjoyment in helping with their child's homework), but limited evidence of improvements in attainment. Apparently, critical to this success was the value placed on face-to-face meetings with parents. However, this project did not involve a rigorous evaluation and so the findings should be taken as suggestive rather than conclusive.

Evidence statement 4: Parent Support Advisor (PSA)

Also suggestive of the importance of face-to-face support for parents, research by Lindsay et al (2009) examined the Parent Support Adviser (PSA) pilot in England. The PSA programme was aimed at those parents of children at risk of developing behavioural, emotional or social difficulties. Combining formal and informal support (such as coffee mornings), three different models of delivering one-to-one parent support were implemented:

- early intervention and preventative support for parents and pupils in a single school

- parenting support courses and one-to-one support across a cluster of schools
- support for parents and pupils in a single school with additional support for excluded pupils.

Almost half of the PSA work with parents was one-to-one. Across the three models, 8 out of 10 line managers rated the programmes as a success for a range of outcomes (for example, parents' engagement with their child's learning). This was supported by observational data: schools with a PSA reported a decrease in persistent absenteeism by almost a quarter compared with pre-intervention reports. This data is supported by parents who reported that they also noticed gains in their child's behaviour. Persistent absenteeism is a problem in the UK, particularly for vulnerable groups of children (see Data Annexe later in this report).

Improvement in the child's behaviour is a common outcome of parent-focused support services. When baseline levels of behaviour are already very low, then interventions can play a 'containment' role, by preventing bad behaviour from getting worse.

Evidence statement 5: Open-access group parenting course

Orchard's (2007) study, set in one of the UK's most economically and academically disadvantaged areas, examined the effects of an open-access group parenting course for parents of Year 7 students in one school. The study involved a ten-week parenting course run by the researchers but with some units being covered by teachers and special needs coordinators at the school. The course covered a range of topics, including: numbers, reading, and spelling; computing; using the library; and communication skills. A small sample size made quantitative evaluations of the programme inconclusive, but qualitative data from interviews with parents suggested a protective influence of the programme on the child (decreases in bad behaviour, increases in child self-esteem). However, these findings should be taken with caution because parents' ratings might be inflated due to the positive feelings

that were reportedly associated with taking the course. The authors also concluded that parenting programmes such as this are unlikely to have a positive effect on child academic attainment – no significant change in achievement was observed in this study.

Evidence statement 6: Father-focused programmes

Goldman (2005) conducted a literature review (consisting of studies from the UK, the US, Australia, New Zealand, Canada and Europe) and a review of 13 case studies of schools and family learning programmes from the UK to provide a comprehensive view of the state of father-focused programmes. They were particularly interested in the fathers' involvement in their school-aged children's education. Small-scale evaluations suggest benefits for both children and fathers in terms of skill acquisition, greater confidence, better father–child relations, and increased engagement with learning. Service managers and practitioners seeking to design an intervention that engages fathers are directed to the case studies reported in the document. However, the small size of the programmes included in the review make it difficult to generalise the conclusions more broadly.

Academic attainment and school attendance improved in a US study by Stormshak et al (2009). A three-session Family Check-Up (FCU) programme focused on changing parenting practices through an assessment and feedback approach. Designed as a preventative programme for high-risk youth, the aim is to motivate parental engagement. Importantly, the FCU is designed to link intervention services in the school and community. Compared with matched controls, adolescents whose parents received the FCU maintained the grade point average (GPA) they achieved before the intervention and improved their attendance. Given the brevity of the intervention, it is promising that the results were maintained over several years of schooling.

Evidence statement 7: Parenting programmes that focus on substance abuse prevention

In another US parent skills training programme, Kumpfer et al (2006) reported positive outcomes for parental involvement, child academic attainment, child social competence, and child behaviour. The multicomponent Strengthening Families Program is an evidence-based, 14-session programme designed for substance abuse prevention, and includes both parental and separate children's training sessions. Groups of 4 to 12 parents undertook parent skills training (including themes on bonding, communication, and supervision and discipline), for an hour a week, followed by a second hour in which parents were joined by their children in multifamily groups, to focus on family skills training (such as, communication, discipline, and therapeutic play). Families of all first grade students in 12 rural Utah schools were invited to participate, and 655 families enrolled in the evaluation. 'Reunion sessions' were held after completion of the programme at 6 and 12 months to help maintain intervention gains. Although this study is more focused on describing the intervention itself rather than providing much objective detail on outcomes, there are some useful hints for practitioners – particularly in terms of ensuring the maintenance of the intervention effects after the programme terminates.

Spoth et al's (2009) US study of 33 rural Midwestern schools found that family competency training programmes can have a positive effect on preventing child drug misuse. They compared two different interventions (the Iowa Strengthening Families Program (ISFP) and the Preparing for the Drug-Free Years programme) against a control group. The more effective of the two treatments, ISFP, was longer (seven sessions compared with five) and involved adolescents in the sessions. This suggests that the intensity of the programme and the involvement of children can enhance the outcomes of parent-focused support.

Spoth et al (2005) also conducted a study on family- and school-based alcohol abuse prevention in a Midwestern state of the US. Thirty-six schools were randomly assigned to one of three conditions:

- the classroom-based Life Skills Training programme (LST) for adolescents plus the Strengthening Families Program (which involved parents)

- the LST only
- a minimal contact control condition entailing mailed leaflets on teen development.

The Strengthening Families Program was described above (see description of Kumpfer et al 2006). The LST aims to promote social and self-management skills and provide information about substance avoidance. Because the intervention substantially involved the teenagers themselves, it is difficult to determine how much of the benefits of the intervention are attributable to parental involvement. Nonetheless, the treatment group (who received LST plus Strengthening Families) showed significantly lower levels of adolescent weekly drunkenness 2.5 years past baseline than did the control group.

McDonald (2006) examined the effects of two family interventions for a minority ethnic group, at a Latino elementary school in an urban US environment. The first intervention was an after-school, multi-family support group (nicknamed FAST: Families and Schools Together) and the second consisted of eight behavioural parenting pamphlets with active follow-up (nicknamed FAME: Family Education). Teacher ratings of the child's social skills, aggression levels, and academic skills indicated that the FAST programme students performed significantly better than those in the FAME intervention. These results were observed even two years after the intervention. However, an important caveat should be noted: the teacher ratings of the FAME group actually worsened from the time the intervention was delivered, so it is difficult to establish how effective the FAST programme actually was beyond curbing further declines (note the parallels with Orchard's 2007 study on 'containment' in disadvantaged children).

School-based programmes that work with parents and carers improve key outcomes including child behaviour, educational attainment, school attendance and substance misuse, as well as family relationships and stability. Training in parenting skills, such as the Strengthening Families Program, can be particularly effective in improving substance abuse and child

behaviour. Offering a range of services in the same location (for example, Full Service Extended Schools) or through a single point of contact (such as parent support advisers) can improve the services available through schools.

6. Policy initiatives

Evidence statement 1: Direct impact on children's outcomes

The policy initiatives discussed below refer to welfare reform, typically in the form of financial incentives to return to employment, occasionally supplemented with some training or other support services. The six studies reporting outcomes from policy initiatives all came from North America (four from the US, one from Canada and one review consisting of North American studies). Given that the policy context is likely to be very different from the UK, the transferability of the findings should be considered.

Lucas et al's (2008) review of nine studies (eight from the US, one from Canada) aimed to explore the effect of financial support for poor families on child outcomes (children's health, wellbeing and educational attainment). Interventions reviewed included direct cash payments and positive taxation schemes. The authors reported no consistent effects across the studies on child health, wellbeing, crime levels or attainment.

Lucas et al's (2008) findings are reflected in the findings of our review: that there are few positive outcomes for children as a result of policy initiatives in the form of welfare reform. Table 3 presents the Lucas review and the remaining five policy initiative studies et al. It shows that most of the initiatives involve some form of financial incentive to encourage parents back into employment. The studies generally conclude that there is inconclusive or no evidence for the improvement of child outcomes (Gennetian et al 2005; Huston et al 2005; Lucas et al 2008; Wilk et al 2006). Morris et al (2003) and Fein and Lee (2003) even found negative outcomes from the policy initiatives, such as increases in reported child neglect, worsened child behaviour,

increased suspensions from school, increased involvement by the police, and decreased academic attainment.

Only one study, Huston et al (2005), reported improvements in child behaviour. This programme differed from the policy initiative studies in giving responsibility for choosing from a package of financial benefits to the parents, possibly giving them a sense of empowerment. The findings were based on a five-year follow-up of the intervention, suggesting that these benefits were maintained over time. However, the authors noted that it is difficult to tell which component of the programme improved which outcome, and it is impossible to attribute the benefits completely to this initiative.

It is possible that policy initiatives in the form of welfare reform could have longer term, indirect effects on child outcomes through, for example, reducing child poverty and improving family stability. Research that includes follow-up measures over time, encompassing a range of possible direct and indirect outcomes, would be needed to verify this possibility.

Table 3. The effectiveness of different policy interventions (welfare reform)

Study	Type of programme	Evidence of post-intervention improvements	No/inconclusive evidence	Evidence of post-intervention negative outcomes
Lucas <i>et al</i> 2008	Literature review of interventions to increase the amount of money available to a family	-	Child health, wellbeing, crime behaviours	-
Fein and Lee 2003	Employment services; financial supports and penalties to encourage working	Child abuse (reduction in)	-	Child neglect (increase in)
Gennetian <i>et al</i> 2005	Employment services; financial incentives to work	-	Child educational attainment	-
Huston <i>et al</i> 2005	Package of benefits for low-income families that they can use according to their needs	Child behaviour	Child educational attainment, child occupational aspirations	-
Morris <i>et al</i> 2003	Employment services combined with time limit on the receipt of cash assistance (24 months in 60-month period); subsidised childcare	-	-	Child behaviour, suspension from school, police involvement, educational attainment
Wilk 2006	Temporary earnings supplement to long-term, single-parent welfare recipients who were willing to leave income assistance for full-time work	Parent outcomes (employment, increased earnings, reduced dependency on welfare, and reduced poverty among single-parent families)	Children's health, behaviour, and educational attainment	-

7. Multi-component initiatives

Evidence statement 1: Types of intervention and outcomes

Seven studies could not be placed within the categories of school-based, community-based or policy-based initiatives. These were typically reviews and multi-component initiatives. These studies all reported some benefits for children, mostly in terms of child behaviour and family relationships, and are summarised in Table 4, below.

Table 4. The effectiveness of multi-component interventions or those included in literature reviews

Study	Research method	Country	Programme features	Evidence of post-intervention improvements	No/inconclusive evidence
Asmussen <i>et al</i> 2007	Literature review	Mixed	Universally available services (e.g., information-based services, parent skills training), and targeted services for higher need families (e.g., services for families going through a divorce, services for families with children who have ADHD)	Adolescent outcomes	-
Barrett 2010	Literature review	Mixed	Parenting programmes—mostly parenting skills training	Reduction in youth crime, reduction in child abuse, improvements in child behaviour	Child's healthy behaviours
Caspe and Lopez 2006	Literature review	Mixed	Provides support to parents, seeks to change family behaviours	Family relationships	-
Dretzke <i>et al</i> 2005	Literature review	Mixed	Parent training programmes for the treatment of children with a conduct disorder	Child behaviour	-
Chacko <i>et al</i> 2009	RCT	US	<i>Strategies to Enhance Positive Parenting</i> programme (behavioural parent training).	Parent and child functioning (short-term), parent outcomes	Child behaviour (long-term)
Hall <i>et al</i> 2009	Survey and interviews	UK	Telephone helplines and innovation services (e.g., <i>Gotateenager</i> and <i>NetMums</i> online parent forums)	Limited evidence of improvements in family relationships and child behaviour	Most parents felt that accessing web and social media sites did not have a direct impact on their children
Hallam <i>et al</i> 2004	Survey and interviews	UK	Varies by local authority. Mostly general parenting programmes to improve attendance and behaviour in school, often complemented by helplines	Child behaviour	-

8. Barriers and facilitators to engaging parents with services

Evidence statement 1: Accessible delivery

Several delivery methods were particularly advocated as novel or effective ways to engage parents. For example, a 'Homework Survival Guide' in the form of a vibrant newsletter was seen as a useful way to provide a practical, accessible comprehensive curriculum guide for parents (DCSF 2009b). Hall et al (2009) found that web-based parent forums could be useful due to their wide accessibility, but their effectiveness in improving child outcomes is yet to be determined. Hallam et al (2004) reported that telephone helplines complementing a parenting programme were valued by parents because of their instant, on-demand accessibility. A review of parenting support programmes by Asmussen et al (2007) found that newsletters, helplines and educational campaigns are an especially effective way of getting information to parents of teenagers.

However, other evidence suggests that websites are a highly accessible delivery method. Ipsos MORI (2008) asked parents how they would most like to receive information on managing their child's behaviour and found the following preferences:

- internet website (45 per cent)
- booklets and leaflets (31 per cent)
- telephone helpline (12 per cent)
- CDs or DVDs (9 per cent).

Calam et al (2008) indicated that a general broadcast television programme on parenting skills was effective in reaching hard-to-engage parents, particularly those of low socio-economic status. They suggested that this might be because the service was accessed in their own home – a private, non-stigmatised environment. However, it should be noted that their rates of non-completion were relatively high, suggesting that attracting hard-to-reach parents and engaging them are quite separate issues.

Importantly, the desired method of delivery overlaps with issues of physical access and non-stigmatising approaches. These three factors are likely to be best considered in parallel.

Evidence statement 2: Physical and practical barriers

Several studies pointed to physical or practical barriers to engagement that should be taken into account when designing a support service:

- transportation to the venue (Hallam et al 2004), especially in rural areas (Cameron et al 2008)
- venue choice, such as finding an appropriate and comfortable space on school sites (Ofsted 2009)
- affordable childcare (Cameron et al 2008; Stormshak et al 2009) or the provision of an onsite crèche (Hallam et al 2004)
- time commitments, such as work schedules (Stormshak et al 2009).

These concerns could be measured during a needs assessment so that venue location and facilities, as well as timing of the programme sessions, can be carefully planned to maximise engagement.

Evidence statement 3: Non-stigmatising environment

Perhaps the most commonly cited facilitator to engagement – providing a non-stigmatising, welcoming and friendly service – is critical in attracting and engaging parents. This is reflected in a number of studies.

‘Parents are sometimes reluctant to seek help because they are ashamed of the fact that, despite having been a parent for so long, they are still encountering problems with their children. For this reason, services aimed at parents with teenagers should be non-stigmatising’ (Asmussen et al 2007 p 5)

‘...efforts by care workers can be seen as intrusive and judgmental, resulting in defensiveness, and feelings of stigma, such as that described around the term “poverty” ‘ (Cameron et al 2008 p 44)

‘Attendance at a programme was perceived by parents as indicating some kind of inadequacy. A change in culture was needed so that it became normal

practice for parents to attend a parenting programme...' (Hallam et al 2004 p iv)

'...to view attendance as "normal", not some kind of remedial programme for those who are "failing" ' (Orchard 2007 p 103).

Concerns about being judged can be a deterrent for parents. It can also lead to parents underestimating their own needs if they perceive the particular service to be stigmatising (Utting 2009). As such, recruitment processes should attempt to counteract any concerns about stigma.

One way could be by introducing the parents to the practitioners before the start of the programme, so that parents can see that they will be treated with respect and without judgement. For example, one study reported that parents were initially scared of being 'told off' by practitioners, but felt 'relief' that the practitioners were emotionally supportive (Lindsay et al 2009). That same study reported that privacy and confidentiality were incredibly important to parents, and that assuring parents of their privacy could help to allay their fears about being stigmatised.

Cultural changes also need to occur so that parents do not associate seeking help with failure as a parent. Introducing the parents to other, similar parents early on in the programme might achieve this (e.g., Hall et al 2009).

Evidence statement 4: Choice and confidence

Following from concerns about stigmatisation, parents often like to have a choice about which intervention they participate in. A review of voluntary and community support services suggested that the fact that they were optional (as opposed to statutory, compulsory services) appealed to many parents suggesting that this gives them a sense of control over and responsibility in their involvement (Barrett 2008).

Parents can also be involved in decisions about how a particular intervention should be designed. Virgo (2009) provides a host of suggestions for engaging

parents in the design and implementation of the parent support services, including, but not limited to:

- having parents on the interview panel for the parenting coordinator position
- involving parents in a practitioners' conference where parents give a presentation
- meeting with parent representatives from all the children's centres where the agenda is set by the parents.

Parents' need for choice could also be related to their confidence in taking part in programmes. Cummings et al (2007) reported initial reluctance in engaging parents in adult learning services through Full Service Extended Schools (FSESs). However, through FSES staff encouragement, they attempted basic courses that gave them the confidence to progress to more challenging courses. Stepped approaches to service provision can provide parents with confidence that they are in control of their support.

Evidence statement 5: School collaboration

Harris and Goodall (2008) noted that schools can be daunting for some parents. Secondary schools are complex organisations, with many teachers and staff whom parents must interact with, which can act as a deterrent for some parents. Strategies that have single points of contact for parents can make things easier when parents are intimidated. For example, the parent support adviser (PSA) programme offered a range of one-to-one support options for parents of students with behavioural, emotional, or social difficulties. Part of the role of the PSA was to 'develop parent awareness and a sense of trust' (Lindsay et al 2009). PSAs were involved in tasks such as contacting parents when their child was absent, developing the Extended Schools agenda around adult and community learning, and identifying families that needed further support. The evaluation of the programme found that PSAs were accessible because they were based in schools, and offered privacy and respect that parents valued (Lindsay et al 2009).

Other studies point to the importance of clear communication between parents and schools – the two centres of most children’s and adolescents’ lives. Cummings et al (2007) noted that, for FSEs, it was important to identify coordinators at each school to facilitate clearer communication with parents. Cox’s (2005) systematic review of US home-school collaboration interventions also supported this by claiming that the most effective interventions involve a two-way exchange of information between home and school.

Parental engagement can be facilitated through means other than one-on-one communication between a nominated staff member and the parent. Some FSEs also organised events to communicate with and engage parents, such as arts events in conjunction with local community groups, consultation events, or the employment of parents in the school (paid or volunteer) (Cummings et al 2007). At least one school in the evaluation offered a ‘monthly one stop shop for parents’ in which a range of health, educational, and mental health professionals made themselves available (Cummings et al 2007). Approaches such as these can make it more interesting or easier for the parent to get involved in the school life of their child.

In summary, collaboration between the school and the parents can be fostered through the presence of a single, school-based point of contact for parents and through innovative approaches to engaging parents.

Evidence statement 6: Under-represented populations: fathers and ethnic minorities

Several documents noted the particularly low involvement of fathers in programmes for parents and carers (see Goldman 2005; Lindsay et al 2008). Reasons for low paternal involvement can include (Lindsay et al 2008; see also Page et al 2008):

- timing of courses that did not suit fathers’ schedules
- institutionalised problems stemming the fact that ‘parent’ is often taken by practitioners to mean ‘mother’

- the lack of male facilitators.

Other evidence suggests that the mode of delivery can affect paternal uptake. Interviews with providers have suggested that fathers are less likely to attend courses, but do engage more with helplines and text-based support (Asmussen et al 2007).

To counter these concerns and thereby encourage fathers to engage in support services, Page et al (2008 p 8) listed a range of facilitators:

- developing provision that appeals to fathers' interests and is available in informal settings and on evenings and weekends
- undertaking outreach (particularly in rural settings)
- making use of voluntary and community sector organisations with strong links with fathers
- reviewing communications with parents to ensure that positive language and images of fathers are used
- employing more male practitioners who have contact with parents.

Goldman (2005) is another useful resource for understanding the engagement of fathers. This resource offers a host of suggested facilitators for fathers' involvement, such as using hands-on activities rather than lengthy discussion groups, and should be consulted where service providers want to maximise paternal involvement.

Minority ethnic parents are also at greater risk of non-engagement. Some evidence suggests that this can be due to language barriers (e.g. Cameron et al 2008), or preconceptions by parenting services staff that are unfairly judgmental (Page et al 2007). Page et al suggest that minority ethnic parents are likely to be disproportionately affected by physical and practical barriers (time and transportation). The authors also suggest that culturally adapted programmes can improve attendance for minority ethnic parents. Language classes for parents and the provision of interpreters can help to overcome language barriers.

A further facilitator in engaging minority ethnic parents is involvement in the decision-making processes of service programmes (Page et al 2007; Virgo 2009). Evidence suggests that involving minority ethnic parents in the services (for example, through setting up parent councils and parent groups) can encourage participation (Page et al 2007).

10. Economic evidence

Evidence statement 1: Cost-effectiveness

Parenting programmes have been shown to reduce CD (Sanders et al. 2000, 2004; Webster-Stratton et al. 2001; Black et al. 2002; Hutchings et al. 2007). ROI studies from the USA have shown the potential for long-term economic benefit of such programmes (Olds et al. 1993; Schweinhart et al. 1993, 2005; Reynolds et al. 2001; Masse & Barnett 2002). However, there is a lack of UK cost-effectiveness research in this field.

Previous research has used mixed methods yielding mixed results; therefore, there is a need for standardisation in economic evaluations of parenting programmes. Evidence from cost-effectiveness analysis is essential, as this outlines an intervention in terms of its cost and its effectiveness compared with an alternative. A payer perspective is required to give parenting programmes their appropriate priority when compared with value for money of other health and social care interventions.

More research is needed in this field, the recommendations outlined in Table 4, if adhered to successfully, will help to inform policymakers and service managers as to resources required, both in time, staff and money, to achieve certain levels of clinical outcomes. Policymakers and service managers will then be able to make an informed judgement on deciding which intervention will achieve what outcomes, and at what cost, to embed within local or national services.

Key messages

- Parenting programmes have been shown in many randomised controlled trials to reduce conduct disorder behaviours in children; however, economic evaluations of these programmes are rarely undertaken.
- Evidence of the cost-effectiveness of parenting programmes is essential for decision makers; there is a paucity of research in this field.
- Full economic evaluations can inform policy and practice decisions of which intervention to use, at what cost and with what benefit. This is vital, especially when these decisions could be potentially constrained by budgetary limitations.
- More research is needed in this field, and we have recommended key criteria that we feel should be included in future economic evaluations of parenting programmes.



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