Parenting Support: Literature Review and Evidence Paper for Royal Borough of Kensington and Chelsea

By

Sumi Hollingworth & Jayne Osgood

Literature Review RBKC

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Policy context

Supporting families is central to government policy as evidenced by the Children Act (2004c); as a key aspect of the Every Child Matters: change for children agenda (2004a and 2004b) and in the creation of a National Family and Parenting Institute. There is a strong emphasis on preventative forms of family support at an early stage and the provision of multi-agency support for children and families (for example through Sure Start, Children's Centres and extended role for schools). In fact the majority of family support initiatives are aimed at families with young children, so that problems later in a child's life can be prevented (Quinton, 2004). Conversely, relatively few family support initiatives target adolescents (Moran et al, 2004). Furthermore the age group seven-to-11 has even fewer support services available; although programmes such as The Children's Fund, On-Track and Connexions for older children are addressing this gap.

RBKC Policy Context

The Royal Borough of Kensington and Chelsea has established a mission statement to build 'stronger families' and the government has committed to investment in parenting support (RBKC, 2006). In *Support for Parents* published by the DfES (2005) and HM Treasury the government's strategy consists of 3 underpinning principles:
1) Rights and responsibilities: supporting parents to meet their responsibilities for their children
2) Progressive universalism: support for all, with more support for those who need it most
3) Prevention: working to prevent circumstances that create poor outcomes from developing in the first place.

In line with this, the RBKC (2006) has drawn up *Strong Families at the Heart of Strong Communities*: the first Kensington and Chelsea Children and Young people's plan, the first single, strategic, overarching plan for all services affecting children and young people, in which a main priority for improvement is in supporting families via parenting support. The aim is to bring together all existing parenting support and education programmes into a single coherent programme, whilst ensuring that approaches are based on the best available evidence of what works. The aim is to cater for children from 0-18, including young and single parents and to target 'hard to reach populations' (RBKC 2006), focusing on four main priority groups:
1. fathers
2. parents suffering from mental illness
3. parents experiencing domestic violence
4. substance and alcohol misusing parents

This review will give some background on parenting support before going on to provide the evidence for what works within this remit.

Parenting Support background

Parenting education and support has expanded massively and continues to be promoted for a range of reasons. It is widely accepted that by working with parents, professionals can help parents to strengthen parent-child relationships; find better ways of dealing with challenging behaviour; and become equipped to recognise the importance of their role (Desforges, 2003). Many groups of professionals are involved in providing parenting programmes and support activities of different sorts. Moran et al (2004) found parenting support to take many different guises and identified seven broad categorisations: skills training; education; peer support; home visiting; counselling; discussion; and family therapy. Of course, a combination of these methods is often used and hence should be viewed as interdependent and complimentary.

To deliver such support to families requires the skills and expertise of numerous practitioners and it is increasingly common for multi-agency support services to address the needs of a given community or group of parents. Henricson (2003) highlights the range of statutory agencies at the forefront of many family support programmes; these typically involve a combination of agencies including health, social services, education, and to a lesser extent leisure, youth justice and criminal justice. There are also a plethora of voluntary bodies that have been actively involved in delivering support to parents for many years, both at national and local levels (for example Family Links, KIDS, The Family Caring Trust etc.) and who play a crucial role.

Yet it is the impact of relatively recent demands for greater co-ordination and coherence in planning and approach that have heightened the emphasis on more formalised arrangements for multi-agency approaches (DfES, 2005 and see the Common Assessment Framework, 2005) There are numerous examples of joined-up service delivery and multi-agency approaches to supporting families wherein the expertise and specialist knowledge of various agencies are harmonised and co-ordinated to better cater for the needs of families. For example, family support in many Sure Start programmes involves a range of approaches including home visiting and other outreach activities as well as parenting programmes, and specifically targeted support, either on a group of parents (i.e. fathers, teenage parents) or a specific issue (e.g. breast feeding, positive discipline). Sure Start is an extremely well resourced national initiative which can translate into innovative joined-up service delivery on the ground, to great effect in supporting families
(see *www.ness.bbk.ac.uk/findings.asp* for a national overview of Sure Start; and Osgood, 2005a, 2005b for a discussion and evaluation of multi-agency family support in RBKC Sure Start local programmes).

Defining family support

Despite the increased emphasis and activity in family support there remains a lack of clarity around precisely what is meant by the term and what services are encapsulated within the concept. Moran et al (2004:6) take parenting

support to include 'any intervention for parents or carers aimed at reducing risks and/ or promoting protective factors for their children in relation to their social, physical and emotional wellbeing' and we will be working within this definition. Hardiker et al (1996) provide a framework for understanding the different types of support available to families. They identify:

1. a 'base' level of universal services (health, education, leisure etc) needed by all families;
2. vulnerable groups/communities
3. families at risk of problems
4. families experiencing severe stress/difficulties
5. rehabilitative services for children in care

Hardiker et al's (1996) categorisations resonate with Moran et al's (2004) review of parenting programmes, wherein reference is made to 'mainstream relevance'. This is taken to mean support provided to parents dealing with common problems or disorders, i.e. parenting issues faced by a substantial proportion of parents and therefore support tends to be mostly preventative and/or mildly therapeutic.

Similar to Hardiker et al (1996), Moran et al (2004) distinguish between *universal* services (open to all) and *targeted* services (aimed at specific groups or populations) and *primary* levels of intervention (to prevent the onset of problems) and *secondary* levels of intervention (where problems have begun but are not entrenched). Within the mainstream Moran et al (2004) point to 'special populations' of parents and these are generally taken to include fathers, ethnically diverse parents, teenage parents and parents of teenagers. With these complexities in mind it is important to reflect upon the various ways in which diverse groups of practitioners engage with parents to support them in family life.

Parenting 'support', 'education' or 'training'?
Parenting support is an umbrella term which encapsulates the various parenting *programmes* which are rising in popularity. These programmes provide some kind of formal element of education or training for parents in parenting skills. Moran et al (2004:64) distinguish between programmes which focus on changing parents' behaviour ('behaviour' based)[1] and those which focus on changing parents' attitudes and beliefs('cognitive' based)[2]. Dembo et al (1985) classify cognitive based interventions as *education* as opposed to *training*, which has more of a behaviour application. Many programmes, of course, combine elements of both.

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[1] Behavioural models aim to use the insights from learning theory to achieve specific changes in behaviour. Key techniques include exposure and response prevention, modeling and contingency management (Wolpert et al, 2006).

[2] Cognitive models aim to change beliefs by employing a range of behavioural techniques, by psycho-education and by a structured form of questioning, whereby the individual is encouraged to first elucidate, and then challenge, certain of their core beliefs (Wolpert et al, 2006)..

Similarly, Smith (1996) distinguishes between programmes that focus on children's behaviour and those focusing on the parent-child relationship. Based on Social Learning Theory, behavioural programmes focus on strategies to help parents produce desirable behaviour, and reduce undesirable behaviour in their children (Barlow, 1999:68, Brosnan and Carr, 2000). It is based on the assumption that problem behaviour in children, partially reflects parental inability to adequately reinforce socially appropriate behaviour. Through these programmes parents are typically encouraged to focus on developing positive behaviours, rather than eliminating problematic conduct. (Fonagy et al 2002)

Relationship programmes focus on the importance of empathy and intersubjectivity in the resolution of emotional and interpersonal problems; helping parents to understand children and motives for their behaviour. They are based on humanistic, Adlerian, psychodynamic, transactional analysis and family systems theories. According to Barlow's (1999) research, behavioural parent education programmes produced the bigger changes in children's behaviour, but there is less research on relationship based programmes.

This review will encompass all these facets of parenting programmes and examine the nuances of each.

Group-based Programmes
There has been a growing interest in group based parenting programmes over the past decade. A study by Celia Smith and Gillian Pugh (1996) estimated some 28, 000 parents per year attending programmes in the UK, and this is likely to have increased significantly in the intervening period. This review will focus predominantly (but not exclusively) on group based programmes.

Programmes range from six to 14 weeks; usually occurring at weekly intervals, for one or two hour sessions. They usually involve one parent/ carer, though sometimes both, and rarely include the children (a crèche is often provided for young children) though some courses are integrated into a a suite of interventions providing for the child and family. Programmes are designed so that a trained facilitator delivers the course, although others require the specialist skills/knowledge of a qualified psychiatrist or therapist (dependent upon the design of the programme). Programmes vary greatly, with some being strongly rooted in child and adolescent psychiatry with a research and evidence base and theoretical backing, which tend to focus on parent training to tackle specific problem behaviours. At the other end of the scale are more universalised approaches involving group discussion and problem sharing discussions, which are led by a trained facilitator. Programmes range in their approach and content but all involve providing parents with strategies for dealing with, and ultimately improving their child's behaviour, or their relationship with their child.

Many programmes often have the secondary function of improving parent's self esteem, motivation and reducing isolation. Programmes often involve training, group discussion, role play, video scenarios and homework

exercises. Programmes can sometimes involve supplementary individual, one to one, sessions for difficult or sensitive cases, and/ or follow up sessions.

Smith and Pugh's (1996) research found that the majority of parents participating in group programmes were white middle class mothers, and the needs of fathers and people from minority ethnic groups are often overlooked. However this is unlikely to be the case in targeted, particularly inner-city communities (see Osgood and James, forthcoming). Further, Smith and Pugh found the majority of programmes were aimed at parents of young children, though this is gradually changing, as will become apparent through this review.

Literature used

The aims of this review are to draw upon international and national literature and evidence to help inform localised service development in RBKC.

This paper is not a systematic review of the literature and research on parenting support programmes, but is more of an exploration of what programmes exist and an indication of what may be successful, focusing on RBKC's four priority groups:

1. fathers
2. parents suffering from mental illness
3. parents experiencing domestic violence
4. substance and alcohol misusing parents

Systematic review, focusing solely on randomised control trials, would discount many of the UK programmes, as research suggests that in the UK rigorous 'scientific' evaluations of parenting support programmes are not common (Barlow, 1999:64; Smith, 1996 and Moran et al, 2004) as qualitative methods are more popular.

In order to focus on the priority groups specified by RBKC, it is necessary to broaden the inclusion criteria beyond 'rigorous' evaluation methods to include courses, which only be found in 'grey' literature.

A key document used is Moran et al (2004) *What works in Parenting Support?: A Review of the International evidence* which uses thorough search methods, and provides a comprehensive overview of international (English language) literature on parenting support. This is supplemented by published and unpublished literature including reviews, evaluations, policy documents, and official websites.

What works?

A collation of various reports and reviews on parenting support (e.g. Moran et al 2004; Lloyd, 1999; DfES, 2006; NICHE, 2005) produces an outline what makes for successful programmes. We will outline *what works* and

suggestions for good practice in general here, before moving to discuss *what works* for specific target groups, and age of children, paying close attention to RBKC's priority groups.

Summary of 'what works'

> Both primary and secondary levels of intervention are good, though of course **earlier intervention is preferable**, but late intervention is better than none (Moran et al 2004; Henricson, 2003; Lloyd, 1999:8).

> Interventions with a **strong theory base** and clearly articulated model are most effective. (Moran et al, 2004; DfES, 2006: 6; Sanders et al 2003:20; NICHE, 2005 recommends principles of social-learning theory)

> > For example Webster Stratton's Incredible Years, Sanders et al's Triple P, Bavolek et al's Nurturing.

> Use **evidence based** approaches (Scott, 2006:485).

> > Stephen Scott, from the Institute of Psychiatry, Kings College London, in an article in the *The Psychologist*, claims that over half the provision in the UK is of non-evidence based approaches, when there are plenty of evidence-based programmes available.

> It is important that interventions have **measurable concrete objectives** (Moran et al 2004; Stratham 2000; Henricson 2003) such as improving family communication, conflict resolution (Sander et al, 2003:20)

> **Implementation fidelity**. Programmes have to be delivered as defined in the manual to ensure positive outcomes (Scott, 2006)

> Evidence suggests that **universal** interventions aimed at primary prevention amongst whole communities are successful, for example, Triple P (Moran et al 2004, Sanders et al 2003, 2005), Nurturing (see Osgood and James, forthcoming); and community-based interventions are certainly less expensive than clinic based ones (Fonagy et al, 2002:135).

> > Sanders and colleagues (see Sanders and Morawska, 2006) advocate a public health approach, claiming that focusing on high risk, highly disadvantaged children, is often expensive and resource intensive and moreover, misses a large proportion of the population who could also benefit from such programmes (Sanders and Morawska, 2006:479). Such a population level model can include more intensive support for parents who need it.

> **Targeted** interventions are important to tackle more complex types of parenting difficulties (Moran et al 2004; Scott, 2004; Stratham 2000; Henricson 2003). For example Caring Dads, for maltreating fathers.

> Programmes need to be run in conjunction with **other forms of support** where problems are multifaceted (Hutchings and Lane, 2006; Gill, 1998)

> > Such as drug rehabilitation, couples counselling, mental health support, ESOL courses. Helping parents deal with their own problem solving in relation to life stress,

offered as an adjunct to parent training with problem solving skills training for the child, appears to improve both child and adult outcomes (Wolpert et al, 2006:8). And can also improve retention of 'hard to reach' parents (Statham and Biehal, 2005)

➤ Evidence seems to support a **comprehensive, multi-system, and broad based model of intervention in the whole community** (Moran et al 2004; Stratham 2000; Henricson 2003)

Parents, teachers and mental health professionals need to work collaboratively to provide this (Lloyd, 1999:9). See the Marlborough Family Service in the London Borough of Westminster, for an exemplary comprehensive, broad service (at http://www.cnwl.org/MarlboroughFamilyService.html.) And the programmes Webster Stratton *parents and children videotape series* (Webster Stratton, 1999:103) and Triple P (Sanders et al, 2002; 2005))

➤ Giving the community a **sense of ownership** of the initiative can be effective in engaging parents

(eg. Parents Altogether Lending Support (PALS)) (Zeedyk et al, 2002, and at the very least, a sense of ownership by staff, see Osgood, 2003:43)

➤ **A group based approach** to parenting education is widely promoted (Lloyd, 1999; Liabo et al 2004; Barlow, 1998)

For a number of reasons: cost effectiveness (Smith 1996:12; Cunningham et al, 1995[3]; Behan and Carr, 2000:122; see also Barlow, 1999:67); helping socially isolated families meet people (Smith 1996); building a sense of cohesiveness among members (Smith 1996 and see Osgood and James, forthcoming for multi-ethnic/ class cohesiveness); providing opportunities for individuals to share views and developing confidence and self esteem (Smith 1996). Further, Cunningham et al's (1995) trial of a group based programme in Canada suggested this type of parenting support attracted more minority ethnic parents. Group based parenting programmes have also been shown to reduce behaviour problems in children aged between 3 and 10 years (Liabo et al 2004) just as effectively as individual programmes (Behan and Carr, 2000:122)

➤ A **combination of both group work and one to one work** appears to be successful (see Triple P) (Moran et al 2004)

➤ Programmes where **both parents** are involved seem to be more successful than those where only the mother takes part.

As parenting education develops, greater efforts need to be made to engage fathers and in particular young fathers (Lloyd, 1999:9; Sure Start, 2006:53; Osgood and James, forthcoming: 42)

➤ **Supplemental individual work** is also needed where problems are severe (Moran et al, 2004; see also NIHCE 2005, Fonagy et al, 2002:135, Scott, 2006:486).

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[3] An Ontario study that compared the costs of community-based programmes and clinic-based individual parenting programmes indicated that group programmes based in the community were more than six times as cost-effective as the individual programmes(Cunningham et al 1995).

➢ Overall, **behaviorally oriented** parent education programmes appear to produce the biggest subsequent changes in children's behavior (Lloyd, 1999:8; Liabo et al 2004)

> Such as Webster Stratton's Videotape Modeling programme which has been well evaluated (Liabo et al 2004; Barlow, 1999) and this needs to involve non-violent sanctions for negative behaviour and strategies to build positive relationships through play and praise (Hutchings and Lane, 2006). Though 'cognitive' interventions for changing beliefs, attitudes and self perceptions about parenting are also important (Moran et al 2004) eg. Webster Stratton's videotape series (Sanders et al, 2003:20), particularly for parents with older children (Moran et al 2004:67)

➢ A combination programme, using **both behaviour and relationship** approaches, (Barlow and Stewart-Brown 2001) and some cognitive elements (Moran et al, 2004:67) may better meet the needs of parents (Scott, 2006).

➢ The most effective approach for the facilitator seems to be an **interactive model of learning** and teaching, leading and role playing which increases parents' confidence in their own ideas (Lloyd, 1999:8, Hutchings and Lane, 2006)

➢ Conveying an **attitude of hope and possibility**, without minimizing the problem or the pain that comes with it: encouraging parents to focus on future possibilities instead of past problems (Hutchings and Lane, 2006)

➢ **Multi- media delivery** during sessions can be effective:

> Role play and homework pieces (NICHE, 2005, Hutchings and Lane, 2006) and video (Webster Stratton, 1999; Hutchings and Lane, 2006; see also Triple P) make for good learning resources/ practices. Therapist led Group Video modelling, works better than individual programmes, and video alone (Behan and Carr, 2000:125). A take home handbook can also be useful for parents to refresh their knowledge, long after the programme has ended (Osgood and James, forthcoming:52)

➢ **Mass media** for delivering factual information and promotion of further support.

> For example the Triple P Programme television dissemination (see Sanders et al,2003:13) and various online based support such as
> www.bbc.co.uk/parenting/
> www.parentlineplus.org.uk/
> http://www.practicalparent.org.uk/
> http://www.parenting.org.uk/
> http://www.raisingkids.co.uk/ and many others.
> Yet media based interventions alone, without the aid of a 'therapist' have only moderate effects for children with conduct disorders (Wolpert, 2006:8)

➢ Interventions that work in **parallel with parents, families and children** (Moran et al, 2004; Stratham 2000; Henricson 2003; Lloyd, 1999:9; Barlow, 1998:103; Statham and Biehal, 2005; Wolpert et al, 2006:8)

for example Webster Stratton Dinosaur programme, Share programmes; Nurturing Programme, but NICHE (2005) warns further evidence is needed regarding programmes that included direct work with children with conduct disorders.

- ➤ **Schools** are important influences in children's lives. Effective programmes help parents and teachers develop good working relationships and support children's learning (Lloyd, 1999:9, DfES 2006:2; Barlow, 1998:97; Statham and Biehal, 2005) for example Webster Stratton Dinosaur programme; Nurturing.

- ➤ A recent NICHE report (2005) recommend an optimum of **8-12 sessions** (see also DfES, 2006:6)

- ➤ **Interventions of longer duration** with follow up booster sessions for those whose problems are severe, (Moran et al 2004) e.g. Strengthening Families, Strengthening Communities programme

- ➤ **Appropriately trained facilitators** (Moran, 2004, NICHE, 2005; DfES 2006:6) who having received training in working with parents, underpinned by the National Occupational Standards for Work with Parents. (DfES 2006:6)

- ➤ **A democratic, collaborative approach to facilitating sessions**.

    Enabling parents to identify their own parenting objectives (NICHE, 2005), collaborating with them in exploring materials that are relevant to them (Hutchings and Lane, 2006; Gill, 1998) and facilitating in a 'democratic way' rather than top down approach (Osgood and James, forthcoming:49), and teaching behavioural principles rather than techniques (Hutchings and Lane, 2006) can increase success in engaging hard to reach families. For example, Triple P (see Sanders et al, 2003) and the Nurturing Programme (Osgood and James, forthcoming).

- ➤ Interventions need to pay attention to **recruitment and retention** of parents (Moran et al 2004) and pursue non-attenders.

    In a community based service, only working with those who attend will mean the most in need don't get a service (Scott, 2006:485). Clearer information on what the programme will involve and the aims and objectives might help reduce attrition rate (Osgood and James, forthcoming; 40).

- ➤ Services with a **variety of referral routes** are good (Moran et al 2004, Osgood and James, forthcoming)

    And all relevant agencies in the borough need to be aware of programmes in existence, so referral can be informed, and not haphazard, or worse, non existent (see Osgood and James, forthcoming: 45)

- ➤ A **pre-programme meeting** involving past participants can be a useful way of attracting new recruits (Osgood and James, forthcoming:39).

- ➤ Properly **evaluating** practice is vital (Scott, 2006; Statham and Biehal, 2005).

Scott recommends a questionnaire approved by CAHMS Outcomes Research Consortium 2005 (see camhoutcomeresearch.org.uk) and modify in the light of evaluation (Scott, 2006) Further, child outcomes aswell as parent outcomes should be taken into account (Scott, 2006)

Do parent education programmes work with all parents?

Barlow (1999:82) concludes that parenting programmes are unlikely to work with *all* parents, but evidence is inconclusive. Webster Stratton highlights that 'parent training encompassing issues of ethnicity and culture is almost non existent' (Forehand and Kotchik (1996) in Webster Stratton 1999:105). She suggests that collaborative programmes are inherently more accommodating than non-collaborative interventions which are more likely to shaped by the norms of the therapists (Webster Stratton; 1999:105) and research in Canada suggests community group programmes attract more ethnic minority parents (Cunningham *et al* 1995), for example (see the section on evidence of what works with minority ethnic parents).

Further, Moran et al (2004) claim there is still not enough evidence to conclude how transferable programmes are to other countries, however, Webster Stratton Incredible Years and the Nurturing programmes were developed overseas and applied extensively in the UK context to great effect (see Osgood and James (2006) for an evaluation of the Family Links Nurturing programme in RBKC) and Triple P claims to be used in nine countries worldwide (see website triplep.net), and has good reviews in its pilot in the London Borough of Hillingdon (Hillingdon Council, 2005).

Again, Moran *et al* (2004) claim there is not enough rigorous research evidence to *conclude* what aspects of parenting support interventions work best with different types of parents, e.g. fathers or Black and Asian parents, however in this paper we will draw on what evidence we can to indicate suggested strategies and programmes which work well with different groups.

As we have outlined, The Royal Borough of Kensington and Chelsea have targeted four 'special' populations who are often overlooked in mainstream parenting support:
1. fathers
2. parents suffering from mental illness
3. parents experiencing domestic violence
4. substance and alcohol misusing parents

We provide an exploration of available literature pertaining to what works with these specific target groups. In the most part, this relates to what works in recruitment and retention of these hard to reach groups, however where possible we will also draw upon evidence for what aspects of programmes produce effective outcomes for these groups, in terms of both child behaviour, parent-child relationship and ultimately, in the case of groups 2-4, improvement in the parent's situation. These issues are, of course, not mutually exclusive, but interlinked.

As Moran et al (2004) highlight, sufficient rigorous research evidence produced by randomised control trials simply has not been undertaken to make concrete conclusions as to the success of programmes for these different groups, so suggestions are indicative and tentative, but should provide a useful guide for further investigation and research.

Implementation Fidelity
A further issue of importance when considering what works is implementation fidelity. While parenting programmes may have been devised according to specific criteria and methodology, and evaluated in this format, when programmes are adopted or purchased and developed by different organisations the quality and faithfulness of the intervention to the original design may vary. Some argue that programmes must be implemented with fidelity to the original model to preserve the behaviour change mechanisms that made the original model effective (Arthur & Blitz, 2000, Mihalic, 2002, Sutton et al, 2006) whereas others feel that implementation of at least some programme components will be better than doing nothing. A report by the National Institute for Health and Clinical Excellence (2005) for parenting programmes for the management of children with conduct disorders, recommends that all programmes adhere to the programme developers' manual and employs all of the necessary materials to ensure consistent implementation of the programme. Sanders et al (2002:186) claim that the best way to ensure programme integrity, is by having high quality, professionally developed resources, and parent materials that are easy to use and designed to have a good 'ecological fit' with the practice environment in which they are being used.

The Blue Print Series (see www.colorado.edu/cspv/blueprints, and see Hutchings and Lane, 2006) identifies 5 main components as a guideline for how to ensure the quality and fidelity of interventions.
1. *Adherence*- Is the programme being delivered as designed, with all the core components, to the appropriate population, with trained staff, with the right protocols, techniques and materials?
2. *Exposure*- Does the treatment 'dose' (eg. The number of session and their length) match the original programme?
3. *Quality of programme delivery*- Are the leaders skilled in using the techniques, enthusiastic and prepared?
4. *Participant responsiveness*-Is the participant involved in the activities and content of the programme?
5. *Programme differentiation*- Are all of the unique features of the programme identifiable and present? (eg. Role play practices and home assignments)?

Evidence of what works with RBKC target groups
   1) Fathers

Research based on the National Child Development Study shows that when fathers are involved when a child is seven years of age there is a positive relationship to later educational achievement; there is association with a good

parent-child relationship in adolescence; and children in separated families were protected from later mental health problems (Sure Start, 2006:53 and see Goldman, 2005:121).

Evaluation of the Nurturing Programme in RBKC (Osgood and James, forthcoming:45) also reveals that when involved, fathers can reap huge benefits from group parenting programmes.

In line with these findings, literature suggests that services need to be personalised for fathers, in order to ensure inclusion and retention (Sure Start, 2006:53; Osgood, 2003; Osgood and James, forthcoming:45) as fathers are much less likely to participate in programmes. Osgood and James (forthcoming:45) claim that 'group composition is a very significant factor affecting recruitment and attrition rates' for fathers. Some approaches focus on remodelling existing programmes to include fathers and some advocate father-only sessions. Osgood and James' (forthcoming:45) evaluation of the Nurturing Programme revealed that equally mixed groups (of both men and women) were most respondent's preference in the study, but some also expressed a preference for father only groups. Sanders et al (2003:20) maintain that parenting interventions should promote gender equality in the family, and Osgood and James (forthcoming:45) highlight how gender-balanced groups are an important factor in symbolising this, signalling that parenting is undertaken by both genders.

Parenting programmes for fathers tend to be as much about building and strengthening relationships between fathers and their children as they are about providing strategies for managing their child's behaviour. And Osgood and James' (forthcoming:45) evaluation suggests that fathers can face unique issues such as feeling excluded from the maternal bond; negotiating flexible working arrangements with employers, and so on, so may benefit from some father focused groups. Though arguably these issues could be beneficial when discussed in mixed gender environments.

Material relating to the effectiveness of parenting programmes for fathers often refers to the recruitment and retention of fathers on programmes, rather than effective outcomes for fathers and children.

Suggestions for engaging fathers in universal programmes:

Recruitment to sessions:
- Carry out a 'whole system review', assessing the way fathers are treated on existing programmes (Montague, 2006:18)
- Develop outreach services which include fathers before and after birth (Lloyd et al, 2003:7; Osgood, 2003:38)
- Be sure to make efforts to engage non resident fathers also (Goldman, 2005:198)
- Some fathers may benefit from one to one outreach support, as attending groups may be difficult due to time constraints (Osgood, 2003; Osgood and James, forthcoming)

- Take a flexible approach, making sure you fit the course around parents lives (Montague, 2006:18; and see Osgood, 2003)
- Making sure publicity material explains clearly what the benefits are for fathers and their children (Montague, 2006:18).
- Don't rely on accessing fathers through 'pupil post' (sending letters home at school) as this is fairly unsuccessful in engaging fathers (Goldman, 2005:198)
- Initial private sessions prior to the group session can help to engage fathers (Janis-Norton, 2006).
- Using 'hook' activities specifically designed to appeal to men (Lloyd et al, 2003:7).

> For example at Sure Start Ferryhill and Chilton in Durham, Fathers Plus runs group visits for dads to local swimming pools or toy libraries, martial arts classes with childcare attached (Montague, 2006:18), summer barbeques, men's health days (Sure Start, 2006:54) basketball or parachute games (www.ymca.org.uk/parenting) which is successful in then drawing fathers in to programmes.
> Other activities which have been found to be effective for fathers are a weekly coffee morning; helping fathers to find work by putting them in touch with employment agencies; organising talks for fathers on topics such as child nutrition, smoking cessation, men's health and personal safety; one to one sessions for fathers with housing managers to discuss accommodation issues; day trips for fathers and children together (Sure Start, 2006:54)

- Making plans to follow up dads from 'hook' activities (Montague, 2006:18)
- Using the term 'parenting skills classes', rather than 'parenting groups', can reinforce the notion to fathers that the programme will not focus on discussing feelings at great length, which can put off fathers (Janis-Norton, 2006).
- The New Learning Centre has found that giving out a CD to parents before the programme giving parents a taster of what the sessions will be like can encourage fathers as they learn that their programme is a solution-focused approach, not one that discusses feelings at great length (Janis-Norton, 2006).
- Be aware of the religious observances of fathers (Montague, 2006:18)

During sessions
- Be aware of cultural differences in gender roles and father's outlooks (Becher and Husain, 2003:58)
- Learning together with the child alongside the dad means there is a real opportunity for relationships to deepen. (Montague, 2006:18; www.ymca.org.uk/parenting)
- A gender differentiated approach – engaging with men differently to women can be really successful (Montague, 2006:18).
- Build into the 'play' sessions some time for fathers to reflect in groups (www.ymca.org.uk/parenting)
- Doing lots of pair work and small group work, can help develop fathers' social confidence. Arranging for men to pair up together initially, breaks the ice and then within a few weeks this is no longer necessary because the group has bonded, based on their similar issues, and they all feel like friends, regardless of gender (Janis-Norton, 2006).

- Use practical activities, rather than too much discussion (Goldman, 2005:198)
- Though care must be taken not to be too stereotypical- a broad curricular content can be effective (Goldman, 2005:199)
- The New Learning Centre claims that fathers often feel that parenting programmes will take their wife's 'side' and that the aim is to change their behaviour in this light, so programmes which are careful not to 'take sides' and accentuate *both* parents role in parenting, and work on developing *both* parents input can engage fathers (Janis-Norton, 2006).

Staff
- Making sure staff are fully briefed about working with fathers, challenging negative staff attitudes towards fathers' abilities (Montague, 2006:18) and challenging female focused cultures (Sure Start 2006: 53 Goldman, 2005:126) and provide training for staff on working with fathers (Lloyd et al, 2003:7).
- Providing a familiar face and continuity of staff (Montague, 2006: 18)
- Employing a male worker (Montague, 2006; Sure Start, 2006:54; Lloyd et al, 2003:7).

Father- specific parenting groups:
Active Dads
Dads&lads
Young Fathers
Dads Matter
Dads Plus
Caring Dads

Father-specific family learning/literacy programmes:
It's a Man Thing (CountinYou)
Share for Dads (CountinYou)

Programmes that have actively targeted fathers:
Home Start
Sure Start
Calmer, Easier, Happier
Webster Stratton

There is much less evidence of attention devoted to the other three priority groups in terms of parenting support compared to fathers, nevertheless there are a few exemplary programmes and literature dedicated to parents suffering from mental illness, parents suffering from domestic violence, and drug and alcohol misuse. These are detailed below.

2) Parents suffering from mental illness

There are few parenting programmes aimed specifically at *parents* with mental health issues, and programmes that do exist, tend to focus on *mothers* suffering from *depression*, and often mothers of young, preschool age children, where issues of postnatal depression, isolation, changing family relationships, are key.   Research suggests that befriending and support provided by trained home visitors can improve mothers' well being and have positive effects on mother-child interaction (Statham and Biehal, 2005). There is increasing evidence to suggest that parenting programmes may have a role to play in the improvement of maternal mental health (Barlow et al 2002: 223 and see Mullin et al 1994; Todres and Bunston, 1993; Osgood and James, forthcoming).

There is also evidence to suggest that participation in group-based programmes by mothers suffering from depression can be effective in improving the behaviour of their children as a consequence (Liabo et al, 2004).

However, parents suffering from mental illness are a hard to reach group and are often not captured by the usual provision of programmes, and parents for whom existing programmes are often unsuccessful in modifying their child's behaviour are often mothers who are depressed (Webster Stratton 1990, Fonagy et al, 2002:134). It has also been argued that mothers suffering from mental illness are often scared to seek help, for fear that their children might be taken away from them (Sone, 1997).

Both home visiting and group-based programmes have been trialed for these groups of parents. The UK-based volunteer programme Home Start (www.home-start.org.uk), favours an individual approach, where 'befriending' home-visits are made to parents in distress, offering support, friendship and practical assistance, while other programmes such as NEWPIN, developed in the London Borough of Southwark, use a centre-based approach. Further, Sure Start North West Kensington has been relatively successful in engaging vulnerable mothers at risk of mental health problems via a two step process. Support is initiated by the Home Visiting team and after regular contact, home visitors exercise their professional judgement about the need for the parent/s to attend a group based programme and are then pivotal in encouraging such parents to attend their in-house Nurturing Programme (Osgood and James, forthcoming: 33).

Evaluation of Home Start Services (McAuley et al, 2004) revealed some positive outcomes in comparison to the control group, but issues were raised as to its cost effectiveness. However, mothers who received the support of a Home Start volunteer valued the service and considered that it made a positive difference to their lives (ibid: 61).

NEWPIN, a centre based programme offers services by trained staff, including therapeutic group work and counselling, family play programmes and life skills programmes. NEWPIN's aim is to promote self awareness, particularly the

importance of recognizing the effects of their own childhood experiences on current relationships (Jenkins, 1996). Cox et al's (1992) evaluation of NEWPIN revealed positive outcomes for intervention group mothers including significant improvements in parental psychiatric symptoms.

Mellow Parenting, based on NEWPIN is more of a structured programme involving weekly day-long, group-based, therapist led, sessions for the period of 4 months. Evaluation suggests the programme improves maternal wellbeing, as well as parent child relationships, parent effectiveness, and subsequently child behaviour, however Moran et al (2004:168) argue that more methodologically rigorous evaluation is needed. This programme has been piloted in the UK in Wakefield District as an intensive 10 week course that involves parents working individually and with their children (NCH, 2006).

Osgood and James, (forthcoming: 41) in their evaluation of the Sure Start North West Kensington Nurturing Programme, reveal how several single mothers, from various different class and ethnic backgrounds, talked about the programme's success for alleviating their isolation and improving their emotional literacy and subsequently their mental health.

Programmes aimed at parents suffering from mental illness:

Befriending:
Home Start

Group based:
Webster Stratton *ADVANCE*
NEWPIN
Mellow Parenting

3) *Domestic violence*

Anecdotal evidence suggests that mothers suffering from domestic violence are likely to feature prominently in statistics of those who do not complete programmes (see Fonagy et al, 2002:134). The Mellow Parenting programme (see entry on mental illness) includes domestic violence in their referral criteria, and this programme has successfully engaged parents 'at the extreme end of the spectrum' (Puckering, nd). A case study by Puckering et al (1996) reveals the success of the Mellow group-based parenting programme for one case study family with a history of marital violence. The mothers' participation in the programme produced positive outcomes on her own mental health, state of mind, and her ability to cope with her son's behaviour, and also on her relationship with her children. The group provided a model of respite and caring, hence behaviour-based approaches were deemed inappropriate (Puckering et al 1996:549). Campbell (2004) carrying out an evaluation of a RBKC Nurturing Programme highlighted how as a result of the programme 2 participants left violent relationships, which hints towards the success of such programmes in empowering mothers.

A few other programmes have been devised specifically for parents who are at risk of maltreating their child. Triple P has devised a programme specifically for parents at risk of child maltreatment, called Pathways Triple P. 'Pathways Triple P employs active skills training techniques to help parents acquire new skills in managing their own emotions and behaviours along with those of their children' (Triple P Website, acc. 2006).

However Scott et al (nd), believe that a specific programme is needed to deal with fathers who are violent towards their partner or children. Coming from the field of intervention in child abuse cases, they argue that behaviour management and stress reduction skills, which most abuse programmes focus on (see Edgeworth and Carr, 2000:39) are not of primacy for maltreating fathers (Scott and Crooks, 2004). Dr. Katreena Scott at the University of Toronto, Canada, and colleagues have recently devised a programme called Caring Dads, for men who have abused or neglected their children or exposed them to abuse of their mothers. This programme focuses on encouraging abusive fathers' to recognise and prioritise their children's needs for love, respect and autonomy. This, they argue is the main concern for abusive fathers.

The 15 week programme aims to increase men's awareness of the impact of coercive, shaming and under-involved behaviour on children, enhance father's motivation to change, reduce attitudes and perceptions that support the maltreatment of children, improve father child relationships and reduce men's involvement in child focused marital conflict. Though the focus of this programme is intervention in child abuse, domestic violence is often an intertwined issue, and the programme was developed with input from others in the field of 'batterer' intervention and research on violence against women (Scott et al, nd).

They place emphasis that such programmes would need to be integrated into the whole intervention system to ensure recruitment, as self referral is less likely (Scott et al, nd). Evaluation of early pilot studies suggest positive outcomes, but the overall efficacy cannot be judged at this stage.   This programme is also being run London-wide involving West London Action for Children in RBKC. This programme also involves making contact with mothers in the families and providing appropriate support.

On a universal, *preventative* level, the US programme Strengthening (Multi-Ethnic) Families Strengthening Communities, was devised as a 'violence prevention programme' that addresses violence against the self (drugs/alcohol), violence in the family (child abuse, domestic violence), and violence against the community (juvenile delinquency, crime, gangs) (see section on minority ethnic parents).

Universal Violence prevention programmes:
Strengthening (Multi-Ethnic) Families Strengthening Communities (US and UK)

Programmes for victims of domestic violence:
Mellow Parenting (UK)

Programmes for violent and abusive fathers, or fathers at risk:
Pathways Triple P (Intl)
Caring Dads (US and UK)

4) Parents who misuse drugs or alcohol

Parental drug misuse and alcoholism increases children's susceptibility to drug/ alcohol abuse (Aktan *et al* 1996). This is related to a number of factors, an important one being family environment. There is evidence to suggest that participation in group based programmes by parents suffering from alcoholism or drug abuse can be effective in improving the behaviour of their children (Liabo et al, 2004) however Webster Stratton's (1990) research found that families that continued to have problems with children were single parents, those where the mother was depressed, or had a family history of alcoholism or drug abuse. Mothers who misuse alcohol are also often reluctant to seek help because they fear losing their children (Sone, 1997).

There appear to be a few programmes devised for this group of parents. The main, well evaluated one being the US Strengthening Families Programme (SFP)[4] see www.strengtheningfamiliesprogram.org.

This programme was originally founded on a National Institute on Drug Abuse (NIDA) research grant in the early 1980s, and has since been revised and adapted. This is a 14 session family skills training programme designed to reduce risk factors for substance abuse, depression, aggression, delinquency, violence and school failure in children of substance abusers. It consists of Parent Skills Training, Children's Skills Training and Family Life Skills Training.

The original SFP for families with children ages 6 to 11 years has now been joined by versions for families with both younger children and early teens.

This programme has been extensively evaluated (Kumpfer *et al* 2002b; Kumpfer 1999) and generally evaluations indicate that the programme effectively reduces and prevents substance abuse, child externalising behaviours (e.g. aggressiveness and hyperactivity) and internalising behaviours (e.g. uncommunicativeness and obsessive/compulsive tendencies) and conduct disorders (Kumpfer *et al* 2002a). SPF has also been used widely with non substance abusing parents and a range of ethnic groups in the US context (Kumpfer *et al* 2002a and see Moran *et al* 2004:158 for an overview).

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[4] Not to be confused with Strengthening (Multi-Ethnic) Families, Strengthening Communities, for this programme see the minority ethnic parents section.

Other, less well evaluated programmes found in the US include an adaptation of The Nurturing Program/me and 'Focus on families'.

In the US, Dr Norma Finkelstein of the Institute for Health and Recovery, Massachusetts has adapted The Nurturing Program/me developed by Dr. Stephen Bavolek for parents of children birth to five years old, for substance abusing parents (The Nurturing Program for Families in Substance Abuse). The goals of the program include: (1) reducing risk factors contributing to substance use/abuse by both parents and children in families affected by parental substance abuse; (2) enhancing relationships between parents and children (i.e. strengthening family protective factors); and (3) strengthening parent's sobriety.[5]

Focus on Families was created by the Social Development Research Group in Seattle for addicted parents of children aged 3-14. The programme was designed for parents enrolled in rehabilitative treatment. IN line with adive about high end need families, the programme is fairly intensive consisting of an initial 5 hour session, followed by 32 session of 90 mins, held twice weekly for 16 weeks, some sessions involving parents and children together. Topics include family goal setting, relapse prevention, communication skills, management skills, teaching skills to children. Follow up sessions are provided also[6].

Recently the Family Therapy Service in the Royal Borough of Kensington and Chelsea has begun a programme for substance misusing parents called Talking Parents. It is a weekly, therapist led programme but claims not to be a parenting course but about sharing experiences. The material claims:

> 'It's a chance to exchange ideas and learn from other parents who know what you're going through. Each week we suggest a topic or theme for the group to discuss. However there is also plenty of time to bring up anything that might be concerning you at the moment. The group has a philosophy of positive parenting, so some of the topics we may discuss include praise, being a 'good enough' parent, and how to provide effective boundaries.'
>
> (Talking Parents promotional material, 2006)

Programmes for substance misusing parents:
Strengthening Families Program (SFP) US
The Nurturing Program for Families in Substance Abuse. US
Focus on Families. US
Talking Parents (RBKC) UK

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[5]see http://www.strengtheningfamilies.org/html/programs_1999/34_NPFSATR.html a website listing various programmes running in the US.
[6] see http://www.strengtheningfamilies.org/html/programs_1999/34_NPFSATR.html a website listing various programmes running in the US.

The Sure Start Children's Centre's Practice Guidance (2006) also highlights *teenage/ young parents* and *minority ethnic parents* as needing services tailored to their needs. This is discussed in the broadest sense in relation to the remit of children's centres, but these are arguably key groups regarding parenting support programmes also.

Teenage/ young Parents

Research shows that teenage parents and their children are at increased risk of poor health and social outcomes (Sure Start, 2006:53). Teenage parents have specific needs in that many (up to 40 per cent) suffer from post-natal depression and often lack qualifications/are not engaged in education. Young fathers also feel particularly excluded in antenatal and post-natal care (Sure Start, 2006)

Below are some suggestions for what works for teenage and young parents.

- o Some literature suggests separate, specific provision should be made for teenage parents where possible (Sure Start, 2006:57; Radice, 2006:9).
- o Services should be informal and young person centred (Sure Start, 2006:57; Radice, 2006:9).
- o Advertising services using appropriate media such as independent local radio and outreach work by peer mentors can be helpful *(*Sure Start, 2006:57)
- o Working *with* young parents, not just *for* them, will help increase effectiveness and ownership of services offered (Sure Start, 2006:57; Radice, 2006:9).
- o A flexible approach which is adaptable in consultation with young parents (Sure Start, 2006:57)
- o Teams with a good skills mix including workers with relevant experience and those with whom young people can identify *(*Sure Start, 2006:57)
- o Use activities that young people are interested in to engage parents, such as advice on diet and health or sport (Sure Start, 2006:58) and sandwich these between other sessions (Radice, 2006:9).
- o Provide practical support such as crèche facilities and transport, and incentives such as accreditation for courses and vouchers (Sure Start, 2006:58)
- o Intensive personal advice and support is needed for most teenage parents, such as that provided by Personal Advisers on Sure Start Plus Programmes (Sure Start, 2006:59)
- o A dedicated father's worker is often best for young fathers, using a youth work type approach, but adapted to the needs of being a parent. (Sure Start, 2006:59)
- o Engaging young parents in education can improve outcomes. Research shows that one key factor distinguishing teenage mothers who have done well over the long term was developing a career or having employment they liked (Sure Start, 2006:59)

Programmes for young parents
> Sure Start Plus. UK
> Young Adults Programme (Family Caring Trust) UK
> Parenting Wisely. US
> Parents as First Teachers (PAFT) US
> Home Start. UK
> Small Talk (West London Action for Children). UK

Minority Ethnic parents

Census data shows that 21.4% of residents and 32.4% of dependent children, in the Royal Borough of Kensington and Chelsea are from black or minority ethnic backgrounds, but also, almost half of the population were born outside the UK. Over 102 languages are spoken in the borough's schools, the most common languages spoken are firstly Arabic; then Portuguese; Spanish; Tagalog; French and Somali. In terms of geography, a higher proportion of people identifying as 'Black' or 'mixed' are found in the North of the borough, and those identifying as Asian, Chinese or other ethnic groups are spread across the borough. 62% of residents identify as Christian and 8.4% as Muslim (RBKC, 2006:13).

Families in minority ethnic communities are often overlooked in service provision (Becher and Hussain, 2003:52) and are less likely to access preventative services (Becher and Hussain, 2003; Ahmed, 2005). This is seen by some authors as due to a range of barriers but also a lack of trust in the current level of provision (Becher and Hussain, 2003) and, there is some evidence to suggest, a certain level of institutionalised racism (Ahmed, 2005:93; Becher and Husain, 2003:53). Ahmed (2005) claims there is evidence to suggest that enquiries for help and assistance from social services are more likely to turn into investigations (Ahmed, 2005:94). Considering at least 20% of the RBKC are from a minority ethnic background, specific care needs to be taken ensure that services are developed with specific minority ethnic communities in mind, specific policies and strategies in place, and funds allocated (see Becher and Husain, 2003:52), not to mention parenting programmes that are proven to be successful with multi-ethnic communities.

Fonagy et al, (2002: 134) highlight how parent training is culturally highly sensitive, and methods of child control are strongly culture bound, however, it is also possible to argue that effective parenting strategies can be universal. Still, it is clear that for the recruitment and retention of different minority groups to parenting programmes, an understanding of different cultural communities and their differing value systems is important (Becher and Husain, 2003:50). Sanders et al (2003:20) argue that interventions should be tailored in such a way as to respect and not undermine the cultural values, aspirations, traditions and needs of different minority ethnic groups. It is important to note that culture and value systems are also classed as well as racialised and the same cultural and value sensitivity is also necessary to successfully engage parents from different social class backgrounds.

Moran *et al* (2004) claim there is not enough rigorous research evidence to *conclude* what aspects of parenting support interventions work best with different types of parents, let alone diverse ethnic groups, who are often overlooked in research (Ahmed, 2005). There is also the question of whether separate programmes are needed for minority ethnic, linguistic or religious groups or whether programmes should strive to be inclusive of diverse groups of parents. In terms of linguistic and specific religious minority communities there is some evidence that local communities are providing specific programmes, usually around religious and community organisations, however many would argue that all services should be appropriate for parents of diverse faith and ethnicity (Osgood and James' forthcoming: 46 and see Becher and Husain, 2003:48 for a more substantive discussion of the debates). Osgood and James' (forthcoming: 46) research suggests that homogenising groups by cultural background or language could be limiting and act to reinforce artificial social and cultural boundaries. Their evaluation of the Sure Start Nurturing programme in North West Kensington suggests that diverse groups in terms of age, social class, ethnicity, educational level and cultural background can be invaluable in providing opportunities for parents to engage with, and learn from parents from backgrounds different to their own; and can stress the commonality of parental experiences and hence 'act to de-stigmatise and reduce artificial social barriers within communities' (Osgood and James, forthcoming; 44). Despite possible language differences and difficulties, it was felt that the strengths of eclectic group composition and the benefits that brings in terms of enlightenment about different cultures, ages and social classes, would be lost in a mono cultural group (ibid).

In terms of specific programmes for minority ethnic groups, a further issue is that programmes devised in the US, working with African American, or Hispanic parents; or programmes devised with indigenous minority groups such as Triple P in Australia, are unlikely to translate in their entirety in the UK context, due to differing value systems, cultural, religious and historical contexts.

Regarding engaging minority ethnic parents in *general* parenting programmes, these guidelines suggest some basic factors that should not be overlooked:
- If possible, the needs of minority ethnic families in the locality should be built into programmes from the start, being integral, rather than an add on (Becher and Husain, 2003: 52)
- Working in close consultation with target minority ethnic communities (Becher and Husain, 2003)
- Staffing should reflect the communities served (Sure Start, 2006:58; Ahmed, 2005:95) and languages should be ideally represented (Osgood and James, 2005a)
  o All staff should receive nuanced diversity awareness training (Sure Start, 2006:58) working to dismiss cultural stereotypes and including awareness of the circumstance for mixed race children (Ahmed, 2005)
  o Emphasising parenting as a community issue (Becher and Husain, 2003:72) bridging cultural difference

- o Making a special effort to target and 'seek out' minority ethnic parents has been successful (Ahmed, 2005)
- o Outreach work may be necessary to engage parents who may have felt excluded from mainstream services in the past (Sure Start, 2006: 65; Osgood and James, 2005a & b)
- o Nurturing informal, grassroots networks of BME parents to spread information, particularly among non-English speaking groups, and liaising via a bilingual parent (see Osgood and James, 2005b:42)
- o Using community organisations, as well as schools, to target parents is recommended (Becher and Husain, 2003:59)
- o A staged approach towards, particularly isolated parents with limited English, is recommended by Osgood and James, (forthcoming) beginning with home visiting, encouragement to access services, then later encouragement to attend programmes.
- o A pre-programme session outlining what the programme will involve and the nature of group work specifically can put parents at ease (Becher and Husain, 2003:57 and Osgood and James, forthcoming)
- o General services should provide interpreters for parents whose first language is not English *(*Sure Start, 2006:58)[7]. Though Osgood and James' (forthcoming: 46) evaluation found that EAL participants did not see an interpreter as appropriate for group programmes because of the emotional element.
- o Working in conjunction with ESOL courses provides a possible longer term solution
- o Providing a handbook recorded in various different languages was seen as a practical strategy for improving the experience for parents whose first language is not English (Osgood and James' (forthcoming: 46) Though care must be taken in translation that documents are not necessarily translated literally, but taking into account literacy levels of the target communities (Becher and Husain, 2003:59).
- o It is imperative also that service providers look at alternative communication methods such as community radio; video and oral, as well as written (Becher and Husain, 2003:59).
- o Adapting programmes to suit local need (Becher and Husain, 2003:72)
- o Specific funds should be allocated (Becher and Husain, 2003:52)
- o Atmosphere is important in making people feel welcome at the venue, and it is important to recognise that different people have different ideas of what is a welcoming, relaxing atmosphere (Becher and Husain, 2003:58)
- o Making it explicitly clear which family members may be welcome (mothers? Fathers? both parents? Other extended family members?) (Becher and Husain, 2003:59)
- o Monitoring and evaluating services with regard to minority ethnic recruitment, retention and satisfaction is vital (Becher and Husain, 2003:64; Osgood and James, 2005a&b)

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[7] Though care should be taken that interpreters are vetted to determine they are appropriate for the family in question, and that interpreters understand their role, *not* as advocate but pure translator (Becher and Husain, 2003:56)

In terms of specific programmes adapted for multi-ethnic communities, the Strengthening Families Strengthening Communities programme appears to provide the most popularly applied model. The programme is a preventative parenting programme targeted at 'multi-ethnic families and communities', not specific ethnic minority families. It is based on Dr Marilyn Steele's US programme, but has been revised for the UK context, by the Youth Justice Board or former Race Equality Unit (reu.org.uk) (DfES 2006:7). Central to the programme is an inclusive approach, albeit making an effort to target black and minority ethnic parents. In the US, the programme has been used with African-American, Hispanic, Asian, Pacific Islander, and Native American families as well as White Americans.

Some exemplary features of the programme are that:
- It explores the role of ethnicity and spirituality in parenting
- It establishes parenting as a community issue
- Its materials are developed according to local need
- Its programme facilitators are from the minority ethnic groups it serves
- It undertakes outreach work to encourage participation
- It has developed a pre-course session for parents unused to group work
- It takes a bottom up approach

(Becher and Husain, 2003:72)

In the UK, the programme is being run (supported by the REU) in Harrow (Harrow Council, 2006:3), and Tower Hamlets[8], among other districts such as Wakefield (NCH, 2006), and Milton Keynes[9].

The programme is being piloted, in conjunction with Harrow Council's Family Learning Service, in Glebe first and middle school in Harrow where there is a large Somali community. It runs for three hours per week for 13 weeks and sessions include behaviour management, family health, healthy relationships, solution building and community development. Included in every session is time for the families to share a meal together. Two experienced facilitators from REU (the Racial Equality Unit) will run the course, the hope being that it will be rolled out to other parts of the borough. The main funder is Harrow Council's Adult & Community learning /Wider Family Learning service (Harrow Council, 2006:3). It includes a workshop called Rites of Passages where parents discuss individual families' cultural identity and their values (DfES 2006:7).

A version is also being piloted at the Social Services Intensive Support Team in Wakefield as a seven-week course with a four-week booster after six-to-12 months, where parents and children attend together (NCH, 2006)

The Strengthening Families programme delivered by Tower Hamlets Social Services and the REU, targets multi-ethnic parents of young offenders and those at risk of social exclusion or anti-social behaviour (aged 0-18). They

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[8] (see http://www.coram.org.uk/support_sfp.htm).
[9] (see http://www.coram.org.uk/support_sfp.htm).

extend a 13-week programme. The approach adopted is based upon the belief that parents will take responsibility for making good choices when given information on the effectiveness of different parenting strategies and techniques. The project also seeks to empower parents and young people to become involved in community and social networks and parents are guided in accessing and utilising local resources. Key elements of the service are designed to promote active citizenship, raise self-esteem, and develop leadership skills and advocate further education and training
(see http://www.coram.org.uk/support_sfp.htm).

In addition, Webster Stratton programmes have been adapted for different cultural groups (Hispanics, African-Americans, Latinos) and its effectiveness demonstrated in a number of studies (eg. Webster Stratton, 1999:103; Barrera et al 2002; Gross et al, 2003 and see Moran *et al*, 2004).

Accessing Muslim Parents in Kirklees
In terms of tailoring services for particular cultural or religious minority groups, a scheme called the Parent Information Point (PIP), piloted in Kirklees, was adapted to encompass Muslim parents in the area, by making links with Madressahs (Islamic supplementary schools). The PIP project has been piloted in schools in Stockport and Tower Hamlets as well as Kirklees. PIP sessions were offered as part of an Open Day or Open Evening event. Two primary schools and one secondary school were involved with the pilot scheme in each of the three local areas that took part. Each session offered parents:

- the opportunity to browse at a marketplace and to meet with staff from local agencies, voluntary organisations and key services (e.g. Home-Start, local faith groups, Connexions) on a one-to-one basis
- the presentation of parenting tips
- the chance to meet and get to know other parents in an informal, welcoming atmosphere.

In addition to the PIP project, Kirklees developed a scheme working closely with Islamic schools, including reaching Muslim parents with information about positive parenting. The 'Madressah Project' sought to establish a good understanding of child protection issues and develop appropriate policies and procedures with Madressah administrators. In addition, the project facilitated training for teachers, many of whom could not communicate in English, and promoted positive parenting in the Muslim community.
(see the National Family and Parenting Institute at www.nfpi.org/pip/ and Kirklees Council website:
http://www.kirklees.gov.uk/community/health-care/childrenandfamilies/parentsupport/madressahs.shtml).

Effectiveness for different referral routes

It is important to consider the difference between the effectiveness of programmes for parents attending voluntarily, and attendance which is obligatory or even compulsory, for example, for parents referred from social

services or following a parenting order. The DfES (2005) document *Support for Parents* claims that 'the benefits to parents and children of attending programmes is significant whether the attendance is voluntary or compulsory' however, Statham and Biehal (2005) claim that the evidence on effective strategies for involving 'hard to reach' groups

> 'suggests not surprisingly that family support services work best when the child, young person, and parents *want* to be involved and *want* the intervention to work' (Statham and Biehal, 2005 emphasis added).

Osgood and James' (forthcoming: 38) evaluation of the Sure Start North West Kensington Nurturing Programme admitted that more negative views of parenting support were held by those who felt a degree of compulsion to attend (i.e. Social Service referrals). Other parents, who had self-referred or received gentle encouragement to enrol were also reflective upon the effect that compulsion might have upon attitudinal predispositions to parenting support.

Statham and Behal (2005) highlight the importance of reaching out to such families and taking time to understand their needs.

Osgood and James (forthcoming: 38) also found that, for the small number of parents that were referred by social workers, understandings of what the programme entailed were less clear and this perhaps represents an area for development; that partner agencies and practitioners need to have more informed understandings of what the particular programme involves so that this can be effectively relayed to parents. These types of parents can come to the parenting programme with resentful attitudes and scepticism, therefore convincing them of the value of the programme rather than constructing it as a punitive or remedial intervention could be helpful.

Statham and Biehal (2005) also claim that vulnerable families (and perhaps families obliged to attend) are most likely to maintain attendance if the intervention allows a holistic approach, and allows them to discuss other life concerns such as job stress, health problems and personal worries (Statham and Biehal, 2005). And Osgood and James also revealed that on the whole, the scepticism and resentment expressed by such parents at the outset of the Nurturing Programme was effectively alleviated by their experiences of the course, the warmth of the group and the skills of the facilitator (forthcoming: 38). As mentioned earlier, the diverse composition of the group (ie. A mixture of voluntary attendees, and social services referrals; middle and working class; and a range of ethnic backgrounds) made for a better environment than a group perhaps comprised of exclusively social service referrals. And facilitators were seen to be 'supremely confident' but sensitive and intuitive, and adopted a 'democratic' approach rather than authoritative. All these factors can be seen to increase effectiveness of programmes for those whom attendance is more compulsory.

Effectiveness at Age /Stage:

O-4

The pre school years have been described as a critical time developmentally for the prevention of behaviour and conduct disorders (Richardson and Joughin, 2002, Sutton et al, 2006) and early intervention is vital as it has been found to be more effective, easier, and more cost effective (see Sanders and Morawska, 2006:476; Wolpert et al, 2006:8) yet there are few studies which focus on primary prevention (Moran et al, 2004:40). Sampers and colleagues (2001) in their review, highlight that many programmes for parents of this age group have been developed from programmes designed for older children, but it is also important not to overlook the importance of developmental changes in children of this age group.

Parenting support for pre-school age children often involves outreach and home-visiting in order to access parents. For example Home Start, a volunteer led befriending service in the UK targeting vulnerable or socially excluded parents, and the national government initiative, Sure Start, targeting specific communities in the UK (there is also some cross over between these organisations (Osgood, 2003)). The purpose of such initiatives is often to raise awareness of, and to encourage and facilitate parents of preschool age children's access to other services. But also, as discussed in the section on parent mental health, mothers or single parents of young, preschool age children can often feel isolated, and such services seek to reach out to these parents and alleviate feelings of isolation. As discussed in that section, Evaluation of Home Start (McAuley et al, 2004) revealed that mothers who received the support valued the service and considered that it made a positive difference to their lives (ibid:61). Similarly, Evaluation of Sure Start Euston, Golborne and North West Kensington Home Visiting Services found that the home visiting service provided 'immeasurable emotional gains' and found increased self confidence, improved self esteem and greater independence of parents as a result of home visitor's support (Osgood and James, 2005a:7), see also Osgood and James, 2005b and Osgood, 2003). Outcomes for improvement of children's wellbeing as a result of such services is, of course less easy to measure without a longer term outlook.

There are also a few group-based programmes such as the Perry Pre-school Project and Making Parenting A Pleasure (MPAP) in the US and PIPPIN, NEWPIN and Mellow Parenting in the UK. As with the home visiting schemes, these programmes tend to target vulnerable *mothers* experiencing social isolation, maternal mental health problems or domestic violence. Evaluation of the above programmes however has not been substantial, and findings for all suggest positive outcomes, but research so far has not been rigorous.

There is a lack of rigorous studies of programmes focusing on parent-child relationships and attitudinal change in parents (with the Exception of Parent Effectiveness Training) (Liabo et al, 2004) and there is evidence to suggest that programmes focused around changing parent attitudes and beliefs are less successful with this age group of children (Moran et al, 2004:68). Preventative programmes derived from social learning and cognitive-

behavioural principles are more common for this age group (Prinz and Jones, 2003, Sanders and Morawska, 2006), and further, Parent Management Training programmes in which parents are taught to increase positive interactions with children and reduce coercive and inconsistent practices have proved efficacious (Sanders and Morawska, 2006).

Wesbster Stratton's Incredible Years, which has also been adapted for parents of two-to-three year old children, has been rigorously evaluated. Richardson and Joughin (2002) conclude that programmes like Webster Stratton are effective in reducing conduct problems in young children, and Sampers et al (2001) claim that Webster Stratton's Incredible years group-based, discussion and 'video modelling' programme is successful in improving the behaviour of toddlers and preschool children.

Tripe P has also been developed as a preventative programme for parents of children from birth to 12 years old and has been run as a universal programme targeting entire populations, or focusing on 'at risk' children (see Bor et al, 2002 for more detail). Triple P is unique in that it has multi-levels of support depending on the needs of the parent, from providing them with reading materials, to enhanced family intervention including intensive behavioural parent training (Sanders and Dadds, 1996). However, Moran *et al* (2004) argue that there is insufficient evidence of the cross cultural applicability of Triple P.

There is also the Nurturing Programme for parents of children of this age group, used by Sure Start in the UK, but has also been run in other contexts. Qualitative evaluation (Barlow and Stewart Brown, 2001) of the Nurturing programme in contexts other than Sure Start revealed that parents felt they had generally benefited from the programme, but the programme's effectiveness in relation to children's and parent's outcomes needs further investigation.

The programme has also been evaluated in RBKC by Pamela Campbell (2004); and more recently by Osgood and James (forthcoming). Both indicated positive experiences on the part of the parents; for example improved self confidence; relationship management and sense of control over parenting; increased self-reflexivity; improved communication within families. Osgood and James' (forthcoming) evaluation also noted positive long term effects of the programme, as the children grew older and the parents had more children. Their interviews with parents who had completed the programme up to one year previously revealed that parents had retained information, even some strategies which 'seemed irrelevant at the time they had attended had subsequently taken on new currency' (ibid:52). For example one mother felt that many of the strategies seemed unworkable when her twin children were one, but a year on, her children are frequently throwing tantrums and she is able to effectively apply the strategies learnt in the Nurturing Programme (ibid:52). This is usefully facilitated by the handbook provided which stays with parents as their children grow older.

Many Sure Start and Webster Stratton programmes make a specific effort to involve fathers in parenting training they offer (Moran et al, 2004: Sure Start, 2006:59; Lloyd, et al 2003) and this may be expedient at this early stage.

Webster Stratton has also devised the Dinosaur School also known as the 'Dina Dinosaur child training series', which is geared towards teaching just *children* aged three-to-five positive interaction and communication skills, problem solving strategies, anger management and appropriate school behaviours, with accompanying training for teachers (Webster Stratton and Reid, 2003).

It is common for programmes for parents of preschool age children to focus on education and literacy, particularly making a connection between parents and children's literacy, and 'Family Learning' is a key priority for government in the UK (the National Family Learning Network is a partnership venture between Campaign for Learning, ContinYou and NIACE funded through the National Learning and Skills Council since 2003). A good example is the Sheffield Raising Early Achievement and Literacy (REAL) Project which is a literacy education programme to promote the literacy development of pre-school children, and meet some of the literacy and educational needs of the parents. It consists of home visits and group based activities. This programme was evaluated with a randomised control trial and results revealed significant improvements in children's early literacy (Hannon and Nutbrown, 2001 see also
http://www.literacytrust.org.uk/socialinclusion/earlyyears/realresearch2.html).

Programmes for parents of 0-4 year olds:
Comprehensive Child Development Programme (CCDP) (US)
Sure Start (UK)
Head Start and Early Head Start (US)
Home Start (UK)
Making Parenting A Pleasure (MPAP) (US)
Nurturing Programme (US and UK)
Parents as First Teachers (PAFT) (US and UK)
Perry Pre-school Project (US)
Triple P (Intl)
Webster Stratton Incredible Years (Intl)
NEWPIN (UK)
Mellow Parenting (UK)
Nought to Sixes (Family Caring Trust) (UK)

Literacy and children's education focused
PIPPIN (Parents in Partnership Parent Infant Network)
Peers Early Education Partnership
Family Literacy Programme
Sheffield Raising Early Achievement and Literacy (REAL)
Share (US)

Primary school age

Programmes developed specifically for parents of children with conduct and behavioural problems, such as Webster Stratton Incredible Years and Triple P, tend to be built around the primary-school age group, aiming at prevention of problems in subsequent adolescence. Group-based parenting programmes such as these have been shown to reduce behaviour problems in children aged three-to-10 years (Liabo et al, 2004). Webster Stratton has also been widely used in the UK, and is currently being promoted in North Wales, by Dr. Judy Hutchings at the University of Bangor
(see www.incredibleyearswales.co.uk).

Some programmes combine parental group sessions with classroom sessions for the children, delivered in primary schools, such as the US programme, Fast Track and Webster Stratton, consisting of 'DINA DINOSAUR child training series', (child social skills training) and Partners II (for teacher training in classroom management techniques). Both Webster Stratton and Fast Track show positive outcomes in child behaviour at evaluation (Conduct Problems Prevention Research Group, 1999, 2002; Webster Stratton 2001, for a review; Moran et al, 2004).

There is evidence to suggest that the child training element in Webster Stratton programmes leads to significant improvements in child behaviour (Webster Stratton and Hammond, 1997; Webster Stratton, 1999:98) and working with *both* parents and children in parallel in preventative interventions seems to be a criterion for success in this area (Moran et al, 2004). However care must be taken with group interventions that bring high-risk young people together, as this can have detrimental effects. (McCord et al, 1999).

Administered video tape training in Webster Stratton Programmes has successful outcomes, but was even more successful when combined with brief consultation with the therapist (Webster Stratton, 1990c, 1990b, 1994 and in Webster Stratton, 1999:98)

Wolpert et al (2006:9) summarise that for older children (8–12 years) and for more severe conduct problems, parent training should be combined with individual interventions that provide problem solving and social skills training.

The SPOKES programme (Supporting Parents on Kids Education) is based on the Incredible Years Webster Stratton Programme in conjunction with a parent led literacy programme. SPOKES was developed by Oxford University and the Institute for Psychiatry, London to facilitate parental support of child learning and literacy (using the 'pause, prompt and praise' technique), and develop effective child behaviour management strategies. It has been shown to reduce anti-social behaviour and improve reading ability. The programme attributes its success to:
- A strong theory based programme
- A collaborative approach gaining parents input
- Combining a literacy element to increase attractiveness

- Pitching the programme as being universally relevant rather than for 'failing' parents
- Establishing close partnership with schools

(Scott and Sylva 2003)

Programmes for parents of primary school age children:
> Triple P
> Webster Stratton Incredible Years
> Fast Track (US)
> Five to Fifteen

Literacy and children's education focused
> Even Start (US)
> SPOKES
> Kirlees Paired Reading Programme

Teenagers

Coleman (1997:44) points out that increasing attention to parenting in recent years has focused on the parenting of young children, while the parenting of adolescents has not received the same focus (and see Moran et al, 2004).

Several parenting programmes for parents of teenagers have been developed in the US, such as *Growing Up Fast; Parent Effectiveness Training (PET); Parent-time* and these programmes have been developed for parents of adolescents, who are not displaying serious problem behaviour but are demonstrating 'normal' behavioural difficulties associated with adolescence. However these programmes have either not been rigorously evaluated, or trialled in wider communities (Moran et al, 2004).

For teenagers displaying more severe problems, short term specialist services are not deemed particularly successful (Statham and Biehal, 2005), and longer term, multi-agency work is needed. In such cases, it is important to intervene, not only with the individual child and parent/s, but in the child's peer relationships, the school and the neighbourhood (Statham and Biehal, 2005) (see Multi-Systemic Treatment, in the US case). Wolpert et al (2006:8) warn that stand alone parent training programmes for adolescents with conduct problems appear to have limited effectiveness.

Adolescent drug use
There is some evidence to suggest that parent skills training can have some positive effects for reduction of adolescent drug use (Fonagy et al, 2002:322). The approach aims to reduce the adolescent's drug use by eliciting changes in the parents' or carers' family management practices (Schmidt et al, 1996 in Fonagy et al, 2002:322). Schmit et al's study, using a course of 16 sessions of multidimensional family therapy found moderate to excellent improvement in parenting in two thirds of parents (in a study of 29). Joanning et al's (1992) research suggests that Family Systems Therapy (FST) [10] may be more

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[10] Systemic family therapies focus on the system rather than the individual, and attend to the connections between patterns of behaviour and beliefs within the system and the presenting

helpful in reducing adolescent drug use, in comparison to treating the child on their own (in Fonagy et al, 2002:322; Wolpert et al, 2006:9), however these findings can only be indicative, as no control group were used. Fonagy et al (2002:323) summarise literature that suggests counselling, self help groups, and recreational opportunities are important adjuncts to the treatment of teenagers with substance use problems.

Juvenile offenders

Programmes such as Multi Systemic Therapy (MST) (focusing on wider networks of peer, school and community relations, beyond the family) (Henggeler *et al*, 1998; Fonagy et al, 2002:324, Brosnan and Carr, 2000:135) and Multidimensional Treatment Foster Care (Chamberlain and Reid, 1998; and see Moran et al; 2004) (placing the child with behaviour-therapy- trained foster parents) have been successful in the US for treating juvenile offenders. Using social-ecological models of behaviour, MST targets individual, family, peer, school, and community factors associated with substance abuse, and other juvenile offences. Brosnan and Carr (2000:148) further suggest that intensive behavioural parent training, with regular telephone contact over the period of one year produces reduced recidivism in young offenders. However, all these programmes are high-intensity and costly to deliver. But the way in which programmes offer holistic services to families, that tackle many problems and issues simultaneously, has been suggested to be a success point (Borduin et al 2000). The strongest evidence to reduce re-offending is for multi-level, relatively intensive, community-based, highly structured and well integrated programmes focusing on changes which reduce opportunities for offending (e.g. family monitoring and supervision of the adolescent) and led by a single facilitator (Wolpert et al, 2006:9).

With UK legislation turning increasingly towards the responsibilities of parents and the Criminal Justice Act 1991, and the Crime and Disorder Act 1998, making parents liable for their children's behaviour, the neglect of parenting support of those with teenagers has begun to change. The Trust for the Study of Adolescents has developed the ESCAPE programme for parents of teenagers, which is approved by the Home Office and is being used by Youth Offending Teams across the country.   (see www.studyofadolescence.org.uk)

Further, the UK based Family Caring Trust has two programmes which are recommended in succession: 'Five to Fifteen' and Parents of Teenagers Programme (see http://www.familycaring.co.uk/course_kits.htm)   These programmes are both 6-8 week sessions including a video or DVD and a handbook for parents, but rigorous evaluations are yet to be done.

Video for parents of teenagers

In addition to this, video-based programmes which can be delivered to a wider audience at lower cost than session-based group programmes have been developed in the US: Parenting Adolescents Wisely, an interactive video disk,

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problem. Family therapies generally see the child as part of a family group, but may work on occasions with subsystems (e.g. the parents alone, the child alone). (Wolpert et al, 2006)

and in the UK: *Teenagers in Trouble: Skills for Parents* video based information package has been developed by the TSA.

Programmes for parents of teenagers

For 'usual' teenager- behaviour:
Growning Up Fast. US
Parent Effectiveness Training (PET) US
Parent-time. US
Parenting Adolescents Wisely. US
Parents Who Care. US
Family Caring Trust (Parents of Teenagers Programme) UK
Teenagers in Trouble: Skills for Parents. UK

For parents of 'problem' teenagers:
ESCAPE. UK
Multidimensional Treatment Foster Care (MTFC). US
Multi Systemic Therapy (MST). US

Special Educational Needs

Autism
All studies of behavioural interventions with autistic children have included a parent training approach (Fonagy et al, 2002:276), but there is yet to be conclusive evidence as to how much of the improvement can be attributed to this, though it is likely to make a positive contribution. Rutter (1985 in Fonagy et al, 2002:276) emphasised the importance of enlisting parents as co-therapists, helping them to learn to deal with their child's behavioural problems.

ADHD
Fonagy et al (2002) in their text entitled '*What works for whom?*', a critical review of treatment for children and adolescents, include some information on parent training for children with specific disorders. For children with Attention Deficit Hyperactivity Disorder (ADHD) they recommend a nine step training course devised by Anastopoulos et al, (1993) consisting of 6-to-12 sessions, ideally carried out before the child reaches puberty (see Fonagy et al, 2002:220). Parents are encouraged to acknowledge that the aim is not to eliminate or cure their child's ADHD but to learn methods of coping with or compensating for this (see Fonagy et al, 2002:220). The sessions include psychoeducation, modelling, rehearsal and video feedback (Nolan and Carr, 2000: 89). This is based on a well designed, controlled study, and shows positive outcomes for the child's behaviour and compliance (Nolan and Carr, 2000: 89), and also appears to reduce parental self-esteem and stress (Fonagy et al, 2002:220). However the authors reported a higher drop out rate among the less educated parents, and recommend that there must be greater efforts to address this group of parents' needs (Fonagy et al, 2002:221; and see Wolpert et al, 2006:11).   Wolpert et al (2006:12) recommend that

providing ADHD is professionally diagnosed, medication for the child should accompany parent training.

Based on reviewing the literature (Purdie et al, 2002), Moran et al (2004:45) are less positive in relation to parenting programmes' effectiveness for ADHD sufferers and their families. They claim that families with children with ADHD usually experience a range of difficulties that render parent training alone insufficient to produce significant changes in child behaviour, though they surmise that parent training may be particularly useful where intervention is applied at an early stage (Moran et al 2004:46). For a summary of effectiveness of other treatments for ADHD, see Wolpert et al (2006:11).